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

Random Assignment Form

Today's Date: mm/dd/yyyy

1. Study ID [   ]

2. Name [Last name, First 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	O	O	O
ii. Employment Services	O	O	O
iii. Other Services	O	O	O

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]

LOGO

CSPED

Random Assignment Completed

Last Name, First Name Middle Name

Study ID

Assigned to: Program (or Non-Program)

Create Explanation Letter

Assign Case Worker(s)

View Random Assignment

Home

LOGO

CSPED

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

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

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