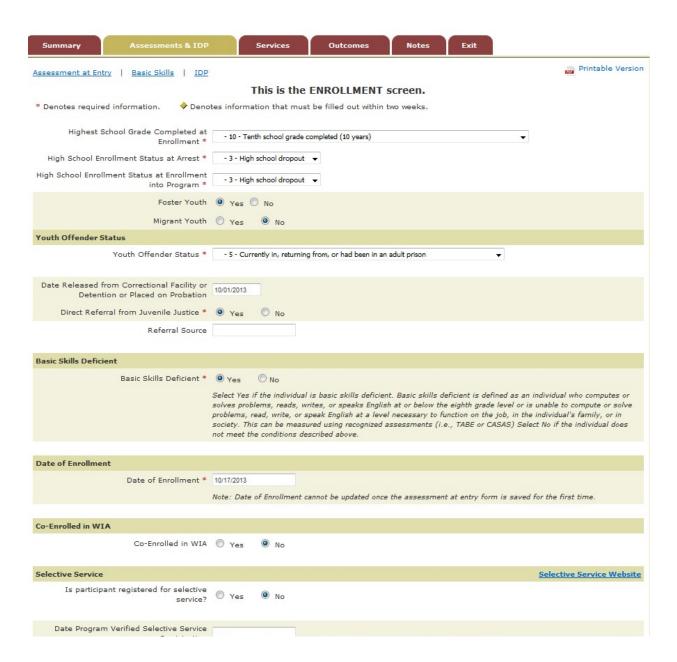
OMB No. 1205-0513 Expires: 9/30/2016

#### REO-YOUTH SAMPLE RECORD LAYOUT

#### **Enrollment:**

\* Denotes required information. Add a New Case First Name \* Middle Initial Last Name \* Address 1 \* Address 2 City \* State \* Choose one... ▼ Zip \* Phone \* (nnn-nnn-nnnn) Phone 2 (nnn-nnn-nnnn) Other Phone (nnn-nnn-nnnn) Two Way Pager Number E-mail Date of Birth \* (mm/dd/yyyy) Gender \* Male Female Ethnicity Hispanic/Latino \* 🔘 Yes 🔘 No 🔘 Not specified (Select 'Not Specified' if the participant does not disclose his/her ethnicity) Race \* American Indian or Alaska Native if the participant does not report on this Hawaiian Native or other Pacific Islander element) Asian Black or African American Not Specified Individual with a disability \* O Yes No Personal contact name Personal contact phone (nnn-nnn-nnnn) Additional Personal contact name Additional Personal contact phone (nnn-nnn-nnnn) Reset Cancel

## **Assessment at Entry:**

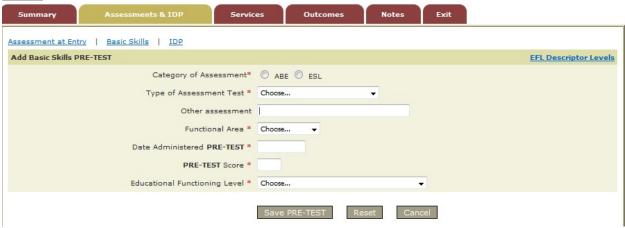


Date Program Verified Selective Service Registration	
Employment	
Employment Status at Enrollment	Employed
	Not Employed
	Employed but Received Notice of Termination
	of Employment or Military Separation
Occupation at Enrollment	- Education, Training, and Library Occupations  ▼
Occupation Title	(Optional)
Hours Worked at Enrollment	40 (per week)
Hourly Wage at Enrollment \$	5.25 (xxx.xx)
Start Date for Job at Enrollment	10/05/2013
Additional Information	
Citizen Status (US Citizen?)	● Yes ○ No
Authorized to Work	
Voter Registration	15 155 15 15
Drivers License	Yes    No
Family, Education and Other	
Housing Status at Enrollment	- Homeless ▼
Alcohol Abuse/Drug Use at Enrollment	
Parent of a Child	Yes No
Children	
Children Living with Participant	
Other Dependents Living with Participant	
Limited English Proficient	Yes No
_	163 0 110
Health Issues	Significant health issues  No significant health issues
Additional Information	
Other Public Assistance at Enrollment	SSI, SSD, SSA TANF
To select multiple services, hold the 'CTRL' key and	Welfare for single adults or general assistance (GA)
click with mouse	Unemployment insurance Food stamps
	1 ood stemps
	Division of AIDS Services Income Support or DAS
	Division of AIDS Services Income Support or DAS Other government sources No Benefits

	Food stamps Division of AIDS Services Income Support or DAS Other government sources No Benefits
Specify Other Government Sources of Public Assistance at enrollment	
	200 characters left
Medical Benefits	Medicaid
To select multiple services, hold the 'CTRL' key and click with mouse	Medicare None Other Private health insurance from work or family member
	(If other, please specify)
Mental Health Treatment	Yes No
Child Support Obligation at Enrollment: Number of Children	
Child Support Obligation At Enrollment: Amount \$	
Public Assistance Prior to enrollment	SSI, SSD, SSA
To select multiple services, hold the 'CTRL' key and click with mouse	TANF Welfare for single adults or general assistance (GA) Unemployment insurance Food stamps Division of AIDS Services Income Support or DAS Other government sources No Benefits
Specify Other Government Sources of Public	
Assistance Prior to enrollment	
	200 characters left
Amount of Public Assistance Prior to enrollment \$	
Duration of Public Assistance Prior to enrollment (number of months)	
Types of Medical Benefits Prior to enrollment	Medicaid Medicare
To select multiple services, hold the 'CTRL' key and	None Other
click with mouse	Private health insurance from work or family member
	(If other, please specify)
	Save Reset Cancel

# **Basic Skills:**

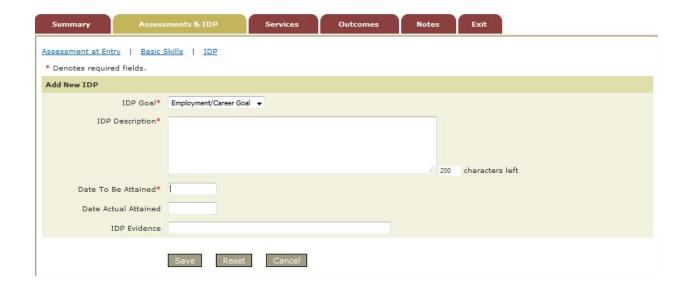
## Pre-test



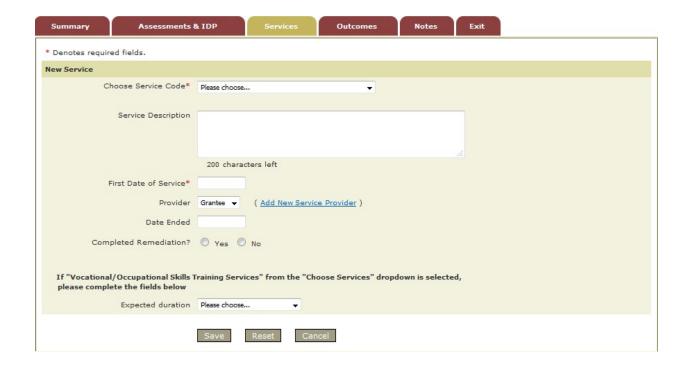
## Post-Test



# IDP:



# **Services:**

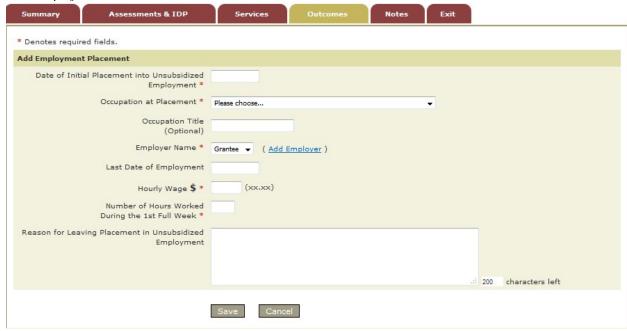


#### **Outcomes:**

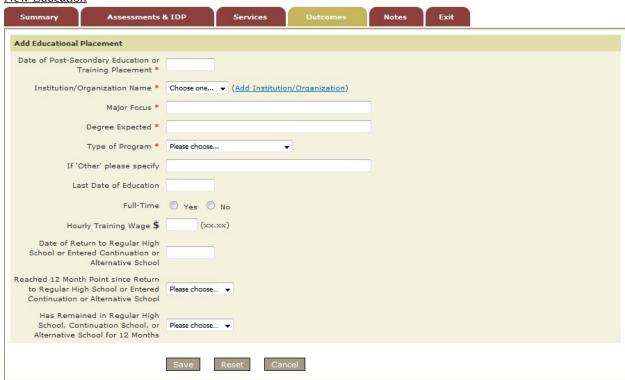
#### **Overview**



# **New Employment**



# New Education



## New Certificate/Degree



# New Recidivism

dd New Recidiv	isin C	outcome.								
Re-adjudicated/ Re-Incarcerated		Arrested for a new crime committed after enrollment (Note: This only counts towards recidivism rate if it occurs within 12 months of release.)								
	0	Adjudicated for a previous crime (Note: This option does not count towards the recidivism rate.)								
<ul> <li>Re-incarcerated for a revocation of the parole or probation order for violations of terms of sentence. (Note: This operands towards the recidivism rate.)</li> </ul>										
	0	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.)								
0	0	Adjudicated/Incarcerated for the first time while in program (Note: This option does not count towards the recidivism rate as this is a first time offender.)								
	0	Arrested but charges dropped (Note: This option does not count towards the recidivism rate.)								
	0	Not Re-adjudicated/Re-Incarcerated								

Summary Assessments & IDP Services Outcomes Notes Exit

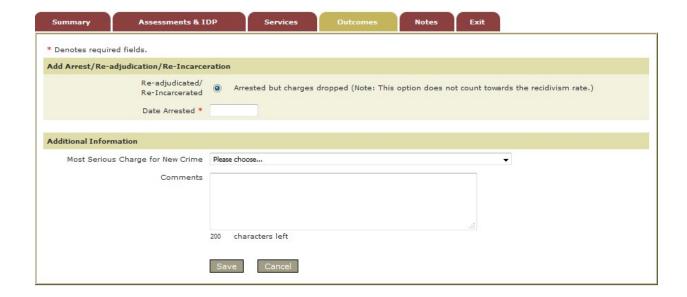
\* Denotes required fields. Add Arrest/Re-adjudication/Re-Incarceration Re-adjudicated/ 

 Arrested for a new crime committed after enrollment (Note: This only counts towards Re-Incarcerated recidivism rate if it occurs within 12 months of release). Date Re-adjudicated/ Re-Incarcerated \* Reason for Arrest/Adjudication Type of Re-adjudication Felony If 'Other', please specify Date the Enrollee is Arrested for a New Crime Committed After Enrollment into Your Program Date the Enrollee is Re-adjudicated of a New Crime Committed After Enrollment into Your Program Whether the Enrollee has Reached the 12-Month Point Since Being Released from a Correctional 🔘 Yes 🔘 No Facility or Being Placed on Probation Arrested for a New Crime within 12-Month of Being Released from a Correctional Facility or Being Placed Yes No Re-adjudicated of a New Crime within 12-Month of Being Released from a Correctional Facility or Being Yes No Date the Enrollee is Incarcerated after Re-adjudication for a New Crime Committed After Enrollment into Your Program Date Cited for Violating Terms of Probation or Parole Date Incarcerated for Violating Terms of Probation or **Additional Information** Most Serious Charge for New Crime Please choose... Re-adjudicated of New Crime Yes No Date Re-adjudicated of New Crime Incarcerated After New Re-adjudication 🔘 Yes 🔘 No Date Incarcerated After New Re-adjudication Date Released from Incarceration for New Crime

Summary	Assessments & IDP	Services	O	utcor	nes	Notes	5	Exit			
* Denotes require	ed fields.										
Add Arrest/Re-adjudication/Re-Incarceration											
		adjudicated/   Incarcerated			ed for a p n rate).	previous c	rime (N	ote: This	option doe	es not count	towards the
		adjudicated/ carcerated *									
	Reason for Arrest,	Adjudication									
	Type of Re-	adjudication Fe	lony								
	If 'Other', pl	ease specify									
Date the Enroll	lee is Arrested for a New Crime Com Enrollment into Y										
Date the Enrolle	ee is Re-adjudicated of a New Crime After Enrollment into Y										
	Enrollee has Reached the 12-Montl d from a Correctional Facility or Beir		Yes	0 1	No						
	a New Crime within 12-Month of Bei Correctional Facility or Being Placed		Yes	0 1	No						
	dicated of a New Crime within 12-Mo d from a Correctional Facility or Bei		Yes	0 1	No						
	e is Incarcerated after Re-adjudicati e Committed After Enrollment into Y										
Date	Cited for Violating Terms of Probat	on or Parole									
Date Incarce	erated for Violating Terms of Probat	on or Parole									
Additional Inform	nation										
	Most Serious Charge for Pre	evious Crime Ple	ase choo	ose							<b>-</b>
	Re-adjudicated of Pre	evious Crime	Yes	0 1	No						
	Date Re-adjudicated of Pre	evious Crime									
	Incarcerated After New Re-	adjudication (	Yes	0	No						
	Date Incarcerated After New Re-	adjudication									
ι	Date Released from Incarceration fo	or New Crime									
		S	ave		Reset	Cance	el				

Summary	Assessments & IDP	Services	Outcomes	Notes	Exit
* Denotes require	d fields.				
Add Arrest/Re-ad	djudication/Re-Incarceration				
	Re-adjudicated/ Re-Incarcerated				robation order for violations of terms of ds the recidivism rate)
	Date Re-adjudicated/ Re-Incarcerated *				
	Reason for Arrest/Adjudication				
	Type of Re-adjudication	Felony ▼			
	If 'Other', please specify				
	ollee is Arrested for a New Crime er Enrollment into Your Program				
	rollee is Re-adjudicated of a New mitted After Enrollment into Your Program				
Point Since Beir	ollee has Reached the 12-Month ng Released from a Correctional lity or Being Placed on Probation	O Yes O No			
	a New Crime within 12-Month of ed from a Correctional Facility or Being Placed on Probation	O Yes O No			
	a New Crime within 12-Month of ed from a Correctional Facility or Being Placed on Probation	O Yes O No			
7.777	the Enrollee is Incarcerated after or a New Crime Committed After Enrollment into Your Program				
Date Cited for	r Violating Terms of Probation or Parole				
Date Inc	carcerated for Violating Terms of Probation or Parole				
Additional Inform	nation				
Mo	st Serious Charge for New Crime	Please choose			▼
	Re-adjudicated of New Crime	O Yes O No			
Da	ate Re-adjudicated of New Crime				
Incarce	erated After New Re-adjudication	O Yes O No			
Date Incarce	erated After New Re-adjudication				
Date Released f	from Incarceration for New Crime				
		Save Res	et Cancel		
Summary	Assessments & IDP	Services	Outcomes	Notes	Exit
	Accessing a 1517				
* Denotes require					
Add Arrest/Re-a	djudication/Re-Incarceration  Re-adjudicated/	anvisa vialatad H	terms and sendiking	of their south	if the participant violator
	Re-Incarcerated his/l	her parole or proba	terms and condition ition and is not re-in s not count towards	carcerated.	if the participant violates
	Date of Violation *				
Reason fo	or Arrest/Adjudication				
	Save	Reset Ca	ncel		

Summary	Assessments & IDP	Services	Outcomes	Notes	Exit	
* Denotes require	ed fields.					
Add Arrest/Re-a	adjudication/Re-Incarceration					
	Re-adjudicated/ Re-Incarcerated		d/Incarcerated for t e recidivism rate as			(Note: This option does not count
	Date Re-adjudicated/ Re-Incarcerated *					
	Reason for Arrest/Adjudication					
	Type of Re-adjudication	Felony ▼				
	If 'Other', please specify					
	nrollee is Arrested for a New Crime After Enrollment into Your Program					
	e is Re-adjudicated of a New Crime After Enrollment into Your Program					
Point Since B	inrollee has Reached the 12-Month Being Released from a Correctional acility or Being Placed on Probation	O Yes O No	,			
	lew Crime within 12-Month of Being from a Correctional Facility or Being Placed on Probation	O Yes O No	,			
	of a New Crime within 12-Month of ased from a Correctional Facility or Being Placed on Probation	Yes No	,			
	te the Enrollee is Incarcerated after n for a New Crime Committed After Enrollment into Your Program					
Date Cited	for Violating Terms of Probation or Parole					
Date Incarcerate	ed for Violating Terms of Probation or Parole					
Additional Inform	mation					
	Most Serious Charge for New Crime	Please choose				₩.
	Re-adjudicated of New Crime	O Yes O No	·			
	Date Re-adjudicated of New Crime					
Inca	arcerated After New Re-adjudication	O Yes O N	0			
Date Inca	arcerated After New Re-adjudication					
Date Release	d from Incarceration for New Crime					
		Save	eset Cancel			



## Exit:

### **Overview**



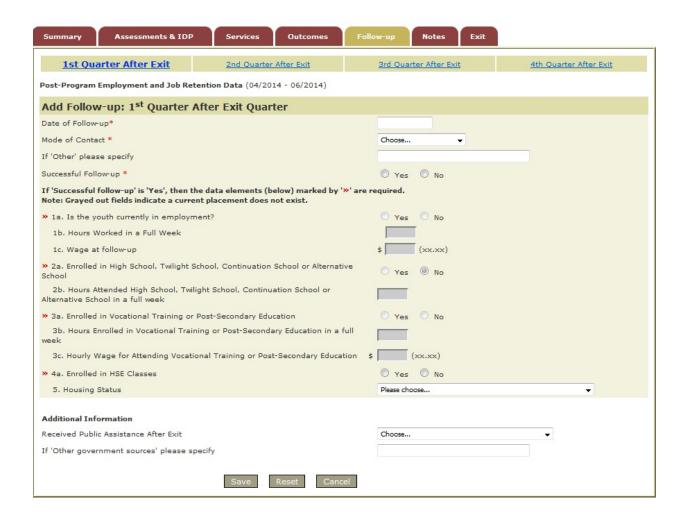
### Hard Exit



## Other Exit



### Follow-up:



#### Public Burden Statement

This reporting requirement is approved under the Paperwork Reduction Act of 1995, OMB Control No. 1205-0513, expiring 09/30/2016. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The purpose of the information collection is collect data from youthful offender grantees including post-program data on outcomes to be made available to relevant congressional committees and during budget and allocation hearings. Public reporting burden for collecting information, which is required to obtain or retain benefits (PL 105-220 Sections 185 and 189), is estimated to average 45 minutes per record for the time of participants to provide the intake data and 2 hours for grantee staff to record the intake data and track the services and outcomes of participants, including the time for reviewing instructions, gathering and maintaining the data needed, and completing and reviewing the information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employment and Training Administration, OWI Division of Youth Services, c/o Richard Morris, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0513).