

**JOB CORPS DEMONSTRATION PROJECT: APPLICANT DATA**

Program Name: \_\_\_\_\_ Center/Location Name: \_\_\_\_\_

Applicant ID: \_\_\_\_\_ SSN: \_\_\_\_\_

Date Application Completed: \_\_\_\_\_ Most Recent Date Application Modified: \_\_\_\_\_

**PRIMARY ADDRESS:**

STATE: \_\_\_\_\_ COUNTY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

**APPLICANT DEMOGRAPHICS:**DOB: \_\_\_\_\_ GENDER:  Male  FemaleETHNICITY:  Hispanic/Latino  Not Hispanic/Latino  Did not self-identify ethnicityRACE: (select all that apply)  American Indian / Alaska Native  Asian  White Native Hawaiian / Other Pacific Islander  Black / African American  Did not self-identify race**ACADEMIC AND EMPLOYMENT BACKGROUND AT TIME OF APPLICATION:**

HIGHEST SCHOOL GRADE COMPLETED: \_\_\_\_\_

HIGHEST EDUCATIONAL LEVEL COMPLETED:  None  HSD  HSE  Certificate of Attendance/Completion of IEP Some Post-secondary  AA/AS  Post-secondary Technical/Vocational Certificate  Other: \_\_\_\_\_FILED UNEMPLOYMENT COMPENSATION CLAIM AND IS ELIGIBLE FOR BENEFITS:  YES  NOReferral by: (select all that apply)  RESEA  WPRS  Other: \_\_\_\_\_ Exhausted Benefits  Exempt from Work Search Requirements**RECEIVED PUBLIC ASSISTANCE IN LAST SIX MONTHS: (select all that apply)** Temporary Assistance for Needy Families (TANF)  SSI  SSDI  TICKET TO WORK HOLDER General Assistance (GA) (State/local government) or Refugee Cash Assistance (RCA)**ADDITIONAL YOUTH CHARACTERISTICS AT PROGRAM APPLICATION: (select all that apply)** Foster Care  Homeless  Runaway Youth  Low income Status English Language Learner  Basic Skills Deficient/Low Levels of LiteracyCultural Barriers:  Yes  No  Did Not Self-Disclose Single Parent:  Yes  No  Did Not Self-Disclose**VETERAN STATUS:**SERVED OR SERVING ON ACTIVE DUTY IN U.S. ARMED FORCES:  YES  NO  DID NOT SELF-DISCLOSE

DATE OF SEPARATION: \_\_\_\_\_

LENGTH OF SERVICE:

 Served 180 days or less on active duty  Served more than 180 days on active duty

SERVICE TYPE:

 Served on active duty during war/campaign/expedition, **and**  Served as part of a reserve componentDISCHARGE TYPE:  Honorable  Other Than Honorable  General  Bad Conduct Dishonorable  Other: \_\_\_\_\_

OTHER: (select all that apply)

 Discharged from active duty for a service-connected disability Entitled to compensation regardless of rating (including 0%), or entitled but receives military retirement pay, under laws administered by DVA Entitled to compensation, or entitled but receives military retirement pay, under laws administered by DVA for a disability rated at (i) 30% or more OR (ii) 10% or 20% if determined to have a serious employment handicap Homeless veteranAPPLICANT'S SPOUSE SERVED ON ACTIVE DUTY IN U.S. ARMED FORCES:  YES  NO Spouse died on active duty or of service-related disability

Spouse missing in action for 90 or more days at time of application OR Spouse captured in line of duty by hostile force, or forcibly detained/interned in line of duty by foreign government or power for 90 or more days at time of application

Spouse has a total, permanent disability from a service-connected disability or died with such a disability

**CURRENTLY SERVING IN U.S. ARMED FORCES AND IS WITHIN 12 MONTHS OF SEPARATION OR 24 MONTHS OF RETIREMENT:**  YES  NO

**DISABILITY STATUS:**

**APPLICANT DISCLOSED A DISABILITY:**  YES  NO  DID NOT SELF-IDENTIFY

**DISABILITY TYPE:** (select all that apply)  Physical/Chronic Health Condition  Physical/Mobility Impairment

Mental or Psychiatric Disability  Vision-related disability  Hearing-related disability

Learning Disability  Cognitive/Intellectual disability  Participant did not disclose type of disability

**APPLICANT RECEIVED SERVICES FUNDED BY:** (select all that apply)

SDDA  LSMHA  State Medicaid HCBS Waiver  No Services Funded By These Sources

**TYPE OF WORK SETTING:** (select all that apply)

Working in competitive, integrated employment (CIE)  Working in group supported employment

Working in a sheltered workshop  Previously employed in supported employment  Not Currently Employed

**APPLICANT RECEIVED CUSTOMIZED EMPLOYMENT SERVICES (CES):**  YES  NO

**Type of CES:** (select one)

Discovery assessment services

Developed a customized employment search plan

Employer negotiation services

Secured employment as a result of receiving customized employment services and received extended support services

**FINANCIAL CAPABILITY:** (select all that apply)

Received benefit planning services  Received financial capability/asset development services  None

**JOB CORPS DEMONSTRATION PROJECT: ENROLLEE DATA**

Program Name: \_\_\_\_\_ Center/Location Name: \_\_\_\_\_

Applicant ID: \_\_\_\_\_ SSN: \_\_\_\_\_

Date of Enrollment: \_\_\_\_\_ Date of Exit: \_\_\_\_\_

**EDUCATION SERVICES RECEIVED:**ENROLLED IN: (select all that apply)  NONE  SECONDARY PROGRAM  POST-SECONDARY PROGRAM

PROGRAM #1: START DATE: \_\_\_\_\_ DATE CREDENTIAL ATTAINED: \_\_\_\_\_

CREDENTIAL TYPE:  HSD  HSE  AA/AS  Other: \_\_\_\_\_

PROGRAM #2: START DATE: \_\_\_\_\_ DATE CREDENTIAL ATTAINED: \_\_\_\_\_

CREDENTIAL TYPE:  HSD  HSE  AA/AS  Other: \_\_\_\_\_

PROGRAM #3: START DATE: \_\_\_\_\_ DATE CREDENTIAL ATTAINED: \_\_\_\_\_

CREDENTIAL TYPE:  HSD  HSE  AA/AS  Other: \_\_\_\_\_**ACADEMIC MILESTONES ACHIEVED:**

Date of most recent transcript/report card from:

 post-secondary program with 12+ credit hours in a semester (FT) or over 2 semesters (PT) meeting state unit's academic standards: Date: \_\_\_\_\_ secondary program meeting state unit's academic standards: Date: \_\_\_\_\_

Total Academic Hours Earned since Program Start: \_\_\_\_\_

**TRAINING SERVICES RECEIVED:**ENTERED TRAINING PROGRAM:  YES  NO TRAINING # 1: TYPE: \_\_\_\_\_ START DATE: \_\_\_\_\_ COMPLETION DATE: \_\_\_\_\_ TRAINING # 2: TYPE: \_\_\_\_\_ START DATE: \_\_\_\_\_ COMPLETION DATE: \_\_\_\_\_ TRAINING # 3: TYPE: \_\_\_\_\_ START DATE: \_\_\_\_\_ COMPLETION DATE: \_\_\_\_\_**TRAINING-RELATED CREDENTIALS ATTAINED:***Record Industry-Recognized Credential or Certification, Certificate of Completion of a Registered Apprenticeship, or a State or Federal-recognized license attained during program enrollment* Credential #1: DATE: \_\_\_\_\_ TYPE:  Licensure  Certificate  Certification  Other: \_\_\_\_\_ Credential #2: DATE: \_\_\_\_\_ TYPE:  Licensure  Certificate  Certification  Other: \_\_\_\_\_ Credential #3: DATE: \_\_\_\_\_ TYPE:  Licensure  Certificate  Certification  Other: \_\_\_\_\_**TRAINING MILESTONES ACHIEVED:** Completed an exam that is required for a particular occupation: DATE: \_\_\_\_\_ Progress in attaining technical or occupational skills as evidenced by trade-related benchmarks such as knowledge-based exams. DATE: \_\_\_\_\_ A satisfactory or better progress report towards established milestones from an employer/training provider who is providing training (e.g., completion of on-the-job training (OJT), completion of one year of a registered apprenticeship program, etc.). DATE: \_\_\_\_\_**EFL GAINS:****READING:**CATEGORY OF ASSESSMENT:  ABE  ESLTEST TYPE:  TABE 11/12  CASAS  OTHER: \_\_\_\_\_

DATE OF INITIAL TEST: \_\_\_\_\_ INITIAL TEST SCORE: \_\_\_\_\_ INITIAL TEST EFL: \_\_\_\_\_

DATE OF POST-TEST: \_\_\_\_\_ POST-TEST SCORE: \_\_\_\_\_ POST-TEST EFL: \_\_\_\_\_

**MATH:**

CATEGORY OF ASSESSMENT:  ABE  ESL  
TEST TYPE:  TABE 11/12  CASAS  OTHER: \_\_\_\_\_  
DATE OF INITIAL TEST: \_\_\_\_\_ INITIAL TEST SCORE: \_\_\_\_\_ INITIAL TEST EFL: \_\_\_\_\_  
DATE OF POST-TEST: \_\_\_\_\_ POST-TEST SCORE: \_\_\_\_\_ POST-TEST EFL: \_\_\_\_\_

**OTHER:**

CATEGORY OF ASSESSMENT:  ABE  ESL  
TEST TYPE:  TABE 11/12  CASAS  OTHER: \_\_\_\_\_  
DATE OF INITIAL TEST: \_\_\_\_\_ INITIAL TEST SCORE: \_\_\_\_\_ INITIAL TEST EFL: \_\_\_\_\_  
DATE OF POST-TEST: \_\_\_\_\_ POST-TEST SCORE: \_\_\_\_\_ POST-TEST EFL: \_\_\_\_\_

**EXIT STATUS:**

Graduate  Former Enrollee  Other: \_\_\_\_\_  
 Program Completer  Program Non-Completer

**EXIT REASON:**

Institutionalized  Health/Medical  Deceased  Reserve Forces called to Active Duty  
 Foster Care  Ineligible  Criminal Offender  None of the above

**JOB CORPS DEMONSTRATION PROJECT: POST-SEPARATION DATA**

Program Name: \_\_\_\_\_ Center/Location Name: \_\_\_\_\_

Applicant ID: \_\_\_\_\_ SSN: \_\_\_\_\_

**POST-SEPARATION PLACEMENT:****Qualifying Student Placement:**

One Full Time Job	Registered Apprentice Full Time Job	Other Training Program
Two Full Time Jobs	Full Time Job/College Combo	OJT/Paid Employment
One Part Time Job	Part Time Job/College Combo	High School Diploma (HSD) Program
Two Part Time Jobs	College	High School Equivalency(HSE) Program
Armed Forces	Post-Secondary School/Training	Not Placed

Job Training Match:  YES  NO

Hourly Wage at Placement: \$ \_\_\_\_\_.

Hourly Wage at Six Months After Placement: \$ \_\_\_\_\_.

Hourly Wage at 12 Months After Placement: \$ \_\_\_\_\_.

Date Placed: \_\_\_\_\_

**FIRST QUARTER AFTER EXIT:****Entered Employment:** Military  Registered Apprenticeship  Other unsubsidized employment  Not employed

Date Entered Employment: \_\_\_\_\_

Date Exited Employment (if applicable): \_\_\_\_\_

**Data source:** UI Wage Data  Federal Employment Records (OPM, USPS)  Military Employment Records (DOD) Non UI verification  Not employed

Quarterly Earnings: \$ \_\_\_\_\_

**Education Secondary/Post-secondary Degree:** Enrolled in Post-Secondary Education/Training Date Enrolled: \_\_\_\_\_ Attained HSD Date Attained: \_\_\_\_\_ Attained HSE Date Attained: \_\_\_\_\_ Attained AA/AS Date Attained: \_\_\_\_\_**SECOND QUARTER AFTER EXIT:****Entered Employment:** Military  Registered Apprenticeship  Other unsubsidized employment  Not employed

Date Entered Employment: \_\_\_\_\_

Date Exited Employment (if applicable): \_\_\_\_\_

**Data source:** UI Wage Data  Federal Employment Records (OPM, USPS)  Military Employment Records (DOD) Non UI verification  Not employed

Quarterly Earnings: \$ \_\_\_\_\_

**Entered Education/Training program:** None  Occupational Skills Training  Postsecondary Education  Secondary Education

Date Entered Education/Training program: \_\_\_\_\_

Education Secondary/Post-secondary Degree:

- Enrolled in Post-Secondary Education/Training      Date Enrolled: \_\_\_\_\_
- Attained HSD      Date Attained: \_\_\_\_\_
- Attained HSE      Date Attained: \_\_\_\_\_
- Attained AA/AS      Date Attained: \_\_\_\_\_

**THIRD QUARTER AFTER EXIT:**

**Entered Employment:**

- Military    Registered Apprenticeship    Other unsubsidized employment       Not employed

**Date Entered Employment:** \_\_\_\_\_

**Date Exited Employment (if applicable):** \_\_\_\_\_

**Data source:**

- UI Wage Data       Federal Employment Records (OPM, USPS)       Military Employment Records (DOD)
- Non UI verification       Not employed

**Quarterly Earnings:** \$ \_\_\_\_\_

**Education Secondary/Post-secondary Degree:**

- Enrolled in Post-Secondary Education/Training      Date Enrolled: \_\_\_\_\_
- Attained HSD      Date Attained: \_\_\_\_\_
- Attained HSE      Date Attained: \_\_\_\_\_
- Attained AA/AS      Date Attained: \_\_\_\_\_

**FOURTH QUARTER AFTER EXIT:**

**Entered Employment:**

- Military    Registered Apprenticeship    Other unsubsidized employment       Not employed

**Date Entered Employment:** \_\_\_\_\_

**Date Exited Employment (if applicable):** \_\_\_\_\_

**Data source:**

- UI Wage Data       Federal Employment Records (OPM, USPS)       Military Employment Records (DOD)
- Non UI verification       Not employed

**Quarterly Earnings:** \$ \_\_\_\_\_

**Employed by Same Employer in Q2 and Q4:**    YES       NO

**Entered Education/Training program:**

- None       Occupational Skills Training    Postsecondary Education       Secondary Education

**Date Entered Education/Training program:** \_\_\_\_\_

**Education Secondary/Post-secondary Degree:**

- Enrolled in Post-Secondary Education/Training      Date Enrolled: \_\_\_\_\_
- Attained HSD      Date Attained: \_\_\_\_\_
- Attained HSE      Date Attained: \_\_\_\_\_
- Attained AA/AS      Date Attained: \_\_\_\_\_

Public Burden Statement - Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number and expiration date. Public reporting burden for this collection of information, which is required to obtain or retain benefits (29 USC 2881), is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and the completing and reviewing the collection of information. This information collection is for program management and Congressional reporting purposes. 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, Office of Job Corps. Room N-4507, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0219).