Draft nFORM Screens to Collect Information
on Services Provided to Participants

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

Grantee 1 HM (LE) - GR10011 (Healthy Marriage)

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).

C1-C6. Client Level Data on Service Contacts, Referrals, Incentives, and Workshops

C2. Application Form

* Indicates required field(s)

* **Application Date** 8/26/2020 📅

Grantee Location ❓ --Select location ⌄

* **Population** --Select population ⌄

☐ Check here if client is in a local evaluation

Client Information

* **First Name** [   ]   **Middle Name** [   ]

* **Last Name** [   ]   * **Date of Birth** [   ] 📅

* **Was the applicant screened for intimate partner violence or teen dating violence?** ❓   ○ Yes ○ No

⊖ Contact Information

Address

* **Street (Line 1)** [   ]

Street (Line 2) [   ]

* **City** [   ]   * **State** --Select ⌄   * **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]

MATHEMATICA

○ Additional Contact(s)

○ Contact #1   ⊖ Remove Contact #1

* First Name [   ]   Middle Name [   ]

* Last Name [   ]   * Relationship [--Select relationship ▾]

Address

Street (Line 1) [   ]

Street (Line 2) [   ]

City [   ]   State [--Select ▾]   ZIP [   ]

Phone #   ### Social Media

One phone or email is required   Email [   ]

Home Phone [   ]   Facebook [   ]

Cell Phone [   ]   Twitter [   ]

Work Phone [   ]   Other [   ]

☐ Check here if contact has no phone or email

⊕ Add Contact

[Save] [Cancel]

👤 Maxwell Smart (Client ID 40001205)

Profile   Service History   Workshops / Sessions

Program Information   ✎ Edit

Enrollment Date	11/11/2015
Service Assignment	G2 Treatment Group
Client Status	Active
Status Change Date	11/5/2015

Client Information   ✎ Edit

Application Date	11/5/2015
Population	Adult individual
Date of Birth	4/4/1992

ℹ Applicant has been screened for intimate partner violence or teen dating violence.

⊖ Contact Information

202 Main St.
Anytown NJ 08888
📞 (212) 555-1212

Additional Contacts

❗ No additional contact(s) have been added.

Assigned Case Manager(s)   ✎ Edit

MarybethM Site Administrator; Matt Case Manager

Client Surveys

Type	Status	Date Completed	Action
Applicant Characteristics Survey	Complete ✅	11/05/2015	🖨 Review
Entrance Survey	Incomplete	--	🔍 Passcode
Exit Survey	Incomplete	--	🔍 Passcode

Service Summary

Type	# Provided	Most Recent
Service Contacts	2	4/24/2017
Referrals ⚠ Follow up needed	3	4/24/2017
Incentives	2	4/24/2017

Workshop Summary

Name *Primary*	Workshop Hours Received	# Session(s) Attended	Last Session Attended	Next Meeting Date
Dosage Workshop #5	8	2	12/10/2019	--
Test 1HM Workshop 2*	2.2	2	3/30/2016	--

Primary Workshop Participation for the Client

Progress towards target participation in primary workshop(s) (hours)

35
Target Hours

2.2
Total Hours Received

Primary workshop participation meter is provided only for clients enrolled on or after 10/6/2015

👤 Maxwell Smart (Client ID 40001205)

Profile | **Service History** | Workshops / Sessions

Service Contacts

⊕ Add Service Contact

Service Date ⬍	Data Entered By ⬍	# Referrals ⬍	# Incentives ⬍	Contact Method ⬍	Most Recent Notes ⬍	Add Referral(s)
🔍 4/24/2017	MarybethM Site Administrator	0	0	Email	for max	➕ Add Referral
🔍 4/24/2017	MarybethM Site Administrator	0	0	In community	for agent 99	➕ Add Referral
🔍 4/24/2017	MarybethM Site Administrator	3 ⚠ Follow up needed	1	During home visit	note 2. saved 8/13/2018 2:57 pm.	➕ Add Referral

3 Record(s)

Referral History

Service Date ⬍	Data Entered By ⬍	Referred To ⬍	Referral Type(s) ⬍	Follow Up Needed ⬍
🔍 4/24/2017	MarybethM Site Administrator	Service Provider 1	Legal Assistance Referral	⚠ Y
🔍 4/24/2017	MarybethM Site Administrator	Service Provider 1	Mental Health Referral	⚠ Y
🔍 4/24/2017	MarybethM Site Administrator	1HM Agency 4	Childcare Assistance	⚠ Y

3 Record(s)

Incentives History

⊕ Add Incentive

Date Provided ⬍	Data Entered By ⬍	Incentive Type ⬍	Amount ⬍	Incentive Reason ⬍
🔍 4/24/2017	MarybethM Site Administrator	Emergency Assistance	100	Related to encouraging participation
🔍 4/24/2017	MarybethM Site Administrator	Employment related costs	50	Related to program milestone
🔍 4/24/2017	MarybethM Site Administrator	Emergency Assistance	25	Related to program milestone
🔍 4/24/2017	MarybethM Site Administrator	Employment related costs	200	Related to encouraging participation

4 Record(s)

C4

👤 Maxwell Smart (Client ID 40001205)

Profile   Service History   **Workshops / Sessions**

Current / Upcoming Workshops

ℹ️ Client is currently not registered for any workshops.

Session Attendance

Date	Workshop Name	Workshop Type	Session Series	Attended?	Individual Make-Up Session
3/30/2016	Test 1HM Workshop 2	Primary	Workshop	Y	--
3/30/2016	Test 1HM Workshop 2	Primary	Workshop	Y	--
3/29/2016	Test 1HM Workshop 2	Primary	Workshop	Y	--
12/13/2016	test b	Not in Use	dgf	Y	--
8/24/2016	23	Primary	Same Day Reg Test	Y	--
12/13/2016	Elevate	Primary	Elevate Yourself	Made Up	🔍 View Make-Up
12/13/2016	Elevate	Primary	Elevate Early in the Day	Y	--
1/7/2019	Elevate	Primary	1/7/2019 start date	Y	--
4/1/2019	Elevate	Primary	May Test	Y	--
4/8/2019	Elevate	Primary	May Test	Y	--

1 2 »   14 Record(s)

⚠️ Possible Duplicate(s) Found

👤 Barry Allen (Client ID 10021095, DOB 7/15/1976) ✏️ Edit

Client entered matches the following existing client(s)

Save pending resolution   **Override Duplicate (Allow Client)**   Duplicate confirmed

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

C7. Add/Edit Service Contact
Indicates required field(s)

⊖ Service Contact Information

* Service Date	4/24/2017	* Case Manager	Site Administrator, MarybethM ▼
* Contact Method	Email ▼	* Length of Contact	5 - 14 min ▼

* Did service contact result in direct client contact? ⊕   ○ Yes   ○ No

* Service contact included   ○ Maxwell Smart only   ○ Agent 99 only   ○ Couple

Additional Participant(s)   ☐ Child(ren)
(Check all that apply)   ☐ 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.*

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 Service (specify)**
[   ]

☐ **Meeting with Facilitator**

☐ **Reminder contact (call, email, text)**

☐ **Youth services (specify)**
[   ]

⊖ Service Notes

Note #1   [for max

]

[⊕ Add Note]

[Edit] [Cancel]

C12. Add/Edit Referral

* Indicates required field(s)

⊖ Service Contact Information

Service Date	4/24/2017	**Case Manager**	MarybethM Site Administrator
Contact Method	During home visit	**Length of Contact**	Up to 4 min

Did service contact result in direct client contact?   Yes

Service contact included   Couple

Additional Participants   Other service provider

Client Issues and Needs Discussed   Establish/modify parenting plan, Child support arrearages assistance

Most Recent Note

> note 2. saved 8/13/2018 2:57 pm.

⊖ Referral Information

❶ Did the client follow-through on the referral below?   ○ Yes   ○ No

* Referred To ❓   Service Provider 1 ▾

* Referral For   ○ Maxwell Smart only   ○ Agent 99 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

⊕ Add Note

[Edit] [Cancel]

C13. Add/Edit Incentive ✕

* Indicates required field(s)

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

⊖ Service Contact Information

* Service Date   [--Select service date ▾]   **Case Manager**

Contact Method   **Length of Contact**

Did service contact result in direct client contact?

Additional Participants

Client Issues and Needs Discussed

Most Recent Note

⊖ Incentive

* Incentive For   ○ Maxwell Smart only   ○ Agent 99 only   ● Couple

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

* Type of Incentive   [Emergency Assistance ▾]   **Amount**   [$ | 100 | .00]

🛈 *Housing/rent assistance excluding utilities*

* Reason for Incentive   [Related to encouraging participati ▾]

Delete   **Save**   Cancel

W1. Workshop List

Workshops

Items per page 10

Workshop Name	Population	Registration Required	Enrollment	Type	Total Hours
Q 23	Adult individual	Yes	Other	Primary	140
Q 24/7 Dad	Adult individual	Yes	Open	Primary	20
Q Couple Workshop	Adult couple	Yes	Cohort	Optional	10
Q Dosage Workshop #1	Adult individual	Yes	Open	Optional	20
Q Dosage Workshop #3 - Other specify	Adult couple	No	Cohort	Primary	6
Q Dosage Workshop #4 - specify	Adult couple	No	Cohort	Primary	6
Q Dosage Workshop #5	Adult individual	No	Cohort	Optional	20
Q Elevate	Adult couple	Yes	Cohort	Primary	5
Q FAMLE View Workshop	Adult couple	Yes		Primary	10
Q JIRA 1408 Test Workshop	Adult individual	Yes	Cohort	Primary	140

1 2 3 »

24 Record(s)

W2. Add/Edit Workshop

W2. Add/Edit Workshop   ×
* Indicates required field(s)

Program	Healthy Marriage
* Population	--Select population ▾
* Workshop Name	
Description	

Workshop Details

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

* Enrollment   --Select ▾

* 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

* Type ❓   ○ Primary   ○ Optional   ○ Not in Use
This selection cannot be changed once it is saved.

* Structure   ○ Single   ○ Blended   ○ Linked   ○ Non-curricularized

* Curriculum or other group service
(Enter all that apply)
#1 --Select ▾   Hours [   ]
Specify [   ]

⊕ Add

Save   Cancel

W5. Add/Edit Workshop Session Series

W5. Add/Edit Session Series
* Indicates required field(s)

* Workshop Name	--Select workshop
Registration Required	○ Yes ○ No Total Hours to be Offered
Enrollment	
Type	Structure
Curriculum or other group service	
Description	

Session Series Details

* Session Series Name	
* Agency Providing	--Select agency
* Max # of Clients	☐ No Limit

Location

* Location Name	
* Street	* City
* State	--Select * Zip Phone

Facilitators

* Facilitators	

Date & Time

* # of Sessions	
* Session Start Date	
* Session Start Time	-- -- AM
* Session Duration	-- hour(s) and -- minutes
Recur Every (Select all that apply)	☐Sun ☐Mon ☐Tue ☐Wed ☐Thur ☐Fri ☐Sat

Save   Cancel

W4/W8. Manage Session Series and Client Registration

Session Series

Filter Criteria

Workshop: | --Select workshop ▾ |

+ Add Session Series

Items per page | 10 ▾ |

Series Name ↕	Workshop ↕	Location ↕	Facilitators ↕	# of Sessions ↕	Start Date ↕	Registration
🔍 August 10, 2020 start	24/7 Dad	ymca	Jackson Murphy	10	8/10/2020	✏ Manage
🔍 Dadz Meetup	24/7 Dad	DADz	Mr. Rogers	16	5/25/2020	🔍 View
🔍 new test series 5/18/20	Tully Test	test location	joe teacher	10	5/20/2020	Not Required
🔍 May 19, 2020 Start	24/7 Dad	Library	test	10	5/19/2020	🔍 View
🔍 April 14 Start Date	Couple Workshop	Library	mr. smith	5	4/14/2020	🔍 View
🔍 April 6 Start Date	24/7 Dad	ymca	test	10	4/6/2020	🔍 View
🔍 test	24/7 Dad	ymca	test	1	3/31/2020	🔍 View
🔍 January 21, 2020 start date	Dosage Workshop #1	TownHall	test	10	1/21/2020	🔍 View
🔍 January 8, 2020 start	Couple Workshop	YMCA	test	5	1/8/2020	🔍 View
🔍 January 8, 2020 Start	Dosage Workshop #1	TownHall	test	5	1/8/2020	🔍 View

| 1 | 2 | 3 | 4 | 5 | » |

60 Record(s)

W8. Manage Client Registration   ✕

Workshop Name	24/7 Dad
Session Series	August 10, 2020 start
Enrollment	Open
Type	Primary
Structure	Linked
Curriculum or other group service	Career Gear-Rise
Session Start Date	8/10/2020
Session Start Time	7:00 PM
Location Name	ymca
Address	147 Main Street - Duluth, GA

⊖ Filter Eligible Clients

Grantee Location	[▾]	**Case Manager**	[▾]
Client ID	[ ]	**Client Status**	[▾]
Last Name	[ ]	**Population**	[▾]
First Name	[ ]	**Service Assignment**	[▾]

Enrollment Date Range:

From	To
[📅]	[8/26/2020 📅]

[Search] [Clear Criteria]

Registration

Eligible Clients:

```
1869-1, 1869-1 (10021561)
99, Agent (40001218)
Bailey, George (10008911)
Bailey, Mary (10008924)
Baratheon, Stannis (10021273)
Barbarino, Vinnie (10001565)
Beam, Jim (10012486)
Beam, Jim (10020245)
Bick, Violet (10001691)
Bick, Violet 3 (10020300)
Bobby, Ricky (10001167)
Brady, Carol (10001662)
Brady, Greg (10000074)
Brady, Greg (10000799)
Brady, Mike (10001659)
Couple1, Mr.Famle (10012237)
Couple1, Mrs.Famle (10012224)
Cunningham, Joanie (10008539)
Darrel, Dixon (10000773)
dev test 2, dev test (10021367)
```

❯ **Register Client(s)**

❮ **Remove Client(s)**

Clients already registered:

```
Bailey, George (10001549)
Bailey, Mary (10001552)
Rabbit, Jack (40001153)
Robinson, John (10006557)
Robinson, Maureen (10006560)
```

Seats Available: 15

ⓘ Client ID appears in parentheses after name.

[Save] [Cancel]

W7/W9/C11. Manage Session Occurrences and Attendance

Sessions

⊖ Filter Criteria

Workshop: --Select workshop ⌄

Session Series: --Select session series ⌄   **Session Status:** --Select session status ⌄

Items per page 10 ⌄

Occurrence ⬍	Session Series ⬍	Facilitators ⬍	Status ⬍	Info	Roster	Attendance
Q Wed 2/6/2019 8:00 PM	1/7/2019 start date	Karen, Georgia	Session Complete	⊘ Cancel	🖨 Generate	✏ View/Edit
Q Mon 1/28/2019 8:00 PM	1/7/2019 start date	stevens	Session Complete	⊘ Cancel	🖨 Generate	✏ View/Edit
Q Tue 1/22/2019 8:00 PM	1/7/2019 start date	stevens	Session Complete	⊘ Cancel	🖨 Generate	✏ View/Edit
Q Mon 1/14/2019 8:00 PM	1/7/2019 start date	stevens, karen, georgia	Session Complete	⊘ Cancel	🖨 Generate	✏ View/Edit
Q Mon 1/7/2019 8:00 PM	1/7/2019 start date	stevens	Session Complete	⊘ Cancel	🖨 Generate	✏ View/Edit
Q Wed 2/6/2019 4:00 PM	1/9/2019 Start Date	jones	Pending Attendance	⊘ Cancel	🖨 Generate	🔔 Record
Q Wed 1/30/2019 4:00 PM	1/9/2019 Start Date	jones	Canceled	↻ Reinstate	🖨 Generate	✏ View/Edit
Q Wed 1/23/2019 4:00 PM	1/9/2019 Start Date	jones	Canceled	↻ Reinstate	🖨 Generate	✏ View/Edit
Q Wed 1/16/2019 4:00 PM	1/9/2019 Start Date	jones	Canceled	↻ Reinstate	🖨 Generate	✏ View/Edit
Q Wed 1/9/2019 1:00 PM	1/9/2019 Start Date	jones	Canceled	↻ Reinstate	🖨 Generate	✏ View/Edit

1 2 3 4 5 »   **1356 Record(s)**

W9. Track Session Attendance   ×
* Indicates required field(s)

Workshop Name	24/7 Dad
Session Series Name	August 10, 2020 start

⊖ Occurrence Details   [✏ Edit]

* Session Date   `8/26/2020`

* Session Start Time   `7 ▾`   `00 ▾`   `PM ▾`

* Session Duration   `2 ▾` hour(s) and `00 ▾` minutes

* Location Name   `ymca`

* Street   `147 Main Street`

* City   `Duluth`   *** State**   `GA ▾`

* Zip   `30096`   **Phone**

* Facilitators   `Jackson Murphy`

⊖ Attendance

☐ **Check here if no clients attended this session** ❓

Advance Registration

Clients registered for this session:

```
Bailey, George (10001549)
Bailey, Mary (10001552)
Rabbit, Jack (40001153)
Robinson, John (10006557)
Robinson, Maureen (10006560)
```

❯ Add Client(s)

❮ Remove Client(s)

Clients who attended this session: 0

❯ Add Client(s)

❮ Remove Client(s)

Clients who DID NOT attend this session: 0

Drop-Ins

Available Clients:

```
1869-1, 1869-1 (10021561)
99, Agent (40001218)
Bailey, George (10008911)
Bailey, Mary (10008924)
Baratheon, Stannis (10021273)
Barbarino, Vinnie (10001565)
Beam, Jim (10012486)
Beam, Jim (10020245)
Bick, Violet (10001691)
Bick, Violet 3 (10020300)
Bobby, Ricky (10001167)
Brady, Carol (10001662)
Brady, Greg (10000074)
Brady, Greg (10000799)
Brady, Mike (10001659)
```

❯ Client(s) Attended

❮ Remove Client(s)

Clients who attended this session: 0

ⓘ Client ID appears in parentheses after name.

[Save] [Cancel]

C11. Make-Up Workshop Session

✕

* Indicates required field(s)

Workshop Name	Test 1HM Workshop 2
Workshop Type	Primary
Session Series Name	Workshop
Session Date	5/4/2016

* Make-Up Date

Notes

Save   Cancel