

Therap **Individual** - **Individual**

Therap **IDF Admin** (Administrative Role) **Individual** **Individuals** **IDF Admin** **Individual Admit/Discharge** (caseload-based) (Role)

Therap **Individual-Intake**

Therap **Individual Intake** **Admin** **Care**

. **Admin** **Care** **Individual Intake** **New**

To Do	<h2 style="text-align: center;">General</h2> <hr/> <table border="0"> <tr> <td>Provider</td> <td>Preferences Password Policy Archive Preference</td> </tr> <tr> <td>User</td> <td>New List Import from Excel Search Imported Excel Titles New Title Assign External System ID Two Factor Authentication Self Password Reset</td> </tr> <tr> <td>Physician Information</td> <td>List Physician List</td> </tr> <tr> <td>User Privileges</td> <td>Manage Archive Legacy Archive Upto Jul 2011</td> </tr> </table> <h2 style="text-align: center;">Care</h2> <hr/> <table border="0"> <tr> <td>Individual Demographics</td> <td>List Search Custom Fields</td> </tr> <tr> <td>Individual Intake</td> <td>New Pending Admission Notes Import from Excel</td> </tr> <tr> <td>Enrollment</td> <td>By Program By Individual Import from Excel</td> </tr> <tr> <td>Contact</td> <td>New List Import from Excel</td> </tr> </table>	Provider	Preferences Password Policy Archive Preference	User	New List Import from Excel Search Imported Excel Titles New Title Assign External System ID Two Factor Authentication Self Password Reset	Physician Information	List Physician List	User Privileges	Manage Archive Legacy Archive Upto Jul 2011	Individual Demographics	List Search Custom Fields	Individual Intake	New Pending Admission Notes Import from Excel	Enrollment	By Program By Individual Import from Excel	Contact	New List Import from Excel
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Contact		New List Import from Excel															
Individual																	
Health																	
Agency																	
Billing																	
Admin																	
Agency Reports																	
Individual Home Page																	
Settings																	

Individual Demographic Form (IDF) හි ඇති සියලුම විස්තර **Individual Data form (IDF)** හි **Individual Demographic Form (IDF)** හි ඇති සියලුම විස්තර ඇතුළත් කර ඇත.

Individual Demographic Form (IDF) හි ඇති සියලුම විස්තර ඇතුළත් කර ඇත, නමුත්, විස්තර ඇතුළත් කර ඇති විස්තර ඇතුළත් කර ඇති විස්තර ඇතුළත් කර ඇත IDF හි ඇති සියලුම විස්තර ඇතුළත් කර ඇත විස්තර ඇතුළත් කර ඇති විස්තර ඇතුළත් කර ඇත IDF ඇතුළත් කර ඇති විස්තර ඇතුළත් කර ඇති විස්තර ඇතුළත් කර ඇත IDF -හි ඇති සියලුම විස්තර ඇතුළත් කර ඇත විස්තර ඇතුළත් කර ඇති විස්තර ඇතුළත් කර ඇත

Individual Demographic Form (IDF) New ⓘ

Photo 1	<input type="button" value="Add Image"/>	Photo 1 Date	<input type="text" value="MM/DD/YYYY"/> <input type="button" value="📅"/>
Title	<input type="text" value="- Please Select -"/>	Gender	<input type="text" value="- Please Select -"/>
* First Name	<input type="text"/>	* Last Name	<input type="text"/>
Middle Name	<input type="text"/>	Suffix	<input type="text"/>
Birth Date	<input type="text" value="MM/DD/YYYY"/> <input type="button" value="📅"/>	Goes By	<input type="text"/>
SSN	<input type="text"/>	Medicaid Number	<input type="text"/>
	<small>xxx-xx-xxxx / xxxxxxxxx</small>	Phone Number	<input type="text"/>
E-mail	<input type="text"/>	Ethnicity / Hispanic Origin	<input type="text" value="- Please Select -"/>
Race	<input type="text" value="- Please Select -"/>		
Class Membership	<input type="text" value="- Please Select -"/>		

Residential Address

Residential Program / Site Address	<input type="text" value="- Please Select -"/>		
Attention or in care of	<input type="text"/>		
Address	<input type="text"/>	<input type="text"/>	
	<small>Street 1</small>	<small>Street 2</small>	
	<input type="text"/>	<input type="text"/>	<input type="text" value="Country"/>
	<small>City</small>	<small>State</small>	<small>Country</small>
Location	<input type="button" value="📍"/>		
Primary Phone	<input type="text"/>	Secondary Phone	<input type="text"/>
Additional Phone	<input type="text"/>		


Residential County State	<input type="text" value="- Please Select -"/>	Residential County	<input type="text" value="Country"/>
Service County State	<input type="text" value="- Please Select -"/>	Service County	<input type="text" value="Country"/>

Mailing Address

Attention or in care of	<input type="text"/>	<input type="checkbox"/> Same as Residence Address	
Address	<input type="text"/>	<input type="text"/>	
	<small>Street 1</small>	<small>Street 2</small>	
	<input type="text"/>	<input type="text"/>	<input type="text" value="Country"/>
	<small>City</small>	<small>State</small>	<small>Country</small>
Primary Phone	<input type="text"/>	Secondary Phone	<input type="text"/>
Additional Phone	<input type="text"/>		

Individual Demographic Form (IDF) Admitted ⓘ

T-Notes

<p>Photo 1</p> 	<p>Photo 1 Date</p> <input type="text" value="07/01/2020"/>
<p>Title</p> <input type="text" value="Mr"/>	<p>Gender</p> <input type="text" value="Male"/>
<p>* First Name</p> <input type="text" value="Isaac"/>	<p>* Last Name</p> <input type="text" value="Patrick"/>
<p>Middle Name</p> <input type="text"/>	<p>Suffix</p> <input type="text"/>
<p>Birth Date</p> <input type="text" value="02/07/2010"/>	<p>Goes By</p> <input type="text"/>
<p>SSN</p> <input type="text"/> <p><small>xxx-xx-xxxx / xxxxxxxx</small></p>	<p>Medicaid Number</p> <input type="text"/>

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Title

* **First Name**

Middle Name


Birth Date

◀
July 2020
▶

Su	Mo	Tu	We	Th	Fr	Sa
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12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	1
2	3	4	5	6	7	8


⊕

MM/DD/YYYY
📅



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- ‘Race’, ‘Ethnicity/Hispanic Origin’ & ‘Class Memberships’ □□□□□□□□□□ □□□□□□□ □

Birth Date 

SSN

xxx-xx-xxxx / xxxxxxxx

E-mail

Race

Class Membership

Goes By

Medicaid Number

Phone Number

Ethnicity / Hispanic Origin

- **Residential Address** **Mailing Address**
[Placeholder text for address fields]

Residential Address

Residential Program / Site Address

Attention or in care of

Address
 Street 1

Street 2

City

State

Zip Code

Country

Location

Primary Phone

Secondary Phone

Additional Phone

Mailing Address

Attention or in care of

Same as Residence Address

Address
 Street 1

Street 2

City

State

Zip Code

Country

Primary Phone

Secondary Phone

Additional Phone

0.

Save IDF

Form ID: IDF-SQANY-J994N9ZK27GAY

The form IDF-SQANY-J994N9ZK27GAY has been successfully saved

[Back to Form](#)

PDF & Printable


-  [Display PDF](#)
-  [Emergency Data Form](#)

Individual Demographic Form **Form**

The form IDF-SQANY-J994N9ZK27GAY has been successfully saved

Back to [Form](#)

Individual Demographic Form (IDF) Pending Admission

Individual Demographic Form (IDF) Pending Admission 

T-Notes

Individual Isaac Patrick

Therap System Individual-

□. □□□□□□ □□□ **IDF** □□ □□□□ □□□□ □□□ **Admit** □□□□□ □□□□□ □□□□□


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	

□. □□□□□□□ □□□□, Individual □□ □□□□□□ □□□□□□□ (Admission Date) □□□□□□□□ □□□□□□

Admit Individual Pending Admission ⓘ T-Notes

Individual Isaac Patrick


* Admission Date 01/01/2019  ←

Cancel Back Done

□. □□□□□□ □□□□□ □□□□□□□□□□□ □□ **Done** □□□□□ □□□□□ □□□□□

Admit Individual Pending Admission ⓘ T-Notes

Individual Isaac Patrick

* Admission Date 01/01/2019 

Cancel Back Done

Form Admitted

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

[Back to Form](#) | [List](#)

Form Admitted Individual Demographic Form Admitted

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- (program) Admitted

1. IDF Program Enrollments

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	

□. **Program Enrollment** □□□□ □□□□ □□□ **Enrollable Program(s)** □□ □□□□□□ □□□□□□□□
□□□□□ □□□□□□□□□□ Program □□ □□□□ □□□□ **Enroll** □□□□□ □□□□□ □□□□□

Enrollable Program(s)

Program Name ↑	Site Name	Action																																										
(Demo) Education and Development	(Demo) TG Center for Children With Special Needs	Enroll																																										
Program Enrollment [Close]																																												
Enrollment Date * <input type="text" value="12/18/2022"/> <input type="button" value="📅"/> <input type="button" value="Enroll"/>																																												
<div style="border: 1px solid #ccc; padding: 5px;"> < Dec 2022 > <table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <thead> <tr> <th>S</th><th>M</th><th>T</th><th>W</th><th>T</th><th>F</th><th>S</th></tr> </thead> <tbody> <tr> <td>27</td><td>28</td><td>29</td><td>30</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td></tr> <tr> <td>11</td><td>12</td><td>13</td><td style="border: 2px solid orange;">14</td><td>15</td><td>16</td><td>17</td></tr> <tr> <td style="background-color: #007bff; color: white; border-radius: 50%; padding: 2px;">18</td><td>19</td><td>20</td><td>21</td><td>22</td><td>23</td><td>24</td></tr> <tr> <td>25</td><td>26</td><td>27</td><td>28</td><td>29</td><td>30</td><td>31</td></tr> </tbody> </table> </div>			S	M	T	W	T	F	S	27	28	29	30	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
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25	26	27	28	29	30	31																																						
Behavioral Therapy		Enroll																																										
Bluestar(Day shift)		Enroll																																										
Child Care Center		Enroll																																										
Class 1		Enroll																																										
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Class -1		Enroll																																										
Class 2		Enroll																																										
Class-one	DEMO SITE (BD)	Enroll																																										

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(Demo) Education and Development	(Demo) TG Center for Children With Special Needs	Enroll
Program Enrollment [Close]		
Enrollment Date * <input type="text" value="12/14/2022"/> <input type="button" value="📅"/> <input style="border: 2px solid orange;" type="button" value="Enroll"/>		
Aarambh		
ADD DEMO		
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Beginners		
Beginners		
Behavioral Therapy	DEMO SITE (BD)	Enroll

Enrolled Program(s) □□□□□□ □□□□□□□□□□ Program □□ □□□□□□□□ □□□

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

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Individual- (program) enrollment form is used to track program enrollment. The form is used to track program enrollment and is used to track program enrollment. The form is used to track program enrollment and is used to track program enrollment.

. Individual- (program enrollment) enrollment form is used to track program enrollment. The form is used to track program enrollment and is used to track program enrollment. The form is used to track program enrollment and is used to track program enrollment. **Save** button is used to save the form.

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 >


Cancel
Save

Individual Demographic Form (IDF) is used to track individual demographic information. The form is used to track individual demographic information and is used to track individual demographic information. The form is used to track individual demographic information and is used to track individual demographic information.

Individual Demographic Form (IDF) Admitted

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

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	

