

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:  ▼

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[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



# CSPED

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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.

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