FIELD NAME	TableName	FIELD TYPE	CODED CHOICES
SSN	Customer	nvarchar	NA
FirstName	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 parti	cipant 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?	1		
Disability1	Disability	Boolean	1=Yes;0=No;
Disability2	1	Boolean	1=Yes;0=No;
Disability3	Bisasiney	Boolean	1=Yes;0=No;
Disability4	J. 10 (1)	Boolean	1=Yes;0=No;
Disability5	J. 10 (1)	Boolean	1=Yes;0=No;
Disability6	Disability	Boolean	1=Yes;0=No;
Disability7	Disability	Boolean	1=Yes;0=No;
Disability8	Bisasiney	Boolean	1=Yes;0=No;
Disability9	Disability	Boolean	1=Yes;0=No;
Disability10	Disability	<mark>Boolean</mark>	1=Yes;0=No;
Disability_DA1	24,7.104.11.07	Boolean	1=Yes;0=No;
Disability_DA2	DailyActivity	Boolean	1=Yes;0=No;

Does your disability affect your ab	ility 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		

2 VEC /NO	
ess? YES/NO	
shopping? YES/NO	
epare your own meals? YES/NO	
ve a care? YES/NO	
d a job and return to work	

DESCRIPTIONS	LENGTH
The following identifying information is necessary to match WIASRD data with the DEI administrative data elements.	9
	64
	64
	10
	12
	1
	64
	1
Enter Yes if this participant is enrolled in DEI. Not all customers are DEI participants. See FAQ Bulletin 8 for information DEI participants versus individuals that self-disclose a disability but are not DEI participants.	1
Will (has) this individual been enrolled in a career pathways program?	1
Will (does) this individual have an IRT as part of her/his enrollment in DEI?	1
Will (does) this individual have an ILP as part of her/his enrollment in DEI?	1
Has the DRC or other AJC staff, secured blended or braided resources to support this individual's package of services?	1
Will (has) this individual received wraparound/intensive case management services?	1
Will (has) this individual received a work-based experience, such as an internship, apprenticeship, job shadowing etc?	1
Will (has) this individual received on the job training from an employer for which she/he was hired?	
See DEI Evaluation Bulletin 9	1
	1
	1
	1
	1
	1
	1
	1
	1
	1
	1
	1

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 partiipant 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.	
	1
	1
	1
	1
	1