



QUICK START GUIDE

In this step by step, we will walk you through the process of logging into **yourjuniper.org** and completing your pre-class survey and acknowledging the liability agreement and insurance authorization.

1

Log into yourjuniper.org.

[Make a Referral](#)

[For Healthcare Providers](#)

[For Class Leaders](#)

[Contact](#)

[Donate](#)

[Sign In](#)



[Programs & Classes](#)

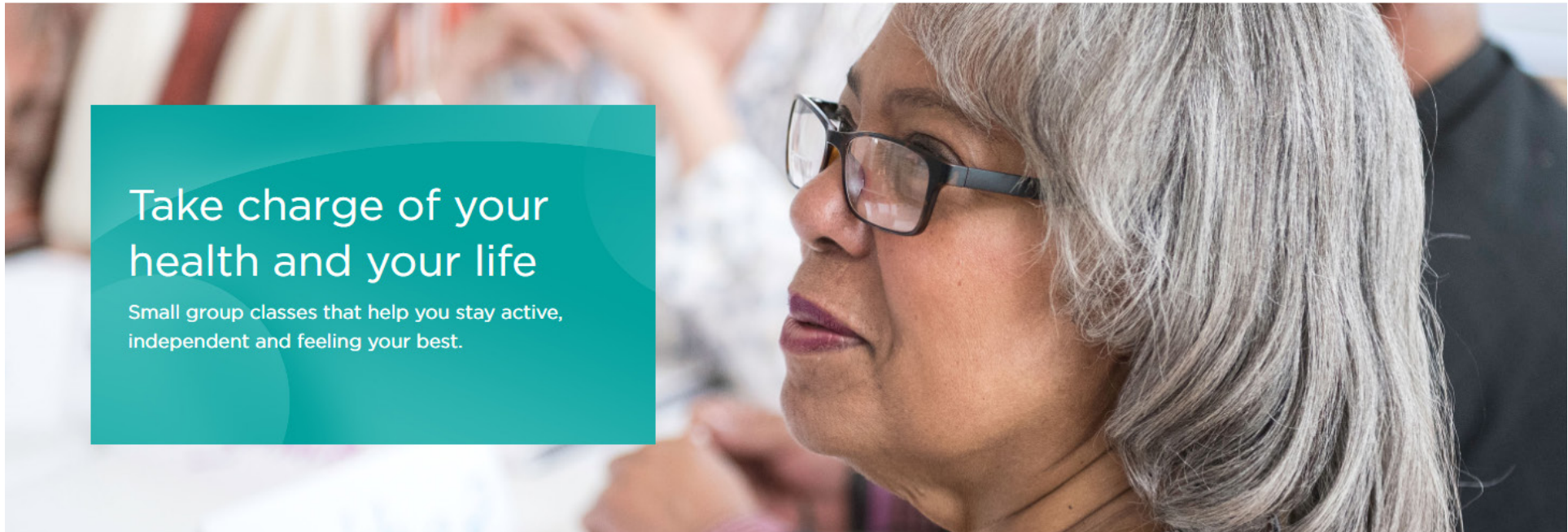
[Why Juniper?](#)

[Be Well](#)

[News](#)

[About](#)

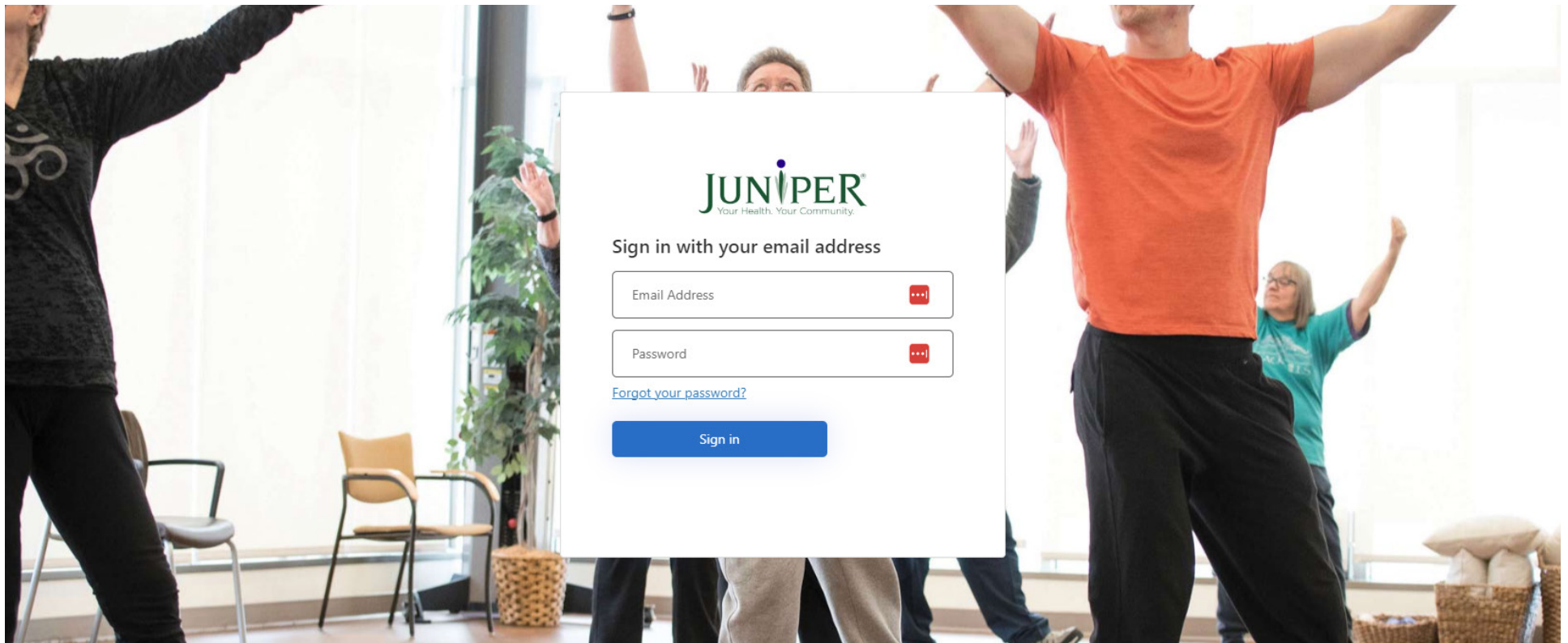
[Find
Classes](#)



Click "Sign In" located in in the top right corner.

2

Enter email address and password.



Enter your email address.

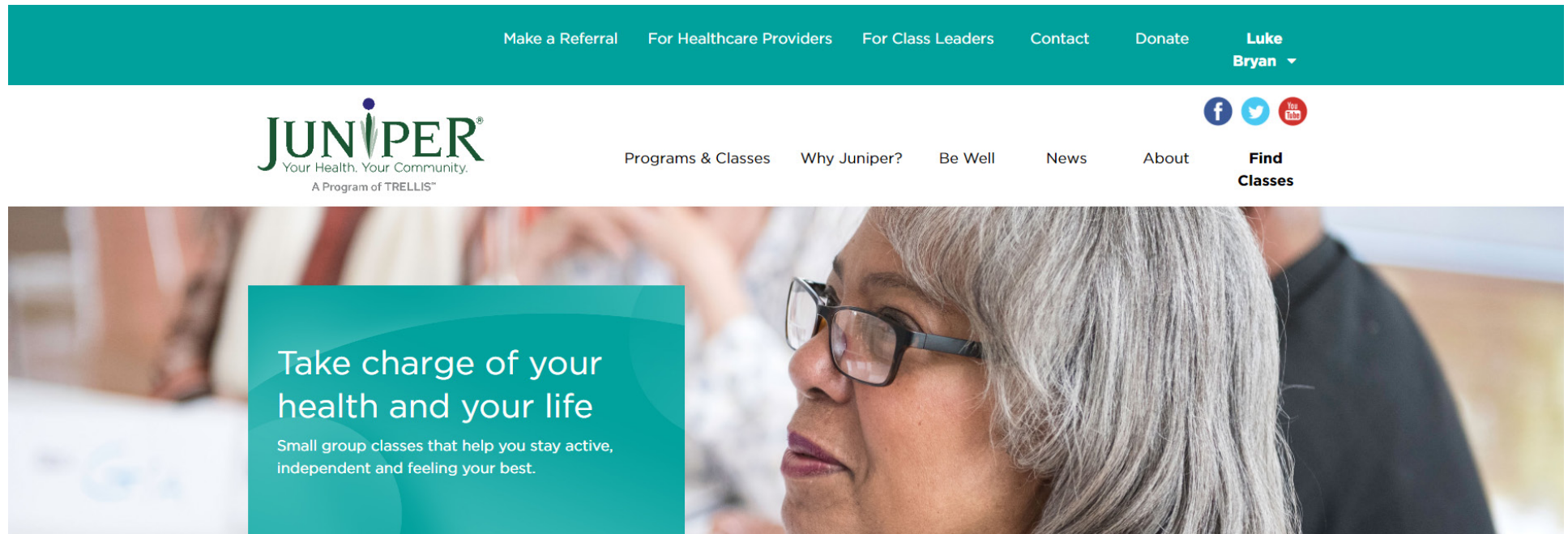
Tip: this is the email address you registered with.

After entering your email address, enter in your password.

If you don't remember your password, or haven't created a password yet, click "forgot password" and go through the password reset steps.

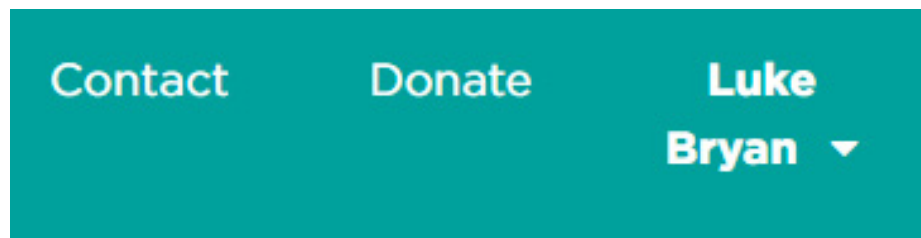
3

Confirm successful login.

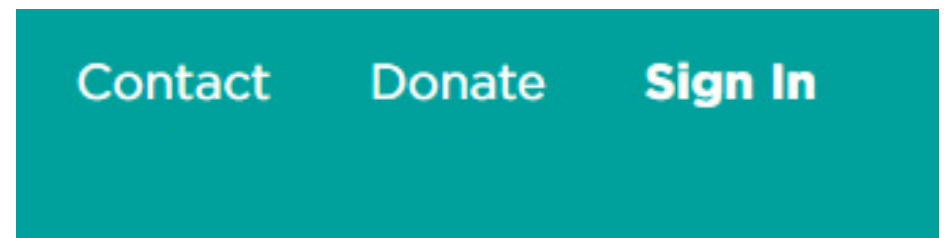


To confirm a successful login, you will want to navigate back to the yourjuniper.org home page. Look in the top right corner. Login was successful if the participant's name is in the corner. If it still says, "Sign In," additional steps are needed. Please call 1-855-215-2174 for assistance.

Successful login:

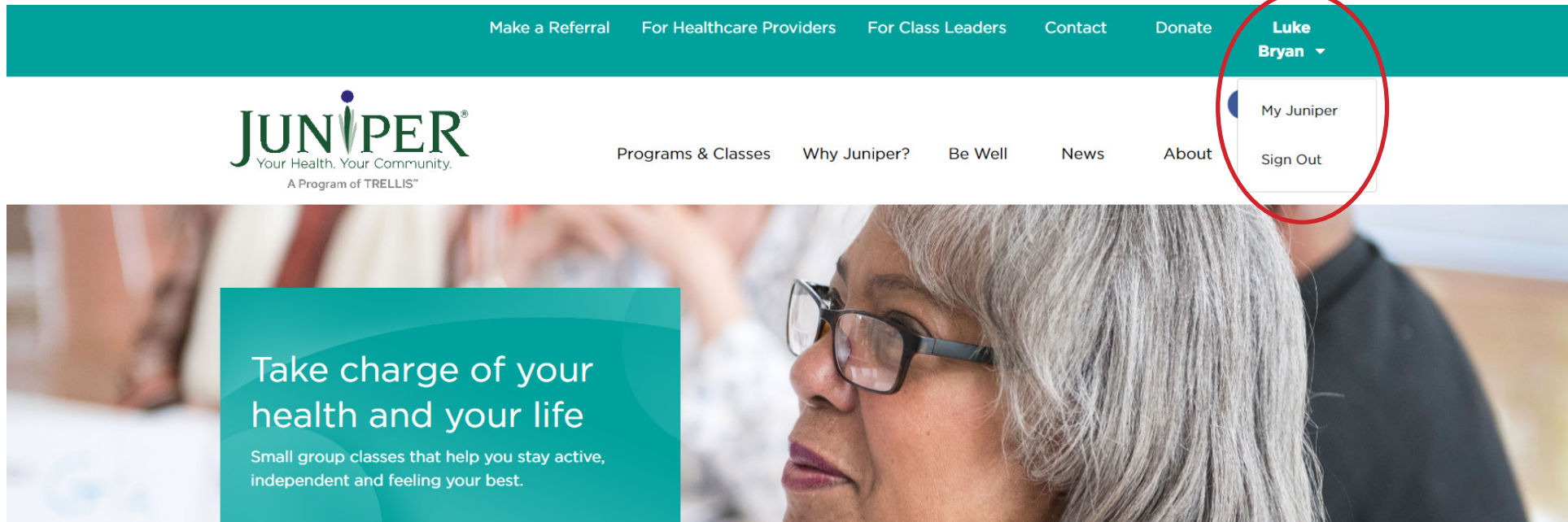


Unsuccessful login:

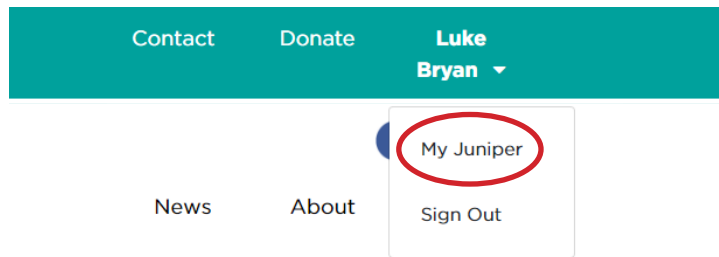


4

Access Participant Portal.



Click on your name then “My Juniper.”



The page will then load to the participant portal.

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Finding legal forms, preclass survey and insurance information.

The screenshot shows the user profile page for Luke Bryan on the Juniper website. The header includes navigation links: Make a Referral, For Healthcare Providers, For Class Leaders, Contact, Donate, and a user menu for Luke Bryan. The Juniper logo is displayed with the tagline "Your Health. Your Community. A Program of TRELIS". Social media icons for Facebook, Twitter, and YouTube are present. The main content area features a circular profile picture of Luke Bryan, his name, and contact information: 1234 52nd Ave N, Minneapolis, MN 55446, (957) 552-1111, and wadok94846@64ge.com. Under "Insurance information", it lists HealthPartners and Group Number: 1234. The page is divided into "Current Classes" and "Past Classes" sections. Under "Current Classes", the "Diabetes Prevention Program" is listed with start and end dates. Under "Past Classes", "A Matter of Balance" is listed with start and end dates. Links for "CLASS DETAILS", "PRE-CLASS SURVEY", and "POST-CLASS SURVEY" are provided for the past class.

View your current and past classes.

This block provides a detailed view of the class listings. It is divided into two columns: "Current Classes" and "Past Classes".

- Current Classes:**
 - Diabetes Prevention Program**
 - Start Date: 4/23/2024
 - End Date: 3/4/2025
 - Links: [CLASS DETAILS](#), [CDC Prediabetes Risk Test](#), [PRE-CLASS SURVEY](#)

- Past Classes:**
- A Matter of Balance**
 - Start Date: 2/19/2024
 - End Date: 4/8/2024
 - Links: [CLASS DETAILS](#), [PRE-CLASS SURVEY](#), [POST-CLASS SURVEY](#)
- Living Well With**

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View the participant portal.

Click on “Pre-Class Survey.”

Make a Referral For Healthcare Providers For Class Leaders Contact Donate **Luke Bryan** ▾

JUNIPER
Your Health. Your Community.
A Program of TRELIS™

Programs & Classes Why Juniper? Be Well News About **Find Classes**


Luke Bryan

1234 52nd Ave N, Minneapolis, MN 55446
(957) 552-1111
wadok94846@64ge.com

Insurance information
HealthPartners
Group Number: 1234
Member ID: 56789

EDIT PROFILE

Hello Luke, welcome to Your Juniper

Current Classes

Diabetes Prevention Program

Start Date: 4/23/2024
End Date: 3/4/2025

[CLASS DETAILS](#)
[CDC Prediabetes Risk Test](#)
[PRE-CLASS SURVEY](#)

Past Classes

A Matter of Balance

Start Date: 2/19/2024
End Date: 4/8/2024

[CLASS DETAILS](#)
[PRE-CLASS SURVEY](#)
[POST-CLASS SURVEY](#)

You will be directed to the Pre-Class Survey page.

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View a specific class.



Release from Liability Agreement

As a participant in this class, the undersigned agrees to indemnify and release and hold harmless Innovations for Aging, LLC, its directors, officers, employees, and agents from any loss, liability, injury, cost, or damage they may incur resulting from such class participation.

In addition, by selecting the "I agree to the terms in the Release from Liability Agreement" box below, the undersigned agrees:

- Information provided in the class does not replace the advice of medical professionals;
- To address concerns with the undersigned's medical provider if the undersigned believes the information in the class conflicts with the advice of the undersigned's medical provider;
- The undersigned has been informed that the sessions may include light to moderate exercise including stretching, balance, and range of motion exercises;
- The undersigned assumes full responsibility for and risk of bodily injury, death, or property damage due to negligence or releaseses or otherwise while participating in any class affiliated with Innovations for Aging, LLC; and

I agree to the terms and conditions in the Release from Liability Agreement *

Insurance Authorization and Assignment of Benefits

Juniper® programs are offered as a covered benefit by some of Minnesota's health insurance plans. By listing the health plan name, group ID, and member ID, Juniper will be able to verify whether the participant is an eligible member with this covered benefit.

Listing the health plan information will not impact the participant's premium, co-pay, or deductible.

Under the pre-class survey you can complete:

Release from Liability Agreement

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Listing the health plan information will not impact the participant's premium, co-pay, or deductible.

I authorize and direct payment of my medical benefits to Innovations for Aging, LLC on my behalf for any services furnished to me by the providers. *

Pre-class survey

Pre-class survey

1) How did you hear about this program?

2) Did your doctor or other health care provider suggest that you attend this program?

3) How old are you today?

4) Do you live alone?

5) Are you of Hispanic, Latino, or Spanish origin?

6) What is your race? Mark all that apply.

7) What is your current gender identity?

8) Do you consider yourself to be transgender?

9) Which of the following best represents how you think of yourself? (Select ONE)

10) What is the highest grade or year of school you completed?

11) Have you ever served in the military?

12) During the past year, did you provide regular care or assistance to a friend or family member who has a long-term health problem or disability?

13) In general, would you say that your health is...

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View the Pre-Class Survey page.

If they aren't already checked, check the boxes to agree to the Liability Agreement and Insurance Authorization.

I agree to the terms and conditions in the Release from Liability Agreement *

I agree to the terms and conditions in the Insurance Authorization and Assignment of Benefits *

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Fill out Pre-Class Survey.

Fill out the Pre-Class Survey according to your personal experience.

Pre-class survey

1) How did you hear about this program?

2) Did your doctor or other health care provider suggest that you attend this program?

3) How old are you today?

4) Do you live alone?

5) Are you of Hispanic, Latino, or Spanish origin?

6) What is your race? Mark all that apply.

7) What is your current gender (select one)?

The questions on this page may be formatted by using the following answer types:

Yes or No

- 2) Did your doctor or other health care provider suggest that you attend this program?
3) How old are you today?

Multiple choice

- 10) What is the highest grade or year of school you completed?
11) Have you ever served in the military?
12) During the past year, did you provide regular care or assistance to a friend or family member who has a long-term

Scaling questions

- 16) How often do you feel lonely?
17) How often do you feel isolated from those around you?
18) How sure are you that you can manage your condition so you can do the things you need and want to do? (0 being totally unsure and 10 being totally sure)

Fill in the blank

- 14) Has a health care provider ever told you that you have any of the following chronic conditions (i.e., one that has lasted for three months or more)? Select all that apply.
15) Please answer yes or no for the following questions.

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Submit your answers.

Submit your answers or save changes by scrolling to the bottom of the page and clicking on the green “Submit” button.

15a) Are you deaf or do you have serious difficulty hearing?

15b) Are you blind or do you have serious difficulty seeing, even when wearing glasses?

15c) Do you have serious difficulty walking or climbing stairs?

15d) Do you have difficulty dressing or bathing?


15e) Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

15f) Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

16) How often do you feel lonely?

17) How often do you feel isolated from those around you?

18) How sure are you that you can manage your condition so you can do the things you need and want to do? (0 being totally unsure and 10 being totally sure)



Once the survey is complete, you will be redirected to your main profile page.

Repeat steps 1 - 9 (skip step 7) for the post-survey when the class ends.



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