	rol Number 1205-0521 Date: 06-30-2024													BEOTIME	ITC pu no	AM OF PARTIC	IDATION						ETA- 9172
DATA ELEMENT NO.	DATA ELEMENT NAME	DATA TYPE/ FIELD LENGTH	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	CODE VALUE	Reportable Individual ²	Wagner-Peyser	WIOA Adults	WIOA Dislocated Workers	WIOA Youth	Dislocated Worker Grants (DWG)	TAA	National Farmworker Jobs Program (NFJP)	Indian and Native American Program (INA)	Reentry Employment Opportunities (REO)	Reentry Employment G Opportunities (REO)	AM OF PARTIC	Jobs for Veterans' State Grants (JVSG)	HIB	Job Corps	Incumbent Worker (Adult/DW Funded)	SCSEP	Aprenticehip	Demonstration Grants
	- INDIVIDUAL INFORMATION 01 - IDENTIFYING DATA OBS Number	IN 9	Record a unique nine integer number for each record to support processing	00000000 (No hyphens)	R	R	R	R	R	R	R	R	R	R	R	R	R	Π	R	R	R	R	R
100	Unique Individual Identifier (WIOA)	AN 12	Record the unique identification number assigned to the participant. At a minimum, this identified for a person must be the same for each program entry and exit (i.e., "period of participation") that a participants in that a participants of the anoticipant is may participant in that a participant in any be calculated for the program year. NOTE: For Titles I, II, and III, unless specifically directed in program guidance, this field cannot contain a social security number.	xxxxxxxxx	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
101	State Code of Residence (WIOA)	AN 2	Record the 2-letter FIPS alpha code of the state of the primary domicle of the participant. For example, the State of Alabama would be represented as "AL". Primary domicle is that location established or claimed as the perimanent residence or "Pemil" of the participant. If primary domicle is outside the United States, use the following numeric codes: 72 - All Other Countries 83 - Mexico. 83 - Mexico. 83 - Mexico. 93 - Canada 95 - Canada 95 - Canada 95 - Canada 95 - Canada 95 - Canada 95 - Canada 96 - Canada 96 - Canada 96 - Canada 97 - Canada 97 - Canada 97 - Canada 98 - Cana	XX	R	R	R	R	R	R	R	R	8	R	R	Ř	R	R	R	R	R	R	Ř
102	County Code of Residence	IN 3	Record the 3-digit FPS Code of the County of the primary domicile of the participant. Primary domicile in that location established or claimed as the permanent residence or "home" of the participant. If primary domicile is outside the United States, use the following codes: 77 = All Other Countries 888 = Mexico 999 = Canada	000	R	R	R	R	R	R	R	R	R	R	R		R		R		R	R	R
103	Zip Code of Residence	IN S	Record the 5-digit ap code of the primary domicile of the participant. Primary domicile is that location established or claimed as the permanent residence or "home" of the participant. If primary domicile is noticed the United States, use the following codes: 77777 = All Other Countries 8888 = Mexico ; concida for persons on active military dury, dates should record the sip code associated with the APO or PPO as cellined by the Military Postal Service Agency.		R	R	R	R	R	R	R	R	R	R	R	R	R		R		R	R	R
104	Economic/Labor Market Area and Physical Location Code	IN 9	Record the code (insalimum of 9 digital) of the economic/liable malvet area and physical location in which he participant received high rist service with significant staff involvement and is financially assisted by the program. Centrels have the flexibility to the fact of selecting the common region or the or raiset area in which of this field should be used to identify the physical location in which the participant brigan receiving services with splicificant staff involvement. Unless otherwise specified by ETA, codes contained within this field are determined by the grantee. Record 00000000000 and or known and according to the participant only received memory and according to the participant of the participant only received memory and produced "statewide/virtual office" if the participant only received memory and produced the participant only received memory and participant on	000000000								R											R
105	Special Project ID - 1	AN 7	Record the 7-digit alpha-numeric ID assigned by DOL for Special Projects or populations served under this program. Refer to ETA guidance for instructions on its use.	20000000		R	R	R	R	R	R			R	R	R	R	R	R		R	R	R
106	Special Project ID - 2	AN 7	Record the 7-digit alpha-numeric ID assigned by DOL for Special Projects or populations served under this program. Refer to ETA guidance for instructions on its use. Use this second Project ID in the event that a participant falls under more than one Special Project category.	xxxxxxx		R	R	R	R	R	R			R	R	R	R	R	R		R	R	R
107	Special Project ID - 3	AN 7	Record the 7-digit alpha-numeric ID assigned by DOL for Special Projects or populations served under this program. Refer to ETA guidance for instructions on its use. Use this thed Project ID is the event that a participant falls under more than two Special Project categories. NOTE: If Data Element 930 (Pay-for-Performance) = 1, Record Pay-for-Performance Provider ID in this field.	XXXXXXXXX		R	R	R	R	R	R			R	R	R	R	R	R		R	R	R
108 - A	ETA-Assigned 1st Local Workforce Board Code	IN 5	Record the 5-digit ETA assigned Local Board/Statewide code where the participant was determined eligible to participate in the pingram and received higher first service financially determined financially local financial financial financial financial financial financial financial financial local financial This is the primary ETA Assigned Local Workforce Board Code, it triggers inclusion in state	00000		R	R	R	R	R	R						R			R			R
108 - B	ETA-Assigned 2nd Local Workforce Board Code	IN 5	regorts a well as the identified coal fear regorts. Record the 5 digit IT Assigned Local Bard where the participant was determined eligible to participate in the pregram and received his/her first service financially assisted by the program. After participant was served by the color area of also by other moli-coal funds (e.g., statewide funds or a Bullocated Worker Grant), record the code for the Local Board. If participant record a label scale record, record 5999. This is the secondary ETA Assigned Local Workforce Board Code. It triggers inclusion in the reports for the identified Local Area only	00000		R	R	R	R	R	R						R			R			R
108 - C	ETA-Assigned 3rd Local Workforce Board Code	IN S	Accord the 5-figit TEL assigned Local Board when the participant was determined eligible to sentingate in the program and received highly first service floatening assisted by the program. If the participant was reverted by the color area and so by the non-local facility (e.g., statewise funds or a Dislocated Worker Garet), record the code for the Local Board. If participant record is ables that record, code of 9999. This is the tentiary ETA Assigned Local Workforce Board Code. It triggers inclusion in the reports for the identified Local Area only.	00000		R	R	R	R	R	R						R			R			R
SECTION A.	Date of Birth (WIOA)	DT 8	Record the participant's date of birth.	YYYYMMDD	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R		R	R	R
201	Sex (WIOA)	IN 1	Record 1 if the participant indicates that he is male. Record 2 if the participant indicates that she is female. Record 9 if the participant did not self-identify their sex.	1 = Male 2 = Female 9 = Participant did not self-identify	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R		R	R	R
202	Individual with a Disability (WIOA)	IN 1	Record 1 if the participant indicates that he/she has any "disability", as defined in Section 13(3)(s) of the Americans with Disabilities Act of 1990 (e1 U.S.C. 1210). Under that definition, a "disability" is play(call or nextal implament that substantially limits one or more of the person's major life activities. Record 0 if the participant indicates that he/she does not have a disability that meets the definition. Record 9 if the participant did not self-identify.	1 = Yes 0 = No 9 = Participant did not self-identify	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R		R	R	R
203	Category Of Disability	IN 9	For those participants where Individual With A Disability (WIDA) = 2: Nexcerd 1 of the impairment is primary physical, due to a chronic health condition. Second 3 of the same of a mental linear, purplet disability, or enrotional condition, the participant has serious difficulty concentrating, remembering, or making decisions. Record 3 of the participant is billed or has serious difficulty seeing. Record 3 of the participant is billed or has serious difficulty breating. Record 3 of the participant has a recognitive contribution of the participant has a recognitive contribution between category of disability. Record 3 of the participant has a recognitive contribution between category of disability. Record 3 of the participant has no disability. Record 3 of the participant has no disability.	1 = Physical/Chronic Health Condition 2 = Physical/Mobility Impairment 2 = Physical/Mobility Impairment 2 = Physical/Mobility Impairment 4 = Valion-related disability 5 = Hearing-related disability 5 = Hearing-related disability 7 = Cognitive/Intellectual disability 9 = Participant of ont disability 0 = Participant of ont disability 0 = No disability 10 = No disability		R	R	R	R	R	R	R		R	R	R	R		R				R
204	Individual With A Disability SDDA Services	IN 1	For those participants where Individual With A Disability (WIDA) = 1: Record 17 the participant has received service funded by the State Developmental Record 30 the participant does not meet any of the conditions described above. Leave blank if this data element does not apply to this participant.	1 = SDDA 0 = No		R	R	R	R	R				R	R	R	R		R		R		R
205	Individual With A Disability LSMHA Services	IN 1	for those participants where individual With A Disability (WOA) = 1: Record if if the participant has record envirors funded by a color state mental harb gency (SMHA). Record 0 if the participant does not meet any of the conditions described above. Leave blank if this data element does not apply to this participant.	1 = LSMHA 0 = No		R	R	R	R	R				R	R	R	R		R				R
206	Individual With A Disability Medicaid HCBS Services	IN 1	For those participants where individual With A Disability (WIOCA) = 1: Record 11 file participants har received enrices funded via sa take Medicalal KLSS walver. Record 01 file participant does not meet any of the conditions described above. Leave blank if this data element does not apply to this participant.	1 = HCBS waiver 0 = No		R	R	R	R	R				R	R	R	R		R				R

															REQUIREM	NTS BY PROGE	AM OF PARTIC	CIPATION ¹						
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207	Individual With A Disability Work Settling	IN I	For those participants where Individual With A Disability (WICA) = 1: Record 1 fi the participant is working in competitive, integrated employment (CIL), Record 3 fi the participant as working in adjustment of employment (e.g., use of job accord 1 fi the participant is working in group supported employment (i.e., work crews, encloses, etc.). Record 3 fi the participant is working in group supported employment (i.e., work crews, encloses, etc.). Record 3 fi the participant is working in a sheltered workinghop (e.c. center- or facility-based employment). Record 5 fi the participant is working in two or more of the above listed settings. Record 3 fif the participant is not currently employed. Leave blank if this data element does not apply to this participant.	Competitive Integrated Employment Individual Supported Employment Not Noted Employment Supported Employment Supported Employment Supported Employment Supported Employment Supported Employment Not Employed		R	R	R	8	ı	R			ă.	R	R	R	R		R				R
208	Individual With A Disability Type of Customized Employment Services Received	IN I	For those participants where individual With A Disability WID(A) = 1: If the participant received customized employment services (CES) to attain most recent employment or current employment. Record 3 if the participant received discovery assessment services. Record 3 if the participant received an employment search plan. Record 3 if the participant received employment regressions revices. Record 4 if the participant received service regressions revices. Record 6 if the participant received service regressions revices. Record 6 if the participant received service regressions revices. Record 6 if the participant received service received services received between Record 6 if the participant does not meet the condition decribed above. Leave blank if this data element does not apply to this participant.	Discovery assessment services Poveloped a customized employment search plan Se Employer negotiation services Poveloped a customized employment search plan Secured employment as a result services Secured employment as vices and receiving customized employment services On the CES services		R	R	R	F	i	R				R	R	R	R		R				R
209	Individual With A Disability Financial Capability	IN 1	For those participants where individual with A Daublity (MDAL - 1: Record 1 fifth participant has a receipt and has received knowing planning services. Record 2 if graticipant has a receipt and has received financial capability/asset development services. Record 3 if graticipant has a receipt and has received financial capability/asset development services. Record 3 if graticipant has a receipt and has received both benefit planning services and financial capability and tevelopment services. Record 0 if the participant has not received the services described above. Leave blank if this data element does not apply to this participant.	3 - Bonefit planning services 2 - Flowmid capability/sout development services 3 - Benefit planning services and financial capability/sout development services 0 - Roo No. Secret planning services and financial capability/sout development services 0 - No.		R	R	R	F	ı	R				R	R	R	R		R				R
210	Ethnicity: Hispanic / Latino (WIOA)	IN 1	Record I if the participant indicates that he/she is a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture in origin, regardless of race. Record 0 if the participant indicates that he/she does not meet any of these conditions. Record 9 if the participant did not self-identify his/her ethnicity.	1 = Yes 0 = No 9 = Participant did not self-identify	R	R	R	R	F	3	R	R	R		R	R	R	R	R	R		R	R	R
211	American Indian / Alaska Native (WIOA)	IN 1	Record 1 if the participant indicates that he/hie is a member of an Indian tribe, band, nation, or other organized group or community, including any Alaska Native village or regional or village corporation as defined in or established pursuant the Aska Native Claims Settlement And (85 Stat. 688) [81 U.S.C. 1807 is eq.), which is recognized as eligible for the set localization of the set of the set folders. Record 0 if the participant indicates that he/hie does not meet any of these conditions. Record 9 if the participant indicates that he/hie does not meet any of these conditions.	1 = Yes 0 = No 9 = Participant did not self-identify	R	R	R	R	F	2	R	R	R	R	R	R	R	R	R	R		R	R	R
212	Asian (WIOA)	IN 1	Record I if the participant indicates that he/he is a person having crigins in any of the original peoples of the Far East, Southeast Asia, or the indian subcontinent (e.g., India, Palatans, Ringidicah, Air Lanks, Negar, Sikians, and Bhatain). This are included, for example, Vietnam. Record I if the participant indicates that he/hip decisions, Phallagol and Negar Second O if the participant indicates that he/hip decisions or meet any of these conditions. Record 0 if the participant indicates that he/hip decisions or meet any of these conditions.	1 = Yes 0 = No 9 = Participant did not self-identify	R	R	R	R	F	t	R	R	R		R	R	R	R	R	R		R	R	R
213	Black / African American (WIOA)	IN 1	Record 1 if the participant indicates that he/she is a person having origins in any of the black racial groups of Africa. Record 0 if the participant indicates that he/she does not meet any of these conditions. Record 9 if the participant did not self-identify his/her race.	1 = Yes 0 = No 9 = Participant did not self-identify	R	R	R	R	F	1	R	R	R		R	R	R	R	R	R		R	R	R
214	Native Hawaiian / Other Pacific Islander (WIOA)	IN 1	Record 1 if the participant indicates that he/she is a person having origins in any of the original peoples of Hawali, Gissam, Samos, or other Pacific Islands. Record 0 if the participant indicates that he/she does not meet any of these conditions. Record 9 if the participant did not self-identify his/her race.	1 = Yes 0 = No 9 = Participant did not self-identify	R	R	R	R	F	1	R	R	R	R	R	R	R	R	R	R		R	R	R
215	White (WIOA)	IN 1		1 = Yes 0 = No 9 = Participant did not self-identify	R	R	R	R	F	1	R	R	R		R	R	R	R	R	R		R	R	R
SECTION A	.03 - VETERAN CHARACTERIS	TICS																						
300	Veteran Status	IN 1	Record 1 if the participant is a person who served on active duty in the armed forces and who was discharged or released from such service under conditions other than dishonorsable. Record 0 if the participant does not meet the condition described above. Record 9 if participant does not exit condition described above.	1 = Yes 0 = No 9 = Status not known	R	R	R	R	F	1	R	R	R	R	R	R	R	R		R		R	R	R
301	Etgible Veteran Salus	IN I	Record 1 ft the participant is a person who served in the active U.S. military, revel, or air service for a person of less than or equal to 180 days, and who was discharged or released from such service under conditions other than discharged and the conditions of the first discharged or released from such service with other than a discharged control of more than 180 days and was discharged for released with other than a discharged control of more than 180 days and was discharged for released with other than a discharged control of the discharged for released to the control of the discharged for personal to section 1870a, [4], or fig. 873 (a) of the 180.U.S.C. cample) abagies authorized and was discharged or released from such darly with other than a camplein public, the control of the discharged for the spouse of any person who has a stand discharged for the di	1 - Yes180 days. 2 - Yes, (lighte) Vetrana 3 - Yes, (ther Elighte Penon 0 = No	8	R	R	R	s	**	R	R	R	R	Ř	R	R	R	R	R		R		R
302	Campaign Veteran	IN 1	Record I if the participant is an eligible veteran (i.e., coding value 1 in Element #801) who served on active duty in the U.S. mand forces during a war or in a campaign or expedition for which a campaign badge or expeditionary metab has been authorized is identified and lated by the Office of Personnel Management (DMA). A current listing of the campaign can be found at DMA's workloth that [Javan war, prosployler data-oversight reterns services/vet- guide. Record 0 if the participant does not meet the condition described above. Leave blant if data element does not apply to the participant.	1 = Yes 0 = No		R						R						R						R
303	Disabled Veteran	IN 1	second of the participant is a veteral who served on state day in the U.S. smeet force and who in emitted to compensation regardies of a training including these racted at 0%, or who the fer the recept of military retirement pay would be entitled to compensation, under law but administered by the repeatment of veterans had so (10%), or was olduring of or released from activity day because of a service connected disability. Record 3 if the participant is a veteran who severed on active day in the U.S. armed forces and who is entitled to compensation for who, but for the recept of military retirement pay would be preceded in the control of the participant. Second 10 if the participant does not often express in the case of a veteran who has been determined by DVA to have a serious employment handloss.	1 = Yes 2 = Yes, special disabled 0 = No		R	R	R	8		R	R						R						R
304	Date of Actual Military Separation	DT8	Record the date on which the participant separated from active duty with the U.S. armed forces. Leave blank if data element does not apply to the participant.	YYYYMMDD		R	R	R	F	1	R	R						R						R
305	Transitioning Service Member	IN 1	Record I if the participant is a person who is on active military duty status (including separation leave) with the U.S. armed forces and within 28 months of retirement or 12 months of separation from the armed forces. Record 0 if the participant does not mared force. Leave blank if data element does not apply to the participant.	1 = Yes 0 = No		R	R	R	s	ı	R	R						R						R
306	Covered Person Entry Date	DT 8	Record the date on which the Covered Person first made contact with the workforce system, either at a physical location or through an electronic resource. Leave blank if this data element does not apply to the participant	YYYYMMDD	R	R	R	R	F	t	R							R		R				R
307	TAP Workshop in 3 Prior Years	IN 1	Record 1 if the Veteran or TSM attended a TAP Workshop in 3 year period prior to Date of Participation.	1 = Yes 0 = No		R												R						R

														REQUIREME	NTS BY PROGE	AM OF PARTIC	PATION ¹						
DATA ELEMENT NO.	DATA ELEMENT NAME	DATA TYPE/ FIELD LENGTH	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	CODE VALUE	Reportable Individual ²	Wagner-Peyser	WIOA Adults	WIOA Dislocated Workers	WIGA Youth	Dislocated Worker Grants	TAA	National Farmworker Jobs Program (NFJP)	Indian and Native merican Program (INA)	Reenty Employment Opportunities (REO) (Adult)	Reentry Employment Opportunities (REO) (Youth)	YouthBuild	obs for Veterans' State Grants (NSG)	H18	Job Corps	Incumbent Worker (Adult/DW Funded)	SCSEP	Apprenticeship	Demonstration Grants
308	Homeless Veteran	IN 1	A participant who served in the active military, naval, or air service, and who was discharged or released from such arrives under conditions other than discharged, and who was discharged or released from such arrives under conditions other than discharged with the service of	1 × Ves 0 = No									v				ж						
309	Homeless Veterans' Reintegration Program Participant	IN 1	Record of If the participant is a vertex who is notified in the intendency Vertexon's Sentengation Program (VMPV) incorrectant Vertexon Transistion Program (VMP) is vibroeless for the Vertexon and Vertexon with Sentiles (VMVVV) Reintengation Program in their area. Second Of If the participant does not meet the condition discribed above. Lawe blank if data element does not apply to the participant.	1 = Yes 0 = No		R	R	R	R					R	R		R						R
310	Homeless Veterans' Reintegration Program Grantee	IN 5	Record the first five numbers of the DOL Grant number for the corresponding program in PIRL 309. (Should be provided by the local grantee/service provider making the referral.) Leave blank if data element does not apply to the participant.	00000		R	R	R	R					R	R		R						R
311	Homeless Veterans' Reintegration Program Grantee #2	IN S	If the participant is receiving services from a second HVMP grantee, record the first five numbers of the DOL Gene number. (Should be provided by the local HVMP grantee/fervice provider making the reform). Leave blank if data element does not apply to the participant.	00000		R											R						R
312	Reason the participant is being served by a second HVRP grantee	IN 2	Record 1 if the participant stated the grantee is no longer a DOL grantee. Record 2 if the participant stated the services provided were not capible to her or his needs. Record 3 if the participant left the service are of grantee 81. Record 4 if the participant lost touch with the HYRP counteier 91 and recruited by HYRP grantee 82.	O1: If the participant stated the grantee is no longer a DOL grantee. O2: If the participant stated the services provided were not capable to her or his needs. O3: If the participant left the service area of grantee 81. G4: If the participant lot touch with the HVRP counselor 81 and recruited by HVRP grantee 82.	f	R											R						R
313	Homeless Veterans' Reintegration Program Grantee #3	IN 5	If the participant is receiving services from a third HVMP grantee, Record the first five numbers of the DCC scraft number, Chloud be provided by the local HVMP grantee/service provider making the referral. Leave blank if data element does not apply to the participant.	00000		R											R						R
314	Reason the participant is being served by a third HVRP grantee	IN 2	Accord 1 if the participant stated the grantes is no longer a DCR, grantes. Second 1 if the participant stated the surveys provided were not capable to his needs. Second 1 if the participant left the service area of grantee 92. Record 4 if the participant lost touch with the HVRP counselor 92 and recruited by HVRP grantee 83.	01: If the participant stated the grantee is no longer a DOL grantee. On 20 If the participant stated the services provided were not capable to his needs. Set If the participant left the service area of grantee #2. Odd-If the participant lost touch with the HVPR counselor #2 and recruited by HVRP grantee #3.	F	R											R						R
315	Other Significant Barrier to Employment	IN 1	Record I if the veteran or eligible person has a significant barrier to employment not captured elevel lens: Record I if the veteran or eligible person has a significant barrier to employment. NOTE: The rationale for this data element is that certain significant barriers to employment are captured in other data elements. For instance, "special diabled" or "diabled veteran" is captured in 80.05, "record in 80.05," record in 80.05, "record	1 = Yes, Other 0 = No		R							R				R				R		R
316	Active Duty Military Spouse	IN 1	Record 1 if participant is the spouse of a member of the Armed Forces on active duty (as defined in section 101(s(t)) of tals 10, United States Code). Record 0 if the participant does not meet any one of the conditions described above.	1 = Yes 0 = No		R	R	R	R	R	R						R						R
	.04 - EMPLOYMENT AND EDU Employment Status at Program Entry		WATION Record 1 if the participant, at program entry, (a) is currently performing any work at all as a paid employee, (b) is currently performing any work at all in his or her own business,	1 = Employed 2 = Employed, but Received Notice of		R	R	R	R	R	R	R	R	R	R	R	R	R			R	R	R
	(WIOA)		profession, or farm, (a) is currently performing any work as an unpaid worker in an enterprise operated by a member of the family, or (i) on each bot not working but currently has a play or business from which he or he is temporarily absent because of illness, bud weather, vacation, labor-management dispute, op percent assons, whether or not paid by the Record 2 if the participant, at program entry, is a person who, although employed, either (a) has recorded another of termination of employment or the employer has based at Worker Adjustment and Retraining Notifications (WARI) or other notice that the facility or enterprise will close, or (b) is a straining Notifications (WARI) or other notice that the facility or enterprise will close, or (b) is a straining Notifications (WARI) or other notice that the facility or enterprise will close, or (b) is a straining Notification (WARI) or other notice that the facility or enterprise disclose, or (b) is a straining Notification (WARI) or other notice that the facility or enterprise entry, is not in the black force (i.e., those who are not exployed and are not at large grapm entry, is not in the black force (i.e., those who are not exployed and are not the youlding for work, including those who or incurrented.) Record 0 if the participant, at program entry, is not employed but is seeking employment, makes specific effort to find a job, and is available for work.	Termination of Employment or Military																			
401	UC Eligible Status	1N 1	Record 3.1 fits participant is a person who (a) filled a claim and has been determined eligible for benefit payments under one or more State or Federal Duesepployment Compensation (Up programs and whose benefit year or compensation, by reason of an extended duration persor), has not ended and who has not edishanted highler benefit year (a), and (b) received programs, and the control of the con	1 - Claimant Referred by MRSEA 2 - Claimant Referred by WRSE 3 - Claimant Host Referred by RESEA or WSEA WSEA		R	R	R	R	K	R	Ř	R	R	R	R	R		R		R		R
402	Long-Term Unemployed at Program Entry (WIOA)	IN 1	Record 1 if the participant, at program entry, has been unemployed for 27 or more consecutive weeks. Record 0 if the participant does not meet the condition described above.	1 = Yes, Unemployed ≥ 27 consecutive weeks 0 = No		R	R	R	R	R		R	R	R	R	R	R	R				R	R
403	Occupational Code of Most Recent Employment Prior to Participation (if available)	AN 8	Record the 8-digit eccupational code that best describes the participant's employment using the O'Net Version 60 of their versions of describation system. This information is based on the most recent job had before participating in the program. It is a participating the program. It is a participating the program. It is a participating the program of the data element does not apply. A considerable of the program of the program of the most recent job held prior to participating in the program and enly applies to ability, and discounts workers. It all digits of the occupational disclose are not collectify crost of among digits are available, left the participant had multiple jobs, use the occupational skills code of the job where the participant arm of the highest gross wage.	00000000		R	R	R		R		æ		R	R		ec			R			R
404	Industry Code of Employment 1st Quarter Prior to Participation	IN 6	Record the 4 to 6-digit industry code that best describes the participant's employment using the North American Industrial Classification System (NAICS). If the participant had multiple joic, them the NAICS associated with the higher grow waye probable her period. Earler 999999 ("Wagns 1st Quarter Prior to Participation Quarter exist and NAICS Code is not server." Leave blank if this data element does not apply to the person.	000000		R	R	R		R		R					R			R			R
405	Industry Code of Employment 2nd Quarter Prior to Participation	IN 6	the North American industrial Classification System (NACS). If the participant had multiple jobs them the NACS sociated with the higher goos wage should be reported. Seter 999999 if 'Wages 2nd Quarter Prior to Participation Quarter exist and NACS Code is not across. Leave blank if this data element does not apply to the person.	000000		R	R	R		R							R						R
406	Industry Code of Employment 3rd Quarter Prior to Participation	IN 6	Record the 4 to 6-digit industry code that best describes the participant's employment using the North American Industrial Casimilation System (NACS). If the participant had multiple jobs, them the NACS associated with the higher goes wage gloud be reported. State 1999999 if Wages 3rd Quarter Prior to Participation Quarter reiot and NACS Code is not strong. Leave blank if this data element does not apply to the person.			R	R	R		R							R						R
407	Highest School Grade Completed at Program Entry (WIOA)	IN 2	Use the appropriate code to record the highest school grade completed by the participant at program entry. Record 1 - 12 for the number of sknool grades completed by the participant. Record 0 if no school grades serve completed.	1 – 12 = Number of school grades completed 0 = No school grades completed		R	R	R	R	R	R	R	R	R	R	R	R	R	R		R	R	R

														REQUIREMEN	TS BY PROGRA	AM OF PARTIC	IPATION ¹						
DATA ELEMENT NO.	DATA ELEMENT NAME	DATA TYPE/ FIELD LENGTH	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	CODE VALUE	Reportable Individual ²	Wagner-Peyser	WIOA Adults	WIOA Dislocated Workers	WIOA Youth	Dislocated Worker Grants (DWG)	TAA	National Farmworker Jobs Program (NFJP)	Indian and Native Imerican Program (INA)	Reentry Employment Opportunities (REO) (Adult)	Reentry Employment Opportunities (REO) (Youth)	Youthbuild	lobs for Veteram' State Gramts (NSG)	H18	Job Corps	Incumbent Worker (Adult/DW Funded)	SCSEP	Apprenticesh ip	Demonstration Grants
408	Highest Educational Level Completed at Program Entry (WICA)	IN 1	Use the supropriete code to record the highest educational level completed by the participant at program entity. Record 3 if the participant attended a secondary school dejulence, Record 3 if the participant statened a secondary school equivalency. Record 3 if the participant shared a secondary school equivalency. Record 3 if the participant shared as secondary school equivalency. Record 3 if the participant completed one of most years of postsecondary education. Record 5 if the participant attended a postsecondary certification for certificate from degrees. Second 5 if the participant attended a postsecondary certification, license, or educational certificate from degrees. Second 5 if the participant attended a postsecondary school and second 5 if the participant attended a shock-for degree. Record 6 if the participant attended a shock-for degree. Record 6 if no educational level was completed.	A Matined secondary school diploma A Matined secondary school equivalency A Matined as secondary school equivalency A Tele participant with a disability receive a certificate of attendance/completion as: result of successfully completing an individualized Siducation Program (IEP) 4 Completed one of more years of protestoordary education protestoordary education poststoordary education poststoordary education constitution of spread 6- A Ratined an Associatie's degree 7- A Ratined as Backelo's degree 8- A Ratined as degree beyond a Bachelo's degree 0 - No Educational Level Completed	5	R	R	R	R	R	R	R	R.	R	R	R	R	R	R		Ř	R	R
409	School Status at Program Entry (WOA)	IN 1	Record 1 if the participant, at program entry, has not received a serondary school diploma or its recognized equivalent and is attending any primary or secondary school or the recognized equivalent and is settlered as a primary or secondary school or in between school executed 2 if the participant, at program entry, has not received a secondary school diploma or its recognized equivalent and as standing an adversable high school or an alternative course of study approved by the local educational agency whether fail or part citing, or its between school enterms and se model for return to school exerced 2 if the participant, at program entry, has received as accondary school diploma or its school enterms and see model for return to school. Record 3 if the participant, at program entry, has received as accondary school diploma or its settlemance, and so no longer attending any school and has not received a secondary school attendance, and so noting attending any school and has not received a secondary school and stendarding and so the school terms and se participant of the school of the school of the school of the participant of the participant, at program entry, is not attending any school and has either participant of the school of the school of the participant of the school of the school of the participant of the school of the school of the school of the school of the school of the school of the school	1 = In-school, secondary school or less 2 = In-school, Alternative School 3 = In-school, Paternative School 3 = In-school, Paternative School 1 = In-school, Paternative School 1 = In-school, Paternative School 1 = In-school 2		R	R	R	R	R		R	R	Ř	R		Ř				Ř	R	R
410	Date of Actual Dislocation	DT 8	Record the participant's date of actual dislocation from employment. This date is the last day of employment at the dislocation job. Leave blank if there is no dislocation job (e.g., displaced homemaker) or this data element does not apply to the participant.	YYYYMMDD		R	R	R		R							R						R
411	Most Recent Date of Qualifying Separation	DT 8	Record the participant's most recent date of separation from trade-impacted employment that qualifies the participant to receive benefits and/or services under the Trade Act. Leave blank if their is no qualifying separation date or the separation date with esparation date with seame as the Date of Actual Dislocation or this data element does not apply to the participant.	YYYYMMDD							R												R
412	Tenure with Employer at Separation	IN 3	Record the total number of months that the participant was employed with the employer of record as of the participant's most recent qualifying date of separation. Employment of at least one day but less than one month should be recorded as "1". Leave blank if this data element does not apply to the participant.	000							R						R						R
413	Migrat and Seasonal Service of Service of the Confession of Service of Servic	IN 1	second 12 fine participant is a second farmerorier, manifest an individual with its implicitation was employed in part 23 months, indemnical described and 0.07 66.3 (3) of 54 second or other temporary nature and in not required to be abbent overright from highle-premium place for address. Non-ingrate individuals who are full time students are excluded. Labor is performed no a sessional basis where, ordinarily, the employment pertains for n or in the lined required. Provide the part of the part and which from this nature, may not be continuous or carried on throughout the year. A worker from this nature, may not be continuous or carried on throughout the year. A worker, who are also also also well as the part of the part of the year. As worker is employed on other temporary basis where har/she is employed for a limited time only or high per performance is commentated for any participation of the year. As worker is employed on other temporary basis where har/she is employed for a limited time only or high per performance is commentated for any participation of the year. As worker is employed on other temporary basis where har/she is employed for a limited time only or high per performance is commented for any participation of the year. As worker is employed on the temporary is continuous intention of the year of years of the year of years	1- September Farmworker 2 - Negrant 0 - No		R																	R
600	.05 - PUBLIC ASSISTANCE INFI Temporary Assistance to Needy Families (TANF)	IN 1	Record 1 if the participant is listed on the welfare grant or has received cash assistance or other support services from the TAM* agency in the last is imentity prior to participation in the program. Record 0 if the participant does not meet the condition described above. Leave blank if this data element does not apply to the participant.	1 = Yes 0 = No		R	R	R	R	R	R	R	R	R	R	R	R		R		R		R
601	Exhausting TANF Within 2 Years (Part A Title Iv0 of the Social Security Act) at Program Entry (WIOA)	IN 1	Record 1 if the participant, at program entry, is within 2 years of enhausting lifetime eligibility under part A of Tide V of the Scoal Security Act (20.15.C. 601 et seq.), regardless of whether recreasing between between 25 program entry. Record 0.0 the participant does not meet the condition described above. Record 9.0 the data element does not apply to the participant (a.g., the participant has never received TAMF, or if the participant has already enhausted lifetime TAMF eligibility).	1 = Yes 0 = NO 9 = Not Applicable		R	R	R	R	R		R		R	R	R	R						R
602	Supplemental Security Income(SSI) Social Security Disability Insurance (SSDI)	N1	Record 3 if the participant is receiving or has received SSI under Title VIV of the Social Security Act in the last as months piet to participation in the program. Record 3 if the participant is receiving or has received SSI benefit payments under Title XIV Record 3 if the participant is receiving or has received SSI said SSIOI in the last as months prior to participation in the program. Record 3 if the participant is receiving or has received SSI under Title VIV of the Social Security Act in the last as months prior to participation in the program and a 1 Ticket to Write Program Titler titled transel by the Scial Security Administration. Record 3 if the participant is receiving or has received SSI under Title VIV of the Social Security Act in the last is months prior to participation in the program and a 1 Ticket to Write reflected SSI under Title VIV or the SSI or SSIOI in the last is months Record 3 if the participant is receiving or has received both SSI and SSIOI in the last is months received Social Security Administration. Record 3 if the participant is receiving or has received both SSI and SSIOI in the last as months prior to participation in the program and a 1 Tacket to Work Program Ticket holder issued by the Social Security Administration. Record 3 if the participant does not meet any of the conditions described above.	1 = 501 2 = 5500 H =		R	R	R	R			R	R	R	R	R	R		R		R		R
603	Supplemental Nutrition Assistance Program (SNAP)	IN 1	Record 1 if the participant is receiving assistance through the Supplemental Nutrition Assistance Program (SNAP) under the Food and Nutrition Act of 2008 (7 USC 2011 et seq.) Record 0 if the participant does not meet the above criteria.	1 = Yes 0 = No		R	R	R	R			R	R	R	R	R	R				R		R
604 SECTION A	Other Public Assistance Recipient	IN 1	Record 1 if the participant is a person who is receiving or has received cash assistance or other support swritces from one of the following pources in the last is months pair to participation in the program. Center Anistance (foll Studies) depressment; or feelinge Cash Assistance Following Cash Assistance (Southout Studies) and the studies of the Studies Record 0 if the participant does not next the above criteria. Leave blank if this data element does not apply to the participant.	1= Yes 0 = No			R	R	R		R	R	R	R	R	R			R		R		R
701	Pregnant or Parenting Youth	IN 1	Record 1 if the participant is a youth who is pregnant, or an individual (male or female) who is providing custodial care for one or more dependents under age 18. Record 0 if the participant does not meet the conditions described above. Leave blank if the data is not available.	1 = Yes 0 = No					R			R			R	R							R
702	Youth Who Needs Additional Assistance	IN 1	Record 1 if the participant is an out-of-school youth who requires additional assistance to enter or complete an educational program, or to secure and hold employment or an in-school youth who requires additional assistance to complete an educational program or to secure or hold employment as offered by State or local policy. If the State Benderines policy, the policy must be included in the State Fass. Record 10 free participant does not meet the conditions described above. Leave blank if this data element does not apply to the participant.	1 = Yes 0 = No					R			R			R								R
704	Foster Care Youth Status at Program Entry (WIOA)	IN 1	Record 1 if the participant, at program entry, is a person aged 24 or under who is currently in foster care or has aged out of the foster care system. Record 0 if the participant does not meet the conditions described above.	1 = Yes 0 = No		R	R	R	R	R		R		R	R	R	R		R				R
_	.07 - ADDITIONAL REPORTAB				_				_		_												

DATA ELEMENT	DATA ELEMENT NAME	DATA TYPE/	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	CODE VALUE	lvidu al²	-Peys er	ılts	ated	fi.	forker		worker (NFJP)	lative am (INA)	ment REO)	ment REO)	AM OF PARTIC	tate		2	/orker anded)		dits	Grants
NO.	DATA ELEMENT NAME	FIELD LENGTH	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	CODE VALUE	le portable Ind	Wagner-Per	WIOA Adults	WIOA Disloca Workers	WIOA Youth	Dislocated World Grants	TAA	National Farm Jobs Program	Indian and Native merican Program (IN	Reentry Employ Opportunities ((Adult)	Reentry Employ Opportunities ((Youth)	YouthBui	obs for Veteram's Grants (NSG)	H18	Job Corps	Incumbent Worker (Adult/DW Funded)	SCSEP	Apprentices	Jemon stration
800	Homeless Districtionst. Homeless Children and Youths, or Runaway Youth at Program (WOOA)	IN 1	Accord 14 fits participant, at program entry. (all calksa floor, floor, and deficulted registrion residence; this includes a participant who: (i) is sharing the housing of other persons due to loss of housing, economic haddhip, or a similar reason; (ii) is living in a morel, host, trailer park, or carnigepound due to a lack of alternative adequate (iii) is living in an emergency or transitional shalter; (iv) is advanded in a houghta; or (iv) is a many individual to the hought hought as a cut, park, (iv) is a migratury onlike who in the praceding id meeths was required to move from one should district to another due to changes in the parent's or parent's pourse's pours's second englowment in agriculture, dairy, or fashing work; or (iv) is under? all years of parent does not home (iv) is under? all years of parent does not home (iv) is under? all years of parent of parents's pourse's pours's second englowment in agriculture, dairy, or fashing work; or (iv) is under? all years of parents's pourse's pours's second englowment in agriculture, dairy, or fashing work; or (iv) is under all years of parents's pourse's pourse's pours's enabled to be compared to be compared to home or place of legal readence sufficient for the or ment the canditions described above. Next WOAD work the most the definition of homeless and definite in WOAD section 681. 210(c)(5) and 681.220(d)(4) are reported in this data dement.	3 - Yes 0 = No		R	R	R	R	R		R	R	R	R	R	R		R		R		R
801	Ex-Offender Status at Program Entry (WIOA)	IN 1	Record 1 fit the participant, at program entry, in a person who other (a) has been subject to any tage of the criminal patter process for committing a status offeren or deflinations at co. (b) require substance in overcoming barriers to employment resulting from a record of arrest or conviction. Record 0 if the participant does not meet any one of the conditions described above. Record 9 if the participant dd not disclose.	1 = Yes: 0 = No 9 = Dild not disclose		R	20	R	R	R		R	R	R	R	R	R	R				ж	R
802	Low Income Status at Program (VI)(A)	IN 1	Accord 1.1 files participant, at program entry, is a person who followed the Rocker's, or in the founds sport to application to the program has received, or is a member of a family that is receiving or in the past 6 months prort to application to the program has received, or is a member of a family that is receiving or in the past 6 months prort to application to the program has received. (It is assistance through the supplemental microtion assistance program (SNAP) under the Food and Nationation 42 of ISBD 1012 CEID 114 et val.). Tale is of the Social Security Act (42 USE GOI et seq.): (Or Activation to the Social Security Act (42 USE GOI et seq.): (Or Activation to those the supplemental security become program under part of Tale is of the Social Security Act (42 USE GOI) et seq.): (Or State or local Security Act (42 USE	1 Yes 0 = No		R	R	R	Ŕ	R		R	R	R	R	R	R	R	R				R
803	English Language Learner at Program Entry (WIOA)	IN 1	Record 1 if the participant, at program entry, is a person who has limited ability in speaking, reading, writing or understanding the English language and also merets at least one of the land of the language of the language of the language and also merets at least one of the language of the than of the language of the than English is flower of the language. Record 0 if the participant does not meet the conditions described above.	1 = Yes 0 = No		R	R	R	R	R	R	R	R	R	R	R	R	R	R				R
804	Basic Skills Deficient/Low Levels of Literacy at Program Entry	IN 1	Second 1.6 this participant is, at prospin entry. All youther, who has eight in reading, writting, or computing skills at or below the Bith grade level on a generally accepted standardized text, or all you youther or all only to insule to compute and solve problems, or read, write, or yeash English at a level necessary to function on the lob, in the participant's family, or in society. Record 0 if the participant does not meet the conditions described above.	1 = Yes 0 = No		R	R	R	R	R	R	R	R	R	R	R	R		R				R
805	Cultural Barriers at Program Entry (WIOA)	IN 1	Second 1 (the participant, at program entry, perceives him or benefit is possessing attitudes, beliefs, customer or perceives that influence a very of thinking, acting or working that may serve as a bindizance to employment. Because of the participant does not meet the conditions described above. Record 0 if the participant does not meet the conditions described above. Record 9 if the participant did not self-identify.	1 = Yes 0 = No 9 = Participant did not self-identify		R	R	R	R	R			R	R	R		R		R		R		R
806	Single Parent at Program Entry (WIOA)	IN 1		1 = Yes 0 = No 9 = Participant did not self-identify		R	R	R	R	R	R	R	R	R	R	R	R		R				R
807	Displaced Homemaker at Program Entry (WIOA)	IN I	Second 1 five, participant, of program entry, has been providing unguid services to family members in the house and who. (An)(I) has been dependent on the income of another family member but in so longer supported by half Longer. (I) if the dependent spouse of a member of the Armsof Forces on active darty (as defined in section 101(d)(1) of this 10, United States Code) and whose family income is spelled and provided in section 101(d)(1) of this 2, United States Code) and whose family income is spelled and section 201(d) of this 2, United States Code; and whose family income is spelled in section 101(d) and the section 101(d) of this 2, United States Code; and provided in section 101(d) income family income is spelled in section 101(d) (1)(d) of this 2, United States Code) and provided in section 101(d) of this 3, United States Code) death or disability of the member; and (ii) is unemployed or underemployed and is expendented difficulty in obtaining or Second 0 if the participant does not meet the conditions described above.	1 = Yes O = No		R	R	R	R	R		R		R	R		R				R		R
808	Migrant and Seasonal Farmworker Status	IN 1	umemployment or underemployment, and (iii) faces multiple barriers to economic self sufficiency. Record 21 the participant, as program entry, in a seasonal farmworker and whose agricultural labor requires trace to a pole trace with that fermworker is unable for return to permanent place of residence within the same day. Record 31 the participant is ampliant farmworker or seasonal farmworker (as defined above) agod 12-32. Record 31 the participant is a multi-morpram participant and a dependent (as defined above) agod 12-32. Record 31 the participant is a value from participant and a dependent (as defined above) agod 12-32. Record 31 the participant is a value from participant and a dependent (as defined in 20 CR 65.113) of the individual described as a second or migrant seasonal farmworker above. Record 31 the participant is a youth program participant and a dependent (as defined in 20 CR 65.113) of the individual described as a second or migrant seasonal farmworker above. *Note: This element is used both by the NFP Program eligibility status type and by other programs to identify participants with this (WODA sec. (1) defined) barrier to employment.	1 - Sessons if armworker Adult 2 - Migrant Farmworker Adult 3 - MSWW Youth 4 - Dependent Adult 5 - Dependent Adult 5 - Dependent Youth 0 - 10 - 10		R	R	R	R	R		R		R	R		R						R
900	- ONE STOP CENTER PROGRA Date of Program Entry (WIOA)	M PARTICIPATION DT 8	ON INFORMATION Record the date on which an individual became a participant as referenced in 20 CFR 677.150 satisfying applicable programmatic requirements for the provision of services. Leave blank if this data element does not apply.	YYYYMMDD		R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
901	Date of Program Exit (WIOA)	DT 8		үүүүммөө		R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
902	Date of First Case Management and Employment Service	DT 8	Record the date on which the participant begins receiving his/her first case management and employment service funded by a program following a determination of eligibility to participate in the program.								R							R					R
903	Adult (WIOA)	IN 1	who is not less than age 18 at the time of program entry. Record 2 if the participant received services under WIOA section 133(a)(1). Record 3 if the participant received services under WIOA sections 133(b)(2)(A) and 133(a)(1).	1 = Yes, Local Formula 2 = Yes, Statewide 2 = Reportable individual 3 = Reportable individual 0 = No	R	R	R	R	R	R	R	R					R				R		R

														REQUIREMEN	TS BY PROGRA	M OF PARTIC	PATION ¹						
DATA ELEMENT NO.	DATA ELEMENT NAME	DATA TYPE/ FIELD LENGTH	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	CODE VALUE	Re portable Individual ²	Wagner-Peyser	WIOA Adults	WIOA Dislocated Workers	WIOA Youth	Dislocated Worker Grants (DWG)	TAA	National Farmworker Jobs Program (NFJP)	Indian and Native merican Program (INA)	Reentry Employment Opportunities (REO) (Adult)	Reentry Employment Opportunities (REO) (Youth)	YouthBuild	obs for Veterans' State Grants (NSG)	H18	Job Corps	Incumbent Worker (Adult/DW Funded)	SCSEP	Apprenticeship	Demonstration Grants
904	Delocated Worker (WOOA)	PNI	accord of the participant received services under WIOA Section 138(b)(2)(8) as a person who— (A)(8) has been terminated or list off, or who has received a notice of termination or layoff, from melloymers (10)) exhigits for on hashauted entillement to unemployment compensation, or (10) has been employed for a duration sufficient to demonstrate, to the appropriate enter to a certain control or the control of t	1. Vrs., Lord Formula 2. Vrs., Starwig 3. Vrs., Starwig 3. Vrs., Starwig 4. Reportable Individual 0. No	R	R	R	R		R	R	R		R	e		R	R					R
905	Youth (WIOA)	IN 1	Record 1 ft the participant received wrinkes under WIOA action 12(b). Record 2 ft the participant received wrinkes under WIOA action 12(b). Record 3 ft the participant received services under WIOA action 12(b) and 12(b). Record 4 ft the clavidusal fall to complete the program requirements for eligibility or for participation. Record 0 if the participant did not receive services under the conditions described above.	1 = Yes, Local Formula 2 = Yes, Statewide 3 = Yes, Both Local Formula and Statewide 4 = Youth Reportable Individual 0 = No	R	R	R	R	R	R		R			R.		R						R
906	Date of First WIOA Youth Service	DT 8	Record the date on which the participant began receiving his/her first WIOA youth service (i.e. 1 of the 14 youth program elements in WIOA \$129(c)(2)). Leave blank if the participant did not receive services funded by the WIOA Youth program.	YYYYMMDD					R						R								R
907	Recipient of Incumbent Worker Training	IN 1	Record 1 if the participant received incumbent Worker training services under WIDA section 134(6)(2)(4)(4)) and/or 134(6)(2)(4)(4). 134(6)(3)(4)(4)) and/or 134(6)(2)(4)(4). 134(6)(2)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)	1 = Statewide 15% and/or Rapid Response 25% only femals only (20%) 2 - Local Statewise and Local Formula 4 = H-18 Minded grant 4 = H-18 Minded grant 6 = NEP Funded grant 7 = Appentischip appropriated funded grant 0 = NO		R	R	R		R		R		R	R		R	R		R		R	R
908	Rapid Response	IN 1	Record of if the participant participated in rapid response activities authorized at WIOA section 134(s)(2)(A)(s)(I). Record of if the participant did not receive services under the condition described above. Record of if greate is unable to track enrollment in the program. Leave blank if this data element does not apply to the participant.	1 = Yes 0 = No 9 = Unknown		R		R		R	R						R			R			R
909	Rapid Response (Additional Assistance)	IN 1	Record 3 if the individual participated in a program by WINDA action 1344(0)[14](0)[10]. Record 30 if the participant did not participate in a program or between tendes services under the condition described above or received services by a local area with statewide funds passed down from the state to the local area. Record 9 if grantee is unable to track enrollment in the program. Leave blank if this data element does not apply to the individual.	1 = Yes 0 = No 9 = Unknown				R		R	R												R
910	Adult Education (WIOA)	IN 1	accord 1 fi the participant received reviews under WIOA. This il defined an accidence instruction and education services below the protectionary in ordinar formation and exhaust increases an individual's ability to—(i) and present in a service of the activation of the activation reviews and present in figility and perform mathematics, or other activation secretary for the attainment of a secondary school diploma or its recognized equivalent; (ii) remarkation potenticearchy education and training; and (ii) remarkation potenticearchy education and training; and second 0 if the participant did not receive any services under the conditions described above. Record 9 if the grantee is unable to track errollment in the program.	1 = Yes O = No 9 = Unknown		R	R	R	R	R	R	R				R	R				R		R
911	Job Corps (WIOA)	IN 1	Record 3 if the participant received services under title i, Outpute 4, subtitle C of WIOA. Record 2 if the indulate received reportable induledual services is perfected program specific guidance). Record 0 if the indulvial did not receive any services under the conditions described above. Record 0 if the indulvial did not receive any services under the conditions described above. Record 0 if the indulvial did not receive any services under the conditions described above.	1 = Yes 2 = Reportable Individual 0 = No 9 = Unknown	R				R			R				R			R				R
912	National Farmworker Jobs Program	AN 14	Record the 1st character grant number if the participant received services under WOAN Tele I— Qu-Section 15.7. The grant number should be entered in the following format without dathers. Two alphabetic characters representing the large part program code-five numeric characters representing the large when the grant was unasted "and numeric characters representing the large and several characters identifying the type of grant awarded One alphabetic character identifying the trained and the section of the participant of the commercic character is dentifying the test that received the grant was served under (AA-1236-1256-AS). If the grant numbers unknown, please enter proprogramment of the participant did not receive services funded by this program. Leave blank if the participant did not receive services funded by this program.	300000000000000000000000000000000000000		R	R	R	R			R					R				R		R
913	Indian and Native American Programs	IN 1	Record 1 if the participant received services under WIOA Title I-D, Section 166 Record 2 if the individual has demonstrated an intent to use program services and meets one of the following country of the following country of a believable with provide identifying information; of a believable with one of the following country of the provide information; of a light individual who may use the self-arrive system; or (C) Individuals who only receive information-only services or activities.	1 = Yes 2 = Reportable Individual	R	R	R	R	R			R	R				R				R		R
914	Veterans' Programs	IN 2	Leave blank if the participant did not receive services funded by this program. Record 1 if the participant received services from a Bushield Veteras Outreach Program specialist (DVOP specialist). Record 2 if the participant received services from a local Veterans Employment Regreemative (EVE). Record 0 if the participant did not receive services under any of the conditions described store.	1 = Yes, DVOP specialist 2 = Yes, LVER specialist 0 = No 9 = Unknown		R	R	R	R		R	R					R				R		R
915	TAA Petition Number	AN 29	Record 9 if grantee is unable to track enrollment in the program. Record the petition unberlief and light phases a finite and included in the certification which applies to the participant's group. If there is more than one petition number, list all petition numbers in the order in which they were received delimited by a pipe character (i.e.), if there are more than three petition numbers, list the first petition and the most recent two petition numbers. Leave based if this data element does not apply to the participant.	XXXXXXXXXXX							R												R
916	Vocational Education	IN 1	Record I if the participant received services under the Carl D. Perkins Vocational and Applied Technology Education Act (20 USZ 520 et seq.). Record 01 (the participant did not receive any services under the condition described above. Record 9 if fruit/norm. Leave blank if this data element does not apply to the participant.	1 = Yes 0 = No 9 = Unknown			R	R	R	R	R	R									R		R
917	Vocational Rehabilitation (WIOA)	IN 1	Record 1 if the participant received services under parts A and 8 of title I of the Rehabilitation Act of 1973 (2) to U.S.C. 70 et seq. 1). While item I/L, and Sec. 4.11(1)(15) defined as transition services for standers with disabletes, that fails their transition such six of the services for standers with disabletes. And testing the services is standers of the services are services. Record 2 if the participant received services from the Vocational shebbilitation and Employment (VR&I) Program authorized by 38 U.S.C. Chapter 3 1. Record 3 if the participant did not receive any services under the conditions described above. Record 9 if furthernoon.	1 = Yes 2 = VR&E 3 = 80th VR and VR&E 0 = No 9 = Unknown		R	R	R	R	R	R	R					R				R		R
918	Wagner-Peyser Employment Service (WIOA)	IN 1	Record 3 if the participant received services under the Wagner-Payer Act (29 USC 4) et as o). Record 2 if the includuals be demonstrated in intent to use program services and meets one of the following citeration. (A) Individuals who provide identifying information; (C) Individuals who provide identifying information; (C) Individuals who only receive information only services or exhibits. (C) Individuals who only receive information only services or exhibits. Record 30 if the participant did not receive services under the Wagner-Payer Act. Record 9 if the grantee is unable to track enrollment in the program.	1 = Yes 22 = Reportable Individual 0 = No 9 = Unknown	R	R	R	R	R	R	R	R				R	R				R		R
919	YouthBuild (WIOA)	AN 14	Record the 14 character grant number if the participant received services under the trachball freign as authorized under WDA section 17.1 the grant number should be grant program code for her numer, character, by number, character, respecting the fibe grant program code for her numer, character, by number, character, respectingly the fibe year when the grant was awarded ">-> numer character, sidentifying the type of grant awarded Ose playbect character identifies the relevant agency at 17-th on numer character identifies the state of the relevant depth as served under (AA-1246-1255-A- 1255-A-1256-1256-1256). The grant number is submoving larger enter all 5b. Leave blank if the participant did not receive services funded by this program.	30000000000000000000000000000000000000		R	R		R			R				R	R						R

														REQUIREM	ENTS BY PROGE	AM OF PARTIC	IPATION ¹						
DATA ELEMENT NO.	DATA ELEMENT NAME	DATA TYPE/ FIELD LENGTH	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	CODE VALUE	Re portable Individual ²	Wagner-Peys er	WIOA Adults	WIOA Dislocated	Workers WIOA Youth	Dislocated Worker Grants	(DWG)	National Farmworker Jobs Program (NFJP)	Indian and Native American Program (INA)	Reentry Employment Opportunities (REO)	Reenty Employment Opportunities (REO) (Youth)	YouthBuild	lobs for Veterans' State Grants (NSG)	H18	Job Corps	Incumbent Worker (Adult/DW Funded)	SCSEP	Apprenticeship	Demonstration Grants
920	Senior Community Service Employment Program	AN 14	Record the 1st sharester grant number if the participant received arrives under 15th by of the Older Americans 4st 2018, the Senior Community Service Implicant Program (SSER). The grant number should be entered in the following format without dashes: two alphabetic characters representing the plant program code five numeric characters. Two numeric characters representing the first year where the grant twas avarded the numeric characters. When the program is shown to the characters in the program of the part to the part was varded to applicate character indentifying the relevant agency at 15th two numeric characters identifying the size that it received the grant was severed under [Ant-2352-12.5-5.4-26]. If the grant number is unknown, please enter suppose the participant did not receive services funded by this program.	xxxxxxxx		R	R	R		R		R	4				R				R		R
921	Employment and Training Services Related to SNAP	IN 1	Record I if the participant received employment and training (E&T) services from the Supplemental Nutrition Assistance Program (SNAP) (T USC 2015(d)(4)) - NOTE: This refers to the SNAP EX program, NOT simply a SNAP recipient. Record 0 if the participant did not receive any services under the condition described above. Leave blank if it is not known.	1 = Yes 0 = No		R	R		R		R	R					R				R		R
922	Other WIOA or Non-WIOA Programs	IN 1	Record 1 if the participant received services from any other WIDA or non-WIDA program not listed above that provided the participant with services during their period of participation. Record 2 if the participant received services from the Intellectual and/or Developmental Obsolution Program. New Health Program, or way other Engiptiems of Statice Lastenhalp second 0 if the participant did not receive any services under either of the conditions described above.	1 = Yes, Other WIOA or Non-WIOA Programs 2 = UDD, MH or other disability programs 0 = No		R					R	R		R	R		R				R		R
923	Other Reasons for East (WOOA)	IN 2	support such as a hospital or treatment center during the course of receiving services as a participant. Record 02 if the participant exits the program because of medical treatment and that			R	R	R	R	R	R	R	R	R	R	R	R	R	R		R	R	R
924 925	TAA Application Date Date of First TAA Benefit or	DT 8	Record the date on which the individual first applied for Trade Act services/benefits under the applicable certification. Record the date of the first Trade funded benefit or service received after the participant was								R												R R
926	Service TAA Liable/Agent State Identifier	IN 1	determined eligible to participate. Record 1 if the reporting State is serving the participant exclusively as a liable state. The definition for liable state can be found under 20 CFR 617.26(a).	1 = Liable State							R												R
	identiner		Record 2 if the reporting State is swring the participant as an agent state. The definition for agent state can be found under 20 CFR 52 10 State for UI (liable) as well as the State providing services (gath is both the paying state for UI (liable) as well as the State providing services (gath is both the paying state for UI (liable) as well as the State providing services (gath is not a participant in the TAA Program	2 = Agent State 0 = Both																			
927	TAA Date of Eligibility Determination Determined Eligible for TAA	DT 8	Record the date upon which the individual was determined to be (or not) an adversely affected worker. Record 1 if the individual was determined eligible for the Trade Program.	YYYYMMDD 1 = Yes							R												R R
929	Benefit Under Prior	IN 1	Record of the individual was determined not eligible. Leave blank if the data element does not apply to the individual. Record 1 if the participant received a benefit under a prior certification in any of the previous	0 = No							R												R
930	(TAA) Pay-For-Performance	IN 1	as incur years. Record 0 if the participant did not receive any services under the condition described above Leave blank if the individual is not a TAA participant. Record 1 if the participant received training services from a WIOA Title I service provider	1 = Yes			R	R	R	R													R
	·		engaged in a contract with a local board which includes pay-for-performance strategies. Record 0 if the participant did not received services described under the condition described above.	0 = No																			
931	Apprenticeship Program	INI	Record 3.1 the participant entered into a Registered Appreciation by Program (RAP) or if the participant was a register deprecise that time of program entry. Record 2.2 the participant entered into an industry-integrational Appreciationally Program (RAP) or the participant was participating in an industry-integrational Appreciationally program and the Racord 3.1 the participant entered into an apprenticeably program that is neither a RAP or an RAP. As a Racord 4.1 the participant did not enter an apprenticeably during program participation or was not participating in any appreciationally program at the time of program entry.	1 = RuP 2 = IRAP 3 = Other 4 = None		R	R	R	R	R		R		R	R		R	R				R	R
932	National Dislocated Worker Grants (DWG)	IN 1	Record 1 fine participant retained deviates under WOA 11st in 0, Section 170. The participant retained in the deviate under WOA 11st in 0, Section 170. All individuals who may be called instruction (all individuals who may use the self-service system; or (II) individuals who may use the self-service system; or (II) individuals who may use the self-service system; or (II) individuals who may vertee information with privates or activities. The control of the control	1 = Yes, NDWG Participant 2 = Reportable Individual 0 = No 9 = Unknown		R	R	R	R	R	R						R						R
933	Date of First DWG Service	DT 8	Record the date on which the participant began receiving his/her first service funded by the DWG program following a determination of eligibility to participate in the program. Leave blank if the participant did not receive services funded by the DWG program.	YYYYMMDD						R													R
934	Rapid Response Event Number	AN 13	Record the 18digit unique number of the event through which rapid response services were provided to the participant. This usique identification number is the same one provided to the state or local area froming the 18000. Begin desponse information between. User such tone as this system is operational, additis are encouraged to voluntarily report this information tone. If the system is operational, additis are encouraged to voluntarily report this information that the properties of the properties. The nest flow character are the event than numbered response specified to the properties of the	30000000000000000000000000000000000000				R		R	R												R
935	Accountability Exit Status	IN 1	Record of this participant either disclosed an invalid social security number (SSN) or chose that of the participant retired from employment. Record 0 or leave blank if none of the above conditions apply.	1 = Invalid SSN or falled to disclosed SSN 2 = Retirement 0 or Blank = None of the above conditions apply		R	R	R	R	R	R	R	R	R	R	R	R	R	R				R
936	Reentry Employment Opportunities (Adult)	AN 14	Record the 14 character grant number if the participant received services under the Reentry Employment Opportunities (Adult) program. The grant number should be entered in the following format without adults: No adjustment character superinging the grant program program than awarded from numeric characters identifying the type of grant awarded One adjushables character dendrifying the relevant group of ETA-Tho number characters identifying the state that received the grant two served under (AA-12345-12-55-A-26), if the grant number is unknown, please enter opportunity the program. Leave blank if the participant did not receive services funded by this program.	30000000000		R	R		R			R		R			R						R
937	Reentry Employment Opportunities (Youth)	AN 14	Record the 14 character grant number if the participant received services under the Reenty Employment Opportunities (Youth) program. The grant number should be entered in the through the program of the program of the program of the program of the order her number. Characters "Non number Character representing the foul year when the grant was awarded "No number Characters identifying the Prolevan George of ETA" No number Characters plant program of the program of the program of the program of the grant through the state that received the grant was served under (AA-1245-12-55-A-28). If the grant number is unknown, please enter grant grant program of the Leave blank if the participant did not receive services funded by this program.	30000000000000000000000000000000000000		R	R		R			R			R		R						R

														REQUIREMEN	TS BY PROGRA	AM OF PARTIC	IPATION ¹						
DATA ELEMENT NO.	DATA ELEMENT NAME	DATA TYPE/ FIELD LENGTH	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	CODE VALUE	portable Individual ²	Wagner-Peys er	WIOA Adults	WIOA Dislocated Workers	WIOA Youth	Dislocated Worker Grants	ТАА	National Farmworker Jobs Program (NFJP)	Indian and Native nerican Program (INA)	Opportunities (REO) (Adult)	Reen by Employment Opportunities (REO) (Youth)	YouthBuild	is for Veterans' State Grants (NSG)	H18	Job Corps	Incumbent Worker (Adult/DW Funded)	SCSEP	Apprenticeship	monstration Grants
938	H-18	AN 14	Record the 14 character grant number if the participant received services under any H-1B funded program. The grant number should be entered in the following format without dashes: Two alphabetic characters representing the grant program code-five numeric	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	ä	R	R	R		R		R	Am	20	20		P R	R		* 3			R
			characters-Two numeric characters representing the fiscal year when the grant was awarded- Two numeric characters identifying the type of grant awarded-One alphabetic character identifying the relevant agency at ETA-Two numeric characters identifying the state that																				
			received the grant was served under (AA-12345-12-55-A-26). If the grant number is unknown, please enter 999999999999999999999999999999999999																				
			•																				
939	Individual With A Disability Individualized Education	IN 1	For those participants where Individual With A Disability (WIOA) = 1: Record 1 if the participant currently has an Individualized Education Program/Special	1 = Current IEP 2 = Previous IEP			R		R					R	R	R							R
	Program Participant		Education Services while attending Secondary School. Record 2 if the participant formerly had an Individualized Education Program/Special Education Services while attending Secondary School. Record 0 or leave blank if neither condition applies	0 or Blank = Neither condition applies																			
			An individualized Education Program (IEP) is a plan used to ensure that students with disabilities eligible to receive special education and related services under the individuals with Disabilities Education Act receive services tailored to meet their unique needs in the least																				
			restrictive environment to prepare them for further education, employment, and independent living. 34 C.F.R. §300.340. To be eligible the student generally must be betweer ages 3 and 21, have a qualifying disability in one of the following 13 categories that impacts																				
			their educational performance and be in need of special education and related services: 1. autim: 2. deaf-blindness; 3. deafheiss;																				
			4. emotional disturbance; 5. hearing impairment; 6. intellectual disability; 7. multiple disabilities;																				
			8. orthopedic impairment; 9. other health impairment; 10. specific learning disability; 11. speech or language impairment;																				
			traumatic brain injury; or till visual impairment (including blindness																				
940	Individual With A Disability Section 504 Plan	IN 1	For those participants where Individual With A Disability (WIOA) = 1: Record 1 if the participant has a Section 504 plan.	1 = Yes 0 = No			R		R						R								R
			Record 0 if the participant does not meet the condition described above. Leave blank if the condition does not apply to the participant.	Blank = Does not apply																			
			Section 504, of the Rehabilitation Act, 29 U.S.C. § 794, is a federal law that protects students with disabilities that interfere with their ability to learn or access school programs from discrimination by schools receiving federal financial assistance. Under Section 503 students are entitled to receive a free and appropriate education comparable to students without																				
			disabilities. A Section 504 Plan can be used to get reasonable accommodations for an individual with a disability that falls outside of the 13 disability categories required under IDEA, or who does not need special education and related services. A 504 plan outlines how the individual's specific needs will be met through accommodations, modifications and other																				
			services.																				
941	National Farmworker Jobs	IN 1	Record 1 if the participant received services that required significant involvement under WIO	1 = Yes. NFJP Participant								R											R
	Program (NFJP)		Title I-D, Section 167 Record 2 if the individual has demonstrated an intent to use program services and meets one	2 = Reportable Individual 0 = No																			
			of the following criteria (A) Individuals who only provide identifying information; or (B) Individuals who only receive related assistance services that do not require significant involvement.																				
			Record 0 if the participant did not receive any services under the condition described above. Leave blank if grantee is unable to track enrollment in the program.																				
	- ONE STOP SERVICES AND A																						
1000	Date of First Basic Career Service (Self-Service/Information-	DT 8	Record the first date a job seeker accessed self-services/information-only services or activities during the reporting period, either in a physical location or remotely via the use of electronic technologies. Self-Service does not uniformly apply to all virtually accessed services. For	YYYYMMDD	R	R	R	R	R	R	R	R		R	R		R						R
	only)		example, virtually accessed services that provide a level of support beyond independent job or information seeking on the part of the reportable individual would not qualify as self- service. Information-only activities or services may be either self-service or staff sasisted. Leave blank if the reportable individual/participant accessed no self-services/information-only																				
1001	Date of First Basic Career Service	DT 8	basic career services. Record the first date the participant received any staff-assisted basic services (includes any career service under WIOA section 134(c)(2)(A)(i)-(w) that is not provided via self-service or	YYYYMMDD		R	R	R		R	R	R	R	R	R		R						R
	(Staff-Assisted)		Information-only services and activities)". Leave blank if the participant did not receive a staff-assisted basic career service.																				
1002	Most Recent Date Received Basic Career Services (Self-Service/Information-	DT 8	Record the most recent date a job seeker accessed self-services/information-only services or activities during the reporting period, either a physical location or remotely via the use of electronic technologies. Self-Service does not uniformly apply to all virtually accessed	YYYYMMDD	R	R	R	R	R	R	R	R	R				R						R
	Only)		services; For example, virtual accessed services that provide a level of support above independent job or information seeking on the part of a reportable individual/participant would not qualify as self-service. Information-only activities or services may be either self- service or staff assisted.																				
1003	Most Recent Date Received	DT 8	Leave blank if the reportable individual/participant did not access a self-service/information- only basic career service. Record the most recent date on which the participant received any basic career service	YYYYMMDD		R	R	R		R	R		R	R			R						R
	Basic Career Services (Staff-Assisted)		(includes any career service under WIOA Section 134(c)(2)(A)(i)-(ix) that is not provided via self-service or information services and activities). Leave blank if the participant did not receive a basic career service with significant staff involvement.																				
1004	Date of Most Recent Career Service	DT 8	Record the date on which career services (both basic and individualized) were last received (excluding self-services, information services or activities, or follow-up services).	YYYYMMDD		R	R	R	R	R	R	R	R	R			R						R
	(WIOA)		Leave blank if the participant did not receive career services.																				
1005	Most Recent Date Received Staff-Assisted Services (DVOP specialist)	DT 8	Record the most recent date on which the participant received any career service provided by a DVOP specialist. Leave blank if the participant did not receive a service with significant staff involvement or this data element does not apply to the participant.	TITRIMUU		R	R	R		R							R						R
1006	Date Referred to Department of Veterans Affairs Vocational Rehabilitation and	DT 8	Record the most recent date on which the participant was referred to the Department of Veterans Affairs Vocational Rehabilitation and Employment Program.	YYYYMMDD		R	R	R		R							R						R
1007	Employment Program Date of Most Recent Reportable Individual Contact	DT 8	Record the most recent date on which the job seeker had reportable individual level contact, including provision of identifying information or enrollment, with one or more applicable programs.	YYYYMMDD	R	R	R	R	R	R		R	R						R				R
SECTION C	.02 - BASIC CAREER SERVICES Most Recent Date Accessed	DT 8	Record the most recent date on which the reportable individual/participant accessed	YYYYMMDD	R	R	R	R		R							R						R
	Information-Only Activities		information-only services or activities. Information-only services or activities provide readily available information that does not require an assessment by a staff member of the individual's skills, education, or career objectives. Leave blank if the reportable individual/participant tid not access information-only activities.																				
1101	Most Recent Date of Self-	DT 8	Record the most recent date a job seeker accessed self-services during the reporting period,	YYYYMMDD		R																	R
1101	Most Recent Date of Self- Service Activities	018	either a physical location or remotely via the use of electronic technologies. Self-Service does not uniformly apply to all virtually accessed services; For example, virtual accessed services that provide a level of support above independent job or information seeking on the part of a			ĸ	K	к		K													•
			reportable individual/participant would not qualify as self-service. Leave blank if the reportable individual/participant did not access a self-service basic career service.																				
1	Most Recent Date Received Staff-Assisted Career Guidance	DT 8	Record the most recent date on which the participant received career guidance services with significant staff involvement. Career guidance services include the provision of information	YYYYMMDD		R	R	R	-	R				R			R						R
1102			(Including information on local performance and eligible training providers), materials, suggestions, or advice intended to assist the job seeker in making occupation or career																				
1102	Services		decisions. Leave blank if the participant did not receive a career guidance service.																				
1102	Most Recent Date Received	DT 8	decisions. Leave blank if the participant did not receive a career guidance service. Record the most recent date that the reportable individual/participant received workforce	үүүүммдD	R	R	R	R		R				R			R						R
		DT 8	decisions. Leave blank if the participant did not receive a career guidance service. Leave blank if the participant did not receive a career guidance service. Record the most recent date that the reportable individual/participant received workforce information services including informations on state and local labor market conditions control or co	YYYYMMDD	R	R	R	R		R				R			R						R
	Most Recent Date Received Workforce Information	DT 8	decisions. Leave blank if the participant did not receive a career guidance service. Becord the most recent date that the reportable individual/participant received workforce information services including information on state and local labor market conditions industries, occupations and characteristic of the workforce; are business identified allia needs, employer wage and benefit trends, that not long term including and occupational projections, worker supply and demand, and jub vacanicies survey results. Workforce availability business transver retain, plus or aution, and jub identification of high growth and high demand industries. Leave blank if the reportable individual/participant did not receive a workforce information.	ууууммоо	R	R	R	R		R				R			R						R
	Most Recent Date Received Workforce Information	DT 8	decisions. Leave blank if the participant did not receive a career guidance service. Associ did e-most recent date that the reportable individual/participant exceived excelentation in the confidence of the con	ууууммоо	R	R	R	R		R				R			R						R

															REQUIREMEN	ITS BY PROGR	AM OF PARTIC	IPATION ¹						
DATA ELEMENT NO.	DATA ELEMENT NAME	DATA TYPE/ FIELD LENGTH	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	CODE VALUE	ortable Individual ²	Wagner-Peyser	WIOA Adults	VIOA Dislocated	Workers WIOA Youth	blocated Worker	(DWG)	tional Farmworker	Jobs Program (NFJP)	Indian and Native terican Program (INA)	Opportunities (REO)	Reentry Employment Opportunities (REO) (Youth)	YouthBuild	for Veterans' State Grants (NSG)	H18	Job Corps	Incumbent Worker (Adult/DW Funded)	SCSEP	Ap prenticeship	nonstration Grants
1104	Most Recent Date Received Staff-Assisted Job Search Activities	DTS	Second the most excent date that the participant was provided job search activities with significant staff involvement, and which are designed to help the participant plan and carry out a successful job intelligent plan staff, and the participant plan and carry out a successful job intelligent plan staff, and several policy and several policy plans and workshops, job infining clubs, and development and job is search plan. "Resume Assistance", Providing instructions on the content and servant of resumes and cover letters and providing assistance in the development and production of the same. "In a providing substance in the development and production of the same strategies and providing substance in the development and production of the same strategies placents." "In Private all the elements of a job Search Workshop, plan a period of structured application, untrivivening skills, and/or job lead development, and in the strategies of the participant of a job Search Workshop, plan a period of structured applicants where participants staff in concessively as written plan) that includes the necessary steps and stressfels to achieve employment in specific acceptational, including in a group path area. Leave blank if the participant did not receive a job search activity with significant staff involvement. Additional Note: This definition excludes participants who receive workforce information acroices or attend at ToP employment workshop. Those services will be collected and reported sparsetly.	ууулимоо	Rep	R	R	R		6 6		New	dol.	in Ameerican	9 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	25 de .		R R			(AA			R R
1105	Most Recent Date Referred to Employment	DT 8	Indicate the most recent date that the participant received a referral to employment which included significant staff involvement. A referral to employment is (a) the act of bringing to the attention of an employer a) is seeker or group of registered pilo seekers who are available for a job and (b) the corroof of such arferfar. Leave blank if the participant did not receive a referral to employment.	YYYYMMDD		R	R	R		B	R				R			R						R
1106	Most Recent Date Referred to Federal Training	DT 8	Record the most recent date that the participant was referred to a training program supported by the Federal Covernment, such as WIOA funded projects, TAA, Adult Education, Vocational Rehabilistics and able Corps. Leave blank if the participant did not receive a referral to federal training.	YYYYMMDD		R	R	R		B	R							R						R
1107	Most Recent Date Placed in Federal Training	DT 8	Record the most recent date on which the participant entered any training program supported by the Federal Government, such as WIOA-funded projects, TAA, Adult Education, Vocational Rehabilitation and old Corps. Leave blank if the participant did not enter any training program supported by the Federal Government.	үүүүммдө		R	R	R		B	R							R						R
1108	Most Recent Date Referred to Federal Job	DT 8	Record the most recent date that the participant was referred to a job opening filed with a placement office by a department or agency of the Federal Government or other entity under the jurisdiction of the Los Office of Personal Messagement. For example, a job posting with USA/OBS. Leave blank if the participant did not receive a referral to a Federal job.	YYYYMMDD		R	R	R		B	R							R						R
1109	Most Recent Date Referred to Federal Contractor Job	DT 8	Record the most recent date that the participant who is a disabled veteran, campaign veteran, or recently sparated veteran was referred to a job opening listed by an employer identified as a Federal contractor. Leave blank if the participant did not receive a referral to a job opening listed by an employer identified as a Federal contractor.			R	R	R		я	2							R						R
1110	Most Recent Date Entered Into Federal Job Most Recent Date Entered Into	DT 8	secord the most recent data a job seeker entered into job filed with a placement office by a department or governor or other entity he jurisdiction of U.S. Office of Personnel Management. Leave blank if the participant was not placed into a federal job. Record the most recent data a job seeker who is either a special disabled veteran, campaign			R	R	R		F	R							R R						R R
1112	Federal Contractor Job Most Recent Date Received Unemployment Insurance (UI)	DT 8	veteran, or recently separated veteran entered into a Federal Contractor Job. Lever blank if the participant was not placed into a federal contractor job. Indicate the most recent date a job seeker was provided meaningful assistance in filing a UI claim.			R	R	R		В	3							R						R
1113	Claim Assistance Most Recent Date Referred to Other Federal/State Assistance	DT 8	Leave blank if the participant did not receive unemployment insurance claim assistance. Record the most recent data jub selver was referred to Other federal/Data Assistance. This may fordice Supplemental Nutrition Assistance Parport (NSMV) benefits, Temporary Assistance for Needy Families (TAMS), Neath Insurance assistance, child support assistance, tax paperassion support and any other Federal ASSISTANCE ASSISTANCE. Leave blank if the participant was not referred to Other Federal/State assistance.	ууууммоb		R	R	R		В	2							R						R
1114	Referred to Jobs for Veterans State Grants (IVSG) Services	IN 1	Accord 1 if the participant was referred to 7/5G services due to significant barrier to Montpolyment. Second 2 if the participant was referred to 7/5G services due to 13M identified as in need of endodedulatide career services. Record 3 if the participant was referred to 7/5G services as wounded, III, or injured located in a military treatment facility, or this or her caregiver. Record 4 if the participant was referred to 7/5G services for reasons other than those listed above. Second 4 if the participant was referred to 7/5G due to serving in the military during the continued of the participant was referred to 7/5G due to serving in the military during the Second 4 in the participant was referred to 7/5G due to serving in the military during the services me are 4 August 1946 as May 1975. Record 0 if the participant was not referred to 7/5G services.	1 = Referred due to significant barrier to employment. As to 15th identified as in and of individualized corresponds to 15th identified as in and of individualized corresponds. In or injured located in a military treatment facility, or the corresponding to the		R	R	R		я	3							R						R
1115	Referred to Department of Veterans Affairs (VA) Services	IN 1	Scarce utility in a ton such element uses no apply to the participant. Record 3 if the participant was referred for Vent-counted Rehabilitations and Employment (VREA) determinations. Record 2 if the participant was referred to Part-0/311 Bill blendels. Record 3 if the participant was referred to Part-0/311 Bill blendels. Record 4 if the participant was referred to both the Part-0/31 Gill Bill and to the Montgomery Gill Bill Scarce 1 in the Participant was referred to both the Part-0/31 Gill Bill and to the Montgomery Gill Bill Record 5 for all other referrals for services from the Department of Vertran's Affairs (VA). These include referred for SPI Sand III Streament and substance abuse assistance to Identify the most common. Lave Marin III this data element does not apply to the participant.	1 = VNREE 2 = Port 9/11 GI Bill 3 = Montgamery GI Bill 4 = Port 9/11 GI Bill and Montgomery GI Bill 5 = All other referrals for VA services		R	R	R		R	2							R						R
1116	Most Recent Date Received Staff-Assisted Basic Career Services (Other)	DT 8	accord to most record date on which the participant records that career services requiring single-most expending or dark produced and that sold career environment is used otherwise recorded in data elements 1102 1135. These additional basic career services may include, but are on limitated to, of perianglycomise answer, of joined basic pages (spiral policy designant (c)) picked sold produced produced to the produced of the pages o	YYYYMMDD		R	R	R		s	R				R			R						R
SECTION C	.03 - INDIVIDUALIZED CAREEL Date of First Individualized Career Service	R SERVICES DT 8	Record the first date the participant received any individualized career service on or after the date of participation. Individualized Career Services include development of an individual	YYYYMMDD		R	R	R		P	R R		R	R	R	R		R						R
			Employment Plan, Pre-Vocational derivines, provision of comprehensive skills and career assessments, Internition or work preprinces, financial literacy services, figilish as Second Language Services, or any other service that comprises a significant amount of staff time with an individual servicers at described in Wolfe, ex-13e(1)(1)(e)(e). Leave blank if the participant did not receive any individualized career service or this data element does not apply to the individual.																					Ĭ
1201	Most Recent Date Received Individualized Career Service	DT 8	Record the most recent date on which the participant received individualized career services as described in WiOA sec. 134(c)(2)(aii).	YYYYMMDD		R	R	R		R	R R	R 1	R	R	R	R		R						R
1202	Date Individual Employment Plan Created	DT 8	Record the date on which the participant's individual Employment Plan (IEP) was created or otherwise established to identify the participant's employment goals, their appropriate authenment objectives, and the appropriate combination of services for the participant to achieve the employment goals. Lave belant it is mengloyment plan was not created for the participant, or if the individual is not a participant.	үүүүммир		R	R	R		B	R R	1		R				R				R		R
1203	Most Recent Date Received Internship or Work Experience opportunities	DT 8	Second the most recent date on which the participant received an internable or work experience opportunity directly inland to a career. Level ball with personated and or receives an internable or work experience opportunity or this data element does not apply to the participant.	YYYYMMDD		R	R	R		B	R			R			R	R	R					R
1205	Type of Work Experience	IN 1	If the participant neceived work experience, record the appropriate code to indicate the type of work experience provided to the participant. Record 3 if the participant participated in nummer employment or an internable during the Neced 3 if the participant participated in internable predigence of the Code of the C	during the summer (WIGA Youth) 2 Inflayment opportunities, including 3 + Pra-apportunities, including 3 + Pra-apportunities, including 5 + On-the-lob Taining (WIGA Youth) 5 - On-the-lob Taining (WIGA Youth) 6 - Termstonia Joh (WIGA Adut, Discott) 7 - Other work superince activities 0 - Did Not Participate in these activities	s d	R	R	R	R	8	3		R	R	R	R	R	R	R					R
1206	Date Received Financial Literacy Services	DT 8	Second the date, if any time during participation in the program, that the participant reserved any financial literacy writes. They may induce services that be byte creating budgets, initiate checking and savings accounts at banks, applying for and managing loans and credit cards, learning about coeff reports and credit costs, and identifies identify theft. Leave blank if this data element does not apply to the participant.	үүүүммоо		R	R	R	R	: B				R				R						R

														REQUIREMEN	ITS BY PROGR	AM OF PARTIC	IPATION ¹						
DATA ELEMENT NO.	DATA ELEMENT NAME	DATA TYPE/ FIELD LENGTH	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	CODE VALUE	Reportable Individual ²	Wagner-Peys er	WIOA Adults	WIOA Dislocated Workers	WIOA Youth	Dislocated Worker Grants (DWG)	TAA	National Farmworker Jobs Program (NFJP)	Indian and Native merican Program (INA)	Opportunities (REO) (Adult)	Reentry Employment Opportunities (REO) (Youth)	YouthBuild	obs for Veterans' State Grants (AVSG)	H18	Job Corps	Incumbent Worker (Adult/DW Funded)	SCSEP	Apprenticeship	Demonstration Grants
1207	Date Received English as Second Language Services	DT 8	Record the date, at any time during participation in the program, that the participant received any finglish as accord language service or training. Bits services are those services provided to participants when primary language is not register. These services are designed to increase the English language proficency of the participant so they can attain training and/or engineering services. Leave basis of this data element does not apply to the participant.	YYYYMMDD	-	R	R	R		R			R.				R						R
1210	Received Pre-Vocational Activities	DT 8	Record the date at any time during the individual's participant in the program that they received short-term previocational services, including development of learning skills, communications skills interviewing skills, incursults, presental materiance skills, and professional conduct to prepare individuals for unsubsidised employment or training, Leave blank if this data element does not apply to the participant.	YYYYMMDD		R	R	R		R		R	R	R	R		R						R
1211	Transitional Jobs	IN 2	Record 1 if the participant received work experience at a transitional job as described in WIOA Section 134(d)(5). Record 0 if the participant did not receive transitional jobs training as described above.	1 = Transitional Job 0 = No		R	R	R		R							R						R
1213	Most Recent Date Received Individualized Career Service (DVOP)	DT 8	Accord the most date on which the participant received individualised career services (excluding scan magnement from a 200° deposition as described as internative services) in Veteran's Program Letter 07:0. This includes the provision of a combination of all as (Upon receipt of both of these services, the participant can be reported as receiving a single instance of individualized corres services. Price note that states bound on report provision of adult basic education and literary excherics ap part of this specification. Receipt of participation in "cere services." I support the participant day of the participant can be also as the part of the specification. Receipt of participation in "cere services." I Leave blank if the participant did not receive individualized Career Services or this data element does not apply to the participant.	YYYYMMOO		R											R						R
1214	Most Recent Date Received Job Search Activities (DVOP)	DT 8	Record the most recent date that a participant was provided pilo send nativities which are dissipled to help the amplicipant plan and core of all pointing strategy by a TOVP staff person. The services include returne preparation assistance, job search workshops, job feding club, and development of a job search plan. Lisave blast if the participant did not receive a job search activity or this data element does not apply to the participant.	YYYYMMDD		R											R						R
1215	Most Recent Date Referred to Employment (DVOP)	DT 8	Record the most recent date that a participant was referred to employment by a DVOP staff person. A referral to employment is (a) the act of bringing to the attention of an employer a job nester or group or registered pic seeless who are available for a plan of (b) the record such a referral stark are ferral takes blank if the participant did not receive a referral to employment or this data element does not apply to the participant.			R											R						R
1216	Most Recent Date Referred to Federal Training (DVOP) Most Recent Date Referred to	DT 8	Record the most recent date that, a participant was referred by a DVIP staff person to a training regrams purposed by the Federic decrement, such as VMD-Auded project, TAN, NAFTA, and sho Corps. This definition does include DVA-DT. Laces blank if the participant add not receive a referral to Federal training or this data element does not apply to the participant. Record the most recent date that the participant was referred by a DVIP staff person to a job.	YYYYNMDD		R											R						R
	Federal Job (DVOP)		opening filed with a placement office by a department or agency of the Federal government or other centry used the privations of the U.S. Office or Personal Management. Leave blank if the participant off not receive a referral to a Federal job or this data element does not apply to the participant.																				, and the second
1218	Most Recent Date Referred to Federal Contractor Job (DVOP)	DT 8	Record the most recent date that the participant who is a disabled veteran, campaign veteran, or recently separate veteran was referred by 200°D staff person to 3-6 polymein [last of a member of the staff of the s			R											R						R
1219	Most Recent Date Received Other Staff-Assisted Basic Career Services (DVOP)	DT8	Record the most recent date on which the individual received other services requiring a significant expenditure of DVDP staff time. These additional care revices may include, but are not limited to (a) reemployment services; (b) federal bonding program; (c) job development contacts; (d) referrals to educational services; and (e) tax credit eligibility determination. Leave blank if the participant did not receive any other career services with significant staff involvement.	YYYYMMDD		R											R						R
1220	Most Recent Date Received Career Guidance Services (DVOP) Most Recent Date Entered	DT 8	Record the most recent date that a participant received career guidance services, which includes the provision of information, materials, suggestions, or advice by DVDP staff intended to assist the beater in maling composition or career description to career description career description career description career description career description career dates service. Indicates the most recent date a job seeker entered into a job filed with a placement office by	YYYYMMDD		R											R R						R
1222	Federal Job (DVOP) Most Recent Date Entered Federal Contractor Job	DT 8	a department or agency or other entity under the purisdiction of the U.S. Office of Personnel Management (DVOPI). Leave blank if the participant did not begin a federal job. Indicate the most recent date a job seeker who is either a special disabled veteran, campaign veteran, or recently separated veteran entered into a Federal Contractor Job (DVOP).	YYYYMMDD		R											R						R
	(DVOP)		Leave blank if the participant did not begin working in a Federal Contractor Job.																				
1300	04 - TRAINING SERVICES Received Training (WIOA)	IN 1	Record 1 if the participant received training services as defined by program specific guidance. Record 0 if the participant did not receive training services.	1 = Yes 0 = No	Τ	R	R	R	R	R	R	R	R	R	R	R	R	R	R		R	R	R
1301	Eligible Training Provider - Name - Training Service #1 (WIOA)	AN 75	Enter the name of the eligible training provider where the participant received training. Leave blank if this data element does not apply to the participant.	X0000000000X			R	R		R													R
1302	Date Entered Training #1 (WIOA)	DT 8	Record the date on which the participant's first training service actually began. Leave blank if the participant did not receive a first training service or this data element does not apply to the participant.	YYYYMMDD			R	R	R	R	R	R	R	R	R	R		R			R	R	R
1303	Type of Training Service £1 (WIDA)	IN 2	Use the appropriate code to indicate the type of approved training being provided to the participant. NOTE: if OIT of Sall Upgrading is being provided as part of a Registered Apprenticeship program, choice Code 09. NOTE: Code of Sales only be selficed when other codes are clearly not appropriate. NOTE: Code of Sales only be selficed when other codes are clearly not appropriate. Record 00 if the participant did not receive a training service. Leave blank if this data element does not apply to the participant.	01 = On the Job Training (non-WIOA Youth). 22 = Sall Upgrading 03 = Entrepreneural Training (non-WIOA On Experimental Training (non-WIOA On Experimental Training One-WIOA On Experimental Training One Decopation with Training One - Occupational Sallis Training (non-WIOT-ADE ONE-WIDE ONE-WID			R	R	R	R	R	R	R	R	R	R		R	Ř		R	R	R
	Program of Study by Potential Outcome		Eater the participant's Program of Study for the Eligible Training Provider. A program of Study is supermouse with a Tigeragen of training services "a defined at 20 CFR part 680.00.0.4 program of training services is one or more courses or classes, or a structured for the study of the study	1 — A program of study leading to an inautive-recognised certificate or sertification of study leading to a certification of study leading to a certification of study leading to a certificate of completion of a registered apprenticeship. 3 — A program of study leading to a licensor recognised by the State involved or the Federal Covernment of study leading to an 4 national study leading to a baccalisarised register of study leading to a baccalisarised register of study leading to a community college certificate of completion of study leading to a community college certificate of completion of study leading to a measurable salid gain of study leading to a measurable salid gain.	t																		
1305	Eligible Training Provider - CIP Code (WIOA)	IN 6	A program of study is identified through both the type of program outlined above (e.g. industry-recognized criticals) and the field datup. The transmort half will be used to identify finds of study will be the Classification of Instructional Programs (CIP). The CIP code are be found here. https://recs.ed.gov/lipeds/cpcode/Default.aspx?y=55 This field should represent the 6-digit CIP code, without decimal points.	xxxx			R	R		R													R
1306	Occupational Skills Training Code #1	IN 8	Enter the B digit O*NET SOC 2019 transnemy occupational code (database version 25.1 or later) that matches the training participant's employment goal. Note: If all 8 digits of the O*NET occupational code are not collected, record at least the first 6 digit.	0000000			R	R	R	R	R	R	R	R	R	R		R				R	R
1		IN 1	Record 1 if the participant completed approved training.	1 = Yes					Ш														
1307	Training Completed #1		Record 0 if the participant did not complete training (withdrew). Leave blank if the participant did not receive a first training service or this data element does not apply to the participant.	0 = No (Withdrew)			R	R	R	R	R	R	R	R	R	R		R				R	R

		l												REC	UIREMENT	S RY PROGR	AM OF PARTIC	"IPATION"						
DATA ELEMENT NO.	DATA ELEMENT NAME	DATA TYPE/ FIELD LENGTH	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	CODE VALUE	Reportable Individual	Wagner-Pe ys er	WIOA Adults	WIOA Dislocated Workers	WIOA Youth	Dislocated Worker Grants	(DWG) TAA	National Farmworker Jobs Program (NFJP)	Indian and Native	mercen rogram	Reentry Employment Opportunities (REO) (Adult)	Reentry Employment Opportunities (REO) (Youth)	YouthBuild	obs for Veterans' State Grants (NSG)	H18	Job Corps	Incumbent Worker (Adult/DW Funded)	ASSS	Ap prenticeship	Demonstration Grants
1308	Date Completed, or Withdrew from, Training #1	DT 8	Record the date when the participant completed training or withdrew permanently from training. If multiple training services were received, record the most recent date on which the participant completed training. It is not apply to the participant.	YYYYMMDD	_		R	R	R	R	R	R	R		R	R	R	3	R				R	R
1309	Date Entered Training #2	DT 8	Record the date on which the participant's second training service actually began. Leave blank if the participant did not receive a second training service or this data element does not apply to the participant.	YYYYMMDD			R	R	R	R	R	R	R		R	R	R		R				R	R
1310	Type of Training Service #2 (WIOA)	IN 2	the type of approved training being provided to the participant. NOTE: If OJT or Skill Upgrading is being provided as part of a Registered Apprenticeship program, choose Code 09.	02 = Skill Upgrading 03 = Entrepreneurial Training (non-WIOA Youth)			R	R	R	R	R	R	R		R	R	R		R	R		R	R	R
			NOTE: Code 06 should only be instances when other codes are clearly not appropriate. Record 00 if the participant did not receive a second training service. Leave blank if this data element does not apply to the participant.	04 = ABE or ESL (contextualized or other) in conjunction with Training 05 = Customized Training 06 = Occupational Skills Training (non-WIOA Youth)																				
				07 = ABE or ES. (contextualized or other) NOT in conjunction with training (funded by Trade Adjustment Austiance only) 08 = Prerequisite Training 09 = Registered Apprenticeshy 11 = Other Non-Occupational Skills Training 10 = No Training Service																				
1311	Occupational Skills Training Code #2	IN 8	Enter the 8 digit O*NET SOC 2019 Stemomy excupational code (disthase version 2.5.1 or later) that matches transing participant remippowers goal. Note: If all 8 digits of the O*NET occupational code are not collected, record at least the first 6 digits.	0000000			R	R	R	R	R	R	R		R	R	R		R				R	R
1312	Training Completed #2	IN 1	Record 1 if the participant completed approved training. Record 0 if the participant did not complete training (withdrew). Leave blank if the participant did not receive a second training service or this data element does not apply to the participant.	1 = Yes 0 = No (Withdrew)			R	R	R	R	R	R	R		R	R	R		R				R	R
1313	Date Completed, or Withdrew from, Training #2	DT 8	Record the date when the participant completed training or withdrew permanently from training. If multiple training services were received, record the most recent date on which the participant completed training.	YYYYMMDD			R	R	R	R	R	R	R		R	R	R		R				R	R
			Leave blank if the participant did not receive a second training service or this data element does not apply to the participant.																					
1314	Date Entered Training #3	DT8	Record the date on which the participant's third training service actually began. If the participant received more than 31 raining nervices, record the date on which the participant actually began the last (or most recent) training service. Laws blank if the participant did not receive a third training service or this data element does not apply to the participant.	YYYYMMDD			R	R	R	R	R	R	R		R	R	R		R				R	R
1315	Type of Training Service #3 (WIOA)	IN 2	If the participant received a third type of training, record the appropriate code to indicate the type of approved training being provided to the participant. NOTE: If OIT or 541 loggrading is being provided as part of a Registered Apprenticeship program, choose Code 09. NOTE: Code 05 doutled only be utilized when other codes are clearly not appropriate.	01 = On the Job Training (non-WIOA Youth) 02 = Skill Upgrading 03 = Entrepreneurial Training (non-WIOA Youth) 04 = ABE or ESL (contextualized or other) in			R	R	R	R	R	R	R		R	R	R		R	R		R	R	R
			Record 00 if the participant did not receive a third service. Leave blank if this data element does not apply to the participant. Additional Note: if the participant receives more than three training services, record the last (or most recent) training service serviced by the participant in this field.	conjunction with Training 05 = Customized Training 06 = Occupational Skills Training (non-WIOA Youth) 07 = ABE or ESL (contextualized or other)																				
				NOT in conjunction with training (funded by Trade Adjustment Assistance only) 8 = Prerequist Training 9 = Registered Apprenticeship 10 = Registered Apprenticeship 11 = Other Non-Occupationial Skills Training 11 = Other Non-Occupationial Skills Training 12 = lob Readines in conjunction with other training 00 = No Training Service																				
1316	Occupational Skills Training Code #3	IN 8	Enter the 8 digit O*NET 50C 2019 issonomy occupational code (database version 25.1 or later) that matches the training participant's employment goal. Note: If all 8 digits of the O*NET occupational code are not collected, record at least the first 6 digits.	00000000			R	R	R	R	R		R		R	R	R		R				R	R
1317	Training Completed #3	IN 1	Record I if the participant completed approved training, Record O if the participant did not complete training (withdrew). Leave blank if the participant did not receive a third training service or this data element does not apply to the participant.	1 = Yes 0 = No (Withdrew)			R	R	R	R	R	R	R		R	R			R				R	R
1318	Date Completed, or Withdrew from, Training #3	DT 8	Record the date when the participant completed training or withdrew permanently from training. If multiple training services were received, record the most recent date on which the participant completed training. Leave biank if the participant did not receive a third training service or this data element does not apply to the participant.	YYYYMMDD			R	R	R	R	R	R	R		R	R	R		R				R	R
1319	Established Individual Training Account (ITA)	IN 1	Record 1 if any of the individual's services were purchased stilling an individual Training Account include by WIOA Title 1. This information can be updated anytime during participation. Record 0 fin enividual does not meet the condition described above. Lawe blank if this data element does not apply to the participant.	1 = Yes 0 = No			R	R	R	R		R					R							R
1320	Pell Grant Recipient	IN 1	secord if if the participant is or has been notified whe will be receiving a Pell Grant at any time during participation in the program. This information may be updated at any time during participation in the program. Record of if the participant does not meet the condition described above. Lever blank if this date element does not apply to the participant or if unavailable.	1 = Yes 0 = No			R	R	R	R	R	R					R						R	R
1321	Waiver from Training Requirement	IN 1	Use the appropriate code to indicate the reason for which a waiver from the training requirements was issued to the participant. Record O if the participant did not receive a training waiver. Leave blank if this data element does not apply to the participant.	1 = Recall 2 = Marketable Skills 3 = Retirement 4 = Health							R													R
1322	Date of Most Recent Case Management and Employment Service	DT 8	Record the date on which the participant received his or her most recent Case Management and Reemployment Service. Leave blank if this does not apply to the participant.	5 = Enrollment Unavailable YYYYMMDD							R													R
1323	Date Waiver From Training Requirement Issued	DT 8	Record the date on which the participant received his or her most recent waiver from training. Leave blank if this does not apply to the participant.	YYYYMMDD							R													R
1324	Current Quarter Training Expenditures Total Training Expenditures	DE 9.2	Record the dollar amount of training expenditures acrowed in the current report quarter for the participant. Leave blank if this does not apply to the participant. Record the dollar amount of training expenditures acrowed thus far in participant's training.	0000000.00							R													R R
			Accorded openditures are defined as the sum of actual can'd albutements for direct charges for goods and services, the amount of indirect expenses charged to the award, minus any relater, refunds, or other credits, just the total costs of all goods and property received or services performed, whether an invoice has been received or a some received and according to the respecting quarter in which they occur. Accorded expenditures are to be recorded in the responting quarter in which they occur. Accorded expenditures are to be recorded in a fine and discharances talled been. This form grant properties appropriate the related and in respits and discharances talled been. This form expenses approved by the State agency, [1] Toward allowances (1) Subsistence allowances, Leave blank if this does not apply to the participant.																					
1326	Training Costs-Amount of Overpayment	DE 9.2	Record the amount of the Training Cost Overpayment. This amount may be updated on a cumulative basis. Leave blank if this does not apply to the participant.	0000000.00							R													R
1327	Training Costs - Overpayment Waiver	IN 1	Leave basis it is there was a TAA Training overpayment waiver to be recorded in the quarter it is issued and continues through last quarter of reporting. This will include Job Search and Relocation Overpayments. Leave blank if this does not apply to the participant.	1 = Yes 0 = No							R													R
1328	Training Povided Virtual/Online	IN 1	Leave blank if this does not apply to the participant. Record the mething in which training was delivered to the participant at any time during program participation. Record if the participant received training through virtual/online methods only.	1 = Virtual/Online Yes 2 = Mix of In-person and Virtual/Online 0 = No Virtual/Online, In-person Only			R	R	R	R	R						R		R	R			R	R
			Raccol 2 if the participant received training through a combination of in-person and virtual/online methods. Raccol of if the participant received training through only in-person methods. Leave blank if the participant did not received training at any point during program participation.	, , , , , , , , , , , , , , , , , , , ,																				
1329	Part Time Training	IN 1	Record 1 if the participant received part time training, Record 0 if the participant did not receive any services under the condition described above. Leave blank if the individual was not a TAA participant.	1 = Yes 0 = No							R													R
1330	Adversely Affected Incumbent Worker	IN 1	Record 1 if the participant received services prior to his or her separation date from qualifying trade affected employment. Record 0 if the participant did not receive any services under the condition described above. Leave blank if this does not apply to the participant.	1 = Yes 0 = No							R													R
1331	Training Leading to an Associate's Degree	IN 1	Leave blank it this does not apply to the participant. Record 1 if the participant is enrolled in training that will lead to an associate's degree. Record 0 if the participant did not receive any services under the condition described above. Leave blank if this does not apply to the participant.	1 = Yes 0 = No							R								R					R

														REQUIREMEN	TS BY PROGRA	AM OF PARTIC	IPATION ¹						
DATA ELEMENT NO.	DATA ELEMENT NAME	DATA TYPE/ FIELD LENGTH	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	CODE VALUE	Re portable Individual ²	Wagner-Peys er	WIOA Adults	WIOA Dislocated Workers	WIGA Youth	Dislocated Worker Grants (DWG)	TAA	National Farmworker Jobs Program (NFJP)	Indian and Native merican Program (INA)	Reentry Employment Opportunities (REO) (Adult)	Reentry Employment Opportunities (REO) (Youth)	YouthBuild	obs for Veteram' State Grants (NSG)	H18	Job Corps	Incumbent Worker (Adult/DW Funded)	SCSEP	Apprenticeship	Demonstration Grants
1332	Participated in Postasconday, Education During Program Participation (WOOA)	IN 1	accord I if the participant was in a postbecondary education program that leads to a condential or degree from an accredited postbecondary education institution at any post-during program participation. Reaccord I if the participant was not in a postbecondary education institution during program participation with outload with participation with outload the participation was considered postbecondary education institution during program participation, with outload the participation was entered in a participation education institution at any point during program participation institution at any point during program participation of the participant was not in a postbecondary education program, as defined not considered involved the participation of the participant was first enrolled in postbecondary education after education program.	1 - Yes, Participated in Postsecondary Education 0 - No, Did Not Participate in Postsecondary Education			R	R	R	R	R	R	R	R	R	R		R	R		R	R	R
1333	Received training from program(s) operated by the private sector	IN 1	Record 11 the participant received training services from one or more programs operated by the private sector under WOA.ec. 124 (c)[0][0][0](e). Record 01 the participant did not receive training services from a program operated by the provide sector under MAO.ec. 124 (c)[0][0][0]. Leave blank if the participant did not receive training.	1 = Yes O = No			R	R	R	R													R
1401	05 - YOUTH PROGRAM SERV Enrolled in Secondary (docation Secondary (WIOA)	IN 1	Record 1 if the participant was enrolled in a Secondary Education Program at or above the 9th	1 = Yes 0 = No			R	R	R	R	R	R	R	R	R			R	R		R	R	R
1402	Most Recent Date Received Educational Archievement Services	DT 8	Record the most recent date on which the participant received an educational achievement service. Educational achievement services include, but are not limited to tutoring, study allol training, instruction, and evidence based dropput prevention and recovery strategies that lead to completion of the requirements for a secondary soloid alphane or its recognized equivalent (including a recognized confliction of attendance or similar document for included says with disabilities) or for a recognized postsecendary credental. Leave belant if the participant did not receive educational achievement services or this data element does not apply to the individual.	үүүүммд					R					R	R	R							R
1403	Most Recent Date Received Alternative Secondary School Services	DT 8	Record the most recent date on which the participant received alternative secondary school services, or disposit recovery services, as appropriate. Leave blank if the participant did not receive alternative secondary school services or disposit recovery services.	YYYYMMDD					R					R	R	R							R
1405	Most Recent Date Received Work Experience Opportunities	DT 8	secord the most nevers date on which the youth participant received work experience opportunities that have a component actionment and exceptation designations. Work experiences are a planned, structured learning experience that takes pike in a worlipker for a lainted period of them. Work experiences include summer employment opportunities and other employment opportunities available throughout the school year pre-apperticischip programs, internally and job hadworing, and on the job training opportunities. Leave blank if the participant of not receive work experience opportunities or this data element does not apply to the participant.	YYYYMMOD					R					R	R	R							R
1406	Date Enrolled in Post Exit Education or Training Program Leading to ARecognized Postsecondary Credential (WIOA)	DT 8	Secord the first date after exit that the participant enrolled in or attended an education or training program that dats to a recognise placement of later program exit. NOTE: This element only applies to participants who exited secondary education and obtained a secondary school diploma or its equivalency per Sec 114(b)(2)(A)(iii). This data element applies to the Credential Rate indicator.	ууууммоо			R	R	R	R	R	R	R		R	R		R	R		R	R	R
1407	Most Recent Date Received Education Offered Concurrently with Workforce Preparation	DT 8	Record the most recent date on which the participant received education offered concurrently with and in in the same context as workforce preparation activities and training for a specific conjugation or concaptional cluster. Leave blank if the participant did not receive education offered concurrently with workforce preparation.	YYYYMMDD					R							R							R
1408	Most Received Leadership Development Opportunities	DT 8	Secord the most recent date on which the participant received services that include, but are not institled to apportunities that may include community service and per-createred activities encouraging responsibility and other positive social and cluic behaviors, as appropriate, sense basel if the precipional did not receive a leadership development service or this data element does not apply to the participant.	YYYYMMDD					R					R	R	R							R
1409	Most Recent Date Received Supportive Services	DTS	Record the most recent date on which the participant received a supportive service (WIOA section 134(d)(2)) which include, but are not limited to, suitance with transportation, child care, dependent care, and housigh that an enessary to enable the participant to participant in program which provide career and training services as defined in WIOA sec. 134(c)(2) and 134(c)(3) support services (and string in express as defined in WIOA sec. 134(c)(2) and 134(c)(3) support services (b) assistance with transportation; (c) assistance with child care and dependent care (d) and the services of the services of the services of the services with transportation; (c) assistance with child services (d) assistance with uniforms or other appropriate work attria and work-related tools, including such terms are gleass and protective erg expr. (d) assistance whosh, fees, school supplies, and other necessary items for students evolved in postescondary education classes; and (1) payments and seef for employment and training related applicants, tests, and certifications. Less than the services of this data element does and apply to the participant did not necesive supportive services or this data element does not apply to the participant.	үүүүммоо			R	R	R	R	R		R	R	R	R		R					R
1410	Most Recent Date Received Adult Mentoring Services	DT 8	Bacroff the most recent date on which the participant received shall mentioning services. Adult mentioning services may last for at least twelve (12) months and may occur both during and after program participation. Leave Shall if the participant did not receive adult mentioning services or this data element does not apply to the participant.	YYYYMMDD					R					R	R	R							R
1411	Most Recent Date Received Comprehensive Guidance/ Counselling Services	DT 8	Record the most recent date on which the participant received comprehensive guidance and counseling service, which may include days and action about countering. Leave blank if the participant did not receive comprehensive guidance/counseling services or this data element does not apply to the participant.	YYYYMMDD					R					R	R	R							R
1412	Most Recent Date Received Youth Follow-up Services	DTS	Record the most recent date on which the youth participant received follow up services after earlitigh the grough. To follower participant four depth participant are deviced as (1) following participant are for after the program to help ensure up the control of the control of the participant are certifical services provided following a youth's ent from the program to help ensure up the control of the participant and the program to help ensure and the provide high ensure the participant and the provide high ensure the participant and participant and provide high ensure that provide high ensure the participant and participant and provide high ensure that the cold ensure and the control of the provide high ensure that all provides high ensure that allow the high ensure that allow with their included all service Strategies. Furthermore, follow-up services and declines to receive follow-up services or the participant cannot be located or constituted. Laws be based the participant did not receive follow-up services or if this data element does not apply to the participant.	YYYYMMDD					R						R	R							R
1413	Most Recent Date Youth Received Entrepreneurial Skills Training Most Recent Date Youth	DT 8	Record the most recent date on which the participant participated in entrepreneurial skills training. Leave blank if the participant did not participate in entrepreneurial skills training. Record the most recent date on which the participant participated in services that provide	YYYYMMDD					R							R							R
1414	Received Services that provide labor market information and employment information Most Recent Date Youth	DT8	labor market and employment information about in demand industry sectors or occupations available in the local area, such as caree awareness, career counsiling, and career exploration services. Leave blank if the participant did not participate in these services. Record the most excent date on which a youth participant received activities that helped	YYYYMMDD					R						R	R							R
1416	Received Postsecondary transition and preparatory activities Date of Completion of Youth Services	DT 8	them to prepare for and transition to postsecondary education and training. Leave blank if the prairiespated dired participies in activities that helped them to prepare for and transition to postsecondary education and training. Record the date the participant received their last service in the WUAX Youth program other than follow-up services. This element is only required for participants who completed the	үүүүммдд					R														R
			WIGA Youth program but are coenciled in the WIGA Adult program or another partner program that would extend their exit date beyond their completion date in WIGA Youth. Leave blank if this does not apply to the participant.																				
1500	.06 - OTHER RELATED ASSIST/ Received Needs-Related Payments	IN 1	ORT SERVICES FOR NON-NOUTH CUSTOMESS Record If the participant enceived redes fixed payments (VIODA section 134(e)(3)) for the purpose of enabling the participant to participate an approved training funded under WIOA Talle III. Record Of the participant did not receive any needs-related payments as described above. Larsee blank if this data element does not apply to the participant.	1 = Yes 0 = No			R	R		R	R			R	R	R							R
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DATA ELEMENT NO.	DATA ELEMENT NAME	DATA TYPE/ FIELD LENGTH	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	CODE VALUE	Re portable Individual ²	Wagner-Peys er	WIOA Adults	WIOA Dislocated Workers	WIOA Youth	Dislocated Worker Grants (DWG)	ТАА	National Farmworker Jobs Program (NFJP)	Indian and Native American Program (INA)	Reen by Employment Opportunities (REO) (Adult)	Reentry Employment Opportunities (REO) (Youth)	YouthBuild	Jobs for Veterans' State Grants (NSG)	H18	Job Corps	Incumbent Worker (Adult/DW Funded)	SCSEP	Apprenticeship	Demonstration Grants
1501	Most Recent Date Received Rapid Response Services	DT 8	Record the most recent date on which the participant received a rapid response service authorized under Wills, Action 134(s)(1)(3). Again derponse encorposes the activities necessary to plan and deliver services to enable dislocated worker to transition to new engingement a quickly a possible, following where a permanent closure or mass layely for natural or other disaster resulting in a mass job dislocation. These blank if the participant did not receiver rapid response services or this data element does not apply to the participant.	YYYYMMDD				R		R	R									R			R
1503	Most Recent Date Received Follow-up Service	DT 8	Record the most recent date on which the participant received follow-up services, which may include counseling in the workplace. Leave blank if the principant did not receive this service or if it does not apply to this participant. Note that follow-up services do not change the date of exit for performance purposes.	YYYYMMDD			R	R		R													R
1505	Job Search Allowance-Count (TAA)	IN 2	Record to exted number of job search allowances paid to the participant in the current spopper spanser. Record a 0f the participant did not receive a job search allowance in the quarter. Leave blank if the data element does not apply to the participant.	00							R												R
1506	Job Search Allowance Current Quarter - Costs (TAA)	DE 9.2	Record the dollar value of Job Search Allowance expenditures accrued in the current quarter. Leave blank if this data element does not apply to the participant or if the individual is not a TAA participant.	000000.00							R												R
1507	Job Search Allowance -Total Costs (TAA)	D€ 9.2	Record the cumulative total dollar amount of job search costs expenditures actived for the participant. He find may be updated for each quarterly submission. Leave blank if this data element does not apply to the participant or if the individual is not a TAA participant.	000000.00							R												R
1508	Date Relocation Allowance Approved (TAA)	DT 8	Record the date that the TAA Relocation Allowance was approved Leave blank if the participant did not have a TAA Relocation Allowance approved or this data element does not apply to the participant.	YYYYMMDD							R												R
1509	Relocation Allowance Current Quarter Costs (TAA)	DE 9.2	Record the dollar amount of relocation costs expenditures accrued in the current quarter to relocate the participant including any lump pump pyment in the quarter. Loseve blank if this data element does not apply to the participant or if the individual is not a TAA participant.	0000000.00							R												R
1510	Relocation Allowance -Total Cost (TAA)	D€ 9.2	Accord the total dollar amount of relocation costs expenditures accused to relocate the participant; including the lump sum payment, leaves blank if this data element does not apply to the participant or if the individual is not a TAA participant.	0000000.00							R												R
1511	Date Received First Basic TRA payment	DT 8	Record the date on which the participant received their first Basic TRA payment. Leave blank if the participant dlid not receive a Basic TRA Payment, or if the individual is not a TRA participant.	YYYYMMDD							R												R
1512	Weeks Paid This Quarter - Basic TRA	IN 2	Record the total number of weeks of Basic TRA paid in the current quarter. Leave blank if the individual is not a TAA participant.	00							R												R
1513	Total Weeks Paid Cumulative Basic TRA	IN 2	Record the total number of weeks of Basic TRA paid to the individual. Record the this data element does not apply to the participant Leave blank if the individual is not a TAA participant.	00							R												R
1514	Amount Paid Current Quarter- TRA Basic	DE 9.2	Record the dollar amount of Basic TRA expenditures accrued in the current report quarter. Record 0 if this data element does not apply to the participant. Leave blank if the individual is not a TRA participant.	0000000.00							R												R
1515	Total Amount Paid - Basic TRA Date Received First Additional TRA Payment	DE 9.2	Record the total dollar amount of Basic TRA expenditures acrosed to the individual. Record of this data element does not apply to the participant. Leave blank if the individual is not a TAA participant. Record the date on which the participant received their first Additional TRA payment. Leave blank if the participant did not received additional TRA payment.	0000000.00 YYYYMMDD							R R												R R
1517	Weeks Paid This Quarter - Additional TRA	IN 2	not a TAA participant. Record the total number of weeks of Additional TRA paid in the current quarter. Record If this data element does not apply to the participant.	00							R												R
1518	Total Weeks Paid Cumulative - Additional TRA	IN 2	Leave blank if the individual is not a TAA participant. Record the total number of weeks of Additional TRA paid to the individual. Record 0 if this data element does not apply to the participant. Leave blank if the individual is not a TAA participant.	00							R												R
1519	Amount Paid This Quarter - Additional TRA	DE 9.2	Record the dollar amount of Additional TRA expenditures accrued in the current report quarter. Record 0 if this data element does not apply to the participant. Leave blank if the individual is not a TRA participant.	0000000.00							R												R
1520	Total Amount Paid - Additional TRA	DE 9.2	Record 0 if this data element does not apply to the participant. Leave blank if the individual is not a TAA participant.	0000000.00							R												R
1521	Date Received First Remedial/Prerequisite/Extend ed TRA Payment	DT 8	Record the date on which the participant received their first Remedial/Prerequisite/Extended TRA payment. Leave blank if the participant did not receive a Remedial/ Prerequisite/Extended TRA Payment, or if the individual is not a TAA participant.								R												R
1522	Weeks Paid This Quarter- Remedial/Prerequisite/Extend ed	IN 2	Record the total number of weeks of Remedial/Prerequisite/Extended TRA paid in the current quarter. "O" if this data element does not apply to the participant Leave blank if the individual is not a TRA participant.								R												R
1523	Total Weeks Paid Cumulative - Remedial/Prerequisite/Extend ed Amount Paid This Quarter -	IN 2	Record the total number of weeks of Remedial/Prerequisite/Extended TRA paid to the includiosis. "Or if this data element does not apply to the participant. Leave blank if the individual is not a 1.74 participant. Record the dollar amount of Remedial/Prerequisite/Extended TRA expenditures acrossed in	0000000.00							R												R
	Remedial/Prerequisite/Extend ed TRA		the current report quarter. "0" if this data element does not apply to the participant Leave blank if the individual is not a TAA participant.																				
1525	Total Amount Paid - Remedial/Prerequisite/Extend ed TRA	DE 9.2	Record the total dollar amount of Remedial/Prerequisite/Extended TRA expenditures accrued to the individual. Record 0 if this data element does not apply to the participant. Leave blank if the individual is not a TAA participant.	0000000.00							R												R
1526	Date Received First Completion TRA Payment	DT 8	Record the date on which the participant received their first Completion TRA payment. Leave blank if the participant did not receive a Remedial/Prerequisite TRA Payment, or if the individual is not a TAA participant.	YYYYMMDD							R												R
1527	Weeks Paid This Quarter - Completion TRA	IN 2	Record the total number of weeks of Completion TRA paid in the current quarter. Record 0 if this data element does not apply to the participant. Leave blank if the individual is not a TAA participant.	00							R												R
1528	Total Weeks Paid Cumulative - Completion TRA	IN 2	Record the total number of weeks of Completion TRA paid to the individual. Record D if this data element does not apply to the participant. Leave blank if the individual is not a TRA participant.	00							R												R
1529	Amount Paid Current Quarter - TRA Completion	DE 9. 2	Record the dollar amount of Completion TRA expenditures accrued in the current report quarter. Record of if this data element does not apply to the participant. Leave blank if the individual is not a TAA participant.	0000000.00							R												R
1530	Total Amount Paid - Completion TRA	DE 9. 2		0000000.00							R												R
1531	TRA Overpayment	IN 1	Record I if there was an overpayment established under any type of TRA during the course of participation in the quarter in which it is first identified and to continue through last quarter of reporting. Record of if there was no TRA overpayment. Leave blank if the individual was not a TAA participant.	1 = Yes 0 = No							R												R
1532	Amount of TRA Overpayment	DE 9.2	Record the dollar amount of the TRA overpayment. This amount may be updated on a cumulative basis. Leave blank if the individual was not a TAA participant.	000000.00							R												R
1533	TRA Overpayment Walver	IN 1	Record I if there was a TRA overpayment waiver to be recorded in the quarter it is issued and to continue through last quarter of reporting "0" if this data element does not apply to the participant. Leave blank if the individual is not a TAA participant.	1 = Yes 0 = No			T				R												R
1534	Date Received First A/RTAA Payment	DT 8	Record the date on which the participant received their first Alternative/Reemployment Trade Adjustment Assistance (A/RTAA) payment. Leave blank if the individual is not a TAA participant.	YYYYMMDD			İ				R												R
1535	Number of A/RTAA Payments Current Quarter	IN 2	Record the number of A/RTAA payments paid to the participant in the current report quarter. "O" if this data element does not apply to the participant Leave blank if the individual is not a TAA participant.	00			Ì				R												R
1536	Current Quarter A/RTAA Payments	DE 9.2	Record the total dollar amount of A/RTAA expenditures acrued to the participant in the report quarter. Laves blank if this data element does not apply to the participant or if the individual is not a TAA participant.	0000000.00			Ì				R												R
1537	Number of A/RTAA Payments Total	IN 3	Record the number of A/BTAA payments made to the participant through the current quarter of participation. This field may be updated for each quarterly submission. Record of if there aso TRA overspants. Leave blank if the individual is not a TAA participant.	000			İ				R												R
1538	Total Amount Paid - A/RTAA	DE 9.2	Record the total dollar amount of A/RTAA expenditures accrued to the individual. Record 0 if there was no TRA overpayment. Leave blank if the individual is not a TAA participant.	0000000.00							R												R
1539	Frequency of A/RTAA Payments (TAA)	IN 1	Record 3 if weekly. Record 3 if monthly. Record 4 of other. Leve blank if he individual was not a TAA participant.	1 = Weekly 2 = Bi-Weekly 3 = Monthly 4 = Other							R												R
1540	Maximum A/RTAA Benefit Reached	IN 1	Record 1 if the participant reached their maximum benefit amount prior to their two-year eligibitis; limitation. Record 0 if the participant did not reach their maximum benefit prior to their two year eligibitis; limitation.	1 = Yes 0 = No			ı				R												R
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														REQUIREMEN	TS BY PROGR	AM OF PARTIC	CIPATION ¹						
DATA ELEMENT NO.	DATA ELEMENT NAME	DATA TYPE/ FIELD LENGTH	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	CODE VALUE	Re portable Individual ²	Wagner-Peyser	WIOA Adults	WIOA Dislocated Workers	WIOA Youth	Dislocated Worker Grants (DWG)	TAA	National Farmworker Jobs Program (NFJP)	Indian and Native merican Program (INA)	Reentry Employment Opportunities (REO) (Adult)	Reenty Employment Opportunities (REO) (Youth)	YouthBuild	obs for Veterans' State Grams (A/SG)	H18	Job Corps	Incumbent Worker (Adult/DW Funded)	SCSEP	Apprenticeship	Demonstration Grants
1541	A/RTAA Overpayment	IN 1	Record 1 if there was an overpayment established under A/RTAA during the course of participation in the quarter in which it is first identified and to continue through last quarter of reporting. Record 0 if there was no A/RTAA Overpayment.	1 = Yes 0 = No							R		ā.		_		ă.						R
1542	Amount of A/RTAA Overpayment	DE 9.2	There was no line to assist depressions of the participant. Record the first the individual was not a TAA participant. Record the amount of the AVRIAO overpayment. This amount may be updated on a camulation behavior on a NRTAO overpayment for this participant. Leave blank if the individual was not a TAA participant.	000000.00							R												R
1543	A/RTAA Overpayment Waiver	IN 1	Record 1 if there was an A/RTAA overpayment waiver to be recorded in the quarter it is issued and to continue through last quarter of reporting. Record 0 if there was not A/RTAA overpayment waiver. Leave blank if the individual was not a TAA participant.	1 = Yes 0 = No							R												R
	- PROGRAM OUTCOMES INF						1																
	01 - EMPLOYMENT AND JOB Employed in 1st Quarter After Exit Quarter (WIOA)	IN 1	Record 1 if the participant is in unsubsidized employment (not including Registered Apprenticeship, or the military). Record 2 if the participant is in a Registered Apprenticeship. Record 3 if the participant is in the military.	1 = Yes 2 = Yes, Registered Apprenticeship 3 = Yes, Military 0 = No 9 = Information not yet available		R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
1601	Type of Employment Match 1st Quarter After Exit Quarter (WIOA)	IN 1	employment status in the first quarter following the quarter of earl. Wage records will be the primary data source for tracking employment in the first quarter after the exit quarter. If the participant is not found in wage records, grantees may then use supplemental data sources. If the participant is found in more than one source of employment using wage records, record the data source for which the participant's earnings are greatest.	1 = UI Wage Data 2 = Federal Employment Records (OPM, USPS) 3 = Military Employment Records (DOD) 4 = Non UI verification 5 = Information not yet available 0 = Not employed		R	R	R	R	R	R	R	R	R	R	R	R			R		R	R
1602	Employed in 2nd Quarter After Exit Quarter (WIOA)	IN 1	Record 3 if the participant is in the military.	1 = Ves 2 = Ves, Registered Apprenticeship 3 = Ves, Military 0 = No 9 = Information not yet available		R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
1603	Type of Employment Match 2nd Quarter After Exit Quarter (WIOA)	IN 1	employment status in the second quarter following the quarter of exit. Wage records will be	1 = UI Wage Data 2 = Federal Employment Records (OPM, USPS) 3 = Military Employment Records (DOD) 4 = Non UI verification		R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
1604	Employed in 3rd Quarter After Exit Quarter (WIOA)	IN 1	Record I if the participant is in unsubsidized employment (not including Registered Apprenticeship, or the military). Record 2 if the participant is in a Registered Apprenticeship. Record 3 if the participant was not employed in the third quarter after the quarter of exit.	1 = Yes 2 = Yes, Registered Apprenticeship 3 = Yes, Military 0 = No 9 = Information not yet available		R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
1605	Type of Employment Match 3rd Quarter After Exit Quarter (WIOA)	IN 1	Record of If the participant has soled but employment information is not yet available. Use the appropriate code to identify the method used in determining the participant's employment status in the third quarter following the quarter of out. Wage records will be primary data source for fracting employment in the third quarter following the quarter of such as primary data source for fracting employment in the third quarter sind the quarter of such as the primary data source for fracting employment in the third quarter sind the quarter of such as the primary data source for microphyment using vage records, record the data source for which the participant is notice of employment using vage.	1 = UI Wage Data 2 = Federal Employment Records (OPM, USPS) 3 = Millray Employment Records (DOD) 4 = Non UI werlfication 5 = Information not yet available 0 = Not employed		R	R	R	R	R	R	R	R	R	R	R	R			R		R	R
1606	Employed in 4th Quarter After Exit Quarter (WIOA)	IN 1	Apprenticeship, or the military). Record 2 if the participant is in a Registered Apprenticeship. Record 3 if the participant is in the military.	1 = Yes 2 = Yes, Registered Apprenticeship 3 = Yes, Military 0 = No 9 = Information not yet available		R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
1607	Type of Employment Match 4th Quarter After Exit Quarter (WIOA)	IN 1	employment status in the fourth quarter following the quarter of evil. Wage records will be the primary data source for tracking employment in the fourth quarter after the exit quarter. If the participant is not found in the wage records, grantees may then use supplemental data sources. If the participant is found in more than one source of employment using wage records, record the data source for which the participant's earnings are greatly as	1 = UI Wage Data 2 = Federal Employment Records (OPM, USP5) 3 = Millitary Employment Records (DOD) 4 = Non UI verification 5 = Information not yet available 0 = Not employed		R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
1608	Employment Related to Training (2nd Quarter After Exit) (WIOA)	IN 1	related to the training services received.	Training related to employment Training not related to employment White the state of the employment White the state of the employment Training not related to employment		R	R	R	R	R	R	R	R			R	R				R	R	R
1609	Reemployed by Layoff Employer	IN 1	Record 1 if the participant was reemployed by the employer (where the qualifying separation took pixel) at any point from the point of program exit through the 4th quarter after program exit. Description of the point of program of the through the 4th quarter after program exit. The program of the point of the point of program of the point Record 9 if not thrown.	1 = Yes 0 = No 9 = Unknown							R												R
1610	Occupational Code (if available)	AN 8	Record the 8 digit O*NET SOC 2019 taxonomy occupational code (database vension 35.1 or later) that best describes the participant's most recent employment in any quarter sider exit. Laxee blank if occupational code is not available or not known, or the data element does not apply. Short if all 8 digits of the O*NET occupational code are not collected, record at least the first 6 digits.	0000000		R	R	R	R	R	R	R		R	R		R					R	R
1611	Entered Non-Traditional Employment	IN 1	Record 3 if the participant's employment is in an occupation or field of work for which individuals of the participant's gender comprise less than 25% of the individuals employed in such eccupation or field of work. Not resident amployment on the based on either local resident data, and both makes and females can be in new traditional employment. This workers and youth how bent resident produced in the such distance and after the exit quarter. Record 6 if the participant does not meet the condition described above.	1 = Yes 0 = No 9 = Unknown			R	R	R			R				R							R
1612	Occupational Code of Employment 2 nd Quarter After Exit Quarter (If available)	IN 8	Record the 8 digit O*NET SOC 2019 taxonomy occupational code (database venion 25.1 or later) that best describes the participant's employment in the 2nd quarter after exit quarter. Natur, If all 8 digits of the O*NET occupational code are not collected, record at least the first 6 digits.	0000000		R	R	R	R		R	R	R				R						R
1613	Occupational Code of Employment 4 th Quarter After Exit Quarter (If available)	IN 8	Record the 8-digit O*NET SOC 2019 taxonomy occupational code (database venion 25.1 or later) that best describes the participant's employment in the 4th quarter after the exit quarter. Note: if all 8-digits of the O*NET occupational code are not collected, record at least the first 6-digits.	0000000		R	R	R	R			R	R				R						R
1614	Industry Code of Employment 1st Quarter After Exit Quarter	IN 6		000000		R	R	R	R	R	R	R					R					R	R
1615	Industry Code of Employment 2nd Quarter After Exit Quarter	IN 6	Record the 4 to 6-digit industry code that best describes the participant's employment using the North American industrial Classification System (NACS). If more than one NACS is reported, then the MoCS associates with the highest grows wage bend Clar payared control of the properties of the properties of the properties of the properties of the save blank if this data element does not apply to the person or wages are not yet available.	00000		R	R	R	R	R	R	R					R					R	R
1616	Industry Code of Employment 3rd Quarter After Exit Quarter	IN 6	Record the 4 to 6-digit industry code that best describes the participant's employment using the North American Industrial Classification System (NACS). If more than one NACS is reported, then the NACS associated with the highest goars wage should be reported. Face 1999999 "Naces Too Quarter Affer the Classification Countries and and MACS Code in not known. Leave Shink if this data element does not apply to the person or wages are not yet available.			R	R	R	R	R	R	R					R						R
1617	Industry Code of Employment 4th Quarter After Exit Quarter	IN 6	Record the 4 to 4 digit industry code that best describes the participant's employment using the North American describes (March 1994). The American Conference of the Participant's employment using the North American American (March 1994) and the American Conference of the Participant in reported, them the NAICS associated with the highest goes wage should be reported server 1999ath (March 49) that part alsy the local transless and March 2004 to the participant Leave 1994ath (March 40) that participant is the Conference of the March 2004 to the Conference Leave 1994ath (March 2004) that participant is the Conference of the March 2004 to the Conference Leave 1994ath (March 2004) that participant is the Conference of the March 2004 to the Conference Leave 1994ath (March 2004) that participant is the Conference of the March 2004 to the Conference Leave 1994ath (March 2004) that participant is the Conference of the March 2004 that participant is the Conference Leave 1994ath (March 2004) that participant is the Conference Leave 1994ath (March 2004) that participant is the Conference Leave 1994ath (March 2004) that participant is the Conference Leave 1994ath (March 2004) that participant is the Conference Leave 1994ath (March 2004) that participant is the Conference Leave 1994ath (March 2004) that participant is the Conference Leave 1994ath (March 2004) that participant is the Conference Leave 1994ath (March 2004) that participant is the Conference Leave 1994ath (March 2004) that participant is the Conference Leave 1994ath (March 2004) that participant is the Conference Leave 1994ath (March 2004) that participant is the Conference Leave 1994ath (March 2004) that participant is the Conference Leave 1994ath (March 2004) that participant is the Conference Leave 1994ath (March 2004) that participant is the Conference Leave 1994ath (March 2004) that participant is the Conference Leave 1994ath (March 2004) that participant is the Conference Leave 1994ath (March 2004) that the Conference Leave 199			R	R	R	R	R	R	R					R					R	R
1618	Retention with the same employer in the 2nd Quarter and the 4th Quarter (WIOA)	IN 1	accord 1 (The participant's employer in the second quarter also matches the employer in the fourth quarter. Record 0 (If the participant is not employed in the second or fourth quarters after exit, or the employer in the second quarter does not match the employer in the fourth quarter.	1 = Yes 0 = No		R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
SECTION D. 1700	02 - WAGE RECORD DATA Earnings 3rd Quarter Prior to	DE 8.2		000000.00		R	R	R		R	R	R					R						R
1701	Participation Quarter Earnings 2nd Quarter Prior to Participation Quarter	DE 8.2	participation. Leave blank if data element does not apply to the participant. Record total earnings from wage records for the second quarter prior to the quarter of participation. Leave blank if data element does not apply to the participant.	000000.00		R	R	R		R	R	R					R						R
1702	Earnings 1st Quarter Prior to Participation Quarter Earnings 1st Quarter After Exit	DE 8.2 DE-9.2		000000.00		R	R	R	R	R	R	R	R	R	R	R	R			R		R	R R
	Quarter (WIOA)		necord to determings to the mis quarter after the quarter to out. Record 99999999 97 data is are not yet available for this item. Leave blank if data element does not apply to the participant.																				

														REQUIREME	NTS BY PROGR	AM OF PARTIC	IPATION ¹						
DATA ELEMENT NO.	DATA ELEMENT NAME	DATA TYPE/ FIELD LENGTH	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	CODE VALUE	Reportable Individual ²	Wagner-Peys er	WIOA Adults	WIOA Dislocated Workers	WIOA Youth	Dislocated Worker Grants (DWG)	TAA	National Farmworker Jobs Program (NFJP)	Indian and Native American Program (INA)	Reen try Employment Opportunities (REO) (Adult)	Reen try Employment Opportunities (REO) (Youth)	YouthBuild	Jobs for Veteram' State Grants (NSG)	H18	Job Corps	incumbent Worker (Adult/DW Funded)	SCSEP	Apprenticeship	Demonstration Grants
1704	Earnings 2nd Quarter After Exit Quarter (WIOA)	DE-9.2	Record total earnings for the second quarter after the quarter of exit. Record 9999999.99 if data is not yet available for this item. Leave blank if data element does not apply to the participant.	0000000.00		R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
1705	Earnings 3rd Quarter After Exit Quarter (WIOA)	DE-9.2	Record total earnings for the third quarter after the quarter of exit. Record 9999999.99 if data is not yet available for this item. Leave blank if data element does not apply to the participant	0000000.00		R	R	R	R	R	R	R	R	R	R	R	R			R		R	R
1706	Earnings 4th Quarter After Exit Quarter (WIOA)	DE-9.2	Record total earnings for the fourth quarter after the quarter of exit. Record 9999999 99 if data is not yet available for this item. Leave blank if data element does not apply to the participant.	000000.00		R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
SECTION D	.03 - EDUCATION AND CREDE	IN 1	Use the appropriate code to record the type of recognized diploma, degree, or a credential	1 = Secondary School Diploma/or	<u> </u>	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
	(WICA)		constitute of an industry-recognized certificate or certification, a certificate of completion of a Registered Apprecision, by Exeminary Orderial Government, or an associate or baccularurest of eggree attained by the participant who received education or startings genized. Record Of the participant received discussion or ratings reviews, but did not attain a recognized starting or service. The participant is received discussion or starting services, and the participant. Leave blank of gree, Neuron starting participant, classes blank if stat deliment does not apply to the participant. NOTE: Diplomas, Reger, Ilenses or certificates must be attained either during participation or within one year of rait. This data element applies to both the Credential Rate indicator and the Measurable Skills Gain Indicator for all programs.	equivalency 2-AA or AS Diploma/Degree 3-BA or AS Diploma/Degree 3-BA or AS Diploma/Degree 9-AC Diploma/Deg																			
1801	Date Attained Recognized Credential (WIOA)	DT 8	Record the date on which the participant attained a recognized credential. Leave blank if the participant did not attain a degree or certificate.	YYYYMMDD		R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
1802	Type of Recognized Credential 82 (WIGA)	IN 1	Use the appropriate ode to road on e-po of recognise delivous, approx. or a resental three appropriates one to recognise delivous composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the seguine of appreciately, a feature recognised by the states involved or federal downment, or a successor of sequinarized degree attention by the participant reclaiment degree attention or training services. Because of the participant received education or training services, but did not attain a recognised fedioma, degree, license or certificate. Level behand false demonstrated on the participant. NOTE: Diplomas, degree, licenses or certificates must be attained either during participation or within one year of all rich that dist element applies to both the Ordential Rate indicator and the Measurable Shilli Gain indicator for all DOL programs.	1 - Secondar's School Diploma/or Johnsonson 2 - AA or AS Diploma/Dragree 3 - AB or AS Diploma/Dragree 4 - Occupational Liensure 5 - Occupational Centificate 6 - Occupational Centificate 6 - Occupational Centification 6 - Occupational Centification 7 - Occupational Centification 7 - Occupational Centification 8 - Occupational Centification 9 - Occupational Centification 9 - No recognited credential			R	R	R	R	R	R	R	R	R	R		R	R		R	R	Ř
1803	Date Attained Recognized Credential #2 (WIOA)	DT 8	Record the date on which the participant attained a second recognized credential. Leave blank if the participant did not attain a second recognized credential, or if this data element does not apply.	YYYYMMDD			R	R	R	R	R	R	R	R	R	R		R	R		R	R	R
1804	Type of Recognized Credential as (WIOA)	IN 1	Use the appropriate code to record the type of recognized diploma, degree, or a redental constitute of an indivire recognized ordinates or certification, a certification or contract or dometrion of Registered Apprentices the, a Second recognized by the State involved or Federal Conventment, or a successor of secondaries degree statement only the appropriate record or staining services. Record of the parameter records discussion or training services, but did not attain a second of the contract of the contract records of successor or training services, but did not attain a tawe blank if data element does not apoly to the participant. Lawe blank if data element does not apoly to the participant. NOTE: Diplomas, degrees, licenses or certificates must be attained either during participation or within one year of all this data element applies to both the Credential Rate indicator and the Measurable Skills Gain indicator for all DOL programs.	1 - Secondary School Diploma/or equivalency 2 - AA or AS Diploma/Degree 3 - AB or AS STOPPER STOPPER 4 - Decorporational Licensure 4 - Occupational Certification 7 - Other Recognized Diploma, Degree, or Certificate 0 - No recognized credential			R	R	R	R	R		R	R	R	R		R	R		R	R	R
1805	Date Attained Recognized Credential #3 (WIOA)	DT8	Record the date on which the participant attained a third recognized credential. Leave blank if the participant did not attain a third recognized credential, or if this data element does not apply.	YYYYMMDD			R	R	R	R	R		R	R	R	R		R	R		R	R	R
1806	Date of Most Recent Measurable Still Gains: Educational Functioning Level (EFL) (WIOA)	DT 8	Record the most recent date the participant who received instruction below the postecondary education level active and restor of ELF. ER, pain may be documented in one of three ways: 1) by comparing a participant's initial ER as measured by a prive-test with the participant's ER is measured by a prive-test with the participant's ER is measured by a prive-test with other participant's ER of States that offer secondary school diploma or its recognized equivalent, and ER pain who he measured through the waverling of restor corregio quinties or IS better may report an ER pain for participants who can the program and enroll in participant in the contract of the program part. Leave blank if this data element does not apply to the participant.	YYYYMMDD			R	R	R	R	R	R	R	R	R	R		R	R	R	R	R	R
1807	Date of Most Recent Measurable Skill Gains: Postsecondary Transcript/Report Card (WIOA)	DT 8	Record the most recent date of the participant's transcript or report can de prostescendary education who complete a minimum of 12 hours per semeter, or for part time students a total of all keen 12 credit hours over the course of two completed sementers during the same 12 month period, that howes a participant is needing the State unufs academic standards. Leave blank if this data element does not apply to the participant.	үүүүммио			R	R	R	R	R	R	R	R	R	R			R	R		R	R
1808	Date of Most Recent Measurable Skill Gains: Secondary Transcript/Report Card (WIOA)	DT 8	Record the most recent date of the participant's transcript or report card for secondary education for one semester showing that the participant is meeting the State unit's academic standards. Leave blank if this data element does not apply to the participant.	YYYYMMDD			R	R	R	R	R	R	R	R	R	R		R	R	R	R	R	R
1809	Date of Most Recent Measurable Skill Gains: Training Milestone (WIOA)	DT 8	Rocod the most recent date that the participant had a satisfactory or better progress report towards established mischance from an emproperytraining provider whis is providing training (e.g., completion of on the job training (QIT), completion of one year of a registered apprenticeship program, etc.) Leave blank if this data element does not apply to the participant.	YYYYMMDD			R	R	R	R	R	R	R	R	R	R		R	R	R		R	R
1810	Date of Most Recent Measurable Skill Gains: Skills Progression (WIOA)	DT 8	Record the most recent date the participant successfully completed an exam that is required for a particular occupation, or progress in attaining technical or occupational skills as evidenced by trade-related benchmarks such as knowledge-based exams. Leave blank if this data element does not apply to the participant.	YYYYMMDD			R	R	R	R	R	R	R	R	R	R		R	R	R		R	R
1811	Date Enrolled During Program Participation in an Education or Training Program Leading to a Recognized Credential or Employment	DT 8	second to date the participant was enrolled fluring programs participation in an education or training program that either I leads to a recognised credential, including a secondary education program; or 2) at training program that leads to employment; as defined by the core program in which the participant participants asked to the participant was either enterol programs. The participant was either elevation or training at the time of program entry or became encelled in electron for training any point while participant was entered in projects and any elevation to the participant was entered in posteroundary electrons a program entry, the date in this lost Corps, Vorsibilities, I sengitered Apprenticeship program, Adult Education or secondary education programs. Leave blank if the data element does not apply to the participant.	YYYYMMOO			R	R	R	R	R	R	R	R	R	R		R	R	R	R	æ	R
1812	School Status at Euit	IN 1	is between school terms and intents to return to school. Record if if the participant in to longer attention grav school and has not received a secondary school officians or its recognized equivalent. Record if if the participant in our attending way school and has either graduated from the school of the participant in our attending way school and has either graduated from Record if if the participant in within the age of compulsion school attendance, but has not attended school or less tathen then externed complete school year calleding quarter and has not received a secondary school diploma or its recognized equivalent. Leave blank if data element does not apply to the participant.	1 - In-school, secondary school or less 1 - In-school, Postecendary school 3 - In-school, Postecendary school 3 - In-school, Postecendary school 3 - In-school, Postecendary school 5 - Not attending school schools 5 - Not attending school schools 5 - Not attending school schools 5 - Not attending school, schools 5 - Not attending school, schools 5 - Not attending school, schools 5 - Not attending schools					R			æ	R		R								R
1813	Date Completed During Program Participation an Education or Training Program Leading to a Recognized Credential or Employment	DTS	Record the date the participant completes, during program participation, others 1 an education or staining program that leads to energolated credental, including a secondary education program. or 21 inating program that leads to employment; as defined by the core program which while participation programs are considered to the control of the control of the core programs. While the participation was included to the core to the core of	YYYYMMOO			R	R	R	R	R	æ	R	R	R	R		R	R	R	R	R	R
1814	Date Attained Graduate/Post Graduate Degree (WIOA)	DT 8	Record the date a participant attained a masters' degree after receiving education or training services. Leave blank if data element does not apply to the participant. NOTE: Diplomas, degrees, licenses or certificates must be attained either during participation or within one year of exit. This data element applies to the Credental Rate for RSA programs.	YYYYMMDD		R	R	R		R	R			R	R	R							R
SECTION D	.04 - ADDITIONAL OUTCOME	DATA													-	-	-						

													REC	UIREMENTS	Y PROGRA	M OF PARTIC	PATION ¹						
DATA ELEMENT NO.	DATA ELEMENT NAME	DATA TYPE/ FIELD LENGTH	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	CODE VALUE	Reportable Individual ²	Wagner-Peys er	WIOA Adults	WIOA Dislocated Workers	WIOA Youth Dislocated Worker	Grants (DWG)	National Farmworker	Jobs Program (NFJP) Indian and Native	America n Program (INA)	Opportunities (REO) (Adult)	Reenty Employment Opportunities (REO) (Youth)	YouthBuild	Jobs for Veteram' State Grams (IVSG)	H18	Job Corps	Incumbent Worker (Adult/DW Funded)	SCSEP	Ap prenticeship	Demonstration Grants
1900	Youth 2nd Quarter Placement (Title I) (WIOA)	IN 1	Record 3 If the participant is enrolled in occupational skills training (including advanced training). Record 2 If the participant is enrolled in postsecondary education. Record 3 If the participant is enrolled in secondary education. Record 3 If the participant is enrolled in secondary education.	1 = Occupational Skills Training 2 = Postsecondary Education 3 = Secondary Education 0 = No placement					R		R				R	R			R			R	R
1901	Youth 4th Quarter Placement (Title I) (WIOA)	IN 1	Record I if the participant is enrolled in occupational skills training including advanced training. Record 2 if the participant is enrolled in postsecondary education. Record 3 if the participant is enrolled in secondary education. Record 0 if the participant was not placed in any of the above conditions.	1 = Occupational Skills Training 2 = Postsecondary Education 3 = Secondary Education 0 = No placement					R		R	:			R	R			R			R	R
1902	Category of Assessment #1 Date of Pre-Test Score #1	IN 1	Record 1 fifth participant was assessed using approved tests for Adult Basic Education (ABI) English Language Arts (ELLA). Record 2 if this participant was assessed using approved tests for ABI Mathematics. Record 2 fifth participant was assessed using sport of tests for fall fish An Advanced (Basic Abid). Record 0 if the participant was not assessed. Leave blank if this data element does not apply to the participant. Record the date that the participant took the pre-assessment test.	1 = ABE ELA 2 = ABE Math 3 = ESL 0 = Not assessed							R			R	R	R			R				R
			Leave blank if the participant did not take a pre-assessment test. NOTE: This field is only necessary the program is capturing a measurable skill gain based on an increase in floational functioning Level within the Educational Achievement Type of measurable skill gain.																				
1904	Pre-Test Score #1 Educational Functioning Level Pre-Test #1	IN 3	Record the real value score activened by the participant on the pre-assessment text. Leave blank if the principant was not assessed in interval or numery or if this data element does not apply to the participant. MOIT: This field so relieves were strongly represented that the properties of the program is capturing a measurable skill gain based on an increase in Securious functioning functioning level within the Educational Achievement Type of measurable skilling and the program of the participant was relieved by the program of the participant's raw scale score. Record the educational functioning level that is associated with the participant's raw scale score. Security of the participant was not assessed in literacy or numeracy. Leave blank if the data element dies not apply to the participant. NOTE: This field is only encessary if the program is capturing a measurable skill gain based on an increase in Educational Functioning Level within the Educational Achievement Type of measurable skill gain.	0 = Not Assessed 1 = ABE tevel 1 2 = ABE tevel 2 4 = ABE tevel 3 4 = ABE tevel 6 5 = ABE tevel 6 6 = ABE tevel 6 6 = ABE tevel 6 7 = ESL tevel 2 3 = CSL tevel 4 11 = ESL tevel 6 12 = ESL tevel 6							R			R	R	R			R				R
1906	Date of Most Recent Post-Test Score #1	DT 8	Record the diate on which the post test was administered to the participant during his/her first year of participant on the program. If multiple post tests were administered, record the taxes blank if the participant did not receive a post set during his/her first year of participants did not receive a post set during his/her first year of participants. When the program or the data demand does not apply to the participant. NOTE: This field is only necessary if the program is capturing a measurable skill gain based on an increase in Educational Functioning Level within the Educational Achievement Type of measurable skill gain based on an increase in Educational Functioning Level within the Educational Achievement Type of measurable skilling.	YYYYMMDD							R	:		R	R	R			R				R
1907	Post-Test Score #1	IN 3	Record the raw scale score achieved by the participant. Leave blank if the participant did not receive a post-test during his/her first year of participation in the program or if the data deement does not apply to the participant. NOTE. This field is only received if the program is capturing a measurable skill gain based on measurable skill gain toxed on measurable skill gain.	000							R			R	R	R			R				R
1908	Educational Functioning Level Post-Test #1	IN 2	Accord to educational functioning level that is associated with the participant's raw scale formed the participant was not assessed in literacy or numeracy. Leaves blank if the data element does not apply to the participant. NOTE: This field is only necessary if the program is capturing a measurable skill gain based on an increase in Educational Functioning Level within the Educational Achievement Type of measurable skill gain.	0 = Not Assessed 1 = ABE Level 1 2 = ABE Level 2 3 = ABE Level 3 3 = ABE Level 3 5 = ABE Level 5 5 = ABE Level 5 5 = ABE Level 6 7 = ESL Level 1 9 = ESL Level 3 10 = ESL Level 3 11 = ESL Level 4 11 = ESL Level 4 12 = ESL Level 4 12 = ESL Level 6							R			R	R	R			R				R
1909	Category of Assessment #2 Date of Pre-Text Score #2	IN 1	Record 1 if the participant was assessed using approved tests for Auth Basic Education (ABE Feight Language Arthur Land assessed using approved tests for Ade Statishamotics. Record 2 if the participant was assessed using approved tests for English Au A-decand Language (ESL). Record 0 if the participant was assessed using approved tests for English Au A-decand Language (ESL). Record 0 if the participant was not assessed. Record of the date that the participant took the pre-assessment test. Record the date that the participant took the pre-assessment test. Leave blank if this participant do not take a pre-assessment test. NOTE: This field is only recessary if the propriet in capturing a measurable skill gain based on an increase in Educational Functioning Level within the Educational Achievement Type of measurable skilling.	1 = ABE SLA. 3 = ESL ABE Math 3 = ESL O = Not assessed										R	R	R			R				R
1911	Pre-Test Score #2	IN 3	Record the raw scale score achieved by the participant on the pre-assessment test. Leave blank if the participant was not assessed in literacy or numeracy or if this data element does not signly to the participant. NOTE: This first do not precessary if the program is capturing a measurable skilli gain based on an increase in Educational Functioning Level within the Educational Achievement Type of measurable skilling.	000										R	R	R			R				R
1912	Educational Functioning Level Pre-Test #2	IN 2	Record the educational functioning level that is associated with the participant's raw scale score. Record 0 if the participant was not assessed in literacy or numeracy. Leave blask if the data element does not apply to the participant. NOTE: This field is only necessary if the program is capturing a measurable skill gain based on an increase in Educational Architectural Functioning tevel within the Educational Architectural Type of measurable skill gain.	0 = Not Assessed 1 = ABE Level 1 2 = ABE Level 2 3 = ABE Level 3 4 = ABE Level 3 5 = ABE Level 4 5 = ABE Level 5 6 = ABE Level 6 7 = ESL Level 2 10 = ESL Level 3 10 = ESL Level 3 11 = ESL Level 4										R	R	R			R				R
1913	Date of Most Recent Post-Test Score #2		Record the date on which the post-test was administered to the participant. If multiple post- tests were administered, record the most recent date on which the functional are post-test was administered. Leave blank if the participant did not receive a post-test during high/her first year of participation is not be program or the date element does not apply to the participant, and the program of the date element does not apply to the participant, and increase in Educational Functioning Level within the Educational Achievement Type of	12 = ESL Level 6 YYYYMMDD										R	R	R			R				R
1914	Post-Test Score #2	IN 3	Record the raw scale score achieved by the participant. Level balant if the pricipant did not receive a post-test during his/her first year of participation in the program of if the data element does not apply to the participant. NOTE: This field is confused with the program is capturing a measurable skill gain based on all occase in Educational Functioning Level within the Educational Achievement Type of measurable skill gain.	000										R	R	R			R				R
1915	Educational Functioning Level Post-Test #2	IN 2	Record the educations functioning level that is associated with the participant's raw code score. Record 01 the participant was not assessed in literacy or numeracy. Level buth if the data element does not uply to the participant. NOTE: This field notly necessary if the program is capturing a measurable skill gain based on an increase in flocational functioning Level within the Educational Achievement Type of measurable skill gain.	0 = Not Assessed 1 = ABE Level 1 2 = ABE Level 2 3 = ABE Level 3 4 = ABE Level 3 4 = ABE Level 4 5 = ABE Level 5 6 = ABE Level 5 6 = ABE Level 5 6 = ABE Level 5 9 = ESL Level 2 9 = ESL Level 2 10 = ESL Level 3 11 = ESL Level 6 12 = ESL Level 6										R	n	R			R				R
1916	Category of Assessment #3	IN 1	Record 3 if the participant was assessed using approved tests for Adult Basic Education (ABI) Record 3 if the participant twas assessed using approved tests for ABI Mathematics. Record 3 if the participant was assessed using approved tests for English As A-Second Lampage (ESL). Record 3 if the participant was assessed using approved tests for English As A-Second Lampage (ESL). Lampage (ESL). Lampage (ESL). The ABI ASI ASI ASI ASI ASI ASI ASI ASI ASI AS	1 = ABE ELA 2 = ABE Math 3 = ESL 0 = Not assessed										R	R	R			R				R
1917	Date of Pre-Test Score #3 Pre-Test Score #3	DT 8	Record the date that the participant took the pre-assessment text. Lave bins if the participant do not take a pre-assessment text. NOTE: This field is not receively fire properties of the pre-assessment text. NOTE: This field is not receively if the properties in capturing a measurable skill gain based on an increase in Educational Functional pre-terioring Level within the Educational Achievement Type of measurable skill gain and the pre-assessment text. Record the raw scale score achieved by the participant on the pre-assessment text. Assessment text in the participant was not assessment in the tray or in mane way or if this data element does not apply to the participant. NOTE: This field not only receivant if the program is capturing a measurable skill gain based on	YYYYMMIDD 000										R	R R	R			R				R R
			an increase in Educational Functioning Level within the Educational Achievement Type of measurable skill gain.									\perp						Ш					

														REQUIREMEN	TS BY PROGR	AM OF PARTIC	PATION ¹						
DATA ELEMENT NO.	DATA ELEMENT NAME	DATA TYPE/ FIELD LENGTH	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	CODE VALUE	Reportable Individual ²	Wagner-Peys er	WIOA Adults	WIOA Dislocated Workers	WIOA Youth	Dislocated Worker Grants (DWG)	ТАА	National Farmworker Jobs Program (NFJP)	Indian and Native American Program (INA)	Reentry Employment Opportunities (REC) (Adult)	Reentry Employment Opportunities (REO) (Youth)	YouthBuild	Jobs for Veteram' State Grants (NSG)	H18	Job Corps	Incumbent Worker (Adult/DW Funded)	SCSEP	Apprenticeship	Demonstration Grants
1919	Educational Functioning Level Pre-Test #3	IN 2	Record the educational functioning level that is associated with the participant's raw scale score. Record 0 if the participant was not assessed in literacy or numeracy. Leave blank if the data element does not apply to the participant.	0 = Not Assessed 1 = ABE Level 1 2 = ABE Level 2 3 = ABE Level 3										R	R	R			R				R
			NOTE: This field is only necessary if the program is capturing a measurable skill gain based on an increase in Educational Functioning Level within the Educational Achievement Type of measurable skill gain.	4 = ABE Level 4 5 = ABE Level 5 6 = ABE Level 6 7 = ESL Level 1																			
				8 = ESL Level 2 9 = ESL Level 3 10 = ESL Level 4 11 = ESL Level 5																			
1920	Date of Most Recent Post-Test Score #3	DT 8	Record the date on which the post-test was administered to the participant. If multiple post- tests were administered, record the most recent date on which the functional area post-test was administered.	12 = ESL Level 6 YYYYMMDD										R	R	R			R				R
			Leave blank if the participant did not receive a post-test during his/her first year of participation in the program or the data element does not apply to the participant. NOTE: This field is only necessary if the program is capturing a measurable skill gain based on an increase in Educational Functioning Level within the Educational Achievement Type of																				
1921	Post-Test Score #3	IN 3	measurable skill gain.	000										R	R	R			R				R
			NOTE: This field is only necessary if the program is capturing a measurable skill gain based on an increase in Educational Functioning Level within the Educational Achievement Type of measurable skill gain.																				
1922	Educational Functioning Level Post-Test #3	IN 2	Record the educational functioning level that is associated with the participant's raw scale score. Record of if the participant was not assessed in literacy or numeracy.	0 = Not Assessed 1 = ABE Level 1 2 = ABE Level 2										R	R	R			R				R
			Leave blank if the data element does not apply to the participant. NOTE: This field is only necessary if the program is capturing a measurable skill gain based on an increase in Educational Nanctioning Level within the Educational Achievement Type of	3 = ABE Level 3 4 = ABE Level 4 5 = ABE Level 5																			
			measurable skill gain.	6 = ABE Level 6 7 = ESL Level 1 8 = ESL Level 2 9 = ESL Level 3																			
				10 = ESL Level 4 11 = ESL Level 5 12 = ESL Level 6																			
			pecific to Each Program, As Listed)																				
2001	.01 - DISLOCATED WORKER G Date of Completion of DWG Services	DT 8	Record the date the participant received their last service in the DWG program.	YYYYMMDD					T	R													R
2002	Employed at Completion of DWG Services	IN 1	Record 1 if the participant is employed at completion of participation in services under a Dialocated Worker Grant (DWG). Employment is counted the quarter in which the participant stops receiving services funded through a DWG project. Record 0 if the participant does not meet the condition described above.	1 = Yes 0 = No						R													R
2003	DWG Grant Number	AN 7	Record the first 7 characters of the grant number if the participant received services under the National Dislocated Worker Grant (DWG) program. The grant number should be entered in the following format without dashes: Two alphabetic characters representing the grant program, followed by numeric characters (DOCOCOCX).	XXXXXXX						R													R
			Leave blank if the participant did not receive services funded by this program. NOTE: If the participant received services funded by more than one DWG, report the																				
			additional grant number under PIRL 105 Special Project ID in the same format (first 7 characters of the grant number). PIRL 105 may only be used for DWG if there is already a grant number entered in PIRL 2003																				
2004	Received Services through a Disaster Recovery Dislocated Worker Grant	IN 1	Record 1 if the participant received disaster relief employment only and received no other services. Record 2 if the participant received disaster relief employment and received Employment and	1 = Disaster Relief Employment Only 2 = Disaster Relief Employment and Employment and Training Services 3 = Employment and Training Services Only	y					R													R
			Training services (Career and Training services). Record 3 if the participant received Employment and Training services (Career and Training services) only, and did not receive disaster relief employment.	0 = No																			
			Record 0 if the participant did not receive services under a Disaster Recovery DWG.																				
2101	.02 - H1B Underemployed Worker	IN 1	Record 1 if a person is not currently connected to a full-time job commensurate with the individual's level of education, skills, or wage and/or salary earned previously, or who have	1 = Yes 0 = No	T	Τ	Τ		T									R					R
			obtained only episodic, short-term, or part-time employment Record 0 if the participant does not meet any of the conditions described above.																				
2102	Previous Quarter Received Case Management Service	IN 1		1 = Yes 0 = No																			R
2103	Most Recent Date Received Assessment Services	DT 8	Record the most recent date on which the participant received assessment services funded by the program. Leave blank if the participant did not receive Assessment Services.	YYYYMMDD														R			R		R
2104	Previous Quarter Received Assessment Services	IN 1	Record 1 if the participant received Assessment Services in the previous quarter. Record 0 if the participant did not receive Assessment Services in the previous quarter.	1 = Yes 0 = No																			R
2105	Previous Quarter Received Supportive Services Most Recent Date Received	IN 1	Record 1 if the participant received Supportive Services in the previous quarter. Record 0 if the participant did not receive Supportive Services in the previous quarter. Record the most recent date on which the participant received specialized participant services	1 = Yes 0 = No YYYYMMDD														R					R B
	Specialized Participant Services		which include, but are not limited to, financial counseling, behavioral health counseling, mentoring, assistance with re-location, job coaching, networking, and job search assistance. Leave blank if the participant did not receive Specialized Participant Services.																				
2107	Previous Quarter Received Specialized Services	IN 1	Record 1 if the participant received Specialized Services in the previous quarter. Record 0 if the participant did not receive Specialized Services in the previous quarter.	1 = Yes 0 = No																			R
2108	Previous Quarter Participated in Work Experience	IN 1	Record 1 if the participant participated in Work Experience in the previous quarter. Record 0 if the participant did not participate in Work Experience in the previous quarter.	1 = Yes 0 = No																			R
2109	Primary Type of Training Service for Training Activity #1	IN 1	Use the appropriate code to indicate the primary type of training being provided to the participant. Leave blank if the participant did not enroll in training for Primary Type of Training Service for Training Activity #1.	1 = On-the-Job Training 2 = Classroom Occupational Training 3 = Contextualized Learning 4 = Distance Learning														R					R
			Fidning Pactivity # 1.	5 = Customized Learning 6 = Incumbent Worker Training 7 = Other Occupational Skills Training																			
2110	Secondary Type of Training	IN 1	Use the appropriate code to indicate the secondary type of training being provided to the	0 = No training 1 = On-the-Job Training														R					R
	Service for Training Activity #1		participant, if applicable. Leave blank if the participant is not enrolled in a Secondary Type of Training Service for Training Activity #1.	2 = Classroom Occupational Training 3 = Contextualized Learning 4 = Distance Learning 5 = Customized Learning																			
				6 = Incumbent Worker Training 7 = Other Occupational Skills Training 0 = No training																			
2111	Tertiary Type of Training Service for Training Activity #1	IN 1	Use the appropriate code to indicate the tertiary type of training being provided to the participant, if applicable.	1 = On-the-Job Training 2 = Classroom Occupational Training		1												R					R
			Leave blank if the participant is not enrolled in a Tertiary Type of Training Service for Training Activity #1.	3 = Contextualized Learning 4 = Distance Learning 5 = Customized Learning 6 = Incumbent Worker Training																			
2112	Primary Type of Training	IN 1	Use the appropriate code to indicate the primary type of training being provided to the	7 = Other Occupational Skills Training 0 = No training 1 = On-the-Job Training														R					R
	Service for Training Activity #2		participant during their second training service. Leave blank if the participant is not enrolled in a Primary Type of Training Service for Training Activity #2.	2 = Classroom Occupational Training 3 = Contextualized Learning 4 = Distance Learning 5 = Customized Learning																			
				7 = Other Occupational Skills Training 0 = No training																			
2113	Secondary Type of Training Service for Training Activity #2	IN 1	Use the appropriate code to indicate the secondary type of training being provided to the participant during their second training service, if applicable.	1 = On-the-Job Training 2 = Classroom Occupational Training							\vdash							R					R
			Leave blank if the participant is not enrolled in a Secondary Type of Education/Job Training Activity #2.	3 = Contextualized Learning 4 = Distance Learning 5 = Customized Learning 6 = Incumbent Worker Training																			
2114	Tertiary Type of Training Service for Training Activity #2	IN 1	Use the appropriate code to indicate the tertiary type of training being provided to the participant during their second training service, if applicable.	7 = Other Occupational Skills Training 0 = No training 1 = On-the-Job Training 2 = Classroom Occupational Training		1												R					R
			Record 0 if the above condition does not apply to the participant.	3 = Contextualized Learning 4 = Distance Learning 5 = Customized Learning 6 = Incumbent Worker Training																			
				7 = Other Occupational Skills Training 0 = No training																			
· <u>-</u>		_			_			_				_	_	_	_	_	_			_	· <u>-</u>	_	· <u>-</u>

														REQUIREMEN	TS BY PROGRA	AM OF PARTIC	IPATION ¹						
DATA ELEMENT NO.	DATA ELEMENT NAME	DATA TYPE/ FIELD LENGTH	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	CODE VALUE	Reportable Individual ²	Wagner-Peys er	WIOA Adults	WIOA Dislocated Workers	WIQA Youth	Dislocated Worker Grants (DWG)	TAA	National Farmworker Jobs Program (NFJP)	Indian and Native American Program (INA)	Reentry Employment Opportunities (REO) (Adult)	Reentry Employment Opportunities (REO) (Youth)	YouthBuild	Jobs for Veteram' State Grams (NSG)	H18	Job Corps	Incumbent Worker (Adult/DW Funded)	SCSEP	Ap prenticeship	Demonstration Grants
2115	Primary Type of Training Service for Training Activity #3	IN 1	Use the appropriate code to indicate the primary type of training being provided to the participant during their bull and participant during their bull and participant is not enrolled in a Primary Type of Training Service for Training Activity 83.	1 = On-the-Job Training 2 = Classroom Occupational Training 3 = Contextualized Learning 4 = Distance Learning 5 = Customized Learning 6 = Incumbent Worker Training 7 = Other Occupational Skills Training 0 = No training														R					R
2116	Secondary Type of Training Service for Training Activity #3	IN 1	Uhe the appropriate code to indicate the secondary type of training being provided to the participant during their third training service, if applicable. Leave blank if the participant is not enrolled in a Secondary Type of Training Service for Training Activity #3.	1= On-the-Job Training 2 = Classroom Occupational Training 3 = Contextualized Learning 3 = Contextualized Learning 5 = Customized Learning 5 = Customized Learning 6 = Incumbent Worker Training 7 = Other Occupational Skills Training 0 = No training														R					R
2117	Tertiary Type of Training Service for Training Activity #3	IN 1	Use the appropriate code to indicate the tertiary type of training being provided to the participant during their third training service, if applicable. Leave blank if the participant is not enrolled in a Tertiary Type of Training Service for Training Activity #3.	1 = On-the-Job Training 2 = Classroom Occupational Training 3 = Contextualized Learning 3 = Contextualized Learning 5 = Customized Learning 5 = Customized Learning 6 = Incumbent Worker Training 7 = Other Occupational Skills Training 9 = No training 9 = No training 9 = No training														R					R
2118	Date Entered Employment (Discretionary Grants)	DT 8	Record the date of employment (when the participant first began a job). This data element captures employment outcomes for unemployed participants that found employment, and underemployed participants that entered a new position of employment. Leave blank if the participant has not received a job.	TYYTMINID														к					к
2119	Incumbent Workers Retained Current Position	IN 1	Record 3 if the participant was employed at the start of participation (incumbent worker) and remained their current problem in the first quarter after program competition. Record 30 if the participant was employed at the start of participation (incumbent worker) and did not retain their current position in the first quarter after program completion. Record 30 information on the participant's employment status in the first quarter after program completion in oncy to available.	0 = No														R					R
2120	Incumbent Workers Advanced into a New Position with Current or New Employer in the 1st Quarter after Completion	IN 1	Record 1 if the participant was employed at the start of participation (incumbent worker) and advanced into a new position requiring a higher skill level either with their current employer or a new employer, as resulted organ includes activets in the first quarter after training from the start of the start of program participation (incumbent worker) and did not advance that on any positions as result of the grant-funded activities, in the first quarter after training program completion. Record 9 if information on the participant replement status in the first quarter after training program completion. Record 9 if information on the participant replement attain in the first quarter after training program completion. Record 9 if information on the participant replement attaining program completion is not yet available.	0 = No 9 = Information not yet available														R					Ř
2121	Incumbent Workers Retained Current Position in the 2nd Quarter after Program Completion	IN 1	Record 3 If the participant was employed at the star of participation (incumbent worker) and retained their current protion in the second quarter after training organis completion. Record 0 If the participant was employed at the star of participation (incumbent worker) and did not retain their current position in the second quarter after training program completion. Record 9 If information on the participant's employment status in the second quarter after training program completion in noviey available. Leave blank if the participant has not completed the training program or in not an incumbent worker.	0 = No														R					R
2122	Incumbent Workers Advanced into a New Position with Current Employer or New Employer in the 2nd Quarter after Training Program Completion	IN 1	Record of first participant was employed at its cast of participation (fourment worker) and workensched into a new southern requires, and pairs all the entitlems with the become removing or a new employer, as a result of grant funded activities in the second quarter after training program completion. Record Of if the participant was employed at the start of program participation (incumbent worker) and did not allower to lot an exposition as result of the grant-funded activities, in the second quarter after training program completion. Record Of information on the participant recomplyment status in the second quarter after training program completion is not yet available. Leaves blank if the participant has not completed the training program or is not an incumbent worker.	1 = Yes 0 = No 9 = Information not yet available														R					R
2123	Incumbent Workers Retained Current Position in the 3rd Quarter After Program Completion	IN 1	Record 1 file participant was employed at the car of participation (Incombent content) and retarded their current position in the third quarter after training program completion. The comparison of the current position is the third quarter after training program completion. Second of information on the participant's employment status in the second quarter after training program completion is not yet available. Leave blank if the participant has not completed the training program or is not an incumbent worker.	0 = No 9 = Information not yet available														R					R
2124	Incambent Workers Advanced in the a New Position with Current or New Employer and the best Oquarter after New Employer and the about Quarter after New Employer and Position of the Company of the American Completion of the Company o	IN 1	Record 3 if the participant was emblyed at the star of participation (incumbent worker) and solvened into a new position requiring a lights all level either with the current emblyed or a new emblyer, as a result of grant funded activities, in the third quarter after training program completion. The participant is a simple of the participant is a result of program activities, in the third quarter after training program completion. Record 9 if information on the participant's employment status in the third quarter after training program completion. Record 9 if information on the participant's employment status in the third quarter after training program completion. In our leve available of the grant funded activities, in the third quarter after training regram completion. Leave blank if the participant has not completed the training program or in on an incumbent extension. Leave blank if the participant has not completed the training program completion. Individuals that have not encolled in and completed training should not be reported in this data element. Record 0 if the employment in which the individual entered does not use a substantial portion of the skills taught in the training received by the individual status that the skills taught in the training received by the individual. Record 0 if the employment in which the individual entered does not use a substantial portion of the skills taught in the training received by the individual.	1 - Yes 1 - Yes 0 - No 9 - Information not yet available 1 - Yes 0 - No 9 - Unknown														R					R
2200	For Those Who Were Placed in Employment: Job Covered by Unemployment Insurance	IN 1	MM (NEIP) Record I if the participant was placed into unsubsidized employment that is covered by Unemployment Insurance. Record 0 if the participant was placed into unsubsidized employment that is not covered by Unemployment Insurance.	1 = Yes 0 = No								R											R
2202	For Those Who Were Placed in Employment: Fringe Benefits Available/ Received	IN 1	Leave blank if data element does not apply to the participant. Record 1 if the participant was placed into unusublated employment where the employer makes available (or will make available following the completes of a probationary period) to the participant (where or not the participant excepts) freely beartise, beyond those which is provided to the participant of the participant was placed into unsubsidized employment where the employer does not make available fringe benefits. In class of the participant was placed into unsubsidized employment where the employer does not make available fringe benefits. Record 0 if the participant was placed into unsubsidized employment where the employer does not make available fringe benefits. SECOLA NOTE for participant does not apply to the participant.	1 = Yes 0 = No								R									R		R
2203	For Those Who Were Placed in Employment: Hourly Wage at Placement	DE 9.2	articular vict. Fol participants foliating insulpay pole, insite instead of recovers at a 1 to 5 th any play provide from benedits. Record the Nouly vague at playment. Houly wage includes any bonuses, lips, gratuities, commissions, and overtime pay examed. Record 10.00 of the participant was not placed into unsubsidized employment. SFECMA NOTE: became point in entire must be explicit. Lawe blank if data element does not apoly to the participant. Record the usual number of hours of work scheduled per week, including overtime.	0000000.00								R		R		R					R		R
-20-9	Who Were Placed in Employment: Hours Worked per Week		record or the duba number or notes to work Enroqued per week, including overtime. Record OI of the pricing was not picked into unsubsidized employment. Leave blank if data element does not apply to the participant.																				
2205	For Those Who Were Placed in Employment: Self- Employment	IN 1	Record I if the participant was self-employed. Self-employment includes self-directed work in which goods or services produced by, or obtained by, the participant (or others working for his/mel yar effected for sale. Record 0 if the participant was not self-employed. Leave blank if data element does not apply to the participant.	0 = No												R					R		R
2206	For Those Who Were Placed in Employment: Entered Military Service	IN 1	Record I if the participant joined the Amm, Navy, Air Force, Marines or Coast Guard, or entered into active duty from Reserve or National Guard units in cases of unplanned military buildap. Record 0 if the participant did not enter the military services. Leave blank if data element does not apply to the participant.	1 = Yes 0 = No				_								R							R
2207	For Those Who Were Placed in Employment: Entered Pre- Apprenticeship or Registered Apprenticeship Program	IN 1	Record 1 if the participant entered into a Pre-apprenticeship program. Record 2 if the participant entered into a Registered Apprenticeship program. The program must be registered with DCO. Office of Apprenticeship (Oal) or a feedfully-recognized State Apprenticeship Agency (SAA). Record 0 if the participant did not enter a Pre- or Registered Apprenticeship program. Leave blank if data element does not apply to the participant.	1 = Yes, Pre-Apprenticeship 2 = Yes, Registered Apprenticeship 0 = No										R	R	R							R

													REQUIREMEN	TS BY PROGRA	AM OF PARTIC	PATION ¹						
DATA ELEMENT NO.	DATA ELEMENT NAME	DATA TYPE/ FIELD LENGTH	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	CODE VALUE	Reportable Individual ²	Wagner-Peyser	WIOA Dislocated Workers	WIOA Youth	Dislocated Worker Grants (DWG)	TAA	National Farmworker Jobs Program (NEJP)	Indian and Native American Program (INA)	Reentry Employment Opportunities (REO) (Adult)	Reentry Employment Opportunities (REO) (Youth)	YouthBuild	Jobs for Veterams' State Grants (JVSG)	H18	Job Corps	Incumbent Worker (Adult/DW Funded)	dBSSS	Apprenticesh ip	Demonstration Grants
2208	Category of Exit	IN 1	Record 1 if the participant received and/or completed any job-related career services, individualized career services, youth services, or training services. Record 2 if the participant received non staff-assisted non-job related services, without having received job-related career, individualized career services, or training services.	1 = Employment and Training Exiter 2 = Non staff-assisted related Assistance Services ONLY Exiter 3 = Significant staff-assisted related							R									R		R
			Record 3 if the participant received significant staff-assisted assistance services. Record 4 if participant withdrew application prior to assignment. Record 5 if participant transferred to another project.	assistance services Exiter 4 = Withdrew application prior to assignment																		
			Record 6 if participant moved to another sub-grantee. Record 7 if participant is dual enrolled. Record 8 if the participant did not complete the program and exited for other reasons.	5 = Transferred to another project 6 = Moved to another sub-grantee 7 = Dual enrollment																		
			NOTE: Code values 4, 5, 6 and 7 apply to SCSEP only. NOTE: For code value 2, participants are considered, a "reportable participant" and not	8 = Other Reasons for Exit																		
			included in performance calculations for the indicators of performance. For code value 3, participants are considered a "participant" and included in performance calculations for the indicators of performance.																			
2209	Related assistance: Transportation	IN 1	Record 1 if the participant received transportation (public or private) assistance or cash paid to participants or members of their families for the purpose of transportation. Record 0 if the participant did not receive any transportation assistance.	1 = Yes 0 = No							R		R	R	R							R
2210	Related assistance: Health Care	IN 1	Record I if the participant received health care services that includes, but is not limited to, preventive and clinical medical treatment, voluntary family planning, and necessary psychiatric, psychological and prosthetic services. Record 0 if the participant did not receive any health care assistance.	1 = Yes 0 = No							R		R	R	R							R
2211	Family Care (including child care)	IN 1	Record 1 if the participant received related assistance services which help participants meet their family care needs during program participation. Family care ranges from adult to child	1 = Yes 0 = No							R		R	R	R							R
			care inside or outside the home to after-school programs (inside or outside the home). It usually includes supervision and shelter. Record 0 if the participant did not receive any family care assistance.																			
2212	Housing Services	IN 1	Record 1 if the participant received temporary housing services as described in 20 CFR 685.360	1 = Temporary Housing Services 2= Permanent Housing Services							R		R		R							R
			Record 2 if the participant received permanent housing services as described in 20 CFR 685.360 Record 3 if the participant received both temporary housing services as described in 20 CFR	3= Both Temporary and Permanent Housing services 0 = No housing services																		
2213	Related assistance: Nutritional	IN 1	685.360 and permanent housing services as described in 20 CFR 685.360. Record 0 if the participant did not receive any housing services. Record 1 if the participant received related assistance services that includes the provision of	1 = Yes			1				R											
	Assistance		food and other nutritional assistance (other than counseling) to eligible program participants and their dependents. Record 0 if the participant did not receive any nutritional assistance.	0 = No																		
2214	Related assistance: Translation and Interpretation Services	IN 1	Record 1 if the participant received related assistance services which involves a bi-lingual agent who hears or reads the language of one party and speaks or writes another language for another party. One of the two parties will be a program participant. Record 0 if the participant did not receive any translation and interpretation services.	1 = Yes 0 = No							R											R
2215	Related assistance: Staff Assisted	IN 1	Record I if the participant received related assistance services with significant staff involvement. Record II if the participant did not receive any other related assistance services with significant staff involvement.	1 = Yes 0 = No							к											K
2216	Received Worker	IN 1	Record I if the participant received any training that consists of instruction in any of the	1 = Yes							R											R
1110	Safety Training		following: safe and proper ways to operate or maintain machinery, safe handling and use of totic chemicals, proper use of protective clothing and devices, first aid, or other topics related toworker safety on the job site. Record 0 if the participant did not receive worker safety training.	0 = No																		
2217	Work Experience funded by 167 grant	IN 4	Record the actual total hours the individual received work experience under the section 167 grant. Work experience includes short-term or part-time work activity that provides an individual with the opportunity to acquire appropriate work habits and behaviors.	0000							R											R
2218	On-the-job Training (OJT)	IN 4		0000							R											R
	funded by 167 grant		section 167 grant. OJT includes training by an employer that is provided to a paid participant while engaged in productive work in a job that: (a) provides knowledge or skills essential to the full and adequate performance of the job; (b) provides reimbursement to the employer of up to 50 percent of the wage rate of the participant, for the extraordinary costs of providing																			
2219	Integrated Basic/Occupational	IN 4	the training and additional supervision related to the training; and (c) is limited in duration appropriate to the occupation for which the participant is being trained, taking into account Record the actual total hours the participant received integrated basic/occupational skills	0000							R											R
	Skills Training funded by 167 grant		training under the section 167 grant. Integrated basic/occupational skills training combines elements of both Basic Skills Training and Occupational Skills Training (Non-OJT) as described immediately above.																			
2220	Occupational Skills Training (Non-OJT)	IN 4	Record the actual total hours the participant received occupational skills training (excluding On-the-job training) under the section 167 grant. Occupational skills training includes	0000							R											R
	funded by 167 grant		vocational education and classroom training, designed to provide participants with the technical skills and information required to perform a specific job or group of jobs.																			
2221	Basic Skills Training funded by 167 grant	IN 4	Record the actual total hours the participant received basic skills training under the section 167 grant. Basic skills training includes, but is not limited to, remedial reading, writing, communication, mathematics and/or English for non-English speakers.	0000							R											R
2222	Lacks Transportation	IN 1	Record 1 if the participant is a person who lacks access to adequate/reasonable transportation services, resulting in a barrier to receiving training or accepting employment.	1 = Yes 0 = No							R											R
2223	Long-term Agricultural	IN 1	Record 0 if the participant does not meet the conditions described above. Record 1 if the participant is a person who has engaged in agricultural work as the primary	1 = Yes							R											R
	Employment		source of income for a minimum of four (4) years prior to intake/eligibility determination. Record 0 if the participant does not meet the conditions described above.	0 = No																		
2224	Lacks Significant Work History	IN 1	Record 1 if the participant is a person who has not worked for any nonagricultural employer for longer than three (3) consecutive months in the 24 months prior to intake/eligibility determination. Record 0 if the participant does not meet the conditions described above.	1 = Yes 0 = No							R											R
2225	6 month pre-program earnings	DE 8.2	Record pre-program earnings during the 6-months prior to date of application. Earnings	000000.00																		R
2226	during the 6-months prior to date of application Total pre-program earnings		include salaries or wages, and also include any bonuses, tips, gratuities, commissions or overtime pay. Record pre-program earnings during 12-month eligibility determination period. Earnings	000000.00																		R
2226	Total pre-program earnings during 12-month eligibility determination period	JE 0.2	Record pre-program earnings during 12-month eligibility determination period. Earnings include salaries or wages, and also include any bonuses, tips, gratuities, commissions or overtime pay.																			
2227	Number of dependents in the family under age 18	IN 2	Record the number of dependents in the family under age 18.	00							R											R
2231	Date of Eligibility Determination		Record the date upon which the participant was determined eligible to participate in the Section 167 program.	YYYYMMDD							R									R		R
2232	Family status for NFJP Housing Services (WIOA Sec. 167)	IN 1	Record 1 if the individual is an eligible MSFW and the individual does not reside with a Family and recieves NFIP funded permanent or temporary housing services. Record 2 if the individual is an eligible MSFW and the individual resides with a Family and	2= MSFW (Family) 3= Other (Individual)							R											R
			receives NFIP funded permanent housing services or temporary housing services. Record 3 if the individual is not an eligible MSFW and the individual does not reside with a Family and receives NFIP funded permanent housing services. Record 4 if the individual is not an eligible MSFW and the individual resides with a Family and	4=Other (Family) 0=Housing through NFJP CST grant																		
			receives NFJP funded permanent housing services. Record 0 if the individual receives housing services through an NFJP career services and																			
			training grant. Note: While NFJP-funded permanent housing must be promoted and made widely available																			
			to an eligible MSFW Families, occupancy is not restricted to eligible MSFW individuals or eligible MSFW Families. Migrant and Seasonal Farmworkers (MSFW) is described at WIOA Section 167. Family is defined at 20 CFR 685.110. Note: The indicators of performance for grantees providing NFIP housing services are																			
			described at 20 CFR 685.400																			
2233	NEJP Grant Enrollment	IN 1	Record 1 if the participant was enrolled through a NFIP Employment and Training grant. Record 2 if the participant was enrolled through an NFIP Housing grant.	1 = NFJP Employment and Training Grant enrollee 2 = NFJP Housing Grant enrollee				Ħ			R											R
SECTION E.	34 - INDIAN AND NATIVE AN	MERICAN PROGRA	Record the participant's tribal affiliation.	000000								R							l			R
			Leave blank if the tribal affiliation code is unknown.			Ш																
2303 SECTION E.	Public Assistance Recipient D5 - REENTRY EMPLOYMENT		Record 1 if the participant receives general assistance (GA) from their state or local government; (ADULT)	1 = General Assistance (GA) 2 = TANF								R								R		R
2400	In Work Release Program		Record 1 if the participant was in a work-release program at the time enrollment. Record 0 if the participant does not meet the condition described above.	1 = Yes 0 = No									R									R
2401	Employment Status at Incarceration	IN 1	Record 1 if the participant was working in unsubsidized employment upon incarceration (not including Registered Apprenticeship or the military.) Record 2 if the participant was in a Registered Apprenticeship upon incarceration.	1 = Unsubsidized Employment 2 = Registered Apprenticeship 3 = Military									R									R
			Record 3 if the participant was in the military upon incarceration. Record 9 if employment participant prior to incarceration is unknown. Record 0 if the participant was not employed upon incarceration.	9 = Unknown 0 = Not employed																		
2404	Alcohol/Drug Abuse at Enrollment	IN 1	Record 1 if the participant abused alcohol and/or drugs at the time of enrollment. Record 0 if the participant did not meet either of the conditions described above at the time of enrollment. Record 9 if the alcohol/drug abuse status is unknown at the time of enrollment.	1 = Yes 0 = No 9 = Unknown									R									R
			S. MINE OF STRUMENTS.					Ш		ш							1		1			

														REQUIREMEN	TS BY PROGRA	AM OF PARTIC	IPATION ¹						
DATA ELEMENT NO.	DATA ELEMENT NAME	DATA TYPE/ FIELD LENGTH	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	CODE VALUE	Re portable Individual ²	Wagner-Peys er	WIOA Adults	WIOA Dislocated Workers	WIOA Youth	Dislocated Worker Grants (DWG)	ТАА	National Farmworker Jobs Program (NFJP)	Indian and Native kmerican Program (INA)	Reenty Employment Opportunities (REO) (Adult)	Reen by Employment Opportunities (REO) (Youth)	YouthBuild	lobs for Veterans' State Grants (NSG)	H18	Job Corps	Incumbent Worker (Adult/DW Funded)	SCSEP	Apprenticeship	Demonstration Grants
2412	Criminal Justice System Identifier	AN 1	Record the appropriate criminal justice system identifier as indicated in code values 1 through 6	1 = Federal ID 2 = State CJ Record ID 3 = State Prison ID 4 = Local Probation Agency ID 5 = Local Jail ID 6 = Other									ď	R									R
2413	Incarcerated at Program Entry (WIOA)	IN 1	Record 1 if the participant, at program entry, was a criminal offender in a correctional institution at program entry. Record 0 if this data element does not apply to the participant.	1 = Yes 0 = No					R					R	R								R
2414	Date Released from Incarceration (WIOA)	DT 8	Record the date the participant was released from a correctional institution. Leave blank if participant remains in a correctional institution at program exit.	YYYYMMDD					R					R	R								R
2415	Date of Anticipated Release From Incarceration	DT 8	Record the date that the participant is anticipated to be released from a correctional institution.	YYYYMMDD										R									R
2416	Post-Release Status	IN 1	Leave blank if this data element does not apply to the participant. Record 1 if the participant's post-release status is parole. Record 2 if the participant's post-release status is probation.	1 = Parole 2 = Probation										R									R
			Record 3 if the participant's post-release status is out on ball. Record 4 if the participant's post-release status is without conditions Leave blank if this data element does not apply to the participant. [8 i.e., if the person has yet to be released from incarceration, per 2415]	3 = Bail 4 = Without Conditions																			
2417	Most Recent Type of Offense	IN 1	Record 1 if the participant was convicted of a property crime. Record 3 if the participant was convicted of a drug crime. Record 3 if the participant was convicted of a drug crime.	1 = Property Crime 2 = Drug Crimes 3 = Public Order Crime										R									R
2422	Housing Status at Six Months After Program Entry	IN 1	Record the appropriate housing status for the participant at six months after program entry as indicated in code values 1 through 9.	1 = Own/rent apartment, room or house 2 = Staying at someone's apartment, room or house (stable)										R									R
				3 = Transitional house 4 = Residential Treatment 5 = Homeless 6 = Staying at someone's apartment, room or house (unstable) 7 = Monikored home confinement Incarcerated 8 = Halfway house / residential re-entry																			
2423	Housing Status at Enrollment	IN 1		center 9 = Did not specify due to exit or re-arrest 1 = Own/rent apartment, room or house										R	R								R
			values 1 through 9	2 - Staying at someone's apartment, room or house (stable) 3 - Transitional house 4 - Residential Troatment 5 - Homeless 6 - Staying at someone's apartment, room or house (unstable) 7 - Monitored home confinement incarcrated 8 - Halfway house / residential re-entry center																			
2424	Alcohol/Drug Abuse Six Months After Enrollment	IN 1	Record 1 if the participant abused alcohol and/or drugs at six months after enrollment. Record 0 if the above conditions do not apply to the participant.	1 = Yes 0 = No										R									R
2433	Re-arrested within 12 months of Release for a New Crime	IN 1	Record 1 if the participant was re-arrested within 12 months of release for a new crime. Record 0 if the participant does not meet the condition described above.	1 = Yes 0 = No							H			R									R
2434	Re-arrested for a previous crime	IN 1	Record 1 if the participant was re-arrested for a previous crime. Record 0 if the above condition does not apply to the participant.	1 = Yes 0 = No										R									R
2435	Re-incarcerated for a revocation of the parole or	IN 1	Record 9 if this information is not available. Record 1 if the participant was re-incarcerated for revocation of parole. Record 2 if the participant was re-incarcerated for revocation of probation order for violations	9 = Unknown 1 = Revocation of Parole 2 = Revocation of Probation							H			R	R								R
2436	probation order for violations of terms of sentence Not Re-arrested	IN 1	of terms of sentence. Record 3 if the participant was re-incarcerated for other violations of the terms and Record 1 if the participant was not re-arrested.	3 = Other Violations 0 = No 1 = Yes							\sqcup			R									R
2437	Date arrested for new/previous crime	DT 8	Record 0 if the above condition does not apply to the participant. Record the date that the participant was arrested for a new or previous crime. Leave blank if the above condition does not apply to the participant.	0 = No YYYYMMDD										R									R
2438	Convicted for new/previous crime	IN 1	Record 1 if the participant was convicted of a new crime. Record 2 if the participant was convicted of a previous crime.	1 = Yes 0 = No										R									R
2439	Date re-incarcerated	DT 8	Record 0 if the above condition does not apply to the participant. Record 9 if this information is not available. Record the date which the participant became re-incarcerated. Leave blank if the above condition does not apply to the participant.	туууммоо										R									R
2440	Date charges dropped	DT 8	Record the date which charges against the participant were dropped. Leave blank if the above condition does not apply to the participant.	YYYYMMDD										R									R
	06 - REENTRY EMPLOYMENT Secondary school enrollment	OPPORTUNITIES	*** ***	1 = Secondary school student				l I							R								R
	status at arrest		Record 2 if the participant was a secondary school graduate at the time of their arrest. Record 3 if the participant was a secondary school dropout at the time of their arrest. Record 0 if the participant does not meet the conditions described above.	2 = Secondary school graduate 3 = Secondary School dropout 0 = No																			
2502	Youth Offender status at enrollment	IN I	Record 1 if the participant is currently in, returning from, or has been in a juvenile correctional facility. Accord 2 if the participant is currently in, returning from, or has been in a juvenile detention faccord 3 if the participant is currently on, leaving, or has been on juvenile probation. Record 4 if the participant is currently in, leaving, or has been in juvenile alternative sentencing or diversion. Record 5 if the participant is currently in, returning from, or has been in an adult prison. Record 5 if the participant is currently in, returning from, or has been in an adult prison. Record 5 if the participant is currently in, returning from, or has been on an adult prison. Record 5 if the participant is currently in, returning from, or has been on an adult prison. Record 5 if the participant is currently in, returning from, or has been in an adult prison. Record 5 if the participant is currently in, returning from, or has been in adult sentence or diversion.	1 = Javenile Correctional Facility 2 = Javenile detention facility 3 = Javenile partention facility 3 = Javenile partention facility 4 = Javenile alternative sentencing or diversion 5 = Adult prison 6 = Adult juil 7 = Adult probation 0 = Adult sentence or diversion 0 = Ad-risk individual who is not an offender										R	R								Ř
2503 2505	Date released from correctional facility or placed on probation Date verified Selective Service registration	DT 8	Secord the date on which the participant was released from a correctional facility, detention or was placed on probation. Leave blank if this data element does not apply to the participant. Enter date verified Selective Service Registration Leave blank for participants who are not required to sign up for selective service.	YYYYMMDD										R	R R	R							R R
2506	Voter registration	IN 1	Record 1 if the participant is a registered voter. Record 0 if the participant is not a registered voter.	1 = Yes 0 = No											R	R							R
2507	Driver's license	IN 1	Record 1 if the participant is a licensed driver. Record 0 if the participant is not a licensed driver.	1 = Yes 0 = No											R	R							R
2509 2510	First date of service Completed diversion without	DT 8	Enter first date of service of the service selected. Grantees need to be able to enter the first stder of service each quarter, with the data saved each quarter to keep a running count of services received. Leave blank if no service(s) was received. Record I if diversion was completed without out-of-home placement.	YYYYMMDD 1 = Yes										R	R								R R
230	out-of-home placement		Record 0 if the participant does not meet this condition. Leave blank if participant did not receive diversion services.	0 = No																			
2511	Records expunged	IN 1	Record 1 if the participant's record was expunged. Record 0 if the participant does not meet this condition. Leave blank if participant did not receive expungement legal services.	1 = Yes 0 = No										R	R								R
2512	Records sealed	IN 1	Record 1 if the participant's record was sealed. Record 0 if the participant does not meet this condition.	1 = Yes 0 = No											R								R
2516	Date of postsecondary education or training placement	DT 8	Leave blank if participant did not receive sealing of records assistance. Record the date of participant's placement into postsecondary education or training. Leave blank if the participant was not placed into postsecondary education or training.	YYYYMMDD		R					\exists			R	R	R	R						R
2519	Hourly training wage	DE 8.2	Record the participant's hourly training wage. Leave blank if the participant was not enrolled in training.	000000.00																	R		R
2523	Date entered degree or certificate program:	DT 8	Record the date on which the participant entered the degree or certificate program. Leave blank if the participant did not enter into a degree or certificate program.	YYYYMMDD																			R
2525	Date arrested for new crime	DT 8	Record date on which participant was arrested for new crime after enrollment.	YYYYMMDD										R	R								R
2526	after enrollment Convicted for new crime	DT 8	Leave blank if this data element does not apply to the participant. Record date on which participant was convicted for new crime after enrollment.	YYYYMMDD											R								R
2527	committed after enrollment Type of crime	IN 1	Leave blank if this data element does not apply to the participant. Record I if participant was arrested/convicted for a violent felony. Record I if participant was arrested/convicted for a non-violent felony.	1 = Violent Felony 2 = Non-violent felony										R	R								R
2528	Reached 12-month point since release from correctional facility or placement on	IN 1	necurd 2 if participant was antested/connected or anti-moment rectory. Record 3 if participant was arrested/connected for anti-momenanor. Record 1 if participant has reached 12-month point since release from correctional facility or placement on probation. Record 0 if the participant does not meet this condition.	2 = Norwanders serving 3 = Misdemeanor 1 = Yes 0 = No							\Box			R	R								R
2529	probation Convicted for new crime	IN 1	Record 1 if participant was convicted for new crime committed within 12 months of release	1 = Yes							\square			R	R								R
	committed within 12 months of release from correctional facility or placement on probation		from correctional facility or placement on probation. Record 0 if the participant does not meet this condition.	0 = No																			
2530	Incarcerated for new crime committed after enrollment	IN 1	Record 1 fthe participant was incarcented for a new crime committed after enrollment. Record 0 fthe participant does not meet this condition.	1 = Yes 0 = No										R	R								R

														REQUIREMEN	TS BY PROGR	AM OF PARTIC	IPATION ¹						
DATA ELEMENT NO.	DATA ELEMENT NAME	DATA TYPE/ FIELD LENGTH	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	CODE VALUE	Reportable Individual ²	Wagner-Peys er	WIOA Adults	WIOA Dislocated Workers	Wida Youth Dislocated Worker	(pwg)	TAA	National Farmworker Jobs Program (NFJP)	Indian and Native American Program (INA)	Reen by Employment Opportunities (REO) (Adult)	Reentry Employment Opportunities (REO) (Youth)	YouthBuild	Jobs for Veterans' State Grants (NSG)	H18	Job Corps	Incumbent Worker (Adult/DW Funded)	SCSEP	Apprenticeship	Demonstration Grants
2541	Receiving public assistance since leaving the program	IN 1	Record 1 if participant has received SSI, SSD, or SSA benefits since leaving the program. Record 2 if participant has received General Assistance since leaving the program. Record 3 if participant has received UI benefits since leaving the program.	1 = SSI, SSD, SSA 2 = General Assistance 3 = UI																			R
2542	Arrested for new crime in follow-up period	IN 1	Record 4 if the participant has received Food Stamps since leaving the program. Record 1 if participant was arrested for a new crime in follow-up period. Record 0 if participant was not arrested for a new crime in follow-up period.	4 = Food Stamps 1 = Yes 0 = No											R								R
2543	Date arrested for new crime in follow-up period	DT 8	Record the date on which the participant was arrested for new crime in follow-up period. Leave blank if this data element does not apply to the participant.	YYYYMMDD											R								R
2544	Convicted for new crime committed in follow-up period	DT 8	Record the date on which the participant was convicted for new crime in follow-up period Leave blank if this data element does not apply to the participant.	YYYYMMDD											R								R
2545	Incarcerated for new crime committed in follow-up period	IN 1	Record 1 if participant was incarcerated for new crime committed in follow-up period. Record 0 if the participant does not meet this condition.	1 = Yes 0 = No											R								R
2546	Housing Status at follow-up	IN 1	Record I if participant resides in stable housing at follow-up.	1 = Stable											R								R
			Record 2 if participant resides in temporary housing at follow-up. Record 3 if participant is homeless at follow-up.	2 = Temporary 3 = Homeless																			
SECTION E.J 2600	07 - YOUTHBUILD Construction Plus Grantee	IN 2	Record 1 if grantees are providing Construction Plus training in in-demand industries beyond construction.	1 = Yes 0 = No	Π		Т		T	T	T					R		Т					R
			Record 0 if grantees are not providing Construction Plus training in in-demand industries beyond construction.																				
2603	Completed mental toughness	IN 2	Record 1 if the youth completed mental toughness.	1 = Yes												R							R
	component		Record 0 if the participant did not complete mental toughness. Record 9 if the participant did not participate in mental toughness.	0 = No 9 = NA																			
2605	Children living with participant	IN 2	Record the number of the participant's own children less than 18 years of age living in the household, including biological, adopted, step, and foster children. Leave blank if the participant does not meet the criteria or if the data is not available.	00												R							R
2606	Other dependents living with	IN 2	Record the number of dependents other than children living with the participant.	00												R							R
	participant		Leave blank if the participant does not meet the criteria or if the data is not available.																				
2607	Migrant Youth	IN 2	Record 1 if the participant is the youth and is a migrant worker or is a member of a migrant family. Record 0 if the participant does not meet the conditions described above.	1 = Yes 0 = No												R							R
2608	Offender	IN 2	Record 1 if the participant has been convicted of a crime by the juvenile justice system. Record 2 if the participant has been convicted of a crime by the adult correctional system. Record 0 if the participant does not meet the conditions described above.	1 = Juvenile Offender 2 = Adult Offender 0 = No												R							R
2609	Secondary School Drop-Out	IN 2	Record I if the participant is a youth and has dropped out of secondary school.	1 = Yes			1				\downarrow					R							R
	, ,		Record 0 if the participant does not meet the condition described above.	0 = No																			
2610	Child of Incarcerated Parent or Legal Guardian	IN 2	Record 1 if either of the youth's parents or legal guardian is incarcerated at the time of the youth's enrollment into the YouthBuild program, or if at least one parent has been previously incarcerated.	1 = Yes 0 = No		H				1	\dagger					R							R
			Record 0 if the participant does not meet the condition described above.																				
2611	Health Issues	IN 2	Record 1 if the participant has any significant health issues that could impact the participant's ability to work. Examples of such health issues can include, but are not limited to, untreated	2 = No significant health issues		Н		1	+	+	+			R	R	R							R
			high blood pressure, HIV/STDs, asthma, depression, and other mental/physical health issues. Record 2 if the participant does not meet the condition described above. Record 9 if the participant does not self-identify.	9 = participant did not self-identify																			
2612	Occupation at Enrollment	IN 2	Record the participant's occupation at enrollment as follows: Record 11 if the participant's occupation is classified as a Management. Record 13 if the participant's occupation is classified as Business and Financial Operations.	11 = Management 13 = Business and Financial Operations 15 = Computer and Mathematical																			R
			Record 15 if the participant's occupation is classified as Computer and Mathematical. Record 29 if the participant's occupation is classified as Arts, Design, Entertainment, Sports, and Media.	17 = Architecture and Engineering 37 = Building and Grounds Cleaning and Maintenance																			
2613	Hours Worked at Enrollment	IN 2	Record 31 if the participant's occupation is classified as Healthcare Support. Record the average hours per week that the participant works at the above occupation. Leave blank if the participant is not employed at enrollment.	39 = Personal Care and Service 00												R							R
2614	Average Hourly Wage at	DE 8.2	Record the participant's average hourly wage at the above occupation.	000000.00												R							R
2616	Enrollment Housing Status	IN 1	Leave blank if the participant is not employed at enrollment. Housing status at enrollment:	1 = Own/rent apartment, room, or house												R							R
2016	Housing Status	IN I	Record 1 if the participant was living in an apartment, room, or house that he/she owns or rents. Record 2 if the participant was living in a (stable) apartment, room, or house that somebody	2 = Staying at someone's apartment, room, or house (Stable) 3 = Halfway house/transitional house																			
			else owns or rents and if the person is not at risk of being displaced from this housing. (i.e., The housing situation is long-term and/or stable). Record 3 if the participant was living in a residence designed to assist persons as they re-enter	4 = Residential treatment 5 = Homeless 6 = Staying at someone's apartment, room,																			
			society and learn to adapt to independent living after having been in prison. Record 4 if the participant was living in a residential treatment center. A residential treatment center is a group home that provides room and board, and provides specialized	or house (Unstable) 7 = Group Home 0 = Unknown/unavailable																			
			treatment or rehabilitation persons with emotional, psychological, or developmental problems as well as chemical dependencies. Record 5 if participant lacked a fixed, regular, adequate night time residence. This definition includes any participant who may regularly stay at a publicly or privately operated shelter for																				
			temporary accommodation; an institution providing temporary residence for participants intended to be institutionalized, or a public or private place not designated for or ordinarily used as a regular sleeping accommodation for human beings. This definition does not include																				
			a participant imprisoned or detained under an Act of Congress or State law. A participant who may be sleeping in a temporary accommodation while away from home should not, as a result of that alone, be recorded as homeless.																				
			Record 6 if the participant was living in an apartment, room, or house that somebody else owns or rents and if the person was at risk of being displaced from this housing. (i.e., The housing situation is short-term and/or unstable.) Record 7 if at enrollment, the participant was living in a group home.																				
	08 - MISCELLANEOUS DATA		Record 0 if the data is not available. JSER DEFINED FIELDS																				
2700	Social Security Number	IN 9	Record the Social Security Number (SSN) assigned to the participant. NOTE: THE SSN MUST NOT BE INCLUDED UNLESS SPECIFIED UNDER PROGRAM OR FUNDING STREAM REPORTING REQUIREMENTS.	XXXXXXXXXX			T	T	F	R	R	R	R	R	R	R		R	R		R	R	R
2701	WIB Name	AN 75	Record the WIB Name from which the reportable individual/participant received services	N/A		R	R	R	R F	R	R	R					R						R
2702	Office Name	AN 75	Leave blank if this data element does not apply or is unknown Record the Office Name from which the participant received services	N/A		R	R	R	R F	R	R	R					R	-					-
2703	Case Manager	AN 75	Leave blank if this data element does not apply or is unknown Record the name of the case manager assigned to the participant	N/A			1				\downarrow												R
	User Field 1	AN 75	Record the name of the case manager assigned to the participant Leave blank if this data element does not apply or is unknown User defined field			Ш																	R
2704			Leave blank if this data element does not apply or is unknown	N/A				_										L					R
2704	User Field 2	AN 75	User defined field Leave blank if this data element does not apply or is unknown	N/A		Щ																	R
	09 - SENIOR COMMUNITY SE			1																			
2800	Urban/Rural	IN 1	Record 1 if participant resides in an urban location. "Rural" means an area not designated as a metropolitan statistical area by the Census Bureau; segments within metropolitan counties identified by codes 4 through 10 in the Rural Urban Commuting Area (RUCA) system; and RUCA codes 2 and 3 for census tracts that are larger than 400 square miles and have	1 = Urban 2 = Rural																			
			RUCA codes 2 and 3 for census tracts that are larger than 400 square miles and have population density of less than 30 people per square mile. Record 2 if participant resides in a rural location.																		R		R
2801	Family Size	IN 2	Record the number of individuals in the applicant's family. A "family" is defined in TEGL 12-06 as husband, wife, and dependent children; parent or guardian and dependent children; or husband and wife. Count only current family members living together. Do not include	00		H	T				\dagger										R		R
2802	Family Income Poverty Level	IN 1	deceased spouses or separated spouses who are living separately. In addition, consistent with account of the family income is at or below 100% of the poverty level. Use the federal poverty level for the applicant's family size. Use the same income inclusions and exclusions	1 = Yes 0 = No		H	+	+			+												
			that you use for determining SCSEP eligibility. This information is used for reporting purposes only, not for eligibility (which is based on																				
			125% of the poverty level).																		R		R

													REQUIREMEN	TS BY PROGR	AM OF PARTIC	IPATION ¹						
DATA ELEMENT NO.	DATA ELEMENT NAME	DATA TYPE/ FIELD LENGTH	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	CODE VALUE	Reportable Individual ²	Wagner-Pe ys er	WIOA Adults WIOA Dislocated	Workers	Dislocated Worker Grants (DWG)	TAA	National Farmworker Jobs Program (NFJP)	Indian and Native American Program (INA)	Reen try Employment Opportunities (REC) (Adult)	Reentry Employment Opportunities (REO) (Youth)	YouthBuild	Jobs for Veterams' State Grants (NSG)	H18	Job Corps	Incumbent Worker (Adult/DW Funded)	SCSEP	Apprenticeship	Demonstration Grants
2803	Veteran, Post-9/11 Era	IN 1	Record 1 if participant is a post-9/11 era veteran Record 0 if the participant is not a post-9/11 era veteran.	1 = Yes 0 = No																R		R
2804	At Risk of Homelessness	IN 1	An individual is at risk for homelessness when the individual lacks the resources and support networks needed to obtain housing. The risk must be real and imminent. In some sense,	1 = Yes 0 = No																		
			anyone living below the poverty level may be at risk of homelessness. Being at risk for homelessness is considered along with actual homelessness as a single priority for service and a single factor for the most-in-need measure. An individual may be																			
			either at risk for homelessness or homeless, but not both at once. Record 1 if the participant is at risk for homelessness. Record 0 is the participant is not at risk for homelessness.																	R		R
			The Court of the participant of the set fair for nonnecessings.																			
2805	Failed to Find Employment After Receiving WIOA Title I	IN 1	Record 1 if the participant was enrolled in WIOA Title I (adult services) prior to enrolling in SCSEP and was unable to obtain employment before enrolling in SCSEP.	1 = Yes 0 = No																		
	Services		Record 0 if the participant does not meet conditions above.																	R		R
2806	Low Employment Prospects	IN 1	Low employment prospects means it is likely that an individual will not obtain employment without the assistance of SCSEP or another workforce development program. Persons with low employment prospects have a significant barrier to employment. Significant barriers to employment may include, but are not limited to: lacking a substantial employment history,	1 = Yes 0 = No																		
			basic skills, and/or English language proficiency; lacking a high school diploma or the equivalent; having a disability; being homeless; or residing in socially and economically isolated rural or urban areas where employment opportunities are limited.																	R		R
2807	SCSEP Eligible	IN 1	Record 1 if the applicant is SCSEP eligible. Record 0 if the applicant is not eligible	1 = Yes 0 = No																R		R
2808	Reason for Ineligibility (Recert)	IN 4	If the applicant is ineligible, record the reason for ineligibility at recertification. Record all that apply.	1 = Income 2 = Failled to file complete Application 3 = Others																		
			Record 0 if the participant remains eligible at recertification.	0 = Eligible																		
																				к		К
2809	Date of Recertification	DT 8	Record the date on which the authorized individual made the eligibility determination at	YYYYMMDD																		
	Determination		recertification.																			R
2810	Severe Disability	IN 1	Record 1 if applicant has Severe Disability. Severe Disability is a severe, chronic disability attributable to mental or physical impairment, or a combination of mental and physical	1 = Yes 0 = No																		
			impairments, that (A) is likely to continue indefinitely, and (B) results in substantial functional limitation in 3 or more of the following areas of major life activity: (I) self-care, (ii) receptive and expressive language, (iii) learning, (iv) mobility, (v) self-direction, (vi) capacity for independent living, (vii) economic self-sufficiency. 8 Severe disability is to be recorded in																			
			addition to disability. Each is counted separately for the most-in-need measure. Severe disability must be documented by a physician. Record 0 if applicant does not the Severe Disability conditions.																	R		R
2811	Date of Last Update (Severe Disability)	DT 8	Record most recent date that participant was deemed to have a severe disability. For each program year thereafter, enter the date of updating the factor if grantee wants to receive credit in the most-in-need measure or to use the factor to support a walver request for the	YYYYMMDD																R		R
2812	Frailty	IN 1	participant. Record If applicant is Frail. Frail means that an individual S5 years of age or older is determined to be functionally impaired because the individual: (A)(i) is unable to perform at least two activities of daily living without substantial human assistance, including verbal	1 = Yes 0 = No																		
			reminding, physical curing, or supervision; or [ii] at the option of the grantee, is unable to perform at least three such activities without such assistance; or (ii] due to a copylitive or other mental impairment, requires substantial supervision because the individual behaves in a manner that poses a serious beadlar or safety hazard to him- on berself or to another individual. Frailty must be documented by a qualified professional.																	R		R
2813	Date of Last Update (Fraility)	DT 8	Record 0 if applicant does not meet the Frail definition. Record the date of updating the factor if you want to receive credit in the most-in-need measure or to use the factor to support a waiver request for the participant.	YYYYMMDD																R		R
2814	Old Enough for but Not Receiving Social Security Title II	IN 1	Record 1 if an individual may qualify for SS retirement benefits at age 62. If an individual is 62 or over but does not have sufficient wage credits to qualify for retirement benefits. This factor applies only if the participant is not monetarly eligible for Social Security.	1 = Yes 0 = No																		
			Record 0 if the participant qualifies but chooses to delay receipt to increase the amount of benefits.																			
																				R		R
2815	Date of Last Update (Old Enough for but Not Receiving Social Security Title II)	DT 8	Record the date of updating the factor if you want to receive credit in the most-in-need measure or to use the factor to support a waiver request for the participant	YYYYMMDD																R		R
2816	Severely Limited Employment Prospects in Area of Persistent	IN 1	Record 1 if applicant is a severely limited employment prospects in area of persistent unemployment, This element has two separate requirements: 1. Severely limited	1 = Yes 0 = No																		
	Unemployment		employment prospects, and 2. Residence in an area of persistent unemployment. Both must be met for a "yes" answer. Severely limited employment prospects means a substantially higher likelihood that an individual will not obtain employment without the assistance of the SCSEP or another																			
			workforce development program. Persons with severely limited employment prospects have more than one significant barrier to employment; significant barriers to employment may include but are of limited to: Laking a substantial employment history, basic skills, and/or English-language proficiency; lacking a high school diploma or the equivalent; having a																	R		R
2817	Date of Last Update (Severely Limited Employment Prospects	DT 8	disability; being homeless; or residing in socially and economically isolated rural or urban areas where employment opportunities are limited. Record the date of updating the factor to receive credit in the most-in-need measure or to use the factor to support a waiver request for the participant.	YYYYMMDD																		
2818	in Area of Persistent Unemployment) Limited English Proficiency	IN 1	Record 1 if the participant cannot speak or read English well enough to fully participate in all	1 = Yes																R		R
			aspects of the program. Record 0 if the participant is able to participate in all aspects of the program. There is no substantive change in the definition. An LEP individual is one who does not speak. English as his or her primary language and who has a limited ability to read, speak, write, or	0 = No																R		R
2819	Date of Last Update (Limited English Proficiency)	DT 8	understand English. If you are in doubt, ask the participant	YYYYMMDD																R		R
2820	Low Literacy Skills	IN 1	Record 1 if the participant calculates or solves problems, reads, writes, or speaks English at or below the 8th grade level or is unable to compute or solve problems, read, write, or speak at a level necessary to function on the job, in the individual's family, or in society.			+														R		R
2821	Date of Last Update (Low Literacy Skills)	DT 8	Record the date of updating the factor to receive credit in the most-in-need measure or to use the factor to support a walver request for the participant.	YYYYMMDD		\vdash														R		R
2822	Type of Placement	IN 1	Record 1 if participant is working full-time at placement. Record 2 if participant is working part-time at placement.	1 = Full-time 2 = Part-time		H							_	_								
2824	Participant returned to SCSEP within the first 90 days of exit	IN 1	Record 1 if participant returned to SCSEP within the first 90 days of exit. Record 0 if participant did not returned to SCSEP within the first 90 days of exit.	1 = Yes 0 = No		\vdash							R	R						R		R R
2825 2826	within the first 90 days of exit Has the participant re-enrolled in SCSEP within the first 90 Approved Break Start	IN 1 DT 8	Record 0 if participant did not returned to SCSEP within the first 90 days of exit. Record 1 if the participant re-enrolled in SCSEP within the first 90 days after exit. Record the start date of any approved break in participation, such as a leave of absence	0 = No 2 = Yes 0 = No YYYYMMDD																		R
7010	p.p. oven at eas atart		Record the start date of any approved break in participation, such as a leave of absence without pay.																	R		R
2827	Approved Break End Date	DT 8	Record the end date of any approved break in participation.	YYYYMMDD			+													R		R
2828	Reason for Approved Break in Participation	IN 1	Record the reason for the leave of absence or other approved break in participation.	1 = Family/health 2 = Personal 2 = Administration		H	+															
2829	Participant Community Service	IN 1	Record where participant is assigned to for his or her community service assignment.	3 = Administrative 4 = Other 1 = Grantee or sub-recipient/ local project																R		R
2830	Assignment Supportive Service Provider	IN 1	Record 1 if participant received supportive services from the grantee or sub-recipient/local	2 = Workforce Partner 3 = Other host agency 1 = Grantee or sub-recipient/local project									R	R								R
			project. Record 2 if participant received supportive services from the workforce partner. Record 3 if participant received supportive services from both the grantee or sub- recipient/local project and the workforce partner.	2 = Workforce partner 3 = Both 1 and 2 4 = Other																R		R
2831	Wage per Hour (Community Service Assignment)	DE 8.2	Record 4 if participant received supportive services from other sources. Record the current wage at the community service assignment.	000000.00				\parallel												R		R
		. —								•				. —	. —	. —						

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DATA ELEMENT NO.	DATA ELEMENT NAME	DATA TYPE/ FIELD LENGTH	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	CODE VALUE	Reportable Individual ²	Wagner-Peyser	WIOA Adults	WIOA Dislocated Workers	WIOA Youth	Dislocated Worker Grants (DWG)	TAA	National Farmworker Jobs Program (NFJP)	Indian and Native American Program (INA)	Reenty Employment Opportunities (REO)	Reenty Employment Opportunities (REO)	Youthbuild	Jobs for Veterans' State Grants (NSG)	H18	Job Corps	Incumbent Worker (Adult/DW Funded)	SCSEP	Apprenticeship	Demonstration Grants
2832	Total Hours Paid in 1st Quarter	IN 3	Record the total number of hours for which the participant was paid wages in the 1st quarter of the program year as determined from the sub-grantee's wage records.										q								R		R
2833	Total Hours Paid in 2nd Quarter	IN 3	Record the total number of hours for which the participant was paid wages in the 2nd quarter of the program year as determined from the sub-grantee's wage records.																		R		R
2834	Total Hours Paid in 3rd Quarter	IN 3	Record the total number of hours for which the participant was paid wages in the 3rd quarter of the program year as determined from the sub-grantee's wage records.	000																	R		R
2835	Total Hours Paid in 4th Quarter	IN 3	Record the total number of hours for which the participant was paid wages in the 4th quarter of the program year as determined from the sub-grantee's wage records.	000																	R		R
2836	Total Hours of Paid Training in 1st Quarter	IN 3	Record the total number of hours of paid training for which the participant was paid wages in the 1st quarter of the program year as determined from the sub-grantee's wage records.	000																	R		R
2837	Total Hours of Paid Training in 2nd Quarter	IN 3	Record the total number of hours of paid training for which the participant was paid wages in the 2nd quarter of the program year as determined from the sub-grantee's wage records.	000																	R		R
2838	Total Hours of Paid Training in 3rd Quarter	IN 3	Record the total number of hours of paid training for which the participant was paid wages in the 3rd quarter of the program year as determined from the sub-grantee's wage records.	000																			
																					R		R
2839	Total Hours of Paid Training in 4th Quarter	IN 3	Record the total number of hours of paid training for which the participant was paid wages in the 4th quarter of the program year as determined from the sub-grantee's wage record.	000																	R		R
2840	Other Reasons for Exit (SCSEP- Only)	IN 1	Record the reason that applies at the time of exit.	1 = Moved from area 2 = For cause																	R		R
2841	Exclusion After Exit	IN 1	Record 1 if it was discovered that the participant was deceased after exit. Record 2 if it was discovered that the participant had medical condition after exit. Record 3 if it was discovered that the participant was carrieg for afraily after exit. Record 4 if it was discovered that the participant was carrieg for a family after exit.	3 = Voluntary 1 = Deceased 2 = Medical Condition 3 = Family Care 4 = Institutionalized																	R		R
2842	Date Exclusion Occurred	DT 8	Record the date that the exclusion occurred.	YYYYMMDD																			R
2843	Host Agency Employer	IN 1	Record 1 if the employer is a host agency. Unsubsidized employers that have served as a host agency for any participant (under any state or national grant) in the last 12 months will not be included in the customer service survey of employers.																П		R		R
2844	Employer Type	IN 1	Record 1.if employer is a not-for-profit entity. Record 2.if employer is a for-profit entity. Record 3.if employer is a government entity. Record 4.if the participant is empaged in self-employment.	1= Not-for-profit 2= For-profit 3= Government 4= Self-employment																			Ř
2845	Placement Start Date	DT 8	Record the date on which the participant began work with this employer. This will be the date of placement for measurement purposes.	YYYYMMDD					Н										H		R		
2846	Placement End Date	DT 8	Record the date on which the unsubsidized employment with this employer ended. If there is additional unsubsidized employment within four quarters after the quarter of ear from SCEP, all unsubsided employment may be included in the performance measures	YYYYMMDD										R	R						R R		R
2847	SCSEP Application Date	DT 8	Record the date on which the individual first applied for Senior Community Service Employment Program services/benefits under the applicable certification.	YYYYMMDD																			R
SECTION E	.10 - APPRENTICESHIP RAPIDS Number	AN 12	Record the RAPIDS number for the participant who is a registered apprentice	X0000000000X	Ι													Τ				1	
			(Registered Apprenticeship Partners Information Data System). Leave blank if this data element does not apply. Note: There are no RAPIDS numbers for pre-apprentices.																			R	R
2901	Pre-Apprenticeship Program Status	IN 1	Record 1 for participants enrolled in a pre-apprenticeship program. Record 2 for participants who cancelled or withdrew from their pre-apprenticeship program. Record 3 for participants who completed their pre-apprenticeship program and did not continue into an apprenticeship program and continue into an apprenticeship program into program. Record 4 for participants who completed their pre-apprenticeship and continued into a registered apprenticeship program into program program (PAP). Record 5 for participants who completed their pre-apprenticeship and continued into an industry-recognical apprenticeship grogram (PAP). Leave blank if this data element does not apply. Note: Saltus can funda; over time.															R				R	R
2902	Date Enrolled in Pre- Apprenticeship	DT 8	Record the date the participant started the pre-apprenticeship program. Leave blank if this data element does not apply.	YYYYMMDD																		R	R
2903	Expected Completion Date: Pre-Apprenticeship	DT 8	Record the expected completion date of the pre-apprenticeship program, which should be prior to program exit. Leave blank if this data element does not apply.	YYYYMMDD																		R	R
2904	In Pre-Apprenticeship Program with an Articulated Agreement	IN 1	Record 1 if the participant is in a pre-apprenticeship program where a Memorandum of Understanding (MOU), Memorandum of Agreement (MOL) or other formal agreement exists between the pre-apprenticeship program and the Registered Apprenticeship Program or Industry-Recognized Apprenticeship Program. Record 2 if no formal agreement exists between the pre-apprenticeship program and an apprenticeship program.	2 = No																		Ř	R
2905	Date Completed Pre- Apprenticeship	DT 8	Record the date the participant completed the pre-apprenticeship program. Leave blank if this data element does not apply.	YYYYMMDD																		R	R
2906	Date Changed Status from Pre-Apprentice to	DT 8	Record the date the participant's status changed from pre-apprentice to apprentice. Leave blank if this data element does not apply.	YYYYMMDD																			В
2907	Apprentice Apprenticeship Program	IN 1	Note:This may be the same date (or shortly thereafter) as pre-apprenticeship program completion. Record 1 for participants enrolled in an apprenticeship program.	1 = Enrolled																			
2908	Status Date Started Apprenticeship	DT 8	Record 2 for participants who cancelled or withdrew from their apprenticeship program. Record 3 for participants who completed their apprenticeship program. Leave blank if this data element does not apply. Note: Status can change over time. Record the date the participant started the apprenticeship program.	2 = Cancelled or Withdrew 3 = Completed YYYYMMDD														R				R	R
2909	Expected Completion Date:	DT 8	Leave blank if this data element does not apply. Record the expected completion date of the apprenticeship program, whether or not															R				R	R
2909	Expected Completion Date: Apprenticeship	D18	Record the expected completion date of the apprenticeship program, whether or not the participant is expected to complete the program during their participation. Leave blank if this data element does not apply.															R				R	R
2910	Type of Apprenticeship Program	IN 1	Record 1 if the apprenticeship program is a Time-Bused program. Record 2 if the apprenticeship program is a Competency-Based program. Record 3 if the sprenticeship program is a Hybrid program. Leve blank if this data element does not apply.	1 = Time-Based 2 = Competency-Based 3 = Hybrid																		R	R
2911	Date Completed Apprenticeship	DT 8	Record the date the participant completed the apprenticeship program. Leave blank if this data element does not apply.	YYYYMMDD														R				R	R
2912	Type of RTI Provider	IN 1	Record 1 if the provider of Related Training Instruction (RTI) is a Joint Apprenticeship Training Committee. Record 2 if the provider of RTI is a Community College. Record 3 if the provider of RTI is a Vocational or Technical School. Record 4 if the provider of RTI is a Year educational institution. Record 5 if the provider of RTI is a Heaving other than those previously noted. Leave blank if this data element does not apply.	1 = JATC 2 = Community College 3 = Voc/Tech School 4 = 4-year educational institution 5 = Other											_							R	R
2913	Type of Supportive Services Received	IN 3	Record up to 3 types of supportive services: Record if the supportive service received by the participant is Transportation. Record 2 if the supportive service is Tool and/or Equipment. Record 3 if the supportive service is Uniforms. Record 4 if the supportive service is Uniforms. Record 4 if the supportive service is Uniforms. Record 5 if the supportive service is Governed to the supportive service is Compared to the supportive service is something other than that previously listed. Leave blank if this data element does not apply.	1 = Transportation 2 = Tools/Equipment 3 = Uniforms 4 = Child Care 5 = Other																		R	R
2914	OA Apprenticeship Grants Program Status	IN 1	Record 1 if the participant is an individual who received a direct grant funded participant service. Examples include, but are not limited to OLI and/or RTI piad for through the grant, or other grant funded participant services provided). Record 2 if the individual has been impacted by the development or expansion of grant-funded registered apperenticeling longuam enrolled in a registered apprenticeship program AND is enrolled in a RAP and is a least 16 years old.	1= Yes, Participant 2= Reportable Individual (applies to state grantees only)																		R	R
2915	Received OIT Services (Identification of Funding Source(s))	IN 3	Record up to 3 sources of funding: Record I if the CDT reimbursement was funded by the apprenticeship grant. Record 2 if the CDT reimbursement was funded by WIOA Title I (Adult, Dislocated Worker, and/or Youth). Record 3 if the CDT reimbursement was funded by WIOA funding that was not Title I (i.e., either Title I reimbursement was funded by SIDA funding that was not Title I (i.e., or the Title I reimbursement was funded by SIDA funding source. Record 4 if the reimbursement was funded by a State funding source. Record 5 if the reimbursement was funded by the GT Bill. Leave blank if this data element does not apply.	1 = Grant Funded 2 = WIOA, (Title f) 3 = WIOA (not Title f) 4 = State Funding Source 5 = GI Bill																			Ř

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					7_							1.0	3	# C	# ~	OF PARTIC	. Allon						2
DATA ELEMENT NO.	DATA ELEMENT NAME	DATA TYPE/ FIELD LENGTH	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	CODE VALUE	Reportable Individual	Wagner-Pe ys er	WIOA Adults	WIOA Dislocated Workers	WIOA Youth	Dislocated Worker Grants	(DWG) TAA	National Farmworker Jobs Program (NEJP)	Indian and Native American Program (IN)	Reentry Employment Opportunities (REO) (Adult)	Reen by Employment Opportunities (REO) (Youth)	YouthBuild	Jobs for Veterans' Stat Grants (NSG)	H18	Job Corps	Incumbent Worker (Adult/DW Funded)	SCSEP	Apprenticeship	Demonstration Grant
2916	Received RTI Services (Identification of Funding Source(s))	IN 3	(RTI) was funded by the apprenticeship grant. Record 2 if the RTI was funded by WIOA Title I (Adult, Dislocated Worker, and/or Youth). Record 3 if the RTI was funded by WIOA funding that was not Title I (i.e., either Title	1 = Grant Funded 2 = WIOA (Title I) 3 = WIOA (not Title I) 4 = State Funding Source 5 = GI Bill																			R
			II or Title IV]. Record 4 if the RTI was funded by a State funding source. Record 5 if the RTI was funded by the GI Bill. Record 6 if the RTI was funded by a PELL Grant. Leave blank if this data element does not apply.	6 = PELL Grant																			
2917	Exit Wage	DE 5.2	Record the hourly wage received on the Date of Exit. Leave blank if this data element does not apply.	000.00																		R	R
2918	Wage at Entry into Apprenticeship	DE 5.2	Record the hourly wage received on the date of entry into the apprenticeship program.	000.00																		R	R
2920	Apprenticeship Grant Number	AN 14	Record the 14 character apprenticeship grant number. The grant number should be entered in the following format without dashes: Two alphabetic characters representing the grant program code-five numeric characters. Two numeric characters representing the fiscal year when the grant was awarded-1wo numeric characters identifying the topse of grant awarded-one alphabetic character discharging the character agency at 12 Th-2 numeric characters identifying the redward agency at 12 Th-2 numeric characters identifying the state that received the grant was served under (AA-1236-1255-A-26). If the grant number is unknown, please enter 9399999999999999999999999999999999999	300000000000																		ж	R
SECTION E.	.11 ADDITIONAL MISC. ELEM	ENTS (ADDED 20	21)										ı										
3000	Direct Referral from Justice System	IN 1	Record 1 if participant is a direct referral from the Justice System. Record 0 if participant is not a direct referral from the Justice System.	1 = Yes 0 = No	П				T		П			R	R			Π					R
3001	Most Recent Date Participating in Community Service/Restorative Justice	DT 8	Record the most recent date on which the enrollee participated in Community Service/Restorative Justice Leave blank if enrollee did not participate in Community Service/Restorative Justice	YYYYMMDD										R	R								R
3002	Received Legal Services	IN S	Record 1 if participant received legal services regarding outstanding warrants. Record 2 participant received legal services regarding child support. Record 3 participant received legal services to obtain a restraining order. Record 4 participant received legal services seeking to seal or expunge records. Record 4 participant received of other legal services seeking to seal or expunge records. Record 5 participant received other legal services.	1 = Outstanding warrants 2 = Child support 3 = Obtain restraining order 4 = Seal or expunge records 5 = Other legal services										R.	R								R
3003	Received Housing Assistance, Substance Abuse Treatment, or Mental Health Treatment	IN S	Record 1 if participant received housing assistance (non-emergency) Record 2 if participant received substance abuse treatment (non-emergency) Record 3 if participant received metal health treatment (non-emergency) Record 4 if participant received emergency housing assistance Record 5 if participant received emergency substance abuse treatment Record 6 if participant received emergency pustance abuse treatment Record 6 if participant received emergency mental health treatment	1 = Housing assistance 2 = Substance abuse treatment 3 = Mental health treatment 4 = Emergency housing assistance 5 = Emergency substance abuse treatment 6 = Emergency mental health treatment										R	R								R
3004	Individualized Services Provided Virtual/Online	IN 2	Record the method in which the individualized services other than training were delivered to the participant at any point during program participation. Record 1 if the participant received individualized services other than training that were delivered only through virtual/online methods. Record 2 if the participant received individualized services other than training that were delivered of through in-person and virtual/online methods. Record 10 ff the participant received individualized services other than training that were delivered only through in-person may method.	1 = Virtual/Online 2 = Mix of In-person and Virtual/Online 0 = No Virtual/Online, In-person Only	:	R	R	R	R	R	R						R	R			R		R
			Leave blank if the participant did not receive any individualized services other than training at any point during program participation.																				
3005	Transitioning Service Member Warm Handover	IN 1	Record 1 if the transitioning service member (defined as a person who has not yet separated from the Us. military or has sparated in the past 136 dbys) was referred or offered additional services through the Department of Labor by his/her military lacards. He was a service through the Department of Labor by his/her military lacards. He was the U.S. military or has separated in the past 130 dbys) received separated from the U.S. military or has separated in the past 130 dbys) received by his/her military officer. Record 3 if the service member was not made aware of DOL services from his/her Commander.	1 = Yes, received information and was sent to the ALC by military officer. 2 = Yes, received information but visited ALC on their own accord. 3 = No, information was not provided. 0 = Not TSM		R											R						R
	Transitioning Service Member Housing Plan	INI	Record a 1 if the transitioning service member (defined as a person who has not yet separated from the U.S. military or has separated in the past 13 dosy) was assessed by the military as having an adequate post-transition housing plan. Record a 2 if the transitioning service member (defined as a person who has not yet reparated from the U.S. military or has separated in the part 110 days) was assessed yet the part of	2 = No, housing plan is not adequate or non-existent 0 = Not TSM		R											R						R
3007	Referred from Department of Veterans Affairs (VA) Services	IN I	Record 1 if the participant was referred to the ALF from the Department of Veterans Affairs Vocational Rehabilitation and Englynment Service for Labor Murket Information to be used in development of the Individual Written Rehabilitation Plan (IMPR). Note: this also will not begin a participation period. Record 2 if the participant was referred from the Department of Veterans Affairs Vocational Rehabilitation and Employment Service for employment services. Record 3 if the participant was referred from the Department of Veterans Affairs Record 4 if the participant was referred from the Department of Veterans Affairs Record 4 if the participant was referred from the Operatment of Veterans Affairs Record 5 if the participant exervices. Record 5 if the participant exervices are also a Repartment of Veterans Affairs Vocational Rehabilitation participant or if the participant vas referred preferred to the time of program entry and Department of Veterans Affairs Vocational Rehabilitation participant or Record 9 if the participant indicates they were referred by the Department of Veterans Affairs, but does not specify which of the above programs referred them.	1. a Referred from the VA Vä&E for LM to be used in development of the WBY 2. a Referred from the VA V&E for employment service. 3. a Referred from the VA V&E for employment service. 3. a Referred from the VA Medical Center for employment service. 5. a Department of Veterans Affairs Vocational Reballstand Funded 9. a Referred by VA, Entity Unknown		R											R						R
3008	Family Unit Size	IN 2	Record the number of individuals (including the participant) that live with the individual and are a part of the individual's family, as defined by 20 CFR 685.110.	XX								R											R
3009	Formerly Incarcerated	IN 1	Record 1 if the participant is an eligible individual who has been incarcerated or beer under supervision following release from prison or jall within the last five years. Record 0 if the participant does not meet above conditions.	1 = Yes 0 = No																	R		
3010 Footnotes	Date of Last Update (Formerly Incarcerated)	DT 8	Record the date of updating the factor to receive credit in the most-in-need measure or to use the factor to support a waiver request for the participant.	YYYYMMDD																	R		

Cooling populated with Tir represent data elements that must be collected by the corresponding program.

2. The collection of data elements for reportable individuals is limited to the core programs (Adult, Dislocated Worker, Youth, and Wagner-Peyer Employment Service) only.

Public Burden Statement (1205-0521)

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Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Respondent's reply to these reporting requirements is mandatory (Workforce Innovation and Opportunity Act, Section 116). Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate to the Office of Policy Development and Research • U.S. Department of Labor • Room N-5641 • 200 Constitution Ave., NW, • Washington, DC • 20210. Do NOT send the completed application to this address.