

Individual Record Data Elements
Minimum Data Fields for Determining Priority of Service at the Initial Point of Entry

No.	Data Element Name	Data Type/ Field Length	Data Element Definitions/Instructions	Code Value
01	Covered Entrant Identifier	AN 12	Record the unique identifier used for the covered entrant (i.e. an assigned numeric ID other than an SSN).	XXXXXXXXXXXX
02	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	YYYYMMDD
03	Date 45 Days Following Covered Person Entry Date	DT 8	Record the date that falls 45 days following the Covered Person Entry Date.	YYYYMMDD
04	Covered Person Status	IN 1	Record 1 if the entrant served in the active military, naval, or air service, and was discharged or released therefrom under conditions other than dishonorable. Record 2 if the entrant is the spouse of any of the following individuals: (a) Any veteran who died of a service-connected disability; (b) Any veteran who has a total disability resulting from a service-connected disability; (c) Any veteran who died while a disability so evaluated was in existence; or (d) Any member of the Armed Forces serving on active duty who, at the time of the spouse's entry is listed, pursuant to section 556 of title 37 and regulations issued thereunder, by the Secretary of Defense in one or more of the following categories and has been so listed for a total of more than 90 days: (i) missing in action, (ii) captured in line of duty by a hostile force, or (iii) forcibly detained or interned in line of duty by a foreign government or power.	1 = Veteran 2 = Eligible Spouse 3 = Not a Covered Person
05	Date of Birth	DT 8	Record the covered entrant's date of birth.	YYYYMMDD
06	Gender	IN 1	Record 1 if the covered entrant indicates that he is male. Record 2 if the covered entrant indicates that she is female. If the covered entrant does not self-identify gender, leave "blank" or record 0.	1 = Male 2 = Female
07	Individual with a Disability	IN 1	Record 1 if the covered entrant indicates that he/she has any "disability," as defined in Section 3(2)(a) of the Americans with Disabilities Act of 1990 (42 U.S.C. 12102). Under that definition, a "disability" is a physical or mental impairment that substantially limits one or more of the person's major life activities. (For definitions and examples of "physical or mental impairment" and "major life activities," see paragraphs (1) and (2) of the definition of the term "disability" in 29 CFR 37.4, the definition section of the WIA non-discrimination regulations.) Record 2 if the covered entrant indicates that he/she does not have a disability that meets the definition. If the covered entrant does not wish to disclose his/her disability status, leave "blank" or Record 0.	1 = Yes 2 = No
08	Race: American Indian or Alaska Native	IN 1	Record 1 if the covered entrant indicates that he/she is a person having origins in any of the original peoples of North America and South America (including Central America), and who maintains cultural identification through tribal affiliation or community recognition. If the covered entrant does not self-identify his/her race as American Indian or Alaska Native,	1 = Yes

			leave "blank" or Record 0.	
09	Race: Asian	IN 1	Record 1 if the covered entrant indicates that he/she is a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent (e.g., India, Pakistan, Bangladesh, Sri Lanka, Nepal, Sikkim, and Bhutan). This area includes, for example, Cambodia, China, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. If the covered entrant does not self-identify his/her race as Asian, leave "blank" or Record 0.	1 = Yes
10	Race: Black or African American	IN 1	Record 1 if the covered entrant indicates that he/she is a person having origins in any of the black racial groups of Africa. If the covered entrant does not self-identify his/her race as Black or African American, leave "blank" or Record 0.	1 = Yes
11	Race: Hawaiian Native or other Pacific Islander	IN 1	Record 1 if the covered entrant indicates that he/she is a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. If the covered entrant does not self-identify his/her race as Hawaiian Native or Other Pacific Islander, leave "blank" or Record 0.	1 = Yes
12	Race: White	IN 1	Record 1 if the covered entrant indicates that he/she is a person having origins in any of the original peoples of Europe, the Middle East, or North Africa. If the covered entrant does not self-identify his/her race as White, leave "blank" or Record 0.	1 = Yes
13	Ethnicity Hispanic/Latino	IN 1	Record 1 if the covered entrant 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 2 if the covered entrant indicates that he/she does not meet any of these conditions. If the covered entrant does not wish to respond, leave "blank" or Record 0.	1 = Yes 2 = No
14	State Code	AN 2	Record the 2-letter FIPS alpha code of the state in which the entrant made contact with the workforce system. For example, the State of Alabama would be represented as "AL."	XX
15	ETA-Assigned Local Workforce Board/Statewide Code	IN 4	If the covered entrant first made contact with the workforce system at a physical location, record the 4-digit ETA-assigned Local Board/Statewide code where the entrant first made contact with the workforce system. If the covered entrant only received remote or virtual self-service or informational activities, Record 9999 to indicate "statewide/virtual office." Record 0 or leave "blank" if not known.	0000
16	Date of Participation	DT 8	Record the date on which the covered entrant received a service, either at a physical location or through an electronic resource	YYYYMMDD
17	Date Received Staff Assisted Core Service	DT 8	Record the date on which the individual received his/her first staff assisted core service (excluding self-service and informational activities). Otherwise, leave "blank" if the individual did not receive staff assisted core services.	YYYYMMDD