

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](#)
- [Admitting Individuals into Therap System](#)
- [Enrolling Individuals into Program\(s\)](#)

Entering Individuals into Therap System

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

To Do

Individual Home Page

Individual

Reporting

Health

Admin

Settings

Care

Allergy ProfileList | Import from Excel | Search Imported Excel

ContactNew | List | Import from Excel | Search Imported Excel

Default Individual ProgramManage | Search | Import from Excel | Search Imported Excel

EnrollmentBy Program | By Individual | Import from Excel | Search Imported Excel

External Individual MappingNew | Search | Import from Excel | Search Imported Excel

Individual DemographicsList | Search | Custom Fields

Individual DiagnosisList | Import from Excel | Search Imported Excel



Individual IntakeNew Pending Admission Notes | Import from Excel | Search Imported Excel

InsuranceList | Import from Excel | Search Imported Excel


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.

Individual Demographic Form (IDF) New ⓘ

Photo 1	<input type="button" value="Add Image"/>	Photo 1 Date	<input type="text" value="MM/DD/YYYY"/> 
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"/> 	Goes By	<input type="text"/>
SSN	<input type="text" value="xxx-xx-xxxx / xxxxxxxx"/> <small>xxx-xx-xxxx / xxxxxxxx</small>	Medicaid Number	<input type="text"/>
E-mail	<input type="text"/>	Phone Number	<input type="text"/>
Race	<input type="text" value="- Please Select -"/>	Ethnicity / Hispanic Origin	<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"/> <small>Street 1</small>	<input type="text"/> <small>Street 2</small>	
	<input type="text"/> <small>City</small>	<input type="text" value="State"/> <input type="text" value="State"/> <small>State</small>	<input type="text" value="Country"/> <input type="text" value="Country"/> <small>Country</small>
Location			
Primary Phone	<input type="text"/>	Secondary Phone	<input type="text"/>
Additional Phone	<input type="text"/>		

Mailing Address

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

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

Individual Demographic Form (IDF) [New](#) [?](#)

Photo 1	<input type="button" value="Add Image"/>	Photo 1 Date	<input type="text" value="MM/DD/YYYY"/> 
Title	<input type="text" value="- Please Select -"/>	Gender	<input type="text" value="- Please Select -"/>
* First Name	<input type="text" value="Isaac"/>	* Last Name	<input type="text" value="Patrick"/>
Middle Name	<input type="text"/>	Suffix	<input type="text"/>
Birth Date	<input type="text" value="MM/DD/YYYY"/> 	Goes By	<input type="text"/>


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 Demographic Form (IDF) Admitted ⓘ

T-Notes

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

xxx-xx-xxxx / xxxxxxxx

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 Date  

< July > 2020


Su	Mo	Tu	We	Th	Fr	Sa
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	1
2	3	4	5	6	7	8

Clear Today

Residential Address

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	<input type="text" value="02/07/2010"/> 	Goes By	<input type="text" value="Mugisa"/>
SSN	<input type="text"/>	Medicaid Number	<input type="text"/>
	<small>xxx-xx-xxxx / xxxxxxxxx</small>		
E-mail	<input type="text" value="patrick@demomail.com"/>	Phone Number	<input type="text" value="001122001122"/>
Race	<input type="text" value="- Please Select -"/>	Ethnicity / Hispanic Origin	<input type="text" value="- Please Select -"/>
Class Membership	<input type="text" value="- 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

City

State

State

Zip Code

Uganda

Country

Location

Primary Phone

Secondary Phone

Additional Phone

Mailing Address

Attention or in care of

Simon Solomon

☒ Same as Residence Address

Address

Plot XYZ, Muwafu Curve,

Street 1

Street 2

Kampla

City

State

State

Zip Code

Uganda

Country

Primary Phone

Secondary Phone

Additional Phone

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

Cancel

Back


Save


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](#)



 [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

[\[Back to Top\]](#)

1. Scroll all the way to the bottom of the **IDF** and click on the **Admit** button.

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	

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

Admit Individual
Pending Admission ⓘ
T-Notes

Individual
Isaac Patrick

* Admission Date
01/01/2019



Cancel
Back
Done

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

Admit Individual Pending Admission ⓘ

T-Notes

Individual Isaac Patrick

* Admission Date

01/01/2019



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.

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

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

Individual Demographic Form (IDF) Admitted ⓘ ←

T-Notes

Individual Isaac Patrick

Enrolling Individuals into Program(s)

[\[Back to Top\]](#)

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
(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

Enrolled Program(s)

Program Name ↑	Site Name	Enrollment 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 ↑	Site Name	Action
(Demo) Education and Development	(Demo) TG Center for Children With Special Needs	Enroll
		Enroll
		Enroll
		Enroll
		Enroll
		Enroll
		Enroll
Behavioral Therapy	DEMO SITE (BD)	Enroll

Program Enrollment

Enrollment Date *

12/18/2022


Enroll

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 ↑	Site Name	Action
(Demo) Education and Development	(Demo) TG Center for Children With Special Needs	Enroll

Program Enrollment ×

Enrollment Date *  **Enroll**

< Dec >

2022


>

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

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

(Demo) Education and Development	(Demo) TG Center for Children With Special Needs	Enroll
----------------------------------	--------------------------------------------------	--------

Program Enrollment ×

Enrollment Date *  **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 ↑	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.

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](#)

[Cancel](#) [Back](#)

[SComm](#)

[Mark as Deceased](#)

[Discharge](#)

[Mark as Pending Admission](#)

[Edit](#)

[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](#)

