

LOGO

Parents and Children Together

Healthy Marriage

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RANDOM ASSIGNMENT FORM

Today's Date: mm/dd/yyyy

All information except Middle Name is required

1. Study ID:
2. Name:
3. Date of Birth: (mm) (dd) (yyyy)
4. Gender:
5. Grantee:
- Site:

6. Some clients participate in a lot of program services, while other clients--for whatever reason--participate only a little bit. What about this client? How much do you think this client would participate in...

	Not at all	A little	A lot
i. Parenting Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ii. Healthy Relationship Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
iii. Employment Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. How was the client referred to the program? *Mark all that apply.*

- Program's intake or outreach staff
- Program's partner agency
- Other community agency
- Court order
- Probation or parole officer
- Word of mouth
- Advertisement, flyer, or other public announcement
- Client does not remember
- Other (please specify):

8. Gift Card Number:

9. Filter on:
-

Partner/Spouse

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Possible Duplicate Found

Client

Study ID

DOB

SSN

All clients the new client matched:

Last Name	First Name	Study ID	DOB	SSN	Grantee	Site	RA Date	Reason Identified as Duplicate
LName1	FName1	122446688	mm/dd/yyyy	xxx-xx-xxxx	FSC	North	mm/dd/yyyy	Last Name & DOB duplicate on last four
LName2	FName2	23456789	mm/dd/yyyy	xxx-xx-xxxx	FSC	South	mm/dd/yyyy	Digits of SSN and DOB
LName3	FName3	34567890	mm/dd/yyyy	xxx-xx-xxxx	UV	Central	mm/dd/yyyy	Duplicate on SSN

Partner

Study ID

DOB

SSN

All clients the partner matched:

Last Name	First Name	Study ID	DOB	SSN	Grantee	Site	RA Date	Reason Identified as Duplicate
LName4	FName4	1234567	mm/dd/yyyy	xxx-xx-xxxx	FSC	North	mm/dd/yyyy	Last Name & DOB duplicate on last four
LName5	FName5	2345678	mm/dd/yyyy	xxx-xx-xxxx	FSC	South	mm/dd/yyyy	Digits of SSN and DOB
LName6	FName6	3456789	mm/dd/yyyy	xxx-xx-xxxx	UV	Central	mm/dd/yyyy	Duplicate on SSN

Please contact study team member FName LName at xxx-xxx-xxxx if you are unable to resolve issue.



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John Doe - Client Summary

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Current Partner/Spouse: Jane Doe

[View Partner Client Summary](#)

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General Info & Appts | Service Contacts & Referrals | Address & Phone Info | Registered Workshop Activity | more

Partner/Spouse History

Study ID	Name	Date of Birth	Match Date	Separation Date
80001003	Jane Doe	1/14/1985	4/17/2013	
80000851	Sue Jones	2/24/1986	9/25/2012	3/30/2013

Partner/Spouse History Field Set displays ONLY when client has been linked with more than one person. The first name to display is always the current partner.

General Information

Study ID:	<input type="text"/>	Grantee Location:	<input type="text"/>
Date of Birth:	<input type="text"/>	RA Date:	<input type="text"/>
Social Security Number:	<input type="text"/>	Enrollment Date:	<input type="text"/>
Nickname:	<input type="text"/>	Partner/Spouse Name:	<input type="text"/>
Gender:	<input type="text"/>	Education:	<input type="text"/>
Relationship Status:	<input type="text"/>	Race:	<input type="text"/>
Employment Status:	<input type="text"/>	Income:	<input type="text"/>
Client Status:	<input type="text"/>	End Date:	<input type="text"/>
		Reason for Temp Hold or Out of Program:	<input type="text"/>

[Review Random Assignment Form](#)
[Create Explanation Letter](#)
[Review/Revise Client Information](#)

Assigned Case Workers

Primary Case Worker(s):	<input type="text"/>	Other Case Worker(s):	<input type="text"/>	Assign Case Worker(s)
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Appointments

Date	Start Time	End Time	Topic
2/16/12	1:30 pm	2:30 pm	Weekly meeting

[Schedule Appointment](#)



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Service Contact History

Service contact applies to: I = Individual only; C = Couple together

Select	Date of Contact	Entered by	Service Location	Has Referrals?	Notes	Applies to
<input type="radio"/>	2/28/12	Case Worker 2	Home Visit	N	meet with dad and his son	I
<input type="radio"/>	2/16/12	Case Worker 1	Office	N	Discussed services geared toward men	C
<input type="radio"/>	2/15/12	Case Worker 1	Office	Y	possible workshops	C
<input type="radio"/>	2/6/12	Case Worker 2	Home Visit	N	observing family dynamics	C
<input type="radio"/>	1/29/12	Case Worker 1	Office	N	Initial meeting	I

[Print Service Contact](#)

[Review Service Contact](#)

[Add New Service Contact](#)

Referral History

Referral applies to: I = Individual only; P = Partner only; C = Couple together

Select	Date of Contact	Entered by	Agency	Notes	Applies to
<input type="radio"/>	3/9/12	Case Worker 1	Career One Stop	Job hunting on the internet	I
<input type="radio"/>	2/18/12	Case Worker 1	YMCA	Staying healthy pick-up basketball league	P
<input type="radio"/>	2/15/12	Case Worker 1	Thrift Shop	for baby gear	C
<input type="radio"/>	2/6/12	Case Worker 1	Food Bank	where to go when food runs low	P
<input type="radio"/>	1/30/12	Case Worker 1	Center Hospital	free Health check	C

[View/Add Notes](#)



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John Doe - Service Contact Documentation

Current Partner/Spouse: Jane Doe

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Date of contact:

Was client present? Yes
 No

Length of this service contact: (minutes)
 0 - 4
 5 - 14
 15 - 29
 30 - 44
 45 - 59
 60 or more

Who else participated in this service contact? (Mark All that Apply)
 Child
 Other Adult (Specify):
 Other Service Provider
 Other (Specify):

How was this service contact provided?
Select:
Attempt unsuccessful
By email
In the office
Left a message
Spoke on the telephone
During home visit
In the community
Other Specify:

Service contact provided to: John Doe only
 Couple together

Content of this service contact: (Mark All that Apply)
 Parenting
 Strengthening Relationships
 Job and Career Advancement
 Substance Abuse
 Domestic Violence
 Emergency Needs
 Make-Up Session (specify) _____
 Needs Assessment
 Housing
 Education (specify) _____
 Legal
 Other (specify) _____

Person providing this service contact: Select:
User logged in (default)
Name 1
Name 2
Name 3

Service Contact Notes

Notes:

To read, select desired note

Select	Note ID	Date Entered	Entered By	Note(s)
<input type="radio"/>	34	mm/dd/yyyy	Case Worker 1	This is a test. this is only a test

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John Doe - Referral Information

Current Partner/Spouse: Jane Doe

Date of contact:

Agency referred to:
 Partner 1
 Partner 2
 Outside Agency 1

Referral provided: In writing
 Verbally

Referral applies to: John Doe only
 Couple

Type of referral service:
 (Mark All that Apply)

- Parenting
- Strengthening Relationships
- Job and Career
- Substance Abuse
- Domestic Violence
- Emergency Needs
- Needs Assessment
- Housing
- Legal
- Education

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Referral Notes

Notes:

Clear

Add

To read, select desired note

Select	Note ID	Date Entered	Entered By	Note(s)
<input type="radio"/>	34	mm/dd/yyyy	Case Worker 1	This is a test.

Read Full Note

Return without Saving

Save & Add Another Referral

Save & Return to previous