INSTRUMENT 7
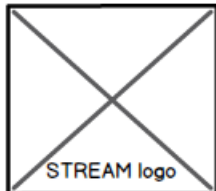
RANDOM ASSIGNMENT ADDITION TO nFORM

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Primary Random Assignment Form

STREAMS

STREAM logo

RANDOM ASSIGNMENT FORM

Today's Date: mm/dd/yyyy

1. Study ID:

2. Name:

3. Date of Birth: (mm) (dd) (yyyy)

4. Gender:

5. Site:

6. How was the client referred to the program? *Mark all that apply.*
   - ☐ Program's intake or outreach staff
   - ☐ Program's partner agency
   - ☐ Other community agency
   - ☐ Court order
   - ☐ Word of mouth
   - ☐ Advertisement, flyer, or other public announcement
   - ☐ Client does not remember
   - ☐ Other (please specify):

7. Gift Card Number: Filter as you type

8. Filter on: Spouse name ▼
   Jane Smith

   Partner/Spouse Select Partner/Spouse ▼
   First choice is "Not yet available in STREAMS"

[Save & return to previous]   [Random Assign Client]

NOTE

Gray boxes signify fields that are pre-filled but editable

STREAMS

OMB #:XXX-XXXX
EXPIRATION: XX-XX-XXXX

STREAM logo

Possible Duplicate Found

Client

Last Name, First Name

Study ID

DOB

SSN

All clients the new client matched:

Last Name	First Name	Study ID	DOB	SSN	Grantee	Site	RA Date	Reason Identified as Duplicate
Bradley	Wilma	122446688	mm/dd/yyyy	xxx-xx-xxxx	FSC	North	mm/dd/yyyy	Last Name & DOB duplicate on last four
Seuss	Holly	23456789	mm/dd/yyyy	xxx-xx-xxxx	FSC	South	mm/dd/yyyy	Digits of SSN and DOB
Sparrow	Jack	34567890	mm/dd/yyyy	xxx-xx-xxxx	UV	Central	mm/dd/yyyy	Duplicate on SSN

Partner

Last Name, First Name

Study ID

DOB

SSN

All clients the partner matched:

Last Name	First Name	Study ID	DOB	SSN	Grantee	Site	RA Date	Reason Identified as Duplicate
Bradley	Milton	12345678	mm/dd/yyy	xxx-xx-xxxx	FSC	North	mm/dd/yyy	Last Name & DOB duplicate on last four
Seuss	Dr.	23456789	mm/dd/yyy	xxx-xx-xxxx	FSC	South	mm/dd/yyy	Digits of SSN and DOB
Sparrow	Jack	34567890	mm/dd/yyy	xxx-xx-xxxx	UV	Central	mm/dd/yyy	Duplicate on SSN

Please contact study team member FName LName at xxx-xxx-xxxx if you are unable to resolve issue.

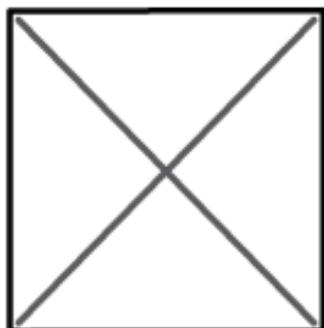[Save pending resolution]   [Override Duplicate]   [Status as Duplicate]

RANDOM ASSIGNMENT RESULTS

http://

STREAM LOGO

OMB #:XXX-XXXX
EXPIRATION: XX-XX-XXXX

Contact us

Review my user information

Menu
· Home
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· Find client
· Workshop list
· Managing sessions
· Reports
· Administration

Sign Out

Random Assignment Completed

Jane Jones

Study ID: **12569710**

Assigned to: **Program**

View Random Assignment Form   **Assign case worker(s)**   **Continue to home**