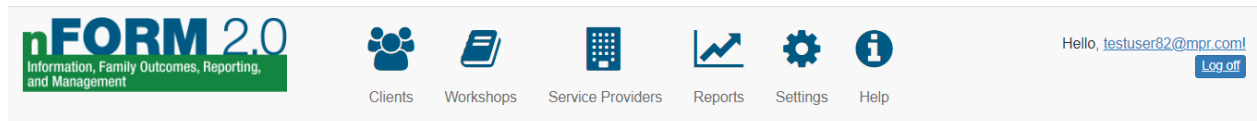


nFORM 2.0 Screens to Collect Information on Services Provided to Participants

Note: Screen shots include fictional names for illustrative purposes. OMB Control Number and Expiration Date appear on entry to nFORM system and individual surveys. The NonSubstantive Change Request only applies to the Paperwork Reduction Act statement that appears on the nFORM 2.0 Home page.



The navigation bar features the nFORM 2.0 logo on the left, which includes the text "Information, Family Outcomes, Reporting, and Management". To the right of the logo are seven icons representing different system functions: Clients (group of people), Workshops (document with pencil), Service Providers (grid), Reports (line graph), Settings (gear), and Help (info icon). On the far right, there is a user greeting "Hello, testuser82@mpr.com!" and a "Log off" button.

nFORM Data Collection and Reporting System

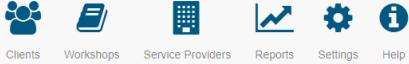

The Information, Family Outcomes, Reporting, and Management (nFORM) system is used by Healthy Marriage and Responsible Fatherhood (HMRF) grantees to collect, store, and analyze program and client data and to produce required grant reports for the Administration for Children and Families. HMRF grantees use nFORM to collect information about program operations (including outreach and recruitment activities, enrollment, staff qualifications and training, staff supervision and observations, and implementation challenges); client participation (including case management activities, workshop attendance, and referrals); and client characteristics and outcomes (including an applicant characteristics survey and program entrance and exit surveys).

PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to support program performance monitoring and program improvement activities for Healthy Marriage and Responsible Fatherhood programs. Public reporting burden for this collection of information is estimated to average 2 minutes per response, 30 minutes per client total, 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. The answers you give will be kept private. 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 0970-0566 and the expiration date is 04/30/2024. If you have any comments on this collection of information, please contact Dr. Mathew Stange at nform2helpdesk@mathematica-mpr.com.

Will replace with
[Current Point of
Contact Name]

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

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



Hello, testuser82@mpr.com! [Log off](#)

All Clients My Clients Bulk 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"/>


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 Middle Name
* Last Name * Relationship

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 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

ⓘ 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

❌ 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 <input checked="" type="checkbox"/>	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)
4/24/2017	MarybethM Site Administrator	0	0	Email	for max	Add Referral
4/24/2017	MarybethM Site Administrator	0	0	In community	for agent 99	Add Referral
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	
4/24/2017	MarybethM Site Administrator	Service Provider 1	Legal Assistance Referral	Y	
4/24/2017	MarybethM Site Administrator	Service Provider 1	Mental Health Referral	Y	
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
4/24/2017	MarybethM Site Administrator	Emergency Assistance	100	Related to encouraging participation
4/24/2017	MarybethM Site Administrator	Employment related costs	50	Related to program milestone
4/24/2017	MarybethM Site Administrator	Emergency Assistance	25	Related to program milestone
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> <input type="checkbox"/> Comprehensive Assessment <input type="checkbox"/> Employment/Job Readiness <input type="checkbox"/> Other Targeted Assessment <p>Child Support/Custody/Visitation</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><input type="checkbox"/> Child Welfare Services Involvement</p> <p><input type="checkbox"/> Domestic Violence/Intimate Partner Violence</p> <p><input type="checkbox"/> Financial Counseling</p> <p>Education</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><input type="checkbox"/> Family Therapy/Counseling Referral</p> <p>Job/Career Advancement</p> <input type="checkbox"/> Career planning <input type="checkbox"/> Employment resources <input type="checkbox"/> Job search assistance <input type="checkbox"/> Resume development	<p><input type="checkbox"/> Legal Assistance Referral</p> <p>Health/Mental Health Support</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><input type="checkbox"/> Parenting</p> <p>Social services/Emergency needs</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><input type="checkbox"/> Healthy Marriage and Relationship Education Services</p> <p><input type="checkbox"/> Other Service (specify) <input type="text"/></p> <p><input type="checkbox"/> Meeting with Facilitator</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

C12. Add/Edit Referral



* 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 note 2. saved 8/13/2018 2:57 pm.

Referral Information

Did the client follow-through on the referral below? Yes No
*** Referred To** Service Provider 1
*** 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

+ Add Note

Edit Cancel

C13. Add/Edit Incentive



* 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

* Workshop Name

Description

Workshop Details

* Registration Required Yes No
This selection cannot be changed once it is saved.

* Enrollment

* Total Hours to be Offered

- * Activities (Check all that apply)
- Divorce reduction
 - Education in high schools
 - Marriage and relationship education/skills (MRES)
 - Marriage enhancement
 - Marriage mentoring
 - Premarital education

- * Elements (Check all that apply)
- Conflict resolution
 - Financial management
 - Job and career advancement
 - Parenting
 - None of the above

* Type ? Primary Optional Not in Use
This selection cannot be changed once it is saved.

* Structure Single Blended Linked Non-curricularized

* Curriculum or other group service #1 Hours

(Enter all that apply) Specify

W5. Add/Edit Workshop Session Series

W5. Add/Edit Session Series x

* Indicates required field(s)

* Workshop Name

Registration Required Yes No Total Hours to be Offered

Enrollment

Type Structure

Curriculum or other group service

Description

Session Series Details

* Session Series Name

* Agency Providing

* Max # of Clients No Limit

Location

* Location Name

* Street * City

* State * Zip Phone

Facilitators

* Facilitators

Date & Time

* # of Sessions

* Session Start Date

* Session Start Time

* Session Duration hour(s) and minutes

Recur Every Sun Mon Tue Wed Thur Fri Sat
(Select all that apply)

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 19, 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)

W8. Manage Client Registration



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:

- 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 (10001891)
- Bick, Violet 3 (10020300)
- Bobby, Ricky (10001167)
- Brady, Carol (10001862)
- Brady, Greg (10000074)
- Brady, Greg (10000799)
- Brady, Mike (10001859)
- Couple1, Mr.Famle (10012237)
- Couple1, Mrs.Famle (10012224)
- Cunningham, Joanie (10008539)
- Darrel, Dixon (10000773)
- dev test 2, dev test (10021367)
- Dev Test (10000000)

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 2/6/2019 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 2/6/2019 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)

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)

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