

nFORM Application Form (screen C2)

ACF will remove fields from the Client Information section of the C2. Application Form that asked whether the applicant was screened for intimate partner violence or teen dating violence, and the screening outcome. These fields previously appeared to the right of the Population drop down menu. Note that all screen shots include fictional information for illustrative purposes.

C2. Application Form

* Indicates required field(s)

* Application Date

2/23/2026



* Application Status

☒ Outreach

☐ Ready to enroll

* Form Completed by

SiteAdmin1, HEART301



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 (HMRP) programs, and (c) help understand HMRP 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

Middle Name

* Last Name

Date of Birth



Primary Language

English



Other Language

Grant Location

--Select location



☐ Check here if client is in a local evaluation

Population

--Select population



Referral Source

* Referral Type

--Select Referral Type



* Provider Name

--Select Provider Name

