

Division of Specialized Care for Children



DSCC Family Portal Homepage Overview

Welcome to the Division of Specialized Care for Children's (DSCC) Family Portal homepage. This tip sheet explains the menu options and sections of the portal's homepage.

To access, the portal, go to https://go.uic.edu/DSCCFamilyPortal or scan the QR code.

At the top of the homepage, you will see the menu. It's a dark gray bar that goes across the top of the screen. The menu lists the portal's menu options.

There are four main options or choices:

- Division of Specialized Care for Children
- Communication
- Participant Information
- Signature Requests

The menu options will help you navigate the site to find the information you need. Here's a more detailed look at each menu option.

Division of Specialized Care for Children Option

On the far left of the menu bar next to the house icon is the "Division of Specialized Care for Children" option. Click on this option anytime you want to return to the homepage.

Communication Option

Click on this option to go to a screen where you can send and receive messages from your DSCC care team.

Click the drop-down arrow next to the word "Communication" to expand the menu. "Letters" will appear in a white box (see the screenshot below). Click on Letters to see a complete list of letters your family has received from DSCC care team members since March 2020.

A Division of Specialized Care for Children	Communication -	Participant Information -	Signature Requests
	Letters		



Participant Information Option

This option shows the information DSCC has gathered for your child/participant. This information may include the participant's:

- Name
- Birth date
- Medicaid number
- Telephone numbers
- Email address
- Mailing address
- Child's ethnicity and race

If any information is wrong, please message your care team.

This profile screen also has an arrow in front of the Contact Information and Participant Demographics sections (see the screenshot to the right):

> When the arrow points down, all the information for that section shows on the screen.

o apoate information regarding the participant, please send the oare opproximation ream a message via the portal.					
Name: *	Entity	Middle	Notification	Suffix	
Birth Date:*	04/16/2009	Age 14			
Pregnancy Status: *	Data not collected	~			
Medicaid Recipient Number:	987654321				
Medicaid Case Number:	92012815263746				
 Contact Information Your current mailing address and telephone contact infor 	mation.				
> Contact Information					
Contact Information Your current mailing address and telephone contact infor	mation.				
Contact Information Your current mailing address and telephone contact infor Preferred Phone Number: Best Time to Contact:	Home Phone V				
 Contact Information Your current mailing address and telephone contact infor Preferred Phone Number: Best Time to Contact: 	mation. Home Phone 🗸 afternoons				
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 Contact Information Your current mailing address and telephone contact infor Preferred Phone Number: Best Time to Contact: 	Home Phone V			Characters remaining: 90	
 Contact Information Your current mailing address and telephone contact infor Preferred Phone Number: Best Time to Contact: Participant Demographics 	Home Phone 🗸			Characters remaining: 90	

• When the arrow points to the right, the information for that section is hidden.

You can click on the arrows to show or hide the information.

Participant Information -

Providers

Family Members

Person Centered Plan

Medications

Add Participant Photo

The Participant Information menu option also includes links to more detailed information. Click the down arrow next to Participant Information to see all the options (see screenshot to the left).

This is where you can review:

- Providers who are working with your child
- Family members
- The person-centered plan you and your care team have put together for your child.
- Your child's prescribed medications

You can also add a photo of your child. Click the "Add Participant Photo" option.

Signature Requests Option

This option shows you the forms you must sign to receive DSCC's support and assistance. These forms include Authorizations to Release Health Information, Roles and Responsibilities of the Family and the Care Team, and the Person-Centered Plan (see the screenshot below).

articipant Signature Re	equests			
		2 results found.		
	Sig Request Date 12	Request Description		
*	06/21/2023	Person Centered Plan + Annual		
	06/21/2023	Roles & Responsibilities		

For more tip sheets and videos explaining how to use the DSCC Family Portal, visit our website at **dscc.uic.edu**.

