

PRI - New Case - Microsoft Internet Explorer

Address: http://166.97.4.69/cfdocs/grantee\_prod/reporting/pri/case\_new.cfm

Google

Logged in as jennie zhang

[Help](#) | [Glossary](#) | [Release Notes](#) | [Users Guide](#) | [Logout](#)

HOME CASES REPORTS TOOLS ADMIN

ETA-9140

**NEW CASE**

OMB Control No: 1025-0455  
 Expiration Date: 01/31/2009  
 Grantee: GOODWILL INDUSTRIES OF SA...  
 Grant No: PE152480660  
 Gen. No: Generation 1  
 Contact: jennie zhang (210) 924-8581  
 Email: [zhang.jianjun@dol.gov](mailto:zhang.jianjun@dol.gov)

**Public Burden Statement**  
 This reporting requirement is approved under the Paperwork Reduction Act of 1995, OMB Control No. 1025-0455. Persons are not required to respond to this collection of information unless it displays a currently valid OMB number. Public reporting burden for this collection of information is estimated to average 1.8 hours annually, including time for reviewing instructions, searching existing data sources, gathering and reviewing the collection of information. Respondent's obligation to reply is required to maintain benefits. The reason for the collection of information is general program oversight, evaluation and performance assessment. Send comments regarding this burden estimate or any other aspect of this collection, including suggestions for reducing this burden, to the U. S. Department of Labor, Employment and Training Administration, Youth Office, Room N4459, 200 Constitution Avenue, NW, Washington, D.C. 20210 (Paperwork Reduction Project 1025-0455).

First name \*

Middle initial

Last name \*

Address 1

Address 2

City  State  Zip

Phone  (nnn---)

PRI - New Case - Microsoft Internet Explorer

Address: http://166.97.4.69/cfdocs/grantee\_prod/reporting/pri/case\_new.cfm

Google

Phone 2  (nnn---)

Other Phone  (nnn---)

E-mail

Social Security Number  (xxx-xx-xxxx)

Date of Birth \*  (mm/dd/yyyy)

Gender \*  Male  Female

Ethnicity Hispanic/Latino \*  Yes  No  Not specified  
 (Select 'Not Specified' if the participant does not disclose his/her ethnicity)

Race \*  American Indian or Alaska Native  Hawaiian Native or other Pacific Islander  
 Asian  White  
 Black or African American  Not Specified  
 (Choose all that apply; select 'Not Specified' if the participant does not report on this element)

Eligible veteran status \*

Individual with a disability \*  Yes  No

Non-Violent Offender \*  Yes  No  No, violent offender DOC assessed and referred

Personal contact name

Personal contact phone  (nnn---)

\* denotes required fields.