□□□□ Therap User □□□□□□□ □□□□ □□□□

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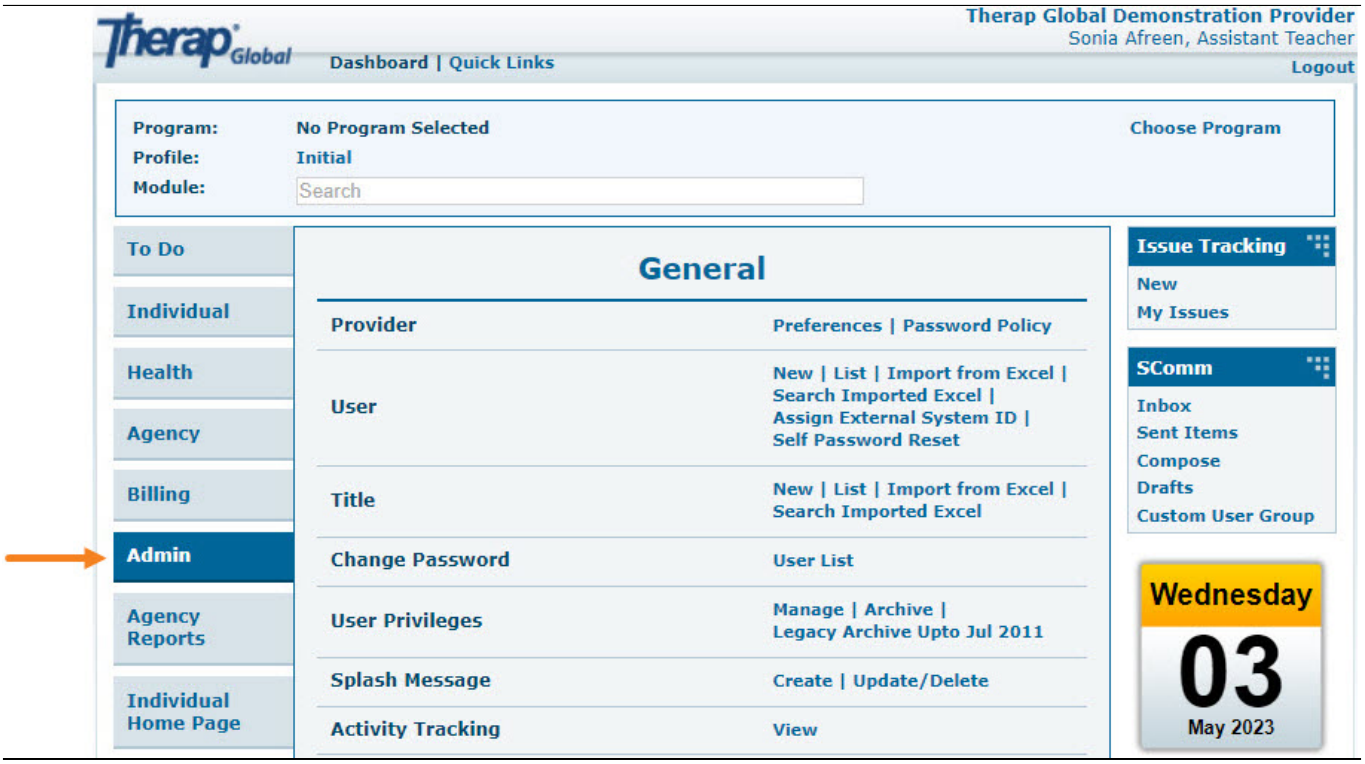
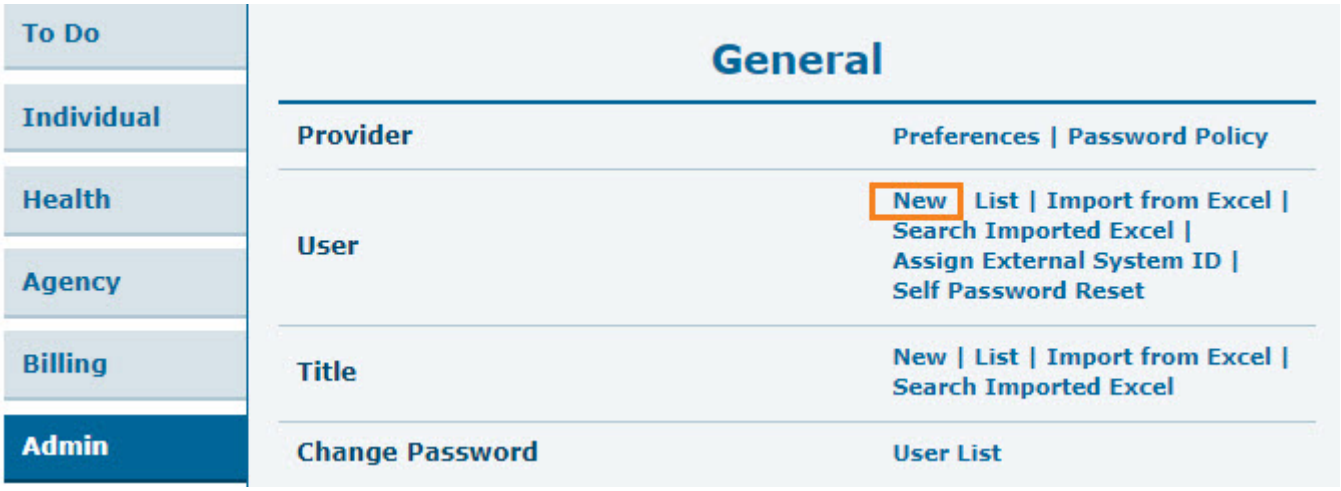
Therap □□□□□□□□□□□ □□□□□ **User Administrative** □□□ □□□ □□□□ □□□□ **User** □□□□ □□□□ □□□□□□□

1. **Admin** □□□□□□ □□□□□ □□□□□



2. **User** □□□□ **New** □□□□□ □□□□□ □□□□□



3. **Create New User** □□□□□ □□□□ □□□□□ **User Information** □□□□□□□□□□ □□□□□□□□□□□□ □□□□□□□□□ □□□□ □□□□ □□□□□

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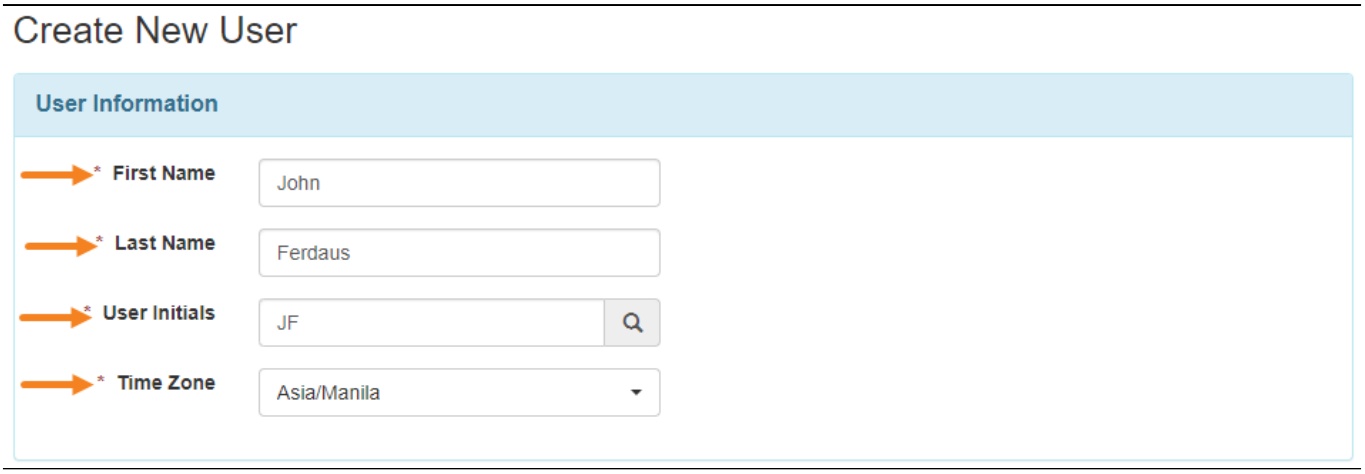

4. **User Initials** □□□□□□□□ □□□□□□□ □□□□ □□□□□ □□ □□□□□□ □□□□□□□□□ Initials 2 □□ 3 □□□□□ □□□□□□ □□□□ □□□ □□□□□

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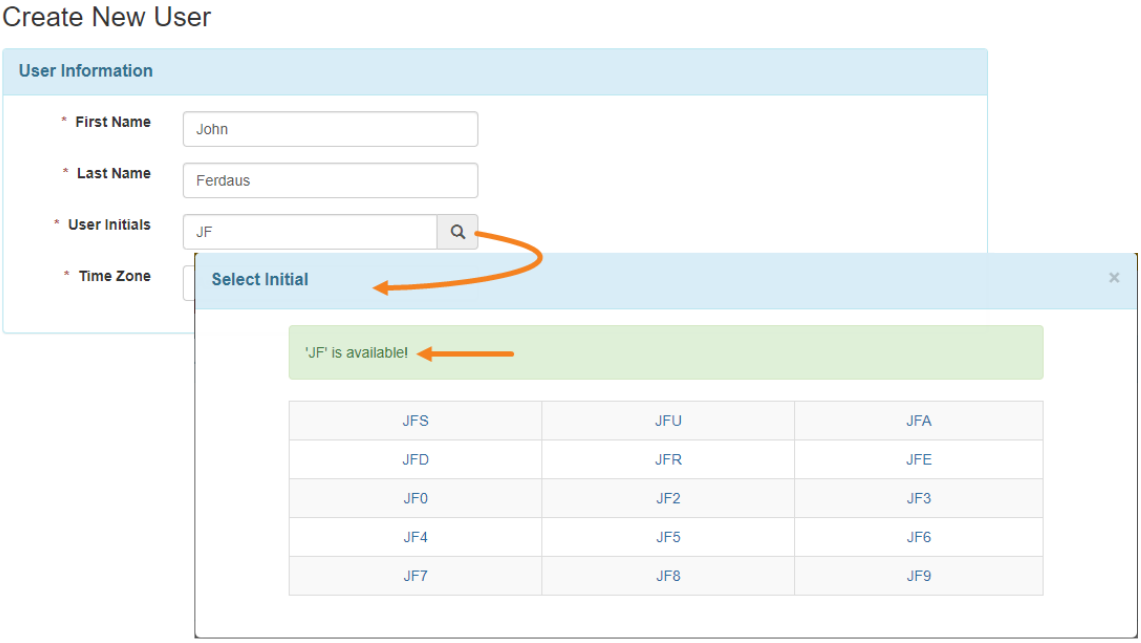
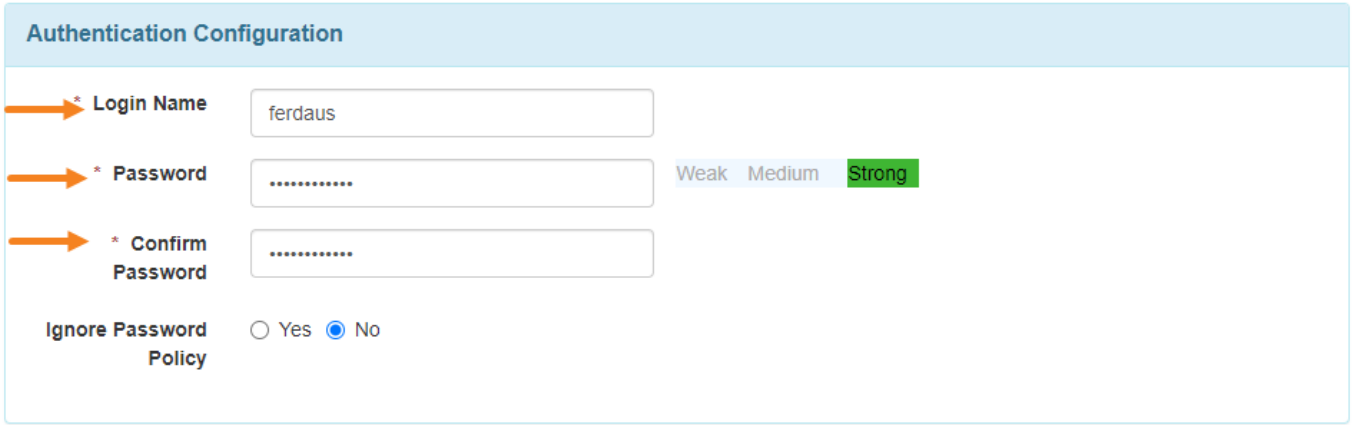


5. **Authentication Configuration** □□□□□□□, **Login Name**, **Password**, □□□ **Confirm Password** □□□□□□□□□ □□□□ □□□□□



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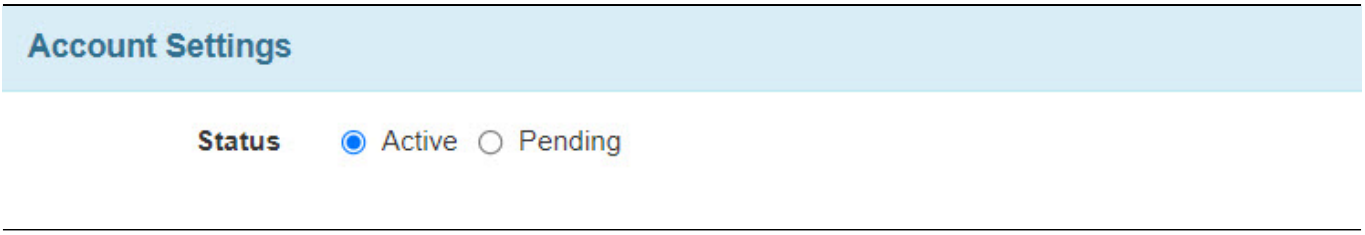
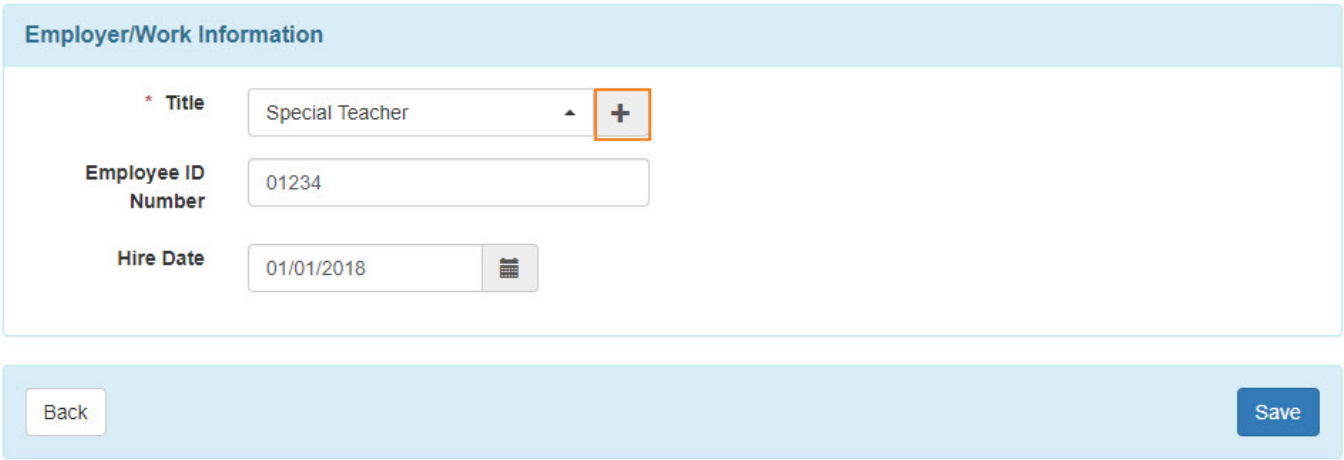
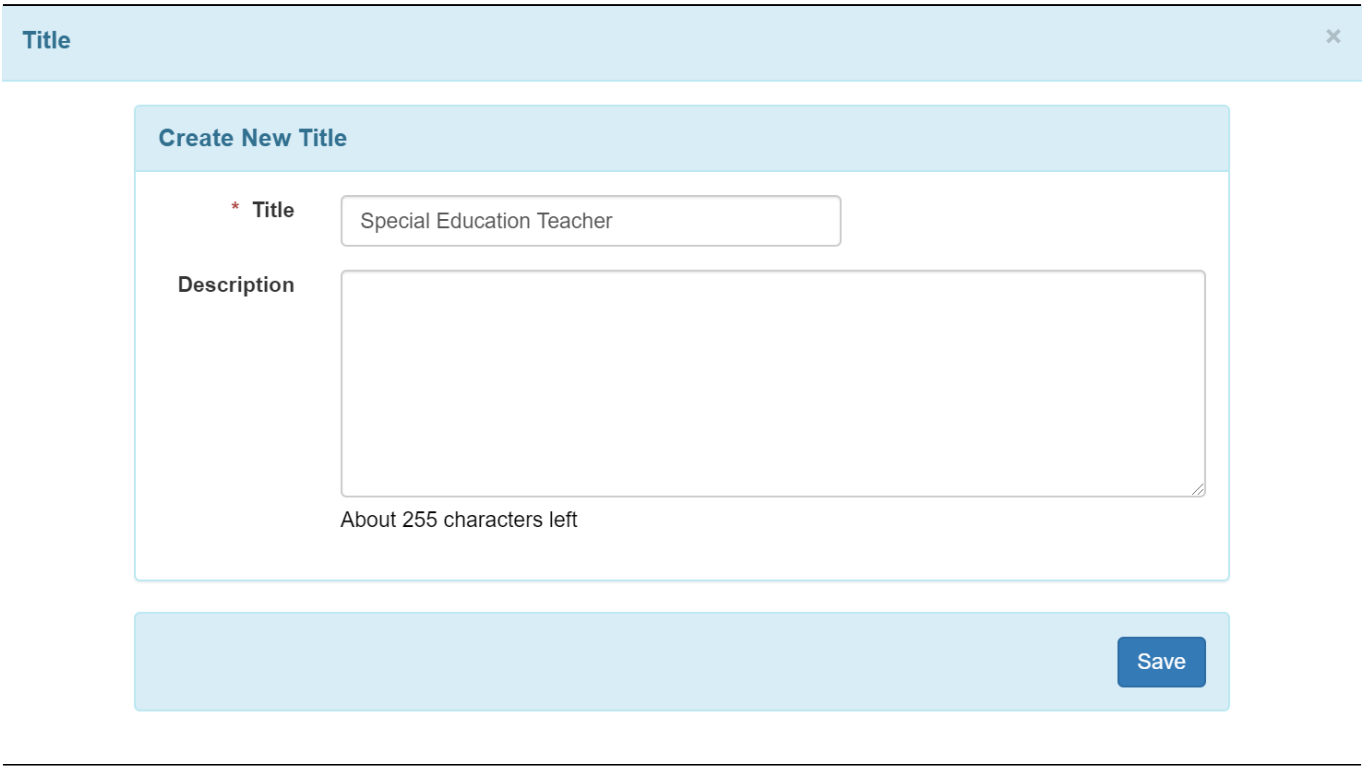
6. **Account Settings** □□□□□, **Status** □□□□ **Active** □□□□□□ □□□□□□□ □□□ □□□ □□□ □□□□□□□□□□□□□ □□□□□□□□□ □□□□ □□□□□□ □□□□□□□ □□□□ □□□□□□ □□□□□ **Active** □□□□□ □□□□



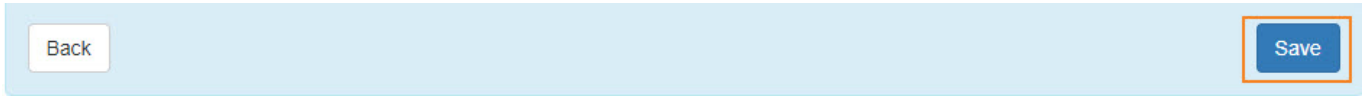
7. **Employer/Work Information** □□□□□ □□ □□□□ **Title** □□ □□□□ **Please Select** □ □□□□□ □□□ □□□□□□□□□□□□ □□□□ □□□□□□□□ □□□□□ □□□□□□□□ □□□□□ □ □□ □□□□□ □□□□□ □□□□ (+) □ □□□□□ □□□ □□□□□□□□□ □□□□□□ □□□□ □□□□ □□□□□□□



Create New Title □□□ □ **Title** □□ □□□□ □□□□□□□□□□□□ □□□□ □□□□□□ □□□□□ □□□□□ □□□□ **Save** □□□□□ □□□□□ □□□□□

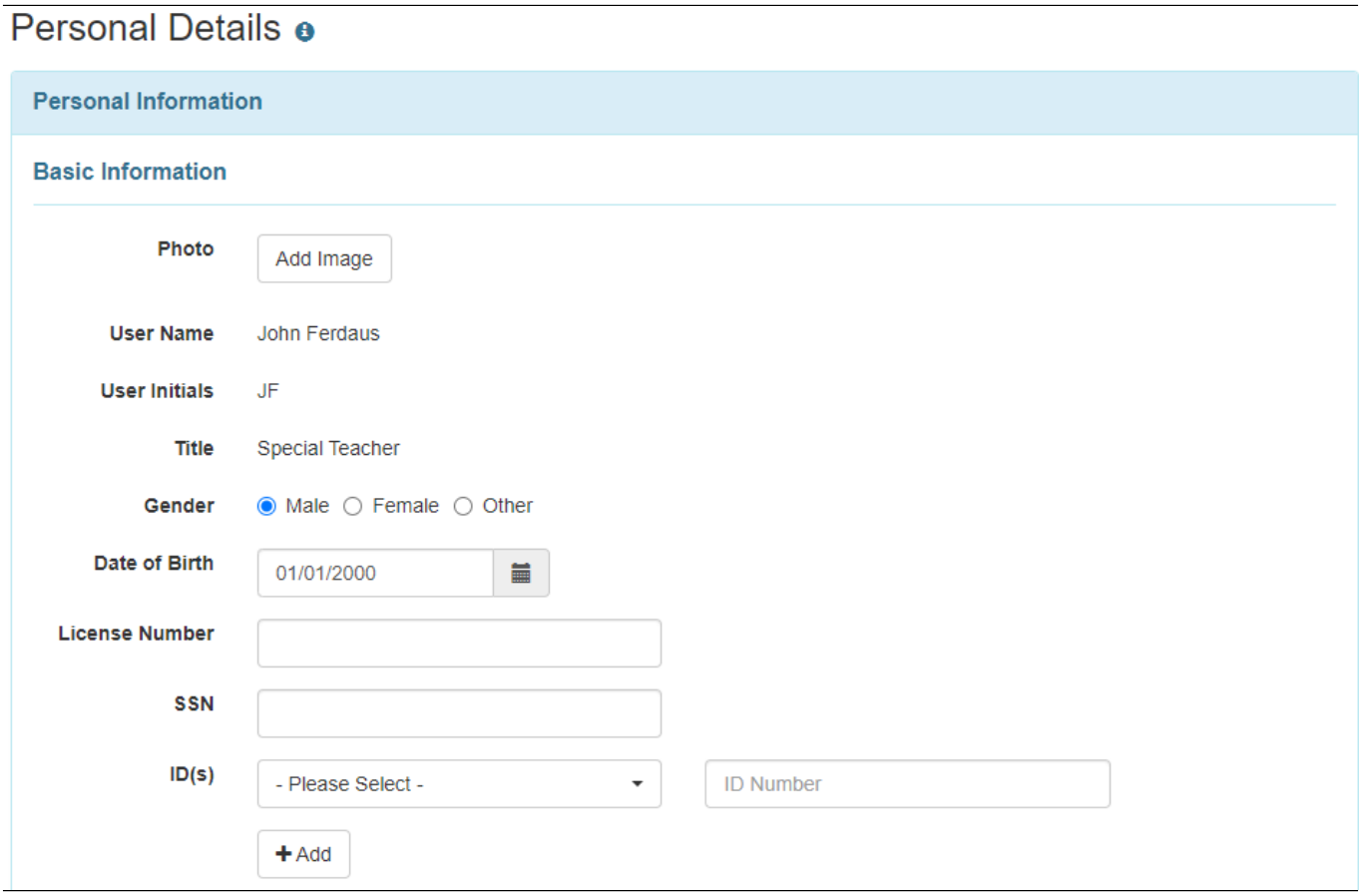


8. □□□□□□□□□□□□ □□□□□□□□□□□ □□□□ □□□□□□□□ □□□ **Save** □□□□□□ □□□□□ □□□□□



9. **Personal Details** □□□□ □□□□□ □□□□ □□□□□□ □□□□□

Basic Information □□□□□□□, □□□□□□□□□□□□□ □□□□□ **Photo**, **Gender**, **Date of Birth** □□□□□□□ □□□□□□□□□ □□□□ □□□□ □□□□□, □□□ □□ □□□□□□□□□□ □□□□□□□ □□□□□ □□□□□□□□□□ □□□□□ □□□□ □□□□, □□□□□□□□□□□□□ □□□□□□ □□□□□ □□□□ □□□□□ □□□□ □□ □□□□ □□□□ □□□□ □□□□□□



Contact Information □□□□□□□ □□□□□□□□□□□□□ **Address**, **Phone Number**, **Phone Number**, **E-Mail Address** □□□□□□□□□ □□□□ □□□□ □□□□□□□

Contact Information

Address	12234 Main Street Street 1		Street 2	
	Anytown City	State State	012345 Zip Code	Philippines Country
Phone Number	012346985 Home			
	01234567890 Mobile			
	Temporary	Extension		
Phone Number Comments				
E-Mail Address	demo@demoaccount.com			

Preferences □□□□□□□ Time Zone □□□□□□□ □□□□□□□□ □□□□ □□□□ □□□□□

Preferences

* Time Zone	Asia/Manila
Enable Notification	☐

Additional Contact Information □□□□□□□ Employer/Work Information, Emergency Contact 1, Emergency Contact 2 □□□□□□□□□ □□□□□□□□□□□□□ □□□□ □□□□ □□□□□□□

Therap Global
Person-Centered. Data-Driven.

Additional Contact Information

Employer/Work Information

Work Phone Number	234875	Extension
Fax Number		

Emergency Contact 1

Name	Julia Albert	
Phone Number	1234567890	+880

Emergency Contact 2

Name	Jason Albert	
Phone Number	1334567890	+880

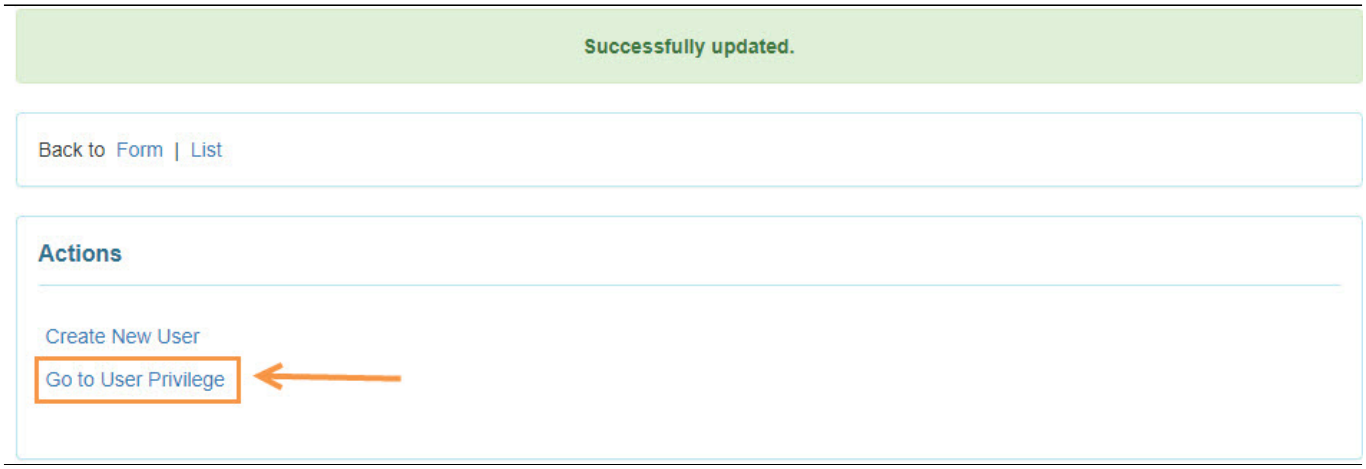
EVV □□□□□□□□□ □□□□□□□ □□□□□□□ □□□□ □□□ □□□□□

EVV

EVV ID	
EVV Caregiver Type	- Please Select -

10. □□□□□□□□□ □□□□□□□□ □□□□ □□□ □□□ **Save** □□□□□ □□□□□ □□□□□

11. □□□□□□□□ □□□□ □□□□□□□□□ □□□□ □□□□□



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Agency Wide and Administrative Roles □□□□□□□□ □□□□□ □□□□□ □□□□ □□□□□□

Super Roles □□□□ □□□□□□□□ □□□□□ □□□□□ □□□□ □□□□□□

Caseloads □□□□ □□□□□□□□ □□□□□ □□□□□ □□□□ □□□□□□