

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

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USER NAME

Participant Case Overview

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](#)

HC

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

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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

← BACK

SAVE

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 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

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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

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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

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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

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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

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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

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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 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

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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

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D2. Schedule event screen

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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

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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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PRINT ROSTER

SAVE & CLOSE

D4. Record group event attendance

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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

Q Search Participants

ADD PARTICIPANT

	NAME	REMOVE PARTICIPANT
✓	Participant Name	REMOVE
✓	Participant Name	REMOVE

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PRINT ROSTER

SAVE & CLOSE