New York City Department for the Aging

Edwin Meńdez-Santiago, MSW, CSW, Commissioner
Michael R. Bloomberg, Mayor

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ABOUT SENIOR PARTICIPANT PROFILES

The U.S. Administration on Aging (USAOA) and the NY State Office for the Aging (SOFA) have mandated the New York City Department for the Aging (DFTA) to report complete data from our providers. DFTA requires this information from our providers in order to receive federal and state funding.

DFTA is introducing ***Senior Participant Profiles***, a new user-friendly client data system as an option to the current Provider Data System (PDS). ***Senior Participant Profiles*** is web-based, simple, and easy to use. Senior centers can choose to either use this web-based client data system **OR** continue to use the current PDS system.

This alternative web-based system can only be used by senior centers that do not perform assessments on home delivered meals. If your senior center provides these assessments, you must use PDS to report client data.

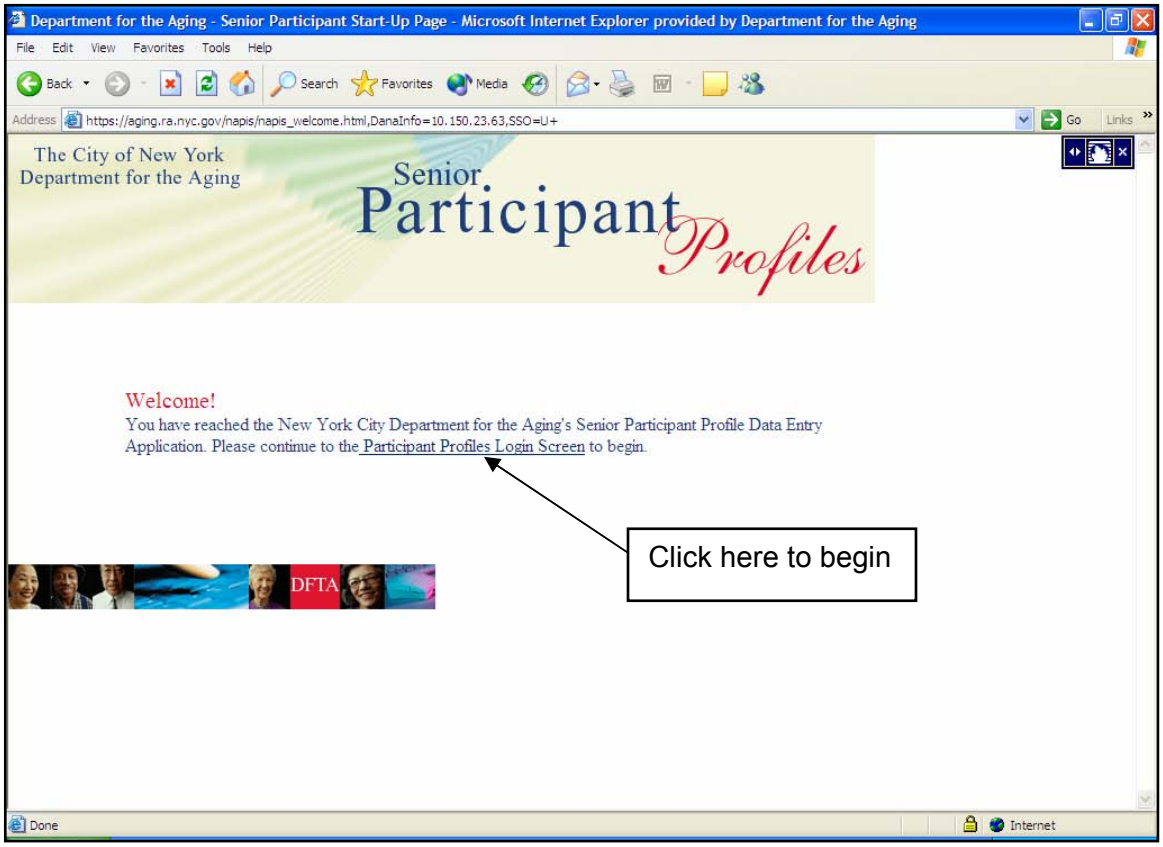
GETTING STARTED

You must have Internet access in order to enter the Senior Participant Profiles system. The Welcome page will generate and from there, click on the **Participant Profiles Login Screen** link to begin.

1. Enter the Internet address that will be provided to you. **Please Note: You will be give this information if you decide to use the Senior Participant Profiles system**

2. The Welcome page will generate.

3. Click on the **Participant Profiles Login Screen** link to enter the system.

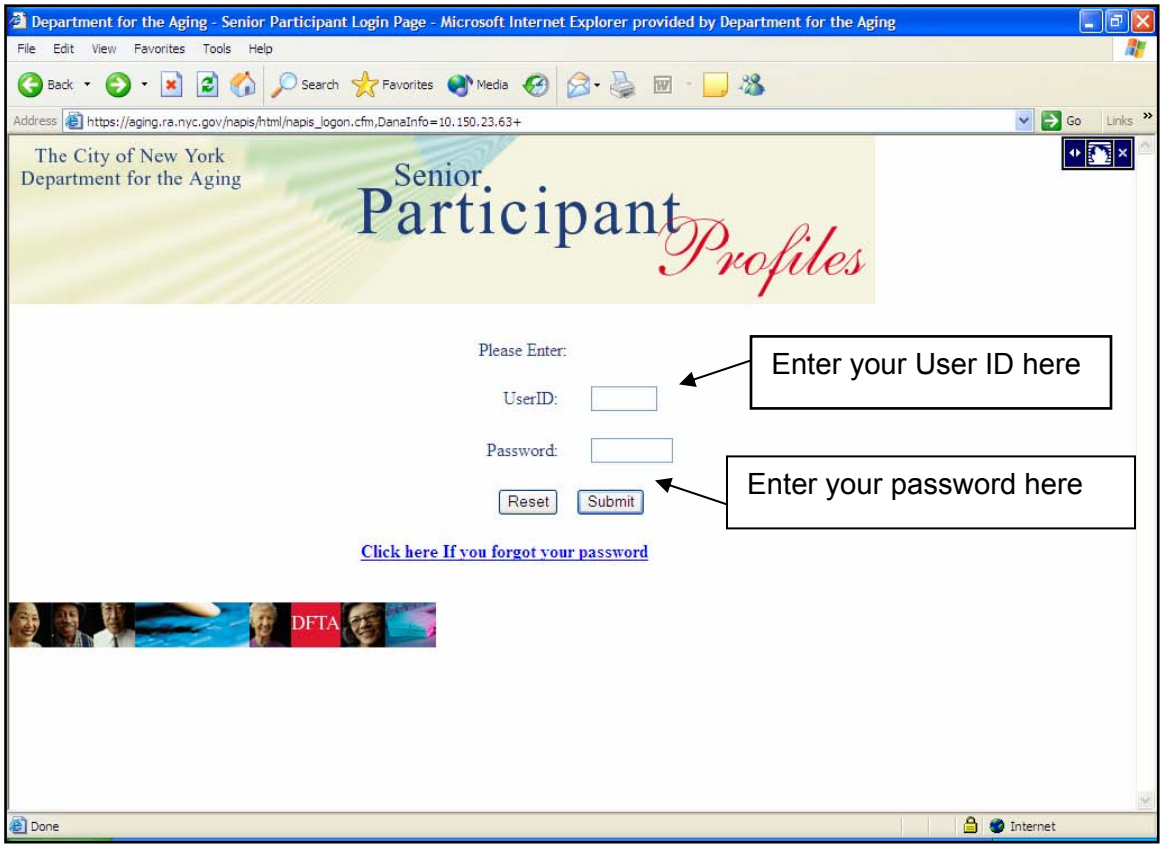


LOGGING IN

In order to access the *Senior Participant Profiles* you will need a User ID and password. You will be given a User ID and Password if you decide to use the Senior Participant Profiles system. A Security Officer Access Application must be submitted by a Program Director in order to gain entry into the Senior Participant Profiles system. See page for more information on this report

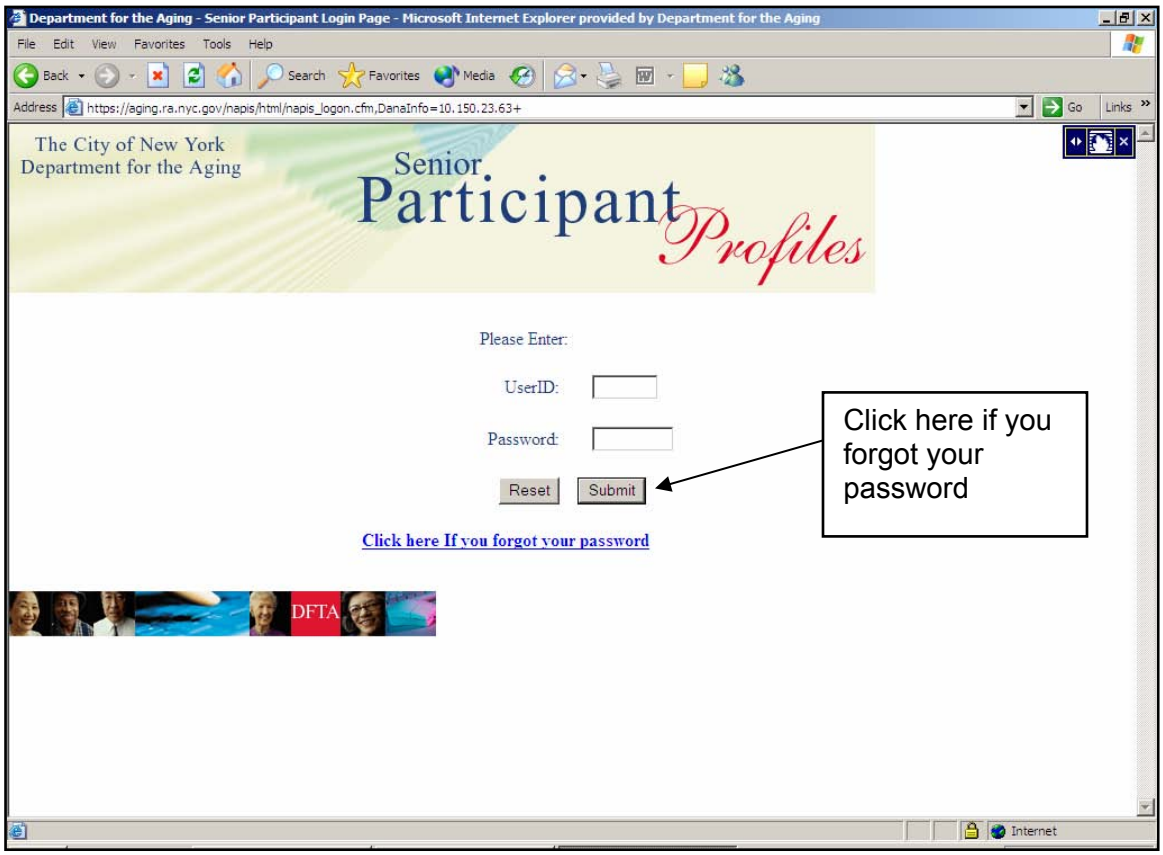
Once you obtain a User ID and password, enter it in the appropriate fields to gain access to the system.

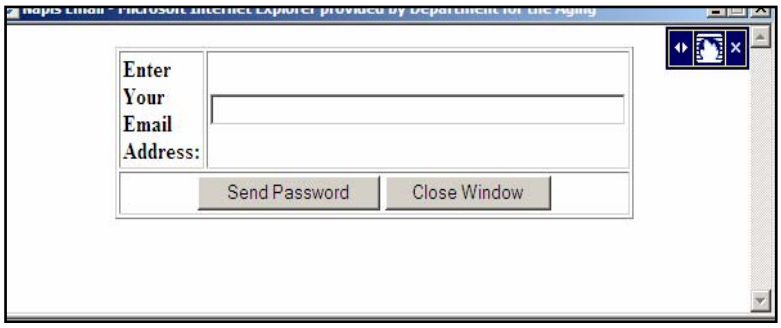
1. Enter your **User ID**.
2. Enter your **Password**.
3. Click on the **Submit** button.



FORGOT YOUR PASSWORD?

If you forget your password and cannot enter the system at all, click on the link: ***Click here if you forgot your password*** located on the log on screen. Send your e-mail address and someone from our Help Desk will e-mail you your old password.





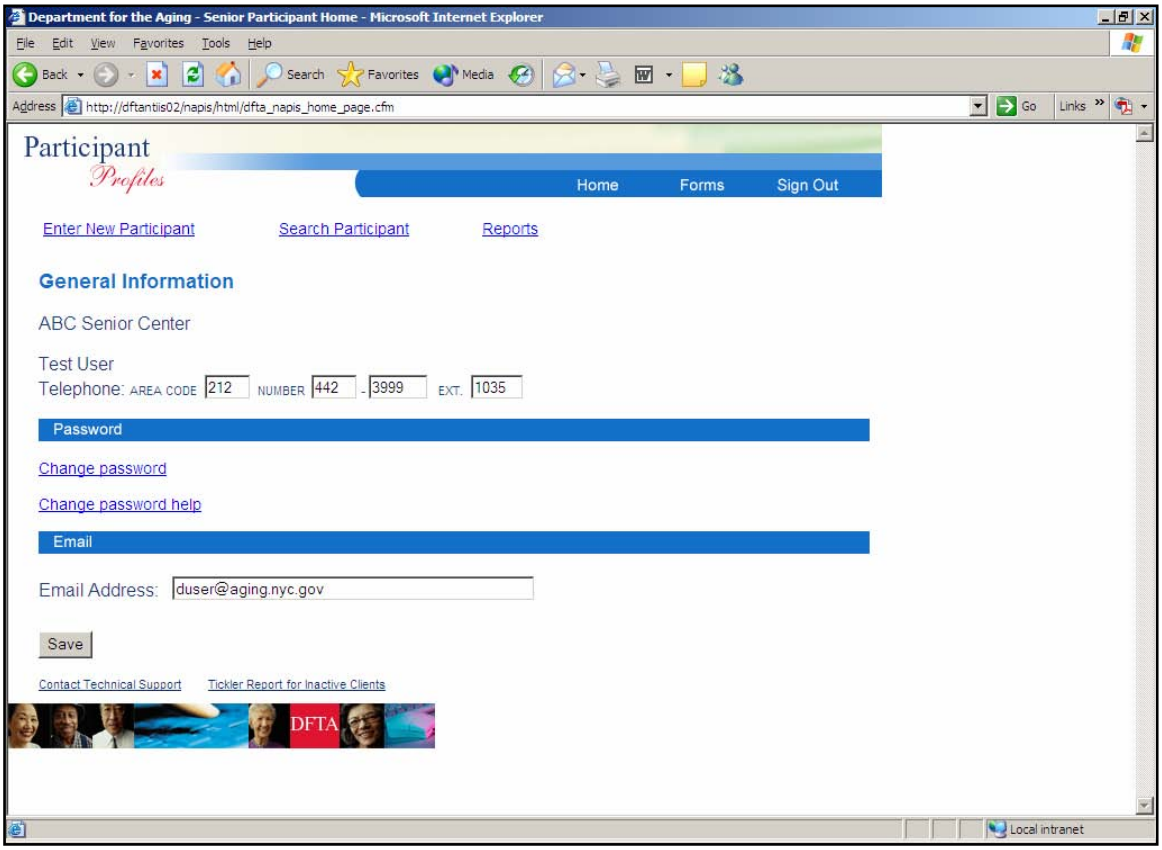
GENERAL INFORMATION PAGE

After you log in, you will be in the General Information section of the system. This screen is also referred to as the **Home** or the **homepage**. You can:

- Enter new participants.
- Search for existing participants.
- Obtain reports, and other useful information.

Each above link is described in detail in subsequent pages of this guide.

The name of your center, your log-in name, and center telephone number will appear on the screen. You may edit the telephone number at any time if it changes. You can enter your e-mal address in the e-mail address field.



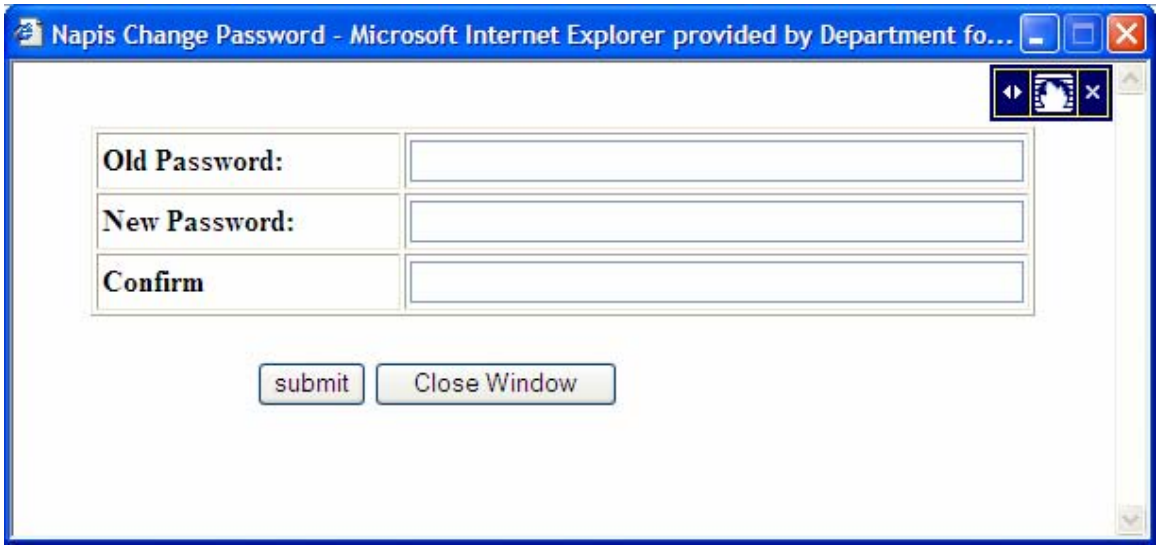
GENERAL INFORMATION PAGE

Changing your password

If you need to change your password:

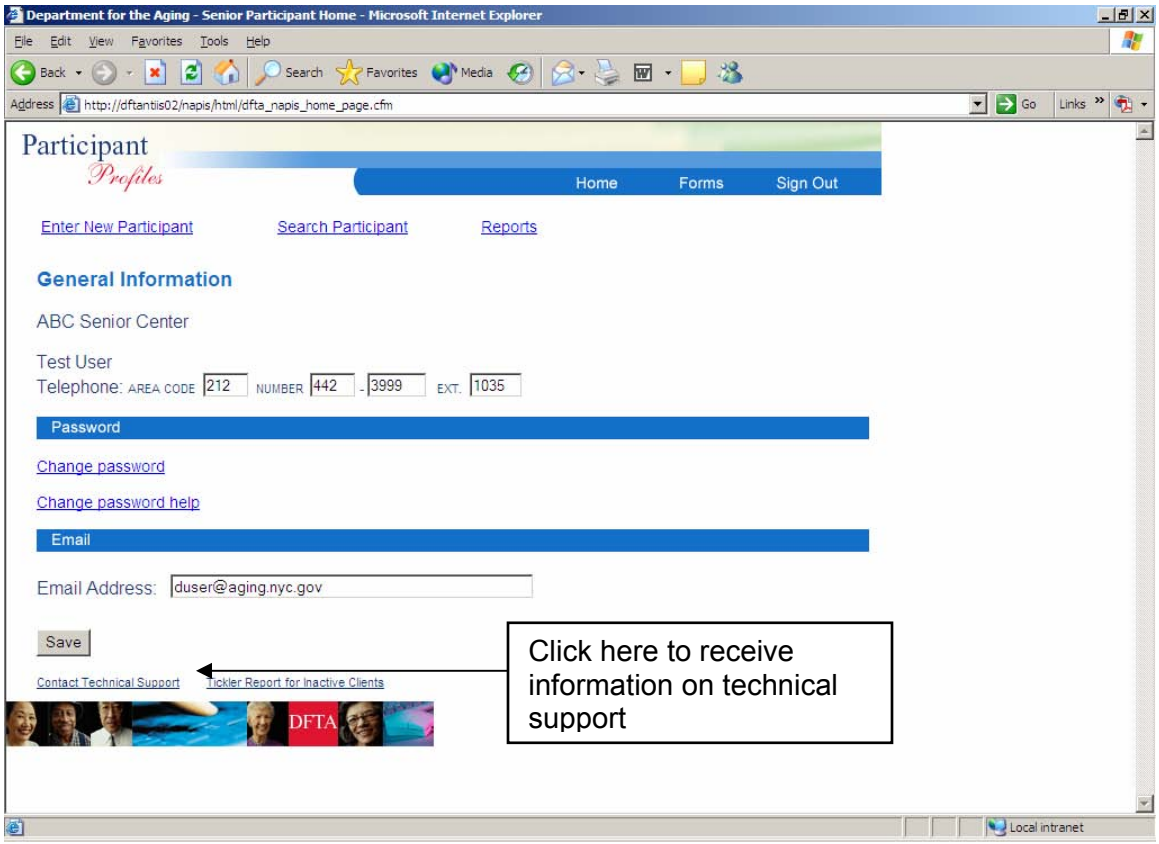
1. Click on Change Password.
2. The Change Password screen will appear. (See below)
3. Enter your old password in the Old Password field.
4. Enter your new password in the New Password field.

Please Note: *It is a good idea to change your password every 3 months. Your Password should consist of at least 6-8 characters and should include numbers and letters. To change your password, you will be required to enter your current password followed a new password and confirm your new password. Please submit your password changes. Your new password will be effective the next time you log on.*



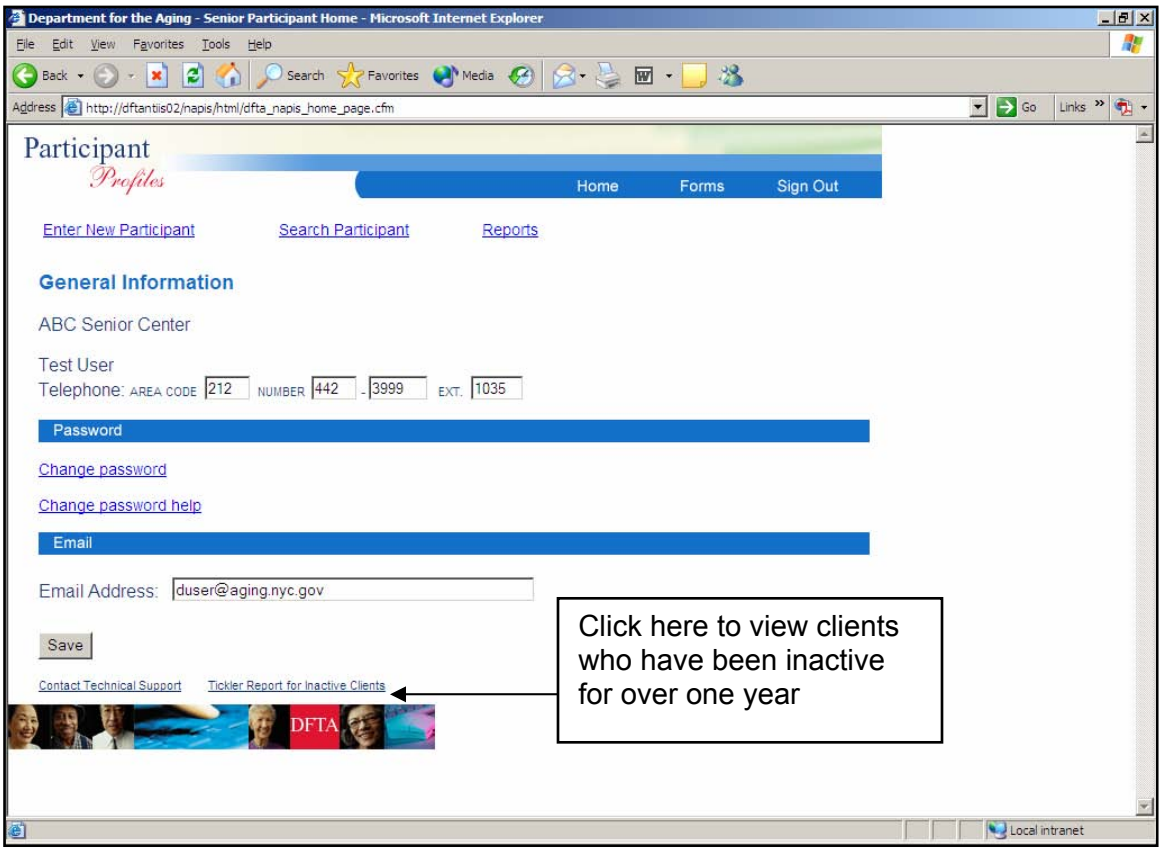
CONTACT TECHNICAL SUPPORT

If you ever need assistance with the system, click on the ***Contact Technical Support*** link from the homepage.



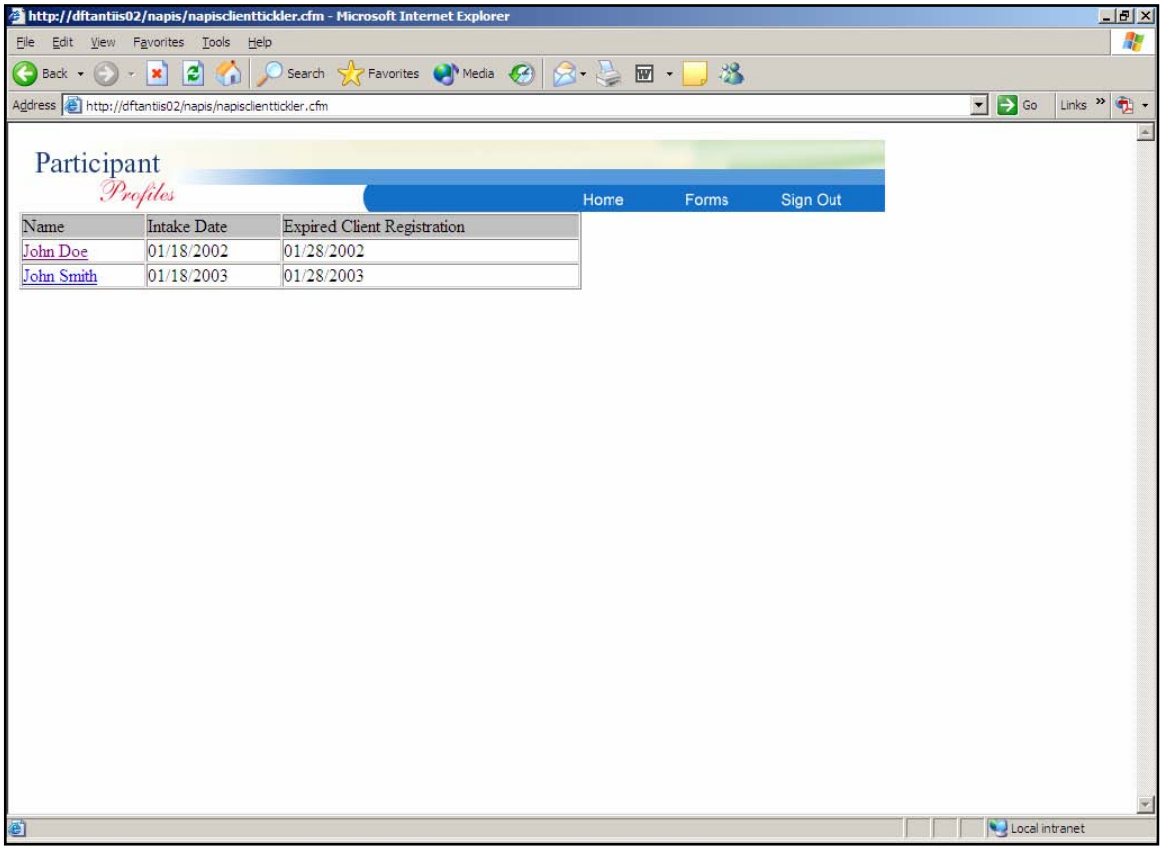
VIEW CLIENTS WHO HAVE BEEN INACTIVE FOR OVER ONE YEAR

Clients who have not been active for more than a year (from the date that they were registered in SPP), will appear in a tickler report. This report can act as a way to "check up" on clients that have not visited your center. See next page for an example of this report.



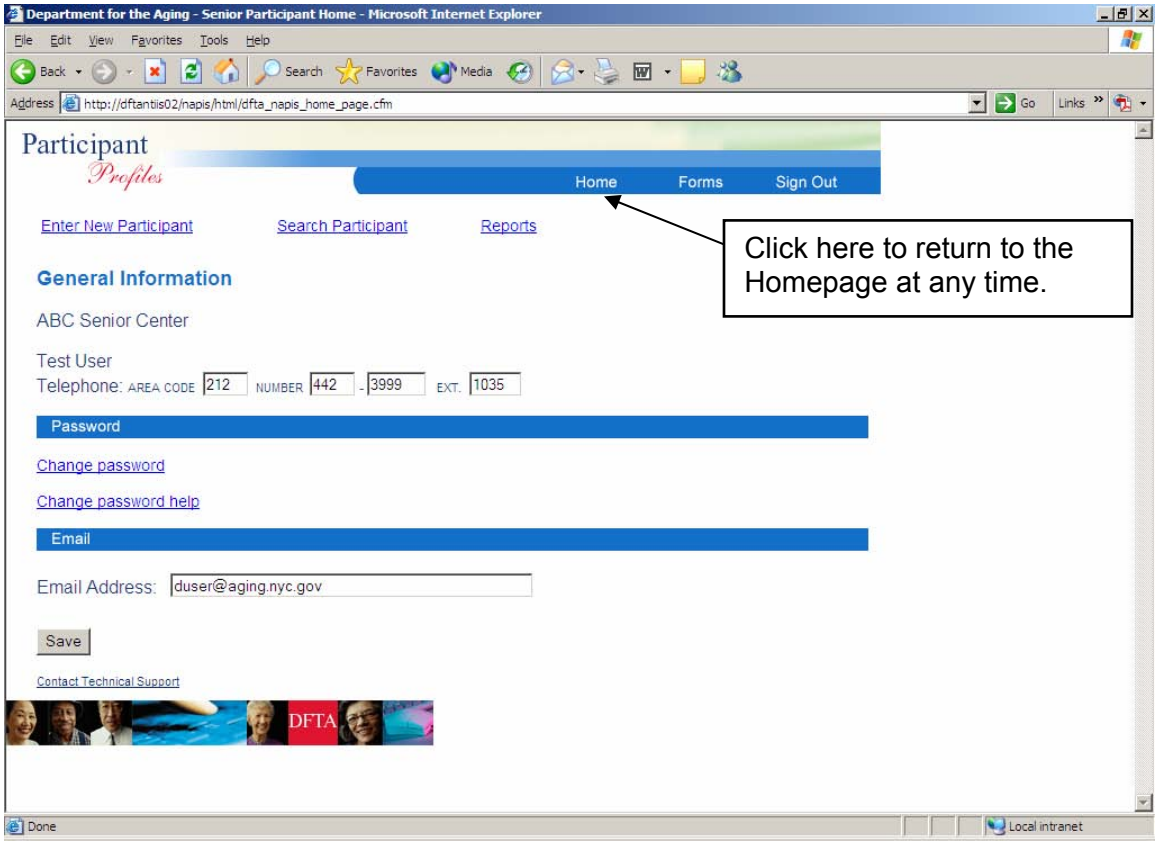
VIEW CLIENTS WHO HAVE BEEN INACTIVE FOR OVER ONE YEAR

The report of inactive clients will list the name of the client, the date the original intake was done, and the date the client was considered inactive and placed on this report.



HOMEPAGE

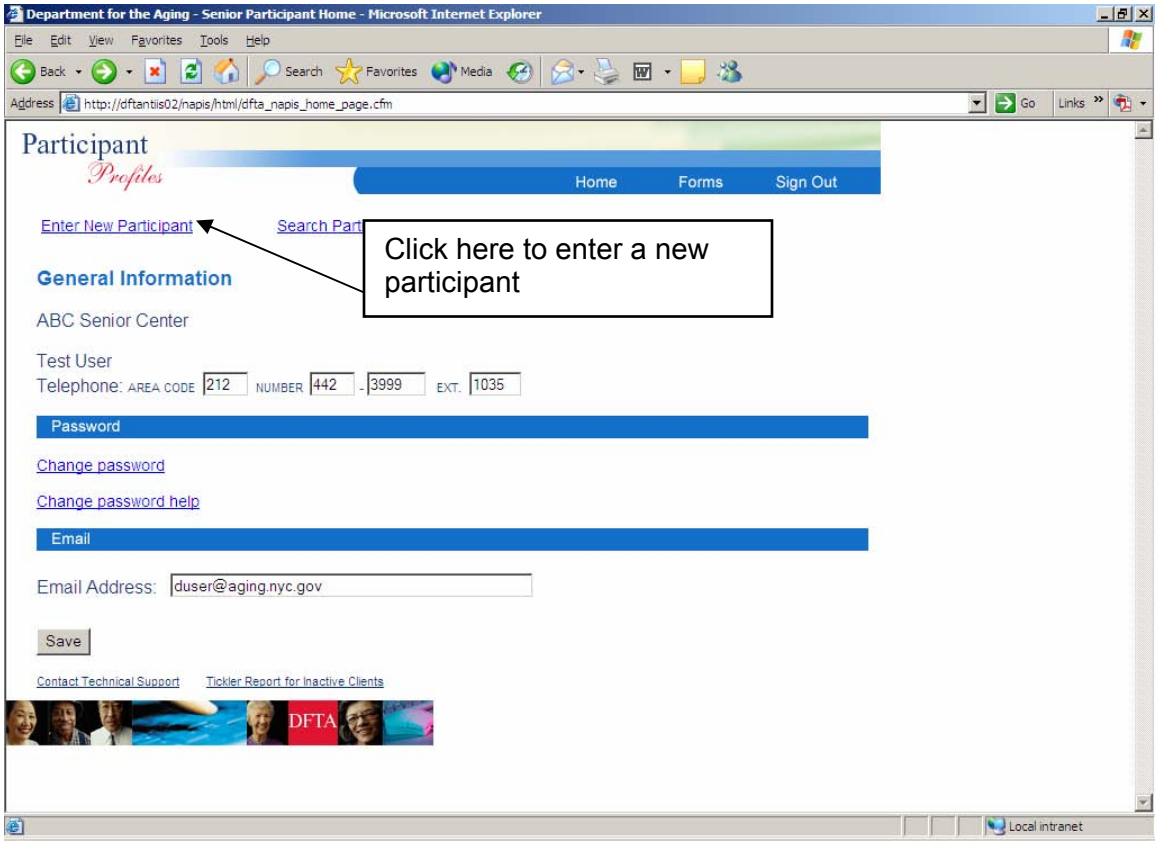
After successfully logging in, the Participant Profiles **Homepage** will be generated. You will be able to access all the features from the Homepage. At any time you need to return to the Homepage, click on the ***Home*** link.



ENTER A NEW PARTICIPANT

To enter a new participant, click on ***Enter New Participant*** from the homepage.

Please Note: Before entering a client as a "New Participant", please check to see if they are already an existing client in the system. If a client already exists in PDS they will be transferred to SPP automatically. See pages 19-20 on how to search for an existing participant.



ENTER A NEW PARTICIPANT

After you click on ***Enter New Participant*** link, the Registration Form will be generated.

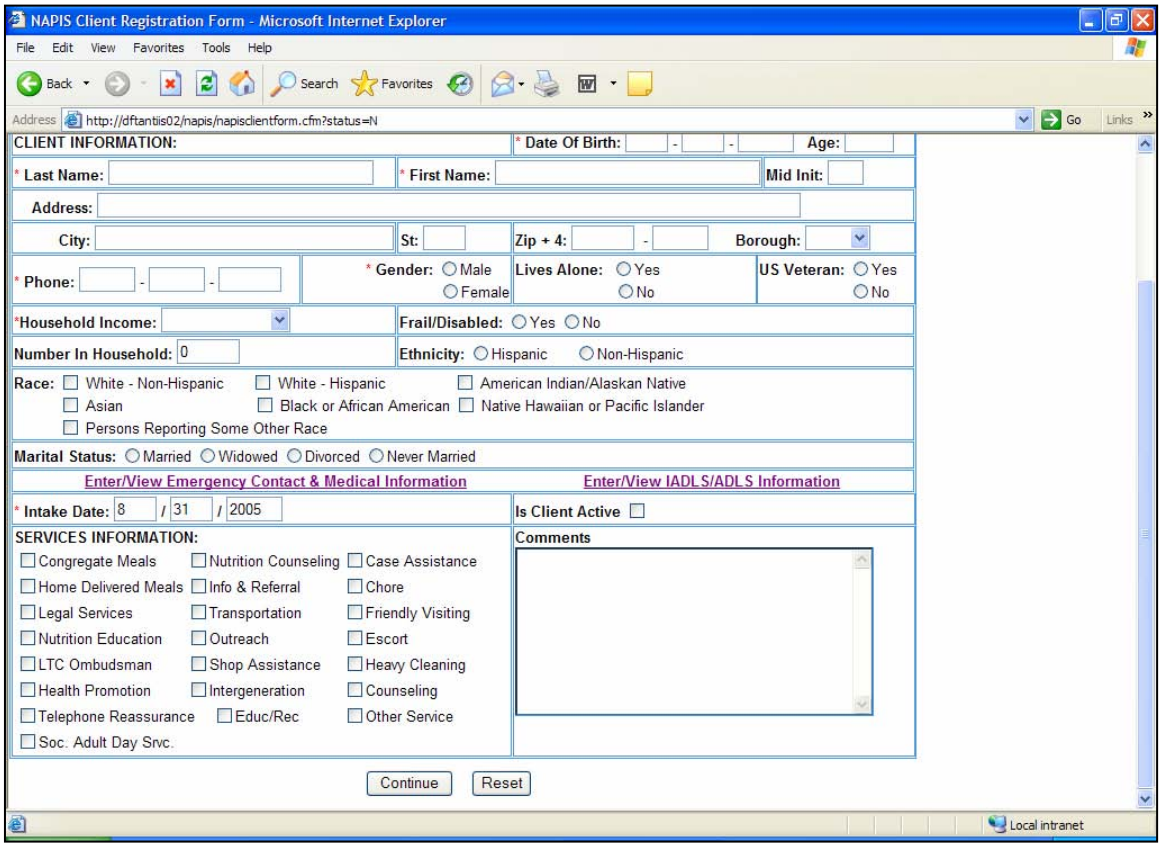
1. Type client information in each field. *The **mandatory fields** are Date of Birth, Last Name, First Name, Phone Number, Gender, and Household Income and are depicted with a red asterisk. The Intake Date will default to the current date but can be modified if necessary*.

2. You can **select more than one option** for **Race** and **Services Information**.

3. Click on **Reset** to clear the form.

4. After you have entered the information, click on **Continue**. This will automatically save all the client data you entered.

Please Note: Before entering a client as a "New Participant", please check to see if they are already an existing client in the system. If a client already exists in PDS they will be transferred to SPP automatically. See pages 19-20 on how to search for an existing participant.



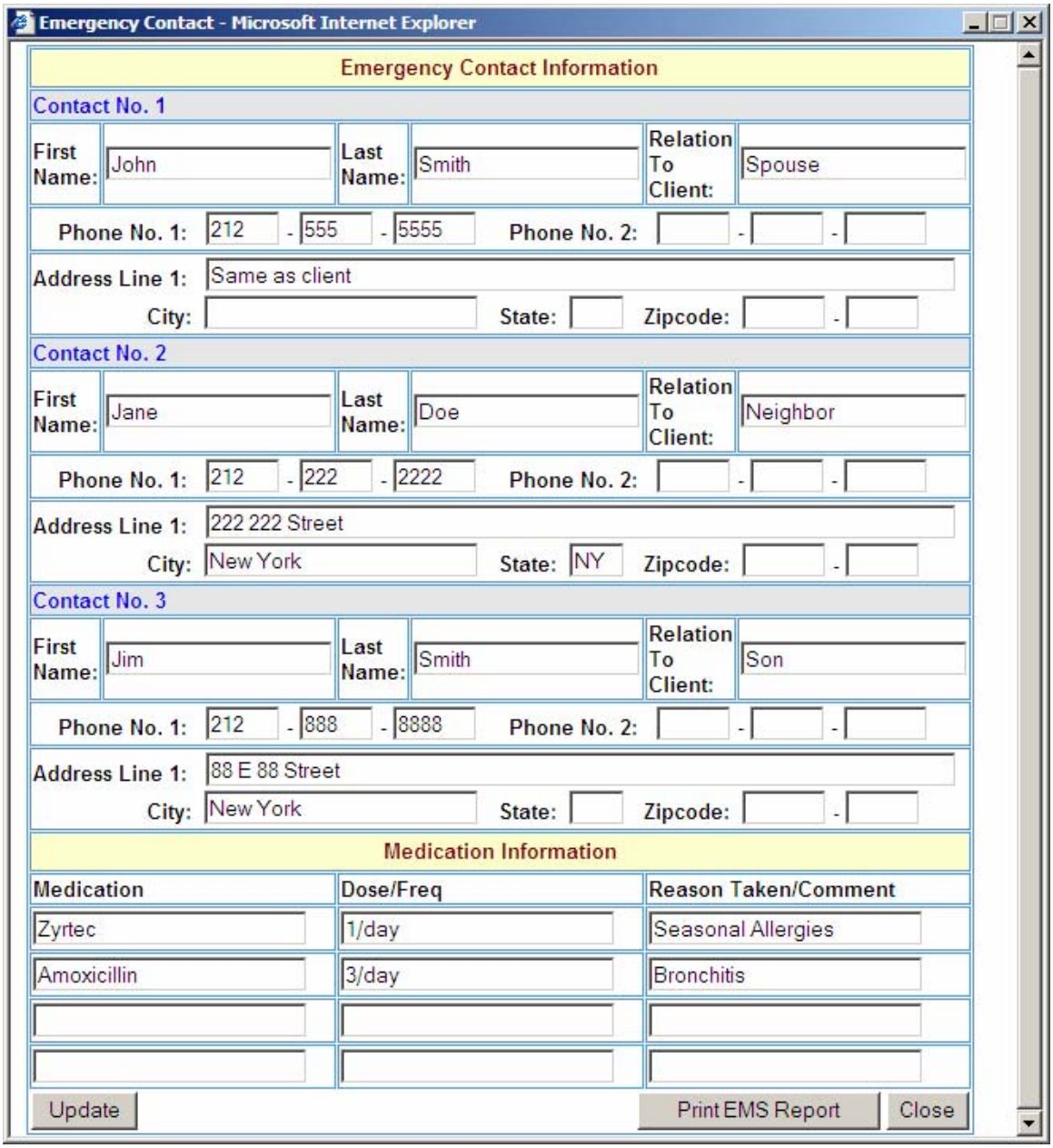
ENTER/VIEW AN EMERGENCY CONTACT & MEDICAL INORMATION

You can enter up to three (3) emergency contacts for each client. You can also list up to four (4) medications a client is taking and include the dose/frequency and the reason that the medication is being taken.

To enter emergency contacts and medical information:

1. Click on the ***Enter/View Emergency Contact Information*** link from the Registration Form.
2. Enter the Name. Relation to Client, Telephone Number and Address of up to 3 emergency contacts.
3. Enter the dose/frequency and reason for taking of up to 4 medications.
4. Click on **Update** to **save** the information. You must click on UPDATE to save the information.

See the next page for information on printing an EMS report with this information.



ENTER/VIEW AN EMERGENCY CONTACT & MEDICAL INORMATION

The information entered in the Emergency Contact and Medication Information can be printed and given to an EMS worker in case of an emergency. To access an EMS Report:

1. Complete the Emergency Contact/Medication Information form (*See page 13*)
2. Click on Print EMS Report
3. The EMS Report will be generated. Click on the Print button to print the EMS report.

Emergency Contact - Microsoft Internet Explorer

Emergency Contact Information

Contact No. 1

First Name:	John	Last Name:	Smith	Relation To Client:	Spouse

Phone No. 1: 212 - 555 - 5555 Phone No. 2: - -

Address Line 1: Same as client

City: State: Zipcode: -

Contact No. 2

First Name:	Jane	Last Name:	Doe	Relation To Client:	Neighbor

Phone No. 1: 212 - 222 - 2222 Phone No. 2: - -

Address Line 1: 222 222 Street

City: New York State: NY Zipcode: -

Contact No. 3

First Name:	Jim	Last Name:	Smith	Relation To Client:	Son

Phone No. 1: 212 - 888 - 8888 Phone No. 2: - -

Address Line 1: 88 E 88 Street

City: New York State: Zipcode: -

Medication Information

Medication	Dose/Freq	Reason Taken/Comment
Zyrtec	1/day	Seasonal Allergies
Amoxicillin	3/day	Bronchitis

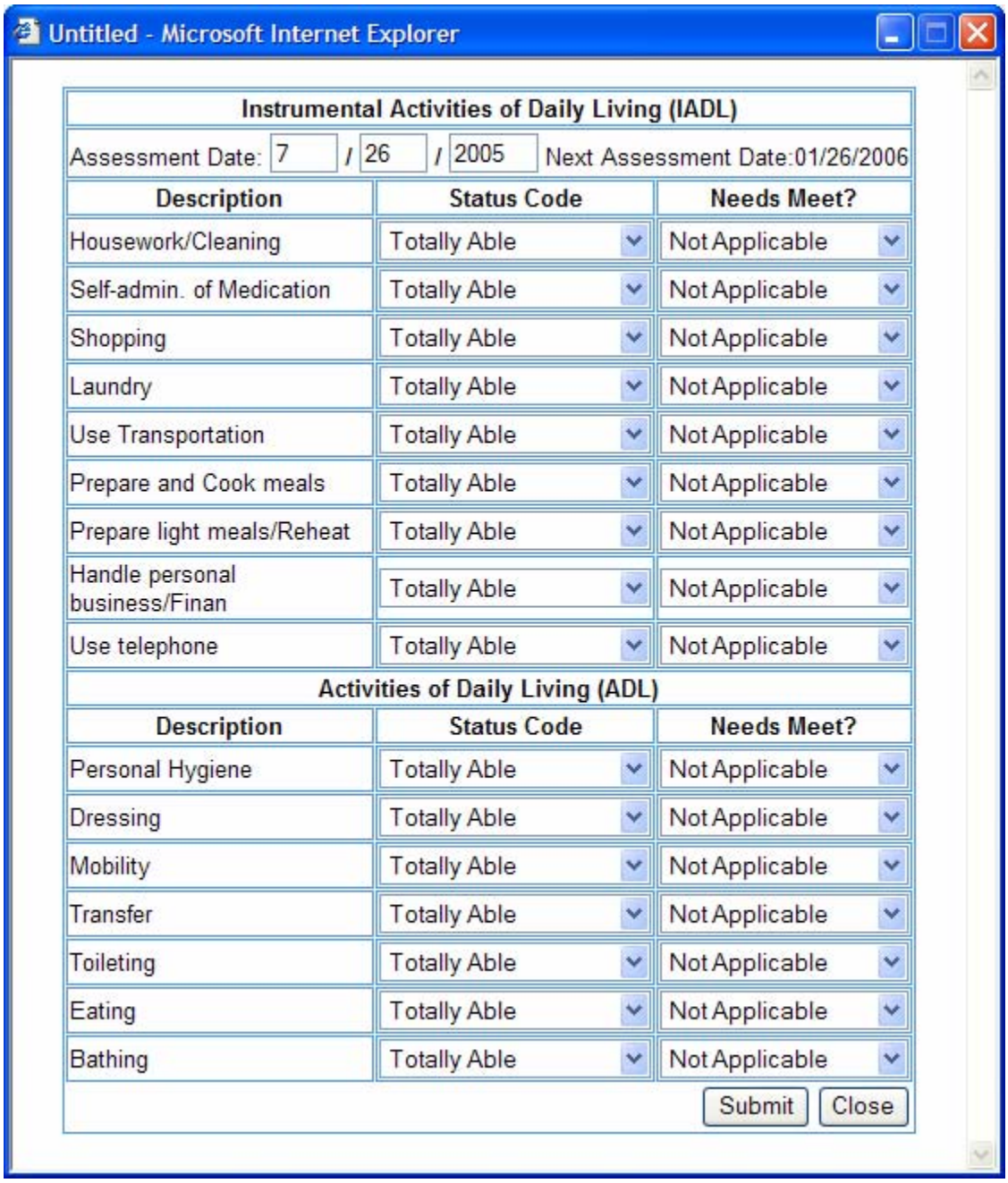
Update Print EMS Report Close

ENTER/VIEW IADLS/ADLS INFORMATION

You can enter the Instrumental Activities of Daily Living (IADL) and the Activities of Daily Living (ADL) of the client using SPP. ***The forms are included on pages 18-19***.

To enter the IADL and ADL of the client:

1) Click on the ***Enter/View IADLS/ADLS Information*** link form the Registration Form.
2) For each **Description**, click on the drop down of **Status Code** and select the applicable response for the client.
3) For each **Description**, click on the drop down of **Needs Met** and select the applicable response for the client.
4) Please see **pages 18-19** to view a copy of the forms with all available responses.



Untitled - Microsoft Internet Explorer

Instrumental Activities of Daily Living (IADL)		
Assessment Date: 7 / 26 / 2005	Next Assessment Date:01/26/2006	
Description	**Status Code**	**Needs Meet?**
Housework/Cleaning	Totally Able	Not Applicable
Self-admin. of Medication	Totally Able	Not Applicable
Shopping	Totally Able	Not Applicable
Laundry	Totally Able	Not Applicable
Use Transportation	Totally Able	Not Applicable
Prepare and Cook meals	Totally Able	Not Applicable
Prepare light meals/Reheat	Totally Able	Not Applicable
Handle personal business/Finan	Totally Able	Not Applicable
Use telephone	Totally Able	Not Applicable
Activities of Daily Living (ADL)		
Description	**Status Code**	**Needs Meet?**
Personal Hygiene	Totally Able	Not Applicable
Dressing	Totally Able	Not Applicable
Mobility	Totally Able	Not Applicable
Transfer	Totally Able	Not Applicable
Toileting	Totally Able	Not Applicable
Eating	Totally Able	Not Applicable
Bathing	Totally Able	Not Applicable

Submit Close

Instrumental Activities of Daily Living (IADL)

Client Name: **Assessment Date**: / / **Next Assessment Date**: / /

Description	Status Code	Needs Met?
Housework/Cleaning	Needs Some Assistance ☐ Totally Able ☐ Needs Maximal Assistance ☐ Unwilling to Perform ☐	Formal Service ☐ Informal Supports ☐ Assistive Device ☐ Unmet ☐ Not Applicable ☐
Self-admin. of Medication	Needs Some Assistance ☐ Totally Able ☐ Needs Maximal Assistance ☐ Unwilling to Perform ☐	Formal Service ☐ Informal Supports ☐ Assistive Device ☐ Unmet ☐ Not Applicable ☐
Shopping	Needs Some Assistance ☐ Totally Able ☐ Needs Maximal Assistance ☐ Unwilling to Perform ☐	Formal Service ☐ Informal Supports ☐ Assistive Device ☐ Unmet ☐ Not Applicable ☐
Laundry	Needs Some Assistance ☐ Totally Able ☐ Needs Maximal Assistance ☐ Unwilling to Perform ☐	Formal Service ☐ Informal Supports ☐ Assistive Device ☐ Unmet ☐ Not Applicable ☐
Use Transportation	Needs Some Assistance ☐ Totally Able ☐ Needs Maximal Assistance ☐ Unwilling to Perform ☐	Formal Service ☐ Informal Supports ☐ Assistive Device ☐ Unmet ☐ Not Applicable ☐
Prepare and cook meals	Needs Some Assistance ☐ Totally Able ☐ Needs Maximal Assistance ☐ Unwilling to Perform ☐	Formal Service ☐ Informal Supports ☐ Assistive Device ☐ Unmet ☐ Not Applicable ☐
Prepare light meals/Reheat	Needs Some Assistance ☐ Totally Able ☐ Needs Maximal Assistance ☐ Unwilling to Perform ☐	Formal Service ☐ Informal Supports ☐ Assistive Device ☐ Unmet ☐ Not Applicable ☐
Handle Personal Business/Finances	Needs Some Assistance ☐ Totally Able ☐ Needs Maximal Assistance ☐ Unwilling to Perform ☐	Formal Service ☐ Informal Supports ☐ Assistive Device ☐ Unmet ☐ Not Applicable ☐
Use Telephone	Needs Some Assistance ☐ Totally Able ☐ Needs Maximal Assistance ☐ Unwilling to Perform ☐	Formal Service ☐ Informal Supports ☐ Assistive Device ☐ Unmet ☐ Not Applicable ☐

Activities of Daily Living (ADL)

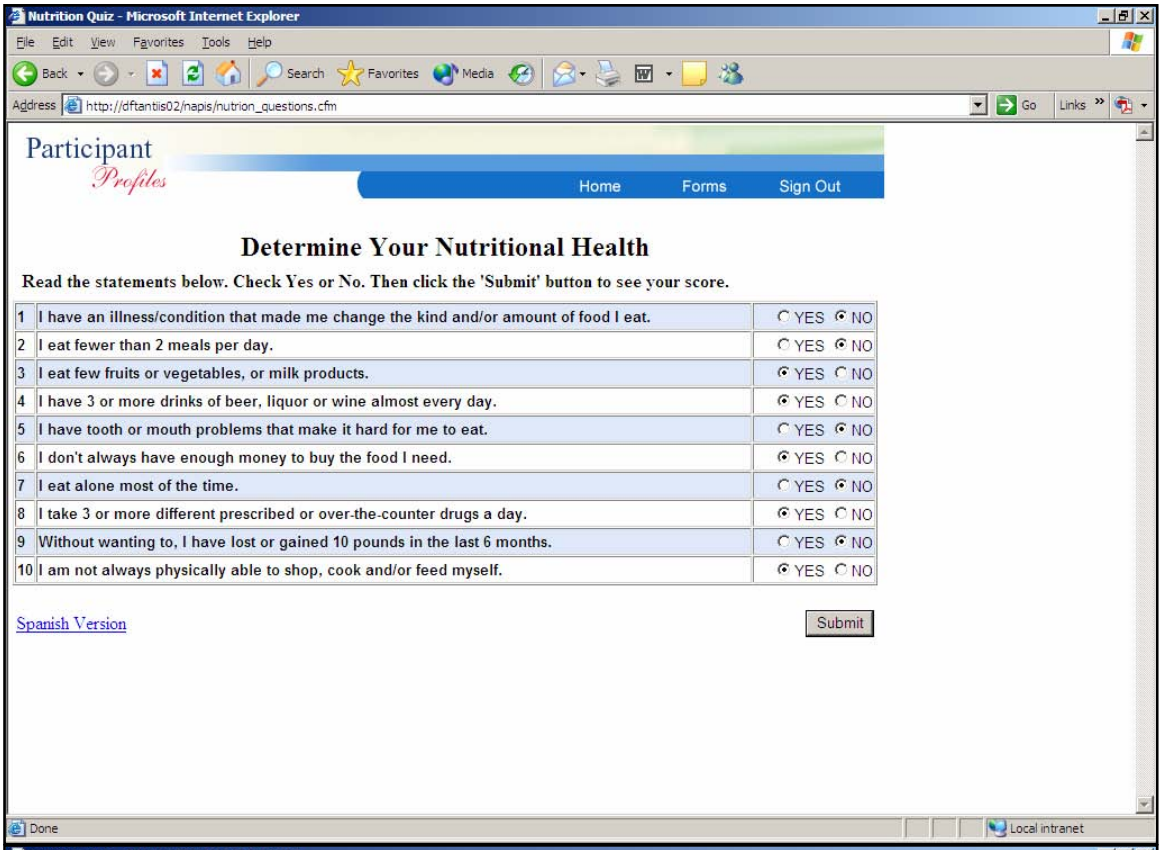
Client Name: **Assessment Date**: / / **Next Assessment Date**: / /

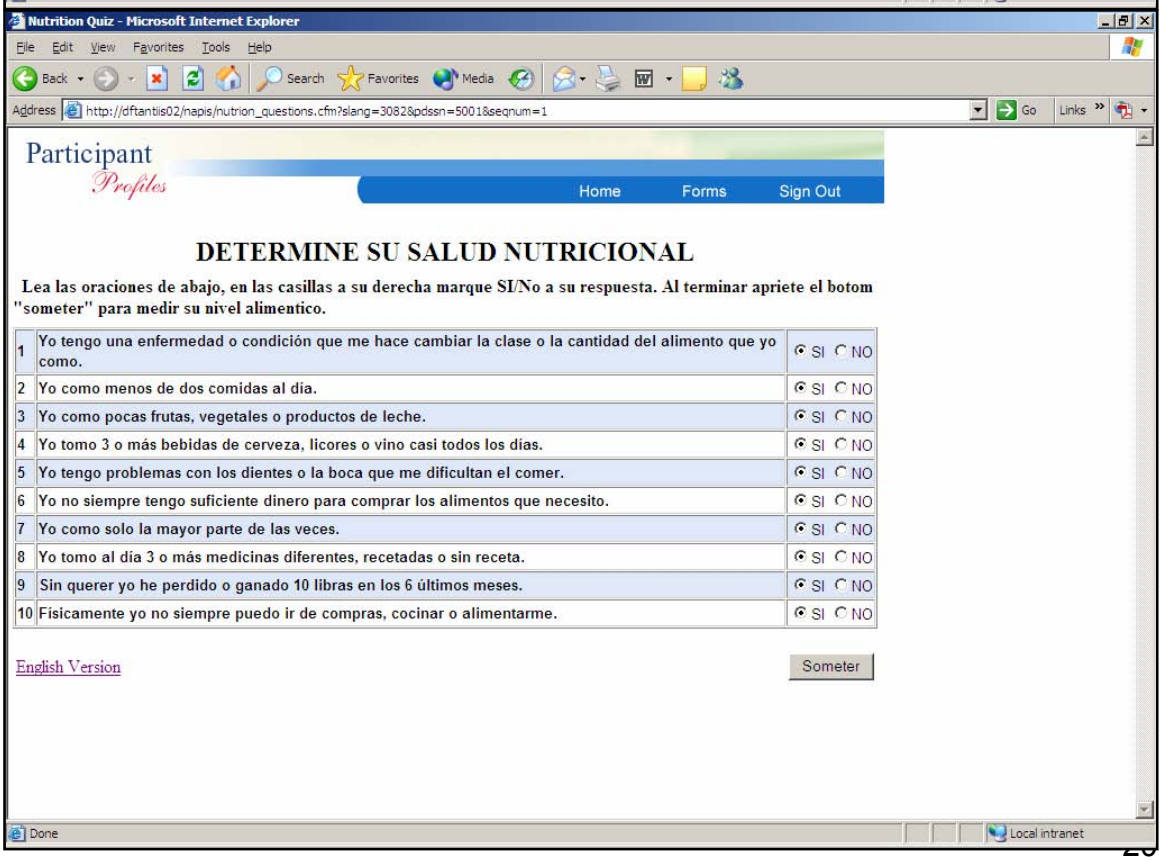
Description	Status Code	Needs Met?
Personal Hygiene	Needs Some Assistance ☐ Totally Able ☐ Needs Maximal Assistance ☐ Unwilling to Perform ☐	Formal Service ☐ Informal Supports ☐ Assistive Device ☐ Unmet ☐ Not Applicable ☐
Dressing	Needs Some Assistance ☐ Totally Able ☐ Needs Maximal Assistance ☐ Unwilling to Perform ☐	Formal Service ☐ Informal Supports ☐ Assistive Device ☐ Unmet ☐ Not Applicable ☐
Mobility	Needs Some Assistance ☐ Totally Able ☐ Needs Maximal Assistance ☐ Unwilling to Perform ☐	Formal Service ☐ Informal Supports ☐ Assistive Device ☐ Unmet ☐ Not Applicable ☐
Transfer	Needs Some Assistance ☐ Totally Able ☐ Needs Maximal Assistance ☐ Unwilling to Perform ☐	Formal Service ☐ Informal Supports ☐ Assistive Device ☐ Unmet ☐ Not Applicable ☐
Toileting	Needs Some Assistance ☐ Totally Able ☐ Needs Maximal Assistance ☐ Unwilling to Perform ☐	Formal Service ☐ Informal Supports ☐ Assistive Device ☐ Unmet ☐ Not Applicable ☐
Eating	Needs Some Assistance ☐ Totally Able ☐ Needs Maximal Assistance ☐ Unwilling to Perform ☐	Formal Service ☐ Informal Supports ☐ Assistive Device ☐ Unmet ☐ Not Applicable ☐
Bathing	Needs Some Assistance ☐ Totally Able ☐ Needs Maximal Assistance ☐ Unwilling to Perform ☐	Formal Service ☐ Informal Supports ☐ Assistive Device ☐ Unmet ☐ Not Applicable ☐

DETERMINING A CLIENT'S NUTRITIONAL HEALTH

After you click on **Continue** from the Registration form, a series of questions that will determine the participant's nutritional health will generate. This questionnaire is also available in Spanish. To view the Spanish version, click on the Spanish Version link.

After the questions have been answered by the client, click on the **Submit** button for the results on the participant.





DETERMINING A CLIENT'S NUTRITIONAL HEALTH

The participant's Nutritional Score will be determined by the answers given in the questionnaire. This report can be printed and given to your client.

Your Nutritional Score/Su Resultado Nutricional - Microsoft Internet Explorer provided by Department for the Aging

File Edit View Favorites Tools Help

Back Search Favorites Media

Address https://aging.ra.nyc.gov/napis/nutrion_result.cfm,DanaInfo=10.150.23.63+

Go Links

Participant Profiles

Home Forms Sign Out

Your Nutritional Score is: 3

If Your Nutritional Score is:

0-2 **You are not at nutritional risk.**

Recheck your nutritional score in 6 months.

3-5 **You are at moderate nutritional risk.**

See what you can do to improve your eating habits and lifestyle. Your office for the Aging, senior nutrition program, senior center or health department can help. Recheck your nutritional score in 3 months.

6 or more **Your are at high nutritional risk.**

Bring the checklist and talk to your doctor, dietitian or other health or social service professional. Ask for help to improve your nutritional health.

Remember that warning signs suggest risk, but are not a diagnosis of any condition.

The Nutrition Checklist is based on the Warning Signs described below. Use the word DETERMINE to remind you of the Warning Signs.

DISEASE

Any disease, illness or chronic condition which causes you to change the way you eat, or makes it hard for you to eat, puts your nutritional health at risk. Four out of five adults have chronic diseases that are affected by diet. Confusion or memory loss that keeps getting worse is estimated to affect one out of five or more of older adults. This can make it hard to remember what, when or if you've eaten. Feeling sad or depressed, which happens to about one in eight older adults, can cause big changes in appetite, digestion, energy level, weight and well-being.

EATING POORLY

Eating too little and eating too much both lead to poor health. Eating the same foods day after day or not eating fruit, vegetables

Done Internet

Your Nutritional Score/Su Resultado Nutricional - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Search Favorites Media

Address http://dftantiis02/napis/nutrion_result.cfm

Go Links

Participant Profiles

Home Forms Sign Out

Su Resultado Nutricional es: 19

Si Su Resultado Nutricional esto:

0-2 **¡Bueno!**

Re-examine su cuenta nutricional en 6 meses.

3-5 **Usted está en riesgo nutricional moderado.**

Averigüe lo que se puede hacer para mejorar sus hábitos de alimentación y estilo de vida. Su oficina para ancianos, su programa de nutrición para las personas mayores o el departamento de salud, le pueden ayudar. Vuelva a examinar su cuenta nutricional en 3 meses.

6 o mas **Usted está en un riesgo nutricional alto.**

Lleve esta lista a su doctor, dietista u otro profesional de salud o servicio social capacitado. Hable con ellos acerca de cualquier problema que usted tenga. Solicite ayuda para mejorar su salud nutricional.

Recuerde que las señales de aviso sugieren riesgo, pero no representan el diagnostico de ninguna condición.

La lista de examen nutricional está basada en las señales de aviso descritas abajo. Use la palabra DETERMINE para ayudarle a recordar las señales de aviso.

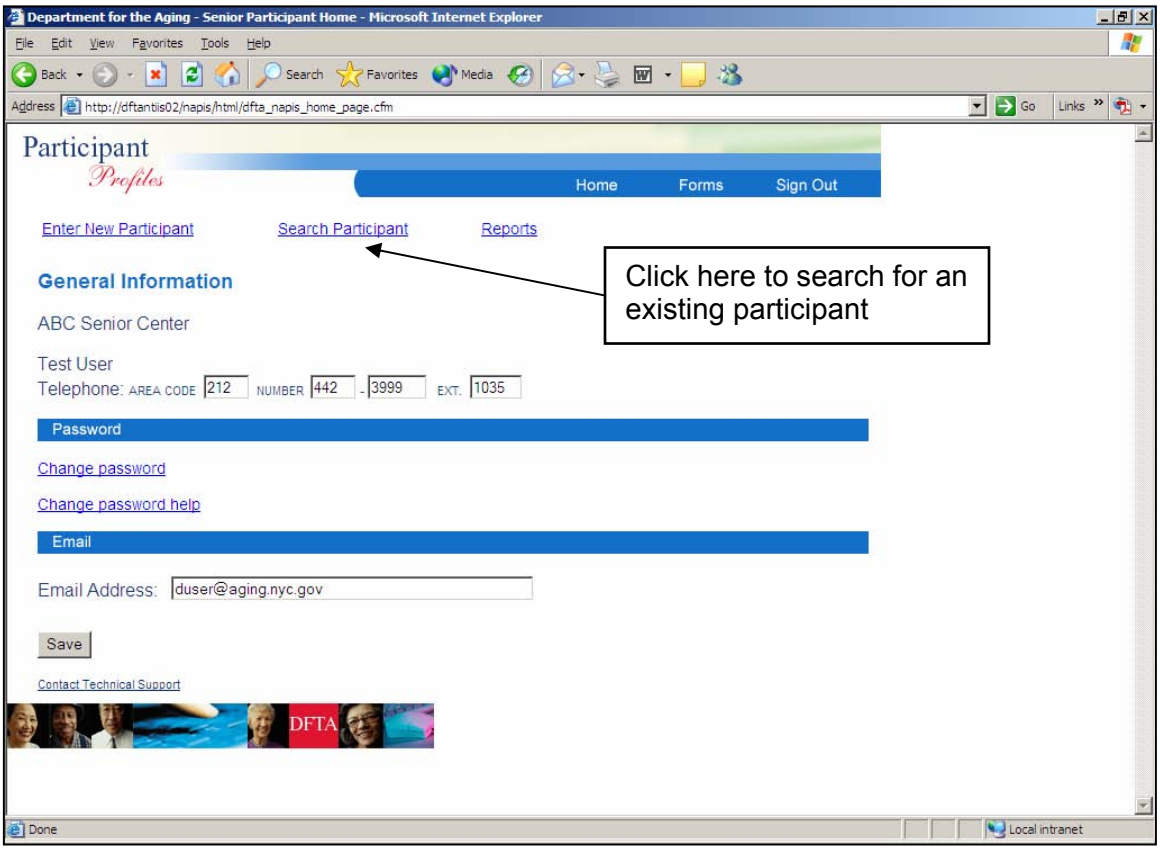
ENFERMEDAD

Cualquier enfermedad o condición crónica que le hace cambiar la manera en que usted come o le hace comer con dificultades, pone su salud nutricional en riesgo. Cuatro de cinco adultos tienen condiciones crónicas que son afectadas pro la alimentación. Se estima que la confusión o la pérdida de memoria que empeora, afecta a una de cada cinco o más personas mayores. Esto hace difícil para la persona recordar que comió, cuando, o si no ha comido. Sentirse triste o deprimido es algo que le ocurre acerca de uno de cada ocho mayores de edad, y que puede causar grandes cambios en el apetito, digestión, nivel de energía, peso y bienestar.

Done Local intranet

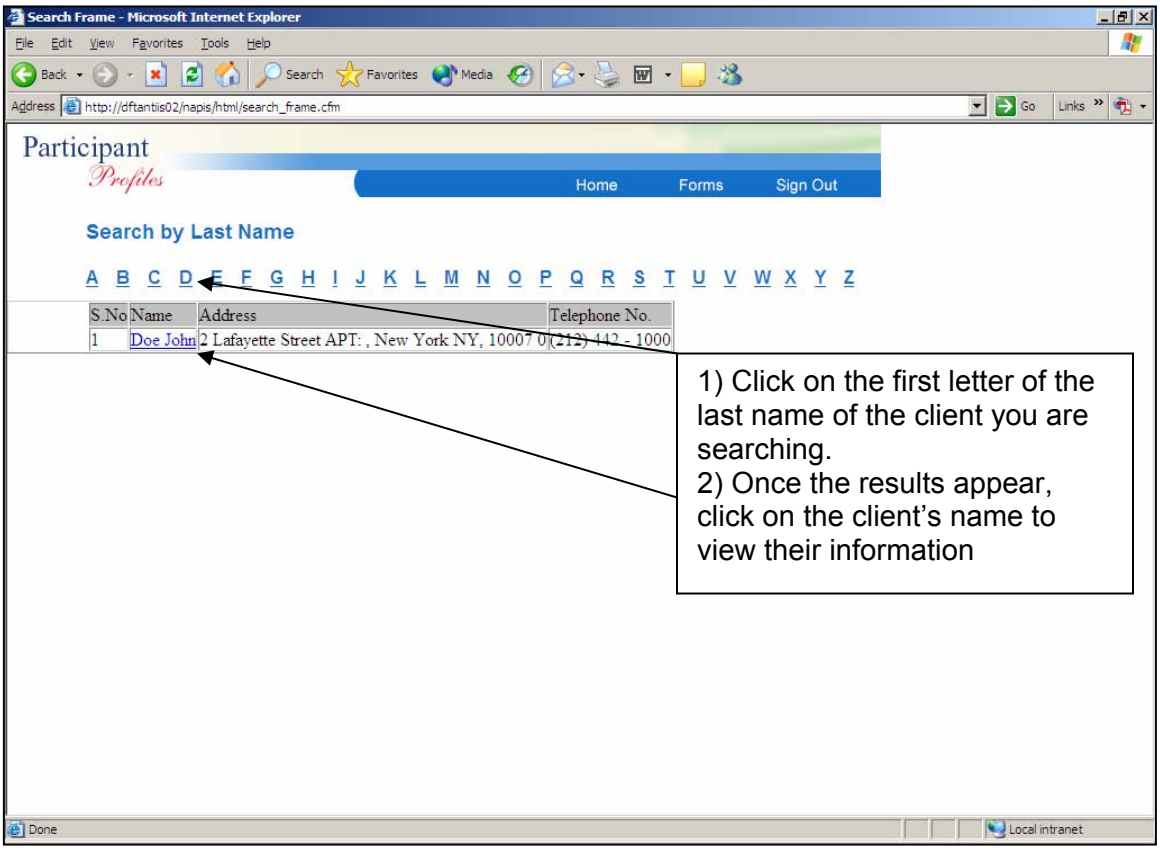
SEARCH FOR AN EXISTING PARTICIPANT

To search for an existing participant at your location, click on the ***Search Participant*** link form the homepage.



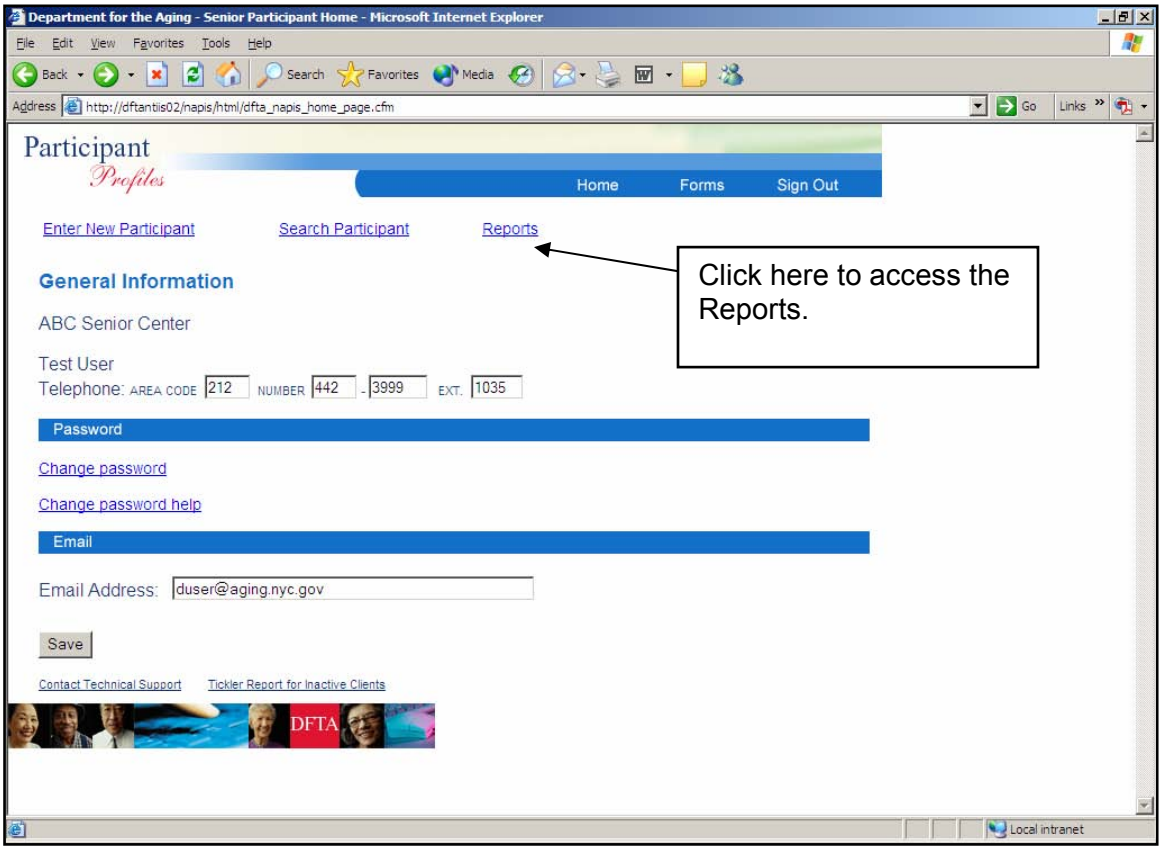
SEARCH FOR AN EXISTING PARTICIPANT

After you click on the link to search for an existing participant, select the first letter of the client's name and click on it. This will generate a list of all the clients whose last name begins with that letter. Select a client by clicking on their name.



REPORTS

To access the reports offered in the system, click on the ***Reports*** link.



REPORTS

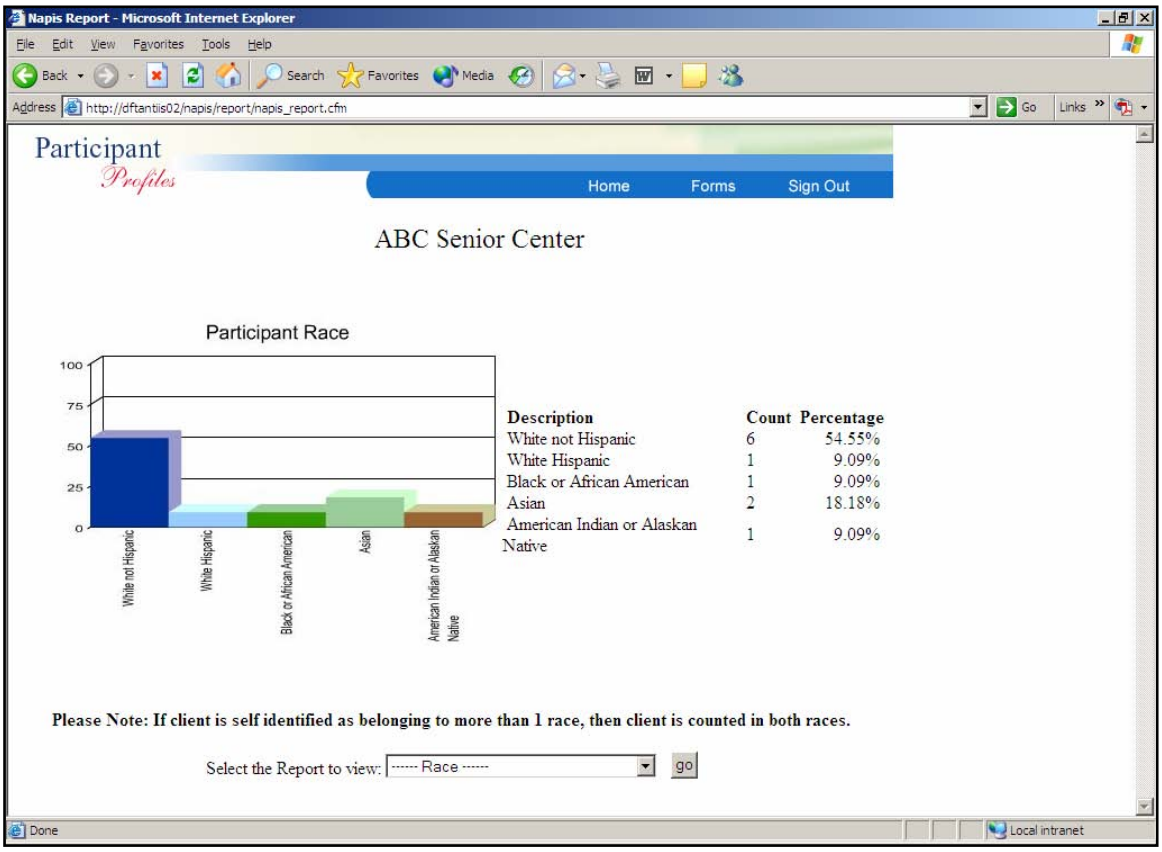
The *Senior Participant Profiles* system also provides you with reports based on the following:

- Race
- Marital Status
- Income Status
- Frail/Disabled
- Data Extract

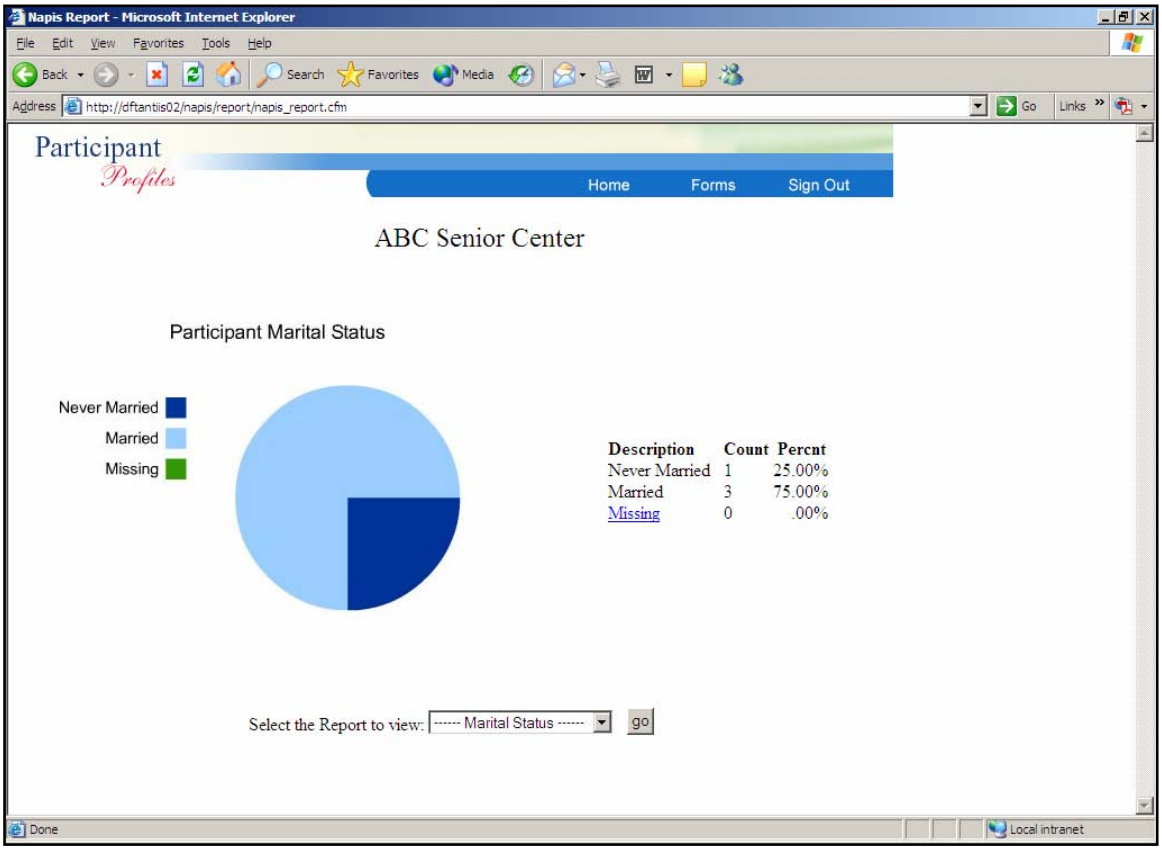
To access Reports:

1. Click on the Reports link from the Homepage.
2. Click on the down arrow at Select the Report to View.
3. Click on desired report. You can only select one report at a time.
4. Click on Go.

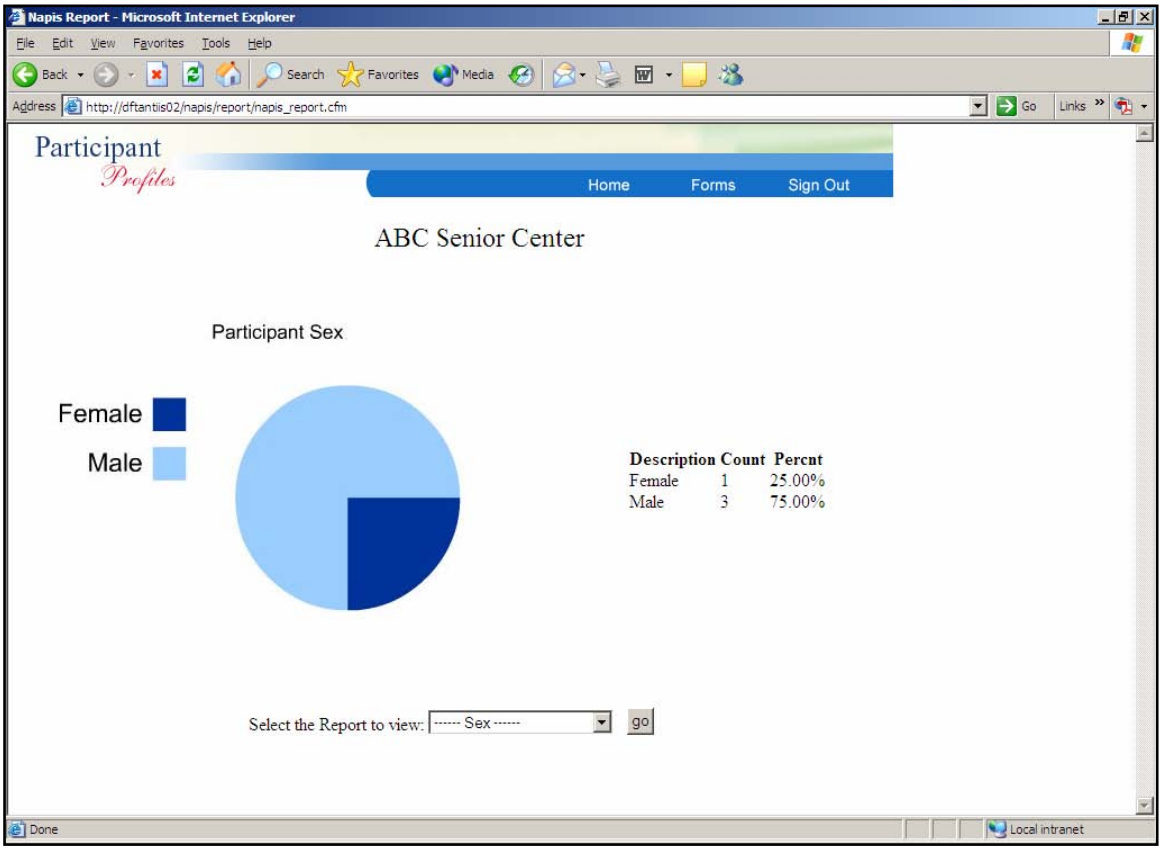
Race Report:



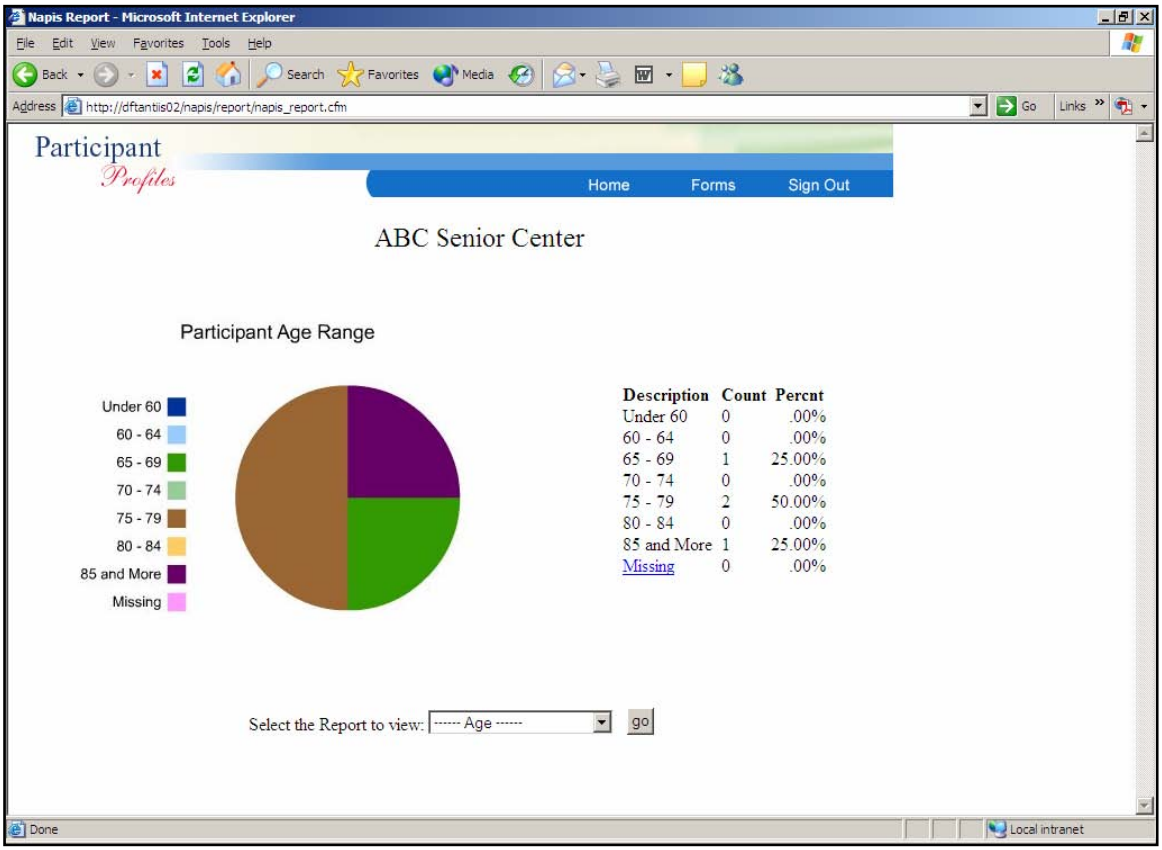
Marital Status Report:



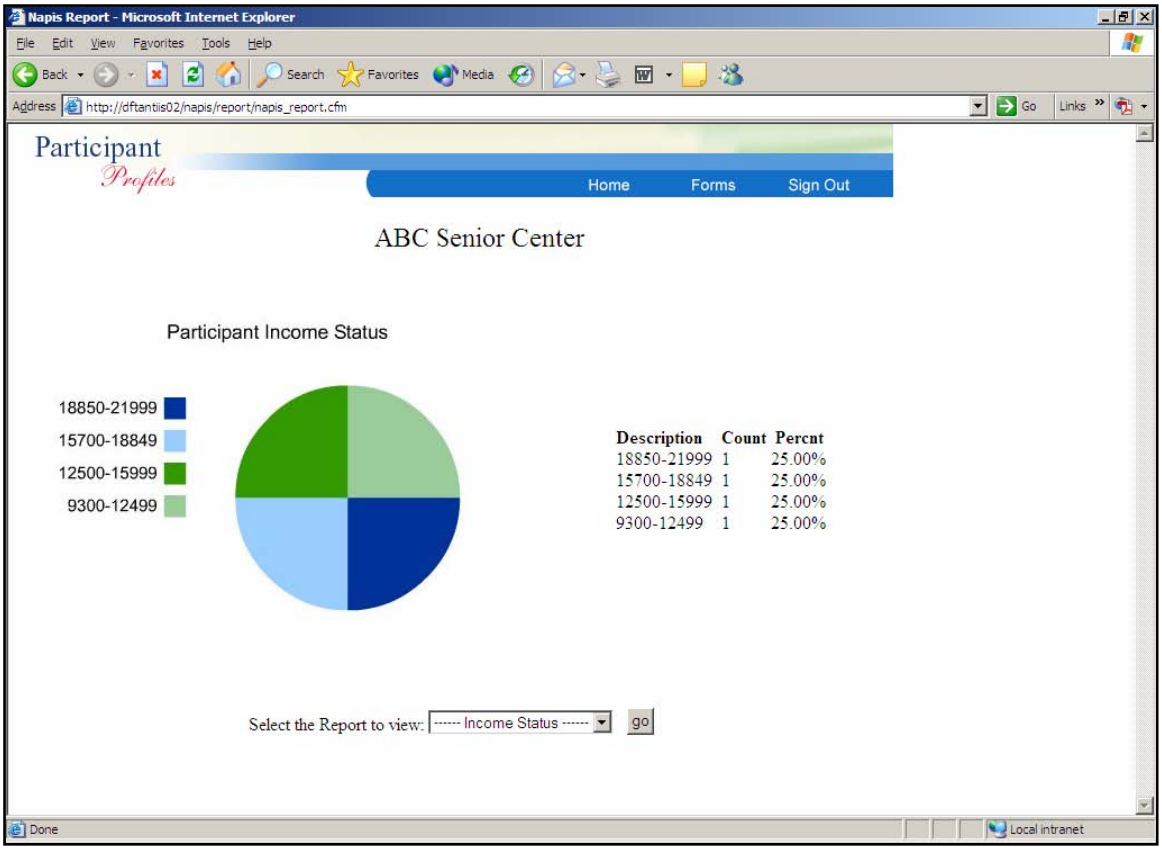
Gender Report:



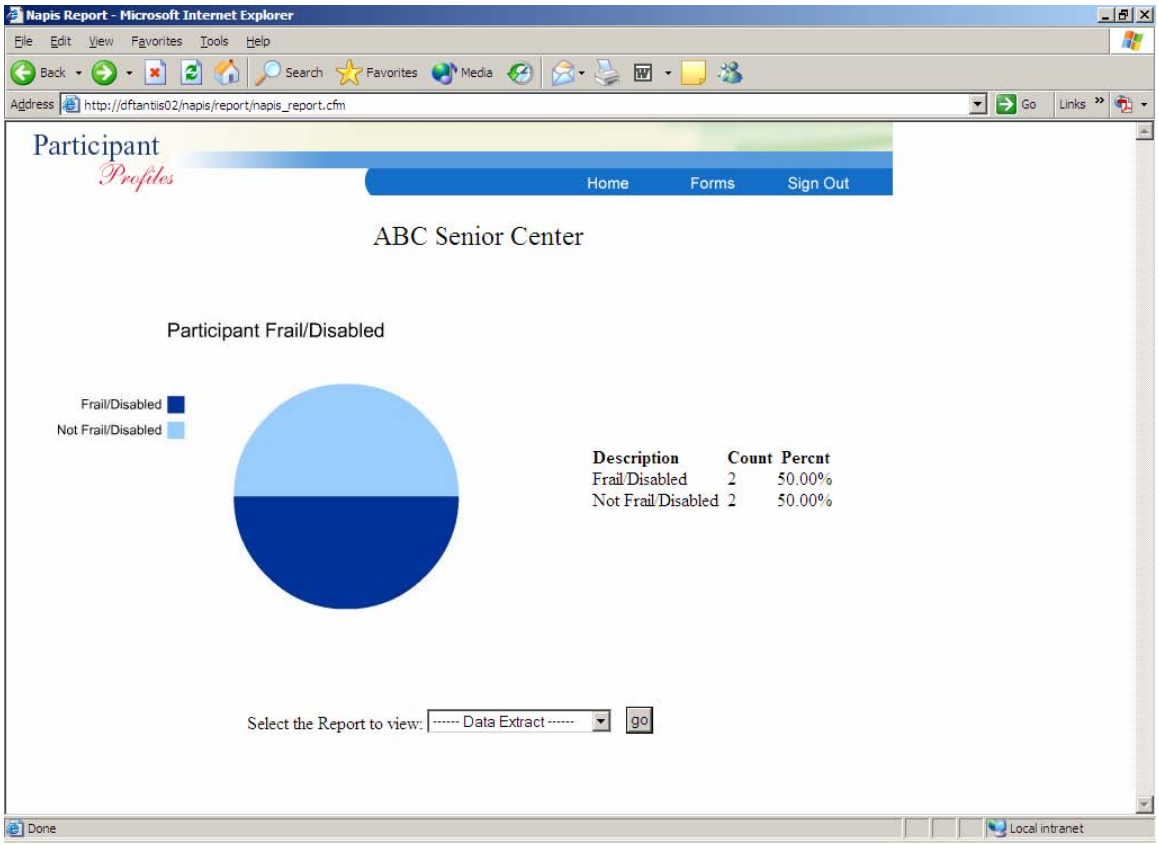
Age Range Report:



Income Status Report:

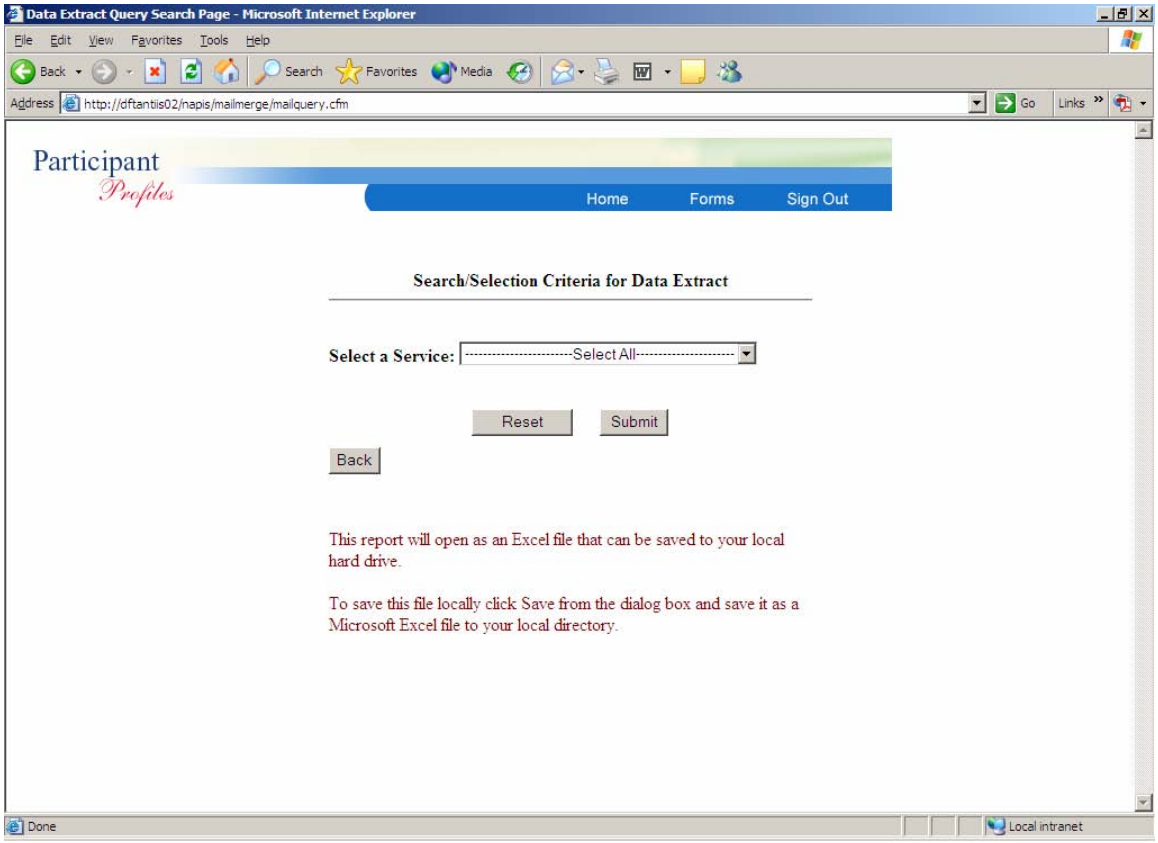


Frail/Disabled Report:



Data Extract Report:

The Data Extract report enables you to print an Excel Spreadsheet of the clients who receive the selected service. Select from the services provided from the drop-down to generate a list of clients who receive the service selected. The “Select All” option is a spreadsheet with the list of all clients in your respective senior center.



PLEASE NOTE: All the Data Extract reports open as an Excel spreadsheet. You can make additions to the columns to suit the needs of your site. You will need to save the Excel file to your hard drive before you can make any modifications. Follow these steps to save the file:

Click on “Save As” from the File menu. Most computers will default saving items to “My Documents”, but you can choose to save in other folders.

Designate a name for the file and enter it in **File Name.**

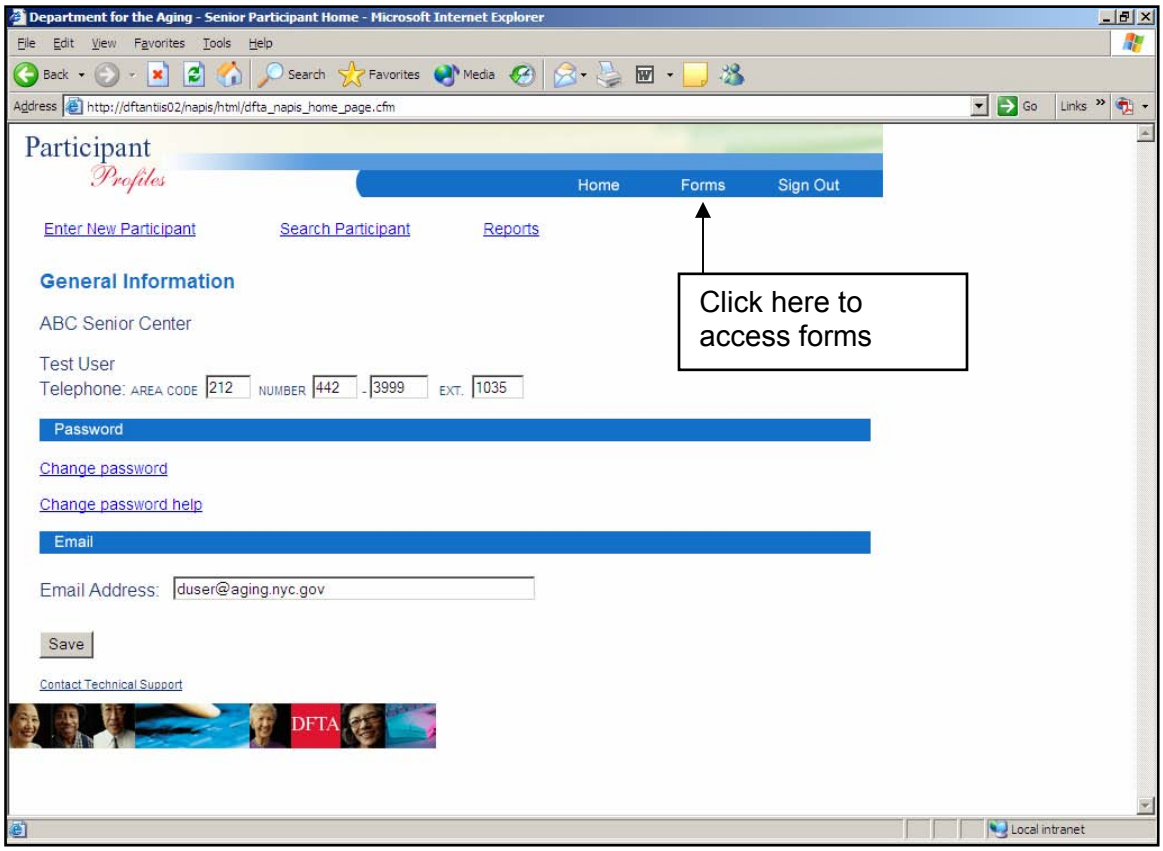
Click on the down arrow of **Save as Type** and select **Microsoft Excel Workbook**.

Click on **Save.**

FORMS

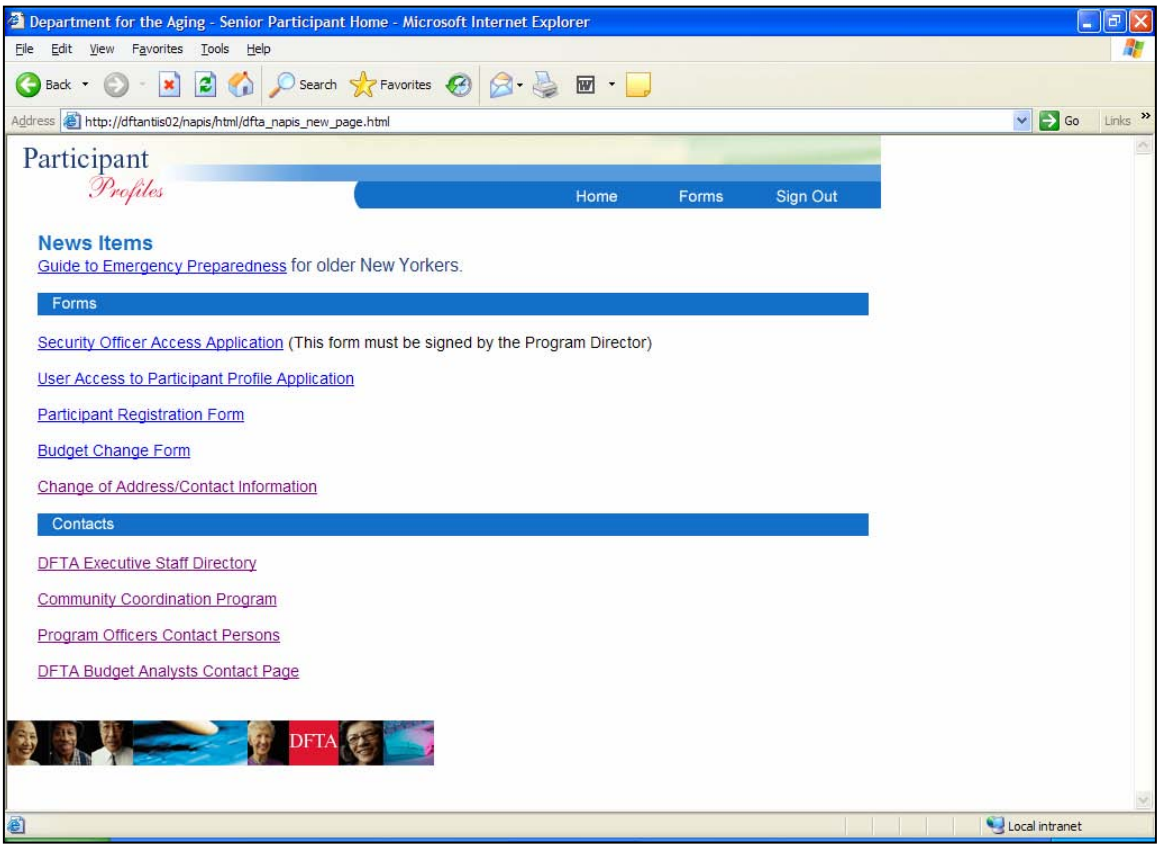
The *Senior Participant Profiles* system will also provide you with current information, links to websites with important information, forms, and links to various directories.

To access various forms click on the Reports link.



FORMS

The Forms page offers links to various forms and sites with useful information. It also provides you with important contact information. Each form can be printed using the Print command form the Adobe Acrobat Reader Tool Bar. ***Please note: You will need Adobe Acrobat in order to access the forms. If you do not have Adobe Acrobat, you can download it for free from DFTA's website: www.nyc.gov/aging. The link is located on the bottom of the homepage.***



Program Security Officer Assignment Application

This form is used to assign Program Officers and give them access to the system. Program Security Officers can assign new users and sign off on the User Access application (see below). After the form has been **completed** and **signed** by a **Program Director**, it must be **faxed** to the PDS Helpdesk at **212-676-9264**.

User Access Application

This form is used to give users access to the system. The Program Director is required to fill out and sign this form. The person who signed the Program Security Officer Application is the signer of the this application. Up to three (3) new users can be added on one sheet. Use more sheets if necessary. After the form has been **completed** and **signed by a Program Security Officer**, it must be **faxed** to the PDS Helpdesk at **212-676-9264**.

FORMS

Participant Registration Form/Emergency Contact Form

The Participant Registration Form is the same form found when you click on the ***Enter New Participant*** link on the Homepage. Print this form and have clients fill it out on busy days, or if you prefer having a hard copy of your clients information. The Emergency Contact, Nutritional Questionnaire, IADL and ADL forms are also included under this link.

Budget Change Form

The Provider Budget Modification Request form is included for your convenience. This form is to be completed and submitted to your DFTA Budget Analyst.

Change of Address/Contact Information

Complete this form if you need to change your contact information or add new names to DFTA's mailing list. Completed forms should be submitted to Aurileta Burgos, Department for the Aging, 2 Lafayette Street, Executive Unit, New York, NY 10007; aburgos@aging.nyc.gov

Please see the following pages to view a copy of each form.

FORMS

Contacts provide useful contact information. A copy of each form is attached to this manual.

DFTA Executive Staff Directory

Provides a list of Executive Staff members and their telephone numbers.

Community Coordination Program

Provides a list of Community Program Liaisons. The list includes region, borough, CD, DFTA ID and the Program Name.

Program Officers Contact Persons

Provides a list of DFTA Program Officers and/or contact persons for the following programs: Caregivers, Employment, Intergenerational, WRAP, and Elder Abuse

DFTA Budget Analysts Contact Page

Provides a list of Budget Analysts for each borough.

Please see the following pages to view a copy of each form.

The City Of New York
Department for the Aging

Fax Completed Form to the PDS Helpdesk 212-676-9264

Program Security Officer Assignment

Agency Code	Agency Name	Program Director	Email Address

Agency Address	Telephone Number	Fax Number

Request Type Code

"N" = New Officer	"NC" = Name Change	"D" = Delete Officer
Add Security Office	Change name of Security Office	Delete security Officer

User ID (6 characters)	First Name	Last Name

Telephone Number

Email Address

User ID (6 characters)	First Name	Last Name

Telephone Number

Email Address

User ID (6 characters)	First Name	Last Name

Telephone Number

Email Address

Program Director Signature	Title	Date

When Approved send via Fax to the PDS Help Desk at: (212) 676-9264

The City Of New York Department for the Aging

User Access Application

Agency Code	Agency Name	Name of Security Officer	Email Address

Agency Address	Telephone Number	Fax Number

Request Type Code	"N" = New User Add new user	"NC" = Name Change Change name of existing user	"D" = Delete User Delete user

	User ID (6 characters)	First Name	Last Name
D			

Telephone Number

Email Address

	User ID (6 characters)	First Name	Last Name
D			

Telephone Number

Email Address

	User ID (6 characters)	First Name	Last Name
D			

Telephone Number

Email Address

Security Officer Signature	Title	Date

* Required

Department for the Aging

CLIENT INFORMATION:	* Date of Birth: / /	
* Last Name:	* First Name:	MI

Address:

City:	ST:	Zip+4: -	Borough:

* Phone: ( ) -	* Gender: ○ Male ○ Female
Live Alone: ○ Yes ○ No	U.S. Veteran: ○ Yes ○ No

*Household Income: ☐ Under $9300 ☐ $9300- $12499 ☐ $12500- $15999 ☐ $16000- $18849 ☐ $18850- $21999 ☐ $22000- $25199 ☐ $25200- $28399 ☐ $28400 + ☐ REFUSED

Frail/Disabled: ○ Yes ○ No

Number in Household: (Include yourself)	Ethnicity: ○ Hispanic ○ Non-Hispanic

Race: ☐ White- Non-Hispanic ☐ White-Hispanic ☐ American Indian/Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Pacific Islander ☐ Persons Reporting other Race

Marital Status: ○ Married ○ Widowed ○ Divorced ○ Never Married

Intake Date:	Is Client Active: ☐

SERVICES INFORMATION:

☐ Congregate Meals ☐ Nutrition Counseling ☐ Case Assistance
☐ Home-Delivered Meals ☐ Info & Referral ☐ Chore
☐ Legal Services ☐ Transportation ☐ Friendly Visiting
☐ Nutrition Education ☐ Outreach ☐ Escort ☐ LTC ombudsman ☐ Shop Assistance
☐ Heavy Cleaning ☐ Telephone Reassurance ☐ EDRC ☐ Other Service
☐ Health Promotion ☐ Intergenerational ☐ Counseling ☐ Soc. Adult Day Srvc.

Emergency Contact Information

Contact No. 1

First Name:		Last Name:		Relation To Client:

Phone No. 1: ( ) - **Phone No. 2:** ( ) -

Address Line 1:

City: **State:** **Zip-code:** -

Contact No. 2

First Name:		Last Name:		Relation To Client:

Phone No. 1: ( ) - **Phone No. 2:** ( ) -

Address Line 1:

City: **State:** **Zip-code:** -

Contact No. 3

First Name:		Last Name:		Relation To Client:

Phone No. 1: ( ) - **Phone No. 2:** ( ) -

Address Line 1:

City: **State:** **Zip-code:** -

Medication Information

Medication	Dose/Freq	Reason Taken/Comment

City of New York
Department for the Aging
Provider Budget Modification Request

Complete and submit to your DFTA Budget Analyst

Site Name and Site ID#: __

Prepared by:

Name of the Organization:

DFTA ID:

			Cost Centers					
	Total	**Administration**	**Congregate Meals**	**Home Delivered Meals**	**Transportation**	**Education & Recreation**	**Information & Assistance**	**Case Managemen**
CURRENT REIMBURSABLE BUDGET								
Changes								
PERSONNEL								
NON-CENTRAL INSURANCE								
CONSULTANTS								
VEHICLE COSTS								
EQUIPMENT RENTAL								
TRAVEL								
OCCUPANCY: RENT								
OCCUPANCY: UTILITIES								
OCCUPANCY: OTHER								
COMMUNICATIONS								
PRINTING & SUPPLIES								
RAW FOOD/DISPOSABLES								
CATERED FOOD/DISPOSABLES								
INSURANCE COSTS								
OTHER EXPENSES								
EQUIPMENT/IMPROVEMENTS								
ADMIN ALLOCATION								
MODIFIED REIMBURSABLE BUDGET								
CENTRAL INSURANCE								
CURRENT CONTRIBUTIONS								
Change in Contributions								
MODIFIED CONTRIBUTIONS								
GRAND TOTAL BUDGET								

Submit with a narrative justification of the request
** Other Cost Centers should be used for the following contracts: Caregiver, NORCS, Intergenerational, Employment, Social Adult Day Services, Elder Abuse, WRAP, CSI, Extended Services, Legal Services.*

Director: _____ _____

Name Signature

For DFTA Use Only:

Reviewed by: _____ **Approved:** **(see attached modified budget)**

Name

_____ **Disapproved:** **(see attached justification)**

Signature

COMMUNITY PARTNER
CHANGE OF ADDRESS/CONTACT INFORMATION*

***Please complete this form if you want to change your contact information or add new names to DFTA's mailing list. Please make copies if you need additional space. Submit your completed form to Auritela Burgos, Department for the Aging, 2 Lafayette Street, Executive Unit, New York, NY 10007; aburgos@aging.nyc.gov.**

Community Partner Name:_____

Sponsor Name (if different):_____

DFTA ID #:_____

<u>Name 1</u>

Name:_____

Title:_____

Address:_____

_____

E-Mail Address:_____

Fax Number:_____**Telephone Number:**_____

Emergency Contact Number (Home and/or Cellphone Number):_____

<u>Name 2</u>

Name:_____

Title:_____

Address:_____

_____

E-Mail Address:_____

Fax Number:_____**Telephone Number:**_____

Emergency Contact Number (Home and/or Cellphone Number):_____

EXECUTIVE STAFF DIRECTORY
City of New York
Department for the Aging
Last Updated: February 2005

Edwin Méndez-Santiago	Commissioner	(212) 442-1100
Sally J. Renfro	Deputy Commissioner & General Counsel	(212) 442-1104
Caryn B. Resnick	Deputy Commissioner	(212) 442-1277
Maureen Murphy	Counsel Deputy Legal Counsel	(212) 442-3159
Julie A. Friesen	Assistant Commissioner Management & Budget	(212) 442-1061
Joy C. Wang	Deputy Assistant Commissioner Management & Budget	(212) 442-1043
Jorge Romero	Assistant Commissioner Community Services	(212) 442-1160
Gwendolyn Florant	Deputy Assistant Commissioner Community Services	(212) 442-1195
Sonia Rodriguez	Assistant Commissioner Senior Assistance & Benefits	(212) 442-3095
Kim Dancy-Hernandez	Deputy Assistant Commissioner Senior Assistance & Benefits	(212) 442-3186
Linda Whitaker	Assistant Commissioner Emergency Planning, Health Promotion Special Projects & Intergovernmental Affairs	(212) 442-1099
Karen Shaffer	Assistant Commissioner Senior Services, Resources & Partnerships	(212)442-3098
Janice Chu	Deputy Assistant Commissioner Senior Services, Resources & Partnerships	(212) 442-3174
Maria Serrano	EEO Officer Director, Senior Employment	(212) 442-1052
Camille Ranieri	Assistant Commissioner Agency Chief Contracting Officer	(212) 442-1112

DFTA Program Officer/Contact Person

1.	**CAREGIVER** 2 Lafayette Street, 15th Floor New York, NY 10007	**Robin Fenley** **Kweli Walker**	(212) 442-3087 (212) 788-3169
2.	**SENIOR EMPLOYMENT** 220 Church Street, Room 323B New York, NY 10013	**Bertino Marro**	**(**212) 442-1370
3.	**INTERGENERATIONAL** 2 Lafayette Street, 7th Floor New York, NY 10007	**Mary Ann McKinney**	**(**212) 442-3114
4.	**WRAP** 2 Lafayette Street, 16th Floor New York, NY 10007	**Gary Barbash** **Joann Anderson**	(212) 442-3031 (212) 788-2343
5.	**ELDER ABUSE** 2 Lafayette Street, 4th Floor New York, NY 10007	**Aurora Salamone** **Jocelyn Groden** **Judy Race**	(212) 442-3103 (212) 442-3103 (212) 442-3103

City of New York
Department for the Aging

Budget Analyst

Last Updated: February 2005

Most contract responsibilities are divided by borough except for those in the categories below (with Staten Island). Please contact the Budget Analyst for the borough in which your contract is located.

QUEENS
Reena Kalra
(212) 442-1190
Email: Rkalra@Aging.nyc.gov

BRONX & CITYWIDE
Roy Garcia
(212) 442-1237
Email: Rgarcia@Aging.nyc.gov

BROOKLYN
Regina Shvartser
(212) 442-1260
Email: Rshvartser@Aging.nyc.gov

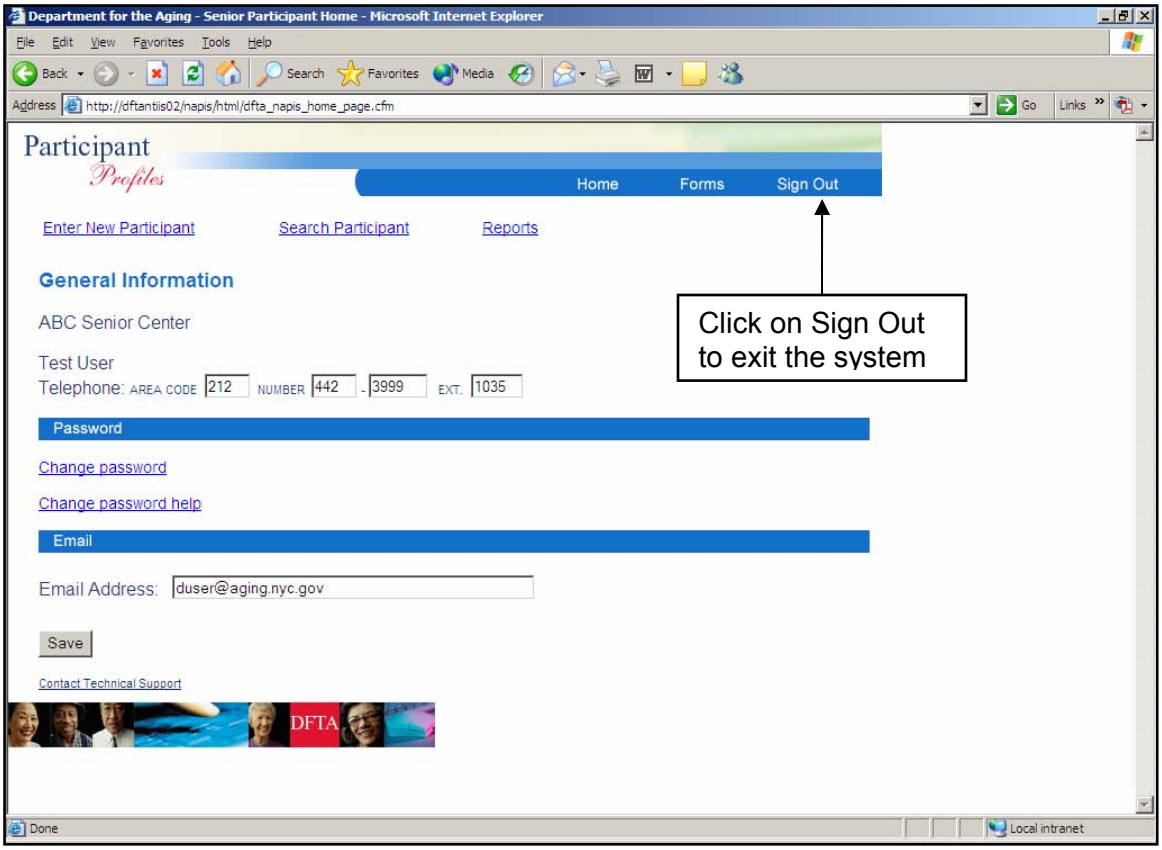
MANHATTAN
Cynthia Kennedy-Simpson
(212) 442-1241
Email: Ckennedy@Aging.nyc.gov

STATEN ISLAND, CAREGIVER, EMPLOYMENT, NORC, INTERGENERATIONAL & WRAP
John Oliva
(212) 442-1262
Email: Joliva@Aging.nyc.gov

***** The mailing address and fax number for all Analysts:***

Department for the Aging
2 Lafayette Street, 8th Floor
New York, NY 10007

Fax Number: (212) 442-132

SIGNING OUT OF SENIOR PARTICIPANT PROFILES

Once you have completed your session, you can sign out the system by clicking on the ***Sign Out*** link on the homepage. It is important to remember to Sign Out when you are not working on the program in order to keep privileged client private.
There is an idle feature built in the system that will automatically log off a user after 30 minutes of inactivity.