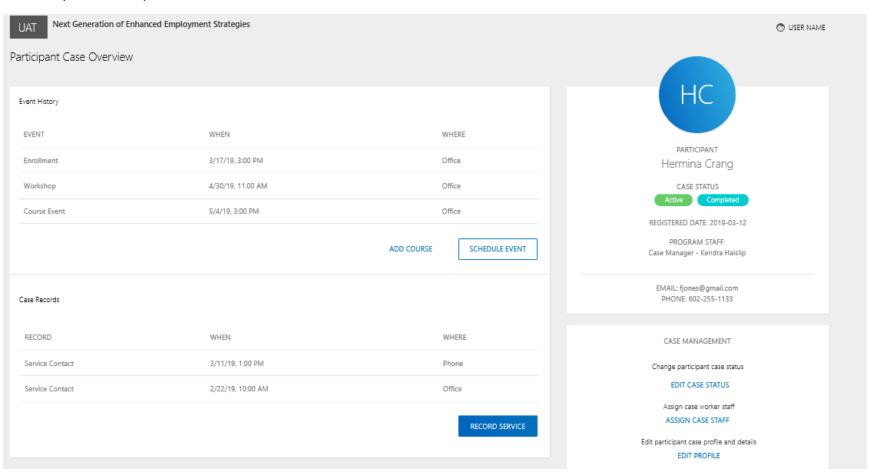
Instrument 5. Service receipt tracking - revised

PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN:

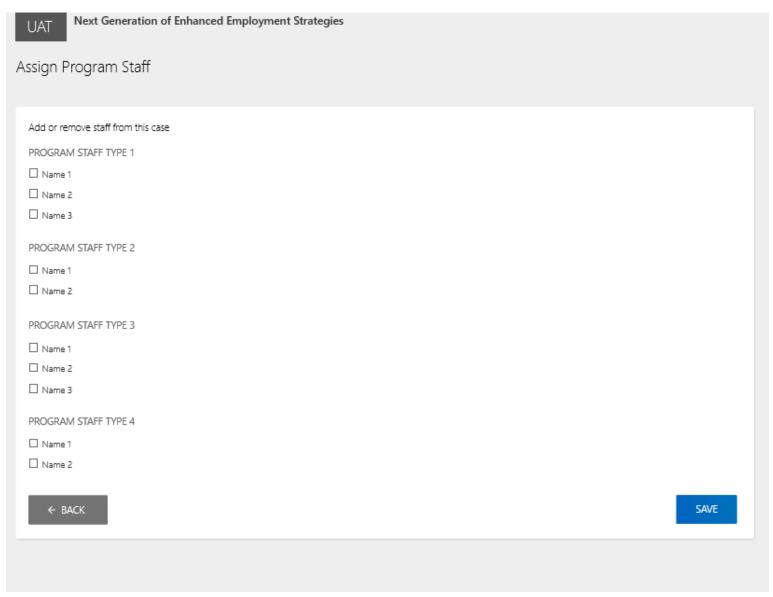
The purpose of this information collection is to evaluate innovative programs serving individuals facing challenges to employment and economic independence to expand the evidence base. Public reporting burden for this collection of information is estimated to average 5 minutes per response, including 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.

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



C2. Assign program staff to participant case



C3. Add service contact

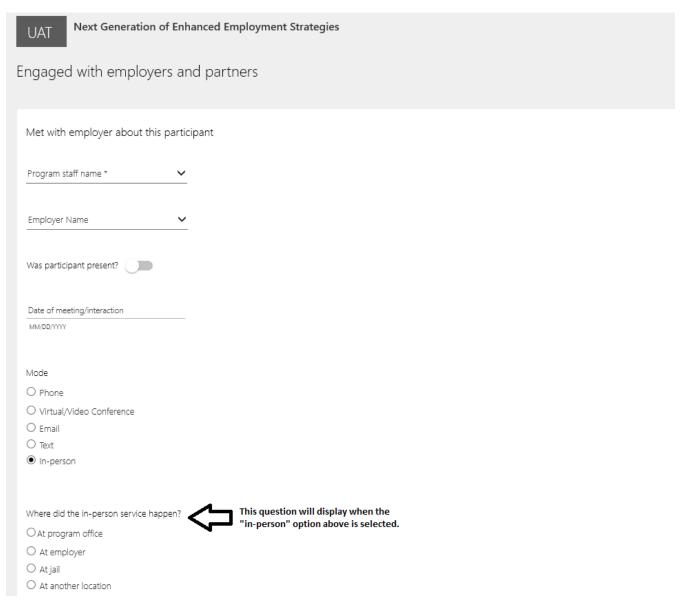
Service Contact Details

Who provided this service? *	This field is a drop-down list that will include program staff names.
Date of service *	
MM/DD/YYYY	
Mode	
O Phone	
O Virtual/Video Conference	
O Email	
O Text	
In-person	
Where did the in-person service happen?	This question will display when the
OAt program office	"in-person" option above is selected.
O At employer	
O At jail	
O At another location	
Length of service (minutes) *	
O1-5	
O6-15	
O16-30	
O31-45	
O46-60	
Oother Please Specify	

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



Length of meeting (minutes) *			
O1-5			
O 6-15			
O16-30			
O31-45			
O46-60			
O Other Please Specify			
Reasons			
□ Reason 1			
□Reason 2			
□ Reason 3			
tome comment with all			
Engaged with health care provi	der about this participant:		
Health care provider name	~		
Was participant present?			
Date of meeting/interaction			
MM/DD/YYYY			
Mode			
O Phone			
O Virtual/Video Conference			
O Virtual/Video Conference O Email			

Length of meeting (minutes) *	
O ₁₋₅	
O6-15	
○16-30	
○31-45	
○46-60	
Other Please Specify	
Reasons	
Reason 1	
Reason 2	
□Reason 3	
Engaged with other partner abo	out this participant
Program staff name *	<u> </u>
Other partner name	~
Was participant present?	
Date of meeting/interaction	=
MM/DD/YYYY	

Mode	
O Phone	
O Virtual/Video Conference	
O Email	
O Text	
O In-person	
Length of meeting (minutes) *	
O ₁₋₅	
O ₆₋₁₅	
O16-30	
O31-45	
O46-60	
Oother Please Specify	
Reasons	
□Reason 1	
Reason 2	
□ Reason 3	
CANCEL	NEXT →

C5. Record work-based experiences and wage subsidies



Next Generation of Enhanced Employment Strategies

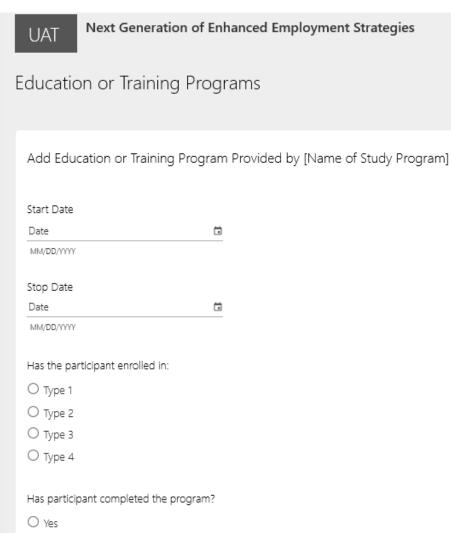
Work-based experiences and wage subsidies

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
OWork Based Experience Type 4
O Work Based Experience Type 5
Employer/agency/site name

\$ Amount paid to participant O per hour O per day O total stipend O other Please Specify Was the wage subsidized by your program?	e Specify
O per hour O per day	
\$ Amount paid to participant	
	worked

C6. Record education or training programs

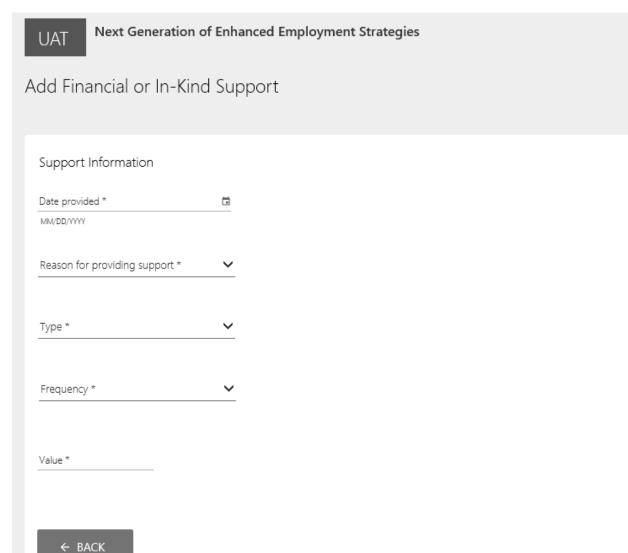
O No



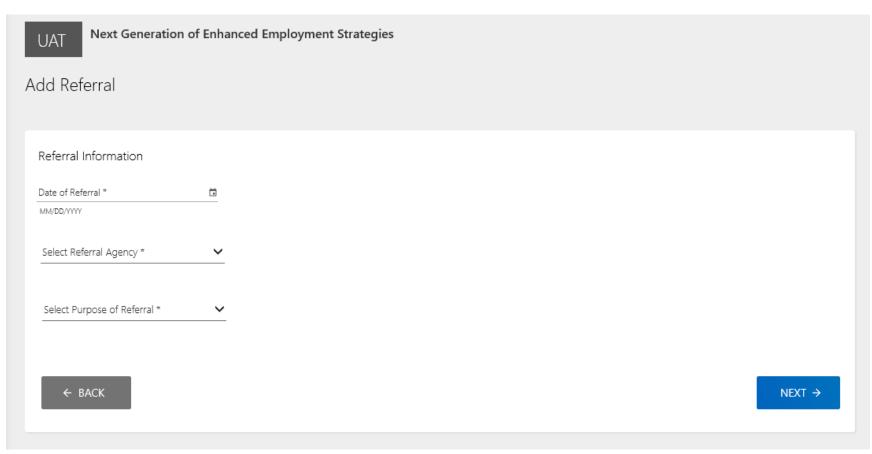
Did participant receive a credential?
O Yes
O No
What type of Credential?
O Credential Type #1
O Credential Type #2
O Credential Type #3
Did study program pay some of the costs of the education or training program?
Yes
O No
O N/A
\$ Total Cost
\$ Cost Paid by Program

CANCEL

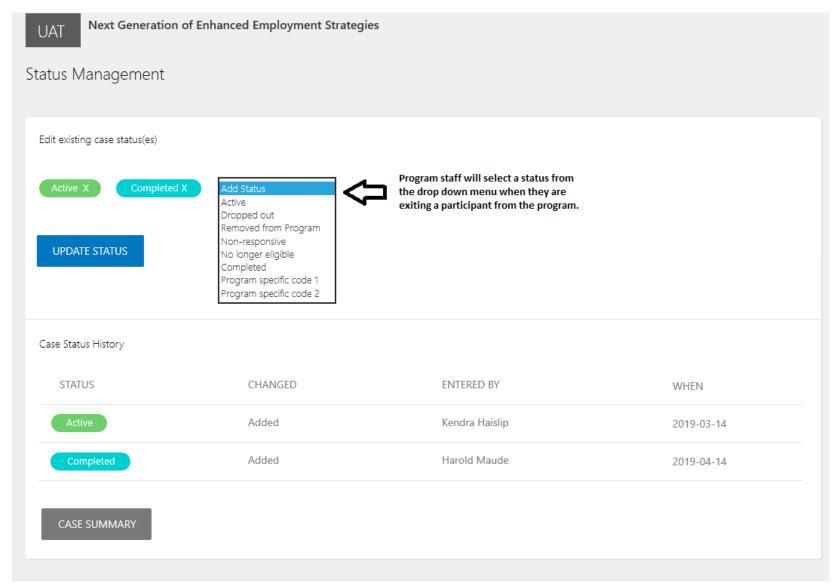
C7. Add financial or in-kind support



C8. Add referral



C9. Update participant case status





PARTICIPANT

Fran Jones

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

CASE STATUS

Active

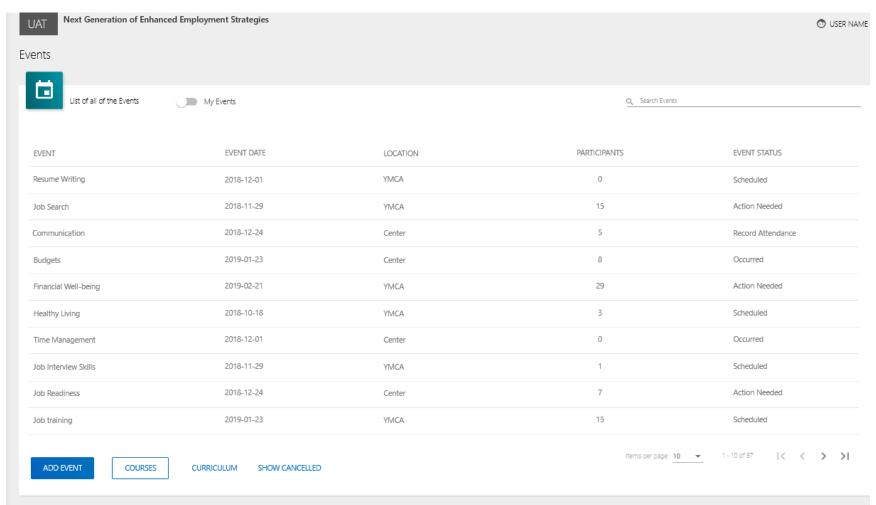
REGISTERED DATE: 2019-03-12

PROGRAM STAFF: Case Manager - Kendra Haislip

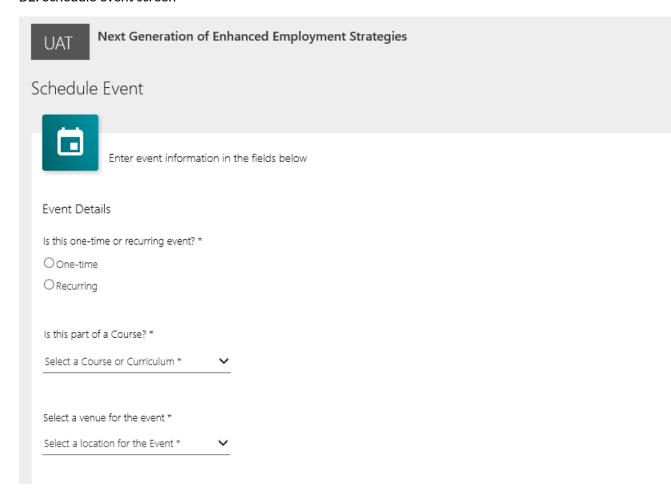
EMAIL: fjones@gmail.com PHONE: 602-255-1133

Group Events Screens

D1. Group event summary screen

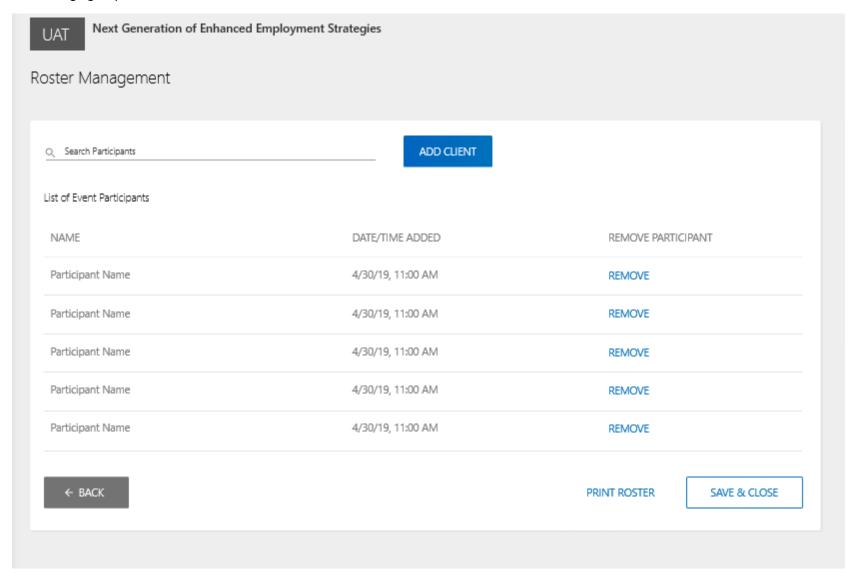


D2. Schedule event screen



Start Date *	
MM/DD/YYYY	
End Date *	•
MM/DO/YYYY	
Start Time *	
hhomm	
AMIPM	
End Time *	
hh:mm	
AMIPM	
Event Notes	
Notes	
J.	

D3. Manage group event roster



D4. Record group event attendance

