

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
(Choose all that apply; select 'Not Specified' if the participant does not report on this element)
 Hawaiian Native or other Pacific Islander
 Asian
 White
 Black or African American
 Not Specified

Individual with a disability * Yes No

Personal contact name

Personal contact phone (nnn-*nnn*-nnnn)

Additional Personal contact name

Additional Personal contact phone (nnn-*nnn*-nnnn)

Assessment at Entry:

Summary	Assessments & IDP	Services	Outcomes	Notes	Exit
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[Assessment at Entry](#) | [Basic Skills](#) | [IDP](#) [Printable Version](#)

This is the ENROLLMENT screen.

* Denotes required information. ♦ Denotes information that must be filled out within two weeks.

Highest School Grade Completed at Enrollment * - 10 - Tenth school grade completed (10 years) ▼

High School Enrollment Status at Arrest * - 3 - High school dropout ▼

High School Enrollment Status at Enrollment into Program * - 3 - High school dropout ▼

Foster Youth Yes No

Migrant Youth Yes No

Youth Offender Status

Youth Offender Status * - 5 - Currently in, returning from, or had been in an adult prison ▼

Date Released from Correctional Facility or Detention or Placed on Probation 10/01/2013

Direct Referral from Juvenile Justice * Yes No

Referral Source

Basic Skills Deficient

Basic Skills Deficient * Yes No

Select Yes if the individual is basic skills deficient. Basic skills deficient is defined as an individual who computes or solves problems, reads, writes, or speaks English at or below the eighth grade level or is unable to compute or solve problems, read, write, or speak English at a level necessary to function on the job, in the individual's family, or in society. This can be measured using recognized assessments (i.e., TABE or CASAS) Select No if the individual does not meet the conditions described above.

Date of Enrollment

Date of Enrollment * 10/17/2013

Note: Date of Enrollment cannot be updated once the assessment at entry form is saved for the first time.

Co-Enrolled in WIA

Co-Enrolled in WIA Yes No

Selective Service [Selective Service Website](#)

Is participant registered for selective service? Yes No

Date Program Verified Selective Service

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 (Optional)

Occupation Title (Optional)

Hours Worked at Enrollment (per week)

Hourly Wage at Enrollment \$ (xx.xx)

Start Date for Job at Enrollment

Additional Information

Citizen Status (US Citizen?) Yes No

Authorized to Work Yes No

Voter Registration Yes No

Drivers License Yes No

Family, Education and Other

◆ Housing Status at Enrollment

Alcohol Abuse/Drug Use at Enrollment Yes No

Parent of a Child Yes No

Children

Children Living with Participant

Other Dependents Living with Participant

Limited English Proficient Yes No

Health Issues Significant health issues No significant health issues

Additional Information

Other Public Assistance at Enrollment

To select multiple services, hold the 'CTRL' key and click with mouse

Specify Other Government Sources of Public

Specify Other Government Sources of Public Assistance at enrollment

Food stamps
 Division of AIDS Services Income Support or DAS
 Other government sources
 No Benefits

200 characters left

Medical Benefits

To select multiple services, hold the 'CTRL' key and click with mouse

Medicaid
 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

To select multiple services, hold the 'CTRL' key and click with mouse

SSI, SSD, SSA
 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

To select multiple services, hold the 'CTRL' key and click with mouse

Medicaid
 Medicare
 None
 Other
 Private health insurance from work or family member

(If other, please specify)

Save Reset Cancel

Basic Skills:

Pre-test

Summary Assessments & IDP Services Outcomes Notes Exit

[Assessment at Entry](#) | [Basic Skills](#) | [IDP](#)

Add Basic Skills PRE-TEST [EFL Descriptor Levels](#)

Category of Assessment* ABE ESL

Type of Assessment Test * Choose...

Other assessment

Functional Area * Choose...

Date Administered PRE-TEST *

PRE-TEST Score *

Educational Functioning Level * Choose...

Save PRE-TEST Reset Cancel

Post-Test

Summary Assessments & IDP Services Outcomes Notes Exit

[Assessment at Entry](#) | [Basic Skills](#) | [IDP](#)

Add New POST-TEST Score [EFL Descriptor Levels](#)

Date Administered POST-TEST *

Educational Functioning Level * Choose...

POST-TEST Score *

Save POST-TEST Reset Cancel

IDP:

Summary Assessments & IDP Services Outcomes Notes Exit

[Assessment at Entry](#) | [Basic Skills](#) | [IDP](#)

* Denotes required fields.

Add New IDP

IDP Goal*

IDP Description*
200 characters left

Date To Be Attained*

Date Actual Attained

IDP Evidence

Services:

Summary Assessments & IDP **Services** Outcomes Notes Exit

* Denotes required fields.

New Service

Choose Service Code*

Service Description
200 characters left

First Date of Service*

Provider ([Add New Service Provider](#))

Date Ended

Completed Remediation? Yes No

If "Vocational/Occupational Skills Training Services" from the "Choose Services" dropdown is selected, please complete the fields below

Expected duration

Outcomes:

Overview

Summary	Assessments & IDP	Services	Outcomes	Notes	Exit
Outcomes Overview					
Employment Placement			Employer Management	+ Add New Employment Placement	
Delete	Employer Name	Employer Contact	Date of Placement	Hourly Wage	
Educational Placement			Education Management	+ Add New Educational Placement	
Delete	Institution/Organization Name	Date of Placement		Type of Program	
Certificate/Degree			+ Add New Certificate/Degree		
Delete	Certificate/Degree Attained	Date Entered	Date Attained	Name of Certificate	
Recidivism			+ Add New Recidivism Outcome		
Delete	Type	Date Arrested for a New Crime Committed After Enrollment into Program	Date Convicted of a New Crime Committed After Enrollment into Program	Date Cited for Violating Terms of Probation or Parole	Date Incarcerated for Violating Terms of Probation or Parole

New Employment

Summary	Assessments & IDP	Services	Outcomes	Notes	Exit
* Denotes required fields.					
Add Employment Placement					
Date of Initial Placement into Unsubsidized Employment *					
Occupation at Placement * Please choose...					
Occupation Title (Optional)					
Employer Name * Grantee (Add Employer)					
Last Date of Employment					
Hourly Wage \$ * (xx.xx)					
Number of Hours Worked During the 1st Full Week *					
Reason for Leaving Placement in Unsubsidized Employment					
200 characters left					
<input type="button" value="Save"/> <input type="button" value="Cancel"/>					

New Education

Summary	Assessments & IDP	Services	Outcomes	Notes	Exit
Add Educational Placement					
Date of Post-Secondary Education or Training Placement * <input type="text"/>					
Institution/Organization Name * Choose one... (Add Institution/Organization)					
Major Focus * <input type="text"/>					
Degree Expected * <input type="text"/>					
Type of Program * Please choose... <input type="text"/>					
If 'Other' please specify <input type="text"/>					
Last Date of Education <input type="text"/>					
Full-Time <input type="radio"/> Yes <input type="radio"/> No					
Hourly Training Wage \$ <input type="text"/> (xx.xx)					
Date of Return to Regular High School or Entered Continuation or Alternative School <input type="text"/>					
Reached 12 Month Point since Return to Regular High School or Entered Continuation or Alternative School Please choose... <input type="text"/>					
Has Remained in Regular High School, Continuation School, or Alternative School for 12 Months Please choose... <input type="text"/>					
<input type="button" value="Save"/> <input type="button" value="Reset"/> <input type="button" value="Cancel"/>					

New Certificate/Degree

Summary	Assessments & IDP	Services	Outcomes	Notes	Exit
Add Certificate/Degree					
<p>This outcomes section is only to be used for recording legitimate industry-recognized certifications and diplomas. While any additional certification provided to youth is a positive, those that do not demonstrate attainment of industry-specific skills necessary to a profession do not qualify under this measure (examples of those that do NOT qualify include: work readiness certification, OSHA, CPR, food handler certification, or any certificates that only demonstrate completion of a course, not skills development). Please record any certificates that do not qualify under this measure either as a service to the participant or under the Case Notes section of the MIS system.</p>					
Date Entered Program Education * <input type="text"/>					
Attained Diploma, GED or Certificate * Please choose... <input type="text"/>					
Date Attained Degree or Certificate * <input type="text"/>					
Name of Certificate * <input type="text"/>					
<input type="button" value="Save"/> <input type="button" value="Reset"/> <input type="button" value="Cancel"/>					

New Recidivism

Summary	Assessments & IDP	Services	Outcomes	Notes	Exit
Add New Recidivism Outcome					
Re-adjudicated/ Re-Incarcerated	<ul style="list-style-type: none"><input type="radio"/> Arrested for a new crime committed after enrollment (Note: This only counts towards recidivism rate if it occurs within 12 months of release.)<input type="radio"/> Adjudicated for a previous crime (Note: This option does not count towards the recidivism rate.)<input type="radio"/> Re-incarcerated for a revocation of the parole or probation order for violations of terms of sentence. (Note: This option does not count towards the recidivism rate.)<input type="radio"/> 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.)<input type="radio"/> 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.)<input type="radio"/> Arrested but charges dropped (Note: This option does not count towards the recidivism rate.)<input type="radio"/> Not Re-adjudicated/Re-Incarcerated				
<input type="button" value="Continue"/> (If any of the first six radio buttons is selected.)					
<input type="button" value="Save"/> (If the last radio button is selected.)					

* Denotes required fields.

Add Arrest/Re-adjudication/Re-Incarceration

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).

Date Re-adjudicated/ Re-Incarcerated *

Reason for Arrest/Adjudication

Type of Re-adjudication

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 Facility or Being Placed on Probation Yes No

Arrested for a New Crime within 12-Month of Being Released from a Correctional Facility or Being Placed on Probation Yes No

Re-adjudicated of a New Crime within 12-Month of Being Released from a Correctional Facility or Being Placed on Probation 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 Parole

Additional Information

Most Serious Charge for New Crime

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

Outcomes

Notes

Exit

* Denotes required fields.

Add Arrest/Re-adjudication/Re-Incarceration

Re-adjudicated/ Re-Incarcerated Adjudicated for a previous crime (Note: This option does not count towards the recidivism rate).

Date Re-adjudicated/ Re-Incarcerated *

Reason for Arrest/Adjudication

Type of Re-adjudication

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 Facility or Being Placed on Probation Yes No

Arrested for a New Crime within 12-Month of Being Released from a Correctional Facility or Being Placed on Probation Yes No

Re-adjudicated of a New Crime within 12-Month of Being Released from a Correctional Facility or Being Placed on Probation 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 Parole

Additional Information

Most Serious Charge for Previous Crime

Re-adjudicated of Previous Crime Yes No

Date Re-adjudicated of Previous Crime

Incarcerated After New Re-adjudication Yes No

Date Incarcerated After New Re-adjudication

Date Released from Incarceration for New Crime

Save

Reset

Cancel

* Denotes required fields.

Add Arrest/Re-adjudication/Re-Incarceration

Re-adjudicated/ Re-Incarcerated Re-incarcerated for a revocation of the parole or probation order for violations of terms of sentence. (Note: This option does not count towards the recidivism rate)

Date Re-adjudicated/ Re-Incarcerated *

Reason for Arrest/Adjudication

Type of Re-adjudication

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 Facility or Being Placed on Probation Yes No

Arrested for a New Crime within 12-Month of Being Released from a Correctional Facility or Being Placed on Probation Yes No

Re-adjudicated of a New Crime within 12-Month of Being Released from a Correctional Facility or Being Placed on Probation 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 Parole

Additional Information

Most Serious Charge for New Crime

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

* Denotes required fields.

Add Arrest/Re-adjudication/Re-Incarceration

Re-adjudicated/ Re-Incarcerated 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.)

Date of Violation *

Reason for Arrest/Adjudication

* Denotes required fields.

Add Arrest/Re-adjudication/Re-Incarceration

Re-adjudicated/
Re-Incarcerated 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.)

Date Re-adjudicated/
Re-Incarcerated *

Reason for Arrest/Adjudication

Type of Re-adjudication

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
Facility or Being Placed on Probation Yes No

Arrested for a New Crime within 12-Month of Being
Released from a Correctional Facility or Being
Placed on Probation Yes No

Re-adjudicated of a New Crime within 12-Month of
Being Released from a Correctional Facility or
Being Placed on Probation 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 Parole

Additional Information

Most Serious Charge for New Crime

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

Outcomes

Notes

Exit

* Denotes required fields.

Add Arrest/Re-adjudication/Re-Incarceration

Re-adjudicated/
Re-Incarcerated

Arrested but charges dropped (Note: This option does not count towards the recidivism rate.)

Date Arrested *

Additional Information

Most Serious Charge for New Crime

Comments

200 characters left

Save

Cancel

Exit:

Overview

Summary	Assessments & IDP	Services	Outcomes	Notes	Exit
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Exit Overview [Request History](#) [Add Hard Exit](#) - OR - [Add Exit for Other Reason](#)

Type of Exit:
Date of Exit:
Comments:

Hard Exit

Summary	Assessments & IDP	Services	Outcomes	Notes	Exit
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Hard Exit

Date of Exit *

Successful Exit * Yes No

Comments (Required if 'No' is checked)

200 characters left

Other Exit

Summary	Assessments & IDP	Services	Outcomes	Notes	Exit
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Exit for Other Reason

Reasons for Leaving the Program Early *

Date of Exit *

Comments *

200 characters left

Follow-up:

Summary	Assessments & IDP	Services	Outcomes	Follow-up	Notes	Exit
1st Quarter After Exit	2nd Quarter After Exit	3rd Quarter After Exit	4th Quarter After Exit			

Post-Program Employment and Job Retention Data (04/2014 - 06/2014)

Add Follow-up: 1st Quarter After Exit Quarter

Date of Follow-up*

Mode of Contact *

If 'Other' please specify

Successful Follow-up * Yes No

If 'Successful follow-up' is 'Yes', then the data elements (below) marked by '>>' are required.
Note: Grayed out fields indicate a current placement does not exist.

>> 1a. Is the youth currently in employment? Yes No

1b. Hours Worked in a Full Week

1c. Wage at follow-up \$

>> 2a. Enrolled in High School, Twilight School, Continuation School or Alternative School Yes No

2b. Hours Attended High School, Twilight School, Continuation School or Alternative School in a full week

>> 3a. Enrolled in Vocational Training or Post-Secondary Education Yes No

3b. Hours Enrolled in Vocational Training or Post-Secondary Education in a full week

3c. Hourly Wage for Attending Vocational Training or Post-Secondary Education \$

>> 4a. Enrolled in HSE Classes Yes No

5. Housing Status

Additional Information

Received Public Assistance After Exit

If 'Other government sources' please specify

Public Burden Statement

This reporting requirement is approved under the Paperwork Reduction Act of 1995, OMB Control No. 1205-0513, expiring xx/xx/xxxx. 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).