Enhanced Transitional Jobs Demonstration Data Elements

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	VALID VALUES	EDITS
Global Edits				
	Duplicate Detection			A. If multiple records have the same birth date and name (Fields 1 and 2), then no record can have a Field 46 (Date of Participation) or a Field 47 (Date or Exit) between the Date of Program Participation and the Date of Exit plus 90 days of any other record with the same Individual Identifier. B. If multiple records have the same Individual Identifier, then only the record with the most recent Date of Participation can have a blank Date of Exit.
	Age			A. Must be greater than or equal to 18 and less than or equal to 100 years old at Date of Participation. Age = DATE OF PARTICIPATION minus DATE OF BIRTH
SECTION I - INDIVIDUAL INFORMATION				
SECTION I.A - IDENTIFYING AND DEMOGRAPHIC INFORMATION				
1	Date of Birth	Record the individual's date of birth.	MM/DD/YYYY	
2	Name	Record the individual's first name, last name, and middle initial (optional).	Text Box	Middle Initial Field should be optional. First and last name are required. Mark these with a red asterisk.

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3	Eligibility Type	Indicate the eligibility type by selecting **Ex-Offender** or **Non-Custodial Parent**.	1 = Ex-Offender 2 = Non-Custodial Parent	Field is required, but may select more than one option.
4	Gender	Indicate the participant's gender by selecting **Male** or **Female.** Leave blank if the individual does not wish to disclose his/her gender.	1 = Male 2 = Female Blank = no self-disclosure	
5	Ethnicity Hispanic/ Latino	Indicate the participant's ethnicity by selecting y**es** or **no**. Leave blank if the participant does not disclose his/her ethnicity.	1 = Yes 2 = No Blank = no self-disclosure	
6	American Indian or Alaska Native	Select **yes** if the participant is American Indian or Alaska Native. Leave blank if the participant is not American Indian or Alaska Native or refused to report on this element.	1 = Yes Blank = not reported	
7	Asian	Select **yes** if the participant is Asian. Leave blank if the participant is not Asian or refused to report on this element.	1 = Yes Blank = not reported	
8	Black or African American	Select **yes** if the participant is Black or African American. Leave blank if the participant is not Black or African American or refused to report on this element.	1 = Yes Blank = not reported	
9	Hawaiian Native or other Pacific Islander	Select **yes** if the participant is a Hawaiian Native or other Pacific Islander. Leave blank if the participant is not a Hawaiian Native or other Pacific Islander or refused to report on this element.	1 = Yes Blank = not reported	

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10	White	Select **yes** if the participant is White. Leave blank if the participant is not White or refused to report on this element.	1 = Yes Blank = not reported	
SECTION I.B - ENROLLMENT INFORMATION				
11	Primary Language	Specify language spoken most often.	1 = English 2 = Spanish 3 = Other	If other, grantee must specify language in text box
12	Marital status	Enter the participant's marital status at time of enrollment.	1 = Married 2 = Single 3 = Divorced 4 = Widowed	
13	Lives with Participant	Indicate the living situation from the dropdown menu, selecting all that apply.	1 = Alone 2 = Wife 3 = Girlfriend 4 = Parent/Stepparent 5 = Friend(s) 6 = Grandparent 7 = Own Child(ren) 8 = Other Child(ren) 9 = Sister/Brother 10 = Other Relative 11= Other Non-Relative	Grantee must have ability to select multiple categories from dropdown menu

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16	Highest School Grade Completed	Use the appropriate code to record the highest school grade completed by the individual. Record **87** if the individual completed the 12th grade and attained a high school diploma. Record **88** if the individual completed the 12th grade and attained a GED or equivalent. Record **89** if the individual with a disability received a certificate of attendance/completion. Record **90** if the individual attained other post-secondary degree or certification.	00 = No school grades completed 01 - 12 = Number of elementary/secondary school grades completed 13-15 = Number of college, or full-time technical or vocational school years completed 16 = Bachelor's degree or equivalent 17 = Education beyond the Bachelor's degree 87 = Attained High School Diploma 88 = Attained GED or Equivalent 89 = Attained Certificate of Attendance/Completion 90 = Attained Other Post-Secondary degree or Certificate	
17	Occupational Training Certification	Select **yes** or **no**	1 = Yes 2 = No	If yes, a text box is required, describing the certificate(s) attained
18	Eligible Veteran	Select **yes, <= 180 days** if the individual is a person who	1 = Yes, <= 180 days	

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	Status	served in the active U.S. military, naval, or air service for a period of less than or equal to 180 days, and who was discharged or released from such service under conditions other than dishonorable. Select **yes, eligible veteran** if the individual served on active duty for a period of more than 180 days and was discharged or released with other than a dishonorable discharge; <u>or</u> was discharged or released because of a service connected disability; <u>or</u> as a member of a reserve component under an order to active duty pursuant to section 167 (a), (d), or, (g), 673 (a) of Title 10, U.S.C., served on active duty during a period of war or in a campaign or expedition for which a campaign badge is authorized and was discharged or released from such duty with other than a dishonorable discharge. Select **yes, other eligible person** if the individual is a person who is (a) the spouse of any person who died on active duty or of a service-connected disability, (b) the spouse of any member of the Armed Forces serving on active duty who at the time of application for assistance under this part, is listed, pursuant to 38 U.S.C 101 and the regulations issued thereunder, by the Secretary concerned, in one or more of the following categories and has been so listed for more than 90 days: (i) missing in action; (ii) captured in the line of duty by a hostile force; or (iii) forcibly detained or interned in the line of duty by a foreign government or power; or (c) the spouse of any person who has a total disability permanent in nature resulting from a service-connected disability or the spouse of a veteran who died while a disability so evaluated was in existence.	2 = Yes, Eligible Veteran 3 = Yes, Other Eligible Person 4 = No	

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		Select **no** if the individual does not meet any one of the conditions described above.		
19	Limited English Proficient	Select **yes** if the individual is a person who has limited ability in speaking, reading, writing or understanding the English language and: (a) whose native language is a language other than English, or (b) who lives in a family or community environment where a language other than English is the dominant language. Select **no** if the individual does not meet the conditions described above.	1 = Yes 2 = No	
20	Individual with a Disability	Select **yes** if the individual 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.) Select **no** if the individual indicates that he/she does not have a disability that meets the definition. Leave **blank** if the individual does not wish to self-identify.	1 = Yes 2 = No Blank = no self-identification	

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21	Employment History	Select **yes** or **no** as to whether participant has ever been employed.	1 = Yes 2 = No	
22	Employment Retention History	Select **yes** or **no** as to whether participant has ever worked for the same employer for six months or more.	1 = Yes 2 = No	
23	Employment Status at Intake	Record **Employed** if the participant is a person who either: (a) did any work at all as a paid employee, (b) did any work at all in his or her own business, profession, or farm, (c) worked 15 hours or more as an unpaid worker in an enterprise operated by a member of the family, or (d) is one who was not working, but has a job or business from which he or she was temporarily absent because of illness, bad weather, vacation, labor-management dispute, or personal reasons, whether or not paid by the employer for time-off, and whether or not seeking another job. Record **Employed, but Received Notice of Termination of Employment or Military Separation** if the participant	1 = Employed 2 = Employed, but Received Notice of Termination of Employment or Military Separation 3 = Not Employed	A. Must be 1 or 2 if Field 24 (Occupation at Intake) is >0. B. Must be 1 or 2 if Field 25 (Hours Worked at Intake) is >0. C. Must be 1 or 2 if Field 26 (Earnings at Intake) is >0. D. Must be 1 or 2 if Field 27 (Start Date for Job at Intake) is not blank. E. Must be completed within two weeks of opening the record.

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		is a person who, although employed, either: (a) has received a notice of termination of employment or the employer has issued a Worker Adjustment and Retraining Notification (WARN) or other notice that the facility or enterprise will close, or (b) is currently on active military duty and has been provided with a firm date of separation from military service. Record **Not Employed** if the individual does not meet any one of the conditions described above.		
24	Occupation at Intake	Record the 8-digit occupational code that best describes the individual's employment at enrollment using the O*Net Version 4.0 (or later versions) classification system. Leave blank if the participant is not employed at participation.	00000000 Blank or 00000000 = unavailable or unknown (No hyphens or periods)	
25	Hours Worked at Intake	Enter the average hours per week that the participant works at the above occupation. Leave blank if the participant is not employed at participation.	00Blank = not employed	A. Must be greater than 0 if Field 23 (Employment Status at Intake) is 1 or 2.
26	Average Hourly Wage at Intake	Enter the participant's average hourly wage at the above occupation. Leave blank if the participant is not employed at participation.	00.00 Blank = not employed	A. Must be greater than 0 if Field 23 (Employment Status at Intake) is 1 or 2.
27	Start Date for Job at Intake	Enter the date on which the participant began to work at the above job. Leave blank if the participant is not employed at	MM/DD/YYYY Blank = not employed	A. Must not be blank if Field 23 (Employment Status at Intake) is 1 or 2.

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		participation.		
28	Housing Status at Enrollment	Select **Own/Rent Apartment, Room, or House** if, at enrollment, the individual is living in an apartment, room, or house that he/she owns or rents. Select **Staying at someone's apartment, room, or house (Stable)** if, at enrollment, the individual is living in an apartment, room, or house that somebody 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. Select **Halfway house/transitional house** if, at enrollment, the individual is living in a residence designed to assist persons as they re-enter society and learn to adapt to independent living after having been in prison. Select **Residential treatment** if, at enrollment, the individual lives in a residential treatment center. A residential treatment center is a group home that provides room and board, and provides specialized treatment or rehabilitation persons with emotional, psychological, or developmental problems as well as chemical dependencies. Select **Homeless** if, at enrollment, the individual lacks a fixed, regular, adequate night time residence. This definition includes any individual who has a primary night time residence that is a publicly or privately operated shelter for temporary accommodation; an institution providing temporary residence for individuals intended to be institutionalized; or a public or private place not designated for or ordinarily used as a regular	1 = Own/rent apartment, room, or house 2 = Staying at someone's apartment, room, or house (Stable) 3 = Halfway house/ transitional house 4 = Residential treatment 5 = Homeless 6 = Staying at someone's apartment, room, or house (Unstable)	A. Must be completed within two weeks of opening the record.

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		sleeping accommodation for human beings. This definition does not include an individual imprisoned or detained under an Act of Congress or state law. An individual who may be sleeping in a temporary accommodation while away from home should not, as a result of that alone, be recorded as homeless. Select **Staying at someone's apartment, room, or house (Unstable)** if, at enrollment, the individual is living in an apartment, room, or house that somebody else owns or rents and if the person is at risk of being displaced from this housing, i.e. the housing situation is short-term.		
29	Alcohol Abuse/ Drug Use at Intake	Select prior to incarceration if the individual used illegal drugs or abused legal drugs or alcohol within 3 months prior to incarceration. Select prior to enrollment if the individual used illegal drugs or abused legal drugs or alcohol 3 months prior to enrollment. Select both if the individual used illegal drugs or abused legal drugs or alcohol within 3 months prior to incarceration and 3 months prior to enrollment. Select **no** if the individual did not use illegal drugs or abuse alcohol 3 months prior to incarceration or 3 month prior to enrollment.	1 = Prior to enrollment 2 = No	A. Must be completed within two weeks of opening the record.

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30	Alcohol Abuse/Drug Abuse Treatment at Intake	Select **yes** or **no** as to whether participant is in substance abuse treatment at intake.	1 = Yes 2 = No	If participant answers yes, select yes or no as to whether treatment is court-mandated or a requirement of probation/parole based on participant's answer to first question. 1 = Yes 2 = No
31	Family Support	Select any of the categories that apply in terms of the participant's response to area where family are able to assist.	1 = Place to Live 2 = Job 3 = Substance Abuse Treatment 4 = Transportation 5 = Financial Support 6 = None	
32	Public Assistance at Enrollment	Indicate the following sources of other public assistance that the recipient was receiving at enrollment.	1 = Social Security Insurance (SSI) or Social Security Disability (SSD) 2 = Temporary Assistance for Needy Families (TANF) 3 = Welfare for single adults or general assistance (GA) 4 = Unemployment	

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			insurance 5 = Food stamps 6 = Division of AIDS Services Income Support (DAS) 7 = Other government sources 8 = No Benefits	
33	Referral Source	Enter the name of the organization or individual who referred the applicant to the ETJD program.	Text	This field is optional.
SECTION I.C - INFORMATION ON INCARCERATION **This information is collected at enrollment for ex-offender participants only**				
34	Post-Release Status at Intake	Select **parole** if the participant is on parole on the date of participation. Select **probation** if the participant is on probation on the date of participation. Select **other criminal justice/court supervision** if the participant is on post-release supervision other than parole or probation on the date of participation. Select **none** if the participant is not on any form of post-release supervision.	1 = Parole 2 = Probation 3 = Other Criminal Justice/Court Supervision 4 = None	
35	Mandated participation	Select **yes** if participation in the ETJD program is mandated by a criminal justice agency or agent Select **no** if participation in the ETJD program is not mandated by a criminal justice agency or agent	1 = Yes 2 = No	

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36	Criminal Justice System Identifier	Enter the individual's unique criminal justice system identifier that was assigned to the individual while in most recent incarceration.	Text	
37	Type of Criminal Justice Identifier	Select the appropriate type of criminal justice identifier used in Field 36.	1 = Federal ID 2 = State CJ record ID 3 = State prison ID 4 = State parole/ probation agency ID 5 = Local probation agency ID 6 = Local jail ID 7 = Other	A. Must not be null if Field 36 (Criminal Justice System Identifier) is not null.
38	Specify Other Criminal Justice Identifier	Specify the type of criminal justice identifier if other was selected in Field 37.	Text	A. Must not be blank if Field 37 (Type of Criminal Justice Identifier) is 7.
39	Employment Status at Incarceration	Prior to the most recent incarceration, indicate whether the individual was employed within two weeks of arrest.	1 = Employed full-time 2 = Employed part-time 3 = Not employed	
40	Date of Incarceration for Most Recent Crime Prior to Participation	Enter the date on which the participant was incarcerated for the most recent crime committed prior to participation.	MM/DD/YYYY	A. Must be less than Field 41 (Date of Release for Most Recent Crime Prior to Participation).
41	Date of Release for Most Recent Crime Prior to Participation	Enter the date on which the participant was most recently released from prison prior to participation.	MM/DD/YYYY	A. Must be less than Field 62 (Date of Program Participation). B. Must be completed within two weeks of opening the record.
42	Institution	Enter the name of the institution at which the participant	Text	

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	VALID VALUES	EDITS
		was incarcerated most recently prior to enrollment.		
43	Type of Institution	Select the type of institution at which the participant was incarcerated most recently prior to enrollment	1 = Federal prison 2 = State prison 3 = County/city jail	
44	Total Time Incarcerated	Enter the total number of years and months that the participant has been incarcerated during his/her lifetime.	YY/MM	A. Must be completed within two weeks of opening the record.
45	Property Crime	Select the appropriate type(s) of property crime for the participant's most recent conviction. Property crimes include, but are not limited to, burglary, larceny, motor vehicle theft, and receiving stolen property.If a participant was convicted for more than one type of offense, select all appropriate offenses. Leave blank if the participant's most recent conviction was not for a property crime.	1 = Burglary 2 = Larceny 3 = Motor vehicle theft 4 = Receiving stolen property 5 = Other property crime Blank = not a property crime	A. Must be completed within two weeks of opening the record.
46	Type of Other Property Crime	Specify the other property crime. Leave blank if the participant's most recent conviction did not include other property crimes.	Text Blank = did not include other property crime	A. Must not be blank if Field 45 (Property Crime) is 5. B. Must be completed within two weeks of opening the record.
47	Drug Crime	Select the appropriate type(s) of drug crime for the participant's most recent conviction. Drug crimes include, but are not limited to, possession of a controlled substance, traffic in a controlled substance, and possession of drug paraphernalia. If a participant was convicted for more than one type of offense, select all applicable offenses. Leave blank if the participant's most recent conviction was not for a drug crime.	1 = Possession of a controlled substance 2 = Traffic in a controlled substance 3 = Possession of drug paraphernalia 4 = Other drug crime Blank = not a drug crime	A. Must be completed within two weeks of opening the record.
48	Type of Other Drug Crime	Specify the other drug crime.	Text Blank = did not include	A. Must not be blank if Field 40 (Drug Crimes) is 4.

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	VALID VALUES	EDITS
		Leave blank if the participant's most recent conviction did not include other drug crimes.	other drug crime	B. Must be completed within two weeks of opening the record.
49	Public Order Offenses	Select the appropriate type(s) of public order offenses for the participant's most recent conviction. Public order offenses include, but are not limited to, commercial vice, gambling, animal cruelty, and driving while intoxicated. If a participant was convicted for more than one type of offense, select all appropriate offenses. Leave blank if the participant's most recent conviction was not for a public order offense.	1 = Commercial vice 2 = Gambling 3 = Animal cruelty 4 = Driving while intoxicated 5 = Other public order offense Blank = not a public order offense	A. Must be completed within two weeks of opening the record.
50	Type of Other Public Order Offenses	Specify the other public order offense. Leave blank if the participant's most recent conviction did not include other public order offenses.	Text Blank = did not include other public order offense	A. Must not be blank if Field 49 (Public Order Offenses) is 5. B. Must be completed within two weeks of opening the record.
51	Other Offenses	Select **yes** if the participant's most recent conviction was for any offense not included in property, drug, or public order offenses.	1 = Yes 2 = No	A. Must be completed within two weeks of opening the record.
52	Type of Other Offenses	Specify the other offenses. Leave blank if the participant's most recent conviction did not include other offenses.	Text Blank = did not include other offenses	A. Must not be blank if Field 51 (Other Offenses) is 1. B. Must be completed within two weeks of opening the record.
**SECTION 1.D. INFORMATION ON CHILD SUPPORT** **This information is collected at enrollment for both non-custodial parent and ex-offender participants**			
53	Number of Children Under Age 19	Select the appropriate number from the dropdown box	Drop down box containing numbers from 0 to 10	

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	VALID VALUES	EDITS
54	Age of Each Child Under Age 19	Fill in appropriate text boxes with age of each child.	Text	A. Automatically create number of text boxes that corresponds to number of children selected in Field 53 (Number of Children Under Age 19) 0 = no text boxes 1 = 1 text box 2 = 2 text boxes Etc.
55	Number of Children Under Age 19 that Live with Participant	Select the appropriate number from the dropdown box	Drop down box containing numbers from 0 to 10	
56	Formal Child Support Order in Place	Does the individual have one or more current child support order(s) in place? This is an order that was established through the formal child support system (either a court or a state or county agency).	Select Yes or No	
57	Number of Child Support Enforcement Cases	Select the appropriate number from the dropdown box	Drop down box containing numbers from 0 to 10	If yes to Field 56 (Formal Child Support Order in Place), then Field 57 cannot be 0
58	Number of Children for Each Child Support Enforcement Case	Specify the number of children for whom the individual is obligated to pay child support for each case.	For Case 1, select number from drop down; for Case 2, select number, etc.	If yes to Field 56 (Formal Child Support Order in Place), then Field 51 must be filled out. For the number selected in Field 57 (Number of Child Support Enforcement Cases), a separate drop down box should appear until the total of the number in Field 57
59	Child Support Case	Specify the case numbers for each Child Support	Text Boxes up to the total	Optional

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	VALID VALUES	EDITS
	Numbers	Enforcement Case	number selected in Field 57 (Number of Child Support Enforcement Cases)	
60	Order Amount for Each Case	A. Specify the monetary value of the order amount B. Specify the payment period for collection C. Specify whether payment includes arrearages or only current payment due	A. Text box B. Dropdown menu – 1 = weekly 2= monthly 3 = other C. Select Yes or No	If yes to Field 56, this Field must be filled out. Order amount information fields should be provided up to the maximum number of child support cases stated in Field 57 (Number of Child Support Enforcement Cases).
61	Date of Most Recent Visitation with Focal Child	Specify most recent date of visit with focal child	MM/DD/YYYY	
SECTION II - PROGRAM ACTIVITIES AND SERVICES INFORMATION				
SECTION II.A - PROGRAM PARTICIPATION DATA				
62	Date of Program Participation	Record the date on which the individual begins receiving his/her first service funded by the program following a determination of eligibility to participate in the program. This date will be auto-generated by the system to be the date on which assessment information is submitted.	MM/DD/YYYY	A. This date will be auto-generated by the system to be the date on which assessment information is submitted.
63	Date of Exit	Record the date on which the last service funded by the program or a partner program (excluding supportive services) is received by the participant or the date of incarceration, whichever occurs first. Once a participant has not received any services funded by the program (excluding supportive services) or a partner program for 90 consecutive calendar days has no planned gap in service, and is not scheduled for future services, the date of exit is applied retroactively to the last	MM/DD/YYYY	A. This date will be auto-generated by the system to be the date on which the individual receives his/her last service.

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	VALID VALUES	EDITS
		day on which the individual received a service funded by the program or a partner program.		
64	Reason for Leaving Initial Placement in Unsubsidized Employment	Indicate the reason why the individual left the job of initial placement.	1 = Reincarcerated 2 = Quit 3 = Laid off 4 = Fired 5 = Temporary or seasonal job ended 6 = Other	
65	Prerelease Contact	Select **yes** if the DOL grantee had any contact with the participant prior to registration in the program. Select n**o** if the DOL grantee did not have any contact with the participant prior to registration in the program.	1 = Yes 2 = No	
66	Other Reasons for Exit (at time of exit or during three-quarter measurement period following the quarter of exit)	Select **Health/Medical** if the participant is receiving medical treatment that precludes entry into unsubsidized employment or continued participation in the program. Does not include temporary conditions expected to last for less than 90 days. Select **Deceased** if the participant was found to be deceased or no longer living. Select **Family Care** if the participant is providing care for a family member that precludes entry into unsubsidized employment or continued participation in the program. Does not include temporary conditions expected to last for less than 90 days.	02 = Health/Medical 03 = Deceased 04 = Family Care 05 = Reservists Called to Active Duty Blank = none of the above	A. Must be blank if Field 63 (Date of Exit) is blank.

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		Select **Reservists Called to Active Duty** if the participant is a reservist who is called to active duty for at least 90 days. Leave **blank** if none of the above reasons apply.		
Education or Job Training Activities				
67	Date Entered Math/Reading Remediation	Enter the date on which the participant started math/reading remediation. Math/reading remediation consists of classroom instruction designed to improve a participant's reading and/or math skills for those participants who are determined to be basic literacy skills deficient. Basic education skills include reading comprehension, math computation, writing, speaking, listening, problem solving, reasoning, and the capacity to use these skills.	MM/DD/YYYY	
68	Expected Completion Date of Math/Reading Remediation	Enter the date on which the participant is expected to complete math/reading remediation.	MM/DD/YYYY	A. Must be blank or greater than or equal to Field 67 (Date Entered Math/Reading Remediation)
69	Date of Last Math/Reading Remediation Services During the Month	Enter the last date during the month in which the participant received math/remediation services. Note: This field must repeat for every month in which the participant receives math/remediation services.	MM/DD/YYYY	A. Must be blank or greater than or equal to Field 67 (Date Entered Math/Reading Remediation)

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70	Date Ended Math/Reading Remediation	Enter the date on which the participant exited math/reading remediation.	MM/DD/YYYY	A. Must be blank or greater than or equal to Field 67 (Date Entered Math/Reading Remediation).
71	Completed Math/Reading Remediation	Select **yes** if the participant successfully completed math/reading remediation. Select **no** if the participant did not successfully complete math/reading remediation.	1 = Yes 2 = No	A. Must not be blank if Field 70 (Date Ended Math/Reading Remediation) is a valid date.
72	Date Entered GED Preparation	Enter the date on which the participant started GED preparation. GED preparation is an activity intended to prepare a participant for passing the GED examination.	MM/DD/YYYY	
73	Expected Completion Date of GED Preparation	Enter the date on which the participant is expected to complete GED preparation.	MM/DD/YYYY	A. Must be blank or greater than or equal to Field 72 (Date Entered GED Preparation).
74	Date of Last GED Preparation Services During the Month	Enter the last date during the month in which the participant received GED preparation services. Note: This field must repeat for every month in which the participant receives GED preparation services.	MM/DD/YYYY	A. Must be blank or greater than or equal to Field 72 (Date Entered GED Preparation).

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	VALID VALUES	EDITS
75	Date Ended GED Preparation	Enter the date on which the participant exits GED preparation.	MM/DD/YYYY	A. Must be blank or greater than or equal to Field 72 (Date Entered GED Preparation).
76	Completed GED Preparation	Select **yes** if the participant successfully completed GED preparation. Select **no** if the participant did not successfully complete GED preparation.	1 = Yes 2 = No	A. Must not be blank if Field 75 (Date Ended GED Preparation) is a valid date.
77	Date Entered Vocational/ Occupational Skills Training Services	Enter the date on which the participant started vocational/occupational skills training. Vocational/ occupational skills training is a type of long-term occupational training consisting of specific classroom and work-based study in a specific occupation leading to a degree or certificate.	MM/DD/YYYY	
78	Expected Completion Date of Vocational/ Occupational Skills Training Services	Enter the date on which the participant is expected to complete vocational/occupational skills training.	MM/DD/YYYY	A. Must be blank or greater than or equal to Field 77 (Date Entered Vocational/ Occupational Skills Training Services).

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	VALID VALUES	EDITS
79	Date of Last Vocational/ Occupational Skills Training Services During the Month	Enter the last date during the month in which the participant received vocational/occupational skills training services. Note: This field must repeat for every month in which the participant receives vocational/occupational skills training services.	MM/DD/YYYY	A. Must be blank or greater than or equal to Field 77 (Date Entered Vocational/ Occupational Skills Training Services).
80	Date Ended Vocational/ Occupational Skills Training Services	Enter the date on which the participant exited vocational/occupational skills training.	MM/DD/YYYY	A. Must be blank or greater than or equal to Field 77 (Date Entered Vocational/ Occupational Skills Training Services).
81	Completed Vocational/ Occupational Skills Training Services	Select **yes** if the participant successfully completed vocational/occupational skills training. Select **no** if the participant did not successfully complete vocational/ occupational skills training.	1 = Yes 2 = No	A. Must not be blank if Field 80 (Date Ended Vocational/ Occupational Skills Training Services) is a valid date.
82	Expected Duration of Vocational/ Occupational Skills Training	Select the duration of the vocational/occupational skills training program that the participant has entered.	1 = 5 or fewer hours per week 2 = 6 to 15 hours per week 3 = 16 to 25 hours per week 4 = 25 or more hours per week	A. Must not be blank if Field 77 (Date Entered Vocational/ Occupational Skills Training Services) is a valid date.
83	Expected Cost of Vocational/ Occupational Skills	Enter the expected cost of the vocational/occupational skills training program that the participant has entered.	0000.00	A. Must not be blank if Field 61 (Date Entered Vocational/ Occupational Skills Training

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	VALID VALUES	EDITS
	Training			Services) is a valid date.
84	Date Entered On- the-Job Training (OJT)	Enter the date on which the participant started on-the-job training (OJT). OJT is training provided by an employer that pays the participant while the participant is engaged in productive work. The job provides knowledge or skills essential to the full and adequate performance of the job, provides reimbursement to the employer of up to 50% of the wage rate of the participant, and is limited in duration to a period appropriate to the occupation for which the participant is being trained.	MM/DD/YYYY	
85	Expected Completion Date of On-the-Job Training (OJT)	Enter the date on which the participant is expected to complete on-the-job training (OJT).	MM/DD/YYYY	A. Must be blank or greater than or equal to Field 84 (Date Entered On-the-Job Training).
86	Date of Last On-the-Job Training (OJT) Services During the Month	Enter the last date during the month in which the participant received on-the-job training (OJT) services. Note: This field must repeat for every month in which the participant receives on-the-job training (OJT) services.	MM/DD/YYYY	A. Must be blank or greater than or equal to Field 84 (Date Entered On-the-Job Training).
87	Date Ended On-the-Job Training (OJT)	Enter the date on which the participant exited on-the-job training (OJT).	MM/DD/YYYY	A. Must be blank or greater than or equal to Field 84 (Date Entered On-the-Job Training).

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	VALID VALUES	EDITS
88	Completed On-the-Job Training (OJT)	Select **yes** if the participant successfully completed OJT. Select **no** if the participant did not successfully complete OJT.	1 =Yes 2 = No	A. Must not be blank if Field 87 (Date Ended On-the-Job Training) is a valid date.
89	Date Entered Other Education or Job Training Activities	Enter the date on which the participant started other education or job training activities.	MM/DD/YYYY	
90	Type of Other Education or Job Training Activities	Specify the type of other education or job training activities.	Text	A. Must not be blank if Field 89 (Date Entered Other Education or Job Training Activities) is a valid date.
91	Expected Completion Date of Other Education or Job Training Activities	Enter the date on which the participant is expected to complete other education or job training activities.	MM/DD/YYYY	A. Must not be blank if Field 89 (Date Entered Other Education or Job Training Activities) is a valid date.
92	Date of Last Other Education or Job Training Activities Services During the Month	Enter the last date during the month in which the participant received other education or job training activities services. Note: This field must repeat for every month in which the participant receives other education or job training activities services.	MM/DD/YYYY	A. Must not be blank if Field 89 (Date Entered Other Education or Job Training Activities) is a valid date.

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	VALID VALUES	EDITS
93	Date Ended Other Education or Job Training Activities	Enter the date on which the participant exits other education or job training activities.	MM/DD/YYYY	A. Must be blank or greater than or equal to Field 89 (Date Entered Other Education or Job Training Activities).
94	Completed Other Education or Job Training Activities	Select **yes** if the participant successfully completed other education or job training activities. Select **no** if the participant did not successfully complete other education or job training activities.	1 = Yes 2 = No	A. Must not be blank if Field 93 (Date Ended Other Education or Job Training Activities) is a valid date.
Workforce Preparation Activities				
95	Date Entered Subsidized Employment	Enter the date on which the participant started subsidized employment.	MM/DD/YYYY	
96	Expected Completion Date of Subsidized Employment	Enter the date on which the participant is expected to complete subsidized employment.	MM/DD/YYYY	A. Must be blank or greater than or equal to Field 95 (Date Entered Subsidized Employment).
97	Date of Last Subsidized Employment Services During the Month	Enter the last date during the month in which the participant received subsidized employment services. Note: This field must repeat for every month in which the participant receives subsidized employment services.	MM/DD/YYYY	A. Must be blank or greater than or equal to Field 95 (Date Entered Subsidized Employment).

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	VALID VALUES	EDITS
98	Date Ended Subsidized Employment	Enter the date on which the participant exited subsidized employment.	MM/DD/YYYY	A. Must be blank or greater than or equal to Field 95 (Date Entered Subsidized Employment).
99	Completed Subsidized Employment	Select **yes** if the participant successfully completed subsidized employment. Select **no** if the participant did not successfully complete subsidized employment.	1 = Yes 2 = No	A. Must not be blank if Field 98 (Date Ended Subsidized Employment) is a valid date.
100	Date Entered Internship	Enter the date on which the participant started internship. Internship consists of on-site work experience designed to improve an enrollee's occupational skills and readiness for the world of work.	MM/DD/YYYY	
101	Expected Completion Date of Internship	Enter the date on which the participant is expected to complete internship.	MM/DD/YYYY	A. Must be blank or greater than or equal to Field 100 (Date Entered Internship).
102	Date of Last Internship During the Month	Enter the last date during the month in which the participant participated in an internship. Note: This field must repeat for every month in which the participant is in the internship.	MM/DD/YYYY	A. Must be blank or greater than or equal to Field 100 (Date Entered Internship).

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	VALID VALUES	EDITS
103	Date Ended Internship	Enter the date on which the participant exits internship.	MM/DD/YYYY	A. Must be blank or greater than or equal to Field 84 (Date Entered Internship). B. Must not be blank if Field 88 is 1.
104	Completed Internship	Select yes if the participant successfully completed internshipSelect no if the participant did not successfully complete internship.	1 = Yes2 = No	A. Must not be blank if Field 87 (Date Ended Internship) is a valid date.
105	Date Entered Workforce Information Services	Enter the date on which the participant started workforce information services. Workforce information services include, but are not limited to, providing information on state and local labor market conditions; industries, occupations and characteristics of the workforce; area business identified skills needs; employer wage and benefit trends; short- and long-term industry and occupational projections; worker supply and demand; and job vacancies survey results. Workforce information also includes local employment dynamics information such as workforce availability; business turnover rates; job creation; job destruction; new hire rates, worker residency, commuting pattern information; and the identification of high-growth and high-demand industries.	MM/DD/YYYY	

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	VALID VALUES	EDITS
106	Expected Completion Date of Workforce Information Services	Enter the date on which the participant is expected to complete workforce information services.	MM/DD/YYYY	A. Must be blank or greater than or equal to Field 105 (Date Entered Workforce Information Services).
107	Date of Last Workforce Information Services During the Month	Enter the last date during the month in which the participant received workforce information services. Note: This field must repeat for every month in which the participant receives workforce information services.	MM/DD/YYYY	A. Must be blank or greater than or equal to Field 105 (Date Entered Workforce Information Services).
108	Date Ended Workforce Information Services	Enter the date on which the participant exits workforce information services.	MM/DD/YYYY	A. Must be blank or greater than or equal to Field 105 (Date Entered Workforce Information Services).
109	Completed Workforce Information Services	Select **yes** if the participant successfully completed workforce information services. Select **no** if the participant did not successfully complete workforce information services.	1 = Yes 2 = No	A. Must not be blank if Field 108 (Date Ended Workforce Information Services) is a valid date.

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	VALID VALUES	EDITS
110	Date Entered Training	Enter the date on which the participant started any training program.	MM/DD/YYYY 1 = Orientation 2 = Life Skills 3 = Pre-employment Class 4 = Vocational/ Occupational Skills 5 = On-the-Job Training 6 = Internship 7 = Parenting Class 8 = Other	If a date is provided, a selection must be made from the dropdown for the type of training program. For values 5 and 6, employer must be provided in a text box. For value 8, the type of class should be described in a text box.
111	Completion Date of Training	Enter the date on which the participant completed the training.	MM/DD/YYYY 1 = Orientation 2 = Life Skills 3 = Pre-employment Class 4 = Vocational/ Occupational Skills 5 = On-the-Job Training 6 = Internship 7 = Parenting Class 8 = Other Yes/No	If a date is provided, a selection must be made from the dropdown for the type of training program. For values 5 and 6, employer must be provided in a text box. For value 8, the type of class should be described in a text box. Grantee must select yes or no as to whether a certificate was provided from the training. If yes, a text box should be filled out providing the certificate name.
112	Date Entered Work Readiness Training Services	Enter the date on which the participant started work readiness training services. Work readiness training includes world of work awareness, labor market knowledge, occupational information, values clarification and personal understanding, career planning and decision-making, and	MM/DD/YYYY	

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	VALID VALUES	EDITS
		job search techniques (resumes, interviews, applications, and follow-up letters). It also includes positive work habits, attitudes, and behavior such as punctuality, regular attendance, presenting a neat appearance, getting along and working well with others, exhibiting good conduct, following instructions and completing tasks, accepting constructive criticism from supervisors and co-workers, showing initiative and reliability, and assuming the responsibilities involved in maintaining a job.		
113	Date of Last Work Readiness Training Services During the Month	Enter the last date during the month in which the participant received work readiness training services. Note: This field must repeat for every month in which the participant receives work readiness training services.	MM/DD/YYYY	A. Must be blank or greater than or equal to Field 112 (Date Entered Work Readiness Training Services).
114	Date Ended Work Readiness Training Services	Enter the date on which the participant exits work readiness training services.	MM/DD/YYYY	A. Must be blank or greater than or equal to Field 112 (Date Entered Work Readiness Training.)
115	Completed Work Readiness Training	Select **yes** if the participant successfully completed work readiness training. Select **no** if the participant did not successfully complete work readiness training.	1 = Yes 2 = No	A. Must not be blank if Field 114 (Date Ended Work Readiness Training Services) is a valid date.
116	Date Entered Career/Life Skills Counseling	Enter the date on which the participant started career/life skills counseling. Career/Life skills counseling is any formal counseling provided on a specific life skill or related to career guidance.	MM/DD/YYYY	

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	VALID VALUES	EDITS
117	Expected Completion Date of Career/Life Skills Counseling	Enter the date on which the participant is expected to complete career/life skills counseling.	MM/DD/YYYY	A. Must be blank or greater than or equal to Field 116 (Date Entered Career/Life Skills Counseling).
118	Date of Last Career/Life Skills Counseling Services During the Month	Enter the last date during the month in which the participant received career/life skills counseling services. Note: This field must repeat for every month in which the participant receives career/life skills counseling services.	MM/DD/YYYY	A. Must be blank or greater than or equal to Field 116 (Date Entered Career/Life Skills Counseling).
119	Date Ended Career/Life Skills Counseling	Enter the date on which the participant exits career/life skills counseling.	MM/DD/YYYY	A. Must be blank or greater than or equal to Field 116 (Date Entered Career/Life Skills Counseling).
120	Completed Career/Life Skills Counseling	Select **yes** if the participant successfully completed career/life skills counseling Select **no** if the participant did not successfully complete career/life skills counseling.	1 = Yes 2 = No	A. Must not be blank if Field 119 (Date Ended Career/Life Skills Counseling) is a valid date.
121	Date Entered Other Workforce Preparation Activities	Enter the date on which the participant started other workforce preparation activities.	MM/DD/YYYY	
122	Type of Other Workforce Preparation Activities	Specify the type of other workforce preparation activities.	Text	A. Must not be blank if Field 121 (Date Entered Other Workforce Preparation Activities) is a valid

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	VALID VALUES	EDITS
				date.
123	Expected Completion Date of Other Workforce Preparation Activities	Enter the date on which the participant is expected to complete other workforce preparation activities.	MM/DD/YYYY	A. Must not be blank if Field 121 (Date Entered Other Workforce Preparation Activities) is a valid date.
124	Date of Last Other Workforce Preparation Activities Services During the Month	Enter the last date during the month in which the participant received other workforce preparation activities services. Note: This field must repeat for every month in which the participant receives other workforce preparation activities services.	MM/DD/YYYY	A. Must not be blank if Field 121 (Date Entered Other Workforce Preparation Activities) is a valid date.
125	Date Ended Other Workforce Preparation Activities	Enter the date on which the participant exits other workforce preparation activities.	MM/DD/YYYY	A. Must be blank or greater than or equal to Field 121 (Date Entered Other Workforce Preparation Activities).
126	Completed Other Workforce Preparation Activities	Select **yes** if the participant successfully completed other workforce preparation activities Select **no** if the participant did not successfully complete other workforce preparation activities.	1 = Yes 2 = No	A. Must not be blank if Field 125 (Date Ended Other Workforce Preparation Activities) is a valid date.
Community Involvement Activities				
127	Date Entered Community Service	Enter the date on which the participant started community service.	MM/DD/YYYY	

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	VALID VALUES	EDITS
		Community service is an activity in which the participants perform volunteer work that benefits the community.		
128	Expected Completion Date of Community Service	Enter the date on which the participant is expected to complete community service.	MM/DD/YYYY	A. Must be blank or greater than or equal to Field 127 (Date Entered Community Service).
129	Date of Last Community Service During the Month	Enter the last date during the month in which the participant received community service services. Note: This field must repeat for every month in which the participant receives community service services.	MM/DD/YYYY	A. Must be blank or greater than or equal to Field 127 (Date Entered Community Service).
130	Date Ended Community Service	Enter the date on which the participant exits community service.	MM/DD/YYYY	A. Must be blank or greater than or equal to Field 127 (Date Entered Community Service).
131	Completed Community Service	Select **yes** if the participant successfully completed community service. Select **no** if the participant did not successfully complete community service.	1 = Yes 2 = No	A. Must not be blank if Field 130 (Date Ended Community Service) is a valid date.
132	Date Entered Other Community Involvement Activities	Enter the date on which the participant started other community service.	MM/DD/YYYY	

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	VALID VALUES	EDITS
133	Type of Other Community Involvement Activities	Specify the type of other community service.	Text	A. Must not be blank if Field 132 (Date Entered Other Community Involvement Activities) is a valid date.
134	Expected Completion Date of Other Community Involvement Activities	Enter the date on which the participant is expected to complete community service.	MM/DD/YYYY	A. Must be blank or greater than or equal to Field 132 (Date Entered Other Community Involvement Activities).
135	Date of Last Other Community Service Services During the Month	Enter the last date during the month in which the participant received other community service services.

Note: This Field must repeat for every month in which the participant receives other community service services. | MM/DD/YYYY | A. Must be blank or greater than or equal to Field 132 (Date Entered Other Community Involvement Activities). |
| 136 | Date Ended Other Community Involvement Activities | Enter the date on which the participant exits community service. | MM/DD/YYYY | A. Must be blank or greater than or equal to Field 132 (Date Entered Other Community Involvement Activities). |
| 137 | Completed Other Community Involvement Activities | Select **yes** if the participant successfully completed community service.

Select **no** if the participant did not successfully complete community service. | 1 = Yes
2 = No | A. Must not be blank if Field 136 (Date Ended Other Community Involvement Activities) is a valid date. |
| **Mentoring Activities** | | | | |
| 138 | Date Entered Mentoring Activities | Enter the date on which the participant started mentoring activities.

Mentoring is a sustained relationship between a mentor and participant, whether one on one or in a group setting. | MM/DD/YYYY | |

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	VALID VALUES	EDITS
		Through continued involvement, a mentor offers support and guidance in the individual's development to become a responsible member of the community. A variety of approaches may be used such as coaching, training, discussion, and counseling.		
139	Expected Completion Date of Mentoring Activities	Enter the date on which the participant is expected to complete mentoring activities.	MM/DD/YYYY	A. Must be blank or greater than or equal to Field 138 (Date Entered Mentoring Activities).
140	Date of Last Mentoring Activities Services During the Month	Enter the last date during the month in which the participant received mentoring activities services. Note: This field must repeat for every month in which the participant receives mentoring activities services.	MM/DD/YYYY	A. Must be blank or greater than or equal to Field 138 (Date Entered Mentoring Activities).
141	Date Ended Mentoring Activities	Enter the date on which the participant exits mentoring activities.	MM/DD/YYYY	A. Must be blank or greater than or equal to Field 138 (Date Entered Mentoring Activities).
142	Completed Mentoring Activities	Select **yes** if the participant successfully completed mentoring activities Select **no** if the participant did not successfully complete mentoring activities.	1 = Yes 2 = No	A. Must not be blank if Field 141 (Date Ended Mentoring Activities) is a valid date.
Supportive Services				
143	Date Entered Transportation Services	Enter the date on which the participant started transportation services.	MM/DD/YYYY	

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	VALID VALUES	EDITS
		Transportation services include assistance or cash paid to participants for the purpose of transportation.		
144	Date of Last Transportation Services During the Month	Enter the last date during the month in which the participant received transportation services. Note: This field must repeat for every month in which the participant receives transportation services.	MM/DD/YYYY	A. Must be blank or greater than or equal to Field 143 (Date Entered Transportation Services).
145	Date Ended Transportation Services	Enter the date on which the participant exits transportation services.	MM/DD/YYYY	A. Must be blank or greater than or equal to Field 143 (Date Entered Transportation Services).
146	Date Entered Child Care Services	Enter the date on which the participant started child care services. Child care services provide participants during program participation with child care that can be inside or outside the home, as well as after-school programs. It usually includes supervision and shelter.	MM/DD/YYYY	
147	Date of Last Child Care Services During the Month	Enter the last date during the month in which the participant received child care services. Note: This field must repeat for every month in which the participant receives child care services.	MM/DD/YYYY	A. Must be blank or greater than or equal to Field 146 (Date Entered Child Care Services).
148	Date Ended Child Care Services	Enter the date on which the participant exits child care services.	MM/DD/YYYY	A. Must be blank or greater than or equal to Field 146 (Date Entered Child Care Services).
149	Date of Supportive Service Payment	Enter the date on which the participant received a supportive service payment.	MM/DD/YYYY $XXX.XX 1 = Child Care	If date is entered, a monetary value must be entered and a type of service payment must be selected

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	VALID VALUES	EDITS
			2 = Housing 3 = Clothing 4 = Food 5 = Transportation 6 = Other	from a dropdown menu. If other is selected, the text box must be used to describe other service payment. The system must allow for separate instances of supportive service payments and should not overwrite previous entries.
150	Date Entered Follow-up Mentoring Services	Enter the date on which the participant started follow-up mentoring services. Follow-up mentoring services are on-going mentoring that occurs after exit.	MM/DD/YYYY	
151	Last Date of Follow-up Mentoring Services During Month	Enter the last date during the month in which the participant received follow-up mentoring services. Note: This field must repeat for every month in which the participant receives follow-up mentoring services.	MM/DD/YYYY	A. Must be blank or greater than or equal to Field 150 (Date Entered Follow-up Mentoring Services).
152	Date Ended Follow-up Mentoring Services	Enter the last date on which the participant received follow-up mentoring services.	MM/DD/YYYY	A. Must be blank or greater than or equal to Field 150 (Date Entered Follow-up Mentoring Services).
153	Date Entered Other Follow-up Services	Enter the date on which the participant started other follow-up services. Other follow-up services are on-going supportive services that occur after exit.	MM/DD/YYYY	

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	VALID VALUES	EDITS
154	Last Date of Other Follow-up Services During Month	Enter the last date during the month in which the participant received other follow-up services. Note: This field must repeat for every month in which the participant receives other follow-up services.	MM/DD/YYYY	A. Must be blank or greater than or equal to Field 153 (Date Entered Other Follow-up Services).
155	Date Ended Other Follow-up Services	Enter the last date on which the participant received other follow-up services.	MM/DD/YYYY	A. Must be blank or greater than or equal to Field 153 (Date Entered Other Follow-up Services).
156	Date Entered Other Supportive Services	Enter the date on which the participant started other supportive services. Other supportive services include supportive services not listed above.	MM/DD/YYYY	
157	Date of Last Other Supportive Services During the Month	Enter the last date during the month in which the participant received other supportive services . Note: This field must repeat for every month in which the participant receives other supportive services.	MM/DD/YYYY	A. Must be blank or greater than or equal to Field 156 (Date Entered Other Supportive Services).
158	Date Ended Other Supportive Services	Enter the date on which the participant exits other supportive services.	MM/DD/YYYY	A. Must be blank or greater than or equal to Field 156 (Date Entered Other Supportive Services).
159	Date Entered Substance Abuse/Mental Health Treatment	Enter the date on which the participant entered substance abuse or mental health treatment.	MM/DD/YYYY	If date is not blank, a text box must be filled out containing the name of the provider of treatment services
160	Date Completed Substance Abuse/Mental Health Treatment	Enter the date on which the participant completed substance abuse or mental health treatment.	MM/DD/YYYY	A. Must be blank or greater than or equal to Field 159 (Date Entered Substance Abuse/Mental Health Treatment).
Case Management Services				

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	VALID VALUES	EDITS
161	Date Staff Contact/Meeting Occurred	Enter the date on which the participant met with Case Manager or other staff and type of staff.	MM/DD/YYYY 1 = Case Manager 2 = Job Developer/Coach 3 = Transitional Job Coordinator 4 = Other	If other is selected, type of staff should be indicated in a text box. The system must allow for separate instances of staff meetings and should not overwrite previous entries. This service should be considered a supportive service, rather than a core service.
Parenting/Child Support Services				
162	Child Support Order Assistance	Enter the date on which the participant received child support order assistance.	MM/DD/YYYY	The system must allow for separate instances of child support assistance and should not overwrite previous entries.
163	Child Support Order Modification	Enter the date on which the participant was granted a Child Support Order Modification.	MM/DD/YYYY	The system must allow for separate instances of child support order modification and should not overwrite previous entries.
164	Child Support Payment	Enter the date on which the participant provided payment of a child support order and the amount of the payment.	MM/DD/YYYY $0000.00	The system must allow for separate instances of child support and should not overwrite previous entries.
165	Child Support General Assistance	Enter the date on which the participant received general (non-order) child support assistance.	MM/DD/YYYY	The system must allow for separate instances of child support assistance and should not overwrite previous entries.

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	VALID VALUES	EDITS
166	Child Visitation Assistance	Enter the date on which the participant received assistance with child visitation.	MM/DD/YYYY	The system must allow for separate instances of child visitation assistance and should not overwrite previous entries.
167	Parenting Class	Enter the date on which the participant attended parenting class.	MM/DD/YYYY	The system must allow for separate instances of parenting class and should not overwrite previous entries.
SECTION III – TRANSITIONAL JOB PLACEMENT				
168	Work Dates and Placement	Enter the start date and end dates of work in a pay period. Enter the location of the transitional job placement. Enter the type of placement: 1 = Grant Program/Worksite 2 = Private Sector Subsidized	Start date of pay period MM/DD/YYYY End date of pay period MM/DD/YYYY Text Box	
169	Transitional Job Pay Date	Enter the date of paycheck for each pay period	MM/DD/YYYY	
170	Transitional Job Hours Worked	Enter the number of hours worked in each pay period	00	
171	Amount of Pay Check	Enter the value of the paycheck for each pay period	$00.00	
SECTION IV - PROGRAM OUTCOMES INFORMATION				
SECTION IV.A - FOLLOW-UP				
172	Date of Follow-up	Enter the date on which the grantee attempted to contact the participant to obtain post-program follow-up information, such as post-program employment and earnings information. Repeat for each follow-up attempt.	MM/DD/YYYY	A. Must be blank or greater than or equal to Field 63 (Date of Exit).
173	Successful Follow-up	Enter **yes** if the grantee successfully contacted the participant to collect follow-up information.	1 = Yes 2 = No	A. Must be 1 or 2 if Field 172 (Date of Follow-up) has a valid date.

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	VALID VALUES	EDITS
		Enter **no** if the grantee did not successfully contact the participant to collect follow-up information. Repeat for each follow-up attempt.		
SECTION IV.B - SHORT-TERM OUTCOME STATUS				
174	Alcohol Abuse/ Drug Use at 6 Months	Select **yes** if the individual used illegal drugs or abused legal drugs or alcohol within six months after enrollment. Select **no** if the individual did not use illegal drugs or abuse legal drugs or alcohol within six months after enrollment.	1 = Yes 2 = No	A. Must be 1 or 2 if Field 29 (Alcohol Abuse/ Drug Use at Intake) is 1, 2, or 3.

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	VALID VALUES	EDITS
175	Housing Status at 6 Months	Select **Own/Rent Apartment, Room, Or House** if, six months after enrollment, the individual is living in an apartment, room, or house that he/she owns or rents. Select **Staying at someone's apartment, room, or house (Stable)** if, six months after enrollment, the individual is living in an apartment, room, or house that somebody 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. Select **Halfway house/transitional house** if, six months after enrollment, the individual is living in a residence designed to assist persons as they re-enter society and learn to adapt to independent living after having been in prison. Select **Residential treatment** if, six months after enrollment, the individual lives in a residential treatment center. A residential treatment center is a group home that provides room and board, and provides specialized treatment or rehabilitation persons with emotional, psychological, or developmental problems as well as chemical dependencies. Select **Homeless** if, six months after enrollment, the individual lacks a fixed, regular, adequate night time residence. This definition includes any individual who has a primary night time residence that is a publicly or privately operated shelter for temporary accommodation; an institution providing temporary residence for individuals intended to be institutionalized;	1 = Own/rent apartment, room, or house 2 = Staying at someone's apartment, room, or house (Stable) 3 = Halfway house/ transitional house 4 = Residential Treatment 5 = Homeless 6 = Staying at someone's apartment, room, or house (Unstable)	

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	VALID VALUES	EDITS
		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 an individual imprisoned or detained under an Act of Congress or state law. An individual who may be sleeping in a temporary accommodation while away from home should not, as a result of that alone, be recorded as homeless. Select **Staying at someone's apartment, room, or house (Unstable)** if, six months after enrollment, the individual is living in an apartment, room, or house that somebody else owns or rents and if the person is at risk of being displaced from this housing, i.e. the housing situation is short-term.		
176	Date of Initial Placement Into Unsubsidized Employment	Enter the date on which the participant started the initial unsubsidized employment.	MM/DD/YYYY	
177	Employer Name for Initial Placement Into Unsubsidized Employment	Enter the employer's name for the participant's initial placement into unsubsidized employment.	Text	A. Must not be blank if Field 176 (Date of Initial Placement Into Unsubsidized Employment) has a valid date.
178	Employer Contact for Initial Placement Into Unsubsidized Employment	Enter the contact information for the employer for the participant's placement into unsubsidized employment.	Text	
179	Last Date of	Enter the last date on which the participant worked for the	MM/DD/YYYY	A. Must be blank or greater than or

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	VALID VALUES	EDITS
	Employment for Initial Placement into Unsubsidized Employment	employer. Enter the reason for placement end date.	1 = Quit 2 = Laid Off 3 = Terminated 4 = Temporary/Seasonal 5 = Incarcerated 6 = Other	equal to Field 176 (Date of Initial Placement Into Unsubsidized Employment).
180	Hourly Wage at Placement for Initial Placement into Unsubsidized Employment	Enter the hourly wage for the initial unsubsidized employment at placement.	00.00	A. Must be greater than 0 if Field 176 (Date of Initial Placement Into Unsubsidized Employment) has a valid date.
181	Number of Hours Worked During the 1st Full Week in Initial Placement into Unsubsidized Employment.	Enter the number of hours worked during the first full week for the initial job placement.	00	A. Must be greater than 0 if Field 176 (Date of Initial Placement Into Unsubsidized Employment) has a valid date.
182	Repeat Fields 176 to 181 for Additional Jobs	Grantees must be able to collect the above job information for as many jobs as the participant has.		Same edits as for Fields 176 to 181.

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	VALID VALUES	EDITS
183	Re-Arrested/ Re-Incarcerated	Select **Re-arrested for a new crime** if the participant is arrested for a new crime. Select **Re-incarcerated for a revocation of the parole or probation order for violations of terms of sentence** if the participant violates parole or probation**.** Select **Otherwise violated the terms and conditions of their sentence** if the participant violates his/her parole or probation and is not re-incarcerated. (Note: This option does not count towards the recidivism rate.) Leave **blank** if none of the above apply. This field repeats as needed.	1 = Re-arrested for a new crime 2 = Re- incarcerated for a revocation of the parole or probation order for violations of terms of sentence 3 = Otherwise violated the terms and conditions of their sentence Blank = none of the above	
184	Date Re-Arrested/ Re-Incarcerated	Enter the date on which the participant was re-arrested for a new crime or re-incarcerated for a violation of parole or probation. This field repeats as needed for repeated.	MM/DD/YYYY	A. Must not be blank if Field 183 (Re-Arrested/Re-Incarcerated) is 1 or 2.
185	Date Entered Post-Secondary Education	Enter the date on which the participant enrolled in post-secondary education during program participation.. Leave blank if the participant does not enter post-secondary education during program participation.	MM/DD/YYYY Blank = did not enter post-secondary education	
SECTION III.C - POST-PROGRAM EMPLOYMENT AND JOB RETENTION DATA				

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	VALID VALUES	EDITS
186	Employed in First Quarter After Exit Quarter	Select **yes** if the participant was employed in the first quarter after the quarter of exit. Select **no** if the participant was not employed in the first quarter after the quarter of exit.	1 = Yes 2 = No	A. Must be blank if Field 63 (Date of Exit) is blank. B. Must be 1 or 2 if Field 189 (Successful Follow-up for First Quarter After the Exit Quarter Employment and Wage Information) is 1.
187	Type of Employment Match First Quarter After Exit Quarter	Use the appropriate code to identify the method used in determining the individual's employment status in the first quarter following the quarter of exit. If the individual is found in more than once source of employment, record the data source for which the individual's earnings are greatest.	1 = UI Wage Records (In-State and WRIS) 2 = Federal Employment Records (OPM, USPS) 3 = Military Employment Records (DOD) 4 = Other Administrative Wage Records 5 = Supplemental through case management, participant survey, and/or verification with the employer Blank = Not Employed.	A. If Field 186 (Employed in First Quarter after Exit Quarter) is 1, then this field will be auto-generated as 5 because of lack of wage records. B. If Field 186 (Employed in First Quarter after Exit Quarter) is 2 or blank, then this field will be auto-generated as blank.

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	VALID VALUES	EDITS
188	Date of Follow-up for First Quarter After the Exit Quarter Employment and Wage Information	Enter the date on which the grantee attempted to contact the participant or employer to obtain information on employment and earnings for the 1st quarter after the exit quarter post-program. Repeat for each follow-up attempt.	MM/DD/YYYY	A. Must not be blank if Field 186 (Employed in First Quarter After Exit Quarter) is 1. B. Must not be blank if Field 189 (Successful Follow-up for First Quarter After the Exit Quarter Employment and Wage Information) is not blank.
189	Successful Follow-up for First Quarter After the Exit Quarter Employment and Wage Information	Enter **yes** if the grantee successfully contacted the participant to collect employment and earnings information for the 1st quarter after the exit quarter. Enter **no** if the grantee did not successfully contact the participant to collect this information. Repeat for each follow-up attempt.	1 = Yes 2 = No	A. Must not be blank if Field 188 (Date of Follow-up for First Quarter After the Exit Quarter Employment and Wage Information) is a valid date.
190	Retention Bonus/Incentive Payment	Enter date and amount of any retention bonus or incentive payment.	MM/DD/YY $0000.00	
191	Employed in Second Quarter After Exit Quarter	Select **yes** if the participant was employed in the second quarter after the quarter of exit.	1 = Yes 2 = No	A. Must be blank if Field 63 (Date of Exit) is blank.

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	VALID VALUES	EDITS
		Select **no** if the participant was not employed in the second quarter after the quarter of exit.		B. Must be 1 or 2 if Field 189 (Successful Follow-up for First Quarter After the Exit Quarter Employment and Wage Information) is 1.
192	Type of Employment Match Second Quarter After Exit Quarter	Use the appropriate code to identify the method used in determining the individual's employment status in the second quarter following the quarter of exit. If the individual is found in more than once source of employment, record the data source for which the individual's earnings are greatest.	1 = UI Wage Records (In-State and WRIS) 2 = Federal Employment Records (OPM, USPS) 3 = Military Employment Records (DOD) 4 = Other Administrative Wage Records 5 = Supplemental through case management, participant survey, and/or verification with the employer Blank = Not Employed.	A. If Field 191 (Employed in Second Quarter after Exit Quarter) is 1, then this field will be auto-generated as 5 because of lack of wage records. A. If Field 191 (Employed in Second Quarter after Exit Quarter) is 2 or blank, then this field will be auto-generated as blank.
193	Hours Worked First Full Week for the Second Quarter After the Exit Quarter.	Enter the number of hours worked in the first full week of employment during the second quarter after the exit quarter.	00	A. Must be >0 if Field 191 (Employed in Second Quarter After Exit Quarter) is 1.
194	Hourly Wages First Full Week of Work for the Second Quarter After the Exit Quarter	Enter the hourly wage for the job listed in the above element for in the first full week of employment during the second quarter after the exit quarter.	00.00	A. Must be >0 if Field 191 (Employed in Second Quarter After Exit Quarter) is 1.
195	Date of Follow-up for Second Quarter After	Enter the date on which the grantee attempted to contact the participant to obtain information on employment and	MM/DD/YYYY	A. Must not be blank if Field 191 (Employed in Second Quarter After

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	VALID VALUES	EDITS
	the Exit Quarter Employment and Wage Information	earnings for the second quarter after the exit quarter post-program. Repeat for each follow-up attempt.		Exit Quarter) is 1. B. Must not be blank if Field 196 (Successful Follow-up for Second Quarter After the Exit Quarter Employment and Wage Information) is 1.
196	Successful Follow-up for Second Quarter After the Exit Quarter Employment and Wage Information	Enter **yes** if the grantee successfully contacted the participant to collect employment and earnings information for the 2nd quarter after the exit quarter. Enter **no** if the grantee did not successfully contact the participant to collect this information. Repeat for each follow-up attempt.	1 = Yes 2 = No	A. Must not be blank if Field 195 (Date of Follow-up for Second Quarter After the Exit Quarter Employment and Wage Information) is a valid date.
197	Employed in Third Quarter After Exit Quarter	Select **yes** if the participant was employed in the third quarter after the quarter of exit. Select **no** if the participant was not employed in the third quarter after the quarter of exit.	1 = Yes 2 = No	A. Must be blank if Field 63 (Date of Exit) is blank. B. Must be 1 if Field 199 (Hours Worked First Full Week for the Third Quarter After the Exit Quarter) is > 0.

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	VALID VALUES	EDITS
198	Type of Employment Match Third Quarter After Exit Quarter	Use the appropriate code to identify the method used in determining the individual's employment status in the third quarter following the quarter of exit. If the individual is found in more than once source of employment, record the data source for which the individual's earnings are greatest.	1 = UI Wage Records (In-State and WRIS) 2 = Federal Employment Records (OPM, USPS) 3 = Military Employment Records (DOD) 4 = Other Administrative Wage Records 5 = Supplemental through case management, participant survey, and/or verification with the employer Blank = Not Employed.	A. If Field 197 (Employed in Third Quarter after Exit Quarter) is 1, then this field will be auto-generated as 5 because of lack of wage records. A. If Field 197 (Employed in Third Quarter after Exit Quarter) is 2 or blank, then this field will be auto-generated as blank.
199	Hours Worked First Full Week for the Third Quarter After the Exit Quarter	Enter the number of hours worked in the first full week of employment during the third quarter after the exit quarter.	00	A. Must be >0 if Field 197 (Employed in Third Quarter After Exit Quarter) is 1.
200	Hourly Wages First Full Week of Work for the Third Quarter After the Exit Quarter	Enter the hourly wage for the job listed in the above element for in the first full week of employment during the third quarter after the exit quarter.	00.00	A. Must be >0 if Field 197 (Employed in Third Quarter After Exit Quarter) is 1.

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	VALID VALUES	EDITS
201	Date of Follow-up for Third Quarter After the Exit Quarter Employment and Wage Information	Enter the date on which the grantee attempted to contact the participant to obtain information on employment and earnings for the 3rd quarter after the exit quarter post-program. Repeat for each follow-up attempt.	MM/DD/YYYY	A. Must not be blank if Field 197 (Employed in Third Quarter After Exit Quarter) is 1. B. Must not be blank if Field 202 (Successful Follow-up for Third Quarter After the Exit Quarter Employment and Wage Information) is 1.
202	Successful Follow-up for Third Quarter After the Exit Quarter Employment and Wage Information	Enter **yes** if the grantee successfully contacted the participant to collect employment and earnings information for the 3rd quarter after the exit quarter. Enter **no** if the grantee did not successfully contact the participant to collect this information. Repeat for each follow-up attempt.	1 = Yes 2 = No	A. Must not be blank if Field 201 (Date of Follow-up for Third Quarter After the Exit Quarter Employment and Wage Information) is a valid date.
SECTION III.D - POST-PROGRAM WAGE DATA **These Fields are to be used for wage record data only.**				
203	Wages First Quarter After Exit Quarter	Record total earnings from wage records for the first quarter after the quarter of exit. Enter 999999.99 if data is not yet available.	000000.00	A. This field will not be included in the system until grantees obtain access to wage records.
204	Wages Second Quarter After Exit Quarter	Record total earnings from wage records for the second quarter after the quarter of exit. Enter 999999.99 if data is not yet available.	000000.00	A. This field will not be included in the system until grantees obtain access to wage records.
205	Wages Third Quarter	Record total earnings from wage records for the third	000000.00	A. This field will not be included

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	VALID VALUES	EDITS
	After Exit Quarter	quarter after the quarter of exit. Enter 999999.99 if data is not yet available.		in the system until grantees obtain access to wage records.
SECTION III.E - EDUCATION AND CREDENTIAL DATA				
206	Attained Diploma, GED, or Certificate #1	Select **attained a secondary school diploma** if the individual attained a secondary school (high school) diploma recognized by the state. Select **attained a GED or high school equivalency diploma** if the individual attained a GED or high school equivalency diploma recognized by the state. Select **attained a certificate in recognition of attainment of technical or occupational skills** if the individual attained a certificate in recognition of attainment of technical or occupational skills. Select **did not attain a diploma, GED, or certificate** if the individual did not attain a diploma, GED, or certificate.	1 = Attained a secondary school (high school) diploma. 2 = Attained a GED or high school equivalency diploma. 3 = Attained a certificate in recognition of attainment of technical or occupational skills. 4 = Did not attain a diploma, GED, or certificate	A. Must NOT be 1 or 2 if Field 16 (Highest School Grade Completed) is 16, 17, 87, 88, or 90.
207	Date Attained Degree or Certificate #1	Record the date on which the individual attained a diploma, GED, or certificate. Leave "blank" if the individual did not attain a diploma, GED, or certificate.	MM/DD/YYYY Blank = did not attain diploma, GED, or certificate	A. Must be greater than Field 62 (Date of Program Participation) if Field 206 (Attained Diploma, GED, or Certificate #1) is 1, 2, or 3. B. Must be blank if Field 206 is blank or 4.

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	VALID VALUES	EDITS
208	Specify the Name of Certificate #1	Specify the name of the first certificate achieved. Leave blank if no certificate was achieved.	Text Blank = no certificate achieved	A. Must not be blank if Field 206 (Attained Diploma, GED, or Certificate #1) is 3.
209	Attained Diploma, GED, or Certificate #2	Select **attained a secondary school diploma** if the individual attained a secondary school (high school) diploma recognized by the state. Select **attained a GED or high school equivalency diploma** if the individual attained a GED or high school equivalency diploma recognized by the state. Select **attained a certificate in recognition of attainment of technical or occupational skills** if the individual attained a certificate in recognition of attainment of technical or occupational skills. Select **did not attain a diploma, GED, or certificate** if the individual did not attain a diploma, GED, or certificate.	1 = Attained a secondary school (high school) diploma. 2 = Attained a GED or high school equivalency diploma. 3 = Attained a certificate in recognition of attainment of technical or occupational skills. 4 = Did not attain a diploma, GED, or certificate	A. Must NOT be 1 or 2 if Field 16 (Highest School Grade Completed) is 16, 17, 87, 88, or 90.
210	Date Attained Degree or Certificate #2	Record the date on which the individual attained a diploma, GED, or certificate. Leave "blank" if the individual did not attain a diploma, GED, or certificate.	MM/DD/YYYY Blank = did not attain diploma, GED, or certificate	A. Must be greater than Field 62 (Date of Program Participation) if Field 209 (Attained Diploma, GED, or Certificate #2) is 1, 2, or 3. B. Must be blank if Field 206 is blank or 4.
211	Specify the Name of	Specify the name of the second certificate achieved.	Text	A. Must not be blank if Field 209

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	VALID VALUES	EDITS
	Certificate #2	Leave blank if no certificate was achieved.	Blank = no certificate achieved	(Attained Diploma, GED, or Certificate #2) is 1, 2, or 3.

Enhanced Transitional Jobs Demonstration Optional Elements

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	VALID VALUES
SECTION I - INDIVIDUAL INFORMATION			
SECTION I.A - IDENTIFYING AND DEMOGRAPHIC INFORMATION			
1	Citizen Status	Select **yes** if the individual is a U.S. citizen. Select **no** if the individual is not a U.S. citizen.	1 = Yes 2 = No
2	Authorized to Work	Select **yes** if the individual has documentation showing that it is legal for him/her to work in the U.S. Select **no** if the individual does not have documentation showing that it is legal for him/her to work in the U.S.	1 = Yes 2 = No
SECTION I.B - ENROLLMENT INFORMATION			
3	Distance Between Incarcerating Institution and ETJD Location	Indicate the distance between the incarcerating institution and ETJD program location.	1 = Within 20 miles 2 = 21-150 miles 3 = Further than 150 miles
4	Personal Contact: Name	Specify the name of a personal contact (family member or friend) who will know how to contact the individual.	Text
5	Personal Contact: Phone	Enter the phone of the personal contact listed above.	0000000000

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	VALID VALUES
6	Medical Benefits	Indicate the types of health insurance coverage or medical benefits the individual has. Indicate all that apply.	1 = Medicaid 2 = Medicare 3 = Private health insurance from work or family member 4 = Other 5 = None
7	Mental Health Treatment	Indicate whether individual has ever been admitted for psychiatric treatment or been prescribed psychiatric medication.	1 = Yes 2 = No
8	Prior Criminal History: Number of Arrests	Specify the number of times the participant has been arrested in his/her lifetime.	00
9	Prior Criminal History: Number of Felony Arrests	Of the total number of lifetime arrests, specify the number of times the participant has been arrested where the primary charge was a felony.	00
10	Prior Criminal History: Number of Convictions	Specify the number of times the participant has been convicted in his/her lifetime.	00
11	Child Support Obligation at Enrollment: Number of Children	Specify the number of children for whom the individual is obligated to pay child support.	00
12	Child Support Obligation At Enrollment: Amount	Specify the individual's current weekly child support obligation in dollars.	0000.00

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	VALID VALUES
13	Pre-Release Services	Indicate all types of transition or workforce preparation service received prior to release from incarceration.	1 = Work Readiness 2 = Basic and remedial education 3 = Occupational Skills training 4 = Substance abuse treatment 5 = Mental health services 6 = Other 7 = No Services
14	Pre-release Services - GED Receipt	Indicate whether the individual received a GED or high school diploma during most recent incarceration.	1 = Yes 2 = No
15	Release Conditions	Indicate whether the individual was required to participate in any of the listed services as a condition of release from incarceration.	1 = Drug testing 2 = Substance abuse treatment 3 = Mental health services 4 = Vocational services 5 = Other

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	VALID VALUES
16	Specify Other Release Conditions	Specify other required services as a condition of release from incarceration. Leave blank if the individual did not receive other release conditions.	Text
SECTION I.C - INFORMATION AT AND PRIOR TO INCARCERATION **This information is collected at enrollment.**			
17	Primary Income Prior to Incarceration	Indicate the individual's primary source of income over the six months prior to incarceration.	1 = Formal employment 2 = Informal ("off the books") employment 3 = Public benefits 4 = Illegal activities 5 = Friends and family 6 = Other
18	Other Primary Income Prior to Incarceration	Specify the other primary source of income over the six months prior to incarceration. Leave blank if the individual's primary income was not other sources.	Text
19	Public Assistance Prior to Incarceration	Select the following types of public assistance the individual received during the six months prior to incarceration.	1 = Social Security Insurance (SSI) or Social Security Disability (SSD) 2 = Temporary Assistance for Needy Families (TANF) 3 = Welfare for single adults or general assistance (GA) 4 = Unemployment insurance 5 = Food stamps 6 = Division of AIDS Services Income Support (DAS) 7 = Other government sources 8 = No Benefits

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	VALID VALUES
20	Specify Other Government Sources of Public Assistance Prior to Incarceration	Specify other government sources of public assistance received during the six months prior to incarceration. Leave blank if the individual did not receive public assistance from other government sources.	Text
21	Amount of Public Assistance Prior to Incarceration	Specify the amount of public assistance the individual received in a typical month during the six months prior to incarceration.	0000.00
22	Duration of Public Assistance Prior to Incarceration	Specify the number of months the individual received public assistance in the six months prior to incarceration.	00
23	Types of Medical Benefits Prior to Incarceration	Indicate the types of health insurance coverage or medical benefits the individual had during the six months prior to incarceration. Indicate all that apply.	1 = Medicaid 2 = Medicare 3 = Private health insurance from work or family member 4 = Other 5 = None
24	Most Recent Job Prior to Incarceration: Occupation	Record the 8-digit occupational code that best describes the individual's most recent job prior to incarceration using the O*Net Version 4.0 (or later versions) classification system. Leave blank if the participant was not employed prior to incarceration.	00000000 Blank or 00000000 = unavailable or unknown (No hyphens or periods)
25	Most Recent Job Prior to Incarceration: Hours Worked	Specify the typical number of hours worked per week at most recent job prior to incarceration.	00

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	VALID VALUES
26	Most Recent Job Prior to Incarceration: Number of Weeks Worked	Specify the number of weeks worked at the most recent job prior to incarceration.	00
27	Most Recent Job Prior to Incarceration: Hourly Wage	Specify the hourly wage for most recent job prior to incarceration.	0000.00
28	Longest-Held Full-Time Job Prior to Incarceration: Occupation	Record the 8-digit occupational code that best describes the individual's longest held full-time job prior to incarceration using the O*Net Version 4.0 (or later versions) classification system. Leave blank if the participant is not employed at participation.	00000000 Blank or 00000000 = unavailable or unknown (No hyphens or periods)
29	Longest-Held Full-time Job Prior to Incarceration: Hourly Wage	Specify the hourly wage for longest-held full-time job prior to incarceration.	0000.00
30	Longest-Held Full-time Job Prior to Incarceration: Weeks Worked	Specify the number of weeks worked at longest-held full-time job prior to incarceration.	000

SECTION II - PROGRAM ACTIVITIES AND SERVICES INFORMATION

SECTION II.A - SERVICES AND OTHER RELATED ASSISTANCE DATA

Support Services

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	VALID VALUES
31	Health Services Since Enrollment	Indicate health services received since enrollment.	1 = Substance abuse treatment 2 = Mental health treatment 3 = Emergency medical care 4 = Non-emergency medical care 5 = Other
32	Date of Most Recent Contact with Probation/Parole Officer	Specify most recent date of case manager contact with probation/parole officer.	MM/DD/YYYY
33	Type of Contact with Probation/Parole Officer	Indicate type of contact with probation/parole officer.	1 = In person 2 = Phone 3 = Email or written report 4 = Other
34	Specify Name of Probation/Parole Officer Contacted	Specify name of probation/parole officer contacted.	Text
35 to 65	Repeat items 32 through 34	Repeat items 32 through 34 up to 10 times	

SECTION III - PROGRAM OUTCOMES INFORMATION

SECTION III.A - SHORT-TERM OUTCOME STATUS

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	VALID VALUES
66	Occupation for Initial Placement into Unsubsidized Employment	Record the 8-digit occupational code that best describes the individual's employment at initial placement using the O*Net Version 4.0 (or later versions) classification system. Leave blank if the participant does not have an initial placement in unsubsidized employment.	00000000 Blank or 00000000 = unavailable or unknown (No hyphens or periods)
67	Occupation for Subsequent Placements into Unsubsidized Employment	Record the 8-digit occupational code that best describes the individual's employment at subsequent placements into unsubsidized employment using the O*Net Version 4.0 (or later versions) classification system. Leave blank if the participant has no subsequent placements. Repeat as needed for all subsequent placements.	00000000 Blank or 00000000 = unavailable or unknown (No hyphens or periods)
68	Reason for Leaving Initial Placement in Unsubsidized Employment	Indicate the reason why the individual left the initial placement.	1 = Re-incarcerated 2 = Quit 3 = Laid off 4 = Fired 5 = Temporary or seasonal job ended 6 = Other
69	Reason for Leaving Subsequent Unsubsidized Employments	Specify the reason why the participant left the subsequent employment. (Repeat as necessary)	1 = Re-incarcerated 2 = Quit 3 = Laid off 4 = Fired 5 = Temporary or seasonal job ended 6 = Other

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	VALID VALUES
70	Most Serious Charge for New Crime	Indicate the most serious charge for the new crime identified in Field 183.	1 = Burglary 2 = Larceny 3 = Motor vehicle theft 4 = Receiving stolen property 5 = Other property crime 6 = Possession of a controlled substance 7 = Trafficking a controlled substance 8 = Possession of drug paraphernalia 9 = Other drug crime 10 = Commercial vice 11 = Gambling 12 = Animal cruelty 13 = Driving while intoxicated 14 = Other public order offense 15 = Other offense
71	Convicted of New Crime	Indicate if the individual has been convicted of a new crime since enrolling in the program.	1 = Yes 2 = No
72	Date Convicted of New Crime	Enter the date of conviction of a new crime since enrolling in the program.	MM/DD/YYYY
73	Incarcerated After New Conviction	Indicate if the individual has been incarcerated as a result of conviction for a new crime.	1 = Yes 2 = No

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	VALID VALUES
74	Date Incarcerated After New Conviction	Enter the date of incarceration as a result of conviction for a new crime.	MM/DD/YYYY
75	Date Released from Incarceration for New Crime	Enter the date of release from incarceration for new crime.	MM/DD/YYYY
76 to 81	Repeat 70 through 75	Repeat items 70 to 75 as needed for each new crime.	
SECTION III.B - POST-PROGRAM EMPLOYMENT AND JOB RETENTION DATA			
82	Mode of Contact for Follow-up for First Quarter After the Exit Quarter Employment and Wage Information	Indicate how the grantee attempted to contact the participant or employer to obtain information on employment and earnings for the first quarter after the exit quarter post-program.	1 = In person 2 = Phone 3 = E-mail 4 = Other means
83	Mode of Contact for Follow-up for Second Quarter After the Exit Quarter Employment and Wage Information	Indicate how the grantee attempted to contact the participant or employer to obtain information on employment and earnings for the second quarter after the exit quarter post-program.	1 = In person 2 = Phone 3 = E-mail 4 = Other means
84	Mode of Contact for Follow-up for Third Quarter After the Exit Quarter Employment and Wage Information	Indicate how the grantee attempted to contact the participant or employer to obtain information on employment and earnings for the third quarter after the exit quarter post-program.	1 = In person 2 = Phone 3 = E-mail 4 = Other means
85	Received Public	If the participant has received any form of public assistance at any time after exit	1 = Social Security Insurance (SSI) or Social

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	VALID VALUES
	Assistance After Exit	from the program, indicate the type of assistance received. List all that apply.	Security Disability (SSD) 2 = Temporary Assistance for Needy Families (TANF) 3 = Welfare for single adults or general assistance (GA) 4 = Unemployment insurance 5 = Food stamps 6 = Division of AIDS Services Income Support (DAS) 7 = Other government sources 8 = No Benefits
**SECTION III.D - ADDITIONAL LITERACY AND NUMERACY ASSESSMENT DATA**
86	Category of Assessment	Select **ABE** if the participant was assessed using approved tests for Adult Basic Education (ABE). Select **ESL** if the participant was assessed using approved tests for English as a Second Language (ESL). Select **0** or leave "blank" if the individual was not assessed in literacy or numeracy.	1 = ABE 2 = ESL
87	Type of Assessment Test	Use the appropriate code to record the type of assessment test that was administered to the participant. Select **0** or leave "blank" if the individual was not assessed in literacy or numeracy.	1 = TABE 7-8, 9-10 2 = CASAS 3 = ABLE 4 = WorkKeys 5 = SPL 6 = BEST 7 = BEST Plus 8 = Other
88	Specify Other Assessment Tool	Specify the type of other assessment test if other is selected above.	Text

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	VALID VALUES
89	Assessment Functional Area	Use the appropriate code for the functional area of the assessment test that was administered to the participant. Select **0** or leave "blank" if the individual was not assessed in literacy or numeracy.	1 = Reading 2 = Writing 3 = Language 4 = Mathematics 5 = Speaking 6 = Oral 7 = Other Literacy Functional Area 8 = Other Numeracy Functional Area
90	Date Administered Pre-Test	Record the date on which the pre-assessment test was administered to the participant. Leave "blank" if the individual was not assessed in literacy or numeracy.	MM/DD/YYYY
91	Pre-Test Score	Record the raw scale score achieved by the participant on the pre-assessment test. Select **000** or leave "blank" if the individual was not assessed in literacy or numeracy.	000
92	Date Administered Post-Test	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. Leave "blank" if the participant did not receive a post-test.	MM/DD/YYYY
93	Post-Test Score	Record the raw scale score achieved by the participant. Select **000** or leave "blank" if the participant did not receive a post-test during his/her first year of participation in the program.	000