Centered. Data-Driven.

 Therap
 Image: Contract of the set of the s

### 

 Therap []\_\_\_\_\_ Individual Intake []\_\_\_\_\_ []\_\_\_\_ []\_\_\_

 Dashboard []\_\_\_\_ Admin []\_\_\_\_\_ []\_\_\_\_ []\_\_\_ []\_\_\_\_

 <u>Admin</u>
 Care
 Individual Intake
 New
 Individual
 Intake
 Intake



| To Do             |                         | General   |
|-------------------|-------------------------|---|
| Individual        | Provider                | Preferences   Password Policy                   |
| Health            |                         | Archive Preference                              |
|                   |                         | New   List   Import from Excel                  |
| Agency            | User                    | Search Imported Excel   Titles   New Title      |
|                   |                         | Two Factor Authentication   Self Password Reset |
| Billing           | Physician Information   | List   Physician List                           |
| Admin             | User Privileges         | Manage   Archive   Legacy Archive Upto Jul 2011 |
| Agency<br>Reports | Admin Rober             | Care  |
| Individual        | Individual Demographics | List   Search   Custom Fields                   |
| Home Page         | Individual Intake       | New   Pending Admission Notes                   |
| Settings          | Consistent              |   |
| Settings          | Enrollment              | By Program   By Individual   Import from Excel  |
|                   | Contact                 | New   List   Import from Excel                  |

**Therap**Global Person-Centered. Data-Driven.

### Individual Demographic Form (IDF) New 0

| 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                |                   |      |
|                                       | 2004-304-30000 / 3000000000 |                                |                   |      |
| E-mail                                |                             | Phone Number                   |                   |      |
| Race                                  | - Please Select -           | Ethnicity / Hispanic<br>Origin | - Please Select - |      |
| Class Membership                      | - Please Select -           |                                |                   |      |
| Peoldential Address                   |                             |                                |                   |      |
| Residential Address                   |                             |                                |                   |      |
| Residential Program /<br>Site Address | - 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                      |                             |                                |                   |      |
|                                       |                             |                                |                   |      |
| Residential County<br>State           | - Please Select -           | Residential County             | County -          |      |
| Service County State                  | - Please Select -           | Service County                 | County            |      |
|                                       | 1 10000 00100               |                                | oung              |      |
| Mailing Address                       |                             |                                |                   |      |
| Attention or in care of               |                             | Same as Residence Address      |                   |      |
| Address                               |                             |                                |                   |      |
|                                       | Street 1                    | Street 2                       |                   |      |
|                                       | State                       | ×                              | Country -         |      |
|                                       | City State                  | Zip Code                       | Country           |      |
| Primary Phone                         |                             | Secondary Phone                |                   |      |
| Additional Phone                      |                             |                                |                   |      |
|                                       |                             |                                |                   |      |
|                                       |                             |                                |                   | _    |
| Cancel Back                           |                             |                                |                   | Save |



### 0. Individual 00 First Name 00 00000 0000 000 000 Last Name 00 00000 000 000 00000

| ndividual Demographic Form (IDF) New 6 |                   |              |                   |  |  |
|--|-------------------|--------------|-------------------|--|--|
| 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      |                   |  |  |

- 'Middle name' and 'Suffix' []\_\_\_\_\_ (optional) []\_\_ []\_\_ []\_\_\_ []\_\_ []\_\_ []\_\_ []\_\_\_ []\_

 0.0000
 00000000
 00000000
 0000000
 0000000
 0000000
 0000000
 0000000
 0000000
 0000000
 0000000
 0000000
 0000000
 0000000
 0000000
 0000000
 0000000
 0000000
 0000000
 0000000
 0000000
 0000000
 0000000
 0000000
 0000000
 0000000
 0000000
 0000000
 0000000
 0000000
 0000000
 0000000
 0000000
 0000000
 0000000
 0000000
 0000000
 0000000
 0000000
 0000000
 0000000
 0000000
 0000000
 0000000
 0000000
 0000000
 0000000
 0000000
 0000000
 0000000
 0000000
 0000000
 0000000
 0000000
 0000000
 0000000
 0000000
 0000000
 0000000
 0000000
 0000000
 0000000
 0000000
 0000000
 0000000
 0000000
 0000000
 0000000
 0000000
 0000000
 0000000
 0000000
 0000000
 0000000
 0000000
 0000000
 0000000
 0000000
 0000000
 0000000
 0000000
 0000000
 00000000
 0000000
 0000000
 000000000
 00000000
 000000000

**Therap**<sup>®</sup>Global Person-Centered. Data-Driven.

| Individual Demographic Form (IDF) Admitted 0 |                        |         |                 | T-Notes    |  |
|--|------------------------|---------|-----------------|------------|--|
| 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             | <b></b> | Goes By         |            |  |
| SSN  |                        |         | Medicaid Number |            |  |
|  | ×××-××-×××× / ×××××××× |         |                 |            |  |

 Image:
 Image:



Global

Centered. Data-Driven.

- 'Race', 'Ethnicity/Hispanic Origin' & 'Class Memberships'

Person-Centered, Data-Driven.

| 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<br>Origin | - Please Select - |
| Class Membership |                         |                                |                   |
|                  | - Please Select -       | •                              |                   |

Person-Centered. Data-Driven.

| Residential Address   |  |       |           |   |                     |
|---|--|-------|-----------|---|---------------------|
| Residential Program /<br>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  |  |       |           |   |                     |
| Additional Phone  |  |       |           |   |                     |
| Additional Phone Mailing Address Attention or in care of  | Simon Solomon  |       | ✓ Same as | Residence Address                                   |                     |
| Additional Phone<br>Mailing Address<br>Attention or in care of<br>Address                       | Simon Solomon Plot XYZ, Muwafu Curve,                                  |       | Same as   | Residence Address                                   |                     |
| Additional Phone<br>Mailing Address<br>Attention or in care of<br>Address                       | Simon Solomon<br>Plot XYZ, Muwafu Curve,<br>Street 1                   |       | Same as   | Residence Address                                   |                     |
| Additional Phone<br>Mailing Address<br>Attention or in care of<br>Address                       | Simon Solomon<br>Plot XYZ, Muwafu Curve,<br>Street 1<br>Kampla         | State | Same as   | Residence Address                                   | Uganda              |
| Additional Phone<br>Mailing Address<br>Attention or in care of<br>Address                       | Simon Solomon<br>Plot XYZ, Muwafu Curve,<br>Street 1<br>Kampla<br>City | State | Same as   | Residence Address                                   | Uganda •<br>Country |
| Additional Phone<br>Mailing Address<br>Attention or in care of<br>Address<br>Primary Phone      | Simon Solomon Plot XYZ, Muwafu Curve, Street 1 Kampla City             | State | Same as   | Residence Address Street 2 Zip Code Secondary Phone | Uganda  Country     |
| Additional Phone Mailing Address Attention or in care of Address Primary Phone Additional Phone | Simon Solomon Plot XYZ, Muwafu Curve, Street 1 Kampla City             | State | Same as   | Residence Address Street 2 Zip Code Secondary Phone | Uganda   Country    |

# 0. 00000000 0000 0000 0000 0000 0000 **Save** 00000 00000 00000





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

### []. Individual Demographic Form []] [][[][] **Form** [][][[][][]] [][][]] [][][][]]

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

### Individual Demographic Form (IDF) Demographic Comparison Demogr



# Therap System

# 0. 00000 000 **IDF** 00 0000 000 000 **Admit** 00000 00000

| Cancel Back         |                     |                 | Delete 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    |   |

**herap**<sup>Global</sup>

Person-Centered. Data-Driven.

# 0. 000000 0000, Individual 00 000000 000000 (Admission Date) 0000000 00000

| Admit Individual Pending Admission () | 1-T | Notes |
|---------------------------------------|-----|-------|
| Individual Isaac Patrick              |     |       |
| * Admission Date 01/01/2019           |     |       |
| Cancel Back                           | Do  | one   |

# 0. 00000 0000 0000000 00 **Done** 00000 00000

| Admit Individual Pending Admiss | ion 🕄      | T-Notes |
|---------------------------------|------------|---------|
| Individual Isaac Patrick        |            |         |
| * Admission Date                | 01/01/2019 |         |
| Cancel Back                     |            | Done    |



The form IDF-SQANY-J994N9ZK27GAY has been successfully 'Admitted'

Back to Form | List

# Description Description

| The form IDF-SQANY-J994N9ZK27GAY has been successfully 'Admitted' |         |
|---|---------|
| Back to Form   List   |         |
| Individual Demographic Form (IDF) Admitted ®                      | T-Notes |
| Individual Isaac Patrick  |         |

# Therap System \_\_\_\_\_ Individual-\_\_\_ \_\_\_\_

Therap []\_\_\_\_\_ []\_\_\_ []\_\_\_ Individual-[]\_\_ []\_\_\_\_ []\_\_ []\_\_ []\_\_ []\_\_\_ []\_\_\_ []\_\_\_ []\_\_\_ []\_\_ []\_\_ []\_\_ []\_\_ []\_\_\_ []\_\_\_ []\_\_

### 1. \_\_\_\_\_ **IDF** \_\_\_\_\_ **\_\_\_\_ \_\_\_\_ Program Enrollments** \_\_\_\_\_ **\_\_\_\_ \_\_\_\_**

**herap**<sup>°</sup>Global Person-Centered. Data-Driven. Address List Advance Directives Allergy Profile Album Assessment List Attached Files Case Status Contact List **Custom Fields** Diagnosis List Guardian List Health Profile Pending Admission Notes Individual Details Individual Home Page Insurance Program Enrollments Shared Contact List Team Members

# []. Program Enrollment []\_\_\_\_\_ []\_\_\_\_\_ Enrollable Program(s) []\_\_\_\_\_\_\_ []\_\_\_\_\_\_ []\_\_\_\_\_\_ []\_\_\_\_\_\_ []\_\_\_\_\_\_\_\_ []\_\_\_\_\_\_\_ []\_\_\_\_\_\_\_ []\_\_\_\_\_\_\_ []\_\_\_\_\_\_\_\_ []\_\_\_\_\_\_\_\_ []\_\_\_\_\_\_\_\_ []\_\_\_\_\_\_\_\_ []\_\_\_\_\_\_\_\_ []\_\_\_\_\_\_\_\_\_ []\_\_\_\_\_\_\_\_\_ []\_\_\_\_\_\_\_\_\_\_ []\_\_\_\_\_\_\_\_\_\_ []\_\_\_\_\_\_\_\_\_\_ []\_\_\_\_\_\_\_\_\_\_ []\_\_\_\_\_\_\_\_\_\_ []\_\_\_\_\_\_\_\_\_\_ []\_\_\_\_\_\_\_\_\_\_ []\_\_\_\_\_\_\_\_\_\_\_ []\_\_\_\_\_\_\_\_\_\_\_\_\_ []\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ []\_\_\_\_\_\_\_\_\_\_\_\_\_



### **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 ↑ <b>≓</b>          | Site Name  | Action |
|----------------------------------|--|--------|
| (Demo) Academic Activities       | Therap Global Demonstration Provider             | Enroll |
| (Demo) Education and Development | (Demo) TG Center for Children With Special Needs | 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 1≆                      | Site Name | Enrollment<br>Date | Discharge Date | Action |
|--------------------------------------|-----------|--------------------|----------------|--------|
| No Program found with given criteria |           |                    |                |        |
| Showing 0 to 0 of 0 entries          |           |                    |                | < >    |
|                                      |           |                    |                |        |
| Cancel                               |           |                    |                | Save   |



| Enrollable Program(s)          |        |  | -      |
|--------------------------------|--------|--|--------|
| Program Name † <b>≓</b>        |        | Site Name  | Action |
| (Demo) Education and Developme | nt     | (Demo) TG Center for Children With Special Needs | Enroll |
| Program Enrollment             |        |  | Enroll |
| -                              |        |  | Enroll |
| Enrollment Date *              |        |  | Enroll |
|                                | Enroll | Enroll   |        |
|                                |        |  | Enroll |
| Behavioral Therapy             |        | DEMO SITE (BD)                                   | Enroll |



| Enrollable Program(s)            |        |      |    |            |          |         |             |                        |   | -      |
|----------------------------------|--------|------|----|------------|----------|---------|-------------|------------------------|---|--------|
| Program Name ↑ <b>≓</b>          |        |      |    | Sit        | te Name  | 9       |             |                        |   | Action |
| (Demo) Education and Development |        |      |    | (D         | emo) TC  | G Cente | r for Child | ren With Special Needs |   | Enroll |
| Program Enrollment               |        |      |    |            |          |         |             |                        | × | Enroll |
|                                  |        |      |    |            |          |         |             |                        |   | Enroll |
| Enrollment Date *                | 12/18/ | 2022 |    | ŕ          | •<br>•   | Enroll  |             |                        |   | Enroll |
|                                  | [      |      |    |            |          |         | _           |                        |   | Enroll |
|                                  | <      | Dec  |    | <b>∨</b> 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                          |        |      |    |            |          |         |             |                        |   | Enroll |
| Class -1                         | 18     | 19   | 20 | 21         | 22       | 23      | 24          |                        |   | Enroll |
| Class 2                          | 25     | 26   | 27 | 28         | 29       | 30      | 31          |                        |   | Enroll |
| Class-one                        |        |      |    | De         | ino sile | AIIICa  |             |                        |   | Enroll |

# 0. 00000 0000000 00 Enroll 00000 00000

| (Demo) Education and Development |                    |            | (Demo) TG Center for Children With Special Needs | Enroll |
|----------------------------------|--------------------|------------|--|--------|
|                                  | Program Enrollment |            |  | ×      |
| Attendance                       | Enrollment Date *  | 12/14/2022 | Enroll   |        |
| Beginners                        |                    |            |  |        |
| Behavioral T                     | herapy             |            | DEMO SITE (BD)                                   | Enroll |

Enrolled Program(s) [][][] [][][] Program [] [][][][]] [][]

|   |                                      | Pers            | ion-Centered. Data- | lobal<br>Driven.         |
|---|--------------------------------------|-----------------|---------------------|--------------------------|
| Enrolled Program(s)<br>Program Name ↑ <del></del> ₹ | Site Name                            | Enrollment      |                     | -                        |
| (Demo) Academic Activities                          | Therap Global Demonstration Provider | Date 12/14/2022 | Discharge Date      | Action<br>Discharge/Edit |
| Showing 1 to 1 of 1 entries                         |                                      |                 |                     | < 1 >                    |

-1-

### 

### 

| Enrolled Program(s)          |                                      |                    |                | _                |
|------------------------------|--------------------------------------|--------------------|----------------|------------------|
| Program Name ↑ <del></del> ₹ | Site Name                            | Enrollment<br>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             |

Therap Global Person-Centered. Data-Driven.

| 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<br>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<br>Team Members      | Per        | nding Admission Notes     |         |
| r rogram Enrollinents   | Shareu Contact List                     | ream members                   |            |                           |         |

