LOGO

Parents and Children Together

Help Contact Us

Healthy Marriage

RANDOM ASSIGNMENT FORM

Today's Date: mm/dd/yyyy

All information except Middle Name is required

1. Study ID:

2. Name:

3. Date of Birth: (mm) (dd) (yyyy)

4. Gender:

5. Grantee:

Site: Please select a Site ▼

6. Some clients participate in a lot of program services, while other clients--for whatever reason--participate only a little bit. What about this client? How much do you think this client would participate in...

	Not at all	A little	A lot
i. Parenting Services	0	0	0
ii. Healthy Relationship Services	0	0	0
iii. Employment Services	0	0	0

7	How was	the client	referred	to the	program?	Mark all that apply
1.	now was	tile tilellt	releneu	to the	DI OUI GIII 7	mark all that abbit

	Program's	intake	or	outreach	staff
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Program's partner agency

☐ Other community agency

☐ Court order

Probation or parole officer

☐ Word of mouth

Advertisement, flyer, or other public announcement

Client does not remember

Other (please specify):

8. Gift Card Number: Filter

Filter as you type

9.

Filter on: Female ▼

Partner/Spouse

Select Partner/Spouse

Save & return to previous

Random Assign Client

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Possible Duplicate Found

Client		
Last Name,	First Name	
Study ID		
DOB		
SSN		

All clients the new client matched:

Last Name	First Name	Study ID	DOB	SSN	Grantee	Site	RA Date	Reason Identified as Duplicate
LName1	FName1	122446688	mm/dd/yyyy	xxx-xx-xxxx	FSC	North	mm/dd/yyyy	Last Name & DOB duplicate on last four
LName2	FName2	23456789	mm/dd/yyyy	xxx-xx-xxxx	FSC	South	mm/dd/yyyy	Digits of SSN and DOB
LName3	FName 3	34567890	mm/dd/yyyy	xxx-xx-xxx	UV	Central	mm/dd/yyyy	Duplicate on SSN

<u>Partner</u>

Last Name, F	First Name
Study ID	
DOB	
SSN	

All clients the partner matched:

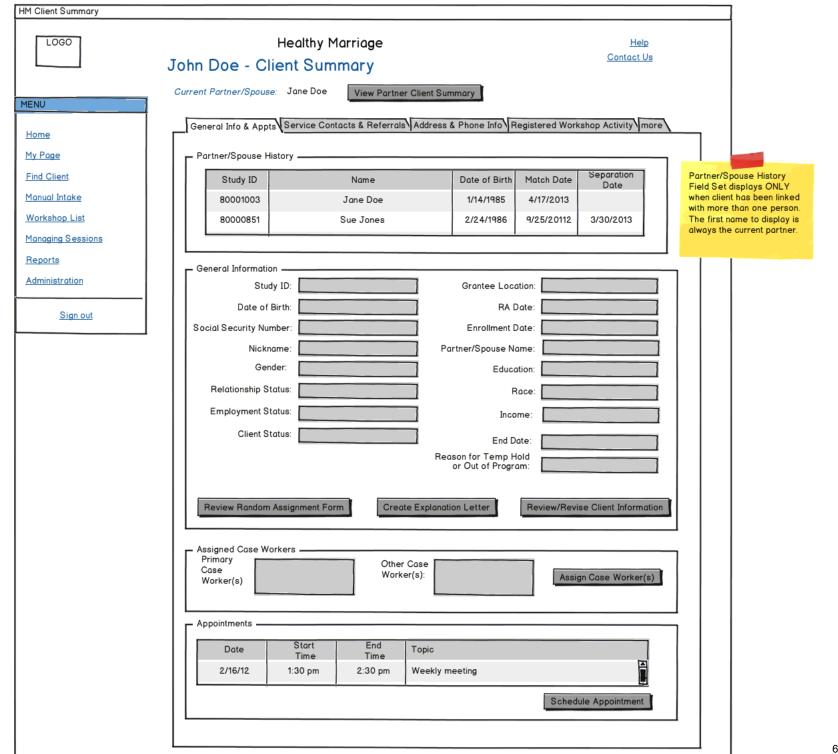
Last Name	First Name	Study ID	DOB	SSN	Grantee	Site	RA Date	Reason Identified as Duplicate
LName4	FName4	1234567	mm/dd/yyyy	xxx-xx-xxx	FSC	North	mm/dd/yyyy	Last Name & DOB duplicate on last four
LName5	FName5	2345678	mm/dd/yyyy	xxx-xx-xxxx	FSC	South	mm/dd/yyyy	Digits of SSN and DOB
LName6	FName6	3456789	mm/dd/yyyy	xxx-xx-xxxx	UV	Central	mm/dd/yyyy	Duplicate on SSN

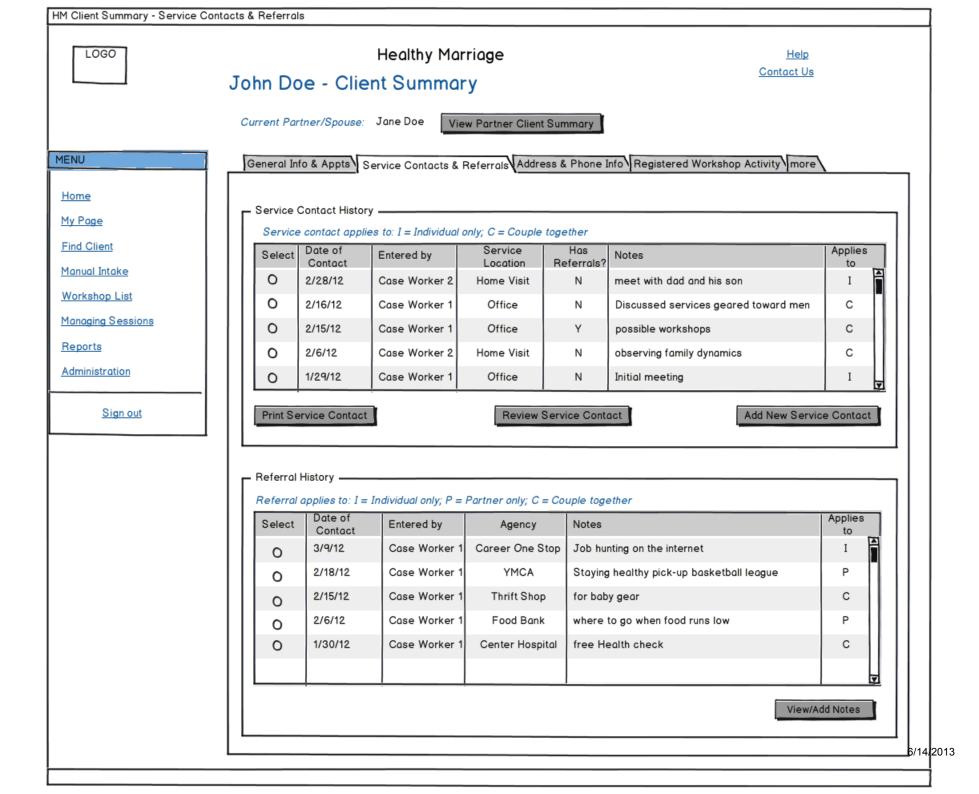
Please contact study team member FName LName at xxx-xxx-xxxx if you are unable to resolve issue.

Save pending resolution

Override Duplicate

Status as Duplicate





NU ome y Page ind Client anual Intake /orkshop List anaging Sessions eports dministration Sign out	Current Partner Date of contact: Was client present?	Service Contact Doc //Spouse: Jane Doe 12/26/2012 • Yes • No • 0 - 4 • 5 - 14 • 15 - 29 • 30 - 44 • 45 - 59 • 60 or more Child Other Adult (Specify): Other Service Provider		Service contact provided to: Content of this service contact: (Mark All that Apply)	O Couple together Parenting Strengthening Relation Job and Career Advance Abuse Domestic Violence Emergency Needs	onships
ome y Page ind Client anual Intake forkshop List anaging Sessions eports dministration	Was client present? Length of this service contact: (minutes) Who else participated in this service contact?	● Yes ○ No ○ 0 - 4 ○ 5 - 14 ○ 15 - 29 ○ 30 - 44 ○ 45 - 59 ○ 60 or more □ Child □ Other Adult (Specify):		provided to: Content of this service contact:	Couple together Parenting Strengthening Relation Job and Career Adv. Substance Abuse Domestic Violence Emergency Needs	onships
y Page ind Client anual Intake /orkshop List anaging Sessions eports dministration	Length of this service contact: (minutes) Who else participated in this service contact?	O No O 0 - 4 O 5 - 14 O 15 - 29 O 30 - 44 O 45 - 59 O 60 or more Child Other Adult (Specify):		provided to: Content of this service contact:	Couple together Parenting Strengthening Relation Job and Career Adv. Substance Abuse Domestic Violence Emergency Needs	onships
anual Intake forkshop List anaging Sessions eports dministration	Length of this service contact: (minutes) Who else participated in this service contact?	O 0 - 4 O 5 - 14 O 15 - 29 O 30 - 44 O 45 - 59 O 60 or more Child Other Adult (Specify):		service contact:	Strengthening Relation Job and Career Advance Abuse Domestic Violence Emergency Needs	,
orkshop List anaging Sessions eports dministration	Who else participated in this service contact?	O 30 - 44 O 45 - 59 O 60 or more Child Other Adult (Specify):			☐ Job and Career Adv.☐ Substance Abuse☐ Domestic Violence☐ Emergency Needs	,
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dministration	in this service contact?	Other Adult (Specify):			☐ Make-Un Session (s	
	(mark All trat Apply)				☐ Needs Assessment	pecify)
Sign out		Other (Specify):			☐ Housing ☐ Education (specify)_ ☐ Legal	
Sorvi	How was this service contact provided?	Select: Attempt unsuccessful By email In the office Left a message Spoke on the telephone During home visit In the community Other Specify:		Person providing th service contac		V
Note						
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Retu	urn without Saving	Save Service	e Contact & A	dd a Referral	Save	Service Contact

		nealth	y Marriage		
	John Doe - Re				
NU	Current Partner/S	pouse:	Jane Doe	Aganay referred to:	
<u>ome</u>	Date of contact:	2/18/12	I	Agency referred to:	Select: ▼ Partner 1 Partner 2
Page	Referral provided:	_	writing		Outside Agency 1
ind Client			erbally	Type of referral service:	Parenting
<u>inual Intake</u>	Referral applies to:	_	ohn Doe only Couple	(Mark All that Apply)	☐ Strengthening Relationships☐ Job and Career
orkshop List		Ü	,		☐ Substance Abuse ☐ Domestic Violence
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Sign out					☐ Education
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					Read Full Note