

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

The screenshot displays the 'Participant Case Overview' interface. At the top left, it shows 'UAT' and 'Next Generation of Enhanced Employment Strategies'. The top right corner has a user profile icon and 'USER NAME'. The main content is divided into two columns. The left column contains two tables: 'Event History' and 'Case Records'. The right column contains a participant profile card for Hermina Crang, including her status (Active/Completed), registration date, program staff, and contact information. Below the profile card is a 'CASE MANAGEMENT' section with several action buttons.

Event History

EVENT	WHEN	WHERE
Enrollment	3/17/19, 3:00 PM	Office
Workshop	4/30/19, 11:00 AM	Office
Course Event	5/4/19, 3:00 PM	Office

[ADD COURSE](#) [SCHEDULE EVENT](#)

Case Records

RECORD	WHEN	WHERE
Service Contact	3/11/19, 1:00 PM	Phone
Service Contact	2/22/19, 10:00 AM	Office

[RECORD SERVICE](#)

Participant Profile: Hermina Crang

PARTICIPANT
Hermina Crang

CASE STATUS
Active Completed

REGISTERED DATE: 2019-03-12

PROGRAM STAFF:
Case Manager - Kendra Haislip

EMAIL: fjones@gmail.com
PHONE: 602-255-1133

CASE MANAGEMENT

Change participant case status
[EDIT CASE STATUS](#)

Assign case worker staff
[ASSIGN CASE STAFF](#)

Edit participant case profile and details
[EDIT PROFILE](#)

C2. Assign program staff to participant case

UAT 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

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C3. Add service contact

Service Contact Details

Who provided this service? * 



This field is a drop-down list that will include program staff names.

Date of service *

MM/DD/YYYY

Mode

- Phone
- 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 program office
- At employer
- At jail
- At another location

Length of service (minutes) *

- 1-5
- 6-15
- 16-30
- 31-45
- 46-60
- Other

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 Type 2:

- 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 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

- Phone
- Virtual/Video Conference
- Email
- Text
- In-person

Where did the in-person service happen?

- At program office
- At employer
- At jail
- At another location



This question will display when the "in-person" option above is selected.


Length of meeting (minutes) *


- 1-5
- 6-15
- 16-30
- 31-45
- 46-60
- Other Please Specify

Reasons

- Reason 1
- Reason 2
- Reason 3

Engaged with health care provider about this participant:

Program staff name * 

Health care provider name 

Was participant present?

Date of meeting/interaction
MM/DD/YYYY

Mode

- Phone
- Virtual/Video Conference
- Email
- Text

Length of meeting (minutes) *

1-5

6-15

16-30

31-45

46-60

Other Please Specify


Reasons


Reason 1

Reason 2


Reason 3

Engaged with other partner about this participant

Program staff name * 

Other partner name 

Was participant present?

Date of meeting/interaction 

MM/DD/YYYY

Mode

- Phone
- Virtual/Video Conference
- Email
- Text
- In-person

Length of meeting (minutes) *

- 1-5
- 6-15
- 16-30
- 31-45
- 46-60
- Other Please Specify

Reasons

- Reason 1
- Reason 2
- Reason 3

CANCEL

NEXT →

C5. Record work-based experiences and wage subsidies

UAT

Next Generation of Enhanced Employment Strategies

Work-based experiences and wage subsidies

Start Date

Date

MM/DD/YYYY

Stop Date

Date

MM/DD/YYYY

Work Based Experience Type 1

Work Based Experience Type 2

Work Based Experience Type 3

Work Based Experience Type 4

Work Based Experience Type 5

Employer/agency/site name

Number of hours worked per week

Number of weeks worked

\$ Amount paid to participant

- per hour
- per day
- total stipend
- other Please Specify

Was the wage subsidized by your program?

- Yes
- No

\$ Amount of wage paid by program

CANCEL

NEXT →

C6. Record education or training programs

UAT

Next Generation of Enhanced Employment Strategies

Education or Training Programs

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

Start Date

Date 
MM/DD/YYYY

Stop Date

Date 
MM/DD/YYYY

Has the participant enrolled in:

- Type 1
- Type 2
- Type 3
- Type 4

Has participant completed the program?

- Yes
- No

Did participant receive a credential?

- Yes
- No

What type of Credential?

- Credential Type #1
- Credential Type #2
- Credential Type #3

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

- Yes
- No
- N/A

\$ Total Cost

\$ Cost Paid by Program

CANCEL

C7. Add financial or in-kind support

UAT

Next Generation of Enhanced Employment Strategies

Add Financial or In-Kind Support

Support Information

Date provided *



MM/DD/YYYY

Reason for providing support *



Type *



Frequency *



Value *

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C8. Add referral

UAT


Next Generation of Enhanced Employment Strategies


Add Referral


Referral Information

Date of Referral * 

MM/DD/YYYY

Select Referral Agency * 

Select Purpose of Referral * 

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NEXT 

C9. Update participant case status

UAT

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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



PARTICIPANT

Fran Jones

CASE STATUS

Active

Case status is displayed on the participant card which can be seen throughout the participant profile



REGISTERED DATE: 2019-03-12

PROGRAM STAFF:

Case Manager - Kendra Haislip

EMAIL: fjones@gmail.com


PHONE: 602-255-1133

Group Events Screens

D1. Group event summary screen

UAT Next Generation of Enhanced Employment Strategies USER NAME

Events

 List of all of the Events My Events 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](#) Items per page: 10 1 - 10 of 87 < > >>

D2. Schedule event screen

UAT

Next Generation of Enhanced Employment Strategies

Schedule Event



Enter event information in the fields below

Event Details

Is this one-time or recurring event? *


One-time

Recurring

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 *



MM/DD/YYYY

End Date *



MM/DD/YYYY

Start Time *

hh:mm
AM/PM

End Time *

hh:mm
AM/PM

Event Notes

Notes

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D3. Manage group event roster

UAT Next Generation of Enhanced Employment Strategies

Roster Management

🔍 Search Participants ADD CLIENT

List of Event Participants

NAME	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

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D4. Record group event attendance

UAT Next Generation of Enhanced Employment Strategies

Event Attendance

List of Event Participants

ATTENDED	NAME	DATE/TIME ADDED
✓ ✕ Reset	Participant Name	4/30/19, 11:00 AM
✓ ✕ Reset	Participant Name	4/30/19, 11:00 AM
✓ ✕ Reset	Participant Name	4/30/19, 11:00 AM
✓ ✕ Reset	Participant Name	4/30/19, 11:00 AM
✓ ✕ Reset	Participant Name	4/30/19, 11:00 AM

Drop-In Participant

🔍 Search Participants [ADD PARTICIPANT](#)

	NAME	REMOVE PARTICIPANT
✓	Participant Name	REMOVE
✓	Participant Name	REMOVE

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