PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 201509-1205-007. The time required to complete this information collection is estimated to average 1 hour 30 minutes per participant record response. This includes 20 minutes by the participant orally providing the data, and 1 hour 10 minutes by the grantee staff or employer entering each participant's personal and demographic information into the system. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: to John V. Ladd, Administrator, Office of Apprenticeship, Room C–5321, Employment and Training Administration, U.S. Department of Labor, 200 Constitution Avenue NW, Washington, DC 20210.

Data Element Number	Data Element Name	Data Definition and Instruction
1	Grant Number	Grant number as it appears on the appropriate Notice of Obligation (NOO) or equivalent official document from the U.S. Department of Labor
2	Project Name	Grant number as it appears on the appropriate Notice of Obligation (NOO) or equivalent official document from the U.S. Department of Labor

Code Value	Required (Yes/No)
	Y
	Y

Data Element Number	Data Element Name
3	Grant Partner Street Address
4	Grant Partner City
5	Grant Partner State
6	Grant Partner 5-Digit ZIP Code
7	Contact_Type
8	Grant Partner Contact Name
9	Grant Partner Contact Title
10	Grant Partner Contact Telephone Number
11	Grant Partner Contact Telephone Extension
12	Grant Partner Contact Fax Number
13	Grant Partner Contact Email Address
14	Grant Partner Contact Street Address
15	Grant Partner Contact City
16	Grant Partner Contact State
17	Grant Partner Contact 5-Digit Zip Code
18	Grant Partner: Last Event Date

Data Definition and Instruction	Code Value	Required (Yes/No)
Enter the Street Address of the Grant Partner		Y
Enter the city of the Grant Partner		Y
Enter the state of the Grant Partner		Y
Enter the 5 digit zip of the Grant Partner		Y
Valid Values: Grantee, Grant Partner, ProgramSponsor, Employer1....20, Pre-Apprentice Provider, RtiProvider		Y
Enter the name of the Grant Partner's contact.		Y
Enter the title of the Grant Partner's Contact. Contact Title refers to the business title such as "Chief Financial Officer"		Y
Enter the area code (999) and telephone number (999-9999) of the Grant Partner		Y
If Applicable, enter the Grantee Partner telephone extension.		N
Enter the area code (999) and telephone number (999-9999)		N
Enter the email address of the Grant Partner		Y
Enter the Grant Partner's Contact's street address. This may or may not differ from the Grantee address.		Y
Enter the Grant Partner's Contact's city. This may or may not differ from the Grantee address.		Y
Enter the Grant Partner's Contact's state. This may or may not differ from the Grantee address.		Y
Enter the Grant Partner's 5-digit zip code. This may or may not differ from the Grantee address.		Y
The date that the Grantee information was last modified	DATE MM/DD/YYYY	Y

Data Element Number	Data Element Name	Data Definition and Instruction	Code Value	Required (Yes/No)
4	Grantee Street Address	Street address as it appears on the appropriate NOO or equivalent official document from the U.S. Department of Labor		Y
5	Grantee City	City mailing address as it appears on the appropriate NOO or equivalent official document from the U.S. Department of Labor		Y
6	Grantee State	State mailing address as it appears on the appropriate NOO or equivalent official document from the U.S. Department of Labor		Y
7	Grantee 5-Digit ZIP Code	ZIP code as it appears on the appropriate NOO or equivalent official document from the U.S. Department of Labor		Y
8	Contact_Type	Valid Values: Grantee, ProgramSponsor, Employer1....20, Pre-Apprentice Provider, RtiProvider		Y
9	Grantee Contact Name	Enter the name the grantee official that is certifying submission of the report to the Department. **This contact is usually the Grant Signatory. This person must be available at the time of report submission and available to re-validate data that may be returned with errors. This available time-frame may include up-to three weeks after initial report submission.**		Y
10	Grantee Contact Title	Enter the title of the grantee official that is certifying submission of the report to the Department . Contact Title refers to the business title such as "Chief Financial Officer"		Y
11	Grantee Contact Telephone Number	Enter the area code (999) and telephone number (999-9999) of the authorized official		Y
12	Grantee Contact Telephone Extension	If Applicable, enter the authorized official's telephone extension		N
13	Grantee Contact Fax Number	Enter the area code (999) and telephone number (999-9999)		N
14	Grantee Contact Email Address	Enter the email address of the authorized official		Y
15	Grantee Contact Street Address	Enter the Grantee Contact's street address. This may or may not differ from the Grantee address.		Y
16	Grantee Contact City	Enter the Grantee Contact's city. This may or may not differ from the Grantee address.		Y

17	Grantee Contact State	Enter the Grantee Contact's state. This may or may not differ from the Grantee address.		Y
18	Grantee Contact 5-Digit Zip Code	Enter the Grantee Contact's 5-digit zip code. This may or may not differ from the Grantee address.		Y
19	Grantee: Last Event Date	The date that the Grantee information was last modified	DATE MM/DD/YYYY	Y
	Username	Username Associated with the Grantee		

Data Element Number	Data Element Name	Data Definition and Instruction

Program Sponsor Information

3	Program Sponsor Number	A unique identifier for the Program Sponsor *A program must have only one program sponsor number that associates all employers/occupations *The same program sponsor number cannot be registered by another program simultaneously
4	Program Sponsor 6-digit NAICS Code	Enter the 6-digit North American Industrial Classification System (NAICS) Code (http://www.census.gov/eos/www/naics/)
5	Program Sponsor Name	This may or may not be the same of the Grantee name
6	Program Sponsor Street Address	Enter the Program Sponsor's street address. This may or may not differ from the Grantee address.
7	Program Sponsor City	Enter the Program Sponsor's city. This may or may not differ from the Grantee address.
8	Program Sponsor State	Enter the Program Sponsor's state. This may or may not differ from the Grantee address.
9	Program Sponsor 5-Digit Zip Code	Enter the Program Sponsor's 5-digit zip code. This may or may not differ from the Grantee address.

Program Information

10	Program Type	bargaining agreement **Group, joint** = multi employer association, covered by a collective bargaining agreement **Group, non joint** = multi employer association <u>not</u> covered by a collective bargaining agreement
11	Number of Participating Employers	Number of employers who are signatories to the standards of apprenticeship for training of apprentices. Default value = 1 employer
	Employer: Start Date	Enter start date of the employer

6	Employer: Name	Enter the name of the employer
7	Employer: Street Address	Enter the employer's street address.
8	Employer: City	Enter the employer's city.
9	Employer: State	Enter the employer's state.
10	Employer: 5-Digit Zip Code	Enter the employer's 5-digit zip code.
	Employer: Status	Choose the employer's status
12	Bargaining Agency Name	If applicable, name of local union
13	National Union Affiliation	If applicable, Union acronym, example: IBEW, SMWIA, etc.

Occupation Information

16	Occupation: Apprentice Occupation 8-digit O*NET Code	Enter the 8-digit O*NET code that best fits the apprenticeable occupation (www.onetonline.org).
15	Occupation: Occupational Title	Specific title of an occupation that may or may not be the same as that designated by the O*NET data system (www.onetonline.org).
18	Occupation: Term Length	Enter the term length of the occupation. This length must be determined at the time the occupation's work process schedule is established.
14	~~Occupation Type~~	~~1=Time-based~~ ~~2=Competecy~~ ~~3=Hybrid~~

Occupation: Training Approach

Time-Based Approach = apprentice required to complete a specific number of hours of on-the-job learning (OJL) and related training instruction (RTI)
Competency-Based Approach = apprentice required to demonstrate competency in defined subject areas and does not require any specific hours of OJL or RTI
Hybrid Approach = apprentice required to complete a minimum number of OJL and RTI hours and demonstrate competency in the defined subject areas

17

Occupation: RTI Length

The occupation Related Technical Instruction length must be determined at the time the occupation's work process schedule is established.

20

19 Occupation: Probationary Period

Enter the probationary period. This length must be determined at the time the occupation's work process schedule is established. The default value is one-third of the term length.

Occupation: Primary RTI Type of Instruction

1= Community college
2= Adult education
3= Sponsor
4 = Private colleges
9 = Other

22

21 Occupation: Primary RTI Provider Name

Enter the name of college, adult education, or sponsor

Occupation: Primary RTI Instruction Method

1= Classroom
2= Correspondence
3= Self paced
4= Electronic media
5= Technology-based instruction
6= Distance learning
9 = Other

23

24 Occupation: Secondary RTI Provider Name

Enter the name of college, adult education, or sponsor

Occupation: Secondary RTI Type of Instruction

1= Community college
2= Adult education
3= Sponsor
4 = Private colleges
9 = Other

25

Occupation: Secondary RTI Instruction Method

1= Classroom
2= Correspondence
3= Self paced
4= Electronic media
5= Technology-based instruction
6= Distance learning
9 = Other

26

44 ~~Total Number of Employed Retained with Current Employer~~

~~The total number of apprentices who retained employment with their current remployer after completion of the Apprenticeship program.~~

45 ~~Average Current Wage of all Active Apprentices in Current Quarter~~

~~The average current wage of all active apprentices associated with the program in the current quarter.~~

Code Value	Required (Yes/No)	Notes
	N	
	Y	*Indicate 6-digit code *Add link to NAICS system: http://www.census.gov/eos/www/naics/
	Y	
	Y	
	Y	
	Y	
	Y	
Non Joint 2 = Independent, Joint 3 = Group, Joint	Y	
	Y	
	Y	

Y

Y

Y

Y

Y

1 = Active
2 = Cancelled

y
Y

Y

Y

Y

Y

Y

1 = Time-Based
2 = Competency-Based
3= Hybrid

Y

Y

Y

Y   *Add other category and text box
     *Add private colleges

Y

Y   *Add other category and text box

Y

Y   *Add other category and text box
     *Add private colleges

Y   *Add other category and text box

¥

¥

Move to Apprentice exit question

Data Element Number	Data Element Name	Data Definition and Instruction	Code Value	Required (Yes/No)
1	Grant Number	Grant number as it appears on the appropriate Notice of Obligation (NOO) or equivalent official document from the U.S. Department of Labor		N
2	Grantee Name	Grantee name as it appears on the appropriate Notice of Obligation (NOO) or equivalent official document from the U.S. Department of Labor		N
3	Program Name	Name of the H-1B Grant program or project		N
4	Program Sponsor Number	A unique identifier for the Program Sponsor		N
5	Program Sponsor Name	This may or may not be the same of the Grantee name		N

Data Element Number	Data Element Name	Data Definition and Instruction	Code Value	Required (Yes/No)
Apprentice Program Sponsor				
5	Program Sponsor Name	This may or may not be the same of the Grantee name		Y
Apprentice Information				
11	Apprentice First Name	Enter the first name of the apprentice		Y
10	Apprentice Middle Name	Enter the middle name of the apprentice		N
9	Apprentice Last Name	Enter the last name of the apprentice		Y
12	Apprentice Suffix	This is the suffix to the apprentice name. Values include I, II, III, Jr., Sr. Default is Null.	I II III Jr Sr	N
6	Apprentice ID	A unique identifier for the apprentice *An apprentice must have only one apprentice id that associates all programs/occupations that the apprentice has been registered in. *The same apprentice cannot be registered in another program and/or occupation simultaneously.		N
13	Apprentice Social Security Number	Enter the apprentice social security number. The value is 999999999 if the user does not supply a value it is set to 999999999 and the SSN Identifier is set to 'N' This value is to be encrypted.	xxxxxxxxx 999999999 = individual did not disclose	N
23	Date of Birth	Month value greater than 12 is not allowed. The largest date for each month is validated. Value larger than the largest date in each month is not allowed. January, March, May, July, August, October and December have 31 days. February has 28. April, June, and	YYYYMMDD	Y
24	Sex	Record 1 if the participant indicates that he is male Record 2 if the participant indicate that she is female Record 9 if the participant does not self-identify sex Leave blank if this data element does not apply to the person	1 = Male 2 = Female 9 = Participant did not self-identify	Y Y

#	Field	Description	Values	Required
35	Employment Status	Enter participant's employment status. Incumbent workers are defined as existing employees of the company.	1 = New Employee 2 = Existing Employee (Incumbent Worker)	Y
7	Apprentice Registration Date	Enter the date the apprentice was registered		Y
8	Apprentice Start Date	Enter the date that the apprentice began their apprenticeship. This date may be the same as the registration date, but cannot be prior to the registration date.		Y
	Career Connection (671)	workforce system funded services that support their participation in a Registered Apprenticeship program. This may include the use of individual training accounts and/or on-the-job training reimbursements. School-to-Registered Apprenticeship. Program designed to allow high school youth ages 16 - 17 to enter a Registered Apprenticeship program and continue after graduation with full credit given for the high school portion.	5 = Job Corps 6 = YouthBuild 7 = HUD/STEP-UP 8 = Career Center Referral 9 = School-to-Registered Apprenticeship	

Contact Information

#	Field	Description	Values	Required
15	Apprentice Street Address	Enter the apprentice's street address.		Y
16	Apprentice City	Enter the apprentice's city.		Y
17	Apprentice State	Enter the apprentice's state.		Y
18	Apprentice 5-Digit Zip Code	Enter the apprentice's 5-digit zip code.		Y
19	Apprentice Telephone Number (Home)	Enter the area code (999) and telephone number (999-9999) of the apprentice		Y
20	Apprentice Telephone Number (Mobile)	Enter the area code (999) and telephone number (999-9999) of the apprentice		N
21	Permission to contact via text message	Text messaging consent request	1 = Yes 0 = No	N
22	Apprentice Email Address	Enter the email address of the apprentice		Y

Demographics

	Ethnicity Hispanic / Latino	Record 1 if the participant indicates that he/she is a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture in origin, regardless of race. Record 0 if the participant indicates that he/she does not meet any of these conditions. Record 9 if the participant does not self-identify his/her ethnicity. Leave blank if this data element does not apply to the person (covered entrants, TAA non participants) and the data is not available.	1 = Yes 0 = No 9 = Participant did not self-identify
26			N
	Race	maintains cultural identification through tribal affiliation or community recognition. Record 2 if the participant indicates that he/she is a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent (e.g.,, India, Pakistan, Bangladesh, Sri Lanka, Nepal, Sikkim, and Bhutan). This area includes, for example, Cambodia, China, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. Record 3 if the participant indicates that he/she is a person having origins in any of the black racial groups of Africa. Record 4 if the participant indicates that he/she is a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. Record 5 if the participant indicates that he/she is a person having origins in any of the of the original peoples of Europe, the Middle East, or North Africa. Record 6 if the participant selects more than one race.	1 = American Indian or Alaska Native 2 = Asian 3 = Black or African American 4 = Native Hawaiian or Other Pacific Islander 5 = White 6 = More than one race 7 = Do not wish to answer
27			Y

	Disability	Record 1 if the participant 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.) If the response is yes, answer data element #109. Record 0 if the participant indicates that he/she does not have a disability that meets the definition. Record 9 if the participant does not wish to disclose his/her disability status. Leave blank if this data element does not apply to the person and the data is not available.	1 = Yes 0 = No 9 = Participant did not self-identify	
25				Y
	Veteran Status	Record 1 if the participant is a person who served on active duty in the armed forces and who was discharged or released from such service under conditions other than dishonorable. Record 0 if the participant does not meet the condition described above. Record 9 if participant does not disclose veteran status. Leave blank if this data element does not apply to the person and the data is not available.	1 = Yes 0 = No 9 = Participant did not self-identify	
33				N
	Apprentice Education Attainment	Enter the apprentice's education status. Default Value = 5 for unknown/not provided.	1 = 8th grade or less 2 = 9th to 12th grade 3 = GED 4 = high school diploma 5 = unknown 6 = Post Secondary or Technical Training	
34				N

Apprentice Occupation Information

	Field	Description	Req
42	Occupation 8-digit O*NET Code	Enter the 8-digit O*NET code that best fits the apprenticeable occupation (www.onetonline.org). NOTE: This code must match an occupation code registered by the program sponsor.	Y
41	Occupational Title	Specific title of an occupation that may or may not be the same as that designated by the O*NET data system (www.onetonline.org). NOTE: This title must match an occupation title registered by the program sponsor.	Y
	RAPIDS Occupation Code	Enter RAPIDS occupation code if known.	N
44	OJT credit	Enter the amount of On-The-Job credit, if any. The amount must not exceed the term length. Default value =0	Y
43	RTI credit	Enter the amount of Related Technical Instruction credit, if any. This amount must not exceed the term length. Default value = 0.	Y
	Term Length	Enter number of hours based on the program sponsor's training approach. Leave blank for competency-based occupations.	N
47	Probationary Date	Enter the probationary date that corresponds to the occupation's probationary period as determined by the program sponsor and the apprentice's start date.	Y
45	Term Remaining	Calculate the length of the apprenticeship. The length is equal to the term length minus any credit given for past experience (OJT credit) and education (RTI credit). Leave blank for competency-based occupations.	N
48	Entry Wage	Enter the apprentices hourly starting wage. This wage cannot be less than the apprentice hourly entry wage for the occupation as established by the program sponsor.	Y
46	Expected Completion Date	This date is derived by adding the term length to the apprentice start date and subtracting any OJT and RTI credit the apprentice has gained prior to entering the program. The expected completion date cannot be prior to the registration or start date.	Y

Employment History

	Field	Description	Req
46	Weeks worked in 12 month period prior to Apprenticeship	How many weeks did the participant work in the prior 12 months?	Y

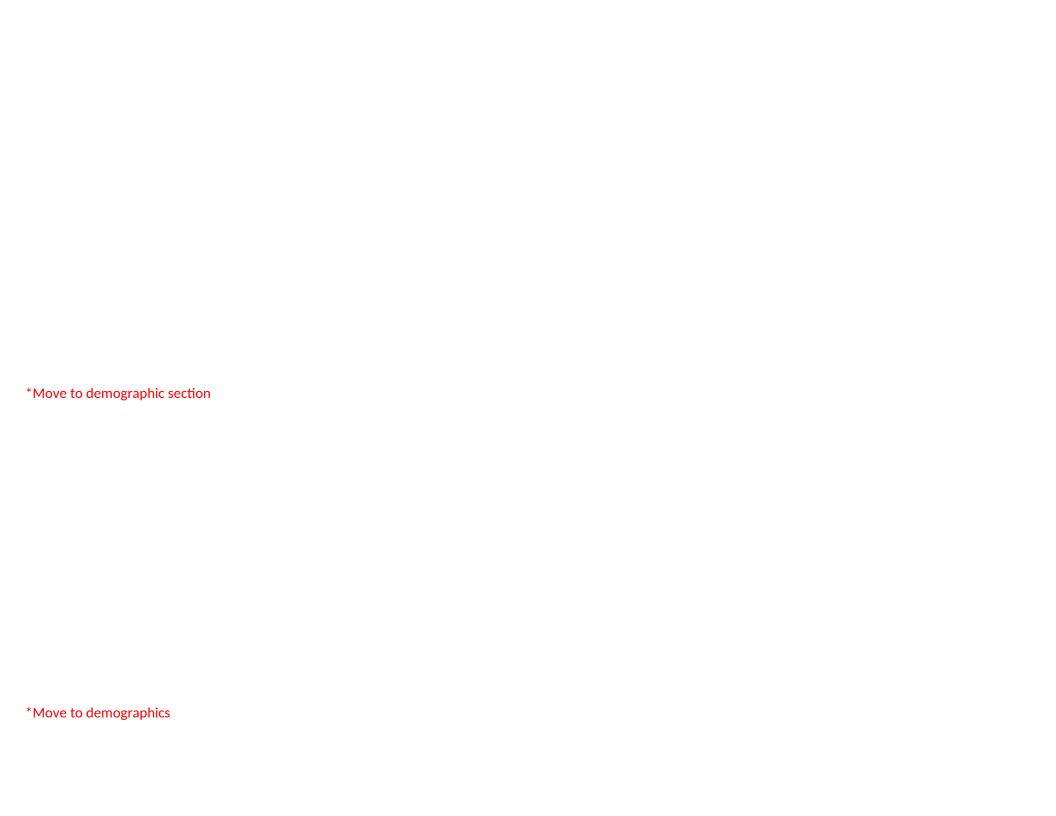|			
47	Apprentice Earnings in the prior 12 months	Numeric field. Approximate total earnings for individual apprentice from work, including tips and overtime pay during the past 12 months.	$0 $1 to $9,999 $10,000 to $19,999 $20,000 to $29,999 $30,000 to $39,999 $40,000 to $49,999 $50,000 or over Y
	Employment status at participation		1 = Employed 2 = Underemployed 3 = Long-term unemployed (27 weeks or more) 0 = Unemployed 9 = Unknown Y
33	Occupational Code of Most Recent Employment Prior to Participation (if available)	Enter the 8-digit O*NET code that best fits the apprenticeable occupation to which the individual trained (www.onetonline.org). NOTE: This code must match an Pre-Apprentice Provider occupation code.	N
40	~~Long-Term Unemployed~~	~~**Record 1** if the individual is a person who has been unemployed for more 27 consecutive weeks or more.~~ ~~**Record 0** if the individual does not meet any of the conditions described above.~~	~~1 = Yes~~ ~~0 = No~~ ~~Y~~
39	~~Underemployed Worker~~	~~**Record 1** if the participant is a person who lost their job during or after the recent secession and have obtained only episodic, short-term, or part-time employment but have not reconnected with a full-time job commensurate with the individual's loss of permanent employment.~~ ~~Dislocated workers may be included in this data element, if they meet the above criteria.~~ ~~**Record 0** if the participant does not meet any of the conditions described above.~~	~~1 = Yes~~ ~~0 = No~~ ~~Y~~

	~~Unemployment Compensation~~	~~Record 1 if the participant~~	~~1 = Yes~~ ~~0 = No~~	
~~36~~	~~Employment Level~~	~~The level of employment at participation.~~	~~1 = Full-Time~~ ~~2 = Part-Time~~ ~~Blank = Data not available~~	~~N~~
~~38~~	~~UI Status~~	~~Prior to becoming a registered apprentice, was the individual on Unemployment Insurance at any point in the previous 99 weeks?~~	~~1 = Yes~~ ~~0 = No~~ ~~Blank = Data not available~~	~~Y~~

Apprentice Exit Form

	Exit status		1 = Complete 2 = Cancelled	Y
53	Degree Attenuation	The highest academic degree level achieved.	1= Associate 2= Undergraduate 3= Graduate 4= Doctorate 0 = None	Y
56	Received Interim Credential	These are credentials issued by the Registration Agency, upon request of the appropriate sponsor, as certification of competency attainment by an apprentice. Issued in the form of certificates, interim credentials provide portable recognition of an apprentice's accomplishments. Interim credentials can only be issued for recognized components of an apprenticeable occupation.	1 = Yes 0 = No	Y
49	Exit Wage	Enter the actual hourly wage paid to the participant at the time they either leave or complete the program.		Y
50	Exit Wage Date	Enter the date associated with the exit wage. This date can be less than or equal to the last event date.		Y

| 51 | Employment Outcomes | Enter the employment outcome of the participant | 1 = Remain with current employer
2= Move to another employer | Y |
| 52 | Incumbent Worker Employment Outcome | As an Incumbent worker, enter whether or not the participant advanced into higher-skilled position | 1 = Yes
0 = No
9 = Unknown | N |

*Remove incumbent worker status question

*Move to demographic section

*Move to demographics

*Leave blank for competency-based occupations

*Leave blank for competency-based occupations

*Change past education attainment to Employment History

*Change section with this info

*Change section with this info

*Change section with this info

*Change section with this info

*Change "current status" to "exit status"

*Replace years of college attended with degree attenuation

Data Element Number	Data Element Name	Data Definition and Instruction	Code Value
Pre-Apprentice Provider Information			
1	Pre-Apprentice Provider Name	This may or may not be the same of the Grantee name	
2	Pre-Apprentice Provider Street Address	Enter the Pre-Apprentice Provider's street address. This may or may not differ from the Grantee address.	
3	Pre-Apprentice Provider City	Enter the Pre-Apprentice Provider's city. This may or may not differ from the Grantee address.	
4	Pre-Apprentice Provider State	Enter the Pre-Apprentice Provider's state. This may or may not differ from the Grantee address.	
5	Pre-Apprentice Provider 5-Digit Zip Code	Enter the Pre-Apprentice Provider's 5-digit zip code. This may or may not differ from the Grantee address.	
6	Direct Linkage	Enter if the program has a direct link to Registered Apprenticeship?	1 = No pre-apprentices go to registered apprenticeship 2 = Some pre-apprentices go to registered apprenticeship 3 = Most pre-apprentices go to registered apprenticeship
7	Program Type	Enter the program type.	1 = For-Profit 2 = Not-for-Profit 3 = Others
	Pre-Apprentice Provider Start Date		
Contact Information			
8	Pre-Apprentice Provider Contact Title	Enter the title of the Pre-Apprentice Provider official that is certifying the apprentice data reported to the Department. Contact Title refers to the business title such as "Chief Financial Officer"	

9	Pre-Apprentice Provider Contact Name	Enter the name there-Apprentice Provider Contact. This contact may or may not be the Grant Signatory/Program Sponsor. This person must be available at the time of report submission and available to re-validate data that may be returned with errors. This available time-frame may include up-to three weeks after initial report submission.	
10	Pre-Apprentice Provider Contact Street Address	Enter the Pre-Apprentice Provider Contact's street address. This may or may not differ from the Pre-Apprentice Provider address.	
11	Pre-Apprentice Provider Contact City	Enter the Pre-Apprentice Provider Contact's city. This may or may not differ from the Pre-Apprentice Provider address.	
12	Pre-Apprentice Provider Contact State	Enter the Pre-Apprentice Provider Contact's state. This may or may not differ from the Pre-Apprentice Provider address.	
13	Pre-Apprentice Provider Contact 5-Digit Zip Code	Enter the Pre-Apprentice Provider Contact's 5-digit zip code. This may or may not differ from the Pre-Apprentice Provider address.	
14	Pre-Apprentice Provider primary Telephone Number	Enter the area code (999) and telephone number (999-9999) of the authorized official	
15	Pre-Apprentice Provider primary Telephone Extension	If Applicable, enter the authorized official's telephone extension	
16	Pre-Apprentice Provider Contact Other Phone Number	Enter the area code (999) and telephone number (999-9999)	1 = Mobile 2= Home 3 = Work
17	Pre-Apprentice Provider Contact Email Address	Enter the email address of the authorized official	
18	Pre-Apprentice Provider Permission to Contact via Text	Yes/No indicator to grant permission to contact via text message.	1 = Yes 2 = No

Pre-Apprentice Provider Type

Pre-Apprentice Provider Type	Type(s) of Pre-Apprentice organization(s) providing service to participants. Check all that apply.	1 -Apprenticeship sponsor 2 Postsecondary educational institution, non-profit 3 Business 4 Consortium of business 5 Postsecondary educational institution, for-profit 6 Community-based organization 7 Business-Related Nonprofit Organization 8 School district 9 Local workforce investment Board 10 Workforce intermediary 11 Tribal organization

19

Screening Information

Drug/Alcohol Screening	Record 1 if the participant received drug/alcohol test at any time during participation in the pre-apprenticeship program Record 0 if the participant did not received drug/alcohol test at any time during participation in the pre-apprenticeship program Record 9 if information is missing or unknown.	1 = Yes 0 = No 9 = Unknown

20

Criminal Background Check	Record 1 if the a criminal background check was conducted on the participant at any time during participation in the pre-apprenticeship program Record 0 if the participant did not received a criminal background check at any time during participation in the pre-apprenticeship program Record 9 if information is missing or unknown.	1 = Yes 0 = No 9 = Unknown

21

Physical Examination	time during participation in the pre-apprenticeship program Record 0 if the participant did not received physical examination at any time during participation in the pre-apprenticeship program Record 9 if information missing or unknown.	1 = Yes 0 = No 9 = Unknown

22

Target Population

Target Population(s) Served	Enter the target population(s) served. Check all that apply.	1 = Women 2 = Men 3 = Minorities 4 = Youth 5 = People with Disabilities 6 = Ex-Offenders 7 = Veterans 8 = Other

23

24 | Describe "Other" category above | Describe the Target Population if "Other" is selected. | |

Average Age	Enter the average age of the population served.	1 = 16-19 2 = 20-24 3 = 25-34 4 = 35+

25

Supportive Services	Does your program provide supportive services? Such support services may include transportation, child care, dependent care, emergency housing, work clothing or uniforms, licensing or testing fees, medical and healthcare supportive services.	1 = Yes 2 = No

26

Referral Protocol	Does your program have a referral protocol in place to build basic skills and conduct remedial training for participants who did not score well on an assessment?	1 = Yes 2 = No

27

Skills Assessments	Does your program conduct skills assessments and Adult Basic Education tests to determine eligibility of participants?	1 = Yes 2 = No

28

Case Manager	Does your program have a case manager on staff to refer participants to support programs?	1 = Yes 2 = No

29

Readiness Checklists

Does your program use participant readiness checklists or standards?

1 = Yes
2 = No

30

Primary recruitment sources

What are the primary recruitment sources? Check all that apply.

1 = High schools
2 = American Job Centers (One Stops)
3 = Community colleges
4 = Community-based organizations
5 = Word of mouth
6 = Other

31

Average Frequency of Case Management Contact

Enter the average frequency of case management for participants

1 Weekly
2 Bi-weekly
3 Monthly
4 Bi-monthly
5 Less often than bi-monthly
6 Not applicable

32

Case Management Average Caseload

Enter the average caseload for case managers

1 = 0
2 = 1-25
3 = 26-49
4 = 50-74
5 = 75-99
6 = 100-124
7 = More than 125

33

Target apprenticeship occupation 1 (8-digit O*NET Code)

Enter the 8-digit O*NET code (www.onetonline.org) that best fits the primary apprenticeable occupation of the pre-apprenticeship training. NOTE: This code must match an occupation code registered by the program sponsor.

34

~~Replicate Real Work Environment~~ ~~Does your program have features that replicate a real work environment?~~ ~~1 = Yes~~
~~2 = No~~

35

~~Training Type~~ *Check with Appian to ensure "Training Type" removed from Target Population screen

36

Program Services

Work-Based Learning Opportunities | Type(s) of work-based learning opportunity(ies). Check all that apply. | 1 = Job Shadowing
2 = Clinical as a Part of Training
3 = Unpaid Internship or Externship
4 = Paid Internship or Externship
5 = On-the-job training
6 = Not applicable

37

| Program Services | Type(s) of skill(s) and service(s) provided by the Pre-Apprentice provider. Check all that apply. | 1 = Adult Basic Education
2 = Basic Skills Instruction
3 = Study Skills or Test Preparation Skills Instruction
4 = Work-Based Learning Experience
5 = Pre-Occupational Skills Instruction
6 = Occupational Skills Instruction (and check one of following)
  i. Courses for credit
  ii. Courses not for credit
  iii. Courses leading to non-degree certifications
7 = GED Instruction
8 = High school completion
9 = English as a Second Language
10 = Life Skills/ Job Readiness Instruction
11 = Work-Based Learning Experience
12 = Type of case management
  i. Academic advising
  ii. Career counseling/job development
  iii. Advising on personal issues
  iv. No case management provided |

38

39

| ~~Foundational Skills Innovative Delivery~~ | ~~*Check with Appian to ensure "Foundational Skills Innovative Delivery" screen removed~~ |

40 Occupational Training Providers

Type(s) of entity(ies) that will provide occupational training. Check all that apply.

1 = pre-apprenticeship provider
2 = community college
3 = employment setting
4 = community-based organization
5 = private college
6 = ther private training provider
7 = Not Applicable

41 ~~ABE/Pre-GED/GED/ESL Provider~~

~~*Check with Appian to ensure "ABE/Pre-GED/GED/ESL Provider" screen removed~~

Required (Yes/No)	Note	
Y		
Y		
Y		
Y		
Y		
Y		
Y		
Y		

Y

Y

Y

Y

Y

Y

N

N

Y

N

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

¥ Check with Appian to ensure "Replicate Real Work Environment" removed from Target Population screen

Y

Y

Y

Data Element Number	Data Element Name	Data Definition and Instruction
Select Pre-Apprentice Provider		
5	Pre-Apprentice Provider Name	This may or may not be the same as the Grantee name
Pre-Apprentice Information		
9	Pre-Apprentice First Name	Enter the first name of the pre-apprentice
10	Pre-Apprentice Middle Name	Enter the middle name of the pre-apprentice
8	Pre-Apprentice Last Name	Enter the last name of the pre-apprentice
11	Pre-Apprentice Suffix	This is the suffix to the pre-apprentice name. Values include I, II, III, Jr., Sr. Default is Null.
12	Pre-Apprentice Social Security Number	Enter the pre-apprentice social security number. The value is 999999999 if the user does not supply a value it is set to 999999999 and the SSN Identifier is set to 'N' This value is to be encrypted.
20	Date of Birth	Record the participant's date of birth

Leave blank if this data element does not apply to the person

Month value greater than 12 is not allowed. The largest date for each month is validated. Value larger than the largest date in each month is not allowed. January, March, May, July, August, October and December have 31 days. February has 29. April, June, and November have 30 days. |
| 21 | Sex | Record 1 if the participant indicates that he is male
Record 2 if the participant indicate that she is female
Record 9 if the participant does not self-identify gender

Leave blank if this data element does not apply to the person |
| 7 | Pre-Apprentice Start Date | Enter the date that the participant began their pre-apprenticeship. |

Individual with a Disability

Record 1 if the participant 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.) If the response is yes, answer data element #109.
Record 0 if the participant indicates that he/she does not have a disability that meets the definition.
Record 9 if the participant does not wish to disclose his/her disability status.

Leave blank if this data element does not apply to the person and the data is not available.

25

Contact Information

13	Pre-Apprentice Street Address	Enter the pre-apprentice's street address.
14	Pre-Apprentice City	Enter the pre-apprentice's city.
15	Pre-Apprentice State	Enter the pre-apprentice's state.
16	Pre-Apprentice 5-Digit Zip Code	Enter the pre-apprentice's 5-digit zip code.
17	Pre-Apprentice Primary Telephone Number	Enter the area code (999) and telephone number (999-9999) of the pre-apprentice
	Pre-Apprentice Secondary Phone Number	Enter the area code (999) and telephone number (999-9999)
18	Permission to contact via text message	Text messaging consent request
19	Email Address of Pre-Apprentice	Enter the email address of the pre-apprentice
	Pre-Apprentice Secondary Contact First Name	Enter the first name of the pre-apprentice secondary contact
	Pre-Apprentice Secondary Contact Last Name	Enter the last name of the pre-apprentice secondary contact
	Email Address of Pre-Apprentice Secondary Contact	Enter the email address of the pre-apprentice secondary contact

Enter the telephone number of the pre-apprentice secondary contact

Characteristics

Marital status   Check applicable marital status

22

23 Number of children   Enter number of children

Ethnicity Hispanic / Latino

Record 1 if the participant indicates that he/she is a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture in origin, regardless of race.
Record 0 if the participant indicates that he/she does not meet any of these conditions.
Record 9 if the participant does not self-identify his/her ethnicity.

26

Race

Southeast Asia, or the Indian Subcontinent (e.g.,, India, Pakistan, Bangladesh, Sri Lanka, Nepal, Sikkim, and Bhutan). This area includes, for example, Cambodia, China, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
Record 3 if the participant indicates that he/she is a person having origins in any of the black racial groups of Africa.
Record 4 if the participant indicates that he/she is a person having origins in any of the original peoples of Hawaii, Guam, Samoa. or other Pacific Islands.

27

Veteran Status

Record 1 if the participant is a person who served on active duty in the armed forces and who was discharged or released from such service under conditions other than dishonorable.
                         Record 0 if the participant does not meet the condition described above.
Record 9 if participant does not self-identify veteran status.

32

Education   Enter the pre-apprentice's education status.

34

	Offender	committing a status offense or delinquent act, or (b) requires assistance in overcoming barriers to employment resulting from a record of arrest or conviction for committing delinquent acts, such as crimes against persons, crimes against property, status offenses, or other crimes.
40		Record 0 if the participant does not meet
		percent of the lower living standard income level, for an equivalent period; or (C) is a member of a household that receives (or has been determined within
	Low Income	the 6-month period prior to program participation) Food Stamps under the Food Stamp Act of 1977 (7 U.S.C. 2011 et seq.); or
41		(D) qualifies as a homeless individual, as 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
	Limited English Language Proficiency	lives in a family or community environment where a language other than English is the dominant language. Record 0 if the participant does not meet the conditions described above.
42		Leave blank if this data element does not English at a level necessary to function on the job, in the individual's family, or in society. In addition, states and grantees
	Basic Literacy Skills Deficiency	have the option of establishing their own definition, which must include the above language. In cases where states or grantees establish such a definition, that definition will be used for basic literacy skills determination.
43		

Public Program Participation

		Record 1 if the participant is a person who is listed on the welfare grant or has received cash assistance or other support services from the TANF program in the last twelve months prior to participation in the program. Record 0 if the participant does not meet the condition described above. Leave blank if this data element does not apply to the individual.
	Temporary Assistance to Needy Families (TANF)	
	Supplemental Nutrition Assistance Program (SNAP)	Record 1 if the participant is a person who is listed on the welfare grant or has received cash assistance or other support services from the SNAP agency in the last twelve months prior to participation in the program. Record 0 if the participant does not meet the condition described above. Leave blank if this data element does not apply to the individual.
35		

36	Housing Assistance	Record 1 if the participant is a person who is listed on the welfare grant or has received housing assistance in the last twelve months prior to participation in the program. Record 0 if the participant does not meet the condition described above. Leave blank if this data element does not apply to the individual.
37	Participation in other youth training programs	Record 1 if the participant is a person who has participated in other youth training programs such as YouthBuild or Job Corps in the last twelve months prior to participation in the program. Record 0 if the participant does not meet the condition described above. Leave blank if this data element does not apply to the individual.
38	Supplemental Security Income(SSI) / Social Security Disability Insurance (SSDI)	Record 1 if the individual is a person who is receiving or has received SSI under Title XVI of the Social Security Act in the last twelve months prior to participation in the program. Record 2 if the individual is a person who is receiving or has received SSDI benefit payments under Title XIX of the Social Security Act in the last six months prior to participation in the program. Record 3 if the individual is receiving or has received both SSI and SSDI in the last six months prior to participation in the program. Record 0 if the individual does not meet any of the conditions described above.
39	Other Public Assistance Recipient	Record 1 if the participant is a person who is receiving or has received cash assistance or other support services from one of the following sources in the last six months prior to participation in the program: General Assistance (GA) (State/local government), Refugee Cash Assistance (RCA), or Food Stamp Assistance. Do not include foster child payments. Record 0 if the participant does not meet the above criteria. Leave blank if this data element does not apply to the individual.

44	WIA/WIOA Participant (During Enrollment in Pre-Apprenticeship Program)	Record 1 if the participant received services financially assisted under WIA/WIOA. Record 0 or leave Blank if the participant did not receive services under the condition described above. Record 9 if grantee is unable to track enrollment in the program.
	Wagner-Peyser Act	Record 1 if the participant received services financially assisted under the Wagner-Peyser Act (29 USC 49 et seq.) WIA section 121 (b)(1)(B)(ii). Record 0 if the participant did not receive services financially assisted under the Wagner-Peyser Act. Record 9 if grantee is unable to track enrollment in the program.
45		

Employment History

46	Pre-Apprentice weeks worked in prior 12 months	How many weeks did the Pre-Apprentice work in the prior 12 months?
47	Pre-Apprentice Earnings in the prior 12 months	Numeric field. Approximate total earnings for individual apprentice from work, including tips and overtime pay during the past 12 months.
	Employment status at participation	
33	Occupational Code of Most Recent Employment Prior to Participation (if available)	Enter the 8-digit O*NET code that best fits the apprenticeable occupation to which the individual trained (www.onetonline.org). NOTE: This code must match an Pre-Apprentice Provider occupation code.
48	~~Drug/Alcohol Screening~~	~~program~~ ~~Record 0 if the participant did not received drug/alcohol test at any time during participation in the pre-apprenticeship program~~ ~~Record 9 if information is missing or apprenticeship program,~~
49	~~Criminal Background Check~~	~~Record 0 if the participant did not received a criminal background check at any time during participation in the pre-apprenticeship program~~ ~~Record 9 if information is missing or~~
50	~~Physical Examination~~	~~Record 0 if the participant did not received physical examination at any time during participation in the pre-apprenticeship program~~

Exit Form

Pre-Apprenticeship End Date	Enter date the pre-apprentice completed/cancelled from the pre-apprenticeship program	
72		

Program Outcome — Choose only one

If apprenticeship/employment is choosen, is the program related to training?

	participation in the pre-apprenticeship program	
Receipt of Adult Basic Education (ABE)	Record 0 if the participant did not received Adult Basic Education at any time during participation in the pre-apprenticeship program	
51	Record 9 if information missing or program	
GED Instruction	Record 0 if the participant did not received GED instruction at any time during participation in the pre-apprenticeship program	
52	Record 9 if information missing or	

Hours of Classroom and Hands-On Instruction received	Enter number of hours of classroom and hands-on instruction participant received	
53		

Number of Certificate/Credential Received	Enter certificate/Credential participant received upon completion of classroom and hands-on instruction	
54		

Type of Recognized Credential Received	Use the appropriate code to record the type of recognized educational or occupational certificate/credential/diploma attained by the individual who received training services. Record 0 if the individual received education or training services but did not receive a recognized credential. Credentials must be attained either during participation or by the end of the third quarter after the quarter of exit from services (other than follow up services).	
63		
Receipt of English as a Second Language (ESL)	apprenticeship program Record 0 if the participant did not received English as a Second Language instruction at any time during participation in the pre-apprenticeship program Record 9 if information missing or ~~program~~	
55		
Receipt of Study Skills or Test Preparation Skills Instruction	Record 0 if the participant did not received study skills or test preparation at any time during participation in the pre-apprenticeship program ~~Record 9 if information missing or~~ entry into an apprenticeship program	
56		
Receipt of Pre-Occupational Skills or Basic Occupational Skills Instruction	Record 0 if the participant did not received classroom instruction and/or hands-on experience to prepare the individual for entry into an apprenticeship program Record 9 if information missing or	
57		
Occupation 8-digit O*NET Code for Occupational Specific Training	Enter the 8-digit O*NET code that best fits the apprenticeable occupation to which the individual trained (www.onetonline.org). NOTE: This code must match an Pre-Apprentice Provider occupation code.	
58		
~~Pre-Occupatonal Skills or Basic Occupational Skills Instruction - Start Date~~	~~Record the start date for of pre-occupational skills or basic occupational skills training.~~ ~~Leave blank if this data element does not apply to the person~~	
~~59~~		
~~Pre-Occupatonal Skills or Basic Occupational Skills Instruction - End Date~~	~~Record the end date for of pre-occupational skills or basic occupational skills training.~~ ~~Leave blank if this data element does not apply to the person~~	
~~60~~		
~~Pre-Occupatonal Skills or Basic Occupational Skills Instruction - Hours of Classroom and Hands-On Instruction Received~~	~~Record the number of hours of pre-occupational skills basic occupation skills training completed by the individual.~~	
~~61~~		

62	~~Pre-Occupatonal Skills or Basic Occupational Skills Instruction - Certificate Received~~	~~Record 1 if the participant received received certificate of completion for pre-occupational skills/basic occupational skills training (in preparation for entry into apprenticeship program.~~ ~~Record 0 if the participant did not received certificate of completion.~~ ~~Record 9 if information missing or unknown.~~
64	Receipt of Life Skills/Job Readiness Instruction	Record 1 if the participant received job readiness or life skills instruction Record 0 if the participant did not received job readiness/life skills instruction Record 9 if information missing or unknown.
65	Receipt of Work-Based Learning Experience	work experience, job shadowing) Record 0 if the participant did not receive work-based learning experience Record 9 if information missing or unknown.
66	Work-Based Learning Experience - Hours Received	the number of hours of work-based learning experience completed by the individual

Support Services

67	Receipt of Case Management Assistance	management assistance Record 0 if the participant did not receive case management assistance Record 9 if information missing or unknown.
68	Child Care Assistance	grant funds Record 0 if the participant did not received assistance with childcare paid for with AII grant funds Record 9 if information missing or unknown.
69	Transportation Assistance	Record 1 if the participant received transportation assistance (e.g, bus passes, gas reimburesement) paid for with AII grant funds Record 0 if the participant did not received assistance with childcarepaid for with AII grant funds Record 9 if information missing or unknown.
70	Work Clothes/Tools/Equipment	equipment paid for with AII grant funds Record 0 if the participant did not received assistance with childcarepaid for with AII grant funds Record 9 if information missing or unknown.
71	Other Supportive Services	funds Record 0 if the participant did not received assistance with childcarepaid for with AII grant funds Record 9 if information missing or unknown.

	Apprenticeship/ Employment Status in the 1st Quarter after Program Completion	Enter 1 if the participant is employed in a Registered Apprenticeship program the first quarter after the quarter of program completion. Enter 2 if the participant is employed, but is not an apprentice in the first quarter after the quarter of program completion. Enter 0 if the participant is unemployed in the first quarter after the quarter of program completion. Record 3 if information on the participant's employment status in the first quarter after the quarter of training program completion is not yet available. Leave "blank" if this data element does not apply to the individual (individual did not complete the program).
73		
	Hourly Wage of Apprenticeship/Employment in 1st Quarter after Program Completion	Enter the hourly wage of paid to the participant as of the end of the 1st Quarter after the quarter of program completion throughemployment or participation in the Registered Apprenticeship
74		
	Occupation 8-digit O*NET Code for Apprenticeship Occupational Specific Training (1st Quarter after Program Completion)	
75		
	Apprenticeship/ Employment Status in the 2nd Quarter after Program Completion	program completion. Enter 2 if the participant is employed, but is not an apprentice in the second quarter after the quarter of program completion. Enter 0 if the participant is unemployed in the second quarter after the quarter of program completion. Record 3 if information on the participant's employment status in the second quarter after the quarter of training program completion is not yet available.
76		
	Hourly Wage of Apprenticeship/Employment in 2nd Quarter after Program Completion	Enter the hourly wage of paid to the participant as of the end of the 2nd Quarter after the quarter of program completion throughemployment or participation in the Registered Apprenticeship
77		
	Occupation 8-digit O*NET Code for Apprenticeship Occupational Specific Training (2nd Quarter after Program Completion)	For individuals enrolled in a Registered Apprenticeship program in the second quarter after the quarter of program completion, enter the 8-digit O*NET code that best fits the apprenticeable occupation to which the individual trained (www.onetonline.org).
78		

Apprenticeship/ Employment Status in the 3rd Quarter after Program Completion	Enter 1 if the participant is employed in a Registered Apprenticeship program the third quarter after the quarter of program completion. Enter 2 if the participant is employed, but is not an apprentice in the second quarter after the quarter of program completion. Enter 0 if the participant is unemployed in the second quarter after the quarter of program completion. Record 3 if information on the participant's employment status in the second quarter after the quarter of training program completion is not yet available. Leave "blank" if this data element does not apply to the individual (individual did not complete the program).

79

Hourly Wage of Apprenticeship/Employment in 3rd Quarter after Program Completion	Enter the hourly wage of paid to the participant as of the end of the third Quarter after the quarter of program completion throughemployment or participation in the Registered Apprenticeship

80

Occupation 8-digit O*NET Code for Apprenticeship Occupational Specific Training (3rd Quarter after Program Completion)	For individuals enrolled in a Registered Apprenticeship program in the third quarter after the quarter of program completion, enter the 8-digit O*NET code that best fits the apprenticeable occupation to which the individual trained (www.onetonline.org).

81

Code Value	Required (Yes/No)
	Y
	Y
	N
	Y
	N
xxxxxxxxx 999999999 = individual did not disclose	N
YYYYMMDD	
	Y
1 = Male 2 = Female 9 = Participant did not self-identify	
	Y
	Y

Y

Y
Y
Y

Y

Y

Mobile
Home
Work

N

1 = Yes
2 = No

N

Y

N

N

N

1 = currently married
2 = widowed
3 = divorced
4 = separated
5 = never married

#####

Y

Y

 1 = Yes
 0 = No
 9 = Participant did not self-
identify

Y

1 = American Indian or Alaska
Native
2 = Asian
3 = Black or African American
4 = Native Hawaiian or Other
Pacific Islander
5 = White
6 = More than one race
7 = Do not wish to answer

Y

 1 = Yes
 0 = No
 9 = Participant did not self-
identify

Y

5 = Unknown
1 = 8th Grade or Less
2= 9th to 12th Grade
3= GED
4= High School Diploma
6= Post Secondary or Technical

Y

1 = Yes
0 = No
9 = Unkown

Y

1 = Yes
0 = No
9 = Unkown

Y

1 = Yes
0 = No
9 = Unkown

Y

1 = Yes
0 = No
9 = Unkown

Y

1= Currently receiving
2 = Received in last 12 months
9 = None

Y

1= Yes
0 = No
9 = Unknown

Y

Y

Y

1 = SSI
2 = SSDI
3 = Both
0 = No
9 = Unknown

Y

~~1 = Yes~~
~~0 = No~~
~~Blank = Does Not Apply~~

~~N~~

1 = Yes
0 = No
9 = Unknown

Y

1 = Yes
0 = No
9 = Unknown

Y

Y

$0
$1 to $9,999
$10,000 to $19,999
$20,000 to $29,999
$30,000 to $39,999
$40,000 to $49,999
$50,000 or over

Y

1 = Employed
0 = Unemployed
9 = Unknown

Y

N

1 = Yes
0 = No
9 = Unknown

Y

1 = Yes
0 = No
9 = Status not Known

1 = Yes
0 = No
9 = Unknown

Y

YYYYMMDD

Y

Y

1 = Yes
0 = No
9 = Unknown

Y

1 = Yes
0 = No
9 = Unknown

Y

####

Y

Y

1 = High School Diploma/GED or other alternative HS credential
2 = Occupational Skills Licensure
3 = Occupational Skills Certificate/Credential
4 = Other Recognized Educational or Occupational Skills Certificate/Credential
0 = No Recognized Credential

Y

1 = Yes
0 = No
9 = Unknown

Y

1 = Yes
0 = No
9 = Unknown

Y

1 = Yes
0 = No
9 = Unknown

Y

xx-xxxx.xx

Y

~~YYYYMMDD~~
~~Blank = Does Not Apply~~

~~N~~

~~YYYYMMDD~~
~~Blank = Does Not Apply~~

~~N~~

~~9999.9~~

~~Y~~

~~1 = Yes~~
~~0 = No~~
~~9 = Unknown~~

Y̶

1 = Yes
0 = No
9 = Unknown

Y

1 = Yes
0 = No
9 = Unknown

Y

Y

1 = Yes
0 = No
9 = Unknown

Y

1 = Yes
0 = No
9 = Unknown

Y

1 = Yes
0 = No
9 = Unknown

Y

1 = Yes
0 = No
9 = Unknown

Y

1 = Yes
0 = No
9 = Unknown

Y

1 = Employed in Apprenticeship
2 = Employed in Other
0 = Unemployed
3 = Information not available

N

$999.99

xx xxxx.xx

Y

1 = Apprentice
2 = Employed
0 = Unemployed
3 = Information not available

N

$999.99

Y

xx xxxx.xx

Y

1 = Apprentice
2 = Employed
0 = Unemployed
3 = Information not available

N

$999.99

¥

xx-xxxx.xx

¥

Note

Move disability question to characteristics section

Note: Update types as a table feature