

### **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

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



nFORM  
Information, Family Outcomes, Reporting,  
and Management

 Clients  Workshops  Service Providers  Reports  Settings  Help

Hello, testuser82@mpr.com! [Log off](#)

All ClientsMy ClientsBulk Update

## All Clients

Search Criteria

|                  |                      |                    |                      |   |
|------------------|----------------------|--------------------|----------------------|---|
| Grantee Location | <input type="text"/> |                    |                      |   |
| Client ID        | <input type="text"/> | Case Manager       | <input type="text"/> |   |
| Last Name        | <input type="text"/> | Application Date   | <input type="text"/> |  |
| First Name       | <input type="text"/> | Client Status      | <input type="text"/> |   |
| Middle Name      | <input type="text"/> | Service Assignment | <input type="text"/> |   |

[+ Add Client](#)Items per page 10

## C2. Application Form



\* Indicates required field(s)

\* Application Date

Grantee Location

\* 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

\* ZIP

#### Phone #

*One phone or email is required*

Home Phone

Cell Phone

Work Phone

#### Social Media

Email

Facebook

Twitter

Other

Check here if client agrees to be contacted by text message

Check here if client has no phone or email

#### Additional Contact(s)

Add Contact

Save

Cancel

Additional Contact(s)

Contact #1

Remove Contact #1

|              |                      |                |  |
|--------------|----------------------|----------------|--|
| * First Name | <input type="text"/> | Middle Name    | <input type="text"/>                                   |
| * Last Name  | <input type="text"/> | * Relationship | --Select relationship <input type="button" value="v"/> |

Address

|                 |                      |       |   |
|-----------------|----------------------|-------|---|
| Street (Line 1) | <input type="text"/> |       |   |
| Street (Line 2) | <input type="text"/> |       |   |
| City            | <input type="text"/> | State | --Select <input type="button" value="v"/> |
|                 |                      | ZIP   | <input type="text"/>                      |

Phone #

Social Media

*One phone or email is required*

|            |                      |
|------------|----------------------|
| Home Phone | <input type="text"/> |
| Cell Phone | <input type="text"/> |
| Work Phone | <input type="text"/> |

|          |                      |
|----------|----------------------|
| Email    | <input type="text"/> |
| Facebook | <input type="text"/> |
| Twitter  | <input type="text"/> |
| Other    | <input type="text"/> |

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**

**i** 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 <b>✓</b> | 11/05/2015     | <a href="#">Review</a>   |
| Entrance Survey                  | Incomplete        | --             | <a href="#">Passcode</a> |
| Exit Survey                      | Incomplete        | --             | <a href="#">Passcode</a> |

**Service Summary**

| Type                                | # Provided | Most Recent |
|-------------------------------------|------------|-------------|
| Service Contacts                    | 2          | 4/24/2017   |
| Referrals <b>▲ Follow up needed</b> | 3          | 4/24/2017   |
| Incentives                          | 2          | 4/24/2017   |

**Workshop Summary**

| 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**

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

2.2
Total Hours Received

35
Target Hours

*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 <span style="float: right;">+ Add Service Contact</span> |                              |   |              |                   |                                  |                                |
|---|------------------------------|---|--------------|-------------------|----------------------------------|--------------------------------|
| Service Date  | Data Entered By              | # Referrals   | # Incentives | Contact Method    | Most Recent Notes                | Add Referral(s)                |
| <a href="#">Q 4/24/2017</a>   | MarybethM Site Administrator | 0   | 0            | Email             | for max                          | <a href="#">+ Add Referral</a> |
| <a href="#">Q 4/24/2017</a>   | MarybethM Site Administrator | 0   | 0            | In community      | for agent 99                     | <a href="#">+ Add Referral</a> |
| <a href="#">Q 4/24/2017</a>   | MarybethM Site Administrator | 3 <span style="color: red;">▲ Follow up needed</span> | 1            | During home visit | note 2. saved 8/13/2018 2:57 pm. | <a href="#">+ Add Referral</a> |
|   |                              |   |              |                   |                                  | 3 Record(s)                    |

| Referral History            |                              |                    |                           |                                      |
|-----------------------------|------------------------------|--------------------|---------------------------|--------------------------------------|
| Service Date                | Data Entered By              | Referred To        | Referral Type(s)          | Follow Up Needed                     |
| <a href="#">Q 4/24/2017</a> | MarybethM Site Administrator | Service Provider 1 | Legal Assistance Referral | <span style="color: red;">▲ Y</span> |
| <a href="#">Q 4/24/2017</a> | MarybethM Site Administrator | Service Provider 1 | Mental Health Referral    | <span style="color: red;">▲ Y</span> |
| <a href="#">Q 4/24/2017</a> | MarybethM Site Administrator | 1HM Agency 4       | Childcare Assistance      | <span style="color: red;">▲ Y</span> |
|                             |                              |                    |                           | 3 Record(s)                          |

| Incentives History <span style="float: right;">+ Add Incentive</span> |                              |                          |        |                                      |
|---|------------------------------|--------------------------|--------|--------------------------------------|
| Date Provided   | Data Entered By              | Incentive Type           | Amount | Incentive Reason                     |
| <a href="#">Q 4/24/2017</a>   | MarybethM Site Administrator | Emergency Assistance     | 100    | Related to encouraging participation |
| <a href="#">Q 4/24/2017</a>   | MarybethM Site Administrator | Employment related costs | 50     | Related to program milestone         |
| <a href="#">Q 4/24/2017</a>   | MarybethM Site Administrator | Emergency Assistance     | 25     | Related to program milestone         |
| <a href="#">Q 4/24/2017</a>   | MarybethM Site Administrator | Employment related costs | 200    | Related to encouraging participation |
|   |                              |                          |        | 4 Record(s)                          |

# Maxwell Smart (Client ID 40001205)

Profile Service History **Workshops / Sessions**

## Current / Upcoming Workshops

 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   | <a href="#">View Make-Up</a> |
| 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

X

\* 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.

|  |   |
|--|---|
| <b>Assessment</b><br><input type="checkbox"/> Comprehensive Assessment<br><input type="checkbox"/> Employment/Job Readiness<br><input type="checkbox"/> Other Targeted Assessment  | <input type="checkbox"/> Legal Assistance Referral  |
| <b>Child Support/Custody/Visitation</b><br><input type="checkbox"/> Establish/modify child support order<br><input type="checkbox"/> Establish/modify child visitation order<br><input type="checkbox"/> Establish/modify child custody order<br><input type="checkbox"/> Establish/modify parenting plan<br><input type="checkbox"/> Child support arrearages assistance<br><input type="checkbox"/> Establish paternity<br><input type="checkbox"/> Couple mediation | <b>Health/Mental Health Support</b><br><input type="checkbox"/> Medical/Dental/Wellness<br><input type="checkbox"/> Mental Health Referral<br><input type="checkbox"/> Substance Abuse Referral<br><input type="checkbox"/> Health Insurance  |
| <input type="checkbox"/> Child Welfare Services Involvement  | <input type="checkbox"/> Parenting  |
| <input type="checkbox"/> Domestic Violence/Intimate Partner Violence   | <b>Social Services/Emergency needs</b><br><input type="checkbox"/> Housing/Rent Assistance<br><input type="checkbox"/> Childcare Assistance<br><input type="checkbox"/> Clothing (not job related)<br><input checked="" type="checkbox"/> Public assistance/welfare<br><input checked="" type="checkbox"/> Food Assistance<br><input type="checkbox"/> Obtain driver's license/state ID/birth certificate/other identifying documents<br><input type="checkbox"/> Other social services/emergency needs (specify)<br><input type="text"/> |
| <input type="checkbox"/> Financial Counseling  | <input type="checkbox"/> Healthy Marriage and Relationship Education Services   |
| <b>Education</b><br><input type="checkbox"/> English for Speakers of Other Languages (ESOL)<br><input type="checkbox"/> General Educational Development (GED)<br><input type="checkbox"/> Licensure/Certification (specify)<br><input type="text"/><br><input type="checkbox"/> Other Education (specify)<br><input type="text"/>  | <input type="checkbox"/> Other Service (specify)<br><input type="text"/>  |
| <input type="checkbox"/> Family Therapy/Counseling Referral  | <input type="checkbox"/> Meeting with Facilitator   |
| <b>Job/Career Advancement</b><br><input type="checkbox"/> Career planning<br><input type="checkbox"/> Employment resources<br><input type="checkbox"/> Job search assistance<br><input type="checkbox"/> Resume development  | <input type="checkbox"/> Reminder contact (call, email, text)<br><input type="checkbox"/> Youth services (specify)<br><input type="text"/>  |

#### Service Notes

Note #1 for max

Add Note

Edit Cancel



\* 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   | <div style="border: 1px solid #ccc; padding: 5px;">note 2. saved 8/13/2018 2:57 pm.</div> |                   |                              |

### Referral Information

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

\* Referred To

\* 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

\* 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

[Empty text area for 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

| + Add Workshop                                       |                  |                       |            |          |             | Items per page 10 |
|--|------------------|-----------------------|------------|----------|-------------|-------------------|
| Workshop Name  | Population       | Registration Required | Enrollment | Type     | Total Hours |                   |
| <a href="#">Q 23</a>                                 | Adult individual | Yes                   | Other      | Primary  | 140         |                   |
| <a href="#">Q 24/7 Dad</a>                           | Adult individual | Yes                   | Open       | Primary  | 20          |                   |
| <a href="#">Q Couple Workshop</a>                    | Adult couple     | Yes                   | Cohort     | Optional | 10          |                   |
| <a href="#">Q Dosage Workshop #1</a>                 | Adult individual | Yes                   | Open       | Optional | 20          |                   |
| <a href="#">Q Dosage Workshop #3 - Other specify</a> | Adult couple     | No                    | Cohort     | Primary  | 6           |                   |
| <a href="#">Q Dosage Workshop #4 - specify</a>       | Adult couple     | No                    | Cohort     | Primary  | 6           |                   |
| <a href="#">Q Dosage Workshop #5</a>                 | Adult individual | No                    | Cohort     | Optional | 20          |                   |
| <a href="#">Q Elevate</a>                            | Adult couple     | Yes                   | Cohort     | Primary  | 5           |                   |
| <a href="#">Q FAMLE View Workshop</a>                | Adult couple     | Yes                   |            | Primary  | 10          |                   |
| <a href="#">Q JIRA 1408 Test Workshop</a>            | 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    | <input type="text" value="--Select population"/> |
| * Workshop Name | <input type="text"/>                             |
| Description     | <input type="text"/>                             |

### Workshop Details

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

\* Enrollment


\* 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 #1  Hours

(Enter all that apply)

Specify

Save

Cancel

## W5. Add/Edit Workshop Session Series

### W5. Add/Edit Session Series



\* Indicates required field(s)

|                                   |  |                           |                      |
|-----------------------------------|--|---------------------------|----------------------|
| * Workshop Name                   | <input type="text" value="--Select workshop"/>     |                           |                      |
| Registration Required             | <input type="radio"/> Yes <input type="radio"/> No | Total Hours to be Offered | <input type="text"/> |
| Enrollment                        | <input type="text"/>                               |                           |                      |
| Type                              | <input type="text"/>                               | Structure                 | <input type="text"/> |
| Curriculum or other group service | <input type="text"/>                               |                           |                      |
| Description                       | <input type="text"/>                               |                           |                      |

### Session Series Details

|                       |  |                                   |  |
|-----------------------|--|-----------------------------------|--|
| * Session Series Name | <input type="text"/>                         |                                   |  |
| * Agency Providing    | <input type="text" value="--Select agency"/> |                                   |  |
| * Max # of Clients    | <input type="text"/>                         | <input type="checkbox"/> No Limit |  |

### Location

|                 |                                       |        |                      |
|-----------------|---------------------------------------|--------|----------------------|
| * Location Name | <input type="text"/>                  |        |                      |
| * Street        | <input type="text"/>                  | * City | <input type="text"/> |
| * State         | <input type="text" value="--Select"/> | * Zip  | <input type="text"/> |
|                 |                                       | Phone  | <input type="text"/> |

### Facilitators

|                |                      |
|----------------|----------------------|
| * Facilitators | <input type="text"/> |
|----------------|----------------------|

### Date & Time

|                         |   |                                  |   |
|-------------------------|---|----------------------------------|---|
| * # of Sessions         | <input type="text"/>  |                                  |   |
| * Session Start Date    | <input type="text"/>  | <input type="button" value="📅"/> |   |
| * Session Start Time    | <input type="text" value="--"/>   | <input type="text" value="--"/>  | <input type="text" value="AM"/>         |
| * Session Duration      | <input type="text" value="--"/>   | hour(s) and                      | <input type="text" value="--"/> minutes |
| Recur Every             | <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri <input type="checkbox"/> Sat |                                  |   |
| (Select all that apply) |   |                                  |   |

|                                     |                                       |
|-------------------------------------|---------------------------------------|
| <input type="button" value="Save"/> | <input type="button" value="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   |
|---|--------------------|---------------|----------------|---------------|------------|--|
| <span style="background-color: #2196f3; color: white; padding: 2px 5px; border-radius: 3px;">Q August 10, 2020 start</span>       | 24/7 Dad           | ymca          | Jackson Murphy | 10            | 8/10/2020  | <span style="background-color: #4caf50; color: white; padding: 2px 5px; border-radius: 3px;">Manage</span> |
| <span style="background-color: #2196f3; color: white; padding: 2px 5px; border-radius: 3px;">Q Dadz Meetup</span>                 | 24/7 Dad           | DADz          | Mr. Rogers     | 16            | 5/25/2020  | <span style="background-color: #2196f3; color: white; padding: 2px 5px; border-radius: 3px;">View</span>   |
| <span style="background-color: #2196f3; color: white; padding: 2px 5px; border-radius: 3px;">Q new test series 5/18/20</span>     | Tully Test         | test location | joe teacher    | 10            | 5/20/2020  | Not Required   |
| <span style="background-color: #2196f3; color: white; padding: 2px 5px; border-radius: 3px;">Q May 10, 2020 Start</span>          | 24/7 Dad           | Library       | test           | 10            | 5/19/2020  | <span style="background-color: #2196f3; color: white; padding: 2px 5px; border-radius: 3px;">View</span>   |
| <span style="background-color: #2196f3; color: white; padding: 2px 5px; border-radius: 3px;">Q April 14 Start Date</span>         | Couple Workshop    | Library       | mr. smith      | 5             | 4/14/2020  | <span style="background-color: #2196f3; color: white; padding: 2px 5px; border-radius: 3px;">View</span>   |
| <span style="background-color: #2196f3; color: white; padding: 2px 5px; border-radius: 3px;">Q April 6 Start Date</span>          | 24/7 Dad           | ymca          | test           | 10            | 4/6/2020   | <span style="background-color: #2196f3; color: white; padding: 2px 5px; border-radius: 3px;">View</span>   |
| <span style="background-color: #2196f3; color: white; padding: 2px 5px; border-radius: 3px;">Q test</span>                        | 24/7 Dad           | ymca          | test           | 1             | 3/31/2020  | <span style="background-color: #2196f3; color: white; padding: 2px 5px; border-radius: 3px;">View</span>   |
| <span style="background-color: #2196f3; color: white; padding: 2px 5px; border-radius: 3px;">Q January 21, 2020 start date</span> | Dosage Workshop #1 | TownHall      | test           | 10            | 1/21/2020  | <span style="background-color: #2196f3; color: white; padding: 2px 5px; border-radius: 3px;">View</span>   |
| <span style="background-color: #2196f3; color: white; padding: 2px 5px; border-radius: 3px;">Q January 8, 2020 start</span>       | Couple Workshop    | YMCA          | test           | 5             | 1/8/2020   | <span style="background-color: #2196f3; color: white; padding: 2px 5px; border-radius: 3px;">View</span>   |
| <span style="background-color: #2196f3; color: white; padding: 2px 5px; border-radius: 3px;">Q January 8, 2020 Start</span>       | Dosage Workshop #1 | TownHall      | test           | 5             | 1/8/2020   | <span style="background-color: #2196f3; color: white; padding: 2px 5px; border-radius: 3px;">View</span>   |

1

2

3

4

5

»

60 Record(s)



**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**

|                         |                      |                           |                      |
|-------------------------|----------------------|---------------------------|----------------------|
| <b>Grantee Location</b> | <input type="text"/> | <b>Case Manager</b>       | <input type="text"/> |
| <b>Client ID</b>        | <input type="text"/> | <b>Client Status</b>      | <input type="text"/> |
| <b>Last Name</b>        | <input type="text"/> | <b>Population</b>         | <input type="text"/> |
| <b>First Name</b>       | <input type="text"/> | <b>Service Assignment</b> | <input type="text"/> |

**Enrollment Date Range:** From  To

### Registration

Eligible Clients:

- 1889-1, 1889-1 (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 (10001682)
- 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)

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.

## W7/W9/C11. Manage Session Occurrences and Attendance

### Sessions

**Filter Criteria**

Workshop:

Session Series:       Session Status:

Items per page 10

| Occurrence                            | Session Series      | Facilitators            | Status             | Info                      | Roster                   | Attendance                |
|---------------------------------------|---------------------|-------------------------|--------------------|---------------------------|--------------------------|---------------------------|
| <a href="#">Wed 2/8/2019 8:00 PM</a>  | 1/7/2019 start date | Karen, Georgia          | Session Complete   | <a href="#">Cancel</a>    | <a href="#">Generate</a> | <a href="#">View/Edit</a> |
| <a href="#">Mon 1/28/2019 8:00 PM</a> | 1/7/2019 start date | stevens                 | Session Complete   | <a href="#">Cancel</a>    | <a href="#">Generate</a> | <a href="#">View/Edit</a> |
| <a href="#">Tue 1/22/2019 8:00 PM</a> | 1/7/2019 start date | stevens                 | Session Complete   | <a href="#">Cancel</a>    | <a href="#">Generate</a> | <a href="#">View/Edit</a> |
| <a href="#">Mon 1/14/2019 8:00 PM</a> | 1/7/2019 start date | stevens, karen, georgia | Session Complete   | <a href="#">Cancel</a>    | <a href="#">Generate</a> | <a href="#">View/Edit</a> |
| <a href="#">Mon 1/7/2019 8:00 PM</a>  | 1/7/2019 start date | stevens                 | Session Complete   | <a href="#">Cancel</a>    | <a href="#">Generate</a> | <a href="#">View/Edit</a> |
| <a href="#">Wed 2/8/2019 4:00 PM</a>  | 1/9/2019 Start Date | jones                   | Pending Attendance | <a href="#">Cancel</a>    | <a href="#">Generate</a> | <a href="#">Record</a>    |
| <a href="#">Wed 1/30/2019 4:00 PM</a> | 1/9/2019 Start Date | jones                   | Canceled           | <a href="#">Reinstate</a> | <a href="#">Generate</a> | <a href="#">View/Edit</a> |
| <a href="#">Wed 1/23/2019 4:00 PM</a> | 1/9/2019 Start Date | jones                   | Canceled           | <a href="#">Reinstate</a> | <a href="#">Generate</a> | <a href="#">View/Edit</a> |
| <a href="#">Wed 1/16/2019 4:00 PM</a> | 1/9/2019 Start Date | jones                   | Canceled           | <a href="#">Reinstate</a> | <a href="#">Generate</a> | <a href="#">View/Edit</a> |
| <a href="#">Wed 1/9/2019 1:00 PM</a>  | 1/9/2019 Start Date | jones                   | Canceled           | <a href="#">Reinstate</a> | <a href="#">Generate</a> | <a href="#">View/Edit</a> |

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)
- Add Client(s)
- Remove Client(s)

Clients who attended this session: 0

- 

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)

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|                            |                     |
|----------------------------|---------------------|
| <b>Workshop Name</b>       | Test 1HM Workshop 2 |
| <b>Workshop Type</b>       | Primary             |
| <b>Session Series Name</b> | Workshop            |
| <b>Session Date</b>        | 5/4/2016            |

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\* **Make-Up Date**

**Notes**

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**Save**

Cancel