MATHEMATICA
Policy Research

PACT

Study MIS

May 23, 2012

Table 1 Study MIS: Item- by- Item Justification

Entry	Rationale
Intake for Random Assignment	
Name Date of birth Social Security number	Required for checking that the applicant is not already a sample member before conducting random assignment. Also needed to obtain administrative data on sample member.
Gender (RF program only) Presence of biological children	Required to screen applicants for study eligibility. In RF programs, study applicants must be male and a parent. In HM programs, at least one partner in the couple must have a biological child under the age of 18 to be eligible for the study.
Whether the father lives with biological children (RF program only) Whether the couple has child together (HM program only)	Required for random assignment. In RF programs, stratification will occur based on whether the father has residential children. In HM programs, stratification will occur based on whether the couple has a child together.
Referral source	Staff will identify how the applicant was referred to the program for descriptive purposes and to predict program participation for the estimation of the impact of the treatment on the treated (see Section 16).
Likelihood of participation in each program component	Staff will provide predictions of the likelihood of participation in different types of program services. This will be used with other baseline information about participants to estimate the impact of treatment on the treated (see Section 16).
Service Receipt	

Client Information
 	
    Name and nickname
 	
    Contact information (address, phone numbers, email)
 	
    Partner/spouse name
 	
    Enrollment date (default is random assignment date)
 	
    End date of program involvement
 	
    Primary reason for ending program, including whether participant completed the program or ended services prior to completion[1]
	Client information will allow staff to track and manage clients that are participating in the program. Enrollment date, end date of program involvement, and reason for ending program will be used to describe enrollment patterns.

Group Services–Add or Revise a Workshop
 	
    Name of workshop
 	
    Description
 	
    Whether registration is required to attend
 	
    Total hours of workshop
 	
    Intended participants in workshop
 	
    Category of workshop
 	
    Agency providing workshop
 	
    Workshop instructors
	RFHM programs will provide some of their services in group settings. Group services, referred to as workshops in the study MIS, will focus on specific topics and may use standard curricula. Workshops will occur during one or more sessions and will last for a varying number of hours. Adding or revising workshops will allow staff to record information about these workshops. This information will be provided once, though staff may revise the information as needed. The information will be used to describe the types of group workshops offered.

Entry	Rationale

Group Services–Add or Revise a Group Within a Workshop
 	
   Name of group
 	
   Agency providing group
 	
   Number of sessions
 	
   Maximum number of participants
 	
   Meeting day of week and time
 	
   Start date for group and nonsession dates
 	
   Location of group
 	
   Names of group instructors
 	
   Whether a group is cancelled and cancellation reason, such as insufficient participant enrollment or unable to obtain space to hold the group
	RFHM programs may offer a workshop multiple times. Each time a workshop is offered program staff will identify this as a group in the study MIS. To manage the group, staff will enter descriptive information at the start and may revise that information as needed. Group information will be used to describe the types of group workshops offered.

Group Services–Record Attendance
 	
   Location of session
 	
   Start and end time of instruction
 	
   Instructors for session
 	
   Name of clients attending session
 	
   Whether client attended session with another individual (if expected in workshop)
	Within a group, there are individual sessions for which staff will document session length, instructors, and client attendance. The study MIS will include multiple options for recording attendance depending on whether a group has a set of clients registered or is open to any client and whether the group is supposed to be attended by only the client or by the client and another member of his family, such as a partner or child. Information on attendance will be used to describe the types of services offered and participation patterns.

Service Contact
 	
   Date of contact
 	
   Length of contact
 	
   Whether client was present at contact
 	
   Service contact mode and location
 	
   Content of service contact
 	
   Person providing service contact
 	
   Was client referred to another agency during service contact
	RFHM programs offer some services in one-on-one settings. For each individual service, referred to as a service contact in the study MIS, staff will record the contact date, length, location, and content (for example, parenting, economic stability, domestic violence, or emergency needs). This information will be used to describe the types of services offered and participation patterns.

Referrals
 	
   Date of referral
 	
   Whether referral was verbal or written
 	
   Name of agency to which client referred
 	
   Type of service for which client referred
	RFHM programs provide clients with referrals to other organizations that may be able to address specific client needs. In the study MIS, staff will document when referrals are provided by providing the date and type of referral and listing the agency to which the client is referred and type of service sought. Referral information will be used to describe the types of services offered.

[1] We will work with program staff to define program end.

STUDY MIS WIREFRAMES

The study MIS wireframes depict the planned arrangement of the study MIS website's content, including data elements and navigation instructions. Each wireframe has a descriptive title and represents a planned screen in the study MIS. There are wireframes for five sets of screens:

- Screens starting with "G" (G1 – G9) are general screens to assist system users with navigating the study MIS and organizing the entry of information. The general screens will be tailored to a specific user. A welcome screen (G1) will include a message board listing announcements or reminders from program or evaluation contractor staff. Screen G2 will allow users to search for and locate clients and screen; G3 will display results of this client search. Screens G4 through G6 will depict a user's personalized pages providing access to upcoming appointments (G4), client information for the user's caseload (G5), and agency information for common referral organizations (G6). The top of these pages will identify the user. Screen G7 will provide summary information on the user, for example his or her phone number and email address, and can be updated by the user, as needed. Screen G8 will allow users to add appointments, including their date and time; information entered on screen G8 will appear on the appointment list on the user's page (G4). Screen G9 is for managing information on referral agencies.

- Screens starting with "RA" (RA1 – RA3) are for the intake and random assignment process. Screen RA1 will include all information to be completed by the staff member prior to random assignment. Screens RA2 and RA3 will display results of random assignment: screen RA2 will depict what the staff member will view when a client is successfully randomly assigned; screen RA3 will depict what the staff member will view when a client submitted for random assignment is flagged as someone who has already been randomly assigned.

- Screens starting with "C" (C1 – C7) are for documenting individual services provided to a client. Information about the client's activities is recorded on screens C1 through C4. Screen C1 will provide recent activity for a client, including their current participation status, upcoming appointments, and recent service contact history. Screen C2 will provide a summary of all client contact information gathered by program staff and screen C5 will allow users to enter or modify this information. Screen C3 will provide a summary list of all referrals provided to the client. The "Workshop Activity" page (C4) will provide a list of all current and past workshops for the client. Screen C6 will allow staff to document each contact with or service provided to the client. For each contact or service, the study MIS will capture the date, length, and location of the contact, participants, content, and the staff member providing the service. If a referral is provided, system users will enter information on the referral on screen C7.

- Screens starting with "W" (W1 – W9) are for tracking and managing workshops. The study MIS defines a *workshop* as any group activity that is offered by the program and may include classes or support groups. Workshops may require registration—with a regular set of attendees—or be open to any client from the program. Many workshops offered by RF programs have multiple *sessions*. For example, a workshop may be entitled "How to Become a Great Dad" and include weekly one-hour sessions. Programs may provide opportunities to attend the workshop at different times and days, with different facilitators, and/or with different start dates. For example, "How to Become a Great

Dad" may be offered on Tuesday evenings facilitated by Mr. Smith starting on April 6th and on Saturday mornings facilitated by Mr. Jones starting on May 6th. For the purposes of the study MIS, we define a *group* as a predefined complete set of sessions of a workshop. In the example above, the workshop is "How to Become a Great Dad" and the group is the six sessions on Tuesday evenings beginning on April 6th and facilitated by Mr. Smith.

Screens W1 and W2 will provide a summary of all workshops and will allow users to enter descriptive information for new workshops as well as update information for existing workshops. When programs run a group of a workshop, program staff will enter descriptive information about the group, such as the meeting days and time, the group start date, the facilitator, and the total number of sessions on screen W3. To help programs manage workshops, screen W4 will provide summary information about a particular workshop and the groups that are associated with that workshop. If an existing group needs to be canceled, program staff will use screen W5 for this action. Similarly, screen W6 will be used for canceling or postponing specific sessions of a group. Program staff will use screen W7 to assign clients to a group; the screen will allow programs to manage the number of the clients in a group to ensure appropriate group size.

- Screens starting with "A" (A1 – A7) are for documenting attendance at group sessions. The managing sessions screen (screen A1) will allow program staff to see which sessions need attendance recorded and will allow staff to cancel or postpone upcoming group sessions and to print rosters, which may be used by programs for recording attendance during a session. Screen A2 will list all sessions with complete attendance data; from this screen, program staff may review and revise session attendance information. On Screen A3 program staff may view the status of postponed sessions and past sessions that were canceled. Screens A4 through A7 are to record attendance for different types of groups: screen A4 will be used to record attendance at workshops with registered clients; screen A5 will be used to record attendance at open workshops for which client registration is not required; and screens A6 and A7 are similar to screens A4 and A5, but allow program staff to track attendance for additional workshop attendees when the workshop is intended for the client and another individual, such as his partner or child.

G1. Home Page

LOGO

Welcome to Parents and Children Together

MENU

Home

My Page

Manage Client

Record Session Attendance

Add a Client

Reports

Administration

Sign Out

MESSAGES AND REMINDERS

Posting Date	Notice
12-19-2011	REMINDER - Record Attendance NOW!!
12-15-2011	New Fatherhood Group added Mon Nites
12-4-2011	Wed Baby & Me Group cancelled!!
11-21-2011	REMINDER - No Sessions on 11/24 & 11/25

Navigation
FROM:

TO: G2. Find a Client
      G4. My Page - Appts & To Do's
      A1. Managing Sessions - Upcoming Sessions & Attendance
      W1. List of Workshops
      RA Intake Form

04/06/2012

LOGO

MENU

Home

My Page

Manage Client

Record Session Attendance

Add a Client

Reports

Administration

Sign Out

Find a Client

First Name:

Last Name: Adams

Find Client (G3)

04/06/2012

LOGO

MENU

Home

My Page

Manage Client

Record Session Attendance

Add a Client

Reports

Administration

Sign Out

Find a Client Search Results

Select Client	Last Name	First Name	MI	Nickname	Date of Birth
O	Adams	Lurch	X	The Big Man	10/12/1911
O	Adams	Gomez	Y		1/15/1945
O	Adams	Morticia	F		8/4/1950

Return to Search (G2)

Open Client Summary

04/06/2012

LOGO

User Name's Page

MENU

Home

My Page

Manage Client

Record Session Attendance

Add a Client

Reports

Administration

Sign Out

Appointments & To Do List | Clients | Referral Agencies

◀ FEB 2008 ▶

S M T W T F S
1 2
3 4 5 6 7 8 9
10 11 12 13 14 15 16
17 18 19 20 21 22 23
24 25 26 27 28 29

Appointments

Date	Time	Client	Topic
2/16/12	1:30 pm	Rubble.Barney	Weekly meeting
2/16/12	10:00 am	Adams.Lurch	Workshop enrollment
2/19/12	11:00 am	Flintstone.Fred	Make-up Dads session

[Print Today's Appointments]   [Add/Delete/Revise Appointment]

To Do List

Date	TASK	Done
2/20/12	Task 1	☑
2/20/12	Task 2	☐
2/24/12	Task 3	☐

[Print To Do List]

04/06/2012

LOGO

User Name's Page

MENU

Home

My Page

Manage Client

Record Session Attendance

Add a Client

Reports

Administration

Sign Out

| Appointments & To Do List | Clients | Referral Agencies |

Last Name	First Name.MI	Status
Last Name1	First Name1	Active
Last Name2	First Name 2	Active
Adams	Gomez (C1)	Active
Last Name4	First Name 4	Active
Last Name5	First Name 5	Inactive
Last Name6	First Name 6	Inactive

Click on name to go to Client Summary

04/06/2012

LOGO

User Name's Page

Review My User Information

MENU

Home

My Page

Manage Client

Record Session Attendance

Add a Client

Reports

Administration

Sign Out

Appointments & To Do List | **Clients** | **Referral Agencies**

Select Agency	Agency	Primary Service Provided	Phone	Contact	Email Address
O	AA	Substance Abuse	999-999-9999	Bill Smith	bsmith@abc.com
O	Planned Parenthood	Pregnancy Prevention	888-888-8888	Tanya West	twest@abc.com
O	Agency 3	Domestic Violence	777-777-7777	Sponge Bob	sbob@abc.com

View Detailed Agency Info

Navigation
FROM: G4. My Page - Appts & ToDos
        G5. My Page - Clients

TO: G4. My Page - Appts & ToDos
        G6. My Page - Clients
        G7. User Information
        G9. Agency Information

04/06/2012

G7. User Information (view mode)

LOGO

USER INFORMATION

First Name: [   ]

Last Name: [   ]

Email: [   ]

Phone: [   ]

User Name: [   ]

User Level: [   ]

Change User Information

Reset Password

[Return to My Page]

G7. User Information (edit mode)

LOGO

CHANGE USER INFORMATION

First Name: [   ]

Last Name: [   ]

Email: [   ]

Phone: [   ]

User Name: [   ]

User Level: [   ]

[Return Without Saving]   [Save Changes]

Navigation
FROM: G4. My Page - Appts & ToDos
        G5. My Page - Clients
        G6. My Page - Referral Agencies

TO: G4. My Page - Appts & ToDos
        G5. My Page Clients
        G6. My Page - Clients

04/06/2012

LOGO

Schedule Appointments

◄ FEB 2008 ►

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	

MENU

Home

My Page

Manage Client

Record Session Attendance

Add a Client

Reports

Administration

Sign Out

Current Appointments

Client	Date	Time	Topic	
Rubble.Barney	2/16/12	1:30 pm	Weekly meeting	Delete
Adams.Lurch	2/16/12	10:00 am	Workshop enrollment	Delete
Flintstone.Fred	2/19/12	11:00 am	Make-up Dads session	Delete

Add New Appointment

Client	Date	Time	Topic	
Munster.Herman	2/27/12	2:00 pm	Weekly meeting	Add

Return without Saving   Save

04/06/2012

G9. Agency Information (View mode)

AGENCY NAME

Location: Agency Street Address 1

Agency Street Address 2

Agency City, State, Zip

Name	Phone	Email
Dear Abby	999-999-9999	dabby@def.com
Homer Simpson	999-999-1111	hsimpson@def.com

Primary Service: Agency Primary Service

Additional Service(s):   AgencyAddl Service 1

Agency Addl Service 2

[Close]   [Edit]

G9. Agency Information (Edit mode)

Update Agency Information

Agency Name: [ ]

Street Address 1: [ ]

Street Address 2: [ ]

City: [ ]   State: [NJ ▼]   Zip: [ ]

Key Personnel

First Name:	Last Name:	Phone:	Email:
[ ]	[ ]	[ ]	[ ]
[ ]	[ ]	[ ]	[ ]

Services Provided

Primary: [Choose from dropdown list ▼]

Additional: ☐ Service 1
(Mark All that Apply)   ☐ Service 2
           ☐ Service 3

[Return without Saving]   [Save]

04/06/2012

LOGO

Parents and Children Together

Intake Form

Today's Date: mm/dd/yyyy

(All fields are required.)

1. Study ID [   ]

2. First Name [   ]   Middle Name [   ]

    Last Name [   ]

3. Date of Birth [   ] (mm)   [   ] (dd)   [   ] (yyyy)

4. Social Security Number [000-00-0000]

5. Did the client give consent to the Mathematica interviewer?
    - O Yes
    - O No

6. Is the client male or female?
    - O Male
    - O Female

7. Does the client have at least one living biological child under the age of 18?
    - O Yes
    - O No

8. Does the client live with any of his biological children all or most of the time?
    - O Yes
    - O No

9. If the client is randomly assigned to the group that receives program services...	All Available Services	Most Available Services	About Half	Some Available Services	No Services
a. How much do you think the client would participate in the PROGRAM'S NAME parenting or relationship services?	O	O	O	O	O
b. How much do you think the client would participate in the PROGRAM'S NAME employment services?	O	O	O	O	O
c. How much do you think the client would participate in the PROGRAM'S NAME other services?	O	O	O	O	O

10. Mathematica Interviewer ID Number [   ]

11. 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): [   ]

[Random Assign Client]

04/06/2012

LOGO

Parents and Children Together

**Random Assignment Successful -
Assigned to Program (NonProgram) Group**

Last Name, First Name

Study ID

Create Explanation Letter

View Intake Form

Continue

04/06/2012
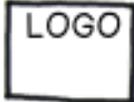
LOGO

Parents and Children Together

Help
Contact Us

**Random Assignment Unsuccessful -
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	RA Date	Reason Identified as Duplicate
Bradley	Milton	12345678	mm/dd/yyyy	xxx-xx-xxxx	mm/dd/yyyy	Last Name & DOB duplicate on last four
Seuss	Dr.	23456789	mm/dd/yyyy	xxx-xx-xxxx	mm/dd/yyyy	Digits of SSN and DOB
Sparrow	Jack	34567890	mm/dd/yyyy	xxx-xx-xxxx	mm/dd/yyyy	Duplicate on SSN

Return to Intake Form

Please contact study team member Bob Smith at 609-999-9999 if you are unable to resolve the duplicate issue.

| Exit screen without statusing as Duplicate |

| Status Client as Duplicate |

04/06/2012

LOGO

Gomez Adams
Client Summary

Help

Contact Us

| Appointments & Service Contact History | Address & Phone Info | Referral History | Registered Workshop Activity |

Nickname: [   ]   Partner/Spouse Name: [   ]

Program Participation

Enrollment Date: [   ]   End Date: [Active (default)]

Temporary Hold: [   ]   Reason no longer in program: [   ]

[Update Client Info]

Appointments:

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

[Schedule Appointment]

Service Contact History:

Date of Contact	Where Service was Provided	Notes	
2/16/12	Office		View/Revise
2/9/12	Home Visit		View/Revise

[Review All Notes]   [Add New Service Contact]

04/06/2012

LOGO

Gomez Adams
Client Summary

Appointments & Service Contact History | Address & Phone Info | Referral History | Registered Workshop Activity

MENU

Home

My Page

Manage Client

Record Session Attendance

Add a Client

Reports

Administration

Sign Out

Client

Home Address:

Home Phone:

Cell Phone:

Work Phone:

Email:

Twitter:

Facebook:

My Space:

Additional People

Name:

Relationship:

Home Address:

Home Phone:

Cell Phone:

Work Phone:

Email:

Twitter:

Facebook:

My Space:

Name:

Relationship:

Home Address:

Home Phone:

Cell Phone:

Work Phone:

Email:

Twitter:

Facebook:

My Space:

Name:

Relationship:

Home Address:

Home Phone:

Cell Phone:

Work Phone:

Email:

Twitter:

Facebook:

My Space:

Name:

Relationship:

Home Address:

Home Phone:

Cell Phone:

Work Phone:

Email:

Twitter:

Facebook:

My Space:

Update Info

04/06/2012

LOGO

Gomez Adams
Client Summary

MENU

Home

My Page

Manage Client

Record Session Attendance

Add a Client

Reports

Administration

Sign Out

Appointments & Service Contact History | Address & Phone Info | **Referral History** | Registered Workshop Activity

Date of Contact	Agency	Notes	
2/16/12	Care One		View/Revise
2/9/12	Good Will		View/Revise
2/2/12	AA		View/Revise

Review All Notes

Add New Referral

04/06/2012

LOGO

Gomez Adams
Client Summary

Help

Contact Us

Appointments & Service Contact History | Address & Phone Info | Referral History | **Registered Workshop Activity**

Workshops Currently Attending

Select Group	Workshop	Group Name	Next Scheduled Session
O	Workshop #1	Mon Eve	3/5/12
O	Workshop #2	Sat morn	3/10/12

Go To Group Assignment

Past Workshops Attended

Workshop	Group Name
Fatherhood	Thur
Financial Responsibility	M/W

Go to List of Workshops

04/06/2012

LOGO

Update Client Information

MENU

Home

My Page

Manage Client

Record Session Attendance

Add a Client

Reports

Administration

Sign Out

Client

First Name:

Middle Initial:

Last Name:

Street 1:

Street 2:

City: State: NJ ▼   Zip:

Email:

Facebook:

My Space:

Enrollment Date: RA Date

Temporary Hold:

Nickname:

Partner/Spouse Name:

Home Phone:

Cell Phone:

Work Phone:

Twitter:

End Date:

Reason no longer in program: Dropdown menu ▼

Additional People

First Name:

Last Name:

Street 1:

Street 2:

City: State: NJ ▼   Zip:

Email:

Facebook:

My Space:

Relationship: dropdown ▼

Home Phone:

Cell Phone:

Work Phone:

Twitter:

First Name:

Last Name:

Street 1:

Street 2:

City: State: NJ ▼   Zip:

Email:

Facebook:

My Space:

Relationship: dropdown ▼

Home Phone:

Cell Phone:

Work Phone:

Twitter:

First Name:

Last Name:

Street 1:

Street 2:

City: State: NJ ▼   Zip:

Email:

Facebook:

My Space:

Relationship: dropdown ▼

Home Phone:

Cell Phone:

Work Phone:

Twitter:

First Name:

Last Name:

Street 1:

Street 2:

City: State: NJ ▼   Zip:

Email:

Facebook:

My Space:

Relationship: dropdown ▼

Home Phone:

Cell Phone:

Work Phone:

Twitter:

Return without Saving

Save

04/06/2012

LOGO

Service Contact Documentation

Client Name

MENU

Home

My Page

Manage Client

Record Session Attendance

Add a Client

Reports

Administration

Sign Out

Date of contact: | 12/26/2012 |

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

Was client present?
- ○ Yes
- ○ No

Who else participated in this service contact? (Mark All that Apply)
- ☐ Father's Current Partner
- ☐ Mother of Father's Child
- ☐ Child
- ☐ Other Service Provider
- ☐ Other (Specify): [   ]

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

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

Where was this service contact provided?
| Select: ▼ |
| Office |
| Telephone |
| Home visit |
| Community |
| Other |

Specify: [   ]

Was client referred to another agency during this service contact?
- ○ Yes
- ○ No

Notes:
[   ]

[Return without Saving to Client Summary]   [Save]

04/06/2012

LOGO

Referral Information

Client Name

MENU

Home

My Page

Manage Client

Record Session Attendance

Add a Client

Reports

Administration

Sign Out
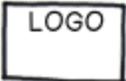
Date of contact: | 2/18/12 |

Referral provided: ● In writing
○ Verbally

Agency referred to: | Select: ▼ |
Partner 1
Partner 2
Partner 3
Outside Agency 1
Outside Agency 2
Outside Agency 3
Other (specify)_____

Type of referral service:
(Mark All that Apply)

☐ Parenting
☐ Strengthening Relationships
☐ Economic Stablity
☐ Substance Abuse
☐ Domestic Violence
☐ Emergency Needs
☐ Needs Assessment
☐ Housing
☐ Legal
☐ Education

Notes:

[Save & Add Another Referral]

[Return without Saving Referral]

[Save Referral & Return to Client Summary]

04/06/2012

LOGO

List of Workshops

View only: | dropdown of Workshop Status ▼ |

Active (default)
All
Inactive
Unavailable

MENU

Home

My Page

Manage Client

Record Session Attendance

Add a Client

Reports

Administration

Workshop Name	Workshop Status
Getting Along	Active
How to Become a Millionaire	Active
How to say NO and mean it link (W4)	Active
Quality Time	Active
Becoming #1 Dad	Inactive
Until Death Do We Part	Unavailable

For workshop information & group listing, click Workshop Name.

Sign Out

Add a Workshop (W2)

04/06/2012

LOGO

Add or Revise a Workshop

MENU

Home

My Page

Manage Client

Record Session Attendance

Add a Client

Reports

Administration

Sign Out

Name: [_____]

Description: [_____]

Registration required: ● Yes   ○ No

Total hours to be offered: [_____]

Is this workshop intended for FATHERS (client)? ● Yes   ○ No

Intended other participants:
(Mark all that apply)
- ☐ Father's current partner
- ☐ Mother of Father's noncustodial child
- ☑ Father's child
- ☐ Other (*Please specify*)
  [_____]

Category:
(Mark all that apply)
- ☐ Parenting
- ☑ Fatherhood
- ☐ Healthy Relationship
- ☑ Economic Stability
- ☐ Other (*Please specify*)
  [_____]

Agency providing workshop:
(Mark all that apply)
- ☑ Good Will
- ☐ YMCA
- ☐ Planned

☐ Remove workshop from list of available workshops

Facilitators

Available Facilitators

Select	Last Name	First Name
☐	Last Name 1	First Name 1
☐	Last Name 2	First Name 2
☐	Last Name 3	First Name 3
☐	Last Name 4	First Name 4
☐	Last Name 5	First Name 5

[Add Selected Entries to List of Workshop Facilitators]

Facilitators for this Workshop

Select	Last Name	First Name
☐	Last Name 1	First Name 1
☐	Last Name 2	First Name 2
☐	Last Name 4	First Name 4
☐	Last Name 5	First Name 5

[Remove Selected Entries from List of Workshop Facilitators]

[Return without saving (W1)]   [Save Workshop & Add a Group (W3)]   [Save Workshop (W4)]

04/06/2012

LOGO

Add or Revise a Group for a Workshop

MENU

Home

My Page

Manage Client

Record Session Attendance

Add a Client

Reports

Administration

Sign Out

How to say NO and mean it

Don't let your child wear you down

Registration Required: `Yes` Total Hours to be Offered: `10`

Group

Name: `[          ]` # of Sessions: `10`

Agency Providing: `Dropdown of agency names selected on W2 ▼` Max number of participants: `8` ☐ Check here if no limit

Group Status: `[          ]`

Meeting Day(s) & Time

Meeting Day(s): (Mark All that Apply)
☐ Mon ☐ Tues ☐ Wed ☐ Thur
☐ Fri ☐ Sat ☐ Sun

Start Time: `time` ◉ am ○ pm

End Time: `time` ◉ am ○ pm

Location

Name: `[          ]`

Street: `[          ]`

City: `[          ]`

State: `2 letter abbr ▼` Zip Code: `[      ]`

Phone: `[          ]`

Dates

Start Date: `date field` 📅

End Date: `Calculated`

No session on: `date field` 📅

`date field` 📅

`date field` 📅

Facilitator(s)

1. `Dropdown from right grid on W2 ▼`
2. `Dropdown from right grid on W2 ▼`
3. `Dropdown from right grid on W2 ▼`
4. `Dropdown from right grid on W2 ▼`

Cancel Group (W5)

Return without saving to Workshop Info & Group Listing (W4)   Print Group Info (RPT1)   Save Group Info (W4)

04/06/2012

LOGO

Workshop Information & Group Listing

MENU

Home

My Page

Manage Client

Record Session Attendance

Add a Client

Reports

Administration

Sign Out

How to say NO and mean it

Don't let your child wear you down.

| Registration Required: | Yes | Total Hours to be Offered: | 10 | Agency Providing Service: | Better Parents, Inc. Scream & Shout Corp |

Revise Workshop Info (W2)

Select Group	Group Name	Meeting Day(s)	Start Time	Start Date	Location	Seats Left	Group Status
O	Tim's	Sat	9:00 pm	3/4/12	Help Center	10	Enrolling
O	Joan's	T/R	10:00 am	3/15/12	Rec Center	4	Enrolling
O	Mon Eve	M	7:00 pm	1/28/12	YMCA	6	Running
O	Sat Y	Sat	9:00 am	1/21/12	YMCA	Open	Finished
O	Al's	W	7:00 pm	1/7/12	YMCA	6	Cancelled

Assign Client(s) to Group (W7)   Revise or Cancel Group (W3)   Add a Group (W3)

Return to Previous Screen (W1. W3)

Navigation
FROM: W1. List of Workshops
        W2. Add or Revise a Workshop
        W3. Add or Revise a Group for a Workshop
        W5. Cancel this Group
        W7. Assign Client(s) to a Group

TO: W1. List of Workshops
        W2. Add or Revise a Workshop
        W3. Add or Revise a Group for a Workshop
        W7. Assign Client(s) to a Group

04/06/2012

LOGO

Cancel This Group

MENU

Home

My Page

Manage Client

Record Session Attendance

Add a Client

Reports

Administration

Sign Out

Workshop	Group Name	Meeting Day(s)	Start Time	Location	Start Date
How to Say NO and Mean It	Mon	M	10:00 am	Rec Center	2/13/11

Reason for cancelling:

Select from choices below: ▼

Insufficient enrollment
Location not available
Facilitator not available
Other (*Please specify*)

☐ Check here to reinstate this group

Return without Saving (W3)

Save & Return to Group Listing (W4)

04/06/2012

LOGO

Cancel or Postpone Session

MENU

Home

My Page

Manage Client

Record Session Attendance

Add a Client

Reports

Administration

Sign Out

Workshop	Group Name	Session Date	Time	Location
How to Say NO and Mean It	Wed Morn	1/3/2012	10:00 - 11:00 am	Rec Center

Facilitator(s)

⦿ Cancel Session

◯ Postpone Session

   ◯ To next available session date   `mm/dd/yyyy`

   ◯ Specify new date   `/ /`   🗓

   ◯ Not Re-Scheduled Yet   [Record Attendance]

Reason for Cancellation/Postponement:

Select Reason ▼
Facilitator ill/unavailable
Bad weather
Too few attendees
Holiday
Other

Please Specify: [ ]

◯ REINSTATE Cancelled or Postponed session (original session date is correct)

[Return w/o Saving (A1)]   [Save & Return to Managing Sessions (A1)]

LOGO

Assign/Unassign Client(s) to a Group

MENU

Home

My Page

Manage Client

Record Session Attendance

Add a Client

Reports

Administration

Sign Out

Workshop	Group Name	Start	Location	Start Date
How to Say NO and Mean It	B	10:00 am	Rec Center	3/15/12

Seats Left: 5

Eligible Clients
Select Client(s) below to Assign to this Group:

Select	Last Name	First Name.MI	Case Worker
☐	Adams	Gomez.X	Wilma Flintstone
☐	Brady	Mike	Case Worker 50
☐	Mertz	Fred.Z	Case Worker 1
☐	Munster	Herman	Betty Rubble
☐	Ricardo	Ricky	George Jetson

Assign Selected Client(s) to this Group

Clients Assigned to this Group
Select Client below to Remove from this Group:

Select	Last Name	First Name.MI	Case Worker
○	Adams	Lurch.X	Case Worker 16
○	Bunker	Archie	Wilma Flintstone
○	Fonzarelli	Arthur.Y	Betty Rubble

Main reason client left group:

Moved out of area ▼
No longer interested
Assigned in error
Sick/unavailable
Incarcerated
Work/Job Conflict
Other (specify)_____

Remove Selected Client from this Group

Print Group Information

Finish & Return to previous Screen (W4, C4)

04/06/2012

LOGO

Managing Sessions

MENU

Home

My Page

Manage Client

Record Session Attendance

Add a Client

Reports

Administration

Sign Out

| Upcoming Sessions & Attendance | Attendance Record Completed | Postponed & Cancelled Sessions |

Upcoming Sessions

Select Roster ☐ Select All	Workshop Name	Group Name	Session Date	Start Time	Location	Facilitator	Cancel or Postpone a Session
☐	How to say NO and mean it	Mon Eve	1/9/12	7:00 pm	YMCA	Young	O
☐	How to say NO and mean it	Wed Morn	1/10/12	10:00 am	Rec Center	Smith	O
☐	Quality Time	Sat Morn	1/5/12	9:00 am	Help Center	Munster	O
☐	Getting Along	Thur Eve	1/4/12	7:00 pm	YMCA	Flintstone	O

Print Selected Rosters

Cancel/Postpone Session (W6)

...

Attendance

Attendance has not been recorded for the following sessions:

Select Session	Workshop Name	Group Name	Session Date	Start Time	Location	Facilitator	Attendance Status
O	How to say NO and mean it	Mon Eve	1/2/12	7:00 pm	YMCA	Young	Missing
O	How to say NO and mean it {Reg Reqd}	Thur Morn	1/3/12	10:00 am	Rec Center	Smith	Missing
O	Quality Time	Sat Morn	12/28/11	9:00 am	Help Center	Munster	Incomplete
O	Getting Along {No Reg Reqd}	Thur Eve	12/27/11	7:00 pm	YMCA	Flintstone	Missing

Record Attendance

04/06/2012

LOGO

Managing Sessions

MENU

Home

My Page

Manage Client

Record Session Attendance

Add a Client

Reports

Administration

Sign Out

| Upcoming Sessions & Attendance | Attendance Record Completed | Postponed & Cancelled Sessions |

Select Session	Workshop Name	Group Name	Session Date	Start Time	Location	Facilitator
O	How to say NO and mean it	Mon Eve	12/19/11	7:00 pm	YMCA	Young
O	How to say NO and mean it	Mon Eve	12/12/11	7:00 pm	YMCA	Young
O	How to say NO and mean it	Mon Eve	12/5/11	7:00 pm	YMCA	Young
O	How to say NO and mean it (Reg Reqd)	Wed Morn	12/21/11	10:00 am	Rec Center	Smith
O	Quality Time	Sat Morn	12/22/11	9:00 am	Help Center	Munster
O	Getting Along (No Reg Reqd)	Thur Eve	12/27/11	7:00 pm	YMCA	Flintstone

Review/Revise Attendance

04/06/2012

LOGO

Managing Sessions

MENU

Home

My Page

Manage Client

Record Session Attendance

Add a Client

Reports

Administration

Sign Out

Upcoming Sessions & Attendance | Attendance Record Completed | Postponed & Cancelled Sessions

Postponed Sessions

Select Session	Workshop Name	Group Name	Original Session Date	New Session Date	Start Time	Location	Facilitator
O	How to say NO and mean it	Mon Eve	1/9/12	TBD	7:00 pm	YMCA	Young
O	How to say NO and mean it	Wed Morn	1/10/12	1/15/12	10:00 am	Rec Center	Smith
O	Quality Time	Sat Morn	1/5/12	1/8/12	9:00 am	Help Center	Munster
O	Getting Along	Thur Eve	1/4/12	3/14/12	7:00 pm	YMCA	Flintstone

Review/Revise Session

· · ·

Cancelled Sessions

Select Session	Workshop Name	Group Name	Original Session Date	Start Time	Location	Facilitator
O	How to say NO and mean it	Mon Eve	1/9/12	7:00 pm	YMCA	Young
O	How to say NO and mean it	Wed Morn	1/10/12	10:00 am	Rec Center	Smith
O	Quality Time	Sat Morn	1/5/12	9:00 am	Help Center	Munster
O	Getting Along	Thur Eve	1/4/12	7:00 pm	YMCA	Flintstone

Review/Revise Session

04/06/2012

LOGO

Record Attendance from Roster

MENU

Home

My Page

Manage Client

Record Session Attendance

Add a Client

Reports

Administration

Sign Out

Workshop	Group Name	Session Date	Time	Location
How to Say NO and Mean It	Thur Morn	1/3/2012	10:00 - 11:00 am	Rec Center

Enter the following session info:

Location (if different from above): [_____]

Instruction Start Time*: [____] ○ am ○ pm

Instruction EndTime*: [____] ○ am ○ pm

Date of session (if different from above): [/ /] 📅

*Indicates required field

Facilitator(s)*
1. [Last Name, First Name ▼]
2. [Last Name, First Name ▼]
3. [Last Name, First Name ▼]
4. [Last Name, First Name ▼]

Client Attendance

Clients assigned to this session

Last Name	First Name.MI	Client Attended?	Reason for Absence (if known)
Adams	Gomez	○ Yes ○ No	
Fester	Uncle	○ Yes ○ No	
It	Cousin	○ Yes ○ No	

Clients not assigned to this session

Select	Last Name	First Name.MI
☐	Adams	Lurch.X
☐	Bunker	Archie
☐	Fonzarelli	Arthur.Y
☐	Last Name 4	First Name 4
☐	Last Name 5	First Name 5

Select clients who attended this session

[Add Selected Clients to Attendance]

Other clients who attended this session

Last Name	First Name.MI	Client Attended?
		○ Yes ○ Remove
		○ Yes ○ Remove
		○ Yes ○ Remove

[Return without saving (A1)]   [Cancel/Postpone Session (W6)]   [Save Attendance (A1)]

Navigation
FROM: A1. Upcoming Sessions & Attendance
       A2. Attendance Record Completed

TO: A1. Upcoming Sessions & Attendance
       W6. Cancel or Postpone Session

04/06/2012

LOGO

Record Attendance from Open Session

MENU

Home

My Page

Manage Client

Record Session Attendance

Add a Client

Reports

Administration

Sign Out

Workshop	Group Name	Session Date	Time	Location
How to Say NO and Mean It	Wed Morn	1/3/2012	10:00 - 11:00 am	Rec Center

Enter the following session info:

Location (if different from above): [   ]

Instruction Start Time*: [   ] ○ am ○ pm

Instruction EndTime*: [   ] ○ am ○ pm

Date of session (if different from above): [/ /] 📅

*Indicates required field

Facilitator(s)*

1. [Last Name, First Name ▼]
2. [Last Name, First Name ▼]
3. [Last Name, First Name ▼]
4. [Last Name, First Name ▼]

Client Attendance

Eligible clients

Select	Last Name	First Name.MI
☐	Adams	Lurch.X
☐	Bunker	Archie
☐	Fonzarelli	Arthur.Y
☐	Last Name 4	First Name 4
☐	Last Name 5	First Name 5

Select eligible clients who attended this session

[Add Selected Clients to Attendance]

Eligible clients who attended this session

Last Name	First Name.MI	Client Attended?
		○ Yes ○ Remove
		○ Yes ○ Remove
		○ Yes ○ Remove

[Return without saving (A1)]   [Cancel/Postpone Session (W6)]   [Save Attendance (A1)]

04/06/2012

LOGO

Record Attendance from Roster with Paired Participant

Help
Contact Us

MENU

Home

My Page

Manage Client

Record Session Attendance

Add a Client

Reports

Administration

Sign Out

Workshop	Group Name	Session Date	Time	Location
How to Say NO and Mean It	Thur Morn	1/3/2012	10:00 - 11:00 am	Rec Center

Enter the following session info:

Location (if different from above): [_____]

Instruction Start Time*: [_____] ○ am ○ pm

Instruction EndTime*: [_____] ○ am ○ pm

Date of session (if different from above): [/ /] 📅

*Indicates required field

Facilitator(s)*

1. [Last Name, First Name ▼]
2. [Last Name, First Name ▼]
3. [Last Name, First Name ▼]
4. [Last Name, First Name ▼]

Client Attendance

Clients Assigned to this Session

Last Name	First Name.MI	Client Attended?	Reason for Absence (if known)	Did client bring expected other participant?
Adams	Gomez	○ Yes ○ No		○ Yes ○ No
Fester	Uncle	○ Yes ○ No		○ Yes ○ No
It	Cousin	○ Yes ○ No		○ Yes ○ No

Clients not assigned to this session

Select	Last Name	First Name.MI
☐	Adams	Lurch.X
☐	Bunker	Archie
☐	Fonzarelli	Arthur.Y
☐	Last Name 4	First Name 4
☐	Last Name 5	First Name 5

Select clients who attended this session

[Add Selected Clients to Attendance]

Other clients who attended this session

Last Name	First Name.MI	Client Attended?	Did client bring expected other participant?
		○ Yes ○ Remove	○ Yes ○ No
		○ Yes ○ Remove	○ Yes ○ No
		○ Yes ○ Remove	○ Yes ○ No

[Return without saving (A1)]   [Cancel/Postpone Session (W6)]   [Save Attendance (A1)]

Navigation
FROM: A1. Upcoming Sessions & Attendance
       A2. Attendance Record Completed

TO: A1. Upcoming Sessions & Attendance
       W6. Cancel or Postpone Session

04/06/2012

LOGO

Record Attendance from Open Session with Paired Participant

MENU

Home

My Page

Manage Client

Record Session Attendance

Add a Client

Reports

Administration

Sign Out

Workshop	Group Name	Session Date	Time	Location
How to Say NO and Mean It	Wed Morn	1/3/2012	10:00 - 11:00 am	Rec Center

Enter the following session info:

Location (if different from above): [_____]

Instruction Start Time*: [_____] ○ am ○ pm

Instruction EndTime*: [_____] ○ am ○ pm

Date of session (if different from above): [/ /] 📅

*Indicates required field

Facilitator(s)*
1. [Last Name, First Name ▼]
2. [Last Name, First Name ▼]
3. [Last Name, First Name ▼]
4. [Last Name, First Name ▼]

Client Attendance

Eligible clients

Select	Last Name	First Name.MI
☐	Adams	Lurch
☐	Bunker	Archie
☐	Fonzarelli	Arthur
☐	Last Name 4	First Name 4
☐	Last Name 5	First Name 5

Select eligible clients who attended this session

[Add Selected Clients to Attendance]

Eligible clients who attended this session

Last Name	First Name.MI	Client Attended?	Did client bring expected other participant?
		○ Yes ○ Remove	○ Yes ○ No
		○ Yes ○ Remove	○ Yes ○ No
		○ Yes ○ Remove	○ Yes ○ No

[Return without saving (A1)]   [Cancel/Postpone Session (W6)]   [Save Attendance (A1)]

04/06/2012