# 22+ Adult High School Diploma **Payment Process**

# **User** Manual

GUIDANCE ON THE PAYMENT PROCESS FOR PROVIDERS OF THE 22+ ADULT HIGH SCHOOL DIPLOMA PROGRAM TO **RECEIVE PAYMENT FOR THE SERVICES PROVIDED TO** ADULT LEARNERS.

December 2015







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#### Guidance

- The school district of residence shall issue a diploma within 60 days after the certificate of completion is received.
- Districts and schools report enrollment for students to the Ohio Department of Education.
- The district or school shall develop an individual Student Success Plan with each adult learner.
- Adult learners are required to complete a Student Success Plan.
- Providers are required to give career counseling to adult learners.
- A diploma is awarded to an adult learner who earns high school credit and satisfies the applicable testing requirements.

#### 22+ Adult High School Diploma Program

Adults must meet the following criteria to participate in the 22+ Adult High School Diploma program:

- Must be at least 22 years of age, and
- Have not received a high school diploma from an Ohio charter school or a city, local or exempted village school district or a general educational development (GED) certificate.
- Must be a resident of Ohio.

#### **Provider Application Resources**

Program application resources are available <u>here</u>. A webinar recording is available <u>here</u>.

#### **Student Application Resources**

Student application resources are available <u>here</u>. A webinar recording is available <u>here</u>.

#### **Payment Process Resources**

You can access a 22+ Adult High School Diploma Program Payment Process webinar on ODE's website at: <u>https://www.youtube.com/watch?v=qExQi1FWbFA</u>

The following slides and guidance information provide step-by-step guidance enabling providers to submit invoices for the services rendered to adult learners.





#### **1. Log-in to your SAFE Account**

Sign in to your SAFE account via the SAFE Account login page (this is the same as when you access the Provider Application).

	Sign in with your SAFE Account
What is SAFE?	Are you an ODE employee?
The Ohio Department of Education (ODE) launched the Security Application For Enterprise (SAFE) Web portal in May, 2003. SAFE is a Web Portal and a "single sign on" software security solution for ODE customers.	User Name   Password Forgot user name or password?
Don't have a SAFE account? Sign Up Safe Sign up help	Sign In
Started sign up process? Check Signup Status	

#### 2. Access the Adult Learner System

Click on the Adult Learner Web system link.

sthsdnom062042 scholar	Change Name	Change Password Request access to Adult
	Change Email	learner/Scholarship/CCIP
	Christe Address	Web system access information
	Change Phone	Show my current roles/access
Web Systems	Description	
Adult Learner	Adult Learner	
FSL	FSL - Forms and Surveys List	
ODE.CORE	Online Licensure System	
STARS V2.0	STARS Professional Development and Technical Assistance System	



#### **3. Provider Landing Page**

Click on the Details button at the bottom right corner to open the provider application or type in the provider information in the boxes provided on the page and then click on the Search Tab in the bottom left corner of the page.

Program Information	·												
Program Select Select Another Pro	Program Selected: Adult Learner Select Another Program												
	PROVIDER SEARCH PAGE												
BASIC SEARCH	MISCELLANEOUS SEARC	ж											
PROV PRO APPLICATI Search	IDER NAME: OVIDER IRN: COUNTY: All ON DE NOD: 22+HSD F Reset	▼ Y2015 ▼	Application status: Approved Correction Needed Denied Resubmitted Statted Statted Statted Submitted Statted Started St	ows ck on the De	tails butt ✓ ONLY SHOW M	<b>ON.</b> Y PROVIERS							
* - indicates entity is Cha	rtered, Non-Public school		1 result(s) returned.										
NAME	IRN	COUNTY	PERIOD	PROGRAM	STATUS	DETAILS							
Alliance	043497	Stark	22+HSD FY 2015	Adult Learner	Approved	B							

#### 4. The Student Application Must be in Accepted Status

Once an application has been Awarded, the provider will need to change the application status to Accepted on the Status/Flags tab on behalf of the student. This assumes that the provider has had a conversation with the student and confirmed that the student still wants to participate in the program before they change the status to Accepted.

STUDENT	APPLICATION	GRADUATION REQUIREMENTS	STUDENT SUCCESS PLAN	ASSESSMENT	DOCS	STATUS/FLAGS	COMMENTS / HISTORY	
Applied	Pags				RENT APP Warded ATE APPLI Incepted Completed C	LICATION STATUS: CATION STATUS TO	κ.	



#### 5. Select Finance Tab

Click on the Finance Tab (upper left corner the third tab over – beside the Student Tab) to open the dropdown box to open the Finance Student Search page in order to search for an existing student by entering the student Application ID# or the SSID # for the student.

Provider	Manuals and Forms Contacts 👳
Finance Se	
Program Information Invoice Search	
Select Another Program	oma Program
	PROVIDER SEARCH PAGE
BASIC SEARCH MISCELLANEOUS SEARCH	
	Click on the drop-down in the Finance
PROVIDER NAME: PROVIDER IRN:	tab and select the Finance Search Tab.
COUNTY: All 💠	Dasubmittad
APPLICATION PERIOD: Adult Learner F	Y 2016 ¢) Started Started Submitted Terminated
Search Reset	SORT ORDER: (Provider Name \$)
	8 result(s) returned.

#### 6. Student Search

Entering the student's Application ID# or the SSID # for the student will take you to the Student Finance Search Page.

Provider 🗢	Student 🗢	Finance 🗢	Compliance	Admin 🗢	User Manuals and Forms	Contacts $\bigtriangledown$							
Brogram	oformation	1											
Program		」 	dult High	School I	Inloma Program								
Flogra	II Selecta	5u. 22 ' A	uun myn	School	npiona Program								
Select Anot	her Program or	Org											
BASIC SE	ARCH				Enter	stud	ent	info	orma	ation			
APPLICA	TION ID:			PLICATION I	PERIOD: Adult Learner	Y 2016 🛊							
	SSID:			PROVIDER	NAME:								
FIRS	T NAME:			PROVID	ER IRN:								
LAS	T NAME:			DISTRIC	NAME:								
	DOB:			DISTR	CT IRN:								
Search	Reset												



#### 7. Student Finance Search Page

By clicking on the GOTO button you will select the student for whom you want to create an invoice. Clicking on the GOTO button will take you to the student Attendance Page.

Provider 🗢 Student	▽ Finance		n 🗢 🛛 User Manua	Is and Forms	Contacts 🗢						QA			
Program Information Program Sele Select Another Program	Program Information Program Selected: 22+ Adult High School Diploma Program Select Another Program or Org													
					STUD	ENT FINANC	CE SEARCH PAGE	E						
BASIC SEARCH														
APPLICATION ID: SSID: FIRST NAME: LAST NAME: DOB: Search Reset	APPLICATION ID: APPLICATION PERIOD: Adult Learner FY 2016 ; SSID: PROVIDER NAME: PROVIDER NAME: PROVIDER NAME: DISTRICT NAME:													
					Basi	ic Search - 6 res	sult(s) returned							
NAME	APP ID PF	ROGRAM PERIOD	PRIMARY PROV	IDER IRN	PRIMARY P	ROVIDER	DISTRICT IRN	DISTRICT OF RESIDENCE	TOTAL ALLOCATED	TOTAL AMOUNT PAID	GOTO			
Jones, Abby	153199	Adult Learner FY 2016	061903		Adams Co	unty/Ohio Valley	000441	000441, Peebles	\$0.00	\$0.00	0			
Jones, Abe	153200	Adult Learner FY 2016	061903		Adams Co	unty/Ohio Valley	000442	000442, Manchester	\$0.00	(\$3,800.00)	9			
Jones, Abel	153201	Adult Learner FY 2016	061903		Adams Co	unty/Ohio Valley	000442	000442, Manchester	\$0.00	(\$2,100.00)	0			
Jones, Abigail	153202	Adult Learner FY 2016	061903		Adams Co	unty/Ohio Valley	000442	000442, Manchester	\$0.00	\$0.00				
Jones, Addie	153203	Adult Learner FY 2016	061903		Adams Co	unty/Ohio Valley	000442	000442, Manchester	\$0.00	(\$3,200.00)	0			
Jones, Addison	153204	Adult Learner FY 2016	061903		Adams Co	unty/Ohio Valley	000442	000442, Manchester	\$0.00	\$0.00	9			

#### 8. Student Attendance Tab

Program Information	- Finance - Compliance	e   Admin	uals and Forms C	ontacts 🗢				
Select Another Program	or Org	n School Diploma	Program					
ID:				Pe	riod: Adult Learner FY 2016	Type: First Year Applications	Status: Accepted	View Student App
				Viewing Student: 1 of 6				Back to finance search results
ATTENDANCE		MMARY PAYMENT	FINANCE DOCS	FINANCE COMMENTS				
_	School Name ounty/Ohio Valley	P	ovider IRN 061903	Enrollmen 07/22	Start Date /2015	Enrollment End Date 06/30/2016	Total I	ours Detail
Month/Yea July 2015 Aug 2015 Sept 2015 Oct 2015 Dec 2015 Jan 2016 Feb 2016 March 2016 April 2016 May 2016		Hours 45	-	Select tl	Action	COMMENTS:	ance tal	<b>)</b> .
Total for Year		45						





#### 9. Student Attendance Tab

Enter the student's hours of attendance for the month and click the save icon to save the attendance information.

rovider Program Informat Program Sel Select Another Progr ID:	t  Finance  to  Finance  to  Finance  to  Finance  to  Finance  to  Finance  Finance	Compliance A	udmin ⇔ User Ma	a Program		er the st	tudent's attendance hours.
ATTENDANCE	INVOICE	ACCOUNT SUMMAR	PAYMENT	FINANCE DOCS	FINANCE COMMENT	s Saturt Date	results results
	Adams County	Ohio Valley		061903		22/2015	
Month/	fear		Hours 45			Action	I lo edit the hours, click h
Aug 2015				1			
Sept 2015				ī			I the nencil icon and click I
Oct 2015							the perior room and chek
Nov 2015							
Dec 2015							save.
Jan 2016							
Feb 2016							
March 2016							
April 2016							
May 2016			_				
June 2016			45				
TOTAL TOP TEA			43				Add Comment

#### **10. Add Comments**

												Session Timeout.00:59:37
Provider 🗢 Studen	t 🗢 Finance 🗢	Compliance	Admin 🗢	User Man	uals and Forms	Contacts 🗢						Q
1		1 1			1							
Program Informat	on											
					-							
Program Sel	ected: 22+7	Adult High S	CUOOI D	ipioma	Program							
Select Another Progr	am or Org											
ID: "							Pe	riod: Adult Learner FY 2016	Type: First Ye	ar Applications	Status: Accepted	🗭 View Student App
												Back to finance search
						Viewing	g Student: 1 of 6					results
ATTENDANCE	INVOICE A	ACCOUNT SUMMA	RY PAY	MENT	FINANCE DOC	S FINANC	E COMMENTS					
	Oshaal N				and day IDN		Familian	A Start Data	Encolle	mant Find Data	<b>T</b> -4	- Datall
	Adams County/C	ame Dhio Vallev		P	061903		Enrollmo 07		Earoly	MANT ENd Hata	1 101	Hours Defail
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	·····,								nto.	hy alia	king on
Month/	fear			Hours				Add Col	mme	nts	DY CIIC	KING ON
July 2015				45								
Aug 2015								the add	l cor	nme	nt but	ton and l
Sept 2015												
Nov 2015							_	type you	Ir co	mme	nte in ·	the hoy
Dec 2015								type you		iiiiic	iits iii	
Jan 2016				L								
Feb 2016												
March 2016												
April 2016												
May 2016												
June 2016												
Total for Yea	r			45							-	
										Ac Comment		





#### 11. Invoice tab

ID: 1			Period Viewing Stude	Click a ne who and	View Student App Back to finance earch results				
ATTENDANCE	ACCOUNT SUMMARY	PAYMENT	FINANCE DOCS	FINANCE	COMMENTS				
Invoice Information Scholarship: 5/21/2015 - 6/	30/2015	Total Allocated	: \$2,142.84	Total Inv	roiced: \$0.00	Total Paid: \$(	D.OD Total	Remaining: \$2,14	12.84
*- indicates Invoice is an Adjus	tment								
INVOICE NAME A Number i	PP PROGRAM F D Period	provider pr Irn	OVIDER STATUS	BILLING CYCLE	DATE Submitted	REQUESTED Amount	ODE APPROVED Amount	TO BE PAID (OR Refunded	) goto print
Add New Invoice Print	Invoice Summary							Previous Page	1 of 0 Next

# 12. Add New Invoice

ID:			Period:	Clic to c	ck the open th	Add N ne Invo	New In DiceWir	voice ndow.	ew Student App
			Viewing Studen	t: 1 of 6				<u>sea</u>	Back to finance arch results
ATTENDANCE	ACCOUNT SUMMARY	PAYMENT	FINANCE DOCS	FIM" .ce	COMMENTS				
Invoice Information 🔋	2015	Total Allo	: \$2,142.84	Total In	voiced: \$0.00	Total Paid: \$	50.00 Total	Remaining: \$2,142	84
* - indicates Invoice is an Adjustme	ent								
INVOICE NAME APP NUMBER ID	PPC_KAM I Period	Provider Pr Irn	OVIDER STATUS	BILLING Cycle	DATE Submitted	REQUESTED Amount	ODE APPROVED Amount	TO BE PAID (OR) Refunded	GOTO PRINT
Add New Invoice	voice Summary							Previous Page 1	of 0 Next



# 13. Opening the Invoice Window

mvoice X	
Program Information       Provide: Laboration       Provide: Laboration<	/ Student / k to finance results





#### 14. Adding a course

	Invoice	×	
Program Information Program Select 061903 - Adams Court	Invoice Number: 0 Enrollment: 5/21/2019	5 - 6/30/2015 Provider: Adams County/Ohio Valley S - 6/30/2015 Student Name: Clark, Karen	
Select Another Prog	Invoice		
ID: 14618	Cou	rrse Type Course Name Start Date End Date Credits Amount Edit Delete Add Course	View Student
ATTENDANCE	Comments 👔	Amount to be paid by ODE for this Invoice S 00 NOTE: ** Total amount requested this Invoice is less than the total avail.	Back to finance search results
Invoice Informatic     Scholarship: 5/21/2     * - indicates Invoice is i	Add Comment	Click on Add Course to access student content and elective course requirements	42.84
INVOICE N/ NUMBER Add New Invoice	History 🖬	the student has completed as part of the student's Success Plan.	R) GOTO PRINT
15. Studer	t Conte	nt, Electives and Assessment info	
-			-
		Save Cancel	

#### **15. Save Course Window**

If the Success Plan didn't include a content or elective course requirement, then no content or elective course will show in the Save Course window.

Provider 👳 Student 🗢		
	Invoice	
Program Information Program Select	Invoice Number: 0 Provider: Adams County/Ohio Valley Enrollment: 5/21/2015 - 5/30/2015 Student Name: Clark, Karen	
Select Another Prog	Invoice	
ID: 1461	Course Type Course Name Start Date End Date Credits Amount Edit Delete Add Course	View Student App
ATTENDANCE	Comments  Commen	Back to finance search results
Invoice Informati Scholarship: 5/21/	Save Course         ×           Course Type         Course Name         Start Date         End Date         Credits         Amount           Add c         Elective Requirement.         Mathematics         >         05/21/2015         05/31/2015         0.5         >         357.14	42.84
* - Indicates Invoice is INVOICE NUMBER	Histo Cancel	R) GOTO PRINT
Add New Invoice	No Action Available	1 of 0 Next
Or Line	Ily content or elective course requirements info enter the Success Plan will show in the Save Course windo	ered ow.
	Save Cancel	



#### 16. Content or Elective Course, Dates, Credits and Amount Information

The Save Course window includes drop-down boxes for information on content or elective course, start and end dates, credits and payment amount information.

Invoice						
Con	If the studen Elective Course will not see a Save Course Requirement	t doesn't pl rse in the st an Elective ( window on s, in this ca	an or did no tudent's Su Course Requ Ily a Conter se Mathem	ot take an ccess Plan uirement in nt atics.	you the less t	Add Course Add Course RE TO VIEW DETAILS \$0.00 han the total available
	Save Course					×
	Course Type	Course Name	Start Date	End Date	Credits	Amount
Add (	Content Requirements 🗸	Mathematics	06/01/2015	06/09/2015	1.0 🗸 714.2	28
Histo	If the stude will be for o	ent complet ne full credi	ed on cred it, in this ca	it, the invo se for \$714.	ice <sub>ave Co</sub> 28.	Cancel

#### **17. Click on the Save Course or Cancel Button**

Invoice						
	Course Type	Cours	e Name	Start Date End Date	Credits Ar	nount Edit Delete
						Add Course
Comm	ante D				CLICK HE	RE TO VIEW DETAILS
			Amount to I	be paid by ODE for this Inv	oice	\$0.00
			NOTE: **			han the total available
			amount			
	Save Course					v
	Save Course					^
	Course Type	Course Name	Start Date	End Date	Credits	Amount
Add C	Content Requirements V Mat	nematics 🗸 🗸	06/01/2015	06/09/2015	1.0 🗸 714.	28
Histo	Click	on Save C	ourse or C	ancel.		
					Save C	ourse Cancel





#### **18. Invoice Info**

ovider 🗢 Student 🗢	Finance 😓 Compliance User Manuals and Forms	QA
	Invoice X	
Program Information Program Select 061903 - Adams Cou	Invoice Number: 0 Provider: Adams County/Ohio Valley Enrollment: 5/21/2015 - 6/30/2015 Student Name: Clark, Karen	
Select Another Pro		
ID: 1461	Course Type         Course Name         Start Date         End Date         Credits         Amount         Edit         Delete           Elective Requirements         Mathematics         5/21/2015         5/31/2015         0.5         357.14         Image: Course Name         Image: Course Name         Start Date         End Date         Credits         Amount         Edit         Delete           Elective Requirements         Mathematics         5/21/2015         5/31/2015         0.5         357.14         Image: Course Name         Image: Course Name <td< th=""><th>View Student App Back to finance</th></td<>	View Student App Back to finance
ATTENDANCE I Invoice Informat Scholarship: 5/21 * - indicates invoice is	Comments CLICK HERE TO VIEW DETAILS Amount be paid by ODE for this Invoice S357.14 NOTE: Total amount requested this Invoice is less than the total available amount Total amount requested this Invoice is less than the total available	142.84
INVOICE NUMBER Add New Invoice	The Invoice shows the course, the dates, credits and the amount of the payment for ½ credit.	DR) GOTO PRINT
-	Save Cancel	

#### **19. Invoice Amount**

Invoice					×
Invoice Number: 0 Encolment: 5/20/2015 - 6/30/2015		Provider: A Student Na	Miance	sie	
Course Type Content Requirements	Course Name Mathematics	Start Date End Date 6/1/2015 6/9/2015	Credits An	714.28	Delete
	Total	amount requested in t	his Invoice: \$	714.28	
				Add Co	urse
Comments 2			CLICK HE		TAILS
	Amount to be	paid by ODE for this Inv	oice Is Isvoice is less th	\$71	4.28
	amount	tar amount requested th		an the total a	
				_	
Add Comment The	Invoice shows the	course. th	ne dates	s. credi	ts 📗
History 🖬 🔤 and 1	the amount of the	payment f	or 1 cre	αιτ.	
					_
				Save	Cancel



#### **20. Invoice Save or Cancel button**

	Finance 🗢 Compli	ance User Manuals and Forr	ns				
	Invoice					3	•
rogram Information	Invoice Number: 0 Enrollment: 5/21/201	5 - 6/30/2015		Pro	vider: Adams County dent Name: Clark, Ka	'Ohio Valley ren	
Select Another Pro	Invoice						
	Co	urse Type	Course Name	Start Date End	d Date Credits	Amount Edit Delete	
ID: 1461		Elective Requirements	Mathematics	5/21/2015 5/31	1/2015 0.5	357.14	View Student
				Total amount reques	the mans mode.	Add Course	Back to finance search results
	Comments 👔	7		Amount to be paid by ODE for	CLICK	HERE TO VIEW DETAILS	
				NOTE: " Total amount reque	ested this Invoice is lest	ss than the total available	
				amount			
Scholarship: 5/21							,142.84
- indicates Invoice is							
	Add Comment						DR) GOTO PRINT
Add New Invoice	History 👔			CURRENT INVOICE STAT	US:		e 1 of 0 Next
				UPDATE INVOICE STATUS	S TO:		
				NO ACTION AVAILABLE			
			Click t	he Save or	Cancel	Button.	
-						Save Cancel	

## **21. Invoice Started Status**

ent 🗢	Finance 🤝 Compliance User Manuals and Forms	QA
	Invoice	
	Invoice Number: 1767         Provider: Adams County/Ohio Valley           Enrollment: 5/21/2015 - 6/30/2015         Student Name: Clark, Karen	
r Pro 1461	Involce       Course Type       Course Name       Start Date       End Date       Credits       Amount       Edit       Delete         Elective Requirements       Mathematics       5/21/2015       5/31/2015       0.5       357.14       Image: Start Date       Image: Sta	View Student App Back to finance Barch results
pice is pice	Add Comment  History  Started  CURRENT INVOICE STATUS: Started  UPDATE INVOICE STATUS TO: Submitted	DR) GOTO PRINT
	Save	J





#### 22. Another Invoice May Be Started



### 23. Invoice Submitted

Invoice Invoice Number: 1901 Enrollment: 5/20/2015 - 6/30/201	15				Provider: / Student Na	Alliance ame: Jamisor	n, Jessie		×
Invoice									
Course Type		Course Name		Start Date	End Date	Credits	Amount	Edit	Delete
Conten	t Requirements	Mathematics		6/1/2015	6/9/2015	1	714.28	3 🖉	T
Elective	Requirements En	glish Language Art	s	6/1/2015	6/8/2015	0.0	714.28	3	TTT I
			Total	amount re-	quested in t	this Invoice:	\$1,428.56	5	
								Add C	ourse
						CLICK			
Comments 🛐			Amount to be	paid by OD	E for this Inv	oice		\$1,4	28.56
Add Comment									
6/10/2015 9: Click or Ca	Submitted, ncel.	Save	CURRENT II Starter UPDATE IN Submit	NVOICE S d VOICE STA ted	TATUS: ATUS TO:				
							Sa	ive	Cancel





### 24. Submitting an Invoice

	Course Name	Start Date End Date Credits Amoun	it Edit Delete
Content Requirements	Mathematics		Î
Elective Requirements	English Language Ar	uploaded to submit the invoice.	
Add Comment		Ny hydice is less than t	
History 2 6/10/2015 9:18:25 AM - sthsdnom043497 sch	nolar - Started	UPDATE INVOICE STATUS TO:	

# 25. Uploading a Transcript

ID: 1				Period: 2	2+HSD FY 2015 Type	e: First Year Applications	Status: Accepted	View	Student App
				Viewing Student:	1 of 1			Back search r	to finance results
ATTENDANCE	INVOICE	ACCOUNT SUMMARY	PAYMENT	FINANCE DOCS	FINANCE COMMENTS				
DOCUMENTS: Pelectronically U <u>Course Trans</u>	lploadable Dor <u>script</u>	cuments	DOCUMENT NAME Inscrip Transcrin Tran Tran Tran Tran Tran	s on file: t Course A course uploac on the	Transcript Transcript Se transcript Se transcript Ied to su Finance	DATE 6/10/2015 9:40:37 AM 6/10/2015 9:39:59 AM cript must bmit the i Documen	Precure Required Y Y be nvoice t page.	ent I - De REVIEW	lete Document V D P T P T P T P T P T P T P T T P T T T T
Common Docu	ments/Templa	tes				(Sei	ect Refresh button after uplos	Refresh ding to see the r	Save new document)

A course trpnscript must be uploaded to submit the invoice on the Finance Document page.





# **26. Click the Submitted, Save, or Cancel button to take the desired action.**

Invoice			Drovider: /	llianse			×
Enrollment: 5/20/2015 - 6/30/2015			Student Na	me: Jamisor	n, Jessie		
Course Type	Course Name	Start Date	End Date	Credits	Amount	Edit	Delete
Content Requirements	Mathematics	6/1/2015	6/9/2015	1	714.28	Ø	
Elective Requirements	English Language Arts	Total amount re	0/8/2015	0.0 his Invoice:	\$1.428.56	ø	
						Add Co	ourse
Comments 2		to be paid by Of	T for this low	CLICH	HERE TO V	IEW DI	ETAILS
	NOTE:	** Total amount	requested this	oice Is Invoice is li	ess than the t	total ava	allable
2	amount						
Add Comment							
Add Comment							
History 2	CURR	ENT INVOICE	STATUS:				
Click Su	bmitted 🛛 📥 🖻	arted					
6/10/2015 9:18:25 AM	UPDA		ATUS TO:				
Save or	Cancel.	Ibmitted					
					Sav	e ] 🤇	Cancel



#### 27. The Invoice Is Now In Submitted Status

Invoice				×
Invoice Number: 1901		Provider: Alliance		
Enrollment: 5/20/2015 - 6/30/2015		Student Name: Jamisor	n, Jessie	
Invoice				
Course Type Course Nam	Start Date	End Date Credite	Amount Edit	Delete
Content Requirements Mathematics	6/1/2015	6/9/2015 1	714.28	Denete
Elective Requirements English Language	Arts 6/1/2015	6/8/2015 0	714.28	
	Total amount requ	uested in this Invoice:	\$1,428.56	
Comments 🛛	-	CLIC!	K HERE TO VIEW D	ETAILS
	Amount to be paid by ODE	for this Invoice	\$1,4	28.56
Add Comment	NOTE: ** Total amount re amount	quested this Invoice is i	ess than the total av	ailable
History I Invoice submitted	URRENT INVOICE ST Submitted UPDATE INVOICE STA No Action Availat	ATUS: TUS TO: ble		
			(	Close

#### 28. Verification Invoice Submitted

The Finance Invoice Search Page will provide verification the invoice was submitted.

					FINA	ANCE IN	OICE SEA	ARCH PAGE						_
									INVOICE STAT	TUS:				
APPLICATION ID:	146576		APPL	ICATION PERIO	DD: 22+1	HSD FY 201	15 🗸		Adjustment R	esubmitted				
SSID:				BILLING CYCI	LE: All	V			Adjustment S Adjustment S	ubmitted				
DOB:				PROVIDER NAM	ME: Allian	ce			Correction Ne	eeded				
FIRST NAME:				PROVIDER IF	RN: 04349	97			Invoice Appro	oved				
LAST NAME:				DISTRICT NAM	NE:				Invoice On He Rejected	old				
INVOICE ID:				DISTRICT IF	RN:				Review Comp	pleted				
SORT ORDER:	Status, N	lame 🗸					_		Submitted	~				
Search Re	set			2 invoice(s) r	eturned. T	otal Reque	sted: \$1,785.1	70, Total Approv	ed: \$1,785.70					J
- indicates Invoice is	an Adjustme	ent												
INVOICE NUMBER	NAME	APP ID	PROGRAM Period	PROVIDER IRN	Provider	STATUS	BILLING Cycle	DATE Submitted	REQUESTED Amount	ODE APPROVED Amount	TO BE PAID (OR) Refunded	GOTO	PRINT	
1741	Jamison, Jessie	146576	22+HSD FY 2015	043497	Alliance	Submitted	May 2015	Not Submitted	\$357.14	\$357.14	\$357.14	0	٢	
1901	Jamison, Jessie	146576	22+HSD FY 2015	043497	Alliance	Submitted	June 2015	Not Submitted	\$1,428.56	\$1,428.56	\$1,428.56	0	٢	



#### 29. Student (Adult Learner) Email Address

A student's (Adult Learner) email address must be included on the Student Information Page when the Student Application is completed in order for the student to accept the invoice verifying the services were provided so the provider can be paid.

Create New Studen	t Application										×
Student Informa	tion										
*First Name	James	*Middle Name		Student I	nas no middle name	*Last Name Jes	se	Birth Ce	rtificate Last Name	Jesse	
*Date of Birth	04/10/1990	*Mother's Maiden L	ast Name Johnson		1	*Gender Male	~	Suffix	SELECT V		
* Ethnicity	Hispanic	* Native language:	Spanish	-	1	Last 4 digit of S	SN#		Never issued on 9	SN*	
* Birth Place city	Davton	* Birth Place State	Obio	-		ssin	514.				
*Phone Number (999-999-9999)	888-333-1234	Phone Type: Cel	Phone Number			*Email James.Je	esse@gmail.com				
Student Home P	Physical Address				estu	dent Home Mailing	Address				
*Address Line1	25 South Front Street					Iome Mailing Addres	ss same as Home P	hysical Address		-	
Address Line2					Add	ress Line1 25 Sout	th Front Street			_	
*City	Columbus	1			Add	ress Line2					
A S	tudent	Email A	ddres	s Is F	Requir	ed Foi	r <b>Prov</b> i	ide P	aymer	nt.	-
*Application Peri	od 22+HSD FY	2015 🗸									
*County	Franklin	~									
*Legal District of	Residence 043802, Co	lumbus Public Schools	<b>~</b>								
*Residency Begin	n Date 07/01/2014										
* Initial Provider	043497, Alli	iance 🗸									
*Assigned Buildin	ng 000463, Alli	iance High School 🗸									
*Program Criteria	Student	t does not have a high s	chool diploma or a cert	tificate of high s	chool equivalence						
	Student	t is twenty two years of	age or older								
- Required Fields									* - Enter SSN uni	ess no SSN has ev	er been issued





#### **30. Student Safe Account**

The Adult Learner must log into or create a new SAFE Account to verify that a course or assessment or both were passed.

The next step in the payment proc to verify the course or assessme were passed.	ess is for the student ent – either, or, both What is Safe? ODE Home Contact U
What is SAFE? The Ohio Department of Education (ODE) launched the Security Application For Enterprise (SAFE) Web portal in May, 2003. SAFE is a Web Portal and a "single sign on" software security solution for ODE customers.	Sign in with your SAFE Account         Are you an ODE employee?         User Name karen.clark         Password         •••••••         E root user name or password?
Don't have a SAFE account? Sign Up - Safe Sign up help	Sign In
Started sign up process? Check Signup Status	





#### 31. Adult Learner Selects the Adult Learner Web System Tab

Web Systems	Description	
Adult Learner	Adult Learner	
CCIP	Comprehensive Continuous Improvement Planning Application	
Collaboration Center	Content Sharing and Work Site	
Compliance	Compliance Tracking System	
<u>NS3</u>	Nonpublic School Services System	
ODE.CORE	Online Licensure System	
SAFE Coordinator	SAFE Coordinator	
SAFE District Reports	SAFE District Reports	
STARS V2.0	STARS Professional Development and Technical Assistance Syste	em

#### 32. Adult Learner Selects the 22+ Adult High School Diploma Box

Whether the adult learner sees one or two boxes, the adult learner should select the 22+ Adult High School Diploma Box.





<b>33.</b> Adult Learner will see the Invoice Page after clicking on the Finance De	<b>Jetails Butto</b>	on
---	----------------------	----

ID:					Pe	riod: 22+HS	SD FY 2015	Type: First	Year Applications	Status: Accep	ted Vi	ew Stu	dent App
		-			Viewing S	tudent: 1 of 1					<u>B</u> resu	<u>ack to fin</u> I <u>ts</u>	ance search
ATTENDANCE	INVOICE	ACCO	DUNT SUMMARY	r Paymen	IT FINANCE DOCS	FINANC	E COMMENT	s					
Scholarship: *- indicates Inv	rmation 5/21/2015 - Dice is an Ac	6/30/2015	5	Total Al 1 inv	located: \$2,142.84 oice(s) returned. To	tal Request	Total Invoiced	l: \$357.14 , Total Approv	Total Paid: ved: \$357.14	\$0.00 Total	I Remaining: \$1,785	5.70	1_
invoice Number	NAME	APP ID	PROGRAM Period	Provider Irn	PROVIDER	STATUS	BILLING Cycle	DATE Submitted	REQUESTED Amount	ODE APPROVED Amount	TO BE PAID (OR) Refunded	goto	FRINT
1767	Clark, Karen	146186	22+HSD FY 2015	061903	Adams County/Ohio Valley	Submitted	May 2015	Not Submitted	\$357.14	\$357.14	\$357.14	0	9
Print Invoice	Summary									F	Previous Page 1	of1 [	lext



#### 34. Adult Learner Selects the Invoice Tab



# 35. Adult Learner Selects Invoice Tab (31)





#### 36. Adult Learner Selects Invoice Accepted

The Adult Learner is taken to the Invoice Acceptance page where the student verifies that a course or assessment or both were passed by Accepting the invoice.

Invoice Number: 1767 Enrolime Invoice Number: 1767 Enrolime Invoice The Adult Learner is taken	Provider: Adams County/Ohio Valley Student Name: Clark, Karen
Invoice Acceptance page the student verifies that a or assessment or both passed by Accepting the in	where     ate     End Date     Credits     Amount     Edit Delete       15     5/31/2015     0.5     357.14       16     5/31/2015     0.5     357.14       17     requested in this invoice:     \$357.14       18     ODE for this invoice     \$357.14       19     ODE for this invoice     \$357.14       10     ODE for this invoice     \$357.14
History 2 5/21/2015 11:02:51 AM - sthsdnom061903 scholar - Started 5/21/2015 11:04:40 AM - sthsdnom061903 scholar - Submitted	CURRENT INVOLUE STATUS: Submitte: UPDATE INVOICE STATUS TO: Invoice Accepted
	Close



#### **37.** The ODE HSD Administrator creates a payment for the services provided to the student

After the Adult Learner verifies that a course or assessment or both were passed by selecting "Invoice Accepted" the ODE 22+ Adult HSD Administrator initiates a payment for the course or assessment the student accepted which automatically issues a payment for the Provider.

ITTENDANCE	INVOIC	E ACC	OUNT SUMMA	RY PAYME	ENT FINANCE DO	CS FINANCI	E COMMENT:	S					
Invoice Inf	armatian												
Invoice Init	ormauon	<u> </u>											
Scholarship	): 5/21/2015	Т	he O	DE 2	2 <u>τ</u> Λ du			dmin	istrat	or Tota	l Remaining: \$1,785	.70	
					ZT AUU			u	iistiatt				
		C	reate	s a p	aymen	t for	the	stude	ent.		, , , , , , , , , , , , , , , , , , ,		
- indicates In	voice is an i	<b>Cr</b> Adjustment	reate	s a p	aymen	t for	the	stude					
- indicates In	voice is an /	Cr Adjustment	reate									0010	DOINT
- indicates In INVOICE NUMBER	voice is an J NAME	CT Adjustment APP ID	PROGRAM PERIOD	PROVIDER	PROVIDER	status	BILLING CYCLE	Stude	REQUESTED	ODE APPROVED AMOUNT	TO BE PAID (OR) Refunded	GOTO	PRINT



For questions regarding the 22+ Adult HSD Program please contact:

Paul Preston Program Administrator (614) 464-8369 paul.preston@education.ohio.gov

