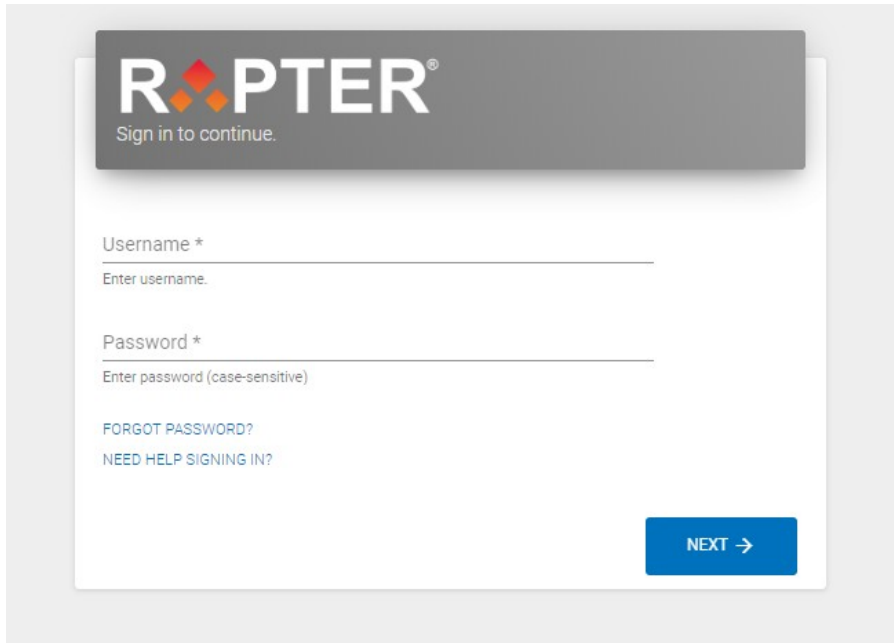


## Instrument 2. Identifying and contact information

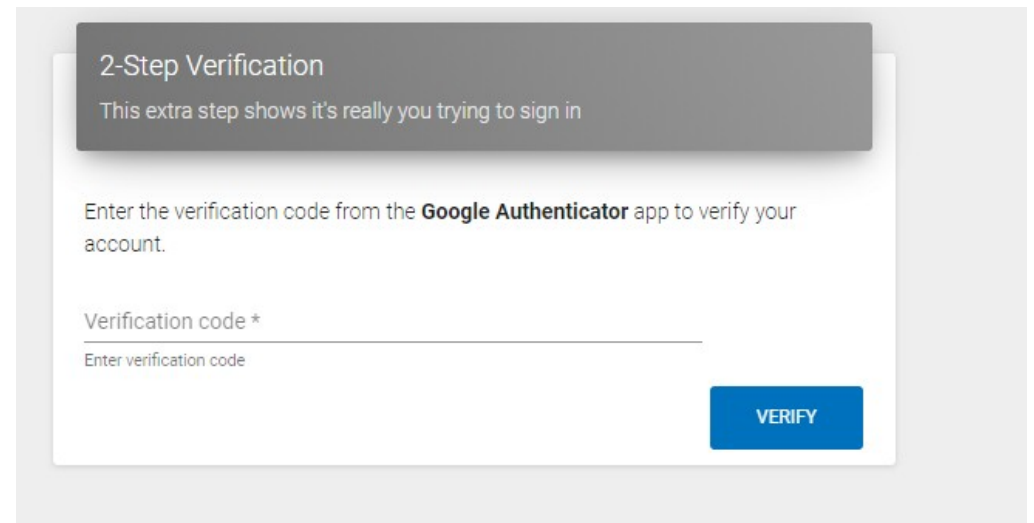
According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is XXXX-XXXX. The time required to complete this information collection is estimated to average 25 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. This includes the time it takes to complete the baseline survey. Send comments regarding this burden estimate to XXX. OMB expiration date xx/xx/xxxx.

### Identifying and Contact Information Data Collection - Screens in the Random Assignment, Participant Tracking Enrollment, and Reporting, or RAPTER®, system



The screenshot shows the RAPTER login interface. At the top, there is a dark grey header with the RAPTER logo and the text "Sign in to continue." Below this, there are two input fields: "Username \*" with the placeholder "Enter username." and "Password \*" with the placeholder "Enter password (case-sensitive)". There are two links: "FORGOT PASSWORD?" and "NEED HELP SIGNING IN?". A blue button labeled "NEXT →" is positioned at the bottom right of the form area.

#### A1. Login screens



The screenshot shows the 2-Step Verification screen. At the top, there is a dark grey header with the text "2-Step Verification" and "This extra step shows it's really you trying to sign in". Below this, there is a text prompt: "Enter the verification code from the Google Authenticator app to verify your account." There is an input field labeled "Verification code \*" with the placeholder "Enter verification code". A blue button labeled "VERIFY" is positioned at the bottom right of the form area.

## Intake Screens

### B1. Study Eligibility

UAT

Next Generation of Enhanced Employment Strategies

Eligibility

Eligibility

Consent

Applicant Info

Survey



Determine study eligibility in order to proceed

In order to be eligible for the study, Program applicants must not:

- be already enrolled in the study
- Question 2
- Question 3
- Question 4
- Question 5



**This list will be populated with each study program's eligibility criteria.**

Is the applicant eligible? \*

- Yes
- No

Is the applicant 18 years or older?


- Yes
- No

## B2. Consent by Sample Member

**UAT** Next Generation of Enhanced Employment Strategies

Consent

Eligibility **Consent** Applicant Info Survey Other Info

 Read the consent statement below in full before recording the applicant's response.

Select the appropriate language to display the consent form.

English ▼ Español

Does the applicant have the ability to understand the consent statement?

Yes  
 No

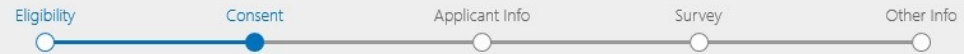
Does the applicant consent? \*

Yes  
 No

**Consent statement drops down when a user clicks on the down arrow.**

**If an applicant has the ability to understand the consent statement, the staff person will record their consent on this screen.**

## Consent



Read the consent statement below in full before recording the applicant's response.

Select the appropriate language to display the consent form.

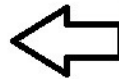
English



Español

Does the applicant have the ability to understand the consent statement?

- Yes
- No



**If the applicant does not have the ability to understand the consent statement, the following questions will ask the user to confirm that the applicant assented to participation in the study and that the proxy provided consent.**

Does the applicant assent? \*

- Yes
- No

Does the proxy consent? \*


- Yes
- No

### B3. Consent by parent/guardian

**UAT** Next Generation of Enhanced Employment Strategies

Consent

Eligibility — **Consent** — Applicant Info — Survey

 Read the consent statement below in full before recording the response.

Select the appropriate language to display the consent form.

English ▼ Español

Does the applicant assent? \*

Yes

No

Does the parent/guardian consent? \*

Yes

No


[← BACK](#)

## B4. Applicant information

**UAT** Next Generation of Enhanced Employment Strategies

Applicant Information

Eligibility    Consent    **Applicant Info**    Survey

 Enter applicant information in the fields below


Basic Information

First Name \*

Middle Name

Last Name \*

Nickname

  
MM/DD/YYYY

What is your sex? \*

Male

Female

Social Security number \*

xxx-xx-xxxx

This participant does not have a Social Security number

### Contact Information

Address Line 1 \*

Address Line 2

City \*

State \* 

Zip \*

xxxxx-xxxx

ADD ADDRESS

REMOVE ADDRESS



Email address \*

This person does not have an email.

ADD E-MAIL

REMOVE E-MAIL

Phone \*

(xxx) xxx - xxxx

This person does not have a phone.

Personal or work? \*

Personal

Work

Cell or landline? \*

Cell

Landline

OK to text? (Message and data rates may apply.) \*

Yes

No

ADD PHONE

REMOVE PHONE

Can we contact you through Facebook? \*

Yes

No

Name used on Facebook \_\_\_\_\_

Facebook URL \_\_\_\_\_

Can we contact you through LinkedIn? \*

Yes

No

Name used on LinkedIn \_\_\_\_\_

Random assignment stratification characteristic

Response  



**This is to collect information to stratify random assignment. Examples could include referral source, staff, etc. The variables will be populated for each program as needed.**

School

School Name  



**This will only be used for for programs that enroll participants in schools.**

## B5. Duplicate check

### Similar people

This person may already be enrolled

Review the following people with similar key characteristics to Mandy Swings.

Is this person the same Mandy Swings you are working with now?

Mandy Swings ⓘ  
ID: 70118537  
SSN: \*\*\*\*\*3333  
Date of birth: 10/19/1977  
[Need more details?](#)


NOT THE SAME PERSON  SAME PERSON


[← BACK](#) [NEXT →](#)

## B6. Baseline

**UAT** Next Generation of Enhanced Employment Strategies

### Baseline Survey





 Collect information on applicant's characteristics and experiences.

This survey will take approximately XX minutes to complete. Applicants should answer all questions to the best of their ability, but can choose to skip any questions that they are unable or do not wish to provide a response for.

Once the survey has been submitted, you will fill out a few final questions including additional contact information for the applicant before completing the intake process.

Use the button below to launch the baseline survey:

[LAUNCH THE SURVEY ON THIS DEVICE](#) 

 **Program staff will click this button to launch the baseline survey which is Instrument 1 in the OMB package.**

**Using a different device for the survey?** Here's what you'll need:

Baseline survey for 70031562  
<https://cit1.mathematica-mpr.com/wix/p1072411.aspx>  
User Name  
**249339**  
Password  
**e4r7b2e8**


[PRINT](#)

## B7. Additional contacts screen

**UAT** Next Generation of Enhanced Employment Strategies

### Additional contact information

Eligibility    Consent    Applicant Info    Survey

 Collect contact information for 3 contacts if possible. Even partial information is helpful.  
*Staff: To record information for additional contacts, click the 'Add contact' button at the bottom of the screen above the 'Next' button.*

Additional contact(s)

Relationship type

First Name \*

Middle Name

Last Name \*

Address(es)

Address Line 1 \*

Address Line 2

City \*

State \*

Zip \*   
XXXXX-XXXX

## Email(s)

Email address \*

---

This person does not have an email.

ADD E-MAIL

REMOVE E-MAIL

## Phone number(s)

Phone \*

---

(xxx) xxx - xxxx

This person does not have a phone.

Personal or work? \*

Personal

Work

Cell or landline? \*

Cell

Landline

OK to text? (Message and data rates may apply) \*

Yes

No

ADD PHONE

REMOVE PHONE

Applicant does not have any contacts

ADD CONTACT

← BACK

NEXT →

B8. Enrollment complete

## Enrollment Complete



This intake process is complete

You have completed enrollment and this participant has been assigned to a study group.

Program: **RA Group Name**

[PARTICIPANT OVERVIEW](#)



APPLICANT  
Fran Jones

CASE STATUS  
REGISTERED DATE: 2019-03-12

CASE WORKERS:

---

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