

## FULL CROSSWALK

DATA ELEMENTS FOR QUARTERLY REPORTS	DEI Data System
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### IDENTIFIERS

Today's date	√
What is the date you stopped receiving services? <b>(Exit Only)</b>	√
Full Name (First and Last)	√
What is your date of birth?	√
What is your telephone number?	√
Enter your email address	√
Male/Female	√

### WIA Program Module

Dislocated Worker (WIA)  
 Incumbent (WIA)  
 Adult (WIA)

### SSA Module

Are you currently receiving Social Security Disability Insurance?	√
Are you a currently a "Ticket To Work" participant?	√
Have you ever received Social Security Disability Insurance?	√
SSI/SSDI impairment type	
SSI/SSDI monthly benefit amount	
SSI/SSDI benefits suspended/terminated due to work	
Time since initial SSI/SSDI eligibility	
Time since most recent SSI/SSDI eligibility	
Ticket to Work participant ever	
Ticket assigned to VR	
Ticket assigned to One-Stop	
Ticket assigned to other EN	

### Expanded General Information Module

Do you have a disability?	√
What type of disability do you have? (Check all that apply)	√
<i>Physical (Mobility Impairment)</i>	
<i>Sensory (Vision, Hearing)</i>	
<i>Learning (Cognitive)</i>	
<i>Mental</i>	
<i>Other (Please specify)</i>	
Wages 1st - 3rd Quarter	
Employment 1st - 3rd Quarter	
Disabled Veteran	
Race/Ethnicity	
Educational Attainment	
School Status	
Unemployment Compensation Eligible	
What barriers to employment do you have? (Check all that apply)/ <b>At Intake and Exit</b>	√
<i>Limited Education</i>	
<i>Limited Work History/Experience</i>	

No Child Care  
Substance Use  
Language Barrier  
Ex-Offender  
Homeless  
Disability

TANF

Other Public Assistance

Homeless or Runaway-Homeless Youth

Offender

What is your current employment status? (Check Only One Response) ✓

*Employed Full-Time (40 hours per week)*

*Working Part-Time (Voluntarily)*

*Involuntary Part-Time Work (Would like full-time work)*

*Unemployed and Looking for Work (Not working at all)*

*Unemployed and Not Looking for Work (Not working at all)*

*Under-Employed (Over qualified for current job)*

**IF EMPLOYED FULL-TIME OR PART-TIME**

What is your current job title? ✓

What is your current hourly wage? ✓

How long have you been at your current job? ✓

How many hours do you work per week? ✓

What employee benefits do you receive from your current employer? (Check all that apply) ✓

*Health*

*Vacation*

*Sick leave*

*Flexible Work Schedule*

*Telework*

*Customized Employment*

*Job Sharing*

*Other*

When did you begin employment at your current job? ✓

Type of Employer/NAIC Code

**IF UNEMPLOYED**

When is the last time you were employed? ✓

What was your last job title? ✓

What was your hourly wage at your last job? ✓

How long were you employed at your last job? ✓

How many hours per week did you work at this job? ✓

Which employee benefits did you receive at your last job? (Check all that apply) ✓

*Health*

*Vacation*

*Sick leave*

*Flexible Work Schedule*

*Telework*

*Customized Employment*

*Job Sharing*

*Other*

When did you begin your last job? ✓

**Expanded Service Utilization Module (At Exit Only)**

Which services did you receive from the Career Center? (Check all that apply)/At Exit On ✓

*Employment Counseling*

*Help with Job Search*

*Job Readiness Training*

*Self-Employment Program*

*Customized Employment Program*

*Other*

**Youth Specific**

How often do you contact your family or close friends? ✓

Who do you live with? (Check only one response) ✓

*Living Independently*

*Living with Family/Guardian*

Did you receive any of the following services (Check all that apply)/At Exit Only ✓

*Internship*

*Job Shadowing Experience*

*Career Guidance from School*

*Benefits-Asset Development Training/Services*

*Employment Counseling*

*Help with Job Search*

*Job Readiness Training*

*Self-Employment Program*

*Customized Employment*

*Other*

*None*

Did you receive career career guidance from your school/At Exit only ✓

Parenting Youth

Youth who needs additional assistance

Foster Care Youth

WIASRD Youth Services Data

WIASRD Youth Literacy Assessment Data

WIASRD Skill Attainment Data

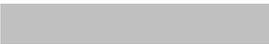


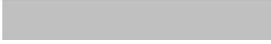
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## DEI DATA SYSTEM ONLY

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What is your telephone number?	√
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Male/Female	√

### SSA Module

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### Expanded General Information Module

Do you have a disability?	√
What type of disability do you have? (Check all that apply)	√
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<i>Sensory (Vision, Hearing)</i>	
<i>Learning (Cognitive)</i>	
<i>Mental</i>	
<i>Other (Please specify)</i>	
What barriers to employment do you have? (Check all that apply)/ <b>At I</b>	√
<i>Limited Education</i>	
<i>Limited Work History/Experience</i>	
<i>No Child Care</i>	
<i>Substance Use</i>	
<i>Language Barrier</i>	
<i>Ex-Offender</i>	
<i>Homeless</i>	
<i>Disability</i>	
What is your current employment status? (Check Only One Response)	√
<i>Employed Full-Time (40 hours per week)</i>	
<i>Working Part-Time (Voluntarily)</i>	
<i>Involuntary Part-Time Work (Would like full-time work)</i>	
<i>Unemployed and Looking for Work (Not working at all)</i>	
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### IF EMPLOYED FULL-TIME OR PART-TIME

What is your current job title?	√
What is your current hourly wage?	√
How long have you been at your current job?	√
How many hours do you work per week?	√
What employee benefits do you receive from your current employer? (	√
<i>Health</i>	
<i>Vacation</i>	
<i>Sick leave</i>	
<i>Flexible Work Schedule</i>	

Telework  
 Customized Employment  
 Job Sharing  
 Other

When did you begin employment at your current job? ✓

**IF UNEMPLOYED**

When is the last time you were employed? ✓

What was your last job title? ✓

What was your hourly wage at your last job? ✓

How long were you employed at your last job? ✓

How many hours per week did you work at this job? ✓

Which employee benefits did you receive at your last job? (Check all that apply) ✓

Health  
 Vacation  
 Sick leave  
 Flexible Work Schedule  
 Telework  
 Customized Employment  
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 Other

When did you begin your last job? ✓

**Expanded Service Utilization Module (At Exit Only)**

Which services did you receive from the Career Center? (Check all that apply) ✓

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 Help with Job Search  
 Job Readiness Training  
 Self-Employment Program  
 Customized Employment Program  
 Other

**Youth Specific**

How often do you contact your family or close friends? ✓

Who do you live with? (Check only one response) ✓

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Did you receive any of the following services (Check all that apply)/At ✓

Internship  
 Job Shadowing Experience  
 Career Guidance from School  
 Benefits-Asset Development Training/Services  
 Employment Counseling  
 Help with Job Search  
 Job Readiness Training  
 Self-Employment Program  
 Customized Employment  
 Other  
 None

Did you receive career career guidance from your school/At Exit only ✓