Instrument 5. Service receipt tracking - revised

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Service Receipt Tracking – Screens in the Random Assignment, Participant Tracking Enrollment, and Reporting, or RAPTER[®], system (this data is only collected for participants assigned to the treatment group)

C1. Participant summary

UAT Next Generation of Enhanced Employment Strategies			💿 USER NAME
Participant Case Overview			
Event History			HC
EVENT	WHEN	WHERE	
Enrollment	3/17/19, 3:00 PM	Office	PARTICIPANT Hermina Crang
Workshop	4/30/19, 11:00 AM	Office	CASE STATUS Active Completed
Course Event	5/4/19, 3:00 PM	Office	REGISTERED DATE: 2019-03-12
	ADD	COURSE SCHEDULE EVENT	PROGRAM STAFF: Case Manager - Kendra Haislip
Case Records			EMAIL: fjones@gmail.com PHONE: 602-255-1133
RECORD	WHEN	WHERE	CASE MANAGEMENT
Service Contact	3/11/19, 1:00 PM	Phone	Change participant case status
Service Contact	2/22/19, 10:00 AM	Office	EDIT CASE STATUS
		RECORD SERVICE	Assign case worker staff ASSIGN CASE STAFF
			Edit participant case profile and details EDIT PROFILE

C2. Assign program staff to participant case



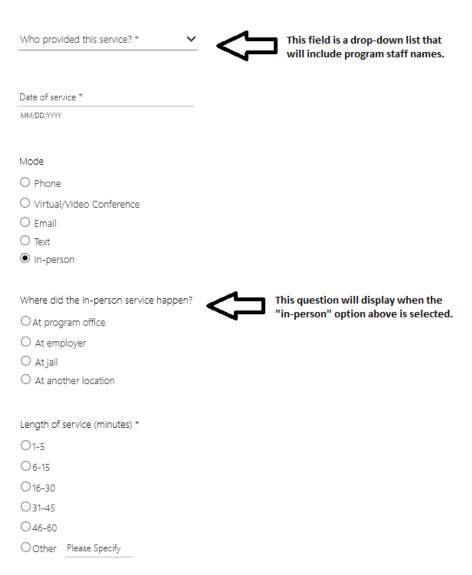
Next Generation of Enhanced Employment Strategies

Assign Program Staff

Add or remove staff from this case	
PROGRAM STAFF TYPE 1	
🗆 Name 1	
🗆 Name 2	
🗆 Name 3	
PROGRAM STAFF TYPE 2	
Name 1	
Name 2	
PROGRAM STAFF TYPE 3	
Name 1	
Name 2	
🗆 Name 3	
PROGRAM STAFF TYPE 4	
🗆 Name 1	
□ Name 2	
← BACK	SAVE

C3. Add service contact

Service Contact Details



Who else participated?

Program Staff #1

Program Staff #2

🗌 Program Staff #3

Program Staff #4

Service Content

Service Type 1:

Service 1

Service 2

Service 3

Service 4

Service 5

Service 6

Service 7

Service 8

Service 9

Service 10

Service 11

Other Please specify

Service 1

Service 2

Service 3

Service 4

Service 5

Service 7

Service 8

Service 9

Service 10

Service 11

Other Please specify

Service Type 3:

Service 1

Service 2

Service 3

Service 4

Service 5

Service 6

Service 7

Service 8

Service 9

Service 10

C4. Record collaboration with employer and other partners

UAT Next Generation of Enhanced Employment Strategies	
Engaged with employers and partners	
Met with employer about this participant	
Program staff name *	
Employer Name	
Was participant present?	
Date of meeting/interaction MM/DD/YYYY	
Mode O Phone O Virtual/Video Conference	
 ○ Email ○ Text ● In-person 	
Where did the in-person service happen? This question will display when the "in-person" option above is selected.	
 At employer At jail At another location 	

Length of meeting (minutes) *

O1-5

O 6-15

O16-30

O 31-45

O46-60

O Other Please Specify

Reasons

🗆 Reason 1

🗌 Reason 2

Reason 3

Engaged with health care provider about this participant:

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Program staff name *

Health care provider name

Was participant present?

Date of meeting/interaction

MM/DD/YYYY

Mode

O Phone

O Virtual/Video Conference

O Email

O Text

Length of meeting (minutes) *	
O1-5	
06-15	
O16-30	
O31-45	
○46-60	
Other Please Specify	
Reasons	
Reason 1	
Reason 2	
Reason 3	
Engaged with other partner a Program staff name *	bout this participant
Other partner name	~
Was participant present?	
Date of meeting/interaction	ā
MM/DD/YYYY	

Mode	
O Phone	
O Virtual/Video Conference	
O Email	
O Text	
O In-person	
Length of meeting (minutes) *	
01-5	
O 6-15	
O 16-30	
O31-45	
O46-60	
O Other Please Specify	
Reasons	
Reason 3	
CANCEL	NEXT →

C5. Record work-based experiences and wage subsidies



Next Generation of Enhanced Employment Strategies

Work-based experiences and wage subsidies

Start Date
Date
MM/DD/YYYY
Stop Date
Date
MM/DD/YYYY
O Work Based Experience Type 1
O Work Based Experience Type 2
O Work Based Experience Type 3
O Work Based Experience Type 4
O Work Based Experience Type 5
Employer/agency/site name

Number of hours worked per week

Number of weeks worked

\$ Amount paid to participant

O per hour

○ per day

O total stipend

O other Please Specify

Was the wage subsidized by your program?

• Yes

O No

\$ Amount of wage paid by program

CANCEL

NEXT \rightarrow

C6. Record education or training programs



Next Generation of Enhanced Employment Strategies

Education or Training Programs

Add Education or Training Program Provided by [Name of Study Program]

Start Date

Date	Ċ.
MM/DD/YYYY	

Stop Date

Date	
MM/DD/YYYY	

Has the participant enrolled in:

O Type 1

O Type 2

О Туре 3

О Туре 4

Has participant completed the program?

() Yes

O No

Did participant receive a credential?

() Yes

O No

What type of Credential?

O Credential Type #1

O Credential Type #2

○ Credential Type #3

Did study program pay some of the costs of the education or training program?

● Yes

O No

O n/a

\$ Total Cost

\$ Cost Paid by Program

CANCEL

C7. Add financial or in-kind support



Next Generation of Enhanced Employment Strategies

Add Financial or In-Kind Support

Support Ir	nformation
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Date provided *	Ö
MM/DD/YYYY	
Reason for providing support *	~
Type *	~
Frequency *	~
Value *	

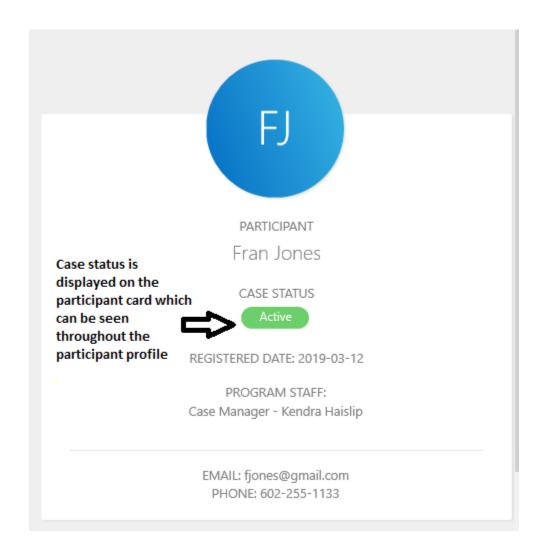
← BACK

C8. Add referral

UAT Next Generation	of Enhanced Employment Strategies
Add Referral	
Referral Information	
Date of Referral *	
MM/DD/YYYY	
Select Referral Agency *	<u>∼</u>
Select Purpose of Referral *	<u> </u>
← ВАСК	NEXT →

C9. Update participant case status

UAT Next Generation of Enhanced Employment Strategies				
Status Management				
Edit existing case status(es)				
Active X Completed X UPDATE STATUS	Add Status Active Dropped out Removed from Program Non-responsive No longer eligible Completed Program specific code 1 Program specific code 2	Program staff will select a status from the drop down menu when they are exiting a participant from the program.		
Case Status History				
STATUS	CHANGED	ENTERED BY	WHEN	
Active	Added	Kendra Haislip	2019-03-14	
Completed	Added	Harold Maude	2019-04-14	
CASE SUMMARY				



Group Events Screens

D1. Group event summary screen

UAT Next Generation of Enhanced Employment Strategies Events					
List of all of the Events	My Events		Q Search Events		
EVENT	EVENT DATE	LOCATION	PARTICIPANTS	EVENT STATUS	
Resume Writing	2018-12-01	YMCA	0	Scheduled	
Job Search	2018-11-29	YMCA	15	Action Needed	
Communication	2018-12-24	Center	5	Record Attendance	
Budgets	2019-01-23	Center	8	Occurred	
Financial Well-being	2019-02-21	YMCA	29	Action Needed	
Healthy Living	2018-10-18	YMCA	3	Scheduled	
Time Management	2018-12-01	Center	0	Occurred	
Job Interview Skills	2018-11-29	YMCA	1	Scheduled	
Job Readiness	2018-12-24	Center	7	Action Needed	
Job training	2019-01-23	YMCA	15	Scheduled	

ADD EVENT

COURSES CURRICULUM SHOW CANCELLED

ltems per page: 10 👻 1 - 10 of 87 | < < > >|

D2. Schedule event screen



Next Generation of Enhanced Employment Strategies

Schedule Event



Enter event information in the fields below

Event Details

Is this one-time or recurring event? *

OOne-time

ORecurring

Is this part of a Course? *

Select a Course or Curriculum * 🛛 🗸 🗸

Select a venue for the event *

Select a location for the Event *

Start Date *	ä
MM/DD/YYYY	
End Date *	a
MM/DD/YYYY	
Start Time *	
hhomm AM PM	
End Time *	
hhomm AMJPM	
Event Notes	
Notes	

← BACK

D3. Manage group event roster

Search Participants	ADD CLIENT	
t of Event Participants		
IAME	DATE/TIME ADDED	REMOVE PARTICIPANT
Participant Name	4/30/19, 11:00 AM	REMOVE
Participant Name	4/30/19, 11:00 AM	REMOVE
Participant Name	4/30/19, 11:00 AM	REMOVE
Participant Name	4/30/19, 11:00 AM	REMOVE
Participant Name	4/30/19, 11:00 AM	REMOVE

D4. Record group event attendance

UAT Next Generation of Enhanced Employment Strategies					
Event Attendance					
List of Event Participants					
ATTENDED	NAME	DATE/TIME ADDED			
\checkmark X Reset	Participant Name	4/30/19, 11:00 AM			
\checkmark X Reset	Participant Name	4/30/19, 11:00 AM			
\checkmark X Reset	Participant Name	4/30/19, 11:00 AM			
✓ × Reset	Participant Name	4/30/19, 11:00 AM			
\checkmark X Reset	Participant Name	4/30/19, 11:00 AM			
Drop-In Participant		_			
Q Search Participants	ADD PARTICIPANT				
	NAME	REMOVE PARTICIPANT			
\checkmark	Participant Name	REMOVE			
~	Participant Name	REMOVE			
← ВАСК		PRINT ROSTER	SAVE & CLOSE		