No.	DATA ELEMENT NAME	DATA TYPE/ FIELD LENGTH
	TION I - INDIVIDUAL INFORMATION (EV	
	ial Note: All information contained within this se time of participation in the program and ONLY	
	First Name	AN 9
102	Middle Name	
103	Last Name	DT 8
104	Street	IN 1
105	Apt Number	IN 1
106	City	IN 1
107	State	IN 1
108	Zip Code	IN 1
109	Cell/Mobile Number	IN 1
110	Home Phone Number	IN 1
111	Work Phone Number	IN 1
112	Home E-mail Address	
113	Work E-mail Address	IN 1
115	Are you currently enrolled in school or in another training program? (Do not include this training program to which you are applying)	
116	Have you ever attended any of the following education and training programs either in the U.S. or elsewhere?	
	Are you receiving services funded by any other government agencies? If you receive services funded by other	
	agencies, name the services and/or the providers	

119	What is your current marital status?	
120	Do you speak a language other than English at home?	
121	Home ownership	
122	How many children (18 years or younger) currently live in your household?	
123	How many children (18 years or younger) of yours are currently living elsewhere?	
124	What is the age (in years) of the youngest child currently living in your household?	
125	What is the age (in years) of the youngest child currently living elsewhere?	
126	What is your U.S. citizenship status?	
127	Have you ever been convicted of a felony?	
128	Are you deaf or do you have serious difficulty hearing?	
129	Are you blind or do you have serious difficulty seeing even when wearing glasses?	
130	Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?	
131	Do you have serious difficulty walking or climbing stairs?	
132	Do you have difficulty dressing or bathing?	
	Because of a physical, mental, or emotional condition, do you have serious difficulty doing errands alone such as visiting a doctor's office or shopping?	

134	Finding quality child care that I can afford limits my ability to work	
135	Problems with transportation (car, public transit) limit by ability to work	
136	I will take any job even if the pay is low	
	I only want the kind of job that I trained for	
138	How much must a job pay per hour for it to make sense for you to take it? (Please enter the lowest hourly amount you are willing to accept)	
SEC	TION III - PUBLIC ASSISTANCE	
	Does your household receive Section 8 or Public Housing Assistance?	
140	Are you currently receiving TANF (Temporary Assistance for Needy Familities?)	
141	Are you currently receiving SNAP (Supplemental Nutrition and Assistance Program)? (It used to be called the Food Stamp Program.)	
142	Are you currently receiving unemployment insurance?	
143	What is your weekly unemployment insurance benefit?	
144	Are you a separated veteran?	
SEC	TION IV - FUTURE CONTACT	
145		
	May we send a text message to your cell phone?	
146		
	May we contact you through Facebook?	
147	What is your Facebook username?	

	Please provide contact information of 3 close friends or relatives we can contact in case you move and we cannot easily locate you for the follow- up interview in 18 months. All information will be held private to the extent permitted by law and will only be used to locate you if we have trouble contacting you directly.	
148	First Name 1	
149	Middle Name 1	
150	Last Name 1	
151	Street 1	
152	Apt Number 1	
153	City 1	
154	State 1	
155	Zip Code 1	
156	Cell/Mobile Number 1	
157	Home Phone Number 1	
158	Work Phone Number 1	
159	Home E-mail Address 1	
160	Work E-mail Address 1	
161	First Name 2	
162	Middle Name 2	
163	Last Name 2	
164	Street 2	
165	Apt Number 2	
166	City 2	
167	State 2	
168	Zip Code 2	
169	Cell/Mobile Number 2	
170	Home Phone Number 2	
171	Work Phone Number 2	
172	Home E-mail Address 2	
173	Work E-mail Address 2	
174	First Name 3	
175	Middle Name 3	
176	Last Name 3	
177	Street 3	
178	Apt Number 3	
	City 3	
	State 3	
181	Zip Code 3	
	Cell/Mobile Number 3	
183	Home Phone Number 3	
	Work Phone Number 3	
	Home E-mail Address 3	
186	Work E-mail Address 3	
L	l	

DATA ELEMENT DEFINITIONS/INSTRUCTIONS	CODE VALUE	E	DIT CHECI	
) idual DW should be updated.		Edit Check Logic	Data Element Number (D_E_NUM)	Error Message (D_E_ERR_ MESSAGE)
	XXXXXXXXX			incorrect value
				Value
	 1 = Currently enrolled in high school or GED program 2 = Currently enrolled in vocational, technical, or trade school 3 = Currently enrolled in 2 or 4 year college 4 = Currently enrolled in another job training program 0 = Not currently enrolled in school or any other training program 			
	1 = Adult basic education (these programs usually teach reading and math)2 = English as a Second Language (ESL)3 = Job training at a vocational, technical or trade school 4 = College courses that did not lead to a degree you already listed in question #6 5 = Other (PLEASE SPECIFY)			
	1 = Yes 2 = No 0 = Blank if 0 or 2, skip to question 119			

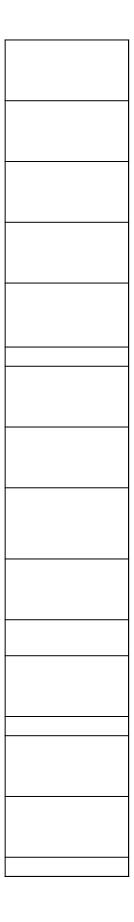
1 = Married 2 = Widowed 3 = Divorced/Separated 4 = Never Married		
1 = Yes 2 = No 0 = Blank		
1 = Own the place where you live 2 = Rent your own place or contribute to rent at a friend or family's place 3 = Live rent free		
3 = Live rent free 0 = No children living in household OR NUMBER		
0 = No children living elsewhere OR NUMBER If 0, then go to what is your US citizenship status (Q 126)		
1 = U.S. Citizen 2 = Legal Resident		
1 = Yes 2 = No 0 = Blank		
1 = Yes 2 = No 0 = Blank		
1 = Yes 2 = No 0 = Blank		
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OMB No. 1205-0507, Exp 6/30/2019

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Number	Data Element Name	Data Definition and Instruction	Code Value	Field Type / Length	Optional (Y/N/Cond itional)	OMB Comments	DOL/ETA Comments
101	DIVIDUAL INFORMATION Social Security Number	Record the social security number assigned to the individual. At a minimum, this number for person must be the same for every period of participation in the H-1B Grant programs. "Non- participant" records, including those identified and referred through other WIA programs that may or may not receive a participant service should also be recorded. Record 999999999 if the individual does not wish to disclose his/her social security number	999999999 = Individual did not disclose	IN 9	No		
102	Selective Service Status	Record 1 if the individual is registered for Selective Service. Record 2 if the individual is not registered for Selective Service. Record 9 if the individual does not self-identify. Selective Service registration. Leave "blank" if the individual is not a program participant and the data is not available.	1 = Yes 0 = No 9 = Participant did not disclose Blank = Individual is not a participant	IN 1	Yes	-	
103	Date of Birth	Record the individual's date of birth. Leave "blank" if the individual is not a program participant and the data is not available.	YYYYMMDD Blank = Individual is not a participant	DT 8	No		
104	Gender	Record 11f the individual indicates that he is male. Record 21f the individual indicates that she is female. Record 91f the individual dos not self-identify gender. Leave "blank" if the individual is not a program participant and the data is not available.	1 = Male 2 = Female 9 = Individual did not self-identify Blank = Individual is not a participant	IN 1	No		
105	Individual with a Disability	Record 11 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. 12020). Under that definition, a "disability" is a physical or mental impairment that substantially limits one or more of the person's major life activities, if yor definitions and examples of "physical or mental impairment" and "major life activities, if yor definitions and examples of "physical or mental Record 01 the participant indicates that he/she does not have a disability that meets the definition above. Record 91 the individual does not wish to disclose his/her disability status Leave "blank" if the individual is not a participant.	1 = Yes 0 = No 9 = Individual did not disclose Blank = Individual is not a participant	IN 1	No	Comments: This seems challenging for grantees to reliably enter without mon guidance. Will this be used for evaluations? (In obtaced there are other disability-related questions in the evaluation section.)	This definition is the same definition as collected by WMASB OMB Control No: 1205-0420 and is consistent with other similar ETA program reporting guidance. ETA program reporting guidance that exporting Handbook that includes additional reporting guidance that will address any uncertainties.
106	Ethnicity Hispanic/ Latino	Record 11 the individual indicates that he/she is a person of Cuban, Moxican, Puerto Rican, South of Central Amorican, or other Spanish colume in origin, regardless of race. Record 01 the individual indicates that he/she does not meet any of these conditions. Record 91 the individual indicates that he/she does not meet any of these conditions. Record 91 the individual is not a vell-identify his/here thinkity. Leave "blank" if the individual is not a program participant and the data is not available.	1 = Yes 0 = No 9 = Individual did not self-identify his/her ethnicity Blank = Individual is not a participant	IN 1	No		
107	American Indian or Alaska Native	Record 11 the individual indicates that he/the is a person having origins in any of the original peoples of North America and South America (and luding, Central America), and who maintains cultural identification through tribal affiliation or community recognition. Record 01 the individual indicates that he/she does not meet any of these conditions. Record 91 the individual does not self-identify his/her race. Leave "blank" if the individual is not a program participant and the data is not available.	1 = Yes 0 = No 9 = Individual did not self-identify his/her race Blank = Individual is not a participant	IN 1	No		
108	Asian	Record 1 if the individual 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 Linaka, Nepal, Sikistan, the Phillippine Islands, Thailand, and Vietnam. Record 0 1 the individual indicates that he/she does not meet any of these conditions. Record 9 if the individual ideases that he/she does not meet any of these conditions. Record 9 if the individual ideases that he/she does not meet any of these conditions. Record 9 if the individual is not a program participant and the data is not available.	1 = Yes 0 = No 9 = Individual did not self-identify his/her race Blank = Individual is not a participant	IN 1	No		
109	Black or African American	Record 1 if the individual indicates that he/she is a person having origins in any of the black racial groups of Africa. Record 0 if the individual indicates that he/she does not meet any of these conditions. Record 9 if the individual idoes not self-identify his/her race. Leave "black" the individual into a program participant and the data is not available.	1 = Yes 0 = No 9 = Individual did not self-identify his/her race Blank = Individual is not a participant	IN 1	No		
110	Native Hawaiian or other Pacific Islander	Record 1 If the individual indicates that he/she is a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. Record 9 If the individual does not Bell-identify his/her race. Leave "blank" if the individual is not a program participant and the data is not available.	1 = Yes 0 = No 9 = Individual did not self-identify his/her race Blank = Individual is not a participant	IN 1	No	-	
111	White	Record 11 the individual indicates that he/she is a person having origins in any of the original Record 01 the individual indicates that he/she does not meet any of these conditions. Record 01 the individual indicates that he/she does not meet any of these conditions. Record 01 the individual indicates that he/she does not meet any of these conditions. Leave "blank" if the individual is not a program participant and the data is not available.	1 = Yes 0 = No 9 = Individual did not self-identify his/her race Blank = Individual is not a participant	IN 1	No	-	
112	More Than One Race	Decord 1:1 the individual indicates that he/she is a person having more than one origin or rece: Record 0:1 the individual indicates that he/she does not meet any of these conditions: Record 9:1 the individual does not self identify his/her race. Leave "blank" if the individual is not a program participant and the data is not available.	4 = Yes 0 = No 9 = Individual did not self-identify his/her race Blank = individual is not a participant	IN 1	No	Comments: Why was this eliminated?	In alignment with WIASRD data collection this was deemed not necessary since multiple options can be selected above. Therefore, this data element would be redundant and duplicative.
113	Eligible Veteran Status	Record 1: If the individual is a person who served in the settier U.S. military, naval, or air pervises for a period of less than consulto 1: 380 days and when a discharged or released services the service under condition softner than dishonarable. We addischarged or released discharged or released with other than dishonarable (ischarge; or was discharged or released because of a service connected do a active duty for a period of more than 130 days and was discharged or released with other than dishonarable discharge; or was discharged or released active duty during a period of war or in a campaign or expedition for which a campaign badge was authorized and was discharged or released from such duty with other than a dishonarable discharge. (a) the individual serves row in a campaign or expedition for which a campaign badge was authorized and was discharged or released from such duty with other than a dishonarable discharge. (a) the spouse of any memory or in a campaign or expedition for which a campaign badge was authorized and was discharged or released from such duty with other than a dishonarable discharge. (b) the spouse of any member of the karmed forces serving on active duty who at the time of application under this part, is listed, pursuant to 38 U.S.C. 101 and the regulations issued under, 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 a days (ii) missing in a days (iii) missing in a day expersion who has a that diaballity permanent or power; or (ii) captured in the line of duty by a hostile force; or avaluated was in existence. Record 0: If the individual does not meet any one of the conditions described above. Leave "blank" if the individual is not a program participant and the data is not available.		IN 1	Νο		

Data Element Number	Data Element Name	Data Definition and Instruction	Code Value	Field Type / Length	Optional (Y/N/Cond itional)	OMB Comments	DOL/ETA Comments
114	Highest School Grade Completed	Use the appropriate code to record the highest school grade completed by the individual. Record 87 if the individual completes the 12th grade and attained a GED or equivalent. Record 88 if the individual completes the 12th grade and attained a GED or equivalent. Record 90 if the individual attained of the post-scondary degree or certification. Record 91 if the individual attained an associates diploma or degree (AA/AS). Leave "blank" if the individual is not a program participant and the data is not available.	0 = No school grades completed 1 - 12 = Number of elementary/secondary school grades completed technical or vocational school years completed 16 = Bachelor's degree or equivalent 17 = Education beyond the Bachelor's degree 87 = Attained EdD or Equivalent 89 = Attained EdD or Equivalent 80 = Attained EdD or Equivalent 80 = Attained Chor Post-Secondary Degree or Certification 91 = Attained Associates Diploma or Degree Blank = individual is not a participant	IN 2	No		
200	Employment Status at Participation	Record 1 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 as unpaid worker has a job or business from which he or she was temporarily absent because di linenss, 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, or e) is an incumbent worker who needs training to secure full-time employment, advance in their careers, or retain their occupation. Record 2 if the participant is a person who, aithough employed, either (a) has received a notice of termination of nonployment or the employment, advance in whiter advance, or the at trainisioning service member. Record 0 if the individual does not meet any one of the conditions described above. Leave "blank" if the individual is not a program participant and the data is not available.	1 = Employed 2 = Employed, but Received Notice of Separation 0 = Not Employed Blank = not a program participant	IN 1	No	Comments: Just to clarify, a person is only considered employed if they were constructed to the second second second second percents? This is a little containing because the description is in the past tense.	Correct. A participants employment status is considered at the time of enrollment/intake assessment.
201	Incumbent Worker	Record 1 if the participant is employed worker who needs industry-related training to (a) secure full-time employment, (b) retain their current position in the same field, or (c) advance in their career or along their current career pathway. Record 0 if the individual does not meet any of the conditions described above. Leave "Diank" the individual sont a program participant and the fada is not available.	1 = Yes 0 = No Blank = not a program participant	IN 1	No		
202	Underemployed Worker	Record 1 if the participant is a person who, though employed, has not yet connected with a job that provides responsibility and pay commensurate with their previous experience and educational quadifications or is working part-time as they are seeking full-time employment. Record 0 if the participant does not meet any of the conditions described above. Leave "blank" if the individual is not a program participant and the data is not available.	1 = Yes 0 = No Blank = not a program participant	IN 1	No		
203	Dislocated Worker	Record 1 if the participant received services financially assisted under WIA section 133(b)(2) (A) Record 0 if the participant did not receive services under the condition described above [Leave "blank" if the individual is not a program participant and the data is not available.	1 = Yes 0 = No Blank = not a program participant	IN 1	No		
204	Long-term Unemployed	Record 1 if the individual is without a job for 27 weeks or more and wants and is available to work. Record 2 if the individual is without a job and meets the other conditions established in the SGA for unemployed, long-term unemployed individuals: - lost their job during the recent recession (Commencing January 1, 2008 forward), and have exhausted unemployment benefits Record 0 if the individual des not meet any of the conditions described above. Leave "blank" if the individual is not a program participant and the data is not available.	1 = Yes; Without job for 27 weeks or more 2 = Yes; Meets other conditions 0 = No Blank = not a program participant	IN 1	No		
205	Date of Separation	Record the individual's date of separation from employment. This date is the last day of employment at the most recent, applicable job. Leave "blank" threer is no separation (e.g., incumbent worker) or the individual is not a participation, or this data element does not apply to the individual.	YYYYMMDD Blank = Individual is not a participant	DT 8	No		
	ROGRAM ACTIVITIES AND PROGRAM PARTICIPATIO						
301	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. Leave "blank" if the individual is not a program participant and the data is not available.	YYYYMMDD Blank = Individual is not a participant	DT 8	No		
302	Date of Exit	Record the date on which the last service funded by the program or a partner program is received by the participant. Once a participant has not received any services funded by the program or a partner program for 90 consecutive calendar days and has no gap in service and is not scheduled for future services, the date of exit is applied retractively to the last day on which the individual received a service funded by the program or a partner program. Leave "blank" if the individual is not a program participant and the data is not available.	YYYYMMDD Blank = Individual is not a participant	DT 8	No		
303	(at time of exit or during	Record 11 the participant is residing in an institution or facility providing 24-hour support such as a prison or hospital and is expected to remain in that institution for at least 90 days. Record 21 the participant is receiving medical treatment that precludes entry into unsubsidized employment or continued participantion in the program. Does not include temporary conditions expected to last for less than 90 days. Record 31 the participant was found to be decased or no longer living. Record 31 the participant was found to be decased or not longer living. Record 31 the participant was found to be decased or not longer living. Record 31 the participant was found to be decased or not longer living. Record 31 the participant is a member of the National Guard or other reserve military unit and is called to active duty for at least 90 days. Record 31 the participant is a member of the National Guard or other reserve military unit and is called to active duty for at least 90 days. Record 31 the participant is in the foster: care system or any other mandated residentia program and has moved from the area as part of such a program or system (exclusion for youth participants only). Record 31 the participant either disclosed an invalid social security number (SSN) or chose not to disclose a SSN. Record 31 the participant either disclosed an invalid social security number (SSN) or chose not to disclose a SSN. Additional Note: Eait Reason "95 = Retirement" has been added for program management Additional Note: Eait Reason "95 = Retirement" has been added for program management provide added and invalid the program based on this reason will not be excluded in the performance measure calculations.	1 Institutionalized 2 Health/Medical 3 Deceased 4 Family Care 5 Reserve Forces called to Active Duty 6 Nelocated to Mandated Residential Program 69 Poto 4 Valid SSN 0 = Other Blank = Individual Is not a participant	IN 2	No		

Data Flement	Data Element Name	Data Definition and Instruction	Code Value	Field	Optional		
Number	oata ciement Name			Field Type / Length	(Y/N/Cond itional)	OMB Comments	DOL/ETA Comments
<mark>304</mark>	Date of Program	Record the date on which the last education/job training activity funded by the program or a	YYYYMMDD Plank – Individual has not completed as is not a	DT 8	No		
	Completion	partner program is received by the participant who has completed their program. Note: A participant may enroll in several discrete education/job training activities that apply	Blank = Individual has not completed or is not a participant				
		towards the completion of their course of study. A participant is considered to have COMPLETED when they have earned all the formal award units needed towards the degree.					
		certificate, or certification that was the goal of their enrollment or has met other program- specific definition of successful completion.					
		Once a participant has completed their program of study, they may continue to receive certain services funded by the grant program or a partner program for 90 consecutive calendar days,					
		as described in the SOW, before they are considered to have EXITED the program.					
		The date of completion may be applied retroactively to the last day on which the individual received an education/job training activity/service funded by the program or a partner program.					
		Leave "blank" if the participant has not yet completed the program, or if the individual is not a					
		program participant and the data is not available.					
SECTION II.B -	TRAINING RELATED ASSIS	TANCE DATA					
400	Date Entered/Began Receiving Education/Job	Record the date on which the participant's first education or job training activities began. Leave "blank" if the individual is not a program participant and the data is not available.	YYYYMMDD Blank = Individual is not a participant	DT 8	No		
	Training Activities #1						
401	Occupational Skills Training Code #1	Enter the 8 digit O*Net 4.0 (or later versions) code that best describes the training occupation for which the participant received first training services.	00000000	IN 8	No		
	Training Code #1	Record 00000000 or leave "blank" if occupational code is not available or not known.					
		Additional Notes: If all 8 digits of the occupational skills code are not collected, record as many					
		digits as are available. If the individual receives multiple training services, use the occupational skills training code for the most recent training.					
100	Turne of Tari 1 a 1		4 On the Jak Taxisian				
402	Type of Training Service #1 - Primary	Use the appropriate code to indicate the primary type of training being provided to the participant.	1 = On the Job Training 2 = Classroom Occupational Training 3 = Contextualized Learning	IN 1	No		
		Leave "blank" if the individual is not a program participant and the data is not available.	4 = Distance Learning 5 = Customized Learning				
			6 = Incumbent Worker Training 7 = Other Occupational Skills Training				
			Blank = Individual is not a participant				
403	Type of Training Service #1 - Secondary	Use the appropriate code to indicate the secondary type of training being provided to the participant. if applicable.	1 = On the Job Training 2 = Classroom Occupational Training	IN 1	No		
	#1 - Secondary	participant, it applicable. Leave "blank" if the individual is not a program participant and the data is not available or if	3 = Contextualized Learning 4 = Distance Learning				
		this data element does not apply.	5 = Customized Learning 6 = Incumbent Worker Training				
			7 = Other Occupational Skills Training Blank = Individual is not a participant				
10.1							
404	#1 - Tertiary	Use the appropriate code to indicate the tertiary type of training being provided to the participant, if applicable.	1 = On the Job Training 2 = Classroom Occupational Training 3 = Contextualized Learning	IN 1	No		
		Leave "blank" if the individual is not a program participant and the data is not available or if this data element does not apply.	4 = Distance Learning 5 = Customized Learning				
			6 = Incumbent Worker Training 7 = Other Occupational Skills Training Plank = Individual is not a participant				
			Blank = Individual is not a participant				
405	Date Completed, or Withdrew from,	Record the date when the participant completed training or withdrew permanently from their first training service.	YYYYMMDD Blank = Individual is not a participant	DT 8	No		
	Training #1	Leave "blank" if the individual is not a program participant and the data is not available.					
406	Training Completed #1	Record 1 if the participant completed approved training program Record 0 if the individual did not complete training (withdrew) Leave "bland" if the individual did not complete training continue contents or of the participant has not not	1 = Yes 0 = No (withdrew) Black = did not yet complete or did not receive	IN 1	No		
		Leave "blank" if the individual did not receive training services, or if the participant has not yet completed training, or if the individual is not a participant.	Blank = did not yet complete or did not receive training services, or not a program participant				
410	Date Entered/Began	Record the date on which the participant's second education or job training activities began.	YYYYMMDD	DT 8	Yes		
	Receiving Education/Job Training Activities #2	Leave "blank" if the individual is not a program participant and the data is not available.	Blank = Individual is not a participant				
411	Occupational Skills Training Code #2	Enter the 8 digit O*Net 4.0 (or later versions) code that best describes the training occupation for which the participant received during second training services.	00000000	IN 8	Yes		
		Record 0000000 or leave "blank" if occupational code is not available or not known.					
		Additional Notes: If all 8 digits of the occupational skills code are not collected, record as many digits as are available. If the individual receives multiple training services, use the					
		occupational skills training code for the most recent training.					
412		Use the appropriate code to indicate the primary type of training being provided to the	1 = On the Job Training	IN 1	Yes		
	#2 - Primary	participant during their second training service. Leave "blank" if the individual is not a program participant and the data is not available.	2 = Classroom Occupational Training 3 = Contextualized Learning 4 = Distance Learning				
			5 = Customized Learning 6 = Incumbent Worker Training 7 = Other Occupational Skills Training				
			7 = Other Occupational Skills Training Blank = Individual is not a participant				
413	Tune of Training Conder	lise the appropriate code to indicate the secondary type of training being provided to the	1 = On the Job Training	IN 1	Yes		
413	#2 - Secondary	Use the appropriate code to indicate the secondary type of training being provided to the participant during their second training service, if applicable.	1 = On the Job Training 2 = Classroom Occupational Training 3 = Contextualized Learning		105		
		Leave "blank" if the individual is not a program participant and the data is not available or if this data element does not apply.	4 = Distance Learning 5 = Customized Learning				
			6 = Incumbent Worker Training 7 = Other Occupational Skills Training Blank = Individual is not a participant				
			oranik – muiviquar is not a participant				
414	Type of Training Service #2 - Tertiary	Use the appropriate code to indicate the tertiary type of training being provided to the participant during their second training service. If applicable.	1 = On the Job Training 2 = Classroom Occupational Training	IN 1	Yes		
	n ≟ - rur ddiy	Leave "blank" if the individual is not a program participant and the data is not available or if	3 = Contextualized Learning 4 = Distance Learning				
		this data element does not apply.	5 = Customized Learning 6 = Incumbent Worker Training				
			7 = Other Occupational Skills Training Blank = Individual is not a participant				
				07.0			
415	Date Completed, or Withdrew from, Training #2	Record the date when the participant completed training or withdrew permanently from their second training service. Leave "blank" if the participant is not enrolled in a second Education/Job Training Activity or	YYYYMMDD Blank = Individual is not a participant	DT 8	Yes		
		the individual is not a program participant and the data is not available.					
416	Training Completed #2	Record 1 if the participant completed approved training Record 0 if the individual did not complete training (withdrew)	1 = Yes 0 = No (withdrew)	IN 1	Yes		
		Leave "blank" if the individual did not receive training services, or if the participant has not yet completed training, or if the individual is not a participant.	Blank = did not yet complete or did not receive training services, or not a program participant				

Data Element Number	Data Element Name	Data Definition and Instruction	Code Value	Field Type /	Optional (Y/N/Cond		
420	Date Entered/Began	Record the date on which the participant's third education or job training activities began.	YYYYMMDD	Length DT 8	itional) Yes	OMB Comments	DOL/ETA Comments
120	Receiving Education/Job Training Activities #3	Leave "blank" if the individual is not a program participant and the data is not available.	Blank = Individual is not a participant		105		
421	Occupational Skills Training Code #3	Enter the 8 digit O*Net 4.0 (or later versions) code that best describes the training occupation for which the participant received third training services.	0000000	IN 8	Yes		
		Record 00000000 or leave "blank" if occupational code is not available or not known.					
		Additional Notes: If all 8 digits of the occupational skills code are not collected, record as many digits as are available. If the individual receives multiple training services, use the	/				
		occupational skills training code for the most recent training.					
422		Use the appropriate code to indicate the primary type of training being provided to the	1 = On the Job Training	IN 1	Yes		
	#3 - Primary	participant during their third training service.	2 = Classroom Occupational Training 3 = Contextualized Learning				
		Leave "blank" if the individual is not a program participant and the data is not available.	4 = Distance Learning 5 = Customized Learning 6 = Incumbent Worker Training				
			6 = Incumbent Worker Training 7 = Other Occupational Skills Training Blank = Individual is not a participant				
423	Type of Training Service #3 - Secondary	Use the appropriate code to indicate the secondary type of training being provided to the participant during their third training service, if applicable.	1 = On the Job Training 2 = Classroom Occupational Training	IN 1	Yes		
		Leave "blank" if the individual is not a program participant and the data is not available or if this data element does not apply.	3 = Contextualized Learning 4 = Distance Learning 5 = Customized Learning				
		uns data element does not appiy.	6 = Incumbent Worker Training 7 = Other Occupational Skills Training				
			Blank = Individual is not a participant				
424	Type of Training Service	Use the appropriate code to indicate the tertiary type of training being provided to the	1 = On the Job Training	IN 1	Yes		
	#3 - Tertiary	participant during their third training service, if applicable.	2 = Classroom Occupational Training 3 = Contextualized Learning				
		Leave "blank" if the individual is not a program participant and the data is not available or if this data element does not apply.	4 = Distance Learning 5 = Customized Learning 6 = Incumbent Worker Training				
			6 = Incumbent Worker Fraining 7 = Other Occupational Skills Training Blank = Individual is not a participant				
425	Training Completed #3	Record 1 if the participant completed third approved training Record 0 if the individual did not complete training (withdrew)	1 = Yes 0 = No (withdrew)	IN 1	Yes		
		Leave "blank" if the individual did not receive training services, or if the participant has not yet completed training, or if the individual is not a participant.	Blank = did not yet complete or did not receive training services, or not a program participant				
426	Date Completed, or Withdrew from,	Record the date when the participant completed training or withdrew permanently from their third training. If multiple training services were received, record the most recent date on	YYYYMMDD Blank = Individual is not a participant	DT 8	Yes		
	Training #3	which the individual completed training. Leave "blank" if the individual is not a program participant and the data is not available.					
501	EMPLOYMENT AND JOE Employed in 1st Quarter	RELEMINON DATA Record 1 if the participant was employed in the first quarter after the quarter of program completion.	1 = Yes 0 = No	IN 1	No		
	After Program Completion	completion. Record 0 if the participant was not employed in the first quarter after the quarter of program completion	3 = Information not yet available Blank = individual has not yet completed or is				
		Record 3 if information on the participant's employment status in the first quarter after the quarter of program completion is not yet available	not a program participant				
		Leave "blank" if the individual has not completed the program or is not a program participant					
				-			
502	Occupational Code (if available)	Record the 8-digit occupational code that best describes the individual's employment using the O'Net Version 4.0 (or later versions) classification system. This information can be based on any job held after exit from the program.	0000000	AN 8	No		
		Leave "blank" if occupational code is not available or if the individual is not a program					
		participant.					
		Additional Notes: This information can be based on any job held after completion and only applies to adults, dislocated workers and older youth who entered employment in the quarter after the completion quarter. If all 8 digits of the occupational skills code are not collected,					
		record as many digits as are available. If the individual had multiple jobs, use the occupational code for the most recent job held.					
503	Entered Training-	Record 1 if the employment in which the individual entered uses a substantial portion of the	1 = Yes	IN 1	No		
	Related Employment	skills taught in the training received by the individual. This information can be based on any lob held after completion and only applies to adults, dislocated workers and older youth who	0 = No 9 = Unknown				
		entered employment in the quarter after the completion quarter. Record 0 if the employment in which the individual entered does not use a substantial portion of the skills taught in the training received by the individual.	Blank = does not apply to individual				
		Record 9 if not known. Leave "blank" if this data element does not apply to the individual.					
504	Retained Current	Record 1 if the participant is an incumbent worker that has retained their current position in	1 = Yes		Conditional		
	Position	the quarter after the quarter of program completion. Record 0 if the participant was employed at the start of participation but did not retain their	0 = No Blank = does not apply to individual				
		current position in the quarter after the quarter of program completion. Leave "blank" if this data element does not apply to the individual.					
505	Advanced into a New	Record 1 if the participant is an incumbent worker that has advanced into a new position	1 = Yes	IN 1	Conditional		
	Position with Current or New Employer in the 1st Quarter after	requiring a higher skill level either with their current employer or a new employer, as a result of grant funded activities in the first quarter after the quarter of program completion. Record 0 if the individual was employed at the start of participation but did not advance into a	0 = No 3 = Information not yet available Blank = does not apply to individual				
	Completion	new position as a result of the grant funded activities. Record 3 if information on the participant's employment status in the first quarter after the					
		quarter of program completion is not yet available. Leave "blank" if the individual has not completed the program, is not an incumbent worker, or is not a program participant.					
		is not a program participant.					
511	Employed in 2nd Quarter After Program	Record 1 if the participant was employed in the second quarter after the quarter of program completion.	1 = Yes 0 = No	IN 1	No		
	Completion	Record 0 if the participant was not employed in the second quarter after the quarter of program completion Record 31 information on the participant's employment status in the second quarter after the	3 = Information not yet available Blank = individual has not yet exited or is not a				
		Record 3 if information on the participant's employment status in the second quarter after the quarter of program completion is not yet available Leave "blank" if the individual has not completed the program or is not a program participant	, program participant				
		,, _,, _					
514	Retained Current	Record 1 if the participant is an incumbent worker that has retained their current position in	1 = Yes		Conditional		
	Position in the 2nd Quarter after Program	the second quarter after the quarter of program completion. Record 0 if the participant was employed at the start of participation but did not retain their	0 = No Blank = does not apply to individual				
	Completion	current position in the second quarter after the quarter of program completion. Leave "blank" if this data element does not apply to the individual.					
		1			1		

Data Element Number	Data Element Name	Data Definition and Instruction	Code Value	Field Type / Length	Optional (Y/N/Cond itional)	OMB Comments	DOL/ETA Comments
515	Advanced into a New Position with Current Employer or New Employer in the 2nd Quarter after Program Completion	Record 11 fite participant is an incumbent worker that has advanced into a new position requiring a higher still level eliter with their current employer or an eve employer, as a result of grant funded activities in the second quarter after the quarter of program completion. Record 01 fite individual was employed at the start of participation but did not advance into a new position as a result of the grant funded activities. Record 31 fit moriation on the participant's employment status in the second quarter after the quarter of program completion is not yet available. Leave "blank" if the individual has not completed the program or is not a program participant.	1 = Yes O = No 3 = Information not yet available Blank = does not apply to individual	IN 1	Conditional		
521	Employed in 3rd Quarter After Program Completion	Record 1 if the participant was employed in the third quarter after the quarter of program completion. Record 0 if the participant was not employed in the third quarter after the quarter of program completion Record 3 if information on the participant's employment status in the third quarter after the quarter of program completion is not yet available Leave "blank" if the individual has not completed the program or is not a program participant	1 = Yes 0 = No 3 = Information not yet available Blank = individual has not yet completed or is not a program participant	IN 1	No		
524	Retained Current Position in the 3rd Quarter After Program Completion	Record 11 the participant is an incumbent worker that has retained their current position in the third quarter after the quarter of program completion. Record 01 the participant was employed at the start of participation but did not retain their current position in the second quarter after the quarter of program completion. Leave "blank" if this data element does not apply to the individual.	1 = Yes 0 = No Blank = does not apply to individual		Conditional		
525	Advanced into a New Position with Current or New Employer in the 3rd Quarter after Program Completion	Record 11 the participant is an incumbent worker that has advanced into a new position requiring a higher skill kevel either with their current employer on anew employer, as a result of grant funded activities, in the third quarter after the quarter of program completion. Record 01 the individual was employed at the start of participation but did not advance into a new position as a result of the grant funded activities. Record 31 the moriation on the participant's employment status in the second quarter after the quarter of program completion is not yet available. Leave "blank" if the individual has not completed the program or is not a program participant.	1 = Yes O = No 3 = Information not yet available Blank = individual has not yet completed or is not a program participant	IN 1	Conditional		
SECTION III.B	EDUCATION, GREDENTI Type of Recognized Credential #1	AL AND SKILL ATTAINMENT DATA Use the appropriate code to record the type of recognized educational or occupational certificate/credential/diploma/degree attained by the individual who received training services. Record 01 fthe individual received training services, but did not attain a recognized credential. Leave "blank" it the data element does not apply to the individual. 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).	1 = High School Diploma/GED 2 = AA or AS Diploma/Degree 3 = BA or BS Diploma/Degree 4 = Occupational Skills Licensure 5 = Occupational Skills Cartificate/Credential 6 = Other Recognized Educational or Occupational Skills Cartificate/Credential 7 = Other Recognized Diploma, Degree, or Certificate 0 = No recognized credential Blank = Individual is not a participant	IN 1	No		
602	Date Attained Recognized Credential #1	Record the date on which the individual attained a recognized credential. Leave "blank" if the individual did not attain a recognized credential, or if this data element does not apply.	YYYYMMDD Blank = Individual did not attain a recognized credential or this data element does not apply	DT 8	No		
611	Type of Recognized Credential #2	Use the appropriate code to record the second type of recognized educational or occupational certificate/credential/diploma/degree attained by the individual who received training services. Record 01 the individual received training services, but did not attain a second recognized credential. Leave "blank" if the data element does not apply to the individual. 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).	I – High School Diploma/GED 2 – A Aor AS Diploma/Degree 3 – BA or BS Diploma/Degree 4 – Occupational Skills Licensure 5 – Occupational Skills Certificate/Credential 6 – Other Recognized ducational or Occupational Skills Certificate/Credential 7 – Other Recognized Diploma, Degree, or Certificate 0 – No recognized credential Blank – Individual is not a participant	IN 1	Yes		
612	Date Attained Recognized Credential #2	Record the date on which the individual attained a second recognized credential. Leave "blank" if the individual did not attain a recognized credential, or if this data element does not apply.	YYYYMMDD Blank = Individual did not attain a recognized credential or this data element does not apply	DT 8	Yes		
621	Type of Recognized Credential #3	Use the appropriate code to record the third type of recognized educational or occupational certificate/credential/diploma/degree attained by the individual who received training services. Record that the individual received training services, but did not attain a second recognized Leare "blank" the data element does not apply to the individual. 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).	1 = High School Diploma/GED 2 = AA or AS Diploma/Degree 3 = BA or BS Diploma/Degree 4 = Occupational Skills Certificate/Credential 6 = Other Recognized Educational or Occupational Skills Certificate/Credential 9 = Other Recognized Graduational or Occupational Skills Certificate/Credential 7 = Other Recognized Diploma, Degree, or Certificate 0 = No recognized credential Blank = Individual is not a participant	IN 1	Yes		
622	Date Attained Recognized Credential #3	Record the date on which the individual attained a third recognized credential. Leave "blank" if the individual did not attain a recognized credential, or if this data element does not apply.	YYYYMMDD Blank = Individual did not attain a recognized credential or this data element does not apply	DT 8	Yes		