

### **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

## 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"/>

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**  \* **Case Manager**

\* **Contact Method**  \* **Length of Contact**

\* **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.

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

#### Service Notes

**Note #1**

+ 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? <input checked="" type="radio"/> 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

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

Amount \$

*Housing/rent assistance excluding utilities*

\* Reason for Incentive

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)

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* 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

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* Facilitators	<input type="text"/>
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#### 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		
<small>(Select all that apply)</small>			

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<input type="button" value="Save"/>	<input type="button" value="Cancel"/>
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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
<a href="#">Q August 10, 2020 start</a>	24/7 Dad	ymca	Jackson Murphy	10	8/10/2020	<a href="#">Manage</a>
<a href="#">Q Dadz Meetup</a>	24/7 Dad	DADz	Mr. Rogers	16	5/25/2020	<a href="#">View</a>
<a href="#">Q new test series 5/18/20</a>	Tully Test	test location	joe teacher	10	5/20/2020	Not Required
<a href="#">Q May 10, 2020 Start</a>	24/7 Dad	Library	test	10	5/19/2020	<a href="#">View</a>
<a href="#">Q April 14 Start Date</a>	Couple Workshop	Library	mr. smith	5	4/14/2020	<a href="#">View</a>
<a href="#">Q April 6 Start Date</a>	24/7 Dad	ymca	test	10	4/6/2020	<a href="#">View</a>
<a href="#">Q test</a>	24/7 Dad	ymca	test	1	3/31/2020	<a href="#">View</a>
<a href="#">Q January 21, 2020 start date</a>	Dosage Workshop #1	TownHall	test	10	1/21/2020	<a href="#">View</a>
<a href="#">Q January 8, 2020 start</a>	Couple Workshop	YMCA	test	5	1/8/2020	<a href="#">View</a>
<a href="#">Q January 8, 2020 Start</a>	Dosage Workshop #1	TownHall	test	5	1/8/2020	<a href="#">View</a>

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>

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

---

\* **Make-Up Date**

**Notes**

---

**Save**

Cancel