

## nFORM Screens to Collect Information on Services Provided to Participants

**Note: Screen shots include fictional names for illustrative purposes. OMB Control Number appears on entry to nFORM system and individual surveys.**



### nFORM Data Collection and Reporting System

The Information, Family Outcomes, Reporting, and Management (nFORM) system is used by Healthy Marriage and Responsible Fatherhood (HMRF) grantees to collect, store, and analyze program and client data and to produce required grant reports for the Administration for Children and Families. HMRF grantees use nFORM to collect information about program operations (including outreach and recruitment activities, enrollment, staff qualifications and training, staff supervision and observations, and implementation challenges); client participation (including case management activities, workshop attendance, and referrals); and client characteristics and outcomes (including an applicant characteristics survey and program entrance and exit surveys).

**⚠ Do not enter dummy, mock, or fictitious data in nFORM; this may cause inaccuracies in the required federal reports that are produced by nFORM.**

OMB Control No.: 0970-0460  
Expiration Date: 07/31/2018


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.







## C1-C5. Client Level Data on Service Contacts, Referrals, Incentives, and Workshops

Demo Grantee - 12345678 (Healthy Marriage)

Hello, testuser127@mpr.com [Log off](#)



**nFORM**  
Information, Family Outcomes, Reporting,  
and Management

 Clients Workshops Service Providers Reports Settings Help

All Clients My Clients

### All Clients

**Search Criteria**

Grantee Location	<input type="text"/>			
Client ID	<input type="text"/>	Case Manager	<input type="text"/>	<input type="text"/>
Last Name	<input type="text"/>	Application Date	<input type="text"/>	<input type="text"/>
First Name	<input type="text"/>	Client Status	<input type="text"/>	<input type="text"/>
Middle Name	<input type="text"/>	Service Assignment	<input type="text"/>	<input type="text"/>

Search Clear Criteria

[+ Add Client](#)Items per page

## C2. Application Form



\* Indicates required field(s)

\* Application Date

Grantee Location

\* Population

Check here if client is in a local evaluation

### Client Information

\* First Name

Middle Name

\* Last Name

\* Date of Birth

\* Was applicant screened at enrollment for intimate partner violence?  Yes  No

### Contact Information

#### Address

\* Street (Line 1)

Street (Line 2)

\* City

\* State

\* ZIP

#### Phone #

*One phone or email is required*

Home Phone

Cell Phone

Work Phone

Check here if client agrees to be contacted by text message

#### Social Media

Email

Facebook

Twitter

Other

Check here if client has no phone or email

#### Additional Contact(s)

Add Contact

Save

Cancel

**Additional Contact(s)**

**Contact #1** Remove Contact #1

\* First Name  Middle Name   
\* Last Name  \* Relationship

**Address**

Street (Line 1)   
Street (Line 2)   
City  State  ZIP

**Phone #** *One phone or email is required*


Home Phone   
Cell Phone   
Work Phone

**Social Media**

Email   
Facebook   
Twitter   
Other

Add Contact

Save Cancel

 **Charlie Brown** (Client ID 40001033)


**Profile** Service History Workshops / Sessions

**Program Information** [Edit](#)

Enrollment Date 9/20/2015  
 Service Assignment Enhanced Services  
 Client Status Active  
 Status Change Date 9/20/2015

**Client Information** [Edit](#)


Application Date 9/20/2015  
 Population Youth  
 Grantee Location Northside  
 Date of Birth 10/30/1999

 Applicant was not screened at enrollment for intimate partner violence.

**Contact Information**

230 Main St.  
 Anytown NJ 08888  
 (908) 555-1032  
 cbrown@gggg.com



**Additional Contacts**

 No additional contact(s) have been added.


**Assigned Case Manager(s)** [Edit](#)

Marybeth Case Manager; Mathew Case Manager; Mathew Site Administrator

**Client Surveys**

Type	Status	Date Completed	Action
Applicant Characteristics Survey	Complete 	11/09/2015	<a href="#">Review</a>
Entrance Survey	Complete 	02/16/2016	n/a
Exit Survey	In Progress	--	<a href="#">Passcode</a>

**Service Summary**

Type	# Provided	Most Recent
Service Contacts	2	11/10/2015
Referrals  Follow up needed	3	11/10/2015
Incentives	1	3/04/2016

**Workshop Summary**

Name	# Session(s) Attended	Last Session Attended	Next Meeting Date
Healthy Marriage Workshop 1	5	11/25/2015	3/24/2016

**Charlie Brown** (Client ID 40001033)

Profile **Service History** Workshops / Sessions

Service Contacts <span style="float: right;">+ Add Service Contact</span>						
Service Date	Data Entered By	# Referrals	# Incentives	Contact Method	Most Recent Notes	Add Referral(s)
11/10/2015	Mathew Site Administrator	2 <span style="color: red;">▲ Follow up needed</span>	0	In office		+ Add Referral
11/10/2015	Mathew Site Administrator	1	0	In office		+ Add Referral

2 Record(s)

Referral History				
Service Date	Data Entered By	Referred To	Referral Type(s)	Follow Up Needed
11/10/2015	Mathew Site Administrator	Americorps	Employment resources; Job search assistance; Resume development	N
11/10/2015	Mathew Site Administrator	Eastside Workforce Center	Career planning; Employment resources; Job search assistance; Resume development	N
11/10/2015	Marybeth Site Administrator	Americorps	Career planning; Employment resources	<span style="color: red;">▲ Y</span>

3 Record(s)

Incentives History <span style="float: right;">+ Add Incentive</span>				
Date Provided	Data Entered By	Incentive Type	Amount	Incentive Reason
3/4/2016	Marybeth Site Administrator	Transportation Assistance	20	Related to encouraging participation

1 Record(s)

**Charlie Brown** (Client ID 40001033)

Profile Service History **Workshops / Sessions**

Current / Upcoming Workshops			
Next Scheduled Session	Workshop	Session Series	Registration
4/7/2016 - 7:00PM	Healthy Marriage Workshop 1	March-april 2016	<span style="color: green;">+ Remove</span>

Session Attendance				
Date	Workshop	Session Series	Attended?	Individual Make-Up Session
10/28/2015	Healthy Marriage Workshop 1	Healthy Couples Group - Center City	Y	--
11/4/2015	Healthy Marriage Workshop 1	Healthy Couples Group - Center City	Y	--
11/11/2015	Healthy Marriage Workshop 1	Healthy Couples Group - Center City	Made Up	<span style="color: green;">+ View Make-Up</span>
11/18/2015	Healthy Marriage Workshop 1	Healthy Couples Group - Center City	Y	--
11/25/2015	Healthy Marriage Workshop 1	Healthy Couples Group - Center City	Y	--

5 Record(s)

## C7/C12/C13. Add/Edit Client Service Contacts, Referrals, and Incentives

C7. Add/Edit Service Contact X

\* Indicates required field(s)

---

### Service Contact Information

\* Service Date:

\* Case Manager:

\* Contact Method:

\* Length of Contact:

\* Did service contact result in direct client contact?  Yes  No

Additional Participant(s)  Child(ren)  
(Check all that apply)

- Client's partner
- Other parent(s) of child (not partner)
- Other service provider
- Parent/guardian of youth client
- Other

---

### Client Issues and Needs Discussed

\* Client Issues and Needs Discussed (Check all that apply)

Some of these services are not allowable with Healthy Marriage and Responsible Fatherhood funds and must be referred out.

<p><b>Assessment</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Comprehensive Assessment</li><li><input type="checkbox"/> Employment/Job Readiness</li><li><input type="checkbox"/> Other Targeted Assessment</li></ul>	<p><b>Job/Career Advancement</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Career planning</li><li><input type="checkbox"/> Employment resources <input checked="" type="checkbox"/></li><li><input type="checkbox"/> Job search assistance <input checked="" type="checkbox"/></li><li><input type="checkbox"/> Resume development</li></ul>
<p><b>Child Support/Custody/Visitation</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Establish/modify child support order</li><li><input type="checkbox"/> Establish/modify child visitation order</li><li><input type="checkbox"/> Establish/modify child custody order</li><li><input type="checkbox"/> Establish/modify parenting plan</li><li><input type="checkbox"/> Child support arrears/ages assistance</li><li><input type="checkbox"/> Establish paternity</li><li><input type="checkbox"/> Couple mediation</li></ul>	<p><input type="checkbox"/> Legal Assistance Referral</p> <p><b>Health/Mental Health Support</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Medical/Dental/Wellness</li><li><input type="checkbox"/> Mental Health Referral</li><li><input type="checkbox"/> Substance Abuse Referral</li><li><input type="checkbox"/> Health Insurance</li></ul>
<p><input type="checkbox"/> Child Welfare Services Involvement <input checked="" type="checkbox"/></p> <p><input checked="" type="checkbox"/> Domestic Violence/Intimate Partner Violence <input checked="" type="checkbox"/></p> <p><input type="checkbox"/> Financial Counseling</p> <p><b>Education</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> English for Speakers of Other Languages (ESOL)</li><li><input type="checkbox"/> General Educational Development (GED)</li><li><input type="checkbox"/> Licensure/Certification (specify) <input type="text"/></li><li><input type="checkbox"/> Other Education (specify) <input type="text"/></li></ul> <p><input type="checkbox"/> Family Therapy/Counseling Referral</p>	<p><input type="checkbox"/> Parenting <input checked="" type="checkbox"/></p> <p><b>Social services/Emergency needs</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Housing/Rent Assistance</li><li><input type="checkbox"/> Childcare Assistance</li><li><input type="checkbox"/> Clothing (not job related) <input checked="" type="checkbox"/></li><li><input type="checkbox"/> Public assistance/welfare <input checked="" type="checkbox"/></li><li><input type="checkbox"/> Food Assistance</li><li><input type="checkbox"/> Obtain driver's license/state ID/birth certificate/other identifying documents</li><li><input type="checkbox"/> Other social services/emergency needs (specify) <input type="text"/></li></ul> <p><input type="checkbox"/> Healthy Marriage and Relationship Education Services <input checked="" type="checkbox"/></p> <p><input type="checkbox"/> Other Service (specify) <input type="text"/></p> <p><input type="checkbox"/> Meeting with Facilitator</p> <p><input type="checkbox"/> Reminder contact (call, email, text)</p> <p><input type="checkbox"/> Youth services (specify) <input type="text"/></p>

---

### Service Notes

### C12. Add/Edit Referral



\* Indicates required field(s)

#### Service Contact Information

<b>Service Date</b>	10/1/2015	<b>Case Manager</b>	Marybeth Site Administrator
<b>Contact Method</b>	In office	<b>Length of Contact</b>	15 - 29 min
<b>Did service contact result in direct client contact?</b>	Yes		
<b>Service For</b>	Ralph Cramden		
<b>Additional Participants</b>	-		
<b>Service Categories</b>	Job search assistance, Resume development		
<b>Most Recent Note</b>	<div style="border: 1px solid #ccc; padding: 5px;">Lorem ipsum dolor sit amet, consetetur sadipscing elitr, sed diam nonumy eirmod tempor invidunt ut labore et dolore magna aliquyam erat, sed diam voluptua. At vero eos et accusam et iusto duo dolores et ea rebum. Stet clita kasd auberaren. no sea takimata sanctus est Lorem</div>		

#### Referral Information

\* **Referred To**

\* **Referral For**  Ralph Cramden only  Alice Cramden only  Couple

\* **How was referral provided to client?**  In Writing  Verbally

\* **Was referral also communicated directly to service provider?**  Yes  No



## Referral Types

\* Referral Types (Check all that apply)

### Assessment

- Comprehensive Assessment
- Employment/Job Readiness
- Other Targeted Assessment

### Child Support/Custody/Visitation

- Establish/modify child support order
- Establish/modify child visitation order
- Establish/modify child custody order
- Establish/modify parenting plan
- Child support arrearages assistance
- Establish paternity
- Couple mediation

Child Welfare Services Involvement

Domestic Violence/Intimate Partner Violence

Financial Counseling

### Education

- English for Speakers of Other Languages (ESOL)
- General Educational Development (GED)
- Licensure/Certification (specify)
- Other Education (specify)

Family Therapy/Counseling Referral

### Job/Career Advancement

- Career planning
- Employment resources
- Job search assistance
- Resume development

Legal Assistance Referral

### Health/Mental Health Support

- Medical/Dental/Wellness
- Mental Health Referral
- Substance Abuse Referral
- Health Insurance

Parenting

### Social services/Emergency needs

- Housing/Rent Assistance
- Childcare Assistance
- Clothing (not job related)
- Public assistance/welfare
- Food Assistance
- Obtain driver's license/state ID/birth certificate/other identifying documents
- Other social services/emergency needs (specify)

Healthy Marriage and Relationship Education Services

Other Referral (specify)

Youth services (specify)

## Referral Notes

### C13. Add/Edit Incentive



\* Indicates required field(s)

\* Is this incentive associated with a service contact?  Yes  No

#### Service Contact Information

\* Service Date

Case Manager

Contact Method

Length of Contact

Did service contact result in direct client contact?

Additional Participants

Service Categories

Most Recent Note

#### Incentive

\* Incentive For  Ralph Cramden only  Alice Cramden only  Couple

*All incentives must be approved by your OFA FPS.*

\* Type of Incentive

Amount \$  .00

\* Reason for Incentive

Save

Cancel

# W1. Workshop List

Demo Grantee - 12345678 (Healthy Marriage) Hello, testuser127@mpr.com! [Log off](#)

**nFORM**  
Information, Family Outcomes, Reporting, and Management

[Clients](#) [Workshops](#) [Service Providers](#) [Reports](#) [Settings](#) [Help](#)

[Workshops](#) [Session Series](#) [Sessions](#)

## Workshops

[+ Add Workshop](#) Items per page: 10

Workshop Name	Population	Registration Required	Total Hours
<a href="#">Healthy Marriage Workshop 1</a>	Adult couple	Yes	16
<a href="#">Healthy Marriage Workshop 2</a>	Adult couple	No	12
<a href="#">Healthy Marriage Workshop 3</a>	Adult individual	Yes	20

3 Record(s)

## W2. Add/Edit Workshop

W2. Add/Edit Workshop ✕

\* Indicates required field(s)

Program Healthy Marriage

\* Population

\* Workshop Name

Description

### Workshop Details

\* Registration Required  Yes  No  
*This selection cannot be changed once it is saved.*

\* Total Hours to be Offered

- \* Activities (Check all that apply)
- Divorce reduction
  - Education in high schools
  - Marriage and relationship education/skills (MRES)
  - Marriage enhancement
  - Marriage mentoring
  - Premarital education

- \* Elements (Check all that apply)
- Conflict resolution
  - Financial management
  - Job and career advancement
  - Parenting
  - None of the above

### W5. Add/Edit Workshop Session Series

W5. Add/Edit Session Series



\* Indicates required field(s)

\* Workshop

Registration Required  Yes  No      Total Hours to be Offered

Description

#### Session Series Details

\* Session Series Name

\* Agency Providing

\* Max # of Clients   No Limit

#### Location

\* Location Name

\* Street       \* City

\* State       \* Zip       Phone

#### Facilitators

\* Facilitators

#### Date & Time

\* # of Sessions

\* Session Start Date

\* Session Start Time  :

\* Session Duration  hour(s) and  minutes

Recur Every  Sun  Mon  Tue  Wed  Thur  Fri  Sat  
(Select all that apply)

## W4/W8. Manage Session Series and Client Registration

### Session Series

Workshop:

+ Add Session Series							Items per page 10
Series Name	Workshop	Location	Facilitators	# of Sessions	Start Date	Registration	
<input type="text" value="March-april 2016"/>	Healthy Marriage Workshop 1	YMCA	Mike Smith	16	3/8/2016	<input type="button" value="Manage"/>	
<input type="text" value="January Series"/>	Healthy Marriage Workshop 1	Main Street Center	Mike Jones	16	1/13/2016	<input type="button" value="View"/>	
<input type="text" value="Healthy Couples Group - Center City"/>	Healthy Marriage Workshop 1	High St. Office	Sue Duncan, Jim Sherwood	8	10/28/2015	<input type="button" value="View"/>	
<input type="text" value="October 2015 Tues/Thur"/>	Healthy Marriage Workshop 3	Town Library	Russell Smith	20	10/6/2015	<input type="button" value="View"/>	

4 Record(s)



### W8. Manage Client Registration x

**Workshop** Healthy Marriage Workshop 1  
**Session Series** HMW1 - June/July 2016  
**Session Start Date** 6/7/2016  
**Session Start Time** 7:00 PM  
**Location Name** YMCA  
**Address** 101 Main St. - Anytown, NJ

### Registration

**Eligible Clients:**

- Bird, Tweety (40001017)
- Bunny, Bugs (40001004)
- Chipmunk, Alvin the (40001036)
- Cramden, Alice (40001025)
- Cramden, Ralph (40001024)
- Cricket, Jiminy (40001038)
- Fudd, Elmer J. (40001030)
- Malfoy, Draco (40001373)
- Martian, Marvin the (40001031)
- Mertz, Ethel (10001484)
- Ricardo, Lucy (40001020)
- Ricardo, Ricky (40001021)
- Rubble, Barney (40001029)
- Rubble, Betty (40001028)
- Smyth, Michael (40001221)
- Stevens, Darren (40001234)
- Stevens, Samantha (40001289)
- VanPelt, Linus (40001045)
- Weasley, Ron (40001360)
- Winslow, Carl (40001292)

 Register Client(s)  
 Remove Client(s)


**Clients already registered:**

- Brown, Charlie (40001033)
- Mouse, Mickey (40001035)
- Squirrel, Rocket J. (40001037)







**Seats Available: 17**

 Client ID appears in parentheses after name.

## W7/W9/C11. Manage Session Occurrences and Attendance



**nFORM**  
Information, Family Outcomes, Reporting, and Management

 Clients
  Workshops
  Service Providers
  Reports
  Settings
  Help

Hello, testuser127@mpr.com [Log off](#)

Sessions

### Sessions

**Filter Criteria**

Workshop:

Session Series:       Session Status:

Items per page: 10						
Occurrence	Session Series	Facilitators	Status	Info	Roster	Attendance
<a href="#">Q Fri 4/29/2016 1:00 PM</a>	April Daily	Facilitator 1, Facilitator 2	Pending Attendance	<a href="#">Cancel</a>	<a href="#">Generate</a>	<a href="#">Record</a>
<a href="#">Q Thu 4/28/2016 1:00 PM</a>	April Daily	Facilitator 1, Facilitator 2	Pending Attendance	<a href="#">Cancel</a>	<a href="#">Generate</a>	<a href="#">Record</a>
<a href="#">Q Wed 4/27/2016 1:00 PM</a>	April Daily	Facilitator 1, Facilitator 2	Pending Attendance	<a href="#">Cancel</a>	<a href="#">Generate</a>	<a href="#">Record</a>
<a href="#">Q Tue 4/26/2016 1:00 PM</a>	April Daily	Facilitator 1, Facilitator 2	Canceled	<a href="#">Reinstate</a>	<a href="#">Generate</a>	<a href="#">View/Edit</a>
<a href="#">Q Mon 4/25/2016 1:00 PM</a>	April Daily	Facilitator 1, Facilitator 2	Pending Attendance	<a href="#">Cancel</a>	<a href="#">Generate</a>	<a href="#">Record</a>
<a href="#">Q Fri 4/22/2016 1:00 PM</a>	April Daily	Facilitator 1, Facilitator 2	Pending Attendance	<a href="#">Cancel</a>	<a href="#">Generate</a>	<a href="#">Record</a>
<a href="#">Q Thu 4/21/2016 1:00 PM</a>	April Daily	Facilitator 1, Facilitator 2	Pending Attendance	<a href="#">Cancel</a>	<a href="#">Generate</a>	<a href="#">Record</a>
<a href="#">Q Wed 4/20/2016 1:00 PM</a>	April Daily	Facilitator 1, Facilitator 2	Pending Attendance	<a href="#">Cancel</a>	<a href="#">Generate</a>	<a href="#">Record</a>
<a href="#">Q Tue 4/19/2016 1:00 PM</a>	April Daily	Facilitator 1, Facilitator 2	Pending Attendance	<a href="#">Cancel</a>	<a href="#">Generate</a>	<a href="#">Record</a>
<a href="#">Q Mon 4/18/2016 1:00 PM</a>	April Daily	Facilitator 1, Facilitator 2	Pending Attendance	<a href="#">Cancel</a>	<a href="#">Generate</a>	<a href="#">Record</a>

1 2 3 4 5 >
100 Record(s)



### W9. Track Session Attendance



\* Indicates required field(s)

**Workshop Name** Healthy Marriage Workshop 1  
**Session Series Name** Healthy Couples Group - Center City

#### Occurrence Details

Edit

\* **Session Date**

\* **Session Start Time**

\* **Session Duration**  hour(s) and  minutes

\* **Location Name**

\* **Street**

\* **City**  \* **State**

\* **Zip**  **Phone**

\* **Facilitators**





## Attendance

Check here if no clients attended this session

### Advance Registration

Clients registered for this session:

Rubble, Betty

-  Add Client(s)
-  Remove Client(s)
-  Add Client(s)
-  Remove Client(s)

Clients who attended this session:

Cramden, Alice  
Cramden, Ralph

Clients who DID NOT attend this session:

Rubble, Barney

### Drop-Ins

Available Clients:

Brown, Charlie  
Bunny, Bugs  
Chipmunk, Alvin the  
Cramden, Alice  
Cramden, Ralph  
Cricket, Jiminy  
Fudd, Elmer J.  
Martian, Marvin the  
Mouse, Mickey  
Smyth, Michael  
Squirrel, Rocket J.  
Stevens, Darren  
Stevens, Samantha  
Winslow, Carl  
Woodpecker, Woody

-  Client(s) Attended
-  Remove Client(s)

Clients who attended this session:

### C11. Make-Up Workshop Session ✕

\* Indicates required field(s)

---

<b>Workshop Name</b>	Test 1HM Workshop 2
<b>Session Series Name</b>	Healthy Marriage Mondays
<b>Session Date</b>	9/7/2015

---

\* **Make-Up Date**  

**Notes**

---