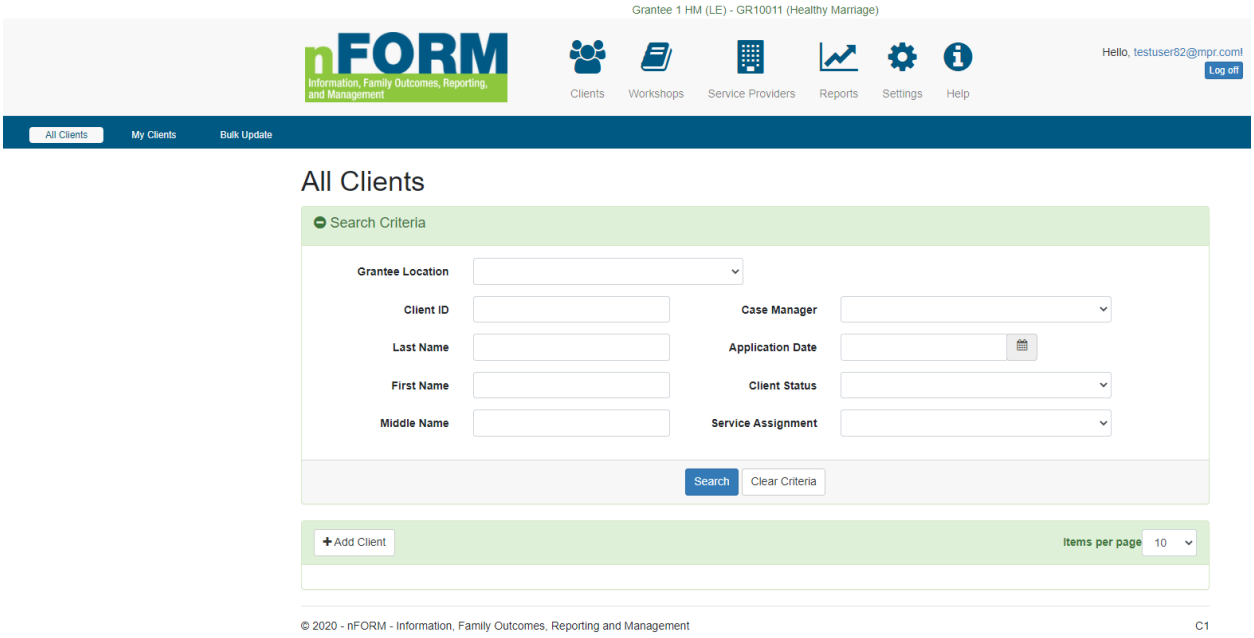
Instrument 7 –Non-Grantee Use of nFORM – Staff Data Entry

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



C2. Application Form

* Indicates required field(s)

* **Application Date** 8/26/2020

Grantee Location --Select location

* **Population** --Select 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** --Select | * **ZIP**

Phone

One phone or email is required

Home Phone

Cell Phone

Work Phone

☐ Check here if client agrees to be contacted by text message

Social Media

Email

Facebook

Twitter

Other

☐ 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 --Select relationship

Address

Street (Line 1)

Street (Line 2)

City | State --Select | 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	11/05/2015	Review
Entrance Survey	Incomplete	--	Passcode
Exit Survey	Incomplete	--	Passcode

Service Summary

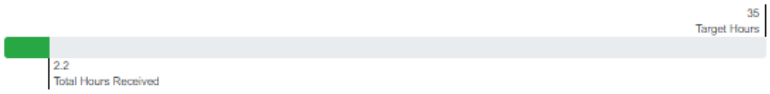
Type	# Provided	Most Recent
Service Contacts	2	4/24/2017
Referrals Follow up needed	3	4/24/2017
Incentives	2	4/24/2017

Workshop Summary

Name *Primary	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)



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)

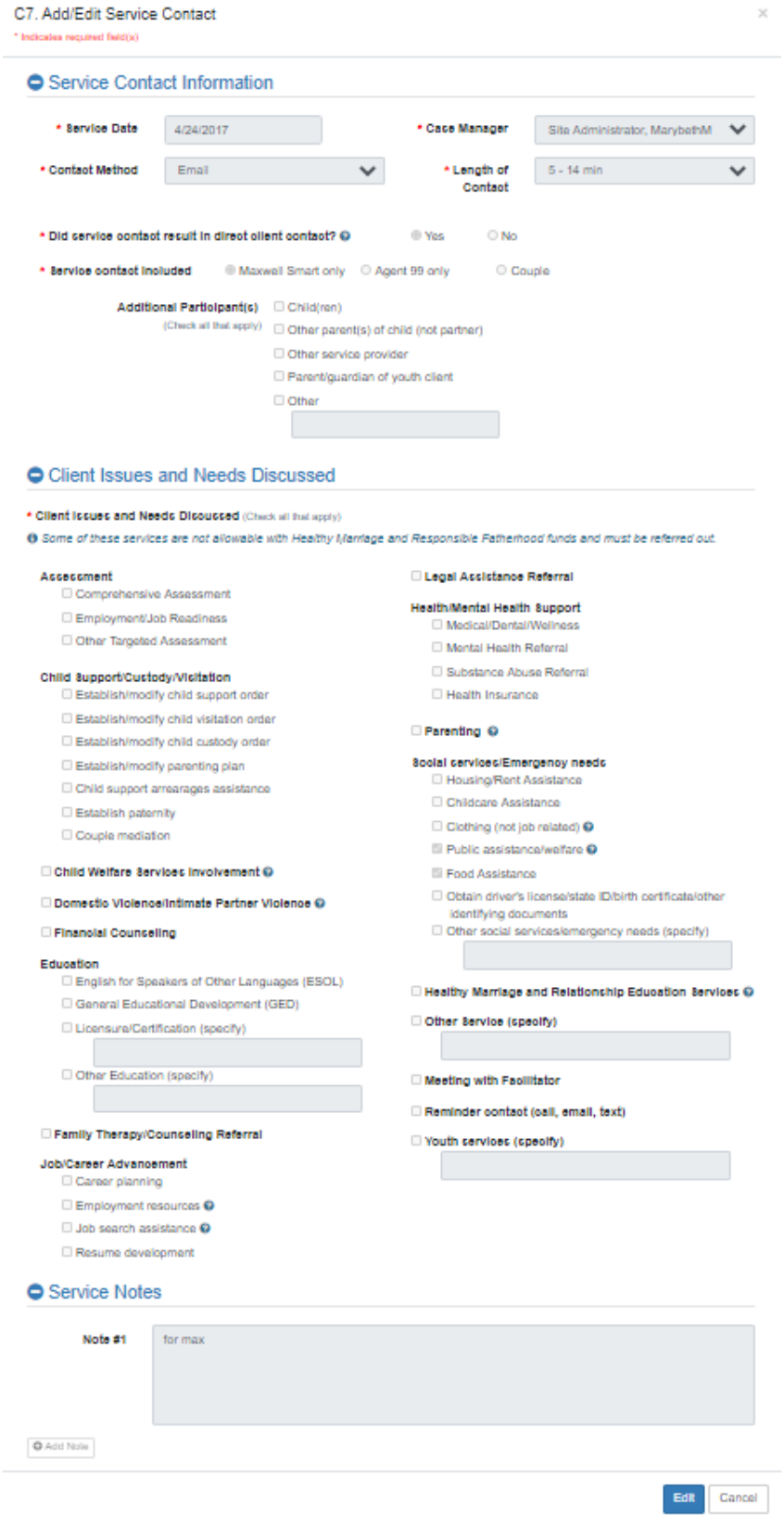
Possible Duplicate(s) Found

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



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** --Select 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** Emergency Assistance

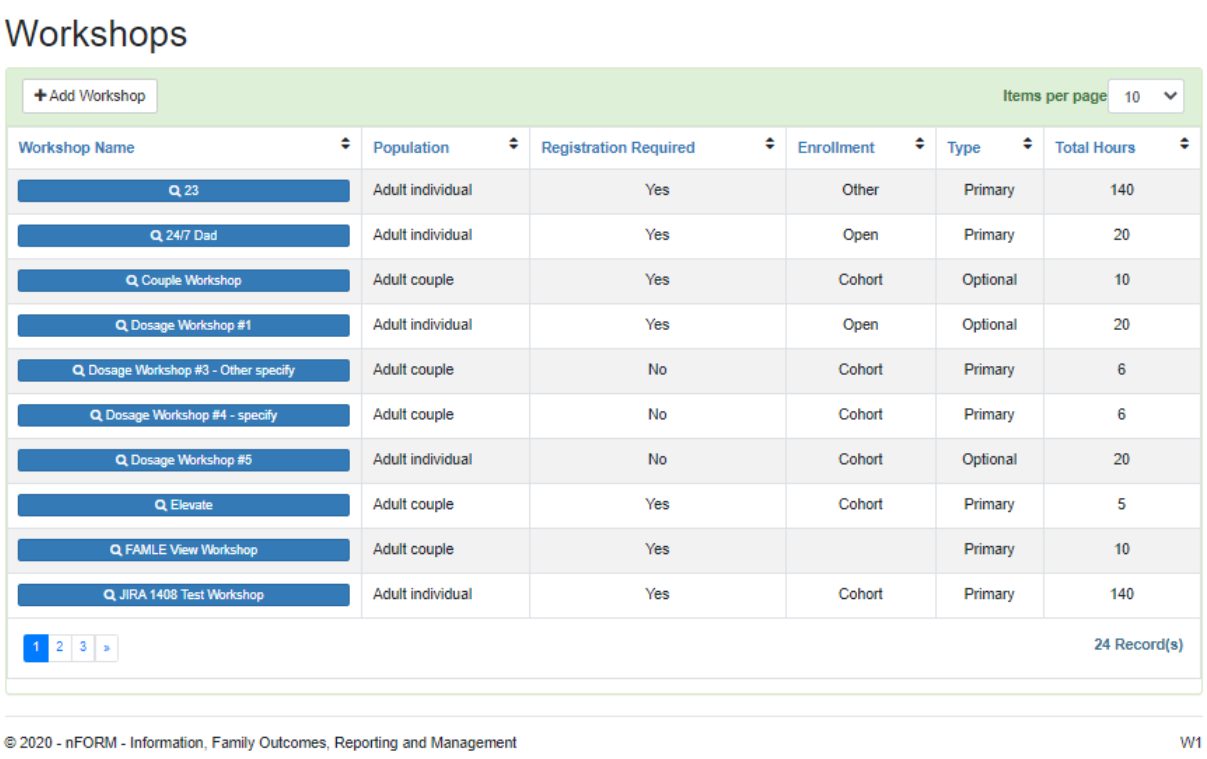
Housing/rent assistance excluding utilities

Amount $ 100 .00

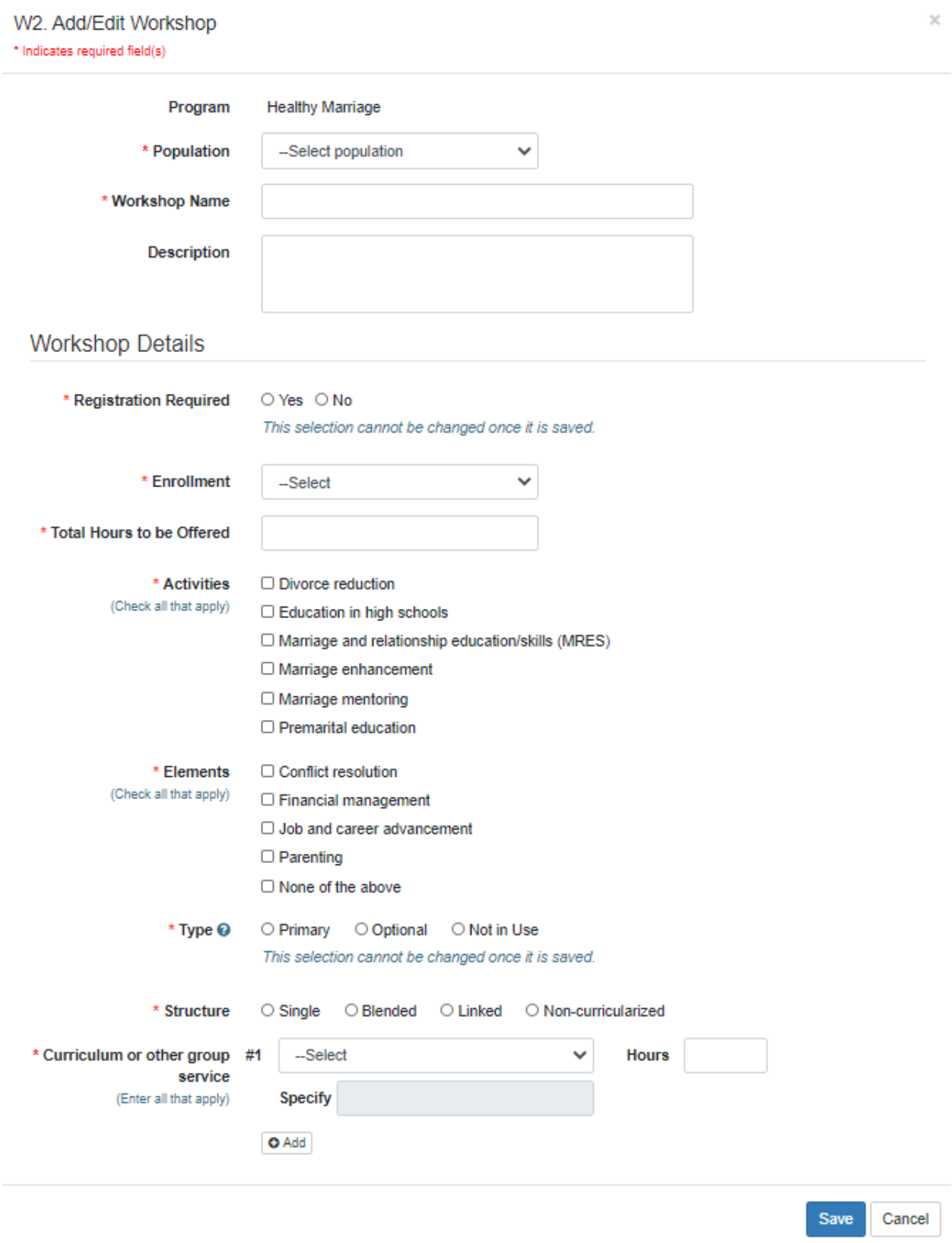
* **Reason for Incentive** Related to encouraging participati

Delete Save Cancel

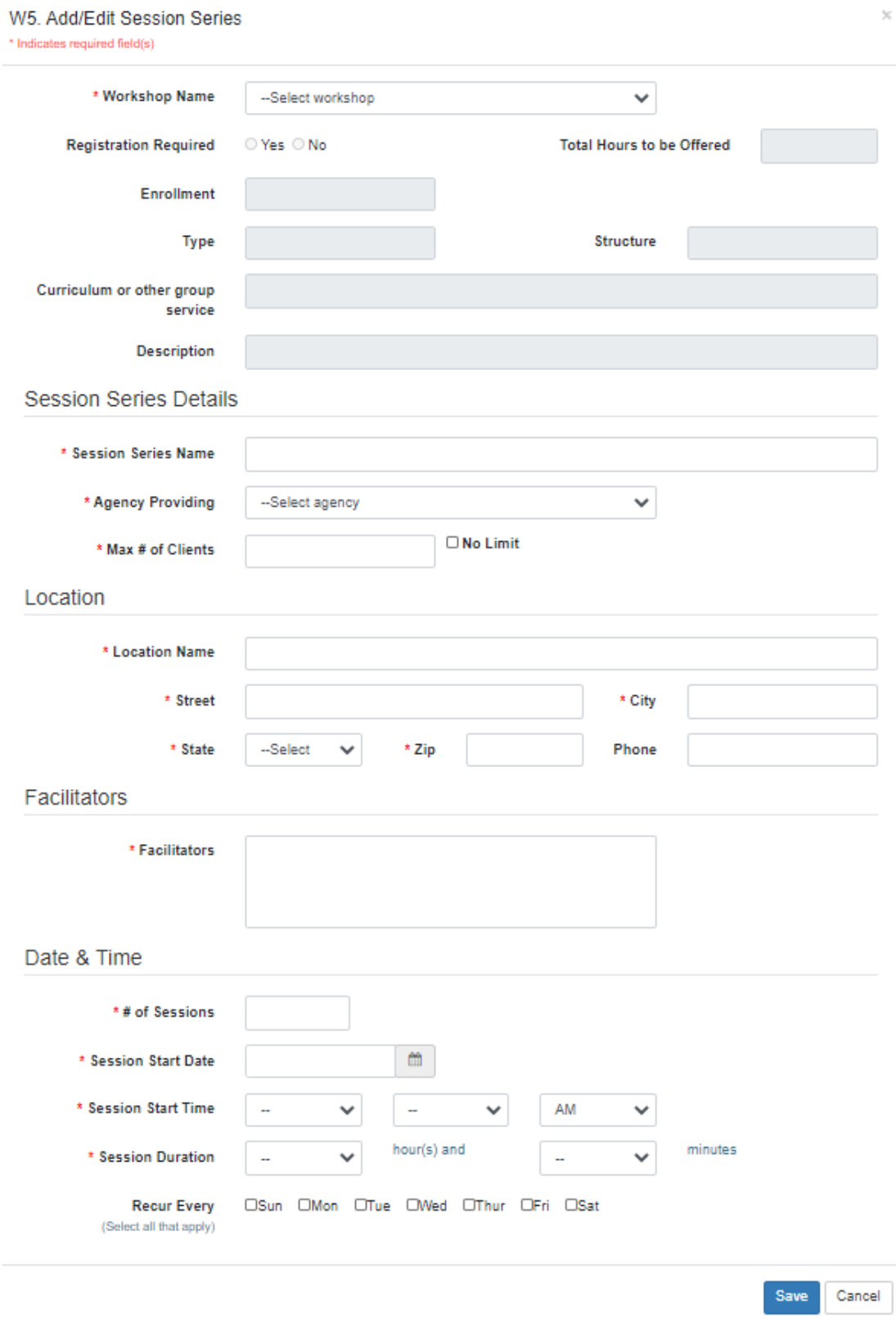
W1. Workshop List



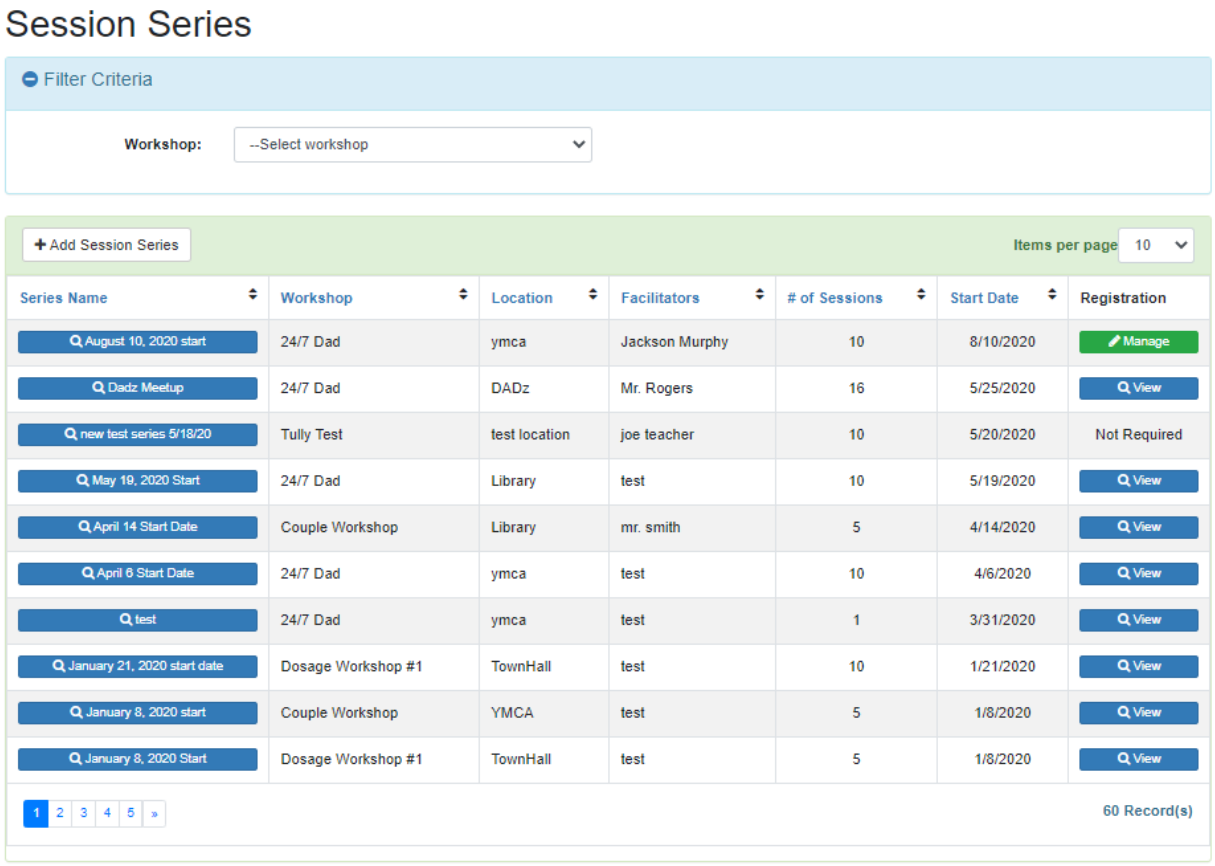
W2. Add/Edit Workshop



W5. Add/Edit Workshop Session Series



W4/W8. Manage Session Series and Client Registration



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 | **Case Manager**

Client ID | **Client Status**

Last Name | **Population**

First Name | **Service Assignment**

Enrollment Date Range: From | To (8/26/2020)

Search | Clear Criteria

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 (10001691)
Bick, Violet 3 (10020300)
Bobby, Ricky (10001167)
Brady, Carol (10001662)
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)

Register Client(s)

Remove Client(s)

Clients already registered:

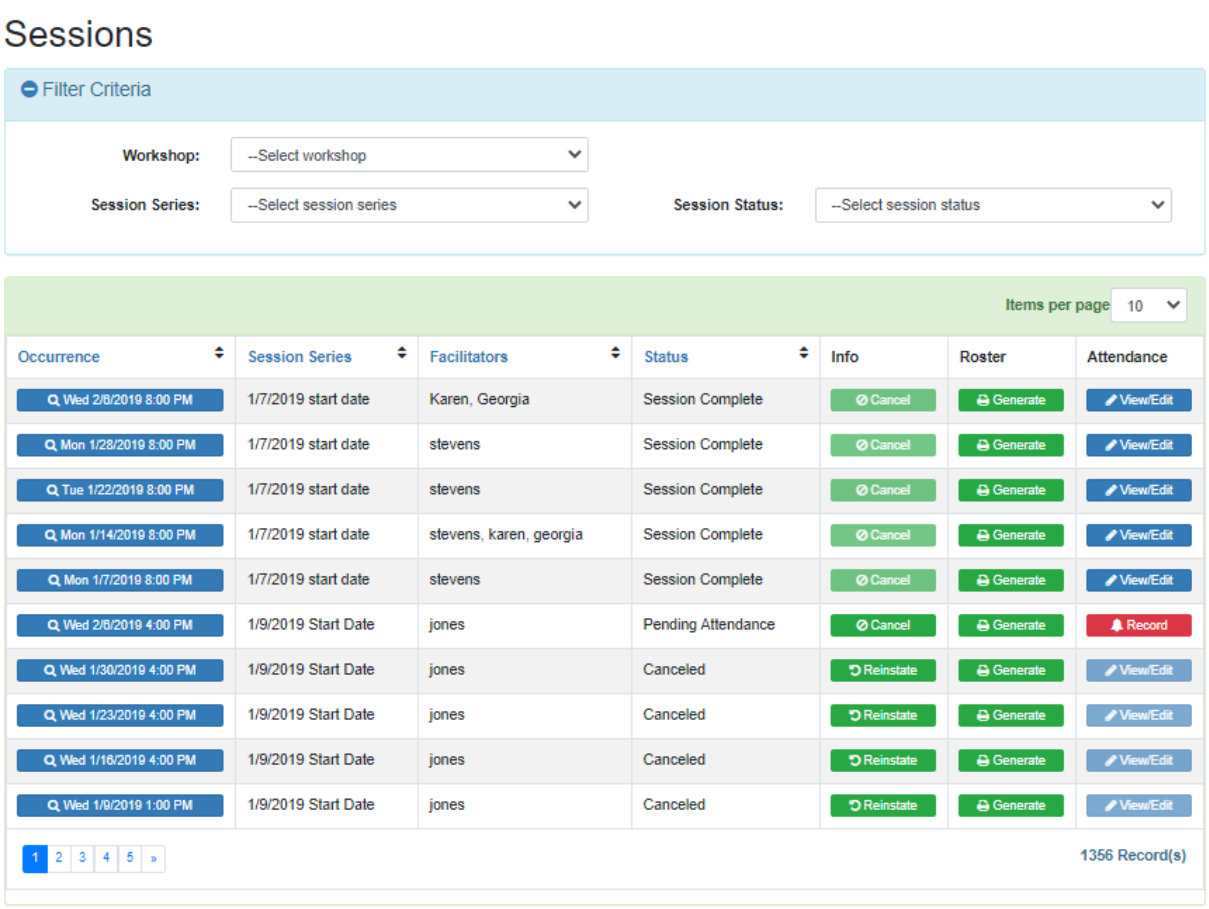
Bailey, George (10001549)
Bailey, Mary (10001552)
Rabbit, Jack (40001153)
Robinson, John (10006557)
Robinson, Maureen (10006560)

Seats Available: 15

Client ID appears in parentheses after name.

Save | Cancel

W7/W9/C11. Manage Session Occurrences and Attendance



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)

Clients who attended this session: 0

Add Client(s)
Remove Client(s)

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