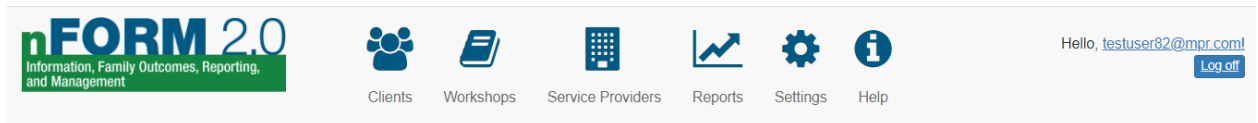


## nFORM 2.0 Screens to Collect Information on Services Provided to Participants

**Note:** Screen shots include fictional names for illustrative purposes. OMB Control Number and Expiration Date appear on entry to nFORM system and individual surveys. The NonSubstantive Change Request only applies to the Paperwork Reduction Act statement that appears on the nFORM 2.0 Home page.



### nFORM Data Collection and Reporting System

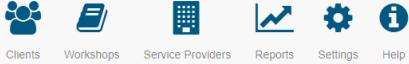

The Information, Family Outcomes, Reporting, and Management (nFORM) system is used by Healthy Marriage and Responsible Fatherhood (HMRF) grantees to collect, store, and analyze program and client data and to produce required grant reports for the Administration for Children and Families. HMRF grantees 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).

PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to support program performance monitoring and program improvement activities for Healthy Marriage and Responsible Fatherhood programs. Public reporting burden for this collection of information is estimated to average 2 minutes per response, 30 minutes per client total, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This is a voluntary collection of information. The answers you give will be kept private. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. The OMB # is 0970-0566 and the expiration date is 04/30/2024. If you have any comments on this collection of information, please contact [Dr. Mathew Stange](mailto:Dr. Mathew Stange) at [nform2helpdesk@mathematica-mpr.com](mailto:nform2helpdesk@mathematica-mpr.com).

Will replace with  
[Current Point of  
Contact Name]

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

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



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

All Clients My Clients Bulk 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"/>


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  Middle Name   
\* Last Name  \* Relationship

**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 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 <input checked="" type="checkbox"/>	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)
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 <span style="float: right;">+ Add Incentive</span>				
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)				

 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

\* 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.

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

#### Service Notes

**Note #1**

+ 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**

**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

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

\* Workshop Name

Description

### 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

## W5. Add/Edit Workshop Session Series

### W5. Add/Edit Session Series x

\* Indicates required field(s)

\* Workshop Name

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

\* Max # of Clients   No Limit

### Location

\* Location Name

\* Street  \* City

\* State  \* Zip  Phone

### Facilitators

\* Facilitators

### Date & Time

\* # of Sessions

\* Session Start Date

\* Session Start Time

\* Session Duration  hour(s) and  minutes

Recur Every  Sun  Mon  Tue  Wed  Thur  Fri  Sat  
(Select all that apply)



## 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 19, 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)

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**

<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:

- 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 (10001891)
- Bick, Violet 3 (10020300)
- Bobby, Ricky (10001167)
- Brady, Carol (10001862)
- Brady, Greg (10000074)
- Brady, Greg (10000799)
- Brady, Mike (10001859)
- Couple1, Mr.Famle (10012237)
- Couple1, Mrs.Famle (10012224)
- Cunningham, Joanie (10008539)
- Darrel, Dixon (10000773)
- dev test 2, dev test (10021367)
- Dev Test (10000228)

Clients already registered:

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

Seats Available: 15

**i** 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 2/6/2019 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 2/6/2019 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

Edit

Occurrence Details

\* 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)

Buttons: 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)

Buttons: 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)

---

<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