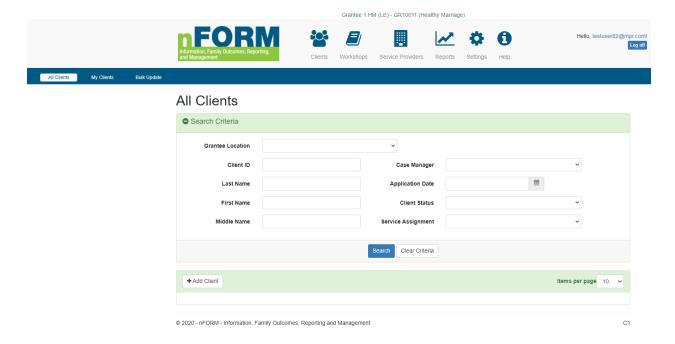
Instrument 7 -Non-Grantee Use of nFORM - Staff Data Entry

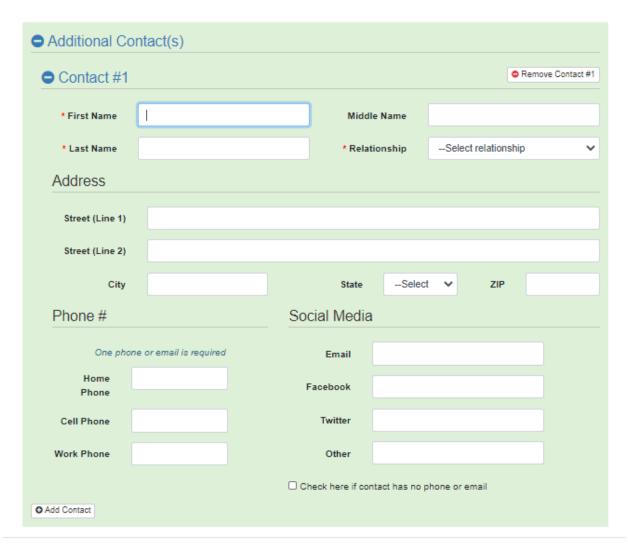
SIRF will implement an intervention in one site that is not a federal Responsible Fatherhood grantee. Therefore, we are requesting burden to cover collection of program operations data entered into the nFORM, a performance measures data collection system designed for Responsible Fatherhood grantees, by staff in a non-grantee site. These screens collect information on services provided to participants are part of the full nFORM information collection request package - Healthy Marriage and Responsible Fatherhood Performance Measures and Additional Data Collection (ICR Ref #202102-0970-014)..

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

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



C2. Application Form *Indicates required field(s)	1				>
* Application	Date 8/26/2020				
Grantee Locat	ion •Select location		~		
* Popu	lationSelect population	on 🗸			
☐ Check here if client is	in a local evaluation				
Client Information	on				
* First Name		Middle	Name		
* Last Name		* Date of	f Birth		
* Was the applicant screened for intimate partner violence or teen dating violence? ②	○ Yes ○ No				
Contact Inform	mation				
Address					
* Street (Line 1)					
Street (Line 2)					
* City		* State	Select 🗸	* ZIP	
Phone #		Social Media			
One phone	e or email is required	Email			
Home Phone		Facebook			
Cell Phone		Twitter			
Work Phone		Other			
☐ Check here if client ag message	grees to be contacted by text	☐ Check here if client	has no phone or ema	iil	
Additional Con	tact(s)				
• Add Contact					

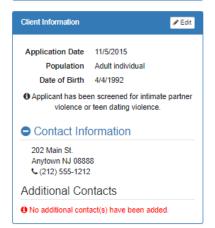


Save	Cancel
------	--------

▲ Maxwell Smart (Client ID 40001205)

Profile Service History Workshops / Sessions







Status	Date Completed	Action
Complete 🗹	11/05/2015	Review
Incomplete	-	4 Passcode
Incomplete	-	
	Complete Incomplete	Complete ☑ 11/05/2015 Incomplete

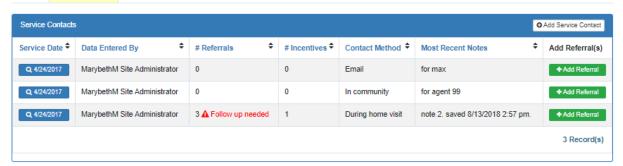
# Provided	Most Recent
2	4/24/2017
3	4/24/2017
2	4/24/2017
	2

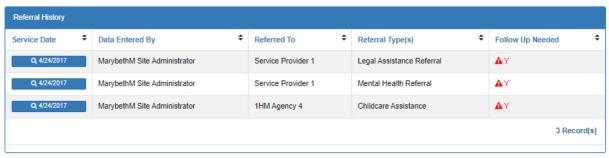
Name * <i>Primary</i>	Workshop Hours Received	# Session(s) Attended	Last Session Attended	Next Meeting Date
Dosage Workshop #5	8	2	12/10/2019	-
Test 1HM Workshop 2*	2.2	2	3/30/2016	-
Primary Workshop	Participation for the Client			

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







Maxwell Smart (Client ID 40001205)

Profile Service History

Workshops / Sessions

Current / Upcoming Workshops

1 Client is currently not registered for any workshops.

Session Attendar	ice				
Date 💠	Workshop Name	Workshop Type	Session Series	Attended?	Individual Make-Up Session
3/30/2016	Test 1HM Workshop 2	Primary	Workshop	Υ	
3/30/2016	Test 1HM Workshop 2	Primary	Workshop	Υ	
3/29/2016	Test 1HM Workshop 2	Primary	Workshop	Υ	-
12/13/2016	test b	Not in Use	dgf	Υ	
8/24/2016	23	Primary	Same Day Reg Test	Υ	
12/13/2016	Elevate	Primary	Elevate Yourself	Made Up	Q View Make-Up
12/13/2016	Elevate	Primary	Elevate Early in the Day	Υ	
1/7/2019	Elevate	Primary	1/7/2019 start date	Υ	
4/1/2019	Elevate	Primary	May Test	Υ	-
4/8/2019	Elevate	Primary	May Test	Υ	
1 2 3					14 Record(s)

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C5

▲ Possible Duplicate(s) Found

Client entered matches the following existing client(s)

Save pending resolution

Override Duplicate (Allow Client)

Duplicate confirmed

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C6

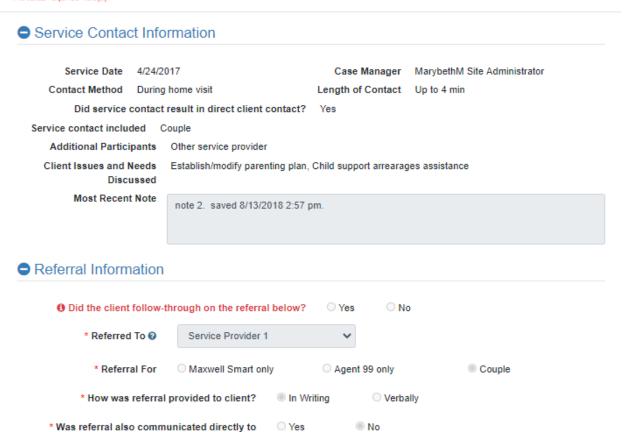
C7/C12/C13. Add/Edit Client Service Contacts, Referrals, and Incentives

Service Conta	act Informatio	n		
* Service Date	4/24/2017		Cace Manager	Site Administrator, MarybethM 💉
Contact Method	Email		Length of Contact	5 - 14 min
			Contact	
	t result in direct oil			
Bervice contact inc			O Agent 99 only O Co.	uple
Additio	(Check all that apply)		ent(s) of child (not partner)	
		☐ Other serv		
			ardian of youth client	
		Other		
Client Issues	and Needs D	iscussed		
entissues and Ne	eds Disoussed (Chr	ck all that apply)		
ime of these servic	es are not allowable	with Healthy I/	larriage and Responsible Fatherho	od funds and must be referred out.
sessment			☐ Legal Assistance I	Referral
☐ Comprehensiv			Health/Mental Health	8upport
☐ Employment/Jo			☐ Medical/Dental/	
☐ Other Targeted	Assessment		☐ Mental Health F	Referral
illd Support/Custo	dy/Visitation		☐ Substance Abu	se Referral
☐ Establish/modi	fy child support orde	r	☐ Health Insurance	00
☐ Establish/modi	fy child visitation ord	er	☐ Parenting ②	
☐ Establish/modi	fy child custody orde	er .		
☐ Establish/modi	fy parenting plan		8oolal services/Emer ☐ Housing/Rent A	
Child support a	rrearages assistanc	0	☐ Childcare Assis	
Establish pater			☐ Clothing (not joi	
Couple mediat	ion		Public assistan	
Child Welfare Ser	vices involvement	0	Food Assistance	0
Domestic Vicieno	e/Intimate Partner	Violence Q	☐ Obtain driver's I	license/state ID/birth certificate/other
			identifying doc	
Financial Counce	ling		□ Other social sel	rvices/emergency needs (specify)
tueation				
	takers of Other Lang		☐ Healthy Marriage a	and Relationship Education Services
	tional Development	(GED)	Other Service (spe	eolfy)
☐ Licensure/Cert	ncation (specify)			
Other Educatio	o (enecity)			
Other Educatio	in (spacity)		Meeting with Facil	Itator
			☐ Reminder contact	(call, email, text)
Family Therapy/C	ounceling Referral		☐ Youth services (sp	peolfy)
b/Career Advance	ement			
Career plannin	9			
☐ Employment re				
Job search ass				
Resume develo	opment			
Service Notes	S			
0011100 110101				
Note #1	for max			
	for max			



C12. Add/Edit Referral

* Indicates required field(s)



service provider?

Referral Types

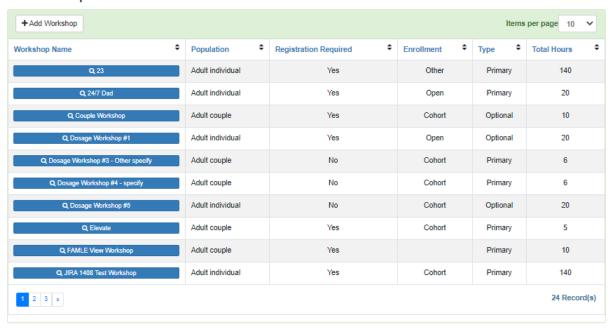
Referral Types (Check all that apply)				
Assessment Comprehensive Assessment	Legal Assistance Referral			
☐ Employment/Job Readiness	Health/Mental Health Support Medical/Dental/Wellness			
Other Targeted Assessment	Mental Health Referral			
Child Support/Custody/Visitation Establish/modify child support order	Substance Abuse Referral Health Insurance			
☐ Establish/modify child visitation order ☐ Establish/modify child custody order	☐ Parenting ②			
☐ Establish/modify parenting plan☐ Child support arrearages assistance	Social services/Emergency needs Housing/Rent Assistance			
☐ Establish paternity	Clothing (not job related)			
☐ Couple mediation	☐ Clothing (not job related)			
☐ Child Welfare Services Involvement ❷	☐ Food Assistance			
☐ Domestic Violence/Intimate Partner Violence ②	 Obtain driver's license/state ID/birth certificate/other identifying documents 			
☐ Financial Counseling	Other social services/emergency needs (specify)			
Education English for Speakers of Other Languages (ESOL) General Educational Development (GED) Licensure/Certification (specify)	☐ Healthy Marriage and Relationship Education Services			
Other Education (specify)	☐ Youth services (specify)			
☐ Family Therapy/Counseling Referral				
Job/Career Advancement Career planning Employment resources Job search assistance Resume development				
■ Referral Notes				
Neierrai Notes				
O Add Note				

C13. Add/Edit Incentive

* Indicates required field(s) * Is this incentive associated with a service contact? Yes ○ No Service Contact Information --Select service date * 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 O Maxwell Smart only O Agent 99 only Couple All incentives must be approved by your OFA FPS. .00 * Type of Incentive Emergency Assistance Amount 100 1 Housing/rent assistance excluding utilities Related to encouraging participatio * Reason for Incentive Delete Save Cancel

W1. Workshop List

Workshops



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W1

W2. Add/Edit Workshop

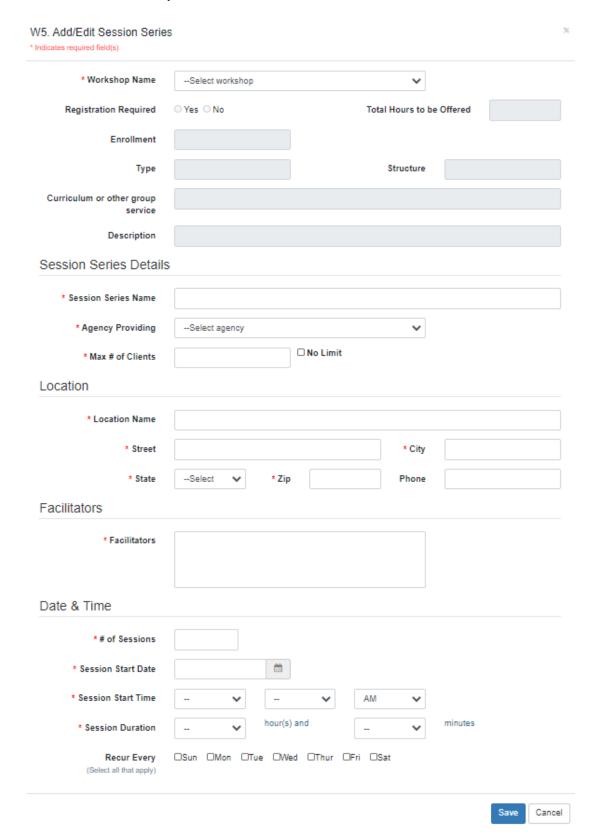
W2. Add/Edit Workshop

* 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	☐ Divorce reduction
(Check all that apply)	☐ Education in high schools
	☐ Marriage and relationship education/skills (MRES)
	☐ Marriage enhancement
	☐ Marriage mentoring
	☐ Premarital education
* Elements	□ Conflict resolution
(Check all that apply)	☐ Financial management
	☐ Job and career advancement
	□ Parenting
	☐ None of the above
* Tuno O	○ Primary ○ Optional ○ Not in Use
* Type ②	This selection cannot be changed once it is saved.
	This selection cannot be changed once it is saved.
* Structure	○ Single ○ Blended ○ Linked ○ Non-curricularized
* Curriculum or other group	#1Select • Hours
service (Enter all that apply)	Specify
,2 2 2рргу/	
	⊙ Add

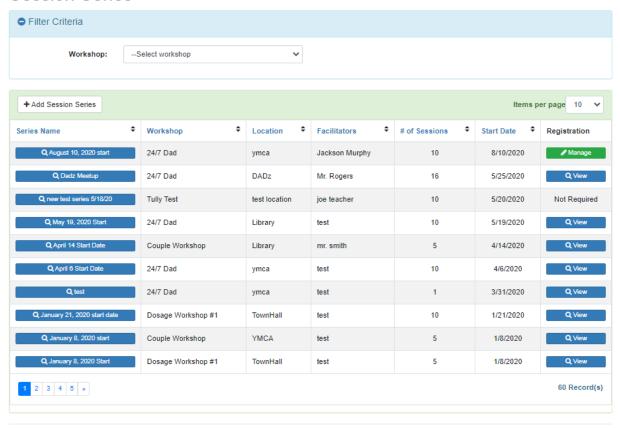
 \times

W5. Add/Edit Workshop Session Series



W4/W8. Manage Session Series and Client Registration

Session Series



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W4

Workshop Name 24/7 Dad

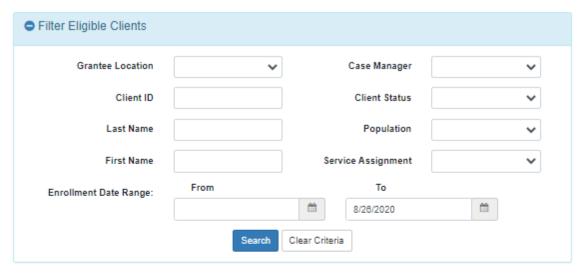
Session Series August 10, 2020 start

Enrollment Open
Type Primary
Structure Linked

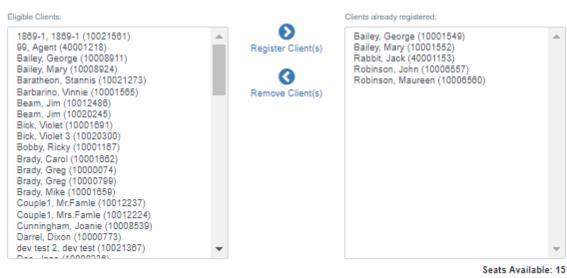
Curriculum or other group service Career Gear-Rise

Session Start Date 8/10/2020
Session Start Time 7:00 PM
Location Name ymca

Address 147 Main Street - Duluth, GA



Registration

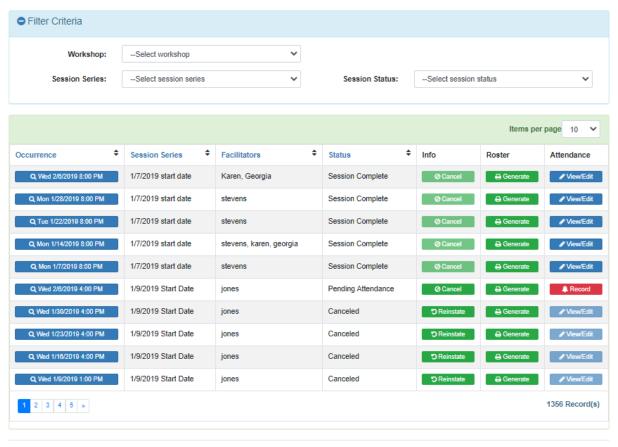


• Client ID appears in parentheses after name.



W7/W9/C11. Manage Session Occurrences and Attendance

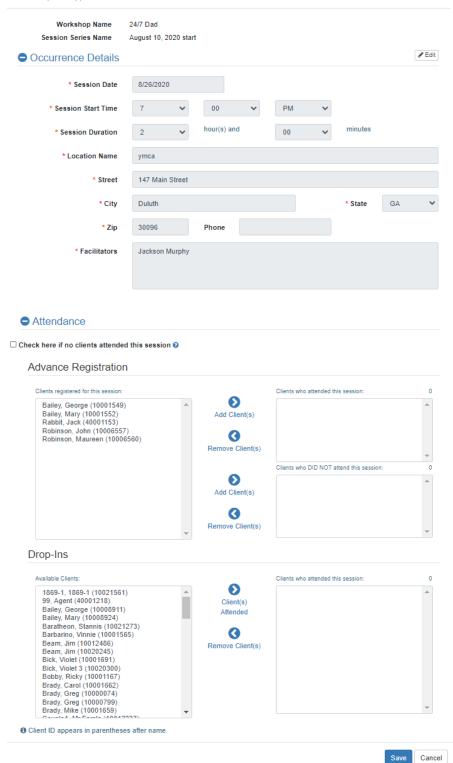
Sessions



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W7

* Indicates required field(s)



×

* 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	
Notes	