OMB Approval Number: 1205-0040 Expiration Date: 10/31/10

1. Name of participant	2. PID		
3. Grantee			
Host Agency Information			
4. Name of host agency			
5. Host agency mailing addres	S		
a. Number and Street, Suite Numbe	r; or PO Box		
b. City			
c. State		d. Zip code	
6. FEIN			
7. Host agency type: 🗌 Not-			
7a. Date of host agency agreem	ent	_(MM/DD/YYYY)	
7b. Date of host agency monitoring visit		(MM/DD/YYYY)	
8. Host agency site name and l	ocation		
8a. Host agency job codes: i _	ii ii:	i	
1. Art, Design, Entertainment, Sports, and Media	8. Food Preparation and Service	15. Production, Assembly, Light Industrial	
2. Business and Financial Operations	9. Healthcare	16. Protective Service	
3. Community and Social Services	10. Legal	17. Retail, Sales, and Related	
4. Computer and Mathematical	11. Maintenance and Custodial	18. Self-Employment	
5. Construction, Installation, and Repair	12. Management	19. Transportation and Material Moving	
6. Education, Training, and Library	13. Office and Administrative Support		

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7. Farming, Fishing, and Forestry

ETA-9121

(Revised May 2009; replaces prior versions)

This reporting requirement is approved under the Paperwork Reduction Act of 1995, OMB Control No. 1205-0040. 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 required to obtain or retain benefits (PL 109-365 Sec 501-518) is estimated to average six (6) 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 or any other aspect of this collection, including suggestions for reducing this burden, to the U.S. Department of Labor, Division of Adult Services, Room S-4203, 200 Constitution Avenue, NW, Washington, DC 20210 (PRA Project 1205-0040).

14. Personal Care and Service

8b. Host agency continued availability 🗌 Available 🗌 Not available
Contact/Supervisor Information
9. Name of contact person
10. Contact person's mailing address if different from number 5
a. Organization or address field 1
b. Number and Street, Suite Number; or PO Box or address field 2
c. City
d. State e. Zip Code
11. Contact person's title
11a. Contact person's salutation Mr. Ms.
12. Contact person's phone number
12a. Contact person's fax number
12b. Contact person's e-mail address
Complete fields 12c-12j if supervisor is different from contact person (number 9). Is supervisor is the same as contact person, skip to field 12j.
12c. Name of supervisor
12d. Supervisor's mailing address if different from number 5
a. Organization or address field 1
b. Number and Street, Suite Number; or PO Box or address field 2
c. City
d. State e. Zip Code
12e. Supervisor's title
12f. Supervisor's salutation Mr. Ms.
12g. Supervisor's phone number

12h. Supervisor's fax number		
12i. Supervisor's e-mail address		
12j. Funding source of supervisor Federal Non-federal \$ week)		(average hours per
As	signment Information	
13. Assignment date	(MM	/DD/YYYY)
14. Start assignment date	(MM	/DD/YYYY)
15. End date	(MM	/DD/YYYY)
15a. Approved break in participation Start date (MM/DD/Y) Actual end of		
 15b. Reason for approved break in i. Family/health ii. Personal 	iii. Administr	ative cify)
15c. Comments on approved break	in participation	
16. CSA wage (per hour) \$		
16a. Number of hours per week as	signed	
16b. Participant's schedule		
16c. Date of safety consultation wi	th participant	(MM/DD/YYYY)
17. Community service assignment following lists)	nt code(Selec	t only one code from
Service to the general community include G1. Education G2. Health and Hospitals G3. Housing and Home Rehabilitation G4. Employment Assistance G5. Recreation, Parks, and Forests	es the following activities: G6. Environmental Quality G7. Public Works & Transportatio G8. Social Services G9. Legal G10. Financial	G11. Counseling n G12. Conservation G13. Community Betterment G14. Other

Service to the elderly community	includes the following activities:
E1. Project Administration	E6. Nutrition Programs

E1. Project Administration

E2. Health and Home Care

E7. Transportation E8. Outreach/Referral

- E3. Housing and Home Rehabilitation
- E4. Employment Assistance
- E5. Recreation/Senior Centers
- E9. Legal
- E10. Financial

18. Community service assignment title _____

18a. Participant's job code

1. Art, Design, Entertainment,	8. Food Preparation and Service	15. Production, Assembly, Light
Sports, and Media		Industrial
2. Business and Financial	9. Healthcare	16. Protective Service
Operations		
3. Community and Social Services	10. Legal	17. Retail, Sales, and Related
4. Computer and Mathematical	11. Maintenance and Custodial	18. Self-Employment
5. Construction, Installation, and	12. Management	19. Transportation and Material
Repair		Moving
6. Education, Training, and Library	13. Office and Administrative	
	Support	
7. Farming, Fishing, and Forestry	14. Personal Care and Service	

18b. Participant's workers' compensation code

19. Total hours paid in quarter

Quarter 1

Quarter 2

20. Types of training received (Check all that apply)

d. Other (specify)_____ a. General training (basic skills) b. Specialized training (specific job/industry)

c. On-the job-experience (OJE)

Quarter 1

21. Total hours of paid training received in quarter

Ouarter 3	
Quarter 5	

Quarter 3_____ Quarter 4_____

Quarter 2_____ Quarter 4

22. Community service assignment comments

- E11. Counseling E12. Conservation E13. Community Betterment
- E14. Other_____

Sub-Grantee Provided Training Information	
	Training Provider Information
23. Na	me of training provider or OJE employer
24. Tra	aining provider or OJE employer mailing address
a. N	Jumber and Street, Suite Number; or PO Box
b. C	Žity
c. St	tate d. Zip code
25. Tra	aining provider continued availability 🗌 Available 🗌 Not available
	Contact Person Information
26. Na	me of training provider or OJE employer contact person
27. Co	ontact person's mailing address if different from number 24
a. Or	rganization or address field 1
b. N	Sumber and Street, Suite Number; or PO Box or address field 2
c. Ci	ity
d. St	e. Zip Code
28. Co	ontact person's title
29. Co	ontact person's salutation Mr. Ms.
30. Co	ontact person's phone number
31. Co	ontact person's fax number
32. Co	ontact person's e-mail

Training Information

33. Types of training received (Check only one per training record)

a. General training (basic skills)

d. Other (specify)_

b. Specialized training (specific job/industry)

c. On-the job-experience (OJE)

34. Job code for which training is provided, if relevant

8. Food Preparation and Service	15. Production, Assembly, Light
	Industrial
9. Healthcare	16. Protective Service
10. Legal	17. Retail, Sales, and Related
11. Maintenance and Custodial	18. Self-Employment
12. Management	19. Transportation and Material
	Moving
13. Office and Administrative	
Support	
14. Personal Care and Service	
	9. Healthcare 10. Legal 11. Maintenance and Custodial 12. Management 13. Office and Administrative Support

35. Participant's workers' compensation code in training _____

- 36. Start training date ______ (MM/DD/YYYY)
- 37. End training date ______ (MM/DD/YYYY)

38. Average number of hours of training per week_____

39. Average number of hours of community service per week during training_____

40. If OJE, wages paid by:

Sub-grantee Employer and reimbursed by sub-grantee at rate of _____%

41. Training wage (per hour) \$ _____

42. Total wages paid to participant or reimbursed to employer \$_____

43. Total amount paid to training provider for provision of training (other than reimbursement to employer) \$_____

44. Training Comments