

FIELD NAME	TableName	FIELD TYPE	CODED CHOICES
SSN	Customer	nvarchar	NA
FlrstName	Customer	nvarchar	NA
LastName	Customer	nvarchar	NA
Birthdate	Customer	Date	mm/dd/yyyy;
PhoneNumber	Phone	nvarchar	NA
Consent to Provide Information	Consent	Boolean	1 = male;0=Female
EmailAddress	Email	nvarchar	NA
Gender	Customer	Boolean	1 = male;0=Female
DEIR5	Round5Participation	Boolean	1=Yes;0=No;
IF NO, skip remainder of DEI Questions			
DEIR5CP	Round5Participation	Boolean	1=Yes;0=No;
Which service delivery strategies did/will this participant receive?			
DEIR6IRT	Round6Participation	Boolean	1=Yes;0=No;
DEIR5ILP	Round6Participation	Boolean	1=Yes;0=No;
DEIR6BB	Round6Participation	Boolean	1=Yes;0=No;
DEIR6WS	Round6Participation	Boolean	1=Yes;0=No;
DEIR6WB	Round6Participation	Boolean	1=Yes;0=No;
DEIR6OJT	Round6Participation	Boolean	1=Yes;0=No;
Which disabilities did this participant self-disclose?			
Disability1	Disability	Boolean	1=Yes;0=No;
Disability2	Disability	Boolean	1=Yes;0=No;
Disability3	Disability	Boolean	1=Yes;0=No;
Disability4	Disability	Boolean	1=Yes;0=No;
Disability5	Disability	Boolean	1=Yes;0=No;
Disability6	Disability	Boolean	1=Yes;0=No;
Disability7	Disability	Boolean	1=Yes;0=No;
Disability8	Disability	Boolean	1=Yes;0=No;
Disability9	Disability	Boolean	1=Yes;0=No;
Disability10	Disability	Boolean	1=Yes;0=No;
Disability_DA1	DailyActivity	Boolean	1=Yes;0=No;
Disability_DA2	DailyActivity	Boolean	1=Yes;0=No;

Does your disability affect your ability to:			
Disability_DA3	DailyActivity	Boolean	1=Yes;0=No;
Disability_DA4	DailyActivity	Boolean	1=Yes;0=No;
Disability_DA5	DailyActivity	Boolean	1=Yes;0=No;
Disability_DA6	DailyActivity	Boolean	1=Yes;0=No;
Disability_DA7	DailyActivity	Boolean	1=Yes;0=No;

FORMAT / NOTES
The Social must be 9 digits no more no less
The first name must be less that 64 characters.
The last name must be less that 64 characters.
mm/dd/yyyy; Record the date of birth
the phone number must be 10 digits representing the area code and the phone number no foreign numbers excepted
Email address must be less than 64 charaters
1 = male;0=Female
Is the customer a DEI Round 5 participant?
Did the participant receive DEI Round 5 career pathway services (DEIR5CP)?
a. Integrated Resource Teams (DEIR6IRT)
b. Individual Learning Plans (DEIR6ILP)
c. Integrated Resources/Blending and Braiding (DEIR6BB)
d. Case Management/Wraparound Services (DEIR6WS)
c. Work-Based Experience (DEIR6WB)
d. On the Job Training
Attention-Deficit/Hyperactivity Disorders;
Blindness or Low Vision; *No child care
Brain Injuries;
Deaf/Hard-of-Hearing;
Learning Disabilities;
Medical Disabilities (e.g. muscular sclerosis)
Physical Disabilities
Psychiatric Disabilities
Speech and Language Disabilities
Developmental and Intellectual Disabilities
Do you need any special reminders to attend to your daily activities or chores? YES/NO
Do you take care of anyone else such as a wife/husband, children, grandchildren, parents, friend, other? YES/NO

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Dress? YES/NO

Go shopping? YES/NO

Prepare your own meals? YES/NO

Drive a care? YES/NO

Find a job and return to work

<p>Activities of Daily Living: The following questions (Activities of Daily Living) help to determine the functional challenges of DEI participants. DRCs or other AJC staff should ask the participant to respond to each question. It is recommended that you get to know the DEI participant prior to entering this information as doing so will improve the accuracy of the information provided. This information is used to match comparison group and treatment group individuals.</p>	
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	1
	1
	1
	1