

# Semi-annual HPOG Program Performance Report

## HPOG Grantee Performance Indicators

The following indicators will be used to track grantee performance. All data required to calculate the measures will be programmed into the HPOG Performance Reporting System and submitted to ACF by grantees with their semi-annual Performance Progress Report (SF-PPR). All information in the SF-PPR (Cover Page, Narrative, and Performance Measures) will be programmed into the Performance Reporting System and the report will be electronically produced, with narrative entries, verification, and submission to ACF done by grantees. See Instrument A.1 HPOG Performance Reporting System at the end of this document.

### HPOG Program Participation

Indicator #1                      Number of enrollees (number of persons served)

### HPOG Program Early Results

Indicator #2                      Number and percentage who complete the training program  
Indicator #3                      Number and percentage who receive credentials (certificates/degrees)  
Indicator #4                      Number and percentage of exiters: a) employed at exit; b) average wage; c) average weekly hours  
Indicator #5                      Number and percentage of exiters: employed in health occupations; average wage; average weekly hours

### HPOG Program Later Results

Indicator #6                      Number and percentage of exiters: (a) employed six months after exit; (b) average wage; (c) average weekly hours  
Indicator #7                      Number and percentage of exiters: (a) employed in health occupations; (b) average wage; (c) average weekly hours  
Indicator #8                      Number and percentage of exiters: (a) employed in health occupations who increased wages at six months; (b) employed in health occupation who had advanced in position at six months.

# Health Profession Opportunity Grant (HPOG)

## Program Performance Reporting System

### Overview & “Common Core” Participant Data Elements

---

The Health Profession Opportunity Grant (HPOG) Program Performance Reporting System is being developed for the U.S. Department of Health and Human Services, Administration for Children and Families and will be used for both program performance management and evaluation. Major features of the system are summarized below. See Instrument A.1 HPOG Performance Reporting System at the end of this document for a full list of data elements.

#### Purposes of the System

- ❖ **Program Performance Reporting.** The system will include all data needed to track and manage grantee performance. The quantitative sections of grantees’ required semi-annual Performance Progress Reports (PPR) to USDHHS/ACF will be produced from the participant-level information in the HPOG data system. Grantees will also be able to insert the narrative portions of the semi-annual PPR and thus submit the entire report directly from the data system sections.
- ❖ **Program Evaluation.** The system will include data necessary for future analyses and evaluations of HPOG. Data items will enable a range of analyses at the participant, program, and grantee levels.

#### Key System Features

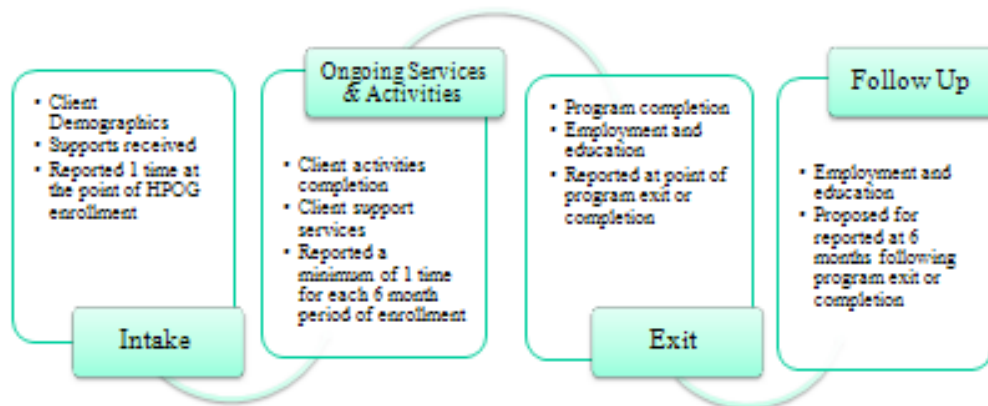
- ❖ **Internet-Based Application.** The HPOG data system will be on a secure HPOG website maintained by The Urban Institute. Staff at the grantee or subgrantee level who are granted authorization to access the system will receive a secure password and will be able to enter and/or view data on their participants (but not those in programs operated by other grantees). HPOG evaluators will be able to view data from participants across all grantees, but private information (such as participant name and Social Security number) will be accessible *only* by those identified in informed consent forms signed by the participant.
- ❖ **Efficient and Secure Data Entry Format.** The data system is structured to reduce the burden on grantees and programs while ensuring adequate detail and accuracy. A data streaming capability is built into the secure web-based system, allowing authorized grantees and programs to program their existing information systems to interface with and stream data to the HPOG Performance Reporting System. The interface will allow HPOG participant data on existing grantee or provider systems to be uploaded directly into the HPOG Performance Reporting System. Populating the HPOG system as fully as possible with existing electronic data reduces data entry burden and minimizes data entry errors. Data items that cannot be uploaded will be

entered directly by program staff into the HPOG data system. Data items that include private information (e.g., Social Security number) will be automatically encrypted at data entry.

- ❖ **Full Case Management Capability.** The HPOG Performance Reporting System is being developed to allow programs to use it for case management and performance management purposes. Data on individual participants can be entered at intake as part of the initial interaction between the participant and grantee staff. Participant training experience and use of services may be recorded at any time in the individual record. Narrative case notes can also be added as text. The system will generate automatic periodic management and performance reports. This includes the capability to generate the federally required semi-annual Performance Progress Report.
- ❖ **Multi-level Data Structure.** The multi-level structure of the HPOG Performance Reporting System is designed to serve both program management purposes and future evaluation purposes. For example, activities and outcomes can be tracked by participant, by site or program unit, and by grantee. The multi-level variables can also be used in future analyses that might include hierarchical statistical modeling of program features, inputs, outputs, and outcomes.

### Participant-Level Data Items

- ❖ **Data to be Collected and Entered into the HPOG System throughout Each Participant's Involvement in HPOG.** As shown in the exhibit below, detailed and systematic participant-level information will be collected and recorded into the HPOG Performance Reporting System for all HPOG participants at every grantee and program (subgrantee location) beginning with program intake/enrollment and continuing through exit and follow-up.



- o **Participant characteristics data will be collected at intake**, including a range of demographic characteristics, employment and educational background, and receipt of public assistance and supportive services.
- o **Ongoing services and activities in which the participant engages in HPOG** (pre-training components, remedial education, occupational training and type of training, support

services, and employment-related services) will be entered into the HPOG Performance Reporting System throughout each participant's involvement in the program. To determine the extent of the service or activity (i.e., "dosage"), staff will also record dates of service and, and for some activities, hours of participation or program funds expended on the service.

- o **Results/outcomes of HPOG activities** will be recorded in the HPOG Performance Reporting System at exit and six months after exit, including: completion of education or training, receipt of credential, degree or license, entry into employment, and employment in a health care industry. For those who enter employment, occupation, hourly wage, and hours worked per week will be recorded. Programs will also follow up with participants six months after exit to update employment and education status. These program-recorded data on results will complement quarterly earnings data compiled from the National Directory of New Hires, which will also be merged into the HPOG Performance Reporting System.

### **Program-Level Data Items**

- ❖ **Categories of information that characterize each program** (at either grantee or subgrantee level depending on grant details):
  - o Organizational information (e.g., name, location, institutional type)
  - o All key components (e.g., services, education, training programs, employment components)
  - o Role in HPOG (e.g., grantee, subgrantee, vendor, non-financial service provider)
- ❖ **Key characteristics of each training program**
  - o Name and location of program
  - o Occupational focus (e.g., CNA, EMT)
  - o Duration/length (weeks)
  - o Objective (e.g., credential/degree, credit/non-credit)
  - o Service delivery or instructional model if appropriate (e.g., I-BEST, Cooperative Education internship, Registered Apprenticeship)

### **Grantee Level Data Items**

- ❖ **Key Grantee Programmatic and implementation**

- o Primary HPOG model (e.g., occupation(s) or occupational clusters targeted, career pathway focus, theoretical or cultural foundation)
  - o Presence of a dominant delivery model (e.g., contextual instruction, cooperative education, registered apprenticeship)
  - o HPOG inter-organizational network characteristics (e.g., partnerships/collaborations, vendors)
  - o HPOG employer or industry groups
- ❖ **Grantee Program Performance Report (PPR)**
- o Cover Page (grantee information, narrative, certification/electronic signature)
  - o Performance Narrative (summary, accomplishments, changes, technical assistance, dissemination, findings/events, evaluation)
  - o Administrative Milestones
  - o Project Outputs
  - o Intermediate and End Outcomes
  - o Performance Indicators
  - o Performance Indicators for Next Year
- ❖ **Contextual and environmental information about each grantee and program**
- o Economic condition (e.g., employment and unemployment rates, industry mix, over time)
  - o Socio-demographic characteristics (e.g., poverty rate, population-density, ethnic/demographic mix)
  - o Geographic catchment area of the grantee and each program (e.g., counties, cities/towns)

## Timeline

- ❖ **The HPOG Program Performance Data System will be operational on September 30, 2011,** following a six-month development and testing period. It will remain operational for grantees and programs through September 30, 2015, when the HPOG funding ends.

## INSTRUMENT A.1: HPOG PERFORMANCE REPORTING SYSTEM

### Participant-Level Data Items

#### A. Enrollment

##### Basic Demographic Data

The following group of demographic and socio-economic characteristics will be entered for each participant at the point of HPOG enrollment.

Data Item / Question	Response Fields to be Completed for Each Data Item	Data Source	Performance Managt., Evaluation, Both	WIASRD	ISIS Form
----------------------	--	-------------	---------------------------------------	--------	-----------

##### Participant Program Enrollment

E1. HPOG Enrollment Date	MM-DD-YYYY	Grantee Records	Both	Date of Program Participation	
E2. HPOG Participant ID	Numeric value generated by system upon approval confirmation	System Defined	Both		
E3. Grantee number	Programmed static identifier	Evaluator coding	Performance Management		
E4. Subgrantee number	Programmed static identifier	Evaluator coding	Performance Management		

##### Individual Characteristics at Enrollment\*

(\*The Solicitation for Grant Application notes eligible populations. Participants must be US citizens or individuals who meet the immigrant eligibility requirements for Federal Public Benefits. They can either be TANF participants, participants in other public assistance programs, or low-income individuals. Special populations under the low-income category may include high-school dropouts, low-income non-custodial and other single parents, individuals with disabilities, veterans, victims of domestic violence, youth transitioning out of foster care, individuals with a family history of intergenerational dependency, and individuals with limited English proficiency.)

D1. Last Name	Open field (Narrative value)	Enrollment Information	Evaluation		
D2. First Name	Open field (Narrative value)	Enrollment Information	Evaluation		
D3. Date of birth	MM-DD-YYYY	Enrollment	Both	Age and Date of	Age and Date of

		Information		Birth	Birth
D4. Social Security Number	SSS-SS-SSSS	Enrollment Information	Evaluation		
D5. Citizenship	1 = Yes, born in the United States 2 = Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas 3 = Yes, born abroad of American parent or parents 4 = Yes, a U.S. citizen by naturalization 5 = No, not a citizen of the United States 0 = Does not self-identify	Enrollment Information	Evaluation		
D6. Refugee Status	1 = Yes 2 = No 0 = Does not self-identify	Enrollment Information	Evaluation		
D7. Sex	1 = Male 2 = Female 0 = Does not self-identify	Enrollment Information	Both	Gender	Sex
D8. Ethnicity – Hispanic/Latino	1 = Person is of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture in origin, regardless of race. 2 = Does not meet any of these conditions	Enrollment Information	Both	Ethnicity (Hispanic)	Hispanic Origin
D9. Race	1 = American Indian or Alaska Native 2 = Asian 3 = Black or African American 4 = Native Hawaiian or other Pacific Islander 5 = White	Enrollment Information	Both	Race categories	Race/Ethnicity
<b>D10. If D9 = 1 (American Indian or Alaskan Native):</b>					
D10a. Tribal member	1 = Yes 2 = No	Enrollment Information	Both		
D10b. Tribal affiliation	Select tribal group from federal listing	Enrollment Information	Both		
D10c. Lives on or off reservation	1 = Lives on reservation 2 = Lives off reservation	Enrollment Information	Performance Management		

D11. Marital status	1 = Now married 2 = Widowed 3 = Divorced 4 = Separated 5 = Never married 0 = Does not self-identify marital status	Enrollment Information	Both		Marital Status
<b>D12. If D11 = 1 (Now married):</b> D13a. Spouse of tribal member	1 = Yes 2 = No	Enrollment Information	Performance Management		
D13. Head of household	1 = Yes 2 = No	Enrollment Information	Both		
D14. Annual household earned income	1 = \$0 - \$10,000 2 = \$10,001 - \$25,000 3 = \$25,001 - \$50,000 4 = \$50,001 - \$75,000 5 = \$75,001 and greater 0 = Does not self-identify earned income	Enrollment Information	Both		
D15. Number living in household	Open field (numeric value)	Enrollment Information	Both		
D16. Number dependent children for which you are responsible	Open field (numeric value)	Enrollment Information	Both		Children under 18 who live with person being interviewed
D17. Age of youngest child	Open field (numeric value)	Enrollment Information	Both		
D18. Number children for which you are the non-custodial parent	Open field (numeric value)	Enrollment Information	Both	Single Parent	
D19. Pregnant or expectant parent	1 = Yes 2 = No	Enrollment Information	Both		
D20. Highest level of education completed	0 = No education 1-12 = Number of elementary/secondary grades (enter corresponding value) 13-15 = Years of college/full-time	Enrollment Information	Both	Highest School Grade Completed	Highest degree/level of school completed



	technical/vocational school (enter corresponding value) 16 = Bachelor's degree or equivalent 17 = Education beyond bachelor's degree <i>(single category selection allowed)</i>				
D22. Degrees or Certificates received	0 = No degree or certificate 87 = Attained High-School Diploma 88 = Attained GED or equivalent 90 = Attained other post-secondary degree or certification 91 = Attained Associates Diploma or Degree (AA / AS) 92 = Baccalaureate degree (4-year) 93 = Occupational Skills Licensure, Certificate, Credential <i>(multiple category selection as appropriate)</i>	Enrollment Information	Both		How HS diploma earned
D23. First generation college student	1 = Yes 2 = No	Enrollment Information	Both		
D24. School status at program enrollment	1 = Currently in school 2 = Currently not in school	Enrollment Information	Both		
D25. Ever trained for a health profession / occupation	1 = Yes 2 = No	Enrollment Information	Both		
D26. Veteran status	1 = Yes 2 = No	Enrollment Information	Both	Eligible Veteran Status, Campaign Veteran, Disabled Veteran, Recently Separated Veteran	
D27. Disability status	1 = Yes 2 = No 0 = Does not wish to disclose disability status	Enrollment Information	Both	Individual with a Disability	
D28. Current or former foster care youth	1 = Individual is in or has been in the foster care system	Enrollment Information	Both	Foster Care Youth	

	2 = Individual is NOT in or has been in the foster care system				
D29. Limited English proficiency	1 = Yes 2 = No  <i>[Definition: Person who has limited ability in speaking, reading, writing or understanding the English language and (a) whose native language is a language other than English, or (b) who lives in a family or community environment where a language other than English is the dominant language.]</i>	Enrollment Information	Both	Limited English Language Proficiency	
D30. Unemployment Insurance recipient status	1 = UI claimant 2 = UI exhaustee 3 = Not a UI claimant or exhaustee	Enrollment Information	Both	UC Eligible Status at Participation	
D31. Homeless and/or runaway youth	1 = Yes 2 = No	Enrollment Information	Both	Homeless Individual and/or Runaway Youth	
D32. Ex-offender	1 = Yes 2 = No  <i>[Definition: Person (a) is or has been subject to any stage of criminal justice process for committing a status offense or delinquent act or (b) requires assistance overcoming barriers to employment resulting from a record of arrest or conviction for committing delinquent acts such as crimes against persons, property or other crimes]</i>	Enrollment Information	Both	Offender	
D33. Ever worked for pay	1 = Yes 2 = No	Enrollment Information	Both		
D34. Ever worked in a health care profession/occupation	1 = Yes 2 = No	Enrollment Information	Both		
D35. If D33 = 1 (Yes), specify profession/occupation:	Select corresponding profession from SOC listing	Enrollment Information	Both		

D36. Currently employed (at the time of HPOG enrollment)	1 = Currently employed 2 = Not currently employed but has been employed 3 = Never employed	Enrollment Information	Both	Employment Status at Participation	Are you currently working in a job for pay? Date started? Hours/wk? Work schedule? Current wage? Benefits? More than one job? Wants more hours? # months worked in last 3 years?
D37. If D36 = 1 (Currently employed), individual is:	1 = working for a health care employer 2 = working for a non-health care employer 3 = self-employed 4 = does not self-identify	Enrollment Information	Both		
D38. Hourly wage in last full week	\$XX.XX	Enrollment Information	Both		
D39. Number of hours worked in last full week	Open field (numeric value of 0 to 40)	Enrollment Information	Both		
D40. If D36 = 1 (Yes, currently employed) or 2 (Not currently employed but has been employed), AND D9 = 1 (American Indian or Alaska Native), employee of tribal organization	1 = Yes, employee of tribal organization 2 = Not employee of tribal organization	Enrollment Information	Both		
D41. Ever worked or trained in health profession prior to participation	1 = Yes 2 = No	Enrollment Information	Both		
D42. If D36 = 2 (Not currently employed but has been employed), for most recent last full week of employment: D42a. Hourly wage in last full	\$XX.XX	Enrollment Information	Both		

week					
D42b. Number of hours worked in last full week	Open field (numeric value of 0 to 40)	Enrollment Information	Both		
<b>D43. At the time of HPOG enrollment, participant receives:</b>					
D43a. TANF	1 = Yes 2 = No	Enrollment Information	Both	TANF, Other Public Assistance Recipient	Income sources past 12 months: public assistance, welfare or WIC; Food stamps/SNAP; free or reduced lunch; unemployment insurance, worker's compensation, disability or social security benefits; family/friends; grants/loans for school; other
D43b. General Assistance (GA)	1 = Yes 2 = No	Enrollment Information	Both		
D43c. SNAP/Food Stamps	1 = Yes 2 = No	Enrollment Information	Both		
D43d. SSI	1 = Yes 2 = No	Enrollment Information	Both		
D43e. SSDI	1 = Yes 2 = No	Enrollment Information	Both		
D43f. Refugee Cash Assistance (RCA)	1 = Yes 2 = No	Enrollment Information	Both		
D43g. Medicaid	1 = Yes 2 = No	Enrollment Information	Both		
D43h. Subsidized child care / voucher	1 = Yes 2 = No	Enrollment Information	Both		
D43i. Section 8 / public housing	1 = Yes	Enrollment	Both		

	2 = No	Information			
D43j. LIHEAP	1 = Yes 2 = No	Enrollment Information	Both		
D43k. Other public assistance, specify	1 = Yes 2 = No 3 = Other, specify	Enrollment Information	Both		
<b>Assessment/Work Readiness (at/about enrollment)</b>					
(* Expect all grantees to have basic literacy/numeracy testing but not all may conduct work readiness and occupational interest testing.)					
A1. Literacy test level (from TABE or other test)	1 = The individual reads, writes, or speaks English at or below the 8 <sup>th</sup> grade level or is unable to read, write or speak English at a level necessary to function on the job, in the individual's family or in society.  2 = the individual does not meet the conditions described above	Grantee Records (from TABE or other test)	Both	Basic Literacy Skills Deficiency (above/below 8 <sup>th</sup> grade level)	
A2. Numeracy test level (from TABE or other test)	1 = The individual computes or solves problems at or below the 8 <sup>th</sup> grade level or is unable to compute or solve problems at a level necessary to function on the job, in the individual's family or in society  2 = the individual does not meet the conditions described above	Grantee Records (from OWRA, ETS, or other test)	Both		
<b>C1. Participant Contact Information</b>					
C1a. Street Address	Open field (Narrative value)	Enrollment Information	Evaluation		
C1b. City	Open field (Narrative value)	Enrollment Information	Evaluation		
C1c. State	Open field (Narrative value)	Enrollment Information	Evaluation		

C1d. Zip code	Open field (Numeric value)	Enrollment Information	Evaluation		
C1e. Home phone	Open field (Numeric value)	Enrollment Information	Evaluation		
C1f. Work phone	Open field (Numeric value)	Enrollment Information	Evaluation		
C1g. Cell phone	Open field (Numeric value)	Enrollment Information	Evaluation		
<b>C2. Alternative Contact Information</b> <i>(Up to 3 contacts may be identified)</i>					
C2a. Alternative contact name	Open field (Narrative value)	Enrollment Information	Evaluation		
C2b. Alternative contact address	Open field (Narrative value)	Enrollment Information	Evaluation		
C2c. Alternative contact relationship	1 = Parent 2 = Sibling 3 = Extended biological family member 4 = Partner 5 = Friend / social support network member 6 = Other, specify	Enrollment Information	Evaluation		
C2d. Alternative contact phone number	Open field (Numeric value)	Enrollment Information	Evaluation		

**B. Services**

**Services Received**

Data Item / Question	Response Fields to be Completed for Each Data Item	Data Source	Performance Managt., Evaluation, Both	WIASRD	ISIS Form
----------------------	--	-------------	---------------------------------------	--------	-----------

**S1. Education/ Training Activities**

S1a. Remedial / Pre-training Activities

(Select as many as appropriate from pick list: each activity can be selected multiple times) 1. General Equivalency Degree (GED) classes 2. Pre-GED classes 3. English as a Second Language (ESL) instruction 4. Adult basic education 5. Other remedial or basic skills training 6. Orientation or introduction to health care careers or occupations 7. College skills training 8. Prerequisite subject courses needed prior to entering into an occupational program (e.g. math, biology) 9. Other, specify	<b>For each activity (1-9 completed):</b>				
	1. Begin date: MM-YYYY	Grantee Case File / MIS	Both	Date Entered Training, Date Completed or Withdrew from Training, Pell Grant Recipient, Received Pre-Vocational Activities, Type of Training Service (#1-2)	
	2. End date: MM-YYYY	Grantee Case File / MIS	Both		
	3. Successfully Complete?	Grantee Case File / MIS	Both		
	4. Training vendor (pick list selection)	Grantee Case File / MIS	Both		
5. Education degree or certification received (pick list selection)	Grantee Case File / MIS	Both	Type of Recognized Credential High School Diploma/GED		

**S1. Education/ Training Activities**

S1b. Health Occupation / Vocational Training Activities

<p>A. For each health occupation / profession of the training program select BLS SOC code from pick list</p> <p>(Select as many as appropriate from pick list: each activity can be selected multiple times)</p>	<b>For each activity (1-5 completed):</b>			<p>Date Entered Training, Date Completed or Withdrew from Training, Pell Grant Recipient, Received Pre-Vocational Activities, Type of Training Service (#1-2)</p> <p>Type of Recognized Credential</p> <p>AA or AS Diploma/Degree, BA or BS Diploma/Degree, Occupational Skills Licensure, Occupational Skills Certificate/ Credential, or Other Recognized Educational or Occupational Skills Certificate</p>
	1. Occupation (SOC) (pick list selection)	Grantee Case File / MIS	Both	
	2. Begin date: MM-YYYY	Grantee Case File / MIS	Both	
	3. End date: MM-YYYY	Grantee Case File / MIS	Both	
	4. Successfully complete?	Grantee Case File / MIS	Both	
	5. Training Vendor (pick list selection)	Grantee Case File / MIS	Both	
	6. Education degree or certificate received (pick list selection)	Grantee Case File / MIS	Both	
	7. Regulatory license or certification received (pick list selection)	Grantee Case File / MIS	Both	
	8. Title of course required for program completion <i>(note: identify and enter the title of each course completed. Courses will be stored in a sub-table associated with each program completed by a participant)</i>	Grantee Case File / MIS	Both	
9. Date course completed: MM-YYYY <i>(note: identify and enter the completion date of each course. Courses will be stored in a sub-table associated with each program completed by a participant)</i>	Grantee Case File / MIS	Both		

<b>S2. Employment</b>					
S2a. Employment Development Activities					
Possible employment activities options:	<b>For each activity (1-6 completed):</b>				



(Select as many as appropriate from pick list: each activity can be selected multiple times) 1. On-the-job training 2. Job readiness workshops 3. Work experience (subsidized or not), not part of any occupational education or training program 4. Transitional job or subsidized employment 5. Soft skills / life skills / work readiness training 6. Other, specify	1. Begin date: MM-YYYY	Grantee Case File / MIS	Both	Core and intensive service records
	2. End date: MM-YYYY	Grantee Case File / MIS	Both	
	3. Actual hours completed: Open field (Numeric value)	Grantee Case File / MIS	Both	

**S2. Employment**

S2b. Employment Activities

Possible employment activity options:  1. Job shadowing 2. Pre-employment screening services 3. Career counseling / job coach / navigator 4. Job search / placement assistance 5. Job retention services	For each activity (1-5 completed):  Received in 6 month period: check box to affirm received (statically displayed for 6 month periods)	Grantee Case File / MIS	Both	Core and intensive service records
Counseling options 1. Academic counseling / advising 2. Assessment 3. Mentoring / peer support 4. Tutoring 5. Other, specify	For each activity (1-5 completed):  Received in 6 month period: check box to affirm received (statically displayed for 6 month periods)	Grantee Case File / MIS	Both	Received Supportive Services (except needs-related payments)

<b>S3. Social and Family Services</b>					
S3a. Case Management					
Case management (may also be identified as mentor, career advisor, navigator)	Received in 6 month period: check box to affirm received (statically displayed for 6 month periods)	Grantee Case File / MIS	Both	Received Supportive Services (except needs-related payments)	
<b>S3. Social and Family Services</b>					
S3b. Cultural Programming					
Cultural programming	Received in 6 month period: check box to affirm received (statically displayed for 6 month periods)	Grantee Case File / MIS	Both	Received Supportive Services (except needs-related payments)	
<b>S3. Social and Family Services</b>					
S3c. Emergency Discretionary Payment Support					
Possible emergency discretionary payment support options: 1. Home heating assistance 2. Car repair 3. Car insurance 4. Food and shelter 5. Utilities assistance 6. Other emergency assistance, specify	For each service (1-6 received): Received in 6 month period: check box to affirm received (statically displayed for 6 month periods)	Grantee Case File / MIS	Both		
<b>S3. Social and Family Services</b>					
S3d. Housing Support					

Possible housing support options: 1. Security deposit 2. First month's rent 3. Funds to participate in housing program 4. Short-term / temporary housing payment 5. Other (does not include emergency payments), specify	For each service (1-5 received):  Received in 6 month period: check box to affirm received (statically displayed for 6 month periods)	Grantee Case File / MIS	Both		
---	---	-------------------------	------	--	--

**S3. Social and Family Services**  
S3e. Social Supportive / Other Benefits

Possible social supportive / other benefits options: 1. Child / dependent care assistance 2. Transportation assistance 3. Driver's license assistance 4. Food assistance (other than SNAP) 5. Addiction and substance abuse services 6. Family preservation services 7. Family engagement services 8. Legal assistance 9. Primary / medical care 10. Other, specify	For each service (1-10 received):  Received in 6 month period: check box to affirm received (statically displayed for 6 month periods)	Grantee Case File / MIS	Both	Received Supportive Services (except needs-related payments)	
---	--	-------------------------	------	--	--

**S3. Social and Family Services**  
S3f. Other (other than emergency payments)

1. Other, specify	For this service:  Received in 6 month period:	Grantee Case File / MIS	Both	Received Supportive Services (except	
-------------------	--	-------------------------	------	--------------------------------------	--

check box to affirm received (statically displayed for 6 month periods)			needs-related payments)
Describe	Grantee Case File / MIS	Both	

### C. Exit

#### Outputs and "Intermediate" Outcome Information

Data Item / Question	Response Fields to be Completed for Each Data Item	Data Source	Performance Managt., Evaluation, Both	WIASRD	ISIS Form
O1. HPOG exit date	MM-DD-YYYY	Grantee Case File / MIS	Both	Date of Exit	
O2. Date of program Re-entry (if greater than 3 months past program exit)	MM-DD-YYYY	Grantee Case File / MIS	Both		
O3. HPOG training program completed at exit date	1 = Yes 2 = No	Grantee Case File / MIS	Both		
O4. Reason for early HPOG program exit (prior to expected completion)	1 = Got a job 2 = Moved out of program area 3 = Found out that the health care occupations were "not for me" 4 = Did not like the program 5 = Participant dropped out / Unable to locate 6 = Institutionalized 7 = Health/Medical 8 = Deceased 9 = Family Care 10 = Reserve Forces Called to Active Duty	Grantee Case File / MIS	Both	Reason for Exit	

	11 = Relocated to Mandated Residential Program 12 = Other reason 0 = No choice identified				
O5. Employed at exit	1 = Yes 2 = No	Grantee Case File / MIS	Both	Employed in 1 <sup>st</sup> Quarter After Exit Quarter	
O6. If O3 = 1 (Yes), employed: O6a. Starting hourly wage	\$XX.XX	Grantee Case File / MIS	Both		
O6b. Hours worked in last full week	Open field (Numeric value) possible entry 0 to 40 hours	Grantee Case File / MIS	Both		
O7. If O3 = 1 (Yes), employed in health care occupation	1 = Yes 2 = No	Grantee Case File / MIS	Both		
O8. If O5 = 1 (Yes), enter occupational BLS SOC code	Pick list value selection	Grantee Case File / MIS	Both	Occupational Code (if Yes, Employed); Entered Training Related Employment	
O9. If O5 = 1 (Yes), individual is:	1 = working for a health care employer 2 = working for a non-health care employer 3 = self-employed 4 = does not self-identify	Grantee Case File / MIS	Both		
O10. If O5 = 1 (Yes) and D9 = 1 (American Indian or Alaska Native), individual is an employee of a tribal organization	1 = Yes 2 = No	Grantee Case File / MIS	Both		
O11. If O5 = 1 (Yes), individual is provided access to health insurance through	1 = Yes 2 = No	Grantee Case File / MIS	Both		

employer					
O12. For education and training activities received by a participant, were any of the following funding sources utilized?	1 = Tuition assistance from HPOG funds 2 = Tuition assistance from Pell grant 3 = Tuition assistance from employer 4 = ITA 5 = Tuition assistance - other	Grantee Case File / MIS	Evaluation		

**“End” Outcome Information**

(\*We currently anticipate that grantees would conduct six-month follow-up surveys of program exiters to obtain these data. The follow-up survey would ask five questions: 1) Are you currently employed? 2) If yes, are you employed in a health care occupation?; 3) What was your hourly wage during the last full week?; 4) how many hours did you work in the last full week?; and 5) have you received a promotion or moved to a higher level position since first becoming employed?)

E1. Employed in any occupation 6 months after program exit?	1 = Yes 2 = No	Program staff and regular follow up	Both		
E2. If E1 = 1 (Yes), employed: E2a. Current hourly wage in last full week	\$XX.XX	Program staff and regular follow up	Both		
E2b. Hours worked in last full week	Open field (Numeric value) possible entry 0 to 40 hours	Program staff and regular follow up	Both		
E3. If E1 = 1 (Yes), employed in health care occupation:	1 = Yes 2 = No	Program staff and regular follow up	Both	Wages 2 <sup>nd</sup> Quarter After Exit Quarter	
E4. If E1 = 1 (Yes), enter occupational BLS SOC code	Pick list value selection	Program staff and regular follow up	Both		
E5. If E1 = 1 (Yes), individual is:	5 = working for a health care employer 6 = working for a non-health care employer 7 = self-employed 8 = does not self-identify	Program staff and regular follow up	Both		
E6. If E1 = 1 (Yes), participant has been promoted (i.e. higher pay	1 = Yes 2 = No	Program staff and regular follow up	Both		

and/or title) since HPOG program exit					
E7. If E1 = 1 (Yes), individual is provided access to health insurance through employer	1 = Yes 2 = No	Program staff and regular follow up	Both		
E8. Currently enrolled in non-HPOG funded education program	1 = Yes 2 = No	Program staff and regular follow up	Both		
E9. If E1 = 1 (Yes) and D9 = 1 (American Indian or Alaska Native), individual is an employee of a tribal organization	1 = Yes 2 = No	Program staff and regular follow up	Both		

**Grantee-Level Data Items**

**A. Basic Grant Data**

The following group of characteristics will be entered for each grantee and remain constant over the grant period.

Data Item / Question	Response Fields to be Completed for Each Data Item	Data Source	Performance Managt., Evaluation, Both	WIASRD	ISIS Form
A1. Grantee organization identification					
A1a. Grantee organization name	Programmed static identifier	Evaluator coding	Performance Management		
A1b. Grantee number	Programmed static identifier	Evaluator coding	Performance Management		

A1c. Sub-grantee name	Open Field Text Entry (may be entered for multiple sub-grantees)	Grantee entry	Performance Management		
A1d. Sub-grantee number	Programmed static identifier (may be generated for multiple sub-grantees)	Evaluator coding	Performance Management		
A1e. Federal grant number	Programmed static identifier	Evaluator coding	Performance Management		
A1f. DUNS number	Programmed static identifier	Evaluator coding	Performance Management		
A1g. EIN number	Programmed static identifier	Evaluator coding	Performance Management		
A1h. Grant amount	Programmed static identifier	Evaluator coding	Performance Management		
A1i. Grant project title	Programmed static identifier	Evaluator coding	Performance Management		
A1j. HPOG Grantee Project Director Last Name	Open Field Text Entry	Grantee entry	Performance Management		
A1k. HPOG Grantee Project Director First Name	Open Field Text Entry	Grantee entry	Performance Management		
A1l. HPOG Grantee Director telephone	Open Field Numeric Entry	Grantee entry	Performance Management		
A1m. HPOG Grantee Project Director email	Open Field Text Entry	Grantee entry	Performance Management		
A1n. HPOG PPR Contact Last Name	Open Field Text Entry	Grantee entry	Performance Management		
A1o. HPOG PPR Contact First Name	Open Field Text Entry	Grantee entry	Performance Management		
A1p. HPOG PPR Contact telephone	Open Field Numeric Entry	Grantee entry	Performance Management		
A1q. HPOG PPR Contact email	Open Field Text Entry	Grantee entry	Performance Management		
A1r. Grantee street address	Open Field Text Entry	Grantee entry	Performance		



A1s. Grantee city	Open Field Text Entry	Grantee entry	Management Performance Management		
A1t. Grantee state	Open Field Text Entry	Grantee entry	Performance Management		
A1u. Grantee zip code	Open Field Text Entry	Grantee entry	Performance Management		

**B. PPR Report**

The following group of characteristics will be entered for each PPR during the grant period. The database will allow for as many semi-annual reports the grantee submits to ACF.

B1a. Reporting period end date	MM-DD-YYYY	Grantee entry	Performance Management		
B1b. Year of grant support	Open Field Numeric Entry	Grantee entry	Performance Management		
B1c. Total years of grant support	Open Field Numeric Entry	Grantee entry	Performance Management		
B1d. Report period begin date	MM-DD-YYYY	Grantee entry	Performance Management		
B1e. Report period end date	MM-DD-YYYY	Grantee entry	Performance Management		
B1f. Performance Narrative: Introduction	Open Field Text Entry	Grantee entry	Performance Management		
B1g. Performance Narrative: Obstacles	Open Field Text Entry	Grantee entry	Performance Management		
B1h. Performance Narrative: Proposed Changes	Open Field Text Entry	Grantee entry	Performance Management		
B1i. Performance Narrative: Technical Assistance	Open Field Text Entry	Grantee entry	Performance Management		
B1j. Performance Narrative: Dissemination Activities	Open Field Text Entry	Grantee entry	Performance Management		
B1k. Performance Narrative: Significant Findings and Events	Open Field Text Entry	Grantee entry	Performance Management		
B1l. Performance Narrative:	Open Field Text Entry	Grantee entry	Performance		

Evaluation			Management		
------------	--	--	------------	--	--

**C. Education and Training Program Catalog**  
**HPOG grantees will enter the following data elements on each training and education program offered to any HPOG participant. These characteristics may be expanded over the grant period and will be a unique catalog group for each grantee.**

C1a. Occupation (SOC)	Programmed static identifier from pick list	SOC	Both		
C1b. Training vendor	Open Field Narrative Entry	Grantee entry	Both		
C1c. Education degree or certificate resulting from training completion	Open Field Narrative Entry	Grantee entry	Both		
C1d. Regulatory license or certification possible post training completion	Open Field Narrative Entry	Grantee entry	Both		
C1e. Types of training activities within program	(may select more multiple responses) 1 = classroom instruction 2 = OJT/work experience 3 = internship 4 = clinical experience 5 = other	Grantee entry	Both		
C1f. Estimated number of total program hours	Open Field Numeric Entry	Grantee entry	Both		

**D. Remedial / Pre-training Program Catalog**  
**HPOG grantees will enter the following data elements on each remedial / pre-training program offered to any HPOG participant. These characteristics may be expanded over the grant period and will be a unique catalog group for each grantee.**

D1a. Training vendor	Open Field Narrative Entry	Grantee entry	Both		
D1b. Education degree or certificate resulting from training completion	Open Field Narrative Entry	Grantee entry	Both		
D1c. Estimated number of total program hours	Open Field Numeric Entry	Grantee entry	Both		