Draft Youth Offender Data E[...]

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS
SECTION I - INDIVIDUAL INFORMATION		
SECTION I.A - IDENTIFYING AND DEMOGRAPHIC INFORMATION		
1	First name	Record the individual's first name.
2	Middle initial	Record the individual's middle initial.
3	Last name	Record the individual's last name.
4	Address 1	Record the individual's home address.
5	Address 2	Record the individual's home address.
6	City	Record the individual's home city.
7	State	Record the State of residence.
8	Zip Code	Record the individual's Zip code of residence
9	Cell Phone	Record the individual's cell phone number.
10	Home Phone	Record the individual's home telephone number.
11	Other Phone	Record any additional numbers the individual may have.
12	E-mail	Record the individual's email address.
13	Contact Person 1	Record the name of a contact person for the participant.

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS
14	Contact Person 1 Phone Number	Record the telephone number of the first contact person for the participant
15	Contact Person 2	Record the name of asecond contact person for the participant
16	Contact Person 2 Phone Number	Record the telephone number of the second contact person for the participant
17	Participant Number	Record the unique identification number assigned to the individual. At a minimum, this identifier for a person <u>must</u> be the same for every period of participation in the program. This should not be the social security number.
18	Date of Birth	Record the individual's date of birth.
19	Gender	Indicate the participant's gender by select **Male** or **Female** Leave **blank** if the individual does not wish to disclose his/her gender.
20	Ethnicity Hispanic/ Latino	Indicate the participant's ethnicity by selecting **Yes** or **No**. Leave blank if the participant does not disclose his/her ethnicity.
21	American Indian or Alaska Native	Indicate whether the participant is American Indian or Alaska Native by selecting **Yes.** Leave blank if the participant is not American Indian or Alaska Native or refused to report on this element.
22	Asian	Indicate whether the participant is Asian by selecting **Yes** or **Not Reported**. Leave blank if the participant is not Asian or refused to report on this element.
23	Black or African American	Indicate whether the participant is Black or African American by selecting **Yes** or **Not Reported**. Leave blank if the participant is not Black or African American or refused to report on this element.

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS
24	Hawaiian Native or other Pacific Islander	Indicate whether the participant is Hawaiian Native or other Pacific Islander by selecting **Yes** or **Not Reported**. Leave blank if the participant is not Hawaiian Native or other Pacific Islander or refused to report on this element.
25	White	Indicate whether the participant is White by selecting **Yes** or **Not Reported**. Leave blank if the participant is not White or refused to report on this element.
26	Date Program Verified Selective Service Registration	Enter the date that the program verified that the applicant registered for the selective service if the applicant is a male 18 years of age or older.

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS
SECTION I.B - BACKGROUND INFORMATION		
27a	Parent of a Child	Enter **Yes** if the individual is a parent of a child.　　　　Enter **No** if the individual is not a parent on a child.
27b	Number of Children	Enter the number of children under 18 years of age that the participant has, including biological, adopted, step, and foster children.
28	Children living with participant	Enter the number of the participant's own children under 18 years of age living in the household, including biological, adopted, step, and foster children.
29	Other dependents living with participant	Enter the number of dependents other than children living with the participant.
30a	High School Enrollment Status at Arrest	Use the appropriate code to record to indicate whether the enrollee was a high school student, high school graduate, or high school dropout at the time of their arrest.
30b	High School Enrollment Status at Enrollment into the Program	Use the appropriate code to record to indicate whether the enrollee was a high school student, high school graduate, or high school dropout at the time of their enrollment into the program.

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS
31	Highest School Grade Completed at Enrollment	Use the appropriate code to record the highest school grade completed by the individual. **Record 87** if the individual completed the 12th grade and attained a high school diploma. **Record 88** if the individual completed the 12th grade and attained a GED or equivalent. **Record 89** if the individual with a disability received a certificate of attendance/completion. **Record 90** if the individual attained other post-secondary degree or certification.
32	Foster Youth	Select **Yes** if the individual is a person who is or is aging out of the foster care system. Select **No** if the individual does not meet the conditions described above.
33	Youth Offender Status	Currently in, returning from, or had been in a juvenile correctional facility Curently in, returning from, or had been in a juvenile detention facility Currently on, leaving, or had been on juvenile probation Currently in, leaving, or had been in juvenile alternative sentencing or diversion Currently in, returning from, or had been in an adult prison Currently in, returning from, or had been in an adult jail Currently on, leaving, or had been on adult probation Currently in, leaving, or had been in adult sentence or diversion At-risk individual who is not an offender

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS
34	Date Released from Correctional Facility or Detention or Placed on Probation	Enter the date the individual was released from a correctional facility or detention or was placed on probation.
35	Direct Referral from Juvenile Justice System	Select **Yes** if the individual was directly referred by the juvenile justice system. Select **No** if the individual was not directly referred by the juvenile justice system.
36	Basic Skills Deficient	Select **Yes** if the individual is basic skills deficient. Basic skills deficient is defined as an the individual who computes or solves problems, reads, writes, or speaks English at or below the eighth grade level or is unable to compute or solve problems, read, write, or speak English at a level necessary to function on the job, in the individual's family, or in society. This can be measured using recognized assessments (i.e., TABE or CASSES) Select **No** if the individual does not meet the conditions described above.
37	Limited English Proficient	Select **Yes** if the individual has limited ability in speaking, reading, writing or understanding the English language and (a) whose native language is a language other than English, or (b) who lives in a family or community environment where a language other than English is the dominant language. Select **No** if the individual does not meet the conditions described above.

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS
38	Individual with a Disability	Select **Yes** if the individual indicates that he/she has any "disability," as defined in Section 3(2)(a) of the Americans with Disabilities Act of 1990 (42 U.S.C. 12102). Under that definition, a "disability" is a physical or mental impairment that substantially limits one or more of the person's major life activities. (For definitions and examples of "physical or mental impairment" and "major life activities," see paragraphs (1) and (2) of the definition of the term "disability" in 29 CFR 37.4, the definition section of the WIA non-discrimination regulations.) Select **No** if the individual indicates that he/she does not have a disability that meets the definition. Leave **blank** if the individual does not wish to self-identify.
39	Health Issues	Select **Significant health issues** if the participant has any health issue that could impact the individual's ability to work. Examples of such health issues can include, but are not limited to, untreated high blood pressure, HIV/STDs, asthma, depression, and other mental/physical health issues. Otherwise, select **No significant health issues**.
40	Employment Status at Enrollment	Use the appropriate code to record the applicant's employment status at enrollment.

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS
41	Hours Worked at Enrollment	Enter the average hours per week that the participant works. Leave blank if the participant is not employed at participation.
42	Average Hourly Wage at Enrollment	Enter the participant's average hourly wage. Leave blank if the participant is not employed at participation.
43	Start Date for Job at Enrollment	Enter the date on which the participant began to work at the above job. Leave blank if the participant is not employed at participation.

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS
44	Housing Status at Enrollment	Select **Own/Rent Apartment, Room, Or House** if, at enrollment, the individual is living in an apartment, room, or house that the he/she owns or rents. Select **Staying at someone's apartment, room, or house (Stable)** if, at enrollment, the individual is living in an apartment, room, or house that somebody else owns or rents and if the person is not at risk of being displaced from this housing, i.e the housing situation is long-term. Select **Halfway house/transitional house** if, at enrollment, the individual is living in a residence designed to assist persons as they re-enter society and learn to adapt to independent living after having been in prison. Select **Residential treatment** if, at enrollment, the individual lives in a residential treatment center. A residential treatment center is a group home that provides room and board, and provides specialized treatment or rehabilitation persons with emotional, psychological, or developmental problems as well as chemical dependencies. Select **Homeless** if, at enrollment, the individual lacks a fixed, regular, adequate night time residence. This definition includes any individual who has a primary night time residence that is a publicly or privately operated shelter for temporary accommodation; an institution providing temporary residence for individuals intended to be institutionalized; or a public or private place not designated for or ordinarily used as a regular sleeping accommodation for human beings. This definition does not include an individual imprisoned or detained under an Act of Congress or State law. An individual who may be sleeping in a temporary

SECTION II - PROGRAM ACTIVITIES AND SERVICES INFORMATION

SECTION II.A - PROGRAM PARTICIPATION DATA

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS
45	Date of Enrollment	This date will be generated by the system to be the date on which enrollment information is submitted.
46	Date of the End of the Third Month in which the Enrollee did Not Receive Any Program Services	For the purpose of collecting follow-up data, the computer will generate the date of the end of third month in which the participant did not receive any service (other than follow-up services) funded by the program. Note that there is no formal exit from the program, and participants may always return for any at all services at any time, with the exception of participants who grantees determine they can no longer serve due to safety reasons.

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS
47	Reasons for Leaving the Program Early	Record the reason the participant left the program early.

Education Activities

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS
48	Date Entered Reading Remediation	Enter the date on which the participant started math/reading remediation. Reading remediation consists of classroom instruction designed to improve an participant's math/reading skills for those participants who are determined to be basic literacy skills deficient. Basic education skills include reading comprehension, speaking, listening, problem solving, reasoning, and the capacity to use these skills.

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS
49	Date of First Reading Remediation Services During the Month	Enter the first date during the month in which the participant received reading remediation services. Note: This field must repeat for every month in which the participant receives math/reading remediation services.
50	Date Ended Reading Remediation	Enter the date on which the participant exited reading remediation.
51	Completed Reading Remediation	Select **Yes** if the participant successfully completed reading remediation. Select **No** if the participant did not successfully complete reading remediation.
52	Date Entered Math Remediation	Enter the date on which the participant started math remediation. Math remediation consists of classroom instruction designed to improve an participant's math skills for those participants who are determined to be basic literacy skills deficient.
53	Date of First Math Remediation Services During the Month	Enter the first date during the month in which the participant received math remediation services. Note: This field must repeat for every month in which the participant receives math remediation services.
54	Date Ended Math Remediation	Enter the date on which the participant exited math remediation.
55	Completed Math Remediation	Select **Yes** if the participant successfully completed math remediation. Select **No** if the participant did not successfully complete math remediation.

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS
56	Date Entered Tutoring	Enter the date on which the participant started Tutoring services.
57	Date of first Tutoring Services During the Month	Enter the first date during the month in which the participant received Tutoring services. Note: This field must repeat for every month in which the participant receives tutoring services.
58	Date Ended Tutoring Services	Enter the date on which the participant exited Tutoring Services.
59	Completed Tutoring	Select Yes if the participant successfully completed vocational/occupational skills training. Select No if the participant did not successfully complete vocational/ occupational skills training.
60	Date Entered Credit Retrieval Classes	Enter the date on which the participant started credit retrieval classes.
61	Date of First Credit Retrieval Classes During the Month	Enter the first date during the month in which the participant received credit retrieval classes. Note: This field must repeat for every month in which the participant receives credit retrieval classes.
62	Date Ended Credit Retrieval Classes	Enter the date on which the participant exited credit retrieval classes.

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS
63	Completed Credit Retrieval Classes	Select Yes if the participant successfully completed credit retrieval classes. Select No if the participant did not successfully complete credit retrieval classes.
64	Date Entered Academic Counseling	Enter the date on which the participant began receiving academic counseling, including assistance in compiling high school credits earned at different schools.
65	Date of First Academic Counseling During the Month	Enter the first date during the month in which the participant received academic counseling. Note: This field must repeat for every month in which the participant receives academic counseling.
66	Date Ended Academic Counseling	Enter the date on which the participant exited Academic Counseling.
67	Completed Academic Counseling	Select Yes if the participant successfully completed academic counseling. Select No if the participant did not successfully complete academic counseling.
68	Date Entered Twilight, Continuation, or Alternative School.	Enter the date on which the participant entered Twilight, Continuation, or Alternative School. This should be for an enrollment that is paid for whole or in part by the grant. Otherwise, the enrollment should be counted as an outcome below. This should be for a school leading to a high school diploma. Otherwise, it should be counted as a GED program below.

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS
69	Date First Attended Twilight, Continuation, or Alternative School During the Month.	Enter the first date during the month in which the participant attended Twilight, Continuation, or Alternative School. Note: This field must repeat for every month in which the participant attends Twilight, Continuation, or Alternative School.
70	Date Ended Twilight, Continuation, or Alternative School.	Enter the date on which the participant exited the Twilight, Continuation, or Alternative School.
71	Completed Twilight, Continuation, or Alternative School	Select Yes if the participant successfully completed Twilight, Continuation, or Alternative School. Select No if the participant did not successfully complete Twilight, Continuation, or Alternative School.
72	Date Entered GED Instruction	Enter the date on which the participant started GED Instruction.
73	Date of first GED Preparation Services During the Month	Enter the first date during the month in which the participant received GED preparation services. Note: This field must repeat for every month in which the participant receives GED preparation services.
74	Date Ended GED Preparation	Enter the date on which the participant exited GED preparation.

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS
75	Completed GED Preparation	Select **Yes** if the participant successfully completed GED preparation Select **No** if the participant did not successfully complete GED preparation.
76	Date Entered ESL Classes	Enter the date on which the participant started ESL Classes.
77	Date of first ESL Classes During the Month	Enter the first date during the month in which the participant attended ESL Classes. Note: This field must repeat for every month in which the participant attends ESL Classes.
78	Date Ended ESL Classes	Enter the date on which the participant exited ESL Classes.
79	Completed ESL Classes	Select Yes if the participant successfully completed ESL Classes. Select No if the participant did not successfully complete ESL Classes.
80	Date Entered Vocational/ Occupational Skills Training Services	Enter the date on which the participant started vocational/occupational skills training. Vocational/ occupational skills training is training consisting of specific classroom and work-based study in a specific occupation leading to a degree or industry-recognized certificate. Vocational/occupational training provided whole or in part with DOL grant funds or other DOL funds should be entered here as a program activity. Long-term vocational/occupational training provided with non-DOL funds should be entered as a program outcome in Line 202 below.

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS
81	Date of First Vocational/ Occupational Skills Training Services During the Month	Enter the first date during the month in which the participant received vocational/occupational skills training services. Note: This field must repeat for every month in which the participant receives vocational/occupational skills training services.
82	Date Ended Vocational/ Occupational Skills Training Services	Enter the date on which the participant exited vocational/occupational skills training.
83	Completed Vocational/ Occupational Skills Training Services	Select **Yes** if the participant successfully completed vocational/occupational skills training. Select **No** if the participant did not successfully complete vocational/ occupational skills training.
84	Expected Duration of Vocational/ Occupational Skills Training	Select the duration of the vocational/occupational skills training program that the participant has entered
85	Occupational Skills Training Code	Enter the 8 digit O*Net 4.0 (or later versions) code that best describes the training occupation for which the participant received training services. **Record 00000000** or leave "blank" if occupational code is not available or not known. Additional Notes: If all 8 digits of the occupational skills code are not collected, record as many digits as are available. If the individual recieves multiple training services, use the occupational skills training code for the most recent training.

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS
86	Date Entered College Bound Program.	Enter the date on which the participant started College Bound programs.
87	Date of first College Bound Activities During the Month	Enter the first date during the month in which the participant received College Bound services. Note: This field must repeat for every month in which the participant receives College Bound services .
88	Date Ended College Bound Activities	Enter the date on which the participant exited College Bound activities.
Workforce Preparation Activities		
89	Date Entered Work Experience	Enter the date on which the participant started work experience.
90	Date of First Work Experience During the Month	Enter the first date during the month in which the enrollee participated in work experience. Note: This field must repeat for every month in which the enrollee participates in work experience.
91	Date Ended Work Experience	Enter the date on which the participant exited work experience.

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS
92	Completed Work Experience	Select **Yes** if the participant successfully completed work experience. Select **No** if the participant did not successfully complete work experience.
93	Date Entered Subsidized Internship	Enter the date on which the participant started a subsidized internship.
94	Date of First Subsidized Internship During the Month	Enter the first date during the month in which the enrollee participated in a subsidized internship. Note: This field must repeat for every month in which the participant is in a subsidized internship.
95	Date Ended Subsidized Internship	Enter the date on which the participant exits the subsidized internship.

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS
96	Completed Subsidized Internship	Select **Yes** if the participant successfully completed subsidized internship Select **No** if the participant did not successfully complete subsidized internship.
97	Date Entered Unsubsidized Internship	Enter the date on which the participant started unsubsidized internship.
98	Date of First Unsubsidized Internship During the Month	Enter the first date during the month in which the participant participated in unsubsidized internship.. Note: This field must repeat for every month in which the participant is in the internship.
99	Date Ended Unsubsidized Internship	Enter the date on which the participant exits unsubsidized internship.
100	Completed Unsubsidized Internship	Select **Yes** if the participant successfully completed unsubsidized internship Select **No** if the participant did not successfully complete unsubsidized internship.
101	Date Entered Work Readiness Training	Enter the date on which the participant started work readiness training.

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS
102	Date of First Work Readiness Training Services During the Month	Enter the first date during the month in which the participant received work readiness training services. Note: This field must repeat for every month in which the participant receives work readiness training services.
103	Date Ended Work Readiness Training	Enter the date on which the participant exits work readiness training.
104	Completed Work Readiness Training	Select **Yes** if the participant successfully completed work readiness training Select **No** if the participant did not successfully complete work readiness training.
105	Date Entered Pre-Apprenticeship Program	Enter the date on which the participant started a pre-apprenticeship program A pre-apprenticeship program means an organized plan under which apprenticeship candidates will be selected for a short (a few weeks) intensified training period in a school or training center, with the intent to place them into regular apprenticeship upon completion or soon after completion of pre-apprenticeship.
106	Date of First Pre-Apprenticeship ProgramServices During the Month	Enter the first date during the month in which the participant received pre-apprenticeship program services. Note: This field must repeat for every month in which the participant receives pre-apprenticeship program services.
107	Date Ended Pre-Apprenticeship Program	Enter the date on which the participant exits pre-apprenticeship program.

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS
108	Completed Pre-Apprenticeship Program	Select **Yes** if the participant successfully completed pre-apprenticeship program Select **No** if the participant did not successfully complete pre-apprenticeship program.
109	Date Entered Career/Life Skills Counseling	Enter the date on which the participant started career/life skills counseling. Career/Life skills counseling includes helping enrollees develop career plans, teaching them values and to take responsibility for their actions, and teaching them decision-making skills.
110	Date of First Career/Life Skills Counseling Services During the Month	Enter the first date during the month in which the participant received career/life skills counseling services. Note: This field must repeat for every month in which the participant receives career/life counseling services.
111	Date Ended Career/Life Skills Counseling	Enter the date on which the participant exits career/life skills counseling.
112	Completed Career/Life Skills Counseling	Select **Yes** if the participant successfully completed career/life skills counseling Select **No** if the participant did not successfully complete career/life skills counseling.
113	Date Entered Job Placement Services	Enter the date on which the participant started job placement services.

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS
114	Date of First Job Placement Services During the Month	Enter the first date during the month in which the enrollee participated in unsubsidized internship.. Note: This field must repeat for every month in which the participant is in the internship.
115	Date Ended Job Placement Services	Enter the date on which the participant exits job placement services.
116	Completed Job Placement Services	Select **Yes** if the participant successfully completed job placement services. Select **No** if the participant did not successfully complete job placement services.
Community Service and Leadership Development Activities		
117	Date Entered Community Service/ Restorative Justice	Enter the date on which the participant started community service/restorative justice.
118	Date of First Community Service/ Restorative Justice Services During the Month	Enter the first date during the month in which the enrollee participated in community service/restorative justice. Note: This field must repeat for every month in which the enrollee participates in community service/restorative justice.
119	Date Ended Community Service/ Restorative Justice	Enter the date on which the participant exits community service/restorative justice.

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS
120	Completed Community Service/ Restorative Justice	Select **Yes** if the participant successfully completed community service Select **No** if the participant did not successfully complete community service.
121	Date Entered Leadership Development Activities	Enter the date on which the participant started leadership development activities.
122	Date of First Leadership Development Activities During the Month	Enter the first date during the month in which the participant participated in leadership development activities. Note: This field must repeat for every month in which the participant participates in leadership development activities.
123	Date Ended Leadership Development Activities	Enter the date on which the participant exits leadership development activities.
124	Completed Leadership Development Activities	Select **Yes** if the participant successfully completed leadership development activities. Select **No** if the participant did not successfully complete leadership development activities.
Mentoring Activities		
125	Date Entered Mentoring Activities	Enter the date on which the participant started mentoring activities. Mentoring is a sustained relationship between a mentor and participant, whether one on one or in a group setting. Through continued involvement, a mentor offers support and guidance in the individual's development to become a responsible member of the community. A variety of approaches may be used such as coaching, training, discussion, and counseling.

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS
126	Date of First Mentoring Activities Services During the Month	Enter the first date during the month in which the participant received mentoring activities services. Note: This field must repeat for every month in which the participant receives mentoring activities services.
127	Date Ended Mentoring Activities	Enter the date on which the participant exits mentoring activities.
128	Completed Mentoring Activities	Select **Yes** if the participant successfully completed mentoring activities Select **No** if the participant did not successfully complete mentoring activities.
HEALTH SERVICES		
129	Date Entered Substance Abuse Treatment	Enter the date on which the participant started substance abuse treatment.
130	Provider Type	Select **Faith-based Provider** if the substance abuse treatment is provided by a faith-based organization. Select **Community-based Provider** if the substance abuse treatment is provided by a community-based organization. Select **Public Provider** if the substance abuse treatment is provided by a public organization.
131	Date of First Substance Abuse Treatment During the Month	Enter the first date during the month in which the participant received substance abuse treatment. Note: This field must repeat for every month in which the participant receives substance abuse treatment.
132	Date Ended Substance Abuse Treatment	Enter the date on which the participant exited substance abuse treatment

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS
133	Completed Substance Abuse Treatment	Select **Yes** if the participant successfully completed substance abuse treatment. Select **No** if the participant did not successfully complete substance abuse treatment.
134	Date Entered Mental Health Services	Enter the date on which the participant started mental health services.
135	Date of First Mental Health Services During the Month	Enter the first date during the month in which the participant received mental health services. Note: This field must repeat for every month in which the participant receives mental health services.
136	Date Ended Mental Health Services	Enter the date on which the participant exited mental health services
137	Completed Mental Health Services	Select Yes if the participant successfully completed mental health services. Select No if the participant did not successfully complete mental health treatment.
138	Date Entered Emergency Medical Care	Enter the date on which the participant started emergency medical care.
139	Date of First Emergency Medical Care During the Month	Enter the first date during the month in which the participant received emergency medical care. Note: This field must repeat for every month in which the participant receives emergency medical care.
140	Date Ended Emergency Medical Care	Enter the date on which the participant exited emergency medical care
141	Completed Emergency Medical Care	Select Yes if the participant successfully completed emergency medical care. Select No if the participant did not successfully complete emergency medical care.

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS
142	Date Entered Non-Emergency Medical Care	Enter the date on which the participant started non-emergency medical care.
143	Date of First Non-Emergency Medical Care During the Month	Enter the first date during the month in which the participant received non-emergency medical care. Note: This field must repeat for every month in which the participant receives non-emergency medical care.
144	Date Ended Non-Emergency Medical Care	Enter the date on which the participant exited non-emergency medical care
145	Completed Non-Emergency Medical Care	Select Yes if the participant successfully completed non-emergency medical care. Select No if the participant did not successfully complete non-emergency medical care.
146	Date Entered Other Health Services	Enter the date on which the participant started other health services.
147	Date of First Other Health Services During the Month	Enter the first date during the month in which the participant received other health services. Note: This field must repeat for every month in which the participant receives other health services.
148	Date Ended Other Health Services	Enter the date on which the participant exited other health services
149	Completed Other Health Services	Select Yes if the participant successfully completed other health services. Select No if the participant did not successfully complete other health services.

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS
Supportive Services		
150	Date Entered Transportation Services	Enter the date on which the participant started transportation services. Transportation services include assistance or cash paid to participants for the purpose of transportation.
151	Date of First Transportation Services During the Month	Enter the first date during the month in which the participant received transportation services . Note: This field must repeat for every month in which the participant receives transportation services .
152	Date Ended Transportation Services	Enter the date on which the participant exited transportation services.
153	Date Entered Child Care Services	Enter the date on which the participant started child care services. Child care services provide participants during program participation with child care that can be inside or outside the home, as well as after-school programs. It usually includes supervision and shelter.
154	Date of First Child Care Services During the Month	Enter the first date during the month in which the participant received child care services . Note: This field must repeat for every month in which the participant receives child care services .
155	Date Ended Child Care Services	Enter the date on which the participant exits child care services.
156	Date Entered Other Supportive Services	Enter the date on which the participant started other supportive services.
157	Types of Other Supportive Services	Enter the types of other supportive services provided.

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS
158	Date of First Other Supportive Services During the Month	Enter the first date during the month in which the participant received other supportive services . Note: This field must repeat for every month in which the participant receives other supportive services .
159	Date Ended Other Supportive Services	Enter the date on which the participant exited other supportive services.
160	Date Entered Follow-up Services	Enter the date on which the participant started follow-up services. Follow-up services are those that occur after an individual is placed or otherwise leaves the program and no longer wants or needs other services. Note that there is no formal exit from the program and enrollees may always return for any and all services, with the exception of enrollees who grantees determine they can no longer serve for safety reasons.
161	First Date of Follow-up Services During Month	Enter the first date during the month in which the participant received other follow-up services. Note: This field must repeat for every month in which the participant receives other follow-up services.
162	Date Ended Follow-up Services	Enter the last date on which the participant received follow-up services.

SECTION III - PROGRAM OUTCOMES INFORMATION

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS
SECTION III.A - SHORT-TERM OUTCOME STATUS		

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS
163	Date of Return to Regular High School or Entered Continuation or Alternative School	Enter the date on which the participant returned to regular high school or entered a continuation or alternaqtive school that awards high school diplomas.
164	Reached 12 Month Point since Return to Regular High School or Entered Continuation or Alternative School	Computer will automatically generate whether enrollees has reached the 12-month point since returning to regular high school or entering continuation or alternative school.
165	Has Remained in Regular High School, Continuation School, or Alternative School for 12 Months.	Indicate whether enrollee has remained in regular high school, continuation school, or alternative school for 12 months.
166	Date of Initial Placement Into Unsubsidized Employment	Enter the date on which the participant started the initial unsubsidized employment
167	Employer Name for Initial Placement Into Unsubsidized Employment	Enter the employer's name for the participant's initial placement into unsubsidized employment.

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS
168	Employer Contact for Initial Placement Into Unsubsidized Employment	Enter the contact information for the employer for the participant's placement into unsubsidized employment.
169	Hourly Wage at Placement for Initial Placement into Unsubsidized Employment	Enter the hourly wage for the initial unsubsidized unemployment at placement.
170	Number of Hours Worked During the 1st Full Week in Initial Placement into Unsubsidized Employment.	Enter the number of hours worked during the first full week for the initial job placement.
171	Date of Placement Into Unsubsidized Employment #2	Enter the date on which the participant started the second placement into unsubsidized employment.
172	Employer Name for Placement Into Unsubsidized Employment #2	Enter the employer's name for the participant's second placement into unsubsidized employment.
173	Employer Contact for Placement Into Unsubsidized Employment #2	Enter the contact information for the employer for the participant's second placement into unsubsidized employment.

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS
174	Hourly Wage at Placement for Placement into Unsubsidized Employment #2	Enter the hourly wage for the second unsubsidized unemployment at placement.
175	Number of Hours Worked During the 1st Full Week in Placement into Unsubsidized Employment #2	Enter the number of hours worked during the first full week for the placement into the second unsubsidized employment..
176	Repeat Fields as needed for Additional Jobs	Grantees must be able to collect the above job information for as many jobs as the participant has.
177	Date Entered Post-Secondary Education	Enter the date on which the participant enrolled in post-secondary education.
178	Date Entered Long-Term Vocational or Occupational Training	Enter the date on which the participant enrolled in long-term vocational or occupational training. Vocational/ occupational skills training is training consisting of specific classroom and work-based study in a specific occupation leading to a degree or industry-recognized certificate. Long-term vocational or occupationtal training should only be included here if it is provided with non-DOL funds. Vocational or occupational training provided with DOL grant funds or other DOL funds should be entered as a program activity in Line 88 above.
179	Date Entered Registered Apprenticeship Program	Enter the date on which the participant enrolled in registered apprenticeship.

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS
180	Employer Name for Placement Into Registered Apprenticeship Program	Enter the employer's name for the participant's placement into a registered apprenticeship .
181	Employer Contact for Placement Into Registered Apprenticeship Program	Enter the contact information for the employer for the participant's placement into a registered apprenticeship
182	Hourly Wage at Placement for Placement into Registered Apprenticeship Program	Enter the hourly wage for the registered apprenticeship at placement.
183	Number of Hours Worked During the 1st Full Week in Placement into Registered Apprenticeship Program	Enter the number of hours worked during the first full week for the placement into a registered apprenticeship.
184	Remained in Unsubsidized Job, Vocational Training, Post-Secondary Education, or Apprenticeghip Placement for 3 or More Months.	Indicate whether the enrollee has remained in an unsubsidized job, vocational training, post-secondary education, or apprenticeghip placement for 3 or more months.

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS
185	Date the Enrollee is Arrested for a New Crime Committed After Enrollment into Your Program	Enter the date the enrollee is arrested for a new crime committed after enrollment into your program. Leave blank if enrollee has not been arrested for a new crime committed after enrollment into your program.
186	Date the Enrollee is Convicted of a New Crime Committed After Enrollment into Your Program	Enter the date the enrollee is convicted of a new crime committed after enrollment into your program. Leave blank if enrollee has not been convicted of a new crime committed after enrollment into your program.
187	Whether the Enrollee has Reached the 12-Month Point Point Since Being Released from a Corrcetional Facility or Being Placed on Probation	The computer will automatically generate whether the enrollee has reached the 12-month point since being released from a correctional facility or detention or being placed on probation.
188	Arrested for a New Crime within 12-Month of Being Released from a Correctional Facility or Being Placed on Probation	The computer will automatically generate whether the enrollee has been arrested for a new crime within 12-months of being released from a correctional facility or detention or being placed on probation.

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS
189	Convicted of a New Crime within 12-Month of Being Released from a Correctional Facility or Being Placed on Probation	The computer will automatically generate whether the enrollee has been convicted of a new crime within 12-months of being released from a correctional facility or detention or being placed on probation.
190	Date the Enrollee is Incarcertaed after Conviction for a New Crime Committed After Enrollment into Your Program	Enter the date the enrollee is incarcerated after conviction for a new crime committed after enrollment into your program. Leave blank if enrollee has not been incarccerated after conviction for a new crime committed after enrollment into your program. Not that being placed in pre-trial confinment in not counted in this measure.
191	Date Cited for Violating Terms of Probation or Parole	Enter the date the enrollee is cited for violating the terms of probation or parole after entering your program.
192	Date Incarcerated for Violating Terms of Probation or Parole	Enter the date the enrollee is incarcerated for violating the rems of probation or parole after entering your program.

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS
193	Received Legal Services for Expungement	Select Yes if the participant received legal services to expunge their records. Select No if the participant did not receive legal services to expunge their records.
194	Record Expunged	Select Yes if the participant's record has been expunged. Select No if the participant's juvenile record has not been expunged.
195	Placed in Diversion Program	Select Yes if the participant was placed in a diversion program. Select No if the participant was not placed in a diversion program.
196	Case Dismissed as result of Diversion Program	Select Yes if the participant's case was dismissed as the result of a diversion program. Select No if the participant's case was not dismissed as the result of a diversion program.

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS
SECTION III.B   FOLLOW-UP EMPLOYMENT STATUS
197	Employment and Education Status at 3 Month Follow-up.	Use the appropriate code to identify the employment and education status of the enrollee at follow-up 3 months after the end of the third month in which the participant did not receive any services other than follow-up services.
198	Method for Determining Employment Status at 3-Month Follow-up.	Use the appropriate code to identify the method used in determining the individual's employment status at 3-month follow-up.
199	Date of 3-Month Follow-up Attempt	Enter the date on which the grantee attempted to contact the participant or employer to obtain information on employment and earnings at 3-Month follow-up.

Repeat for each follow-up attempt. |
| 200 | Date of 3-Month Follow-up Interview with Enrollee. | Enter the date the grantee successfully contacted the participant to collect employment and earnings information at 3-Month follow-up. |

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS
201	Employment and Education Status at 6-Month Follow-up	Use the appropriate code to identify the employment and education status of the enrollee at follow-up 6 months after the end of the third month in which the participant did not receive any program services other than follow-up services.
202	Method for Determining Employment Status at 6-Month Follow-up.	Use the appropriate code to identify the method used in determining the individual's employment status at 6-month follow-up.
203	Date of 6-Month Follow-up Attempt	Enter the date on which the grantee attempted to contact the participant or employer to obtain information on employment and earnings at 6-Month follow-up. Repeat for each follow-up attempt.
204	Date of 6-Month Follow-up Interview with Enrollee.	Enter the date the grantee successfully contacted the participant to collect employment and earnings information at 6-month follow-up.

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS
205	Employment and Education Status at 9-Month Follow-up	Use the appropriate code to identify the employment and education status of the enrollee at follow-up 9 months after the end of the third month in which the participant did not receive any services other than follow-up services.
206	Method for Determining Employment Status at 9-Month Follow-up.	Use the appropriate code to identify the method used in determining the individual's employment status at 9-month follow-up.
207	Date of 9-Month Follow-up Attempt	Enter the date on which the grantee attempted to contact the participant or employer to obtain information on employment and earnings at 9-Month follow-up.

Repeat for each follow-up attempt. |
| 208 | Date of 9-Month Follow-up Interview with Enrollee. | Enter the date the grantee successfully contacted the participant to collect employment and earnings information at 9-Month follow-up. |

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS
209	Employment and Education Status at 12-Month Follow-up	Use the appropriate code to identify the employment and education status of the enrollee at follow-up 12 months after the end of the third month in which the participant did not receive any services other than follow-up services.
210	Method for Determining Employment Status at 12-Month Follow-up.	Use the appropriate code to identify the method used in determining the individual's employment status at 12-month follow-up.
211	Date of 12-Month Follow-up Attempt	Enter the date on which the grantee attempted to contact the participant or employer to obtain information on employment and earnings at 12-Month follow-up. Repeat for each follow-up attempt.
212	Date of 12-Month Follow-up Interview with Enrollee.	Enter the date the grantee successfully contacted the participant to collect employment and earnings information at 12-Month follow-up.

SECTION IIIC - POST-PROGRAM WAGE DATA

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS
213	Wage at 3-Month Follow-up	Record the wage per hour of the enrollee at the job job held at 3-month follow-up. Enter 99.99 if data is not available or the enrollee is not working at 3-month follow-up.
214	Wage at 6-Month Follow-up	Record the wage per hour of the enrollee at the job job held at 6-month follow-up. Enter 99.99 if data is not available or the enrollee is not working at 6-month follow-up.
215	Wage at 9-Month Follow-up	Record the wage per hour of the enrollee at the job job held at 9-month follow-up. Enter 99.99 if data is not available or the enrollee is not working at 9-month follow-up.

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS
216	Wage at 12- Month Follow-up	Record the wage per hour of the enrollee at the job job held at 12-month follow-up. Enter 99.99 if data is not available or the enrollee is not working at 9-month follow-up.

SECTION III.D - EDUCATION DIPLOMA, GED, AND CREDENTIAL DATA

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS
217	Attained Diploma, GED, or Certificate #1	Select **attained a secondary school diploma** individual attained a secondary school (high school) diploma recognized by the State. Select **attained a GED or high school equivalency diploma** if the individual attained a GED or high school equivalency diploma recognized by the State. Select **attained a certificate in recognition of attainment of technical or occupational skills** if the individual attained a certificate in recognition of attainment of technical or occupational skills. Select **did not attain a diploma, GED, or certificate** if the individual did not attain a diploma, GED, or certificate.
218	Date Attained Degree or Certificate #1	Record the date on which the individual attained a diploma, GED, or certificate. Leave "blank" if the individual did not attain a diploma, GED, or certificate.

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS
219	Specify the Name of Certificate #1	Specify the name of the first certificate achieved. Leave blank if no certificate was achieved.
220	Attained Diploma, GED, or Certificate #2	Select **attained a secondary school diploma** individual attained a secondary school (high school) diploma recognized by the State. Select **attained a GED or high school equivalency diploma** if the individual attained a GED or high school equivalency diploma recognized by the State. Select **attained a certificate in recognition of attainment of technical or occupational skills** if the individual attained a certificate in recognition of attainment of technical or occupational skills. Select **did not attain a diploma, GED, or certificate** if the individual did not
221	Date Attained Degree or Certificate #2	Record the date on which the individual attained a diploma, GED, or certificate. Leave "blank" if the individual did not attain a diploma, GED, or certificate.
222	Specify the Name of Certificate #2	Specify the name of the second certificate achieved. Leave blank if no certificate was achieved.

VALID VALUES
Text
Text
Text
Text
Text
Text
Dropdown Menu -- All States
NNNNN
NNN-NNN-NNNN
NNN-NNN-NNNN
NNN-NNN-NNNN
Text
Text

VALID VALUES
NNN-NNN-NNNN
Text
NNN-NNN-NNNN
XXXXXX (No hyphens)
MM/DD/YYYY
1 = Male 2 = Female Blank = no self-disclosure
1 = Yes 2 = No Blank = no self-disclosure
1 = Yes Blank = not reported
1 = Yes Blank = not reported
1 = Yes Blank = not reported

VALID VALUES
1 = Yes Blank = not reported
1 = Yes Blank = not reported
MM/DD/YYYY

VALID VALUES
1 = Yes   2 = No
00
00
00
1 = High school student 2 = High school graduate 3 = High School dropout
1 = High school student 2 = High school graduate 3 = High School dropout

VALID VALUES
00 = No school grades completed
01 - 12 = Number of elementary/secondary school grades completed
13-15 = Number of college, or full-time technical or vocational school years completed
16 = Bachelor's degree or equivalent
17 = Education beyond the Bachelor's degree
87 = Attained High School Diploma
88 = Attained GED or Equivalent
89 = Attained Certificate of Attendance/Completion
90 = Attained Other Post-Secondary degree or Certificate
1 = Yes 2 = No
1 = Currently in, returning from, or had been in a juvenile correctional facility 2 = Currently in, returning from, or had been in a juvenile detention facility 3 = Currently on, leaving,or had been on juvenile probation   4 = Currently in, leaving, or had been in juvenile alternative sentencing or diversion 5 = Currently in, returning from, or had been in an adult prison   6 = Currently in, returning from, or had been in an adult jail 7 = Currently on, leaving, or had been on adult probation 8 = Currently in, leaving, or had been in adult sentence or diversion   9 =At-risk individual who is not an offender

VALID VALUES
MM/DD/YYYY
1 = Yes   2 = No
1 = Yes 2 = No
1 = Yes 2 = No

VALID VALUES
1 = Yes 2 = No Blank = no self-identification
1 = Significant health issues 2 = No significant health issues
1 = Employed 2 = Employed, but Received Notice of Termination of Employment or Military Separation 3 = Not Employed

VALID VALUES
00 Blank = not employed
00.00 Blank = not employed
MM/DD/YYYY Blank = not employed

1 = Own/rent apartment, room, or house
2 = Staying at someone's apartment, room, or house (Stable)
3 = Halfway house/ transitional house
4 = Residential treatment
5 = Homeless
6 = Staying at someone's apartment, room, or house (Unstable)

MM/DD/YYYY

MM/DD/YYYY

VALID VALUES
01 = Moved to Different Geographic Area   02 = Health/Medical 03 = Deceased 04 = Family Care 05 = Reservists Called to Active Duty 06 = Left Early for Other Reason or Left without Giving Reason
MM/DD/YYYY

VALID VALUES
MM/DD/YYYY
MM/DD/YYYY
1 = Yes 2 = No
MM/DD/YYYY
MM/DD/YYYY
MM/DD/YYYY
1 = Yes 2 = No

VALID VALUES
MM/DD/YYYY
MM/DD/YYYY
MM/DD/YYYY
1 = Yes 2 = No
MM/DD/YYYY
MM/DD/YYYY
MM/DD/YYYY

VALID VALUES
1 = Yes 2 = No
MM/DD/YYYY
MM/DD/YYYY
MM/DD/YYYY
1 = Yes 2 = No
MM/DD/YYYY

VALID VALUES
MM/DD/YYYY
MM/DD/YYYY
1 = Yes 2 = No
MM/DD/YYYY
MM/DD/YYYY
MM/DD/YYYY

VALID VALUES
1 = Yes 2 = No
MM/DD/YYYY
MM/DD/YYYY
MM/DD/YYYY
1 = Yes 2 = No
MM/DD/YYYY

VALID VALUES
MM/DD/YYYY
MM/DD/YYYY
1 = Yes 2 = No
1 = 5 or fewer hours per week 2 = 6 to 15 hours per week 3 = 16 to 25 hours per week 4 = 25 or more hours per week
00000000

VALID VALUES
MM/DD/YYYY
MM/DD/YYYY
MM/DD/YYYY
MM/DD/YYYY
MM/DD/YYYY
MM/DD/YYYY

VALID VALUES
1 = Yes 2 = No
MM/DD/YYYY
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VALID VALUES
1 = Yes 2 = No
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1 = Yes 2 = No
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VALID VALUES
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1 = Yes 2 = No
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VALID VALUES
1 = Yes 2 = No
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1 = Yes 2 = No
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VALID VALUES
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1 = Yes 2 = No
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VALID VALUES
1 = Yes 2 = No
MM/DD/YYYY
MM/DD/YYYY
MM/DD/YYYY
1 = Yes 2 = No
MM/DD/YYYY

VALID VALUES
MM/DD/YYYY
MM/DD/YYYY
1 = Yes 2 = No
MM/DD/YYYY
1 = Faith-based Provider 2 = Community-based Provider 3 = Public Provider
MM/DD/YYYY
MM/DD/YYYY

VALID VALUES
1 =Yes 2 = No
MM/DD/YYYY
MM/DD/YYYY
MM/DD/YYYY
1 =Yes 2 = No
MM/DD/YYYY
MM/DD/YYYY
MM/DD/YYYY
1 =Yes 2 = No

VALID VALUES
MM/DD/YYYY
MM/DD/YYYY
MM/DD/YYYY
1 =Yes 2 = No
MM/DD/YYYY
MM/DD/YYYY
MM/DD/YYYY
1 =Yes 2 = No

VALID VALUES
MM/DD/YYYY
MM/DD/YYYY
MM/DD/YYYY
MM/DD/YYYY
MM/DD/YYYY
MM/DD/YYYY
MM/DD/YYYY
Text

VALID VALUES
MM/DD/YYYY
MM/DD/YYYY
MM/DD/YYYY
MM/DD/YYYY
MM/DD/YYYY

VALID VALUES

VALID VALUES
MM/DD/YYYY
1 = Yes, reached 12-month point since returning to regular high school or entering continuation or alternative school.   2 = No, has not reached 12-month point since returning to regular high school or entering continuation or alternative school.
1 = Yes, enrollee has remained in regular high school, continuation school, or alternative school for 12 months.   2 = No, enrollee did not remain in regular high school, continuation school, or alternative school for 12 months.
MM/DD/YYYY
Text

VALID VALUES
Text
00.00
00
MM/DD/YYYY
Text
Text

VALID VALUES
00.00
00
MM/DD/YYYY Blank = did not enter post-secondary education
MM/DD/YYYY   Blank = Did not enter long-term vocational or occupational training.
MM/DD/YYYY   Blank = Did not enter a registered apprenticeship program.

VALID VALUES
Text
Text
00.00
00
1 = Yes   2 = No

VALID VALUES
MM/DD/YYYY   Blank = Was not arrested for a new crime
MM/DD/YYYY   Blank = Was not convicted of a new crime
1 =Yes, Reached 12-Month Point 2 = No, Have Not Reached 12-Month Point
1 = Yes, Has been arrested for a new crime withn 12 months of being released from a corrcetional facility or detention or being placed on probation. .   2 = No, Has not been arrested for a new crime within 12 months of being released from a corrcetional facility or detention or being placed on probation.

VALID VALUES
1 = Yes, Has been convicted of a new crime withn 12 months of being released from a corrcetional facility or detention or being placed on probation.   . 2 = No, Has not been convicted of a new crime within 12 months of being released from a corrcetional facility or detention or being placed on probation.
MM/DD/YYYY Blank = Was not incarcerated for a new crime
MM/DD/YYYY Blank = Was not cited for violating probation or parole after entering your program.
MM/DD/YYYY Blank = Was not incarecerated for violating probation or parole after entering your program.

VALID VALUES	
1 =Yes	2 = No
1 = Yes	2 = No
1 = Yes	2 = No
1 = Yes	2 = No

VALID VALUES
1 = Employed full-time and not attending school   2 = Employed part-time and not attending school 3 = Employed full-time and attending high school   4 = Employed full-time and attending post-secondary school   5 = Employed part-time and attending high school   6 = Employed part-time and attending post-secondary school   7 = Not employed but attending high school 8 = Not employed but attending post-secondary school 9 = Neither working nor in school   Blank = Not contacted at follow-up
1 = UI Wage Records (In-State & WRIS) 2 = Federal Employment Records (OPM, USPS) 3 = Military Employment Records (DOD) 4 = Other Administrative Wage Records 5 = Supplemental through case management, participant survey, and/or verification with the employer Blank = Not Employed.
MM/DD/YYYY
MM/DD/YYYY   Blank = Grantee did not successfully contact the the enrollee for 3-Month follow-up employment and earnings information.

VALID VALUES
1 = Employed full-time and not attending school   2 = Employed part-time and not attending school 3 = Employed full-time and attending high school   4 = Employed full-time and attending post-secondary school   5 = Employed part-time and attending high school   6 = Employed part-time and attending post-secondary school   7 = Not employed but attending high school 8 = Not employed but attending post-secondary school 9 = Neither working nor in school   Blank = Not contacted at follow-up
1 = UI Wage Records (In-State & WRIS) 2 = Federal Employment Records (OPM, USPS) 3 = Military Employment Records (DOD) 4 = Other Administrative Wage Records 5 = Supplemental through case management, participant survey, and/or verification with the employer Blank = Not Employed.
MM/DD/YYYY
MM/DD/YYYY   Blank = Grantee did not successfully contact the the enrollee for 3-Month follow-up employment and earnings information.

VALID VALUES
1 = Employed full-time and not attending school   2 = Employed part-time and not attending school 3 = Employed full-time and attending high school   4 = Employed full-time and attending post-secondary school   5 = Employed part-time and attending high school   6 = Employed part-time and attending post-secondary school   7 = Not employed but attending high school 8 = Not employed but attending post-secondary school 9 = Neither working nor in school   Blank = Not contacted at follow-up
1 = UI Wage Records (In-State & WRIS) 2 = Federal Employment Records (OPM, USPS) 3 = Military Employment Records (DOD) 4 = Other Administrative Wage Records 5 = Supplemental through case management, participant survey, and/or verification with the employer Blank = Not Employed.
MM/DD/YYYY
MM/DD/YYYY   Blank = Grantee did not successfully contact the the enrollee for 3-Month follow-up employment and earnings information.

VALID VALUES
1 = Employed full-time and not attending school   2 = Employed part-time and not attending school 3 = Employed full-time and attending high school   4 = Employed full-time and attending post-secondary school   5 = Employed part-time and attending high school   6 = Employed part-time and attending post-secondary school   7 = Not employed but attending high school 8 = Not employed but attending post-secondary school 9 = Neither working nor in school   Blank = Not contacted at follow-up
1 = UI Wage Records (In-State & WRIS) 2 = Federal Employment Records (OPM, USPS) 3 = Military Employment Records (DOD) 4 = Other Administrative Wage Records 5 = Supplemental through case management, participant survey, and/or verification with the employer Blank = Not Employed.
MM/DD/YYYY
MM/DD/YYYY   Blank = Grantee did not successfully contact the the enrollee for 3-Month follow-up employment and earnings information.

VALID VALUES
00.00
00.00
00.00

VALID VALUES
00.00
1 = Attained a secondary school (high school) diploma. 2 = Attained a GED or high school equivalency diploma. 3 = Attained a certificate in recognition of attainment of technical or occupational skills. 4 = Did not attain a diploma, GED, or certificate.
MM/DD/YYYY Blank = did not attain diploma, GED, or certificate

VALID VALUES
Text Blank = no certificate achieved
1 = Attained a secondary school (high school) diploma. 2 = Attained a GED or high school equivalency diploma. 3 = Attained a certificate in recognition of attainment of technical or occupational skills. 4 = Did not attain a diploma, GED, or certificate
MM/DD/YYYY Blank = did not attain diploma, GED, or certificate
Text Blank = no certificate achieved