

GCSO Safe Outcomes User Guide

## **Table of Contents**

| Registering a New Caregiver Account | 2 |
|-------------------------------------|---|
| login                               | 3 |
|                                     | 4 |
| Edit/View Safe Outcomes Person      | 9 |

### **Registering a New Caregiver Account**

If you do not already have an account, follow the directions below to register as a caregiver for the GCSO Safe Outcomes program:

1. Scroll to the bottom of the home page and click on *Register Now.* 



The *Create an Account* section will appear. Enter your name, your email address, and a password. Review the *Consent Release* section before checking the box labeled *I Consent*. When finished, scroll down and click *Sign Up*.

| Create an Account |   |
|-------------------|---|
| Create Account    |   |
|                   | "Name<br>Email<br>"Password<br>"Password Verify |
| Consent Release   | "I Consent                                      |

3. When your account is created, you will receive an email verification sent to the email provided. Follow the directions in the email to verify your account.

4. Once your account has been verified, you can sign in. If you have forgotten your password, click the link *Forgot Your Password*?.

|  | Aution Alebairer's Desferre etc.) on this periodentian period  |
|--|--|
| residents of Greenville County can register a person with special needs (for example<br>telp create a positive interaction in cases where Greenville County Sheriff's Office ( | Control of the second sec |
| o assist in providing accurate identification and emergency contact information to e   | nsure positive interaction.  |
|  |  |
| This can help us:  | You can provide:   |
| Identify the person  | Picture  |
| Contact you/caregivers   | Contact information  |
| Understand communication/interaction needs   | • Data   |
|  |  |
|  |  |
| Login to your Existing Account   |  |
| Email  |  |
| Passward   |  |
| 1 assword  |  |
|  |  |
| Login  |  |
| Create Account   | Forgot Your Password?  |
|  | -  |
|  |  |

## Login

If you already have a caregiver account, follow the directions below:

1. Scroll to the bottom of the *About* page and select *Login*. Or in the top right corner, select *Login*.

| Partnerships                                     |  |
|--|--|
| The key to the success                           | of Operation Safe Outcomes initiative is the strong partnerships   |
| businesses. These par                            | nmental organizations, government agencies, and private<br>erships can act as force multipliers, expert advisors, and resource |
| providers. Additional                            | they can provide assistance with outreach by identifying ways to   |
| target groups and to a<br>importantly, these gro | vertise the availability of Operation Safe Outcomes. Most<br>ps provide program legitimacy that is often necessary when        |
| encouraging caretake                             | to register their loved ones.  |
|  |  |
|  |  |
|  |  |
|  | REGISTER NOW   |
|  |  |
|  | or   |
|  | Login  |
|  | Login  |

2. Enter your credentials. If you have forgotten your password, you can click on Forgot Your Password?

| Residents of Greek   | nulla County can register a nercen with special needs (fo  | avample Autism Alphaimar's Desfaces ats ) on this registration p | ortolto |
|----------------------|--|--|---------|
| help create a posit  | ive interaction in cases where Greenville County Sheriff's | Office (GCSO) needs to contact that person. GCSO developed this  | syster  |
| to assist in providi | ng accurate identification and emergency contact inform    | ation to ensure positive interaction.                            |         |
|                      | This can help us:  | You can provide:   |         |
|                      | Identify the person  | Picture  |         |
|                      | Contact you/caregivers                                     | Contact information  |         |
|                      | Understand communication/interaction need                  | s • Data   |         |
|                      | Login to your Existing Account                             | <br>   |         |
|                      | Create Account   | Forgot Your Password?  |         |

#### **Adding a New Person**

Once you have logged into your account, you can register a new person for the program. Follow the directions below to register a new person:

1. Click on +Add New Person.

| Wł | Are You Registering? |  |
|----|----------------------|--|
|    | + Add New Person     |  |

2. Enter the information as it pertains to the vulnerable individual for the program (see next page). The first page will be in regards to the personal information such as name and diagnosis/disability. When finished, click *Next*.

| * Last Manag            |                            |
|-------------------------|----------------------------|
| * Last Marie:           |                            |
| * First Name:           |                            |
| Middle Name:            |                            |
| Suffix:                 | Select One V               |
| * Preferred Name:       |                            |
| * Contact Phone:        |                            |
| * Diagnosis/Disability: | Select One 🗸               |
| Preferred Hospital:     |                            |
| Additional Details:     |                            |
|                         |                            |
| * Photo Upload:         | Choose File No file chosen |
|                         | Next                       |

3. On the next screen enter the address of the vulnerable individual. As you are typing in the information, the box labeled *Select Address* will begin to auto populate. Select the most accurate address from the list provided. Click *Next* when finished.

| * Street Number:                           | 301  |
|--|--|
| Street Direction:                          | Select One 🗸   |
| *Street Name:                              | University   |
| Street Type:                               | - Select One 🗸   |
| Neighborhood/Complex/Community:            |  |
| Apt. or Suite:                             |  |
| * City:                                    | Select One V   |
| * State:                                   | South Carolina 🗸   |
| * Zip Code:                                |  |
| Select Address:<br>* Address Confirmation: | 301 University Ridge , Greenville, SC 29601   301 University Ridge #100, Greenville, SC 29601   301 University Ridge #1000, Greenville, SC 29601   301 University Ridge #1100, Greenville, SC 29601   301 University Ridge #1100, Greenville, SC 29601 |
| Drey                                       | Nevt   |
|  | Cancel   |
|  |  |
|  |  |

4. On the next page enter the physical description of the vulnerable individual. When finished, click *Next*.

| Physical Descri | ption            |                |
|-----------------|------------------|----------------|
|                 | * Date of Birth: |                |
|                 | * Race:          | Select One 🗸   |
|                 | * Sex:           | Select One 🗸   |
|                 | * Height:        | feet inches    |
|                 | * Weight:        |                |
|                 | * Eye Color:     | - Select One 🗸 |
|                 | * Hair Color:    | Select One 🗸   |
| Prev            |                  | Next           |
|                 |                  | Cancel         |

5. The next page is a place to enter any special information that would be beneficial for first responders such as if the individual has a tendency to wander, if they have any specific communication methods, etc. When finished, click *Next*.

| * Home Type:   | Select One 🗸               |
|--|----------------------------|
| * Wander Tendency:   | Select One 🗸               |
| * Communication Method:  | - Select One V             |
| Medication:  |                            |
|  | /;                         |
| * Spoken Language:   |                            |
| Medical/Psych Issues:  |                            |
| Constant Water Barrier   |                            |
| Commonly worn items:   |                            |
| * Approach Suggestions:<br>ex: Slow Approach, loves talking about dogs, etc. |                            |
| Trigger Words:   |                            |
| Second Considerations  |                            |
| (check all that apply)   | Combative if Restrained    |
|  | Disrobes or Prefers Nudity |
|  | Fear of Dogs               |
|  | Fear of Police             |
|  | Has Access to Weapons      |
|  |                            |
|  | Light Sensitive            |
|  | Paranaid                   |
|  | Repeats Phrases            |
|  |                            |
|  | Other:                     |
|  |                            |
| Prev   | Next                       |
|  | Cancel                     |
|  |                            |

6. On the next page enter the contact information of the primary contact for the vulnerable individual. Click *Next* when finished.

| * Relationship: | Select One V                 |
|-----------------|------------------------------|
| * Full Name:    |                              |
| * Address:      |                              |
| * City:         |                              |
| * State:        | South Carolina 🗸             |
| * Zip Code:     |                              |
| * Please        | enter a contact phone number |
| Home Phone:     |                              |
| Mobile Phone:   |                              |
| Other Phone:    |                              |
| * Email:        |                              |

7. The next page is optional. This information is for any secondary contact information. Click *Next* when finished (or to skip).

|      | (If no secondary co | ntact, leave blank proceed to next step) |
|------|---------------------|--|
|      | * Relationship:     | Select One 🗸                             |
|      | * Full Name:        |  |
|      | * Address:          |  |
|      | * City:             |  |
|      | * State:            | South Carolina V                         |
|      | * Zip Code:         |  |
|      | * Please            | e enter a contact phone number           |
|      | Home Phone:         |  |
|      | Mobile Phone:       |  |
|      | Other Phone:        |  |
|      | * Email:            |  |
|      |                     |  |
| Prev |                     | Nex                                      |
|      |                     | Cancel                                   |
|      |                     |  |
|      |                     |  |
|      |                     |  |
|      |                     |  |

8. The next page is about any vehicle information pertaining to the vulnerable individual. When finished or to skip, click *Finish*.

| Vehicle Information for Safe Outcomes | s Person                                 |
|---------------------------------------|--|
| (If no ve                             | hicle, leave blank proceed to next step) |
| * Туре:                               | Select One 🗸                             |
| *Year:                                | Select One V                             |
| * Make:                               | Select One 🗸                             |
| * Model:                              |  |
| * Color:                              | Select One 🗸                             |
| * Please en                           | ter a Vehicle Vin or License Plate #     |
| Vehicle VIN:                          |  |
| Vehicle Lic.#:                        |  |
| * Lic. State:                         | South Carolina 🗸                         |
| Prev                                  | Finish                                   |
|                                       | Cancel                                   |

9. Once submitted, you will receive a confirmation screen. You will also receive a confirmation email. If you need to make any changes, you can click the link within the confirmation email.

| Confirma | llion   |
|----------|---|
|          | Thank you for submitting the Safe Outcomes form!                                  |
|          | 09/27/2021 02:59 PM   |
| The GCSO | Safe Outcomes Coordinator will be in touch with you to confirm your registration. |
|          | If you have any questions please contact <u>Terri Long</u> at (864) 467-5574 or   |
|          | TLong@greenvillecounty.org.   |

# **Edit/View Safe Outcomes Person**

If you need to make any changes to the Safe Outcomes person or wish to view the list of all registered individual, follow the directions below.

- 1. Login into your account.
- 2. Once logged in, you will see a list of individuals that have been registered.

| Photo | Name     | Last<br>Updated | Expiration Date |               |               |
|-------|----------|-----------------|-----------------|---------------|---------------|
| 1     | John Doe | 09/27/2021      | 09/27/2023      | <u>Update</u> | <u>Delete</u> |

- a. To update any information, click *Update*. You will be able to go through each section and make any changes needed.
- b. If you need to delete an individual from the list, click *Delete*.
- c. You can also add more individuals to this list by click on *+Add New Person*. Follow the section labeled *Registering a New Person* starting on page