

**GUIDEBOOK TO THE  
RESPONSIBLE FATHERHOOD PROJECT  
PARTICIPANT MANAGEMENT  
INFORMATION SYSTEM  
[RFMIS 2003]**

*Prepared Under HHS Contract No. 100-96-0011 for:*

**The Department of Health and Human Services**

**The Office of the Assistant Secretary for Planning and Evaluation and**

**The Office of Child Support Enforcement**

Project Officers: Linda Mellgren and David Arnaudo

*Prepared by:*

**THE LEWIN GROUP, INC.**

*Guidebook Authors:*

John Trutko, Capital Research Corporation

Burt S. Barnow, Johns Hopkins University

Erica Chan, The Lewin Group

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## INTRODUCTION

The U.S. Department of Health and Human Services (DHHS) contracted with The Lewin Group to develop a management information system to help eight DHHS-sponsored Responsible Fatherhood Projects with tracking and reporting on program participants. The system – referred to as the Responsible Fatherhood Management Information System (RFMIS) -- was developed also to be more widely applicable to other responsible fatherhood (or parenting programs serving non-custodial parents) that have emerged in recent years across the nation. From this Internet site – originally established in 1999 and revised in June 2003 – interested organizations and individuals can download an automated data system for tracking individuals involved in local responsible fatherhood projects and full documentation on how to install and use this system. *[Note: Organizations or individuals who previously downloaded and were using the original RFMIS prior to January 2003 (when the revised RFMIS became available) may contact John Trutko or Burt Barnow (see below for contact information) for information on how to update the original RFMIS to this revised version without losing records already entered into the system. This new version of the RFMIS adds a follow-up survey that was not available in the earlier system.]*

This technical assistance project was originally designed to assist each Responsible Fatherhood Project site with the development of data forms and a working automated data system to track participant characteristics, services received, outcomes, and costs. The RFMIS, originally designed to operate using Microsoft Access 97, has been updated to operate using Microsoft Access 2000. A follow-up survey has also been added to the system, which enables users to collect follow-up data on participants at a future time (i.e., six months or a year after the individual enters the program) to facilitate analysis of project outcomes. The revised RFMIS is designed so that users can – if desired – use the programming capabilities within Access 2000 to tailor system components to local program operations and adapt the system over time to meet future program needs (i.e., it is possible for sites to add new fields, change form views, and create new report formats).

The data system that is the focus of this manual was developed based on an assessment of needs and capacities of local program sites involved in the DHHS-sponsored demonstration effort. Among the data collection activities involved in developing the system and this guidebook were the following:

- telephone and in-person interviews with DHHS' Administration on Children and Families (ACF) Responsible Fatherhood Projects located in eight states: Colorado, Massachusetts, New Hampshire, California, Wisconsin, Missouri, Maryland, and Washington;
- telephone and in-person interviews with local and national evaluators of Responsible

Fatherhood Projects;

- two conferences that brought together representatives of Responsible Fatherhood Projects, local evaluators of Responsible Fatherhood Projects, the national evaluation contractors (Policy Studies, Inc. and the Center for Policy Research), the management information system contractor for the Responsible Fatherhood initiative (The Lewin Group), the management information system contractor for the Ford Foundation’s Fragile Family Initiative (Metis Associates, Inc.), and representatives of the Department of Health and Human Services’ Office of Child Support Enforcement (OCSE/DHHS) and the Office of the Assistant Secretary for Planning and Evaluation (ASPE/DHHS);
- review of the management information system and forms developed for the Parents’ Fair Share demonstration (including a site visit to a Parents’ Fair Share project); and
- review of existing materials and documents on tracking participant characteristics, participant outcomes, program services, and program costs in Responsible Fatherhood Projects.

We would particularly like to acknowledge the role of Policy Studies, Inc. and the Center for Policy Research, which were instrumental in the development of the forms and follow-up survey for the system. In addition, Linda Mellgren and David Arnaudo (of DHHS) provided many helpful suggestions and guidance on the development of the RFMIS.

The purpose of this guidebook is to provide written documentation on how to complete the data forms and operate the RFMIS. Sections 1-3 of this guidebook are primarily intended for program staff (e.g., intake and case managers) responsible for interviewing participants and completing forms. These sections include the following:

- **SECTION 1: PARTICIPANT DATA FORMS.** This section provides copies of data forms for use in collecting data from responsible fatherhood participants.
- **SECTION 2: EXAMPLE OF A COMPLETED SET OF PARTICIPANT DATA ENTRY FORMS.** This section provides an example of a completed set of data forms for a sample participant.
- **SECTION 3: INSTRUCTIONS FOR COMPLETING PARTICIPANT DATA FORMS.** This section provides detailed instructions on how to complete data items on each of the data forms.

The next sections of the guidebook are aimed primarily at project staff responsible for managing and operating the RFMIS. It includes instructions on how to install the system, enter new data records, find and edit existing data records, and generate reports. These sections include the following:

- **SECTION 4: GUIDE TO USING THE RESPONSIBLE FATHERHOOD MANAGEMENT INFORMATION SYSTEM.** The revised RFMIS was developed to operate on Microsoft Access 2000. This section provides an overview of how to get started using the data system. It provides step-by-step instructions for getting into and exiting the system, entering data, locating records, and backing up data files. Users may also want to refer to the Microsoft Access 2000 manual for more detailed instruction on how to operate the software (especially with respect to creating and generating new report formats).
- **SECTION 5: SAMPLE DATA ENTRY SCREENS.** This section provides a set of completed sample data entry screens.
- **SECTION 6: LIST OF RFMIS DATA FIELDS.** This section identifies the data field names for each data item on the RFMIS data forms.
- **SECTION 7: GUIDE TO GENERATING SAMPLE REPORTS AND DESIGNING NEW REPORTS.** This section provides instructions for generating a series of sample reports on participant characteristics, services received, and outcomes. Microsoft Access 2000 has a highly flexible reporting capability that permits system users to develop their own reports and print out data on any data item in the data system. This section includes instructions on (a) how to print out pre-formatted reports, (b) some basic guidance on how to create new reports, and (c) examples of reports printed out using sample data.

If you should have questions concerning the data forms, system installation, system design or system operations, please contact:

- John Trutko (Consultant to the Lewin Group)  
Capital Research Corporation  
1910 N. Stafford Street  
Arlington, VA 22207  
Telephone - (703) 522-6270  
FAX - (703) 522-0885  
E-mail - jtrutko@aol.com
- Burt Barnow (Consultant to the Lewin Group)  
Institute for Policy Research  
Johns Hopkins University  
Wyman Building  
Baltimore, MD 21218  
Telephone - (410) 516-5388  
FAX - (410) 516-8233  
E-mail - barnow@jhu.edu

**SECTION 1:**  
**PARTICIPANT DATA FORMS**

## **SECTION 2:**

### **EXAMPLE OF A COMPLETED SET OF PARTICIPANT DATA FORMS**

**SECTION 3:**

**INSTRUCTIONS FOR COMPLETING  
PARTICIPANT DATA FORMS**

# SECTION 3: INSTRUCTIONS FOR COMPLETING PARTICIPANT DATA FORMS

The revised RFMIS has been developed with six basic forms: (1) Form 1, Intake Form; (2) Form 2, Assessment Form; (3) Form 3, Participant Service Needs Form; (4) Form 4, Monthly Tracking Form; and (5) Form 5, Change in Service Needs, Change of Address, and Case Closing Form, and (6) a Follow-up Interview survey. The final of these six forms (the Follow-up Interview) has been added to the original RFMIS. The sections that follow describe the basic procedures to be used by project staff in completing each participant form. See Section 2 (earlier) for examples of completed participant forms.

## A. INSTRUCTIONS FOR COMPLETING FORM 1, INTAKE FORM

The Intake Form should be completed by site intake staff or case managers at the time of the initial intake interview with a prospective participant. Prospective participants do not need to subsequently enroll in the program for the Intake Form to be completed. This form may be completed either prior to the completion of Form 2 (Assessment Form) or at the same time. Specific instructions for completing this form follow.

QUESTION ON FORM 1	INSTRUCTIONS FOR COMPLETING THE QUESTION
A1. Name	Enter participant's (i.e., client/customer/individual) last name, first name, and middle initial (e.g., Smith, John H.)
A2. Address, City, State, Zip	Enter participant's street address (e.g., 123 Main Street, Apt. #5); city (e.g., Cleveland); appropriate 2-letter abbreviation for the state (e.g., OH); and 5-digit zip code (e.g., 44107). If participant is living with a relative/friend, in a transitional housing facility, or in an emergency shelter at the time of intake, use the address of the relative/friend or facility. If the individual is living on the street, out of his/her car, or otherwise has no fixed address, write in "no fixed address."
A3. Home Phone	Enter participant's home telephone number [e.g., (216) 987-6543]. Write in "None" if the individual has no home phone.
A4. Work Phone	Enter participant's work telephone number [e.g., (216) 987-1234]. Write in "None" if the individual has no work phone.
A5. Pager Number	Enter participant's pager/cellular phone number [e.g., (216) 987-5433]. Write in "None" if the individual has no

QUESTION ON FORM 1	INSTRUCTIONS FOR COMPLETING THE QUESTION
	pager/cellular phone.
A6. E-Mail Address	Enter participant's Internet E-mail address (e.g., jsmith@mlbcleve.com). Write in "None" if the individual has no E-mail address.
A7. Social Security Number	Enter participant's 9-digit Social Security Number (123-44-5678).
A8. Where did you hear about the program? [ <b>Check all that apply.</b> ]	Check the source or sources by which the participant heard about the program.
A9. Are you required to attend this program?	Check "Yes" or "No" to indicate if the participant was required to attend the program (e.g., as a condition for continued receipt of welfare payments, to avoid imprisonment, or to meet parole requirements).
A10. Date of Birth (MM/DD/YY):	Enter the numeric month, day, and year the participant was born (e.g., 05/27/67).
A11. Gender:	Check the appropriate box indicating participant's gender (i.e., male or female).
A12. What is your current marital status?	Check the category that best describes the participant's current legal marital status.
A13. Do you consider yourself:	Check the category that best describes the participant's race/ethnicity. If no category sufficiently describes the participant's race/ethnicity, then check "Other" and write in the other race/ethnicity.
A14. Are you currently enrolled in school?	Check "Yes" or "No" to indicate whether the participant is currently enrolled in high school, junior college/community college, college/university, Adult Basic Education (ABE) or General Equivalency Diploma (GED) program.
A15. What is the highest grade in school you have completed?	<p>Enter the highest educational level that the participant completed. If for example, the participant entered the ninth grade, but did not finish the school year, then "8" would be the correct response. Use 1 through 12 to indicate the highest grade completed through high school graduation. For participants who advance beyond high school, enter the following:</p> <ul style="list-style-type: none"> <li>13 = Completed 1 year of college/university or community college</li> <li>14 = Completed 2 years of college/university or community college</li> <li>15 = Completed 3 years of college/university</li> <li>16 = Completed 4 years of college/university</li> <li>18 = Completed a Master's, Doctoral (Ph.D.), or</li> </ul>

QUESTION ON FORM 1	INSTRUCTIONS FOR COMPLETING THE QUESTION
	professional degree
A16. What is the highest degree you have earned?	Check the appropriate category to indicate the highest educational degree the participant has earned. GED stands for General Equivalency Diploma; Technical/AA degree stands for a technical degree, certification, or 2-year associate degree (for example through a community college).
A17. In addition to you, who do you normally live with? [ <b>Check all that apply.</b> ]	Check all of the types of individuals who normally live with the participant. Someone “normally” living with the participant would live (e.g., eat, sleep, etc.) in the same living quarters (e.g., house or apartment) at least half of the days of a typical month. If the individual lives in a halfway house or emergency shelter, check response item 10.
A18. Do you have any children under the age of 18 who do <u>not</u> live with you?	Check “Yes” or “No” to indicate whether the participant has any children (under the age of 18) who currently live (e.g., eat, sleep, etc.) with the participant at least half of the days of a typical month.
A19. Are you or is your girlfriend/partner pregnant?	Check “Yes” or “No” to indicate whether the participant or the participant’s girlfriend/partner is currently pregnant.
A20. Do you think you might want help with any of the following? [ <b>Check all that apply.</b> ]	Check all of the types of services/assistance the participant indicates he/she needs. [Note: Form 3, Service Plan, provides the case manager/counselor with an opportunity to indicate his/her assessment of the participant’s service needs; this data item on Form 1 should indicate the participant’s perception of service needs.]
<p><b>***FOR OFFICE USE ONLY***</b></p> <p>A21. Is this person appropriate for the program?</p>	Project staff/counselor should indicated whether individual is appropriate for enrollment in the responsible fatherhood program. This would include determination of whether the individual is eligible for services (under site rules) and is in need of and would benefit from available program services.
A22. Project Staff:	Enter the last name and first initial of the project staff person (Johnson, K.) who completed the form. Alternatively, a staff person code number/name may be used by sites in place of the staff person’s name.
A22. Date:	Enter the numeric month, day, and year the form was completed (e.g., 06/25/99)
A23. Participant ID Number:	This data item should be left blank at the time the form is completed by project staff. The Participant ID Number will be assigned automatically by the automated management information system at the time the form is initially entered into the system. This number should be written onto the form by the

QUESTION ON FORM 1	INSTRUCTIONS FOR COMPLETING THE QUESTION
	<p>data entry staff person when the form has been entered into the RFMIS. This number should be entered onto subsequent forms as they are completed by project staff (i.e., the Assessment Form, the Participant Service Needs Form, and the Monthly Tracking Form).</p>
<p>A24. Case Notes:</p>	<p>Enter any case notes or narrative about the participant, which might include information relevant for determining appropriateness for program participation, special family circumstances, information helpful in determining services needed by the individual, additional contact information, etc. If additional room is needed, notes can be continued on the back of the form.</p>

**B. INSTRUCTIONS FOR COMPLETING FORM 2, ASSESSMENT FORM**

Form 2 (Assessment Form) is intended to capture background information about the responsible fatherhood project participant, including contact information, employment history, and potential barriers to employment and effective parenting, as well as data on each of the participant’s children. Form 2 should be completed by a site case manager or counselor. This form can be completed at the same time as Form 1 (the Intake Form) during the intake interview or, more likely, over the span of several interviews during the assessment process with the participant. This form should only be completed on individuals who are enrolled as program participants.

The first two pages of the form collect data on the participant, while the last two pages of the form collect information on each child of the participant. Note that Pages 3 and 4 of the Assessment Form should be completed on each child -- thus, if the participant has three children (under the age of 18), the case manager would complete separate Pages 3 and 4 on each child. Also, note on Question D12 that if the particular child is currently living with the participant, the case manager does not complete Questions D13-D26.

Specific instructions for completing this form follow.

QUESTION ON FORM 2	INSTRUCTIONS FOR COMPLETING THE QUESTION
Name	Enter participant’s last name, first name, and middle initial (e.g., Smith, John H.).
Participant ID Number	Enter the unique Participant ID Number assigned to the participant. [Note: This number will be assigned automatically by the automated management information system (MIS) when the form is entered into the RFMIS. The number that is generated by the RFMIS should be entered onto the form at the time of data entry by project staff in data item “A23. Participant ID Number” on Form 1.]
<b>A. CONTACTS</b>	
A1. Name (of the First Contact)	Enter the last name, first name, and middle initial of an individual (not living with the participant) who will know how to contact the participant if the program loses contact with the individual (e.g., Smith, Beverly S.).
A1. Address, City, State, Zip	Enter first contact person’s street address (e.g., 1367 Elm St., Apt. #3); city (e.g., Cleveland Hts.); appropriate 2-letter abbreviation for the state (e.g., OH); and 5-digit zip code (e.g., 44109).
A1. Home Phone	Enter first contact person’s home telephone number [e.g., (216) 444-3621]. Write in “None” if the individual has no home

QUESTION ON FORM 2	INSTRUCTIONS FOR COMPLETING THE QUESTION
	phone.
A1. Work Phone	Enter first contact person's work telephone number [e.g., (216) 436-4324]. Write in "None" if the individual has no work phone.
A1. Pager Number	Enter first contact person's pager/cellular phone number [e.g., (216) 422-4136]. Write in "None" if the individual has no pager or cellular phone.
A1. Relationship	Enter first contact person's relationship with the participant [e.g., mother, father, sister, brother, friend, relative, etc.].
A2. Name (of the Second Contact)	Enter the last name, first name, and middle initial of a second individual (not living with the participant) who will know how to contact the participant if the program loses contact with the individual (Williamson, Ron D.).
A2. Address, City, State, Zip	Enter second contact person's street address (e.g., 4327 W. Euclid St.); city (e.g., Cleveland); appropriate 2-letter abbreviation for the state (e.g., OH); and 5-digit zip code (e.g., 44111).
A2. Home Phone	Enter second contact person's home telephone number [e.g., (216) 432-5825]. Write in "None" if the individual has no home phone.
A2. Work Phone	Enter second contact person's work telephone number [e.g., (216) 232-4875]. Write in "None" if the individual has no work phone.
A2. Pager Number	Enter second contact person's pager/cellular phone number [e.g., (216) 444-2893]. Write in "None" if the individual has no pager/cellular phone.
A2. Relationship	Enter second contact person's relationship with the participant [e.g., mother, father, sister, brother, friend, relative, etc.].
<b>B. EMPLOYMENT HISTORY</b>	
B1. During the past 12 months, did you receive: [ <b>Check all that apply.</b> ]	Check any of the different types of program assistance or payments that an individual had received during the previous year.
B2. Have you ever been employed?	If the participant has been employed (including self-employment) in a subsidized or unsubsidized job (i.e., worked for pay), check "Yes;" if the participant has never been employed, check "No." If "No," then skip to Question C1.
B3. Have you ever been employed	If the participant has ever been employed full-time (i.e., 30 or

QUESTION ON FORM 2	INSTRUCTIONS FOR COMPLETING THE QUESTION
full-time?	more hours per week) in a subsidized or unsubsidized job (i.e., worked for pay), check “Yes”; if the participant has never been employed full-time, check “No”.
B4. What is the longest you ever worked for any one employer full-time?	Enter the longest number of years and months that the participant worked for pay full-time for any one employer (e.g., 2 years and 3 months). Note that months should not exceed 11 (i.e., convert months in excess of 11 to years).
B5. Which best describes your employment in the past 12 months?	Check the appropriate box indicating employment status of participant over the previous 12 months. Full-time employment is defined as working for pay at a subsidized or unsubsidized job for 30 or more hours per week.
B6. During the past 12 months, about how many months did you work full-time?	Enter the number of months over the past 12 months that the participant has worked for pay at a subsidized or unsubsidized job full-time (i.e., for 30 or more hours per week). Round to the nearest month. Use “0” if the individual has not worked full-time for an employer during the past 12 month or worked full-time less than ½ month.
B7. Are you currently employed?	Check appropriate box indicating participant’s current employment status. If “No,” please indicate the month and year that the participant left his/her last job (e.g., 11/97) and skip to Question B11.
B8. Is this employment full-time or part-time?	Check “Full-time” if the participant is currently employed 30 or more hours per week; check “Part-time” if the participant is currently employed less than 30 hours per week.
B9. Is the job expected to end within the next 6 months?	Check “Yes” or “No” to indicate if the participant’s current job is expected to end within next 6 months.
B10. Do you have more than one job?	Check “Yes” or “No” to indicate if the participant has more than one job.
B11. Are you currently looking for another job?	Check “Yes” or “No” to indicate if the participant is currently searching for another job (regardless of whether he/she is or is not currently employed). Looking for another job would include activities such as regularly (at least weekly) looking at job openings in newspapers, on the Internet, or at a public/private employment agency; submitting job applications or resumes to employers; or interviewing for job openings.
B12. When did you start working for your current/most recent employer?	Enter numeric month and year (e.g., 04/99) when the participant started working for his/her current or most recent employer. If the participant has more than one job, provide information on the primary job (i.e., the job at which the individual spends the

QUESTION ON FORM 2	INSTRUCTIONS FOR COMPLETING THE QUESTION
	most hours per week working).
B13. Are/were you self-employed?	Check “Yes” or “No” to indicate if the participant is (or was) self-employed in his/her current or most recent job.
B14. What kind of work do/did you do?	Indicate the participant’s occupation in his/her current or most recent job (e.g., machinist, nurse, cook).
B15. How many hours each week do/did you usually work at this job?	Indicate the number of hours each week the participant usually works (or worked) in his/her current or most recent job. If there is considerable week-to-week fluctuation, average the number of hours worked over the four preceding weeks.
B16. What is/was your usual wage before taxes/deductions? \$_____ per:	Enter the participant’s usual gross wages (i.e., before taxes) in his/her current or most recent job, then check the period for which the wages apply (e.g., \$8.50 per hour; \$320 per two weeks).
B17. How well does/did this salary cover your financial needs?	Enter participant’s assessment of how well the salary from the current or most recent job covers his/her financial needs.
B18. Does/did this job provide you with... <b>[Check all that apply.]</b>	Check all of the types of fringe benefits provided through the participant’s current or most recent job. Medical coverage is defined as health insurance that is made available to the participant through the employer and paid either in part or full by the employer. If none of the three types of benefits is/was provided, then check “None of the above.”
<b>C. EMPLOYMENT/PARENTING ISSUES</b>	
C1. Do you have...	Check appropriate responses (Yes or No) to indicate whether the participant has: a valid driver’s license; a photo ID; a Social Security Number; a birth certificate; access to reliable transportation; or a permanent place to live. “Access to Reliable Transportation” means that the participant has regular access to a car, bus transportation, or other transportation services (e.g., car pool, agency operated van; transportation tokens through a provider) to get to and from work.
C2. Do the following make it hard to find or keep a job...	Check appropriate responses (Yes or No) to indicate whether any of the following problems make it hard for the participant to find or keep a job: health problems or disabilities; problems with alcohol/drugs; trouble reading or writing; problems speaking English; lack of a green card; or lack of child care. A “green card” is only applicable to immigrants to the United States (enabling immigrants to lawfully work). If the participant has another type of barrier to finding or keeping a job check “Yes” on Item 7 (“Other”) and write in the “other” factor on the

QUESTION ON FORM 2	INSTRUCTIONS FOR COMPLETING THE QUESTION
	space provided.
C3. Have you ever been...	Check appropriate responses (Yes or No) to indicate whether the participant has ever been: convicted of a misdemeanor; convicted of a felony; convicted of a violent crime; convicted of spousal or child abuse; or involved in an alcohol/drug abuse treatment program; or arrested for driving under the influence (DUI) or driving while intoxicated (DWI).
C4. Have you ever been incarcerated in prison or jail for committing a non-child support related offense?	Check appropriate response (Yes or No) to indicate whether participant has been incarcerated in prison or jail for a non-child support related offense. If he or she has been in prison or jail, indicated the most recent month, day, and year of release (e.g., 02/20/99).
C5. Are you currently on...	Check appropriate response (Yes or No) to indicate whether the participant is currently on probation or parole.
C6. Do you have any current charges pending?	Check appropriate response (Yes or No) to indicate whether the participant has any current criminal charges pending. If the individual has criminal charges pending, indicate the type of charges pending (e.g., burglary).
C7. During the past six months, have you at any time been homeless or lived in an emergency shelter?	Check appropriate response (Yes or No) to indicate whether the participant has been homeless or lived in an emergency shelter during the six month period prior to intake.
C8. During the past six months, have you at any time lived in a halfway house?	Check appropriate response (Yes or No) to indicate whether the participant has lived in a halfway house during the six-month period prior to intake..
C9. How many people normally live in your household?	Identify the number of people (including the participant) who normally live with the participant. Someone normally living in the same household would live (e.g., eat, sleep, etc.) in the same living quarters (e.g., house or apartment) at least half of the days of a typical month. Enter 1 if the individual lives alone or by themselves in a homeless shelter, halfway house, or other group living arrangement.
C10. How many children under age 18 do you have?	Identify the total number of children (under age 18) the participant has at the time of enrollment in the program.
C11. With how many different women/men have you had these children?	Identify the total number of women/men with which the participant has had these children.
C12. How many of these children live with you most of the time?	Identify the total number of children that live with the participant most of the time. A child living in the same household most of the time would live (e.g., eat, sleep, etc.) in

QUESTION ON FORM 2	INSTRUCTIONS FOR COMPLETING THE QUESTION
	the same living quarters (e.g., house or apartment) at least half of the days of a typical month.
C13. Do you have an order through the court or the child support agency that says you are supposed to pay child support for some or all of your children?	Check the appropriate response (Yes or No). If the participant has an order through the court or the child support agency that says he/she is supposed to pay child support for some or all of his/her children, indicate the number of child support orders covering the children. If the response is “No,” skip to Question C17. The most reliable source of data should be used to answer this question (i.e., if possible, child support records or other administrative data). Check the box (below the question) if child support or other administrative data are used to verify data entered onto this form.
C14. How much are you supposed to pay each month in child support?	At the time of enrollment in the program, indicate the dollar amount the participant is supposed to pay each month in child support payments (e.g., \$350.40). If the participant has more than one child support order, add together amounts across all orders. The first column on the table should be used to record the participant’s understanding of his/her monthly payment amount; the second column should be used to record the monthly payment amount according to Child Support records. If possible, record amounts for both columns.
C15. During the past 6 months, about what percentage of the child support you were supposed to pay, did you actually pay?	Indicate an estimate of the percentage of child support paid as a percentage of what the individual was supposed to pay across all child support orders over the past six months (e.g., 40%). The first column on the table should be used to record the participant’s understanding of his/her percentage paid; the second column should be used to record the percentage paid according to Child Support records. If possible, record amounts for both columns.
C16. How much do you owe in back due child support payments?	At the time of enrollment in the program, enter the total amount (\$6500.42) of child support the participant owes (i.e., his/her child support arrearage). The first column on the table should be used to record the participant’s understanding of his/her back due child support payment amount; the second column should be used to record the back due child support payment amount according to Child Support records. If possible, record amounts for both columns.
C17. During the past 6 months, have you provided any of these types of support for children of yours who do not live with you? <b>[Check all that apply.]</b>	Check all of the types of additional types of assistance/support the participant has provided over the previous six months for children not living with the participant. If some other type of assistance was provided not covered on the list, check data item #7 (“Anything Else”) and then write in the type of assistance. If no additional types of informal assistance were provided, check

QUESTION ON FORM 2	INSTRUCTIONS FOR COMPLETING THE QUESTION
	Item 8 (“None of the above”).
C18. Project Staff:	Enter the last name and first initial of the project staff person (Johnson, K.) who completed or assisted the participant with completion of the form. Alternatively, a staff person code number/name may be used by sites in place of the staff person’s name.
C18. Date: ___/___/___	Enter the numeric month, day, and year that the form was completed (e.g., 09/24/99).
C19. Case Notes	Enter any case notes or narrative about the participant, which might include information relevant for determining appropriateness for program participation, special family circumstances, information helpful in determining services needed by the individual, additional contact information, etc. If additional room is needed, notes can be continued on the back of the form.
<b>D. INFORMATION ABOUT EACH CHILD [COMPLETE THIS FORM FOR EACH CHILD - This form is for Child ___ of ___.]</b> Indicate in space provided which child this form is being completed on of the total number of children (e.g., Child <u>1</u> of <u>3</u> , Child <u>2</u> of <u>3</u> , etc.). <b>**Note: Pages 3 and 4 of the Assessment Form should be completed on each child of the participant.**</b>	
D1. Child’s Name	Enter child’s last name, first name, and middle initial (e.g., Barnes, Gale M.).
D2. Child’s Social Security Number	Enter child’s 9-digit Social Security Number (421-43-8777)
D3. Name of Child’s Mother/Father	Enter the last name, first name, and middle initial of the other parent (e.g., Barnes, Jane M.)
D4. Child’s Date of Birth	Enter numeric month, day, and year of the child’s birth (e.g., 11/23/89).
D5. Child’s Gender	Indicate the child’s gender.
D6. Do you live with this child’s mother/father?	Check appropriate category to indicate how often the participant is living with the other parent. Someone should be considered living “most of the time” in the same household if they live (e.g., eat, sleep, etc.) in the same living quarters (e.g., house or apartment) at least half of the days of the month leading up to program enrollment.
D7. Are you, or were you in the past, ever married to this child’s mother/father?	Check “Yes” or “No” to indicate if the participant was previously married to the child’s other parent.

QUESTION ON FORM 2	INSTRUCTIONS FOR COMPLETING THE QUESTION
D8. Has legal custody for this child ever been decided by the court? <b>[If no, Skip to Question D10]</b>	If legal custody for this child was decided by the court, check “Yes.” If “Yes,” proceed to the next question. Otherwise, check “No” or “Don’t Know,” and skip to Question D10.
D9. If yes, what is the custody arrangement:	If the answer to Question D8 was “Yes,” then indicate the current custody arrangement for the child. (Note: Check only one response.)
D10. Is your name on the birth certificate as the legal parent or has paternity been established for this child?	Check “Yes,” “No,” or “Don’t Know” to indicate whether the participant is either named on the child’s birth certificate or has had paternity established for the child. Check the box (below the question) if child support or other administrative data are used to verify data entered onto this form.
D11. Is this child covered by a child support order?	Check “Yes,” “No,” or “Don’t Know” to indicate whether the child is covered by a child support order.
D12. With whom does the child usually live?	Indicate with whom the child usually lives. (Note: Check only one response.) A child “usually” living in the same household would live (e.g., eat, sleep, etc.) in the same living quarters (e.g., house or apartment) at least half of the days of a typical month. If the child lives with the participant (i.e., Item 1, With you, is checked), stop completing the form here and move on to complete additional Pages 3 and 4 of Form 2 on the participant’s other children. If the child does not live with the participant, continue on to Question D13.
D13. Do you have a court order saying you can spend time with this child?	Check “Yes” or “No” to indicate whether the participant has received a court order that allows him/her to spend time with the child.
D14. Has the court placed any restrictions on your contact with this child?	Check “Yes” or “No” to indicate whether the court has placed restrictions on the participant’s contact with the child. If No, skip to Question D16.
D15. If yes, what kind of restrictions?	If participant responded “Yes” to the Question D14, check the appropriate response to indicate the type of restriction imposed on the participant’s contact with the child. (Note: Check only one response.)
D16. Do you have a temporary or permanent restraining order against the other parent of this child?	Enter appropriate response (“Yes - Temporary or ex-parte order;” “Yes - Permanent or ex-parte order;” or “No”) to indicate whether the participant has placed a temporary or permanent restraining order against the other parent of this child.
D17. Does the other parent of this child have a temporary or permanent restraining order against	Enter appropriate response (“Yes - Temporary or ex-parte order;” “Yes - Permanent or ex-parte order;” or “No”) to indicate whether this child’s other parent has placed a temporary

QUESTION ON FORM 2	INSTRUCTIONS FOR COMPLETING THE QUESTION
you?	or permanent restraining order against the participant.
D18. How many miles do you live from this child?	Enter an estimate of the number of miles the participant lives from the child (e.g., 40 miles).
D19. How long has it been since you last saw this child?	Enter an estimate of the amount of time (in months, weeks, and/or days) since the participant last visited with the child (e.g., 3 weeks; 2 days). Weeks should be converted to months if in excess of 4 weeks and days converted to weeks if in excess of 6 days.
D20. During the past 12 months, about how often did you see this child?	Check the response that best describes the frequency with which the participant visited this child over the past year: not at all; about once a year; several times a year; one to three times a month; about once a week; or several times a week. (Note: Check only one response.)
D21. Overall, how satisfied are you with the amount of time you spend with this child?	Indicate the participant's level of satisfaction with the amount of time spent with this child (i.e., very satisfied; somewhat satisfied; somewhat dissatisfied; or very dissatisfied).
D22. During the past 12 months, how much influence have you had in making major decisions about such things as this child's education, religion, and health?	Indicate the participant's assessment of his or her influence over major decisions in this child's life (i.e., a great deal, some, or none).
D23. Overall, how would you describe your relationship with this child's other parent?	Indicate the participant's assessment of his or her relationship with this child's other parent.
D24. Do you think the other parent wants you to have a positive and close relationship with this child?	Indicate the participant's assessment of whether he/her thinks the other parent want the participant to have a positive and close relationship with this child.
D25. Over the past 12 months, how much conflict have you and the other parent had on the following:	Indicate the participant's assessment the level of conflict with the other parent on each item listed. Circle one response for each item listed (i.e., circle 1 [Great Deal], 2 [Some] or 3 [None]), according to the participant's response).
D26. When you and the other parent of this child have a serious disagreement, how often do you:	Indicate the participant's assessment on each item of what happens when serious disagreements arise. Indicated how often (i.e., circle 1 [Often], 2 [Occasionally], or 3 [Never]) each type of behavior occurs, according to the participant's response.
<b>Note: The form is now complete on this particular child; complete additional Pages 3 and 4 of this form on each additional child.</b>	

### C. INSTRUCTIONS FOR COMPLETING FORM 3, PARTICIPANT SERVICE NEEDS

Form 3 (Participant Service Needs) is intended to capture the project staff (or case manager's) assessment of the types of assistance or services needed by the participant at the time of enrollment into the program. Form 3 should be completed by the case manager at the end of the assessment process and identify the specific services a participant needs. Similar to Forms 1 and 2, this form should be completed on the participant only once -- and in the early stages of program involvement (i.e., at the end of the assessment). It should be completed at the same time as Form 2 or shortly after Form 2 is completed. If a problem such as alcohol or drug use is identified later, the form can be updated to reflect such a service need, though the form should reflect the service needs of the participant at the time of enrollment into the program.

QUESTION ON FORM 3	INSTRUCTIONS FOR COMPLETING THE QUESTION
Participant Name	Enter participant's (i.e., client/customer/individual) last name, first name, and middle initial (e.g., Doe, Jr., John H.).
Participant ID Number	Enter the Participant ID Number assigned to the participant. Enter the unique Participant ID Number assigned to the participant. [Note: This number will be assigned automatically by the automated management information system (MIS) and should have been entered as one of the last data items on Form 1.]
<b>A. Education/Training/Job Placement Needs</b>	
A1. Primary Education/Basic Skills/pre-GED	Check box if the participant needs primary education, basic skills instruction, or pre-GED preparation. Primary education refers to education in grades 1-8 (i.e., before high school). Pre-GED (General Equivalency Diploma) preparation involves instruction to enhance basic reading or math skills (i.e., basic literacy) so that an individual can begin study for the GED test. Participants in need of primary education or pre-GED would typically have serious basic skills deficits (e.g., poor reading/math skills).
A2. Secondary Education/GED Preparation	Check box if the participant is in need of secondary education or GED preparation. Secondary education refers to instruction in grades 9-12 (i.e., before high school graduation). General Equivalency Diploma (GED) preparation involves instruction to enhancing basic reading or math skills so that an individual can pass the GED test. Participants in need of primary or secondary education or a GED would typically have

QUESTION ON FORM 3	INSTRUCTIONS FOR COMPLETING THE QUESTION
	some type of basic skills deficit (e.g., poor reading/math skills) and may lack a high school diploma.
A3. Post-Secondary Education	Check box if the participant is in need of some form of post-secondary education. Post-secondary education refers to formal education after high school leading toward a post-secondary degree (e.g., an associate or B.A.) or certification, such as classroom training at a community college, college/university, or proprietary school.
A4. English as a Second Language (ESL)	Check box if the participant is in need of English as a Second Language instruction. ESL refers to instruction in the English language for non-English speaking participants.
A5. Job Club/Job Search	Check box if the participant is in need of and appropriate for job club or job search assistance to either secure a job or upgrade his/her current job. Job club is a group session in which participants gather regularly (e.g., daily, several times a week, or weekly) to help structure ongoing job search activity. Job search assistance refers to help with job leads or strategies to find a job provided by an agency counselor either on an individual basis or as part of a group workshop.
A6. Job Referrals	Check box if the participant is in need of job leads to find a new job or move to a better job.
A7. OJT/Apprenticeship/Subsidized Job	Check box if the participant is in need of and appropriate for placement in an on-the-job training (OJT) slot with an employer, an accredited apprenticeship program, or a subsidized job. OJT refers to on-the-job training, which is training provided by an employer as part of the job. Typically, a portion of the wage will be paid by the agency to the employer and the employer will provide the worker with formal or informal training to upgrade skills. A portion of the job training may be provided at the work site, while additional training may or may not be provided in a classroom setting. Apprenticeship is a rigorous training program (e.g., to become an electrician, plumber, welder, or other skilled tradesperson), which is certified by the state or U.S. Department of Labor. Typically, apprenticeship programs last for 2 to 4 years; involve a combination of on-the-job training and classroom instruction; have a formal curriculum; and offer apprenticeship credentialing at the conclusion of

QUESTION ON FORM 3	INSTRUCTIONS FOR COMPLETING THE QUESTION
	training. A subsidized job refers to a job placement in which the employer receives a payment to cover all or part of the wages of the worker (e.g., of hourly wages, for up to 35 hours per month, for a six-month period). There may or may not be a commitment to hire after the subsidized work is concluded.
A8. Job Skills Training/Vocational Education	Check box if the participant is in need of and appropriate for job skills training or vocational education. Job skills training or vocational education may be short or longer-term training provided in a classroom setting (e.g., at a proprietary school, community college, or college/university) or on-the-job. Training is generally aimed at upgrading skills within a specific occupation and is applicable to a specific job. Training may or may not lead to certification or a degree.
A9. Job Readiness/Life Skills/Pre-Employment	Check box if the participant is in need of and appropriate for job readiness, life skills, or pre-employment assistance. Job readiness, life skills, and pre-employment services are often provided as part of a group workshop over several days, a week, or longer. Such sessions are designed to prepare participants to conduct effective job searches and for what can be expected once employed. For example, such workshops may provide help with effective job search strategies, completing a resume, how to interview, how to dress, anger management, budgeting, and a range of other instruction oriented to finding and keeping a job.
A10. Job Retention Services	Check box if the participant is in need of job retention services. To receive such services a participant must already be employed. Job retention services are intended to help participants keep jobs. Such help might come through individual or group counseling, mentoring, mediation of conflicts with employers or co-workers, or other services aimed at reducing chances that participant will lose his/her job.
A11. Other (specify):	Check box and write in any other type of education, training, or job placement service needed by the participant.
<b>B. CHILD SUPPORT/PARENTING/VISITATION NEEDS</b>	
B1. Help with Paternity Establishment	Check box if the participant is in need of help with establishing paternity for one or more of his/her children.

QUESTION ON FORM 3	INSTRUCTIONS FOR COMPLETING THE QUESTION
B2. Help with Establishing a Child Support Order	Check box if the participant needs help establishing a child support order for one or more children.
B3. Help with Modifying a Child Support Order	Check box if the participant needs help with modifying conditions or amounts to be paid under an existing child support order for one or more children.
B4. Help with Child Support Arrearage	Check box if the participant needs help negotiating repayment of child support arrearage (e.g., temporary relief from repayment of past due amounts or a change in terms of regular repayment under a child support order for one or more children).
B5. Help Establishing/Modifying Visitation Order	Check box if the participant needs assistance with establishing/modifying a visitation order for one or more children.
B6. Help Establishing/Modifying Custody Order	Check box if the participant needs help with establishing/modifying a custody order for one or more children.
B7. Help Dealing with Child Abuse or Neglect	Check box if the participant needs help coping with child abuse or neglect either by the participant, the other parent, or another household member.
B8. Help Establishing a Parenting Plan	Check box if the participant needs help establishing a parenting plan, which identifies goals and effective strategies for parenting.
B9. Help Getting to Visit Children	Check box if the participant needs help getting to visit his/her children, which may include establishing visitation arrangements, mediation, or other related services.
B10. Mediation	Check box if the participant needs help with mediation, which involves assistance with negotiating an agreement between the participant and the other parent of one or more children. Such mediation is generally intended to avoid court action.
B11. Parenting Education	Check box if parent education is needed by the participant. Parenting education is generally conducted as part of group workshops (though may involve one-on-one counseling) and is designed around a curriculum. Instruction is intended to enhance parenting skills of participants.

QUESTION ON FORM 3	INSTRUCTIONS FOR COMPLETING THE QUESTION
B12. Other (specify):	Check box and write in any other type of child support, parenting, or visitation service needed by the participant.
<b>C. OTHER SERVICES</b>	
C1. Peer Support	Check box if peer support is needed by the participant. Peer support involves group sessions or workshops (e.g., rap sessions) in which participants (usually with the help of a facilitator) discuss parenting, employment, and other issues.
C2. Transportation Assistance	Check box if transportation assistance is needed by the participant. Transportation assistance may include bus tokens, reimbursement for gas or mileage, reimbursement for car repair, taxi fare, help with purchasing a car, or other types of assistance to help participants overcome transportation problems.
C3. Child Care Assistance	Check box if the participant needs help with childcare for one or more children. This type of assistance includes help in finding a childcare provider, direct provision of childcare, and full/partial payment of childcare for a child of the participant.
C4. Medical/Dental/Vision Exams and Treatment	Check box if the participant needs help with overcoming a medical, dental, or vision problem(s) that is a barrier to employment or becoming a better parent.
C5. Substance Abuse Treatment/Counseling	Check box if the participant is in need of alcohol or substance abuse treatment or counseling.
C6. Mental Health Treatment/Counseling	Check box if the participant needs counseling or treatment for a mental health problem that is a barrier to employment or becoming a better parent.
C7. Vocational Rehabilitation	Check box if the participant needs vocational rehabilitation services. Such services are typically provided by a state rehabilitation agency or other contracted service provider to help a participant overcome an injury or other health problem in order to be able to work.
C8. Services Related to Anger Management	Check box if the participant needs counseling or other types of assistance on how to control anger.
C9. Service Related to Partner Abuse	Check box if the participant needs counseling or assistance related to partner abuse.

<b>QUESTION ON FORM 3</b>	<b>INSTRUCTIONS FOR COMPLETING THE QUESTION</b>
C10. Housing Placement/Assistance	Check box if the participant needs assistance in securing emergency, transitional, or permanent housing or other types of housing assistance (e.g., help with paying a security deposit, help avoiding eviction, help with housing repairs, help applying for public housing units or other types of subsidized housing, etc.).
C11. Money Management/Budgeting	Check box if the participant is in need of help with money management or budgeting. Such services may be provided as part of a workshop (e.g., parenting or job readiness workshop) or by individual counseling.
C12. Other Legal Assistance	Check box if the participant is in need of legal assistance, other than related to child support, visitation, or custody.
C13. Clothing/Work Equipment	Check box if the participant is in need of work clothing, tools, or other equipment.
C14. Help Obtaining an ID Card	Check box if participant needs help with obtaining an ID card (e.g., Social Security Card, driver's license, or other form of valid identification).
C15. Case Management	Check box if the participant needs ongoing case management. This would include ongoing counseling, help with planning/arranging services, and monitoring of participant progress.
C16. Other Advocacy/Referral Service	Check box if participant needs other types of advocacy (besides legal services) or referral to other types of services not listed.
C17. Other (specify):	Check box and write in any other type of support services needed by the participant.
<b>D. POST-ASSESSMENT CASE STATUS</b>	
D1. Were any of the services court-ordered, required as part of a child neglect or abuse case, or required as a condition of parole or probation?	Check "Yes," "No," or "Don't Know" any of the services to be provided are court-ordered, required as part of a child neglect or abuse case, or required as a condition of parole or probation.
D2. Enrollment Status:	Check appropriate box to indicated if the individual is enrolled as a participant in the responsible fatherhood program. If enrolled in the responsible fatherhood program, indicate the month, day, and year of enrollment (e.g., 09/23/99).
D3. Project Staff:	Enter the last name and first initial of the project staff

<b>QUESTION ON FORM 3</b>	<b>INSTRUCTIONS FOR COMPLETING THE QUESTION</b>
	person (Johnson, K.) who completed or assisted the participant with completion of the form. Alternatively, a staff person code number/name may be used by sites in place of the staff person's name.
D3. Date:	Enter the numeric month, day, and year that the form was completed (09/24/99).
D4. Case Notes:	Enter any case notes or narrative about the participant, particularly relating to obstacles to employment or parenting, and planned service strategies.

**D. INSTRUCTIONS FOR COMPLETING FORM 4, MONTHLY TRACKING FORM**

Form 4 (Monthly Tracking Form) is intended to capture the services that each participant receives on a monthly basis from the time of enrollment in the responsible fatherhood project through termination from the program. This form should be completed by the case manager at the end of each month on each program participant (up until and including the month of termination from the program) to identify the types of services actually received during the reporting month, employment status during the month, outcomes/milestones achieved, and, if terminated during the reporting month, case closing information. A Form 4 should be completed on each participant for each month the individual is enrolled in the program (e.g., if an individual was enrolled in the program 15 months, there should be a total of 15 Form 4s on the individual).

Specific instructions for completing this form follow.

QUESTION ON FORM 4	INSTRUCTIONS FOR COMPLETING THE QUESTION
Participant Name:	Enter participant’s last name, first name, and middle initial (e.g., Doe, Jr., John H.).
Participant ID Number:	Enter the unique Participant ID Number assigned to the participant. [Note: This number will be assigned automatically by the automated management information system (MIS) and should have been entered at the bottom of Form 1.]
A1. Reporting Period (Month/Year):	Indicate the numeric month and year of the reporting period (e.g., 11/99).
A2. Check here if program did <u>not</u> have contact with participant during the month:	Check the box if the program had no contact (e.g., in-person, by telephone) during the reporting period with the participant. If this box is checked it is still possible that a participant may have received services, attained one or more outcomes/milestones, experienced a change of address, etc.
A3. Check here if individual did <u>not</u> participate in any activity during the month:	Check the box if the participant did <u>not</u> participate in any services/activity during the month. If this box is checked, no services should be checked in Sections B-D. It is possible, however, that other parts of the form could be completed, including information about employment status, outcomes/ milestones, address change, or case closing.
<b>B. EDUCATION/TRAINING/JOB PLACEMENT</b>	
<b>**Check All Services Received During Month**</b>	Place a check mark in the box next to each of the activities listed that the participant attended or received

QUESTION ON FORM 4	INSTRUCTIONS FOR COMPLETING THE QUESTION
	during the reporting month. The assistance/services could be provided by the grantee (using grant funds), provided under subcontract (using grant funds) by another agency, or provided under referral by another agency (using or not using grant funds).
B1. Primary Education, Basic Skills, Pre-GED	Primary education refers to education in grades 1-8 (i.e., before high school); basic skills instruction and pre-GED involves instruction to enhance basic reading and math skills generally in anticipation of receiving other types of instruction or to enter GED preparation.
B2. Secondary Education/GED Preparation	Secondary education refers to education in grades 9-12 (i.e., before high school graduation). General Equivalency Diploma (GED) preparation involves instruction to enhance basic reading and math skills so that an individual can pass the GED test.
B3. Post-Secondary Education	Post-secondary education refers to formal education after high school leading toward a post-secondary degree (e.g., an associate or B.A.) or certification, such as classroom training at a community college, college/university, or proprietary school.
B4. English as a Second Language (ESL)	ESL refers to instruction in the English language for non-English speaking participants.
B5. Job Club/Job Search	Job club is a group session in which participants gather regularly (i.e., daily, several times a week, or weekly) to help structure ongoing job search activity. Job search assistance refers to help with job leads or strategies to find a job provided by an agency counselor either on an individual basis or as part of a group workshop.
B6. Job Referrals	Job referrals typically involve counselor or case manager referrals to job openings.
B7. OJT/Apprenticeship/Subsidized Work	OJT refers to on-the-job training, which is training provided by an employer as part of the job. Typically, a portion of the wage will be paid by the agency to the employer and the employer will provide the worker with formal or informal training to upgrade skills. A portion of the job training may be provided at the work site, while additional training may or may not be provided in a classroom setting. Apprenticeship is a rigorous training program (e.g., to become an electrician, plumber, welder, or other skilled tradesperson), which is certified by the

QUESTION ON FORM 4	INSTRUCTIONS FOR COMPLETING THE QUESTION
	<p>state or U.S. Department of Labor. Typically, apprenticeship programs last for 2 to 4 years; involve a combination of on-the-job training and classroom instruction; have a formal curriculum; and offer apprenticeship credentialing at the conclusion of training.</p> <p>A subsidized job refers to a job placement in which the employer receives a payment to cover all or part of the wages of the worker (e.g., of hourly wages, for up to 35 hours per month, for a six-month period). There may or may not be a commitment to hire after the subsidized work is concluded.</p>
B8. Job Skills Training/Vocational Education	<p>Job skills training or vocational education may be short or longer-term training provided in a classroom setting (e.g., at a proprietary school, community college, or college/university) or on-the-job. Training is generally aimed at upgrading skills within a specific occupation and is applicable to a specific job. Training may lead to certification or a degree.</p>
B9. Job Readiness/Life Skills Training/Pre-Employment	<p>Job readiness, life skills, and pre-employment services are often provided as part of a group workshop over several days, a week, or longer. Such sessions are designed to prepare participants to conduct effective job searches and for what can be expected once employed. For example, such workshops may provide help with how to search for a job, how to complete a resume, how to interview, how to dress, anger management, budgeting, and a range of other instruction oriented to finding and keeping a job.</p>
B10. Job Retention Services	<p>Job retention services involve a range of services to help keep participants in jobs once they have them, including mentoring on the job, help dealing with conflicts with other workers, and mentoring.</p>
B11. Other:	<p>This space is available to write in other types of education, employment, or training services in which the participant was involved during the reporting month (not covered elsewhere on the form).</p>
<b>C. CHILD SUPPORT/PARENTING/VISITATION</b>	
<b>**Check All Services Received During Month**</b>	<p>Place a check mark in the box next to each of the activities listed that the participant attended or received during the reporting month. The assistance/services could be provided by the grantee (using grant funds), provided under subcontract (using grant funds) by another agency,</p>

QUESTION ON FORM 4	INSTRUCTIONS FOR COMPLETING THE QUESTION
	or provided under referral by another agency (using or not using grant funds).
C1. Help with Paternity Establishment	Help with establishing paternity for one or more of the participant's children.
C2. Help with Establishing a Child Support Order	Help establishing a child support order for one or more of the participant's children.
C3. Help with Modifying a Child Support Order	Help with modifying conditions or amounts to be paid under an existing child support order for one or more of the participant's children.
C4. Help with Child Support Arrearage	Help negotiating repayment of child support arrearages (i.e., temporary relief from repayment of past due amounts or a change in terms of regular repayment under a child support order for one or more children).
C5. Help Establishing/Modifying Visitation Order	Assistance with establishing/modifying a visitation order for one or more of the participant's children.
C6. Help Establishing/Modifying Custody Order	Help with establishing/modifying a custody order for one or more of the participant's children.
C7. Help Dealing with Child Abuse or Neglect	Help with responding to problems of child abuse or neglect for one or more of the participant's child.
C8. Help Establishing a Parenting Plan	Help with identifying goals and effective strategies for parenting and incorporating them into an overall plan for parenting.
C9. Help Getting to Visit Children	Help with gaining access to one or more children.
C10. Mediation	Assistance with negotiating an agreement between the participant and the other parent of one or more of the participant's children. Such mediation is generally intended to avoid court action.
C11. Parenting Education	Group workshops (though may involve one-on-one counseling) usually designed around a curriculum and providing instruction to enhance parenting skills of participants. If such sessions/workshops have been attended during the month, indicate the number of days the participant attended the workshops during the reporting month.
C12. Other:	Write in any other type of child support, parenting, or visitation services received by the participant during the

QUESTION ON FORM 4	INSTRUCTIONS FOR COMPLETING THE QUESTION
	reporting period.
<b>D. OTHER SERVICES</b>	
<b>**Check All Services Received During Month**</b>	Place a check mark in the box next to each of the activities listed that the participant attended or received during the reporting month. The assistance/services could be provided by the grantee (using grant funds), provided under subcontract (using grant funds) by another agency, or provided under referral by another agency (using or not using grant funds).
D1. Peer Support	Sessions or workshops (usually involving other program participants) designed to discuss parenting, relationships, employment, and a range of other personal issues. If such sessions/workshops have been attended during the month, indicate the number of days the participant attended the workshops during the reporting month.
D2. Transportation Assistance	Includes bus tokens, reimbursement for gas or mileage, reimbursement for car repair, taxi fare, help with purchasing a car, or other types of assistance to help participants overcome transportation problems.
D3. Child Care Assistance	Includes help in finding a childcare provider, direct provision of childcare, and full/partial payment of childcare expenses for a child of the participant.
D4. Medical/Dental/Vision Exams and Treatment	Treatment or other assistance provided to help participants with medical, dental, or vision problems.
D5. Substance Abuse Treatment/Counseling	Treatment or counseling to overcome an alcohol or drug abuse problem, including inpatient or outpatient care.
D6. Mental Health Treatment/Counseling	Treatment or counseling for a mental health problem that is a barrier to employment or becoming a better parent.
D7. Vocational Rehabilitation	Such services are typically provided by a state rehabilitation agency or other contracted service provider to help a participant overcome an injury or other health problem in order to be able to work.
D8. Services Related to Anger Management	Counseling or other types of services to help the participant control anger.
D9. Service Related to Partner Abuse	Counseling or other assistance related to eliminating partner abuse.

<b>QUESTION ON FORM 4</b>	<b>INSTRUCTIONS FOR COMPLETING THE QUESTION</b>
D10. Housing Placement/Assistance	Assistance in securing emergency, transitional, or permanent housing and other types of housing assistance (e.g., help with paying a security deposit, help avoiding eviction, help with housing repairs, or help applying for public housing units or other types of subsidized housing).
D11. Money Management/Budgeting	Workshop sessions (e.g., parenting or job readiness workshop) or individual counseling to improve the participant's money management and budgeting skills.
D12. Other Legal Assistance	Provision of legal assistance/services, other than related to child support, visitation, or custody.
D13. Clothing/Work Equipment	Help with purchasing or provision of clothing, tools, or other equipment for the workplace.
D14. Help Obtaining an ID Card	Help with obtaining an ID card (e.g., Social Security Card, driver's license, or other form of valid identification).
D15. Case Management	Counseling and other one-on-one assistance provided by project staff on an ongoing basis to help keep the participant on track, to help troubleshoot emerging problems, and to monitor progress. Typically, a participant would be assigned to a project staff person.
D16. Other Advocacy/Referral Services	Help with other types of advocacy (besides legal services) or referral to other types of referral services not listed.
D17. Other:	Write in any other type of support services received by the participant during the reporting period (not covered above).
<b>E. EMPLOYMENT STATUS</b>	
E1. Was the participant employed at any time during the reporting month?	Based on discussion with the participant, employer, or other reliable sources, indicate whether the participant was employed at any time during the reporting month.
E2. What was participant's employment status at the end of the reporting month (or at last contact)?	Based on discussion with the participant, employer, or other reliable sources, indicate the participant's employment status as of the end of the reporting period or at the time when the participant was last contacted during the month.
E3. On average (during the month), how many hours did the participant work per week? _____	If the participant worked, indicate in the space provided the number of hours (on average) per week he/she worked during the reporting period.

QUESTION ON FORM 4	INSTRUCTIONS FOR COMPLETING THE QUESTION
E4. What was the hourly wage before taxes/deductions? \$ ____hour	Indicate in the space provided the gross hourly rate the participant was paid. If the rate changed during the month, use the last rate the individual was paid during the month. If the hourly rate is not available, it may be necessary to calculate the hourly rate based on annual, monthly, or weekly salary. For example, if the individual is paid an annual salary, find out how many hours the individual works per week and take these hours times 52; then divide the gross annual salary by the estimate of the number of hours worked per year.
E5. What kind of work did participant do?	Indicate the participant's occupation in his/her job (e.g., machinist, nurse, cook).
E6. Did the participant change or lose a job at any time during the reporting period?	Indicate if the participant changed or lost a job during the reporting period.
E7. If participant changed or lost a job, why? <b>[Check all that apply.]</b>	If the individual did change or lose a job, check the reason(s) for the job change or loss.
<b>F. OUTCOMES/MILESTONES</b>	
F1. Did participant complete or meet any of the following outcomes/milestones during month: <b>[Check all that apply.]</b>	Based on discussions with the participant, other project staff, project staff at other agencies, and other available records, please check all of the outcomes/milestones achieved by the participant during the reporting month.
F2. Project Staff:	Enter the last name and first initial of the project staff person (Johnson, K.) who completed the form. Alternatively, a staff person code number/name may be used by sites in place of the staff person's name.
F2. Date:	Enter the numeric month, day, and year that the form was completed (09/24/99).
F3. Case Notes	Enter any case notes or narrative about the participant, particularly relating to receipt of services or outcomes/milestones achieved.

**E. INSTRUCTIONS FOR COMPLETING FORM 5, CHANGE IN SERVICE NEEDS, CHANGE OF ADDRESS, AND CASE CLOSING FORM**

Form 5 (Change in Service Needs, Change of Address, and Case Closing Form) is intended to capture changes in service needs and address of participants and contact persons, as well as case closing information. This form should be completed by the case manager on an as-needed basis to record changes in the participant’s service needs or address; or to close the participant’s case. It is anticipated that each participant will have several change forms completed on them as they proceed through the program. Specific instructions for completing this form follow.

QUESTION ON FORM 5	INSTRUCTIONS FOR COMPLETING THE QUESTION
Participant Name:	Enter participant’s last name, first name, and middle initial (e.g., Doe, Jr., John H.).
Participant ID Number:	Enter the unique Participant ID Number assigned to the participant. [Note: This number will be assigned automatically by the automated management information system (MIS) and should have been entered at the bottom of Form 1.]
Type of Action: 1. Change in Service Needs 2. Address Changes 3. Case Closing	Check the appropriate box or boxes to indicate the type of change being recorded on the form.
<b>A. Education/Training/Job Placement Needs:</b>	
<b>CHANGE IN SERVICE NEEDS</b> <b>(**Note: Use “N” to Indicate <u>New</u> Service Need and “D” to Indicate <u>Dropped</u> Service Need)</b>	Place a “N” (New) as appropriate to indicate a new service need that has emerged for a participant or “D” (Dropped) as appropriate to indicate a service (previously needed by the participant) that is no longer needed by the participant.
A1. Primary Education, Basic Skills, Pre-GED	Primary education refers to education in grades 1-8 (i.e., before high school); basic skills instruction and pre-GED involves instruction to enhance basic reading and math skills generally in anticipation of receiving other types of instruction or to enter GED preparation.
A2. Secondary Education/GED Preparation	Secondary education refers to education in grades 9-12 (i.e., before high school graduation). General Equivalency Diploma (GED) preparation involves instruction to enhancing basic reading and math skills so that an individual can pass the GED test.

QUESTION ON FORM 5	INSTRUCTIONS FOR COMPLETING THE QUESTION
A3. Post-Secondary Education	Post-secondary education refers to formal education after high school leading toward a post-secondary degree (e.g., an associate or B.A.) or certification, such as classroom training at a community college, college/university, or proprietary school.
A4. English as a Second Language (ESL)	ESL refers to instruction in the English language for non-English speaking participants.
A5. Job Club/Job Search	Job club is a group session in which participants gather regularly (i.e., daily, several times a week, or weekly) to help structure ongoing job search activity. Job search assistance refers to help with job leads or strategies to find a job provided by an agency counselor either on an individual basis or as part of a group workshop.
A6. Job Referrals	Job referrals typically involve counselor or case manager referrals to job openings.
A7. OJT/Apprenticeship/Subsidized Work	OJT refers to on-the-job training, which is training provided by an employer as part of the job. Typically, a portion of the wage will be paid by the agency to the employer and the employer will provide the worker with formal or informal training to upgrade skills. A portion of the job training may be provided at the work site, while additional training may or may not be provided in a classroom setting. Apprenticeship is a rigorous training program (e.g., to become an electrician, plumber, welder, or other skilled tradesperson), which is certified by the state or U.S. Department of Labor. Typically, apprenticeship programs last for 2 to 4 years; involve a combination of on-the-job training and classroom instruction; have a formal curriculum; and offer apprenticeship credentialing at the conclusion of training. A subsidized job refers to a job placement in which the employer receives a payment to cover all or part of the wages of the worker (e.g., ½ of hourly wages, for up to 35 hours per month, for a six-month period). There may or may not be a commitment to hire after the subsidized work is concluded.

QUESTION ON FORM 5	INSTRUCTIONS FOR COMPLETING THE QUESTION
A8. Job Skills Training/Vocational Education	Job skills training or vocational education may be short or longer-term training provided in a classroom setting (e.g., at a proprietary school, community college, or college/university) or on-the-job. Training is generally aimed at upgrading skills within a specific occupation and is applicable to a specific job. Training may lead to certification or a degree.
A9. Job Readiness/Life Skills Training/Pre-Employment	Job readiness, life skills, and pre-employment services are often provided as part of a group workshop over several days, a week, or longer. Such sessions are designed to prepare participants to conduct effective job searches and for what can be expected once employed. For example, such workshops may provide help with how to search for a job, how to complete a resume, how to interview, how to dress, anger management, budgeting, and a range of other instruction oriented to finding and keeping a job.
A10. Job Retention Services	Job retention services involve a range of services to help keep participants in jobs once they have them, including mentoring on the job, help dealing with conflicts with other workers, and mentoring.
A11. Other:	This space is available to write in other types of education, employment, or training services in which the participant was involved during the reporting month (not covered elsewhere on the form).
<b>B. Child Support/Parenting/Visitation Needs:</b>	
<b>CHANGE IN SERVICE NEEDS</b> <b>(**Note: Use “N” to Indicate <u>New</u> Service Need and “D” to Indicate <u>1Dropped</u> Service Need)</b>	Place a “N” (New) as appropriate to indicate a new service need that has emerged for a participant or “D” (Dropped) as appropriate to indicate a service (previously needed by the participant) that is no longer needed by the participant.
B1. Help with Paternity Establishment	Help with establishing paternity for one or more of the participant’s children.
B2. Help with Establishing a Child Support Order	Help establishing a child support order for one or more of the participant’s children.
B3. Help with Modifying a Child Support Order	Help with modifying conditions or amounts to be paid under an existing child support order for one or more of the participant’s children.

QUESTION ON FORM 5	INSTRUCTIONS FOR COMPLETING THE QUESTION
B4. Help with Child Support Arrearage	Help negotiating repayment of child support arrearages (i.e., temporary relief from repayment of past due amounts or a change in terms of regular repayment under a child support order for one or more children).
B5. Help Establishing/Modifying Visitation Order	Assistance with establishing/modifying a visitation order for one or more of the participant's children.
B6. Help Establishing/Modifying Custody Order	Help with establishing/modifying a custody order for one or more of the participant's children.
B7. Help Dealing with Child Abuse or Neglect	Help with responding to problems of child abuse or neglect for one or more of the participant's child.
B8. Help Establishing a Parenting Plan	Help with identifying goals and effective strategies for parenting and incorporating them into an overall plan for parenting.
B9. Help Getting to Visit Children	Help with gaining access to one or more children.
B10. Mediation	Assistance with negotiating an agreement between the participant and the other parent of one or more of the participant's children. Such mediation is generally intended to avoid court action.
B11. Parenting Education	Group workshops (though may involve one-on-one counseling) usually designed around a curriculum and providing instruction to enhance parenting skills of participants.
B12. Other:	Write in any other type of child support, parenting, or visitation services received by the participant during the reporting period.
<b>C. Other Service Needs:</b>	
<b>CHANGE IN SERVICE NEEDS</b> <b>(**Note: Use "N" to Indicate <u>New</u> Service Need and "D" to Indicate <u>Dropped</u> Service Need)</b>	Place a "N" (New) as appropriate to indicate a new service need that has emerged for a participant or "D" (Dropped) as appropriate to indicate a service (previously needed by the participant) that is no longer needed by the participant.
C1. Peer Support	Sessions or workshops (usually involving other program participants) designed to discuss parenting, relationships, employment, and a range of other personal issues.
C2. Transportation Assistance	Includes bus tokens, reimbursement for gas or mileage, reimbursement for car repair, taxi fare, help with purchasing a car, or other types of assistance to help participants overcome transportation problems.

<b>QUESTION ON FORM 5</b>	<b>INSTRUCTIONS FOR COMPLETING THE QUESTION</b>
C3. Child Care Assistance	Includes help in finding a childcare provider, direct provision of childcare, and full/partial payment of childcare expenses for a child of the participant.
C4. Medical/Dental/Vision Exams and Treatment	Treatment or other assistance provided to help participants with medical, dental, or vision problems.
C5. Substance Abuse Treatment/Counseling	Treatment or counseling to overcome an alcohol or drug abuse problem, including inpatient or outpatient care.
C6. Mental Health Treatment/Counseling	Treatment or counseling for a mental health problem that is a barrier to employment or becoming a better parent.
C7. Vocational Rehabilitation	Such services are typically provided by a state rehabilitation agency or other contracted service provider to help a participant overcome an injury or other health problem in order to be able to work.
C8. Services Related to Anger Management	Counseling or other types of services to help the participant control anger.
C9. Service Related to Partner Abuse	Counseling or other assistance related to eliminating partner abuse.
C10. Housing Placement/Assistance	Assistance in securing emergency, transitional, or permanent housing and other types of housing assistance (e.g., help with paying a security deposit, help avoiding eviction, help with housing repairs, or help applying for public housing units or other types of subsidized housing).
C11. Money Management/Budgeting	Workshop sessions (e.g., parenting or job readiness workshop) or individual counseling to improve the participant's money management and budgeting skills.
C12. Other Legal Assistance	Provision of legal assistance/services, other than related to child support, visitation, or custody.
C13. Clothing/Work Equipment	Help with purchasing or provision of clothing, tools, or other equipment for the workplace.
C14. Help Obtaining an ID Card	Help with obtaining an ID card (e.g., Social Security Card, driver's license, or other form of valid identification).
C15. Case Management	Counseling and other one-on-one assistance provided by project staff on an ongoing basis to help keep the participant on track, to help troubleshoot emerging problems, and to monitor progress. Typically, a participant would be assigned to a project staff person.

QUESTION ON FORM 5	INSTRUCTIONS FOR COMPLETING THE QUESTION
C16. Other Advocacy/Referral Services	Help with other types of advocacy (besides legal services) or referral to other types of referral services not listed.
C17. Other:	Write in any other type of support services received by the participant during the reporting period (not covered above).
<b>D. ADDRESS CHANGE</b>	
D1. Address Change - Participant New Address: _____ City: _____ State: ____ Zip: ____ Home Phone: (____) _____ Pager Number: (____) _____ Work Phone: (____) _____	If the participant changed his/her address or telephone numbers, enter the new address and/or telephone numbers.
D2. Address Change - Contact Person Name: _____ Address: _____ City: _____ State: ____ Zip: ____ Home Phone: (____) _____ Work Phone: (____) _____ Pager Number: (____) _____ Relationship: _____  New Contact - Replace Contact: #1 #2 Change in Data on Existing Contact	If the participant's contact person changed or if the contact person's address or telephone numbers changed enter changes in the space provided. Indicate whether the change is for one of the two existing contact persons indicated either on an earlier Form 2 or Form 5; or whether this is a new contact person to replace one of the two contact persons indicated on an earlier Form 2 or Form 5.
<b>E. CASE CLOSING</b>	
E1. Date Case Closed: ___/___/___	If the participant was terminated from the program during the reporting period, enter the numeric month, day, and year (e.g., 02/24/00).
E2. Reason for Termination:	Check the appropriate category (select only one category) to indicate why the participant was terminated from the program. If none of the categories sufficiently describes the reason for termination, check Item 6 ("Other") and write in the termination reason in the space provided.
<b>F. PROJECT STAFF/CASE NOTES</b>	

<b>QUESTION ON FORM 5</b>	<b>INSTRUCTIONS FOR COMPLETING THE QUESTION</b>
F1. Project Staff:	Enter the last name and first initial of the project staff person (Johnson, K.) who completed the form. Alternatively, a staff person code number/name may be used by sites in place of the staff person's name.
F1. Date:	Enter the numeric month, day, and year that the form was completed (09/24/99).
F2. Case Notes:	Enter any case notes or narrative about the participant, particularly relating to changes in service needs, changes in address, or case closing.

**E. INSTRUCTIONS FOR COMPLETING FORM 6, FOLLOW-UP INTERVIEW**

Form 6 (Follow-up Interview) is designed to collect follow-up data (primarily related to outcomes) on each program participant. This survey could be administered either via telephone or in-person. The RFMIS has been set up so that only one follow-up form can be entered on each participant. It is recommended that sites using the follow-up survey conduct the survey at six months or one year after the date of enrollment of each participant in the program – though sites can elect to complete the survey at other times (e.g., at case closure, six months after closure). While the RFMIS will not permit more than one follow-up survey to be entered into the system on each participant, if sites wanted to complete and enter more than one follow-up survey per participant, they could make programming changes in the RFMIS so that the system will accept more than one survey per participant (note: such programming changes, however, would require ACCESS programming expertise). Specific instructions for completing this form follow.

QUESTION ON FORM 6	INSTRUCTIONS FOR COMPLETING THE QUESTION
Name:	Enter participant’s last name, first name, and middle initial (e.g., Doe, Jr., John H.).
Site:	Enter the name of the responsible fatherhood program site.
SSN:	Enter participant’s Social Security Number (this optional and may not be necessary because this identifier is included in the RFMIS).
Participant ID Number:	Enter the unique Participant ID Number assigned to the participant. [Note: This number should have already been assigned automatically by the RFMIS and should have been entered at the bottom of Form 1.]
Today’s Date:	Enter the numeric month, day, and year that the form (survey) was completed with the participant (09/24/99).
<b>A. Services</b>	
I want to ask you some questions about the types of services you may have received through this project --	
A1. Help so you could see your children...  ...through...	For each question – Check off in the first column “yes” or “no” to indicate whether the participant wanted help with this particular service.  Check off in the second column “yes” or “no” to indicate whether the participant got help with this particular

QUESTION ON FORM 6	INSTRUCTIONS FOR COMPLETING THE QUESTION
A5. Other kinds of help, like...	<p>service.</p> <ul style="list-style-type: none"> <li>• If the participant did get help (“yes” checked in column 2), then for each subcategory of types of help (e.g., A1.a. through A1.d), move to column 3 and check off the appropriate response (very helpful, somewhat helpful, not helpful) to indicate whether the specific type of service received was helpful.</li> <li>• If the participant did not get help, move to column four and check off or write in the reason help was not received (i.e., check off dropped or write in other reason that help was not received).</li> </ul>
<b>B. Children and Families</b>	
B1. In the past six months have you had a new baby or are you currently expecting?	Check off appropriate answer – “Yes, had new baby,” “Yes, currently expecting,” or “No.”
B2. If yes, are you married to this baby’s mother/father?	Check off “yes” or “no.”
B3. How many children age 18 or younger do you have?	Indicate the total number of children the participant has. [Note: B3 should equal the sum of B4 through B7.]
B4. How many of your children live with you now?	Indicate the total number of children the participant lives with. [ <b>If all children live with the participant (i.e., B3=B4), skip to section C.</b> ]
B5. How many of your children live with the other parent?	Indicate the total number of children the participant has that live with the other parent.
B6. How many of your children live with a relative?	Indicate the total number of children the participant has that live with a relative.
B7. How many of your children live with someone else?	Indicate the total number of children the participant has that live with someone else (i.e., than the parent, other parent, or relative).
B8. How many of your children began living with you since you started the Program?	Indicate the total number of children that have started living with the participant since they entered the responsible fatherhood program.
B9. How many of your children stopped living with you since you started the Program?	Indicate the total number of children that have stopped living with the participant since they entered the responsible fatherhood program.
<b>Now let’s talk about a focal child (ages 18 and younger) who does not live with you.</b> [Note: The program has the alternative of (1) identifying a single child as the focal	Select either a focal child or complete separate forms on each of the child being tracked – then complete questions B10-B30.

QUESTION ON FORM 6	INSTRUCTIONS FOR COMPLETING THE QUESTION
<p>child for this assessment (e.g., youngest, oldest, child that was focus of the original referral), or (2) completing separate forms (Questions B10 - B30) on all children not living with the participant.]  Child's Name or ID Number: _____</p>	<p>Identify the particular child being tracked by either the child's name or ID number.</p>
<p>B10. Do any of the following make it difficult for you to see this child?</p>	<p>Check "Yes" or "No" under each of the factors (B10a. through B10f.).</p>
<p>B11. Compared to six months ago, do you see this child (who does not live with you) MORE often, LESS often, or ABOUT THE SAME?</p>	<p>Check the appropriate response – if "1-See more often" go to Question B12a; if "2-See less often" go to Question B13a; and if "3-See about the same" go to Question B14.</p>
<p><b>If respondent sees the child "MORE OFTEN" ask:</b> Think about _____ (focal child) – how often do you see the child NOW and how often did you see the child six months ago?  B12a. NOW ... B12c. Why are you...</p>	<p>Under Questions B12a and B12b, check the appropriate response; under Question B12c., check as many responses as appropriate.</p>
<p><b>If respondent sees the child "LESS OFTEN" ask:</b> Think about _____ (focal child) – how often do you see the child NOW and how often did you see the child six months ago?  B13a. NOW...B13c. Why are you...</p>	<p>Under Questions B13a and B13b, check the appropriate response; under Question B13c., check as many responses as appropriate.</p>
<p><b>If respondent sees the child ABOUT THE SAME, ask:</b>  B14. You said you see this child about as often as you did six months ago. How often is that?</p>	<p>Check the appropriate response.</p>
<p>B15. Overall, how satisfied are you with the amount of time you spend with this child?</p>	<p>Check the appropriate response.</p>
<p>B16. Compared to six months ago, are you more or less satisfied with the amount of time you spend with this child?</p>	<p>Check the appropriate response.</p>
<p>B17. Compared to six months ago, how much say do you think you have in making major decisions about this child (decisions about things like education, health religion)? Do you think you have</p>	<p>Check the appropriate response.</p>

QUESTION ON FORM 6	INSTRUCTIONS FOR COMPLETING THE QUESTION
more say, less say, or about the same?	
B18. Compared to six months ago, how well do you get along with the other parent of this child?	Check the appropriate response.
B19. In the past six months, has paternity been established for this child (i.e. has your name/the father's name been added to the birth certificate)?	Check the appropriate response.
B21. Do you have an order from the court or the child support agency that says you are supposed to pay child support for this child?	Check the appropriate response. If the answer is "No" skip to Question B27.
B22. Does this order apply to other children?	Check the appropriate response. If "Yes," indicate the number of children to which the order applies.
B23. How much are you supposed to pay each month in child support (total) under this order? \$ _____	Enter dollar amount participant is supposed to pay each month under the particular order.
B24. During the past few months, about what percentage of the child support you were SUPPOSED to pay, did you ACTUALLY pay (under this order)? _____% (IF 100% go to B27)	Enter percentage amount of order paid over past few months. If 100% of order has been paid, skip to Question B27.
B25. There are lots of reasons why someone may not pay child support. I'm going to mention a few. Tell me if this was a reason why you did not pay all your child support under this order during the past few months.	Check either "Yes" or "No" for each reason participant did not pay all of the child support owed.
B26. How much do you estimate you owe in past due child support under this order? \$ _____	Enter dollar amount owed.
B27. In the past 6 months have you or your case manager talked with anyone at the child support agency about your child support situation?	Check the appropriate response. If "Yes," go to Question B28; if "No," skip to Question B29.
B28. If yes, How helpful was this?	Check the appropriate response.
B29. During the past few months have you given this child, or his/her other parent, assistance by:	Check all of the ways in which the participant may have helped; if "Anything else" is checked, indicate the type of assistance provided.
B30. Do you have a child support order covering any other children?	Check the appropriate response.

QUESTION ON FORM 6	INSTRUCTIONS FOR COMPLETING THE QUESTION
<b>C. EMPLOYMENT</b>	
C1. Which best describes your current employment situation?	Check the appropriate box indicating current employment status of participant. Full-time employment is defined as working for pay at a subsidized or unsubsidized job for 30 or more hours per week.
C2. In the past 6 months, how many months did you work full-time? _____ months	Enter the number of months over the past 6 months that the participant has worked for pay at a subsidized or unsubsidized job full-time (i.e., for 30 or more hours per week). Round to the nearest month. Use "0" if the individual has not worked full-time for an employer during the past 6 month or worked full-time less than ½ month.
C3. In the past 6 months, about how many different jobs have you had? _____ (If 0, go to C4; if 1 or more, go to C6)	Enter number of jobs the individual has had over the past 6 months. If none, go to Question C4; if one or more skip to Question C6.
C4. If you haven't worked in the past 6 months, have you been looking for work?	Check appropriate response. If "Yes," go to Question C5a; if "No," go to Question C5B.
C5a. Why do you think you haven't found a job?	Check all appropriate responses.
C5b. Why haven't you looked for a job?	Check all appropriate responses.
<p><b>Now I have a few questions about your current or most recent job. If you have more than one job, let's talk about the job you spend the most hours on.</b></p> <p>C6. When did you start working at this job (month/year)? _____/_____</p>	Enter numeric month and year (e.g., 04/99) when the participant started working at the job he/she spends the most time working at a week.
C7a. <b>If NOT CURRENTLY EMPLOYED</b> , when did you stop working at this last job? _____/_____	Enter numeric month and year (e.g., 04/99) when the participant stopped working at his/her last job (note: leave blank if the individual is currently working).
C7b. <b>If CURRENTLY EMPLOYED</b> , how likely is it that you will still be with the same company in another two years?	Check all appropriate responses (note: leave blank if the individual is currently not employed).
C8. Did you have this job before you entered the Program?	Check appropriate response. If "Yes," go to Question C10; if "No," go to Question C9.
C9. If no, do you think you would have found this job without the help of the program?	Check all appropriate responses (note: leave blank if the individual had job before entry into the program).
C10. Are/were you self-employed?	Check appropriate response.
C11. What kind of work do/did you do?	Indicate the participant's occupation in his/her current or

QUESTION ON FORM 6	INSTRUCTIONS FOR COMPLETING THE QUESTION
	most recent job (e.g., machinist, nurse, cook).
C12. Did you get any services or training through the Program that has helped you on the job?	Check appropriate response.
C13. How many hours each week do/did you usually work at this job? _____hrs.	Indicate the number of hours each week the participant usually works (or worked) in his/her current or most recent job. If there is considerable week-to-week fluctuation, average the number of hours worked over the four preceding weeks.
C14. Does/did this job provide you with (check all that apply):	Check all of the types of fringe benefits provided through the participant's current or most recent job. Medical coverage is defined as health insurance that is made available to the participant through the employer and paid either in part or full by the employer. If none of the types of benefits is/was provided, then check "None of the above."
C15. What is/was your usual wage before taxes and deductions?	Enter the participant's usual gross wages (i.e., before taxes) in his/her current or most recent job, then check the period for which the wages apply (e.g., \$8.50 per hour; \$320 per two weeks).
C16. How well does/did this salary cover your financial needs?	Enter participant's assessment of how well the salary from the current or most recent job covers his/her financial needs. If "Very Well" is checked, skip to Section D.
C17. Have you tried to find a better paying in the past 6 months?	Check appropriate response. If "1-Yes, and I found one," skip to Section D; if "2-Yes, but I haven't found one, go to Question C17a; and if "3-No, I haven't tried," go to Question C17b.
<b>If C17 = "Yes, but I haven't found one," ask:</b> C17a. Why do you think you haven't found a better paying job?	Check all appropriate responses, then skip to Section D.
<b>If C17 = No, ask:</b> C17b. Why haven't you looked for a better paying job?	Check all appropriate responses, then skip to Section D.
<b>D. Wrap Up</b>	
D1. Compared to 6 months ago, would you say your life today is:	Check the most appropriate response.
D2. In the past six months did you...	Check "Yes" or "No" on each outcome/milestone.
D3. I'm going to read a few statements about how things might have changed for you in the past few months. Please tell me if the following things are better, worse, or about the same as six months ago (Circle Response).	Circle the appropriate response for each of the statements (1=Better; 2=Same; 3=Worse; and 4=Not Applicable).

<b>QUESTION ON FORM 6</b>	<b>INSTRUCTIONS FOR COMPLETING THE QUESTION</b>
D4. How would you rate the program on the following (Circle Response):	Circle the appropriate response for each of the statements (1=Excellent; 2=Good; 3=Fair; 4=Poor; 5=Not an issue for me; and 6=Not in program long enough).
D5. Overall, how would you rate the program?	Check the most appropriate response.
D6. What else would you like us to know about your experiences with the Program?	Write down participant's response/comment.
D7. Any changes you can recommend to improve the Program?	Write down participant's recommendations.

**SECTION 4:**

**GUIDE TO USING  
THE RESPONSIBLE FATHERHOOD  
MANAGEMENT INFORMATION SYSTEM**

## **GUIDE TO USING THE RESPONSIBLE FATHERHOOD MANAGEMENT INFORMATION SYSTEM**

This portion of the manual is intended to provide an overview of how to get started on the Responsible Fatherhood Management Information System (RFMIS). It provides basic instructions on how to:

- Install the RFMIS
- Start up the RFMIS
- Exit from the RFMIS
- Add new records to the system
- Locate existing records in the system
- Edit existing records
- Delete existing records
- Regularly back-up the data system

The revised RFMIS has been developed using Microsoft Access 2000. It is intended for use on an IBM-compatible PC. Users of this system will typically load Microsoft Access 2000 and conduct all operations on the system (e.g., adding new records, editing existing records, deleting records, printing reports) from within Microsoft Access. Once participant records are entered into the system, data may be transferred to other applications (such as SPSS and Excel) for analysis purposes.

The instructions in this portion of the guidebook are intended to provide an introduction to using the revised RFMIS and its most important functions. These instructions are not meant to be exhaustive. For more detailed instruction on how to conduct specific functions within the Access environment, it is recommended that project staff consult a basic manual on Access 2000. If project staff have questions or encounter problems with any aspect of installing or operating the RFMIS, they should contact John Trutko, at (703) 522-0885 or Burt Barnow, at (410) 516-5388.

## **A. How to Install the RFMIS**

The installation of the automated system should take no more than about 10 minutes. Installation procedure will create a directory (i.e., also referred to as a folder in Microsoft Windows) on your computer and then copy one file (i.e., an Access data file) onto the specified directory. Installation and operation of the system will require the following:

- an IBM-compatible system (preferably a Pentium-class PC), with at least 10 mg of available space; and
- Microsoft Access 2000 installed on the system.

Step-by-step instructions on installation are provided separately from this manual (along with the installation diskette). If sites need additional help with installation or run into difficulty with installation, they should contact John Trutko, at (703) 522-0885.

## **B. How to Start Up the RFMIS**

**Step 1:** Start up your computer.

**Step 2:** Start up Microsoft Access 2000 [Note: This can be done from the Microsoft Windows Desktop (i.e., at the Main Menu) that appears once your system is fully booted. Using the mouse, click once on the “Start” key in the lower left-hand corner of the Desktop. Use the mouse to move up the menu and highlight “Programs.” A list of software programs will appear. Using the mouse, highlight “Microsoft Access” and click the mouse once. This will take you into Microsoft Access.]

**Step 3:** Once you are within Microsoft Access, a screen will appear which will allow you to create a new database or open an existing database (see Exhibit 4-1). Using your mouse click on “Open an Existing Data Base” (if this is not already selected), then click on the OK box.

**Step 4:** This will bring you to a screen with “Open” in the upper right hand corner (see Exhibit 4-2). [Note: If you have used the RFMIS before, it is possible that it will appear in the list of files and you can simply highlight the file using the mouse and click the mouse to select the file]. On this screen you will select the appropriate directory and file. For example, if the RFMIS was in a directory called “RFFOLDER” on your C> drive, you would follow these steps:

- Use the mouse to click on the gray downward pointing arrow near where it says “Look in.”
- Use the mouse to highlight and click on (“C”).
- Use the mouse to highlight and double click on “RFFOLDER.”
- Use the mouse to highlight and double click on “RFMIS2003” (as shown in Exhibit 4-3).
- The RFMIS Main Menu will appear on your computer screen (as shown in Exhibit 4-4).

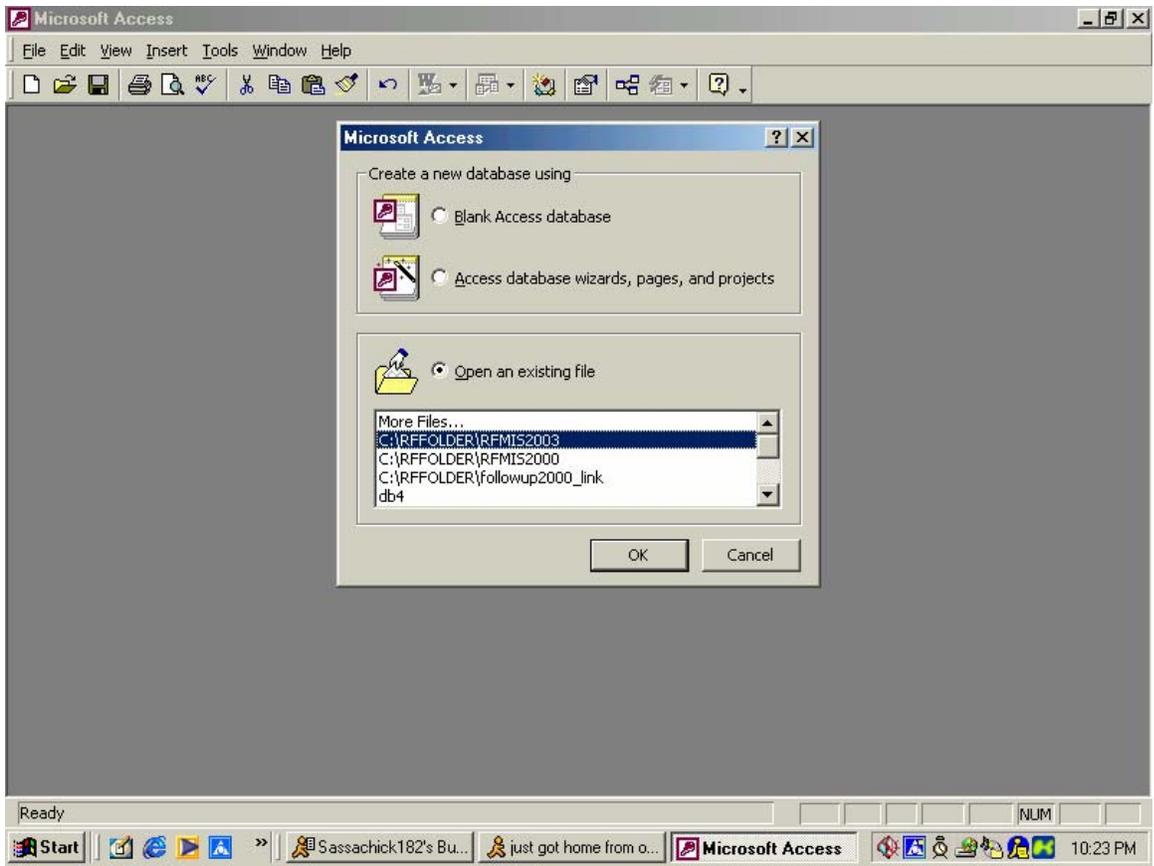


EXHIBIT 4-1: Opening Access Database Screen #1

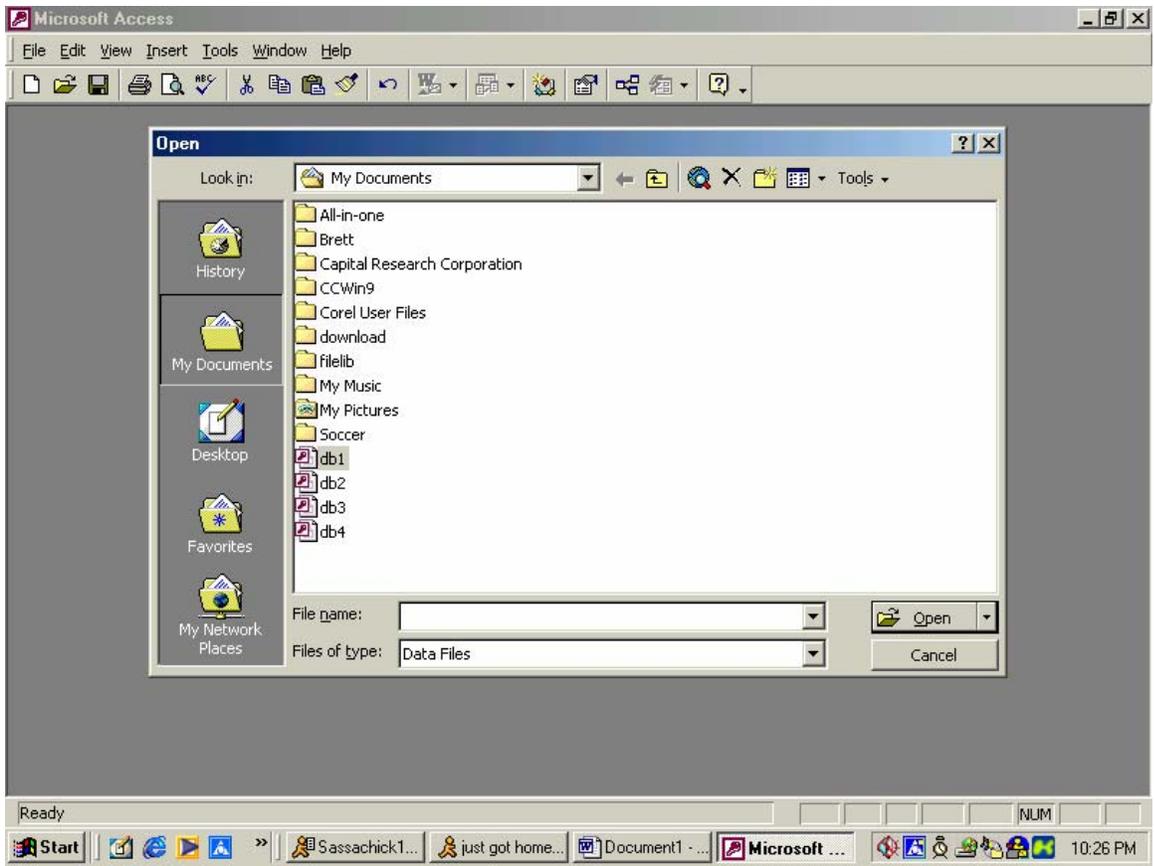


Exhibit 4-2: Opening Access Database Screen #2

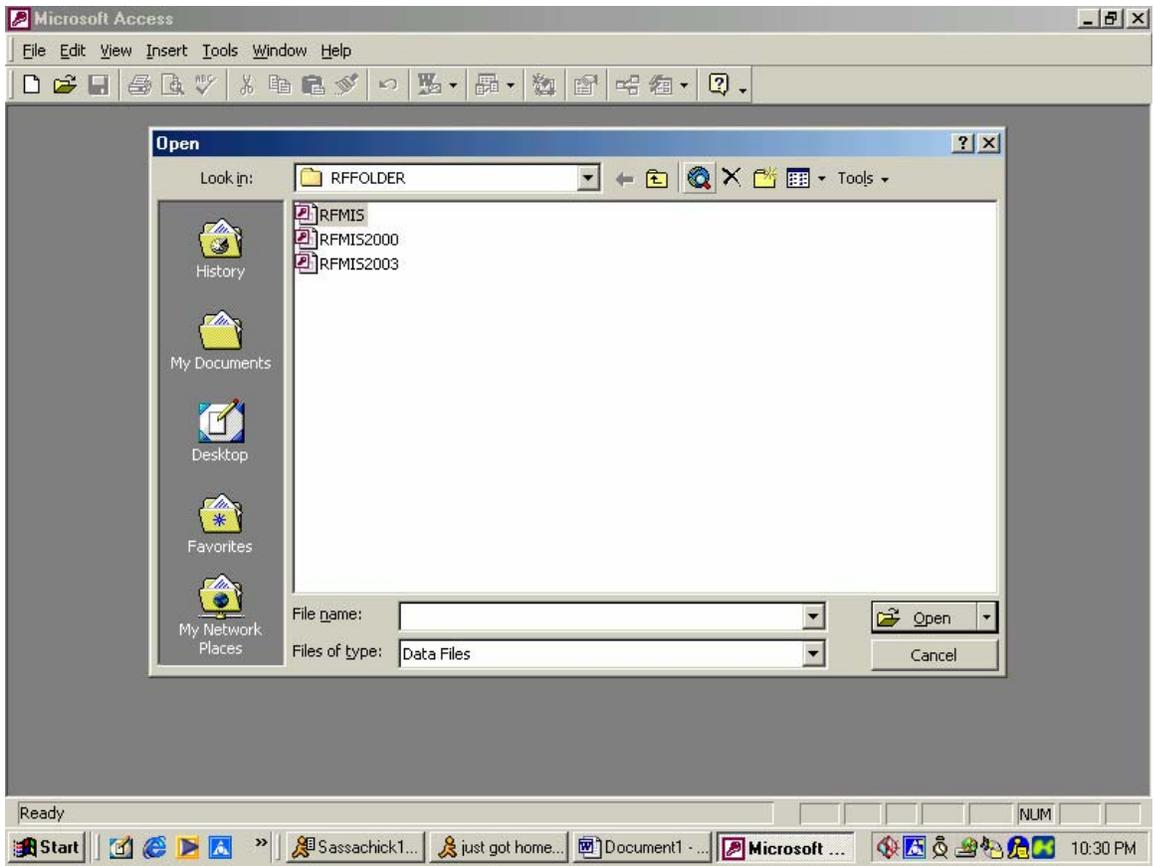


Exhibit 4-3: Opening Access Database Screen #3

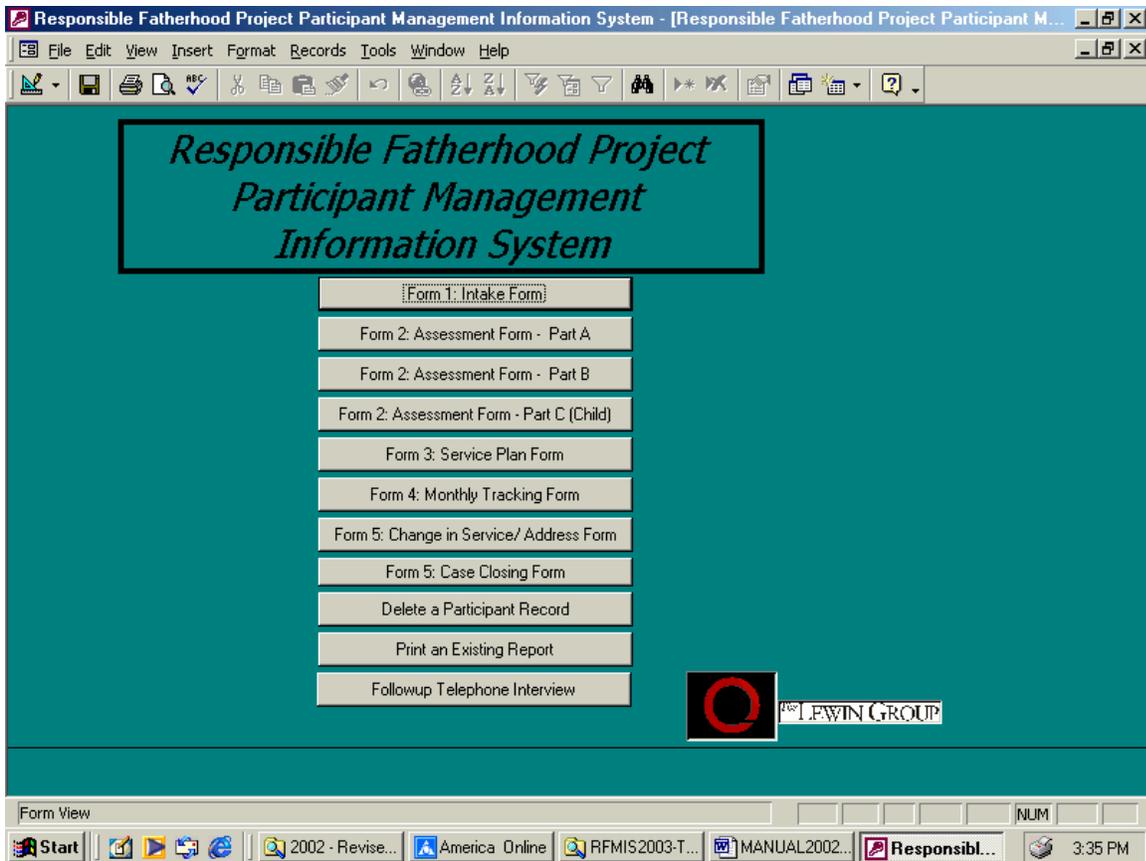


Exhibit 4-4: RFMIS Main Menu

### **C. How to Exit from the RFMIS**

If you are at the RFMIS Main Menu (see Exhibit 4-4), there are two main ways to exit from the system.

- You can take the mouse and click on the box with the “X” located in the very upper right hand corner of the screen and this will automatically exit you from Microsoft Access. [When you do this Microsoft will automatically save the entries that you have made in the RFMIS.]
- You can take the mouse and click on the word “File” on the menu at the top of the RFMIS Main Menu, slide the mouse down and click on “Exit.” This will automatically exit you from Microsoft Access.

If you are within a RFMIS data form, you can either (1) move to the final screen on the particular form you are working on, and using the mouse, click on “Save Record” or (2) using the mouse click on the box in the right hand corner of the form window. Either method will result in saving of the record to the file and will return you to the RFMIS Main Menu.

## **D. Adding New Records**

The basic procedures for adding new records are the same for each of the forms that are included in the RFMIS (i.e., the Intake Form, Assessment Form, Participant Service Needs Form, Monthly Tracking Form, and Change in Service Needs Form; see Section 1 for a copy of the forms). There is, however, one key distinction that exists between Form 1 and the other four forms in the RFMIS:

- When you first enter a Form 1 (the Intake Form) for a new participant, the RFMIS will automatically enter a Participant ID Number onto the screen. The Participant ID field is what is termed in Microsoft Access an “AutoNumber” field, which means that the system automatically assigns a unique number to each participant entered into the database. The Participant ID numbers start at 1 and sequentially increases by one (i.e., 2, 3, 4 and so on) as each new participant is added to the RFMIS. It is this Participant ID that is used to link information entered on to the initial Intake Form to subsequent forms entered into the RFMIS for each participant.
- When you enter data on Form 2 (Assessment Form), Form 3 (Participant Service Needs Form), Form 4 (Monthly Tracking Form), Form 5 (Change in Service Needs, Change of Address, and Case Closing Form), or Form 6 (Follow-up Interview) it will be necessary to (a) indicate that you are entering a new form into the system, and (2) find and select from an alphabetized listing of the participants already in the RFMIS the specific participant whose form you are entering.

While the process of entering data into the system is not complicated, it will be important to follow the steps outlined in this guidebook. It also may be useful to practice entering forms on a few participants into the system (perhaps using dummy data) before entering “real” participant data. If desired, the system can be installed first into a test directory (e.g., a folder called RFTEST) and sample data entered; then the RFMIS can be copied into a folder (e.g., RFFOLDER) and used to enter data on actual participants.

Below, we first illustrate the basic procedures for entering a Form 1, and then, we highlight the key difference in entering subsequent forms.

### **1. Adding a Form 1 (Intake Form) for a New Participant to the RFMIS**

A new, completed Form 1 (Intake Form) should be entered using the following procedures (note: all questions on the form should be complete, with the exception of the Participant ID which is generated automatically by the RFMIS):

**Step 1:** At the RFMIS Main Menu, use the mouse to click on “Form 1: Intake Form.” You will automatically be brought into the first (existing) participant record in the Form 1 data base (see Exhibit 4-5, for an example). [Note: If it is the first record that you are

entering into the system you will come into a blank record]. Notice that near the bottom of screen will be a line that starts with the word “Record” followed by two arrows, a record number, several more arrows, an indication of the total number of records in the data system (note: for this particular form). These arrows are to help navigate through the various records in the system:

- |< If clicked, this box will move you to the first record in the database;
- < If clicked, this box will move you to the previous record in the database, from the record you are currently working on;
- > If clicked, this box will move you to the next record in the database, from the record you are currently working on;
- >| If clicked, this box will move you to the last existing record in the database;
- >\* If clicked, this box will bring up a new (blank) record that can be used to enter a new participant.

The two numbers at the bottom of the screen are important -- the first one (in the white rectangular box) indicates the current record that you are on; the second number (which is preceded by “of”) indicates the total number of records in the database (note: for this particular form).

**Step 2:** *This step is very important* when entering a new record into the system [note: if this is the very first record being entered into the system form, it will not be necessary to hit the >\* box because you will automatically be brought into a blank record]. Using the mouse, you will click onto the >\* box at the bottom of the screen. This will bring up a new (blank) form onto which data can be entered (see Exhibit 4-6 for an example). You will also notice that the number of total number of records in the system increases by one and that a new record number will come up in the rectangular box at the bottom of the page.

**Step 3:** The cursor will automatically move to the first data item on the form -- A1. Name: Last. At this point, you can begin to enter data. For example, in the attached example, we would type *Smith* in the available space. From here you can move to the next field on the form (i.e., “First”) by either (a) using the mouse and clicking on the field, or (b) hitting the “Tab” key on your keyboard (which will advance the cursor to the next data field). Once on the available space next to “First,” you simply type in the participant’s first name (in our example, *John*). You will notice that as you complete the participant’s name, it will also appear in the top right hand corner along with the record number. The Participant ID number and name will appear on every screen that you are working on within the RFMIS so that you can keep track of who you are entering data on. You would then simply move on from field to field using either the mouse to click on the next field or by hitting the Tab key.

**Responsible Fatherhood Project Participant Management Information System**

File Edit View Insert Format Records Tools Window Help

**Participant**

**Form 1 - Intake Form**      1    Smith    John    H

Participant ID:

**A1. Name: Last**     **First**     **MI**     **H**

**A2. Address:**

**City**     **State**     **Zip**

**A3. Home Phone:**

**A4. Work Phone:**

**A5. Pager Number:**

**A6. E-Mail Address:**

**A7. Social Security Number:**

**A8. Where did you hear about the program?**  
[Check all that apply.]

- 1. Hospital paternity establishment program
- 2. Health professional
- 3. Letter from child support agency
- 4. Meeting with child support technician
- 5. Welfare/TANF technician
- 6. Child protection agency/professionals
- 7. Court
- 8. Dept. of Corrections/Juvenile Justice
- 9. Therapist
- 10. Attorney
- 11. School
- 12. Church/faith-based organization
- 13. Friend
- 14. Spouse, ex-spouse, or girlfriend/boyfriend
- 15. Contacted by program staff
- 16. Advertisement/media
- 17. Community organization
- 18. Other (specify)

**A9. Are you required to attend this program?**

Record:  of 1

A9. Select "Yes" or "No" to indicate if the participant was required to attend this program

Start | America ... | Exhibits - ... | RFFOLDER | Responsi... | Particip... | 11:00 AM

Exhibit 4-5: Sample Completed Form 1 Record

Responsible Fatherhood Project Participant Management Information System

File Edit View Insert Format Records Tools Window Help

Participant  
Form 1 - Intake Form

Participant ID: (AutoNumber)

A1. Name: Last First MI

A2. Address: City State Zip

A3. Home Phone: A4. Work Phone: A5. Pager Number: A6. E-Mail Address: A7. Social Security Number:

A8. Where did you hear about the program?  
[Check all that apply.]

- 1. Hospital paternity establishment program
- 2. Health professional
- 3. Letter from child support agency
- 4. Meeting with child support technician
- 5. Welfare/TANF technician
- 6. Child protection agency/professionals
- 7. Court
- 8. Dept. of Corrections/Juvenile Justice
- 9. Therapist
- 10. Attorney
- 11. School
- 12. Church/faith-based organization
- 13. Friend
- 14. Spouse, ex-spouse, or girlfriend/boyfriend
- 15. Contacted by program staff
- 16. Advertisement/media
- 17. Community organization
- 18. Other (specify)

A9. Are you required to attend this program?

Record: 2 of 2

A1. Enter participant's last name

Start America ... Exhibits - ... RFFOLDER Responsi... Particip... 11:01 AM

Exhibit 4-6: Sample Blank Form 1 Record (for Entry of a New Record)

**Step 4:** Form 1 is broken down into three screens -- 1-Identifiers, 2-Characteristics 1, and 3-Characteristics 2 -- each of which is noted by a folder tab at the top of the screen. You can move between the folders either by (a) using your mouse to click on the tab folder for the particular screen you want to move to, or (b) by hitting the Tab key on your keyboard when you are on the final field on a screen (e.g., on the “1-Identifiers” screen, after you enter data into field A9. [Are you required to attend this program?]) and hit the Tab key on your keyboard, you will automatically move to the next field [A10. Date of Birth] on the “2-Characteristics 1” screen.

**Step 5:** When you complete the final field on the last screen of a form -- on Form 1, it will be field A24. Comments, on the “3-Characteristics 2” screen -- you will see a “Save Record” box. Using the mouse, click on the “Save Record” box -- this will return you to the RFMIS Main Menu. [Note: Microsoft Access enters data to the data file as soon as you begin entering data onto a record. Hence, if you were to hit either of the boxes (with the x) in the far right hand corner of the screen, you would exit the form and also save the record to the database.]

You will find several types of data fields on the screens. The main types of data fields that are included are the following: (a) text fields, in which you will enter text using your keyboard, such as a participant’s name and address; (b) check boxes, in which you will simply click on the box (or alternatively you can use your Tab key and hit a SPACE bar on your keyboard) to leave a check mark in the box; (c) date fields, which will only allow you to enter valid dates (in the month/day/year format); and (d) “list” (or drop-down) boxes, which when clicked on with your mouse will show you all of the choices available on a particular field. The list boxes work as follows: if you click on the gray down arrow next to a particular field (e.g., the field “A11. Gender” on Form 1), you will be provided with valid choices for the field (e.g., A11. offers two choices, “1-Male” or “2-Female”) -- simply click with your mouse on the correct entry for the participant and it will be the value entered into the data base.

Where possible, internal edits have been built into the system to reduce the possibility of incorrect data being entered. Limits have been placed on the greatest number that can be entered into some fields. For example, 12 is the highest number permitted on Form 2, B6. “During the past 12 months, about how many months did you work full-time.” If you were to enter a value 13 or higher, the system will beep and warn you that the number is in error. You can simply go back into the field and enter the appropriate number.

If you enter an incorrect value into a particular field, you can go back at any time while entering a particular form or at a later date (after the record has been saved) and correct the entry on the field. To correct an incorrect entry in a field, bring up the particular form, find the participant (see the instructions in the next section on how to locate specific individuals), and simply go to the field with the errant entry, enter the correct value, and save the record as discussed earlier.

If data are missing for a particular field, you can enter the rest of the data on the form and

come back later when the data becomes available and enter the missing data.

Finally, note that as you land on each data entry field, there are brief instructions at the bottom of the screen. For example, if you cursor onto “A10. Date of Birth,” the following data entry instruction will appear on the bottom of the screen, “Enter the participant’s month, day, year of birth (e.g., 09/23/75).”

## **2. Entering Forms 2, 3, 4, 5 and 6**

The basic procedures for entering the other five forms (Forms 2-6) are basically the same as Form 1, with one important exception: When you enter data on Forms 2 through 6, it will be necessary to find and select from an alphabetized list of the participants already in the RFMIS, the specific participant whose form you are entering. These forms can only be entered if a Form 1 (Intake Form) has already been entered into the system. Without a Form 1, there will not be a Participant ID number to link all subsequent forms for a particular participant. Using Form 2 (Assessment Form) to illustrate, follow these procedures to enter a new Form 2 through 5.

- Step 1:** At the RFMIS Main Menu, use the mouse to click on “Form 2: Assessment Form (Part A).” You will automatically be brought into the first (existing) Form 2 participant record in the data base (see Exhibit 4-7 for an example).
- Step 2:** Using the mouse, you will click onto the >\* box at the bottom of the screen [note: if this is the very first record being entered into the system form, it will not be necessary to hit the >\* box because you will automatically be brought into a blank record]. This will bring up a new (blank) form onto which data can be entered (see Exhibit 4-8 for an example). You will also notice that the number of Form 2 records in the system increases by one and that a new record number will come up in the rectangular box at the bottom of the page.
- Step 3:** The cursor will automatically move to the first data item on Form 2, 3, 4, 5 or 6. Using your mouse, you will need to click on the gray “Participant Name/ID” list box, which will provide an alphabetized listing of all participants in the RFMIS (for whom Form 1s have been completed). You can run down the listing of participants using your mouse and click on the specific participant in the listing that corresponds to the participant on the Form 2, 3, 4, 5 or 6. Once you click on the participant’s name on the listing, you will notice that the participant’s ID number and name will appear in the upper right hand corner of the screen. You are then ready to enter data using basically the same procedures as you used on Form 1. [Note: If someone does not appear on the participant listing, it means that a Form 1 was not originally entered into the system or has been deleted from the system. A Form 2, 3, 4, 5, or 6 cannot be entered into the system unless a corresponding Form 1 has previously been entered

Responsible Fatherhood Project Participant Management Information System

File Edit View Insert Format Records Tools Window Help

Assessment

Form 2 - Assessment Form (Part A) 1 Smith John H

1 - Contacts 2 - Employ History 3 - Employ History 2

Participant Name/ID: 1

**A. CONTACTS - Please identify two individuals (not living with you) who will know how to contact you:**

<b>A1. Name:</b>	Smith	Veverly	S	<b>A2. Name:</b>	Williamson	Roy	D
<b>Address:</b>	1364 Elm St., Apt. 3			<b>Address:</b>	4327 Euclid Ave.		
<b>City:</b>	Cleveland Hts.	<b>State:</b>	OH	<b>Zip:</b>	44109	<b>City:</b>	Cleveland
<b>Home Phone:</b>	(216) 444-3621	<b>Home Phone:</b>	(216) 432-5825	<b>State:</b>	OH	<b>Zip:</b>	44111
<b>Work Phone:</b>	(216) 436-4324	<b>Work Phone:</b>	(216) 232-4875	<b>Relationship:</b>	Mother		
<b>Pager Number:</b>	(216) 422-4136	<b>Pager Number:</b>	(216) 444-6666	<b>Relationship:</b>	Friend		

Record: 1 of 1

A2. Enter second contact person's relationship with the participant

NUM

Start America ... Exhibits - ... RFFOLDER Responsi... Assess... 11:05 AM

Exhibit 4-7: Sample Completed Form 2 Record

Responsible Fatherhood Project Participant Management Information System

File Edit View Insert Format Records Tools Window Help

Assessment

Form 2 - Assessment Form (Part A)

1 - Contacts 2 - Employ History 3 - Employ History 2

Participant Name/ID:

**A. CONTACTS - Please identify two individuals (not living with you) who will know how to contact you:**

A1. Name:	<input type="text"/>	A2. Name:	<input type="text"/>
Address:	<input type="text"/>	Address:	<input type="text"/>
City:	<input type="text"/>	City:	<input type="text"/>
State:	<input type="text"/>	State:	<input type="text"/>
Zip:	<input type="text"/>	Zip:	<input type="text"/>
Home Phone:	<input type="text"/>	Home Phone:	<input type="text"/>
Work Phone:	<input type="text"/>	Work Phone:	<input type="text"/>
Pager Number:	<input type="text"/>	Pager Number:	<input type="text"/>
Relationship:	<input type="text"/>	Relationship:	<input type="text"/>

Record:  2 of 2

A1. Enter the last name of an individual who will know how to contact the participant. NUM

Start America ... Exhibits - ... RFFOLDER Responsi... Assess... 11:06 AM

Exhibit 4-8: Sample Blank Form 2 Record (for Entry of a New Record)

into the RFMIS. The data entry person should check with project staff responsible for case managing the participant to obtain a copy of a Form 1 for the particular participant.]

When entering Forms 2, 3, 4, 5, or 6, there are several other important items to note:

- Because of its length, Form 2 (Assessment Form) is spread across three automated forms on the RFMIS. Within each of these forms, there are several screens that will need to be completed.
- When a participant has more than one child, it will be necessary to enter multiple Child Forms into the RFMIS for each participant. The RFMIS will permit multiple Child Form records to be linked to a Participant ID Number.
- It is anticipated that most participants will have multiple Form 4s (the Monthly Tracking Form). This form will be completed at the end of each month on each participant whose case has not been terminated. The RFMIS will permit multiple Monthly Tracking Form records to be linked to a participant number.
- Data entry staff may want to consult a Microsoft Access 2000 manual for additional instructions on data entry.

## E. Locating and Editing Existing Records

If you need to update information within the RFMIS there are a number of ways in which a record can be located. If there are a relatively small number of participants in the database, you can use the arrow keys at the bottom of the data entry forms to move from record to record (see Exhibit 4-9). The participant name and Participant ID will appear at the upper right hand corner of the form as you move through the database.

- |< If clicked, this box will move you to the first record in the database;
- < If clicked, this box will move you to the previous record in the database, from the record you are currently working on;
- > If clicked, this box will move you to the next record in the database, from the record you are currently working on;
- >| If clicked, this box will move you to the last existing record in the database;

A second method for locating records is to use the Find feature in Microsoft Access. Follow these steps:

- Step 1:** At the RFMIS Main Menu, use the mouse to click on a particular form (e.g., “Form 1: Intake Form”). You will automatically be brought into the first (existing) participant record on that form.
- Step 2:** Place the cursor on any field that you want to search to find a particular record. For example, on Form 1, you might want to place the cursor on the data entry box for “A1. Name "Last” if you were interested in searching the database for a specific individual (e.g., “Anderson”).
- Step 3:** Using your mouse, click on “Edit” on the upper left-hand corner of the Microsoft Access tool bar. Run down the menu that appears and click on “Find.” A box will appear which will ask “Find What?” Into the space provided, enter the specific value that you are interested in finding (e.g., you would enter “Anderson” if you were interested in finding a participant named Anderson). Once you have entered the value that you want to search on, you can then click on the “Find First” box and the first record meeting the criteria will be shown. When you then click on the “Close” box, you will be on that particular matching record.

A third method for locating records is to use the Datasheet View. To use the Datasheet View you must be in a specific form (e.g., Form 1). Below, we illustrate using the Datasheet View to find a record in Form 1:

- Step 1:** At the RFMIS Main Menu, use the mouse to click on “Form 1: Intake Form.” You will automatically be brought into the first (existing) participant record in the Form 1 database.

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File Edit View Insert Format Records Tools Window Help

Participant  
Form 1 - Intake Form

1 Smith John H

Participant ID: 1

A1. Name: Last Smith First John MI H

A2. Address: 123 Main St., Apt 5

City Cleveland State OH Zip 44107

A3. Home Phone: (216) 987-6543

A4. Work Phone: (216) 987-1234

A5. Pager Number: (216) 987-5433

A6. E-Mail Address: jsmith@mlbcleve.com

A7. Social Security Number: 123-44-5678

A8. Where did you hear about the program?  
[Check all that apply.]

- 1. Hospital paternity establishment program
- 2. Health professional
- 3. Letter from child support agency
- 4. Meeting with child support technician
- 5. Welfare/TANF technician
- 6. Child protection agency/professionals
- 7. Court
- 8. Dept. of Corrections/Juvenile Justice
- 9. Therapist
- 10. Attorney
- 11. School
- 12. Church/faith-based organization
- 13. Friend
- 14. Spouse, ex-spouse, or girlfriend/boyfriend
- 15. Contacted by program staff
- 16. Advertisement/media
- 17. Community organization
- 18. Other (specify)

A9. Are you required to attend this program?  
2-No

Record: 1 of 1

A1. Enter participant's last name NUM

Start America ... Exhibits - ... RFFOLDER Responsi... Particip... 11:07 AM

Exhibit 4-9: Sample Form 1 Record

**Step 2:** Using your mouse, click on “View” on the upper left-hand corner of the Microsoft Access tool bar.

**Step 3:** Using the mouse, run down the menu that appears and click on “Datasheet View.” A list of participants will appear in a spreadsheet format (see Exhibit 4-10). At this point there are several options available:

- If you see the record you are looking for in the listing, you can simply click on the record with your mouse.
- You can sort the data that appears in the spreadsheet on any field in ascending or descending order. To do this, using your mouse click on the particular field name at the top of a column that you want to sort. This will highlight (i.e., darken) the entire column. Then, using your mouse, click on “AZ downward arrow” on the Access tool bar. For example, on Form 1 you could sort the participant database in alphabetical order by clicking and holding down the mouse on “A1. Name” and sweeping across the column headed “First” and “MI” and then releasing the mouse. This will highlight (i.e., darken) the three columns under these field names. Then, click with your mouse on “AZ downward arrow” on the Access tool bar. [Note: To return the database to numeric order by Participant ID, click on “A1. Name” and sweep across “Participant ID,” then click on the “AZ downward arrow” on the Access tool bar.]
- You can move across the Datasheet View spreadsheet with your mouse, the Tab key (to move horizontally), or by using the four arrow keys on your keyboard.

**Step 4:** To return to the Form View from the Datasheet View, use your mouse to click on “View” on the upper left-hand corner of the Microsoft Access tool bar. Using the mouse, run down the menu that appears and click on “Form View.” You will return to the Form you were working on (e.g., Form 1).

There are several other more advanced ways to search for records -- for example, using queries and reports. Consult your Microsoft Access 2000 manual for details on how to do this.

Once you have located a particular record in the database, to edit existing data in a record, you can simply overwrite that data with new data (e.g., if the last name of the participant was misspelled, you can go into the particular field and correct the misspelling). Access will automatically update the record as soon as you leave the field.

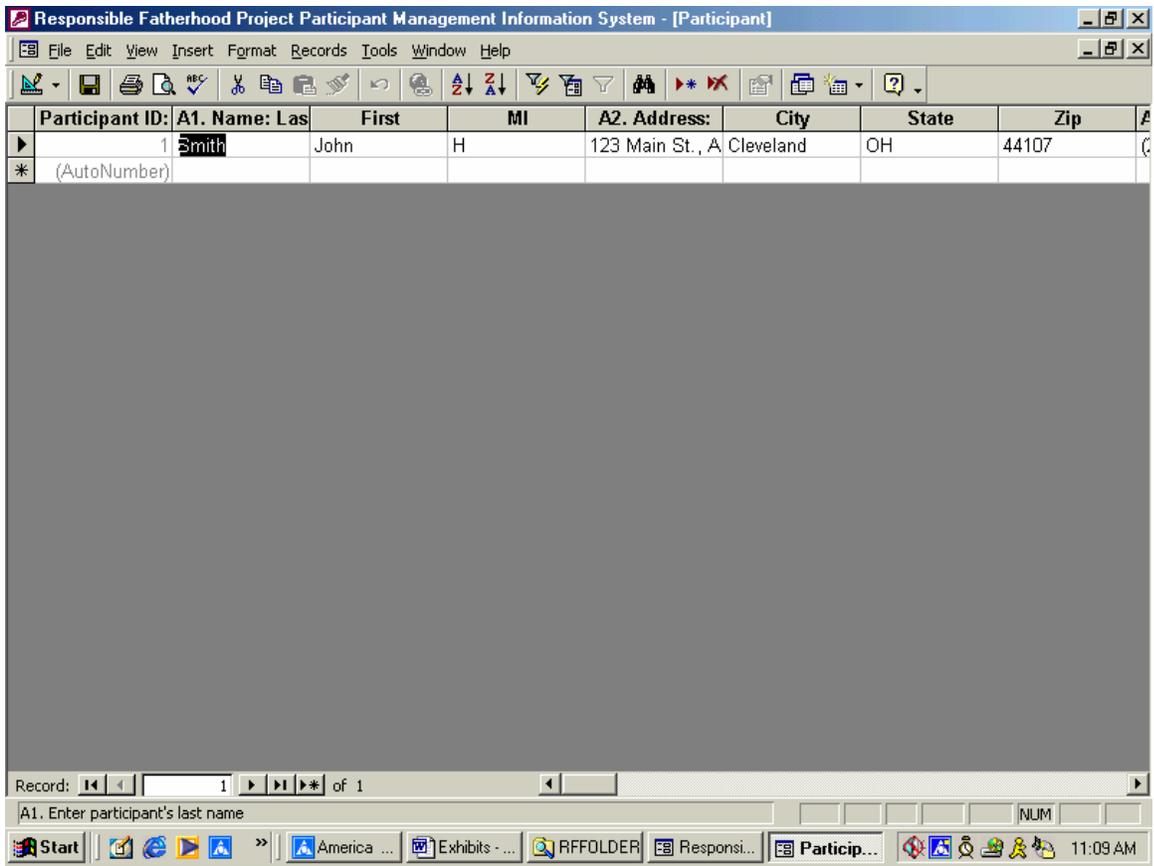


Exhibit 4-10: Microsoft Access Datasheet View

## **F. Deleting Records from the RFMIS**

Great care should be taken in deleting records from the RFMIS. In the rare circumstances that a record needs to be deleted from the system, follow these steps:

- Step 1:** From the RFMIS Main Menu, click with your mouse on the box that says “Delete a Participant Record.”
- Step 2:** A screen will appear that says “Please select the participant record that you would like to delete” (See Exhibit 4-11). Click on the gray downward arrow in the box, which will provide a listing of all participants in the data system. Use your mouse to slide down the list of records in the list. Click on the particular record that you would like to delete.
- Step 3:** The Participant ID of the participant that you have selected to delete will appear in a box. If this is the correct participant number, then click your mouse on the “Delete Record” box. You will be asked if you want to delete all data for this participant. (Note: The delete function will delete all forms -- that is all Forms 1, 2, 3, 4, 5 and 6 - - for the particular participant.) Using your mouse, click on the “Yes” box to delete the participant from the data system. You will be given a last warning that you will delete a row of records. Click on the “Yes” box if you still want to delete the record. This warning will repeat for each individual form that you delete until all forms for the individual are eliminated from the system.

Although great care should be taken, it is also possible to delete a single form for a participant (without deleting all forms for a participant) by using the Datasheet View. Users should consult the Microsoft Access manual for instructions on how to do this. [Please note that such deletions should be approached with caution, because it can result in incomplete sets of forms for users in the system, e.g., you may end up with a Form 1, 3 but not a Form 2 for a participant.]

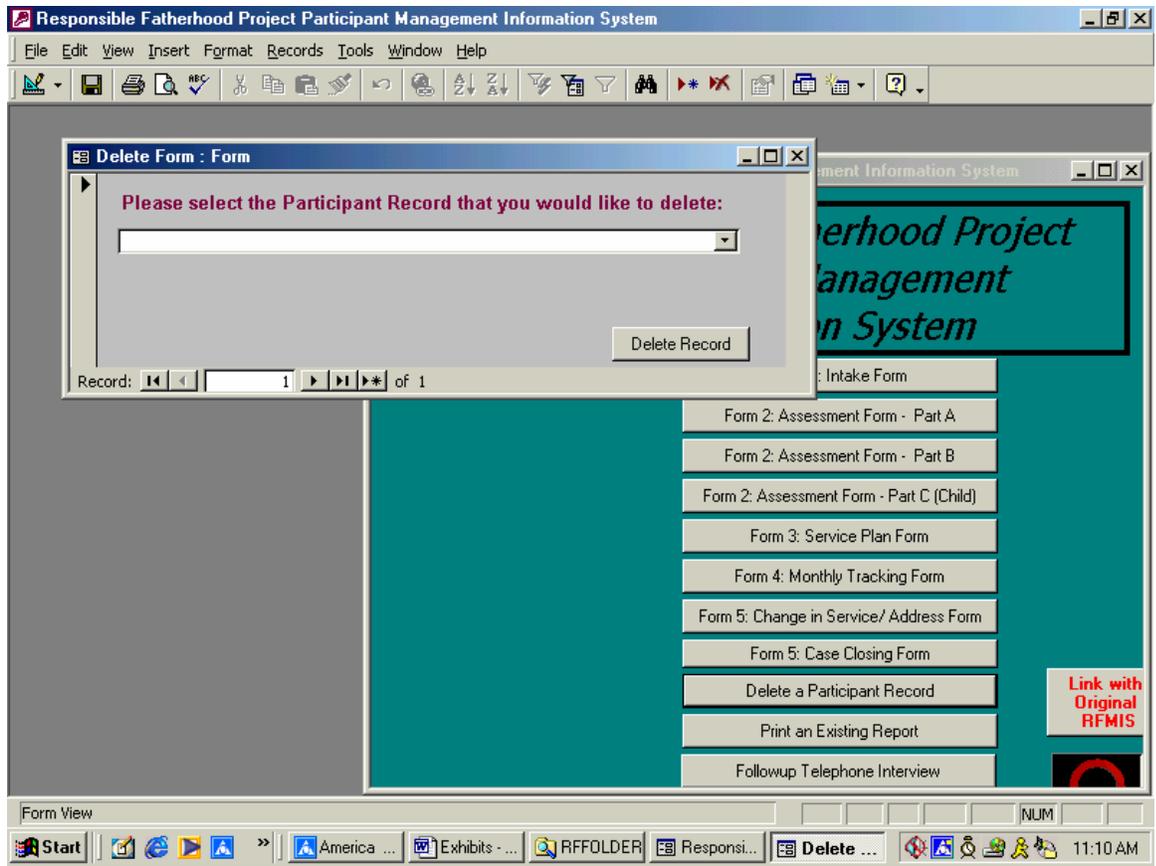


Exhibit 4-11: Screen for Deleting a Record

## **H. Making Back-Up Copies of the RFMIS**

At a minimum, sites should back up the RFMIS at the end of each month. The data can be backed-up onto a floppy diskette, CD-ROM, or onto a tape backup unit. Because of its size (in excess of several mg) it will need to be compressed or zipped up to be backed-up onto a 3.5 floppy diskette. This can be done using a data compression software such as WinZip or PKZIP. The database can be directly copied down to either a CD-ROM diskette or data tape. If you have questions on how to back up your system, please contact: John Trutko, at (703) 522-0885, or Burt Barnow, at (410) 516-5388.

**SECTION 5:**  
**SAMPLE DATA ENTRY SCREENS**

Responsible Fatherhood Project Participant Management Information System - [Responsible Fatherhood Project Participant M...]

File Edit View Insert Format Records Tools Window Help

Form View

**Responsible Fatherhood Project  
Participant Management  
Information System**

[Form 1: Intake Form]

Form 2: Assessment Form - Part A

Form 2: Assessment Form - Part B

Form 2: Assessment Form - Part C (Child)

Form 3: Service Plan Form

Form 4: Monthly Tracking Form

Form 5: Change in Service/ Address Form

Form 5: Case Closing Form

Delete a Participant Record

Print an Existing Report

Followup Telephone Interview



Form View

Start 2002 - Re... America D... RFMIS200... MANUAL2... Respon... 2:47 PM

Responsible Fatherhood Project Participant Management Information System - [List of Reports : Form]

File Edit View Insert Format Records Tools Window Help

Responsible Fatherhood Project Participant Management Information System Existing Reports

[Return to Main Form]

Participant Characteristics	Characteristics of Children
Participant Contact Information	Types of Help Needed at Intake
Employment History	Education, Training, Job Placement Services Received (by Month)
Participant's Current/Most Recent Employment Information	Education, Training, Job Placement Services Received (by Participant)
Employment/Parenting Issues (Part I)	Participant Employment Outcomes (by Month)
Employment/Parenting Issues (Part II)	Participant Employment Outcomes (by Participant)
Participant Child Support Status at Assessment	Participant Outcomes/Milestones Achieved (by Month)
	Participant Outcomes/Milestones Achieved (by Participant)

Record: 1 of 1

Form View

Start 2002 - Re... America D... RFMIS200... MANUAL2... Responsibl... List of R... 2:51 PM

Responsible Fatherhood Project Participant Management Information System - [Participant]

File Edit View Insert Format Records Tools Window Help

Form 1 - Intake Form 1 Smith John H

1 - Identifiers 2 - Characteristics 1 3 - Characteristics 2

Participant ID: 1

A1. Name: Last Smith First John MI H

A2. Address: 123 Main St., Apt 5

City Cleveland State OH Zip 44107

A3. Home Phone: (216) 987-6543

A4. Work Phone: (216) 987-1234

A5. Pager Number: (216) 987-5433

A6. E-Mail Address: jsmith@mlbcleve.com

A7. Social Security Number: 123-44-5678

A8. Where did you hear about the program? [Check all that apply.]

- 1. Hospital paternity establishment program
- 2. Health professional
- 3. Letter from child support agency
- 4. Meeting with child support technician
- 5. Welfare/TANF technician
- 6. Child protection agency/professionals
- 7. Court
- 8. Dept. of Corrections/Juvenile Justice
- 9. Therapist
- 10. Attorney
- 11. School
- 12. Church/faith-based organization
- 13. Friend
- 14. Spouse, ex-spouse, or girlfriend/boyfriend
- 15. Contacted by program staff
- 16. Advertisement/media
- 17. Community organization
- 18. Other (specify)

A9. Are you required to attend this program? 2-No

Record: 1 of 1

A1. Enter participant's last name NUM

Start America ... Document... RFFOLDER Responsi... Particip... 11:22 AM

Responsible Fatherhood Project Participant Management Information System - [Participant]

File Edit View Insert Format Records Tools Window Help

Form 1 - Intake Form 1 Smith John H

1 - Identifiers 2 - Characteristics 1 3 - Characteristics 2

A10. Date of Birth (MM/DD/YY): 05/07/1967

A11. Gender: 1-Male

A12. What is your current marital status? 5-Never married

A13. Do you consider yourself:

A13b. Other (specify):

A14. Are you enrolled in school? 2-No

A15. What is the highest grade in school you have completed? 12

A16. What is the highest degree you have earned? 3-High school diploma

A17. In addition to you, who do you normally live with? [Check all that apply.]

- 1. No one, live alone
- 2. One or both of your parents/foster parents
- 3. Your brother(s) or sister(s)
- 4. Your spouse
- 5. Your girlfriend/boyfriend
- 6. Your own children
- 7. Children of spouse/girlfriend/boyfriend
- 8. Other relative(s)
- 9. Friend(s)
- 10. Not applicable (e.g., live in halfway house or shelter)
- 11. Other (specify):

A18. Do you have any children under the age of 18 who do not live with you? -Yes

Record: 1 of 1

A18. Select "Yes" or "No" to indicate whether the participant has any children under the age of 18 who do not NUM

Start America ... Document... RFFOLDER Responsi... Particip... 11:23 AM

Responsible Fatherhood Project Participant Management Information System - [Participant]

Form 1 - Intake Form

1 Smith John H

1 - Identifiers 2 - Characteristics 1 3 - Characteristics 2

A19. Are you or is your girlfriend/partner pregnant?  
2-No

A20. Do you think you might want to help with any of the following? [Check all that apply.]

- 1. Getting to see your children more often
- 2. Finding a job
- 3. Finding a better paying job
- 4. Additional education or training
- 5. Child support payments or debts
- 6. Parenting skills/being a better parent
- 7. Improve relationship with other parent
- 8. Substance abuse treatment/counseling
- 9. Help with anger management
- 10. Health services

11. Talking with others in the same situation

12. Getting on the right track

13. Other (specify):

\*\*\*For Office Use Only\*\*\*

A21. Is this person appropriate for the program?  
1-Yes

A22. Project Staff: Johnson, K

Date: 06/25/1999

A24. Comments:  
At this time, the individual expressed a strong desire to enroll in the program, but was concerned that he would not have time to attend parenting classes.

Save Record

Record: 1 of 1

A22b. Enter the numeric month, day and year the form was completed (e.g., 07/23/1999)

Responsible Fatherhood Project Participant Management Information System - [Assessment]

Form 2 - Assessment Form (Part A)

1 Smith John H

1 - Contacts 2 - Employ History 3 - Employ History 2

Participant Name/ID: 1

A. CONTACTS - Please identify two individuals (not living with you) who will know how to contact you:

A1. Name:	Smith	Veverly	S	A2. Name:	Williamson	Roy	D
Address:	1364 Elm St., Apt. 3			Address:	4327 Euclid Ave.		
City:	Cleveland Hts.	State:	OH	Zip:	44109	City:	Cleveland
Home Phone:	(216) 444-3621	State:	OH	Zip:	44111	Home Phone:	(216) 432-5825
Work Phone:	(216) 436-4324	Work Phone:	(216) 232-4875				
Pager Number:	(216) 422-4136	Pager Number:	(216) 444-6666				
Relationship:	Mother	Relationship:	Friend				

Record: 1 of 1

A1. Enter the last name of an individual who will know how to contact the participant.

Responsible Fatherhood Project Participant Management Information System - [Assessment]

File Edit View Insert Format Records Tools Window Help

Form 2 - Assessment Form (Part A) 1 Smith John H

1 - Contacts 2 - Employ History 3 - Employ History 2

**B1. During the past 12 months did you receive:**  
[Check all that apply.]

1. TANF

2. State/Local General Assistance ( GA)

3. Supplemental Security Income (SSI)

4. Social Security Disability Insurance (SSDI)

5. Food Stamps

6. Unemployment Insurance (UI) Compensation

7. Worker's Compensation

8. Veteran's Administration (VA) Benefits

9. Other (specify):

**B2. Have you ever been employed?** 1-Yes

**B3. Have you ever been employed full-time?** 1-Yes

**B4. What is the longest you ever worked for any one employer full-time?**  
2 Years 5 Months

**B5. Which best describes your employment in the past 12 months?**  
2-Employed part-time

**B6. During the past 12 months, about how many months did you work full-time?** 4

**B7. Are you currently employed?** 1-Yes  
Month/year you left your last job:

**B8. Is this employment full-time or part-time?** 2-Part-tim

**B9. Is the job expected to end within the next 6 months?** 2-No

**B10. Do you have more than one job?** 2-No

**B11. Are you currently looking for another job?** 1-Yes

Record: 1 of 1

B1- 1. Check box if participant received TANF.

Start America ... Documen... RFFOLDER Responsi... Assess... 11:29 AM

Responsible Fatherhood Project Participant Management Information System - [Assessment]

File Edit View Insert Format Records Tools Window Help

Form 2 - Assessment Form (Part A) 1 Smith John H

1 - Contacts 2 - Employ History 3 - Employ History 2

**B12. When did you start working for your current/most recent employer? Month/Year:**  
04/1999

**B13. Are/were you self-employed?** 2-No

**B14. What kind of work do/did you do?**  
Machinist

**B15. How many hours each week do/did you usually work at this job?** 20

**B16. What is/was your usual wage before taxes/deductions?**  
\$8.50 per: 1-Hour

**B17. How well does/did this salary cover your financial needs?**  
3-Not very well

**B18. Does/did this job provide you with...[Check all that apply.]**

1. Paid vacation

2. Paid sick leave

3. Medical coverage

4. None of the above

Save Record

Record: 1 of 1

B18-3. Check box if participant's job offered medical coverage.

Start America ... Documen... RFFOLDER Responsi... Assess... 11:31 AM

Responsible Fatherhood Project Participant Management Information System - [Form 2 - Assessment Form Part2 : Form]

Form 2 - Assessment Form (Part B) 1 Smith John H

4 - Employ/Parenting Issues 5 - Employ/Parenting Issues 2

Participant Name/ID: 1

**C1. Do you have...**

1-Yes 1. A valid driver's license  
 1-Yes 2. A photo ID  
 2-No 3. A Social Security Number  
 1-Yes 4. A birth certificate  
 2-No 5. Access to reliable transportation  
 1-Yes 6. A permanent place to live

**C2. Do the following make it hard to find or keep a job...**

2-No 1. Health problems or disabilities  
 1-Yes 2. Problems with alcohol/drugs  
 1-Yes 3. Trouble reading or writing  
 2-No 4. Problems speaking English  
 2-No 5. Lack of a green card  
 2-No 6. Lack of child care  
 1-Yes 7. Other: Conflicts with co-workers

**C3. Have you ever been...**

2-No 4. Convicted of a misdemeanor  
 1-Yes 2. Convicted of a felony  
 2-No 3. Convicted of a violent crime  
 2-No 4. Convicted of spousal or child abuse  
 1-Yes 5. In an alcohol/drug abuse treatment program  
 1-Yes 6. Arrested for driving under the influence or driving while intoxicated (DUI/DWI)

**C4. Have you ever been incarcerated in prison or jail for committing a non-child support related offense?**

1-Y Most recent release date: 07/15/1992

**C5. Are you currently on:**

2-No 1. Probation  
 2-No 2. Parole

**C6. Do you have any current charges pending?**

2-No What charges

**C7. During the past 6 mont have you at any time been homeless or lived in an emergency shelter?**

1-Yes

**C8. During the past 6 mont have you at any time lived halfway house?**

2-No

**C9. How many people norr live in your household?**

5

**C10. How many children under age 18 do you have?**

3

Record: 1 of 1

C10. Enter the number of children the participant has who are under the age of 18. NUM

Responsible Fatherhood Project Participant Management Information System - [Form 2 - Assessment Form Part2 : Form]

Form 2 - Assessment Form (Part B) 1 Smith John H

4 - Employ/Parenting Issues 5 - Employ/Parenting Issues 2

**C11. With how many different women/men have you had these children?**

2

**C12. How many of these children live with you most of the time?**

1

**C13. Do you have an order through the court or the child support agency that says you are supposed to pay child support for some or all of your children?**

1-Yes -- Number of child support orders

Check box if verified by child support records

**C14. How much are you supposed to pay each month in child support?**

Self-Reported	\$350.00	CS Records	\$382.50
---------------	----------	------------	----------

**C15. During the past 6 months, about what percentage of the child support you were supposed to pay, did you actually pay?**

Self-Reported	25 %	CS Records	20 %
---------------	------	------------	------

**C16. How much do you owe in back due child support payments?**

**C17. During the past 6 months, have you provided any of these types of support for children of yours who do not live with you? [Check all that apply.]**

- 1. Giving money directly to the child or his/her other parent
- 2. Making car payments, purchasing a car, or loaning your car
- 3. Paying medical bills
- 4. Making mortgage or rent payments
- 5. Purchasing of clothes, furniture, bikes, or other major items
- 6. Buying diapers
- 7. Anything else:
- 8. None of the above

**C18. Project Staff:** Johnson, K  
**Date:** 07/14/1999

**C19. Case Notes**

Participant has experienced difficulty in obtaining substance abuse counseling and treatment in the past

Record: 1 of 1

C19. Enter additional case notes. NUM

Responsible Fatherhood Project Participant Management Information System - [Assessment]

File Edit View Insert Format Records Tools Window Help

Form 2 - Child Form 1 Smith John H

1 - Child Info 1 2 - Child Info 2 3 - Child Info 3

Participant Name/ID: 1

**D. INFORMATION ABOUT EACH CHILD [COMPLETE THIS FORM FOR EACH CHILD]**

D1. Child's Name: Last Barnes First Gale MI M

D2. Child's Social Security #: 421-43-8777

D3. Name of Child's Mother/Father: Last Barnes First Jane MI M

D4. Child's Date of Birth: 11/23/1989

D5. Child's Gender: 2-Female

D6. Do you live with this child's mother/father? 3-No

D7. Are you, or were you in the past, ever married to this child's mother/father? 3-Never married to her/him-lived with in past

D8. Has legal custody for this child ever been decided by the court? 1-Yes

D9. If yes, what is the custody arrangement: 2-Sole legal custody to the other parent

D10. Is your name on the birth certificate as the legal parent or has paternity been established for this child? 1-Yes

Check box if verified by child support records

D11. Is this child covered by a child support order? 1-Yes

D12. With whom does the child usually live? 3-With other parent

If Other:

Record: 1 of 1

D12. Select with whom the child usually lives. NUM

Start America ... Documen... RFFOLDER Responsi... Assess... 11:40 AM

Responsible Fatherhood Project Participant Management Information System - [Assessment]

File Edit View Insert Format Records Tools Window Help

Form 2 - Child Form 1 Smith John H

1 - Child Info 1 2 - Child Info 2 3 - Child Info 3

D13. Do you have a court order saying you can spend time with this child? 1-Yes

D14. Has the court placed any restrictions on your contact with this child? 1-Yes

D15. If yes, what kind of restrictions? 2-No overnights

If Other:

D16. Do you have a temporary or permanent restraining order against the other parent of this child? 3-No

D17. Does the other parent of this child have a temporary or permanent restraining order against you? 3-No

D18. How many miles do you live from this child? 40

D19. How long has it been since you last saw this child? Months Weeks 2 Days

D20. During the past 12 months, about how often did you see this child? 4-One to three times a month

D21. Overall, how satisfied are you with the amount of time you spend with this child? 3-Somewhat dissatisfied

Record: 1 of 1

D21. Select the appropriate response to indicate how satisfied the participant is with the amount of time he/s NUM

Start America ... Documen... RFFOLDER Responsi... Assess... 11:42 AM

Responsible Fatherhood Project Participant Management Information System - [Assessment]

File Edit View Insert Format Records Tools Window Help

Form 2 - Child Form

1 Smith John H

1 - Child Info 1 2 - Child Info 2 3 - Child Info 3

D22. During the past 12 months, how much influence have you had in making major decisions about such things as this child's education, religion and health?  
3-None

D23. Overall, how would you describe the relationship with this child's other parent?  
4-Somewhat hostile

D24. Do you think the other parent wants you to have a positive and close relationship with this child?  
2-Somewhat

D25. Over the past 12 months, how much conflict have you and the other parent had on the following: [Circle 1=Great Deal, 2=Some, 3=None]

Who has custody of this child 3-None  
Where this child lives 3-None  
How this child is raised 1-Great  
Amount/frequency of child support payments 1-Great  
When and how often you visit with this child 1-Great

What you do when you visit this child 3-None  
Decisions about this child's education, health, etc. 3-Nor  
Issues not related to the child 2-Son

D26. When you and the other parent of this child have a serious disagreement, how often do you: [Circle: 1=Often, 2=Occasionally, 3=Never]

Just keep your opinions to yourself 2-Occ  
Discuss your disagreements pretty calmly 1-Ofte  
Argue, yell, and shout at one another 2-Occ  
End up hitting or throwing things at each other 3-Neve

Save Record

Record: 1 of 1

D26. Select "1-Often", "2-Occasionally", "3-Never".

Start America ... Documen... RFFOLDER Responsi... Assess... 11:43 AM

Responsible Fatherhood Project Participant Management Information System - [Participant]

File Edit View Insert Format Records Tools Window Help

Form 3 - Service Plan

1 Smith John H

1 - Education/Training/Child Support 2 - Other Services 3 - Post Assessment Case Status:

Participant Name/ID: 1

A. Education/Training/Job Placement

- 1. Primary Education, Basic Skills, Pre-GED
- 2. Secondary Education/ GED Preparation
- 3. Post-Secondary Education
- 4. English as a Second Language
- 5. Job Club/Job Search
- 6. Job Referrals
- 7. OJT/Apprenticeship/Subsidized Job
- 8. Job Skills Training/Vocational Education
- 9. Job Readiness/Life Skills/Pre-Employment
- 10. Job Retention Services
- 11. Other (specify)

B. Child Support/Parenting/Visitation Issues

- 1. Help With Paternity Establishment
- 2. Help With Establishing a Child Support Order
- 3. Help with Modifying a Child Support Order
- 4. Help with Child Support Arrearage
- 5. Help Establishing/Modifying Visitation Order
- 6. Help Establishing/Modifying Custody Order
- 7. Help Dealing with Child Abuse or Neglect
- 8. Help Establishing a Parenting Plan
- 9. Help Getting to Visit Children
- 10. Mediation
- 11. Parenting Education
- Other (specify):

Record: 1 of 1

B11. Check box if participant needs help with the issue

Start America ... Documen... RFFOLDER Responsi... Particip... 11:44 AM

Responsible Fatherhood Project Participant Management Information System - [Participant]

File Edit View Insert Format Records Tools Window Help

Form 3 - Service Plan 1 Smith John H

1 - Education/Training/Child Support 2 - Other Services 3 - Post Assessment Case Status:

**C. Other Services**

- 1. Peer Support
- 2. Transportation Assistance
- 3. Child Care Assistance
- 4. Medical/Dental/Vision Exams and Treatment
- 5. Substance Abuse Treatment/Counseling
- 6. Mental Health Treatment/Counseling
- 7. Vocational Rehabilitation
- 8. Services Related to Anger Management
- 9. Services Related to Partner Abuse
- 10. Housing Placement/Assistance
- 11. Money Management/Budgeting
- 12. Other Legal Assistance
- 13. Clothing/Work Equipment
- 14. Help Obtaining an ID Card
- 15. Case Management
- 16. Other Advocacy/ Referral Service
- 17. Other (specify):

Record: 1 of 1

C16. Check box if participant needs service

Start America ... Documen... RFFOLDER Responsi... Particip... 11:45 AM

Responsible Fatherhood Project Participant Management Information System - [Participant]

File Edit View Insert Format Records Tools Window Help

Form 3 - Service Plan 1 Smith John H

1 - Education/Training/Child Support 2 - Other Services 3 - Post Assessment Case Status:

**D. Post-Assessment Case Status:**

**D1. Were any of the services court-ordered, required as part of child neglect or abuse case, or required as a condition of parole or probation?**

2-No

**D2. Enrollment Status:** 1-Enrolled

**MM/DD/YYYY:** 07/20/1999

**D3. Project Staff:** Johnson, K

**Date:** 07/21/1999

**D4. Case Notes:**

Participant needs help obtaining a referral for substance abuse treatment. He has also fallen into debt and is having difficulty making his monthly child support payments because he is only working a part-time job. He has expressed a desire to participate in a peer support group, but is uncertain he can make the sessions because of a changing work schedule and problems with his car.

Save Record

Record: 1 of 1

D4. Enter other case notes

Start America ... Documen... RFFOLDER Responsi... Particip... 11:47 AM

Responsible Fatherhood Project Participant Management Information System - [Monthly Tracking Form]

File Edit View Insert Format Records Tools Window Help

Form 4 - Monthly Tracking Form 1 Smith John H

1 - Education/Training/Child Support 2 - Other Services 3 - Employment Status/Outcomes

Participant Name/ID: 1

A1. Reporting Period (Month/Year): 07/1999

A2. Check here if program did not have contact with participant during the month:

A3. Check here if individual did not participate in any activity during the month:

\*\*Check All Services Received During Month\*\*

**B. EDUCATION/TRAINING/JOB PLACEMENT**

- 1. Primary Education, Basic Skills, Pre-GED
- 2. Secondary Education/GED Preparation
- 3. Post-Secondary Education
- 4. English as a Second Language
- 5. Job Club/Job Search
- 6. Job Referrals
- 7. OJT/Apprenticeship/Subsidized Job
- 8. Job Skills Training/Vocation Education
- 9. Job Readiness/Life Skills/Pre-Employment
- 10. Job Retention Services
- 11. Other (specify):

**C. CHILD SUPPORT/PARENTING/VISITATION**

- 1. Help with Paternity Establishment
- 2. Help with Establishing a Child Support Order
- 3. Help with Modifying a Child Support Order
- 4. Help with Child Support Arrearage
- 5. Help with Establishing/Modifying Visitation Order
- 6. Help with Establishing/Modifying Custody Order
- 7. Help Dealing with Child Abuse/Neglect
- 8. Help Establishing a Parenting Plan
- 9. Help Getting to Visit Children
- 10. Mediation
- 11. Parenting Education

Number of days attended in month:

12. Other (specify):

Record: 1 of 1

C11a. Check box if participant received this service during the reporting month

Start America ... RFFOLDER Responsi... Monthly... 11:48 AM

Responsible Fatherhood Project Participant Management Information System - [Monthly Tracking Form]

File Edit View Insert Format Records Tools Window Help

Form 4 - Monthly Tracking Form 1 Smith John H

1 - Education/Training/Child Support 2 - Other Services 3 - Employment Status/Outcomes

**D. OTHER SERVICES**

- 1. Peer Support  
Number of days attended this month: 2 days
- 2. Transportation Assistance
- 3. Child Care Assistance
- 4. Medical/Dental/Vision Exams and Treatment
- 5. Substance Abuse Treatment/Counseling
- 6. Mental Health Treatment/Counseling
- 7. Vocational Rehabilitation
- 8. Services Related to Anger Management
- 9. Services Related to Partner Abuse
- 10. Housing Placement/Assistance
- 11. Money Management/Budgeting
- 12. Other Legal Assistance
- 13. Clothing/Work Equipment
- 14. Help Obtaining ID Card
- 15. Case Management
- 16. Other Advocacy/Referral Services
- 17. Other (specify):

Record: 1 of 1

D15. Check box if participant received job retention services

Start America ... RFFOLDER Responsi... Monthly... 11:49 AM

**Responsible Fatherhood Project Participant Management Information System - [Monthly Tracking Form]**

File Edit View Insert Format Records Tools Window Help

**Form 4 - Monthly Tracking Form** 1 Smith John H

1 - Education/Training/Child Support 2 - Other Services 3 - Employment Status/Outcomes

**E. EMPLOYMENT STATUS**

E1. Was the participant employed at any time during the reporting month?  
1-Yes

E2. What was participant's employment status at the end of the reporting month (or at last contact)?  
2-Employed part-time

E3. On average (during the month), how many hours did the participant work per week? 24

E4. What was the participant's hourly wage before taxes/deductions? \$8.50 per hour

E5. What kind of work did participant do?  
Machinist

E6. Did the participant change or lose a job at any time during the reporting period?  
2-No

E7. If participant changed or lost a job, why?  
Other (specify):

**F. OUTCOMES/MILESTONES**

F1. Check outcomes/milestones completed during month by participant: (Check all that apply.)

- 1. Completed a GED
- 2. Completed Vocational Training/Education
- 3. Completed Anger Management Class
- 4. Completed Substance Abuse Treatment
- 5. Completed Parenting Education/Curriculum
- 6. Established Paternity
- 7. Established a Child Support Order
- 8. Modified a Child Support Order
- 9. Established/Modified Visitation/Custody Order
- 10. Established a Parenting Plan
- 11. Had a New Child
- 12. Had Contact With Children
- 13. Other (specify):

F2. Project Staff: Johnson, K Date: 07/31/1999

F3 Case Notes:

Record: 1 of 1

F2b. Enter month, day, and year that form was completed (e.g., 07/23/1999).

Start America ... Document... RFFOLDER Responsi... Monthly... 11:50 AM

**Responsible Fatherhood Project Participant Management Information System - [Change in Service Needs]**

File Edit View Insert Format Records Tools Window Help

**Form 5 (Part A) - Change in Service Needs and Change of Address** 1

1-Education/Training/Child Support 2- Other Services 3- Address Changes 4- Case Notes

Participant name/ID: 1 Change in Service form number 1

**CHANGE IN SERVICE NEEDS**  
(Use "N" to Indicate NEW Service Need and "D" to Indicate DROPPED Service Need)

**A. Education/Training/Job Placement Needs:**

- 1. Primary Education, Basic Skills, Pre-GED
- 2. Secondary Education/ GED Preparation
- 3. Post-Secondary Education
- 4. English as a Second Language
- 5. Job Club/Job Search
- N-New 6. Job Referrals
- 7. OJT/Apprenticeship/Subsidized Job
- 8. Job Skills Training/Vocational Education
- D-Droppe 9. Job Readiness/Life Skills/Pre-Employment
- 10. Job Retention Services
- 11. Other (specify):

**B. Child Support/Parenting/Visitation Needs**

- 1. Help With Paternity Establishment
- 2. Help with Establishing a Child Support Order
- N-New 3. Help with Modifying a Child Support Order
- 4. Help with Child Support Arrearage
- 5. Help Establishing/Modifying Visitation Order
- 6. Help Establishing/Modifying Custody Order
- 7. Help Dealing with Child Abuse or Neglect
- 8. Help Establishing a Parenting Plan
- 9. Help Getting to Visit Children
- D-Dropp 10. Mediation
- 11. Parenting Education
- 12. Other (specify):

Record: 1 of 1

A1. If service need changes, select "N= New Service Need" or "D= Dropped Service Need" (if no change in se

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Responsible Fatherhood Project Participant Management Information System - [Change in Service Needs]

Form 5 (Part A) - Change in Service Needs and Change of Address 1

1-Education/Training/Child Support 2- Other Services 3- Address Changes 4- Case Notes

**C. Other Service Needs:**

<input type="checkbox"/>	1. Peer Support
<input type="checkbox"/>	2. Transportation Assistance
<input type="checkbox"/>	3. Child Care Assistance
<input type="checkbox"/>	4. Medical/Dental/Vision Exams and Treatment
<input type="checkbox"/>	5. Substance Abuse Treatment/Counseling
<input type="checkbox"/>	6. Mental Health Treatment/Counseling
<input type="checkbox"/>	7. Vocational Rehabilitation
<input type="checkbox"/>	8. Services Related to Anger Management
<input type="checkbox"/>	9. Services Related to Partner Abuse
<input type="checkbox"/>	10. Housing Placement/Assistance
<input type="checkbox"/>	11. Money Management/Budgeting
<input type="checkbox"/>	12. Other Legal Assistance
<input type="checkbox"/>	13. Clothing/Work Equipment
<input type="checkbox"/>	14. Help Obtaining an ID Card
<input type="checkbox"/>	15. Case Management
<input type="checkbox"/>	16. Other Advocacy/Referral Services
<input type="checkbox"/>	17. Other (specify):

Record: 1 of 1

C14. If service need changes, select "N= New Service Need" or "D= Dropped Service Need" (if no change in : NUM

Responsible Fatherhood Project Participant Management Information System - [Change in Service Needs]

Form 5 (Part A) - Change in Service Needs and Change of Address 1

1-Education/Training/Child Support 2- Other Services 3- Address Changes 4- Case Notes

**D. ADDRESS CHANGES**

**D1. Address Change- Participant**

Name:  John H

Address:

City:

State:  Zip:

Home Phone:

Work Phone:

Pager Number:

Email:

**D2. Address Change- Contact Person**

Contact Name:   S

Address:

City:

State:  Zip:

Home Phone:

Work Phone:

Pager Number:

Relationship:

Contact Name:   D

Address:

City:

State:  Zip:

Home Phone:

Work Phone:

Pager Number:

Relationship:

Record: 1 of 1

D1. Enter Participant's Last Name NUM

Responsible Fatherhood Project Participant Management Information System - [Change in Service Needs]

File Edit View Insert Format Records Tools Window Help

Form 5 (Part A) - Change in Service Needs and Change of Address 1

1-Education/Training/Child Support 2- Other Services 3- Address Changes 4- Case Notes

**F. PROJECT STAFF/ CASE NOTES**

F1. Project Staff: Johnson, K Date: 11/30/1999

F2. Case Notes: Participant has been making steady progress, but needs have changed somewhat as his employment has increased from part-time to full-time. He has been attending substance abuse counseling reliably.

Save Record

Record: 1 of 1

F2. Enter case notes

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Responsible Fatherhood Project Participant Management Information System - [Case Closing]

File Edit View Insert Format Records Tools Window Help

Form 5 (Part B)- Case Closing Form 1 Smith John H

Case Closing

Participant Name/ID: 1

**E. CASE CLOSING**

E1. Date Case Closed 01/21/2000

E2. Reason for Termination 1-Completed program services

Other (specify):

**F. PROJECT STAFF/ CASE NOTES**

F1. Project Staff Johnson, K Date 02/03/2000

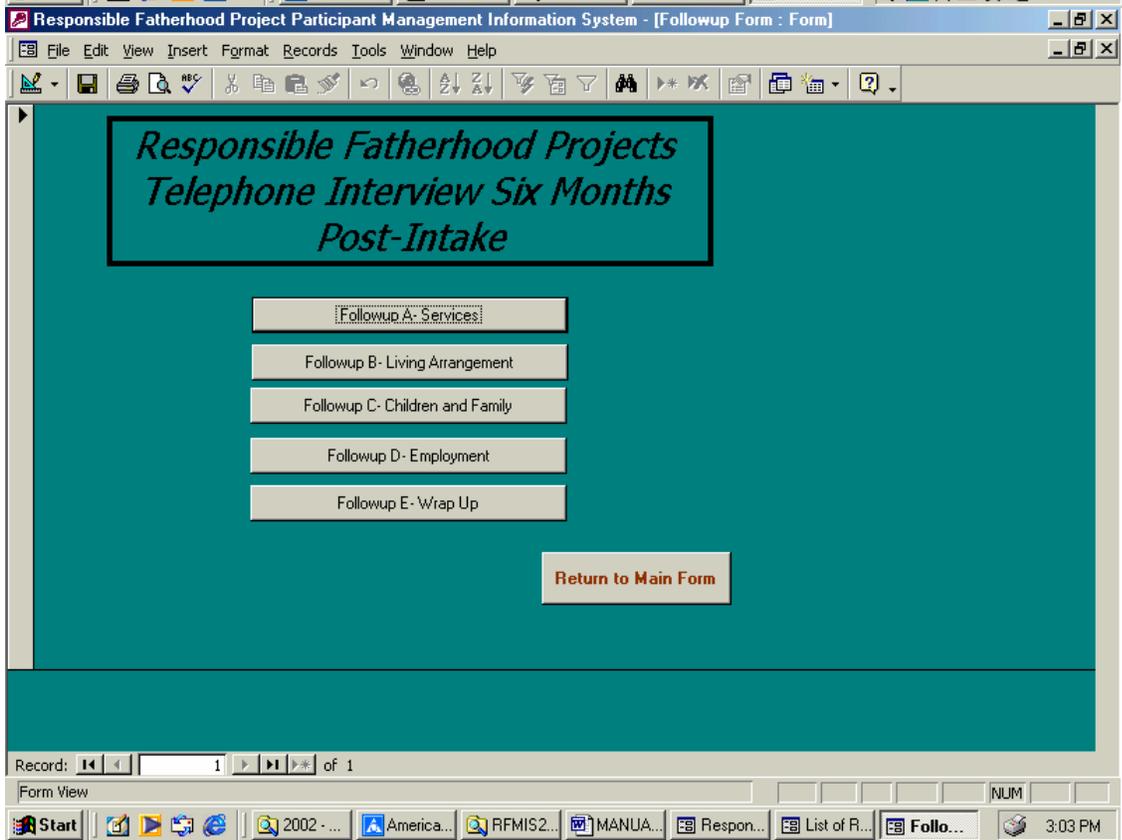
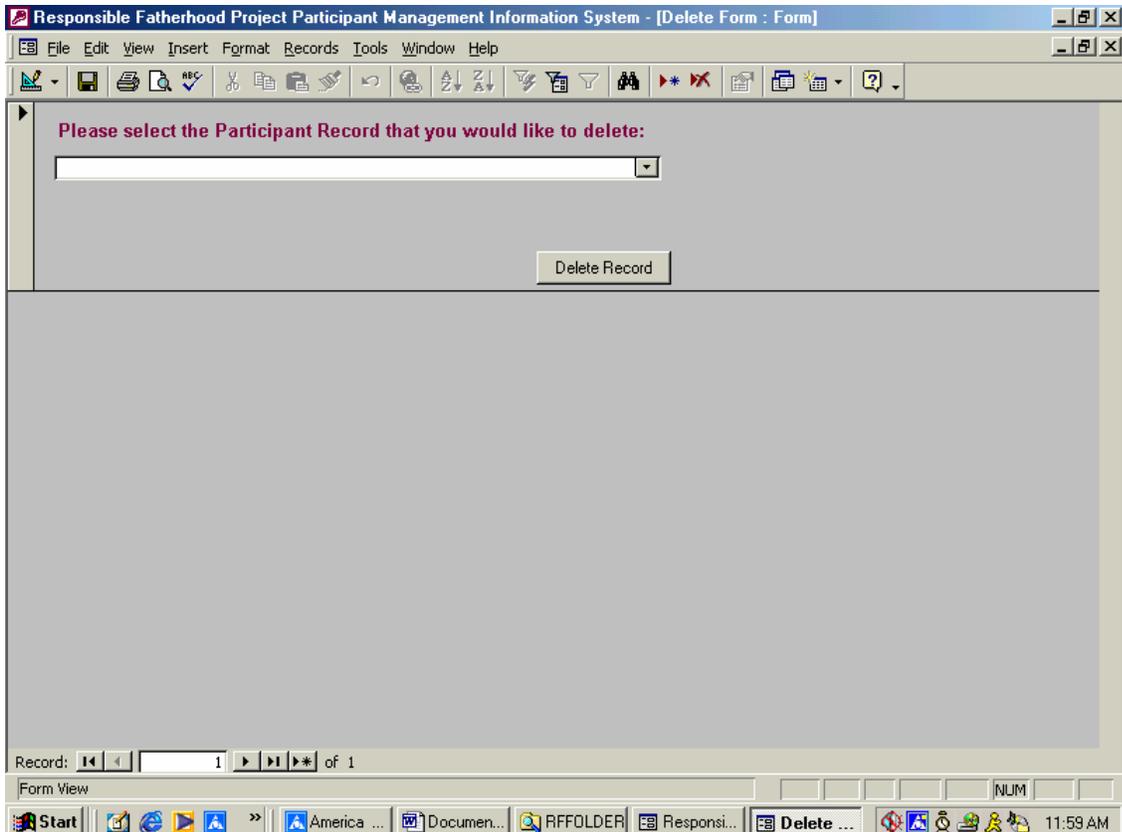
F2. Case Notes

Save Record

Record: 1 of 1

F2. Enter additional case notes.

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Responsible Fatherhood Project Participant Management Information System - [Followup A- Services : Form]

File Edit View Insert Format Records Tools Window Help

Followup Survey A- Services 1 Smith John H Month Of: 07/200

Children/ Employment/ Education Child Support/ Other Kinds of Help

Participant Name/ ID: 1 Month: 07/2000

**I want to ask you some questions about the types of services you may have received through this project—**

	Did you want help with this?	Did you get help?	If yes, how helpful was it?	If no, why not?
<b>A1. Help so you could see your children... if yes, did you get:</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
a. Help setting up a parenting (visitation) plan	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Somewhat Helpful	<input type="checkbox"/>	
b. Help changing a parenting (visitation) plan	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Very Helpful	<input type="checkbox"/>	
c. Help changing custody	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Not Helpful	<input type="checkbox"/>	
d. Other help with visitation or access:	<input type="checkbox"/>	<input type="checkbox"/>		
<b>A2. Help with employment... if yes, did you get:</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
a. Help finding a job/ job search	<input type="checkbox"/>	<input type="checkbox"/>		
b. Help finding a better paying job or one with benefits	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Very Helpful	<input type="checkbox"/>	
c. Help learning job skills	<input type="checkbox"/>	<input type="checkbox"/>		
d. Job readiness program (resumes, job interviews, etc)	<input type="checkbox"/>	<input type="checkbox"/>		
e. Other help with employment:	<input type="checkbox"/>	<input type="checkbox"/>		
<b>A3. Help with education... if yes, did you get:</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
a. Pre-GED program	<input type="checkbox"/>	<input type="checkbox"/>		
b. GED program	<input type="checkbox"/>	<input type="checkbox"/>		
c. Post-secondary education	<input type="checkbox"/>	<input type="checkbox"/>		

Record: 1 of 1

Form View

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Responsible Fatherhood Project Participant Management Information System - [Followup A- Services : Form]

File Edit View Insert Format Records Tools Window Help

Followup Survey A- Services 1 Smith John H Month Of: 07/200

Children/ Employment/ Education Child Support/ Other Kinds of Help

**I want to ask you some questions about the types of services you may have received through this project—**

	Did you want help with this?	Did you get help?	If yes, how helpful was it?	If no, why not?
<b>A4. Help with child support</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
a. Help establishing paternity (get on the birth certificate)	<input type="checkbox"/>	<input type="checkbox"/>		
b. Help setting up or changing your child support order	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Very Helpful	<input type="checkbox"/>	
c. Help with your child support debt	<input type="checkbox"/>	<input type="checkbox"/>		
d. Other help with child support:	<input type="checkbox"/>	<input type="checkbox"/>		
<b>A5. Other kinds of help, like...</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
a. Peer support group	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Somewhat Helpful	<input type="checkbox"/>	
b. Help with your parenting skills	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Very Helpful	<input type="checkbox"/>	
c. Help building a better relationship with your children	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Not Helpful	<input type="checkbox"/>	
d. Help building a better relationship with the other parent	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Somewhat Helpful	<input type="checkbox"/>	
e. Help with medical problems/ disabilities/ insurance	<input type="checkbox"/>	<input type="checkbox"/>		
f. Child care assistance	<input type="checkbox"/>	<input type="checkbox"/>		
g. Help getting clothes or food	<input type="checkbox"/>	<input type="checkbox"/>		
h. Help with transportation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Somewhat Helpful	<input type="checkbox"/>	
i. Help with housing	<input type="checkbox"/>	<input type="checkbox"/>		
j. Money management/ budgeting skills	<input type="checkbox"/>	<input type="checkbox"/>		
k. Help with drug or alcohol problems	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Very Helpful	<input type="checkbox"/>	

Record: 1 of 1

Form View

Start 2002... Ameri... RFMI... MAN... Resp... List of... Follow... Foll... 3:07 PM

Responsible Fatherhood Project Participant Management Information System - [Followup B- Living Arrangement : Form]

File Edit View Insert Format Records Tools Window Help

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Followup Survey B- Living Arrangement 1 Smith John H

Living Arrangement

Participant Name/ ID: 1

B1. In the past 6 months have you had a new baby or are you currently expecting?

B2. If Yes, are you married to this baby's mother/ father?

B3. How many children age 18 or younger do you have?

B4. How many of your children live with you now?

B5. How many of your children live with the other parent?

B6. How many of your children live with a relative?

B7. How many of your children live with someone else?

B8. How many of your children began living with you since you started the Program?

B9. How many of your children stopped living with you since you started the Program?

Save Record

Record: 1 of 1

Form View

Start 2002... Ameri... RFMI... MAN... Resp... List of... Follow... 3:08 PM

Responsible Fatherhood Project Participant Management Information System - [Followup C- Child : Form]

File Edit View Insert Format Records Tools Window Help

Followup Survey C- Children and Family 1 Smith John H Child: Barnes Gale

Children Not Living with Participant Satisfaction Paternity Establishment Child Support Child Support-2

Participant Name/ ID: 1

Focal child (ages 18 and under) who does not live with participant

Child's ID (automatically generated in Form 2 Part C):

Child's Name: Barnes Gale M

B10. Do any of the following make it difficult for you to see this child?

a. Lack of transportation

b. The distance or travel time involved

c. The other parent or guardian not wanting you to see them

d. Your work schedule

e. Not wanting to see your children until you feel more "together"

f. Other:

B11. Compared to 6 months ago, do you see this child (who does not live with you), MORE often, LESS often, or ABOUT THE SAME?

If respondent sees the child "MORE OFTEN"...

How often do you see the child NOW and how often did you see the child six months ago?

B12a. Now

B12b. Six months ago

B12c. Why are you seeing this child more often?

1. Relationship with this child has improved

2. Relationship with this child's other parent has improved

3. Live closer to this child

4. Have more time (better work schedule, etc)

5. Have made more of an effort to see this child

6. Child's at a better age for visiting

7. CPS allowing more visits

8. Feeling more determined to be a good parent

9. Visitation order changed

10. Just found out about child

11. Other:

Record: 1 of 2

Form View

Start 2002... Ameri... RFMI... MAN... Resp... List of... Follow... 3:08 PM

Responsible Fatherhood Project Participant Management Information System - [Followup C- Child : Form]

File Edit View Insert Format Records Tools Window Help

Followup Survey C- Children and Family 1 Smith John H Child: Barnes Gale

Children Not Living with Participant Satisfaction Paternity Establishment Child Support Child Support-2

**If respondent sees the child "LESS OFTEN"...**  
How often do you see the child NOW and how often did you see the child six months ago?

B13a. Now

B13b. Six months ago

B13c. Why are you seeing this child less often? (check all that apply)

- 1. Relationship with this child is worse
- 2. Relationship with this child's other parent is worse
- 3. Live farther away from this child
- 4. Have less time (better work schedule, etc.)
- 5. Child removed by CPS
- 6. Court changed visitation order
- 7. Change in custody
- 8. Restraining order
- 9. Transportation problems
- 10. Other:

**If respondent sees the child "ABOUT THE SAME"...**

B14. You said you see this child ABOUT AS OFTEN as you did six months ago. How often is that?

B15. Overall, how satisfied are you with the amount of time you spend with this child?  
2-Somewhat satisfied

B16. Compared to six months ago, are you more or less satisfied with the amount of time you spend with this child?  
2-About the same as six months ago

Record: 1 of 2

Form View

Start 2002... Ameri... RFMI... MAN... Resp... List of... Follow... 3:09 PM

Responsible Fatherhood Project Participant Management Information System - [Followup C- Child : Form]

File Edit View Insert Format Records Tools Window Help

Followup Survey C- Children and Family 1 Smith John H Child: Barnes Gale

Children Not Living with Participant Satisfaction Paternity Establishment Child Support Child Support-2

B17. Compared to six months ago, how much say do you think you have in making decisions about this child (decisions about things like education, health, religion)? Do you think you have more say, less say, or about the same?  
3-About the same

B18. Compared to six months ago, how well do you get along with the other parent of this child?  
2-Somewhat better

B19. In the past six months, has paternity been established for this child? (i.e. has your name/ the father's name been added to the birth certificate)?  
2-No

B20. If Yes, in the past six months for how many children have you established paternity?

Record: 1 of 2

Form View

Start 2002... Ameri... RFMI... MAN... Resp... List of... Follow... 3:09 PM

Responsible Fatherhood Project Participant Management Information System - [Followup C- Child : Form]

File Edit View Insert Format Records Tools Window Help

Followup Survey C- Children and Family 1 Smith John H Child: Barnes Gale

Children Not Living with Participant Satisfaction Paternity Establishment Child Support Child Support-2

**B21. Do you have an order from the court or the child support agency that says you are supposed to pay child support for this child? (If No, skip to B27)**  
 Yes

**B22a. Does this order apply to other children?** 2-No

**B22b. If "Yes", for how many child does this order apply?**

**B23. How much are you supposed to pay each month in child support (total) under this order?** \$350.00

**B24. During the past few months about what percentage of the child support you were SUPPOSED to pay, did you ACTUALLY pay under this order? (If 100%, go to B27)** 25 %

**B25. There are lots of reasons why someone may not pay child support. I'm going to mention a few. Tell me if this was a reason why you did not pay all your child support in the past few months.**

- a. You don't have the money
- b. Your child support order is too high
- c. You have another family to support
- d. You have some disagreements about visitation
- e. You have some disagreements about how the child support is spent
- f. The child support money you pay goes to the welfare department or the state, not directly to your children
- g. The other parent doesn't need the money
- h. The other parent has a new partner who can help support the children
- i. The child is not mine
- j. I didn't want the child
- k. Other:

Record: 1 of 2

Form View

Start 2002... Ameri... RFMI... MAN... Resp... List of... Follow... Foll... 3:10 PM

Responsible Fatherhood Project Participant Management Information System - [Followup C- Child : Form]

File Edit View Insert Format Records Tools Window Help

Followup Survey C- Children and Family 1 Smith John H Child: Barnes Gale

Children Not Living with Participant Satisfaction Paternity Establishment Child Support Child Support-2

**B26. How much do you estimate you owe in past due child support under this order?** \$2,300.00

**B27. In the past 6 months have you or your case manager talked with anyone at the child support agency about your child support situation?** 1-Yes

**B28. If Yes, how helpful was this?** 2-Somewhat helpful

**B29. During the past few months have you given any children not living with you, or their other parent, assistance by:**

- 1. Giving money directly to the child or the other parent
- 2. Making car payments, purchasing a car, or loaning your car
- 3. Paying medical bills for them
- 4. Making mortgage or rent payments for them
- 5. Purchasing clothes, furniture, bikes, or other major items for them
- 6. Buying diapers
- 7. Paying day care expense
- 8. Anything else?
- 9. None of the above

**B30. Do you have a child support order covering any other children?** 2-No

If "Yes":

How many total child support orders do you have? 0

How many total children do these order cover? 0

Save Record

Record: 1 of 2

Form View

Start 2002... Ameri... RFMI... MAN... Resp... List of... Follow... Foll... 3:10 PM

Responsible Fatherhood Project Participant Management Information System - [Followup D- Employment : Form]

File Edit View Insert Format Records Tools Window Help

Followup Survey D- Employment 1 Smith John H

Current Employment Situation Current/ Most Recent Job Current/ Most Recent Job 2

Participant Name/ ID: [dropdown]

C1. Which best describes your current employment situation?  
1-Employed full-time

C2. In the past 6 months, how many months did you work full-time? 3 months

C3. In the past 6 months, about how many different jobs have you had? (If 1 or more, go to C6) 1

C4. If you have not worked in the past 6 months, have you been looking for work? (If Yes, go to C5a; if No, go to C5b)

C5a. Why do you think you haven't found a job?

- Could not find a job that pays enough
- Lack of GED or high school diploma
- Lack of Training, experience, skills
- No work available in my line
- Illness, disability, handicap
- Family responsibilities
- Too difficult for an ex-offender to find a job

C5b. Why haven't you looked for a job?

- Don't believe I could find a job that pays enough
- Lack training, experience, skills
- No work available in my line
- Illness, Disability, Handicap
- Family Responsibilities
- Too difficult for an ex-offender to find a job
- Don't want to pay child support
- Discrimination (e.g. age, race)
- Still in school

Record: 1 of 1

Form View

Start 2002... Ameri... RFMI... MAN... Resp... List of... Follow... 3:11 PM

Responsible Fatherhood Project Participant Management Information System - [Followup D- Employment : Form]

File Edit View Insert Format Records Tools Window Help

Followup Survey D- Employment 1 Smith John H

Current Employment Situation Current/ Most Recent Job Current/ Most Recent Job 2

Now I have a few questions about your current or most recent job. If you have more than one job, let's talk about THE JOB YOU SPEND THE MOST HOURS ON.

C6. When did you start working at this job? 09/1999

C7a. IF NOT CURRENTLY EMPLOYED, when did you stop working at this last job?

C7b. IF CURRENTLY EMPLOYED, how likely is it that you will still be with the same company in another two years? 2-Somewhat like

C8. Did you have this job before you entered the Program? 1-Yes

C9. If no, do you think you would have found this job without the help of the Program?

C10. Are/ were you self-employed? 2-No

C11. What kind of work did you do? Machinist

C12. Did you get any services or training through the Program that has helped you on the job? 1-Yes

C13. How many hours each week do/ did you usually work at this job? 40 hours

C14. Does this job provide you with (check all that apply):

- 1 Paid vacation
- 2. Paid sick leave
- 3. Medical coverage for self
- 4. Medical coverage for children

C15. What is/ was your usual wage before taxes and deductions? 9 per hour

- hour
- day
- week
- 2 week
- semi-m
- month
- year

C16. How well does/ did this salary cover your financial needs? (If "Very Well", go to Section D) 2-Fairly well

C17. Have you tried to find a better paying job in the 6 months? (If Yes, go to C17a; if No, go to C17b) 3-No, I haven't tried

Record: 1 of 1

Form View

Start 2002... Ameri... RFMI... MAN... Resp... List of... Follow... 3:11 PM

Responsible Fatherhood Project Participant Management Information System - [Followup D- Employment : Form]

File Edit View Insert Format Records Tools Window Help

Followup Survey D- Employment

1 Smith John H

Current Employment Situation | Current/ Most Recent Job | Current/ Most Recent Job 2

**C17a. Why do you think you haven't found a better paying job? (Ask if C17= "Yes, but I haven't found one")**

- Lack of GED or high school diploma
- Lack training, experience, skills
- No work available in my line
- Illness, disability, handicap
- Too difficult for an ex-offender to find a job
- Discrimination (age, race)
- Haven't looked very hard
- Can't find a job that pays what is wanted
- Transportation problems
- Don't know
- Other:

**C17b. Why haven't you looked for a better paying job? (Ask if C17= "No")**

- Don't believe I could find a job that pays enough
- Lack training, experience, skills
- No work available in my line
- Illness, disability, handicap
- Family responsibilities
- Too difficult for an ex-offender to find a job
- Don't want to pay child support
- Discrimination
- Still in school
- Can't take time off of work to look
- Can't get it together enough to look
- Pregnant
- Like job
- Advancement is an option
- Just started this job/ too soon
- Overtime pay is available
- Good experience
- Other:

Record: 1 of 1

Form View

Start 2002... Ameri... RFMI... MAN... Resp... List of... Follow... Foll... 3:12 PM

Responsible Fatherhood Project Participant Management Information System - [Followup E- Wrap Up : Form]

File Edit View Insert Format Records Tools Window Help

Followup Survey E- Wrap Up

1 Smith John H

6-Month Evaluation | Program Rating | Address

Participant Name/ ID: 1

**D1. Compared to 6 months ago, would you say your life** 2-Somewhat better

**D2. In the past 6 months, did you...**

- a. Get married?
- b. Begin living with the mother/father of any of your children?
- c. Begin living with a boyfriend/ girlfriend?
- d. Have any other children?
- e. Get arrested?
- f. Spend time in jail?
- g. Go to court for child support, custody, or visitation/parenting?
- h. Go to court for any other reason?
- i. Suffer serious illness, injury, or disability?
- j. Have problems with drugs or alcohol?
- k. Go to a drug or alcohol treatment program?
- l. Have serious transportation problems?
- m. Have a child or other family member become seriously ill, injured, or die?
- n. Have a restraining order taken out against you?

**D3. I'm going to read a few statements about how things might have changed for you in the past few months. Please tell me if the following things are better, worse, or about the same as six months ago.**

a. The job you're doing as a parent	2-Same
b. How well you get along with the other parent(s)	1-Better
c. How well you can provide for your children financially	2-Same
d. How well you can provide for yourself financially	2-Same
e. Getting your child support situation under control	1-Better
f. Your job skills	2-Same
g. Keeping a job	3-Worse
h. Getting your life together	2-Same

Record: 1 of 1

Form View

Start 2002... Ameri... RFMI... MAN... Resp... List of... Follow... Foll... 3:13 PM

Responsible Fatherhood Project Participant Management Information System - [Followup E- Wrap Up : Form]

File Edit View Insert Format Records Tools Window Help

Followup Survey E- Wrap Up 1 Smith John H

6-Month Evaluation Program Rating Address

**D4. How would you rate the program on the following?**

a. Helping you to understand your child support situation	2-Good
b. Helping you understand your legal rights and responsibilities with respect to your children	1-Excellent
c. Providing group support	2-Good
d. Helping you learn more about community service	3-Fair
e. Helping you to be a better parent	2-Good
f. Providing you with specific job opportunities and getting you job interviews	2-Good
g. Improving your chances of getting or keeping a good job	1-Excellent
h. Improving your chances of being involved with your children in the future	2-Good
i. Helping you to see that other people have similar problems	5-Not an issue for me
j. Giving you hope about your future	3-Fair

**k. Improving how well you co-parent with the child's other parent** 2-Good

**l. Improving how well you communicate with the child's other parent** 3-Fair

**m. Changing your attitude about relationship** 5-Not an issue for me

**n. Understanding your situation** 2-Good

**D5. Overall, how would you rate the program?**  
1-Excellent

**D6. What else would you like us to know about your experiences with the program?**  
The program experience really helped me to understand the importance of spending time with my children and managing conflict with the children's mother.

**D7. Any changes you can recommend to improve the Program?**  
A monthly transportation voucher would help.

Record: 1 of 1

Form View NUM

Start 2002... Ameri... RFMI... MAN... Resp... List of... Follow... Foll... 3:13 PM

Responsible Fatherhood Project Participant Management Information System - [Followup E- Wrap Up : Form]

File Edit View Insert Format Records Tools Window Help

Followup Survey E- Wrap Up 1 Smith John H

6-Month Evaluation Program Rating Address

**Address to which \$25 check will be sent:**

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

**To be filled in by the Interviewer:**

1-Client's children were in foster care when entered the program

2-Client had one or more child(ren) placed in foster care after entering the program

3-Client reports being in/starting Fatherhood programs prior to OCSE funding

4-This is an intact (at risk) family

5-Parent describes custody as "joint" although there isn't a legal agreement

Save Record

Record: 1 of 1

Form View NUM

Start 2002... Ameri... RFMI... MAN... Resp... List of... Follow... Foll... 3:13 PM

**SECTION 6:**  
**LIST OF RFMIS DATA FIELDS**

**SECTION 7:**

**GUIDE TO GENERATING SAMPLE REPORTS  
AND DESIGNING NEW REPORTS**

## **SECTION 7: GUIDE TO GENERATING SAMPLE REPORTS AND DESIGNING NEW REPORTS**

Microsoft Access 2000 contains a powerful and flexible report generating capability. This capability will allow sites to use data within the RFMIS to assist with ongoing case management and to conduct in-depth statistical analysis of participant characteristics, services received, and outcomes. Access has the ability to link up all data fields within the system (see “queries”) and to allow the user to print all data items within the system on reports. Data included on reports can be sorted on any variable or combination of variables (e.g., alphabetically by participant name). In addition, reports can select out and print data on only a select group of participants (e.g., for males, for a certain case manager, for individuals with substance abuse problems). While generally sites will print out reports that include listings of participant characteristics, it is also possible to generate more summary reports (e.g., tabulations calculating the percentage of participants in specified age ranges; pie charts and other graphs; or crosstabulations). In addition, it is possible to transfer data to other statistical applications for more sophisticated statistical analyses, such as SAS and SPSS.

In designing the RFMIS, we have included a series of pre-formatted reports that sites can use as appropriate and will provide examples of the types of reports that can be generated by the system. Sites are encouraged to experiment with both reports and queries to generate their own reports tailored to specific site case management and analysis needs. Below, we provide instructions on how to generate pre-formatted reports, some basic instructions on how to begin creating new reports, and some examples of the pre-formatted reports (with sample data).

### **A. Printing Pre-Formatted Reports**

The steps involved in printing a pre-formatted report are relatively simple. At the RFMIS Main Menu, click on the menu item “Print Out an Existing Report.” This will bring up a submenu, with a list of pre-formatted reports (see Exhibit 7-1). Using your mouse, click on the report that you would like to print. This report will first be previewed on your monitor (with data). To print the report, click on the print icon on the Access Toolbar. The report should be sent to your printer. You can then print another report or simply hit the “X” in the right hand corner of the screen to return to the RFMIS Main Menu.

### **B. Creating a New Report**

Creating new reports in Microsoft Access takes some patience and practice, but the procedures are relatively simple once mastered. Once some proficiency in report design has been developed, it should be possible to produce new reports in less than an hour (unless they are very

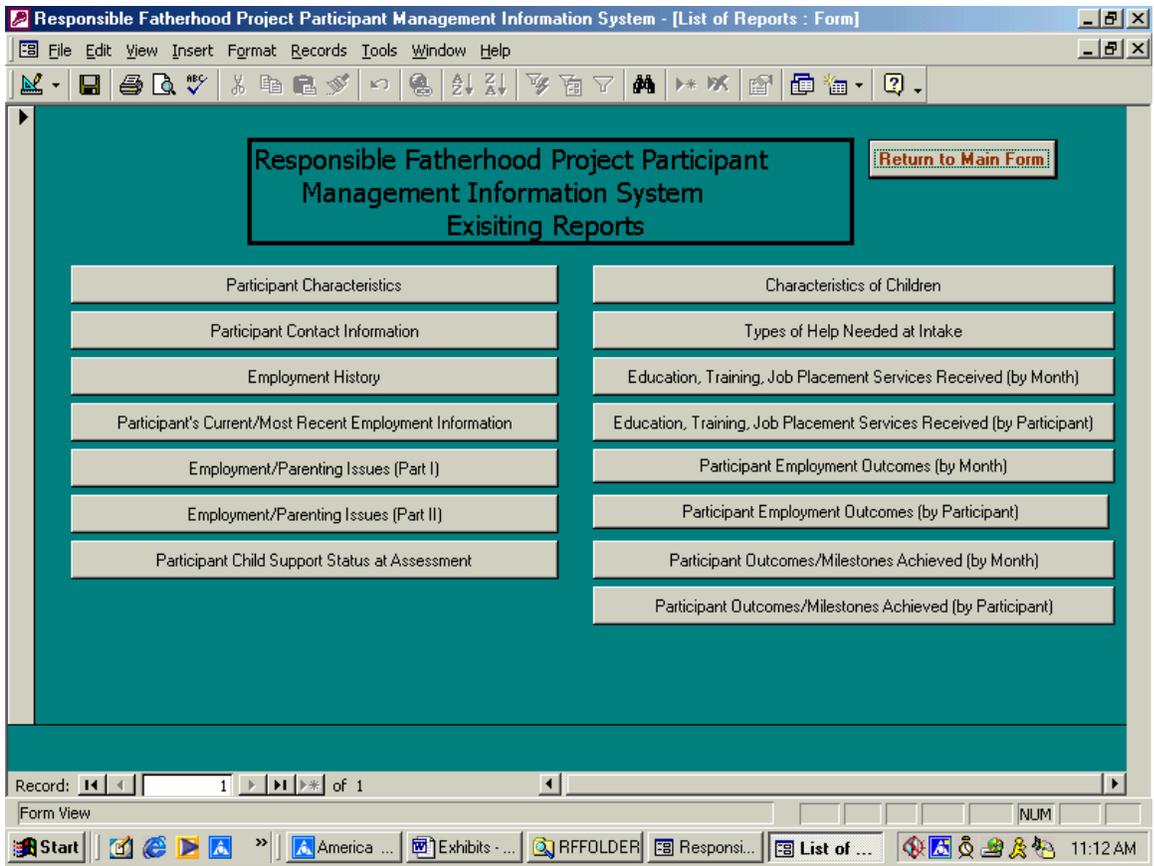


Exhibit 7-1: Pre-Formatted Reports Submenu

complicated). Below, we provide a brief set of steps for beginning to create a new report. Please consult your Access help menu or manual for additional instruction on creating new reports.

If you are new to creating reports, there are several “wizards” that can help you with beginning to lay out reports. As you progress, you can develop reports using a custom layout you design. You will probably want to use the “report wizard” to create your first few report. Use these basic steps:

- **Step 1.** At the RFMIS Main Menu, use your mouse to click on the “Database Window” icon on the Access Toolbar. This will present you with a list of folders (i.e., Table, Queries, Forms, Reports, etc.).
- **Step 2.** Click on the tab that says “Reports” -- this will provide a list of all existing reports (as shown in Exhibit 7-2). To begin the steps involved in creating a new report, click on the “New” box with your mouse. This will provide you with six ways to create report in Access: (1) Design Report, (2) Report Wizard, (3) Columnar AutoReport, (4) Tabular AutoReport, (5) Chart Wizard, and (6) Label Wizard.
- **Step 3.** You could move forward with any of these six choices. If you have not worked with reports before, you will probably want to use the “report wizard.” If you select report wizard, then you will be led through a series of choices that will select fields to include in the report and determine the basic structure of the report. Among the basic steps that you will follow under the report wizard will be the following (note: after each step, click the “next” box with your mouse:
  - < First, you will select a table or query to use (e.g., the “Participant” table), which will define the basic group of fields that you can select from in defining your report.
  - < Next, you will select the specific fields that you want to include in your report.
  - < Next, you will select if and how you want to group records on your report (e.g., by case manager).
  - < Next, you will select how you want the records to sort on your report (e.g., alphabetically, by last name, first name, and middle initial of the participant).
  - < Next, you will determine how the report will look -- three basic forms are provided: columnar, tabular, or justified). You will probably want your initial reports to be tabular, though may want to experiment with the other two formats. Under this menu item, you also determine whether the report will be printed out in “portrait” or “landscape” on the paper (note: landscape will enable you to fit more fields of data across the page).

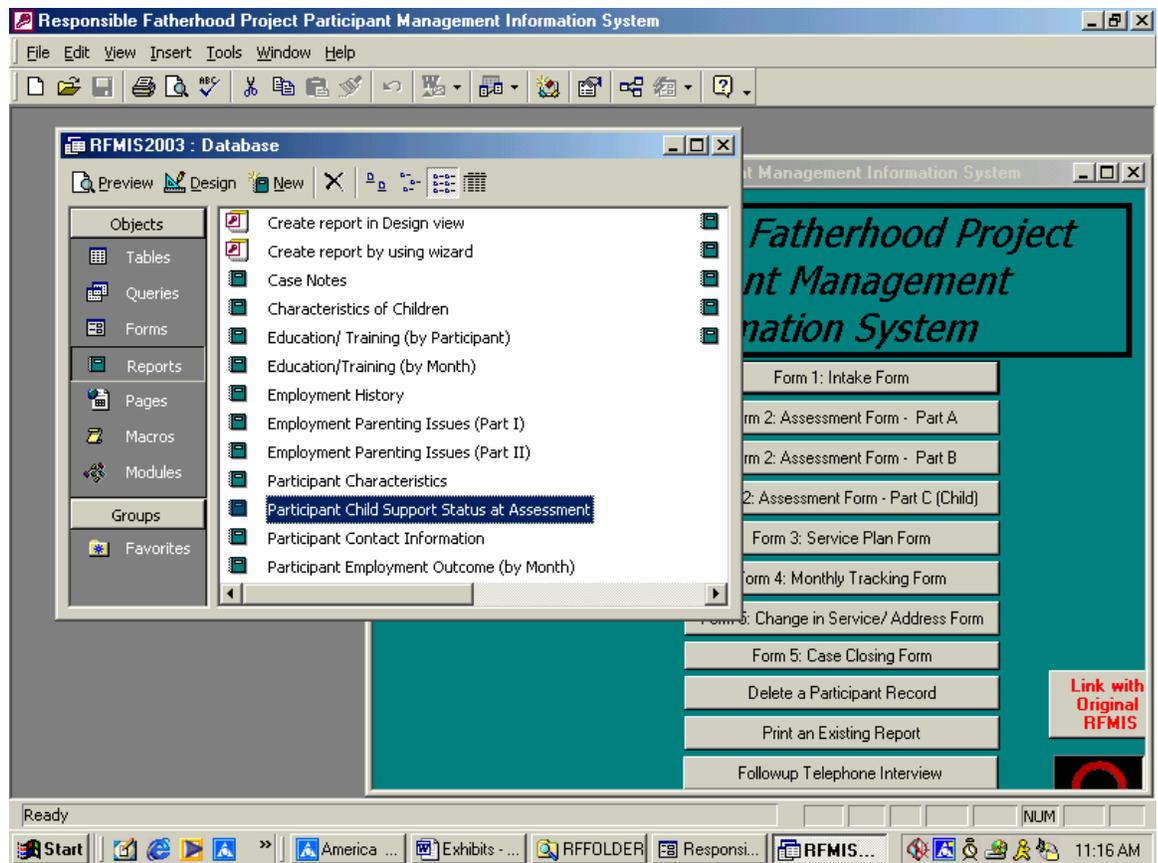


Exhibit 7-2: Access Screen for Creating New Reports

- < Next you will be able to select among several different styles (e.g., corporate), which will determine the font size and appearance of the report.
- < Finally, you will give a title to the report.

In creating reports, you will use what are termed “controls.” Controls are the objects on a report that perform actions, decorate the document, or line the report and its data source. For example, use controls to display data from fields on the report. To create a report, you use the Access toolbox to add controls. Frequently used report controls include text boxes, check boxes, labels, and decorative lines and borders. “Control properties” determine the structure, appearance, and behavior of a control, as well as the characteristics of the text or data that it contains. Properties vary depending on the object (for example, there are nearly 20 possible properties for a picture that is placed in a report, including name, alignment, size, relative location, background color, border color, and border width).

Consulting a Microsoft Access manual, using the tutorials that come with Access database, and “hands-on” practice in creating reports will enable you to master the basics of creating new reports and move toward more sophisticated report creation.

### **C. Sample Pre-Formatted Reports**

Examples of pre-formatted reports are attached in the pages that follow.