




OVERVIEW SCREENS

CFDOCS/grantee_prod/reporting/etjd/index.cfm?CFID=99959&CFTOKEN=90150739&jsessionid=8e30166b' 

  Logged in as TEST 1
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Login


OMB Control No: 1205-0485
Expiration Date: 12/31/2014
Grantee: Test Grantee - 1
Grant No: JC-21913-11-60-A-01
Contact: TEST 1
Email: CallahanConsults@gmail.com

This is a TEST server and should only be used for training purposes as data is periodically erased.

Welcome!

The Department of Labor, Employment and Training Administration has created the Enhanced Transitional Jobs Demonstration (ETJD) to allow Grantees administering and participating in ETJD grants to create, monitor, and update records of participants, including services, transitional job activities and outcomes. The system shall allow Grantees the capability to generate aggregate Quarterly Performance Reports in order to meet Grant reporting requirements.

- To access a specific module, please select the corresponding tab.
- For general information on how to use this system, click the "Help" link.

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CASES: OVERVIEW

OMB Control No: 1205-0485
 Expiration Date: 12/31/2014
 Grantee: Test Grantee - 1
 Grant No: JC-21913-11-60-A-01
 Contact: TEST 1
 Email: CallahanConsults@gmail.com

[Add New Case](#)

Filter By:

Cases Assigned To Choose Participant Name

Date of Enrollment From To Apply Reset

Viewing 1 to 17 of 17 Records
 Page: 1

	Individual	Participant ID	Random Assignment Enrollment Date	Case Assigned To	Program Status	Exit Date	Deletion
<input type="checkbox"/>	Betty A	TJ32120	02/01/12	TEST 1	Exited	04/04/12	Request Deletion
<input type="checkbox"/>	Jim A	TJ72903	12/31/12	TEST 1	Exited	01/01/13	Request Deletion
<input type="checkbox"/>	Aron B	TJ91388	02/05/12	TEST 1	Exited	04/04/12	Request Deletion
<input type="checkbox"/>	Jim B	TJ01619	12/31/13	James Callahan	Active		Request Deletion
<input type="checkbox"/>	Jean C	TJ91350	12/01/12	TEST 1	Active		Request Deletion
<input type="checkbox"/>	Race C	TJ65104	01/13/12	TEST 1	Exited	12/12/12	Request Deletion
<input type="checkbox"/>	Sam Control	TJ41859	01/02/14	James Callahan	Control		Request Deletion
<input type="checkbox"/>	Harry D	TJ98977	01/17/11	TEST 1	Exited	10/10/12	Request Deletion
<input type="checkbox"/>	Jill D	TJ21586	01/01/14	TEST 1	Active		Request Deletion
<input type="checkbox"/>	Ima E	TJ08780	12/25/13	TEST 1	Exited	12/31/13	Request Deletion
<input type="checkbox"/>	Jen E	TJ14753	12/01/12	TEST 1	Exited	01/14/13	Request Deletion



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SUMMARY

OMB Control No: 1205-0485
 Expiration Date: 12/31/2014
 Grantee: Test Grantee - 1
 Grant No: JC-21913-11-60-A-01
 Contact: TEST 1
 Email: CallahanConsults@gmail.com

Jim A [\(Edit\)](#)
Participant ID: TJ72903
 Phone: (333) 333-3333

[Print This Page](#)

* = Required Field

- Summary
- Enrollment
- Services
- Transitional Jobs
- Outcomes
- Exit
- Follow-Up

Summary

Case Creation Date: 12/31/13
 Enrollment Date: 12/31/12
 Exit Date: 01/01/2013
 Case Assigned To:

Services

Category	Service	Date of First Service	Date of Last Service	Number of Attendance Dates	Provider
Education and Job Training	English as a Second Language	01/02/2013	01/02/2013	1	Grantee

Transitional Jobs

Transitional Jobs Provider	Work Start Date	Work End Date	Hourly Wage	Earned to Date
----------------------------	-----------------	---------------	-------------	----------------

Exit

Type of Exit	Reason for other Exit	Date of Exit	Successful Exit	Exit Status
1 Hard exit by user	N/A	01/01/2013	Yes	Exit Completed

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* = Required Field

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Summary

Case Creation Date: 12/31/13
 Enrollment Date: 12/31/12
 Exit Date: 01/01/2013
 Case Assigned To:

Services

Category	Service	Date of First Service	Date of Last Service	Number of Attendance Dates	Provider
Education and Job Training	English as a Second Language	01/02/2013	01/02/2013	1	Grantee

Transitional Jobs

Transitional Jobs Provider	Work Start Date	Work End Date	Hourly Wage	Earned to Date
----------------------------	-----------------	---------------	-------------	----------------

Exit

Type of Exit	Reason for other Exit	Date of Exit	Successful Exit	Exit Status
1 Hard exit by user	N/A	01/01/2013	Yes	Exit Completed

Outcomes

Type of Outcome	Name	Date
Employment	Arts and Craft	01/01/2013
Employment	Doc's	02/02/2013
Education	Degree	01/01/2014
Education	Degree	01/01/2014
Recidivism	Otherwise Violated	01/03/2013

ETJD  Logged in as TEST 1

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ENROLLMENT

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Participant ID: TJ72903
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*** = Required Field**

[Summary](#) | [Enrollment](#) | [Services](#) | [Transitional Jobs](#) | [Outcomes](#) | [Exit](#) | [Follow-Up](#)

Enrollment Information

Participant ID:	TJ72903
Date of Birth:	02/02/1950
First Name:	Jim
Middle Name:	
Last Name:	A
Enrollment Date:	12/31/2012
Control/Treatment:	Treatment

Confirmation

To access the confirmation page for Jim A [click here](#).



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SERVICES : OVERVIEW

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- Summary
- Enrollment
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[Service Provider Management](#) | [Add New Service](#)

Delete	Category	Service	Date of First Service	Date of Last Service	Number of Attendance Dates	Provider
	Education and Job Training	English as a Second Language	01/02/2013	01/02/2013	1	Grantee



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TRANSITIONAL JOBS: OVERVIEW

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[Transitional Jobs Provider Management](#) Add New Transitional Job

Transitional Jobs Provider	Work Start Date	Work End Date	Hourly Wage	Earned to Date
----------------------------	-----------------	---------------	-------------	----------------



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OUTCOMES

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Outcomes

Employment

[Add New Job](#)

Employer Name	Employer Contact	Date of Placement	Last Date of Employment	Hourly Wage
Arts and Craft		01/01/2013		\$10.00
Doc's		02/02/2013		\$8.25

Education and Credential

[Add New Education and Credential Data](#)

Type	Type of Diploma/Certificate Name	Name of School/Organization	Date Attained/Awarded
Degree	Graduate Degree	U of M	01/01/2014
Degree	GED or Equivalent	U of M	01/01/2014

Recidivism

[Add New Re-Arrest](#)

Type	Date Re-Arrested/Re-Incarcerated/Violated	Date Dismissed/Dropped
Otherwise Violated	01/03/2013	

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EXIT

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Exit Overview

[Update Exit](#) | [Delete Exit](#)

Exit Information	
Type of Exit:	Hard exit by user
Successful Exit:	Yes
Date of Exit:	01/01/2013
Comments:	



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FOLLOW UP

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[1st Quarter After Exit](#)

[2nd Quarter After Exit](#)

[3rd Quarter After Exit](#)

Follow-up: 1st Quarter After Exit

Existing Follow-Up entries:

[Add New Follow-Up](#)

Follow-Up Date	Successful	Employed	Hours	Wage	Sup. Pmt.	Amount
04/15/13	Yes	Yes	40	\$9.25		\$0

Summary	1st Q	2nd Q	3rd Q
Successful	Yes		
Employed	Yes		
Child Sup. Pmt.			



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DATA ENTRY SCREENS:

ADD NEW CASE (PARTICIPANT):

ow/CFDOCS/grantee_profl/reporting/etjd/participant_edtl_dsp.cfm

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PARTICIPANT INFORMATION

Page 1 of 5

Contact Information

First Name *

Middle Name

Last Name *

Suffix

Date of Birth * mm/dd/yyyy

Eligibility Type * Ex-Offender Low Income, Non-Custodial Parent

U.S. Citizen * Yes No

Authorized To Work Yes No

Gender * Male Female

Is participant registered for selective service? * Yes No [Selective Service System \(SSS\) Web Site](#)
Note: This field is required if the participant is a Male and aged 18 or older.

If not registered, have they submitted a status information letter to SSS explaining why they did not register? * Yes No

Address 1 *

Address 2

City *

State * Choose One

Zip *

Email

Phone Information

Area Code * Phone Number * Extension

Type of Phone Number * Choose One

Additional Phone

Personal Contact Information

First Name * Last Name *

Type of Contact * Choose One Email

Area Code * Phone Number * Extension

Type of Phone Number * Choose One

Add Additional Contact

Save Save/Continue

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AML Test
Participant ID: T.J20820
Phone: (202) 555-1234

[Print This Page](#)

* = Required Field Edit Participant | 2 | 3 | 4 | 5

Demographic Information

Ethnicity Hispanic/Latino * Yes No Not Specified

Race * American Indian or Alaska Native
 Hawaiian Native or other Pacific Islander
 Asian
 White
 Black or African American
 Not Specified

Primary Language * English Spanish Other

Limited English Proficient * Yes No

Marital Status * Choose...

Participant Lives With *
 Alone
 Wife/Husband
 Girlfriend/Boyfriend
 Parent/Stepparent

Housing Status at Enrollment * Choose...

Highest Grade Completed * Choose...

Credentials Obtained *
 0 - No diploma / GED
 1 - Occupational Certificate (but no HS diploma or GED)
 2 - Advanced GED or Equivalent
 3 - High School Diploma
 4 - Occupational Certificate (and a HS diploma or GED)

Eligible Veteran Status * Choose...

Eligible Veteran Status * Choose...

Individual with a Disability * Yes No

Violent Offender * Yes No

Sex Offender * Yes No

Have you ever been convicted of a Federal or State crime and served time? * Yes No

The age of minor children varies by state. Please answer the following true questions based on the child's age and your state.

CA Under 18 except if child is in high school, and then until 19
 OR Under 18 except if child is in high school, and then until 20
 IN Under 21
 NY Under 21
 TX Under 18
 WA Under 18

Number of Minor Children * Choose...

Number of Minor Children Living With Participant * Choose...

Family Support *
 None to None
 Job
 Substance Abuse Treatment
 Transportation

Public Assistance at Enrollment *
 Supplemental Security Income (SSI) or Social Security Disability Insurance
 Temporary Assistance for Needy Families (TANF)
 Welfare for single adults or general assistance (GA)
 Unemployment Insurance

Individual Monthly Income at Enrollment * Choose...

Medical Benefits * Choose...

Has Participant Ever Received Mental Health Treatment * Yes No

Referral Source *

User Defined 1
 0 characters / 1000

User Defined 2
 0 characters / 1000



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PARTICIPANT INFORMATION

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OMB Control No: 1205-0485
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Grant No: JC-21913-11-60-A-01
Contact: TEST 1
Email: CallahanConsults@gmail.com

AML Test
Participant ID: TJ20820
Phone: (202) 555-1234

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*** = Required Field**

Edit Participant: [1](#) [2](#) [3](#) [4](#) [5](#)

Employment History

Currently Employed * Yes No

If no, have you ever been employed? * Yes No

Start Date of Most Recent Job mm/dd/yyyy

Ending Date of Most Recent Job mm/dd/yyyy

Occupation of Most Recent Job

Hourly Wage

Have you ever worked for the same employer for 6 months or more? Yes No

In total, how much did you work during the last three years?

Drug/Alcohol Use

Alcohol Abuse / Drug Use at Intake Yes No

Alcohol Abuse / Drug Use Previously Yes No

Alcohol Abuse / Drug Use Treatment at Intake Yes No

Alcohol Abuse / Drug Use Treatment Previously Yes No

If Previously Treated for Alcohol Abuse or Drug Use, How Many Times?

Save | Save/Continue



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PARTICIPANT INFORMATION

(Non-Custodial Parent) Page 4 of 5

OMB Control No: 1205-0485
Expiration Date: 12/31/2014
Grantee: Test Grantee - 1
Grant No: JC-21913-11-60-A-01
Contact: TEST 1
Email: CallahanConsults@gmail.com

AML Test

Participant ID: TJ20820

Phone: (202) 555-1234

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*** = Required Field**

Edit Participant: [1](#) [2](#) [3](#) [4](#) [5](#)

Non-Custodial Parent

Formal Child Support Order in Place Yes No Don't Know

Note: If you answer Yes, all fields below are required.

Provide the Birth Date of the Youngest (Focal) Child mm/dd/yyyy

Date of Most Recent Visitation with Focal Child mm/yyyy

Number of Child Support Enforcement Cases

Enter Data for Each Case Information



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PARTICIPANT INFORMATION (Ex-Offender) Page 5 of 5

OMB Control No: 1205-0485
Expiration Date: 12/31/2014
Grantee: Test Grantee - 1
Grant No: JC-21913-11-60-A-01
Contact: TEST 1
Email: CallahanConsults@gmail.com

AML Test
Participant ID: TJ20820
Phone: (202) 555-1234

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* = Required Field

Edit Participant: 1 2 3 4 5

Ex-Offender Information

Date of Most Recent Release * mm/dd/yyyy

Status at Intake * Parole Probation Other Criminal Justice/Court Supervision None

Parole Assessed Level of Risk Choose

Criminal Justice System ID

Type of Criminal Justice ID Choose

Other Criminal Justice ID

Date of Incarceration for Most Recent Crime mm/dd/yyyy

Prior to Participation*
Institution at Which the Participant Most Recently Was Incarcerated Prior to Enrollment

Type of Institution Federal Prison State Prison County/City Jail

Total Time Incarcerated * Years Months

Age of First Juvenile or Adult Conviction

Type of Crime

One of the following four fields is required: *

Property Crime Choose (if other, please specify)

Type of Other Property Crime

Drug Crime Choose (if other, please specify)

Type of Other Drug Crime

Type of Crime

One of the following four fields is required: *

Property Crime Choose (if other, please specify)

Type of Other Property Crime

Drug Crime Choose (if other, please specify)

Type of Other Drug Crime

Public Order Offenses Choose (if other, please specify)

Type of Other Public Order Offenses

Other Offenses Yes No (if yes, please specify)

Type of Other Offenses

Save Save/Continue



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ENROLLMENT

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Grantee: Test Grantee - 1
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Contact: TEST 1
Email: CallahanConsults@gmail.com

AML Test [\(Edit\)](#)
Participant ID: TJ20820
Phone: (202) 555-1234

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*** = Required Field**

Summary

Enrollment

Enrollment Information

Participant ID: TJ20820
Date of Birth: 12/19/1983
First Name: AML
Middle Name:
Last Name: Test

[Go to ETJD Random Assignment](#)

Control/Treatment * Control Treatment

Enrollment Date *




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ADD NEW SERVICE:

v/CFDOCS/grantee_prod/reporting/etjd/services_edit_dsp.cfm?participant_id=51125§ionId=1

Search


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SERVICES : ADD NEW

OMB Control No: 1205-0485
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Grantee: Test Grantee - 1
Grant No: JC-21913-11-60-A-01
Contact: TEST 1
Email: CallahanConsults@gmail.com

AML Test (Edit)
Participant ID: Tj20820
Phone: (202) 555-1234

 Print This Page

*** = Required Field**

Summary | Enrollment | **Services** | Transitional Jobs | Outcomes | Exit

New Service

Choose Service Code *

- Please choose...
- Education and Job Training**
 - English as a Second Language
 - GED Preparation
 - Math/Reading Remediation
 - On-the-Job Training (OJT)
 - Vocational/Occupational Skills Training
 - Other Education or Job Training
- Workforce Preparation Activities**
 - Career/Life Skills Counseling/Planning
 - Formal Assessment/Testing
 - Internship
 - Subsidized Employment (Non-ETJD)
 - Work Readiness Training
 - Workforce Information Services
 - Other Workforce Preparation Activities
- Community Involvement Activities**
 - Community Service
 - Other Community Involvement Activities
- Mentoring Activities**

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SERVICES : ADD NEW

OMB Control No: 1205-0485
Expiration Date: 12/31/2014
Grantee: Test Grantee - 1
Grant No: JC-21913-11-60-A-01
Contact: TEST 1
Email: CallahanConsults@gmail.com

AML Test [\(Edit\)](#)
Participant ID: TJ20820
Phone: (202) 555-1234

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*** = Required Field**

Summary

Enrollment

Services

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Outcomes

Exit

New Service

Choose Service Code *

Service Description

Provider * [\(Add New Service Provider\)](#)


Date of Work Readiness Training *

Close-Out Status Completed Successfully Completed Dropped Out

ADD NEW TRANSITIONAL JOB:

gov/CFDOCS/grantee_prod/reporting/etjd/trans_edit_dsp.cfm?participant_id=51125§ionId=2

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TRANSITIONAL JOBS: ADD NEW

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AML Test (Edit)
Participant ID: TJ20820
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Summary Enrollment Services **Transitional Jobs** Outcomes Exit

Add Transitional Jobs

Provider:* Grantee (Add New Transitional Jobs Provider)

Work Pay Period: Start:* mm/dd/yyyy End:* mm/dd/yyyy

Hours Worked:*

Hourly Wages:* \$ 0.00

Pay Date:* mm/dd/yyyy

Amount of Gross Pay: \$ 0.00

Amount of Net Pay:* \$ 0.00

Pay Type:* Choose One: ▾

If Other:

Amount of Wage Subsidy:* Choose One: ▾

If Other:

Occupational Sector of Job:* Choose One: ▾

Add Job Cancel

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- [Exit](#)

Add Transitional Jobs

Provider:* [\(Add New Transitional Jobs Provider\)](#)

Work Pay Period: Start:*

Hours Worked:*

Hourly Wages:* \$

Pay Date:*

Amount of Gross Pay: \$

Amount of Net Pay:* \$

Pay Type:*

If Other:

Amount of Wage Subsidy:*


If Other:

Occupational Sector of Job:*

- Choose One:
- Arts, Design, Entertainment, Sports, and Media Occupations
- Building and Grounds Cleaning and Maintenance Occupations
- Business and Financial Operations Occupations
- Community and Social Services Occupations
- Computer and Mathematical Occupations
- Construction and Extraction Occupations
- Education, Training, and Library Occupations
- Farming, Fishing, and Forestry Occupations<
- Food Preparation and Serving Related Occupations
- Healthcare Practitioner and Technical Occupations
- Installation, Maintenance, and Repair Occupations
- Legal Occupations
- Life, Physical, and Social Science Occupations
- Management Occupations
- Military Specific Occupations
- Office and Administrative Support Occupations
- Personal Care and Service Occupations
- Production Occupations
- Protective Service Occupations

OUTCOMES:

ow/CFDOCS/grantee_prod/reporting/etjd/outcomes_dsp.cfm?participant_id=51125 Search

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Outcomes

Employment + [Add New Job](#)


Employer Name	Employer Contact	Date of Placement	Last Date of Employment	Hourly Wage
---------------	------------------	-------------------	-------------------------	-------------

Education and Credential + [Add New Education and Credential Data](#)

Type	Type of Diploma/Certificate Name	Name of School/Organization	Date Attained/Awarded
------	----------------------------------	-----------------------------	-----------------------

Recidivism + [Add New Re-Arrest](#)

Type	Date Re-Arrested/Re-Incarcerated/Violated	Date Dismissed/Dropped
------	---	------------------------

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Add New Employment Outcome:

/CFDOCS/grantee_prod/reporting/etjd/outcomes_employment_dsp.cfm?participant_id=51125 Search

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OUTCOMES

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Summary Enrollment Services Transitional Jobs **Outcomes** Exit

Employment Placement

Add Employment

Date of Placement: * (mm/dd/yyyy)

Occupation at Placement: * Choose One:

Occupation Title:

Employer Name *

Employer Contact

Employer Address 1

Employer Address 2

Employer City

State Choose One

Zip

Employer Phone (nnn-xxx-xxxx)

Hourly Wage \$: * 0.00 (xxx)

Number of Hours Worked During the 1st Full Week *


Last Date of Employment (mm/dd/yyyy)

Reason for Leaving Placement in Unsubsidized Employment

Save Cancel

Add New Education Outcome – Credential:

ov/CFDOCS/grantee_prod/reporting/etjd/outcomes_education_dsp.cfm?participant_id=51125 Search

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OUTCOMES

OMB Control No: 1205-0485
Expiration Date: 12/31/2014
Grantee: Test Grantee - 1
Grant No: JC-21913-11-60-A-01
Contact: TEST 1
Email: CallahanConsults@gmail.com

AML Test
Participant ID: TJ20820
Phone: (202) 555-1234

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Add Credential / Degree Attainment


Add Credential / Degree Attainment

Select which type: CERTIFICATE DEGREE

Name of Certificate*


Date Certificate Awarded * mm/dd/yyyy

Name of Awarding Organization*

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Add New Education Outcome – Degree:

CFDOCS/grantee_prod/reporting/etjd/outcomes_education_dsp.cfm?participant_id=51125 Search

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OUTCOMES

OMB Control No: 1205-0485
Expiration Date: 12/31/2014
Grantee: Test Grantee - 1
Grant No: JC-21913-11-60-A-01
Contact: TEST 1
Email: CallahanConsults@gmail.com

AML Test
Participant ID: TJ20820
Phone: (202) 555-1234

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Add Credential / Degree Attainment

Add Credential / Degree Attainment

Select which type: CERTIFICATE DEGREE


Type of Diploma*

Date Diploma Attained*

Name of School*

Major


[Save](#) [Cancel](#)

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Add New Recidivism Outcome:

CFDOCS/grantee_prod/reporting/etjd/outcomes_rearrest_dsp.cfm?participant_id=51125

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OUTCOMES

OMB Control No: 1205-0485
Expiration Date: 12/31/2014
Grantee: Test Grantee - 1
Grant No: JC-21913-11-60-A-01
Contact: TEST 1
Email: CallahanConsults@gmail.com

AML Test
Participant ID: TJ20820
Phone: (202) 555-1234

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Re-arrested / Re-incarceration Selection


Re-adjudicated/Re-Incarcerated

- Re-arrested within 12 months of release for a new crime
- Re-arrested for a previous crime (Note: This option does not count towards the recidivism rate.)
- Re-incarcerated for a revocation of the parole or probation order for violations of terms of sentence
- Otherwise violated the terms and conditions of their sentence – if the participant violates his/her parole or probation and is not re-incarcerated. (Note: This option does not count towards the recidivism rate.)
- Not Re-arrested

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Option 1) Re-arrested – New Crime:

r/CFDOCS/grantee_prod/reporting/etjd/outcomes_rearrest_moreinfo_dsp.cfm?participant_id=51125 Search

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OUTCOMES

OMB Control No: 1205-0485
Expiration Date: 12/31/2014
Grantee: Test Grantee - 1
Grant No: JC-21913-11-60-A-01
Contact: TEST 1
Email: CallahanConsults@gmail.com

AML Test
Participant ID: TJ20820
Phone: (202) 555-1234

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Add Arrest/Re-Adjudication/Re-Incarceration

Re-arrested within 12 months of release for a new crime

Date Re-Arrested * mm/dd/yyyy

Date Case Dismissed / Charges Dropped mm/dd/yyyy

Additional Information

Most Serious Charge for New Crime


Convicted of New Crime Yes No

Date Convicted of New Crime mm/dd/yyyy

Incarcerated After New Conviction Yes No


Date Incarcerated After New Conviction mm/dd/yyyy

Date Released from Incarceration for New Crime mm/dd/yyyy

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Option 2) Re-arrested – Previous Crime:

/CFDOCS/grantee_prod/reporting/etjd/outcomes_rearrest_moreinfo_dsp.cfm?participant_id=51125 Search

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OUTCOMES

OMB Control No: 1205-0485
Expiration Date: 12/31/2014
Grantee: Test Grantee - 1
Grant No: JC-21913-11-60-A-01
Contact: TEST 1
Email: CallahanConsults@gmail.com

AML Test

Participant ID: TJ20820
Phone: (202) 555-1234

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Add Arrest/Re-Adjudication/Re-Incarceration

Re-arrested for a previous crime (Note: This option does not count towards the recidivism rate.)

Date Re-Arrested * mm/dd/yyyy

Date Case Dismissed / Charges Dropped mm/dd/yyyy

Additional Information

Most Serious Charge for Previous Crime

Convicted of Previous Crime Yes No


Date Convicted of Previous Crime mm/dd/yyyy

Incarcerated After New Conviction Yes No

Date Incarcerated After New Conviction mm/dd/yyyy


Date Released from Incarceration for Previous Crime mm/dd/yyyy

[Save](#) [Cancel](#)

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Option 3) Re-incarcerated – Parole/Probation Violation:

/CFDOCS/grantee_prod/reporting/etjd/outcomes_rearrest_moreinfo_dsp.cfm?participant_id=51125 Search

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OUTCOMES

OMB Control No: 1205-0485
Expiration Date: 12/31/2014
Grantee: Test Grantee - 1
Grant No: JC-21913-11-60-A-01
Contact: TEST 1
Email: CallahanConsults@gmail.com

AML Test
Participant ID: TJ20820
Phone: (202) 555-1234

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Add Arrest/Re-Adjudication/Re-Incarceration

Re-incarcerated for a revocation of the parole or probation order for violations of terms of sentence

Date Re-Incarcerated * mm/dd/yyyy

Additional Information


Reason for Revocation

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Option 4) Other Violation:

CFDOCS/grantee_prod/reporting/etjd/outcomes_rearrest_moreinfo_dsp.cfm?participant_id=51125

Search


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OUTCOMES

OMB Control No: 1205-0485
Expiration Date: 12/31/2014
Grantee: Test Grantee - 1
Grant No: JC-21913-11-60-A-01
Contact: TEST 1
Email: CallahanConsults@gmail.com

AML Test
Participant ID: TJ20820
Phone: (202) 555-1234

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Summary | Enrollment | Services | Transitional Jobs | **Outcomes** | Exit

Add Arrest/Re-Adjudication/Re-Incarceration

Otherwise violated the terms and conditions of their sentence – if the participant violates his/her parole or probation and is not re-incarcerated. (Note: This option does not count towards the recidivism rate.)

Date Violated* mm/dd/yyyy

Save Cancel

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QUARTERLY FOLLOW-UPS (1st, 2nd, and 3rd QUARTERS AFTER EXIT):

w/CFDOCS/grantee_prod/reporting/etjd/followup_form_dsp.cfm?participant_id=2704&quarter=1

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FOLLOW UP

OMB Control No: 1205-0485
 Expiration Date: 12/31/2014
 Grantee: Test Grantee - 1
 Grant No: JC-21913-11-60-A-01
 Contact: TEST 1
 Email: CallahanConsults@gmail.com

Jim A
 Participant ID: TJ72903
 Phone: (333) 333-3333

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Summary Enrollment Services Transitional Jobs Outcomes Exit Follow-Up

[1st Quarter After Exit](#) [2nd Quarter After Exit](#) [3rd Quarter After Exit](#)

Existing Follow-Up Entries: 1st Quarter After Exit

Post-Program Employment and Job Retention Data (04/01/2013 to 06/30/2013)

Date of Follow-Up * (mm/dd/yyyy)

Successful Follow-up * Yes No

Employed * Yes No (Required if 'Successful Follow-Up' is 'Yes')

Hours Worked in a Full Week 0 (Required if 'Employed' is 'Yes')

Hourly Wages First Full Week of Work \$ 0.00 (Required if 'Employed' is 'Yes')

Made Child Support Payment Yes No Fulfilled
 (Required for non-custodial parents if 'Successful Follow-up' is 'Yes')

Date of Payment (Required if 'Made Child Support Payments' is 'Yes')

Amount of Payment \$ 0.00 (Required if 'Made Child Support Payments' is 'Yes')

Time Period of Payment Choose... (Required if 'Made Child Support Payments' is 'Yes')

ADDITIONAL INFORMATION

Mode of Contact Choose

Received Public Assistance After Exit Choose...

Save Clear

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