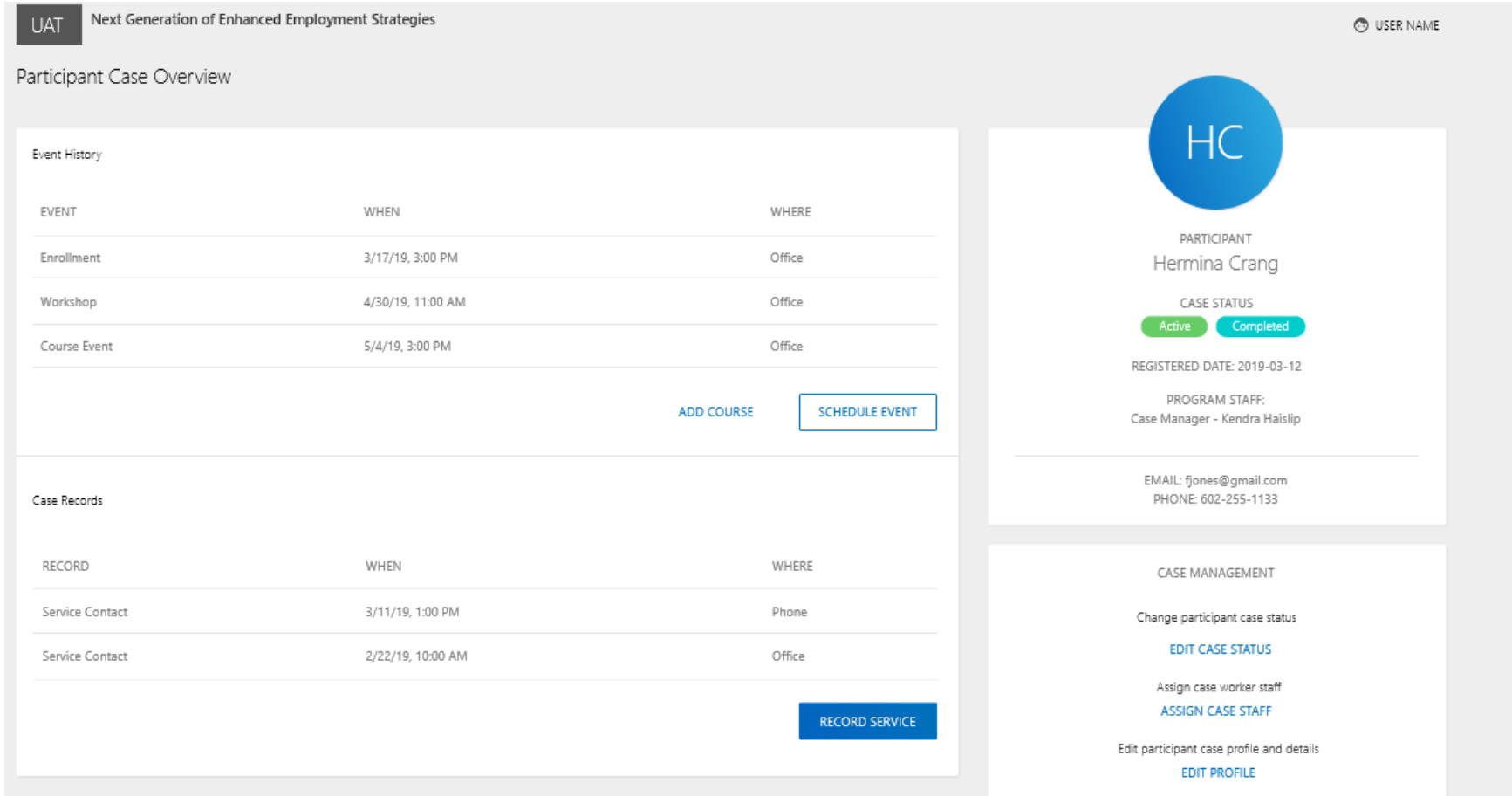
Instrument 5. Service receipt tracking - revised

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

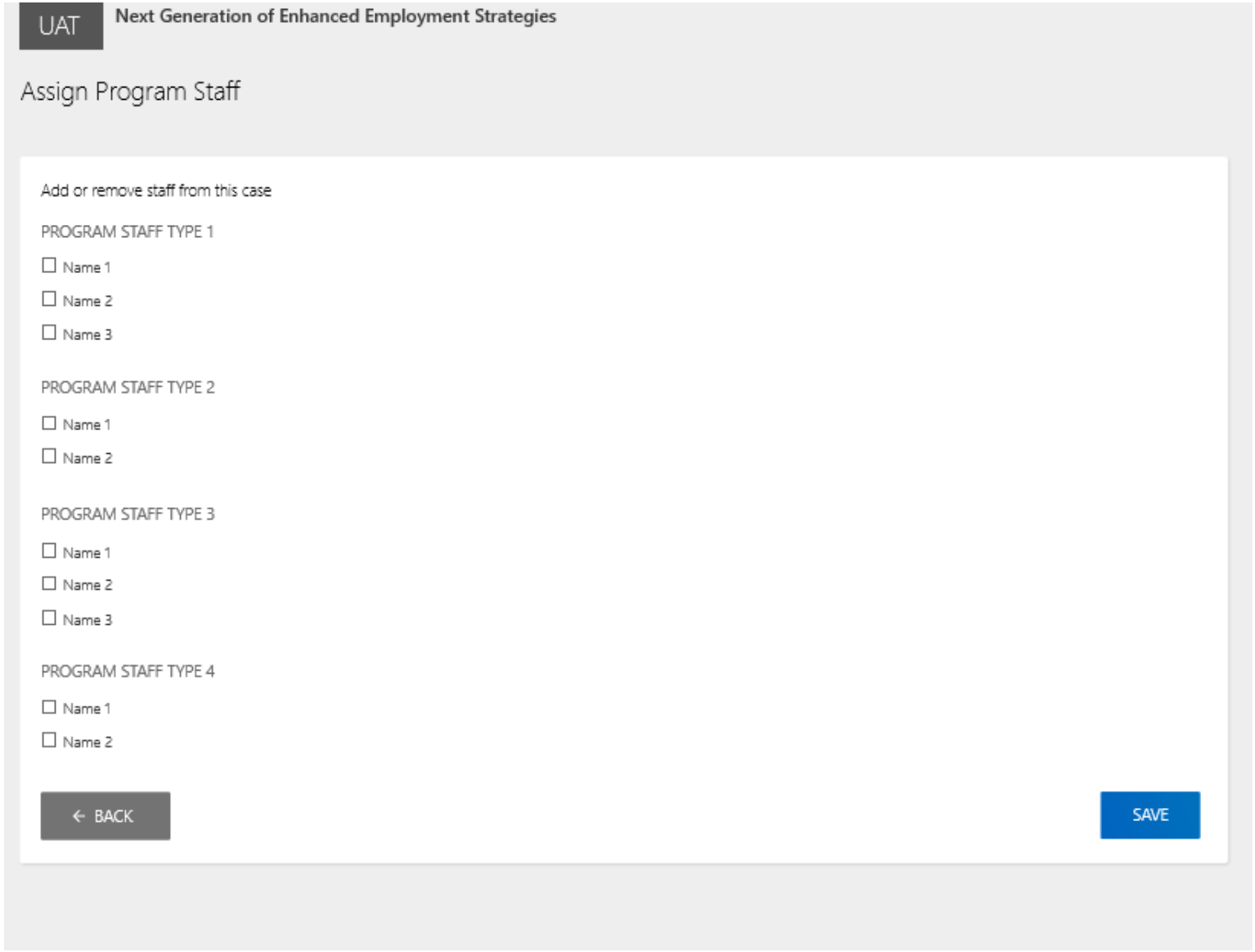
The purpose of this information collection is to evaluate innovative programs serving individuals facing challenges to employment and economic independence to expand the evidence base. Public reporting burden for this collection of information is estimated to average 5 minutes per response, including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

- ○ 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 _____

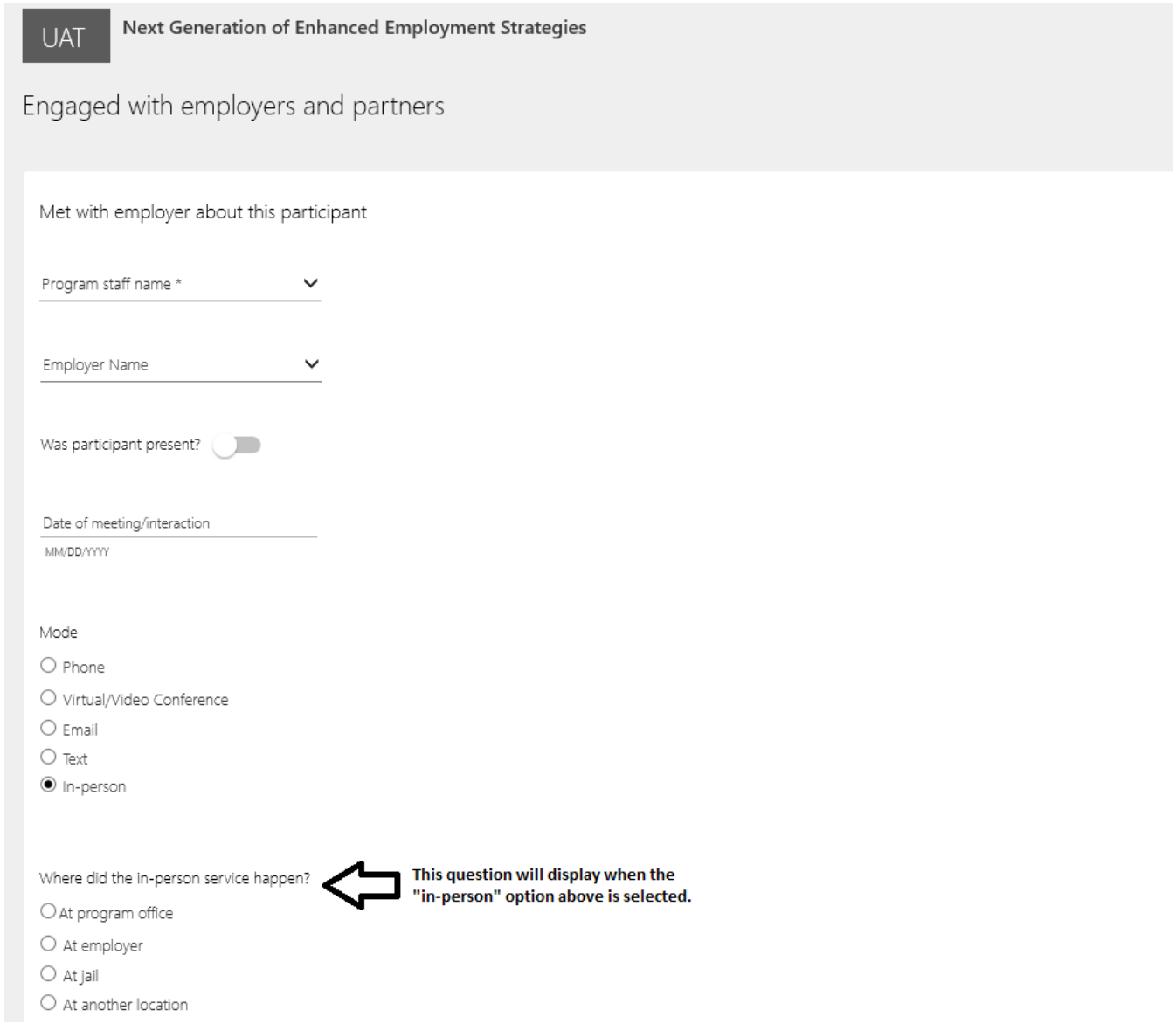
Service Type 2:

- [ ] 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



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

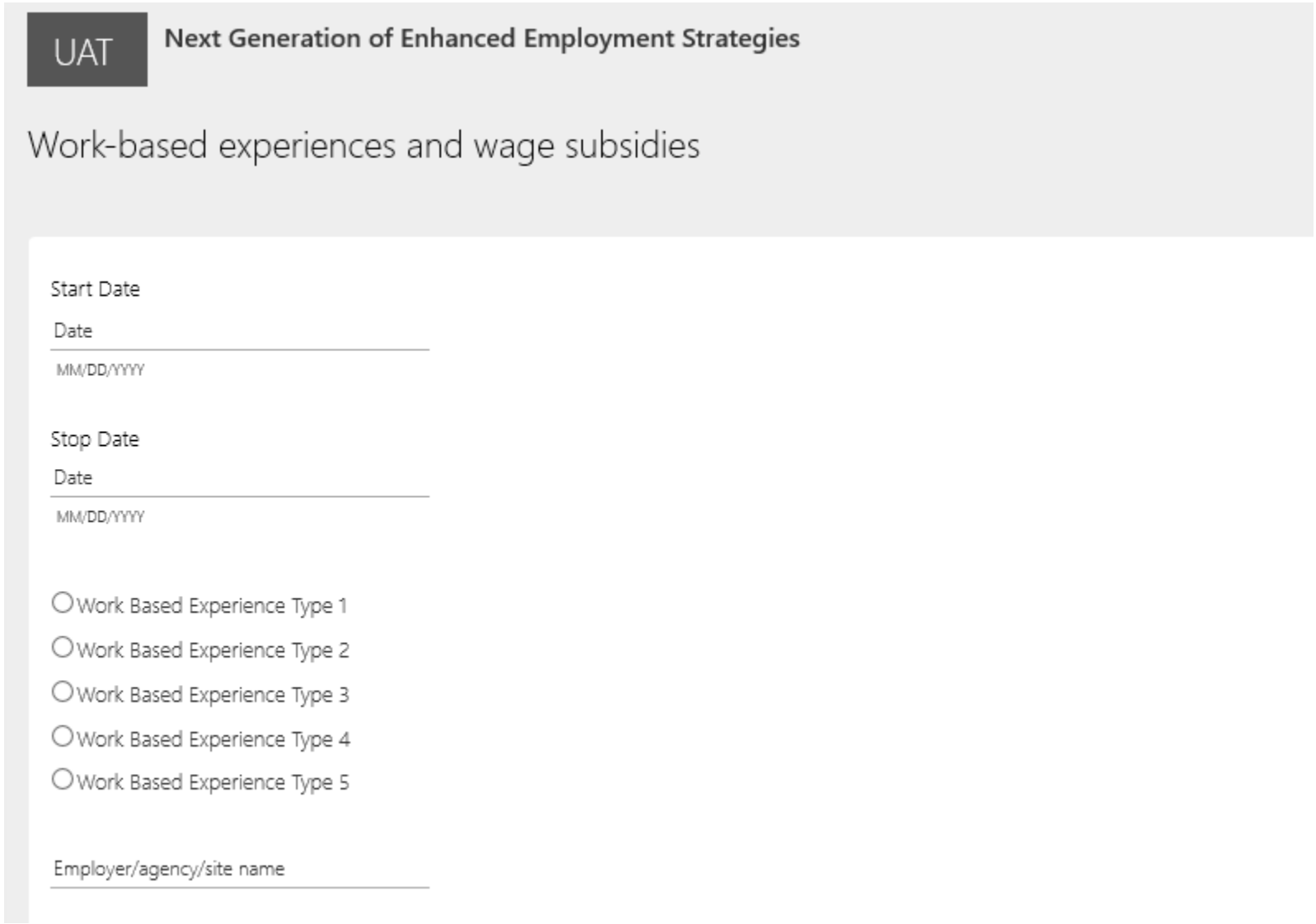
Reasons

- ☐ Reason 1
- ☐ Reason 2
- ☐ Reason 3

CANCEL

NEXT →

C5. Record work-based experiences and wage subsidies



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?

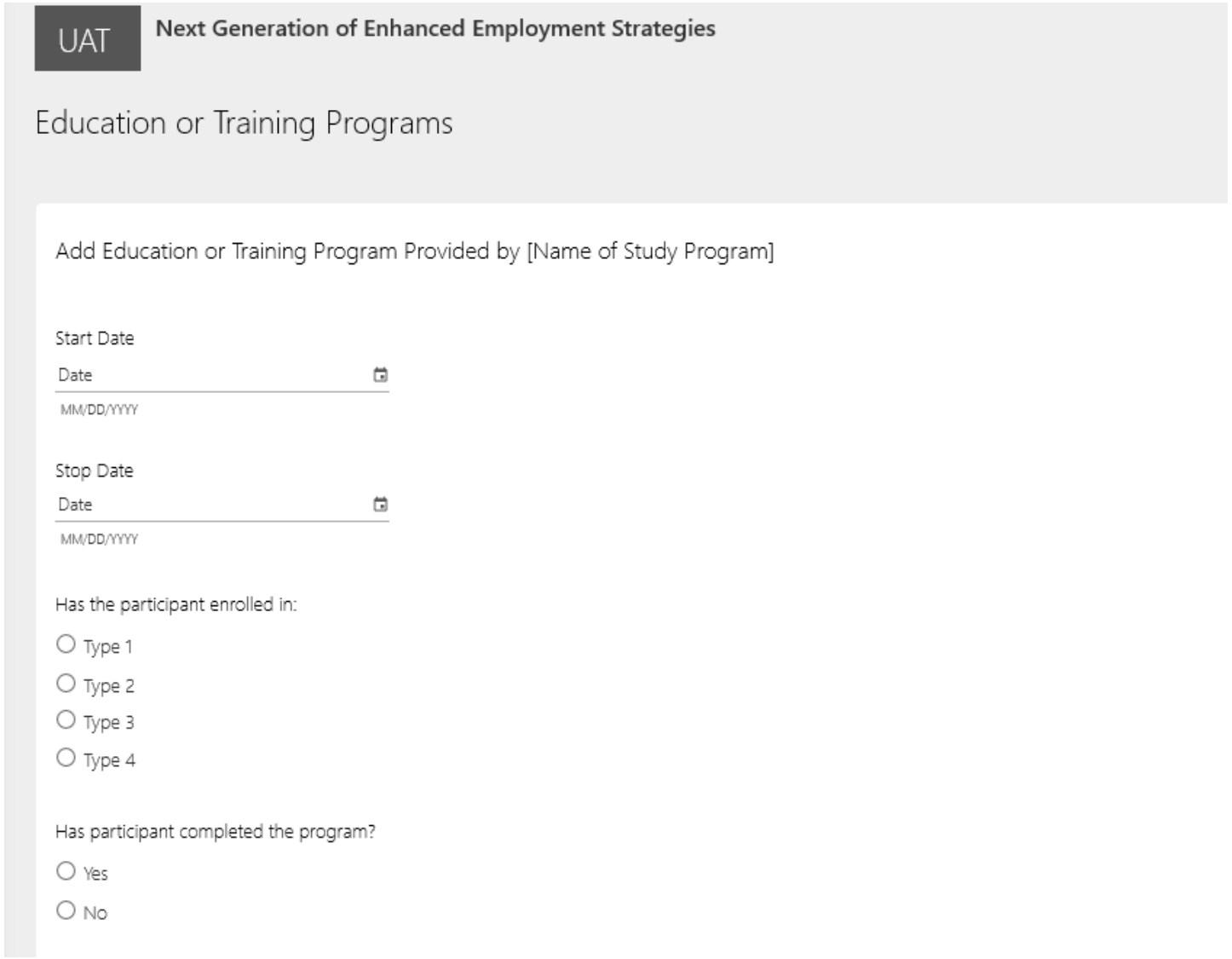
- ◉ Yes
- ○ No

$ Amount of wage paid by program

CANCEL

NEXT →

C6. Record education or training programs



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?

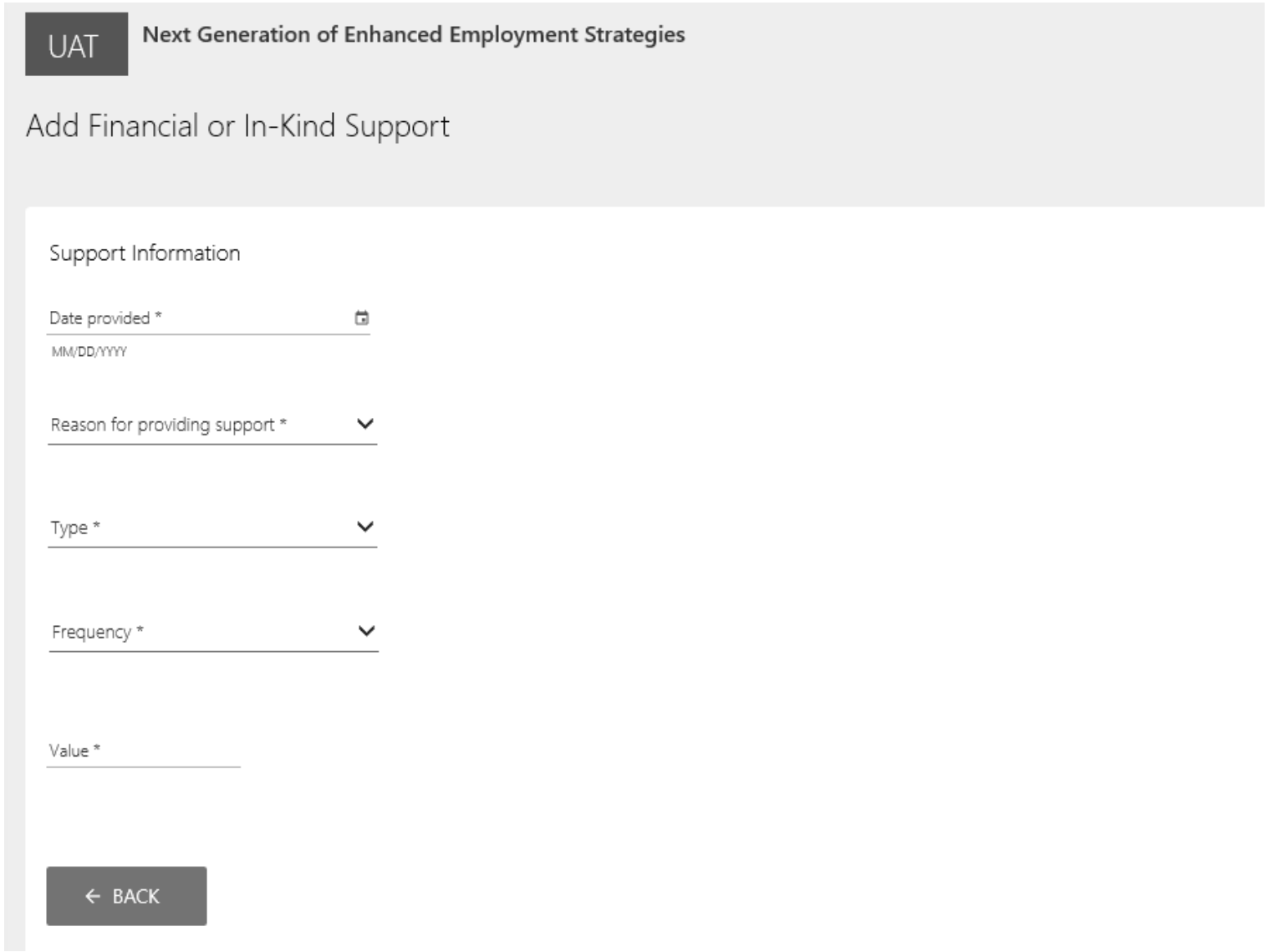
- ◉ Yes
- ○ No
- ○ N/A

$ Total Cost

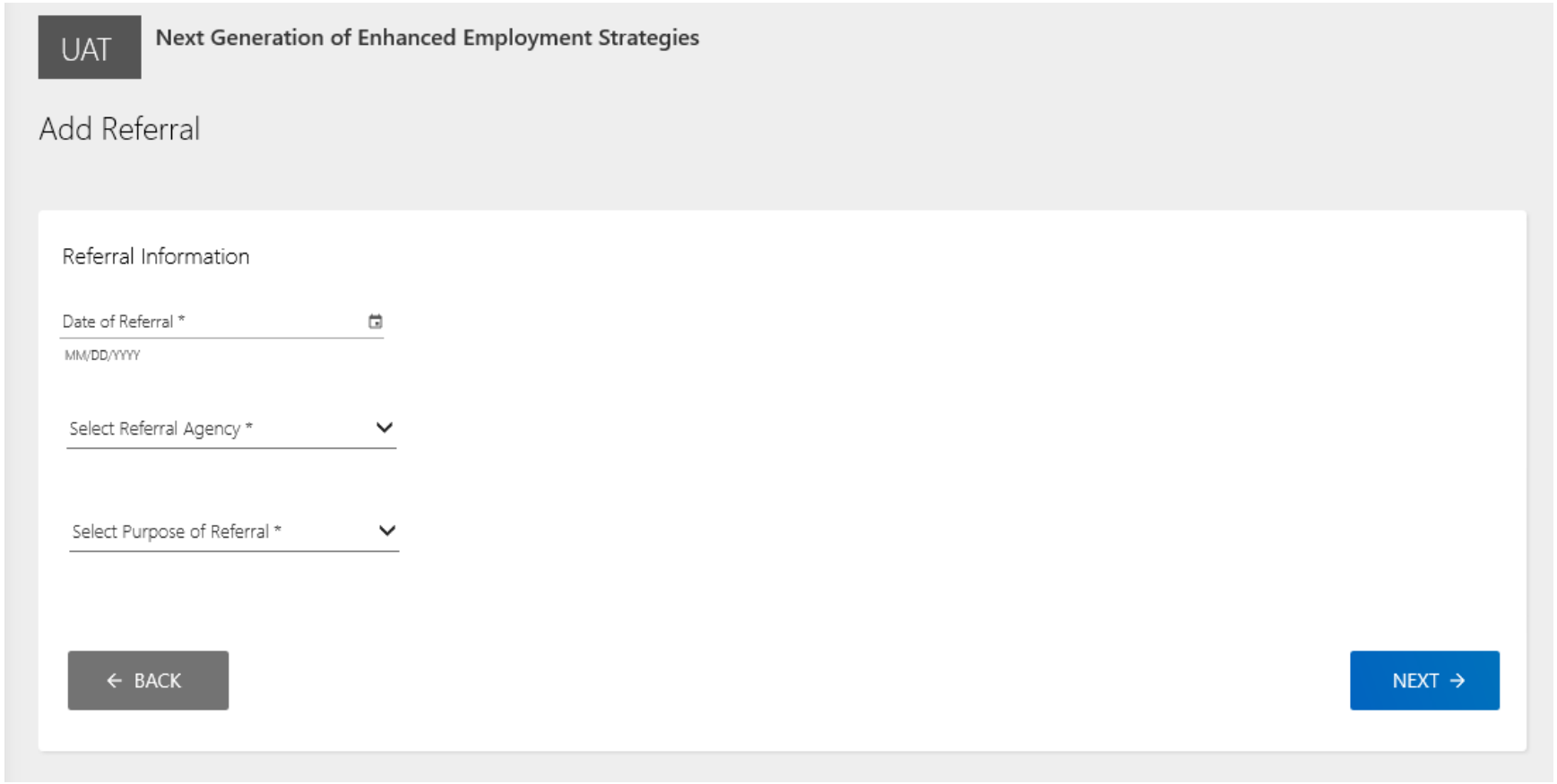
$ Cost Paid by Program

CANCEL

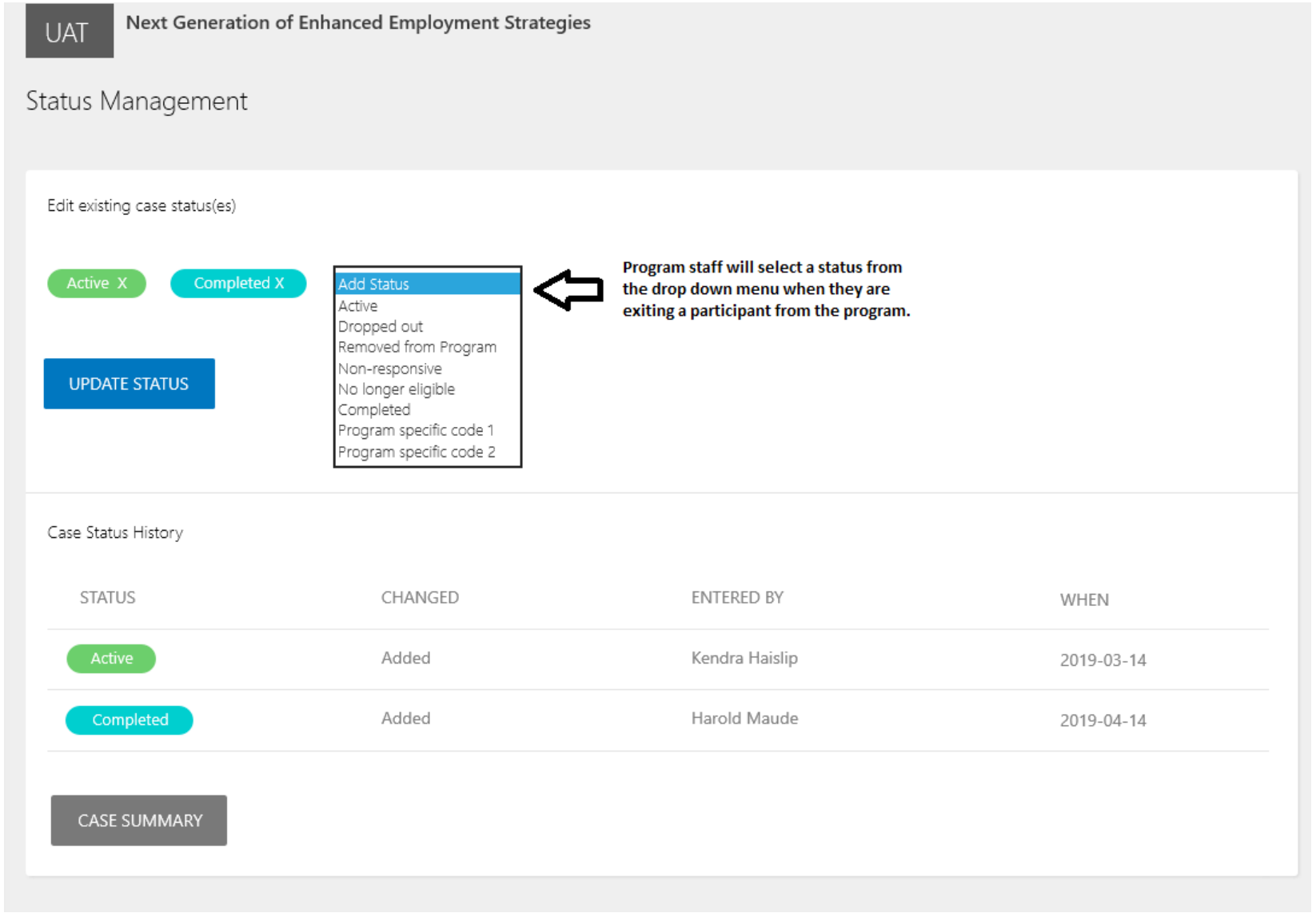
C7. Add financial or in-kind support

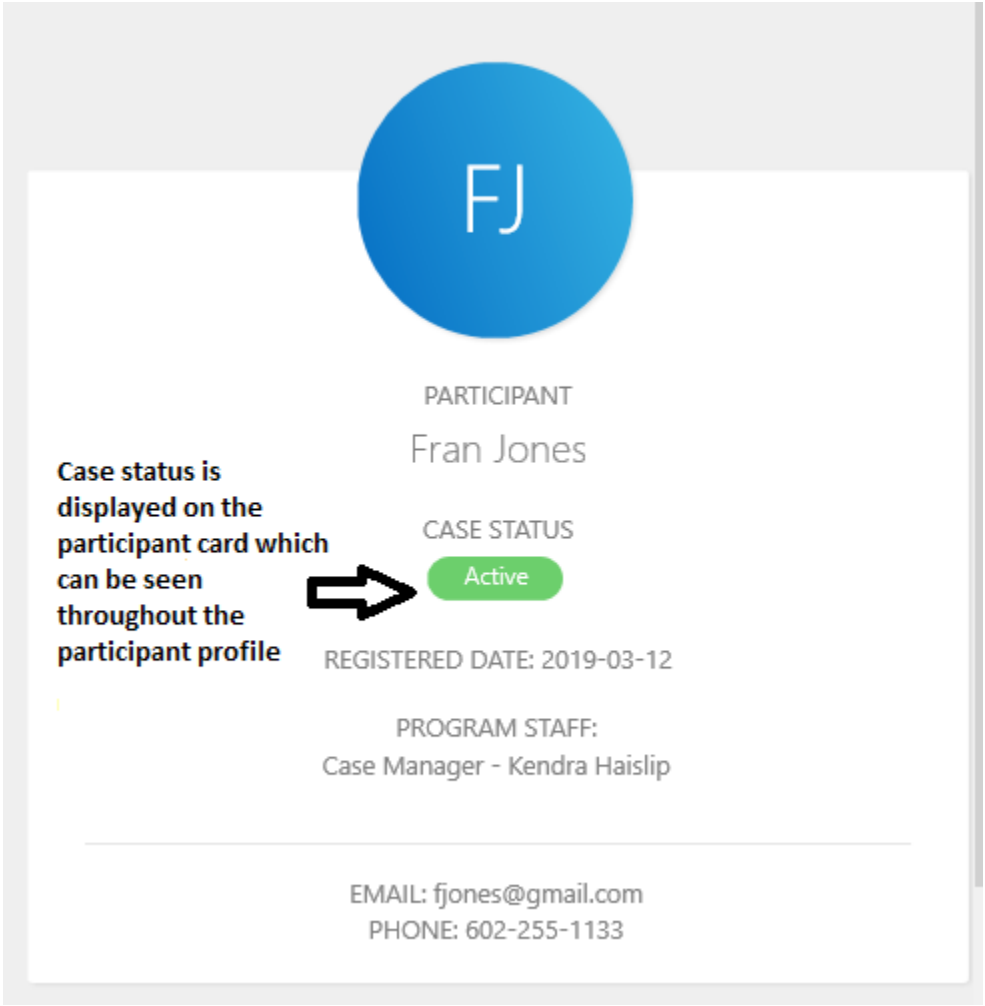


C8. Add referral



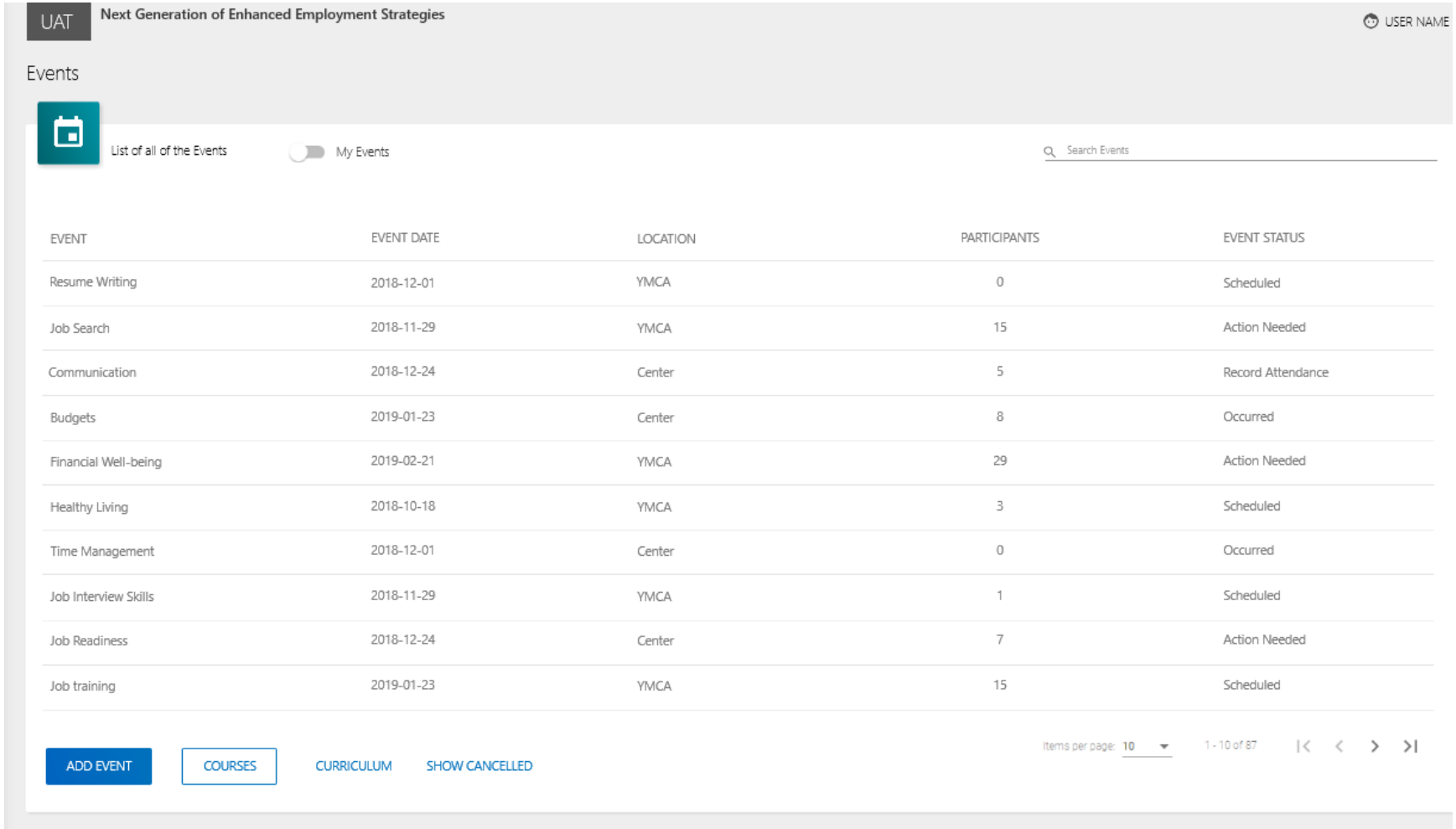
C9. Update participant case status



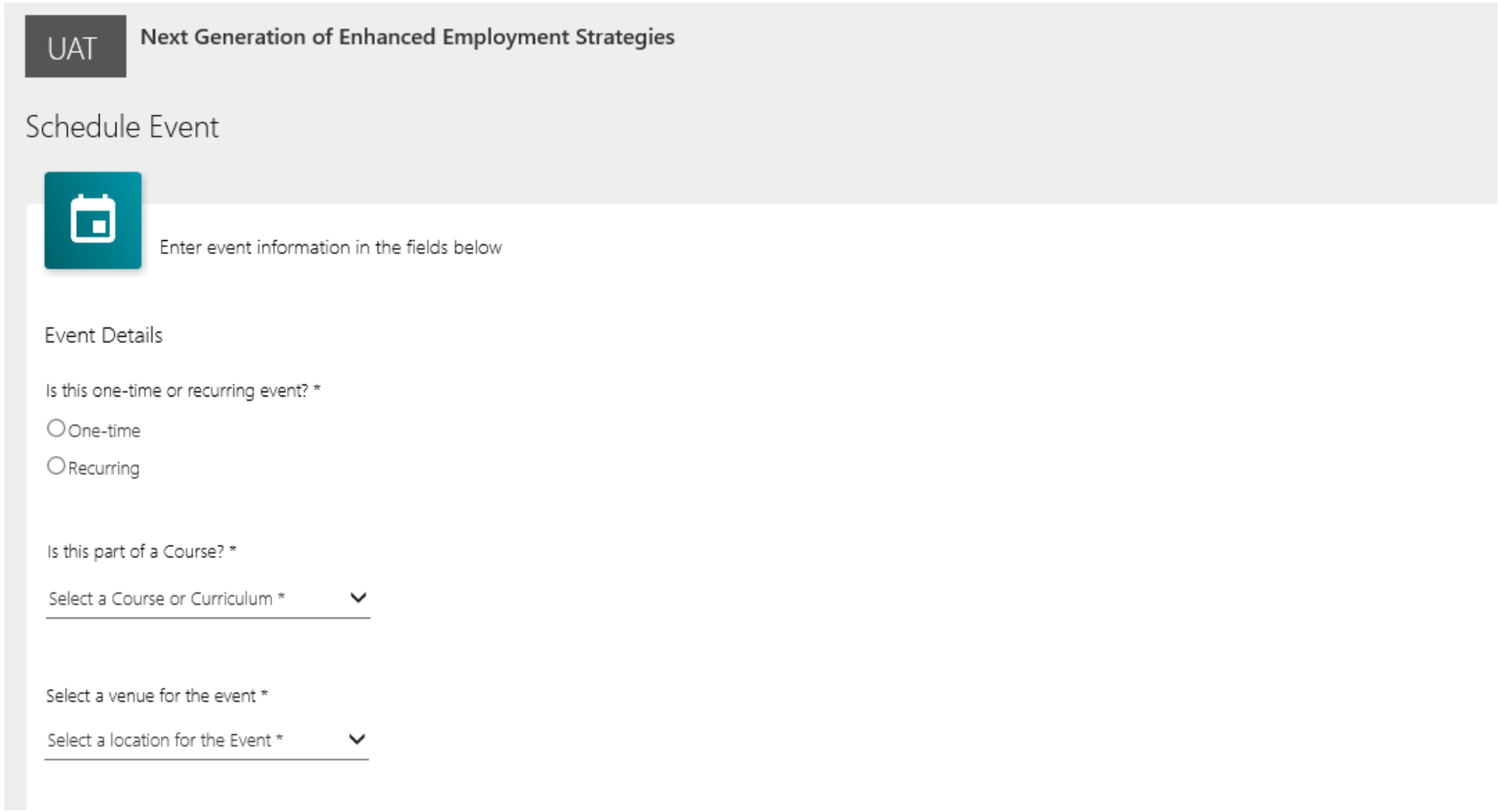

FJ
PARTICIPANT
Fran Jones
Case status is displayed on the participant card which can be seen throughout the participant profile
CASE STATUS
Active
REGISTERED DATE: 2019-03-12
PROGRAM STAFF:
Case Manager - Kendra Haislip
EMAIL: fjones@gmail.com
PHONE: 602-255-1133

Group Events Screens

D1. Group event summary screen



D2. Schedule event screen



Start Date *

MM/DD/YYYY

End Date *

MM/DD/YYYY

Start Time *

hh:mm
AM|PM

End Time *

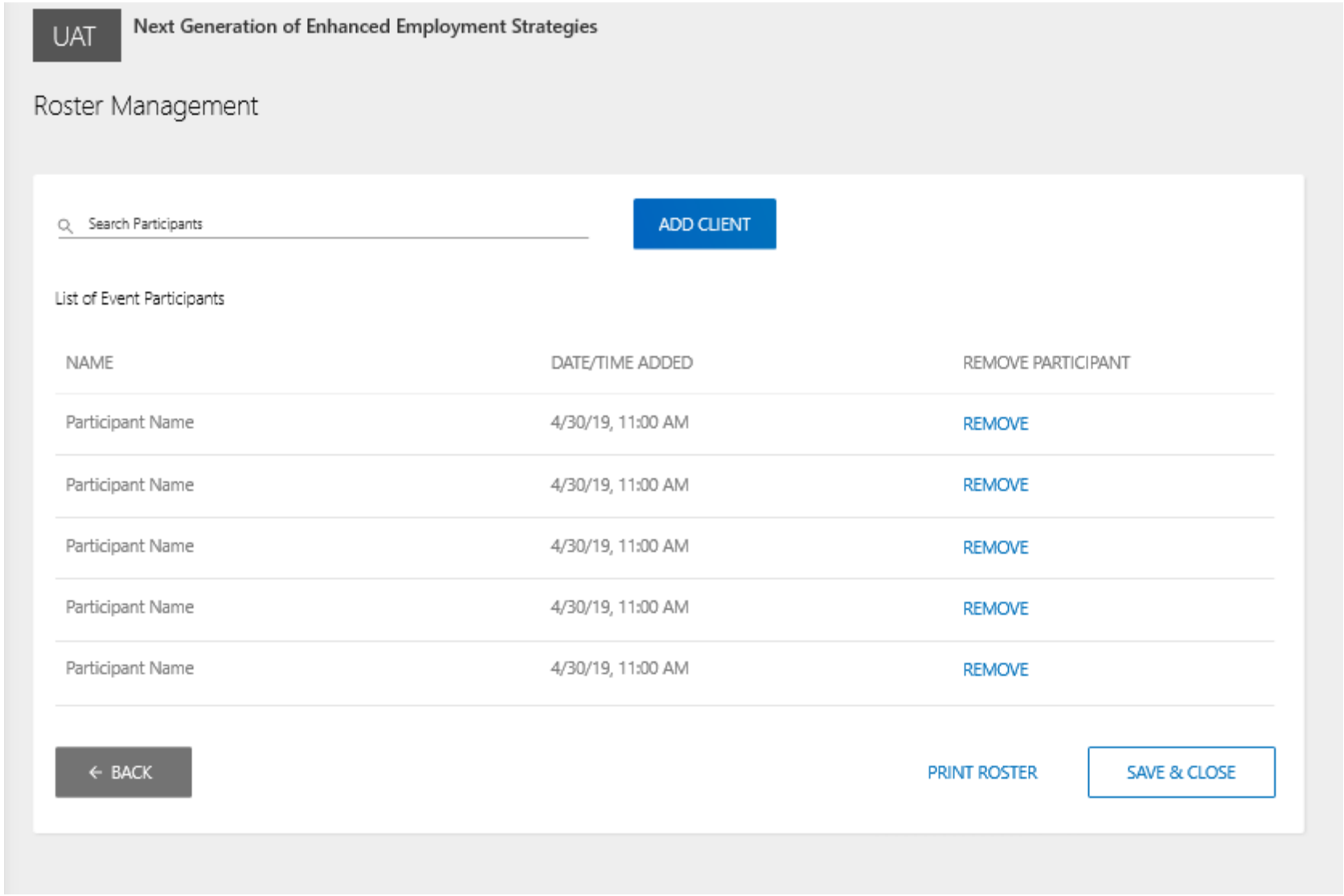
hh:mm
AM|PM

Event Notes

Notes

← BACK

D3. Manage group event roster



D4. Record group event attendance