



SARA for In Home Providers

QUICK REFERENCE

Login/Logout of SARA

1. Type URL: **sara.osse.dc.gov**
2. Click the **In Home Providers** link
3. Click the **Application** tab
4. Enter username and password; then click 
5. To logout of SARA, click  in the upper right corner of the page.

Viewing Provider Information

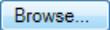
1. Click your provider name. For Example, **TESTPROVIDER1**
2. Validate provider information.
3. Review the **Action** Buttons.
 - a. **Validate** – ensures all required documents have been attached.
*NOTE: the logic in SARA will determine if all required documents have been uploaded and will replace the **Validate** button with a **Submit** button used to send the application to the monitor.*
 - b. **Cancel** – close the information window

Online Affirmations

1. Click on the **Affirmation Type**
2. Click the hyperlink to review the affirmation.
3. Close the affirmation window using 
4. Click the **I Accept** checkbox; and then click **OK**.

Provider Attachments

Upload

1. Click the document name to upload 
2. Click the **here** link.
[Click here to upload or clear application attachment submitted file file.](#)
3. Click the **Browse** button 
4. Select a file from your local drive and click **Open**.
5. Click **OK** to save the file to SARA.

Overwrite Upload

6. Follow steps 1 thru 5 above.

Clear

7. Follow steps 1 and 2 above.
- Click the **Clear** button 

Downloading Forms and Documents

1. Click the SARA Forms and Documents page link.

2. Click the document download link.

Category	Description	Size
RHC_LHC	Provider Service Form	155.74 KB 

3. Click **Save As** and save the document to the local drive using the format provider_FY14_document i.e. **Callahan_FY14_providerserviceform**.
4. Click **OK** or **SAVE** to save the file.

Filling Out Downloaded Forms

1. Launch **Adobe Reader**.
2. Open the downloaded form.
3. Click in the blue highlighted areas of the form.
4. Type in the blue areas of the form.

Name: Sex Male Female
 Date of Birth: Telephone No.:

5. Click on the appropriate check boxes.
6. Save the form to your local drive.
7. Upload the form following the instructions in **Provider Attachments**.

Submitting the Application

1. Click on the **Provider Name** in the summary line.

Applications (Select the Provider Name below to view details.)

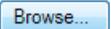
Provider Name	Unique Code	Application Status	Address	Quarter	City	State	Postal Code	Ward	Phone	Fax	Affirmations	Provider Docs	Assigned monitor
TESTPROVIDER1	TESTPROVIDER1	Agreement Accepted	Address of Provider TESTPROVIDER1	NE	WASHINGTON, DC	20000	6 202-999-8888	0	0	0	0	0	Dica Anderson

Showing 1 of 1 items | 

2. If the **Validate** button is showing, click it to find out which SARA documents still need to be uploaded.
 - a. Upload remaining documents.
 - b. **Submit** the application (see step 3 below).
3. If the **Submit** button is showing, click it to submit your application.
 - a. Add a note (optional).
 - b. Click the **Accept** button.

Adding Supplemental Documents

IMPORTANT! Supplemental documents area is visible to providers only after the application is Submitted.

1. Click **New** to add a Supplemental attachment 
2. Select **Provider-related** document type (required).
3. Type a **Document Name** (required).
4. Click the Browse button 
5. Select a file from your local drive and click **Open**.
6. Click **OK** to save the file to SARA.

Document Statuses: Draft, Submitted, Monitor Reviewed, Supervisor Approved, Agreement Accepted.