



The City of New York  
Department for the Aging

Senior  
Participant  
*Profiles*

New York City Department for the Aging

Edwin Méndez-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.

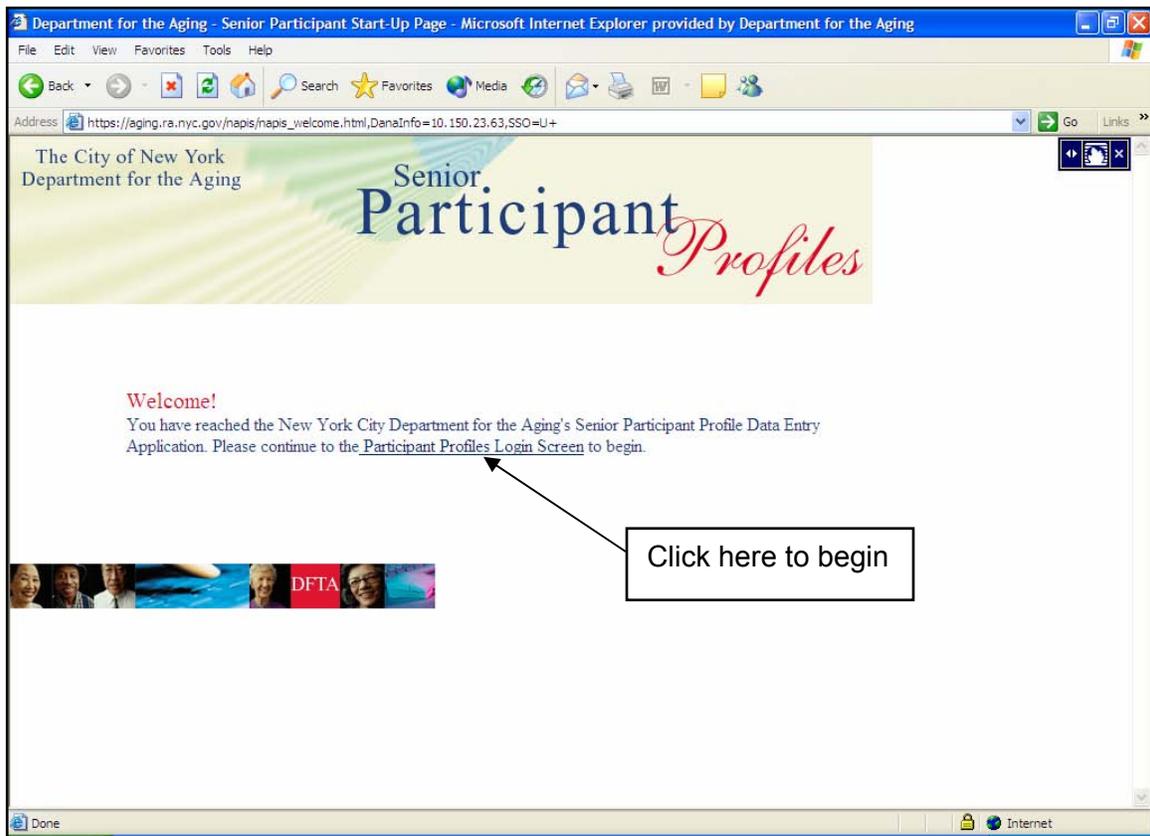
DFTA is introducing ***Senior Participant Profiles***, a new user-friendly client data system as an option to the current Provider Data System (PDS). ***Senior Participant Profiles*** is web-based, simple, and easy to use. Senior centers can choose to either use this web-based client data system **OR**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

Department for the Aging - Senior Participant Login Page - Microsoft Internet Explorer provided by Department for the Aging

File Edit View Favorites Tools Help

Back Forward Stop Home Search Favorites Media Print Mail Wordpad

Address [https://aging.ra.nyc.gov/napis/html/napis\\_logon.cfm,DanaInfo=10.150.23.63+](https://aging.ra.nyc.gov/napis/html/napis_logon.cfm,DanaInfo=10.150.23.63+) Go Links

The City of New York  
Department for the Aging

# Senior Participant Profiles

Please Enter:

UserID:

Password:

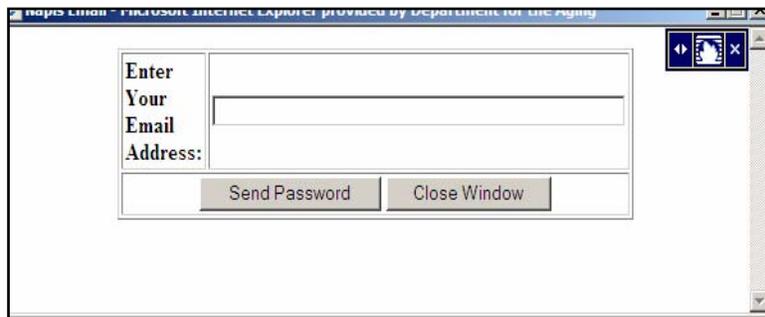
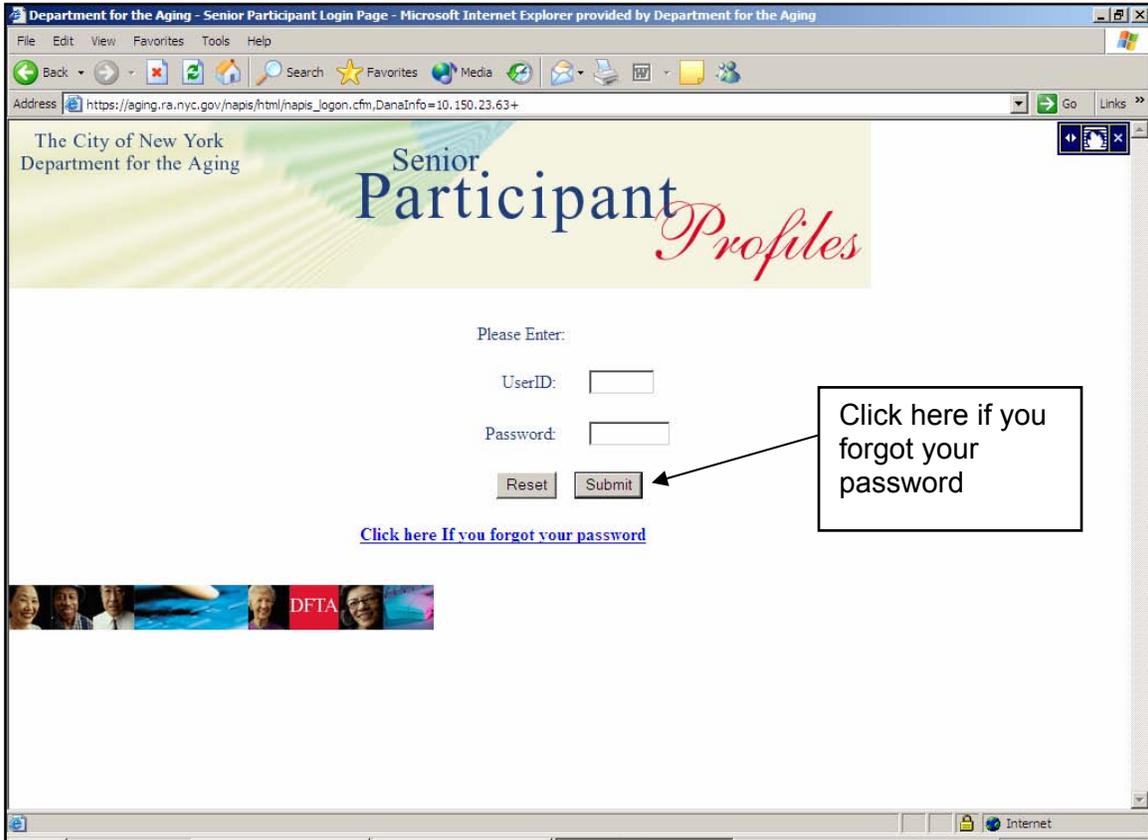
[Click here If you forgot your password](#)

DFTA

Done Internet

## **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-mail address in the e-mail address field.

The screenshot shows a web browser window titled "Department for the Aging - Senior Participant Home - Microsoft Internet Explorer". The address bar shows the URL: [http://dftantis02/napis/html/dfta\\_napis\\_home\\_page.cfm](http://dftantis02/napis/html/dfta_napis_home_page.cfm). The page content includes:

- Participant Profiles** header with a navigation bar containing [Home](#), [Forms](#), and [Sign Out](#).
- Navigation links: [Enter New Participant](#), [Search Participant](#), and [Reports](#).
- General Information** section:
  - Center Name: ABC Senior Center
  - User Name: Test User
  - Telephone: AREA CODE  NUMBER   EXT.
  - Password field (redacted)
  - [Change password](#) and [Change password help](#) links
  - Email field (redacted)
  - Email Address:
  -
- Footer links: [Contact Technical Support](#) and [Tickler Report for Inactive Clients](#).
- Footer banner with "DFTA" logo and photos of people.

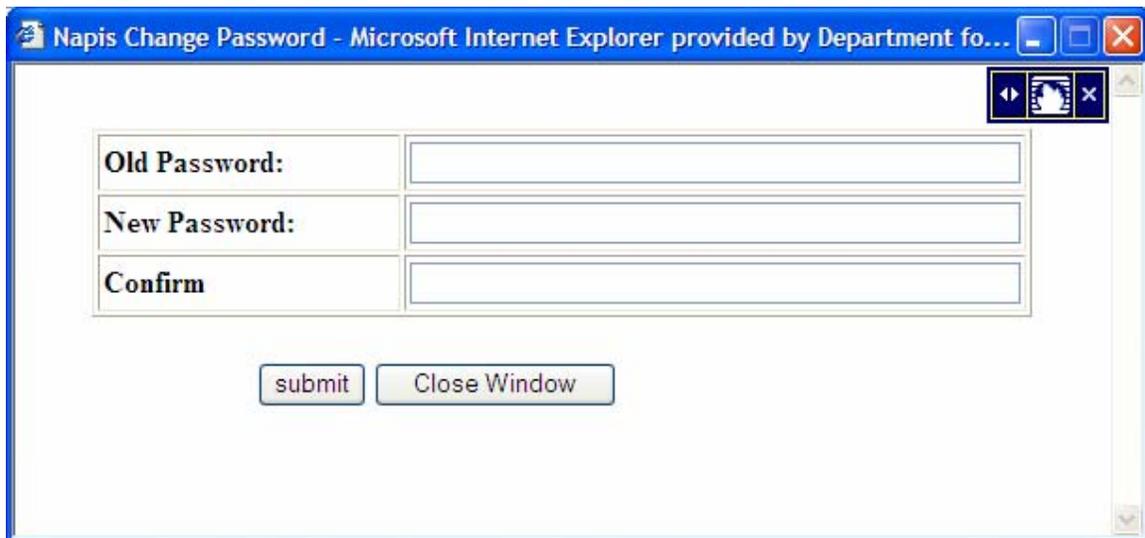
## GENERAL INFORMATION PAGE

### 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.



The screenshot shows a web browser window titled "Napis Change Password - Microsoft Internet Explorer provided by Department fo...". The browser's address bar and navigation buttons are visible. The main content area contains a form with three input fields: "Old Password:", "New Password:", and "Confirm". Below the form are two buttons: "submit" and "Close Window".

Old Password:	<input type="text"/>
New Password:	<input type="text"/>
Confirm	<input type="text"/>

# CONTACT TECHNICAL SUPPORT

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

Department for the Aging - Senior Participant Home - Microsoft Internet Explorer

Participant Profiles

Home Forms Sign Out

[Enter New Participant](#) [Search Participant](#) [Reports](#)

**General Information**

ABC Senior Center

Test User

Telephone: AREA CODE  NUMBER  .  EXT.

Password

[Change password](#)

[Change password help](#)

Email

Email Address:

[Contact Technical Support](#) [Tickler Report for Inactive Clients](#)

Click here to receive information on technical support

Napis Technical Support - Microsoft Internet Explorer

## Need Technical Assistance

You can call the technical assistance Hot Line Monday-Friday during regular business hours (9:00 - 5:00) at 212-442-1081 or 212-442-1082.

or

You can email your questions directly to the [Call Center](#). Please be sure to include your name, your agency's name and your telephone number in your email message.

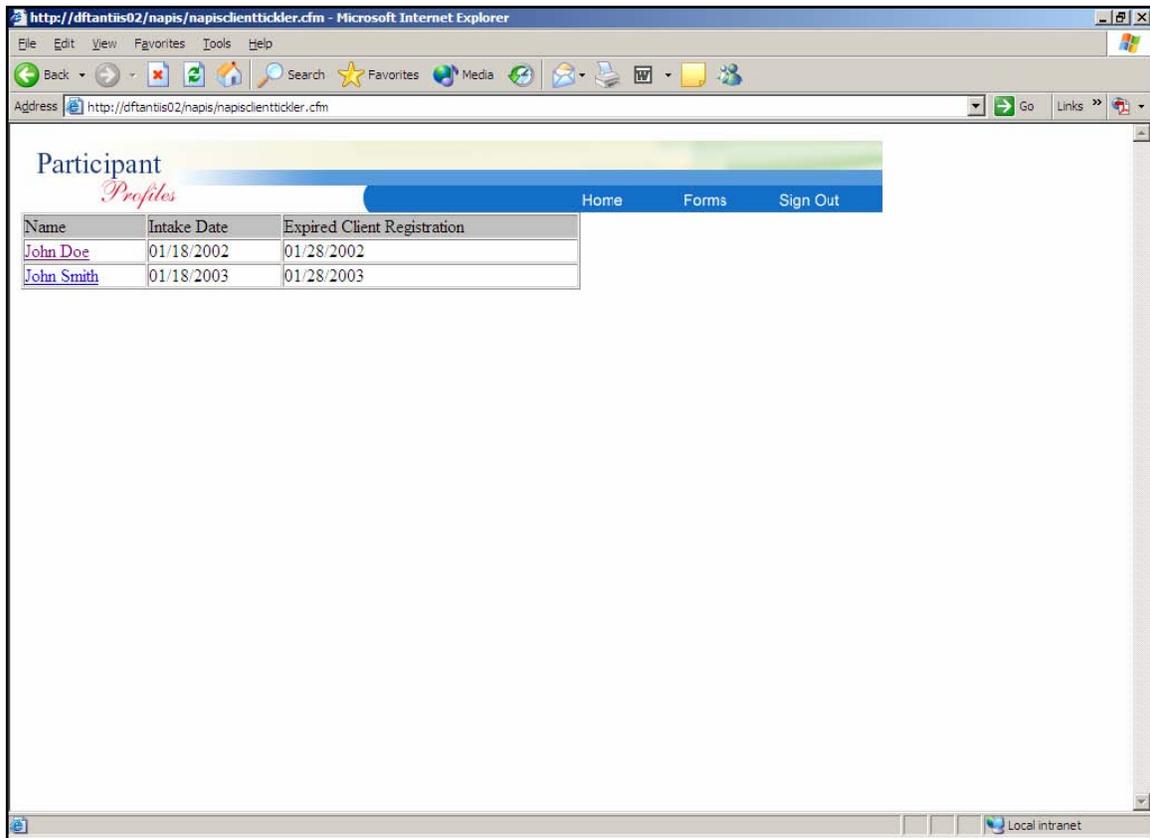
## VIEW CLIENTS WHO HAVE BEEN INACTIVE FOR OVER ONE YEAR

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.

The screenshot shows a web browser window titled "Department for the Aging - Senior Participant Home - Microsoft Internet Explorer". The address bar shows the URL: [http://dftantis02/napis/html/dfta\\_napis\\_home\\_page.cfm](http://dftantis02/napis/html/dfta_napis_home_page.cfm). The page content includes a navigation menu with "Home", "Forms", and "Sign Out". Below the menu are links for "Enter New Participant", "Search Participant", and "Reports". A "General Information" section contains fields for "ABC Senior Center", "Test User", and "Telephone" (AREA CODE: 212, NUMBER: 442, .3999, EXT.: 1035). There are also fields for "Password" and "Email" (Email Address: duser@aging.nyc.gov) with a "Save" button. At the bottom, there are links for "Contact Technical Support" and "Tickler Report for Inactive Clients". A callout box with a black border and white background contains the text "Click here to view clients who have been inactive for over one year" with an arrow pointing to the "Tickler Report for Inactive Clients" link. The browser's status bar at the bottom indicates "Local intranet".

## 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.



The screenshot shows a Microsoft Internet Explorer browser window displaying a web application. The address bar shows the URL: <http://dftantiss02/napis/napisclienttickler.cfm>. The page title is "Participant Profiles". There is a navigation menu with links for "Home", "Forms", and "Sign Out". Below the navigation menu is a table with the following data:

Name	Intake Date	Expired Client Registration
<a href="#">John Doe</a>	01/18/2002	01/28/2002
<a href="#">John Smith</a>	01/18/2003	01/28/2003

The browser's taskbar at the bottom shows the system tray with a "Local intranet" icon.

## 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.

Department for the Aging - Senior Participant Home - Microsoft Internet Explorer

Address: [http://dftantis02/napis/html/dfta\\_napis\\_home\\_page.cfm](http://dftantis02/napis/html/dfta_napis_home_page.cfm)

Participant Profiles

Home Forms Sign Out

[Enter New Participant](#) [Search Participant](#) [Reports](#)

**General Information**

ABC Senior Center

Test User

Telephone: AREA CODE  NUMBER  -  EXT.

Password

[Change password](#)

[Change password help](#)

Email

Email Address:

[Contact Technical Support](#)

DFTA

## 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.**

Department for the Aging - Senior Participant Home - Microsoft Internet Explorer

Participant Profiles

Home Forms Sign Out

[Enter New Participant](#) [Search Part](#)

Click here to enter a new participant

General Information

ABC Senior Center

Test User

Telephone: AREA CODE  NUMBER  -  EXT.

Password

[Change password](#)

[Change password help](#)

Email

Email Address:

Save

[Contact Technical Support](#) [Tickler Report for Inactive Clients](#)

DFTA

Local intranet

## **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.**

**CLIENT INFORMATION:**

\* Date Of Birth: [ ] - [ ] - [ ] Age: [ ]

\* Last Name: [ ] \* First Name: [ ] Mid Init: [ ]

Address: [ ]

City: [ ] St: [ ] Zip + 4: [ ] - [ ] Borough: [ ]

\* Phone: [ ] - [ ] - [ ] \* Gender:  Male  Female Lives Alone:  Yes  No US Veteran:  Yes  No

\* Household Income: [ ] Frail/Disabled:  Yes  No

Number In Household: [0] 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 Some Other Race

Marital Status:  Married  Widowed  Divorced  Never Married

[Enter/View Emergency Contact & Medical Information](#) [Enter/View IADL S/ADL S Information](#)

\* Intake Date: [8] / [31] / [2005] 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  
 Health Promotion  Intergeneration  Counseling  
 Telephone Reassurance  Educ/Rec  Other Service  
 Soc. Adult Day Srv.

Comments

Continue Reset

## ENTER/VIEW AN EMERGENCY CONTACT & MEDICAL INFORMATION

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.

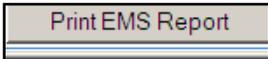
See the next page for information on printing an EMS report with this information.

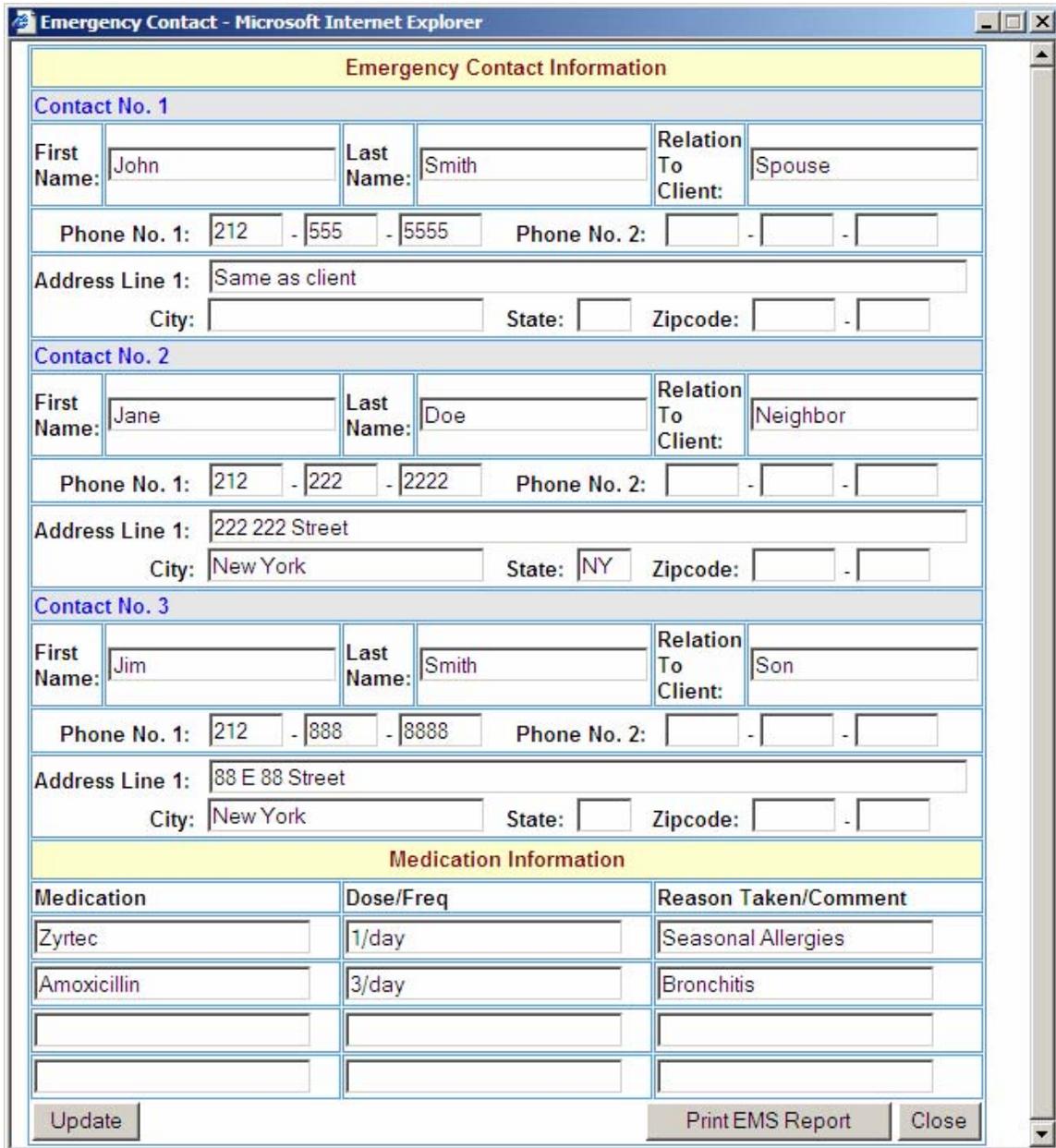
Emergency Contact - Microsoft Internet Explorer

Emergency Contact Information		
<b>Contact No. 1</b>		
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:
<b>Contact No. 2</b>		
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:		
<b>Contact No. 3</b>		
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 AN EMERGENCY CONTACT & MEDICAL INFORMATION

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 
3. The EMS Report will be generated. Click on the Print button to print the EMS report.



**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 from 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 <input type="checkbox"/> Totally Able <input type="checkbox"/> Needs Maximal Assistance <input type="checkbox"/> Unwilling to Perform <input type="checkbox"/>	Formal Service <input type="checkbox"/> Informal Supports <input type="checkbox"/> Assistive Device <input type="checkbox"/> Unmet <input type="checkbox"/> Not Applicable <input type="checkbox"/>
Self-admin. of Medication	Needs Some Assistance <input type="checkbox"/> Totally Able <input type="checkbox"/> Needs Maximal Assistance <input type="checkbox"/> Unwilling to Perform <input type="checkbox"/>	Formal Service <input type="checkbox"/> Informal Supports <input type="checkbox"/> Assistive Device <input type="checkbox"/> Unmet <input type="checkbox"/> Not Applicable <input type="checkbox"/>
Shopping	Needs Some Assistance <input type="checkbox"/> Totally Able <input type="checkbox"/> Needs Maximal Assistance <input type="checkbox"/> Unwilling to Perform <input type="checkbox"/>	Formal Service <input type="checkbox"/> Informal Supports <input type="checkbox"/> Assistive Device <input type="checkbox"/> Unmet <input type="checkbox"/> Not Applicable <input type="checkbox"/>
Laundry	Needs Some Assistance <input type="checkbox"/> Totally Able <input type="checkbox"/> Needs Maximal Assistance <input type="checkbox"/> Unwilling to Perform <input type="checkbox"/>	Formal Service <input type="checkbox"/> Informal Supports <input type="checkbox"/> Assistive Device <input type="checkbox"/> Unmet <input type="checkbox"/> Not Applicable <input type="checkbox"/>
Use Transportation	Needs Some Assistance <input type="checkbox"/> Totally Able <input type="checkbox"/> Needs Maximal Assistance <input type="checkbox"/> Unwilling to Perform <input type="checkbox"/>	Formal Service <input type="checkbox"/> Informal Supports <input type="checkbox"/> Assistive Device <input type="checkbox"/> Unmet <input type="checkbox"/> Not Applicable <input type="checkbox"/>
Prepare and cook meals	Needs Some Assistance <input type="checkbox"/> Totally Able <input type="checkbox"/> Needs Maximal Assistance <input type="checkbox"/> Unwilling to Perform <input type="checkbox"/>	Formal Service <input type="checkbox"/> Informal Supports <input type="checkbox"/> Assistive Device <input type="checkbox"/> Unmet <input type="checkbox"/> Not Applicable <input type="checkbox"/>
Prepare light meals/Reheat	Needs Some Assistance <input type="checkbox"/> Totally Able <input type="checkbox"/> Needs Maximal Assistance <input type="checkbox"/> Unwilling to Perform <input type="checkbox"/>	Formal Service <input type="checkbox"/> Informal Supports <input type="checkbox"/> Assistive Device <input type="checkbox"/> Unmet <input type="checkbox"/> Not Applicable <input type="checkbox"/>
Handle Personal Business/Finances	Needs Some Assistance <input type="checkbox"/> Totally Able <input type="checkbox"/> Needs Maximal Assistance <input type="checkbox"/> Unwilling to Perform <input type="checkbox"/>	Formal Service <input type="checkbox"/> Informal Supports <input type="checkbox"/> Assistive Device <input type="checkbox"/> Unmet <input type="checkbox"/> Not Applicable <input type="checkbox"/>
Use Telephone	Needs Some Assistance <input type="checkbox"/> Totally Able <input type="checkbox"/> Needs Maximal Assistance <input type="checkbox"/> Unwilling to Perform <input type="checkbox"/>	Formal Service <input type="checkbox"/> Informal Supports <input type="checkbox"/> Assistive Device <input type="checkbox"/> Unmet <input type="checkbox"/> Not Applicable <input type="checkbox"/>

## Activities of Daily Living (ADL)

Client Name:

Assessment Date:     /     /

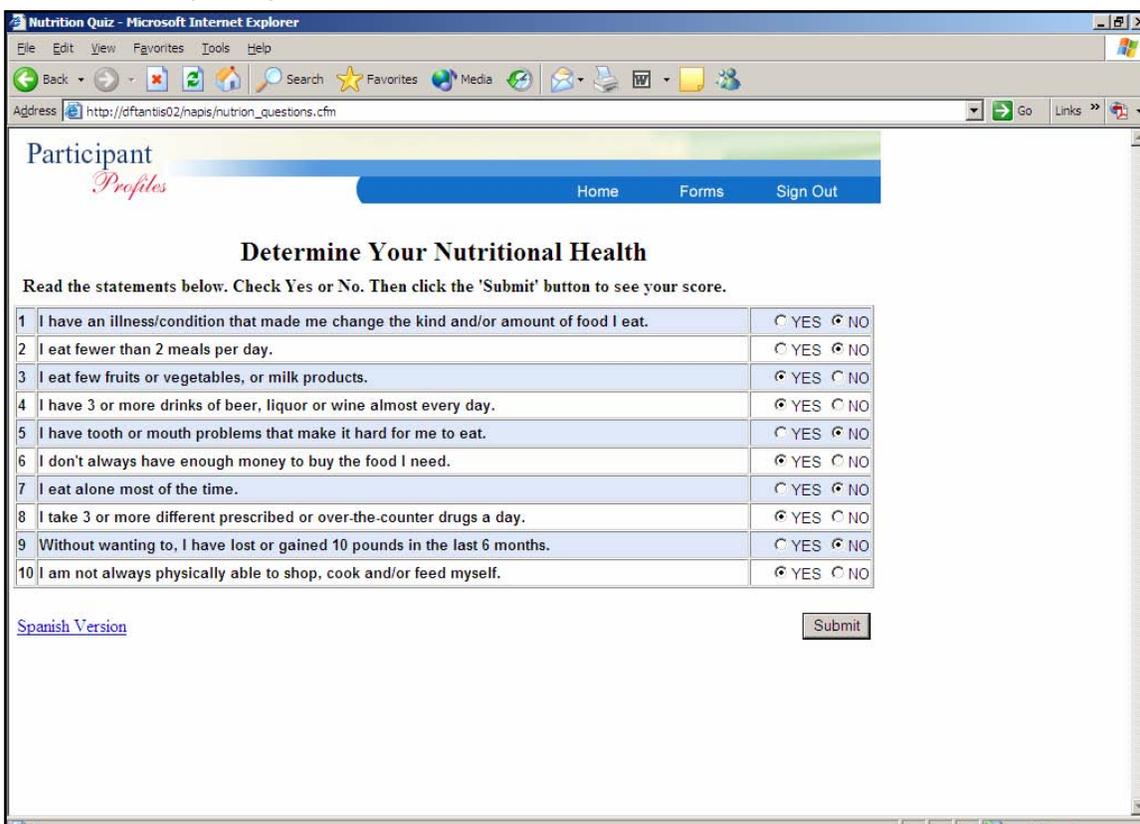
Next Assessment Date:     /     /

Description	Status Code	Needs Met?
Personal Hygiene	Needs Some Assistance <input type="checkbox"/> Totally Able <input type="checkbox"/> Needs Maximal Assistance <input type="checkbox"/> Unwilling to Perform <input type="checkbox"/>	Formal Service <input type="checkbox"/> Informal Supports <input type="checkbox"/> Assistive Device <input type="checkbox"/> Unmet <input type="checkbox"/> Not Applicable <input type="checkbox"/>
Dressing	Needs Some Assistance <input type="checkbox"/> Totally Able <input type="checkbox"/> Needs Maximal Assistance <input type="checkbox"/> Unwilling to Perform <input type="checkbox"/>	Formal Service <input type="checkbox"/> Informal Supports <input type="checkbox"/> Assistive Device <input type="checkbox"/> Unmet <input type="checkbox"/> Not Applicable <input type="checkbox"/>
Mobility	Needs Some Assistance <input type="checkbox"/> Totally Able <input type="checkbox"/> Needs Maximal Assistance <input type="checkbox"/> Unwilling to Perform <input type="checkbox"/>	Formal Service <input type="checkbox"/> Informal Supports <input type="checkbox"/> Assistive Device <input type="checkbox"/> Unmet <input type="checkbox"/> Not Applicable <input type="checkbox"/>
Transfer	Needs Some Assistance <input type="checkbox"/> Totally Able <input type="checkbox"/> Needs Maximal Assistance <input type="checkbox"/> Unwilling to Perform <input type="checkbox"/>	Formal Service <input type="checkbox"/> Informal Supports <input type="checkbox"/> Assistive Device <input type="checkbox"/> Unmet <input type="checkbox"/> Not Applicable <input type="checkbox"/>
Toileting	Needs Some Assistance <input type="checkbox"/> Totally Able <input type="checkbox"/> Needs Maximal Assistance <input type="checkbox"/> Unwilling to Perform <input type="checkbox"/>	Formal Service <input type="checkbox"/> Informal Supports <input type="checkbox"/> Assistive Device <input type="checkbox"/> Unmet <input type="checkbox"/> Not Applicable <input type="checkbox"/>
Eating	Needs Some Assistance <input type="checkbox"/> Totally Able <input type="checkbox"/> Needs Maximal Assistance <input type="checkbox"/> Unwilling to Perform <input type="checkbox"/>	Formal Service <input type="checkbox"/> Informal Supports <input type="checkbox"/> Assistive Device <input type="checkbox"/> Unmet <input type="checkbox"/> Not Applicable <input type="checkbox"/>
Bathing	Needs Some Assistance <input type="checkbox"/> Totally Able <input type="checkbox"/> Needs Maximal Assistance <input type="checkbox"/> Unwilling to Perform <input type="checkbox"/>	Formal Service <input type="checkbox"/> Informal Supports <input type="checkbox"/> Assistive Device <input type="checkbox"/> Unmet <input type="checkbox"/> Not Applicable <input type="checkbox"/>

## 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.



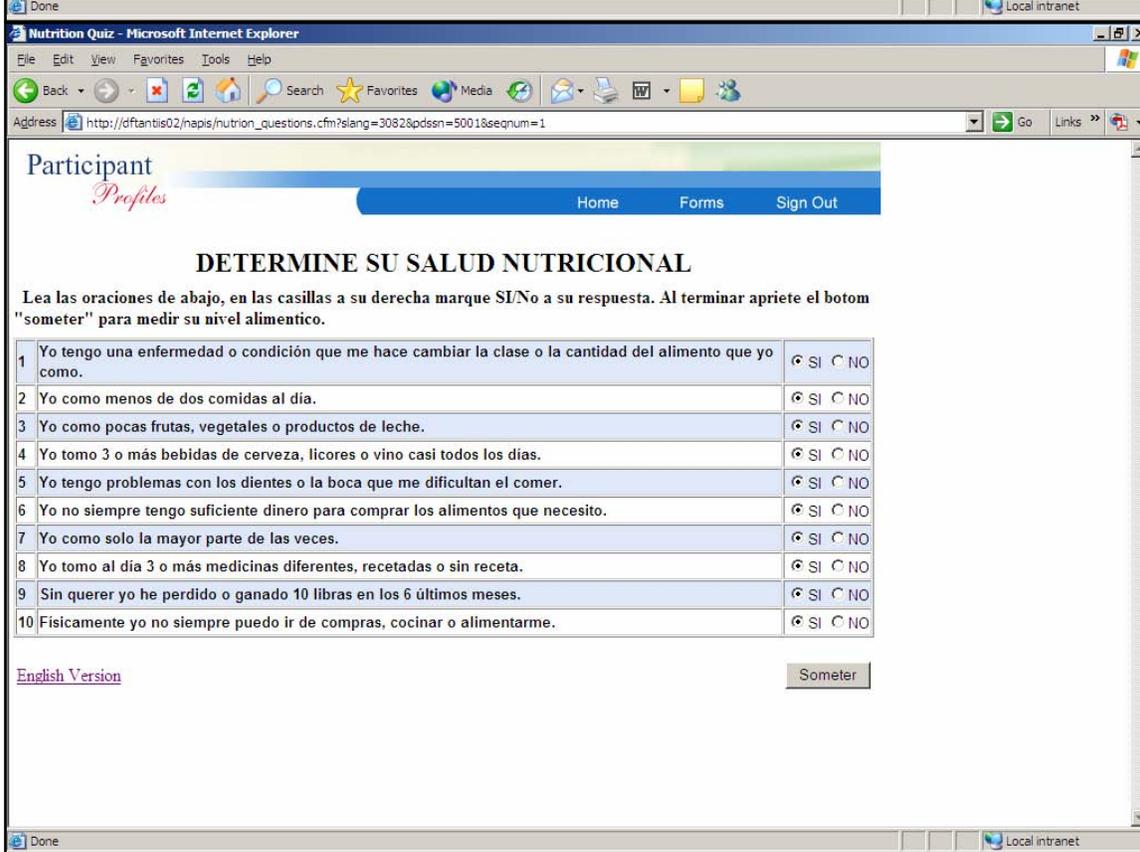
**Participant Profiles** Home Forms Sign Out

### Determine Your Nutritional Health

Read the statements below. Check Yes or No. Then click the 'Submit' button to see your score.

1	I have an illness/condition that made me change the kind and/or amount of food I eat.	<input type="radio"/> YES <input type="radio"/> NO
2	I eat fewer than 2 meals per day.	<input type="radio"/> YES <input type="radio"/> NO
3	I eat few fruits or vegetables, or milk products.	<input checked="" type="radio"/> YES <input type="radio"/> NO
4	I have 3 or more drinks of beer, liquor or wine almost every day.	<input checked="" type="radio"/> YES <input type="radio"/> NO
5	I have tooth or mouth problems that make it hard for me to eat.	<input type="radio"/> YES <input type="radio"/> NO
6	I don't always have enough money to buy the food I need.	<input checked="" type="radio"/> YES <input type="radio"/> NO
7	I eat alone most of the time.	<input type="radio"/> YES <input type="radio"/> NO
8	I take 3 or more different prescribed or over-the-counter drugs a day.	<input checked="" type="radio"/> YES <input type="radio"/> NO
9	Without wanting to, I have lost or gained 10 pounds in the last 6 months.	<input type="radio"/> YES <input type="radio"/> NO
10	I am not always physically able to shop, cook and/or feed myself.	<input checked="" type="radio"/> YES <input type="radio"/> NO

[Spanish Version](#)



**Participant Profiles** Home Forms Sign Out

### DETERMINE SU SALUD NUTRICIONAL

Lea las oraciones de abajo, en las casillas a su derecha marque SI/No a su respuesta. Al terminar apriete el botom "someter" para medir su nivel alimenticio.

1	Yo tengo una enfermedad o condición que me hace cambiar la clase o la cantidad del alimento que yo como.	<input checked="" type="radio"/> SI <input type="radio"/> NO
2	Yo como menos de dos comidas al día.	<input checked="" type="radio"/> SI <input type="radio"/> NO
3	Yo como pocas frutas, vegetales o productos de leche.	<input checked="" type="radio"/> SI <input type="radio"/> NO
4	Yo tomo 3 o más bebidas de cerveza, licores o vino casi todos los días.	<input checked="" type="radio"/> SI <input type="radio"/> NO
5	Yo tengo problemas con los dientes o la boca que me dificultan el comer.	<input checked="" type="radio"/> SI <input type="radio"/> NO
6	Yo no siempre tengo suficiente dinero para comprar los alimentos que necesito.	<input checked="" type="radio"/> SI <input type="radio"/> NO
7	Yo como solo la mayor parte de las veces.	<input checked="" type="radio"/> SI <input type="radio"/> NO
8	Yo tomo al día 3 o más medicinas diferentes, recetas o sin receta.	<input checked="" type="radio"/> SI <input type="radio"/> NO
9	Sin querer yo he perdido o ganado 10 libras en los 6 últimos meses.	<input checked="" type="radio"/> SI <input type="radio"/> NO
10	Fisicamente yo no siempre puedo ir de compras, cocinar o alimentarme.	<input checked="" type="radio"/> SI <input type="radio"/> NO

[English Version](#)

# 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**

Address: [https://aging.ra.nyc.gov/napis/nutrition\\_result.cfm;DanaInfo=10.150.23.63+](https://aging.ra.nyc.gov/napis/nutrition_result.cfm;DanaInfo=10.150.23.63+)

**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 You 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

**Your Nutritional Score/Su Resultado Nutricional - Microsoft Internet Explorer**

Address: [http://dftantiss02/napis/nutrition\\_result.cfm](http://dftantiss02/napis/nutrition_result.cfm)

**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 por 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.

## SEARCH FOR AN EXISTING PARTICIPANT

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

Department for the Aging - Senior Participant Home - Microsoft Internet Explorer

Address: [http://dftantis02/inapis/html/dfta\\_napis\\_home\\_page.cfm](http://dftantis02/inapis/html/dfta_napis_home_page.cfm)

### Participant Profiles

Home Forms Sign Out

[Enter New Participant](#)   [Search Participant](#)   [Reports](#)

**General Information**

ABC Senior Center

Test User

Telephone: AREA CODE  NUMBER  .  EXT.

**Password**

[Change password](#)

[Change password help](#)

**Email**

Email Address:

[Contact Technical Support](#)



Done Local intranet

## 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.

Participant Profiles

Home Forms Sign Out

Search by Last Name

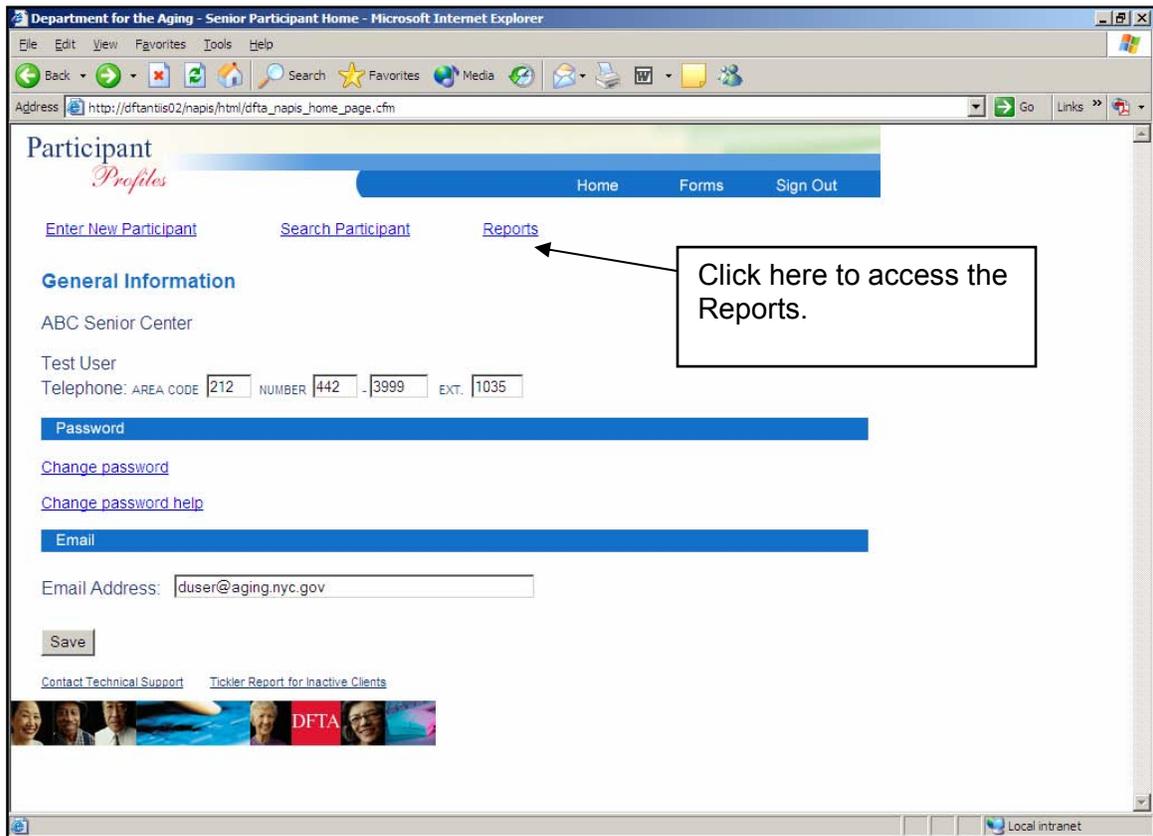
A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

S.No	Name	Address	Telephone No.
1	<a href="#">Doe John</a>	2 Lafayette Street APT. , New York NY, 10007 0	(212) 442 - 1000

- 1) Click on the first letter of the last name of the client you are searching.
- 2) Once the results appear, click on the client's name to view their information

## REPORTS

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



The screenshot shows a Microsoft Internet Explorer browser window titled "Department for the Aging - Senior Participant Home". The address bar displays "http://dftantis02/napis/html/dfta\_napis\_home\_page.cfm". The page content includes a navigation menu with "Home", "Forms", and "Sign Out" links. Below the menu are three links: "Enter New Participant", "Search Participant", and "Reports". A callout box with a black border and white background points to the "Reports" link, containing the text "Click here to access the Reports." The page also features a "General Information" section with fields for "ABC Senior Center", "Test User", and "Telephone" (with sub-fields for AREA CODE, NUMBER, and EXT.). There are also fields for "Password" and "Email" (with the address "duser@aging.nyc.gov"). At the bottom, there are links for "Contact Technical Support" and "Tickler Report for Inactive Clients", along with a banner image for "DFTA".

## REPORTS

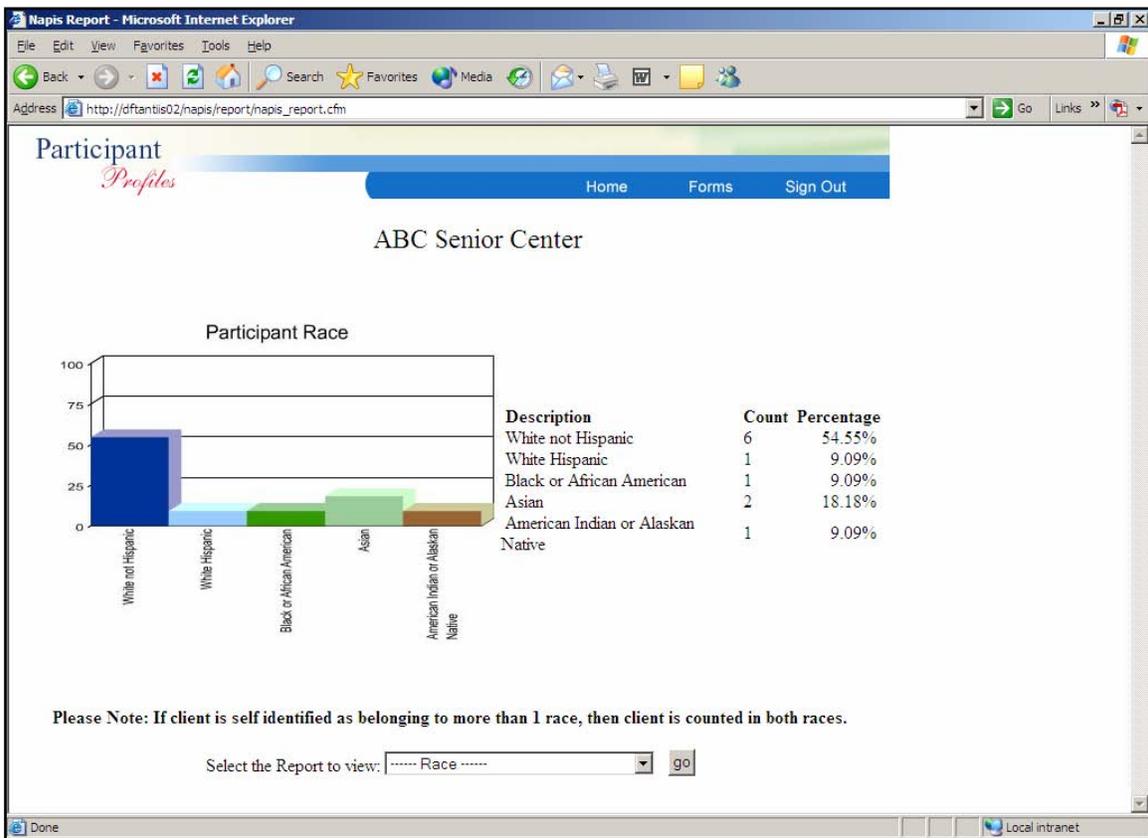
The *Senior Participant Profiles* system also provides you with reports based on the following:

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

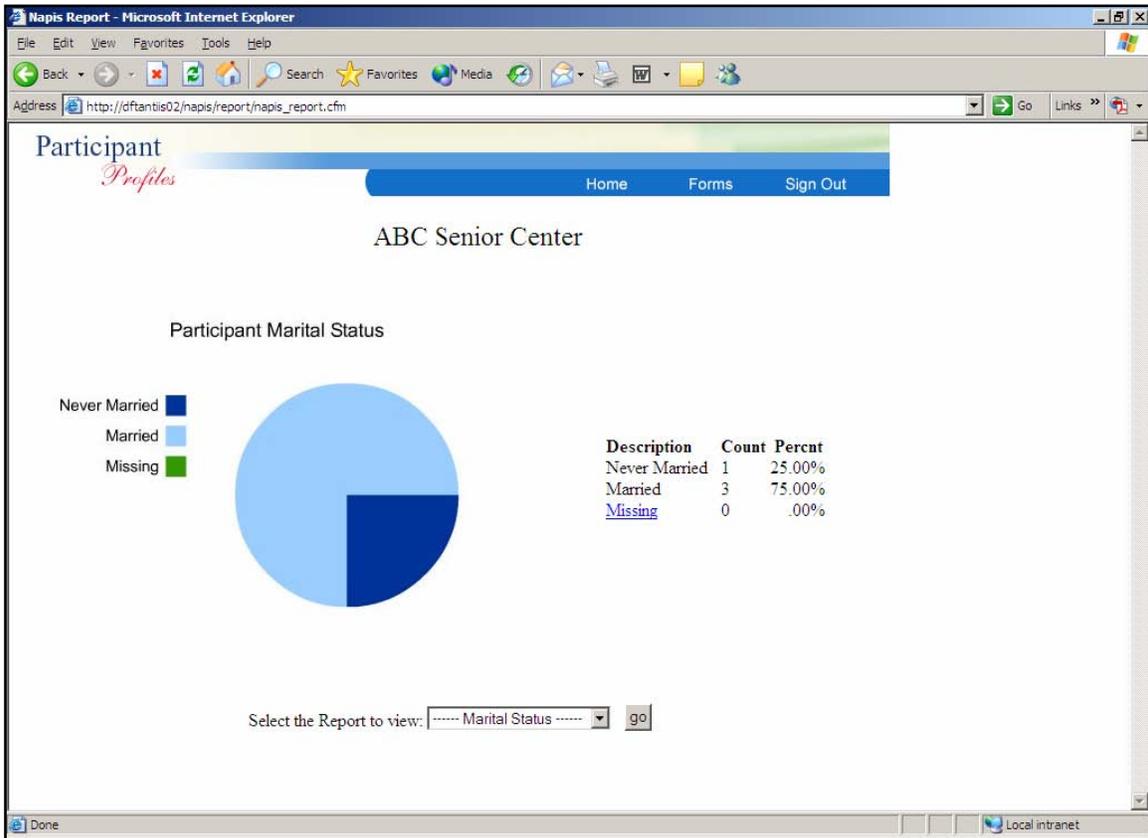
To access Reports:

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.

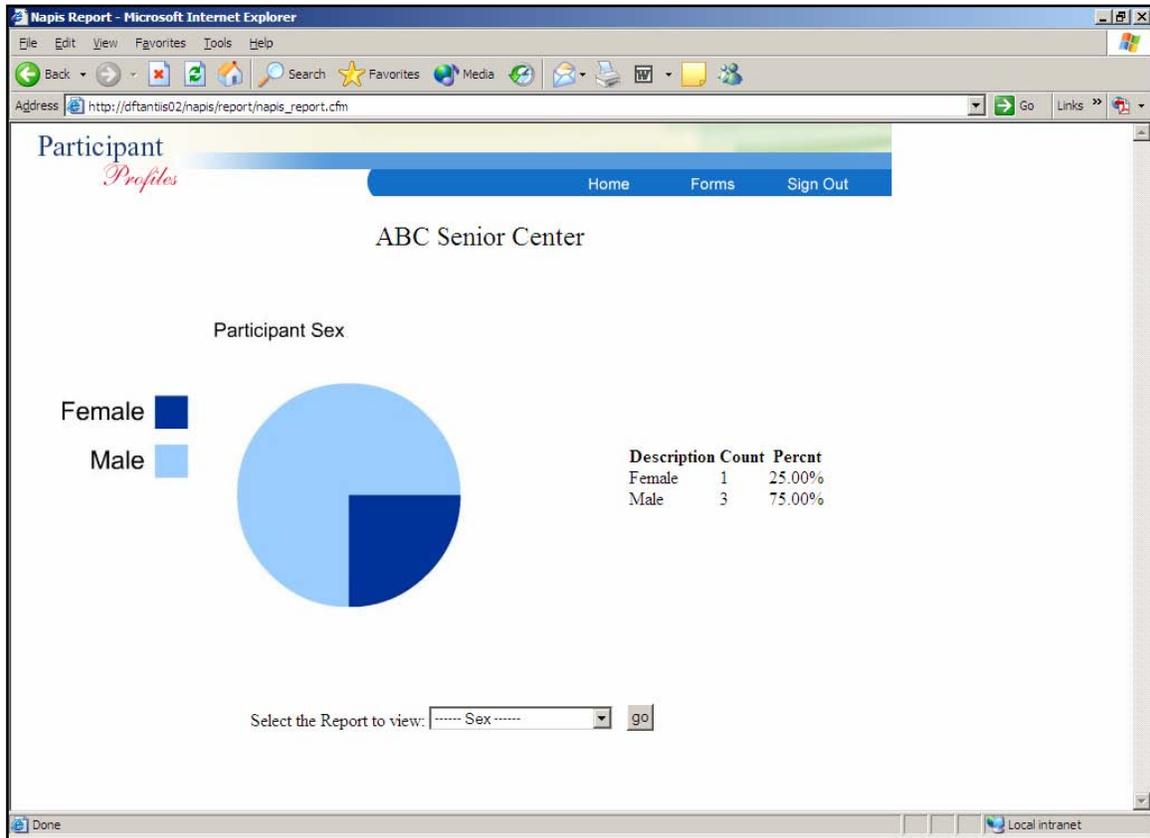
### Race Report:



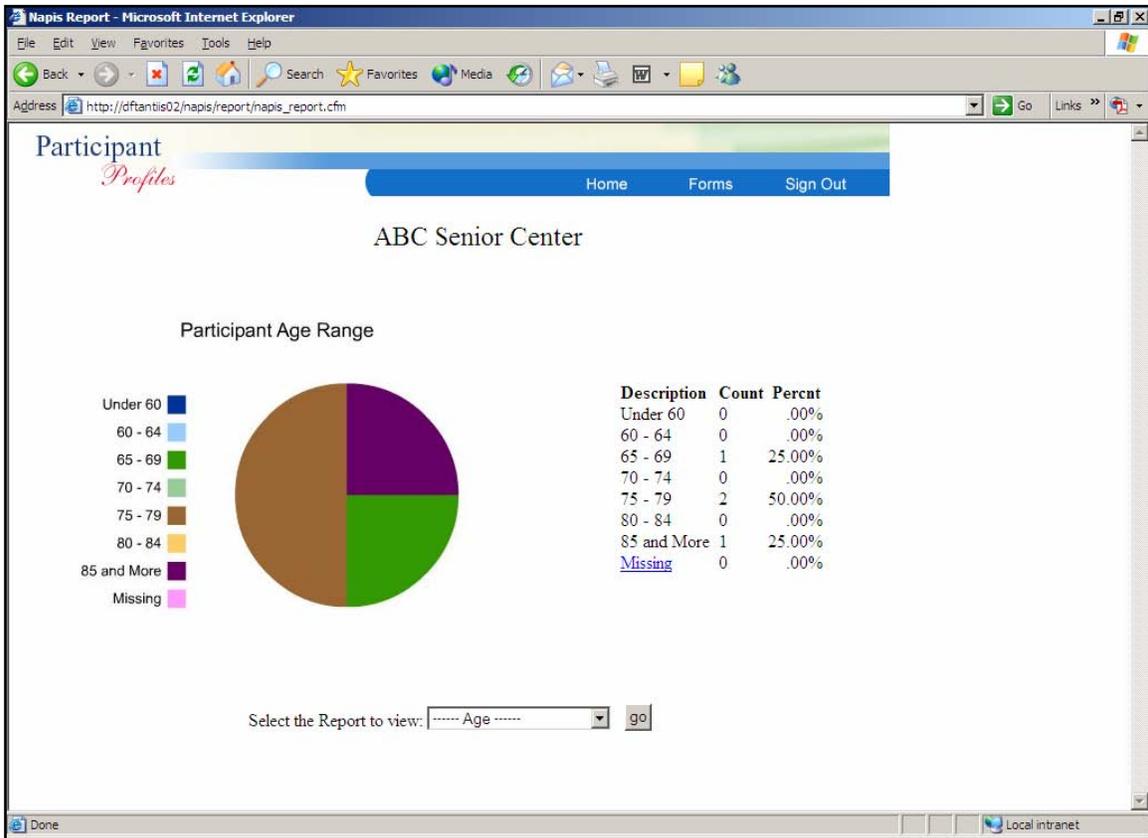
## Marital Status Report:



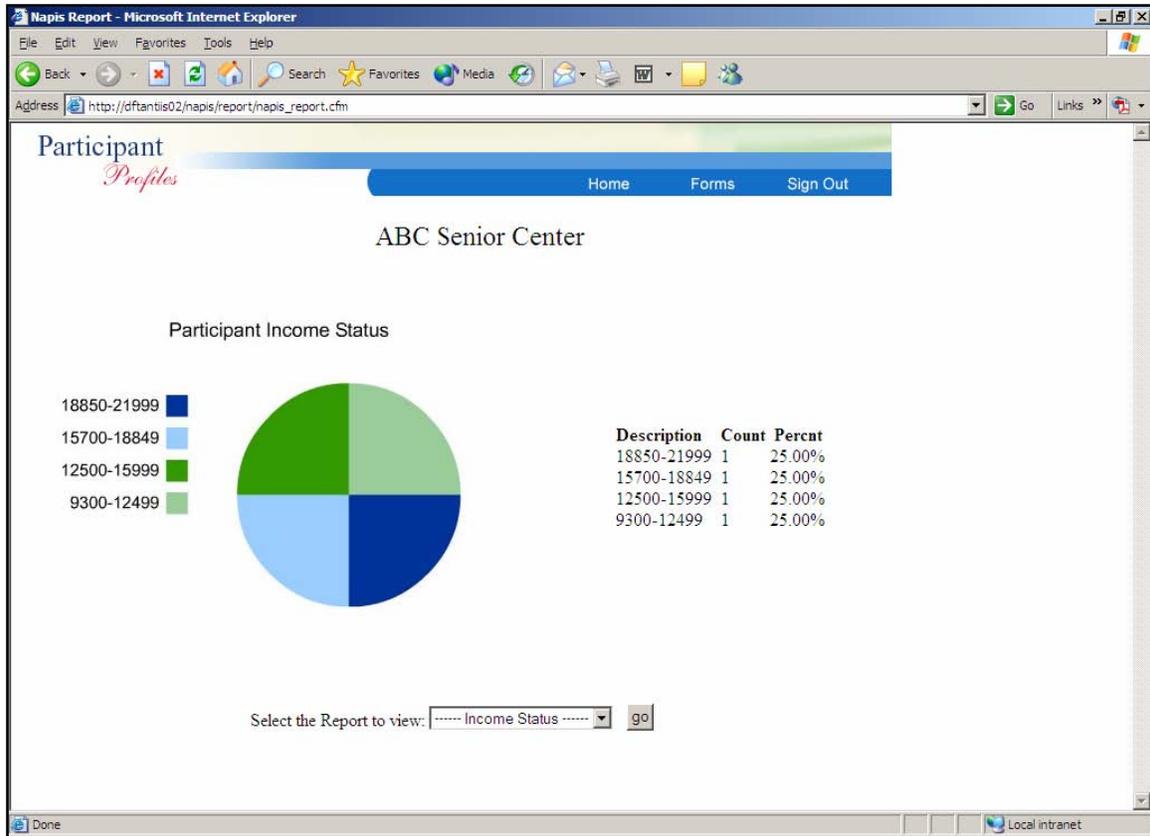
## Gender Report:



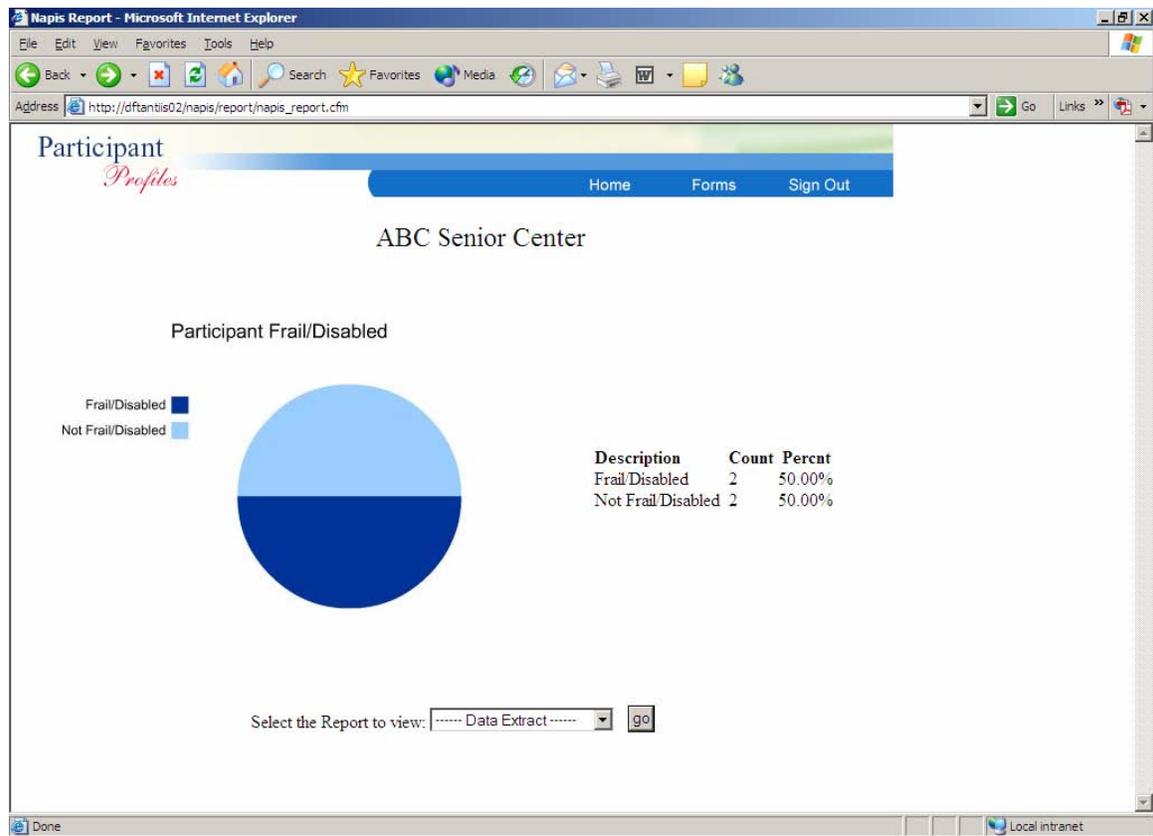
## Age Range Report:



## 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.

Participant Profiles

Home Forms Sign Out

Search/Selection Criteria for Data Extract

Select a Service: -----Select All-----

Reset Submit

Back

This report will open as an Excel file that can be saved to your local hard drive.

To save this file locally click Save from the dialog box and save it as a Microsoft Excel file to your local directory.

**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.

Department for the Aging - Senior Participant Home - Microsoft Internet Explorer

Participant Profiles

Home Forms Sign Out

[Enter New Participant](#) [Search Participant](#) [Reports](#)

**General Information**

ABC Senior Center

Test User

Telephone: AREA CODE  NUMBER  . EXT.

Password

[Change password](#)

[Change password help](#)

Email

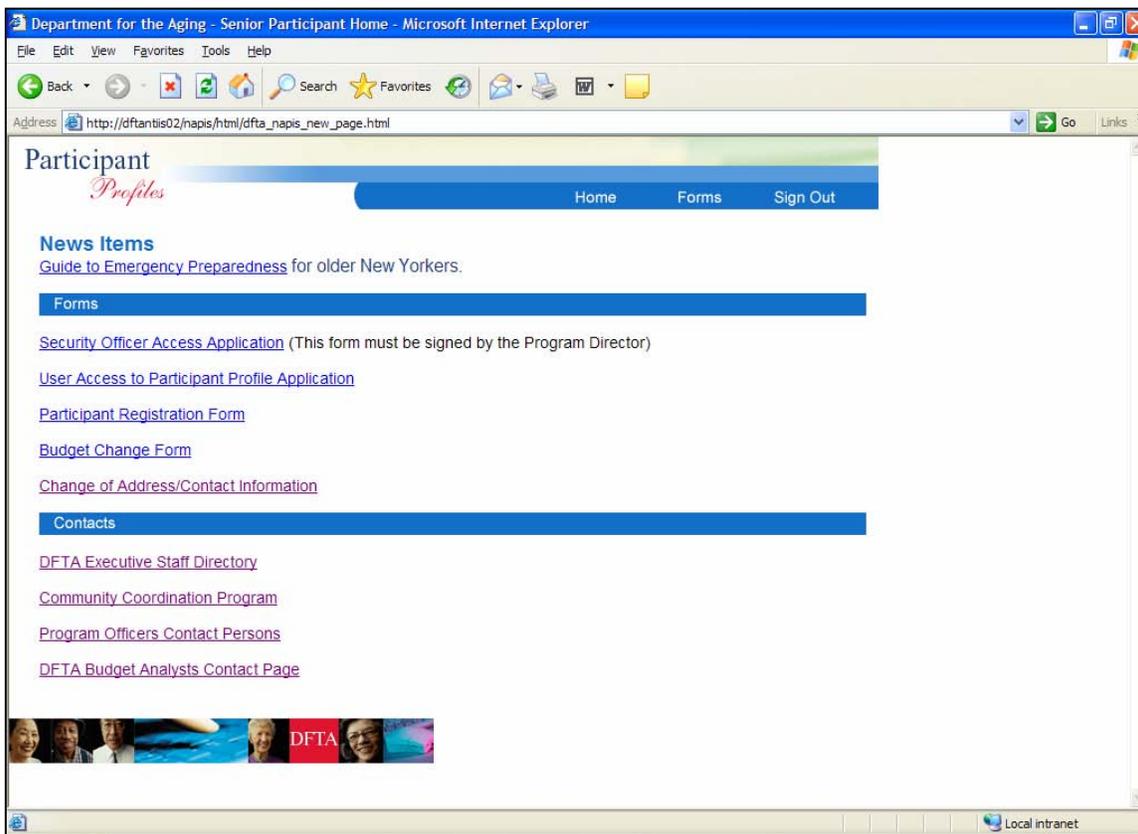
Email Address:

[Contact Technical Support](#)

Local intranet

## 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 from 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](http://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 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](mailto: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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Agency Address		Telephone Number	Fax Number
<input type="text"/>		<input type="text"/>	<input type="text"/>

Request Type Code <input type="text"/>	<b>“N” = New Officer</b> Add Security Office	<b>“NC” = Name Change</b> Change name of Security Office	<b>“D” = Delete Officer</b> Delete security Officer
---	---	---	--

<input type="text"/>	User ID (6 characters)	First Name	Last Name
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Telephone Number		<input type="text"/>
	Email Address		<input type="text"/>

<input type="text"/>	User ID (6 characters)	First Name	Last Name
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Telephone Number		<input type="text"/>
	Email Address		<input type="text"/>

<input type="text"/>	User ID (6 characters)	First Name	Last Name
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Telephone Number		<input type="text"/>
	Email Address		<input type="text"/>

_____ Program Director Signature	_____ Title	_____ Date
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The City Of New York Department for the Aging

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

User Access Application

Agency Code	Agency Name	Name of Security Officer	Email Address
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Agency Address		Telephone Number	Fax Number
<input type="text"/>		<input type="text"/>	<input type="text"/>

Request Type Code ↓	<b>"N" = New User</b> Add new user	<b>"NC" = Name Change</b> Change name of existing user	<b>"D" = Delete User</b> Delete user
---------------------	---------------------------------------	---	---

D	User ID (6 characters)	First Name	Last Name
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Telephone Number		<input type="text"/>
	Email Address		<input type="text"/>

D	User ID (6 characters)	First Name	Last Name
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Telephone Number		<input type="text"/>
	Email Address		<input type="text"/>

D	User ID (6 characters)	First Name	Last Name
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Telephone Number		<input type="text"/>
	Email Address		<input type="text"/>

Security Officer Signature	Title	Date
----------------------------	-------	------

\* Required

## Department for the Aging

<b>CLIENT INFORMATION:</b>		* Date of Birth:     /     /	
* Last Name:		* First Name:	MI
Address:			
City:	ST:	Zip+4:     -	Borough:
* Phone: (   )     -		* Gender: <input type="radio"/> Male <input type="radio"/> Female	
Live Alone: <input type="radio"/> Yes <input type="radio"/> No		U.S. Veteran: <input type="radio"/> Yes <input type="radio"/> No	
*Household Income: <input type="checkbox"/> Under \$9300 <input type="checkbox"/> \$9300- \$12499 <input type="checkbox"/> \$12500- \$15999 <input type="checkbox"/> \$16000- \$18849 <input type="checkbox"/> \$18850- \$21999 <input type="checkbox"/> \$22000- \$25199 <input type="checkbox"/> \$25200- \$28399 <input type="checkbox"/> \$28400 + <input type="checkbox"/> REFUSED			
Frail/Disabled: <input type="radio"/> Yes <input type="radio"/> No			
Number in Household: (Include yourself)		Ethnicity: <input type="radio"/> Hispanic <input type="radio"/> Non-Hispanic	
Race: <input type="checkbox"/> White- Non-Hispanic <input type="checkbox"/> White-Hispanic <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Persons Reporting other Race			
Marital Status: <input type="radio"/> Married <input type="radio"/> Widowed <input type="radio"/> Divorced <input type="radio"/> Never Married			
Intake Date:		Is Client Active: <input type="checkbox"/>	
<b>SERVICES INFORMATION:</b>			
<input type="checkbox"/> Congregate Meals <input type="checkbox"/> Nutrition Counseling <input type="checkbox"/> Case Assistance			
<input type="checkbox"/> Home-Delivered Meals <input type="checkbox"/> Info & Referral <input type="checkbox"/> Chore			
<input type="checkbox"/> Legal Services <input type="checkbox"/> Transportation <input type="checkbox"/> Friendly Visiting			
<input type="checkbox"/> Nutrition Education <input type="checkbox"/> Outreach <input type="checkbox"/> Escort <input type="checkbox"/> LTC ombudsman <input type="checkbox"/> Shop Assistance			
<input type="checkbox"/> Heavy Cleaning <input type="checkbox"/> Telephone Reassurance <input type="checkbox"/> EDRC <input type="checkbox"/> Other Service			
<input type="checkbox"/> Health Promotion <input type="checkbox"/> Intergenerational <input type="checkbox"/> Counseling <input type="checkbox"/> 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

# Budget Change Form

**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 Management
<b>CURRENT REIMBURSABLE BUDGET</b>								
<i>Changes</i>								
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								
<b>MODIFIED REIMBURSABLE BUDGET</b>								
<b>CENTRAL INSURANCE</b>								
<b>CURRENT CONTRIBUTIONS</b>								
<b>Change in Contributions</b>								
<b>MODIFIED CONTRIBUTIONS</b>								
<b>GRAND TOTAL BUDGET</b>								

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:

\_\_\_\_\_

Name

**Approved:**

(see attached  
modified budget)

\_\_\_\_\_

Signature

**Disapproved:**

(see attached  
justification)

**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 #:** \_\_\_\_\_

**Name 1**

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**Fax Number:** \_\_\_\_\_ **Telephone Number:** \_\_\_\_\_

**Emergency Contact Number (Home and/or Cellphone Number):** \_\_\_\_\_

**Name 2**

**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. | <b><u>CAREGIVER</u></b><br>2 Lafayette Street, 15 <sup>th</sup> Floor<br>New York, NY 10007        | <b>Robin Fenley</b><br><b>Kweli Walker</b>                          | (212) 442-3087<br>(212) 788-3169                   |
| 2. | <b><u>SENIOR EMPLOYMENT</u></b><br>220 Church Street, Room 323B<br>New York, NY 10013              | <b>Bertino Marro</b>  | (212) 442-1370                                     |
| 3. | <b><u>INTERGENERATIONAL</u></b><br>2 Lafayette Street, 7 <sup>th</sup> Floor<br>New York, NY 10007 | <b>Mary Ann McKinney</b>  | (212) 442-3114                                     |
| 4. | <b><u>WRAP</u></b><br>2 Lafayette Street, 16 <sup>th</sup> Floor<br>New York, NY 10007             | <b>Gary Barbash</b><br><b>Joann Anderson</b>                        | (212) 442-3031<br>(212) 788-2343                   |
| 5. | <b><u>ELDER ABUSE</u></b><br>2 Lafayette Street, 4 <sup>th</sup> Floor<br>New York, NY 10007       | <b>Aurora Salamone</b><br><b>Jocelyn Groden</b><br><b>Judy Race</b> | (212) 442-3103<br>(212) 442-3103<br>(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](mailto:Rkalra@Aging.nyc.gov)

**BRONX & CITYWIDE**

Roy Garcia  
(212) 442-1237  
Email: [Rgarcia@Aging.nyc.gov](mailto:Rgarcia@Aging.nyc.gov)

**BROOKLYN**

Regina Shvartser  
(212) 442-1260  
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**MANHATTAN**

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## **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.

