

Special Olympics Alberta Group Home Coordinator Registration

August 21, 2020





Special Olympics Alberta Group Home Coordinator



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Register as a Group Home Coordinator

To register as a Group Home Coordinator, it means that the individual in this role is registering on behalf of an athlete. If you are in this role but you do not have the legal authority to sign the waivers & confirmations on behalf of the athlete, you can still register them, but you must print all the waivers and confirmations, and have them signed by the parent/legal guardian.

Please follow the account verification guide to set up your account.



Athlete Enrollment

Once your Portal account has been created, and you have been given the role of "Group Home Coordinator". This is shown at the top of the grid.

Item 1 \rightarrow The "Logout" menu item means you are logged in

Item 2 \rightarrow **Item 2** \rightarrow The "My" options menu highlighted in blue applies to your **record. You can put information in here, but it is optional.**

Item 3 \rightarrow The "Group Home Coordinator Options" menu lists the options for viewing/updating your athlete(s) record(s).

Item 4 → Select "Add Athlete Enrollment" to enroll your resident Athlete.

Canada		EN FR
A HOME > ROLE LANDING PAGE		O Guide Me
Your Role	Expiry Date	MY PROFILE 2
Group Home Coordinator	01/01/2100	MY ENROLLMENTS
our Organization	Your Organization Type	MY CLUBS AND SCHEDULE
SO British Columbia	Chapter	MY COMMITTEES
Organization Parent	Your Chapter	MY ROLES
		MY PAYMENT INFO
		MY BALANCE
Add Participants		
		ADD ME AS ATHLETE
Please click on the "ADD ATHLETE ENROLLM	MENT" menu option to add your athletes.	ADD ME AS ATHLETE ADD ME AS VOLUNTEER
Please click on the "ADD ATHLETE ENROLLA Organization Notifications	MENT" menu option to add your athletes.	
	MENT" menu option to add your athletes.	ADD ME AS VOLUNTEER Group Home Coordinator
Organization Notifications	4	ADD ME AS VOLUNTEER Group Home Coordinator Options
Drganization Notifications	by that column	ADD ME AS VOLUNTEER Group Home Coordinator Options GROUP HOME PARTICIPANTS
Organization Notifications	4	ADD ME AS VOLUNTEER Group Home Coordinator Options GROUP HOME PARTICIPANTS ENROLLMENT HISTORY 3
Drganization Notifications	by that column	ADD ME AS VOLUNTEER Group Home Coordinator Options GROUP HOME PARTICIPANTS ENROLLMENT HISTORY 3 CURRENT ENROLLMENTS
Drganization Notifications	by that column	ADD ME AS VOLUNTEER Group Home Coordinator Options GROUP HOME PARTICIPANTS ENROLLMENT HISTORY CURRENT ENROLLMENTS ADD ATHLETE ENROLLMENT
Drganization Notifications	by that column	ADD ME AS VOLUNTEER Group Home Coordinator Options GROUP HOME PARTICIPANTS ENROLLMENT HISTORY 3 CURRENT ENROLLMENT FAMILY/GROUP BALANCE



Add an Athlete

This function can also be used by existing registered Group Home Coordinators to enroll their Athlete(s) in additional programs, or re-enroll them in a new program year.

Step 1 \rightarrow If you are already in the system as a Group Home Coordinator, select the Athlete here. You can click the arrow to select from the drop down list, or start typing their name.

Step 2 → <u>Whether a new or existing Group Home Coordinator</u>, answer the question "Are you the Legal Guardian?" If you are not the legal guardian, you can continue registering the Athlete, but you must print the waiver forms, get the athlete's parent/legal guardian to sign them, and forward them to your Chapter office/local representative.

Step 3 \rightarrow Fill in the first athlete's information here. All fields are required except email address.

If you are a new Group Home Coordinator on the Database, and any of the athlete(s) you are adding are already in the database, you will be able to continue with the athlete enrollment(s) but will not be able to access their profiles until your Chapter links you to the athlete(s)' records. The Chapter may need to contact you for details about your Group Home to do this.

Step 4 → Click on "Next Step – Validate Member". The system will search based on the information provided. If your athlete is found, you will be able to continue with the enrollment, but you will not be able to see any profile information about the athlete or other enrollments until your record is connected to the Athlete's record by your Chapter.

Special Olympics Olympiques spéciaux Canada		EN FR
HOME > ADD ATHLETE ENROLLMENT		
Important Information Please select the Participant from the lis proceed to validate the Member.	st below. If you cannot find the Participant, then provide the required fields and	MY PROFILE MY ENROLLMENTS MY CLUBS AND SCHEDULE MY COMMITTEES
^{tarticipant} 1	• /	MY ROLES MY PAYMENT INFO
Are you the Legal Guardian? No 2	•	MY BALANCE ADD ME AS ATHLETE
PARTICIPANT INFORMATION Your Chapter / Province / Territory *	3	ADD ME AS VOLUNTEER Family Admin Options
irst Name *	Date of Birth *	ENROLLMENT HISTORY CURRENT ENROLLMENTS ADD ATHLETE ENROLLMENT
ast Name * Next Step - Validate Member	Email Address	FAMILY/GROUP BALANCE
		CHANGE PASSWORD



Athlete Search Results

When the search is complete, the screen below is displayed. All pages now relate to the Athlete.

Click on "Next Step – Waivers" to continue.



A HOME S ADD PROGRAM MEMBER ID VALIDATION

a second and a second and		MY PRO
First Name	Date of Birth	MY ENR
Honore	01/01/2016	MY CLU
Last Name	Email Address	MY COM
Beauvoir	beauvoir@test.com	MY ROL
		MY PAV
Member Verification		and the second se
Member Verification The Participant has not been found in th	e system. Please continue with the process to create the Profile and	MY BAL
to the the second second	e system. Please continue with the process to create the Profile and	
The Participant has not been found in th	e system. Please continue with the process to create the Profile and	ADD ME
The Participant has not been found in th	e system. Please continue with the process to create the Profile and	MY BALA ADD ME ADD ME Family A



Legal Waivers

If you answered "**No**" to the legal guardianship question, you will not see the fields to agree to the waivers. Please print the waivers, have the parent/legal guardian sign them, and forward them to the Chapter.

If you are the legal guardian, note that all fields must be answered to continue. See below for details.

Step 1 \rightarrow At the top, is the Athlete's name you are signing the waivers on behalf of. Under each waiver is your name as the person signing the waivers, and the current date.

Steps 2-5→ For each Waiver you can read the full version by clicking on the "Read Full Waiver" link. The waivers can be printed using the link just below the Read link. You must have a printer set up for your computer to print them.

Steps 6 – 7 \rightarrow For "Include on our Mailing list" and "Allow to Contact Regarding Membership Activities, when your mouse is over the box, more information is displayed about these questions.

These waivers and confirmations must be accepted (answer Yes) before you can continue with the application:

- Participation Waiver
- Privacy Policy Confirmation
- Code of Conduct Confirmation

The questions below can be answered No and you can continue with the application:

- Media Release
- Include on our Mailing List
- Allow to Contact Regarding Membership Activities

Please indicate if the Athlete has a criminal record as this is a new required field

Step 8 → Click on the "**Previous Step – Member ID**" button to go back and makes changes if required.

Step 9 → Click on the "**Next Step – Program Search**" to continue with the process.

Waivers Screen shown on next page



Waivers Page

Legal Waivers

Participation Waiver		Privacy Policy Confirmation Please click on the link below to open and read the full waiver.					
Please click on the link bel waiver.	ow to open and read the fi						
Read Full Waiver View	w Printable Version	J	Read Full Waiver View Printable Version				
I Agree *			I Agree *				
		•			•		
Liability Accepted By	Liability Accepted On		Privacy Policy Accepted By	Privacy Policy Accept	ed On		
Soa-Test Test	09/10/2020		Soa-Test Test	09/10/2020	Ť.		
Do you have a criminal record a	as outlined in the Waiver? '						
		•					
 Required field. 							
Media Release Opt-Out *		ds or					
voice in promotional media I do not want Special Olym	pics to use my/their pictur	e,					
words or voice in promotic	onal media	_			_		
Communications			Code of Conduct Conf	irmation			
Please answer the questio	ns below related to		Please click on the link belo	w to open and read the f	Full		
Communications.			waiver.				
More Info here		J	Read Full Waiver View	Printable Version			
\square			I Agree *				
Include on Mailing List? •					•		
		•					
Allow to Contact Regarding M	embership Activities? *		Code of Conduct Accepted By	Code of Conduct Acc On	epted		
		•	Soa-Test Test	09/10/2020			
Previous Step - Member ID				Next Step - Program	Search		



Program Search

This Program Search allows you select specific programs and use them for the application process.

Step 1 → The "Search Guide" tells you how to search

Step 2 \rightarrow Use the filters in the Program Search Criteria filter section to look for our programs. Please enter Chapter (SO Alberta), Region your community belongs to, and Community. If there is a specific sport you would like to enroll the athlete in, you can add that to the search criteria. then hit search.

Step 3 \rightarrow The "Search Results" grid will display the matching clubs based on your search criteria. Be sure to use the scroll bar to see more information about the program

		н				
ember						
Quilter Jour	ney					
rogram	Search Criteria	2				
apter / Prov	ince / Territory	Region		Carl	Juide 1	
SO Ontario	•	Greater Toronto	Area 🔹	Search (for a sport/program	
mmunity		Club		select a S	port if you know wh	
		you want to do.				
				Please III	dicate the chapter	
ort		Day of the Week		first and	then the Region and ty where you live.	
ort Search			•	first and	then the Region and	
555		3	¥ Start Date	first and	then the Region and	
search earch R se	Organization Name	3 Program	Start Date	First and Communi	then the Region and ty where you live.	~
search earch R	Organization Name Ajax Skating Club	3		First and Communi	then the Region and	^
search earch R se	Organization Name	3 Program	Start Date	First and Communi	then the Region and ty where you live.	^
search R search R	Organization Name Ajax Skating Club Durham (Ajax) Heat C	3 Program Swimming	Start Date 2019-05-16	End Date	Enrollment Fee	^

Program Search Continuation

Step 1 \rightarrow If you have found the program you want, select it from the list using the check box on the "Select" column. Be aware that you can only select **one program at the time**.

Step 2 → You can click on the detail icon to view details of the club and program offered.

Step 3 \rightarrow Click on "Previous Step – Waivers" to go back and makes changes if required.

Step 4 → Click on the "Next Step – Member Profile" to continue with the process.

Note: You must select a program in order to continue to the next step.

14	•	я н				1 - 4 of 4 iter	ns
)	
0	Ø	Toronto Cricket Club	Cricket	2018-09-20	2019-12-31	\$55.00	
0	Ø	Grandravine Raptors Basketball Club	Basketball	1979-01-01	2020-03-31	\$0.00	
2	Ø	Durham (Ajax) Heat C Basketball	Basketball	2019-09-01	2020-08-31	\$0.00	
• 1	Ø	Ajax Skating Club	Swimming	2019-05-16	2020-08-23	\$127.50	
		Organization Name	Program	Start Date	End Date	Enrollment Fee	

Search Results



Member Main Profile Tab

Fill out the Main Information section. Make sure you provide information for the mandatory fields marked with (*). Some information we be populated from the participants account, ensure all information is correct.

	Speci Olym Canada	ial Olympics piques spéciaux	ĸ								EN FR
.11	canada										
OME > N	MY PROFIL	LE									
rofile		resses Medical Info	E	ency Contacts	Training	Deet	icipant Profile Vo	lunteer Profi	-	MY PROFILE	
ronie	Addr	esses Medical Info	Lmerge	ency Contacts	Training	Part	icipant Pronte Vo	unceer Pron	ue -		
	Unique I	D			Portal Email Addre					MY ENROLLMENTS	
00030	3305				clagueux@spec	ialo	lympics.ca			MY CLUBS AND SCHEDUL	.E
lutatio	'n				Birthday				_	MY COMMITTEES	
Mrs.				•	11/05/1957				E	MY ROLES	
rst Nan	ne •				Sex *					MY WALLET	
SOC P	ortal Adr	nin			Female				•	ATHLETE - JOIN PROGRA	м
iddle N	lame				Gender Identity					VOLUNTEER - JOIN PROC	RAM
										CHANGE PASSWORD	
ist Nam	ne *				Cultural Backgrour	nd					
Sandb	ox				Not a visible m	ninor	ity		•	LOGOUT	
cknam	e				Do you identify as	Abo	original?				
					No				•		
				4	Have you been cha	irge	d with any criminal offe	ences?			
				1					•		
RIMIN	AL RE	CORD CHECK INFORM	ATION								
0	Add	2									
	_										
		CRC Completed	:	CRC Reques	ted	:	CRCRenewal				
Ø	•	2018-11-20							_ ^ _		
Ø	•	2018-12-15					2021-12-15				
Ø	•	2018-11-18									
									~		
			items per				1.3	of 3 items	0		
)	- Page					0		

For Criminal Record Checks

Step 1 \rightarrow If you have been charged with any Criminal Offenses, please select "Yes".

Step 2 \rightarrow If you have an electronic file with the criminal check, please click on "Add" button to create a record and provide the details. You will be able to attach the document.

Continued on the next page



Add a Criminal Record Check document

Before adding this record, please scan your Criminal Record check paper, and save it on your computer.

Step 1 \rightarrow Please Save the record. There is nothing to key on this page, but the record MUST be saved so that the CRC can be attached.

Step 2 \rightarrow Click on the "Add new document" button to attach a document.

Step 3 \rightarrow Click on the "**Submit**" button to save the CRC record. Note that you will not see the CRC document until you submit the page. As well, when you return to the Profile page, you may need to refresh the page to see the CRC in the list of documents.

Criminal Record Check Information

CRC Completed			Attachment Guide You must attach a CRC document, please save the record first using the "Save" button. When you are done, please use the "Submit" button to save and close the window.				
CRC Requested							
CRC Renewal				Save <=	- 1		
Documents	2						
• Add new document	2	Document Size	:	Created On	:	Modified On	:
No records available.							1
submit 3	25 •	items per page				No items to display	0

When the document is uploaded, it will appear in the list in your Profile:

CRIMINAL RECORD CHECK INFORMATION

OA	dd					
	CRC Completed	1	CRC Requested	:	CRCRenewal	:
CZ .	2020-01-21				2023-01-21	



Communication Preferences

Fill in your Communication Preferences:

3	
	Twitter
	LinkedIn
•	
	Snapchat
	•

When you are finished with the page:

 $1 \rightarrow$ Go back to the top of the page and click on the Addresses Tab

Addresses

Step 1 \rightarrow Primary Address is required, make sure to fill in fields marked with (*).

Step 2 → One complete click on the Medical Information Tab

Profile	Addresses	Medical Information	Emergency Contacts	Member Training	Participant Profile
Prima	ry Addres	5			
Street 1 *			City *		
One Str	eet		Edmonton		
Street 2			Province / St	ate *	
			AB		•
Street 3			Country *		
			CA		
			Postal Code	k	
			A1A 1A1		
Secon	dary Addr	ess			
Street 1			City		
Street 2			Province / St	ate	
			AB		•
Street 3			Country		
			CA		
			Postal Code		



Medical Information

Step 1 → Complete the medical fields that apply to you. Medications & Dietary Restrictions fields are required.

Step 2 → If you have Medical Conditions, need to upload a Medical Form, or have Disabilities please click on the "Add" button in the grid to add this information.

Note: if your Medical Condition or Disability is not listed, select "Other", to type in the information

Step $3 \rightarrow$ When you are finished, click on Submit to save the information.

fealth Card #	Doctor's Name	
Card Issued By	Doctor's Phone	
	Doctor's Phone Ext	
Card Expires On	Doctor's Phone Exc	
Other Medical Notes	What Medications do you take and Dosages *	
Julier Medical Notes	what medicadons do you take and bosages -	
d		
MEDICAL CONDITIONS		
O Add		
Condition	Other Condition	1
		^
		~
H 4 0 F F		Ċ
MEDICAL FORMS		
O Add		
Name	Date Completed	1
		^
н н 0 э н		0
DISABILITIES		0
• Add		
Member Disability	Other Disability	1
		^
		~
н 4 0 н		O
o you have Down Syndrome?	Do you have Seizures?	
•		•
tlanto Axial Xray Date	Seizures Controlled By	
8		
Itlanto Axial Xray Result		.1
	Do you have Allergies?	
vietary Restrictions *		•
	Allergy Detail	
ji.		
		.d
other Health Devices		
other Health Devices	How do you treat your allergies?	
ther Health Devices	How do you treat your allergies?	



Emergency Contacts

You must submit at least one emergency contact in order to participate in Special Olympics activities.

Step 1 \rightarrow Please click on the "Add" button to provide the details below

Step 2 \rightarrow When you have your emergency contacts, click on Submit to complete the process.

	NY PROFI	LE						
ofile	Add	resses Medical Ir	Mo Emergency	Contacts	Training	Participant Profil	e Volunceer	Profile
mer	genc	y Contacts						
0	Add	1						
		First Name 1	Last Name	E Relatio	onship I	Primary Pho	Mobile Phone	I
		Torre taking 1						
SP .	•	Chris	Doe	Child				1
a.	•		Doe	Child				



Relationship *	•
Mobile Phone	
Secondary Phone	
Secondary Phone Ext	
	Mobile Phone Secondary Phone

Step 1 \rightarrow Enter the emergency contact details. Make sure you fill in the mandatory fields marked with (*), including at least the Primary Phone. There must only be one Priority "Primary" Emergency contact.

Step 2 \rightarrow Click on "Submit" button to save the emergency contact. Once a contact is submitted, you can add another by clicking the "Add" button again.



Member Training (optional)

Step 1 \rightarrow To add information about training the participant have taken, please click on the "Add" button.

Step 2 → Click on Submit when all Training Courses have been added. Once all Training is submitted proceed to Participant Profile Tab.

IOME : MY F	PROFILE								
rofile	Addresses Medical In	fo Emergency Cor	ntacts Trair	ning	Participant Pro	File	Volunteer Pr	rofile	
O Add	_								
O Adi		Other Course 🚦	Certificate #	:	Date Compl	:	Renewal Date	;	
O Adi		Other Course 🚦	Certificate #	i	Date Compl	:	Renewal Date	:	< >

Step 1 \rightarrow Select the course from the list, and fill in the rest of the fields as applicable to that course. If you course is not listed, and you feel it is relevant, select "Other Course" from the list. The "Other Course" field will open so you can type in the name of the course.

Step 2 → Click on Submit.

Special Olympics Olympiques spéciaux Canada	
Training Course *	Other Course
•	
Is Certified	Date Completed
	6
Certificate #	Renewal Date



Participant Profile

Step 1 \rightarrow This is an additional tab to provide additional details about your profile. Please add DATS number to the transit pass if applicable.

Profile	Addresses	Medical Information	Emergen	cy Contacts	Member Training	Participant Profile	
Profile Na	me			Reason Join	ed		•
Shirt Size			•	Living Situat	ion		•
Additiona	l Notes			Group Home	2		•
				Intellectual	Disability?		•
				Speakers E	3ureau Member?		
				ALP Speaker	?		•
				Transit Pass			
Previous S	itep - Program S	earch			Nex	tt Step - Enrollment Del	tails

Once you have entered all required information on each tab, you can hit Next Step – Enrollment Details



Enrollment Details

Step 1 \rightarrow On this tab please ensure all information is accurate and it is the correct program, if so, proceed to Next Step – Payment Information.

Enrollment Details

Step 2 → Upon clicking next step, a new button will appear under the enrollment details, Click to Submit Enrollment

Submit Enrollment

Once submitted you can follow the same process to add a new enrollment or add a new resident/athlete.

ember		
articipant		Club / School Program
		Edmonton Athletics
ogram Session		Enrollment Status
Edmonton Athletics - Athletics	s - 9/1/2019	In Progress
NROLLMENT FEES		
nrollment Fee	Processing Fee	Total Enrollment
85.00	0.00	85.00

Previous Step - Program Search

Next Step - Payment Information



Group Home Admin Functions

Once you have finished putting in your athlete(s), you may want to update your own profile with additional contact information such as work phone and/or cell phone. Use the "My Profile" menu selection for this, located in the blue menu on the right side of the webpage.

After you have been approved as a Group Home Admin, and the links have been made between you and your Athletes, you will be able to use the following functions

Group Home Participants

This page displays all participants linked to the Group Home that have an active enrollment in a program.

Item 1 \rightarrow List of participants linked to the Group Home

Item 2 \rightarrow Click on the edit button to see the Participant's profile and make changes if required.

Item 3 \rightarrow Drag one of the columns from the grid to this section to group the records by that column.

Item 4 \rightarrow Use this option to export the list to excel.

ina	ator			Unique ID			
n T	Fraining			000325			
U	p Home Partici	ipant	s				
X	Export to Excel	4					
g a		op it her	e to group by that column				
g a	a column header and dro Participant	op it her	e to group by that column	3 Home Phone	:	Unique ID	
-		op it hero			:	Unique ID 000183	
	Participant	op it hero :			:		1
•	Participant	op it here			:	000183	1
ag a P	Participant 2 ila Roman Alex Sanchez	op it hero			:	000183	1



All Enrollments in your Group Home

This page displays all enrollments for the members linked to you.

Step 1 \rightarrow List of enrollments for the Athletes linked to you.

Step 2 \rightarrow Click on the edit button to see the enrollment details and make changes if required.

Step 3 \rightarrow Drag one of the columns from the grid to this section to group the records by that column.

Step 4 \rightarrow Use this option to export the list to excel.

lam				Unique I			
n i	fraining			00032	5		
ti	cipant Enro	llments					
D)	Export to Excel						
X	Export to Excer						
aga	a column header ar	nd drop it here to	group by that colu	imn 🦪			
	Member :	Start Date	End Date	Role :	Status :	Club/Sc	Commun.
2	2 lo Gomez	2018-02-14	2018-11-27	SO Athlete		Burlington Soccer Club	Burlington Community
	Chino Gomez	2018-01-28	2018-10-16	SO Athlete	Expired	Burlington Basketball	Burlington Community
2						Burlington	Burlington



When you have opened an enrollment, you can do the following:

- **Step 1** \rightarrow For an active enrollment, you can change the status to "Cancelled".
- **Step 2** → Provide enrollment notes if applicable.
- **Step 3** \rightarrow Click on the "Submit" button to apply the changes.

Enrollment Detai	ls		
Participant		Volunteer	
Chino Gomez			
Chapter	Region / District	Community / School	Club / School Program
SO Ontario	Halton Region	Burlington Community	Burlington Soccer Club
Category		Organization Role	
Participant		SO Athlete	
Start Date		End Date	
02/14/2018		11/27/2018	
Enrollment Status		Enrollment Level	
Active		Club / School Program	
Change Status 🛛 👔		Enrollment Notes	
Active		▼ sserer	
Active		Total Enrollment	Enrollment Paid
Cancelled		\$16.50	No
Committee			



Current Enrollments in your Group Home

In this page you can see the schedule for all the active programs the participants are currently enrolled into. You can sort by club, view details and export the schedule to excel.

Step 1 → List of all Clubs and Schedule for active program enrollments.

Step 2 \rightarrow Click on the edit button to see additional details.

Step 3 \rightarrow Export the list to Excel to store locally or to print it out if required.

номе	CURRENT ENROLL	MENTS								
l Nar	me					Unique ID				
luan	Training					000325				
	Export to Exce									
	a column heade	r and drop it her				Churk *	Chart 1	End D 1	End Ti	
	a column heade Partici	r and drop it her Club / : Burlington	e to group b Facility Facility 1	y that column : Day of Thursda	. 1	Start : 2018-02-14	Start 11:10 AM	End D : 2018-11-27	End Ti 9	
Drag	a column heade Partici	r and drop it her	Facility	: Day of	. : y	Tentre a cesti fort		-	200000000000000000000000000000000000000	