

OMB No.: xxxx-xxx

Expiration Date: xx/xx/20xx

**INFORMATION COLLECTION ACTIVITY #4**

**INSTRUMENT #4**

**CHILD SUPPORT NONCUSTODIAL PARENT EMPLOYMENT DEMONSTRATION  
(CSPED)**

**MANAGEMENT INFORMATION SYSTEM (MIS) WIREFRAMES**

**THE FOLLOWING PAGES CONTAIN**

**WIREFRAMES FOR THE CSPED MANAGEMENT INFORMATION SYSTEM (MIS)**

**FOR THE USE OF TRACKING PARTICIPANT ENROLLMENT AND SERVICE DATA  
THROUGHOUT THE DURATION OF THE PROGRAM**

LOGO

# Gomez Adams Client Summary

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Appointments & Services | Address & Phone Information | Referrals | Registered Workshop Activity | More

### General Information

Study ID:

Date of Birth:

Social Security Number:

Nickname:

Gender:

At Enrollment Last Date of any Child Support Payment Made:

Since Enrollment First Date of any Child Support Payment Made:

First Date of Employment:

[Review Random Assignment Form](#)

[Create Explanation Letter](#)

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Client Status:

Case Type:

Enrollment Date:

End Date:

Establishment of Enforcement

Note displays when checkbox is marked on C5.

Family Violence indicated  
Domestic Violence indicated

### Assigned Case Workers

Case Manager:

Child Support Case Worker:

Employment Case Worker:

Fatherhood/Parenting Case Worker:

[Assign Case Worker\(s\)](#)

### Appointments

Date	Start Time	End Time	Entered by	Topic
2/16/12	1:30 pm	2:30 pm	H. Hogan	Weekly meeting

[Schedule Appointment](#)

### Service Contact History

Select	Date of Contact	Entered by	Service Location	Has Referrals?	Recent Notes
<input type="radio"/>	2/16/12	Ranger Rick	Office	Y	test notes 1
<input type="radio"/>	2/9/12	Yogi Bear	Home Visit	N	test notes 2

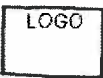
[Print Service Contact](#)

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# Gomez Adams - Client Summary

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### Client Information

Email:  Cell Phone:   
 Facebook:  Work Phone:   
 Myspace:  Twitter:

### Address Information:

*Bold indicates primary address*

Street1	Street2	City	State	Zip Code	Home/Landline
<b>23 Main St.</b>		<b>Princeton</b>	<b>NJ</b>	<b>08540</b>	<b>201-555-1212</b>
100 Union Ave	Trenton	NJ	08432		

**Bold** signifies primary address. Always displays first

### Contacts

Name:  Relationship:   
 Please specify:   
 Street 1:  Home/Landline:   
 Street 2:  Cell Phone:   
 City:  State:  Zip:  Work Phone:   
 Email:  Twitter:   
 Facebook:   
 Myspace:   
 Notes:

Name:  Relationship:   
 Please specify:   
 Street 1:  Home/Landline:   
 Street 2:  Cell Phone:   
 City:  State:  Zip:  Work Phone:   
 Email:  Twitter:   
 Facebook:   
 Myspace:   
 Notes:

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## Referrals

Select	Date of Contact	Entered by	Agency	Type	Notes
<input type="radio"/>	2/16/12	Ranger Rick	Care One		
<input type="radio"/>	2/9/12	Yogi Bear	Good Will		
<input type="radio"/>	2/2/12	Yogi Bear	AA		

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### Current 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 Workshops

Workshop	Group Name	Group Status
Fatherhood	Thur	Finished
Financial Responsibility	M/W	Cancelled

[Go to List of Workshops](#)

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### Update Client Information

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#### Client Information

Study ID: 10000001

First Name:

Middle Name:

Last Name:

Nickname:

Email:

Facebook:

Myspace:

Date of Birth:

Social Security Number:

Gender:

Check here if Family Violence indicated

Check here if Domestic Violence indicated

Cell Phone:

Work Phone:

Twitter:

**At Enrollment**  
Last Date of any Child Support Payment Made:

**Since Enrollment**  
First Date of any Child Support Payment Made:

First Date of Employment:

Enrollment Date:  RA Date

End Date:

Client Status:  Dropdown menu

Reason for Temporary Hold or Out of Program:  Dropdown menu

Case Type:  Dropdown menu

#### Address Information

Street 1:  City:  Home/Landline:

Street 2:  State:  Zip Code:  Check for Primary Address

To delete / revise, select the desired address.

Select	Street1	Street2	City	State	Zip Code	Home/Landline
<input type="radio"/>	23 Main St.		Princeton	NJ	08540	201-555-1212
<input type="radio"/>	100 Union Ave		Trenton	NJ	08432	

**Bold means primary address**

#### Contacts

First Name:  Relationship:  dropdown

Last Name:  Please specify:

Street 1:  Home/Landline:

Street 2:  Cell Phone:

City:  Work Phone:

State:  Zip:  Twitter:

Email:

Facebook:

Myspace:

Notes:

First Name:  Relationship:  dropdown

Last Name:  Please specify:

Street 1:  Home/Landline:

Street 2:  Cell Phone:

City:  Work Phone:

State:  Zip:  Twitter:

Email:

Facebook:

Myspace:

Notes:

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More **Pre-Enrollment Incentives** **Post-Enrollment Incentives** **Work Support Incentives**

### Incentive Information

Date Provided:  To Whom:

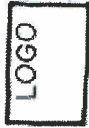
Incentive:  Reason:

Amount:

### Incentive History

Select	Date Provided	Incentive	Amount (if appl)	To Whom	Reason
<input type="radio"/>	8/25/12	Gift Card	\$20	Father	Reason 1
<input type="radio"/>	5/15/12	Food	N/A	Father	Reason 2
<input type="radio"/>	4/20/12	Toy	N/A	Child	Reason 3





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### List of Workshops

Filter by:

dropdown of Workshop Status ▼

- Active/Inactive (default)
- Active
- All
- Inactive
- Unavailable

[Add a Workshop \(W2\)](#)

Workshop Name	Workshop Status
<a href="#">Getting Along</a>	Active
<a href="#">How to Become a Millionaire</a>	Active
<a href="#">How to say NO and mean it <a href="#">link (W4)</a></a>	Active
<a href="#">Quality Time</a>	Inactive
<a href="#">Becoming #1 Dad</a>	Unavailable

For workshop information & group listing, click Workshop Name.

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### Add or Revise a Workshop

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Name:

Description:

Registration required:  Yes  
 No

Total hours to be offered:

Agency providing workshop:  Good Will  
 YMCA  
 Organization XYZ

Mark all that apply

Category:  Economic Stability  
 Job Readiness  
 Parenting/Fatherhood  
 Child Support  
 Other (Please specify)

Mark all that apply

#### 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
<input type="checkbox"/>	Last Name 5	First Name 5

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 2	First Name 2
<input type="checkbox"/>	Last Name 4	First Name 4
<input type="checkbox"/>	Last Name 5	First Name 5

Remove Selected Entries from List of Workshop Facilitators

Does workshop cover multiple topics?  Yes  
 No

#### Topics

Topic:

Description:

Cancel

Add

Topic	Description	
Topic #1	type brief description here	Revise
Topic #2	The Guide	Revise
Topic #3	work it out	Revise

Remove workshop from list of available workshops

Return without saving (W1)

Save Workshop & Add a Group (W3)

Save Workshop (W4)



### Add or Revise a Group for a Workshop

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**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:

# of Sessions:

Agency Providing:  Dropdown of agency names selected on W2

Group Status:

Max number of participants:   Check here if no limit

**Meeting Day(s) & Time**

Meeting Day(s):  Mon  Tues  Wed  Thurs  Fri  Sat  Sun

Mark All that Apply

Start Time:  am  pm

End Time:  am  pm

**Location**

Name:

Street:

City:

State:  2 letter abbr Zip Code:

Phone:

**Dates**

Start Date:

End Date:

Calculated

No session on:

**Facilitator(s)**

- Dropdown from right grid on W2
- Dropdown from right grid on W2
- Dropdown from right grid on W2
- 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 \(W4\)](#)



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## Workshop Information & Group Listing

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**How to say NO and mean it**

Don't let your child wear you down.

Registration Required:

Yes

Agency Providing Service:  
Better Parents, Inc.  
Scream & Shout Corp

Total Hours to be Offered:

[Revise Workshop Info \(W2\)](#)

**Topics**

- Topic 1
- Topic 2
- Topic 3
- Topic 4
- Topic 5
- Topic 6
- Topic 7
- Topic 8
- Topic 9

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

[Assign Client\(s\) to Group \(W7\)](#)

[Revise or Cancel Group \(W3\)](#)

[Add a Group \(W3\)](#)

[Return to Previous Screen \(W1, W3\)](#)

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### Cancel This Group

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<a href="#">Sign out</a>	

<u>Workshop</u>	<u>Group Name</u>	<u>Meeting Day(s)</u>	<u>Start Time</u>	<u>Location</u>	<u>Start Date</u>
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)**



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### Cancel or Postpone Session

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
- Specify new date 
  - Specify new start time  am  pm
  - Specify new end time  am  pm
- Not Re-Scheduled Yet

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)



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### Assign/Unassign Client(s) to this Group

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

Seats Left:

Eligible Clients

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

Select	Last Name	First Name, MI	Case Worker
<input type="checkbox"/>	Adams	Gomez, X	Wilma Flintstone
<input type="checkbox"/>	Brady	Mike	Case Worker 50
<input type="checkbox"/>	Mertz	Fred, Z	Case Worker 1
<input type="checkbox"/>	Munster	Herman	Betty Rubble
<input type="checkbox"/>	Ricardo	Ricky	George Jetson

Clients Assigned to this Group

Select Client below to Remove from this Group:

Select	Last Name	First Name, MI	Case Worker
<input type="radio"/>	Adams	Lurch, X	Case Worker 16
<input type="radio"/>	Bunker	Archie	Wilma Flintstone
<input type="radio"/>	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) \_\_\_\_\_

**Assign Selected Client(s) to this Group**

**Remove Selected Client from this Group**

**Print Group Information**

**Finish and return to previous (W4, C4)**

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## Managing Sessions

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

### Upcoming Sessions

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

[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
<input type="radio"/>	How to say NO and mean it	Mon Eve	1/2/12	7:00 pm	YMCA	Young	Missing
<input type="radio"/>	How to say NO and mean it (Reg Reqd)	Thur Morn	1/3/12	10:00 am	Rec Center	Smith	Missing
<input type="radio"/>	Quality Time	Sat Morn	12/28/11	9:00 am	Help Center	Munster	Incomplete
<input type="radio"/>	Getting Along (No Reg Reqd)	Thur Eve	12/27/11	7:00 pm	YMCA	Flintstone	Missing

[Record Attendance](#)





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

Select Session	Workshop Name	Group Name	Session Date	Instruction 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	Young
<input type="radio"/>	How to say NO and mean it	Mon Eve	12/12/11	12/12/11	7:00 pm	YMCA	Young
<input type="radio"/>	How to say NO and mean it	Mon Eve	12/5/11	12/6/11	7:00 pm	YMCA	Young
<input type="radio"/>	How to say NO and mean it (Reg Reqd)	Wed Morn	12/21/11	12/21/11	10:00 am	Rec Center	Smith
<input type="radio"/>	Quality Time	Sat Morn	12/22/11	12/22/11	9:00 am	Help Center	Munster
<input type="radio"/>	Getting Along (No Reg Reqd)	Thur Eve	12/27/11	12/27/11	7:00 pm	YMCA	Flintstone

[Review/Revise Attendance](#)



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**Postponed Sessions**

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

[Record Attendance](#)

[Review/Revise Session](#)

**Cancelled Sessions**

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

[Review/Revise Session](#)

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Sign out

# Record Attendance from Roster

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

Enter the following session info:

Location (if different from above):

Instruction Start Time\*:  am  pm

Instruction End Time\*:  am  pm

Instruction Session Date\*:

Facilitator(s)\*:

1. Last Name, First Name
2. Last Name, First Name
3. Last Name, First Name
4. Last Name, First Name

\*Indicates required field

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

Topics covered during this session  
 Mark All that Apply

- 1. Topic 1
- 2. Topic 2
- 3. Topic 3
- 4. Topic 4
- 5. Topic 5
- 6. Topic 6
- 7. Topic 7
- 8. Topic 8
- 9. Topic 9
- 10. Topic 10

Client Attendance

### Clients assigned to this session

Last Name	First Name, MI	Client Attended?	Reason for Absence (if known)
Adams	Gomez	<input type="radio"/> Yes <input type="radio"/> No	
Fester	Uncle	<input type="radio"/> Yes <input type="radio"/> No	
It	Cousin	<input type="radio"/> Yes <input type="radio"/> No	

### Clients not assigned to this session

Select	Last Name	First Name, MI
<input type="checkbox"/>	Adams	Lurch.X
<input type="checkbox"/>	Bunker	Archie
<input type="checkbox"/>	Fonzarelli	Arthur.Y
<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, MI	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 (A1)

Cancel/Postpone Session (W6)

Save Attendance (A1)



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# Record Attendance from Open Session

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

Postponed:  | Session Date: **TBD**

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 End Time\*:   am  pm

Instruction Session Date\*:

Facilitator(s)\*:

- 1.
- 2.
- 3.
- 4.

\*Indicates required field

Topics covered during this session

Mark All that Apply

- 1. Topic 1
- 2. Topic 2
- 3. Topic 3
- 4. Topic 4
- 5. Topic 5
- 6. Topic 6
- 7. Topic 7
- 8. Topic 8
- 9. Topic 9
- 10. Topic 10

Client Attendance

**Clients**

Select	Last Name	First Name, MI
<input type="checkbox"/>	Adams	Lurch.X
<input type="checkbox"/>	Bunker	Archie
<input type="checkbox"/>	Fonzarelli	Arthur.Y
<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?
		<input type="radio"/> Yes <input type="radio"/> Remove
		<input type="radio"/> Yes <input type="radio"/> Remove
		<input type="radio"/> Yes <input type="radio"/> Remove

No one attended this session

**Return without saving (A1)**

**Cancel/Postpone Session (W6)**

**Save Attendance (A1)**



## Incomplete Attendance Warning

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

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

You just saved an attendance that is **Incomplete**. In order to complete this attendance, you must answer all **"Client Attended"** and **"Additional participant(s) attended"** (if applicable) questions.

Are you sure you wish to continue?

**Return to Record Attendance**

**Continue as Incomplete**

LOGO

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**Client Name - Individual Service Contact Documentation**

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Date of service:

Was client present?  Yes  
 No

Person providing this service:

Where was this service provided?

Length of this service: (minutes)  
 1 - 14  
 15 - 29  
 30 - 44  
 45 - 59  
 60 or more

Who else participated in this service? (Mark All that Apply)  
 Other Service Provider  
 Other (please specify)

Case Management Services: (Mark All that Apply)  
 Needs assessment  
 Personalized service plans  
 Individualized assistance  
 Participant progress monitoring  
 Referrals to other services  
 Benefit eligibility assessment  
 Help preparing for court  
 Intake assessment  
 Other (please specify)

Child Support Services: (Mark All that Apply)  
 Review case  
 Expedited order review  
 Current order adjustment  
 Suspension of enforcement tools  
 Arrears forgiveness  
 Debt reduction planning  
 Reinstatement of driver's license  
 Wage withholding  
 Early Intervention monitoring  
 Other (please specify)

Employment Services: (Mark All that Apply)  
 Job search assistance  
 Job readiness training  
 Job placement services  
 Rapid re-employment  
 Short-term job skills training  
 Job retention services  
 Pre-employment assessment  
 On-the-job training  
 Vocational training  
 GED classes  
 Work supports  
 Financial literacy  
 Subsidized employment  
 Internships  
 Records expungement  
 Employment assessment  
 Employment plan  
 Other (please specify)

Fatherhood/Parenting Education Services: (Mark All that Apply)  
 Mediation services  
 Individual counseling  
 Father/Child activities  
 Parenting plans  
 Help completing court filings  
 Other (please specify)

Domestic Violence Services: (Mark All that Apply)  
 Screening  
 Victim services  
 Batterer services  
 Assessment  
 Other (please specify)

Service Contact Notes

Notes:

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	



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Client Name

Service Contact

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Date of contact:

Length of this service contact:  minutes

Was client present?

Who else participated in this service contact?

Where was this service contact provided?

Person providing this service contact:

Content of this service contact:

Add Note:

Notes

Select Note	Date Entered	Entered by	Notes
<input type="radio"/>	Partner 3		
<input type="radio"/>	Outside Group 1		

when note selected for review, loads above as view only



### Client Name - Referral Information

Date of referral:

Agency referred to:

Referral provided:  In writing  
 Verbally

Check here if case worker made referral on behalf of the client

- Type of referral service: (Mark All that Apply)
- Individual counseling
  - Group counseling
  - Family counseling
  - Substance abuse treatment
  - Anger management
  - Emergency needs
  - Mediation
  - Housing
  - Legal
  - Education
  - Domestic violence assessment
  - Domestic violence services
  - Batterer services
  - Food assistance
  - Health insurance
  - Other public benefits (please specify)
  - Other (please specify)

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#### Referral Notes

Notes:

To read, selected the desired

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	





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### Client Name - Service Contact Information & Referral Listing

Service Contact

Date of contact:  Where was this service contact provided?

Length of this service contact:  minutes Person providing this service contact:

Was client present?  Content of this service contact:

Who else participated in this service contact?

Last reviewed:  Review Date:

Recent Note(s):

Referral Listing

Select Referral	Entered by	Agency Referred to	Recent Note(s)
<input type="radio"/>	Partner 3		
<input type="radio"/>	Outside Group 1		

C9 - Delete Service Contact Warning

LOGO

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You are about to delete this service contact and ALL associated referrals. Do you wish to continue?

NO

YES

C10 - Delete Referral Warning

LOGO

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You are about to delete this referral. Do you wish to continue?

NO

YES

LOGO

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# Welcome to Placeholder

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## 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



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**Find a Client**

Search Criteria

Grantee:  Case Status:

Study ID:  Assignment Status:

First Name:  Case Worker:

Last Name:  Adams

Search Results

Select Client	Study ID	Last Name	First Name	Case Status	Assignment Status	Case Manager	Enrollment Date
<input type="radio"/>	11111111	Adams	Lurch	RA Completed Program	Assigned	Fred Flintstone	1/22/2013
<input type="radio"/>	22222222	Adams	Gomez	RA Completed Program	Unassigned	N/A	1/1/2013
<input type="radio"/>	33333333	Adams	Morticia	Pending Duplicate			12/20/2012

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### Assign/Unassign Case Worker(s)

Client Information

Study ID:

Name:

Assignment Status:

RA'd by:

Currently Selected Case Workers

Type	Name	Agency
Case Manager	Giacomo Marconi	Site 1-1
Child Support	Jack Guilizzoni	The Guides
Employment	Marco Botton	Main St
Fatherhood/Parenting	Mariah MacLachlan	Patata

ADD/REVISE/REMOVE Case Worker(s)

Filter by Agency:

Case Manager:

Other Case Worker(s)

To add case worker(s), select checkbox.  
To remove case worker(s), de-select checkbox.

Select	Last Name	First Name	Agency	Role
<input type="checkbox"/>	Flintstone	Wilma	Site 1	Case Manager
<input type="checkbox"/>	Worker 50	Case	Site 1	Child Support
<input type="checkbox"/>	Worker 52	Case	Partner 1	Employment
<input type="checkbox"/>	Worker 54	Case	Main St.	Fatherhood/Parenting
<input type="checkbox"/>	Worker 55	Case	Patata	Employment

Return without Saving

Save



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

[Print Today's Appointments](#)

[Schedule/Revise Appointment](#)

## To Do List

Date:   Task:

[Cancel](#) [Add](#)

Date	TASK	Done	
2/20/12	Task 1	<input checked="" type="checkbox"/>	<a href="#">Edit</a>
2/20/12	Task 2	<input type="checkbox"/>	<a href="#">Edit</a>
2/24/12	Task 3	<input type="checkbox"/>	<a href="#">Edit</a>

[Print To Do List](#)



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Select Client	Study ID	Last Name	First Name MI	Client Status	Enrollment Date
<input type="radio"/>	10000001	Last Name1	First Name 1	Active	mm/dd/yyyy
<input type="radio"/>	10000002	Last Name2	First Name 2	Active	mm/dd/yyyy
<input type="radio"/>	<u>10000003</u>	<u>Adams</u>	<u>Gomez</u>	<u>Active</u>	mm/dd/yyyy
<input type="radio"/>	10000004	Last Name4	First Name 4	Active	mm/dd/yyyy
<input type="radio"/>	10000005	Last Name5	First Name 5	Inactive	mm/dd/yyyy

Filter by:

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Select Agency	Agency	Phone	Contact	Email Address
<input type="radio"/>	AA	999-999-9999	Bill Smith	bsmith@abc.com
<input type="radio"/>	Agency 3	777-777-7777	Sponge Bob	sbob@abc.com

[View Detailed Agency Info](#)



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Select	Company Name	Contact Name	Email Address	Phone	Description
<input type="radio"/>	ABC	Bill Jones	bjones@abc.com	999-999-9999	Babysitting
<input type="radio"/>	Resume	Tanya North	tnorth@resume.com	888-888-8888	Resume Writing
<input type="radio"/>	Agency 3	Sponge Bob	sbob@abc.com	777-777-7777	Strollers

[View/Revise Info](#)

[Add Reference](#)



# Schedule Appointments

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### Appointment Information

Date:

Client:

Start Time:

End Time:

Topic/Note:

### Current Appointments

Select Appt	Date	Start Time	End Time	Client	Topic/Note
<input type="radio"/>	2/16/12	10:00 am	11:00 am	Adams.Lurch	Workshop enrollment
<input type="radio"/>	2/16/12	1:30 pm	2:00 pm	Rubble.Barney	Weekly meeting
<input type="radio"/>	2/19/12	11:00 am	12:30 pm	Flintstone.Fred	Make-up Dads session

**AGENCY NAME**

Location

Agency Street Address 1  
Agency Street Address 2  
Agency City, State, Zip

Key Personnel

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

Services Provided

Agency Service 1  
Agency Service 2  
Agency Service 3

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G11. Personal References (Edit mode)

**Personal Reference**

Company Name:

Description:

Location

Street Address 1:

Street Address 2:

City:  State:  Zip:

Key Personnel

First Name:	Last Name:	Phone:	Email:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Notes



# Agency Listing

**Add**

Select Agency	Agency	Contact	Phone	Email Address
<input type="radio"/>	AA	Bill Smith	999-999-9999	bsmith@abc.com
<input type="radio"/>	Organization XYZ	Tanya West	888-888-8888	twest@abc.com
<input type="radio"/>	Agency 3	Sponge Bob	777-777-7777	sbob@abc.com

**Return to previous**

**Review/Revise**

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**Agency Information**

Agency Name:

Partner Agency:  Yes  No

Grantee:

**Location**

Street Address 1:

Street Address 2:

City:  State:  Zip:

**Key Personnel**

First Name:  Last Name:  Phone:  Email:

**Services Provided**

- (Mark All that Apply)
- Service 1
  - Service 2
  - Service 3
  - Service 4

Remove this agency from list of available agencies.

**Return without Saving**

**Save**



# Message & Reminders

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Message:

## Current Messages & Reminders

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



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**ADMINISTRATION**

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Grantee, Center, and Agency dropdowns are enabled only for specified User Types.

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### ADD NEW USER/CHANGE USER INFORMATION OR DISABLE USER ACCOUNT

All fields must be completed to create a new user account.

First Name:   
 Last Name:   
 Email:   
 Phone:   
 Grantee:

User Type:   
 Site Administrator  
 Case Worker  
 General

Supervisor:

Supervisor dropdown enabled when User Type = Case Worker

Does this person work for:

Site:

OR

Partner Agency:

- Check here if user is a Supervisor
- Check here if user is a Facilitator

Authorization(s):  
Mark All that Apply

- Intake
- Assign Case Workers
- Client Management
- Workshop Management
- Group Management
- User Management
- Messages & Reminders
- Agency Management
- Admin Reports



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### Find a User

Search Criteria

Grantee:

Last Name: Adams  Site:

User Type:  Partner Agency:

Include Disabled User Accounts

Search Results

Select User	Last Name	First Name	User Type	Grantee/ Site Name	Partner Agency	Facilitator	Active
<input type="radio"/>	Smith	Tom	Case Worker	Site 1-2	N/A	N	Y
<input type="radio"/>	Jones	Dick	Supervisor	Grantee 2	Partner 1	Y	Y
<input type="radio"/>	Adams	Harry	Case Worker	Grantee 3	N/A	Y	N

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### Change My User Information

\*Email:

\*Phone:

\*Indicates required field(s)

This screen for changing own information.

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## CHANGE MY PASSWORD

\*Old Password:

\*New Password:

\*Re-Enter New Password:

**\*Indicates required field(s)**

*Must be 8 characters with at least one letter and one number.*

Return to previous

Change Password