

Individual Intake- Admit and Program Enrollment - IDF Admin

(Individual Intake- Admit and Program Enrollment)

. IDF Admin Individual Intake- Admit and Program Enrollment IDF Admin Admit/ Discharge

Therap Individual Intake- Admit and Program Enrollment

(Therap) Admin Individual Intake- Admit and Program Enrollment (Dashboard Admin)

Individual Intake New Link Admin .1

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="Calendar"/>
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="Calendar"/>	Goes By	<input type="text"/>
SSN	<input type="text"/>	Medicaid Number	<input type="text"/>
	<small>xxx-xx-xxxx / xxxxxxxx</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="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"/>	<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"/>		

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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"/>

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0000000 0000 0000 000000000 000000 000000 000000 .000000 00000 000000000 **"Add" Image**
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- 00 **"Please Select"** 0000 00000 0000 00000000 0 0000000000 00000 00 **Title and Gender** •
.0000000000000 0000000000 00 0000000 0000 00000000 0000000 .000000000 00000000
.0000000000 0000000 000000000000 0000000 **Middle Name and Suffix** •

- 00000 0000000 00000 00000000 0 0000000000 0000000000 000000 00 0000 00 .0000000 **Birth Date** 0000 .3
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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"/>

මෙම පත්‍රයේ සියලුම විස්තර සහතික කළ යුතුය. / සහතික කළ යුතුය / සහතික කළ යුතුය සහතික කළ යුතුය සහතික කළ යුතුය :සහතික කළ යුතුය
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Birth Date 

SSN

xxx-xx-xxxx / xxxxxxxx

E-mail

Race ▲

Class Membership ▼

Goes By

Medicaid Number

Phone Number

Ethnicity / Hispanic Origin ▲

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The form IDF-SQANY-J994N9ZK27GAY has been successfully saved

Back to [Form](#)

PDF & Printable

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

.Individual Demographic Form □□□□□□ □□□□□□□□ □□□□□ □□□□ **Form** □□□□□□□ □□□ □□□□□ .5

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.Pending Admission □□□□ □□□□ □□□□ □□ **Individual Demographic Form** □□□□□□

Individual Demographic Form (IDF) [Pending Admission](#) ⓘ ←

T-Notes

Individual Isaac Patrick

Therap □□□□ □□ □□□□□□□□□□ □□□□□

. Admit " " IDF " .1

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	

. Admission Date " " .2

Admit Individual Pending Admission T-Notes

Individual Isaac Patrick

*** Admission Date** ←

Cancel Back
Done

. Done " " .3

Admit Individual Pending Admission

T-Notes

Individual Isaac Patrick

* Admission Date

01/01/2019



Cancel

Back

Done

.

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

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Individual .4
. Admitted **Demographic Form**

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

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Individual Demographic Form (IDF) Admitted ←

T-Notes

Individual Isaac Patrick

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

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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

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00000000 0000 00000000 000000 .**Enrollment Date** 00000000 000000 00000000 000000 0000 0000 000000
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Enrollable Program(s)

Program Name ↑	Site Name	Action
(Demo) Education and Development	(Demo) TG Center for Children With Special Needs	Enroll
<div style="border: 1px solid #ccc; padding: 5px;"> <p>Program Enrollment ×</p> <p>Enrollment Date * <input type="text" value="12/18/2022"/> <input type="button" value="🗓️"/> <input type="button" value="Enroll"/></p> </div>		
Behavioral Therapy	DEMO SITE (BD)	Enroll

.3 Enrollment date
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Enrollable Program(s)

Program Name ↑	Site Name	Action																																										
(Demo) Education and Development	(Demo) TG Center for Children With Special Needs	Enroll																																										
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Bluestar(Day shift)		Enroll																																										
Child Care Center		Enroll																																										
Class 1		Enroll																																										
Class 1		Enroll																																										
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"/> [Calendar Icon] <input type="button" value="Enroll"/>		
Aarambh		
ADD DEMO		
Attendanc		
Beginners		
Beginners		
Behavioral Therapy	DEMO SITE (BD)	Enroll

.0000000 0000 **Enrolled Programs** 00000000 00000000 0000 00 0000000 0000000000 0000 0000000

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 >

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..... **Save** "....."5
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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 >

..... **(Individual Demographic Form (IDF**
..... IDF

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 | |

