

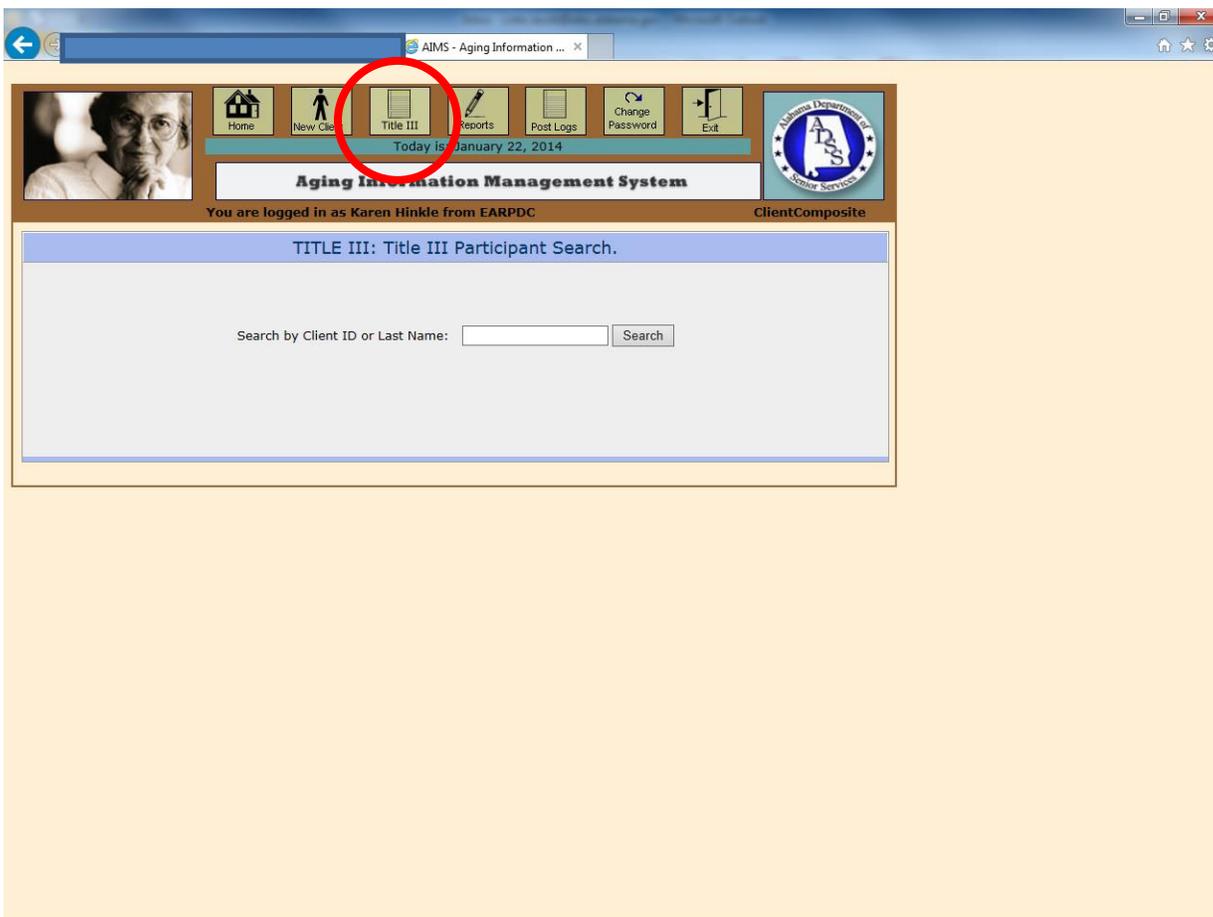
Title III

Participant Enrollment Form

Title III Participant Search

Once the **Title III** button is pressed, the following form with search button appears. Search for the particular participant using **Client ID** or **Last Name**.

From this point forward, you will click on the Title III button to enter Title III enrollments.



The screenshot displays a web browser window with the URL "AIMS - Aging Information ...". The page features a navigation menu with icons for Home, New Client, Title III, Reports, Post Logs, Change Password, and Exit. The "Title III" button is circled in red. Below the navigation menu, the system title "Aging Information Management System" is displayed, along with the user's login information: "You are logged in as Karen Hinkle from EARPCD" and "ClientComposite". The main content area is titled "TITLE III: Title III Participant Search." and contains a search form with the label "Search by Client ID or Last Name:" and a "Search" button.

Search Participant

A grid will come up with a list of participant names with **Add New** and **Close** buttons at the bottom.

AIMS - Aging Information ...

Today is: January 22, 2014

Aging Information Management System

You are logged in as Karen Hinkle from EARPCD ClientComposite

TITLE III: Title III Participant Search.

Search by Client ID or Last Name:

Name	Client ID	City	Telephone	Status	Reason
	1212449993		(121)323-232	Active	
	1212479988	Montgomery	(344)123-4567	Active	
	0609473349	Sheffield	(678)967-5854	Active	
	0808409979	Northport	(205) 333-0724	Active	
Jacob, Lint	0101509966	Montgomery	(111)111-1111	Active	
Jacob, Linto	1001449993	Accord	(205)122-1212	Active	
Jacob, Linto k	1212489987	Abbeville	(435)575-6868	Active	
	0619339995	Grady	(334) 584-7116	Active	
	0207676891	Clayton	(334) 695-6409	Active	
	0823230412	Brundidge	(334) 735-3812	Inactive	No Recent Activity 05/01/2013
	1217299413	Birmingham	(205) 943-0629	Inactive	Nursing Home
	0303519999	Evergreen	(251)578-2240	Active	
	0815444511	Birmingham	(205)326-0749	Active	
	1011319998	Attalla	256-349-3458	Active	
	1025281003	Elba	(334)897-2589	Active	
	0913319992	Reform	(205) 375-2215	Inactive	No Recent Activity
	0531479715	Birmingham	(205) 783-1132	Active	
	0517459997	Centre	(256) 475-5844	Active	
	1004459080	Decatur	(256) 341-0754	Active	
	1216361353	Scottsboro	(256) 574-4296	Active	

1 | 2 | 3 | 4 | 5

Provider: --Please Select--

Participant Enrollment Form

If the particular participant is not listed, select the provider and click on **Add New** button. The Title III enrollment form appears. You will enter all information needed. The Age and Nutrition Risk Score will automatically be calculated.

The screenshot shows a web browser window with the title "Client Assessment". The page header includes a navigation menu with icons for Home, New Client, Title III, Reports, Post Logs, Change Password, and Exit. The date "Today is: January 22, 2014" is displayed. The system name "Aging Information Management System" and the user login "You are logged in as Karen Hinkle from EARPCD" are shown. The form is divided into two main sections: "PARTICIPANT INFORMATION" and "EMERGENCY CONTACT INFORMATION".

PARTICIPANT INFORMATION: Please ask for assistance if needed in completing this form.

Last Name: First Name: MI:
Street Address:
City:
State:
Zip:
County:
Home Phone:
Other Phone:
Mailing Address (If different):
Mailing City:
Mailing State:
Mailing Zip:
Birthdate:
(Date Format MM/DD/YYYY)
Calculated Age:
Gender:
Race:
Ethnicity:
Do you live alone?
Dementia-related diagnosis
Income Range: Is your monthly income above \$958?
Date Enrolled:
(Date Format MM/DD/YYYY)

EMERGENCY CONTACT INFORMATION: Please provide name of a person to contact in an emergency.

Name: Relationship to participant:
Home Phone:
Work Phone:
Cell Phone:

Client Assessment

Home Phone:

Work Phone:

Cell Phone:

Primary Physician: Physician Phone:

ADLs/IADLs: Do you need help with any of the following?

ADLS	Comments
--Please Select-- Eating	<input type="text"/>
--Please Select-- Transferring in and out of bed or chair	<input type="text"/>
--Please Select-- Walking	<input type="text"/>
--Please Select-- Dressing	<input type="text"/>
--Please Select-- Bathing	<input type="text"/>
--Please Select-- Toileting	<input type="text"/>
IADLS	Comments
--Please Select-- Doing Heavy House Work	<input type="text"/>
--Please Select-- Doing Light House Work	<input type="text"/>
--Please Select-- Preparing Meals	<input type="text"/>
--Please Select-- Shopping for personal items:	<input type="text"/>
--Please Select-- Managing money	<input type="text"/>
--Please Select-- Medication management	<input type="text"/>
--Please Select-- Using telephone	<input type="text"/>
--Please Select-- Do you have access to public/private transportation	<input type="text"/>

NUTRITIONAL HEALTH: Please answer the following nutrition questions for congregate, home-delivered meals, and nutrition counseling.

Please check the following checkbox if the Nutritional Health questions have not been filled out.

--Please Select-- 1. Have you changed the amount or kinds of food you eat because of illness or health condition?

--Please Select-- 2. Do you eat less than 2 meals a day?

Client Assessment

--Please Select-- Using telephone

--Please Select-- Do you have access to public/private transportation

NUTRITIONAL HEALTH: Please answer the following nutrition questions for congregate, home-delivered meals, and nutrition counseling.

Please check the following checkbox if the Nutritional Health questions have not been filled out.

--Please Select-- 1. Have you changed the amount or kinds of food you eat because of illness or health condition?

--Please Select-- 2. Do you eat less than 2 meals a day?

--Please Select-- 3. Do you eat less than 3 fruits or vegetables a day?

--Please Select-- 4. Do you eat less than 2 servings of dairy products a day? (Milk, yogurt, cheese)

--Please Select-- 5. Do you consume 2 or more drinks of beer, liquor, or wine almost every day?

--Please Select-- 6. Do you have any tooth or mouth problems that make it hard to eat?

--Please Select-- 7. Do you sometimes lack money to buy the food you need?

--Please Select-- 8. Do you eat alone most of the time?

--Please Select-- 9. Do you take 3 or more kinds of medicines a day? (include over the counter & prescription medicines)

--Please Select-- 10. Have you lost or gained 10 pounds or more in the past 6 months without trying?

--Please Select-- 11. Do you have any physical problems that make it difficult for you to shop, cook, or feed yourself?

 **Nutrition Risk Score**

NUTRITION STAFF

1) Approved Congregate Meals:

Hot Meals

Frozen

Breakfast

Liquid Meal Replacement

2) Approved Home-Delivered Meals:

Hot Meals

Frozen Meals (pick up at center)

Frozen Meals (participant delivery by vendor)

Breakfast

Liquid Meal Replacement (pick up at center)

Liquid Meal Replacement (participant delivery by vendor)

3) If this participant is approved for liquid meal replacement, does the Agency have doctor's order on file?

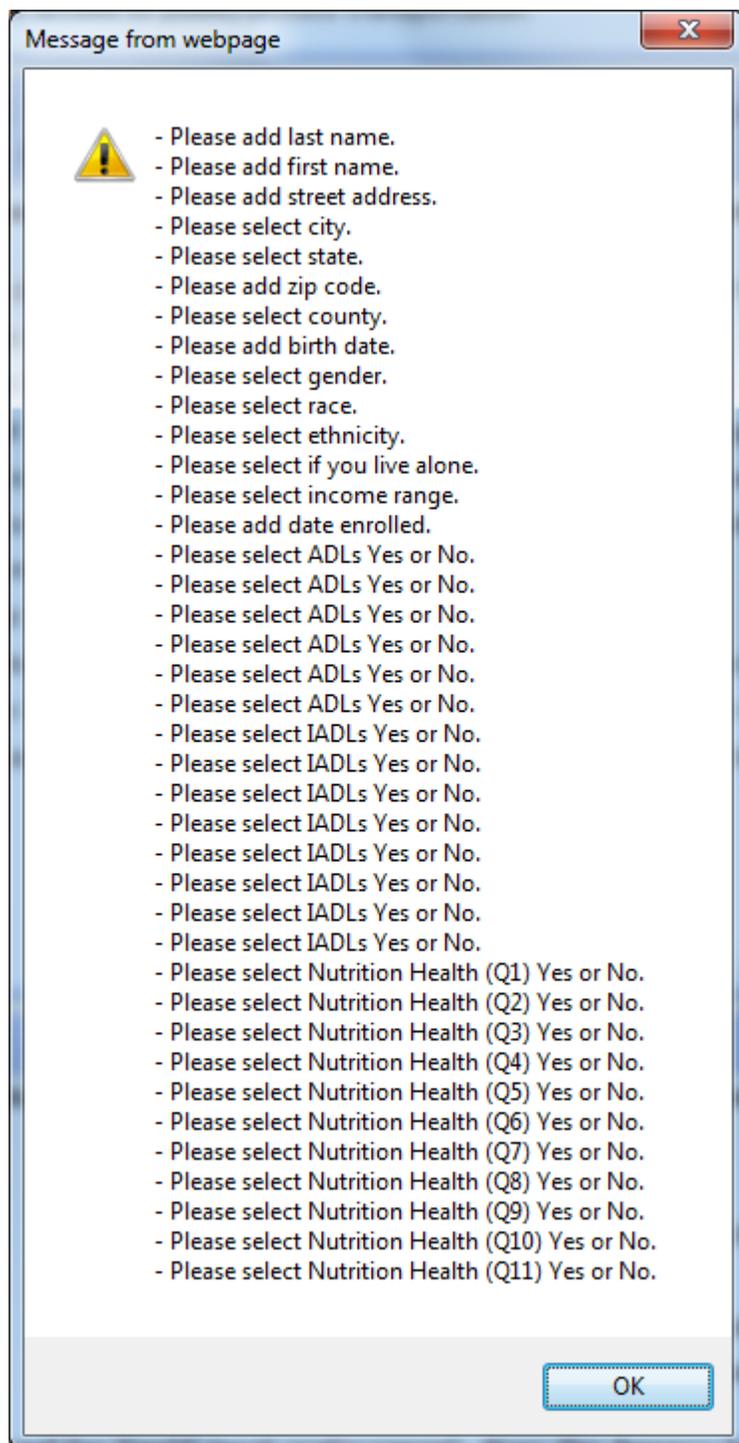
--Please Select--

4) If this participant is eligible for Title III-C Nutrition Services, identify why:

--Please Select--

Submit Cancel Clear

All the fields below are mandatory for the Participant Enrollment Form.



Participant Enrollment Form with Data

The screenshot shows a web browser window titled "Client Assessment" displaying the "Aging Information Management System" interface. The user is logged in as Karen Hinkle from EARPCD. The interface includes a navigation menu with icons for Home, New Client, Title III, Reports, Post Logs, Change Password, and Exit. The date is January 22, 2014. The main content area is divided into two sections: "PARTICIPANT INFORMATION" and "EMERGENCY CONTACT INFORMATION".

PARTICIPANT INFORMATION: Please ask for assistance if needed in completing this form.

Last Name:	Jacobs	First Name:	Linto	MI:	
Street Address:	1000 Drive				
City:	Montgomery				
State:	AL				
Zip:	12345				
County:	Montgomery				
Home Phone:	123456789				
Other Phone:	123456789				
Mailing Address (If different):	2000 Drive				
Mailing City:	Abbeville				
Mailing State:	AL				
Mailing Zip:	12345				
Birthdate:	12/12/1948				
	(Date Format MM/DD/YYYY)				
Calculated Age:	65				
Gender:	Female				
Race:	d. Asian				
Ethnicity:					
Do you live alone?	Yes				
Dementia-related diagnosis	<input checked="" type="checkbox"/>				
Income Range: Is your monthly income above \$958?	No				
Date Enrolled:	01/22/2014				
	(Date Format MM/DD/YYYY)				

EMERGENCY CONTACT INFORMATION: Please provide name of a person to contact in an emergency.

Name:	PJ	Relationship to participant:	Spouse
Home Phone:	123456789		
Work Phone:	123456789		
Cell Phone:	123456789		

Client Assessment

Primary Physician: Dr.aaa Physician Phone: 123456789

ADLs/IADLs: Do you need help with any of the following?

ADLs	Comments
No <input type="checkbox"/> Eating	no, can eat
Yes <input type="checkbox"/> Transferring in and out of bed or chair	yes, difficult
Yes <input type="checkbox"/> Walking	yes
No <input type="checkbox"/> Dressing	can manage
No <input type="checkbox"/> Bathing	yes
No <input type="checkbox"/> Toileting	can do
IADLs	Comments
Yes <input type="checkbox"/> Doing Heavy House Work	difficult
No <input type="checkbox"/> Doing Light House Work	manage
Yes <input type="checkbox"/> Preparing Meals	yes
No <input type="checkbox"/> Shopping for personal items:	no
No <input type="checkbox"/> Managing money	no
No <input type="checkbox"/> Medication management	no
No <input type="checkbox"/> Using telephone	no
No <input type="checkbox"/> Do you have access to public/private transportation	no

NUTRITIONAL HEALTH: Please answer the following nutrition questions for congregate, home-delivered meals, and nutrition counseling.

Please check the following checkbox if the Nutritional Health questions have not been filled out.

- Yes 1. Have you changed the amount or kinds of food you eat because of illness or health condition?
- Yes 2. Do you eat less than 2 meals a day?
- No 3. Do you eat less than 3 fruits or vegetables a day?
- No 4. Do you eat less than 2 servings of dairy products a day? (Milk, yogurt, cheese)
- No 5. Do you consume 2 or more drinks of beer, liquor, or wine almost every day?

Using telephone no

Do you have access to public/private transportation no

NUTRITIONAL HEALTH: Please answer the following nutrition questions for congregate, home-delivered meals, and nutrition counseling.

Please check the following checkbox if the Nutritional Health questions have not been filled out.

- Yes 1. Have you changed the amount or kinds of food you eat because of illness or health condition?
- Yes 2. Do you eat less than 2 meals a day?
- No 3. Do you eat less than 3 fruits or vegetables a day?
- No 4. Do you eat less than 2 servings of dairy products a day? (Milk, yogurt, cheese)
- No 5. Do you consume 2 or more drinks of beer, liquor, or wine almost every day?
- Yes 6. Do you have any tooth or mouth problems that make it hard to eat?
- Yes 7. Do you sometimes lack money to buy the food you need?
- Yes 8. Do you eat alone most of the time?
- Yes 9. Do you take 3 or more kinds of medicines a day? (include over the counter & prescription medicines)
- Yes 10. Have you lost or gained 10 pounds or more in the past 6 months without trying?
- No 11. Do you have any physical problems that make it difficult for you to shop, cook, or feed yourself?

15  **Nutrition Risk Score**

NUTRITION STAFF

1) Approved Congregate Meals:

- Hot Meals
- Frozen
- Breakfast
- Liquid Meal Replacement

2) Approved Home-Delivered Meals:

- Hot Meals
- Frozen Meals (pick up at center)
- Frozen Meals (participant delivery by vendor)
- Breakfast
- Liquid Meal Replacement (pick up at center)
- Liquid Meal Replacement (participant delivery by vendor)

3) If this participant is approved for liquid meal replacement, does the Agency have doctor's order on file?
Yes

4) If this participant is eligible for Title III-C Nutrition Services, identify why:
Age 60 and older

Submit **Cancel** **Clear**

To submit the form, press the **Submit** button when the information has been entered. Press the **Cancel** button to cancel and go back to home page. Press the **Clear** button to clear the data entered.

Participant **Linto Jacobs** added and displayed on the grid

The screenshot shows the AIMS web application interface. At the top, there is a navigation bar with icons for Home, New Client, Title III, Reports, Post Logs, Change Password, and Exit. The date is January 22, 2014. The main header reads 'Aging Information Management System' and 'You are logged in as Karen Hinkle from EARPDC'. Below this is a search section titled 'TITLE III: Title III Participant Search.' with a search box containing 'jacobs' and a 'Search' button. The search results are displayed in a table with the following columns: Name, Client ID, City, Telephone, Status, and Reason. The row for 'Jacobs, Linto' is circled in red. Below the table is a 'Provider' dropdown menu and 'Add New' and 'Close' buttons.

Name	Client ID	City	Telephone	Status	Reason
	0928479991	Coaling	(205)361-7208	Active	
	1226449991	Wilsonville	(205)757-1433	Inactive	Other 02/12/2013
	1128369999	Northport	(205) 553-4888	Active	
	1128389996	Northport	(205)339-3341	Active	
	0426629998	Owens Cross Roads	(256)536-7313	Active	
	1008298365	Elba	(334) 897-6828	Active	
	0514239999	Boaz	(256) 593-4598	Active	
	1228230557	Birmingham	(205)783-1132	Active	
Jacobs, Linto	1116529996	Anniston	256-236-9976	Active	
Jacobs, Linto	1212489981	Abbeville	(123)456-789	Active	
	0526183987	Boaz	(256) 593-4598	Active	
	0107330973	Birmingham	(205) 758-7031	Active	
	0919214885	Heflin	(256) 463-2381	Active	
	1019265863	Hanceville	(256)352-6884	Active	
	1112409999	Coker	205-333-3143	Active	
	0331449996	Theodore	(251) 654-0182	Active	
	0121246238	Toney	(256) 852-4989	Inactive	Deceased
	0430330000	Oxford	(256) 835-9833	Active	
	1116379996	Ariton	(334)762-2435	Active	
	0707326950	Valley	(334) 756-0653	Inactive	Deceased

If want to see the information click on **Linto Jacobs**, participant information page is displayed as below

Participant Information

Previous Enrollment

Home New Client Title III Reports Post Logs Change Password Exit

Today is: January 22, 2014

Aging Information Management System

You are logged in as Karen Hinkle from EARPDC ClientComposite

PARTICIPANT INFORMATION

Agency: **EARPDC**
Provider: **All About You**
Last Name: **Jacobs**
First Name: **Linto**
MI:
Street Address: **1000 Drive**
City: **Montgomery**
State: **AL**
Zip: **12345**
Birthdate: **12/12/1948**

Name	Date Enrolled	Description	Copy New	Delete
All About You	01/22/2014	Client Enrollment T3-1/2	Copy New	Delete

AddNew Cancel

The **Copy New** button copies a particular participant and enrollment with a new enrollment date. Click the **Delete** button to delete row from the grid.

Client Assessment

Home New Client Title III Reports Post Logs Change Password Exit

Today is: January 22, 2014

Aging Information Management System

You are logged in as Karen Hinkle from EARPDC ClientComposite

PARTICIPANT INFORMATION: Please ask for assistance if needed in completing this form.

Last Name: Jacobs First Name: Linto MI:

Street Address: 1000 Drive

City: Montgomery

State: AL

Zip: 12345

County: Montgomery

Home Phone: 123456789

Other Phone: 123456789

Mailing Address (If different): 2000 Drive

Mailing City: Abbeville

Mailing State: AL

Mailing Zip: 12345

Birthdate: 12/12/1948
(Date Format MM/DD/YYYY)

Calculated Age: 65

Gender: Female

Race: d. Asian

Ethnicity:

Do you live alone? Yes

Dementia-related diagnosis

Income Range: Is your monthly income above \$1050? No

Date Enrolled: 12/23/2014
(Date Format MM/DD/YYYY)

EMERGENCY CONTACT INFORMATION: Please provide name of a person to contact in an emergency.

Name: PJ Relationship to participant: Spouse

Home Phone: 123456789

Work Phone: 123456789

Cell Phone: 123456789

Client Assessment

Primary Physician: DRK 444 Physician Phone: 123456789

ADLs/IADLs: Do you need help with any of the following?

ADLs	Comments
No <input type="checkbox"/> Eating	no, can eat
Yes <input type="checkbox"/> Transferring in and out of bed or chair	yes, difficult
Yes <input type="checkbox"/> Walking	yes
No <input type="checkbox"/> Dressing	no
No <input type="checkbox"/> Bathing	no
No <input type="checkbox"/> Toileting	can do
IADLs	Comments
Yes <input type="checkbox"/> Doing Heavy House Work	difficult
Yes <input type="checkbox"/> Doing Light House Work	manage
Yes <input type="checkbox"/> Preparing Meals	yes
No <input type="checkbox"/> Shopping for personal items:	no
No <input type="checkbox"/> Managing money	no
No <input type="checkbox"/> Medication management	no
No <input type="checkbox"/> Using telephone	no
No <input type="checkbox"/> Do you have access to public/private transportation	no

NUTRITIONAL HEALTH: Please answer the following nutrition questions for congregate, home-delivered meals, and nutrition counseling.

Please check the following checkbox if the Nutritional Health questions have not been filled out.

Yes 1. Have you changed the amount or kinds of food you eat because of illness or health condition?

Yes 2. Do you eat less than 2 meals a day?

No 3. Do you eat less than 3 fruits or vegetables a day?

No 4. Do you eat less than 2 servings of dairy products a day? (Milk, yogurt, cheese)

No 5. Do you consume 2 or more drinks of beer, liquor, or wine almost every day?

Yes 6. Do you have any tooth or mouth problems that make it hard to eat?

Client Assessment

No Using telephone

No Do you have access to public/private transportation

NUTRITIONAL HEALTH: Please answer the following nutrition questions for congregate, home-delivered meals, and nutrition counseling.

Please check the following checkbox if the Nutritional Health questions have not been filled out.

Yes 1. Have you changed the amount or kinds of food you eat because of illness or health condition?

Yes 2. Do you eat less than 2 meals a day?

No 3. Do you eat less than 3 fruits or vegetables a day?

No 4. Do you eat less than 2 servings of dairy products a day? (Milk, yogurt, cheese)

No 5. Do you consume 2 or more drinks of beer, liquor, or wine almost every day?

Yes 6. Do you have any tooth or mouth problems that make it hard to eat?

Yes 7. Do you sometimes lack money to buy the food you need?

Yes 8. Do you eat alone most of the time?

Yes 9. Do you take 3 or more kinds of medicines a day? (include over the counter & prescription medicines)

Yes 10. Have you lost or gained 10 pounds or more in the past 6 months without trying?

No 11. Do you have any physical problems that make it difficult for you to shop, cook, or feed yourself?

15  **Nutrition Risk Score**

NUTRITION STAFF

1) Approved Congregate Meals:

Hot Meals

Frozen

Breakfast

Liquid Meal Replacement

2) Approved Home-Delivered Meals:

Hot Meals

Frozen Meals (pick up at center)

Frozen Meals (participant delivery by vendor)

Breakfast

Liquid Meal Replacement (pick up at center)

Liquid Meal Replacement (participant delivery by vendor)

3) If this participant is approved for liquid meal replacement, does the Agency have doctor's order on file?

Yes

4) If this participant is eligible for Title III-C Nutrition Services, identify why:

Age 60 and older

Click the **Update** button to edit with the updated information of a particular participant with New Date Enrolled. The **Cancel** button cancels the changes made to the existing information.

Below is the Participant Information Form with New Date Enrolled

Previous Enrollment

Home New Client Title III Reports Post Logs Change Password Exit

Today is: January 22, 2014

Aging Information Management System

You are logged in as Karen Hinkle from EARPCD ClientComposite

PARTICIPANT INFORMATION

Agency: **EARPCD**
Provider: **All About You**
Last Name: **Jacobs**
First Name: **Linto**
MI:
Street Address: **1000 Drive**
City: **Montgomery**
State: **AL**
Zip: **12345**
Birthdate: **12/12/1948**

NAME	Date Enrolled	Description	Copy New	Delete
All About You	12/23/2014	Client Enrollment T3-1/2	Copy New	Delete
All About You	1/22/2014	Client Enrollment T3-1/2	Copy New	Delete

AddNew Cancel