

**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

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## 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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First Name Middle Name Last Name - Client Summary

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## 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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**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



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## 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

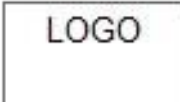
| Select                | Note ID | Date Entered | Entered By      | Note(s) |
|-----------------------|---------|--------------|-----------------|---------|
| <input type="radio"/> | 11      | 1/4/13       | Partner 3       |         |
| <input type="radio"/> | 12      | 1/6/13       | Outside Group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

Read Full

Return without Saving

Save & Add Another Referral

Save & Return to previous



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## 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                     | inactiv       |
| Becoming #1 Dad                  | availa        |

Workshops created on W2 will display on this screen.

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## 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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## 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.

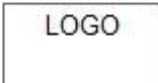
3.

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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## 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



|      |        |        |                        |        |                |         |
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## Managing Sessions

|                   |                    |                                |
|-------------------|--------------------|--------------------------------|
| Managing Sessions | Completed Sessions | Postponed & Cancelled Sessions |
|-------------------|--------------------|--------------------------------|

### 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"/> |

Print Selected Rosters

Cancel/Postpone Session

Displays sessions scheduled for the next 7 days

### 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           |

Record Attendance

Displays past sessions for which attendance for which must be recorded

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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](#)



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## 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  |

Select clients who attended this session

Add Selected Clients to Attendance

**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 |

Return without saving

Cancel/Postpone Session

Save Attendance



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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  |

**Clients who attended this session**

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

Select eligible clients who attended this session

Add Selected Clients to Attendance

No one attended this session

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