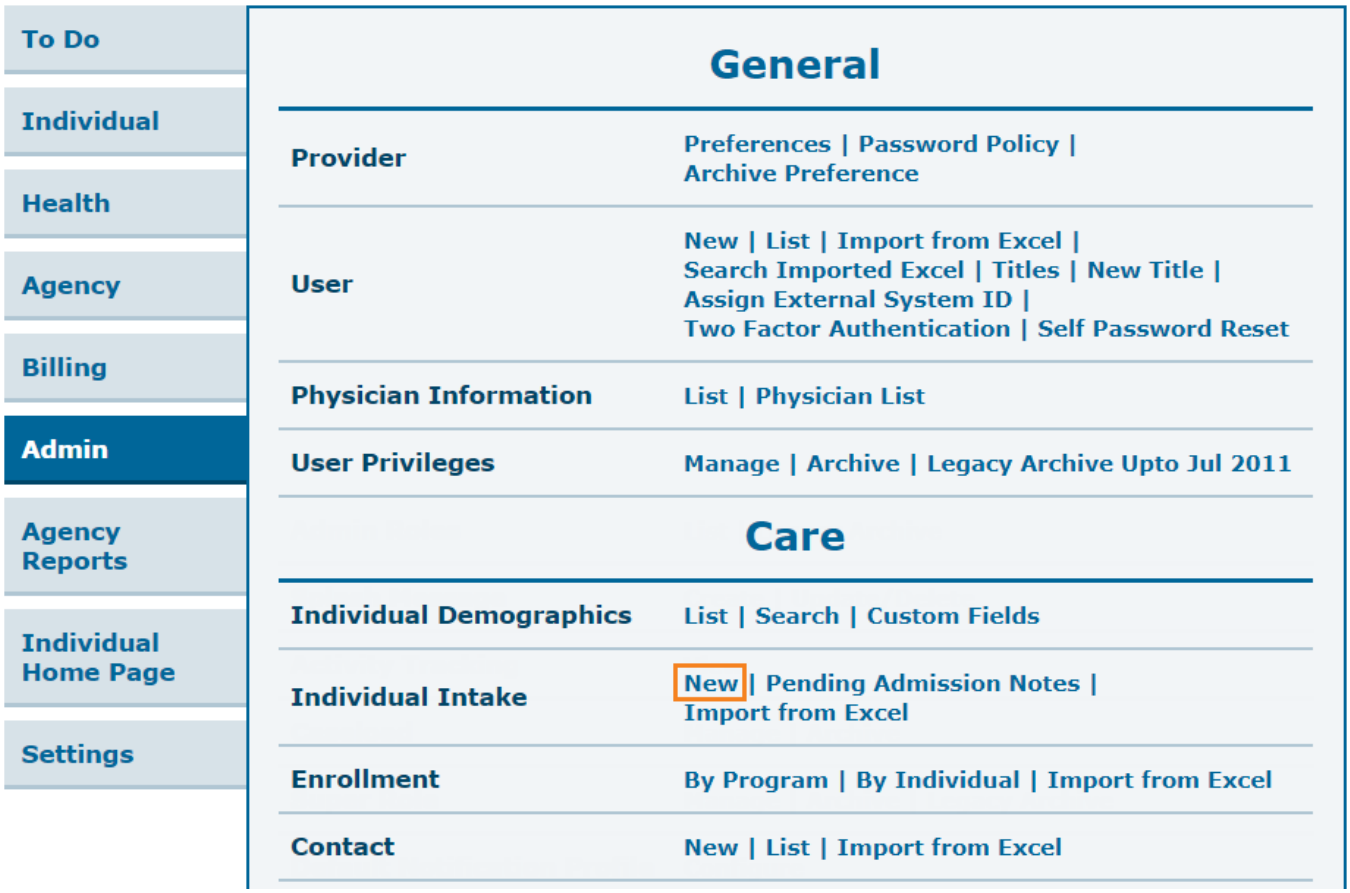
Therap □□□□□□□□ Individual □□□ □□□□ □□□□□ - □□□□□ □□□ □□□□□□□□□□ □□□□□□□□□□□□□□

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

Therap □□□□□□□□ Individual-□□□ □□□□ □□□□□

Therap □□□□□□□□ **Individual Intake** □□□□□□□ □□□□□□□ Individual Intake □□□□ □□□□ Dashboard □□□□ **Admin** □□□□□□ □□□□□ □□□ **Care** □□□□□□ □□□□ □□□□

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



Individual Demographic Form (IDF) □□ □□□□ □□□□ □□□ □□□□□□□ □□,***Individual Data form (IDF)*** □□ ***Individual Demographic Form (IDF)*** □ □□□□□□ □□□ □□□□□ □□□ □□□□ □□□□ □□□□□□□□□□□ □□□□□□□ □□□□□□

Individual Demographic Form (IDF) □□ □□□□□ □□□□□□□□ □□□□□□ □□□□□□□□□□□ □□□□, □□□, □□□□□□□ □□□□, □□□□□□ □□□□□□ □□□ □□□□□□□ □□□□□□ □□□□□□□ □□□□□□□□□□□ □□□□□ IDF □□ □□□□□□□ □□□□□□□ □□□□□□ □□□ □□□□□□□ □□□□□□□□□□□□□ □□□□□□ □□□□ □□□□□□□□□ □□□□□□□ □□□ □□□□□□□ IDF □□□□□□ □□□□ □□□□□□□ □□□□ □□□□□ □□□□□ IDF -□□ □□□□□□□ □□□□□□□□ □□□□□ □□□□□□□ □□□□□□□□ □□□□□□□ □□□□□ □□□ □□□□□

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Individual Demographic Form (IDF) New

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
xxx-xx-xxxx / xxxxxxxxx
Medicaid Number

E-mail
Phone Number

Race | - Please Select -
Ethnicity / Hispanic Origin | - Please Select -

Class Membership | - Please Select -

Residential Address

Residential Program / Site Address | - Please Select -

Attention or in care of

Address
Street 1
Street 2

City
State | State
Zip Code
Country | Country

Location

Primary Phone
Secondary Phone

Additional Phone

Residential County State | - Please Select -
Residential County | County

Service County State | - Please Select -
Service County | County

Mailing Address

Attention or in care of
☐ Same as Residence Address

Address
Street 1
Street 2

City
State | State
Zip Code
Country | Country

Primary Phone
Secondary Phone

Additional Phone

Cancel | Back | Save

□. Individual □□ **First Name** □□ □□□□□ □□□□□ □□□ □□□ **Last Name** □□ □□□□□ □□□ □□□ □□□□□

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- ‘Photo 1’ & ‘Photo 1 Date’ □□□□□□□□□ □□□□□□ (optional)□ □□□□ □□□ □□□ □□□□□□□ □□□□ □□□, □□□□□ ‘Add Image’ □ □□□□□ □□□□□
- ‘Title’ □□□ ‘Gender’ □□□□□□□□□ □□□□□□ (optional); □□□□□ □□□□□□□ □□□□ □□□□ □□□□□□□ ‘Please Select’ □ □□□□□ □□□□□ □□□□□□□□ □□□□□□□ □□ □□□□ □□□□ □□□□ □□ □□□□□□□ □□ □□□□□□□□□□□□ □□□□□□□
- ‘Middle name’ and ‘Suffix’ □□□□□□□□□ □□□□□□ (optional) □□□ □□□□ □□□□ □□□□□□□□□□□ □□□□

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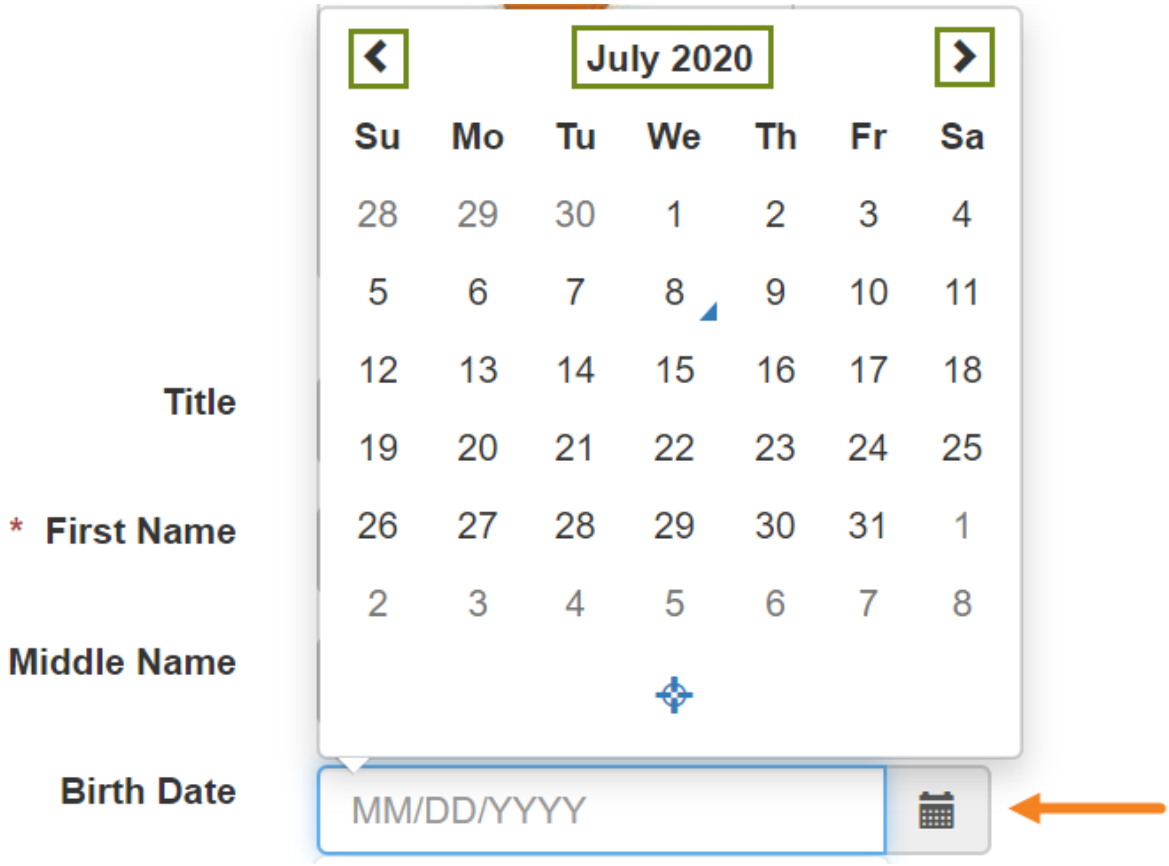
Individual Demographic Form (IDF) Admitted

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	Goes By	
SSN	xxx-xx-xxxx / xxxxxxxxx	Medicaid Number	

□□□: □□□□□□□□□□□ □□□□□□□ Month/Date/Year (□□□/□□□/□□□□□) □□□□□□□ □□□□□ □□□□ □□□□ □□□ □□□□□ □□□□□□□□□□□□ □□ □□□□□□□□ □□□□□□□ □□□ □□□ □□□□□ □□□□□□□□□□□ □□□□ □□□□□□□□□□□□□□ □□□/ □□□/□□□ □□□□□ □□□□ □□□□ □□□□□ □□ □□□□ □□□□□□□ □□□□□ □□□□ □□□□□□□□□□□ □□□□□ □□□□□ □□□ □□□□□□□□ □□□□ □□□□□ (□□□□ □□□□□□□□□□□ □□□□□□ □□□□□□)□



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- ‘Goes By’ □□□□□□□ □□□□□□ □□□ □□□□□□□□ □□□□□□ □□□ □□□□□ □□□□□□□ □□□□ □□□□□ □ □□□□ □□□□□ □□□□□□□ □□□□□□□□□□□ □□□□ □□□□□□
- **‘SSN’** □□□ **‘Medicaid Number’** □□ □□□□□□□□□ □□□□ □□□□ □□□□□ □□□ □□□□□□ □□□□□ USA □□ □□□□□□□□□□□□ □□□□□□□□□ □□□□□□□□□
- ‘Email’ □□□ ‘Phone Number’ □□□□□□□□□ □□□□□□; □□□□ □□□□□ □□□□ □□□□ □□□□ □□□□□□
- ‘Race’, ‘Ethnicity/Hispanic Origin’ & ‘Class Memberships’ □□□□□□□□□ □□□□□□ □

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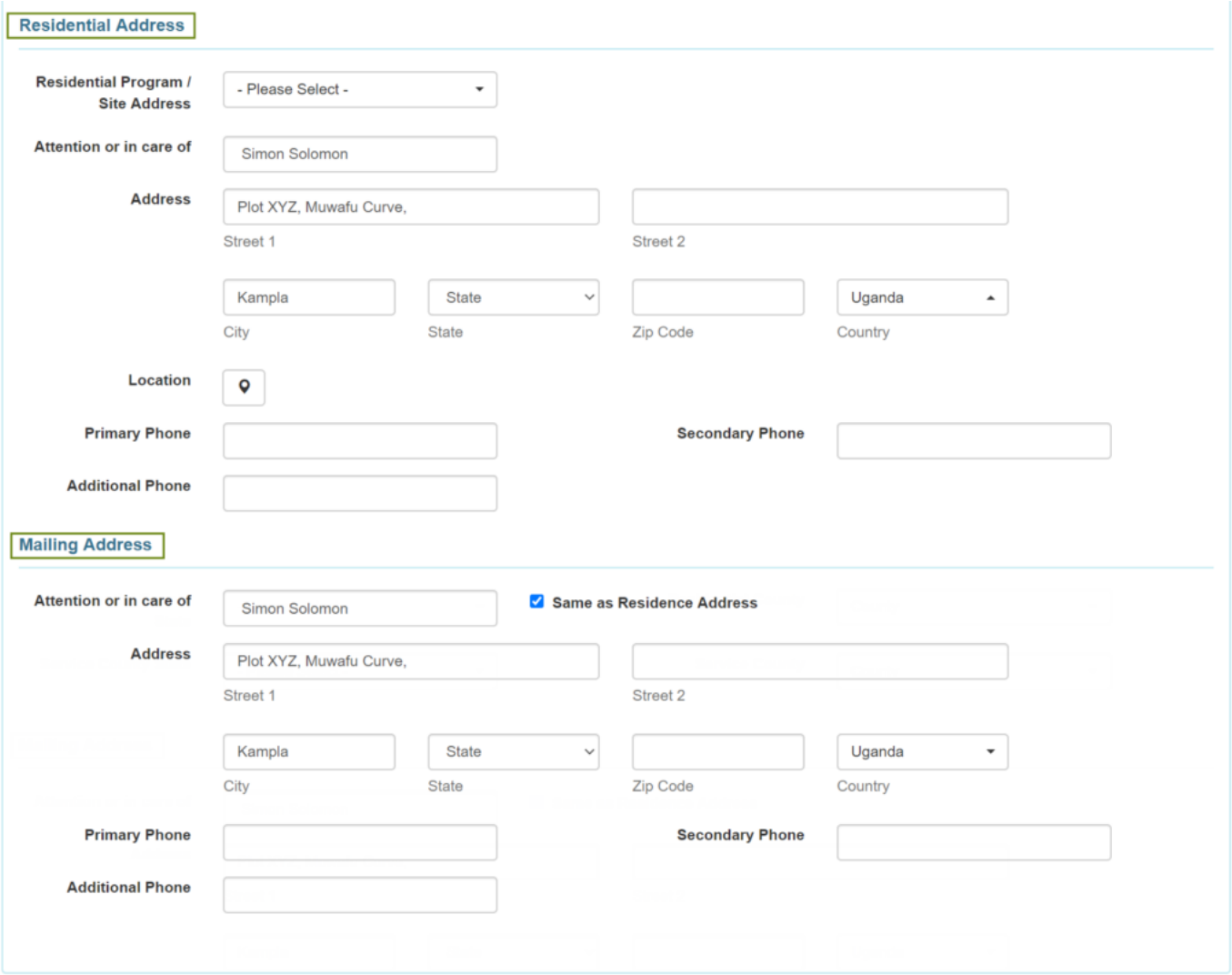
Birth Date	02/07/2010	**Goes By**	Mugisa
SSN	xxx-xx-xxxx / xxxxxxxxx	**Medicaid Number**	
E-mail	patrick@demomail.com	**Phone Number**	001122001122
Race	- Please Select -	**Ethnicity / Hispanic Origin**	- Please Select -
Class Membership	- Please Select -		

- □□□□□□ □□□□□□ **(Residential Address)** □□□ □□□□□□□ □□□□□□ **(Mailing Address)** □□□□□□□ □□□□□□□□□ □□□□□□□ □□□□□ □□□□□□□□ □□□□□□□□□ □□□□ □□□□□□□ □□□□ □□□□ □□□□ □□□□□□



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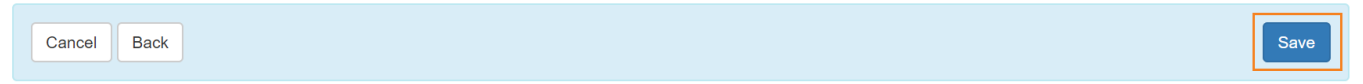

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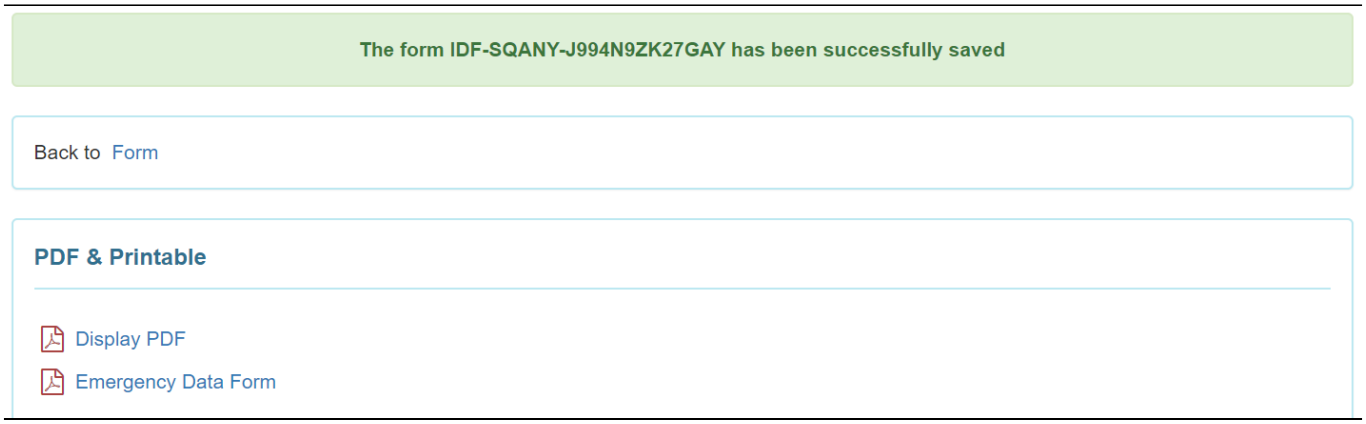

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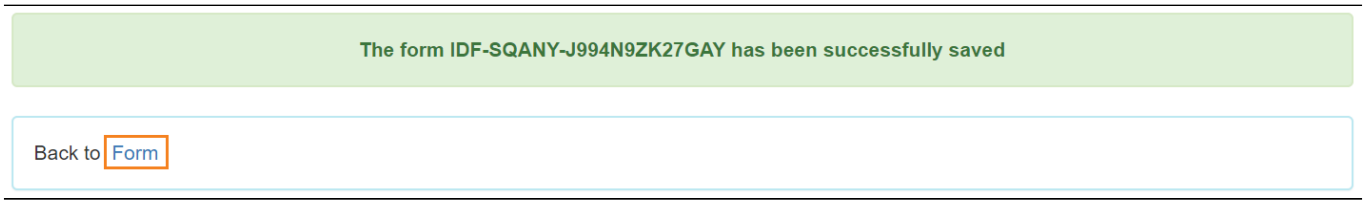

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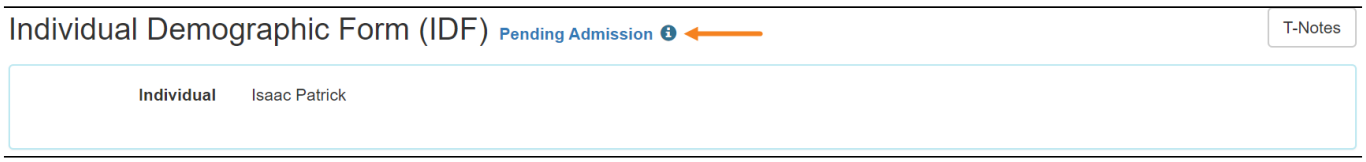
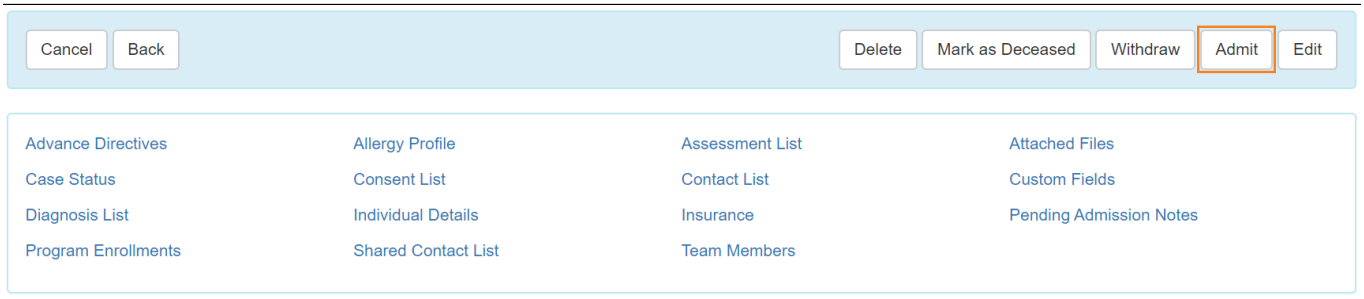


Therap System □□□□□□□□ Individual-□□□ □□□□□

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



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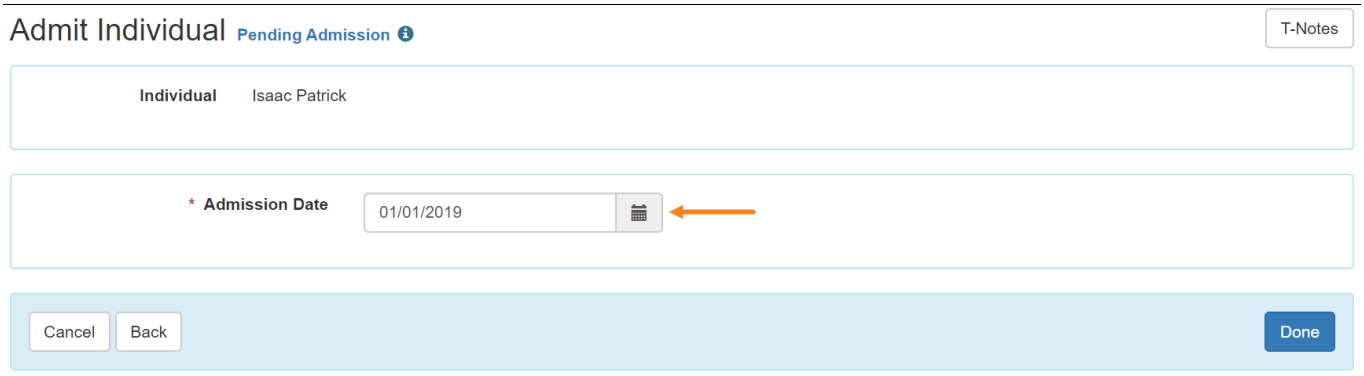
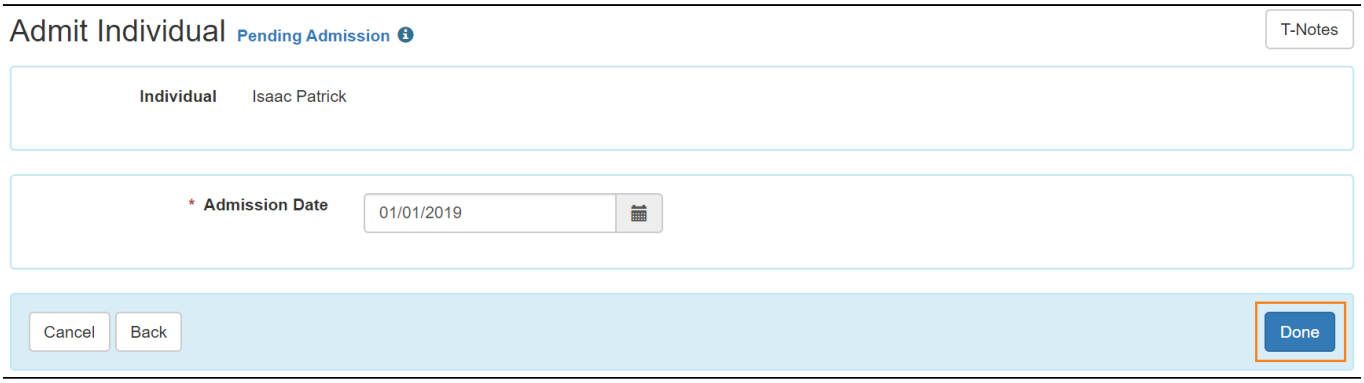


□. □□□□□□ □□□□□ □□□□□□□□□□ □□ **Done** □□□□□ □□□□□ □□□□□



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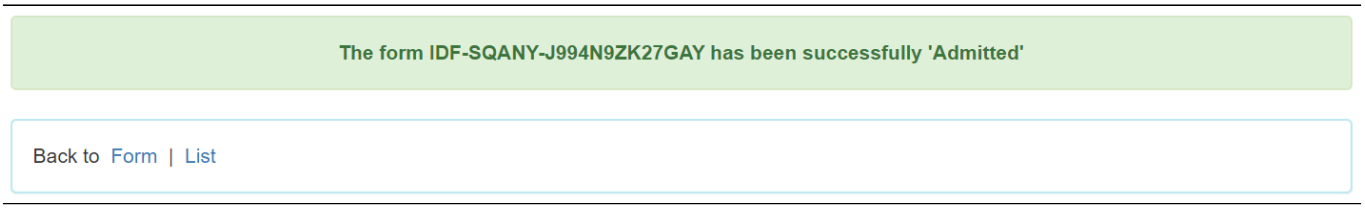

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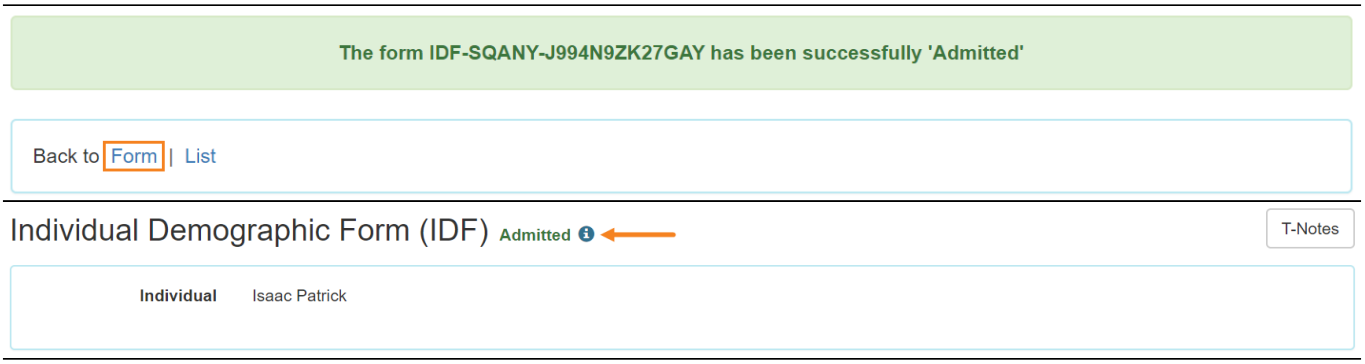

Therap System □□□□□□□□ Individual-□□□ □□□□□□□□□□ □□□□□□□□□□□□□□

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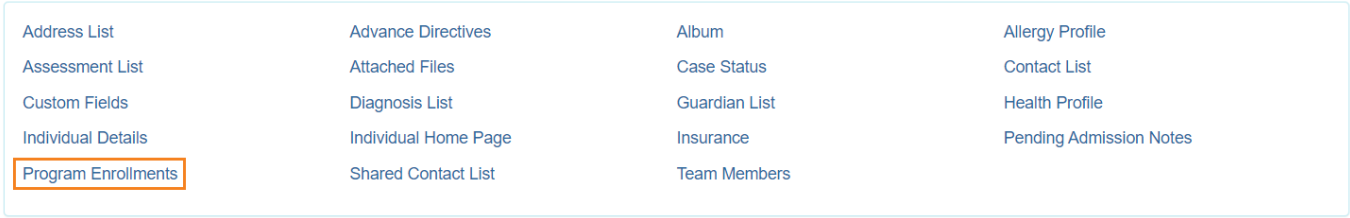
1. □□□□□□ □□□ **IDF** □□□□□ □□□□ □□□□ □□□ **Program Enrollments** □□□□□ □□□□□ □□□□□



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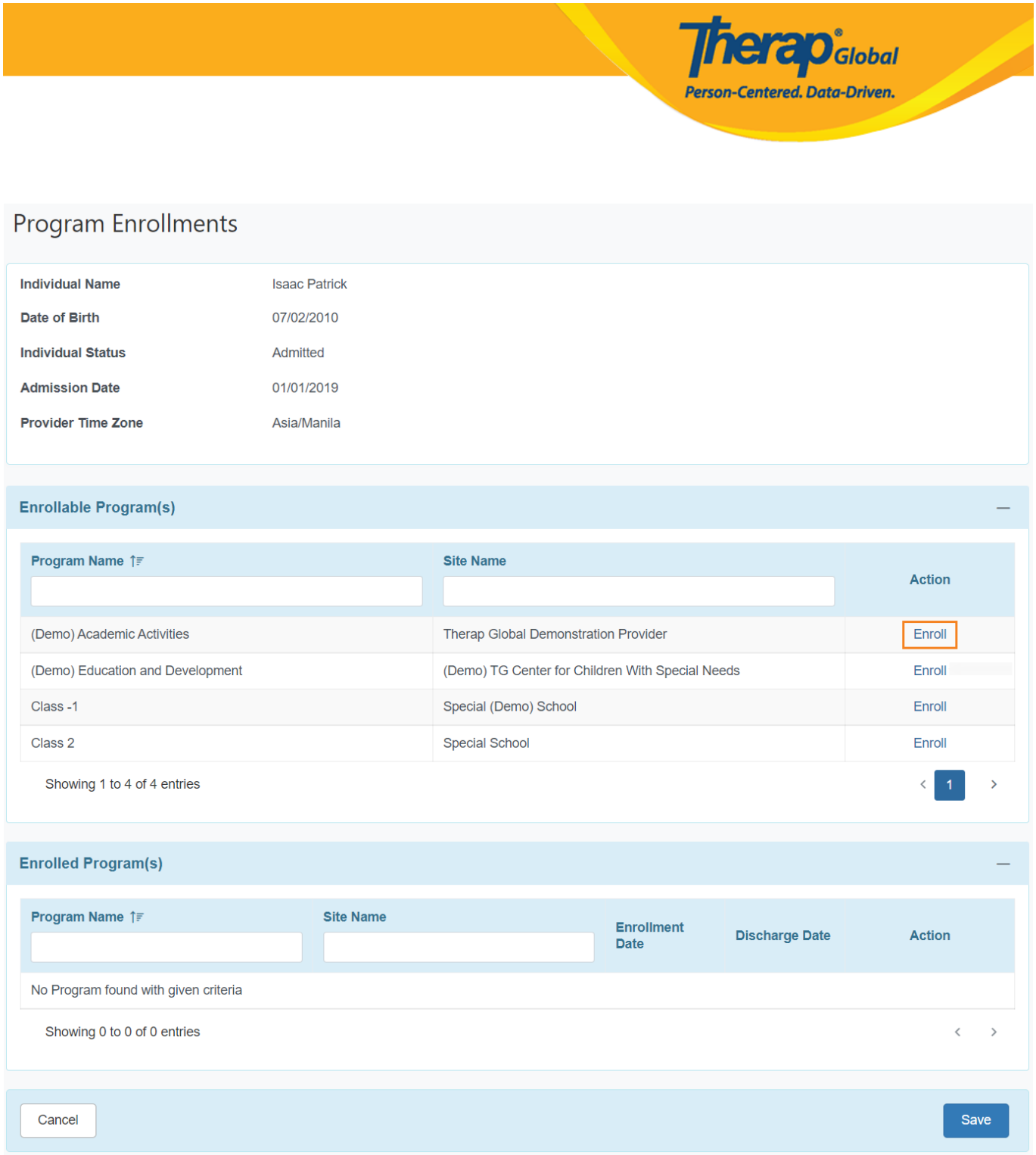
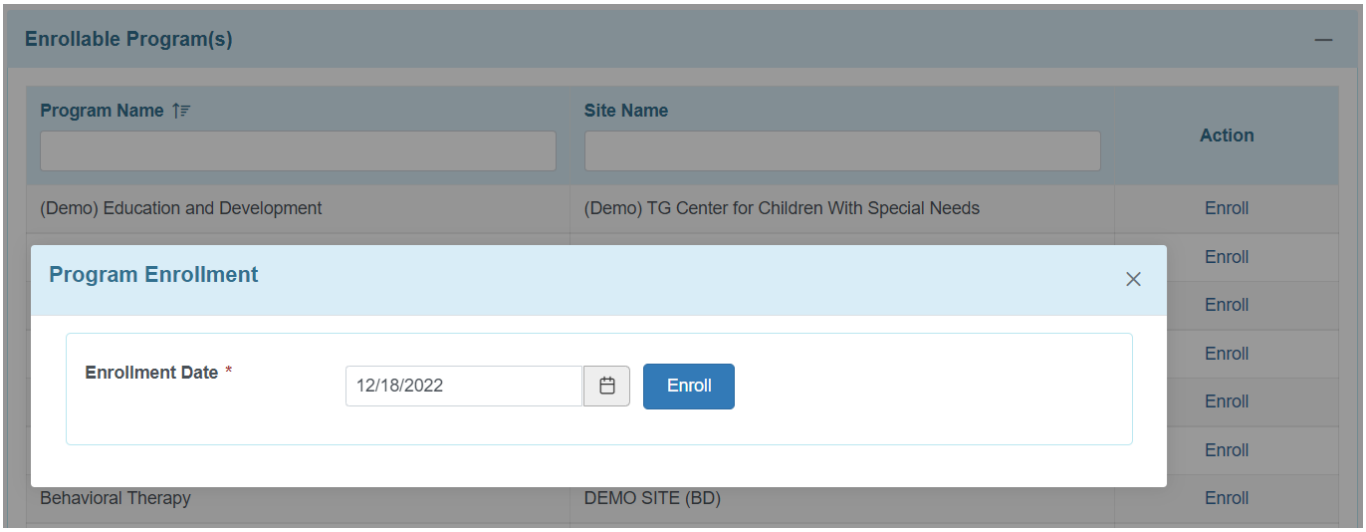


Enrollment Date [redacted]



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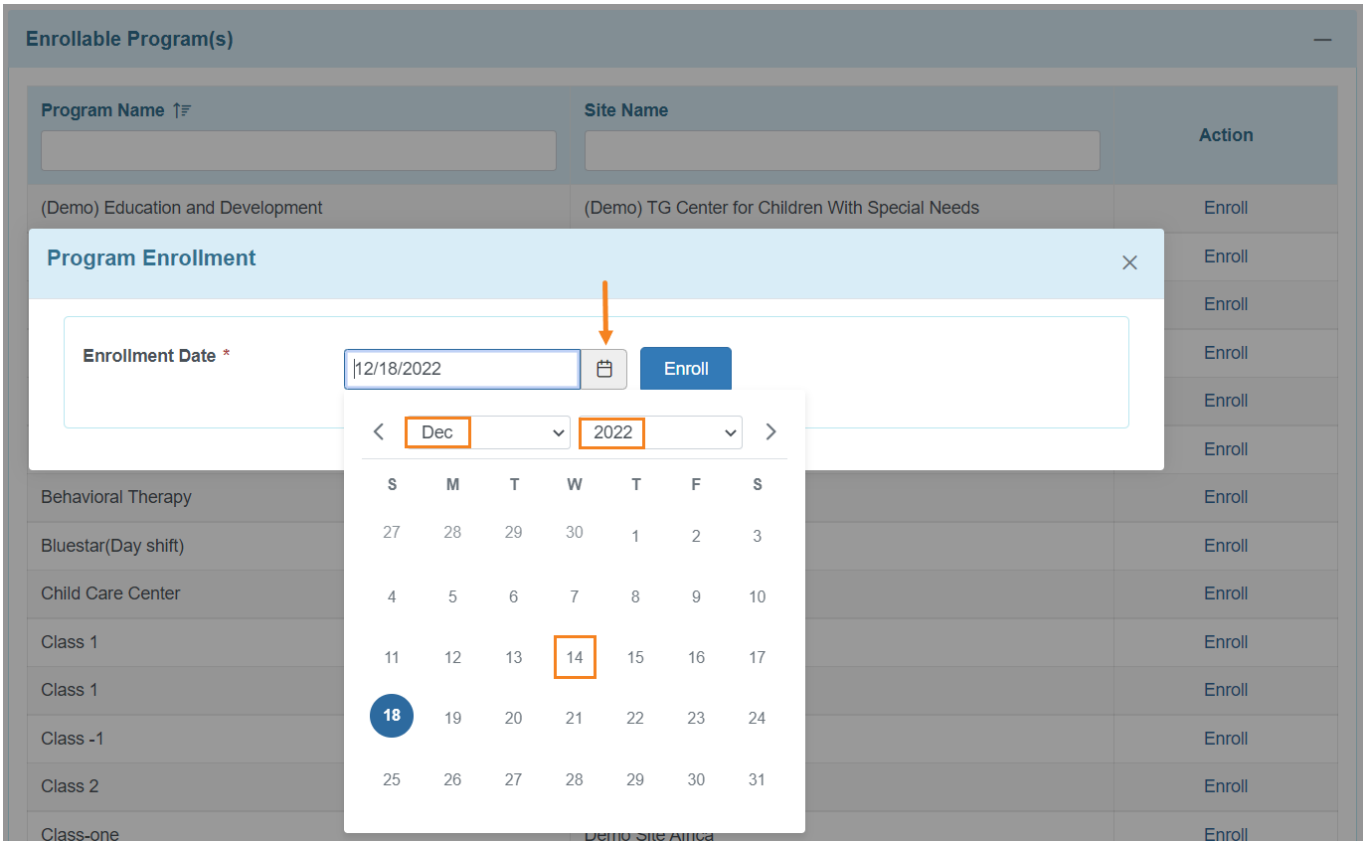

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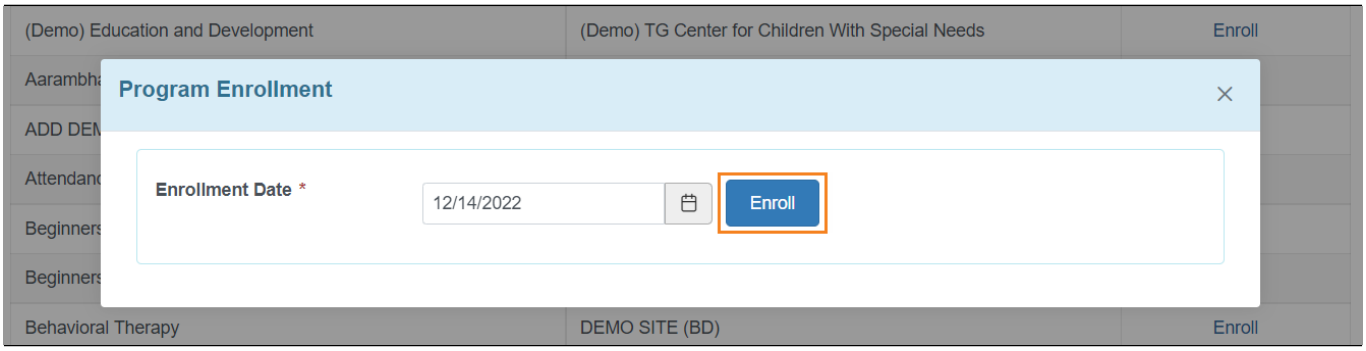
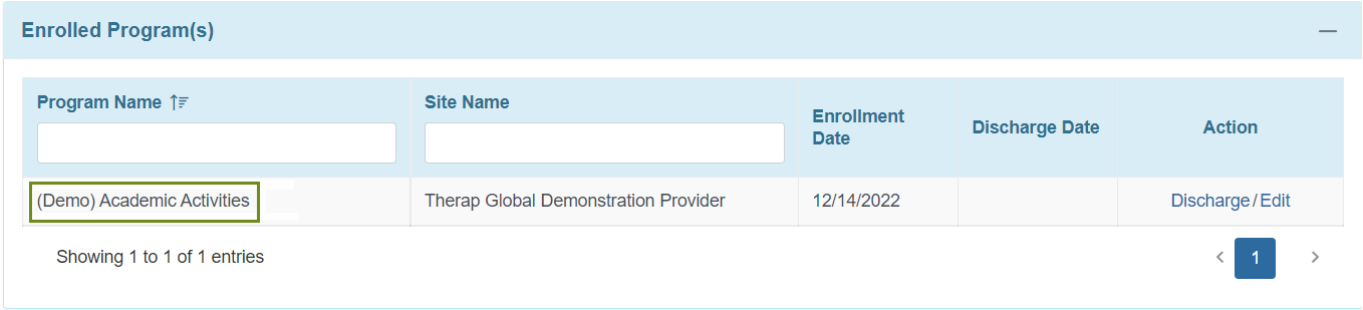


Enrolled Program(s) □□□□□□ □□□□□□□□□□ Program □□ □□□□□□□□□□ □□□



□□□: Individual-□□□ □□□□□□ □□□□□□□□□□□ (program) □□□□□□□□□□□ □□□ □□□□ □□□□□□ □□□□□□□□□□□□□□□ □□□□□□□□□□□ □□□□ □□□□ □□□□ □□□□□□□□ □ □□□□ □ □□ □□□□□ □□ □□□□□□□□□□ □□□□□□□□□□□ □□□□□

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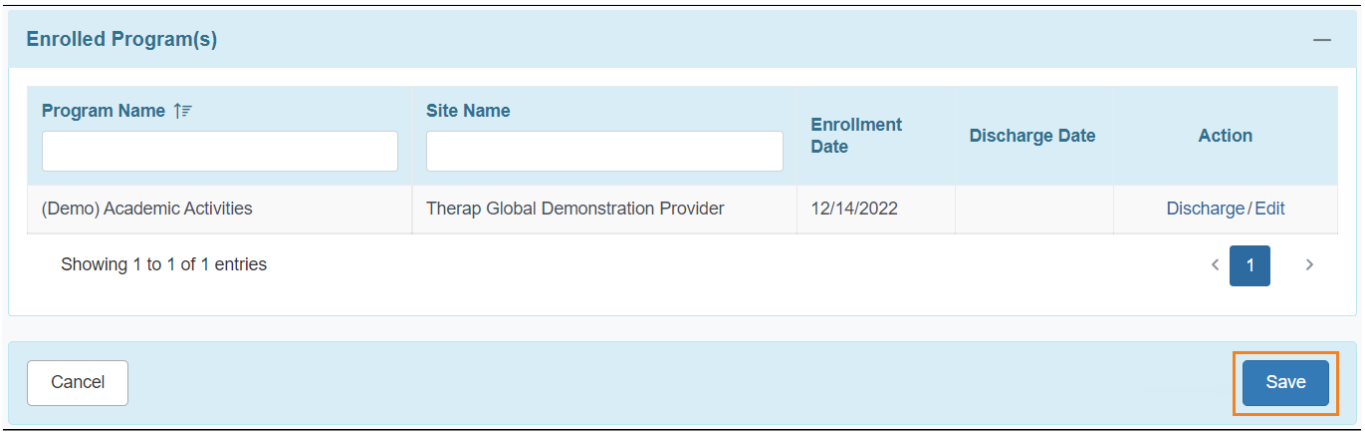

Individual Demographic Form (IDF) □□ □□□□ □□□□ □□□□ □□□□□ □□□□□□□ □□□□□□□ IDF □ □□□□□□□ □□□□□□□□ □□□□□ □□□□ □□□□□□□

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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			

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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	