Instrument 2. Identifying and contact information - revised

The purpose of this information collection is to evaluate innovative programs serving individuals facing challenges to employment and economic independence to expand the evidence base. Public reporting burden for this collection of information is estimated to average 25 minutes per response, 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. 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 0970-0545 and the expiration date is 04/30/2023. If you have any comments on this collection of information, please contact Mathematica at NextGenProject@mathematica-mpr.com.

# Identifying and Contact Information Data Collection - Screens in the Random Assignment, Participant Tracking Enrollment, and Reporting, or RAPTER<sup>®</sup>, system

R <sup>*</sup> PTER <sup>°</sup>	A1. Login screens		
Sign in to continue.	2-Step Verification		
	This extra step shows it's really you trying to sign in		
Username *			
Enter username.	Enter the verification code from the <b>Google Authenticator</b> app to verify your account.		
Password *	account.		
Enter password (case-sensitive)	Verification code *		
FORGOT PASSWORD?	Enter verification code		
NEED HELP SIGNING IN?	VERIFY		
NEXT ->			

#### Intake Screens

#### B1. Study Eligibility

UAT Next Generation of Enhanced Employm	ent Strategies			
Eligibility	Eligibility	Consent	Applicant Info	Survey
Determine study eligibility in order to pro	oceed			
In order to be eligible for the study, Program applicants must	t not:			
<ul> <li>be already enrolled in the study</li> <li>Question 2</li> <li>Question 3</li> <li>Question 4</li> <li>Question 5</li> </ul>				
Is the applicant eligible? *				
Oyes				
Омо				
Is the applicant 18 years or older?				
⊖ Yes				
ΟΝο				

B2. Center for Epidemiologic Studies Depression Scale Revised (CESD-R) Eligibility (only for programs that use the CESD-R as part of programmatic eligibility screening)

Next Generation of Enhanced Employment Strategies UAT The CESD-R questionnaire will only display for study programs that require it as part of their eligibility screening. For other programs, this screen will be skipped and staff will be routed to the consent screen. CESD-R Eligibility < Below is a list of the ways you might have felt or behaved. Please tell me how often you have felt this way in the past week or so. 1. My appetite was poor. Select response: O Not at all or less than 1 day O 1-2 days O 3-4 days O 5-7 days O Nearly every day for 2 weeks 2. I could not shake off the blues. Select response: O Not at all or less than 1 day O 1-2 days O 3-4 days O 5-7 days O Nearly every day for 2 weeks 3. I had trouble keeping my mind on what I was doing. Select response: O Not at all or less than 1 day O 1-2 days O 3-4 days O 5-7 days O Nearly every day for 2 weeks 4. I felt depressed. Select response: O Not at all or less than 1 day O 1-2 days O 3-4 days O 5-7 days O Nearly every day for 2 weeks 5. My sleep was restless. Select response: O Not at all or less than 1 day O 1-2 days O 3-4 days O 5-7 days O Nearly every day for 2 weeks 6. I felt sad. Select response: O Not at all or less than 1 day O 1-2 days O 3-4 days O 5-7 days O Nearly every day for 2 weeks 7. I could not get going. Select response: O Not at all or less than 1 day O 1-2 days O 3-4 days O 5-7 days O Nearly every day for 2 weeks 8. Nothing made me happy. Select response: O Not at all or less than 1 day O 1-2 days O 3-4 days O 5-7 days O Nearly every day for 2 weeks 9. I felt like a bad person. Select response: O Not at all or less than 1 day O 1-2 days O 3-4 days O 5-7 days O Nearly every day for 2 weeks 10. I lost interest in my usual activities. Select response: O Not at all or less than 1 day O 1-2 days O 3-4 days O 5-7 days O Nearly every day for 2 weeks

11. I slept much more than usual. Select response: O Not at all or less than 1 day	O 1-2 days	🔿 3-4 days	O 5-7 days	O Nearly every day for 2 weeks
12. I felt like I was moving too slowly. Select response: O Not at all or less than 1 day	O 1-2 days	O 3-4 days	O 5-7 days	O Nearly every day for 2 weeks
13. I felt fidgety. Select response: O Not at all or less than 1 day	O 1-2 days	O 3-4 days	O 5-7 days	O Nearly every day for 2 weeks
14. I wished I were dead. Select response: O Not at all or less than 1 day	O 1-2 days	O 3-4 days	O 5-7 days	O Nearly every day for 2 weeks
15. I wanted to hurt myself. Select response: O Not at all or less than 1 day	O 1-2 days	O 3-4 days	O 5-7 days	O Nearly every day for 2 weeks
16. I was tired all the time. Select response: O Not at all or less than 1 day	O 1-2 days	O 3-4 days	O 5-7 days	O Nearly every day for 2 weeks
17. I did not like myself. Select response: O Not at all or less than 1 day	O 1-2 davs	O 3-4 davs	O 5-7 davs	O Nearly every day for 2 weeks
18. I lost a lot of weight without trying to. Select response: O Not at all or less than 1 day				
19. I had a lot of trouble getting to sleep. Select response: O Not at all or less than 1 day				
20. I could not focus on the important things.				
Select response: O Not at all or less than 1 day	∪ 1-2 days	∪ 3-4 days	∪ 5-7 days	○ Nearly every day for 2 weeks

#### CESD-R Score: 16

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### B3. Consent by Sample Member- if sample member is 18 and older

Read the consent statemer	t below in full before recording the applicant's response.	
Select the appropriate language to display th	e consent form.	
English	~	Español
	$\hat{\mathbf{h}}$	
Does the applicant consent to be in the study? *	Consent statement drops down when	a user clicks
€ Yes	on the down arrow.	
ONO		
Is the applicant enrolling in the study in [SCHOO	L DISTRICT1?	
	This question will only display for	study sites
ONo	enrolling applicants in school dist	ricts.
Does the applicant consent to being recorded?		
• Yes	If the applicant is enrolling in a school district th	at requires additional
	consent for the recording of study interviews th	-
	before being routed to the applicant informatic	
← BACK	0	

# B4. Consent by parent/guardian and assent by sample member - if sample member is younger than 18

Read the consent statement below in full b	pefore recording the response.	
Select the appropriate language to display the consent form.		
English	~	Español
Does the applicant assent to being in the study?		
O Yes O No		
Does the parent/guardian consent for their child to be in the study: O Yes O No	?*	
Is the applicant enrolling in the study in [SCHOOL DISTRICT]? Yes No	This question will only display enrolling applicants in school o	
Does the parent consent to their child being recorded? <ul> <li>Yes</li> <li>No</li> </ul>	Similar to the 18+ consent screen, school district that requires additi study interviews will be asked this applicant information screen.	-

# B5. Applicant information

UAT Next Generation of Enhan	nced Employment Strat	tegies			
Applicant Information		Eligibility	Consent	Applicant Info	Survey
Enter applicant information in	n the fields below				
Basic Information					
Client ID					
First Name *					
Middle Name					
Last Name *					
Nickname					
Date of birth *					
What is your sex? *					
O Male					
O Female					

Social Security number \*

2007-201-2002

This participant does not have a Social Security number

Contact Information

Address Line 1\*

Address Line 2

City \*

State \*

Zip \*

30000-30000

ADD ADDRESS

REMOVE ADDRESS

 $\sim$ 

Can we contact you through Facebook? \*

Oyes

ONo

Name used on Facebook

Facebook URL

Can we contact you through Instagram? \*

OYes

ONo

Username on Instagram

Can we contact you	through LinkedIn? *
--------------------	---------------------

Oyes

ONo

Name used on LinkedIn

Random assignment stratification characteristic

Response



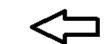
×

×

This is to collect information to stratify random assignment. Examples could include referral source, staff, etc. The variables will be populated for each program as needed.

School





This will only be used for programs that enroll participants in schools.

## B6. Duplicate check

view the following people with similar ke	y characteristics to Mandy Swings
s this person the same <mark>M</mark> andy Swings you are wor	rking with now?
Mandy Swings ①	
D: 70118537	
SN: *****3333	
oate of birth: 10/19/1977	
leed more details?	
⊗ NOT THE SAME PERSON	SAME PERSON
← BACK	NEXT ->

#### B7. Baseline

UAT Next Generation of Enhanced Employment Str	ategies				
Baseline Survey	Eligibility	Consent	Applicant Info	Survey	Other Info
	0	Ŭ	0	•	0
Collect information on applicant's characteristics and ex	(periences.				
This survey will take approximately XX minutes to complete. Applican that they are unable or do not wish to provide a response for.	nts should answer all qu	estions to the best of their a	bility, but can choose to skip any	/ questions	
Once the survey has been submitted, you will fill out a few final ques process.	tions including addition	al contact information for th	e applicant before completing t	he intake	
Use the button below to launch the baseline survey.					
	-	will click this button urvey which is Instru age.			
Using a different device for the survey? Here's what you'll need:					
Baseline survey for 70031562 https://cit1.mathematica-mpr.com/wix/p1072411.aspx User Name 249339 Password e4r7b2e8					
PRINT					

#### B8. Additional contacts screen

dditional contact information	Eligibility	Consent	Applicant Info	Survey
	0		O	
<b>*</b>				
Collect contact information for 3 contacts if Staff: To record information for additional con			an above the "Maxt by thee	
Stag. To record a jornation for additional con	nocis, click the Add contact bat		TO ODOVE THE TVERT DULLON.	
Additional contact(s)				
Relationship type				
First Name *				
Middle Name				
Last Name *				
Address(es)				
Rouress(es)				
Address Line 1 *				
Address Line 2				
City *				
State • 🗸 🗸				
Zip *				
0000-3000				

Email(s)

Email address \*

This person does not have an email.

ADD E-MAIL

REMOVE E-MAIL

#### Phone number(s)

Phone \*

XINK - YOK (YOK)

This person does not have a phone.

Personal or work? \*

O Personal

O Work

Cell or landline? *	
● Cell	
OLandline	
OK to text? (Message and data rates may apply.) *	
() Yes	
O No	
ADD PHONE REMOVE PHONE	
Applicant does not have any contacts	
ADD CONTACT	
← BACK	NEXT →

# B9. Future Engagement (only for programs that use career navigators)

UAT Next Generation of Enhanced Employmen	t Strategies				
Likelihood of Program Engagement	Eligibility	Consent	Applicant Info	Survey	Other Info
Likelihood of applicant participation Staff: Please answer the following question base How likely do you think it is that the participant will meet with a care O Very likely O Somewhat likely	er navigator? This screen will on navigators. For oth	cted on the applicant that y ly display for programs the er programs, this screen uted to the enrollment co	hat use career will be skipped	s your own intuition.	
<ul> <li>O Somewhat unlikely</li> <li>O Very unlikely</li> <li>← BACK</li> </ul>	anu stan witt be ru	atea to the emotiment co	ninfrete screen.	NEXT →	

#### B10. Enrollment complete

