

Service Receipt Wireframes
Office of Family Assistance
Healthy Marriage and Responsible Fatherhood Grant Program

TEMPLATE TO COLLECT INFORMATION ON SERVICES PROVIDED TO PARTICIPANTS

OMB Control No.: xxxx-xxxx
Expiration Date: xx/xx/xxxx

This template will be used by grantees to enter information on services received by a participant on at least a weekly basis. Staff should only complete the forms which are relevant for specific services received by the participant, for example, workshop attendance, participation in an individual service contact, or receipt of a referral. Grantees should enter information that applies to more than one participant (such as adding or revising a workshop) only as needed.

Information on service receipt will be used by the Office of Family Assistance to meet grants management requirements and by grantees themselves to self-monitor progress and challenges (continuous quality improvement).

THE PAPERWORK REDUCTION ACT OF 1995

Public reporting burden for this collection of information is estimated to average 2 minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The information requested in this template will be used to document how programs receiving HMRF grant funding operate. The data gathered will allow ACF to better monitor grantee progress and performance.

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OMB Control No.:xxxx-xxxx
 Expiration Date: xx/xx/xxxx

[Help](#)
[Contact Us](#)

- Home
- Search
- Intake
- Workshop Participation
- Survey
- Administration
- Reports

First Name Middle Name Last Name - Client Summary

- General Info & Case Workers
- Service Contacts & Referrals
- Workshop Activity
- Supplemental Services
- Incentives

Service Contact History

Select	Date of Contact	Entered By	Service Location	Recent Notes(s)
<input type="radio"/>	2/9/12	George Jones	Home Visit	Orientation
<input type="radio"/>	2/2/12	Diane Allen	Telephone	Jobs inventory

Print Service Contact

Review Service Contact

Add New Service Contact

Referral History

Select	Date of Referral	Entered By	Agency	Recent Note(s)
<input type="radio"/>	2/16/12	George Jones	Care One	Mediation
<input type="radio"/>	2/9/12	Diane Allen	Good Will	Group Counseling
<input type="radio"/>	2/2/12	Diane Allen	AA	Legal
	1/25/12	George Jones	YMCA	Housing

Print Referral

Review Referral

Add Referral

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[Help](#)
[Contact Us](#)[Home](#) [Search](#) [Intake](#) [Workshop Participation](#) [Survey](#) [Administration](#) [Reports](#)

First Name Middle Name Last Name - Client Summary

[General Info & Case Workers](#) [Service Contacts & Referrals](#) [Workshop Activity](#) [Supplemental Services](#) [Incentives](#)

Current Registered Workshops

Select Group	Workshop	Group Name	Next Scheduled Session
<input type="radio"/>	Workshop #1	Mon Eve	3/5/12
<input type="radio"/>	Workshop #2	Sat morn	3/10/12

[Go To Group Assignment](#)

Past Registered Workshops

Workshop	Group Name	Group Status
Fatherhood	June - Thur Nite	Finished
Financial Responsibility	May - M/W mornings	Cancelled

[Go to List of Workshops](#)

All Previous Attendance

Session Date	Workshop Name	Group Name	Registered
3/20/2013	Fatherhood	Weekly Wednesday Group	Y
3/21/2013	Financial Responsibility	Thursday Gathering	N

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[Help](#)
[Contact Us](#)

- Home
- Search
- Intake
- Workshop Participation
- Survey
- Administration
- Reports

Client Name **Service Contact Documentation**

Date of contact:

- Length of this (minutes)
- 1 - 4
 - 5 - 14
 - 15 - 29
 - 30 - 59
 - 60 or more

Content of this service
(Mark ALL that apply)

- Child Support
- Child Visitation
- Child Custody
- Mental Health
- Anger Management
- Parenting
- Strengthening Relationships
- Economic Stability
- Substance Abuse
- Domestic Violence
- Emergency Needs
- Make-Up Session (specify) _____
- Needs Assessment
- Housing
- Education (specify) _____
- Legal
- Other (specify) _____

Possibly group into categories to align with Individual Assistance measures

Was client present? Yes No

Who else participated in (Mark ALL that apply)

- Father's Current Partner
- Mother of Father's Child
- Child
- Other Service Provider
- Other (Specify):

These options will be changed for HM programs

Where was this service

Select:

- Office
- Telephone
- Home visit
- Community
- Other

Specify:

Person providing this

Select:

- User logged in (default)
- Name 1
- Name 2
- Name 3

Service Contact Notes

Notes:

Clear

Add

To read, selected the desired Note.

Select	Note ID	Date Entered	Entered By	Note(s)
<input type="radio"/>	11	1/4/13	Partner 3	
<input type="radio"/>	12	1/6/13	Outside Group 1	

Read Full Note

Return without Saving

Save Service Contact & Add a Referral

Save Service Contact



- Home
- Search
- Intake
- Workshop Participation
- Survey
- Administration
- Reports

Referral Documentation

Client Name

Date of contact:

Agency referred to:

Referral provided: In writing Verbally Check here if case worker made referral on behalf of the cl

- Type of referral (Mark ALL that apply)
- Individual counseling
 - Group counseling
 - Family counseling
 - Child Support Agency
 - Substance abuse treatment
 - Anger management
 - Emergency needs
 - Mediation
 - Housing
 - Legal
 - Education
 - Domestic violence assessment
 - Domestic violence services
 - Batterer services
 - Food assistance
 - Health insurance

Referral Notes

Notes:

Clear

Add

To read, selected the desired Note

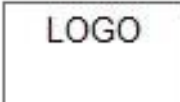
Select	Note ID	Date Entered	Entered By	Note(s)
<input type="radio"/>	11	1/4/13	Partner 3	
<input type="radio"/>	12	1/6/13	Outside Group 1	

Read Full

Return without Saving

Save & Add Another Referral

Save & Return to previous



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[Help](#)
[Contact Us](#)

- Home
- Search
- Intake
- Workshop Participation
- Survey
- Administration
- Reports

- Workshops
- Attendance

Workshop List

Add a Workshop

Filter by: Grantee ▼

For workshop information & group listing, click Workshop Name.

Filter by: Workshop Status ▼

Workshop Name	shop s
Getting Along	Active
Overcoming Adversity	Active
<u>How to say NO and mean it</u>	<u>Active</u>
Quality Time	nactivi
Becoming #1 Dad	availa

Workshops created on W2 will display on this screen.

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[Help](#)
[Contact Us](#)

- Home
- Search
- Intake
- Workshop Participation
- Survey
- Administration
- Reports

- Workshops
- Attendance

Add or Revise a Workshop

Name:

Description:

Registration required: Yes No

Total hours to be offered:

Agency providing workshop: Mark ALL that apply

Good Will
 YMCA
 Organization XYZ

Created only once for each workshop (curriculum)

Category: Mark ALL that apply

Economic Stability
 Relationship
 Parenting
 Other (Please specify)

Type: Core Supplemental

Facilitators

Available Facilitators

Select	Last Name	First Name
<input type="checkbox"/>	Last Name 1	First Name 1
<input type="checkbox"/>	Last Name 2	First Name 2
<input type="checkbox"/>	Last Name 3	First Name 3
<input type="checkbox"/>	Last Name 4	First Name 4

Add Selected Entries to List of Workshop Facilitators

Facilitators for this Workshop

Select	Last Name	First Name
<input type="checkbox"/>	Last Name 1	First Name 1
<input type="checkbox"/>	Last Name 4	First Name 4

Remove Selected Entries from List of Workshop Facilitators

Remove workshop from list of available workshops

Return without saving

Save Workshop & Add a Group

Save Workshop

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[Help](#)
[Contact Us](#)

- Home
- Search
- Intake
- Workshop Participation
- Survey
- Administration
- Reports

- Workshops
- Attendance

Add or Revise a Group for a Workshop

Workshop Information

How to say NO and mean it

Don't let your child wear you down

Registration Required: Yes No

Total Hours to be Offered:

Group

Name:

Agency Providing:

of Sessions:

Max number of participants: Check here if no limit

Meeting Day(s) & Time

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

Start Time: am pm

End Time: am pm

Location

Name:

Street:

City:

State: Zip Code:

Phone:

Dates

Start Date:

End Date:

No session on:

Facilitator(s)

1.

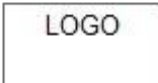
2.

3.

4.

Each group represents a different cohort of clients who receive curriculum during the specified dates/times.

- Return without saving
- Print Group Information
- Cancel Group
- Save Group Info



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[Help](#)
[Contact Us](#)

- Home
- Search
- Intake
- Workshop Participation
- Survey
- Administration
- Reports

- Workshops
- Attendance

Assign/Unassign Client(s) to this Group

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

Clients are registered on this screen, when workshop requires advance registration.

Eligible Clients

Select Client(s) to assign to this group:

Select	Last Name	First Name.MI	Case Worker
<input type="checkbox"/>	Adams	John.X	Michael Allen
<input type="checkbox"/>	Adams	Mike	Case Worker 50
<input type="checkbox"/>	Adams	Beverly	Case Worker 1
<input type="checkbox"/>	Doe	John	Case Worker 2
<input type="checkbox"/>	Doe	Jane	Case Worker 14

Assign Selected Client(s) to this Group

Clients Assigned to this Group

Seats Left: 5

Select Client to remove from this group:

Select	Last Name	First Name.MI	Case Worker
<input type="radio"/>	Adams	Mike	Case Worker 16
<input type="radio"/>	Green	David	Case Worker 15
<input type="radio"/>	Brown	Arthur	Michael Allen

Main reason client left group:

Remove Selected Client from this Group

Print Group Information

Finish and return to previous



Home	Search	Intake	Workshop Participation	Survey	Administration	Reports
Workshops						
Attendance						

Managing Sessions

Managing Sessions	Completed Sessions	Postponed & Cancelled Sessions
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Upcoming Sessions

Select Roster	Workshop Name	Group Name	Scheduled Session Date	Start Time	Location	Facilitator	Select Session
<input type="checkbox"/> <i>Select All</i>	How to say NO and mean it	Mon Eve	1/9/12	7:00 pm	YMCA	Black	<input type="radio"/>
<input type="checkbox"/>	How to say NO and mean it	Wed Morn	1/10/12	10:00 am	Rec Center	Peterson	<input type="radio"/>
<input type="checkbox"/>	Quality Time	Sat Morn	1/5/12	9:00 am	Help Center	Stevens	<input type="radio"/>
<input type="checkbox"/>	Getting Along	Thur Eve	1/4/12	7:00 pm	YMCA	Johnson	<input type="radio"/>

Displays sessions scheduled for the next 7 days

Print Selected Rosters

Cancel/Postpone Session

Attendance

Attendance has not been recorded for the following sessions:

Select Session	Workshop Name	Group Name	Scheduled Session Date	Start Time	Location	Facilitator	Attendance Status
<input type="radio"/>	How to say NO and mean it	Mon Eve	1/2/12	7:00 pm	YMCA	Black	Missing
<input type="radio"/>	How to say NO and mean it {Reg Reqd}	Thur Morn	1/3/12	10:00 am	Rec Center	Peterson	Missing
<input type="radio"/>	Quality Time	Sat Morn	12/28/11	9:00 am	Help Center	Stevens	Incomplete
<input type="radio"/>	Getting Along {No Reg Reqd}	Thur Eve	12/27/11	7:00 pm	YMCA	Johnson	Missing

Displays past sessions for which attendance for which must be recorded

Record Attendance

LOGO

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[Help](#)
[Contact Us](#)
[Home](#) | [Search](#) | [Intake](#) | [Workshop Participation](#) | [Survey](#) | [Administration](#) | [Reports](#)

Workshops

Attendance

Sessions move from A1 (Attendance) to A2 (Completed Sessions) as attendance is recorded

Completed Sessions

[Upcoming Sessions & Attendance](#) | [Completed Sessions](#) | [Postponed & Cancelled Sessions](#)

Select Session	Workshop Name	Group Name	Original Scheduled Session Date	Actual Session Date	Start Time	Location	Facilitator
<input type="radio"/>	How to say NO and mean it	Mon Eve	12/19/11	12/19/11	7:00 pm	YMCA	Black
<input type="radio"/>	How to say NO and mean it	Mon Eve	12/12/11	12/12/11	7:00 pm	YMCA	Black
<input type="radio"/>	How to say NO and mean it	Mon Eve	12/5/11	12/6/11	7:00 pm	YMCA	Black
<input type="radio"/>	How to say NO and mean it (Reg Req'd)	Wed Morn	12/21/11	12/21/11	10:00 am	Rec Center	Stevens
<input type="radio"/>	Quality Time	Sat Morn	12/22/11	12/22/11	9:00 am	Help Center	Davis
<input type="radio"/>	Getting Along	Thur Eve	12/27/11	12/27/11	7:00 pm	YMCA	Davis

[Review/Revise Attendance](#)



- Home
- Search
- Intake
- Workshop Participation
- Survey
- Administration
- Reports

- Workshops
- Attendance

Record Attendance from Roster

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

This column displays ONLY when session is postponed & new date is not specified.

Enter the following session info:

Location (if different from above):

Instruction Start Time*: am pm

Instruction EndTime*: am pm

Instruction Session Date*: / /

Facilitator(s)*

1.
2.
3.
4.

*Indicates required field

This is for recording attendance for workshops that require registration (rather than drop in).

Client Attendance

Clients assigned to this session

Last Name	First Name.MI	Client Attended?		Reason for Absence (if known)
Adams	John	<input type="radio"/> Yes	<input type="radio"/> No	
Adams	George	<input type="radio"/> Yes	<input type="radio"/> No	
Doe	John	<input type="radio"/> Yes	<input type="radio"/> No	

Clients not assigned to this session

Select	Last Name	First Name.MI
<input type="checkbox"/>	Brown	Arthur
<input type="checkbox"/>	Green	David
<input type="checkbox"/>	Bradley	Alex
<input type="checkbox"/>	Last Name 4	First Name 4
<input type="checkbox"/>	Last Name 5	First Name 5

Other clients who attended this session

Last Name	First Name.I	Client Attended?
		<input type="radio"/> Yes <input type="radio"/> Remove
		<input type="radio"/> Yes <input type="radio"/> Remove
		<input type="radio"/> Yes <input type="radio"/> Remove

Select clients who attended this session



nFORM

[Help](#)
[Contact Us](#)

- Home
- Search
- Intake
- Workshop Participation
- Survey
- Administration
- Reports

- Workshops
- Attendance

Record Attendance from Open-Entry Workshop

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

This column displays ONLY when session is postponed & new date is not specified.

Enter the following session info:

Location (if different from above):

Instruction Start Time*: am pm

Instruction EndTime*: am pm

Instruction Session Date*:

Facilitator(s)*

1.
2.
3.
4.

*Indicates required field

Client Attendance

Clients

Select	Last Name	First Name.MI
<input type="checkbox"/>	Bradley	Alex
<input type="checkbox"/>	Brown	Arthur
<input type="checkbox"/>	Green	David
<input type="checkbox"/>	Last Name 4	First Name 4
<input type="checkbox"/>	Last Name 5	First Name 5

Select eligible clients who attended this session

Add Selected Clients to Attendance

Clients who attended this session

Last Name	First Name.MI	Client Attended?
Doe	John	<input checked="" type="radio"/> Yes <input type="radio"/> Remove

No one attended this session

This is for recording attendance at open-entry sessions that do not require registration.

Return without saving

Cancel/Postpone Session

Save Attendance