Hi Teams!

Here is a breakdown of what we need from you for your **total clients up until you start using your RedCap tracker**! This is to make sure that we count everyone that you have touched with this project **since it started** a couple of years ago (or whenever your site started).

Barbara Schott ꓽ bschott@mtpca.org

Program Name:		Today's Date:	
Total Number enrolled in TRUST			
Total Number enrolled in CM			

Your program name will need to be your agency. If your agency has more than one site, as in you see patients at different locations with different team members, then decide if your agency wants to combine your totals and send in, or if you want to send a form in per site location. Either way, please make it clear in the **"Program Name"** field.

"Total Number enrolled in TRUST" - this refers to the total number of patients you have enrolled in the TRUST series since the beginning of your project.

"Total Number enrolled in CM" – this refers to the total number of patients you have enrolled to receive CM incentives since the beginning of the project.

**** some sites are not doing both projects. That is okay, just fill out the fields relevant to your project.

# completed 12 wks. of TRUST/CM:	TRUST: CM:
Number currently active:	
Number dropped out:	

"# completed 12 wks of TRUST/CM" – the total number of patients (since the beginning of the project) that have completed the TRUST series and/or gotten all of their incentives that they are eligible for

**** for those who are not doing both TRUST and CM, fill it out relevant to the part you are using in your clinic

"Number of currently active" – this is the number of patients that are active right now in your program.

"Number dropped out" – this is the number of patients who have been discharged without completing the full TRUST and/or CM incentives they are eligible for.

"# completed 12 wks of TRUST/CM"

+ "Number dropped out"

+ "Number currently active"

= "Total number enrolled"

UPDATE AS NEEDED

CURRENT PROGRAM INFORMATION:

Primary Contact:	
Email:	
Staff responsible for submitting form:	
Email:	

What components are you offering:

TRUST	☐
Contingency Management	☐

Coaching Call Liaison:

Name:	
E-Mail:	

CM Staff- Who is delivering and tracking

Name:	
E-Mail:	

TRUST Therapist:

Name:	
E-Mail:	

EXERCISE Staff:

Name:	
E-Mail:	

Date First CM/TRUST Patient enrolled:

Please fill out this part on this latest client form update so that we can make sure we have the correct information for your site. If you have questions on this part, please let us know and we are happy to help!

SUBMIT

Please **ignore this button.** It does **NOTHING**! Instead, please email the forms to Barbs at bschott@mtpca.org

THANK YOU!

We appreciate all your hard work!