

Prisoner Reentry Initiative Data Elements			
No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	VALID VALUES
Global Edits			
	Duplicate Detection		
	Age		
SECTION I - INDIVIDUAL INFORMATION			
SECTION I.A - IDENTIFYING AND DEMOGRAPHIC INFORMATION			
1	Social Security Number	Record the unique identification number assigned to the individual. At a minimum, this identifier for a person <u>must</u> be the same for every period of participation in the program.	XXX-XX-XXXX (No hyphens)
2	Criminal Justice System Identifier	Enter the individual's unique criminal justice system identifier that was assigned to the individual while in prison.	Text
3	Type of Criminal Justice Identifier	Select the appropriate type of criminal justice identifier used in element 2.	1 = Federal ID State CJ Record ID 2 = State Prison ID 3 = State Parole/ Probation Agency ID 4 = Local Probation Agency ID 5 = Local Jail ID 6 = Other

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4	Specify Other Criminal Justice Identifier	Specify the type of criminal justice identifier if other was used for element 3.	Text
5	Non-Violent Offender	Select Yes if the participant is a non-violent offender. Select No if the participant is not a non-violent offender.	1 = Yes 2 = No
6	Date of Birth	Record the individual's date of birth.	MM/DD/YYYY
7	Gender	Indicate the participant's gender by select Male or Female Leave blank if the individual does not wish to disclose his/her gender.	1 = Male 2 = Female Blank = no self-disclosure
8	Ethnicity Hispanic/Latino	Indicate the participant's ethnicity by selecting Yes or No . Leave blank if the participant does not disclose his/her ethnicity.	1 = Yes 2 = No Blank = no self-disclosure
9	American Indian or Alaska Native	Indicate whether the participant is American Indian or Alaska Native by selecting Yes . Leave blank if the participant is not American Indian or Alaska Native or refused to report on this element.	1 = Yes Blank = not reported
10	Asian	Indicate whether the participant is Asian by selecting Yes or Not Reported . Leave blank if the participant is not Asian or refused to report on this element.	1 = Yes Blank = not reported
11	Black or African American	Indicate whether the participant is Black or African American by selecting Yes or Not Reported . Leave blank if the participant is not Black or African American or refused to report on this element.	1 = Yes Blank = not reported
12	Hawaiian Native or other Pacific Islander	Indicate whether the participant is Hawaiian Native or other Pacific Islander by selecting Yes or Not Reported . Leave blank if the participant is not Hawaiian Native or other Pacific Islander or refused to report on this element.	1 = Yes Blank = not reported
13	White	Indicate whether the participant is White by selecting Yes or Not Reported . Leave blank if the participant is not White or refused to report on this element.	1 = Yes Blank = not reported

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SECTION I.B - ENROLLMENT INFORMATION			
14	Marital status	Enter the participants marital status at time of enrollment	1 = Married 2 = Single 3 = Divorced 4 = Widowed 5 = Separated
15	Children	Enter the number of children under 18 years of age that the participant has, including biological, adopted, step, and foster children.	00
16	Children living with participant	Enter the number of the participant's own children under 18 years of age living in the household, including biological, adopted, step, and foster children.	00
17	Other dependents living with participant	Enter the number of dependents other than children living with the participant.	00
18	Highest School Grade Completed	Use the appropriate code to record the highest school grade completed by the individual. Record 87 if the individual completed the 12th grade and attained a high school diploma. Record 88 if the individual completed the 12th grade and attained a GED or equivalent. Record 89 if the individual with a disability received a certificate of attendance/completion.	00 = No school grades completed 01 - 12 = Number of elementary/secondary school grades completed 13-15 = Number of college, or full-time technical or vocational school years completed 16 = Bachelor's degree or equivalent 17 = Education beyond the Bachelor's degree 87 = Attained High School Diploma 88 = Attained GED or Equivalent 89 = Disabled Person Attained a Certificate of Attendance/Completion

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19	Eligible Veteran Status	<p>Select yes, <= 180 days if the individual is a person who served in the active U.S. military, naval, or air service for a period of less than or equal to 180 days, and who was discharged or released from such service under conditions other than dishonorable.</p> <p>Select yes, eligible veteran if the individual served on active duty for a period of more than 180 days and was discharged or released with other than a dishonorable discharge; <u>or</u> was discharged or released because of a service connected disability; <u>or</u> as a member of a reserve component under an order to active duty pursuant to section 167 (a), (d), or, (g), 673 (a) of Title 10, U.S.C., served on active duty during a period of war or in a campaign or expedition for which a campaign badge is authorized and was discharged or released from such duty with other than a dishonorable discharge.</p> <p>Select yes, other eligible person if the individual is a person who is (a) the spouse of any person who died on active duty or of a service-connected disability, (b) the spouse of any member of the Armed Forces serving on active duty who at the time of application for assistance under this part, is listed, pursuant to 38 U.S.C 101 and the regulations issued thereunder, by the Secretary concerned, in one or more of the following categories and has been so listed for more than 90 days: (i) missing in action; (ii) captured in the line of duty by a hostile force; or (iii) forcibly detained or interned in the line of duty by a foreign government or power; or (c) the spouse of any person who has a total disability permanent in nature resulting from a service-connected disability or the spouse of a veteran who died while a disability so evaluated was in existence.</p> <p>Select no if the individual does not meet any one of the conditions described above.</p>	1 = Yes, <= 180 days 2 = Yes, Eligible Veteran 3 = Yes, Other Eligible Person 4 = No
20	Limited English Proficient	<p>Select Yes if the individual is a 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.</p> <p>Select No if the individual does not meet the conditions described above.</p>	1 = Yes 2 = No
21	Individual with a Disability	<p>Select Yes if the individual indicates that he/she has any "disability," as defined in Section 3(2)(a) of the Americans with Disabilities Act of 1990 (42 U.S.C. 12102). Under that definition, a "disability" is a physical or mental impairment that substantially limits one or more of the person's major life activities. (For definitions and examples of "physical or mental impairment" and "major life activities," see paragraphs (1) and (2) of the definition of the term "disability" in 29 CFR 37.4, the definition section of the WIA non-discrimination regulations.)</p> <p>Select No if the individual indicates that he/she does not have a disability that meets the definition.</p> <p>Leave blank if the individual does not wish to self-identify.</p>	1 = Yes 2 = No Blank = no self-identification

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New	Health Issues	<p>Select Significant health issues if the participant has any health issue that could impact the individual's ability to work. Examples of such health issues can include, but are not limited to, untreated high blood pressure, HIV/STDs, asthma, depression, and other metnal/physical health issues.</p> <p>Otherwise, select No significant health issues.</p>	<p>1 = Significant health issues 2 = No significant health issues</p>
22	Employment Status at Participation	<p>Record Employed if the participant is a person who either (a) did any work at all as a paid employee, (b) did any work at all in his or her own business, profession, or farm, (c) worked 15 hours or more as an unpaid worker in an enterprise operated by a member of the family, or (d) is one who was not working, but has a job or business from which he or she was temporarily absent because of illness, bad weather, vacation, labor-management dispute, or personal reasons, whether or not paid by the employer for time-off, and whether or not seeking another job.</p> <p>Record Employed, but Received Notice of Termination of Employment or Military Separation if the participant is a person who, although employed, either (a) has received a notice of termination of employment or the employer has issued a Worker Adjustment and Retraining Notification (WARN) or other notice that the facility or enterprise will close, or (b) is currently on active military duty and has been provided with a firm date of separation from military service.</p> <p>Record Not Employed if the individual does not meet any one of the conditions described above.</p>	<p>1 = Employed 2 = Employed, but Received Notice of Termination of Employment or Military Separation 3 = Not Employed</p>
23	Occupation at Enrollment	<p>Record the occupational area that best describes the individual's employment at enrollment.</p> <p>Leave blank if the participant is not employed at participation.</p>	<p>Architecture and Engineering Arts, Design, Entertainment, Sports, and Media Building and Grounds Cleaning and Maintenance Business and Financial Operations Community and Social Services Computer and Mathematical Occupations Construction and Extraction</p> <p>Education, Training, and Library Farming, Fishing and Forestry Food Preparation and Serving R+D related Healthcare Practitioner and Technical Healthcare Support</p>

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	VALID VALUES
			Installation, Maintenance, and Repair Legal Life, Physical, and Social Science Management Military Specific Office and Administrative Support Personal Care and Service Production Protective Service Sales and Related Transportation and Material Moving

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	VALID VALUES
24	Hours Worked at Enrollment	Enter the average hours per week that the participant works at the above occupation. Leave blank if the participant is not employed at participation.	00 Blank = not employed
25	Average Hourly Wage at Enrollment	Enter the participant's average hourly wage at the above occupation. Leave blank if the participant is not employed at participation.	00.00 Blank = not employed
26	Start Date for Job at Enrollment	Enter the date on which the participant began to work at the above job. Leave blank if the participant is not employed at participation.	MM/DD/YYYY Blank = not employed

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27	Housing Status at Enrollment	<p>Select Own/Rent Apartment, Room, Or House if, at enrollment, the individual is living in an apartment, room, or house that the he/she owns or rents.</p> <p>Select Staying at someone's apartment, room, or house (Stable) if, at enrollment, the individual is living in an apartment, room, or house that somebody else owns or rents and if the person is not at risk of being displaced from this housing, i.e the housing situation is long-term.</p> <p>Select Halfway house/transitional house if, at enrollment, the individual is living in a residence designed to assist persons as they re-enter society and learn to adapt to independent living after having been in prison.</p> <p>Select Residential treatment if, at enrollment, the individual lives in a residential treatment center. A residential treatment center is a group home that provides room and board, and provides specialized treatment or rehabilitation persons with emotional, psychological, or developmental problems as well as chemical dependencies.</p> <p>Select Homeless if, at enrollment, the individual lacks a fixed, regular, adequate night time residence. This definition includes any individual who has a primary night time residence that is a publicly or privately operated shelter for temporary accommodation; an institution providing temporary residence for individuals intended to be institutionalized; or a public or private place not designated for or ordinarily used as a regular sleeping accommodation for human beings. This definition does not include an individual imprisoned or detained under an Act of Congress or State law. An individual who may be sleeping in a temporary accommodation while away from home should not, as a result of that alone, be recorded as homeless.</p> <p>Select Staying at someone's apartment, room, or house (Unstable) if, at enrollment, the individual is living in an apartment, room, or house that somebody else owns or rents and if the person is at risk of being displaced from this housing, i.e the housing situation is short-term.</p>	<p>1 = Own/rent apartment, room, or house</p> <p>2 = Staying at someone's apartment, room, or house (Stable)</p> <p>3 = Halfway house/ transitional house</p> <p>4 = Residential treatment</p> <p>5 = Homeless</p> <p>6 = Staying at someone's apartment, room, or house (Unstable)</p>
28	Alcohol Abuse/ Drug Use at Enrollment	<p>Select prior to incarceration if the individual used illegal drugs or abused legal drugs or alcohol within 3 months prior to incarceration.</p> <p>Select prior to enrollment if the individual used illegal drugs or abused legal drugs or alcohol 3 months prior to enrollment.</p> <p>Select both if the individual used illegal drugs or abused legal drugs or alcohol within 3 months prior to incarceration and 3 months prior to enrollment.</p> <p>Select no if the individual did not use illegal drugs or abuse alcohol 3 months prior to incarceration or 3 month prior to enrollment.</p>	<p>1 = Prior to incarceration</p> <p>2 = Prior to enrollment</p> <p>3 = Both</p> <p>4 = No</p>

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29	Referral Source	Enter the name of the organization or individual who referred the applicant to the PRI program	Text
30	Post-Release Status at Enrollment	Select parole if the participant is on parole on the date of participation. Select probation if the participant is on probation on the date of participation. Select other criminal justice/court supervision if the participant is on post-release supervision other than parole or probation on the date of participation. Select none if the participant is not on any form of post-release supervision.	1 = Parole 2 = Probation 3 = Other Criminal Justice/Court Supervision 4 = None
31	Mandated participation	Select Yes if participation in the PRI program is mandated by a criminal justice agency or agent as a condition of parole, probation, or other supervision. Select No if participation in the PRI program is not mandated by a criminal justice agency or agent	1 = Yes 2 = No
SECTION I.C - INFORMATION AT AND PRIOR TO INCARCERATION This information is collected at enrollment.			
32	Employment Status at Incarceration	Prior to your most recent incarceration, indicate whether the individual was employed within two weeks of arrest.	1 = Employed full-time 2 = Employed part-time 3 = Not employed
33	Date of Incarceration for Most Recent Crime Prior to Participation	Enter the date on which the participant was incarcerated for the most recent crime committed prior to participation.	MM/DD/YYYY
34	Date of Release for Most Recent Crime Prior to Participation	Enter the date on which the participant was most recently released from prison prior to participation.	MM/DD/YYYY
35	Institution	Enter the name of the institution at which the participant was incarcerated most recently prior to enrollment.	Text
36	Type of institution	Select the type of institution at which the participant was incarcerated most recently prior to enrollment	1 = Federal prison 2 = State prison 3 = County/city jail
37	Total Time Incarcerated	Enter the total number of years and months that the participant has been incarcerated during his/her lifetime.	YY/MM

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38	Property Crime	<p>Select the appropriate type(s) of property crime for the participant's most recent conviction. Property crimes include, but are not limited to, burglary, larceny, motor vehicle theft, and receiving stolen property.</p> <p>If a participant was convicted for more than one type of offense, select all appropriate offenses.</p> <p>Leave blank if the participant's most recent conviction was not for a property crime.</p>	<p>1 = Burglary 2 = Larceny 3 = Motor vehicle theft 4 = Receiving stolen property 5 = Other property crime Blank = not a property crime</p>
39	Type of Other Property Crime	<p>Specify the other property crime.</p> <p>Leave blank if the participant most recent conviction did not include other property crimes.</p>	<p>Text Blank = did not include other property crime</p>
40	Drug Crime	<p>Select the appropriate type(s) of drug crimes for the participant's most recent conviction. Drug crimes include, but are not limited to, possession of a controlled substance, traffic in a controlled substance, and possession of drug paraphernalia.</p> <p>If a participant was convicted for more than one type of offense, select all appropriate offenses.</p> <p>Leave blank if the participant's most recent conviction was not for a drug crime.</p>	<p>1 = Possession of a controlled substance 2 = Traffic in a controlled substance 3 = Possession of drug paraphernalia 4 = Other drug crime Blank = not a drug crime</p>
41	Type of Other Drug Crime	<p>Specify the other drug crime.</p> <p>Leave blank if the participant's most recent conviction did not include other drug crimes.</p>	<p>Text Blank = did not include other drug crime</p>
42	Public Order Offenses	<p>Select the appropriate type(s) of public order offenses for the participant's most recent conviction. Public order offenses include, but are not limited to, commercial vice, gambling, animal cruelty, and driving while intoxicated.</p> <p>If a participant was convicted for more than one type of offense, select all appropriate offenses.</p> <p>Leave blank if the participant's most recent conviction was not for a public order offense.</p>	<p>1 = Commercial vice 2 = Gambling 3 = Animal cruelty 4 = Driving while intoxicated 5 = Other public order offense Blank = not a public order offense</p>

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43	Type of Other Public Order Offenses	Specify the other public order offense. Leave blank if the participant's most recent conviction did not include other public order offenses.	Text Blank = did not include other public order offense
44	Other Offenses	Select Yes if the participant's most recent conviction was for any offense not included in property, drug, or public order offenses.	1 = Yes 2 = No
45	Type of Other Offenses	Specify the other offenses. Leave blank if the participant's most recent conviction did not include other offenses.	Text Blank = did not include other offenses
46	Received DoJ Pre-Release Services	Select Yes if the participant indicated that he/she was enrolled in the Department of Justice's pre-release program.	1 = Yes 2 = No
SECTION II - PROGRAM ACTIVITIES AND SERVICES INFORMATION			
SECTION II.A - PROGRAM PARTICIPATION DATA			
47	Date of Program Participation	Record the date on which the individual begins receiving his/her first service funded by the program following a determination of eligibility to participate in the program.	MM/DD/YYYY
New	Date Entered Follow-up Services	Record that date in which the program begins the follow-up services with the participant, which means the participant has completed services and there is an expectation that no additional services, other than support or follow-up services, will be needed. This field should not be populated until the case manager expects the participant will receive no more services.	MM/DD/YYYY
48	Date of Exit	Record the date on which the participant exited the program. For most participants this will be the date that the last service funded by the program or a partner program (excluding supportive services) is received by the participant or the date of incarceration, whichever occurs first. Once a participant has not received any services funded by the program (excluding supportive services) or a partner program for 90 consecutive calendar days, has no planned gap in service, and is not scheduled for future services, the date of exit is applied retroactively to the last day on which the individual received a service funded by the program or a partner program. For special "Other Reasons" for exit, to include only death, incapacitation for health reasons, and inability to participate because of the need to care for a family member, the date of exit is the date that occasioned the other reason for program exit.	MM/DD/YYYY

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49	Prerelease Contact	<p>Select Yes if the DoL grantee had any contact with the participant prior to registration in the program.</p> <p>Select No if the DoL grantee did not have any contact with the participant prior to registration in the program.</p>	<p>1 = Yes 2 = No</p>

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50	Other Reasons for Exit (at time of exit or during 3-quarter measurement period following the quarter of exit)	<p>Select Health/Medical if the participant is receiving medical treatment that precludes entry into unsubsidized employment or continued participation in the program. Does not include temporary conditions expected to last for less than 90 days.</p> <p>Select Deceased if the participant was found to be deceased or no longer living.</p> <p>Select Family Care if the participant is providing care for a family member that precludes entry into unsubsidized employment or continued participation in the program. Does not include temporary conditions expected to last for less than 90 days.</p> <p>Leave blank if the none of the above reasons apply.</p>	<p>02 = Health/Medical 03 = Deceased 04 = Family Care Blank = none of the above</p>
SECTION II.B - SERVICES AND OTHER RELATED ASSISTANCE DATA			
Education or Job Training Activities			
51	Date Entered Math/Reading Remediation	<p>Enter the date on which the participant started math/reading remediation.</p> <p>Math/Reading remediation consists of classroom instruction designed to improve an participant's reading and/or math skills for those participants who are determined to be basic literacy skills deficient. Basic education skills include reading comprehension, math computation, writing, speaking, listening, problem solving, reasoning, and the capacity to use these skills.</p>	MM/DD/YYYY
New	Provider Type	<p>Select Faith-based Provider if the non-emergency medical care is provided by a faith-based organization.</p> <p>Select Community-based Provider if the non-emergency medical care is provided by a community-based organization.</p>	<p>1 = Faith-based Provider 2 = Community-based Provider 3 = Public Provider</p>
52	Expected Completion Date of Math/Reading Remediation	Enter the date on which the participant is expected to complete math/reading Remediation.	MM/DD/YYYY

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53	Date of Last Math/Reading Remediation Services During the Month	Enter the last date during the month in which the participant received math/remediation services. Note: This field must repeat for every month in which the participant receives math/remediation services.	MM/DD/YYYY
54	Date Ended Math/Reading Remediation	Enter the date on which the participant exited math/reading remediation.	MM/DD/YYYY
55	Completed Math/Reading Remediation	Select Yes if the participant successfully completed math/reading remediation. Select No if the participant did not successfully complete math/reading remediation.	1 = Yes 2 = No
56	Date Entered GED Preparation	Enter the date on which the participant started GED preparation. GED preparation is an activity intended to prepare an participant for passing the GED examination.	MM/DD/YYYY
New	Provider Type	Select Faith-based Provider if the math/reading remediation is provided by a faith-based organization. Select Community-based Provider if the math/reading remediation is provided by a community-based organization. Select Public Provider if the math/reading remediation is provided by a public organization.	1 = Faith-based Provider 2 = Community-based Provider 3 = Public Provider
57	Expected Completion Date of GED Preparation	Enter the date on which the participant is expected to complete GED preparation.	MM/DD/YYYY
58	Date of Last GED Preparation Services During the Month	Enter the last date during the month in which the participant received GED preparation services. Note: This field must repeat for every month in which the participant receives GED preparation services.	MM/DD/YYYY
59	Date Ended GED Preparation	Enter the date on which the participant exits GED preparation.	MM/DD/YYYY

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	VALID VALUES
60	Completed GED Preparation	<p>Select Yes if the participant successfully completed GED preparation</p> <p>Select No if the participant did not successfully complete GED preparation.</p>	<p>1 = Yes</p> <p>2 = No</p>
61	Date Entered Vocational/ Occupational Skills Training Services	<p>Enter the date on which the participant started vocational/occupational skills training.</p> <p>Vocational/ occupational skills training is a type of long term occupational training consisting of specific classroom and work-based study in a specific occupation leading to a degree or certificate.</p>	MM/DD/YYYY
New	Provider Type	<p>Select Faith-based Provider if the vocational/occupational skills training is provided by a faith-based organization.</p> <p>Select Community-based Provider if the vocational/occupational skills training is provided by a community-based organization.</p> <p>Select Public Provider if the vocational/occupational skills training is provided by a public organization.</p>	<p>1 = Faith-based Provider</p> <p>2 = Community-based Provider</p> <p>3 = Public Provider</p>
62	Expected Completion Date of Vocational/ Occupational Skills Training Services	<p>Enter the date on which the participant is expected to complete vocational/occupational skills training.</p>	MM/DD/YYYY
63	Date of Last Vocational/ Occupational Skills Training Services During the Month	<p>Enter the last date during the month in which the participant received vocational/occupational skills training services.</p> <p>Note: This field must repeat for every month in which the participant receives vocational/occupational skills training services.</p>	MM/DD/YYYY
64	Date Ended Vocational/ Occupational Skills Training Services	<p>Enter the date on which the participant exited vocational/occupational skills training.</p>	MM/DD/YYYY

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65	Completed Vocational/ Occupational Skills Training Services	Select Yes if the participant successfully completed vocational/occupational skills training. Select No if the participant did not successfully complete vocational/ occupational skills training.	1 = Yes 2 = No
66	Expected Duration of Vocational/ Occupational Skills Training	Select the duration of the vocational/occupational skills training program that the participant has entered	1 = 5 or fewer hours per week 2 = 6 to 15 hours per week 3 = 16 to 25 hours per week 4 = 25 or more hours per week
67	Expected Cost of Vocational/ Occupational Skills Training	Enter the expected cost of the vocational/occupational skills training program that the participant has entered.	0000.00
68	Date Entered On the Job Training (OJT)	Enter the date on which the participant started on-the-job training (OJT). OJT is training provided by an employer that pays the participant while the participant is engaged in productive work. The job provides knowledge or skills essential to the full and adequate performance of the job, provides reimbursement to the employer of up to 50% of the wage rate of the participant, and is limited in duration to a period appropriate to the occupation for which the participant is being trained.	MM/DD/YYYY
New	Provider Type	Select Faith-based Provider if the on-the-job training (OJT) is provided by a faith-based organization. Select Community-based Provider if the on-the-job training (OJT) is provided by a community-based organization. Select Public Provider if the on-the-job training (OJT) is provided by a public organization.	1 = Faith-based Provider 2 = Community-based Provider 3 = Public Provider
69	Expected Completion Date of On the Job Training (OJT)	Enter the date on which the participant is expected to complete on-the-job training (OJT).	MM/DD/YYYY
70	Date of Last On the Job Training (OJT) Services During the Month	Enter the last date during the month in which the participant received on the job training (OJT) services. Note: This field must repeat for every month in which the participant receives on the job training (OJT) services.	MM/DD/YYYY

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71	Date Ended On the Job Training (OJT)	Enter the date on which the participant exited on-the-job training (OJT).	MM/DD/YYYY
72	Completed On the Job Training (OJT)	Select Yes if the participant successfully completed OJT. Select No if the participant did not successfully complete OJT.	1 =Yes 2 = No
73	Date Entered Other Education Or Job Training Activities	Enter the date on which the participant started other education or job training activities .	MM/DD/YYYY
New	Provider Type	Select Faith-based Provider if the other education or job training activities is provided by a faith-based organization. Select Community-based Provider if the other education or job training activities is provided by a community-based organization. Select Public Provider if the other education or job training activities is provided by a public organization.	1 = Faith-based Provider 2 = Community-based Provider 3 = Public Provider
74	Type of Other Education or Job Training Activities	Specify the type of other education or job training activities .	Text
75	Expected Completion Date of Other Education Or Job Training Activities	Enter the date on which the participant is expected to complete other education or job training activities .	MM/DD/YYYY
76	Date of Last Other Education or Job Training Activities Services During the Month	Enter the last date during the month in which the participant received other education or job training -activities services. Note: This field must repeat for every month in which the participant receives other education or job training -activities services.	MM/DD/YYYY

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77	Date Ended Other Education Or Job Training Activities	Enter the date on which the participant exits other education or job training activities .	MM/DD/YYYY
78	Completed Other Education Or Job Training Activities	<p>Select Yes if the participant successfully completed other education or job training activities</p> <p>Select No if the participant did not successfully complete other education or job training activities .</p>	<p>1 = Yes</p> <p>2 = No</p>
Workforce Preparation Activities			
79	Date Entered Subsidized Employment	Enter the date on which the participant started subsidized employment.	MM/DD/YYYY
New	Provider Type	<p>Select Faith-based Provider if the subsidiized employment is provided by a faith-based organization.</p> <p>Select Community-based Provider if the subsidiized employment is provided by a community-based organization.</p> <p>Select Public Provider if the subsidiized employment is provided by a public organization.</p>	<p>1 = Faith-based Provider</p> <p>2 = Community-based Provider</p> <p>3 = Public Provider</p>
80	Expected Completion Date of Subsidized Employment	Enter the date on which the participant is expected to complete subsidized employment.	MM/DD/YYYY
81	Date of Last Subsidized Employment Services During the Month	<p>Enter the last date during the month in which the participant received subsidized employment services.</p> <p>Note: This field must repeat for every month in which the participant receives subsidized employment services.</p>	MM/DD/YYYY
82	Date Ended Subsidized Employment	Enter the date on which the participant exited subsidized employment.	MM/DD/YYYY

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83	Completed Subsidized Employment	<p>Select Yes if the participant successfully completed OJT.</p> <p>Select No if the participant did not successfully complete OJT.</p>	<p>1 = Yes 2 = No</p>
84	Date Entered Internship	<p>Enter the date on which the participant started internship.</p> <p>Internship consists of onsite work experience designed to improve an enrollee's occupational skills and readiness for the world of work.</p>	MM/DD/YYYY
New	Provider Type	<p>Select Faith-based Provider if the internship is provided by a faith-based organization.</p> <p>Select Community-based Provider if the internship is provided by a community-based organization.</p> <p>Select Public Provider if the internship is provided by a public organization.</p>	<p>1 = Faith-based Provider 2 = Community-based Provider 3 = Public Provider</p>
85	Expected Completion Date of Internship	Enter the date on which the participant is expected to complete internship.	MM/DD/YYYY
86	Date of Last Internship During the Month	<p>Enter the last date during the month in which the participant participated in an internship..</p> <p>Note: This field must repeat for every month in which the participant is in the internship.</p>	MM/DD/YYYY
87	Date Ended Internship	Enter the date on which the participant exits internship.	MM/DD/YYYY

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	VALID VALUES
88	Completed Internship	<p>Select Yes if the participant successfully completed internship</p> <p>Select No if the participant did not successfully complete internship.</p>	<p>1 = Yes</p> <p>2 = No</p>
89	Date Entered Workforce Information Services	<p>Enter the date on which the participant started workforce information services.</p> <p>Workforce information services include, but is not limited to, providing information on state and local labor market conditions; industries, occupations and characteristics of the workforce; area business identified skills needs; employer wage and benefit trends; short- and long-term industry and occupational projections; worker supply and demand; and job vacancies survey results. Workforce information also includes local employment dynamics information such as workforce availability; business turnover rates; job creation; job destruction; new hire rates, worker residency, commuting pattern information; and the identification of high growth and high demand industries.</p>	MM/DD/YYYY
New	Provider Type	<p>Select Faith-based Provider if the workforce information services is provided by a faith-based organization.</p> <p>Select Community-based Provider if the workforce information services is provided by a community-based organization.</p> <p>Select Public Provider if the workforce information services is provided by a public organization.</p>	<p>1 = Faith-based Provider</p> <p>2 = Community-based Provider</p> <p>3 = Public Provider</p>
90	Expected Completion Date of Workforce Information Services	Enter the date on which the participant is expected to complete workforce information services.	MM/DD/YYYY
91	Date of Last Workforce Information Services During the Month	<p>Enter the last date during the month in which the participant received workforce information services .</p> <p>Note: This field must repeat for every month in which the participant receives workforce information services .</p>	MM/DD/YYYY

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	VALID VALUES
92	Date Ended Workforce Information Services	Enter the date on which the participant exits workforce information services.	MM/DD/YYYY
93	Completed Workforce Information Services	<p>Select Yes if the participant successfully completed workforce information services</p> <p>Select No if the participant did not successfully complete workforce information services.</p>	<p>1 = Yes</p> <p>2 = No</p>
94	Date Entered Work Readiness Training	<p>Enter the date on which the participant started work readiness training.</p> <p>Work readiness training includes world of work awareness, labor market knowledge, occupational information, values clarification and personal understanding, career planning and decision-making, and job search techniques (resumes, interviews, applications, and follow-up letters). It also includes positive work habits, attitudes, and behavior such as punctuality, regular attendance, presenting a neat appearance, getting along and working well with others, exhibiting good conduct, following instructions and completing tasks, accepting constructive criticism from supervisors and co-workers, showing initiative and reliability, and assuming the responsibilities involved in maintaining a job.</p>	MM/DD/YYYY
New	Provider Type	<p>Select Faith-based Provider if the work readiness training is provided by a faith-based organization.</p> <p>Select Community-based Provider if the work readiness training is provided by a community-based organization.</p> <p>Select Public Provider if the work readiness training is provided by a public organization.</p>	<p>1 = Faith-based Provider</p> <p>2 = Community-based Provider</p> <p>3 = Public Provider</p>
95	Expected Completion Date of Work Readiness Training	Enter the date on which the participant is expected to complete work readiness training.	MM/DD/YYYY

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	VALID VALUES
96	Date of Last Work Readiness Training Services During the Month	<p>Enter the last date during the month in which the participant received work readiness training services.</p> <p>Note: This field must repeat for every month in which the participant receives work readiness training services.</p>	MM/DD/YYYY
97	Date Ended Work Readiness Training	<p>Enter the date on which the participant exits work readiness training.</p>	MM/DD/YYYY
98	Completed Work Readiness Training	<p>Select Yes if the participant successfully completed work readiness training</p> <p>Select No if the participant did not successfully complete work readiness training.</p>	<p>1 = Yes</p> <p>2 = No</p>
99	Date Entered Career/Life Skills Counseling	<p>Enter the date on which the participant started career/life skills counseling.</p> <p>Career/Life skills counseling is any formal counseling provided on a specific life skill or related to career guidance.</p>	MM/DD/YYYY
New	Provider Type	<p>Select Faith-based Provider if the career/life skills counseling is provided by a faith-based organization.</p> <p>Select Community-based Provider if the career/life skills counseling is provided by a community-based organization.</p> <p>Select Public Provider if the career/life skills counseling is provided by a public organization.</p>	<p>1 = Faith-based Provider</p> <p>2 = Community-based Provider</p> <p>3 = Public Provider</p>
100	Expected Completion Date of Career/Life Skills Counseling	<p>Enter the date on which the participant is expected to complete career/life skills counseling.</p>	MM/DD/YYYY
101	Date of Last Career/Life Skills Counseling Services During the Month	<p>Enter the last date during the month in which the participant received career/life skills counseling services.</p> <p>Note: This field must repeat for every month in which the participant receives career/life skills counseling services.</p>	MM/DD/YYYY

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	VALID VALUES
102	Date Ended Career/Life Skills Counseling	Enter the date on which the participant exits career/life skills counseling.	MM/DD/YYYY
103	Completed Career/Life Skills Counseling	Select Yes if the participant successfully completed career/life skills counseling Select No if the participant did not successfully complete career/life skills counseling.	1 = Yes 2 = No
104	Date Entered Other Workforce Preparation Activities	Enter the date on which the participant started other workforce preparation activities.	MM/DD/YYYY
New	Provider Type	Select Faith-based Provider if the other workforce preparation activities is provided by a faith-based organization. Select Community-based Provider if the other workforce preparation activities is provided by a community-based organization. Select Public Provider if the other workforce preparation activities is provided by a public organization.	1 = Faith-based Provider 2 = Community-based Provider 3 = Public Provider
105	Type of Other Workforce Preparation Activities	Specify the type of other workforce preparation activities.	Text
106	Expected Completion Date of Other Workforce Preparation Activities	Enter the date on which the participant is expected to complete other workforce preparation activities.	MM/DD/YYYY
107	Date of Last Other Workforce Preparation Activities Services During the Month	Enter the last date during the month in which the participant received other workforce preparation activities services. Note: This field must repeat for every month in which the participant receives other workforce preparation activities services.	MM/DD/YYYY

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	VALID VALUES
108	Date Ended Other Workforce Preparation Activities	Enter the date on which the participant exits other workforce preparation activities.	MM/DD/YYYY
109	Completed Other Workforce Preparation Activities	<p>Select Yes if the participant successfully completed other workforce preparation activities</p> <p>Select No if the participant did not successfully complete other workforce preparation activities.</p>	<p>1 = Yes</p> <p>2 = No</p>
Community Involvement Activities			
110	Date Entered Community Service	<p>Enter the date on which the participant started community service.</p> <p>Community service is an activity in which the participants perform volunteer work that benefits the community</p>	MM/DD/YYYY
New	Provider Type	<p>Select Faith-based Provider if the community service is provided by a faith-based organization.</p> <p>Select Community-based Provider if the community service is provided by a community-based organization.</p> <p>Select Public Provider if the community service is provided by a public organization.</p>	<p>1 = Faith-based Provider</p> <p>2 = Community-based Provider</p> <p>3 = Public Provider</p>
111	Expected Completion Date of Community Service	Enter the date on which the participant is expected to complete community service.	MM/DD/YYYY
112	Date of Last Community Service Services During the Month	<p>Enter the last date during the month in which the participant received community service services.</p> <p>Note: This field must repeat for every month in which the participant receives community service services.</p>	MM/DD/YYYY
113	Date Ended Community Service	Enter the date on which the participant exits community service.	MM/DD/YYYY

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	VALID VALUES
114	Completed Community Service	Select Yes if the participant successfully completed community service Select No if the participant did not successfully complete community service.	1 = Yes 2 = No
115	Date Entered Other Community Involvement Activities	Enter the date on which the participant started other community involvement activities.	MM/DD/YYYY
New	Provider Type	Select Faith-based Provider if the other community involvement activities is provided by a faith-based organization. Select Community-based Provider if the other community involvement activities is provided by a community-based organization. Select Public Provider if the other community involvement activities is provided by a public organization.	1 = Faith-based Provider 2 = Community-based Provider 3 = Public Provider
116	Type of Other Community Involvement Activities	Specify the type of other other community involvement activities.	Text
117	Expected Completion Date of Other Community Involvement Activities	Enter the date on which the participant is expected to complete other community involvement activities.	MM/DD/YYYY
118	Date of Last Other Community Service Services During the Month	Enter the last date during the month in which the participant receive other community involvement activities Note: This field must repeat for every month in which the participant receives other community involvement activities.	MM/DD/YYYY
119	Date Ended Other Community Involvement Activities	Enter the date on which the participant exits other community involvement activities.	MM/DD/YYYY

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	VALID VALUES
120	Completed Other Community Involvement Activities	<p>Select Yes if the participant successfully completed other community involvement activities.</p> <p>Select No if the participant did not successfully complete other community involvement activities.</p>	<p>1 = Yes 2 = No</p>
Mentoring Activities			
121	Date Entered Mentoring Activities	<p>Enter the date on which the participant started mentoring activities.</p> <p>Mentoring is a sustained relationship between a mentor and participant, whether one on one or in a group setting. Through continued involvement, a mentor offers support and guidance in the individual's development to become a responsible member of the community. A variety of approaches may be used such as coaching, training, discussion, and counseling.</p>	MM/DD/YYYY
New	Provider Type	<p>Select Faith-based Provider if the mentoring activities are provided by a faith-based organization.</p> <p>Select Community-based Provider if the mentoring activities are provided by a community-based organization.</p> <p>Select Public Provider if the mentoring activities are provided by a public organization.</p>	<p>1 = Faith-based Provider 2 = Community-based Provider 3 = Public Provider</p>
122	Expected Completion Date of Mentoring Activities	Enter the date on which the participant is expected to complete mentoring activities.	MM/DD/YYYY
123	Date of Last Mentoring Activities Services During the Month	<p>Enter the last date during the month in which the participant received mentoring activities services.</p> <p>Note: This field must repeat for every month in which the participant receives mentoring activities services.</p>	MM/DD/YYYY
124	Date Ended Mentoring Activities	Enter the date on which the participant exits mentoring activities.	MM/DD/YYYY
125	Completed Mentoring Activities	<p>Select Yes if the participant successfully completed mentoring activities</p> <p>Select No if the participant did not successfully complete mentoring activities.</p>	<p>1 = Yes 2 = No</p>
Health Services			

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	VALID VALUES
New	Date Entered Substance Abuse Treatment	Enter the date on which the participant started substance abuse treatment.	MM/DD/YYYY
New	Provider Type	<p>Select Faith-based Provider if the substance abuse treatment is provided by a faith-based organization.</p> <p>Select Community-based Provider if the substance abuse treatment is provided by a community-based organization.</p> <p>Select Public Provider if the substance abuse treatment is provided by a public organization.</p>	<p>1 = Faith-based Provider 2 = Community-based Provider 3 = Public Provider</p>
New	Expected Completion Date of Substance Abuse Treatment	Enter the date on which the participant is expected to complete substance abuse treatment.	MM/DD/YYYY
New	Date of Last Substance Abuse Treatment During the Month	<p>Enter the last date during the month in which the participant received substance abuse treatment.</p> <p>Note: This field must repeat for every month in which the participant receives substance abuse treatment.</p>	MM/DD/YYYY
New	Date Ended Substance Abuse Treatment	Enter the date on which the participant exited substance abuse treatment	MM/DD/YYYY
New	Completed Substance Abuse Treatment	<p>Select Yes if the participant successfully completed substance abuse treatment.</p> <p>Select No if the participant did not successfully complete substance abuse treatment.</p>	<p>1 = Yes 2 = No</p>
New	Date Entered Mental Health Treatment	Enter the date on which the participant started mental health treatment.	MM/DD/YYYY
New	Provider Type	<p>Select Faith-based Provider if the mental health treatment is provided by a faith-based organization.</p> <p>Select Community-based Provider if the mental health treatment is provided by a community-based organization.</p> <p>Select Public Provider if the mental health treatment is provided by a public organization.</p>	<p>1 = Faith-based Provider 2 = Community-based Provider 3 = Public Provider</p>

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	VALID VALUES
New	Expected Completion Date of Mental Health Treatment	Enter the date on which the participant is expected to complete mental health treatment.	MM/DD/YYYY
New	Date of Last Mental Health Treatment During the Month	Enter the last date during the month in which the participant received mental health treatment. Note: This field must repeat for every month in which the participant receives mental health treatment.	MM/DD/YYYY
New	Date Ended Mental Health Treatment	Enter the date on which the participant exited mental health treatment	MM/DD/YYYY
New	Completed Mental Health Treatment	Select Yes if the participant successfully completed mental health treatment. Select No if the participant did not successfully complete mental health treatment.	1 = Yes 2 = No
New	Date Entered Emergency Medical Care	Enter the date on which the participant started emergency medical care.	MM/DD/YYYY
New	Provider Type	Select Faith-based Provider if the emergency medical care is provided by a faith-based organization. Select Community-based Provider if the emergency medical care is provided by a community-based organization. Select Public Provider if the emergency medical care is provided by a public organization.	1 = Faith-based Provider 2 = Community-based Provider 3 = Public Provider
New	Expected Completion Date of Emergency Medical Care	Enter the date on which the participant is expected to complete emergency medical care.	MM/DD/YYYY
New	Date of Last Emergency Medical Care During the Month	Enter the last date during the month in which the participant received emergency medical care. Note: This field must repeat for every month in which the participant receives emergency medical care.	MM/DD/YYYY
New	Date Ended Emergency Medical Care	Enter the date on which the participant exited emergency medical care	MM/DD/YYYY

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	VALID VALUES
New	Completed Emergency Medical Care	<p>Select Yes if the participant successfully completed emergency medical care.</p> <p>Select No if the participant did not successfully complete emergency medical care.</p>	<p>1 =Yes 2 = No</p>
New	Date Entered Non-Emergency Medical Care	Enter the date on which the participant started non-emergency medical care.	MM/DD/YYYY
New	Provider Type	<p>Select Faith-based Provider if the non-emergency medical care is provided by a faith-based organization.</p> <p>Select Community-based Provider if the non-emergency medical care is provided by a community-based organization.</p> <p>Select Public Provider if the non-emergency medical care is provided by a public organization.</p>	<p>1 = Faith-based Provider 2 = Community-based Provider 3 = Public Provider</p>
New	Expected Completion Date of Non-Emergency Medical Care	Enter the date on which the participant is expected to complete non-emergency medical care.	MM/DD/YYYY
New	Date of Last Non-Emergency Medical Care During the Month	<p>Enter the last date during the month in which the participant received non-emergency medical care.</p> <p>Note: This field must repeat for every month in which the participant receives non-emergency medical care.</p>	MM/DD/YYYY
New	Date Ended Non-Emergency Medical Care	Enter the date on which the participant exited non-emergency medical care	MM/DD/YYYY
New	Completed Non-Emergency Medical Care	<p>Select Yes if the participant successfully completed non-emergency medical care.</p> <p>Select No if the participant did not successfully complete non-emergency medical care.</p>	<p>1 =Yes 2 = No</p>
New	Date Entered Other Health Services	Enter the date on which the participant started other health services.	MM/DD/YYYY

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	VALID VALUES
New	Provider Type	<p>Select Faith-based Provider if the other health services are provided by a faith-based organization.</p> <p>Select Community-based Provider if the other health services are provided by a community-based organization.</p> <p>Select Public Provider if the other health services are provided by a public organization.</p>	<p>1 = Faith-based Provider 2 = Community-based Provider 3 = Public Provider</p>
New	Expected Completion Date of Other Health Services	Enter the date on which the participant is expected to complete other health services.	MM/DD/YYYY
New	Date of Last Other Health Services During the Month	<p>Enter the last date during the month in which the participant received other health services.</p> <p>Note: This field must repeat for every month in which the participant receives other health services.</p>	MM/DD/YYYY
New	Date Ended Other Health Services	Enter the date on which the participant exited other health services	MM/DD/YYYY
New	Completed Other Health Services	<p>Select Yes if the participant successfully completed other health services.</p> <p>Select No if the participant did not successfully complete other health services.</p>	<p>1 = Yes 2 = No</p>

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	VALID VALUES
Supportive Services			
126	Date Entered Transportation Services	Enter the date on which the participant started transportation services. Transportation services include assistance or cash paid to participants for the purpose of transportation.	MM/DD/YYYY
New	Provider Type	Select Faith-based Provider if the transportation services are provided by a faith-based organization. Select Community-based Provider if the transportation services are provided by a community-based organization. Select Public Provider if the transportation services are provided by a public organization.	1 = Faith-based Provider 2 = Community-based Provider 3 = Public Provider
127	Date of Last Transportation Services During the Month	Enter the last date during the month in which the participant received transportation services . Note: This field must repeat for every month in which the participant receives transportation services .	MM/DD/YYYY
128	Date Ended Transportation Services	Enter the date on which the participant exits transportation services.	MM/DD/YYYY
129	Date Entered Child Care Services	Enter the date on which the participant started child care services. Child care services provide participants during program participation with child care that can be inside or outside the home, as well as after-school programs. It usually includes supervision and shelter.	MM/DD/YYYY
New	Provider Type	Select Faith-based Provider if the child care services are provided by a faith-based organization. Select Community-based Provider if the child care services are provided by a community-based organization. Select Public Provider if the child care services are provided by a public organization.	1 = Faith-based Provider 2 = Community-based Provider 3 = Public Provider
130	Date of Last Child Care Services During the Month	Enter the last date during the month in which the participant received child care services . Note: This field must repeat for every month in which the participant receives child care services .	MM/DD/YYYY

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	VALID VALUES
131	Date Ended Child Care Services	Enter the date on which the participant exits child care services.	MM/DD/YYYY
132	Date Entered Needs Related Payments	<p>Enter the date on which the participant started needs related payments.</p> <p>Needs-related payments provide financial assistance to participants for the purpose of enabling individuals to participate in training</p>	MM/DD/YYYY
New	Provider Type	<p>Select Faith-based Provider if the needs-related payments are provided by a faith-based organization.</p> <p>Select Community-based Provider if the needs-related payments are provided by a community-based organization.</p> <p>Select Public Provider if the needs-related payments are provided by a public organization.</p>	<p>1 = Faith-based Provider 2 = Community-based Provider 3 = Public Provider</p>

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	VALID VALUES
133	Date of Last Needs Related Payments During the Month	<p>Enter the last date during the month in which the participant received needs related payments services.</p> <p>Note: This field must repeat for every month in which the participant receives needs related payments services.</p>	MM/DD/YYYY
134	Date Ended Needs Related Payments	Enter the date on which the participant exits needs related payments.	MM/DD/YYYY
135	Date Entered Follow-up Mentoring Services	<p>Enter the date on which the participant started follow-up mentoring services.</p> <p>Follow-up mentoring services are on-going mentoring that occurs after exit.</p>	MM/DD/YYYY
New	Provider Type	<p>Select Faith-based Provider if the mentoring services are provided by a faith-based organization.</p> <p>Select Community-based Provider if the mentoring services are provided by a community-based organization.</p> <p>Select Public Provider if the mentoring services are provided by a public organization.</p>	<p>1 = Faith-based Provider 2 = Community-based Provider 3 = Public Provider</p>
136	Last Date of Follow-up Mentoring Services During Month	<p>Enter the last date during the month in which the participant received follow-up mentoring services.</p> <p>Note: This field must repeat for every month in which the participant receives follow-up mentoring services.</p>	MM/DD/YYYY
137	Date Ended Follow-up Mentoring Services	Enter the last date on which the participant received follow-up mentoring services.	MM/DD/YYYY
138	Date Entered Other Follow-up Services	<p>Enter the date on which the participant started other follow-up services.</p> <p>Other follow-up services are on-going mentoring that occurs after exit.</p>	MM/DD/YYYY
New	Provider Type	<p>Select Faith-based Provider if the other follow-up services are provided by a faith-based organization.</p> <p>Select Community-based Provider if the other follow-up services are provided by a community-based organization.</p> <p>Select Public Provider if the other follow-up services are provided by a public organization.</p>	<p>1 = Faith-based Provider 2 = Community-based Provider 3 = Public Provider</p>

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	VALID VALUES
139	Last Date of Other Follow-up Services During Month	Enter the last date during the month in which the participant received other follow-up services. Note: This field must repeat for every month in which the participant receives other follow-up services.	MM/DD/YYYY

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	VALID VALUES
140	Date Ended Other Follow-up Services	Enter the last date on which the participant received other follow-up services.	MM/DD/YYYY
141	Date Entered Other Supportive Services	Enter the date on which the participant started other supportive services. Other supportive services includes all supportive services not listed above.	MM/DD/YYYY
New	Provider Type	<p>Select Faith-based Provider if the other supportive services are provided by a faith-based organization.</p> <p>Select Community-based Provider if the other supportive services are provided by a community-based organization.</p> <p>Select Public Provider if the other supportive services are provided by a public organization.</p>	<p>1 = Faith-based Provider 2 = Community-based Provider 3 = Public Provider</p>
142	Date of Last Other Supportive Services During the Month	<p>Enter the last date during the month in which the participant received other supportive services .</p> <p>Note: This field must repeat for every month in which the participant receives other supportive services .</p>	MM/DD/YYYY
143	Date Ended Other Supportive Services	Enter the date on which the participant exits other supportive services.	MM/DD/YYYY
SECTION III - PROGRAM OUTCOMES INFORMATION			
SECTION III.A - FOLLOW-UP			

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	VALID VALUES
SECTION III.B - SHORT-TERM OUTCOME STATUS			
146	Alcohol Abuse/ Drug Use at 6 Months	<p>Based on asking the participant at 6 month date after enrollment:</p> <p>Select has not abused alcohol or used drugs in the last month if the individual has not abused legal drugs or alcohol or used illegal drugs within the sixth month after enrollment</p> <p>Select occasional alcohol abuse or drug use in the last month if the individual occasionally abuses legal drugs or alcohol or occasionally uses illegal drugs within the sixth month after enrollment</p> <p>Select regular (weekly) alcohol abuse or drug use in the last month if, on a weekly basis, the individual abuses legal drugs or alcohol or uses illegal drugs within the sixth month after enrollment.</p>	<p>1 = Has not abused alcohol or used drugs within the last month</p> <p>2 = Occasional alcohol abuse or drug use within the last month</p> <p>3 = Regular (weekly) alcohol abuse or drug use within the last month</p>

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	VALID VALUES
147	Housing Status at 6 Months	<p>Select Own/Rent Apartment, Room, Or House if, 6 months after enrollment, the individual is living in an apartment, room, or house that the he/she owns or rents.</p> <p>Select Staying at someone's apartment, room, or house (Stable) if, 6 months after enrollment, the individual is living in an apartment, room, or house that somebody else owns or rents and if the person is not at risk of being displaced from this housing, i.e the housing situation is long-term.</p> <p>Select Halfway house/transitional house if, 6 months after enrollment, the individual is living in a residence designed to assist persons as they re-enter society and learn to adapt to independent living after having been in prison.</p> <p>Select Residential treatment if, 6 months after enrollment, the individual lives in a residential treatment center. A residential treatment center is a group home that provides room and board, and provides specialized treatment or rehabilitation persons with emotional, psychological, or developmental problems as well as chemical dependencies.</p> <p>Select Homeless if, 6 months after enrollment, the individual lacks a fixed, regular, adequate night time residence. This definition includes any individual who has a primary night time residence that is a publicly or privately operated shelter for temporary accommodation; an institution providing temporary residence for individuals intended to be institutionalized; or a public or private place not designated for or ordinarily used as a regular sleeping accommodation for human beings. This definition does not include an individual imprisoned or detained under an Act of Congress or State law. An individual who may be sleeping in a temporary accommodation while away from home should not, as a result of that alone, be recorded as homeless.</p> <p>Select Staying at someone's apartment, room, or house (Unstable) if, 6 months after enrollment, the individual is living in an apartment, room, or house that somebody else owns or rents and if the person is at risk of being displaced from this housing, i.e the housing situation is short-term.</p>	<p>1 = Own/rent apartment, room, or house</p> <p>2 = Staying at someone's apartment, room, or house (Stable)</p> <p>3 = Halfway house/ transitional house</p> <p>4 = Residential Treatment</p> <p>5 = Homeless</p> <p>6 = Staying at someone's apartment, room, or house (Unstable)</p>

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	VALID VALUES
148	Date of Initial Placement Into Unsubsidized Employment	Enter the date on which the participant started the initial unsubsidized employment	MM/DD/YYYY
149	Employer Name for Initial Placement Into Unsubsidized Employment	Enter the employer's name for the participant's initial placement into unsubsidized employment.	Text
150	Employer Contact for Initial Placement Into Unsubsidized Employment	Enter the contact information for the employer for the participant's placement into unsubsidized employment.	Text
151	Last Date of Employment for Initial Placement into Unsubsidized Employment	Enter the last date on which the participant worked for the employer.	MM/DD/YYYY
152	Hourly Wage at Placement for Initial Placement into Unsubsidized Employment	Enter the hourly wage for the initial unsubsidized unemployment at placement.	00.00
153	Number of Hours Worked During the 1st Full Week in Initial Placement into Unsubsidized Employment.	Enter the number of hours worked during the first full week for the initial job placement.	00
154	Date of Placement Into Unsubsidized Employment #1	Enter the date on which the participant started the unsubsidized employment.	MM/DD/YYYY
155	Employer Name for Placement Into Unsubsidized Employment #1	Enter the employer's name for the participant's placement into unsubsidized employment.	Text
156	Employer Contact for Placement Into Unsubsidized Employment #1	Enter the contact information for the employer for the participant's placement into unsubsidized employment.	Text

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	VALID VALUES
157	Last Date of Employment for Placement into Unsubsidized Employment #1	Enter the last date on which the participant worked for the employer.	MM/DD/YYYY
158	Hourly Wage at Placement for Placement into Unsubsidized Employment #1	Enter the hourly wage for the unsubsidized unemployment at placement.	00.00
159	Number of Hours Worked During the 1st Full Week in Placement into Unsubsidized Employment #1	Enter the number of hours worked during the first full week for the placement into unsubsidized employment..	00
160	Repeat Fields 154 to 159 for Additional Jobs	Grantees must be able to collect the above job information for as many jobs as the participant has.	
161	Re-Arrested/ Re-Incarcerated	<p>Select the appropriate choice from below:</p> <p>Re-arrested for a new crime if the participant is arrested for a new crime.</p> <p>Re-incarcerated for a revocation of the parole or probation order for violations of terms of sentence.</p> <p>Otherwise violated the terms and condition 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.)</p> <p>Select No if none of the above conditions apply.</p> <p>This field repeats as needed.</p>	<p>1 = Re-arrested for a new crime 2 = Re- incarcerated for a revocation of the parole or probation order for violations of terms of sentence 3 = Otherwise violated the terms and condition of their sentence 4 = No</p>
162	Date Re-Arrested/ Re-Incarcerated	<p>Enter the date on which the participant was re-arrested for a new crime or re-incarcerated for a violation of parole or probation.</p> <p>This field repeats as needed for repeated.</p>	MM/DD/YYYY
New	Date Re-arrested and Released	Enter the date on which the participant was released from custody if the arrest charges were not upheld and the participant was not convicted of the crime for which they were arrested	MM/DD/YYYY

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	VALID VALUES
163	Date Entered Post-Secondary Education	<p>Enter the date on which the participant enrolled in post-secondary education during program participation..</p> <p>Leave blank if the participant does not enter post-secondary education during program participation.</p>	<p>MM/DD/YYYY</p> <p>Blank = did not enter post-secondary education</p>

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	VALID VALUES
SECTION III.C - POST-PROGRAM EMPLOYMENT AND JOB RETENTION DATA			
164	Employed in 1st Quarter After Exit Quarter	Select Yes if the participant was employed in the first quarter after the quarter of exit. Select No if the participant was not employed in the first quarter after the quarter of exit.	1 = Yes 2 = No
165	Type of Employment Match 1st Quarter After Exit Quarter	Use the appropriate code to identify the method used in determining the individual's employment status in the first quarter following the quarter of exit. If the individual is found in more than once source of employment, record the data source for which the individual's earnings are greatest.	1 = UI Wage Records (In-State & WRIS) 2 = Federal Employment Records (OPM, USPS) 3 = Military Employment Records (DOD) 4 = Other Administrative Wage Records 5 = Supplemental through case management, participant survey, and/or verification with the employer Blank = Not Employed.
166	Date of Follow-up for 1st Quarter After the Exit Quarter Employment and Wage Information	Enter the date on which the grantee attempted to contact the participant or employer to obtain information on employment and earnings for the 1st quarter after the exit quarter post-program. Repeat for each follow-up attempt.	MM/DD/YYYY
167	Successful Follow-up for 1st Quarter After the Exit Quarter Employment and Wage Information	Enter Yes if the grantee successfully contacted the participant to collect employment and earnings information for the 1st quarter after the exit quarter. Enter No if the grantee did not successfully contact the participant to collect this information. Repeat for each follow-up attempt.	1 = Yes 2 = No

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	VALID VALUES
168	Employed in 2nd Quarter After Exit Quarter	Select Yes if the participant was employed in the second quarter after the quarter if exit. Select No if the participant was not employed in the second quarter after the quarter of exit.	1 = Yes 2 = No
169	Type of Employment Match 2nd Quarter After Exit Quarter	Use the appropriate code to identify the method used in determining the individual's employment status in the second quarter following the quarter of exit. If the individual is found in more than once source of employment, record the data source for which the individual's earnings are greatest.	1 = UI Wage Records (In-State & WRIS) 2 = Federal Employment Records (OPM, USPS) 3 = Military Employment Records (DOD) 4 = Other Administrative Wage Records 5 = Supplemental through case management, participant survey, and/or verification with the employer Blank = Not Employed.
170	Hours Worked First Full Week for the 2nd Quarter After the Exit Quarter.	Enter the number of hours worked in the first full week of employment during the 2nd quarter after the exit quarter.	00
171	Hourly Wages First Full Week of Work for the 2nd Quarter After the Exit Quarter	Enter the hourly wage for the job listed in the above element for in the first full week of employment during the 2nd quarter after the exit quarter.	00.00
172	Date of Follow-up for 2nd Quarter After the Exit Quarter Employment and Wage Information	Enter the date on which the grantee attempted to contact the participant to obtain information on employment and earnings for the 2nd quarter after the exit quarter post-program. Repeat for each follow-up attempt.	MM/DD/YYYY
173	Successful Follow-up for 2nd Quarter After the Exit Quarter Employment and Wage Information	Enter yes if the grantee successfully contacted the participant to collect employment and earnings information for the 2nd quarter after the exit quarter. Enter no if the grantee did not successfully contact the participant to collect this information. Repeat for each follow-up attempt.	1 = Yes 2 = No

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	VALID VALUES
174	Employed in 3rd Quarter After Exit Quarter	Select Yes if the participant was employed in the third quarter after the quarter of exit. Select No if the participant was not employed in the third quarter after the quarter of exit.	1 = Yes 2 = No
175	Type of Employment Match 3rd Quarter After Exit Quarter	Use the appropriate code to identify the method used in determining the individual's employment status in the third quarter following the quarter of exit. If the individual is found in more than once source of employment, record the data source for which the individual's earnings are greatest.	1 = UI Wage Records (In-State & WRIS) 2 = Federal Employment Records (OPM, USPS) 3 = Military Employment Records (DOD) 4 = Other Administrative Wage Records 5 = Supplemental through case management, participant survey, and/or verification with the employer Blank = Not Employed.
176	Hours Worked First Full Week for the 3rd Quarter After the Exit Quarter.	Enter the number of hours worked in the first full week of employment during the 3rd quarter after the exit quarter.	00
177	Hourly Wages First Full Week of Work for the 3rd quarter after the exit quarter	Enter the hourly wage for the job listed in the above element for in the first full week of employment during the 3rd quarter after the exit quarter.	00.00

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	VALID VALUES
178	Date of Follow-up for 3rd Quarter After the Exit Quarter Employment and Wage Information	Enter the date on which the grantee attempted to contact the participant to obtain information on employment and earnings for the 3rd quarter after the exit quarter post-program. Repeat for each follow-up attempt.	MM/DD/YYYY
179	Successful Follow-up for 3rd Quarter After the Exit Quarter Employment and Wage Information	Enter Yes if the grantee successfully contacted the participant to collect employment and earnings information for the 3rd quarter after the exit quarter. Enter No if the grantee did not successfully contact the participant to collect this information. Repeat for each follow-up attempt.	1 = Yes 2 = No
SECTION ILD - POST-PROGRAM WAGE DATA These fields are to be used for wage record data only.			
180	Wages 1st Quarter After Exit Quarter	Record total earnings from wage records for the first quarter after the quarter of exit. Enter 999999.99 if data is not yet available.	000000.00
181	Wages 2nd Quarter After Exit Quarter	Record total earnings from wage records for the second quarter after the quarter of exit. Enter 999999.99 if data is not yet available.	000000.00
182	Wages 3rd Quarter After Exit Quarter	Record total earnings from wage records for the third quarter after the quarter of exit. Enter 999999.99 if data is not yet available.	000000.00

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	VALID VALUES
SECTION III.E - EDUCATION AND CREDENTIAL DATA			
183	Attained Diploma, GED, or Certificate #1	<p>Select individual attained a secondary school diploma if individual attained a secondary school (high school) diploma recognized by the State.</p> <p>Select individual attained a GED or high school equivalency diploma if the individual attained a GED or high school equivalency diploma recognized by the State.</p> <p>Select individual attained a certificate in recognition of attainment of technical or occupational skills if the individual attained a certificate in recognition of attainment of technical or occupational skills.</p> <p>Select individual did not attain a diploma, GED, or certificate if the individual did not attain a diploma, GED, or certificate.</p> <p>Select individual attained an AA or AS if individual attained an associate's degree.</p> <p>Select individual attained a BA or BS if individual attained an bachelor's degree.</p>	<p>1 = Individual attained a secondary school (high school) diploma.</p> <p>2 = Individual attained a GED or high school equivalency diploma.</p> <p>3 = Individual attained a certificate in recognition of an individual's attainment of technical or occupational skills.</p> <p>4 = Individual did not attain a diploma, GED, or certificate</p> <p>5 = Individual attained an AA or AS</p> <p>6 = Individual attained an BA or BS</p>
184	Date Attained Degree or Certificate #1	<p>Record the date on which the individual attained a diploma, GED, or certificate.</p> <p>Leave "blank" if the individual did not attain a diploma, GED, or certificate.</p>	<p>MM/DD/YYYY</p> <p>Blank = did not attain diploma, GED, or certificate</p>
185	Specify the Name of Certificate #1	<p>Specify the name of the first certificate achieved.</p> <p>Leave blank if no certificate was achieved.</p>	<p>Text</p> <p>Blank = no certificate achieved</p>

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	VALID VALUES
186	Attained Diploma, GED, or Certificate #2	<p>Select individual attained a secondary school diploma if individual attained a secondary school (high school) diploma recognized by the State.</p> <p>Select individual attained a GED or high school equivalency diploma if the individual attained a GED or high school equivalency diploma recognized by the State.</p> <p>Select individual attained a certificate in recognition of attainment of technical or occupational skills if the individual attained a certificate in recognition of attainment of technical or occupational skills.</p> <p>Select individual did not attain a diploma, GED, or certificate if the individual did not attain a diploma, GED, or certificate.</p> <p>Select individual attained an AA or AS if individual attained an associate's degree.</p> <p>Select individual attained a BA or BS if individual attained an bachelor's degree.</p>	<p>1 = Individual attained a secondary school (high school) diploma.</p> <p>2 = Individual attained a GED or high school equivalency diploma.</p> <p>3 = Individual attained a certificate in recognition of an individual's attainment of technical or occupational skills.</p> <p>4 = Individual did not attain a diploma, GED, or certificate</p> <p>5 = Individual attained an AA or AS</p> <p>6 = Individual attained an BA or BS</p>
187	Date Attained Degree or Certificate #2	<p>Record the date on which the individual attained a diploma, GED, or certificate.</p> <p>Leave "blank" if the individual did not attain a diploma, GED, or certificate.</p>	<p>MM/DD/YYYY</p> <p>Blank = did not attain diploma, GED, or certificate</p>
188	Specify the Name of Certificate #2	<p>Specify the name of the second certificate achieved.</p> <p>Leave blank if no certificate was achieved.</p>	<p>Text</p> <p>Blank = no certificate achieved</p>

EDITS
<p>A. If multiple records have the same Social Security Number (field 1), then no record can have a field 46 (Date of Participation) or a field 47 (Date or Exit) between the Date of Program Participation and the Date of Exit plus 90 days of any other record with the same Individual Identifier.</p> <p>B. If multiple records have the same Individual Identifier, then only the record with the most recent Date of Participation can have a blank Date of Exit.</p>
<p>A. Must be greater than or equal to 18 and less than or equal to 100 years old at Date of Participation. Age = DATE OF PARTICIPATION minus DATE OF BIRTH</p>
Mandatory field
<p>A. Must not be blank if field 2 (Criminal Justice System Identifier) is not blank.</p>

EDITS
A. Must not be blank if field 3 (Type of Criminal Justice Identifier) is 6.
A. Must be Yes to participate in the program.

EDITS
A. Must be less than or equal to field 15 (Children).

EDITS

EDITS

- A. Must be 1 or 2 if field 23 (Occupation at Enrollment) is >0.
- B. Must be 1 or 2 if field 24 (Hours Worked at Enrollment) is >0.
- C. Must be 1 or 2 if field 25 (Average Hourly Wage at Enrollment) is >0.
- D. Must be 1 or 2 if field 26 (Start Date for Job at Enrollment) is not blank.
- E. Must be completed within two weeks of opening the record.

EDITS

EDITS
A. Must be greater than 0 if field 22 (Employment Status at Participation) is 1 or 2.
A. Must be greater than 0 if field 22 (Employment Status at Participation) is 1 or 2.
A. Must not be blank if field 22 (Employment Status at Participation) is 1 or 2.

EDITS

A. Must be completed within two weeks of opening the record.

A. Must be completed within two weeks of opening the record.

EDITS
A. Must be completed within two weeks of opening the record.
A. Must be less than field 34 (Date of Release for Most Recent Crime Prior to Participation).
A. Must be less than field 47 (Date of Program Participation).
B. Must be completed within two weeks of opening the record.
A. Must be completed within two weeks of opening the record.

EDITS

A. Must be completed within two weeks of opening the record.

A. Must not be blank if field 38 (Property Crime) is 5.

A. Must be completed within two weeks of opening the record.

A. Must not be blank if field 40 (Drug Crimes) is 4.

A. Must be completed within two weeks of opening the record.

EDITS
A. Must not be blank if field 42 (Public Order Offenses) is 5.
A. Must be completed within two weeks of opening the record.
A. Must not be blank if field 44 (Other Offenses) is 1.
A. Must be completed within two weeks of opening the record.
A. Must be less than or equal to field 48 (Date of Exit) and all service fields in section II.B of the record layout.
<p>A. Must be greater than or equal to field 47 (Date of Participation).</p> <p>B. Must be greater than or equal all dates provided in the service fields except supportive services (Section II.B).</p>
A. This date will be autogenerated by the system to be the date on which the individual received his/her last service.

EDITS

EDITS
A. Must be blank if field 48 (Date of Exit) and field New (Date Entered Follow-up Services) is blank.
A. Must be blank or greater than or equal to field 51 (Date Entered Math/Reading Remediation)

EDITS
A. Must be blank or greater than or equal to field 51 (Date Entered Math/Reading Remediation)
A. Must be blank or greater than or equal to field 51 (Date Entered Math/Reading Remediation). B. Must not be blank if field 55 (Completed Math/Reading Remediation) is 1.
A. Must not be blank if field 54 (Date Ended Math/Reading Remediation) is a valid date.
A. Must be blank or greater than or equal to field 56 (Date Entered GED Preparation)
A. Must be blank or greater than or equal to field 56 (Date Entered GED Preparation)
A. Must be blank or greater than or equal to field 56 (Date Entered GED Preparation). B. Must not be blank if field 60 (Completed GED Preparation) is 1.

EDITS

A. Must not be blank if field 59 (Date Ended GED Preparation) is a valid date.

A. Must be blank or greater than or equal to field 61 (Date Entered Vocational/
Occupational Skills Training Services).

A. Must be blank or greater than or equal to field 61 (Date Entered Vocational/
Occupational Skills Training Services).

A. Must be blank or greater than or equal to field 61 (Date Entered Vocational/
Occupational Skills Training Services).

B. Must not be blank if field 65 (Completed Vocational/ Occupational Skills Training
Services) is 1.

EDITS
A. Must not be blank if field 64 (Date Ended Vocational/ Occupational Skills Training Services) is a valid date.
A. Must not be blank if field 61 (Date Entered Vocational/ Occupational Skills Training Services) is a valid date.
A. Must not be blank if field 61 (Date Entered Vocational/ Occupational Skills Training Services) is a valid date.
A. Must be blank or greater than or equal to field 68 (Date Entered On the Job Training).
A. Must be blank or greater than or equal to field 68 (Date Entered On the Job Training).

EDITS

A. Must be blank or greater than or equal to field 68 (Date Entered On the Job Training).

B. Must not be blank if field 72 (Completed On the Job Training) is 1.

A. Must not be blank if field 71 (Date Ended On the Job Training) is a valid date.

A. Must not be blank if field 73 (Date Entered Other Education Or Job Training Activities) is a valid date.

A. Must be blank or greater than or equal to field 73 (Date Entered Other Education Or Job Training Activities).

A. Must be blank or greater than or equal to field 73 (Date Entered Other Education Or Job Training Activities).

EDITS
<p>A. Must be blank or greater than or equal to field 73 (Date Entered Other Education or Job Training Activities).</p> <p>B. Must not be blank if field 78 (Completed Other Education Or Job Training Activities) is 1.</p>
<p>A. Must not be blank if field 77 (Date Ended Other Education Or Job Training Activities) is a valid date.</p>
<p>A. Must be blank or greater than or equal to field 79 (Date Entered Subsidized Employment).</p>
<p>A. Must be blank or greater than or equal to field 79 (Date Entered Subsidized Employment).</p>
<p>A. Must be blank or greater than or equal to field 79 (Date Entered Subsidized Employment).</p> <p>B. Must not be blank if field 83 (Completed Subsidized Employment) is 1.</p>

EDITS
A. Must not be blank if field 82 (Date Ended Subsidized Employment) is a valid date.
A. Must be blank or greater than or equal to field 84 (Date Entered Internship).
A. Must be blank or greater than or equal to field 84 (Date Entered Internship).
A. Must be blank or greater than or equal to field 84 (Date Entered Internship). B. Must not be blank if field 88 (Completed Internship) is 1.

EDITS
A. Must not be blank if field 87 (Date Ended Internship) is a valid date.
A. Must be blank or greater than or equal to field 89 (Date Entered Workforce Information Services).
A. Must be blank or greater than or equal to field 89 (Date Entered Workforce Information Services).

EDITS
A. Must be blank or greater than or equal to field 89 (Date Entered Workforce Information Services). B. Must not be blank if field 93 (Completed Workforce Information Services) is 1.
A. Must not be blank if field 92 (Date Ended Workforce Information Services) is a valid date.
A. Must be blank or greater than or equal to field 94 (Date Entered Work Readiness Training).

EDITS
A. Must be blank or greater than or equal to field 94 (Date Entered Work Readiness Training).
A. Must be blank or greater than or equal to field 94 (Date Entered Work Readiness Training.) B. Must not be blank if field 98 (Completed Work Readiness Training) is 1.
A. Must not be blank if field 97 (Date Ended Work Readiness Training) is a valid date.
A. Must be blank or greater than or equal to field 99 (Date Entered Career/Life Skills Counseling).
A. Must be blank or greater than or equal to field 99 (Date Entered Career/Life Skills Counseling).

EDITS

A. Must be blank or greater than or equal to field 99 (Date Entered Career/Life Skills Counseling).

B. Must not be blank if field 103 (Completed Career/Life Skills Counseling) is 1.

A. Must not be blank if field 102 (Date Ended Career/Life Skills Counseling) is a valid date.

A. Must not be blank if field 104 (Date Entered Other Workforce Preparation Activities) is a valid date.

A. Must be blank or greater than or equal to field 104 (Date Entered Other Workforce Preparation Activities).

A. Must be blank or greater than or equal to field 104 (Date Entered Other Workforce Preparation Activities).

EDITS
<p>A. Must be blank or greater than or equal to field 104 (Date Entered Other Workforce Preparation Activities).</p> <p>B. Must not be blank if field 109 (Completed Other Workforce Preparation Activities) is 1.</p>
<p>A. Must not be blank if field 108 (Date Ended Other Workforce Preparation Activities) is a valid date.</p>
<p>A. Must be blank or greater than or equal to field 110 (Date Entered Community Service).</p>
<p>A. Must be blank or greater than or equal to field 110 (Date Entered Community Service).</p>
<p>A. Must be blank or greater than or equal to field 110 (Date Entered Community Service).</p> <p>B. Must not be blank if field 114 (Completed Community Service) is 1.</p>

EDITS
A. Must not be blank if field 113 (Date Ended Community Service) is a valid date.
A. Must not be blank if field 115 (Date Entered Other Community Involvement Activities) is a valid date.
A. Must be blank or greater than or equal to field 115 (Date Entered Other Community Involvement Activities).
A. Must be blank or greater than or equal to field 115 (Date Entered Other Community Involvement Activities).
A. Must be blank or greater than or equal to field 115 (Date Entered Other Community Involvement Activities). B. Must not be blank if field 120 (Completed Other Community Involvement Activities) is 1.

EDITS
A. Must not be blank if field 119 (Date Ended Other Community Involvement Activities) is a valid date.
A. Must be blank or greater than or equal to field 121 (Date Entered Mentoring Activities).
A. Must be blank or greater than or equal to field 121 (Date Entered Mentoring Activities).
A. Must be blank or greater than or equal to field 121 (Date Entered Mentoring Activities). B. Must not be blank if field 125 (Completed Mentoring Activities) is 1.
A. Must not be blank if field 124 (Date Ended Mentoring Activities) is a valid date.

EDITS
A. Must be blank or greater than or equal to Date Entered Substance Abuse Treatment.
A. Must be blank or greater than or equal to Date Entered Substance Abuse Treatment.
A. Must be blank or greater than or equal to Date Entered Substance Abuse Treatment. B. Must not be blank if Completed Substance Abuse Treatment.is 1.
A. Must not be blank if Date Ended Substance Abuse Treatment is a valid date.

EDITS
A. Must be blank or greater than or equal to Date Entered Mental Health Treatment.
A. Must be blank or greater than or equal to Date Entered Mental Health Treatment.
A. Must be blank or greater than or equal to Date Entered Mental Health Treatment. B. Must not be blank if Completed Mental Health Treatment.is 1.
A. Must not be blank if Date Ended Mental Health Treatment is a valid date.
A. Must be blank or greater than or equal to Date Entered Emergency Medical Care.
A. Must be blank or greater than or equal to Date Entered Emergency Medical Care.
A. Must be blank or greater than or equal to Date Entered Emergency Medical Care. B. Must not be blank if Completed Emergency Medical Care.is 1.

EDITS
A. Must not be blank if Date Ended Emergency Medical Care is a valid date.
A. Must be blank or greater than or equal to Date Entered Non-Emergency Medical Care.
A. Must be blank or greater than or equal to Date Entered Non-Emergency Medical Care.
A. Must be blank or greater than or equal to Date Entered Non-Emergency Medical Care.
B. Must not be blank if Completed Non-Emergency Medical Care.is 1.
A. Must not be blank if Date Ended Non-Emergency Medical Care is a valid date.

EDITS
A. Must be blank or greater than or equal to Date Entered Other Health Services.
A. Must be blank or greater than or equal to Date Entered Other Health Services.
A. Must be blank or greater than or equal to Date Entered Other Health Services. B. Must not be blank if Completed Other Health Services.is 1.
A. Must not be blank if Date Ended Other Health Services is a valid date.

EDITS
A. Must be blank or greater than or equal to field 126 (Date Entered Transportation Services).
A. Must be blank or greater than or equal to field 126 (Date Entered Transportation Services).
A. Must be blank or greater than or equal to field 129 (Date Entered Child Care Services).

EDITS
A. Must be blank or greater than or equal to field 129 (Date Entered Child Care Services).

EDITS
A. Must be blank or greater than or equal to field 132 (Date Entered Needs Related Payments).
A. Must be blank or greater than or equal to field 132 (Date Entered Needs Related Payments).
A. Must be blank or greater than or equal to field 135 (Date Entered Follow-up Mentoring Services).
A. Must be blank or greater than or equal to field 135 (Date Entered Follow-up Mentoring Services).

EDITS

A. Must be blank or greater than or equal to field 138 (Date Entered Other Follow-up Services).

EDITS
A. Must be blank or greater than or equal to field 138 (Date Entered Other Follow-up Services).
A. Must be blank or greater than or equal to field 141 (Date Entered Other Supportive Services).
A. Must be blank or greater than or equal to field 141 (Date Entered Other Supportive Services).

EDITS

A. Must be 1 or 2 if field 28 (Alcohol Abuse/ Drug Use at Enrollment) is 1, 2, or 3 and the report period is after the end of the second quarter after the exit quarter.

EDITS

EDITS
A. Must not be blank if field 148 (Date of Initial Placement Into Unsubsidized Employment) has a valid date.
A. Must be blank or greater than or equal to field 148 (Date of Initial Placement Into Unsubsidized Employment).
A. Must be greater than 0 if field 148 (Date of Initial Placement Into Unsubsiized Employment) has a valid date.
A. Must be greater than 0 if field 148 (Date of Initial Placement Into Unsubsiized Employment) has a valid date.
A. Must be blank or greater than or equal to field 148 (Date of Initial Placement Into Unsubsidized Employment).
A. Must not be blank if field 154 (Date of Placement Into Unsubsidized Employment #1) has a valid date.

EDITS
A. Must be blank or greater than or equal to field 154 (Date of Placement Into Unsubsidized Employment #1).
A. Must be greater than 0 if field 154 (Date of Placement Into Unsubsiized Employment #1) has a valid date.
A. Must be greater than 0 if field 154 (Date of Placement Into Unsubsiized Employment #1) has a valid date.
Same Edits as for fields 154 to 159.
A. Must not be blank if field 161 (Re-Arrested/Re-Incarcerated) is 1 or 2.

EDITS

EDITS

A. Must be blank if field 48 (Date of Exit) and field new (Date Entered Follow-up Services) is blank.

B. Must be 1 or 2 if field 167 (Successful Follow-up for 1st Quarter After the Exit Quarter Employment and Wage Information) is 1.

A. If field 164 (Employed in 1st Quarter after Exit Quarter) is 1, this field will be auto-generated as 5 because of lack of wage records.

B. If field 164 (Employed in 1st Quarter after Exit Quarter) is 2 or blank, this field will be auto-generated as blank.

A. Must not be blank if field 164 (Employed in 1st Quarter After Exit Quarter) is 1.

B. Must not be blank if field 167 (Successful Follow-up for 1st Quarter After the Exit Quarter Employment and Wage Information) is 1 or 2.

A. Must not be blank if field 166 (Date of Follow-up for 1st Quarter After the Exit Quarter Employment and Wage Information) is a valid date.

EDITS

A. Must be blank if field 48 (Date of Exit) and field new (Date Entered Follow-up Services) is blank.

B. Must be 1 or 2 if field 167 (Successful Follow-up for 1st Quarter After the Exit Quarter Employment and Wage Information) is 1.

A. If field 168 (Employed in 2nd Quarter after Exit Quarter) is 1, this field will be auto-generated as 5 because of lack of wage records.

B. If field 168 (Employed in 2nd Quarter after Exit Quarter) is 2 or blank, this field will be auto-generated as blank.

A. Must be >0 if field 168 (Employed in 2nd Quarter After Exit Quarter) is 1.

A. Must be >0 if field 168 (Employed in 2nd Quarter After Exit Quarter) is 1.

A. Must not be blank if field 168 (Employed in 2nd Quarter After Exit Quarter) is 1.

B. Must not be blank if field 173 (Successful Follow-up for 2nd Quarter After the Exit Quarter Employment and Wage Information) is 1.

A. Must not be blank if field 172 (Date of Follow-up for 2nd Quarter After the Exit Quarter Employment and Wage Information) is a valid date.

EDITS

A. Must be blank if field 48 (Date of Exit) and field new (Date Entered Follow-up Services) is blank.

B. Must be 1 if field 176 (Hours Worked First Full Week for the 3rd Quarter After the Exit Quarter) is > 0.

A. If field 174 (Employed in 3rd Quarter after Exit Quarter) is 1, this field will be auto-generated as 5 because of lack of wage records.

B. If field 174 (Employed in 3ed Quarter after Exit Quarter) is 2 or blank, this field will be auto-generated as blank.

A. Must be >0 if field 174 (Employed in 3rd Quarter After Exit Quarter) is 1.

A. Must be >0 if field 174 (Employed in 3rd Quarter After Exit Quarter) is 1.

EDITS

A. Must not be blank if field 174 (Employed in 3rd Quarter After Exit Quarter) is 1.

B. Must not be blank if field 179 (Successful Follow-up for 3rd Quarter After the Exit Quarter Employment and Wage Information) is 1.

A. Must not be blank if field 178 (Date of Follow-up for 3rd Quarter After the Exit Quarter Employment and Wage Information) is a valid date.

A. This field will not be included in the system until grantees obtain access to wage records.

A. This field will not be included in the system until grantees obtain access to wage records.

A. This field will not be included in the system until grantees obtain access to wage records.

EDITS

A. Must not be 1 or 2 if field 18 (Highest School Grade Completed) is 16, 17, 87, 88, or 90.

A. Must be greater than field 47 (Date of Participation) if field 183 (Attained Diploma, GED, or Certificate #1) is 1, 2, 3, 5, or 6.

B. Must be blank if field 183 (Attained Diploma, GED, or Certificate #1) is blank or 4.

A. Must not be blank if field 183 (Attained Diploma, GED, or Certificate #1) is 3.

EDITS

A. Must not be 1 or 2 if field 18 (Highest School Grade Completed) is 16, 17, 87, 88, or 90.

A. Must be greater than field 47 (Date of Participation) if field 186 (Attained Diploma, GED, or Certificate #2) is 1, 2, 3, 5, or 6.

B. Must be blank if field 186 (Attained Diploma, GED, or Certificate #2) is blank or 4.

A. Must not be blank if field 186 (Attained Diploma, GED, or Certificate #2) is 1, 2, or 3.