nFORM Application Form

Proposed changes to the Application Form for the 2025 HMRF cohort are indicated where applicable. Screen shots include fictional names for illustrative purposes. Please see Instrument 3 for changes to nFORM screens used to collect information on services provided to participants.

Proposed changes to C2 Application form (screen shot on next page):

- Add Primary Language field
- Remove 'Is client a mother?' question
- Subset of required fields will vary based on Outreach/Ready to Enroll toggle
- Change Referral Organization name to a dropdown 'Provider Name' populating with entries added under Service Providers and tagged as a Referral Source
- Add new field for 'Provider Name specify'
- Add radio button selection to indicate 'Outreach' state with limited required fields or 'Ready to Enroll' state with full set of required fields
- Rearrange fields within Client Information
- Update Phone/Email/Social Media section for Client and for Additional Contacts; will remove checkbox for permission to text, allow one social media account with platform and account fields, and add open text field for other information

C2. Application Form

* Indicates required field(s)

* **Application Date** 10/27/2020

* **Form Completed by** Case Manager, Marybeth

PRIVACY STATEMENT

Thank you for participating in this program. Throughout the program we will ask you to provide information so that we can better support you, and to help monitor the program's performance. We hope you will answer all the questions asked by program staff or in surveys, but you may skip any questions you do not want to answer. Your answers will be kept private as required by law. PRINCIPAL PURPOSE: The information you provide will be used primarily to (a) provide you with services, (b) monitor and help improve the performance of Healthy Marriage and Responsible Fatherhood (HMRF) programs, and (c) help understand HMRF services and participants across programs. ROUTINE USES: Your information will be kept private and cannot be used against you in any law enforcement action. Your information may be combined with information from other individuals but you will not be personally identifiable. However, there may be circumstances where disclosure of your personal information may be requested; in these cases, processes are in place to further protect your information for such requests. These requests may include: (a) by a congressional office if you ask that office to help obtain a copy of your records; (b) to coordinate and respond to a data security breach; (c) for research or evaluation purposes; (d) for administrative or legal actions; or (e) by contractors supporting the purpose and uses described here, but only on a must know basis in order to perform their duties. Please see the sources below for more information about these routine uses. DISCLOSURE: This request is voluntary. The relevant SORN is 09-80-0361, OPRE Research and Evaluation Project Records. AUTHORITY: 42 U.S.C. 613 - Research, evaluations, and national studies; 42 U.S.C. 628b - National random sample study of child welfare; 42 U.S.C. 1310 - Cooperative research or demonstration projects; 42 U.S.C. 9836 - Designation of Head Start agencies; 42 U.S.C. Subchapter II-B - Child Care and Development Block Grant; and Pub L. No. 110-161, Division G, Title II, Payments to States for the Child Care and Development Block Grant (121 STAT. 2179).

☑ * **Check to indicate that the privacy statement has been offered to the applicant either verbally or in writing.**

Client Information

* **First Name** Jack
Middle Name
* **Last Name** Dalton
* **Date of Birth** 9/21/1983
* **Referred By Type** Healthy Start
Referral Organization Name Healthy Start Organization
Grantee Location Location G252
* **Population** Adult individual

☐ Check here if client is in a local evaluation

* Was the applicant screened for intimate partner violence or teen dating violence? ○ Yes ● No

Contact Information

Phone

One phone or email is required

Home Phone (609) 555-1616
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

Address

Address #1

Remove Address #1

* Primary Address ● Yes ○ No
* **Street (Line 1)** 110 West 29th St.
Street (Line 2)
* **City** New York
* **State** NY
* **Zip** 10001

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