

nFORM Client Profile (screen C3)

ACF will remove the statement indicating whether or not a client has been screened for intimate partner violence or teen dating violence from the Client Information box on the Client Profile. This statement previously appeared below the Primary Language indicator.

 Charlie Brown (Client ID 12477812)

Profile Outreach Service History Workshops / Sessions

Program Information 

Enrollment Date 4/17/2026
Client Status Active
Status Change Date 4/17/2026

Client Information 

Application Date 4/17/2026
Population Community father
Date of Birth 10/26/1989
Primary Language English

[- Contact Information](#)
 (555) 555-5555
 cbrown1@gmail.com

Address
[- Address 1 - Primary](#)
22 Main Street
Apt 3
Anywhere NJ 11111

[+ Additional Contact\(s\)](#)

Form Completed By Hannah McInerney

Referred By:
Type Self-referrals
Name

Assigned Case Manager(s) 

 No case managers have been assigned.

Client Surveys

Type	Status	Date	Action
Entrance Survey	Complete 	04/17/2026	 Review
Exit Survey	Incomplete	--	Action 

Service Summary

Type	Total # Provided	Most Recent
Service Contacts	1	4/17/2026
Referrals  Follow up needed	1	4/17/2026
Incentives/Program Supports	0	--

Workshop Summary

 No attendance has been recorded.

Primary Workshop Participation for the Client

Progress towards target participation in primary workshop(s) (hours)

0

20

Total Hours Received

Target Hours

nFORM Screens C7. Add/Edit Service Contact and C12. Add/Edit Referral

ACF will modify screens C7 and C12. On both screens, an optional field labeled “Domestic Violence/Intimate Partner Violence (DV/IPV) Screening” will be added to the Assessment section on the upper left, immediately below “Employment/Job Readiness”. In addition, the existing field labeled “Domestic Violence/Intimate Partner Violence” will be revised to “Domestic Violence/Intimate Partner Violence (DV/IPV) Services”.

Arrows on the screen shots below indicate where these changes will be made.

C7. Add/Edit Service Contact

* Indicators 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 selected out.

Assessment ☐ Comprehensive Assessment ☐ Employment/Job Readiness ☐ Other Targeted Assessment	☐ Legal Assistance Referral Health/Mental Health Support ☐ Medical/Dental/Wellness ☐ Mental Health Referral ☐ Substance Abuse Referral ☐ Health Insurance
Child Support/Custody/Volitation ☐ Establish/modify child support order ☐ Establish/modify child visitation order ☐ Establish/modify child custody order ☐ Establish/modify parenting plan ☐ Child support arrears/arrest assistance ☐ Establish paternity ☐ Couple mediation	☐ Parenting Social services/Emergency needs ☐ Housing/Rent Assistance ☐ Childcare Assistance ☐ Clothing (not job related) ☒ Public assistance/cashfare ☐ Food Assistance ☐ Obtain driver's license/state ID/birth certificate/other identifying documents ☐ Other social services/emergency needs (specify)
☐ Child Welfare Services Involvement ☐ Domestic Violence/Intimate Partner Violence ☐ Financial Counseling	☐ Healthy Marriage and Relationship Education Services ☐ Other Service (specify) ☐ Meeting with Facilitator ☐ Reminder contact (call, email, text) ☐ Youth services (specify)
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	

Service Notes

Note #1

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

* 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