

Appendix D2. Administrative Data: RAPTER Screenshots

This page has been left blank for double-sided copying.

Sign In

Username *

Enter username

Password *

Enter password (case-sensitive)

[Forgot Username?](#) · [Forgot Password?](#)

Next →

ROPTER SNAP E&T Rapid Cycle Evaluation
SNAP E&T Rapid Cycle Evaluation: Site Name

Search cases X + Add Case AS

Dashboard Enrollment

Cases

Steps to Enroll

- 1 Consent
- 2 Applicant Information
- 3 Complete

Consent

Read the following statement to the applicant before gathering consent.

Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua. Ut enim ad minim veniam, quis nostrud exercitation ullamco laboris nisi ut aliquip ex ea commodo consequat. Duis aute irure dolor in reprehenderit in voluptate velit esse cillum dolore eu fugiat nulla pariatur. Excepteur sint occaecat cupidatat non proident, sunt in culpa qui officia deserunt mollit anim id est laborum.

Does the applicant consent to the study? *

Yes

No

Next

Public Burden Statement

This information is being collected to assist the Food and Nutrition Service in evaluating operational improvements in Supplemental Nutrition Assistance Program (SNAP) Employment and Training (E&T) programs that aim to improve delivery of services and program outcomes. This is a voluntary collection and FNS will use the information to assess the effectiveness of changes made to the SNAP E&T program. This collection does request any personally identifiable information under the Privacy Act of 1974. According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-[xxxx]. The time required to complete this information collection is estimated to average 8 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Agriculture, Food and Nutrition Service, Office of Policy Support, 1320 Braddock Place, 5th Floor, Alexandria, VA 22306 ATTN: PRA (0584-xxxx). Do not return the completed form to this address.

- Dashboard
- Cases**

Enrollment

Steps to Enroll

- 1 Consent
- 2 Applicant Information**
- 3 Complete

Applicant Information

SNAP unit ID *

First name *

Middle name

Last name *

Date of birth *

[Back](#) [Next](#)

- Dashboard
- Cases**

Enrollment

Steps to Enroll

- 1 Consent
- 2 Applicant Information
- 3 Complete**

This participant has been randomly assigned to the Treatment group.

[Go to Case Details](#)

Dashboard

Cases

Enrollment

Steps to Enroll

- 1 Consent
- 2 Applicant information
- 3 Complete

This participant has been randomly assigned to the Control group.

[Go to Case Details](#)

Dashboard

Cases



Snap123 Snap123 Participant
Case ID: ORG3.60253165



Case Details

Enrollment Date: Aug 25, 2022
Follow-up Date: Oct 25, 2022
Date of birth: Jun 25, 1998

Staff Assigned

No staff assigned.

Related Cases

No related cases.

[Add Related Case](#)

Services

Service History

[Record Service Contact](#)

No records found.

ROPTER Management Information System (3.0)
Acme Organization, Central Location

Search cases + Add Case

Dashboard

Cases

Workshops

Data Explorer

Study Components

Load Data

Staff

TestAccount
Case ID: ORG

Case Details
Enrollment Date: Aug 25, 2022
Follow-up Date: Oct 25, 2022
Study Group: Program g
Date of Birth: Jun 26, 1990

Staff Assigned
No staff assigned.

Related Cases
No related cases.
[Add Related Case](#)

Record Service Contact - TestAccount (TestAccount) TestAccount

Contact Details

Service Start *
Enter time (MM/DD/YYYY) Time Zone *
America/Los Angeles
Select timezone

Service End *
Enter time (MM/DD/YYYY)

Mode of Service *

Service Provider *
Loredana Cioba

Service Details

Type of Service *

Services Provided:

Length of service *

Was a referral provided during this service? *

Yes
 No

Notes

Cancel Save