

Appendix I. Instrument 5 Service receipt tracking

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is XXXX-XXXX. The time required to complete this information collection is estimated to average 5 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. Send comments regarding this burden estimate to XXX. OMB expiration date xx/xx/xxxx.

Service Receipt Tracking – Screens in the Random Assignment, Participant Tracking Enrollment, and Reporting, or RAPTER®, system (this data is only collected for participants assigned to the treatment group)

C1. Participant summary

UAT Next Generation of Enhanced Employment Strategies
USER NAME

Participant Case Overview

Event History


EVENT	WHEN	WHERE
Enrollment	3/17/19, 3:00 PM	Office
Workshop	4/30/19, 11:00 AM	Office
Course Event	5/4/19, 3:00 PM	Office

[ADD COURSE](#)
[SCHEDULE EVENT](#)

Case Records

RECORD	WHEN	WHERE
Service Contact	3/11/19, 1:00 PM	Phone
Service Contact	2/22/19, 10:00 AM	Office

[RECORD SERVICE](#)



PARTICIPANT
Hermina Crang

CASE STATUS

Active
Completed

REGISTERED DATE: 2019-03-12

PROGRAM STAFF:
Case Manager - Kendra Haislip

EMAIL: fjones@gmail.com
PHONE: 602-255-1133

CASE MANAGEMENT

Change participant case status

[EDIT CASE STATUS](#)

Assign case worker staff

[ASSIGN CASE STAFF](#)

Edit participant case profile and details

[EDIT PROFILE](#)

C2. Assign program staff to participant case

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Assign Program Staff

Add or remove staff from this case

PROGRAM STAFF TYPE 1

Name 1

Name 2

Name 3

PROGRAM STAFF TYPE 2

Name 1

Name 2

PROGRAM STAFF TYPE 3

Name 1

Name 2

Name 3

PROGRAM STAFF TYPE 4

Name 1

Name 2

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SAVE

C3. Add service contact

Service Contact Details

Who provided this service? * 



This field is a drop-down list that will include program staff names.

Date of service * 

MM/DD/YYYY

Mode

- At employer
- At program office
- In person at another location
- Over the phone
- By email or text

Length of service (minutes) *

- 1-5
- 6-15
- 16-30
- 31-45
- 46-60
- Other Please Specify

Who else participated?

- Program Staff #1
- Program Staff #2
- Program Staff #3
- Program Staff #4

Service Content

Service Type 1:

- Service 1
- Service 2
- Service 3
- Service 4
- Service 5
- Service 6
- Service 7
- Service 8
- Service 9
- Service 10
- Service 11
- Other Please specify



Service type and services listed on this screen will be tailored by site. Some examples of services may include:
***Resume development**
***Mock job interview**
***Vocational assessment**
***Feedback on job performance**

Service Type 2:

- Service 1
- Service 2
- Service 3
- Service 4
- Service 5
- Service 6
- Service 7
- Service 8
- Service 9
- Service 10
- Service 11
- Other Please specify _____

Service Type 3:

- Service 1
- Service 2
- Service 3
- Service 4
- Service 5
- Service 6
- Service 7
- Service 8
- Service 9
- Service 10

C4. Record collaboration with employer and other partners

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Engaged with employers and partners

Met with employer about this participant

Program staff name *

Employer Name

Was participant present?

Date of meeting/interaction

MM/DD/YYYY

Mode

- At employer
- At program office
- In person at another location
- Over the phone
- By email

Length of meeting (minutes) *

- 1-5
- 6-15
- 16-30
- 31-45
- 46-60
- Other Please Specify

Reasons

Reason 1

Reason 2

Reason 3



Reasons for engagement will be tailored by site and may include:

***Discussion of job placement**

***Monitoring participant performance**


***Discussion of accommodations**

Engaged with health care provider about this participant:

Program staff name * 

Health care provider name 

Was participant present?

Date of meeting/interaction 

MM/DD/YYYY

Mode

At health care provider

At program office

In person at another location

Over the phone

By email

Length of meeting (minutes) *

1-5

6-15

16-30

31-45

46-60

Other Please Specify


Reasons

Reason 1

Reason 2

Reason 3

Engaged with other partner about this participant

Program staff name * 

Other partner name 

Was participant present?

Date of meeting/interaction 

MM/DD/YYYY

Mode

- At partner's location
- At program office
- In person at another location
- Over the phone
- By email

Length of meeting (minutes) *

- 1-5
- 6-15
- 16-30
- 31-45
- 46-60
- Other Please Specify

Reasons

- Reason 1
- Reason 2
- Reason 3

CANCEL

NEXT →

C5. Record work-based experiences and wage subsidies

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Work-based experiences and wage subsidies

Start Date

Date



MM/DD/YYYY

Stop Date

Date



MM/DD/YYYY

Work Based Experience Type 1

Work Based Experience Type 2

Work Based Experience Type 3

Work Based Experience Type 4

Work Based Experience Type 5



Employer/agency/site name

Work based experience will be tailored to each site but may include:

***Informational interview**

***Job site tour**

***Job shadowing**

***Unpaid internship/work experience/community service**

***Paid internship/work experience/community service**

***On-the-job training**

***Apprenticeship**

***Paid supported employment**

Number of hours worked per week

Number of weeks worked

\$ Amount paid to participant

- per hour
- per day
- total stipend
- other Please Specify

Was the wage subsidized by your program?

- Yes
- No

\$ Amount of wage paid by program

CANCEL

NEXT →

C6. Record education or training programs

Education or Training Programs

Add Education or Training Program Provided by [Name of Study Program]

Start Date

Date 
MM/DD/YYYY

Stop Date

Date 
MM/DD/YYYY

Has the participant enrolled in:

- Type 1
- Type 2
- Type 3
- Type 4



Education and training types will be tailored by site and may include:

- *Basic literacy**
- *Microsoft office**
- *Culinary arts**

Has participant completed the program?

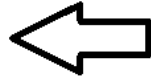
- Yes
- No

Did participant receive a credential?

- Yes
- No

What type of Credential?

- Credential Type #1
- Credential Type #2
- Credential Type #3



Credential types will be tailored by site and may include:

- * Certified nursing assistant (CNA)**
- * Commercial driver license (CDL)**
- * Certified information security manager (CISM)**

Did study program pay some of the costs of the education or training program?

- Yes
- No
- N/A

\$ Total Cost _____

\$ Cost Paid by Program _____

CANCEL

NEXT →

C7. Add financial or in-kind support


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Add Financial or In-Kind Support

Support Information

Date provided * 
MM/DD/YYYY

Reason for providing support * 



Reason for providing support will be customized by site and could include: financial hardship, completed workshop, job preparation, etc.

Type * 



Type will be customized by site and could include items like cash, gift card, bus ticket, diapers, etc.

Frequency * 

Value *

C8. Add referral

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Add Referral

Referral Information

Date of Referral * 

MM/DD/YYYY

Select Referral Agency * 

Select Purpose of Referral * 

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C9. Update participant case status

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Status Management

Edit existing case status(es)

Active X Completed X

UPDATE STATUS

- Add Status
- Active
- Dropped out
- Removed from Program
- Non-responsive
- No longer eligible
- Completed

Program staff will select a status from the drop down menu when they are exiting a participant from the program.

Case Status History

STATUS	CHANGED	ENTERED BY	WHEN
Active	Added	Kendra Haislip	2019-03-14
Completed	Added	Harold Maude	2019-04-14



PARTICIPANT

Fran Jones

CASE STATUS

Active

Case status is displayed on the participant card which can be seen throughout the participant profile



REGISTERED DATE: 2019-03-12

PROGRAM STAFF:

Case Manager - Kendra Haislip

EMAIL: fjones@gmail.com


PHONE: 602-255-1133

Group Events Screens

D1. Group event summary screen

UAT Next Generation of Enhanced Employment Strategies USER NAME

Events

 List of all of the Events My Events Search Events

EVENT	EVENT DATE	LOCATION	PARTICIPANTS	EVENT STATUS
Resume Writing	2018-12-01	YMCA	0	Scheduled
Job Search	2018-11-29	YMCA	15	Action Needed
Communication	2018-12-24	Center	5	Record Attendance
Budgets	2019-01-23	Center	8	Occurred
Financial Well-being	2019-02-21	YMCA	29	Action Needed
Healthy Living	2018-10-18	YMCA	3	Scheduled
Time Management	2018-12-01	Center	0	Occurred
Job Interview Skills	2018-11-29	YMCA	1	Scheduled
Job Readiness	2018-12-24	Center	7	Action Needed
Job training	2019-01-23	YMCA	15	Scheduled

[ADD EVENT](#) [COURSES](#) [CURRICULUM](#) [SHOW CANCELLED](#) Items per page: 10 1 - 10 of 87 < > >>

D2. Schedule event screen

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Schedule Event



Enter event information in the fields below

Event Details

Is this one-time or recurring event? *


One-time

Recurring

Is this part of a Course? *

Select a Course or Curriculum * 

Select a venue for the event *

Select a location for the Event * 

Start Date *



MM/DD/YYYY

End Date *



MM/DD/YYYY

Start Time *

hh:mm
AM/PM

End Time *

hh:mm
AM/PM

Event Notes

Notes

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D3. Manage group event roster

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Roster Management

🔍 Search Participants ADD CLIENT

List of Event Participants

NAME	DATE/TIME ADDED	REMOVE PARTICIPANT
Participant Name	4/30/19, 11:00 AM	REMOVE
Participant Name	4/30/19, 11:00 AM	REMOVE
Participant Name	4/30/19, 11:00 AM	REMOVE
Participant Name	4/30/19, 11:00 AM	REMOVE
Participant Name	4/30/19, 11:00 AM	REMOVE

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D4. Record group event attendance

UAT Next Generation of Enhanced Employment Strategies

Event Attendance

List of Event Participants

ATTENDED	NAME	DATE/TIME ADDED
✓ ✕ Reset	Participant Name	4/30/19, 11:00 AM
✓ ✕ Reset	Participant Name	4/30/19, 11:00 AM
✓ ✕ Reset	Participant Name	4/30/19, 11:00 AM
✓ ✕ Reset	Participant Name	4/30/19, 11:00 AM
✓ ✕ Reset	Participant Name	4/30/19, 11:00 AM

Drop-In Participant

🔍 Search Participants [ADD PARTICIPANT](#)

	NAME	REMOVE PARTICIPANT
✓	Participant Name	REMOVE
✓	Participant Name	REMOVE

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