CICRF REDCap Follow-up Survey Guide

CICRF Application: Additional Information is Needed



(i) If there are problems with how this message is displayed, click here to view it in a web browser.

Regarding your Catastrophic Illness in Children Relief Fund (CICRF) Application

DPH CICRF (cicrf.dph@mass.gov) has sent you a secure email message.



Learn about messages protected by REDCap.

- After submitting your application to CICRF through our REDCap Online application (<u>https://redcap.ehs.mass.gov/redcap/surveys/?s=9RRDDWXC9AJ8HRLX</u>), CICRF staff will review your application to determine what additional information is needed from you before your application is assigned to a Program Coordinator.
- CICRF will send a "follow-up survey" to the email address associated with your REDCap Online application. The email you'll receive will look like the image shown above. Click on "Read the message" next to the lock icon.

Regarding your Catastrophic Illness in Children Relief Fund (CICRF) Application

REDCap[®]

$oldsymbol{0}$ Quick security check before viewing your email

Because you have not visited this page before or in a long time, we just sent you <u>a new email containing a security code</u> that will be used to verify your identify here. Please return to your inbox right now to retrieve that security code, and then enter it below. Thanks!



Powered by REDCap

3. After you click on Read the Message, you'll be prompted to enter in a 6-digit security code, which will be sent as an email to your inbox immediately after opening the page above. Before entering your code, make sure the checkbox next to "This is a public computer" is unchecked.

REDCap secure message verification



Regarding your Catastrophic Illness in Children Relief Fund (CICRF) Application

Your REDCap Secure Messaging code is 935043

(This code will expire in 5 minutes)

Learn about messages protected by REDCap.

Note: The code you'll be required to enter to access your Follow-up survey will be sent to you in an email as shown above.



03-05-2024 9:45am (1 day ago)

CICRF Application: Additional Information is Needed

From: cicrf.dph@mass.gov	
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Your-email-address

Dear Your FirstName

To:

In order for Catastrophic Illness in Children Relief Fund (CICRF) to determine if you are eligible to receive Funds, please provide additional documentation by 04-06-2024. If applicable, there may be a request letter included with your documents. Please refer to this letter while gathering your required documentation.

At the bottom of this email, you will find attachments to download and submit to CICRF. Please download the attachments (linked at the bottom of this email), complete and sign them, and upload them at the link to the follow-up survey listed below.

CICRF Follow up Documentation

If the link above is not working, copy and paste in the following URL: <u>https://redcap.ehs.mass.gov/redcap/surveys/?</u> <u>s=v3UEdZr34EUB5p7r</u>

Note: Hospital medical release forms and the DTA Release form can be downloaded from the follow-up survey itself (see link to survey above). They will not be linked as attachments to this email.

*** If you do not see a specific space to upload your documents (such as an EFT Direct Deposit form, a letter of medical necessity, documentation for medical equipment and expenses), please look for upload spaces under "Other documentation" on your follow-up survey (linked above).***

For more information, please visit our website at https://www.mass.gov/how-to/apply-to-cicrf.



4. After submitting the security code, you'll be able to access the message above, which contains a link to your follow-up survey. The <u>deadline for you to submit additional documents requested by CICRF staff</u> will appear in red text. At the bottom of the message, you'll find files that you should download, sign, then save as PDF documents. Click on the link that says "CICRF Follow up Documentation" once you're ready to submit your documents to CICRF.

🔒 Survey Login		×
Survey title: " Catastroph	ic Illness in Children Relief Fund (CICRF) - Follow-up"	
Before beginning or cont correct values below. Yo u note that the login is *no	tinuing this survey, you must first log in by successfully entering the u must successfully enter a value for ALL the fields below. Please ot* case sensitive.	
Child's Name (First)	Test_Lincy Show value	
Child's Date of Birth	08-08-2018 M-D-Y	
Child's Zip Code	02108 Show value	
	Log Ir	

- 5. Before accessing the follow-up survey to upload and submit documentation CICRF staff are requesting from your family, you'll be asked to verify your child's basic information. Please enter your child's first name, their date of birth (month/date/year for example, 12/10/2020), and your 5-digit zip code.
 - a. <u>Note</u>: To make it easier to enter in your child's information, you can check off the "Show value" box underneath each field.

<u>Note</u>: If you enter any of the three pieces of information incorrectly 3 times, you'll receive the following message shown in the image below.



If you're not able to access your survey despite entering in your information correctly, please contact CICRF at <u>CICRF.DPH@mass.gov</u>. Someone from our team will get back to you during our regular business hours (Monday – Friday, 9AM – 5PM).

If you're able to login and access your follow-up survey, you should see a form like the images shown below. Your follow-up survey may look a bit different depending on what documents CICRF is requesting from you.

For example, you may be asked to upload expense documentation for a vehicle purchase, home modification, medical expenses, medical equipment, health insurance premiums, funeral expenses, lodging costs, or for other expenses you're applying for reimbursement for. You may also be asked to upload additional income documentation including tax returns, social security benefits letters, a signed DTA release form, official documentation showing child support or alimony received, disability income, paid family medical leave income, or other forms of income.

CICRF will provide as much information as possible regarding documentation we're requesting to be uploaded.



The Catastrophic Illness in Children Relief Fund When other resources end, we begin.



Catastrophic Illness in Children Relief Fund (CICRF) - Followup

Thank you for your application to CICRF. In order to determine if you are eligible to receive funds, we need additional information from you. Please upload the following documentation.

6. When you first open the follow-up survey, you'll see the following message at the top of the screen. "Thank you for your application to CICRF. To determine if you are eligible to receive funds, we need additional information from you. Please upload the following documentation."

Tax Returns
Please upload your tax return(s) here:
⊥ <u>Upload file</u>
⊥ <u>Upload file</u>
W-9
Please upload your signed W-9 here:
⊥ <u>Upload file</u>
Memorandum of Understanding
Please upload your signed Memorandum of Understanding (MOU) here:
▲ <u>Upload file</u>
Submit

<u>Note</u>: The image above is just an example of what types of documents CICRF Staff may request from your family. You may be asked to provide more or fewer documents than what's shown above.

- 7. You should have downloaded the attachments from the secure email sent from <u>cicrf.dph@mass.gov</u> (see Step #4). Make sure you've signed them and that you have the signed versions of your documents (if a signature is needed) as a file on your computer. Then, click on the "Upload file" buttons to upload files that correspond to the document being requested.
 - a. <u>Note</u>: Each "Upload file" space must contain a file as your follow-up survey was custom tailored to request a specific number of each kind of document from you.

- 8. Once you've finished uploading all required documents in the upload spaces provided, hit the "Submit" button.
 - a. Note: You cannot save and return to your follow-up survey in the same way that you can with your online application.

Close survey

Thank you for submitting this additional documentation to CICRF. Staff will be in touch with you shortly to follow-up regarding your application.

If you have any questions, please call 617-624-5951.

- 9. You should receive the message shown in the image above.
- 10. Depending on what forms and documentation are being requested of you, your follow-up survey may also contain a section titled "**Other Documentation**" (see image below). If you see this section on your follow-up survey, there will be between 1-6 upload spaces (6 max).
 - a. You should upload the following types of documents into this section: EFT Direct Deposit form, an Accessible Vehicle statement, Home Modification statement, medical expense documentation and proof of payment, and letters of medical necessity for expenses other than vehicles and home modifications

Other Documentation

Please upload any additional documentation needed to complete your application here:

🏦 <u>Upload file</u>

- 11. If you have <u>multiple files</u> that you'd like to upload (such as two W-2's or more than one SSI letter) and there's <u>only one upload space</u>, we recommend that you <u>merge these files into one document</u>.
 - a. To combine your files into a single document, you can use a tool such as this one: <u>https://www.adobe.com/acrobat/online/merge-pdf.html</u>. You can also use the built-in file combining and file converting features if you have Adobe Acrobat.
 - Another option is that you can save anything you combine in a word document as a PDF. For example, you might insert images, scans, or screenshots of your W-2's into a word document. To save this document as a PDF, go to File > Save As > PDF.

If you don't complete CICRF's request for follow-up documentation within 7 days, you will receive a reminder email. If after 7 days (1 week), you still do not complete the request for follow-up documentation, you will receive 2 more reminders. In total, you will receive 3 emails from CICRF regarding your follow-up survey: 1 initial email and 2 reminders.

The reminder email you will receive will appear as shown in the images below.

CICRF Application: Additional Information is Needed



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DPH CICRF (cicrf.dph@mass.gov) has sent you a secure email message.





03-05-2024 9:45am (1 day ago)

CICRF Application: Additional Information is Needed

Fr	om: <u>cicrf.dph@mass.gov</u>
To	Your Email

Dear Your Name

In order for Catastrophic Illness in Children Relief Fund (CICRF) to determine if you are eligible to receive Funds, please provide additional documentation by 04-06-2024. If applicable, there may be a request letter included with your documents. Please refer to this letter while gathering your required documentation.

At the bottom of this email, you will find attachments to download and submit to CICRF. Please download the attachments (linked at the bottom of this email), complete and sign them, and upload them at the link to the follow-up survey listed below.

CICRF Follow up Documentation

If the link above is not working, copy and paste in the following URL: <u>https://redcap.ehs.mass.gov/redcap/surveys/?</u> <u>s=v3UEdZr34EUB5p7r</u>

Note: Hospital medical release forms and the DTA Release form can be downloaded from the follow-up survey itself (see link to survey above). They will not be linked as attachments to this email.

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For more information, please visit our website at https://www.mass.gov/how-to/apply-to-cicrf.



The message you'll receive will appear as shown above. The follow up documentation request email you receive as a reminder will look the same as the initial email you received.

If you do not complete the request for follow up documentation by the **deadline** (in **bold red text)** and you do not contact CICRF at <u>CICRF.DPH@mass.gov</u> or by phone at (617) 624-5951 before the **deadline**, you will be asked to re-apply to CICRF by submitting a new application.