

OMB No.: xxxx-xxx

Expiration Date: xx/xx/20xx

INFORMATION COLLECTION ACTIVITY #8

INSTRUMENT #7

**CHILD SUPPORT NONCUSTODIAL PARENT EMPLOYMENT DEMONSTRATION
(CSPED)**

**MANAGEMENT INFORMATION SYSTEM (MIS) RANDOM ASSIGNMENT
WIREFRAMES**

THE FOLLOWING PAGES CONTAIN

**WIREFRAMES OF THE RANDOM ASSIGNMENT FEATURE WITHIN THE CSPED
MANAGEMENT INFORMATION SYSTEM (MIS)**

**FOR THE USE OF ASSIGNING STUDY PARTICIPANTS TO TREATMENT AND
CONTROL CONDITIONS THROUGHOUT THE DURATION OF THE STUDY**

LOGO

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Random Assignment Form

Today's Date: mm/dd/yyyy

1. Study ID
2. Name
3. Date of Birth (mm) (dd) (yyyy)
4. Site: ▼ ← **Pre-filled but editable.**

5. Some non-custodial parents participate in a lot of program services, while other non-custodial parents--for whatever reason--participate only a little bit. What about this non-custodial parent? How much do you think this non-custodial parent would participate in...

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

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

- Program's child support staff
- Program's partner agency staff
- Other community agency
- Other child support worker
- Court referral
- Word of mouth
- Advertisement, flyer, or other public announcement
- Client does not remember
- Other (please specify):

7. What incentives is client receiving for enrollment? ▼

8. For what is this client being referred?

- Establishment
- Enforcement

9. Gift Card Number: ▼

[Return to previous](#)

[Random Assign Client](#)



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Random Assignment Completed

Last Name, First Name Middle Name

Study ID

Assigned to: Program (or Non-Program)

Create Explanation Letter

View Random Assignment

Assign Case Worker(s)

Home



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Possible Duplicate Found

Last Name, First Name

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
Bradley	Milton	12345678	mm/dd/yyyy	xxx-xx-xxxx	FSC	North	mm/dd/yyyy	Last Name & DOB duplicate on last four
Seuss	Dr.	23456789	mm/dd/yyyy	xxx-xx-xxxx	FSC	South	mm/dd/yyyy	Digits of SSN and DOB
Sparrow	Jack	34567890	mm/dd/yyyy	xxx-xx-xxxx	UV	Central	mm/dd/yyyy	Duplicate on SSN

One of two links displays depending on whether case initiated through Blaise or through manual intake.

[Return to Random Assignment Form](#)

[Return to Manual Intake Form](#)

Please contact CSPED study team at xxx-xxx-xxxx if you are unable to resolve duplicate issue.

[Save pending resolution](#)

[Override Duplicate](#)

[Status as Duplicate](#)