


Instrument 7 -Non-Grantee Use of nFORM - Staff Data Entry

SIRF will implement an intervention in one site that is not a federal Responsible Fatherhood grantee. Therefore, we are requesting burden to cover collection of program operations data entered into the nFORM, a performance measures data collection system designed for Responsible Fatherhood grantees, by staff in a non-grantee site. These screens collect information on services provided to participants are part of the full nFORM information collection request package - Healthy Marriage and Responsible Fatherhood Performance Measures and Additional Data Collection (ICR Ref #[202102-0970-014](#))..







Note: Screen shots include fictional names for illustrative purposes. OMB Control Number and Expiration Date appear on entry to nFORM system and individual surveys.

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

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



nFORM
Information, Family Outcomes, Reporting,
and Management

 Clients
 Workshops
 Service Providers
 Reports
 Settings
 Help


Hello, testuser82@mpr.com!

[Log off](#)

All ClientsMy ClientsBulk 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"/> | |

[Search](#) [Clear Criteria](#)

[+ Add Client](#)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 | <input type="text"/> | Middle Name | <input type="text"/> |
| * Last Name | <input type="text"/> | * Relationship | --Select relationship <input type="button" value="v"/> |

Address

| | | | |
|-----------------|----------------------|-------|---|
| Street (Line 1) | <input type="text"/> | | |
| Street (Line 2) | <input type="text"/> | | |
| City | <input type="text"/> | State | --Select <input type="button" value="v"/> |
| | | ZIP | <input type="text"/> |

Phone #

Social Media

One phone or email is required

| | |
|------------|----------------------|
| Home Phone | <input type="text"/> |
| Cell Phone | <input type="text"/> |
| Work Phone | <input type="text"/> |

| | |
|----------|----------------------|
| Email | <input type="text"/> |
| Facebook | <input type="text"/> |
| Twitter | <input type="text"/> |
| Other | <input type="text"/> |

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

i 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 ✓ | 11/05/2015 | Review |
| Entrance Survey | Incomplete | -- | Passcode |
| Exit Survey | Incomplete | -- | Passcode |

Service Summary

| Type | # Provided | Most Recent |
|-------------------------------------|------------|-------------|
| Service Contacts | 2 | 4/24/2017 |
| Referrals ▲ Follow up needed | 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 + Add Service Contact | | | | | | |
|---|------------------------------|---|--------------|-------------------|----------------------------------|--------------------------------|
| Service Date | Data Entered By | # Referrals | # Incentives | Contact Method | Most Recent Notes | Add Referral(s) |
| Q 4/24/2017 | MarybethM Site Administrator | 0 | 0 | Email | for max | + Add Referral |
| Q 4/24/2017 | MarybethM Site Administrator | 0 | 0 | In community | for agent 99 | + Add Referral |
| Q 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 |
| Q 4/24/2017 | MarybethM Site Administrator | Service Provider 1 | Legal Assistance Referral | ▲ Y |
| Q 4/24/2017 | MarybethM Site Administrator | Service Provider 1 | Mental Health Referral | ▲ Y |
| Q 4/24/2017 | MarybethM Site Administrator | 1HM Agency 4 | Childcare Assistance | ▲ Y |
| | | | | 3 Record(s) |

| Incentives History + Add Incentive | | | | |
|---|------------------------------|--------------------------|--------|--------------------------------------|
| Date Provided | Data Entered By | Incentive Type | Amount | Incentive Reason |
| Q 4/24/2017 | MarybethM Site Administrator | Emergency Assistance | 100 | Related to encouraging participation |
| Q 4/24/2017 | MarybethM Site Administrator | Employment related costs | 50 | Related to program milestone |
| Q 4/24/2017 | MarybethM Site Administrator | Emergency Assistance | 25 | Related to program milestone |
| Q 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 | View Make-Up |
| 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.

| | |
|---|--|
| <p>Assessment</p> <p><input type="checkbox"/> Comprehensive Assessment <input type="checkbox"/> Employment/Job Readiness <input type="checkbox"/> Other Targeted Assessment</p> | <p><input type="checkbox"/> Legal Assistance Referral</p> |
| <p>Child Support/Custody/Visitation</p> <p><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</p> | <p>Health/Mental Health Support</p> <p><input type="checkbox"/> Medical/Dental/Wellness <input type="checkbox"/> Mental Health Referral <input type="checkbox"/> Substance Abuse Referral <input type="checkbox"/> Health Insurance</p> |
| <p><input type="checkbox"/> Child Welfare Services Involvement</p> | <p><input type="checkbox"/> Parenting</p> |
| <p><input type="checkbox"/> Domestic Violence/Intimate Partner Violence</p> | <p>Social Services/Emergency needs</p> <p><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"/></p> |
| <p><input type="checkbox"/> Financial Counseling</p> | <p><input type="checkbox"/> Healthy Marriage and Relationship Education Services</p> |
| <p>Education</p> <p><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"/></p> | <p><input type="checkbox"/> Other Service (specify) <input type="text"/></p> |
| <p><input type="checkbox"/> Family Therapy/Counseling Referral</p> | <p><input type="checkbox"/> Meeting with Facilitator</p> |
| <p>Job/Career Advancement</p> <p><input type="checkbox"/> Career planning <input type="checkbox"/> Employment resources <input type="checkbox"/> Job search assistance <input type="checkbox"/> Resume development</p> | <p><input type="checkbox"/> Reminder contact (call, email, text)</p> |
| | <p><input type="checkbox"/> Youth services (specify) <input type="text"/></p> |

Service Notes

Note #1

⊕ Add Note

* 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 | <div style="border: 1px solid #ccc; padding: 5px;">note 2. saved 8/13/2018 2:57 pm.</div> | | |

Referral Information

Did the client follow-through on the referral below? Yes No

* **Referred To**

* **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

* 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 | |
| Q 23 | Adult individual | Yes | Other | Primary | 140 | |
| Q 24/7 Dad | Adult individual | Yes | Open | Primary | 20 | |
| Q Couple Workshop | Adult couple | Yes | Cohort | Optional | 10 | |
| Q Dosage Workshop #1 | Adult individual | Yes | Open | Optional | 20 | |
| Q Dosage Workshop #3 - Other specify | Adult couple | No | Cohort | Primary | 6 | |
| Q Dosage Workshop #4 - specify | Adult couple | No | Cohort | Primary | 6 | |
| Q Dosage Workshop #5 | Adult individual | No | Cohort | Optional | 20 | |
| Q Elevate | Adult couple | Yes | Cohort | Primary | 5 | |
| Q FAMLE View Workshop | Adult couple | Yes | | Primary | 10 | |
| Q JIRA 1408 Test Workshop | 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 | <input type="text" value="--Select population"/> |
| * Workshop Name | <input type="text"/> |
| Description | <input type="text"/> |

Workshop Details

| | | |
|--|---|----------------------------|
| * Registration Required | <input type="radio"/> Yes <input type="radio"/> No | |
| | <i>This selection cannot be changed once it is saved.</i> | |
| * Enrollment | <input type="text" value="--Select"/> | |
| * Total Hours to be Offered | <input type="text"/> | |
| * Activities <small>(Check all that apply)</small> | <input type="checkbox"/> Divorce reduction <input type="checkbox"/> Education in high schools <input type="checkbox"/> Marriage and relationship education/skills (MRES) <input type="checkbox"/> Marriage enhancement <input type="checkbox"/> Marriage mentoring <input type="checkbox"/> Premarital education | |
| * Elements <small>(Check all that apply)</small> | <input type="checkbox"/> Conflict resolution <input type="checkbox"/> Financial management <input type="checkbox"/> Job and career advancement <input type="checkbox"/> Parenting <input type="checkbox"/> None of the above | |
| * Type | <input type="radio"/> Primary <input type="radio"/> Optional <input type="radio"/> Not in Use | |
| | <i>This selection cannot be changed once it is saved.</i> | |
| * Structure | <input type="radio"/> Single <input type="radio"/> Blended <input type="radio"/> Linked <input type="radio"/> Non-curricularized | |
| * Curriculum or other group service <small>(Enter all that apply)</small> | #1 <input type="text" value="--Select"/> | Hours <input type="text"/> |
| | Specify <input type="text"/> | |
| | <input type="button" value="Add"/> | |

Save

Cancel

W5. Add/Edit Workshop Session Series

W5. Add/Edit Session Series



* Indicates required field(s)

| | | | |
|-----------------------------------|--|---------------------------|----------------------|
| * Workshop Name | <input type="text" value="--Select workshop"/> | | |
| Registration Required | <input type="radio"/> Yes <input type="radio"/> No | Total Hours to be Offered | <input type="text"/> |
| Enrollment | <input type="text"/> | | |
| Type | <input type="text"/> | Structure | <input type="text"/> |
| Curriculum or other group service | <input type="text"/> | | |
| Description | <input type="text"/> | | |

Session Series Details

| | | | |
|-----------------------|--|-----------------------------------|--|
| * Session Series Name | <input type="text"/> | | |
| * Agency Providing | <input type="text" value="--Select agency"/> | | |
| * Max # of Clients | <input type="text"/> | <input type="checkbox"/> No Limit | |

Location

| | | | |
|-----------------|---------------------------------------|--------|----------------------|
| * Location Name | <input type="text"/> | | |
| * Street | <input type="text"/> | * City | <input type="text"/> |
| * State | <input type="text" value="--Select"/> | * Zip | <input type="text"/> |
| | | Phone | <input type="text"/> |

Facilitators

| | |
|----------------|----------------------|
| * Facilitators | <input type="text"/> |
|----------------|----------------------|

Date & Time

| | | | |
|--|---|----------------------------------|---|
| * # of Sessions | <input type="text"/> | | |
| * Session Start Date | <input type="text"/> | <input type="button" value="📅"/> | |
| * Session Start Time | <input type="text" value="--"/> | <input type="text" value="--"/> | <input type="text" value="AM"/> |
| * Session Duration | <input type="text" value="--"/> | hour(s) and | <input type="text" value="--"/> minutes |
| Recur Every | <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri <input type="checkbox"/> Sat | | |
| <small>(Select all that apply)</small> | | | |

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 |
|---|--------------------|---------------|----------------|---------------|------------|--|
| Q August 10, 2020 start | 24/7 Dad | ymca | Jackson Murphy | 10 | 8/10/2020 | Manage |
| Q Dadz Meetup | 24/7 Dad | DADz | Mr. Rogers | 16 | 5/25/2020 | View |
| Q new test series 5/18/20 | Tully Test | test location | joe teacher | 10 | 5/20/2020 | Not Required |
| Q May 10, 2020 Start | 24/7 Dad | Library | test | 10 | 5/19/2020 | View |
| Q April 14 Start Date | Couple Workshop | Library | mr. smith | 5 | 4/14/2020 | View |
| Q April 6 Start Date | 24/7 Dad | ymca | test | 10 | 4/6/2020 | View |
| Q test | 24/7 Dad | ymca | test | 1 | 3/31/2020 | View |
| Q January 21, 2020 start date | Dosage Workshop #1 | TownHall | test | 10 | 1/21/2020 | View |
| Q January 8, 2020 start | Couple Workshop | YMCA | test | 5 | 1/8/2020 | View |
| Q January 8, 2020 Start | Dosage Workshop #1 | TownHall | test | 5 | 1/8/2020 | View |

1

2

3

4

5

»

60 Record(s)

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

| | |
|--|--|
| Grantee Location <input type="text"/> | Case Manager <input type="text"/> |
| Client ID <input type="text"/> | Client Status <input type="text"/> |
| Last Name <input type="text"/> | Population <input type="text"/> |
| First Name <input type="text"/> | Service Assignment <input type="text"/> |

Enrollment Date Range: From To

Registration

Eligible Clients:

- 1889-1, 1889-1 (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 (10001682)
- Brady, Greg (10000074)
- Brady, Greg (10000799)
- Brady, Mike (10001659)
- Couple1, Mr.Famle (10012237)
- Couple1, Mrs.Famle (10012224)
- Cunningham, Joanie (10008539)
- Darrel, Dixon (10000773)
- dev test 2, dev test (10021367)

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 |
|---------------------------------------|---------------------|-------------------------|--------------------|---------------------------|--------------------------|---------------------------|
| Wed 2/8/2019 8:00 PM | 1/7/2019 start date | Karen, Georgia | Session Complete | Cancel | Generate | View/Edit |
| Mon 1/28/2019 8:00 PM | 1/7/2019 start date | stevens | Session Complete | Cancel | Generate | View/Edit |
| Tue 1/22/2019 8:00 PM | 1/7/2019 start date | stevens | Session Complete | Cancel | Generate | View/Edit |
| Mon 1/14/2019 8:00 PM | 1/7/2019 start date | stevens, karen, georgia | Session Complete | Cancel | Generate | View/Edit |
| Mon 1/7/2019 8:00 PM | 1/7/2019 start date | stevens | Session Complete | Cancel | Generate | View/Edit |
| Wed 2/8/2019 4:00 PM | 1/9/2019 Start Date | jones | Pending Attendance | Cancel | Generate | Record |
| Wed 1/30/2019 4:00 PM | 1/9/2019 Start Date | jones | Canceled | Reinstate | Generate | View/Edit |
| Wed 1/23/2019 4:00 PM | 1/9/2019 Start Date | jones | Canceled | Reinstate | Generate | View/Edit |
| Wed 1/16/2019 4:00 PM | 1/9/2019 Start Date | jones | Canceled | Reinstate | Generate | View/Edit |
| Wed 1/9/2019 1:00 PM | 1/9/2019 Start Date | jones | Canceled | Reinstate | Generate | View/Edit |

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

Occurrence Details

Edit

* 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)

Add Client(s)

Remove Client(s)

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)

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)

| | |
|----------------------------|---------------------|
| Workshop Name | Test 1HM Workshop 2 |
| Workshop Type | Primary |
| Session Series Name | Workshop |
| Session Date | 5/4/2016 |

* **Make-Up Date**

Notes

Save

Cancel