

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

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

nFORM

Information, Family Outcomes, Reporting, and Management

 Clients

 Workshops

 Service Providers

 Reports

 Settings

 Help

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

All Clients

My Clients

Bulk Update

All Clients

Search Criteria

Grantee Location

Client ID

Last Name

First Name

Middle Name

Case Manager

Application Date

Client Status

Service Assignment

Search

Clear Criteria

+ Add Client

Items per page 10

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

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

--Select relationship



Address

Street (Line 1)

Street (Line 2)

City

State

--Select



ZIP

Phone #

Social Media

One phone or email is required

Home
Phone

Cell Phone

Work Phone

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

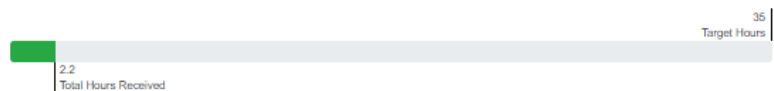
Type	# Provided	Most Recent
Service Contacts	2	4/24/2017
Referrals ⚠ Follow up needed	3	4/24/2017
Incentives	2	4/24/2017

Workshop Summary

Name <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)



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	4/24/2017	* Case Manager	Site Administrator, MarybethM
* Contact Method	Email	* Length of Contact	5 - 14 min
* 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.

Assessment ☐ Comprehensive Assessment ☐ Employment/Job Readiness ☐ Other Targeted Assessment	☐ Legal Assistance Referral
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	Health/Mental Health Support ☐ Medical/Dental/Wellness ☐ Mental Health Referral ☐ Substance Abuse Referral ☐ Health Insurance
☐ Child Welfare Services Involvement	☐ Parenting
☐ Domestic Violence/Intimate Partner Violence	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)
☐ Financial Counseling	
Education ☐ English for Speakers of Other Languages (ESOL) ☐ General Educational Development (GED) ☐ Licensure/Certification (specify) ☐ Other Education (specify)	☐ Healthy Marriage and Relationship Education Services ☐ Other Service (specify)
☐ Family Therapy/Counseling Referral	☐ Meeting with Facilitator ☐ Reminder contact (call, email, text) ☐ Youth services (specify)
Job/Career Advancement ☐ Career planning ☐ Employment resources ☐ Job search assistance ☐ Resume development	

Service Notes

Note #1 for max

Add Note

Edit Cancel

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 ▼

Amount

\$

100

.00

Housing/rent assistance excluding utilities

* Reason for Incentive Related to encouraging participati ▼

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	--Select population
* Workshop Name	
Description	

Workshop Details

* Registration Required	☐ Yes ☐ No
<i>This selection cannot be changed once it is saved.</i>	
* Enrollment	--Select
* 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
<i>This selection cannot be changed once it is saved.</i>	
* Structure	☐ Single ☐ Blended ☐ Linked ☐ Non-curricularized
* Curriculum or other group service (Enter all that apply)	#1 --Select Hours
	Specify
	Add

Save

Cancel

W5. Add/Edit Workshop Session Series

W5. Add/Edit Session Series



* 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

Recur Every

(Select all that apply)

☐ Sun ☐ Mon ☐ Tue ☐ Wed ☐ Thur ☐ Fri ☐ Sat

Save

Cancel

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	
August 10, 2020 start	24/7 Dad	ymca	Jackson Murphy	10	8/10/2020	Manage	
Dadz Meetup	24/7 Dad	DADz	Mr. Rogers	16	5/25/2020	View	
new test series 5/18/20	Tully Test	test location	joe teacher	10	5/20/2020	Not Required	
May 10, 2020 Start	24/7 Dad	Library	test	10	5/19/2020	View	
April 14 Start Date	Couple Workshop	Library	mr. smith	5	4/14/2020	View	
April 6 Start Date	24/7 Dad	ymca	test	10	4/6/2020	View	
test	24/7 Dad	ymca	test	1	3/31/2020	View	
January 21, 2020 start date	Dosage Workshop #1	TownHall	test	10	1/21/2020	View	
January 8, 2020 start	Couple Workshop	YMCA	test	5	1/8/2020	View	
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		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:

1889-1, 1889-1 (10021561)
 99, Agent (40001218)
 Bailey, George (10008911)
 Bailey, Mary (10008924)
 Baratheon, Stannis (10021273)
 Barbarino, Vinnie (10001565)
 Beam, Jim (10012488)
 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)
 dev test 3, dev test (10000000)

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.

W7/W9/C11. Manage Session Occurrences and Attendance

Sessions

Filter Criteria						
Workshop:	--Select workshop					
Session Series:	--Select session series		Session Status:	--Select session status		

Items per page 10						
Occurrence	Session Series	Facilitators	Status	Info	Roster	Attendance
Q Wed 2/8/2019 8:00 PM	1/7/2019 start date	Karen, Georgia	Session Complete	Cancel	Generate	View/Edit
Q Mon 1/28/2019 8:00 PM	1/7/2019 start date	stevens	Session Complete	Cancel	Generate	View/Edit
Q Tue 1/22/2019 8:00 PM	1/7/2019 start date	stevens	Session Complete	Cancel	Generate	View/Edit
Q Mon 1/14/2019 8:00 PM	1/7/2019 start date	stevens, karen, georgia	Session Complete	Cancel	Generate	View/Edit
Q Mon 1/7/2019 8:00 PM	1/7/2019 start date	stevens	Session Complete	Cancel	Generate	View/Edit
Q Wed 2/8/2019 4:00 PM	1/9/2019 Start Date	jones	Pending Attendance	Cancel	Generate	Record
Q Wed 1/30/2019 4:00 PM	1/9/2019 Start Date	jones	Canceled	Reinstate	Generate	View/Edit
Q Wed 1/23/2019 4:00 PM	1/9/2019 Start Date	jones	Canceled	Reinstate	Generate	View/Edit
Q Wed 1/16/2019 4:00 PM	1/9/2019 Start Date	jones	Canceled	Reinstate	Generate	View/Edit
Q 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)

➔
Add Client(s)

➞
Remove Client(s)

➔
Add Client(s)

➞
Remove Client(s)

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)
C... (10000000)

➔
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