

Individual Intake - Admit and Program Enrollment

Users assigned with the **IDF Admin** Administrative Role will be able to enter individuals into the Therap system. Users with the **IDF Admin** Administrative Role or the **Individual Admit/Discharge** caseload-based role will be able to admit individuals into the system.

- Entering Individuals into Therap System
- <u>Admitting Individuals into Therap System</u>
- Enrolling Individuals into Program(s)

Entering Individuals into Therap System

To enter individuals/students into the Therap system, users will need to first go to the **Admin** tab (from Dashboard) and then scroll down to the **Care** section.

1. On the <u>Admin</u> tab, click on the **New** link beside **Individual Intake** under the **Care** section.





Individual Demographic Form (IDF) will be opened. It is to note that The **Individual Data form (IDF)** has been renamed to the **Individual Demographic Form (IDF)** and updated with a new interface.

Individual Demographic Form (IDF) includes fields for the individual's basic demographic information, individual's Photo, oversight information, residential address and mailing address. Each section of the IDF now has its own page. Users will be able to navigate to each IDF section by using the links at the bottom of the form. Information added in the IDF can be updated according to the needs of your agency.

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Individual Demographic Form (IDF) New 6

Photo 1	Add Image			Photo 1 Date	MM/DD/YYYY	
Title	- Please Select -	•		Gender	- Please Select -	-
* First Name				* Last Name		
Middle Name				Suffix		
Birth Date	MM/DD/YYYY			Goes By		
SSN				Medicaid Number		
	xxx-xx-xxxx / xxxxxxxx					
E-mail				Phone Number		
Race	- Please Select -	•		Ethnicity / Hispanic Origin	- Please Select -	-
Class Membership	- Please Select -	•				
Residential Address						
Residential Program /	- Please Select -	•				
Attention or in care of						
Address						
	Street 1			Street 2		
		State	~		Country -	
	City	State		Zip Code	Country	
Location	•					
Primary Phone				Secondary Phone		
Additional Phone						
Mailing Address						
Attention or in care of			□ Same as	s Residence Address		
Address						
	Street 1			Street 2		
		State	~		Country -	
	City	State		Zip Code	Country	
Primary Phone				Secondary Phone		
Additional Phone						



2. Enter the individual's **First Name** and **Last Name**.

ndividual Demographic Form (IDF) New 🛛								
Photo 1	Add Image	Photo 1 Date	MM/DD/YYYY					
Title	- Please Select -	Gender	- Please Select -					
* First Name	Isaac	* Last Name	Patrick					
Middle Name		Suffix						
Birth Date	MM/DD/YYYY	Goes By						

Note:

- Photo 1 & Photo 1 Date fields are optional. If you want to add a photo, click on the 'Add Image' to add the photo of the individual. You may also add the date that you uploaded the photo if you would like to.
- Title and Gender are optional fields; to select these click on the 'Please Select' of the respective fields. Selecting the gender of the individual will show in future reports.
- Middle name and Suffix are optional fields and not required.

3. Select the **Birth Date** of the individual. While Birth Date is optional, it is highly suggested to improve the quality of information about the individual, and will show up in future reports if filled out.

Individual Democ	raphic Form (IDF)	deniitiad A			T-Notes
Individual Demog					
Photo 1		Photo 1 Date	07/01/2020		
Title	Mr	- Gender	Male	•	
* First Name	Isaac	* Last Name	Patrick		
Middle Name		Suffix			
Birth Date	02/07/2010	Goes By			
SSN		Medicaid Number			
	xxx-xx-xxxxx / xxxxxxxxx				

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Note: The calendar field takes the format of Month/Date/Year. Many countries do not use this style of recording the day. Users can type in Month/Date/Year for the date or can click on the calendar icon to find the correct date (as shown below)

Birth Da	Birth Date		/2020				
S	<	July		>			2020
	Su	Мо	Tu	We	Th	Fr	Sa
	28	29	30	1	2	3	4
E-m	5	6	7	8	9	10	11
Ra	12	13	14	15	16	17	18
	19	20	21	22	23	24	25
Tri	26	27	28	29	30	31	1
Berlin Kelant	2	3	4	5	6	7	8
Residential Addres	Clear						Today

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Note:

- "Goes By" is also optional and can be entered if an individual has multiple names and you want to make it clear what name they go by. You can also enter a nickname here.
- Skip SSN, and Medicaid Number as they are US-only fields.
- Email and Phone Numbers are optional fields; if you have this information you can enter those.
- Race, Ethnicity/Hispanic Origin & Class Memberships fields are optional.

Birth Date	02/07/2010		Goes By	Mugisa
SSN			Medicaid Number	
	xxx-xx-xxxx / xxxxxxxxx			
E-mail	patrick@demomail.com		Phone Number	001122001122
Race	- Please Select -	•	Ethnicity / Hispanic Origin	- Please Select -
Class Membership	- Please Select -	•		



• Fields in **Residential Address** and **Mailing Address** sections are optional. You may enter information in those if required by your agency.

Residential Address				
Residential Program / Site Address	- Please Select -	•		
Attention or in care of	Simon Solomon			
Address	Plot XYZ, Muwafu Curve,			
	Street 1		Street 2	
	Kampla	State ~		Uganda 🔺
	City	State	Zip Code	Country
Location	•			
Primary Phone			Secondary Phone	
Additional Phone				
Mailing Address				
Attention or in care of	Simon Solomon	✓ Same as	s Residence Address	
Address	Plot XYZ, Muwafu Curve,		Convice County	
	Street 1		Street 2	
	Kampla	State ~		Uganda 👻
	City	State	Zip Code	Country
Primary Phone			Secondary Phone	
Additional Phone				

4. After entering necessary information, click on the **Save** button at the bottom of the page.





Once saved, a success message will be presented. Under the success message there will be a link to open the IDF and links for opening the form in PDF format.

The form IDF-SQANY-J994N9ZK27GAY has been successfully saved
Back to Form
PDF & Printable
Display PDF L Emergency Data Form

5. Click on the **Form** link to open the Individual Demographic Form.

	The form IDF-SQANY-J994N9ZK27GAY has been successfully saved
Back to Form	

The Individual Demographic Form (IDF) will have Pending Admission status.

Individual Demographic Form (IDF) Pending Admission ()	T-Notes
Individual Isaac Patrick	

Admitting Individuals into Therap System

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1. Scroll all the way to the bottom of the $\ensuremath{\textbf{IDF}}$ and click on the $\ensuremath{\textbf{Admit}}$ button.

Cancel Back		D	elete Mark as Deceased Withdraw Admit Edit
Advance Directives	Allergy Profile	Assessment List	Attached Files
Case Status	Consent List	Contact List	Custom Fields
Diagnosis List	Individual Details	Insurance	Pending Admission Notes
Program Enrollments	Shared Contact List	Team Members	

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2. On the next page, select the **Admission Date** in which the individual is/was admitted.

Admit Individual Pending Admission ()					
Individual Isaac Patrick					
* Admission Date	01/01/2019]←──			
Cancel Back			Done		

3. After selecting the date, click on the **Done** button.

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Admit Individual Pending Admission		T-Notes
Individual Isaac Patrick		
* Admission Date	1/01/2019	
Cancel Back		Done

Once done, a success message will be shown.

The form IDF-SQANY-J994N9ZK27GAY has been successfully 'Admitted' Back to Form | List

4. Clicking on the **Form** link will open the **Individual Demographic Form** showing **Admitted** status.





Enrolling Individuals into Program(s)

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Enrolling individuals in at least one program is necessary to perform the majority of documentation within Therap.

1. Scroll down on all the way to the bottom of the **IDF** page and click on the **Program Enrollments** link

Address List	Advance Directives	Album	Allergy Profile
Assessment List	Attached Files	Case Status	Contact List
Custom Fields	Diagnosis List	Guardian List	Health Profile
Individual Details	Individual Home Page	Insurance	Pending Admission Notes
Program Enrollments	Shared Contact List	Team Members	

2. The Program Enrollment page will be opened showing a list of **Enrollable Program(s)** for the Individual. Click on the **Enroll** link of the preferred program.



Program Enrollments

Individual Name	Isaac Patrick
Date of Birth	07/02/2010
Individual Status	Admitted
Admission Date	01/01/2019
Provider Time Zone	Asia/Manila

Enrollable Program(s)

Program Name ↑ 		Site Name			Action
					Action
(Demo) Academic Activities		Therap Global Demonstra	tion Provider		Enroll
(Demo) Education and Development		(Demo) TG Center for Chi	ildren With Special N	leeds	Enroll
Class -1		Special (Demo) School			Enroll
Class 2		Special School			Enroll
Showing 1 to 4 of 4 entries					< 1 >
Enrolled Program(s)					-
Program Name ↑ 	Site Name				
			Date	Discharge Date	Action
No Program found with given criteria					
Showing 0 to 0 of 0 entries					< >
Cancel					Save

A pop up box titled as **Enrollment Date** will be opened. The current date will be found as pre-selected.

				_
Enrollable Program(s)			—
Program Name 1े ≓		Site Name		Action
(Demo) Education and	Development	(Demo) TG Center for Children With Special Needs		Enroll
Program Enrollm	ent		×	Enroll
				Enroll
Enrollment Date	*			Enroll
	12/18/2022	Enroll		Enroll
				Enroll
Behavioral Therapy		DEMO SITE (BD)		Enroll

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3. Select the actual **Enrollment date** from the calendar app by clicking on the calendar icon and selecting the correct date. If you do not know the actual date they were enrolled then you can use today's date. You are able to go back and update the date of enrollment if you want to change it later.



Enrollable Program(s)										-
Program Name ↑ ₹				Sit	te Name)				Action
(Demo) Education and Development				(D	emo) T(G Cente	r for Childi	ren With Special Needs		Enroll
Program Enrollment									×	Enroll
										Enroll
Enrollment Date *	12/18/	2022		f	*	Enroll				Enroll
	Ľ						_			Enroll
	<	Dec		∨ 2	022		~ >			Enroll
Behavioral Therapy	S	Μ	Т	W	Т	F	S			Enroll
Bluestar(Day shift)	27	28	29	30	1	2	3			Enroll
Child Care Center	4	5	6	7	8	9	10			Enroll
Class 1	11	12	13	14	15	16	17			Enroll
Class 1	40									Enroll
Class -1	18	19	20	21	22	23	24			Enroll
Class 2	25	26	27	28	29	30	31			Enroll
Class-one				De	IIIO SILE	AIIICa				Enroll

4. Click on the **Enroll** button.

(Demo) Education and Development			(Demo) TG Center for Children With Special Needs	Enroll	
Aarambha	rogram Enrollment			×	
ADD DEN Attendance Beginners	Enrollment Date *	12/14/2022	Enroll		
Behavioral Th	nerapy		DEMO SITE (BD)	Enroll	

The name of the selected program will be shown in the Enrolled Program(s) section at the



bottom of the page.

Enrolled Program(s)				_
Program Name ↑ ₹	Site Name	Enrollment Date	Discharge Date	Action
(Demo) Academic Activities	Therap Global Demonstration Provider	12/14/2022		Discharge / Edit
Showing 1 to 1 of 1 entries				< 1 >

Note: Individuals can be enrolled in multiple programs. To enroll an individual in additional programs repeats steps 2 through 4 for each program as needed.

5. Click on the **Save** button at the bottom of the page to save program enrollment related information.

Enrolled Program(s)				_
Program Name <i>↑</i> ≆	Site Name	Enrollment Date	Discharge Date	Action
(Demo) Academic Activities	Therap Global Demonstration Provider	12/14/2022		Discharge/Edit
Showing 1 to 1 of 1 entries				< 1 >
Cancel				Save

The Individual Demographic Form (IDF) of the individual will be opened. You can update information in the IDF according to your needs.

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Individual Demo	graphic Form (IDF) Admitted 9				T-Notes
Individual	Isaac Patrick, 3231256				
Photo 1		Photo 1 Date			
Title	Mr	Gender	Male		
First Name	Isaac	Last Name	Patrick		
Middle Name		Suffix			
Birth Date	07/02/2010	Goes By			
SSN		Medicaid Number			
E-mail	patrick@demoemail.com	Phone Number	0011220011		
Race		Ethnicity / Hispanic Origin			
Class Membership					
Residential Address					
Attention or in care of	Simon Solomon				
Address	Plot XYZ, Muwafu Curve, Kampala, Uganda				
Location					
Primary Phone		Secondary Phone			
Additional Phone					
Mailing Address					
Attention or in care of	Simon Solomon				
Address	Plot XYZ, Muwafu Curve, Kampala, Uganda				
Primary Phone		Secondary Phone			
Additional Phone					
View PDFs					
Cancel Back		SComm Mark as Deceased	Discharge	Mark as Pending Admission	Edit
During Durin		man as boucased	2.5onargo	and a containg AumonUm	
Address List	Advance Directives	Album	Alle	ergy Profile	
Assessment List	Attached Files	Case Status	Co	ntact List	
Custom Fields	Diagnosis List	Guardian List	He	alth Profile	
Individual Details	Individual Home Page	Insurance Team Members	Per	nding Admission Notes	
r rogram Enrollinents	Shareu Contact List	ream members			

