




# OVERVIEW SCREENS

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

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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  
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 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"/>	<a href="#">Betty A</a>	TJ32120	02/01/12	TEST 1	Exited	04/04/12	Request Deletion
<input type="checkbox"/>	<a href="#">Jim A</a>	TJ72903	12/31/12	TEST 1	Exited	01/01/13	Request Deletion
<input type="checkbox"/>	<a href="#">Aron B</a>	TJ91388	02/05/12	TEST 1	Exited	04/04/12	Request Deletion
<input type="checkbox"/>	<a href="#">Jim B</a>	TJ01619	12/31/13	James Callahan	Active		Request Deletion
<input type="checkbox"/>	<a href="#">Jean C</a>	TJ91350	12/01/12	TEST 1	Active		Request Deletion
<input type="checkbox"/>	<a href="#">Race C</a>	TJ65104	01/13/12	TEST 1	Exited	12/12/12	Request Deletion
<input type="checkbox"/>	<a href="#">Sam Control</a>	TJ41859	01/02/14	James Callahan	Control		Request Deletion
<input type="checkbox"/>	<a href="#">Harry D</a>	TJ98977	01/17/11	TEST 1	Exited	10/10/12	Request Deletion
<input type="checkbox"/>	<a href="#">Jill D</a>	TJ21586	01/01/14	TEST 1	Active		Request Deletion
<input type="checkbox"/>	<a href="#">Ima E</a>	TJ08780	12/25/13	TEST 1	Exited	12/31/13	Request Deletion
<input type="checkbox"/>	<a href="#">Jen E</a>	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

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

### 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





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## ENROLLMENT

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

[Print This Page](#)

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

[Print This Page](#)

**\* = Required Field**

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

[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

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

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

[Print This Page](#)

*\* = Required Field*

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

[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

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

Print This Page

\* = Required Field

- Summary
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### Outcomes

#### Employment

[Add New Job](#)

Employer Name	Employer Contact	Date of Placement	Last Date of Employment	Hourly Wage
<a href="#">Arts and Craft</a>		01/01/2013		\$10.00
<a href="#">Doc's</a>		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
<a href="#">Degree</a>	Graduate Degree	U of M	01/01/2014
<a href="#">Degree</a>	GED or Equivalent	U of M	01/01/2014

#### Recidivism

[Add New Re-Arrest](#)

Type	Date Re-Arrested/Re-Incarcerated/Violated	Date Dismissed/Dropped
<a href="#">Otherwise Violated</a>	01/03/2013	



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## EXIT

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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*\* = Required Field*

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

### 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

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

Print This Page

**\* = Required Field**

Summary

Enrollment

Services

Transitional Jobs

Outcomes

Exit

Follow-Up

[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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ETJD

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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

### 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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## PARTICIPANT INFORMATION

Page 2 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: T.J20820  
Phone: (202) 555-1234

[Print This Page](#)

\* = Required Field Edit Participant | 2 | 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? \*

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 \*  
Place to Live  
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  
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

Print This Page

**\* = 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

[Print This Page](#)

**\* = 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

Print This Page

\* = 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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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

[Print This Page](#)

**\* = 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&sectionId=1

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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

 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

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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 \*

Service Description

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

Date of Work Readiness Training \*

Close-Out Status  Completed Successfully  Completed  Dropped Out



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# ADD NEW TRANSITIONAL JOB:

gov/CFDOCS/grantee\_prod/reporting/etjd/trans\_edit\_dsp.cfm?participant\_id=51125&sectionId=2

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TRANSITIONAL JOBS: 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

[Print This Page](#)

**\* = Required Field**

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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## TRANSITIONAL JOBS: 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
- Transitional Jobs**
- Outcomes
- 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

**ETJD**  Logged in as TEST 1


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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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**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**

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

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

### 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

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

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


Save/Continue | Cancel

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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

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

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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

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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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**\* = Required Field**

Summary Enrollment Services Transitional Jobs **Outcomes** Exit

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


Save Cancel

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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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**\* = Required Field**


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 (1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> QUARTERS AFTER EXIT):

w/CFDOCS/grantee\_prod/reporting/etjd/followup\_form\_dsp.cfm?participant\_id=2704&quarter=1

Home Manage Cases Reports Admin

**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  (Required if 'Employed' is 'Yes')

Hourly Wages First Full Week of Work \$  (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 \$  (Required if 'Made Child Support Payments' is 'Yes')

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

**ADDITIONAL INFORMATION**

Mode of Contact

Received Public Assistance After Exit

Save Clear

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