**Reporting Manual for the**

**CASE SERVICE RECORD REPORT**

**(RSA-911)**

**State-Federal Program for**

Vocational Rehabilitation

**Public Burden Statement**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. Public reporting burden for this collection of information is estimated to average 81.25 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond to this collection is necessary to obtain or retain benefits as required by the Rehabilitation Act of 1973, as amended. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Education, 400 Maryland Ave. SW, Washington DC 20202-4536 or email ICDocketMgr@ed.gov and reference the OMB Control Number 1820-0508. Note: Please do not return the completed RSA-911 to this address.

**Reporting Manual for the Case Service Record Report (RSA-911)**

**Contents**

**Page**

|  |  |  |  |
| --- | --- | --- | --- |
| GENERAL INSTRUCTIONS................................................................................................. | | | v |
| COMPARISON OF THE NEW RSA-911 TO THE PREVIOUS RSA-911 CASE SERVICE REPORT................................................................................................................ | | | vii |
| INSTRUCTIONS FOR PREPARATION OF ELECTRONIC TRANSMITTAL………...... | | | xii |
| Element-by-Element Instructions...................................................................... | | | 1 |
| 1. | Agency Code.......................................................................................................... | | 2 | |
| 2. | Social Security Number.......................................................................................... | | 3 | |
| 3. | Closure Order......................................................................................................... | | 3 | | |
| 4. | Previous Closure..................................................................................................... | | 3 | | |
| 5. | Date of Application................................................................................................ | | 4 | | |
| 6. | Date of Birth........................................................................................................... | | 4 | | |
| 7. | Gender.................................................................................................................... | | 4 | | |
|  | Race |  |  | | |
| 8. |  | White.................................................................................................... | 5 | | |
| 9. |  | Black or African American.................................................................. | 5 | | |
| 10. |  | American Indian or Alaska Native....................................................... | 5 | | |
| 11. |  | Asian..................................................................................................... | 5 | | |
| 12. |  | Native Hawaiian or Other Pacific Islander........................................... | 5 | | |
| 13. | Ethnicity.................................................................................................................. | | 5 | | |
| 14. | Veteran Status......................................................................................................... | | 5 | | |
| 15. | Zip Code................................................................................................................. | | 6 | | |
| 16. | County.................................................................................................................... | | 6 | | |
| 17. | Source of Referral................................................................................................... | | 6 | | |
| 18. | Involvement with Other Agencies and Services at Application…......................... | | 7 | | |
| 19. | Level of Education Attained at Application........................................................... | | 8 | | |
| 20. | Student with Disability in Secondary Education at Application............................ | | 8 | | |
| 21. | Living Arrangement at Application........................................................................ | | 9 | | |
| 22. | Sensory/Communicative Impairment Type............................................................ | | 9 | | |
|  | Primary and Secondary Disabilities | |  | | |
| 23. |  | Primary Disability - ICD-10 Code ........................................................... | 10 | | |
| 24. |  | Primary Disability - DSM-5 Code........................................................ | 10 | | |
| 25. |  | Secondary Disability - ICD-10 Code....................................................... | 10 | | |
| 26. |  | Secondary Disability - DSM-5 Code ...................................................... | 10 | | |
| 27. | Significance of Disability....................................................................................... | | 10 | | |
| 28. | Employment Status at Application......................................................................... | | 11 | | |
| 29. | Weekly Earnings at Application............................................................................. | | 12 | | |
| 30. | Hours Worked in a Week at Application................................................................ | | 13 | | |
|  | Monthly Public Support Amount at Application | |  | | |
| 31. |  | Social Security Disability Insurance (SSDI)........................................ | 14 | | |
| 32. |  | Supplemental Security Income (SSI) for the Aged, Blind or Disabled | 14 | | |
| 33. |  | Temporary Assistance for Needy Families (TANF)............................ | 14 | | |
| 34. |  | General Assistance (State or local government)................................... | 14 | | |
| 35. |  | Veterans' Disability Benefits................................................................ | 14 | | |
| 36. |  | Workers' Compensation........................................................................ | 14 | | |
| 37. |  | All Other Public Support...................................................................... | 14 | | |
| 38. | Primary Source of Support at Application............................................................. | | 14 | | |
|  | Medical Insurance Coverage at Application | |  | | |
| 39. |  | Medicaid............................................................................................... | 15 | | |
| 40. |  | Medicare............................................................................................... | 15 | | |
| 41. |  | Public Insurance from Other Sources................................................... | 15 | | |
| 42. |  | Private Insurance through Own Employer........................................... | 15 | | |
| 43. |  | Not Yet Eligible for Private Insurance through Current Employer, But Will Be Eligible for Private Insurance after a Certain Period of Employment.......................................................................................... | 15 | | |
| 44. |  | Private Insurance through Other Means............................................... | 15 | | |
|  | Dates of Trial Work Experience/Extended Evaluation (EE) | |  | | |
| 45. |  | Start Date of Trial Work Experience.................................................... | 16 | | |
| 46. |  | End Date of Trial Work Experience..................................................... | 16 | | |
| 47. |  | Start Date of Extended Evaluation....................................................... | 16 | | |
| 48. |  | End Date of Extended Evaluation........................................................ | 16 | | |
| 49. | Date of Eligibility Determination........................................................................... | | 16 | | |
|  | Dates of Order of Selection (OOS) Waiting List | |  | | |
| 50. |  | Date of Placement on Order of Selection (OOS) Waiting List............ | 16 | | |
| 51. |  | Date of Exit from OOS Waiting List.................................................... | 16 | | |
| 52. | Date of Individualized Plan for Employment (IPE)............................................... | | 17 | | |
| 53. | Supported Employment Goal................................................................................. | | 17 | | |
|  | Services Provided and Costs for Purchased Services | |  | | |
|  |  | NOTE: Each Service Category has the following five data elements. |  | | |
|  |  | (1) Services Purchased and/or Provided by VR Agency |  | | |
|  |  | (2) Primary Purchased VR Service Provider Type |  | | |
|  |  | (3) State Vocational Rehabilitation Grant (Title I) Funds Used to Purchase Services |  | | |
|  |  | (4) Supported Employment State Grant (Title VI. Part B) Funds Used to Purchase Services |  | | |
|  |  | (5) Comparable Services and Benefits Providers |  | | |
|  | Service Categories | |  | | |
| 54-58. |  | Assessment................................................................................................ | 20 | | |
| 59-63. |  | Diagnosis and Treatment of Impairments................................................ | 21 | | |
| 64-68. |  | Vocational Rehabilitation Counseling and Guidance.............................. | 22 | | |
| 69-73. |  | Graduate College or University Training............................... .................. | 22 | | |
| 74-78. |  | Four-Year College or University Training............................................... | 22 | | |
| 79-82. |  | Junior or Community College Training................................................... | 22 | | |
| 83-88. |  | Occupational or Vocational Training....................................................... | 23 | | |
| 89-93. |  | On-the-job Training.................................................................................. | 23 | | |
| 94-98. |  | Apprendice Training................................................................................. | 23 | | |
| 99-103. |  | Basic Academic Remedial or Literacy Training...................................... | 23 | | |
| 104-108. |  | Job Readiness Training.............................................................................. | 23 | | |
| 109-113. |  | Disability-Related Skills Training............................................................. | 24 | | |
| 114-118. |  | Miscellaneous Training............................................................................. | 24 | | |
| 119-123. |  | Job Search Assistance............................................................................... | 24 | | |
| 124-128. |  | Job Placement Assistance.......................................................................... | 24 | | |
| 129-133. |  | On-the-job Supports - Short Term............................................................ | 24 | | |
| 134-138. |  | On-the-job Supports - Supported Employment........................................ | 24 | | |
| 139-143. |  | Transportation........................................................................................ | 25 | | |
| 144-148. |  | Maintenance ......................................................................................... | 25 | | |
| 149-153. |  | Rehabilitation Technology ....................................................................... | 26 | | |
| 154-158. |  | Reader Services..................................................................................... | 27 | | |
| 159-163. |  | Interpreter Services................................................................................ | 27 | | |
| 164-168. |  | Personal Attendant Services...................................................................... | 27 | | |
| 169-173. |  | Technical Assistance Services................................................................... | 28 | | |
| 174-178. |  | Information and Referral Services............................................................ | 28 | | |
| 179-183. |  | Beneftis Counseling................................................................................... | 28 | | |
| 184-188. |  | Customized Employment Services............................................................ | 28 | | |
| 189-193. |  | Other Services....................................................................................... | 29 | | |
| 194. | Level of Education Attained At Closure................................................................ | | 29 | | |
| 195. | Student with Disability in Secondary Education at Closure................................... | | 29 | | |
| 196. | Number of Jobs/Occupations at Closure................................................................ | | 30 | | |
| 197. | Primary Occupation at Closure............................................................................... | | 30 | | |
| 198. | Start Date of Employment in Primary Occupation At Closure.............................. | | 31 | | |
| 199. | Employment Status at Closure................................................................................ | | 31 | | |
| 200. | Weekly Earnings at Closure................................................................................... | | 32 | | |
| 201. | Hours Worked in a Week at Closure...................................................................... | | 33 | | |
|  | Monthly Public Support Amount at Closure | |  | | |
| 202. |  | SSDI..................................................................................................... | 33 | | |
| 203. |  | SSI for the Aged, Blind or Disabled..................................................... | 33 | | |
| 204. |  | TANF.................................................................................................... | 33 | | |
| 205. |  | General Assistance (State or local government)................................... | 34 | | |
| 206. |  | Veterans' Disability Benefits................................................................ | 34 | | |
| 207. |  | Workers' Compensation........................................................................ | 34 | | |
| 208. |  | All Other Public Support...................................................................... | 34 | | |
| 209. | Primary Source of Support at Closure.................................................................... | | 34 | | |
|  | Medical Insurance Coverage at Closure | |  | | |
| 210. |  | Medicaid............................................................................................... | 35 | | |
| 211. |  | Medicare............................................................................................... | 35 | | |
| 212. |  | Public Insurance from Other sources.................................................... | 35 | | |
| 213. |  | Private Insurance Through Own Employer.......................................... | 35 | | |
| 214. |  | Not Yet Eligible for Private Insurance Through Current Employer, But Will Be Eligible for Private Insurance After a Certain Period of Employment.......................................................................................... | 35 | | |
| 215. |  | Private Insurance Through Other Means.............................................. | 35 | | |
| 216. | Type of Closure...................................................................................................... | | 35 | | |
| 217. | Reason for Closure................................................................................................. | | 36 | | |
| 218. | Date of Closure....................................................................................................... | | 37 | | |
| RECORD LAYOUT................................................................................................................ | | | 38 |

**GENERAL INSTRUCTIONS**

Reported records pertain to all individuals whose service records were closed in a given Federal fiscal year (FY).

The due date for RSA-911 submittals is November 30 following the Federal FY (October 1 to September 30) of reference.

All records submitted must be unique. The Agency Code, Social Security Number, and Closure Order Code determine the "uniqueness" of a given case service record. Duplicate case service records will be rejected. For example, case service records with an Agency Code, Social Security Number, and Closure Order Code identical to those in another record will be considered duplicates and will be rejected. In order to indicate that a second closure for an individual has taken place in the same FY, enter "2" in the Closure Order Code. Enter "3" for a third closure and "4" for a fourth closure, etc.

The format is no longer fixed length file, but has been changed to a delimited format. Each data element is accompanied by data type information that will serve as a guide to submitting valid values, but values that are not at the maximum length for the data type will no longer cause problems for the submission of the file. The three data types used are:

|  |  |
| --- | --- |
| VARCHAR (n) | This data type can hold any character(s) with a maximum length defined by the number within the parentheses. All variable character (VARCHAR) data elements within the RSA-911 hold numeric characters with the exception of County and Primary/Secondary Disability Codes which can be alphanumeric. |
| Date 112 (YYYYMMDD) | This data type holds dates in the eight-digit format of year, month, and day. All dates reported on the RSA-911 must be in the format of YYYYMMDD, where YYYY is Year, MM is Month and DD is Day.  For Year:  Record the year using all four digits of the year.  Example: 1997, 1998, 2000, 2001, etc.  For Month:  Record the months as follows:  01 January 07 July  02 February 08 August  03 March 09 September  04 April 10 October  05 May 11 November  06 June 12 December  For Day of the month:  Enter 01, 02, etc., using a "0" prefix for single digit date of days. |
| INT (n) | This data type can hold any integer (whole number) with a maximum length of integers as defined by the number within the parentheses. Number of hours worked and dollar amounts for monthly amounts of public support, funds expended, and weekly earnings must be reported as positive integers. |

Agencies should leave blank those data elements that are incomplete because cases were closed with a closure code 1, as the file format of the RSA-911 will no longer require the file to be of a fixed length.

Data element numbers are in the order of the record layout for text file submission. Also refer to the Record Layout listing on page 38.

**COMPARISON OF THE NEW RSA-911**

**TO THE PREVIOUS RSA-911 CASE SERVICE REPORT**

*Note: New data elements are listed in bold.*

| **Data Element Number and Name** | | **Change, if any, from current RSA-911** |
| --- | --- | --- |
| 1 | Agency Code | No change |
| 2 | Social Security Number | Revised instructions. |
| 3 | Closure Order | No change |
| 4 | Previous Closure | No change |
| 5 | Date of Application | Revised instructions. Single date format instead of separate data elements for year, month, and day. |
| 6 | Date of Birth | Single date format instead of separate data elements for year, month, and day. |
| 7 | Gender | No change |
| 8-12 | Race | Changed from one element with many record position descriptions to multiple data elements individually numbered with expanded definitions. |
| 13 | Ethnicity | Race and Ethnicity data elements have been split and will follow OMB recommendations. Revised the instructions concerning self-reporting individuals of Hispanic or Latino ethnicity. |
| 14 | Veteran Status | This element was previously data element number 40. |
| **15** | **Zip Code** | **New data element.** |
| **16** | **County** | **New data element.** |
| 17 | Source of Referral | New codes added; Physician or Other Medical Personnel or Medical Institutions (public or private) has been revised. |
| **18** | **Involvement with Other Agencies and Services at Application** | **New data element.** |
| 19 | Level of Education Attained at Application | Coding options have been revised/added to allow for more specificity. |
| 20 | Student with Disability in Secondary Education at Application | Replaces Individualized Education Program (IEP). |
| 21 | Living Arrangement at Application | No change. |
| **22** | **Sensory/Communicative Impairment Type** | **New data element.** |
| **23** | **Primary Disability - ICD-10 Code** | **Impairment Codes/Causes have been replaced. Agencies will enter the appropriate code from the current version of the International Classification of Disease (ICD-10).** |
| **24** | **Primary Disability - DSM-5 Code** | **Impairment Codes/Causes have been replaced. Agencies will enter the appropriate code from the current version of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5).** |
| **25** | **Secondary Disability - ICD-10 Code** | **Follows same format as for Primary Disability - ICD-10 Code** |
| **26** | **Secondary Disability - DSM-5 Code** | **Follows same format as for Primary Disability - DSM-5 Code** |
| 27 | Significance of Disability | This data element was previously data element number 41 and entitled "Significant Disability."Instructions have been enhanced and coding options now include “Most Significant Disability” in addition to "No Significant Disability" and "Significant Disability." |
| 28 | Employment Status at Application | Examples are given for “Not employed: All Other Students.” |
| 29 | Weekly Earnings at Application | Deleted instructions that dealt with fixed length data. |
| 30 | Hours Worked in a Week at Application | Deleted instructions that dealt with filling in leading zeros. Added statement that if individual generated no earnings, the data element should be "0". |
| 31-37 | Monthly Public Support Amount at Application | Type of Public Support at Application has been incorporated into Monthly Public Support Amount at Application. Changed from one element with many record position descriptions to multiple data elements individually numbered and added General Assistance (State or local government), Veterans' Disability Benefits, and Workers' Compensation. Description of All Other Public Support has been enhanced. Deleted instructions that dealt with dollar rounding and fixed length data. |
| 41 | Primary Source of Support at Application | Instructions and coding option descriptions have been enhanced. |
| 39-44 | Medical Insurance Coverage at Application | Changed from one element with many record position descriptions to multiple data elements individually numbered. Added specific language to a new code for those who get insurance from their employer after a certain period of employment. The description for Private Insurance through Other Means has been enhanced. |
| **45** | **Start Date of Trial Work Experience** | **New data element** |
| **46** | **End Date of Trial Work Experience** | **New data element** |
| **47** | **Start Date of Extended Evaluation** | **New data element** |
| **48** | **End Date of Extended Evaluation** | **New data element** |
| 49 | Date of Eligibility Determination | Single date format instead of separate data elements for day, month, and year. |
| **50** | **Date of Placement on Order of Selection (OOS) Waiting List** | **New data element** |
| **51** | **Date of Exit from OOS Waiting List** | **New data element** |
| 52 | Date of Individualized Plan for Employment (IPE) | Single date format instead of separate data elements for year, month, and day. |
|
| 53 | Supported Employment Goal | Replaces data element number 39, Supported Employment Status. Instructions and codes were revised extensively. |
| **54-193** | **Services Provided and Costs for Purchased Services** | **Combines Cost of Purchased Services and Services Provided. Each service category has the following five data elements:** |
|  |  | **(1) Services Pu*r*chased and/or Provided by the VR Agency** |
|  |  | **(2) Primary Purchased VR Service Provider Type** |
|  |  | **(3) State Vocational Rehabilitation Grant (Title I) Funds Used to Purchase Services** |
|  |  | **(4) Supported Employment State Grant (Title VI. Part b) Funds Used to Purchase Services** |
|  |  | **(5) Comparable Services and Benefits Providers** |
| 54-58 | Assessment | Expanded definition |
| 59-63 | Diagnosis & Treatment of Impairments | Expanded definition |
| 64-68 | Vocational Rehabilitation Counseling & Guidance | Description changed to align with the regulations. |
| 69-73 | Graduate College or University Training | College or University Training has been broken out into three data elements: |
| 74-78 | Four-Year College or University Training | (1) Graduate College or University Training |
| 79-83 | Junior or Community College Training | (2) Four-Year College or University Training |
|  |  | (3) Junior or Community College training |
| 84-88 | Occupational or Vocational Training | Expanded definition |
| 89-93 | On-the-job Training | Apprenticeship training has been separated out from on-the-job training. |
| **94-98** | **Apprenticeship Training** | **New data element** |
| 99-103 | Basic Academic Remedial or Literacy Training | No change |
| 104-108 | Job Readiness Training | No change |
| 109-113 | Disability-Related Skills Training | No change |
| 114-118 | Miscellaneous Training | Expanded definition |
| 119-123 | Job Search Assistance | No change |
| 124-128 | Job Placement Assistance | No change |
| 129-133 | On-the-job Supports –Short Term | On-the-job Supports broken out into short term and supported employment. |
| 134-138 | On-the-job Supports – Supported Employment |
| 139-143 | Transportation | Expanded definition |
| 144-148 | Maintenance | No change |
| 149-153 | Rehabilitation Technology | Expanded definition |
| 154-158 | Reader Services | No change |
| 159-163 | Interpreter Services | No change |
| 164-168 | Personal Attendant Services | Expanded definition |
| 169-173 | Technical Assistance Services | No change |
| 174-178 | Information & Referral Services | Definition has been clarified. |
| **179-183** | **Benefits Counseling** | **New data element** |
| **184-188** | **Customized Employment Services** | **New data element** |
| 189-193 | Other Services | Definition has been streamlined. |
| 194 | Level of Education Attained at Closure | Coding options have been revised/added to allow for more specificity. |
| **195** | **Student with Disability in Secondary Education at Closure** | **New data element** |
| **196** | **Number of Jobs/Occupations at Closure** | **New data element** |
| 197 | Primary Occupation at Closure | Added the word "Primary" to the data element name. Description enhanced to specify occupation must be consistent with the employment goal on the individual’s IPE. Added detailed instructions for individuals who exit with multiple occupations. Language regarding the use of DOT codes has been deleted. |
| **198** | **Start Date of Employment in Primary Occupation at Closure** | **New data element** |
| 199 | Employment Status at Closure | Deleted coding option (2) Extended Employment code. |
| 200 | Weekly Earnings at Closure | Description enhanced to specify earnings must be from employment that is consistent with the employment goal on the individual’s IPE. Deleted instructions that dealt with fixed length data. |
| 201 | Hours Worked in a Week at Closure | Description enhanced to specify hours worked must be from employment that is consistent with the employment goal on the individual’s IPE. Deleted instructions that dealt with filling in leading zeros. |
| 202-208 | Monthly Public Support Amount at Closure | Type of Public Support at Closure has been incorporated into Monthly Public Support Amount at Closure. Changed from one data element with many record position descriptions to multiple data elements individually numbered and added General Assistance (State or local government), Veterans' Disability Benefits, and Workers' Compensation. Deleted instructions that dealt with dollar rounding and fixed length data. |
| 209 | Primary Source of Support at Closure | Instructions have been enhanced. |
| 210-215 | Medical Insurance Coverage at Closure | Changed from one data element with many record position descriptions to multiple data elements individually numbered. Added specific language to a new code for those who obtain insurance from their employer after a certain period of employment. Description of All Other Public Support has been enhanced. Deleted instructions that dealt with dollar rounding and fixed length data. |
| 216 | Type of Closure | No change |
| 217 | Reason for Closure | Some reasons for closure have been combined while others have been broken out. Four reasons have been identified as "ineligible." |
| 218 | Date of Closure | Single date format instead of separate data elements for year, month, and day. |

**INSTRUCTIONS FOR PREPARATION OF ELECTRONIC TRANSMITTAL**

Submitting RSA-911 data via secured file transfer protocol (SFTP) is now preferred to submitting on CD-ROM. In order to upload your RSA-911 data file to the RSA SFTP server, you will need to download a free SFTP program onto your computer. Below is a list of a few free SFTP software packages and links to their websites. Follow the downloading instructions to install SFTP software on your system.

WinSCP

<http://winscp.net/eng/download.php>

FileZilla

<http://filezilla-project.org/>

Core FTP LE

<http://www.coreftp.com/>

Once you have completed downloading the software, you will need to establish a connection to RSA’s SFTP server. The name of the server that you will be uploading the RSA-911data file to is:

edsecureftp.ed.gov

Your user-id is “rsa-ba-g”, where "ba" is the official postal abbreviation for your state/territory and "g" is the type of agency, that is "g"=general, "c"=combined and "b"=blind. Likewise, the naming convention for the RSA-911 data file is "BAgXFYNN", where "BA" is the official postal abbreviation for your state/territory, "g" is the type of agency, that is "g"=general, "c"=combined and "b"=blind, "X" is the number of the submission, that is, "1"=first, "2"=second, etc.

"NN" is the last two digits of the reported fiscal year.

As an example, since the Oklahoma Department of Rehabilitation Services is a combined agency, the user ID would be: rsa-ok-c and the name of the FY2014 file would be OKc1FY14.

Passwords will be distributed by RSA to VR agency staff responsible for submitting RSA-911 data files. Passwords will be managed and maintained by Vernita Washington at [vernita.washington@ed.gov](mailto:vernita.washington@ed.gov) or 202-245-7479 or Joan Ward at [joan.ward@ed.gov](mailto:joan.ward@ed.gov) or 202-245-7565.

If agencies are unable to submit data to the SFTP server, data are to be sent on a compact disc via overnight services with an external label identifying the contents as "RSA-911 Data for BAgXFYNN" following the naming convention as described above and must be signed for by the recipient.

|  |  |
| --- | --- |
| **If by private carrier** | **If by USPS** |
| US Department of Education  State Monitoring and Program Improvement Division  Data Collection and Analysis Unit  ATTN: Vernita Washington  550 12th Street, S.W., PCP 5047  Washington, DC 20202-2800 | US Department of Education  State Monitoring and Program Improvement Division  Data Collection and Analysis Unit  ATTN: Vernita Washington, PCP 5047  LBJ Basement Level 1  400 Maryland Avenue, SW  Washington, DC 20202-2800 |

If you need additional information, contact either Vernita Washington at [vernita.washington@ed.gov](mailto:vermita.washington@ed.gov) or 202-245-7479; or Joan Ward at [joan.ward@ed.gov](mailto:joan.ward@ed.gov) or 202-245-7565.

# Element-by-Element Instructions:

**CASE SERVICE RECORD REPORT**

**(RSA-911)**

**According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. Public reporting burden for this collection of information is estimated to average 81.25 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond to this collection is necessary to obtain or retain benefits as required by the Rehabilitation Act of 1973, as amended. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Education, 400 Maryland Ave., SW, Washington, DC 20210-4537 or email ICDocketMgr@ed.gov and reference the OMB Control Number 1820-0508. Note: Please do not return the completed RSA-911 to this address.**

1. Agency Code

Data type: VARCHAR (3)

Enter the three-digit code assigned to each State vocational rehabilitation (VR) agency from the following list. Please note that codes have been pre-assigned to nonexistent agencies for individuals who are blind or visually impaired in the event that they are established in the future.

State or Agency Code State or Agency Code

Territory General/ Blind territory General/ Blind

Combined Combined

Alabama 001 057 Montana 029 085

Alaska 002 058 Nebraska 030 086

American Samoa 003 059 Nevada 031 087

Arizona 004 060 New Hampshire 032 088

Arkansas 005 061 New Jersey 033 089

California 006 062 New Mexico 034 090

Colorado 007 063 New York 035 091

Connecticut 008 064 North Carolina 036 092

Delaware 009 065 North Dakota 037 093

Dist. of Columbia 010 066 Northern Marianas 038 094

Florida 011 067 Ohio 039 095

Georgia 012 068 Oklahoma 040 096

Guam 013 069 Oregon 041 097

Hawaii 014 070 Pennsylvania 042 098

Idaho 015 071 Puerto Rico 043 099

Illinois 016 072 Rhode Island 044 100

Indiana 017 073 South Carolina 045 101

Iowa 018 074 South Dakota 046 102

Kansas 019 075 Tennessee 047 103

Kentucky 020 076 Texas 048 104

Louisiana 021 077 Utah 049 105

Maine 022 078 Vermont 050 106

Maryland 023 079 Virginia 051 107

Massachusetts 024 080 Virgin Islands 052 108

Michigan 025 081 Washington 053 109

Minnesota 026 082 West Virginia 054 110

Mississippi 027 083 Wisconsin 055 111

Missouri 028 084 Wyoming 056 112

## 2. Social Security Number

Data type: VARCHAR (9

Enter the individual’s nine-digit Social Security number (SSN). When a SSN is not available or if the individual prefers not to provide his/her SSN, assign a unique nine-digit number that:

a) does not duplicate a genuine SSN, and

b) does not duplicate any other substitute number assigned in place of a SSN.

Starting the nine-digit number with the digits "99" will avoid duplicating a genuine SSN. Only numeric characters between “0” and “9” are permitted in the Social Security Number field.

## 3. Closure Order

Data type: VARCHAR (1)

Assign the appropriate closure order code for all service records from the list below:

|  |  |
| --- | --- |
| 1 | First closure of an individual’s service record in the FY being reported |
| 2 | Second closure of the same individual’s service record in the same FY |
| 3 | Third closure of the same individual’s service record in the same FY, and so on. |

If an individual’s service record is closed more than once in the FY, the RSA-911 data system must contain a separate record for each closure. Ensure that when a record indicates a closure order code 2, there is another record with a closure order code 1 with an identical SSN for that individual, and so on for all multiple closures in the same FY.

## 4. Previous Closure

Data type: VARCHAR (1)

Enter the appropriate code listed below to indicate whether the individual had a previous service record closed by the State VR agency within a 36-month period prior to the most recent application for services. If more than one record was closed for the individual within that 36-month period, consider the most recent previous closure. Indicate the type of the previous closure using one of the following codes:

|  |  |
| --- | --- |
| 0 | No previous closure within 36 months |
| 1 | Closed while the individual was an applicant, but before a determination of eligibility |
| 2 | Closed during or after a trial work experience/extended evaluation |
| 3 | Closed after the individual achieved an employment outcome |
| 4 | Closed after individual received services, without an employment outcome |
| 5 | Closed after an individualized plan for employment (IPE) was signed, but before receiving services |
| 6 | Closed from an order of selection wait list |
| 7 | Closed after a determination of eligibility, but before an IPE was signed |

## 5. Date of Application

Data type: DATE 112 (YYYYMMDD)

Record the date (year, month, and day) that the agency received a completed and signed application form from the applicant. The date should be verifiable by date stamp.

## 6. Date of Birth

Data type: DATE 112 (YYYYMMDD)

Record the individual’s date (year, month, and day) of birth.

## 7. Gender

Data type: VARCHAR (1)

Code the individual’s gender as follows:

|  |  |
| --- | --- |
| 1 | Male |
| 2 | Female |

## 

## Race

Race information should be recorded for all individuals whose service records were closed in the FY being reported. For each race category below, use the following codes to record the individual’s race:

|  |  |
| --- | --- |
| 0 | if the individual is not of that race |
| 1 | if the individual is of that race |

RSA continues to require self-identification to the greatest extent possible. It is generally expected that the information recorded will reflect the individual’s own identification of race from the categories provided. However, if an individual refuses to identify his/her race, the counselor should, at a minimum, notify the individual that if he/she fails to self-identify, an observer-identification method will be used. The counselor or interviewer would then provide the best assessment of the individual's race. This guidance follows OMB standards for collecting race data. OMB prefers self-identification methods, but allows for observer-identification methods when necessary.

At least one of the race categories must be coded as 1. Remaining categories should have codes of 0 (not this race). More than one race variable can contain a code of 1 for an individual.

Agencies may leave the element blank only if the information is not available due to circumstances beyond the agency’s control for closure type 1. Such service records will be few in number. As an example, if an individual applies for services via an application form or letter and is closed by the agency without being seen by agency personnel, this individual's race would not be known and could not be observed and therefore all race options would be left blank.

|  |  |
| --- | --- |
| 8. | White – An individual having origins in any of the original peoples of Europe, the Middle East or North Africa. |
|  | Data type: VARCHAR (1) |
| 9. | Black or African American – An individual having origins in any of the Black racial groups of Africa. |
|  | Data type: VARCHAR (1) |
| 10. | American Indian or Alaska Native – An individual having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment. |
|  | Data type: VARCHAR (1) |
| 11. | Asian – An individual having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. |
|  | Data type: VARCHAR (1) |
| 12. | Native Hawaiian or Other Pacific Islander – An individual having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. |
|  | Data type: VARCHAR (1) |

13. Ethnicity - Hispanic or Latino – An individual of Cuban, Mexican, Puerto Rican, South

or Central American, or other Spanish culture or origin, regardless of race.

Data type: VARCHAR (1)

The ethnic category Hispanic or Latino should be recorded for all individuals whose service records were closed in the FY being reported. Use the following codes to record the individual’s Hispanic or Latino ethnicity:

|  |  |
| --- | --- |
| 0 | if the individual is not of Hispanic/Latino ethnicity |
| 1 | if the individual is of Hispanic/Latino ethnicity |

If the individual self-identifies as Hispanic, but refuses or is unable to identify one or more race categories in addition, then code the individual as Hispanic for ethnicity and follow the observer-identification method as described above for the race categories. Notify the individual that if he/she fails to identify, then an observer-identification method will be used. Individuals who identify as Hispanic may belong to any race group.

## 

## 14. Veteran Status

## Data type: VARCHAR (1)

Enter a one-digit code to indicate if the individual served in the active military, naval or air service, and was discharged or released under conditions other than dishonorable.

|  |  |
| --- | --- |
| 0 | Not a veteran |
| 1 | Veteran |

### 

### 15. Zip Code

Data type VARCHAR (5)

Enter the five-digit numeric US Postal Service Zip Code corresponding to the location of the individual’s residence.

16. County

## Data type: VARCHAR (40)

Enter the name of the county corresponding to the location of the individual’s residence.

## 17. Source of Referral

## Data type: VARCHAR (2)

Indicate the individual, agency, or other entity that first referred the individual to the State VR agency by using one of the following codes. If the individual approached the VR agency on his/her own, use Code 8 (self-referral). *Note: Coding options have been added to this data element. For cases open at the time of form implementation, no changes to the existing data coding options are required. Begin collecting new data element coding options after form implementation for all new applicants.*

|  |  |
| --- | --- |
| 1 | Educational Institutions (elementary/secondary) |
| 2 | Educational Institutions (post-secondary) |
| 3 | Medical Health Provider (Public or Private) |
| 4 | Welfare Agency (State or local government) |
| 5 | Community Rehabilitation Programs |
| 6 | Social Security Administration (Disability Determination Service or District office) |
| 7 | One-stop Employment/Training Centers |
| 8 | Self-referral |
| 9 | Other Sources |
| 10 | American Indian VR Services Program |
| 11 | Centers for Independent Living |
| 12 | Child Protective Services |
| 13 | Consumer Organizations or Advocacy Groups |
| 14 | Employers |
| 15 | Faith Based Organizations |
| 16 | Family/Friends |
| 17 | Intellectual and Developmental Disabilities Providers |
| 18 | Mental Health Provider (Public or Private) |
| 19 | Public Housing Authority |
| 20 | State Department of Correction/Juvenile Justice |
| 21 | State Employment Service Agency |
| 22 | Veteran's Administration |
| 23 | Worker's Compensation |
| 24 | Other State Agencies |
| 25 | Other VR State Agencies |

18. Involvement with Other Agencies and Services at Application

Data Type VARCHAR (6)

At the time of application, enter up to three codes from the list below that describes a service provider or funding source from which the individual was provided services or funding. Make sure to enter the leading zeros if necessary and do not use commas or spaces between any of the codes. For example, if the individual received a service or funding from an employer, the Veteran’s Administration, and other sources, enter “081924”. If the individual received a service or funding from a Community Rehabilitation Program and a developmental disability agency, enter “0411”. If an individual received services or funding from only a consumer organization or advocacy group, enter “05”. In an individual was not provided services or funding from any programs or organizations listed below, enter "00."

|  |  |
| --- | --- |
| 00 | Not provided services or funding from any programs or organizations listed below |
| 01 | American Indian VR Services Program |
| 02 | Centers for Independent Living |
| 03 | Child Protective Services |
| 04 | Community Rehabilitation Programs |
| 05 | Consumer Organizations or Advocacy Groups |
| 06 | Educational Institutions (elementary/secondary) |
| 07 | Educational Institutions (post-secondary) |
| 08 | Employers |
| 09 | Employment Networks (not otherwise listed) |
| 10 | Federal Student Aid (such as, Pell grants, SEOG (Supplemental Educational Opportunity Grant), work study, etc. |
| 11 | Intellectual and Developmental Disabilities Agencies |
| 12 | Medical Health Provider (Public or Private) |
| 13 | Mental Health Provider (Public or Private) |
| 14 | One-stop Employment/Training Centers |
| 15 | Public Housing Authority |
| 16 | Social Security Administration (Disability Determination Service or District office) |
| 17 | State Department of Correction/Juvenile Justice |
| 18 | State Employment Service Agency |
| 19 | Veteran's Administration |
| 20 | Welfare Agency (State or local government) |

|  |  |
| --- | --- |
| 21 | Worker's Compensation |
| 22 | Other VR State Agencies |
| 23 | Other State Agencies |
| 24 | Other Sources |

## 19. Level of Education Attained at Application

Data type: VARCHAR (2)

##### 

Record the level of education the individual had attained at the time of application. *Note: Coding options have been updated and/or added to this data element. For cases open at the time of form implementation, update data element coding options if applicable.* Use the following codes:

|  |  |
| --- | --- |
| 0 | No formal schooling |
| 1 | Elementary education (grades 1-8) |
| 2 | Secondary education, no high school diploma (grades 9-12) |
| 3 | Special education certificate of completion/diploma or in attendance |
| 4 | High school graduate or equivalency certificate (GED) |
| 5 | Post-secondary education, no degree or certificate |
| 6 | Post-secondary academic degree, Associate degree |
| 7 | Bachelor's degree |
| 8 | Master’s degree |
| 9 | Any degree above a Master's - e.g. Ph.D., Ed.D., J.D. |
| 10 | Vocational/Technical Certificate |
| 11 | Occupational credential beyond undergraduate degree work |
| 12 | Occupational credential beyond graduate degree work |

### 20. Student with Disability in Secondary Education at Application

Data type: VARCHAR (1)

This element captures the status of an individual with a disability in secondary education at the time of application. *Note: This data element replaces Individualized Education Program (IEP) in the previous version of the RSA-911 instructions. If the individual was coded as having an IEP at the time of application in the previous version of the RSA-911 instructions, update the record.*

|  |  |
| --- | --- |
| 1 | This individual is not a student with a disability in secondary education at the time of application. |
| 2 | This individual is a student with a 504 accommodation plan. |
| 3 | This individual is a student and is receiving services under an IEP at the time of application. |
| 4 | This individual is a student with a disability who not covered by Section 504 of the Rehabilitation Act and is not receiving services under an IEP at the time of application. |

## 

## 21. Living Arrangement at Application

Data type: VARCHAR (2)

Indicate the living arrangements of the individual, either temporarily or permanently, on the date of application to the State VR agency. Codes for this item are as follows:

|  |  |
| --- | --- |
| 1 | Private Residence (independent, or with family or other person) |
| 2 | Community Residential/Group Home |
| 3 | Rehabilitation Facility |
| 4 | Mental Health Facility |
| 5 | Nursing Home |
| 6 | Adult Correctional Facility |
| 7 | Halfway House |
| 8 | Substance Abuse Treatment Center |
| 9 | Homeless/Shelter |
| 10 | Other |

22. Sensory/Communicative Impairment Type

Data type: VARCHAR (1)

Enter the one-digit code from the list below that best describes the sensory/communicative impairment that in the judgment of the rehabilitation counselor, after consulting with the individual, most severely hinders the individual from seeking, obtaining and regaining gainful employment.

|  |  |
| --- | --- |
| 0 | No sensory/communicative impairment |
| 1 | Blindness |
| 2 | Other Visual Impairments |
| 3 | Deafness, Primary Communication Visual |
| 4 | Deafness, Primary Communication Auditory |
| 5 | Hearing Loss, Primary Communication Visual |
| 6 | Hearing Loss, Primary Communication Auditory |
| 7 | Other Hearing Impairments (Tinnitus, Meniere’s Disease, hyperacusis, etc.) |
| 8 | Deaf-Blindness |
| 9 | Communicative Impairments (expressive/receptive) |

## 23-26. Primary and Secondary Disabilities

The current version of the International Classification of Disease (ICD-10) and the current version of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) will be used to identify the individual’s primary and secondary disease or disorder that impedes the individual from seeking, obtaining and retaining gainful employment. The ICD-10 is a six-digit alphanumeric code in the form xxx.xxx while the DSM-5 is a five-digit numeric code in the form xxx.xx. Only one primary disability and one secondary disability can be selected for an individual. For example, if there is a code selected from the ICD-10 and coded in data element 23, Primary Disability – ICD-10 Code, then data element 24, Primary Disability – DSM-5 Code must be left blank.

### 23. Primary Disability - ICD-10 Code

Data type VARCHAR (7)

When an individual has more than one applicable ICD-10 code, enter the ICD-10 code that best describes, in the judgment of the rehabilitation counselor and after consulting with the individual, the primary disability code that most severely impedes the individual from seeking, obtaining and retaining gainful employment. If no ICD-10 code applies to the individual, or the ICD-10 code is not the primary impediment to employment, leave blank.

### 24. Primary Disability – DSM-5 Code

Data type VARCHAR (7)

When an individual has more than one applicable DSM-5 code, enter the DSM-5 code that best describes, in the judgment of the rehabilitation counselor and after consulting with the individual, the primary disability code that most severely impedes the individual from seeking, obtaining and retaining gainful employment. If no DSM-5 code applies to the individual, or the DSM-5 code is not the primary impediment to employment, leave blank.

## 25. Secondary Disability - ICD-10 Code

Data type VARCHAR (7)

When an individual has more than one applicable ICD-10 code that is a secondary impediment to the individual seeking, obtaining, and retaining gainful employment, enter the ICD-10 code that best describes, in the judgment of the rehabilitation counselor and after consulting with the individual, the secondary disability code that is the most significant impediment to employment for the individual. If no ICD-10 code applies to the individual, or the ICD-10 code is not the secondary impediment to employment, leave blank.

## 26. Secondary Disability – DSM-5 Code

Data type VARCHAR (7)

When an individual has more than one applicable DSM-5 code that is a secondary impediment to the individual seeking, obtaining, and retaining gainful employment, enter the DSM-5 code that best describes, in the judgment of the rehabilitation counselor and after consulting with the individual, the secondary disability code that is the most significant impediment to employment for the individual. If no DSM-5 code applies to the individual, or the DSM-5 code is not the secondary impediment to employment, leave blank.

## 27. Significance of Disability

Data type: VARCHAR (1)

Enter a one-digit code to indicate whether the individual was considered a person with a significant disability or a most significant disability at any time during his/her VR program. If an individual is receiving Social Security benefits at application or closure, he/she is presumed eligible and significantly disabled. Individuals are to be coded as most significantly disabled if they meet the definition of significantly disabled and have additional functional limitations as defined by the agency.

*Note: Coding options have been added to this data element. For cases open at the time of form implementation, no changes to the existing data coding options are required. Begin collecting new data element coding options after form implementation for all new applicants.* An individual with a significant disability is an individual:

|  |  |
| --- | --- |
| a) | who has a physical or mental impairment that seriously limits one or more functional capacities (such as mobility, communication, self-care, self-direction, interpersonal skills, work tolerance, or work skills) in terms of an employment outcome; |
| b) | whose VR can be expected to require multiple VR services over an extended period of time; and |
| c) | who has one or more physical or mental disabilities resulting from amputation, arthritis, autism, blindness, burn injury, cancer, cerebral palsy, cystic fibrosis, deafness, head injury, heart disease, hemiplegia, hemophilia, respiratory or pulmonary dysfunction, intellectual disability, mental illness, multiple sclerosis, muscular dystrophy, musculo-skeletal disorders, neurological disorders (including stroke and epilepsy), spinal cord conditions (including paraplegia and quadriplegia), sickle cell anemia, specific learning disability, end-stage renal disease, or another disability or combination of disabilities determined on the basis of an assessment for determining eligibility and VR needs to cause comparable substantial functional limitation. |
|  |  |
| 0 | No Significant Disability |
| 1 | Significant Disability |
| 2 | Most Significant Disability |

## 

## 28. Employment Status at Application

Data type: VARCHAR (2)

Enter the code which best describes the employment status of the individual at application from the following codes. The first seven codes are considered "employment" for purposes of this item. Individuals not meeting the definitions for Codes 1 to 7 below would be classified as "not employed" (Codes 8 to 11) at the time of application for services.

|  |  |
| --- | --- |
| 1 | Employment without Supports in Integrated Setting is full-time or part-time employment in an integrated setting without ongoing support services. For purposes of this report, this is work performed for wages, salary, commissions, tips, or piece-rates, below, at, or above the minimum wage. Do not include self-employed individuals. |
| 2 | Extended Employment refers to work for wages or salary in a non-integrated setting for a public or nonprofit organization. Such settings are variously referred to as community rehabilitation programs, or sheltered, industrial, or occupational workshops. Individuals are compensated according to the Fair Labor Standards Act and the organization provides any needed support services that enable the individual to train or prepare for competitive employment. |
| 3 | Self-employment (except BEP) refers to work for profit or fees including operating one's own business, farm, shop, or office. "Self-employment" includes sharecroppers, but not wage earners on farms. |
| 4 | State Agency-managed Business Enterprise Program (BEP) refers to Randolph-Sheppard vending facilities and other small businesses operated by individuals with significant disabilities under the management and supervision of a State VR agency. Include home industry where the work is done under the management and supervision of a State VR agency in the individual's own home or residence for wages, salary, or on a piece-rate. Individuals capable of activity outside the home, as well as homebound individuals, may engage in such employment. |
| 5 | Homemaker refers to men and women whose activity is keeping house with no earnings for persons in their households or for themselves if they live alone. |
| 6 | Unpaid Family Worker refers to persons who work without pay on a family farm or in a family business. |
| 7 | Employment with Supports in Integrated Setting is full-time or part-time employment in an integrated setting with ongoing support services for individuals with significant disabilities (supported employment). For purposes of this report, compensation for such employment may be below, at, or above the minimum wage. |
| 8 | Not employed: Student in Secondary Education including GED classes and special education classes with the goal of obtaining a high school diploma or GED. |
| 9 | Not employed: All other Students are persons attending school full or part-time other than students in secondary education (for example, students in post-secondary education, adult education, or vocational training). |
| 10 | Not employed: Trainee, Intern or Volunteer refers to persons engaging in unpaid work experiences, internships or volunteer work for purposes of increasing their employability. Such individuals may receive a stipend to defray the cost of transportation or other incidental expenses. |
| 11 | Not employed: Other refers to persons not in any of the other categories (e.g., persons just out of school who are not yet employed; persons unable to retain or obtain work; and persons who have recently left specialized medical facilities). |

When an individual’s work activity overlaps into two different employment categories, select the code more descriptive of the individual's employment activity at application.

## 29. Weekly Earnings at Application

Data Type INT(5)

Enter the amount of money (to the nearest dollar) earned in a typical week at the time of application.

This item collects data on the cash earnings of individuals at application and includes all wages, salaries, tips, and commissions received as income before payroll deductions of Federal, State and local income taxes and Social Security payroll tax. Earnings also include profits derived from self-employed individuals. Earnings for salespersons, consultants, self-employed individuals, and other similar occupations are based on the adjusted gross income. Adjusted gross income is gross income minus unreimbursed business expenses. Do not include estimates of payments in-kind, such as meals and lodging. Estimate profits of farmers, if necessary.

Where earnings are based on commissions that are irregular (e.g., real estate, automobile sales, etc.), to obtain a meaningful figure for a typical week’s earnings, it should be calculated as a weekly average over a representative period of time such as one month or longer.

When, because of the occupation/situation, there are significant amounts of unreimbursed business expenses that are irregular (e.g., car lease payments due the first week of every month), the expenses should be averaged over a representative period of time such as one month or longer to obtain a meaningful figure for a typical week’s expenses. Commissions are generally not paid when earned, but rather are paid periodically, such as weekly, biweekly, or even monthly. To bring standardization to this item, earnings should be based on the actual receipt of the payment and not on amounts accruing until the next commission payout.

If the individual had no earnings, enter "0".

## 30. Hours Worked in a Week at Application

Data type INT(3)

Enter the number of hours an individual worked for earnings in a typical week at the time of application. Earnings may have been in the form of wages, salaries, tips, commissions, profits from self-employment, adjusted gross income for salespersons, etc. If the individual generated no earnings, enter "0".

## Monthly Public Support Amount at Application

Enter the monthly amount (to the nearest dollar) of public support received by the individual at application from each of the following sources. If individual did not receive any monthly public support, enter "0" for each type of public support. Agencies may leave these data elements blank for closure code 1.

Public support means cash payments made by Federal, State and/or local governments for any reason, including an individual’s disability, age, or economic status. Include payments to a family unit precipitated by the individual’s disability or when the individual’s presence is taken into account in the computation of the family benefit. Also include any payments that are sent directly to the individual in an institution or to dependents on his/her behalf. Exclude any non-cash support payments such as Medicaid, Medicare, food stamps and rental subsidies. Categories of public support are as follows:

|  |  |
| --- | --- |
| 31. | Social Security Disability Insurance (SSDI)  Data Type INT(5) |
|  | Enter the amount of SSDI received by the individual each month. This figure can be verified through the Social Security Administration (SSA) or from a copy of the individual’s benefit notification letter. |
| 32. | Supplemental Security Income (SSI) for the Aged, Blind or Disabled  Data Type INT(5) |
|  | Enter the monthly payment to the individual under the Federal program of SSI for the aged, blind, and disabled. Only the individual’s portion of the payment should be recorded here. This figure can be verified through the SSA or from a copy of the individual’s benefit notification letter. |
| 33. | Temporary Assistance for Needy Families (TANF)  Data Type INT(5) |
|  | Enter the monthly amount of cash public assistance payments made through the federally funded TANF program. If the TANF payment is made to the family unit, use the local disbursing agency's procedure to estimate the individual’s portion of the payment. |
| 34. | General Assistance (State or local government)  Data Type INT(5) |
| 35. | Veterans' Disability Benefits  Data Type INT(5) |
|  | Veterans' Disability Benefits are payments made by the Department of Veterans Affairs for partial or total disability. |
| 36. | Workers' Compensation  Data Type INT(5) |
| 37. | All Other Public Support  Data Type INT(5) |
|  | Other Public Support payments are cash payments to individuals beyond those otherwise listed. Include payments made by Federal, State and local governments for retirement or survivor benefits to the individual as well as unemployment insurance benefits and other temporary payments. |

## 

## 38. Primary Source of Support at Application

Data Type VARCHAR (1)

Enter a code from the list below to indicate the individual’s largest single source of economic support at application, even if it accounts for less than one-half of the individual’s total support.

*Note: If an individual is supported by the earnings of a spouse, or by the spouse's unemployment insurance checks, identify Code 2 as the Primary Source of Support (family and friends) and not Code 1 (personal income). If an individual is primarily supported by a governmental entity with no cash support – for example, incarcerated individuals, – use Code 3 as the primary source of support only if the individual applicant is the recipient of the support. If the family receives public support, use Code 2 (family and friends).*

|  |  |
| --- | --- |
| 1 | Employment Earnings |
| 2 | Personal Income ( interest, dividends, rent, retirement including social security) |
| 3 | Family and Friends |
| 4 | Public Support (SSI, SSDI, TANF, etc.) |
| 5 | All other sources (e.g., private disability insurance and private charities) |

## Medical Insurance Coverage at Application

Record whether an individual had medical insurance coverage at the time of application. Enter a “1” in each of the following data elements if the individual had this type of medical insurance coverage at application, otherwise leave blank. *Note: A new data element has been added to Medical Insurance Coverage at Application.* *For cases open at the time of form implementation, no changes to the existing data coding options are required. Begin collecting new data element coding options after form implementation for all new applicants*.

|  |  |
| --- | --- |
| 39. | Medicaid  Data Type: VARCHAR (1) |
| 40. | Medicare  Data Type: VARCHAR (1) |
| 41. | Public Insurance from Other Sources (Workers' Compensation, Children's Health Insurance Program, etc)  Data Type: VARCHAR (1) |
| 42. | Private Insurance Through Own Employer  Data Type: VARCHAR (1) |
| 43. | Not Yet Eligible for Private Insurance through Current Employer, But Will Be Eligible for Private Insurance after a Certain Period of Employment Data Type: VARCHAR (1) |
| 44. | Private Insurance through Other Means  Data Type: VARCHAR (1)  Refers to individuals receiving benefits through their parent/family members’ insurance plan. |

Dates of Trial Work Experience /Extended Evaluation (EE)

Data Elements 45-48 capture the start and end dates of pre-eligibility assessment activities that include trial work experiences and/or extended evaluation. These are part of the VR experience for many severely disabled individuals for whom an employment outcome might be in doubt.

|  |  |
| --- | --- |
| 45. | Start Date of Trial Work Experience  Data type: DATE 112 (YYYYMMDD) |
|  | Enter the date that the individual’s Trial Work Experience began. |
| 46. | End Date of Trial Work Experience  Data type: DATE 112 (YYYYMMDD) |
|  | Enter the date that the individual’s Trial Work Experience ended. |
| 47. | Start Date of EE  Data type: DATE 112 (YYYYMMDD) |
|  | Enter the date that the individual’s Extended Evaluation began. |
| 48. | End Date of EE  Data type: DATE 112 (YYYYMMDD) |
|  | Enter the date that the individual’s Extended Evaluation ended. |

## 

## 49. Date of Eligibility Determination

Data type: DATE 112 (YYYYMMDD)

Enter the date (year, month, and day) that an eligibility determination was made regardless of whether the individual was determined ineligible later in the VR process because of changed circumstances.

## Dates of Order of Selection (OOS) Waiting List

Agencies not using an OOS Waiting List may leave the following two data elements blank.

|  |  |
| --- | --- |
| 50. | Date of Placement on OOS Waiting List Data type: DATE 112 (YYYYMMDD) |
|  | Enter the date when the individual was placed on an OOS waiting list. This date must be equal to or later than both the Date of Application and the Date of Eligibility Determination. |
| 51. | Date of Exit from OOS Waiting List  Data type: DATE 112 (YYYYMMDD) |
|  | Enter the date when the individual exited from an OOS waiting list. This date field, if entered, must be after the Date of Placement on OOS Waiting List above. This field must be left blank if the individual was not placed on an OOS wait list. If the individual exited the VR program from the OOS waiting list, (Closure Type 6), then this data element must be filled in, and the date should be equal to the Closure Date. |

## 52. Date of Individualized Plan for Employment (IPE)

Data type: DATE 112 (YYYYMMDD)

Record the date (year, month, and day) on which the first IPE for the individual became effective. For purposes of this data element, assume that the IPE is effective on the date on which both the agency and individual reach agreement. If the two signatures bear two different dates, the later date should govern.

53. Supported Employment Goal

Data type: VARCHAR (1)

For individuals who had an employment goal of supported employment in their IPE at some point during their rehabilitation and received supported employment services under the plan, indicate when the supported employment goal was included in the IPE.

|  |  |
| --- | --- |
| 0 | The individual had no supported employment goal identified in their IPE at any point during their rehabilitation. |
| 1 | Initial IPE identified supported employment as the employment goal. |
| 2 | The IPE was amended during the VR process to change the goal to supported employment. |
| 3 | The IPE was amended during the VR process to change the goal from supported employment to another employment goal. |
| 4 | The amended or final IPE only identified supported employment as the employment goal at the time the service record was closed. |

*Note: The term "supported employment" means competitive work in integrated work settings, or employment in integrated work settings, in which individuals are working toward competitive employment, for individuals with the most significant disabilities who require intensive supported employment services in order to perform such work and extended employment supports to maintain such work.*

## 

## Services Provided and Costs for Purchased Services

The purpose of the service categories listed below is to capture all services provided to individuals during the life of their service record whether provided by the VR agency or others as comparable services or benefits. Except for assessment services that can be provided to determine eligibility prior to an IPE or to assign an individual to a priority category, the services provided should be those identified on the IPE, not services merely authorized, but actually provided. There are five codes for each of the 28 service categories. The first data element indicates whether services are purchased or provided by the VR agency in house. If purchased by the VR agency, the second code identifies the primary service provider type. The third and fourth codes are used to identify the source of funds for VR-purchased services as being state VR (Title I) grant funds, or state supported employment (Title VI, Part B) grant funds. The fifth data element is used to capture up to three comparable services and benefits.

1. Services Purchased and/or Provided by the VR Agency

Data Type VARCHAR (1)

For each of the service categories, this data element provides information on whether services in this category were purchased and/or provided by the VR agency for this individual. Include all services furnished over the life of the service record for this individual. The following codes are used to capture this information for all services within this category.

|  |  |
| --- | --- |
| 0 | not purchased or provided |
| 1 | provided by the VR agency (in-house/by VR staff) |
| 2 | purchased by the VR agency |
| 3 | both provided and purchased by the VR agency (in-house/by VR staff) |

*Note: When using codes 2 or 3, always enter an amount in (3) State Vocational Rehabilitation Grant (Title I) Funds Used to Purchase Services and/or (4) Supported Employment State Grant (Title VI Part B) Funds Used to Purchase Services described below. When using code 0,* (2) *Primary Purchase VR Service Provider Type*, *(3) State Vocational Rehabilitation Grant (Title I) Funds Used to Purchase Services, (4) Supported Employment State Grant (Title VI Part B) Funds Used to Purchase Services, and (5)Comparable Services and Benefits Providers should be left blank.*

1. Primary Purchased VR Service Provider Type

Data Type VARCHAR (1)

For each of the service categories, this data element provides information on what type of service provider provided the purchased services. The following codes are used to capture this information. For each service category, select the code that best describes from which service provider type the majority of the purchased services provided to the individual originated over the life of the service record.The majority of purchased services were provided directly by:

|  |  |
| --- | --- |
| 1 | Public Community Rehabilitation Programs (CRPs) – public CRPs are programs that are operated by a state, county, municipal or other local government. |
| 2 | Private CRPs – private CRPs are programs that are operated as not-for-profit organizations. |
| 3 | Other public service providers – public service providers are organizations or agencies of State, county, municipal or other local government and third-party cooperative arrangements. |
| 4 | Other private service providers – private service providers include private not-for-profit organizations, such as VR providers (other than CRPs), as well as proprietary businesses, such as private hospitals and mental health clinics as well as contracted service delivery staff. |

1. State Vocational Rehabilitation Grant (Title I) Funds Used to Purchase Services

Data type INT(6)

This data element captures the costs (amounts) of purchased services using the VR grant (Title I) funds including state and other sources of matching funds as well as program income. Do not include costs incurred for program administration and for salaries of counselors and other staff. Also exclude costs for services provided by rehabilitation programs owned and operated by the State VR agency that are not directly billed on an individual basis.

1. Supported Employment State Grant (Title VI, Part B) Funds Used to Purchase Services

Data type INT(6)

This data element records all expenditures (amounts) within this service category for services purchased for the most significantly disabled individual with the supported employment grant program (Title VI, Part B) funds. Recipients of these funds should have a supported employment goal in their IPE. Individuals with a supported employment goal stated in their IPEs may receive any category of services depending on their particular needs. Therefore, to identify the use of these funds, each service category includes this data element.

Include all Title VI, Part B expenditures made to public and/or private service providers, individuals or an organization. Include Title VI, Part B expenditures for all types of purchased services including, but not limited to assessment, training, medical services, job development, placement and/or coaching services, maintenance, transportation, tuition for higher education, rehabilitation technology services, personal assistance, or any other rehabilitation services. Exclude costs incurred for program administration and for salaries of counselors and other staff. Also exclude costs for services provided by rehabilitation programs owned and operated by the State VR agency that are not directly billed on an individual basis.

1. Comparable Services and Benefits Providers

Data Type VARCHAR (6)

For each of the service categories, enter up to three codes that best describe the service providers who provided the individual with a comparable service or benefit that was listed on the individual’s IPE. Make sure to enter the leading zeros if necessary and do not use commas or spaces between any of the codes. For example, if the individual received comparable services or benefits from an employer, the Veteran’s Administration, and other sources, enter “081924”. If the individual received comparable services or benefits from a Community Rehabilitation Program and a developmental disability agency, enter “0411”. If an individual received comparable services or benefits from only a consumer organization or advocacy group, enter “05”. If no comparable services or benefits were provided, enter "00."

|  |  |
| --- | --- |
| 00 | No comparable services or benefits were provided |
| 01 | American Indian VR Services Program |
| 02 | Centers for Independent Living |
| 03 | Child Protective Services |
| 04 | Community Rehabilitation Programs |
| 05 | Consumer Organizations or Advocacy Groups |
| 06 | Educational Institutions (elementary/secondary) |
| 07 | Educational Institutions (post-secondary) |
| 08 | Employers |
| 09 | Employment Networks (not otherwise listed) |
| 10 | Federal Student Aid (such as, Pell grants, SEOG (Supplemental Educational Opportunity Grant), work study, etc. |
| 11 | Intellectual and Developmental Disabilities Agencies |
| 12 | Medical Health Provider (Public or Private) |
| 13 | Mental Health Provider (Public or Private) |
| 14 | One-stop Employment/Training Centers |
| 15 | Public Housing Authority |
| 16 | Social Security Administration (Disability Determination Service or District office) |
| 17 | State Department of Correction/Juvenile Justice |
| 18 | State Employment Service Agency |
| 19 | Veteran's Administration |
| 20 | Welfare Agency (State or local government) |
| 21 | Worker's Compensation |
| 22 | Other VR State Agencies |
| 23 | Other State Agencies |
| 24 | Other Sources |

Service Categories

Assessment

##### Data Elements 54-58

Assessment means services provided and activities performed to determine an individual’s eligibility for VR services, to assign an individual to a priority category of a State VR agency that operates under an order of selection, and/or to determine the nature and scope of VR services to be included in the IPE. Include here trial work experiences and extended evaluation. Assessments to determine eligibility, assignment of a priority category or the nature or scope of services to be included on the IPE include, but are not limited to psychological assessments, audio logical evaluations, dental and medical exams and other assessments of personality, interests, interpersonal skills, intelligence and related functional capacities, educational achievements, work experience, vocational aptitudes, personal and social adjustments, and employment opportunities of the individual and the medical, psychiatric, psychological, and other pertinent vocational, educational, cultural, social, recreational, and environmental factors that affect the employment and rehabilitation needs of the individual. See also 34 CFR 361.5(b)(6) and 34 CFR 361.48.

Diagnosis and Treatment of Impairments

Data Elements 59-63

Diagnosis and treatment of impairments means:

a) Corrective surgery or therapeutic treatment that is likely, within a reasonable period of time, to correct or modify substantially a physical or mental impairment that constitutes a substantial impediment to employment;

b) Diagnosis and treatment for mental and emotional disorders by qualified personnel who meet State licensure laws;

c) Dentistry;

d) Nursing services;

e) Necessary hospitalization (either inpatient or outpatient care) in connection with surgery or treatment;

f) Drugs and supplies;

g) Prescription of prosthetics and/or orthotics related to the individual’s diagnosed disability and is necessary for the achievement of the employment outcome;

h) Prescription of eyeglasses and visual services, including visual training, related to the individual’s diagnosed disability and necessary for the achievement of the employment outcome;

i) Podiatry;

j) Physical therapy;

k) Occupational therapy;

l) Speech or hearing therapy;

m) Mental health services;

n) Treatment of either acute or chronic medical complications and emergencies that are associated with or arise out of the provision of physical and mental restoration services or that are inherent in the condition under treatment;

o) Special services for the treatment of individuals with end-stage renal disease, including transplantation, dialysis, artificial kidneys, and supplies;

1. Other medical or medically related rehabilitation services; and
2. Medical care for acute conditions arising during rehabilitation and constituting a barrier to the achievement of an employment outcome is also included in this category.

Vocational Rehabilitation Counseling and Guidance

Data Elements 64-68

Vocational rehabilitation counseling and guidance includes information and support services to assist an individual in exercising informed choice and is distinct from the case management relationship that exists between the counselor and the individual during the VR process.

Training

Data Elements 69-118

Training services are designed to help the individual improve educationally or vocationally or to adjust to the functional limitations of his or her impairment. If the individual receives more than one type of training, each type should be recorded. For those individuals not seeking a degree or certificate and attending a course in a college or university, code this type of training under Miscellaneous Training.

Graduate College or University Training

Data Elements 69-73

Full-time or part-time academic training leading to a degree recognized as being beyond a baccalaureate degree, such as a Master of Science, Arts (M.S. or M.A.) or Doctor of Philosophy (Ph.D.) or Doctor of Jurisprudence (J.D.). Such training would be provided by a college or university.

Four-Year College or University Training

Data Elements 74-78

Full-time or part-time academic training leading to a baccalaureate degree, a certificate, or other recognized educational credential. Such training may be provided by a four-year college or university or technical college.

Junior or Community College Training

Data Elements 79-83

Full-time or part-time academic training above the high school level leading to an associate degree, a certificate, or other recognized educational credential. Such training may be provided by a community college, junior college, or technical college.

Occupational or Vocational Training

Data Elements 84-88

Occupational, vocational, or job skill training provided by a community college and/or business, vocational/trade or technical school to prepare students for gainful employment in a recognized occupation, not leading to an academic degree or certification. This would include selected courses or programs of study at a community college, four-year college, university, technical college or proprietary schools or programs.

On-the-job Training

Data Elements 89-93

Training in specific job skills by a prospective employer. Generally the trainee is paid during this training and will remain in the same or a similar job upon successful completion.

Apprenticeship Training

Data Elements 94-98

An apprenticeship program is a work-based employment and training program that combines hands-on, on-the-job work experience in a skilled occupation with related classroom instruction.  Structured apprenticeship programs generally have minimum requirements for the duration of on-the job work experience and classroom instruction, and/or could utilize competency-based elements but should have mechanisms in place to ensure quality and consistency of skills acquisition.  Other elements that distinguish apprenticeship programs from other work-based efforts including co-op education, on-the-job training, and internships are the following:  includes supervision and structured mentoring; provides for wage increases as an apprentice's skills increase; is based on an employer-employee relationship; and provides an industry recognized certificate of completion of the program.

Basic Academic Remedial or Literacy Training

Data Elements 99-103

Literacy training or training provided to remediate basic academic skills that are needed to function on the job in the competitive labor market.

Job Readiness Training

Data Elements 104-108

Training provided to prepare an individual for the world of work (e.g., appropriate work behaviors, getting to work on time, appropriate dress and grooming, increasing productivity).

Disability-Related Skills Training

Data Elements 109-113

Disability-related augmentative skills training includes but is not limited to: orientation and mobility; rehabilitation teaching; training in the use of low vision aids; Braille; speech reading; sign language; and cognitive training/retraining.

Miscellaneous Training

Data Elements 114-118

Any training not recorded in one of the other categories listed, including GED or high school training leading to a diploma, or courses taken at four-year, junior or community colleges not leading to a certificate or diploma.

Job Search Assistance

Data Elements 119-123

Job search activities support and assist an individual in searching for an appropriate job. Job search assistance may include help in resume preparation, identifying appropriate job opportunities, developing interview skills, and making contacts with companies on behalf of the consumer.

Job Placement Assistance

Data Elements 124-128

Job placement assistance is a referral to a specific job resulting in an interview, whether or not the individual obtained the job.

On-the-job Supports - Short term

Data Elements 129-133

Support services provided to an individual who has been placed in employment in order to stabilize the placement and enhance job retention. Such services include short-term job coaching for persons who do not have a supported employment goal consistent with the employment goal on the IPE.

On-the-job Supports – Supported Employment

Data Elements 134-138

On-going support services and other appropriate services needed to support and maintain an individual with a most significant disability in supported employment for a period of time generally not to exceed 18 months. Such services, such as job coaching, are for individuals who have supported employment and long-term supports identified on the IPEs. On-the-job support services with a supported employment goal are funded using Title VI, Part B and Title I funds.

Transportation

Data Elements 139-143

Transportation, including adequate training in the use of public transportation vehicles and systems, means travel and related expenses that are necessary to enable an applicant or eligible individual to participate in a VR service. Examples of transportation services/expenses include, but are not limited to:

a) Travel and related expenses for a personal care attendant or aide if the services of that person are necessary to enable the individual to travel to participate in any VR service;

b) Relocation expenses incurred by the individual in connection with a job placement that is a significant distance from the individual's current residence;

c) The purchase and repair of vehicles, including vans. This specifically excludes the modification of vehicles, which is to be reported in rehabilitation technology;

d) Training in the use of public transportation vehicles and systems.

Maintenance

Data Elements 144-148

Maintenance means monetary support provided for those expenses such as food, shelter and clothing that are in excess of the normal expenses of the individual, and that are necessitated by the individual’s participation in an assessment for determining eligibility and VR needs or while receiving services under an IPE. Examples of maintenance expenses include, but are not limited to:

a) cost of uniforms or other suitable clothing required for an individual's job placement or job seeking activities;

b) cost of short-term expenses, such as food and shelter, that is required in order for an individual to participate in assessment or vocational training at a site that is not within commuting distance of an individual's home;

c) initial one-time costs, such as security deposits or charges for the initiation of utilities, that are required in order for an individual to relocate for a job placement; and

d) cost of an individual’s participation in enrichment activities related to that individual's training program.

Rehabilitation Technology

Data Elements 149-153

Rehabilitation technology means the systematic application of technologies, engineering methodologies, or scientific principles to meet the needs of, and address the barriers confronted by, individuals with disabilities in areas that include education, rehabilitation, employment, transportation, independent living, recreation, home and vehicular modification, other assistive devices including, but not limited to hearing aids, low vision aids and wheelchairs. Rehabilitation technology includes rehabilitation engineering, assistive technology devices, and assistive technology services. See also 34 CFR 361.5(b)(45). The term includes the following:

1. Rehabilitation Engineering Services are the systematic application of engineering sciences to design, develop, test, evaluate, apply, and distribute technological solutions to problems confronted by VR individuals in functional areas such as mobility, communications, hearing, vision, and cognition, and in activities associated with employment, independent living, education, and integration into the community.
2. Assistive Technology Devices are any items, piece of equipment, or product system, whether acquired commercially off the shelf, modified or customized, that is used to increase, maintain, or improve the functional capabilities of a VR customer.
3. Assistive Technology Services are any services that directly assist an individual with a disability in the selection, acquisition, or use of an assistive technology device. Services may include:

|  |  |
| --- | --- |
| 1. | the evaluation of the needs of an individual, including a functional evaluation of the individual in his/her customary environment; |
| 2. | purchasing, leasing, or otherwise providing for the acquisition by an individual of an assistive technology device; |
| 3. | selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices; |
| 4. | coordinating and using other therapies, interventions, or services with assistive technology devices, such as those associated with existing education and rehabilitation plans and programs; |
| 5. | training or providing technical assistance for an individual or, if appropriate, the family members, guardians, advocates, or authorized representatives of the individual; and |
| 6. | training or providing technical assistance for professionals (including individuals providing education and rehabilitation services), employers, or others who provide services to, employ, or are otherwise substantially involved in the major life functions of VR individuals to the extent that training or technical assistance is necessary for individuals to achieve an employment outcome. |

Personal Assistance Services

Data Elements 154-168

Personal Assistance Services are a range of services provided by one or more persons designed to assist an individual to perform daily living activities on or off the job that the individual would typically perform without assistance if he or she did not have a disability. The services must be designed to increase the individual’s control in life and ability to perform everyday activities on or off the job. The services must be necessary to the achievement of an employment outcome and may be provided only while the individual is receiving other VR services. The services may include training in managing, supervising, and directing personal assistance services.

Three distinct services that are considered personal assistance services are reader services, interpreter services, and personal attendant services. Further information on recording each of these services follows. Record only whether and which of these services were provided to the individual (e.g., if the same person provided both reader service and personal attendant service to an individual, indicate both services).

Reader Services

Data Elements 154-158

Reader services are for individuals who cannot read print because of blindness or other disability. Reader services include, in addition to reading aloud, transcription of printed information into Braille or sound recordings if the individual requests such transcription. Reader services are generally for individuals who are blind or deaf-blind, but may also include individuals unable to read because of serious neurological disorders, specific learning disabilities, or other physical or mental impairments.

Interpreter Services

Data Elements 159-163

Interpreter services are sign language or oral interpretation services for individuals who are deaf or hard of hearing and tactile interpretation services for individuals who are deaf-blind. Specially trained individuals perform sign language or oral interpretation. Also include here real-time captioning services for persons who are deaf or hard of hearing. Do not include language interpretation in this category, but in "other services".

Personal Attendant Services

Data Elements 164-168

Personal attendant services are those personal services that an attendant performs for an individual with a disability including, but not limited to bathing, feeding, dressing, providing mobility and transportation, etc in multiple settings to include home, work and training facilities/school.

Technical Assistance Services

Data Elements 169-173

Technical assistance and other consultation services provided to conduct market analyses, to develop business plans, and to provide resources to individuals in the pursuit of self-employment, telecommuting and small business operation outcomes.

Information and Referral Services

Data Elements 174-178

Information and referral services are provided to individuals who need services from other agencies (e.g., cooperative agreements) not available through the VR program.

Benefits Counseling

Data Elements 179-183

Assistance provided to an individual who is interested in becoming employed, but is uncertain of the impact work income will have on any disability benefits and entitlements being received, and/or is not aware of benefits, such as access to healthcare, that might be available to support any work attempt.

This typically involves an analysis of an individual’s current benefits, such as SSDI and SSI, the individual’s financial situation, and the effect different income levels from work will have on the individual’s future financial situation. This assistance is intended to provide the individual an opportunity to make an informed choice regarding the pursuit of employment. Ongoing assistance may also be provided as the individual decides on employment goals, searches for jobs, and becomes employed.

Customized Employment Services

Data Elements 184-188

Services that involve a blend of flexible strategies that result in the provision of individually negotiated and designed services, supports, and job opportunities for an individual and that lead to an employment outcome of customized employment, including self-employment. A key factor in deciding if a service is a customized employment service is the presence of employer negotiation, including customizing a job description based on current unidentified and unmet needs of the employer and the needs of the employee; developing a set of job duties or tasks; developing a work schedule (including determining hours worked); determining a job location; developing a job arrangement (such as job carving, job sharing, or a split schedule); or determining specifics of supervision.

Other Services

Data Elements 189-193

Use this category for all other VR services that cannot be recorded elsewhere. Included here are occupational licenses, tools and equipment, initial stocks and supplies.

194. Level of Education Attained At Closure

Data type VARCHAR (2)

Record the level of education the individual attained when the service record was closed. If an actual educational level is not documented, record an estimated level. *Note: Coding options have been updated and/or added to this data element.*

|  |  |
| --- | --- |
| 0 | No formal schooling |
| 1 | Elementary education (grades 1-8) |
| 2 | Secondary education, no high school diploma (grades 9-12) |
| 3 | Special education certificate of completion/diploma or in attendance |
| 4 | High school graduate or equivalency certificate (GED) |
| 5 | Post-secondary education, no degree or certificate |
| 6 | Post-secondary academic degree, Associate degree |
| 7 | Bachelor's degree |
| 8 | Master’s degree |
| 9 | Any degree above a Master's - e.g. Ph.D., Ed.D., J.D. |
| 10 | Vocational/Technical Certificate |
| 11 | Occupational credential beyond undergraduate degree work |
| 12 | Occupational credential beyond graduate degree work |

### 195. Student with Disability in Secondary Education at Closure

Data type: VARCHAR (1)

Enter the code that captures the status of an individual with a disability in secondary education at the time of closure.

|  |  |
| --- | --- |
| 1 | This individual is not a student with a disability in secondary education at the time of closure. |
| 2 | This individual is a student with a 504 accommodation plan. |
| 3 | This individual is a student and is receiving services under an IEP at the time of closure. |
| 4 | This individual is a student with a disability who not covered by Section 504 of the Rehabilitation Act and is not receiving services under an IEP at the time of closure. |

196. Number of Jobs / Occupations at Closure

Data type VARCHAR (1)

This data element captures the number of separate jobs consistent with the employment goal on an individual's IPE and primary employment goal SOC codes that the individual held at the time of closure. For those exiting with only one source of employment, enter the number ‘1’. For those exiting the VR program with 2 sources of employment or jobs, enter a ‘2’, etc. For those individuals exiting without employment, leave blank.

## 197. Primary Occupation at Closure

Data type VARCHAR (6)

For an individual who achieved an employment outcome, enter a six-digit SOC code to describe the individual’s occupation when the service record was closed. For individuals who did not achieve an employment outcome, leave blank.

Instructions for individuals who Exit with Multiple Occupations:

For individuals exiting the VR program with multiple jobs, (coded in data element number 196, Number of Jobs / Occupations at Closure) the Occupation at Closure data element should be populated with the code for the occupation consistent with the employment goal on an individual's IPE and primary SOC codes from which the exiting individual derives the majority of their weekly earnings. See also 34 CFR 361.56(a). The following procedures should be followed to determine which occupation code to use:

1. If the earnings amounts of the multiple jobs are reported at the time of entering the occupation code, enter the occupation consistent with the employment goal specified on the IPE that encompasses the majority of the earnings per week at closure.

2. If the earnings amounts of the various jobs are not reported at the time of entry, the occupation code should be populated with the code for the occupation consistent with the employment goal specified on the IPE that encompasses the majority of the hours worked per week at closure.

3. If neither hours nor wages per occupation are known, then individual self reporting of the primary occupation consistent with the employment goal specified on the IPE should be used to determine the appropriate occupation code.

For the employment situations unique to the VR program, use the special codes indicated below.

Special Codes

|  |  |
| --- | --- |
| 599999 | Homemaker (own home) refers to men and women whose activity is keeping house for their families, or themselves if they live alone. |
| 799999 | Unpaid family worker (own family), not elsewhere classified use only if the type of unpaid family work cannot be classified according to any of the occupations. |
| 899999 | Randolph-Sheppard vending facility clerk use this category for persons employed as clerks, sales persons, or helpers in a vending facility operated under the Randolph-Sheppard Vending Facility Program. Use this special code even though these occupations are classifiable. Do not include vending facility operators (999999), or individuals employed in vending facilities outside the Vending Facility Program (use their occupation code). |
| 999999 | Randolph-Sheppard vending facility operator use this category for individuals employed as operators or managers of vending facilities operated under the Vending Facility Program. Use this special code even though these occupations are classifiable. Do not include vending facility clerks (899999), or individuals employed as vending facility operators outside the Randolph-Sheppard Vending Facility Program (use their occupation code).Randolph-Sheppard vending facility operator. |

*Note: The 2010 Standard Occupational Classification System (SOC) should be referenced in obtaining the six-digit code that most closely corresponds to the individual's primary occupation at closure.*

## 198. Start Date of Employment in Primary Occupation at Closure

Data type: DATE 112 (YYYYMMDD)

Record the date when the individual began the job coded in data element 197 as the primary occupation.

## 199. Employment Status at Closure

##### Data type VARCHAR (1)

For an individual who achieved an employment outcome, enter the applicable one-digit code that describes the employment outcome of the individual when his or her service record was closed. If classifying the individual into two different employment statuses from Codes 1 or 3-6 is possible, select a code designating the principal status.

|  |  |
| --- | --- |
| 1 | Employment without Supports in Integrated Setting is full-time or part-time employment in an integrated setting without ongoing support services. For purposes of this report, this is work performed for wages, salary, commissions, tips, or piece-rates, below, at, or above the minimum wage. Do not include self-employed individuals. |
| 3 | Self-employment (except BEP) refers to work for profit or fees including operating one's own business, farm, shop, or office. "Self-employment" includes sharecroppers, but not wage earners on farms. |
| 4 | State Agency-managed Business Enterprise Program (BEP) refers to Randolph-Sheppard vending facilities and other small businesses operated by individuals with significant disabilities under the management and supervision of a State VR agency. Include home industry where the work is done under the management and supervision of a State VR agency in the individual's own home or residence for wages, salary, or on a piece-rate. Individuals capable of activity outside the home, as well as homebound individuals, may engage in such employment. |
| 5 | Homemaker refers to men and women whose activity is keeping house with no earnings for persons in their households or for themselves if they live alone. |
| 6 | Unpaid Family Worker refers to persons who work without pay on a family farm or in a family business. |
| 7 | Employment with Supports in Integrated Setting is full-time or part-time employment in an integrated setting with ongoing support services for individuals with significant disabilities (supported employment). For purposes of this report, compensation for such employment may be below, at, or above the minimum wage. |

## 200. Weekly Earnings at Closure

Data type INT(5)

Enter the amount of money (to the nearest dollar) the individual earned in a typical week after achieving an employment outcome consistent with the employment goal on an individual’s IPE, at the time the service record was closed and includes all income from wages, salaries, tips, and commissions received as income before payroll deductions of Federal, State and local income taxes and Social Security payroll tax. Earnings also include profits derived from self-employed individuals. Earnings for salespersons, consultants, self-employed individuals, and other similar occupations are based on the adjusted gross income. Adjusted gross income is gross income minus unreimbursed business expenses. Do not include estimates of payments in-kind, such as meals and lodging. Estimate profits of farmers, if necessary.

Where earnings are based on commissions that are irregular (e.g., real estate, automobile sales, etc.), to obtain a meaningful figure for a typical week’s earnings, it should be calculated as a weekly average over a representative period of time such as one month or longer.

When, because of the occupation/situation, there are significant amounts of unreimbursed business expenses that are irregular (e.g., car lease payments due the first week of every month), the expenses should be averaged over a representative period of time such as one month or longer to obtain a meaningful figure for a typical week’s business expenses.

Commissions are generally not paid when earned, but rather are paid periodically, such as weekly, biweekly, or even monthly. To bring standardization to this item, earnings should be based on the actual receipt of the payment and not on amounts accruing until the next commission payout.

If the individual had no earnings or did not achieve an employment outcome, enter "0".

## 

## 201. Hours Worked in a Week at Closure

##### Data type INT(3)

For an individual who achieved an employment outcome, this item collects data on the number of hours worked on all employment consistent with the employment goal on the individual’s IPE. Enter the number of hours the individual worked for earnings in a typical week when the service record was closed. Earnings may have been in the form of wages, salaries, tips, commissions, profits from self-employment, adjusted gross income for salespersons, etc. If the individual had no earnings or did not achieve an employment outcome, enter "0".

## Monthly Public Support Amount at Closure

Enter the monthly amount (to the nearest dollar) of public support received by the individual at closure from each of the following sources. If individual did not receive any monthly public support, enter "0" for each type of public support. Agencies may leave these data elements blank for closure code 1.

Public support refers to cash payments made by Federal, State and/or local governments for any reason, including an individual’s disability, age, or economic status. Include payments to a family unit precipitated by the individual’s disability or when the individual’s presence is taken into account in the computation of the family benefit. Also include any payments that are sent directly to the individual in an institution or to dependents on his/her behalf. Exclude any non-cash support payments such as Medicaid, Medicare, food stamps and rental subsidies. Categories of public support are as follows:

|  |  |
| --- | --- |
| 202. | Social Security Disability Insurance (SSDI)  Data Type INT(5) |
|  | Enter the amount of SSDI received by the individual each month. This figure can be verified through the Social Security Administration (SSA) or from a copy of the individual’s benefit notification letter. |
| 203. | Supplemental Security Income (SSI) for the Aged, Blind or Disabled  Data Type INT(5) |
|  | Enter the monthly payment to the individual under the Federal program of SSI for the aged, blind, and disabled. Only the individual’s portion of the payment should be recorded here. This figure can be verified through the SSA or from a copy of the individual’s benefit notification letter. |
| 204. | Temporary Assistance for Needy Families (TANF)  Data Type INT(5) |
|  | Enter the monthly amount of cash public assistance payments made through the federally funded TANF program. If the TANF payment is made to the family unit, use the local disbursing agency's procedure to estimate the individual’s portion of the payment. |
| 205. | General Assistance (State or local government)  Data Type INT(5) |
| 206. | Veterans' Disability Benefits  Data Type INT(5) |
|  | Veterans' Disability Benefits are payments made by the Department of Veterans Affairs for partial or total disability. |
| 207. | Workers' Compensation  Data Type INT(5) |
| 208. | All Other Public Support  Data Type INT(5) |
|  | Enter the monthly amount of public support received from all other sources of public support not listed. Other Public Support payments are cash payments to individuals beyond those otherwise listed, and include payments made by Federal, State and local governments for retirement or survivor benefits to the individual as well as unemployment insurance benefits and other temporary payments. |

## 209. Primary Source of Support at Closure

Data type VARCHAR (1)

Enter a code from the list below to indicate the individual’s largest single source of economic support at the time the service record was closed, even if it accounts for less than one-half of the individual's total support.

*Note: If an individual is supported by the earnings of a spouse, or by the spouse's unemployment insurance checks, identify Code 2 as the Primary Source of Support (family and friends) and not Code 1 (personal income). If an individual is primarily supported by a governmental entity with no cash support – for example, incarcerated individuals, – use code 3 as the primary source of support only if the individual applicant is the recipient of the support. If the family receives public support, use Code 2 (family and friends).*

|  |  |
| --- | --- |
| 1 | Employment Earnings |
| 2 | Personal Income ( interest, dividends, rent, retirement including social security) |
| 3 | Family and Friends |
| 4 | Public Support (SSI, SSDI, TANF, etc.) |
| 5 | All other sources (e.g., private disability insurance and private charities) |

## Medical Insurance Coverage at Closure

Record whether an individual had medical insurance coverage at the time of closure. Enter a “1” in each of the following data elements if the individual had this type of medical insurance coverage at closure, otherwise leave blank. *Note: A new data element has been added to Medical Insurance Coverage at Closure.*

|  |  |
| --- | --- |
| 210. | Medicaid  Data Type: VARCHAR (1) |
| 211. | Medicare  Data Type: VARCHAR (1) |
| 212. | Public Insurance from Other Sources (Workers' Compensation, Children's Health Insurance Program, etc)  Data Type: VARCHAR (1) |
| 213. | Private Insurance Through Own Employer  Data Type: VARCHAR (1) |
| 214. | Not Yet Eligible for Private Insurance Through Current Employer, But Will Be Eligible for Private Insurance After a Certain Period of Employment  Data Type: VARCHAR (1) |
| 215. | Private Insurance Through Other Means  Data Type: VARCHAR (1)  Individuals receiving benefits through their parent/family members’ insurance plan should use this code. |

## 216. Type of Closure

Data type VARCHAR (1)

Enter a one-digit code from the following list to indicate when in the VR process an individual exited the program:

|  |  |
| --- | --- |
| 1 | Exited as an applicant |
| 2 | Exited during or after a trial work experience/extended evaluation |
| 3 | Exited with an employment outcome |
| 4 | Exited without an employment outcome, after receiving services |
| 5 | Exited without an employment outcome, after a signed IPE, but before receiving services |
| 6 | Exited from an order of selection waiting list |
| 7 | Exited without an employment outcome, after eligibility, but before an IPE was signed |

## 217. Reason for Closure

Data type VARCHAR (2)

Enter the code listed below that identifies the reason for closing the service record of an individual. The code 0 applies only to service records with a code of 3 in data element 216, type of closure. Codes of 1 or higher apply to all other types of closure, that is, 1, 2, 4, 5, 6, and 7.

|  |  |
| --- | --- |
| 0 | Achieved employment outcome (applicable only to closure type 3) |
| 1 | Unable to locate or contact  Use this code when the individual has relocated or left the State without a forwarding address. |
| 2 | Disability too significant to benefit from VR services - ineligible  Use this code to identify an applicant whose mental or physical disability is so significant that the individual cannot benefit from VR services in terms of employment. |
| 3 | No longer interested in receiving services or further services  Use this code for individuals who choose not to participate or continue in their VR program at this time. Also use this code to indicate when an individual’s actions (or non-actions) make it impossible to begin or continue a VR program. Examples would include repeated failures to keep appointments for assessment, counseling, or other services. |
| 4 | Death |
| 6 | Transferred to another agency  Use this code when an individual needs services that are more appropriately obtained elsewhere. Transfer to the other agency indicates that appropriate referral information is forwarded to the other agency so that agency may provide services more effectively. Include individuals transferred to other State VR agencies. |
| 8 | No disabling condition - ineligible  Use this code only for applicants who are not eligible for VR services because no physical or mental impairment exists, such as when the reported disability is an acute condition with no residual impairment, e.g., a broken bone that heals. |
| 9 | No impediment to employment - ineligible  Use this code for applicants who are not eligible for VR services because their physical or mental impairment does not constitute a substantial impediment to employment. |
| 10 | Transportation not feasible or available  Use this code to indicate that the individual was unable to accept or maintain employment because suitable transportation was either not feasible or not available. |
| 11 | Does not require VR services - ineligible  Use this code for applicants who do not require VR services to prepare for, enter into, engage in, or retain gainful employment consistent with their strengths, resources, priorities, concerns, abilities, capabilities, and informed choice. |
| 12 | Extended services not available  Use this code for individuals who would have benefited from the provision of supported employment services but for whom no source of extended services was available. |
| 13 | All other reasons  This code is used for all reasons not covered above. |
| 14 | Extended employment  Use this code for individuals who received services and were placed in a non-integrated setting for a public or non-profit organization |
|  |  |
| 15 | Individual in institution other than a prison or jail  Use this code when an individual has entered an institution other than a prison or jail, and will be unavailable to participate in a VR program for an indefinite or considerable period of time. This category of institution includes hospitals, nursing homes, treatment centers, etc. |
| 16 | Individual is incarcerated in a prison or jail  Use this code when an individual will be unavailable to participate in a VR program for a considerable period of time because they are incarcerated in a prison, jail, or other criminal correction facility. |

## 218. Date of Closure

Data type: DATE 112 (YYYYMMDD)

Record the date when the individual’s service record was closed by the State VR agency.

## 

# Record Layout

**CASE SERVICE REPORT**

**(RSA-911)**

**RSA-911 RECORD LAYOUT**

| **#** | **Data Element** | **Data type** | **Category** |
| --- | --- | --- | --- |
| 1 | Agency Code | VARCHAR(3) |  |
| 2 | Social Security Number | VARCHAR (9) |  |
| 3 | Closure Order | VARCHAR (1) |  |
| 4 | Previous Closure | VARCHAR (1) |  |
| 5 | Date of Application | DATE 112 (YYYYMMDD) |  |
| 6 | Date of Birth | DATE 112 (YYYYMMDD) |  |
| 7 | Gender | VARCHAR (1) |  |
| 8 | White | VARCHAR (1) | 8-12. Race |
| 9 | Black or African American | VARCHAR (1) |  |
| 10 | American Indian or Alaska Native | VARCHAR (1) |  |
| 11 | Asian | VARCHAR (1) |  |
| 12 | Native Hawaiian or Other Pacific Islander | VARCHAR (1) |  |
| 13 | Ethnicity – Hispanic or Latino | VARCHAR (1) |  |
| 14 | Veteran Status | VARCHAR (1) |  |
| 15 | Zip Code | VARCHAR (5) |  |
| 16 | County | VARCHAR (40) |  |
| 17 | Source of Referral | VARCHAR (2) |  |
| 18 | Involvement with Other Agencies and Services at Application | VARCHAR (2) |  |
| 19 | Level of Education Attained at Application | VARCHAR (2) |  |
| 20 | Student with Disability in Secondary Education at Application | VARCHAR (1) |  |
| 21 | Living Arrangement at Application | VARCHAR (2) |  |
| 22 | Sensory/Communicative Impairment Types | VARCHAR (1) |  |
| 23 | Primary Disability - ICD-10 Code | VARCHAR (7) | 23-26. Primary and Secondary Disabilities |
| 24 | Primary Disability - DSM Code | VARCHAR (7) |  |
| 25 | Secondary Disability - ICD-10 | VARCHAR (7) |  |
| 26 | Secondary Disability - DSM | VARCHAR (7) |  |
| 27 | Significance of Disability | VARCHAR (1) |  |
| 28 | Employment Status at Application | VARCHAR (2) |  |
| 29 | Weekly Earnings at Application | INT(5) |  |
| 30 | Hours Worked in a Week at Application | INT(3) |  |
| 31 | Social Security Disability Insurance (SSDI) | INT(5) | 31-38. Monthly Public Support at Application |
| 32 | Supplemental Security Income (SSI) for the Aged, Blind or Disabled | INT(5) |  |
| 33 | Temporary Assistance for Needy Families (TANF) | INT(5) |  |
| 34 | General Assistance (state or local governments) | INT(5) |  |
| 35 | Veterans’ Disability Benefits | INT(5) |  |
| 36 | Workers’ Compensation | INT(5) |  |
| 37 | Other Public Support | INT(5) |  |
| 38 | Primary Source of Support at Application | VARCHAR (1) |  |
| 39 | Medicaid | VARCHAR (1) | 39-44. Medical Insurance Coverage at Application |
| 40 | Medicare | VARCHAR (1) |  |
| 41 | Public Insurance from Other Sources | VARCHAR (1) |  |
| 42 | Private Insurance Through Own Employer | VARCHAR (1) |  |
| 43 | Not Yet Eligible for Private Insurance Through Current Employer, but Will Be Eligible for Private Insurance After a Certain Period of Employment | VARCHAR (1) |  |
| 44 | Private Insurance Through Other Means | VARCHAR (1) |  |
| 45 | Start Date of Trial Work Experience | DATE 112 (YYYYMMDD) | 45-48. Dates of Trial Work Experience/ Extended Evaluation (EE)/ |
| 46 | End Date of Trial Work Experience | DATE 112 (YYYYMMDD) |  |
| 47 | Start Date of Extended Evaluation | DATE 112 (YYYYMMDD) |  |
| 48 | End Date of Extended Evaluation | DATE 112 (YYYYMMDD) |  |
| 49 | Date of Eligibility Determination | DATE 112 (YYYYMMDD) |  |
| 50 | Date of Placement on Order of Selection (OOS) Waiting List | DATE 112 (YYYYMMDD) |  |
| 51 | Date of Exit from OOS Waiting List | DATE 112 (YYYYMMDD) |  |
| 52 | Date of Individualized Plan for Employment (IPE) | DATE 112 (YYYYMMDD) |  |
|
| 53 | Supported Employment Goal | VARCHAR (1) |  |
| 54 | Services Purchased and/or Provided by VR Agency | VARCHAR (1) | Assessment |
| 55 | Primary Purchased VR Service Provider Type | VARCHAR (1) |  |
| 56 | State Vocational Rehabilitation Grant (Title I) Funds Used to Purchase Services | INT(6) |  |
| 57 | Supported Employment State Grant (Title VI. Part B) Funds Used to Purchase Services | INT(6) |  |
| 58 | Comparable Services and Benefits Providers | VARCHAR (6) |  |
| 59 | Services Purchased and/or Provided by VR Agency | VARCHAR (1) | Diagnosis and Treatment of Impairments |
| 60 | Primary Purchased VR Service Provider Type | VARCHAR (1) |  |
| 61 | State Vocational Rehabilitation Grant (Title I) Funds Used to Purchase Services | INT(6) |  |
| 62 | Supported Employment State Grant (Title VI. Part B) Funds Used to Purchase Services | INT(6) |  |
| 63 | Comparable Services and Benefits Providers | VARCHAR (6) |  |
| 64 | Services Purchased and/or Provided by VR Agency | VARCHAR (1) | Vocational Rehabilitation Counseling and Guidance |
| 65 | Primary Purchased VR Service Provider Type | VARCHAR (1) |  |
| 66 | State Vocational Rehabilitation Grant (Title I) Funds Used to Purchase Services | INT(6) |  |
| 67 | Supported Employment State Grant (Title VI. Part B) Funds Used to Purchase Services | INT(6) |  |
| 68 | Comparable Services and Benefits Providers | VARCHAR (6) |  |
| 69 | Services Purchased and/or Provided by VR Agency | VARCHAR (1) | Graduate College or University Training |
| 70 | Primary Purchased VR Service Provider Type | VARCHAR (1) |  |
| 71 | State Vocational Rehabilitation Grant (Title I) Funds Used to Purchase Services | INT(6) |  |
| 72 | Supported Employment State Grant (Title VI. Part B) Funds Used to Purchase Services | INT(6) |  |
| 73 | Comparable Services and Benefits Providers | VARCHAR (6) |  |
| 74 | Services Purchased and/or Provided by VR Agency | VARCHAR (1) | Four-Year College or University Training |
| 75 | Primary Purchased VR Service Provider Type | VARCHAR (1) |  |
| 76 | State Vocational Rehabilitation Grant (Title I) Funds Used to Purchase Services | INT(6) |  |
| 77 | Supported Employment State Grant (Title VI. Part B) Funds Used to Purchase Services | INT(6) |  |
| 78 | Comparable Services and Benefits Providers | VARCHAR (6) |  |
| 79 | Services Purchased and/or Provided by VR Agency | VARCHAR (1) | Junior or Community College Training |
| 80 | Primary Purchased VR Service Provider Type | VARCHAR (1) |  |
| 81 | State Vocational Rehabilitation Grant (Title I) Funds Used to Purchase Services | INT(6) |  |
| 82 | Supported Employment State Grant (Title VI. Part B) Funds Used to Purchase Services | INT(6) |  |
| 83 | Comparable Services and Benefits Providers | VARCHAR (6) |  |
| 84 | Services Purchased and/or Provided by VR Agency | VARCHAR (1) | Occupational or Vocational Training |
| 85 | Primary Purchased VR Service Provider Type | VARCHAR (1) |  |
| 86 | State Vocational Rehabilitation Grant (Title I) Funds Used to Purchase Services | INT(6) |  |
| 87 | Supported Employment State Grant (Title VI. Part B) Funds Used to Purchase Services | INT(6) |  |
| 88 | Comparable Services and Benefits Providers | VARCHAR (6) |  |
| 89 | Services Purchased and/or Provided by VR Agency | VARCHAR (1) | On-the-job Training |
| 90 | Primary Purchased VR Service Provider Type | VARCHAR (1) |  |
| 91 | State Vocational Rehabilitation Grant (Title I) Funds Used to Purchase Services | INT(6) |  |
| 92 | Supported Employment State Grant (Title VI. Part B) Funds Used to Purchase Services | INT(6) |  |
| 93 | Comparable Services and Benefits Providers | VARCHAR (6) |  |
| 94 | Services Purchased and/or Provided by VR Agency | VARCHAR (1) | Apprenticeship Training |
| 95 | Primary Purchased VR Service Provider Type | VARCHAR (1) |  |
| 96 | State Vocational Rehabilitation Grant (Title I) Funds Used to Purchase Services | INT(6) |  |
| 97 | Supported Employment State Grant (Title VI. Part B) Funds Used to Purchase Services | INT(6) |  |
| 98 | Comparable Services and Benefits Providers | VARCHAR (6) |  |
| 99 | Services Purchased and/or Provided by VR Agency | VARCHAR (1) | Basic Academic Remedial or Literacy Training |
| 100 | Primary Purchased VR Service Provider Type | VARCHAR (1) |  |
| 101 | State Vocational Rehabilitation Grant (Title I) Funds Used to Purchase Services | INT(6) |  |
| 102 | Supported Employment State Grant (Title VI. Part B) Funds Used to Purchase Services | INT(6) |  |
| 103 | Comparable Services and Benefits Providers | VARCHAR (6) |  |
| 104 | Services Purchased and/or Provided by VR Agency | VARCHAR (1) | Job Readiness Training |
| 105 | Primary Purchased VR Service Provider Type | VARCHAR (1) |  |
| 106 | State Vocational Rehabilitation Grant (Title I) Funds Used to Purchase Services | INT(6) |  |
| 107 | Supported Employment State Grant (Title VI. Part B) Funds Used to Purchase Services | INT(6) |  |
| 108 | Comparable Services and Benefits Providers | VARCHAR (6) |  |
| 109 | Services Purchased and/or Provided by VR Agency | VARCHAR (1) | Disability-Related Skills Training |
| 110 | Primary Purchased VR Service Provider Type | VARCHAR (1) |  |
| 111 | State Vocational Rehabilitation Grant (Title I) Funds Used to Purchase Services | INT(6) |  |
| 112 | Supported Employment State Grant (Title VI. Part B) Funds Used to Purchase Services | INT(6) |  |
| 113 | Comparable Services and Benefits Providers | VARCHAR (6) |  |
| 114 | Services Purchased and/or Provided by VR Agency | VARCHAR (1) | Miscellaneous Training |
| 115 | Primary Purchased VR Service Provider Type | VARCHAR (1) |  |
| 116 | State Vocational Rehabilitation Grant (Title I) Funds Used to Purchase Services | INT(6) |  |
| 117 | Supported Employment State Grant (Title VI. Part B) Funds Used to Purchase Services | INT(6) |  |
| 118 | Comparable Services and Benefits Providers | VARCHAR (6) |  |
| 119 | Services Purchased and/or Provided by VR Agency | VARCHAR (1) | Job Search Assistance |
| 120 | Primary Purchased VR Service Provider Type | VARCHAR (1) |  |
| 121 | State Vocational Rehabilitation Grant (Title I) Funds Used to Purchase Services | INT(6) |  |
| 122 | Supported Employment State Grant (Title VI. Part B) Funds Used to Purchase Services | INT(6) |  |
| 123 | Comparable Services and Benefits Providers | VARCHAR (6) |  |
| 124 | Services Purchased and/or Provided by VR Agency | VARCHAR (1) | Job Placement Assistance |
| 125 | Primary Purchased VR Service Provider Type | VARCHAR (1) |  |
| 126 | State Vocational Rehabilitation Grant (Title I) Funds Used to Purchase Services | INT(6) |  |
| 127 | Supported Employment State Grant (Title VI. Part B) Funds Used to Purchase Services | INT(6) |  |
| 128 | Comparable Services and Benefits Providers | VARCHAR (6) |  |
| 129 | Services Purchased and/or Provided by VR Agency | VARCHAR (1) | On-the-job Supports – Short Term |
| 130 | Primary Purchased VR Service Provider Type | VARCHAR (1) |
| 131 | State Vocational Rehabilitation Grant (Title I) Funds Used to Purchase Services | INT(6) |
| 132 | Supported Employment State Grant (Title VI. Part B) Funds Used to Purchase Services | INT(6) |
| 133 | Comparable Services and Benefits Providers | VARCHAR (6) |
| 134 | Services Purchased and/or Provided by VR Agency | VARCHAR (1) | On-the-job Supports – Supported Employment |
| 135 | Primary Purchased VR Service Provider Type | VARCHAR (1) |
| 136 | State Vocational Rehabilitation Grant (Title I) Funds Used to Purchase Services | INT(6) |
| 137 | Supported Employment State Grant (Title VI. Part B) Funds Used to Purchase Services | INT(6) |
| 138 | Comparable Services and Benefits Providers | VARCHAR (6) |
| 139 | Services Purchased and/or Provided by VR Agency | VARCHAR (1) | Transportation |
| 140 | Primary Purchased VR Service Provider Type | VARCHAR (1) |  |
| 141 | State Vocational Rehabilitation Grant (Title I) Funds Used to Purchase Services | INT(6) |  |
| 142 | Supported Employment State Grant (Title VI. Part B) Funds Used to Purchase Services | INT(6) |  |
| 143 | Comparable Services and Benefits Providers | VARCHAR (6) |  |
| 144 | Services Purchased and/or Provided by VR Agency | VARCHAR (1) | Maintenance |
| 145 | Primary Purchased VR Service Provider Type | VARCHAR (1) |  |
| 146 | State Vocational Rehabilitation Grant (Title I) Funds Used to Purchase Services | INT(6) |  |
| 147 | Supported Employment State Grant (Title VI. Part B) Funds Used to Purchase Services | INT(6) |  |
| 148 | Comparable Services and Benefits Providers | VARCHAR (6) |  |
| 149 | Services Purchased and/or Provided by VR Agency | VARCHAR (1) | Rehabilitation Technology |
| 150 | Primary Purchased VR Service Provider Type | VARCHAR (1) |  |
| 151 | State Vocational Rehabilitation Grant (Title I) Funds Used to Purchase Services | INT(6) |  |
| 152 | Supported Employment State Grant (Title VI. Part B) Funds Used to Purchase Services | INT(6) |  |
| 153 | Comparable Services and Benefits Providers | VARCHAR (6) |  |
| 154 | Services Purchased and/or Provided by VR Agency | VARCHAR (1) | Reader Services |
| 155 | Primary Purchased VR Service Provider Type | VARCHAR (1) |  |
| 156 | State Vocational Rehabilitation Grant (Title I) Funds Used to Purchase Services | INT(6) |  |
| 157 | Supported Employment State Grant (Title VI. Part B) Funds Used to Purchase Services | INT(6) |  |
| 158 | Comparable Services and Benefits Providers | VARCHAR (6) |  |
| 159 | Services Purchased and/or Provided by VR Agency | VARCHAR (1) | Interpreter Services |
| 160 | Primary Purchased VR Service Provider Type | VARCHAR (1) |  |
| 161 | State Vocational Rehabilitation Grant (Title I) Funds Used to Purchase Services | INT(6) |  |
| 162 | Supported Employment State Grant (Title VI. Part B) Funds Used to Purchase Services | INT(6) |  |
| 163 | Comparable Services and Benefits Providers | VARCHAR (6) |  |
| 164 | Services Purchased and/or Provided by VR Agency | VARCHAR (1) | Personal Attendant Services |
| 165 | Primary Purchased VR Service Provider Type | VARCHAR (1) |  |
| 166 | State Vocational Rehabilitation Grant (Title I) Funds Used to Purchase Services | INT(6) |  |
| 167 | Supported Employment State Grant (Title VI. Part B) Funds Used to Purchase Services | INT(6) |  |
| 168 | Comparable Services and Benefits Providers | VARCHAR (6) |  |
| 169 | Services Purchased and/or Provided by VR Agency | VARCHAR (1) | Technical Assistance Services |
| 170 | Primary Purchased VR Service Provider Type | VARCHAR (1) |  |
| 171 | State Vocational Rehabilitation Grant (Title I) Funds Used to Purchase Services | INT(6) |  |
| 172 | Supported Employment State Grant (Title VI. Part B) Funds Used to Purchase Services | INT(6) |  |
| 173 | Comparable Services and Benefits Providers | VARCHAR (6) |  |
| 174 | Services Purchased and/or Provided by VR Agency | VARCHAR (1) | Information and Referral Services |
| 175 | Primary Purchased VR Service Provider Type | VARCHAR (1) |  |
| 176 | State Vocational Rehabilitation Grant (Title I) Funds Used to Purchase Services | INT(6) |  |
| 177 | Supported Employment State Grant (Title VI. Part B) Funds Used to Purchase Services | INT(6) |  |
| 178 | Comparable Services and Benefits Providers | VARCHAR (6) |  |
| 179 | Services Purchased and/or Provided by VR Agency | VARCHAR (1) | Benefits Counseling |
| 180 | Primary Purchased VR Service Provider Type | VARCHAR (1) |  |
| 181 | State Vocational Rehabilitation Grant (Title I) Funds Used to Purchase Services | INT(6) |  |
| 182 | Supported Employment State Grant (Title VI. Part B) Funds Used to Purchase Services | INT(6) |  |
| 183 | Comparable Services and Benefits Providers | VARCHAR (6) |  |
| 184 | Services Purchased and/or Provided by VR Agency | VARCHAR (1) | Customized Employment Services |
| 185 | Primary Purchased VR Service Provider Type | VARCHAR (1) |  |
| 186 | State Vocational Rehabilitation Grant (Title I) Funds Used to Purchase Services | INT(6) |  |
| 187 | Supported Employment State Grant (Title VI. Part B) Funds Used to Purchase Services | INT(6) |  |
| 188 | Comparable Services and Benefits Providers | VARCHAR (6) |  |
| 189 | Services Purchased and/or Provided by VR Agency | VARCHAR (1) | Other Services |
| 190 | Primary Purchased VR Service Provider Type | VARCHAR (1) |  |
| 191 | State Vocational Rehabilitation Grant (Title I) Funds Used to Purchase Services | INT(6) |  |
| 192 | Supported Employment State Grant (Title VI. Part B) Funds Used to Purchase Services | INT(6) |  |
| 193 | Comparable Services and Benefits Providers | VARCHAR (6) |  |
| 194 | Level of Education Attained at Closure | VARCHAR (2) |  |
| 195 | Student with Disability in Secondary Education at Closure | VARCHAR (1) |  |
| 196 | Number of Jobs/Occupations at Closure | VARCHAR (1) |  |
| 197 | Primary Occupation at Closure | VARCHAR (2) |  |
| 198 | Start Date of Employment in Primary Occupation at Closure | DATE 112 (YYYYMMDD) |  |
| 199 | Employment Status at Closure | VARCHAR (1) |  |
| 200 | Weekly Earnings at Closure | INT(5) |  |
| 201 | Hours Worked in a Week at Closure | INT(3) |  |
| 202 | SSDI | INT(5) | 202-208. Monthly Public Support Amount at Closure |
| 203 | SSI for the Aged, Blind or Disabled | INT(5) |  |
| 204 | TANF | INT(5) |  |
| 205 | General Assistance (State or local government) | INT(5) |  |
| 206 | Veterans’ Disability Benefits | INT(5) |  |
| 207 | Workers’ Compensation | INT(5) |  |
| 208 | Other Public Support | INT(5) |  |
| 209 | Primary Source of Support at Closure | VARCHAR (1) |  |
| 210 | Medicaid | VARCHAR (1) | 210-215. Medical Insurance Coverage at Closure |
| 211 | Medicare | VARCHAR (1) |  |
| 212 | Public Insurance from Other Sources | VARCHAR (1) |  |
| 213 | Private Insurance Through Own Employer | VARCHAR (1) |  |
| 214 | Not Yet Eligible for Private Insurance Through Current Employer, but Will Be Eligible for Private Insurance After a Certain Period of Employment | VARCHAR (1) |  |
| 215 | Private Insurance Through Other Means | VARCHAR (1) |  |
| 216 | Type of Closure | VARCHAR (1) |  |
| 217 | Reason for Closure | VARCHAR (2) |  |
| 218 | Date of Closure | DATE 112 (YYYYMMDD) |  |