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.

🦉 AIMS - Aging Information 🗴	ଳ 🛧 🔅
You are logged in as Karen Hinkle from EARPDC	
TITLE III. Title III Participant Search	
Search by Client ID or Last Name: Search	

Search Participant

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

	You are logo	ged in as Karen I	linkle from EARPDO	;	ClientComposite	
		TITLE III: Ti	tle III Participa	nt Search		
	Search b	by Client ID or Las	t Name: jacob		Search	
lame	Client ID	City	Telephone	Status	Reason	
	1212449993	Mantaama	(121)323-232	Active		-
	12124/9988	Choffield	(544)123-450/	Active		-
	0808409070	Northport	(205) 333-0724	Active		
cob Lint	0101509966	Montgomery	(111)111-1111	Active		-
acob, Linto	1001449993	Accord	(205)122-1212	Active		
cob. Linto k	1212489987	Abbeville	(435)575-6868	Active		
and a	0619339995	Grady	(334) 584-7116	Active		-
	0207676891	Clavton	(334) 695-6409	Active		
	0823230412	Brundidae	(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		
	1216261252	Scottsboro	(256) 574-4296	Active		

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.

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	Home Kent Title III Lens Change Password Ext	Â
	Aging Information Management System	
You are logged in as Kare	n Hinkle from EARPDC ClientComposite	
PARTICIPANT INFO	RMATION: Please ask for assistance if needed in completing this form.	
Last Name:	First Name: MI:	
Street Address:		
City:	Please Select V	
State:	Please Select V	
Zip:		
County:	Please Select V	
Home Phone:		
Other Phone:		
Mailing Address (If different	t):	
Mailing City:	Please Select	
Mailing State:	Please Select V	
Mailing Zip:		
Birthdate:		
Calculated Age:	(Date Format MM/DD/YYYY)	
Gender:	Please Select	
Race:		
Ethnicity:	Please Select V	
Do you live alone?	Please Select V	
Dementia-related diagnosis		
Income Range: Is your mor	nthly income above \$958?Please Select	
Date Enrolled:		
EMERGENCY CONT	ACT INFORMATION: Please provide name of a person to contact in an	
emergency.		
Name:	Relationship to participant:Please Select V	
Home Phone:		
Work Phone:		
Cell Phone:		*

	Client Assessment ×		☆ ☆
Home Phone:			^
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ADLs/IADLs: Do you need help wi	ith any of the following?		
ADLS		Comments	
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Please Select V Transferring in and out of	bed or chair	0	
Please Select V Walking		\bigcirc	
Please Select V Dressing			
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Please Select V Toileting		0	
IADLS		Comments	
Please Select V Doing Heavy House Work			
Please Select V Doing Light House Work		0	
Please Select V Preparing Meals			
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riease Select V Managing money			
Please Select V Medication management		0	
Please Select V Using telephone		\bigcirc	
Please Select V Do you have access to put	blic/private transportation		
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Please check the following sheckbox if the	Nutritional Health questions have not hea	a filled out	
Please Select V 1. Have you changed the ar	mount or kinds of food you eat because of illnes	s or health condition?	~
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All the fields below are mandatory for the Participant Enrollment Form.



Participant Enrollment Form with Data

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←)(Client Assessment	×	
You are logged in as Karen F	Hone Likert Title III	Today is: January 22, 20	Change Password 114 System	ClientComposite
PARTICIPANT INFORM	1ATION: Please ask fr	or assistance if need	ed in completing	this form
Last Name:	Jacobs	First Name: Linto	MI:	
Street Address	1000 Drive			
City:	Montgomery Y			
State:	AL V			
Zip:	12345			
County:	Montgomery V			
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))		
Gender:	Female V			
Race:	d Asian			
Ethnicity:				
Do you live alone?	Yes 🗸			
, Dementia-related diagnosis				
Income Range: Is your monthl	y income above \$958?	No 🗸		
Date Enrolled:	01/22/2014 (Date Format MM/DD/YYYY))		
EMERGENCY CONTAC emergency.	T INFORMATION: Ple	ase provide name of	f a person to cont	act in an
Name: PJ		Relationship to participan	it: Spouse 🗸	
Home Phone: 12	3456789			
Work Phone: 12	3456789			
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lo 💙 5. Do vou co	nsume 2 or more drinks of beer, liauor, or wine al	nost everv dav?	
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′es ✓ 6. Do you ha	ve any tooth or mouth problems that make it hard	to eat?	
res V 7. Do you so	netimes lack money to buy the food you need? alone most of the time?		
íes	e 3 or more kinds of medicines a day? (include ov	ver the counter & prescription medicines)	
es	lost or gained 10 pounds or more in the past 6 m ave any physical problems that make it difficult for	onths without trying? r you to shop, cook, or feed vourself?	
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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.

		AIMS	Aging Information ×			
		New Client Title III F	Post Logs	Change Password		
	1	Aging Informatio	on Management	System	Service Services	
	You are log	ged in as Karen Hinkle fro	m EARPDC		ClientComposite	
		TITLE III: Title III F	articipant Search			
	Search I	by Client ID or Last Name:	jacobs	Search		
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		
Jacobe Minue J	1116529996	Anniston	256-236-9976	Active		
Jacobs, Linto	1212489981	Abbeville	(123)456-789	Active		
	0526183987	Boaz	(256) 593-4598	Active		
	0107350975	Dirininginam	(205) 790-7031	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	
1 2 3 4 5	elect			~		

Participant Linto Jacobs added and displayed on the grid

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

Participant Information



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.

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		Client Assessment		ी के सि
	Home New Client Title III	Reports Post Logs	Change Ext Saword	Î
	Aging Informat	tion Management S	ystem	
You are logged in as Karen H	linkle from EARPDC		ClientComposit	e
PARTICIPANT INFORM	1ATION: Please ask for	assistance if neede	d in completing this form.	
Last Name:	Jacobs	First Name: Linto	MI:	
City:	Montgomery V			
State:	AL 🗸			
Zip: County:	12345			
Home Phone:	123456789			
Other Phone:	123456789			
Mailing Address (If different): Mailing City:	2000 Drive			
Mailing State:	AL 🗸			
Mailing Zip:	12345			
Birthdate:	(Date Format MM/DD/YYYY)			
Calculated Age: Gender:	65 Female			
Race:	d. Asian 🗸			
Ethnicity:	Vas V			
Dementia-related diagnosis	▼ ▼			
Income Range: Is your month	y income also to 500	No 🗸		
Date Enrolled:	(Date Format MM/DD/YYYY)			
EMERGENCY CONTAC	T INFORMATION: Pleas	e provide name of a	a person to contact in an	
Name: PJ		Relationship to participant:	Spouse V	
Home Phone: 12	3456789			
Cell Phone: 12	3456789			×
e		Client Assessment		- ×
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	have access to public/private transportation	no ^	
NUTRITIONAL HEALT	H: Please answer the following nutrition que	stions for congregate,	
home-delivered mea	ls, and nutrition counseling.		
Please check the following	checkbox if the Nutritional Health questions have not be	en filled out. 🗌	
Yes 🗸 1. Have y	ou changed the amount or kinds of food you eat because of illn	ess or health condition?	
Yes V 2. Do you	eat less than 2 meals a day?		
No V 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 ever	y 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 co	unter & prescription medicines)	
Yes 💙 10. Have	you lost or gained 10 pounds or more in the past 6 months wit	hout trying?	
No 🗸 11. Do yo	u have any physical problems that make it difficult for you to s	hop, cook, or feed yourself?	
№ ✓ 11. Do ya	nu have any physical problems that make it difficult for you to s Nutrition Risk Score	nop, cook, or feed yourself?	
11. Do yr 15 NUTRITION STAFF	u have any physical problems that make it difficult for you to s Nutrition Risk Score	nop, cook, or feed yourself?	
11. Do yr 15 NUTRITION STAFF 1) Approved Congregate M	Pu have any physical problems that make it difficult for you to s Nutrition Risk Score Reals: 2) Approved Home-Delivered Meals:	nop, cook, or feed yourself?	
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No ✓ 11. Do yr 15 NUTRITION STAFF 1) Approved Congregate M Hot Meals ✓ Frozen	u have any physical problems that make it difficult for you to s Nutrition Risk Score Ieals: 2) Approved Home-Delivered Meals: Hot Meals Frozen Meals (pick up at center)	nop, cook, or feed yourself?	
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No ✓ 11. Do yr 15 NUTRITION STAFF 1) Approved Congregate M Hot Meals Ø Frozen Breakfast Liquid Meal Replacement	Iteals:	nop, cook, or feed yourself?	
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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

