

Case Service Report (RSA-911)

Element Number	Element Name	Data Type	Multiple Values Allowed	Change
1	Program Year	INT 4	No	No
2	Program Year Quarter	INT 1	No	No
4	Agency Code	INT 3	No	No
5	Unique Identifier	VARCHAR 12	No	Modified Reporting Instruction
6	Social Security Number	VARCHAR 9	No	No
7	Date of Application	DATE	No	No
8	Date of Birth	DATE	No	No
9	Sex	INT 1	No	No
10	American Indian / Alaska Native	INT 1	No	No
11	Asian	INT 1	No	No
12	Black / African American	INT 1	No	No
13	Native Hawaiian /Other Pacific Islander	INT 1	No	No
14	White	INT 1	No	No
15	Ethnicity: Hispanic / Latino	INT 1	No	No
16	Veteran	INT 1	No	No
18	State Postal Code of Residence	VARCHAR 2	No	Modified reporting instructions
19	County FIPS Code	INT 5	No	No
20	ZIP Code	INT 5	No	No
21	Source of Referral	INT 2	No	Modified list of choices

22	Student with a Disability	INT 1	No	Modified reporting instructions
38	Date of Eligibility Determination	DATE	No	Modified Reporting Instruction
39	Eligibility Determination Extension	DATE	No	Modified definition
40	Date of Placement on OOS Waiting List	DATE	No	No
41	Date of Exit from OOS Waiting List	DATE	No	No
42	Individual with a Disability	INT 1	No	No
43	Primary Disability	VARCHAR 5	Yes	No
44	Secondary Disability	VARCHAR 5	Yes	No
45	Significance of Disability	INT 1	No	No
46	Start Date of Trial Work Experience	DATE	No	No
47	End Date of Trial Work Experience	DATE	No	No
49	Supported Employment Goal on Current IPE	INT 1	No	No
50	Employment at Initial IPE	INT 2	No	Modified reporting instructions
51	Primary Occupation at Initial IPE	INT 6	No	Modified reporting instructions
52	Hourly Wage at Initial IPE	DECIMAL 5, 2	No	Modified reporting instructions
53	Hours Worked in a Week at Initial IPE	INT 2	No	Modified reporting instructions
54	Adult	INT 1	No	Modified definition and list of choices
55	Adult Education	INT 1	No	Modified definition

56	Dislocated Worker	INT 1	No	Modified definition and list of choices
57	Job Corps	INT 1	No	Modified definition
58	Vocational Rehabilitation	INT 1	No	Modified reporting instructions
59	Wagner-Geyser Employment Service	INT 1	No	Modified definition
60	Youth	INT 1	No	Modified definition and list of choices
61	Youth Build	VARCHAR 14	No	No
62	Long-Term Unemployed	INT 1	No	Modified list of choices
63	Exhausting TANF within 2 Years	INT 1	No	Modified list of choices
64	Foster Care Youth	INT 1	No	Modified list of choices
65	Homeless Individual, Homeless Children and Youths, or Runaway Youth	INT 1	No	Modified list of choices
66	Ex-Offender	INT 1	No	No
67	Low Income	INT 1	No	Modified list of choices

68	English Language Learner	INT 1	No	Modified list of choices
69	Basic Skills Deficient/Low Levels of Literacy	INT 1	No	Modified list of choices
70	Cultural Barriers	INT 1	No	No
71	Single Parent	INT 1	No	No
72	Displaced Homemaker	INT 1	No	Modified list of choices
73	Migrant and Seasonal Farmworker	INT 1	No	Modified list of choices
74	State Definition for Age of Students with Disabilities	VARCHAR 5	Yes	No
77	Highest Elementary or Secondary School Grade Completed at Program Entry	INT 2	No	Modified element title
78	Enrolled in Secondary Education	INT 1	No	Modified reporting instructions
79	Date Received Special Education Certificate of Completion	DATE	No	No
81	Date Attained Secondary School Diploma	DATE	No	No
82	Date Attained Recognized Secondary School Equivalency	DATE	No	Modified element title
84	Enrolled in Postsecondary Education or career or technical training	INT 1	No	Modified list of choices
85	Date Enrolled During Program Participation in an Education or Training Program Leading to a Recognized Postsecondary Credential or Employment	DATE	No	Yes

86	Completed Some Postsecondary Education, No Degree or Certificate	INT 1	No	No
87	Date Attained Associate Degree	DATE	No	No
88	Date Attained Bachelor's Degree	DATE	No	No
89	Date Attained Master's Degree	DATE	No	No
90	Date Attained Graduate Degree	DATE	No	No
93	Date Attained Vocational/Technical License	DATE	No	No
94	Date Attained Vocational/Technical Certificate or Certification	DATE	No	No
95	Date Attained Other Recognized Credential	DATE	No	Modified element title
96	Start Date of Pre- Employment Transition Services	DATE	No	No
97	Job Exploration Counseling, Service Provided by VR Agency Staff	INT 1	No	Modified list of choices
98	Job Exploration Counseling, Service Provided through VR Agency Purchase	INT 1	No	Modified list of choices
99	Job Exploration Counseling, Purchased Service Provider Type	INT 1	No	No
100	Job Exploration Counseling, VR Program Expenditure for Purchased Service	INT 6	No	Modified reporting instructions
103	Work Based Learning Experience, Service Provided by VR Agency Staff	INT 1	No	Modified list of choices
104	Work Based Learning Experience, Service Provided through VR Agency Purchase	INT 1	No	Modified list of choices
105	Work Based Learning Experience, Purchased Service Provider Type	INT 1	No	No
106	Work Based Learning Experience, VR Program Expenditure for Purchased Service	INT 6	No	Modified reporting instructions
109	Counseling on Enrollment Opportunities, Service Provided by VR Agency Staff	INT 1	No	Modified list of choices
110	Counseling on Enrollment Opportunities, Service Provided through VR Agency Purchase	INT 1	No	Modified list of choices
111	Counseling on Enrollment Opportunities, Purchased Service Provider Type	INT 1	No	No
112	Counseling on Enrollment Opportunities, VR Program Expenditure for Purchased Service	INT 6	No	Modified reporting instructions
115	Workplace Readiness Training, Service Provided by VR Agency Staff	INT 1	No	Modified list of choices
116	Workplace Readiness Training, Service Provided through VR Agency Purchase	INT 1	No	Modified list of choices
117	Workplace Readiness Training, Purchased Service Provider Type	INT 1	No	No
118	Workplace Readiness Training, VR Program Expenditure for Purchased Service	INT 6	No	Modified reporting instructions
121	Instruction in Self Advocacy, Service Provided by VR Agency Staff	INT 1	No	Modified list of choices
122	Instruction in Self Advocacy, Service Provided through VR Agency Purchase	INT 1	No	Modified list of choices
123	Instruction in Self Advocacy, Purchased Service Provider Type	INT 1	No	No

124	Instruction in Self Advocacy, VR Program Expenditure for Purchased Service	INT 6	No	Modified reporting instructions
127	Start Date of Initial VR Service on or after IPE	DATE	No	No
128	Date of Most Recent Career Service	DATE	No	No
130	Graduate College or University, Service Provided through VR Agency Purchase	INT 1	No	No
131	Graduate College or University, Purchased Service Provider Type	INT 1	No	No
132	Graduate College or University, Amount of VR Title I Funds Expended	INT 6	No	No
134	Graduate College or University, Service Provided by Comparable Services and Benefits Providers	INT 1	No	No
135	Graduate College or University, Comparable Service Provider Type	VARCHAR 8	Yes	Modified list of choices
137	Four-Year College or University Training, Service Provided through VR Agency Purchase	INT 1	No	No
138	Four-Year College or University Training, Purchased Service Provider Type	INT 1	No	No
139	Four-Year College or University Training, Amount of VR Funds Expended for Service (Title I)	INT 6	No	No
141	Four-Year College or University Training, Service Provided by Comparable Services and Benefits Providers	INT 1	No	No
142	Four-Year College or University Training, Comparable Services and Benefits Provider Type	VARCHAR 8	Yes	Modified list of choices
144	Junior or Community College Training, Service Provided through VR Agency Purchase	INT 1	No	No
145	Junior or Community College Training, Purchased Service Provider Type	INT 1	No	No
146	Junior or Community College Training, Amount of VR Funds Expended for Service (Title I)	INT 6	No	No
148	Junior or Community College Training Service Provided by Comparable Services and Benefits Providers	INT 1	No	No
149	Junior or Community College Training, Comparable Services and Benefits Provider Type	VARCHAR 8	Yes	Modified list of choices
150	Occupational or Vocational Training, Service Provided by VR Agency Staff (in-house)	INT 1	No	No
151	Occupational or Vocational Training, Service Provided through VR Agency Purchase	INT 1	No	No
152	Occupational or Vocational Training, Purchased Service Provider Type	INT 1	No	No

153	Occupational or Vocational Training, Amount of VR Funds Expended for Service (Title I)	INT 6	No	No
155	Occupational or Vocational Training, Service Provided by Comparable Services and Benefits Providers	INT 1	No	No
156	Occupational or Vocational Training, Comparable Services and Benefits Provider Type	VARCHAR 8	Yes	Modified list of choices
157	On The Job Training, Service Provided by VR Agency Staff (in-house)	INT 1	No	No
158	On The Job Training, Service Provided through VR Agency Purchase	INT 1	No	No
159	On The Job Training, Purchased Service Provider Type	INT 1	No	No
160	On The Job Training, Amount of VR Funds Expended for Service (Title I)	INT 6	No	No
162	On The Job Training, Service Provided by Comparable Services and Benefits Providers	INT 1	No	No
163	On The Job Training, Comparable Services and Benefits Provider Type	VARCHAR 8	Yes	Modified list of choices
164	Registered Apprenticeship Training, Service Provided through VR Agency Purchase	INT 1	No	No
165	Registered Apprenticeship Training, Purchased Service Provider Type	INT 1	No	No
166	Registered Apprenticeship Training, Amount of VR Funds Expended for Service (Title I)	INT 6	No	No
168	Registered Apprenticeship Training, Service Provided by Comparable Services and Benefits Providers	INT 1	No	No
169	Registered Apprenticeship Training, Comparable Services and Benefits Provider Type	VARCHAR 8	Yes	Modified list of choices
170	Basic Academic Remedial or Literacy Training, Service Provided by VR Agency Staff (in-house)	INT 1	No	No
171	Basic Academic Remedial or Literacy Training, Service Provided through VR Agency Purchase	INT 1	No	No
172	Basic Academic Remedial or Literacy Training, Purchased Service Provider Type	INT 1	No	No
173	Basic Academic Remedial or Literacy Training, Amount of VR Funds Expended for Service (Title I)	INT 6	No	No
175	Basic Academic Remedial or Literacy Training, Service Provided by Comparable Services and Benefits Providers	INT 1	No	No
176	Basic Academic Remedial or Literacy Training, Comparable Services and Benefits Provider Type	VARCHAR 8	Yes	Modified list of choices
177	Job Readiness Training, Service, Provided by VR Agency Staff (in-house)	INT 1	No	No
178	Job Readiness Training, Service Provided through VR Agency Purchase	INT 1	No	No

179	Job Readiness Training, Service, Purchased Service Provider Type	INT 1	No	No
180	Job Readiness Training, Service, Amount of VR Funds Expended for Service (Title I)	INT 6	No	No
182	Job Readiness Training, Service Provided by Comparable Services and Benefits Providers	INT 1	No	No
183	Job Readiness Training, Comparable Services and Benefits Provider Type	VARCHAR 8	Yes	Modified list of choices
184	Disability Related Skills Training, Service Provided by VR Agency Staff (in-house)	INT 1	No	No
185	Disability Related Skills Training, Service Provided through VR Agency Purchase	INT 1	No	No
186	Disability Related Skills Training, Purchased Service Provider Type	INT 1	No	No
187	Disability Related Skills Training, Amount of VR Funds Expended for Service (Title I)	INT 6	No	No
189	Disability Related Skills Training, Service Provided by Comparable Services and Benefits Providers	INT 1	No	No
190	Disability Related Skills Training, Comparable Services and Benefits Provider Type	VARCHAR 8	Yes	Modified list of choices
191	Miscellaneous Training, Service Provided by VR Agency Staff (in-house)	INT 1	No	No
192	Miscellaneous Training, Service Provided through VR Agency Purchase	INT 1	No	No
193	Miscellaneous Training, Purchased Service Provider Type	INT 1	No	No
194	Miscellaneous Training, Amount of VR Funds Expended for Service (Title I)	INT 6	No	No
196	Miscellaneous Training, Service Provided by Comparable Services and Benefits Providers	INT 1	No	No
197	Miscellaneous Training, Comparable Services and Benefits Provider Type	VARCHAR 8	Yes	Modified list of choices
198	Randolph-Sheppard Entrepreneurial Training, Service Provided by VR Agency Staff (in-house)	INT 1	No	No
199	Randolph-Sheppard Entrepreneurial Training, Service Provided through VR Agency Purchase	INT 1	No	No
200	Randolph-Sheppard Entrepreneurial Training, Purchased Service Provider Type	INT 1	No	No
201	Randolph-Sheppard Entrepreneurial Training, Amount of VR Funds Expended for Service (Title I)	INT 6	No	No
203	Randolph-Sheppard Entrepreneurial Training, Service Provided by Comparable Services and Benefits Providers	INT 1	No	No
204	Randolph-Sheppard Entrepreneurial Training, Comparable Services and Benefits Provider Type	VARCHAR 8	Yes	Modified list of choices

205	Customized Training, Service Provided by VR Agency Staff (in-house)	INT 1	No	No
206	Customized Training, Service Provided through VR Agency Purchase	INT 1	No	No
207	Customized Training, Purchased Service Provider Type	INT 1	No	No
208	Customized Training, Amount of VR Funds Expended for Service (Title I)	INT 6	No	No
210	Customized Training, Service Provided by Comparable Services and Benefits Providers	INT 1	No	No
211	Customized Training, Comparable Services and Benefits Provider Type	VARCHAR 8	Yes	Modified list of choices
212	Assessment, Service Provided by VR Agency Staff (in-house)	INT 1	No	No
213	Assessment, Service Provided through VR Agency Purchase	INT 1	No	No
214	Assessment, Purchased Service Provider Type	INT 1	No	No
215	Assessment, Amount of VR Funds Expended for Service (Title I)	INT 6	No	No
217	Assessment, Service Provided by Comparable Services and Benefits Providers	INT 1	No	No
218	Assessment, Comparable Services and Benefits Provider Type	VARCHAR 8	Yes	Modified list of choices
219	Diagnosis and Treatment of Impairments, Service Provided by VR Agency Staff (in-house)	INT 1	No	No
220	Diagnosis and Treatment of Impairments, Service Provided through VR Agency Purchase	INT 1	No	No
221	Diagnosis and Treatment of Impairments, Purchased Service Provider Type	INT 1	No	No
222	Diagnosis and Treatment of Impairments, Amount of VR Funds Expended for Service (Title I)	INT 6	No	No
224	Diagnosis and Treatment of Impairments, Service Provided by Comparable Services and Benefits Providers	INT 1	No	No
225	Diagnosis and Treatment of Impairments, Comparable Services and Benefits Provider Type	VARCHAR 8	Yes	Modified list of choices
226	Vocational Rehabilitation Counseling and Guidance, Service Provided by VR Agency Staff (in-house)	INT 1	No	No
227	Vocational Rehabilitation Counseling and Guidance, Service Provided by through VR Agency Purchase	INT 1	No	No

228	Vocational Rehabilitation Counseling and Guidance, Purchased Service Provider Type	INT 1	No	No
229	Vocational Rehabilitation Counseling and Guidance, Amount of VR Funds Expended for Service (Title I)	INT 6	No	No
231	Vocational Rehabilitation Counseling and Guidance, Service Provided by Comparable Services and Benefits Providers	INT 1	No	No
232	Vocational Rehabilitation Counseling and Guidance, Comparable Services and Benefits Provider Type	VARCHAR 8	Yes	Modified list of choices
233	Job Search Assistance, Service Provided by VR Agency Staff (in-house)	INT 1	No	No
234	Job Search Assistance, Service Provided through VR Agency Purchase	INT 1	No	No
235	Job Search Assistance, Purchased Service Provider Type	INT 1	No	No
236	Job Search Assistance, Amount of VR Funds Expended for Service (Title I)	INT 6	No	No
238	Job Search Assistance, Service Provided by Comparable Services and Benefits Providers	INT 1	No	No
239	Job Search Assistance, Comparable Services and Benefits Provider Type	VARCHAR 8	Yes	Modified list of choices
240	Job Placement Assistance, Service Provided by VR Job Placement Assistance, Agency Staff (in-house)	INT 1	No	No
241	Job Placement Assistance, Service Provided through VR Agency Purchase	INT 1	No	No
242	Job Placement Assistance, Purchased Service Provider Type	INT 1	No	No
243	Job Placement Assistance, Amount of VR Funds Expended for Service (Title I)	INT 6	No	No
245	Job Placement Assistance, Service Provided by Comparable Services and Benefits Providers	INT 1	No	No
246	Job Placement Assistance, Comparable Services and Benefits Provider Type	VARCHAR 8	Yes	Modified list of choices
247	Short Term Job Supports, Service Provided by VR Agency Staff (in-house)	INT 1	No	No
248	Short Term Job Supports, Service Provided through VR Agency Purchase	INT 1	No	No
249	Short Term Job Supports, Purchased Service Provider Type	INT 1	No	No
250	Short Term Job Supports, Amount of VR Funds Expended for Service (Title I)	INT 6	No	No
252	Short Term Job Supports, Service Provided by Comparable Services and Benefits Providers	INT 1	No	No
253	Short Term Job Supports, Comparable Services and Benefits Provider Type	VARCHAR 8	Yes	Modified list of choices

254	Supported Employment Services, Service Provided by VR Agency Staff (in-house)	INT 1	No	No
255	Supported Employment Services, Service Provided through VR Agency Purchase	INT 1	No	No
256	Supported Employment Services, Purchased Service Provider Type	INT 1	No	No
257	Supported Employment Services, Amount of VR Funds Expended for Service (Title I)	INT 6	No	No
258	Supported Employment Services, Amount of SE Funds Expended for Service (Title VI)	INT 6	No	No
259	Supported Employment Services, Service Provided by Comparable Services and Benefits Providers	INT 1	No	No
260	Supported Employment Services, Comparable Services and Benefits Provider Type	VARCHAR 8	Yes	Modified list of choices
261	Information and Referral Services, Service Provided by VR Agency Staff (in-house)	INT 1	No	No
262	Information and Referral Services, Service Provided through VR Agency Purchase	INT 1	No	No
263	Information and Referral Services, Purchased Service Provider Type	INT 1	No	No
264	Information and Referral Services, Amount of VR Funds Expended for Service (Title I)	INT 6	No	No
266	Information and Referral Services, Service Provided by Comparable Services and Benefits Providers	INT 1	No	No
267	Information and Referral Services, Comparable Services and Benefits Provider Type	VARCHAR 8	Yes	Modified list of choices
268	Benefits Counseling, Service Provided by VR Agency Staff (in-house)	INT 1	No	No
269	Benefits Counseling, Service Provided through VR Agency Purchase	INT 1	No	No
270	Benefits Counseling, Purchased Service Provider Type	INT 1	No	No
271	Benefits Counseling, Amount of VR Funds Expended for Service (Title I)	INT 6	No	No
273	Benefits Counseling, Service Provided by Comparable Services and Benefits Providers	INT 1	No	No
274	Benefits Counseling, Comparable Services and Benefits Provider Type	VARCHAR 8	Yes	Modified list of choices
275	Customized Employment Services, Service Provided by VR Agency Staff (in-house)	INT 1	No	No
276	Customized Employment Services, Service Provided through VR Agency Purchase	INT 1	No	No
277	Customized Employment Services, Purchased Service Provider Type	INT 1	No	No

278	Customized Employment Services, Amount of VR Funds Expended for Service (Title I)	INT 6	No	No
279	Customized Employment Services, Amount of SE Funds Expended for Service (Title VI)	INT 6	No	No
280	Customized Employment Services, Service Provided by Comparable Services and Benefits Providers	INT 1	No	No
281	Customized Employment Services, Comparable Services and Benefits Provider Type	VARCHAR 8	Yes	Modified list of choices
282	Extended Services, Service Provided by VR Agency Staff (in-house)	INT 1	No	Modified definition
283	Extended Services, Service Provided through VR Agency Purchase	INT 1	No	Modified definition
284	Extended Services, Purchased Service Provider Type	INT 1	No	Modified definition
285	Extended Services, Amount of VR Funds Expended for Service (Title I)	INT 6	No	Modified definition
286	Extended Services, Amount of SE Funds Expended for Service (Title VI)	INT 6	No	Modified definition
287	Transportation Data Elements, Service Provided by VR Agency Staff (in-house)	INT 1	No	No
288	Transportation Data Elements, Service Provided through VR Agency Purchase	INT 1	No	No
289	Transportation Data Elements, Purchased Service Provider Type	INT 1	No	No
290	Transportation Data Elements, Amount of VR Funds Expended for Service (Title I)	INT 6	No	No
292	Transportation Data Elements, Service Provided by Comparable Services and Benefits Providers	INT 1	No	No
293	Transportation Data Elements, Comparable Services and Benefits Provider Type	VARCHAR 8	Yes	Modified list of choices
294	Maintenance, Service Provided by VR Agency Staff (in-house)	INT 1	No	No
295	Maintenance, Service Provided through VR Agency Purchase	INT 1	No	No
296	Maintenance, Purchased Service Provider Type	INT 1	No	No
297	Maintenance, Amount of VR Funds Expended for Service (Title I)	INT 6	No	No
299	Maintenance, Service Provided by Comparable Services and Benefits Providers	INT 1	No	No
300	Maintenance, Comparable Services and Benefits Provider Type	VARCHAR 8	Yes	Modified list of choices
301	Rehabilitation Technology, Service Provided by VR Agency Staff (in-house)	INT 1	No	No

302	Rehabilitation Technology, Service Provided through VR Agency Purchase	INT 1	No	No
303	Rehabilitation Technology, Purchased Service Provider Type	INT 1	No	No
304	Rehabilitation Technology, Amount of VR Funds Expended for Service (Title I)	INT 6	No	No
306	Rehabilitation Technology, Service Provided by Comparable Services and Benefits Providers	INT 1	No	No
306	Rehabilitation Technology, Comparable Services and Benefits Provider Type	VARCHAR 8	Yes	Modified list of choices
306	Personal Assistance Services, Service Provided by VR Agency Staff (in-house)	INT 1	No	No
306	Personal Assistance Services, Service Provided through VR Agency Purchase	INT 1	No	No
306	Personal Assistance Services, Purchased Service Provider Type	INT 1	No	No
306	Personal Assistance Services, Amount of VR Funds Expended for Service (Title I)	INT 6	No	No
306	Personal Assistance Services, Service Provided by Comparable Services and Benefits Providers	INT 1	No	No
306	Personal Assistance Services, Comparable Services and Benefits Provider Type	VARCHAR 8	Yes	Modified list of choices
306	Technical Assistance Services Including Self-Employment, Service Provided by VR Agency Staff (in-house)	INT 1	No	No
306	Technical Assistance Services Including Self-Employment, Service Provided through VR Agency Purchase	INT 1	No	No
306	Technical Assistance Services Including Self-Employment, Purchased Service Provider Type	INT 1	No	No
306	Technical Assistance Services Including Self-Employment, Amount of VR Funds Expended for Service (Title I)	INT 6	No	No
306	Technical Assistance Services Including Self-Employment, Service Provided by Comparable Services and Benefits Providers	INT 1	No	No
306	Technical Assistance Services Including Self-Employment, Comparable Services and Benefits Provider Type	VARCHAR 8	Yes	Modified list of choices
306	Reader Services, Service Provided by VR Agency Staff (in-house)	INT 1	No	No
306	Reader Services, Service Provided through VR Agency Purchase	INT 1	No	No
306	Reader Services, Purchased Service Provider Type	INT 1	No	No
306	Reader Services, Amount of VR Funds Expended for Service (Title I)	INT 6	No	No

306	Reader Services, Service Provided by Comparable Services and Benefits Providers	INT 1	No	No
306	Reader Services, Comparable Services and Benefits Provider Type	VARCHAR 8	Yes	Modified list of choices
306	Interpreter Services, Service Provided by VR Agency Staff (in-house)	INT 1	No	No
306	Interpreter Services, Service Provided through VR Agency Purchase	INT 1	No	No
306	Interpreter Services, Purchased Service Provider Type	INT 1	No	No
306	Interpreter Services, Amount of VR Funds Expended for Service (Title I)	INT 6	No	No
306	Interpreter Services, Service Provided by Comparable Services and Benefits Providers	INT 1	No	No
306	Interpreter Services, Comparable Services and Benefits Provider Type	VARCHAR 8	Yes	Modified list of choices
306	Other Services, Service Provided by VR Agency Staff (in-house)	INT 1	No	No
306	Other Services, Service Provided through VR Agency Purchase	INT 1	No	No
306	Other Services, Purchased Service Provider Type	INT 1	No	No
306	Other Services, Amount of VR Funds Expended for Service (Title I)	INT 6	No	No
306	Other Services, Service Provided by Comparable Services and Benefits Providers	INT 1	No	No
306	Other Services, Comparable Services and Benefits Provider Type	VARCHAR 8	Yes	Modified list of choices
306	Measurable Skill Gains: Educational Functional Level (EFL)	DATE	No	No
306	Measurable Skill Gains: Secondary	DATE	No	Modified reporting instructions
306	Measurable Skill Gains: Secondary or Postsecondary Transcript/Report Card	DATE	No	Modified name and reporting instructions
306	Measurable Skill Gains: Training Milestone	DATE	No	No
306	Measurable Skill Gains: Skills Progression	DATE	No	No
306	Start Date of Employment in Primary Occupation	DATE	No	No
306	Date of Exit	DATE	No	No

306	Type of Exit	INT 1	No	Modified list of choices
306	Reason for Program Exit	INT 2	No	Modified list of choices
306	Employment Outcome at Exit	INT 1	No	Modified list of choices
306	Primary Occupation at Exit	INT 6	No	Modified reporting instructions
306	Hourly Wage at Exit	DECIMAL 5, 2	No	Modified reporting instructions
306	Hours Worked in a Week at Exit	INT 2	No	Modified reporting instructions
306	Date Enrolled in Post- Exit Education or Training Program Leading to a Recognized Postsecondary Credential	DATE	No	No
306	Date of Attainment of Post-Exit Recognized Credential	DATE	No	Yes
306	Type of Recognized Credential Attained Post-Exit	INT 1	No	Yes
306	Employment - First Quarter After Exit Quarter	INT 1	No	Yes
306	Employment - Second Quarter After Exit Quarter	INT 1	No	Modified reporting instructions
306	Quarterly Wages - Second Quarter After Exit Quarter	DECIMAL 8, 2	No	Yes

306	Employment - Third Quarter After Exit Quarter	INT 1	No	Modified reporting instructions
306	Employment - Fourth Quarter After Exit Quarter	INT 1	No	Modified reporting instructions
306	Retention with the Same Employer in the Second Quarter and the Fourth Quarter – Fourth Quarter After Exit Quarter	INT 1	No	No
306	Monthly Public Support at Application	VARCHAR 7	Yes	New element number
306	Medical Insurance Coverage at Application	VARCHAR 5	Yes	New element number
306	Monthly Public Support at Exit	VARCHAR 7	Yes	New element number
306	Medical Insurance Coverage at Exit	VARCHAR 5	Yes	New element number

306	Date of Initial IPE	DATE	No	New element number
306	IPE Development Extension	DATE	No	New
306	Enrolled in a Recognized Secondary School Equivalency Program	INT 1	No	New element number
306	Date Completed During Program Participation in an Education or Training Program Leading to a Recognized Postsecondary Credential or Employment	DATE	No	Yes
306	Work Based Learning Experience, Service Provided by VR Agency Staff (in-house)	INT 1	No	New
306	Work Based Learning Experience, Service Provided through VR Agency Purchase	INT 1	No	New
306	Work Based Learning Experience, Purchased Service Provider Type	INT 1	No	New
306	Work Based Learning Experience, Amount of VR Funds Expended for Service (Title I)	INT 6	No	New
306	Work Based Learning Experience, Service Provided by Comparable Services and Benefits Providers	INT 1	No	New
306	Work Based Learning Experience, Comparable Services and Benefits Provider Type	VARCHAR 8	Yes	Modified list of choices

PIRL Element	Report at	Report	Updateable (Y/N) after initial reporting
	Application or Initial Receipt of Pre-Employment Transition Service, Update as Needed	Quarterly	Yes
	Application or Initial Receipt of Pre-Employment Transition Service, Update as Needed	Quarterly	Yes
	Application or Initial Receipt of Pre-Employment Transition Service	Quarterly	No
100	Application or Initial Receipt of Pre-Employment Transition Service	Quarterly	No
	Application or Initial Receipt of Pre-Employment Transition Service	When Occurs	No
	Application Data Elements	Quarterly	No
200	Application or Initial Receipt of Pre-Employment Transition Service	Quarterly	No
201	Application Data Elements	Quarterly	No
211	Application or Initial Receipt of Pre-Employment Transition Service	Quarterly	No
212	Application or Initial Receipt of Pre-Employment Transition Service	Quarterly	No
213	Application or Initial Receipt of Pre-Employment Transition Service	Quarterly	No
214	Application or Initial Receipt of Pre-Employment Transition Service	Quarterly	No
215	Application or Initial Receipt of Pre-Employment Transition Service	Quarterly	No
210	Application or Initial Receipt of Pre-Employment Transition Service	Quarterly	No
	Application Data Elements	Quarterly	No
101	Application Data Elements	Quarterly	No
	Application Data Elements	Quarterly	Yes
	Application Data Elements	Quarterly	Yes
	Application Data Elements	Quarterly	No

	Application Data Elements or Pre-Employment Transition Services Data Elements	Quarterly	Yes
	Eligibility	Quarterly	No
	Eligibility	Quarterly	Yes
	Order of Selection (OOS) Data Elements	Quarterly	No
	Order of Selection (OOS) Data Elements	Quarterly	No
202	Disability Data Elements	Quarterly	No
	Disability Data Elements	Quarterly	Yes
	Disability Data Elements	Quarterly	Yes
	Disability Data Elements	Quarterly	Yes
	Trial Work Experience Data Elements	Quarterly	Yes
	Trial Work Experience Data Elements	Quarterly	Yes
	Individualized Plan for Employment (IPE) Data Elements	Quarterly	Yes
400	Individualized Plan for Employment (IPE) Data Elements	Quarterly	No
	Individualized Plan for Employment (IPE) Data Elements	Quarterly	No
	Individualized Plan for Employment (IPE) Data Elements	Quarterly	No
903	Individualized Plan for Employment (IPE) Data Elements	Quarterly	Yes
910	Individualized Plan for Employment (IPE) Data Elements	Quarterly	Yes

904	Individualized Plan for Employment (IPE) Data Elements	Quarterly	Yes
911	Individualized Plan for Employment (IPE) Data Elements	Quarterly	Yes
917	Individualized Plan for Employment (IPE) Data Elements	Quarterly	Yes
918	Individualized Plan for Employment (IPE) Data Elements	Quarterly	Yes
905	Individualized Plan for Employment (IPE) Data Elements	Quarterly	Yes
919	Individualized Plan for Employment (IPE) Data Elements	Quarterly	Yes
402	Individualized Plan for Employment (IPE) Data Elements	Quarterly	No
601	Individualized Plan for Employment (IPE) Data Elements	Quarterly	No
704	Individualized Plan for Employment (IPE) Data Elements	Quarterly	No
800	Individualized Plan for Employment (IPE) Data Elements	Quarterly	No
801	Individualized Plan for Employment (IPE) Data Elements	Quarterly	No
802	Individualized Plan for Employment (IPE) Data Elements	Quarterly	No

803	Individualized Plan for Employment (IPE) Data Elements	Quarterly	No
804	Individualized Plan for Employment (IPE) Data Elements	Quarterly	No
805	Individualized Plan for Employment (IPE) Data Elements	Quarterly	No
806	Individualized Plan for Employment (IPE) Data Elements	Quarterly	No
807	Individualized Plan for Employment (IPE) Data Elements	Quarterly	No
808	Individualized Plan for Employment (IPE) Data Elements	Quarterly	No
	Individualized Plan for Employment (IPE) Data Elements	Quarterly	No
407	Individualized Plan for Employment (IPE) Data Elements	Quarterly	No
1401	Individualized Plan for Employment (IPE) Data Elements	Quarterly	Yes
	Individualized Plan for Employment (IPE) Data Elements	Quarterly	Yes
	Individualized Plan for Employment (IPE) Data Elements	Quarterly	Yes
	Individualized Plan for Employment (IPE) Data Elements	Quarterly	Yes
1332	Individualized Plan for Employment (IPE) Data Elements	Quarterly	Yes
1811	Individualized Plan for Employment (IPE) Data Elements	Quarterly	Yes

	Other Service Data Elements	Upon Occurrence	Yes
	Other Service Data Elements	Upon Occurrence	Yes
	Other Service Data Elements	Upon Occurrence	Yes
	Other Service Data Elements	Upon Occurrence	Yes
	Other Service Data Elements	Upon Occurrence	Yes
	Other Service Data Elements	Upon Occurrence	Yes
	Other Service Data Elements	Upon Occurrence	Yes
	Other Service Data Elements	Upon Occurrence	Yes
	Other Service Data Elements	Upon Occurrence	Yes
	Other Service Data Elements	Upon Occurrence	Yes
	Other Service Data Elements	Upon Occurrence	Yes
	Other Service Data Elements	Upon Occurrence	Yes
	Other Service Data Elements	Upon Occurrence	Yes
	Other Service Data Elements	Upon Occurrence	Yes
	Other Service Data Elements	Upon Occurrence	Yes
	Other Service Data Elements	Upon Occurrence	Yes
1806	Measurable Skill Gains Data Elements	Upon Occurrence	Yes
1808	Measurable Skill Gains Data Elements	Upon Occurrence	Yes
1807	Measurable Skill Gains Data Elements	Upon Occurrence	Yes
1809	Measurable Skill Gains Data Elements	Upon Occurrence	Yes
1810	Measurable Skill Gains Data Elements	Upon Occurrence	Yes
	Employment Outcome	Upon Occurrence	Yes
901	Exit Data Elements	Upon Occurrence	No

	Exit Data Elements	Upon Occurrence	No
923	Exit Data Elements	Upon Occurrence	No
	Exit Data Elements	Upon Occurrence	No
	Exit Data Elements	Upon Occurrence	No
	Exit Data Elements	Upon Occurrence	No
	Exit Data Elements	Upon Occurrence	No
1406	Post-Exit Data Elements	Upon Occurrence	No
	Post-Exit Data Elements	Upon Occurrence	No
	Post-Exit Data Elements	Upon Occurrence	No
1600	Post-Exit Data Elements	Upon Occurrence	Yes
1602	Post-Exit Data Elements	Upon Occurrence	Yes
1704	Post-Exit Data Elements	Upon Occurrence	Yes

1604	Post-Exit Data Elements	Upon Occurrence	Yes
1606	Post-Exit Data Elements	Upon Occurrence	Yes
1618	Post-Exit Data Elements	Upon Occurrence	No
	Application Data Elements	Quarterly	No
	Application Data Elements	Quarterly	No
	Exit Data Elements	Upon Occurrence	No
	Exit Data Elements	Upon Occurrence	No

Definitions or Instructions	Code Values
Report the program year associated with the reporting period. Program year begins in July and ends in June of the following year.	XXXX
Report the program year quarter applicable to the data collection reporting period.	1 = July 1- September 30 2 = October 1- December 31 3 = January 1- March 31 4 = April 1- June 30
Report the code value assigned to the VR agency submitting the data from Appendix 1.	Valid values listed in Appendix 1
When assigning the identifier, the first two digits are the State's Postal Code followed by a unique 10-digit number that is not associated with the individual's SSN. The number must not duplicate any other assigned unique identifiers used in the State by another VR agency. When assigning a unique identifier, ensure that the same 12- digit identifier is used in subsequent years for the same individual if additional service records are opened for that individual in the future. This is necessary to obtain an unduplicated count of individuals being served in a State. Note: The Postal Code used should be the State agency's Postal Code, not the State in which the individual resides or the State from where the case was transferred.	XXXXXXXXXXXX
Report the individual's nine-digit SSN. Note: SSN is not a required field.	XXXXXXXXXX
Report the date (year, month, and day) that the agency received a completed and signed application form for VR services from the applicant. The date must be verifiable through supporting documentation.	YYYYMMDD
Report the applicant's date of birth.	YYYYMMDD
Report the applicant's sex.	1 = Male 2 = Female 9 = Participant did not self- identify
An individual having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment. This element is required for all individuals in elementary or secondary education. If an individual in elementary or secondary education chooses not to self-identify race, observer identification should be used to assign the individual to a race/ethnicity.	1 = Individual is American Indian / Alaska Native 0 = Individual is not American Indian / Alaska Native 9 = Participant did not self- identify
An individual having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. This element is required for all individuals in elementary or secondary education. If an individual in elementary or secondary education chooses not to self-identify race, observer identification should be used to assign the individual to a race/ethnicity.	1 = Individual is Asian 0 = Individual is not Asian 9 = Participant did not self- identify
An individual having origins in any of the Black racial groups of Africa. This element is required for all individuals in elementary or secondary education. If an individual in elementary or secondary education chooses not to self-identify race, observer identification should be used to assign the individual to a race/ethnicity.	1 = Individual is Black / African American 0 = Individual is not Black / African American
An individual having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. This element is required for all individuals in elementary or secondary education. If an individual in elementary or secondary education chooses not to self-identify race, observer identification should be used to assign the individual to a race/ethnicity.	1 = Individual is Native Hawaiian /Other Pacific Islander 0 = Individual is not Native Hawaiian /Other Pacific Islander 9 = Participant did not self-identify
An individual having origins in any of the original peoples of Europe, the Middle East or North Africa. This element is required for all individuals in elementary or secondary education. If an individual in elementary or secondary education chooses not to self-identify race, observer identification should be used to assign the individual to a race/ethnicity.	1 = Individual is White 0 = Individual is not White 9 = Participant did not self- identify
An individual of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race. This element is required for all individuals in elementary or secondary education. If an individual in elementary or secondary education chooses not to self-identify race, observer identification should be used to assign the individual to a race/ethnicity.	1 = Individual is Hispanic / Latino 0 = Individual is not Hispanic / Latino 9 = Participant did not self- identify
Report the code value to indicate whether the applicant served in the active military, naval, or air service, and was discharged or released under conditions other than dishonorable.	1 = Individual is a Veteran 0 = Individual is not a Veteran
Report the two-letter State Postal Code for the State or U.S. Territory corresponding to the location of the individual's residence. For persons on active military duty, report the two-letter Air/Army Post Office (APO) or Fleet Post Office (FPO) as defined by the Military Postal Service Agency. For Mexico, use code 088. For Canada, use code 099. For other (not listed), use code XX.	Valid values listed in Appendix 1
Report the FIPS county code for the individual's residence. This code is a five-digit Federal Information Processing Standard (FIP)	XXXXX
Report the five-digit numeric U.S. Postal Service Zip Code where the individual resides.	
Report the source that first referred the applicant to the VR agency by using one of the following code values.	See Appendix 2 for referral sources

Report either at Application or Start Date of Pre- Employment Transition Services, whichever comes first.	1 = Individual is a student with a disability and has a section 504 accommodation 2 = Individual is a student with a disability and is receiving transition services under an Individualized Education Program (IEP) 3 = Individual is a student with a disability who does not have a section 504 accommodation and is not receiving services under an IEP 0 = Individual is not a student with a disability
Report the date that the initial eligibility determination was made. The date must be verifiable through supporting documentation.	YYYYMMDD
Report if the applicant and counselor mutually agreed upon an extension (of time) for eligibility determination within 60 days of the individual's application for VR services. The date must be verifiable through supporting documentation.	YYYYMMDD
Report the date, if applicable, that the applicant was placed on an OOS waiting list.	YYYYMMDD
Report the date, if applicable, that the applicant exited from an OOS waiting list.	YYYYMMDD
Leave blank if the individuals exited as an applicant with Type of Exit (354) code 0.	1 = Individual reports 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. 12102) 0 = Individual reports that he/she does not have a disability that meets the definition 9 = Individual did not self- identify
Report the code value that best describes the individual's primary physical or mental disability that causes or results in a substantial impediment to employment. The data reported is a combination of the Type of Disability code found in Appendix 3 and the Source of Disability code found in Appendix 4. The first two digits designate the Type of Disability (sensory, physical, or mental), and the last two digits indicate the cause or Source of Disability. Use a semicolon between the Type of Disability code and the Source of Disability code. Do not use spaces or commas between the code values. If the individual is found not to have a disability, this item should be coded 0;0. Leave blank if the individual exited as an applicant with Type of Exit (354) code 0.	See Appendix 3 for valid disability types and Appendix 4 for valid sources.
Report the code value that best describes the individual's secondary physical or mental disability that causes or results in a substantial impediment to employment. If the individual is found not to have a disability, this item should be coded 0;0. Leave blank if this element does not apply or if the individual exited as an applicant with Type of Exit (354) code 0.	See Appendix 3 for valid disability types and Appendix 4 for valid sources
Report the appropriate code value to indicate whether the individual is classified by the agency as an individual with a significant disability or a most significant disability. If the individual is found not to have a disability, this item should be coded 0;0. Leave blank if this element does not apply or if the individual exited as an applicant with Type of Exit (354) code 0.	1 = Individual has a significant disability 2 = Individual is most significantly disabled 0 = Individual has no significant disability
Report the date that the individual's trial work experience began. If the individual has been placed in more than one trial work experience, the first occurrence of trial work must end with an End Date of Trial Work Experience (Element 47) before another Start Date of Trial Work Experience can begin	YYYYMMDD
Report the date that the individual's trial work experience ended.	YYYYMMDD
Report if the individual has a supported employment goal on the current IPE	1 = Individual has a supported employment goal on the current IPE 0 = Individual does not have a supported employment goal on the current IPE
Report the code value that best describes the employment status of the individual at initial IPE.	1 = Employed: Competitive Integrated Employment 2 = Employed: Self-Employment 3 = Employed: Randolph- Sheppard BEP 4 = Employed: State Agency Managed BEP 5 = Extended Employment 6 = Received Notice of Termination of Employment or Military Separation is pending
For an individual who is employed (Element 50, codes 1-6), enter the current 2018 Standard Occupational Classification (SOC) code that best describes the individual's occupation from which he/she derives the majority of his or her earnings at initial IPE	XXXXXX
Report individual's hourly wage (rounded to the nearest cent) earned at the time of the initial IPE. Report 0 if individuals were not employed or had no earnings at the time of initial IPE.	XXX.XX
Report the number of hours the individual worked in a typical week at the time of the initial IPE. Report 0 if individual was unemployed.	XX
The purpose of the Adult program is to increase the employment, job retention, earnings, and career advancement of U.S. workers by providing quality employment and training services to assist eligible individuals in finding and qualifying for meaningful employment, and to help employers find the skilled workers they need to compete and succeed in business.	1 = Individual received services from the Adult program (Title I of WIOA) 0 = Individual did not receive services from Adult program (Title I of WIOA) 9 = Participant did not self- identify
The Adult Education program helps adults get the basic skills they need including reading, writing, math, English language proficiency, and problem-solving to be productive workers, family members, and citizens.	1 = Individual received Adult Education services (Title II of WIOA) 0 = Individual did not receive Adult Education services (Title II of WIOA) 9 = Participant did not self- identify

<p>The Dislocated Worker program provides employment and training services to assist workers who have been laid off or have been notified that they will be terminated or laid off in finding and qualifying for meaningful employment, and to help employers find the skilled workers they need to compete and succeed in business.</p>	<p>1 = Individual received services from the Dislocated Worker program (Title I of WIOA) 0 = Individual did not receive services from the Dislocated Worker program (Title I of WIOA)</p>
<p>Job Corps is a no-cost education and vocational training program administered by the U.S. Department of Labor that helps young people ages 16-24 improve the quality of their lives by empowering them to get great jobs and become independent.</p>	<p>1 = Individual received services from the Job Corps Program 0 = Individual did not receive services from the Job Corps Program 9 = Participant did not self- identify</p>
<p>VR participants should be assigned code 1, unless they have also received services from the VR&E program.</p>	<p>1 = Individual received services from the vocational rehabilitation program 2 = Individual received services from the Department of Veterans Affairs Vocational Rehabilitation and Employment (VR&E) program 3 = Individual received services from both vocational rehabilitation and the Department of Veterans Affairs Vocational Rehabilitation and Employment (VR&E) programs 0 = Individual did not receive any services 9 = Participant did not self- identify</p>
<p>The Wagner-Peyser/Employment Services program focuses on providing a variety of employment related labor exchange services, including but not limited to job search assistance, job referral, and placement assistance for job seekers, re-employment services to unemployment insurance claimants, and recruitment services to employers with job openings. Services are delivered in one of three modes including self-service, facilitated self-help services, and staff assisted service delivery approaches. Depending on the needs of the labor market, other services, such as job seeker assessment of skill levels, abilities, and aptitudes, career guidance when appropriate, job search workshops, and referral to training, may be available.</p>	<p>1 = Individual received services from the Wagner-Peyser Employment Services program (Title III of WIOA) 0 = Individual did not receive services from the Wagner- Peyser Employment Services program (Title III of WIOA) 9 = Participant did not self- identify</p>
<p>The title I Youth program focuses on assisting out-of-school youth and in-school youth with one or more barriers to employment prepare for post-secondary education and employment opportunities, attain educational and/or skills training credentials, and secure employment with career/promotional opportunities.</p>	<p>1 = Individual received services from the Youth program (Title I of WIOA) 0 = Individual did not receive services from the Youth program (Title I of WIOA) 9 =</p>
<p>Record the 14-character grant number if the individual received services under the Youth Build program. The grant number should be entered in the following format without dashes: Two alphabetic characters representing the grant program code – five numeric characters – two numeric characters representing the fiscal year when the grant was awarded – two numeric characters identifying the type of grant awarded – one alphabetic character identifying the relevant agency at ETA – two numeric characters identifying the State that received the grant was served under (e.g., AA-12345-12- 55-A-26). If the individual is being served by the Youth Build program and the grant number is unknown, enter all 9s. Leave blank if the individual did not receive services funded by Youth Build.</p>	<p>XXXXXXXXXXXXXX 9 =</p>
<p>A participant who has been unemployed for 27 or more consecutive weeks at program entry is considered to be long-term unemployed.</p>	<p>1 = Individual meets the definition of Long-Term Unemployed 0 = Individual does not meet the definition of Long-Term Unemployed 9 = Participant did not self- identify</p>
<p>A participant is within 2 years of exhausting lifetime eligibility under part A of Title IV of the Social Security Act at program entry.</p>	<p>1 = Individual is within two years of exhausting TANF 0 = Individual is not within two years of exhausting TANF 9 = Participant did not self- identify</p>
<p>Report only if the individual is between 14 and 24. Leave blank if not applicable.</p>	<p>1 = Individual meets the definition of a Foster Care Youth 0 = Individual does not meet the definition of a Foster Care Youth 9 = Participant did not self- identify</p>
<p>(a) Lacks a fixed, regular, and adequate nighttime residence;(b) Has a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, such as a car, park, abandoned building, bus or train station, airport, or camping ground;(c) Is a migratory child who in the preceding 36 months was required to move from one school district to another due to changes in the parent’s or parent’s spouse’s seasonal employment in agriculture, dairy, or fishing work; or(d) Is under 18 years of age and absents himself or herself from home or place of legal residence without the permission of his or her family (i.e., runaway youth).</p>	<p>1 = Individual meets the definition of Homeless 0 = Individual does not meet the definition of Homeless 9 = Participant did not self-identify</p>
<p>A person who either (a) has been subject to any stage of the criminal justice process for committing a status offense or delinquent act, or (b) requires assistance in overcoming barriers to employment resulting from a record of arrest or conviction.</p>	<p>1 = The individual meets the definition of an Ex-Offender 0 = The individual does not meet the definition of an Ex-Offender 9 = Participant did not self- identify</p>
<p>(a) Receives, or in the six months prior to application to the program has received, or is a member of a family that is receiving or in the past six months prior to application to the program has received public assistance (SNAP, TANF, SSI, other State/local assistance); (b) Is in a family with total family income that does not exceed the higher of the poverty line or 70% of the lower living standard income level; (c) Is a youth who receives or is eligible to receive a free or reduced price lunch (d) Is a foster child on behalf of whom State or local government payments are made; (e) Is an participant with a disability whose own income is the poverty line but who is a member of a family whose income does not meet this requirement; (f) Is a homeless participant or a homeless child or youth or runaway youth (see PIRL Data Element #700); or (g) Is a youth living in a high-poverty area.</p>	<p>1 = Individual meets the definition of Low Income 0 = Individual does not meet the definition of Low Income 9 = Participant did not self- identify</p>

<p>A person who has limited ability in speaking, reading, writing, or understanding the English language and also meets at least one of the following two conditions: (a) his or her native language is a language other than English, or (b) he or she lives in a family or community environment where a language other than English is the dominant language.</p>	<p>1 = Individual meets the definition of English Language Learner 0 = Individual does not meet the definition of English Language Learner 9 = Participant did not self-identify</p>
<p>A) a youth, who has English reading, writing, or computing skills at or below the 8th grade level on a generally accepted standardized test; or B) a youth or adult who is unable to compute and solve problems, or read, write, or speak English at a level necessary to function on the job, in the participant's family, or in society.</p>	<p>1 = Individual meets the definition of Basic Skills Deficient/Low Levels of Literacy 0 = Individual does not meet the definition of Basic Skills Deficient/Low Levels of Literacy 9 = Participant did not self- identify</p>
<p>An individual who perceives him or herself as possessing attitudes, beliefs, customs, or practices that influence a way of thinking, acting, or working that may serve as a hindrance to employment.</p>	<p>1 = Individual meets the definition of Cultural Barriers 0 = Individual does not meet the definition of Cultural Barriers 9 = Participant did not self- identify</p>
<p>An individual who is single, separated, divorced, or a widowed individual who has primary responsibility for one or more dependent children under age 18 (including single pregnant women).</p>	<p>1 = Individual meets the definition of a Single Parent 0 = Individual does not meet the definition of a Single Parent 9 = Participant did not self- identify</p>
<p>An individual who has been providing unpaid services to family members in the home and who: (A)(i) has been dependent on the income of another family member but is no longer supported by that income; or (ii) is the dependent spouse of a member of the Armed Forces on active duty and whose family income is significantly reduced because of a deployment, a call or order to active duty, a permanent change of station, or the service- connected death or disability of the member; and (B) is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment.</p>	<p>1 = Individual meets the definition of a Displaced Homemaker 0 = Individual does not meet definition of a Displaced Homemaker 9 = Participant did not self- identify</p>
	<p>1 = Individual is a low-income individual (i) who for 12 consecutive months out of the 24 months prior to application for the program involved, has been primarily employed in agriculture or fish farming labor that is characterized by chronic unemployment or underemployment; and (ii) faces multiple barriers to economic self-sufficiency 2 = Individual is a seasonal farmworker whose agricultural labor requires travel to a job site such that the farmworker is unable to return to a permanent place of residence within the same day 3 = Individual is a dependent of the individual described as a seasonal or migrant seasonal farmworker 0 = Individual does not meet any of the migrant or seasonal farmworker conditions listed above</p>
<p>Record the two-digit lower limit for the age of the students with disabilities followed by a semicolon and then the two- digit upper limit for the age of the students with disabilities.</p>	<p>XX;XX</p>
<p>Use the appropriate code to report the highest school grade completed by the individual. Report 1-12 for the number of the highest school grade completed by the individual.</p>	<p>XX</p>
<p>This data element is reported if the individual was either already enrolled in secondary education at the time of program entry or became enrolled in a secondary education program at the 9th grade level at any point while participating in the program.</p>	<p>1 = Individual is enrolled in a secondary education program at or above the 9th grade level and achieving a secondary school diploma is a goal on his or her IPE 2 = Individual is enrolled in a secondary education program at or above the 9th grade level and achieving a secondary school diploma is not a goal on his or her IPE 0 = Individual is not enrolled in a secondary education program at or above the 9th grade level</p>
<p>Report the date the individual attained a special education certificate of completion. Update as needed. Leave blank if individual did not attain a special education certificate of completion.</p>	<p>YYYYMMDD</p>
<p>Report the date the individual completed secondary education and attained a secondary school diploma. Update as needed. The date must be verifiable through supporting documentation if earned during program participation. Leave blank if the individual did not attain a secondary school diploma.</p>	<p>YYYYMMDD</p>
<p>Report the date the individual attained recognized secondary school equivalency. Update as needed. The date must be verifiable through supporting documentation if earned during program participation. Leave blank if individual did not attain a recognized secondary school equivalency.</p>	<p>YYYYMMDD</p>
<p>Report if the individual is enrolled in a postsecondary education or career or technical training program.</p>	<p>1 = Individual is in a postsecondary education program that leads to a credential or degree from an accredited institution or program 2 = Individual is enrolled in a career or technical training program that leads to a recognized postsecondary credential 3 = Individual is enrolled in a career or technical training program that does not lead to a recognized postsecondary credential 0 = Individual is not in a post- secondary education program that leads to a credential or degree from an accredited institution or program</p>
<p>Report the date the participant was enrolled, at the time of initial IPE development, in an education or training program that leads to a recognized postsecondary credential or employment as defined by the core program in which the participant participates. Agencies may use this coding value if the individual enrolled in an education or training program at the time of the initial IPE development or became enrolled in an education or training program after the initial IPE development. This data element applies to the MSG indicator and will be used to calculate the denominator. Leave blank if the data element does not apply to the individual.</p>	<p>YYYYMMDD</p>

Leave blank if the data element does not apply to the individual.	1 = Individual has completed some postsecondary education but, has no degree or certificate 0 = Individual has not completed some postsecondary education and has no degree or certificate
Report the date the Associate Degree was attained. The date must be verifiable through supporting documentation if earned during program participation. Leave blank if an Associate Degree was not attained.	YYYYMMDD
Report the date the Bachelor's Degree was attained. The date must be verifiable through supporting documentation if earned during program participation. Leave blank if a Bachelor's Degree was not attained.	YYYYMMDD
Report the date the Master's Degree was attained. The date must be verifiable through supporting documentation if earned during program participation. Leave blank if a Master's Degree was not attained.	YYYYMMDD
Report the date the Graduate Degree was attained. Report a Master's Degree only in Element 89. The date must be verifiable through supporting documentation if earned during program participation. Leave blank if a Graduate Degree was not attained.	YYYYMMDD
Report the date the Vocational/Technical License was attained. The date must be verifiable through supporting documentation if earned during program participation. Leave blank if a Vocational/Technical License was not attained.	YYYYMMDD
Report the date the Vocational/Training Certificate or Certification was attained. The date must be verifiable through supporting documentation if earned during program participation. Leave blank if a Vocational/Training Certificate or Certification was not attained.	YYYYMMDD
Report the date on which the individual attained some other form of recognized credential. The date must be verifiable through supporting documentation if earned during program participation. Leave blank if the individual did not attain some other form of recognized credential.	YYYYMMDD
Report the date that the individual received the first pre- employment transition service.	YYYYMMDD
Report at the time the service is provided. Leave blank if service was not provided by VR agency staff.	1 = Service was provided in whole or part by VR agency staff
Report at the time the service is provided. Leave blank if service was not provided through VR agency purchase.	1 = Service was provided in whole or part through purchase by the VR agency
If the service was provided in whole or part through purchase by the VR agency, the Purchased Service Provider Type must be reported. Report the code value that best describes the primary service provider. Leave blank if service was not provided through purchase by VR agency.	1 = Public Community Rehabilitation Program (CRP) 2 = Private CRP 3 = Other Public Service Provider 4 = Other Private Service Provider
If the service was purchased by the agency, report the actual cost of a Job Exploration Counseling service. Report at the time the expenditure is paid.	XXXXXX
Report at the time the service is provided. Leave blank if service was not provided by VR agency staff.	1 = Service was provided in whole or part by VR agency staff
Report at the time the service is provided. Leave blank if service was not provided through VR agency purchase.	1 = Service was provided in whole or part through purchase by the VR agency
If the service was provided in whole or part through purchase by the VR agency, the Purchased Service Provider Type must be reported. For each service category, report the code value that best describes the primary service provider. Leave blank if service was not provided through purchase by VR agency.	1 = Public Community Rehabilitation Program (CRP) 2 = Private CRP 3 = Other Public Service Provider 4 = Other Private Service Provider
If the service was purchased by the agency, report the actual cost of a Work Based Learning Experience service. Report at the time the expenditure is paid.	XXXXXX
Report at the time the service is provided. Leave blank if service was not provided by VR agency staff.	1 = Service was provided in whole or part by VR agency staff
Report at the time the service is provided. Leave blank if service was not provided through VR agency purchase.	1 = Service was provided in whole or part through purchase by the VR agency
If the service was provided in whole or part through purchase by the VR agency, the Purchased Service Provider Type must be reported. Report the code value that best describes the primary service provider. Leave blank if service was not provided through purchase by VR agency.	1 = Public Community Rehabilitation Program (CRP) 2 = Private CRP 3 = Other Public Service Provider 4 = Other Private Service Provider
If the service was purchased by the agency, report the actual cost of a Counseling on Enrollment Opportunities service. Report at the time the expenditure is paid.	XXXXXX
Report at the time the service is provided. Leave blank if service was not provided by VR agency staff.	1 = Service was provided in whole or part by VR agency staff
Report at the time the service is provided. Leave blank if service was not provided through VR agency purchase.	1 = Service was provided in whole or part through purchase by the VR agency
If the service was provided in whole or part through purchase by the VR agency, the Purchased Service Provider Type must be reported. Report the code value that best describes the primary service provider. Leave blank if service was not provided through purchase by VR agency.	1 = Public Community Rehabilitation Program (CRP) 2 = Private CRP 3 = Other Public Service Provider 4 = Other Private Service Provider
If the service was purchased by the agency, report the actual cost of a Workplace Readiness Training service. Report at the time the expenditure is paid.	XXXXXX
Report at the time the service is provided. Leave blank if service was not provided by VR agency staff.	1 = Service was provided in whole or part by VR agency staff
Report at the time the service is provided. Leave blank if service was not provided through VR agency purchase.	1 = Service was provided in whole or part through purchase by the VR agency
If the service was provided in whole or part through purchase by the VR agency, the Purchased Service Provider Type must be reported. Report the code value that best describes the primary service provider. Leave blank if service was not provided through purchase by VR agency.	1 = Public Community Rehabilitation Program (CRP) 2 = Private CRP 3 = Other Public Service Provider 4 = Other Private Service Provider
Report at the time the service is provided. Leave blank if service was not provided by VR agency staff.	1 = Service was provided in whole or part by VR agency staff
Report at the time the service is provided. Leave blank if service was not provided through VR agency purchase.	1 = Service was provided in whole or part through purchase by the VR agency
If the service was provided in whole or part through purchase by the VR agency, the Purchased Service Provider Type must be reported. Report the code value that best describes the primary service provider. Leave blank if service was not provided through purchase by VR agency.	1 = Public Community Rehabilitation Program (CRP) 2 = Private CRP 3 = Other Public Service Provider 4 = Other Private Service Provider

If the service was purchased by the agency, report the actual cost of an Instruction in Self Advocacy service. Report at the time the expenditure is paid.	XXXXXX
Report the date on which the initial VR service began or after the IPE for the individual became effective. Leave blank if the individual has not received an initial VR service after the IPE for the individual became effective. The date must be verifiable through supporting documentation.	YYYYMMDD
Career services refer to the services described in WIOA Sec 134(c)(2)(A)(xii). For VR purposes, these services are the ones identified in Elements (X-X) This date must occur after the Start Sate of Initial VR Services on or after IPE (element 127). Leave blank if this element does not apply	YYYYMMDD
Full-time or part-time academic training leading to a degree recognized as beyond a Baccalaureate Degree, such as a Master of Science, Arts (M.S. or M.A.) or Doctor of Philosophy (Ph.D.) Report at the time the service is provided. Leave blank if service was not provided through purchase by VR agency.	1 = Service was provided in whole or part through purchase by the VR agency
If the service was provided in whole or part through purchase by the VR agency, the Purchased Service Provider Type must be reported. For each service category, report the code value that best describes the primary service provider. Leave blank if service was not provided through purchase by VR agency.	1 = Public Community Rehabilitation Program (CRP) 2 = Private CRP 3 = Other Public Service Provider
Report the quarterly VR program expenditures for the purchased service. Expenditures may include non-Federal share and VR program Federal funds, including program income, used to purchase the service. Expenditures do not include unliquidated obligations or encumbrances. Report at the time the expenditure is paid. Leave blank if service was not provided through purchase by VR agency.	XXXXXX
Leave blank if service was not provided by comparable services and benefits providers.	1 = Service was provided in whole or part by comparable services and benefits providers
Report up to three codes, separated by semicolons, that best describes the service providers who provided the individual with a comparable service or benefit. Leave blank if service was not provided by a comparable services and benefits provider.	See Appendix 5 for a list of comparable services and benefits providers
Full-time or part-time academic training leading to a baccalaureate degree, a certificate, or other recognized less than postgraduate educational credential. Such training may be provided by a four-year college or university or technical college. Report at the time the service is provided. Leave blank if service was not provided through purchase by VR agency.	1 = Service was provided in whole or part through purchase by the VR agency
If the service was provided in whole or part through purchase by the VR agency, the Purchased Service Provider Type must be reported. For each service category, report the code value that best describes the primary service provider. Leave blank if service was not provided through purchase by VR agency.	1 = Public Community Rehabilitation Program (CRP) 2 = Private CRP 3 = Other Public Service Provider
Report the quarterly VR program expenditures for the purchased service. Expenditures may include non-Federal share and VR program Federal funds, including program income, used to purchase the service. Expenditures do not include unliquidated obligations or encumbrances. Report at the time the expenditure is paid. Leave blank if service was not provided through purchase by VR agency.	XXXXXX
Leave blank if service was not provided by comparable services and benefits providers.	1 = Service was provided in whole or part by comparable services and benefits providers
Report up to three codes, separated by semicolons, that best describes the service providers who provided the individual with a comparable service or benefit. Leave blank if service was not provided by a comparable services and benefits provider.	See Appendix 5 for a list of comparable services and benefits providers
Full-time or part-time academic training above the secondary school level leading to an Associate's Degree, a certificate, or other recognized educational credential. Such training is provided by a community college, junior college, or technical college. Report at the time the service is provided. Leave blank if service was not provided through purchase by VR agency.	1 = Service was provided in whole or part through purchase by the VR agency
If the service was provided in whole or part through purchase by the VR agency, the Purchased Service Provider Type must be reported. For each service category, report the code value that best describes the primary service provider. Leave blank if service was not provided through purchase by VR agency.	1 = Public Community Rehabilitation Program (CRP) 2 = Private CRP 3 = Other Public Service Provider
Report the quarterly VR program expenditures for the purchased service. Expenditures may include non-Federal share and VR program Federal funds, including program income, used to purchase the service. Expenditures do not include unliquidated obligations or encumbrances. Report at the time the expenditure is paid. Leave blank if service was not provided through purchase by VR agency.	XXXXXX
Leave blank if service was not provided by comparable services and benefits providers.	1 = Service was provided in whole or part by comparable services and benefits providers
Report up to three codes, separated by semicolons, that best describe the service providers who provided the individual with a comparable service or benefit. Leave blank if service was not provided by a comparable services and benefits provider.	See Appendix 5 for a list of comparable services and benefits providers
Occupational, vocational, or job skill training provided by a community college and/or business, vocational/trade or technical school to prepare students for gainful employment in a recognized occupation, not leading to an academic degree. Report at the time the service is provided. Leave blank if service was not provided by VR agency staff.	1 = Service was provided in whole or part by VR agency staff
Occupational, vocational, or job skill training provided by a community college and/or business, vocational/trade or technical school to prepare students for gainful employment in a recognized occupation, not leading to an academic degree. Report at the time the service is provided. Leave blank if service was not provided through purchase by VR agency.	1 = Service was provided in whole or part through purchase by the VR agency
If the service was provided in whole or part through purchase by the VR agency, the Purchased Service Provider Type must be reported. For each service category, report the code value that best describes the primary service provider. Leave blank if service was not provided through purchase by VR agency.	1 = Public Community Rehabilitation Program (CRP) 2 = Private CRP 3 = Other Public Service Provider

Report the quarterly VR program expenditures for the purchased service. Expenditures may include non-Federal share and VR program Federal funds, including program income, used to purchase the service. Expenditures do not include unliquidated obligations or encumbrances. Report at the time the expenditure is paid. Leave blank if service was not provided through purchase by VR agency.	XXXXXX
Leave blank if service was not provided by a comparable services and benefits provider.	1 = Service was provided in whole or part by comparable services and benefits providers
Report up to three codes, separated by semicolons, that best describes the service providers who provided the individual with a comparable service or benefit. Leave blank if service was not provided by a comparable services and benefits provider.	See Appendix 5 for a list of comparable services and benefits providers
Training in specific job skills by a prospective employer. Generally, the trainee is paid during this training. Report at the time the service is provided. Leave blank if service was not provided by VR agency staff.	1 = Service was provided in whole or part by VR agency staff
Training in specific job skills by a prospective employer. Generally, the trainee is paid during this training. Report at the time the service is provided. Leave blank if service was not provided through purchase by VR agency.	1 = Service was provided in whole or part through purchase by the VR agency
If the service was provided in whole or part through purchase by the VR agency, the Purchased Service Provider Type must be reported. For each service category, report the code value that best describes the primary service provider. Leave blank if service was not provided through purchase by VR agency.	1 = Public Community Rehabilitation Program (CRP) 2 = Private CRP 3 = Other Public Service Provider
Report the quarterly VR program expenditures for the purchased service. Expenditures may include non-Federal share and VR program Federal funds, including program income, used to purchase the service. Expenditures do not include unliquidated obligations or encumbrances. Report at the time the expenditure is paid. Leave blank if service was not provided through purchase by VR agency.	XXXXXX
Leave blank if service was not provided by comparable services and benefits providers.	1 = Service was provided in whole or part by comparable services and benefits providers
Report up to three codes, separated by semicolons, that best describes the service providers who provided the individual with a comparable service or benefit. Leave blank if service was not provided by a comparable services and benefits provider.	See Appendix 5 for a list of comparable services and benefits providers
A work-based employment and training program that combines hands-on, on-the-job work experience in a skilled occupation with related classroom instruction. Structured apprenticeship programs generally have minimum requirements for the duration of on-the job work experience, classroom instruction, and provide a recognized certificate of completion. Report at the time the service is provided. Leave blank if service was not provided by VR agency staff.	1 = Service was provided in whole or part through purchase by the VR agency
A work-based employment and training program that combines hands-on, on-the-job work experience in a skilled occupation with related classroom instruction. Structured apprenticeship programs generally have minimum requirements for the duration of on-the job work experience, classroom instruction, and provide a recognized certificate of completion. Report at the time the service is provided. Leave blank if service was not provided through purchase by VR agency.	1 = Public Community Rehabilitation Program (CRP) 2 = Private CRP 3 = Other Public Service Provider 4 = Other Private Service Provider
Report the quarterly VR program expenditures for the purchased service. Expenditures may include non-Federal share and VR program Federal funds, including program income, used to purchase the service. Expenditures do not include unliquidated obligations or encumbrances. Report at the time the expenditure is paid. Leave blank if service was not provided through purchase by VR agency.	XXXXXX
Leave blank if service was not provided by comparable services and benefits providers.	1 = Service was provided in whole or part by comparable services and benefits providers
Report up to three codes, separated by semicolons, that best describes the service providers who provided the individual with a comparable service or benefit. Leave blank if service was not provided by a comparable services and benefits provider.	See Appendix 5 for a list of comparable services and benefits providers
Literacy training or training provided to remediate basic academic skills that are needed to function on the job in the competitive labor market. Report at the time the service is provided. Leave blank if service was not provided by VR agency staff.	1 = Service was provided in whole or part by VR agency staff
Literacy training or training provided to remediate basic academic skills that are needed to function on the job in the competitive labor market. Report at the time the service is provided. Leave blank if service was not provided through purchase by VR agency.	1 = Service was provided in whole or part through purchase by the VR agency
If the service was provided in whole or part through purchase by the VR agency, the Purchased Service Provider Type must be reported. For each service category, report the code value that best describes the primary service provider. Leave blank if service was not provided through purchase by VR agency.	1 = Public Community Rehabilitation Program (CRP) 2 = Private CRP 3 = Other Public Service Provider
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Leave blank if service was not provided by comparable services and benefits providers.	1 = Service was provided in whole or part by comparable services and benefits providers
Report up to three codes, separated by semicolons, that best describes the service providers who provided the individual with a comparable service or benefit. Leave blank if service was not provided by a comparable services and benefits provider.	See Appendix 5 for a list of comparable services and benefits providers
Training provided to prepare an individual for work (e.g., work behaviors, interpersonal communication skills, increasing productivity, etc.). Report at the time the service is provided. Leave blank if service was not provided by VR agency staff.	1 = Service was provided in whole or part by VR agency staff
Training provided to prepare an individual for work (e.g., work behaviors, interpersonal communication skills, increasing productivity, etc.). Report at the time the service is provided. Leave blank if service was not provided through purchase by VR agency.	1 = Service was provided in whole or part through purchase by the VR agency

If the service was provided in whole or part through purchase by the VR agency, the Purchased Service Provider Type must be reported. For each service category, report the code value that best describes the primary service provider. Leave blank if service was not provided through purchase by VR agency.	1 = Public Community Rehabilitation Program (CRP) 2 = Private CRP 3 = Other Public Service Provider
Report the quarterly VR program expenditures for the purchased service. Expenditures may include non-Federal share and VR program Federal funds, including program income, used to purchase the service. Expenditures do not include unliquidated obligations or encumbrances. Report at the time the expenditure is paid. Leave blank if service was not provided through purchase by VR agency.	XXXXXX
Leave blank if service was not provided by comparable services and benefits providers.	1 = Service was provided in whole or part by comparable services and benefits providers
Report up to three codes, separated by semicolons, that best describes the service providers who provided the individual with a comparable services and benefits.	See Appendix 5 for a list of comparable benefits providers
Disability-related augmentative skills training includes but is not limited to: orientation and mobility; rehabilitation teaching; training in the use of low vision aids; braille; speech reading; sign language; and cognitive training/retraining. Report at the time the service is provided. Leave blank if service was not provided by VR agency staff.	1 = Service was provided in whole or part by VR agency staff
Disability-related augmentative skills training includes but is not limited to: orientation and mobility; rehabilitation teaching; training in the use of low vision aids; braille; speech reading; sign language; and cognitive training/retraining. Report at the time the service is provided. Leave blank if service was not provided through purchase by VR agency.	1 = Service was provided in whole or part through purchase by the VR agency
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Leave blank if service was not provided by comparable services and benefits providers.	1 = Service was provided in whole or part by comparable services and benefits providers
Report up to three codes, separated by semicolons, that best describes the service providers who provided the individual with a comparable service or benefit. Leave blank if service was not provided by a comparable services and benefits provider.	See Appendix 5 for a list of comparable services and benefits providers
Any training not included in one of the other categories listed, including GED or secondary school training leading to a diploma, or courses taken at four-year, junior or community colleges not leading to a certificate or diploma. Report at the time the service is provided. Leave blank if service was not provided by VR agency staff.	1 = Service was provided in whole or part by VR agency staff
Any training not included in one of the other categories listed, including GED or secondary school training leading to a diploma, or courses taken at four-year, junior or community colleges not leading to a certificate or diploma. Report at the time the service is provided. Leave blank if service was not provided through purchase by VR agency.	1 = Service was provided in whole or part through purchase by the VR agency
If the service was provided in whole or part through purchase by the VR agency, the Purchased Service Provider Type must be reported. For each service category, report the code value that best describes the primary service provider. Leave blank if service was not provided through purchase by VR agency.	1 = Public Community Rehabilitation Program (CRP) 2 = Private CRP 3 = Other Public Service Provider
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Leave blank if service was not provided by comparable services and benefits providers.	1 = Service was provided in whole or part by comparable services and benefits providers
Report up to three codes, separated by semicolons, that best describes the service providers who provided the individual with a comparable service or benefit. Leave blank if service was not provided by a comparable services and benefits provider.	See Appendix 5 for a list of comparable services and benefits providers
Training for establishing a small business or individualized training through the Randolph-Sheppard program and included on the IPE. Report at the time the service is provided. Leave blank if service was not provided by VR agency staff.	1 = Service was provided in whole or part by VR agency staff
Training for establishing a small business or individualized training through the Randolph-Sheppard program and included on the IPE. Report at the time the service is provided. Leave blank if service was not provided through purchase by VR agency.	1 = Service was provided in whole or part through purchase by the VR agency
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Leave blank if service was not provided by comparable services and benefits providers.	1 = Service was provided in whole or part by comparable services and benefits providers
Report up to three codes, separated by semicolons, that best describes the service providers who provided the individual with a comparable service or benefit. Leave blank if service was not provided by a comparable services and benefits provider.	See Appendix 5 for a list of comparable services and benefits providers

<p>A training program designed to meet the special requirements of an employer who has entered into an agreement with a service delivery area to hire individuals who are trained to the employer's specifications. Report at the time the service is provided. Leave blank if service was not provided by VR agency staff.</p>	<p>1 = Service was provided in whole or part by VR agency staff</p>
<p>A training program designed to meet the special requirements of an employer who has entered into an agreement with a service delivery area to hire individuals who are trained to the employer's specifications. Report at the time the service is provided. Leave blank if service was not provided through purchase by VR agency.</p>	<p>1 = Service was provided in whole or part through purchase by the VR agency</p>
<p>If the service was provided in whole or part through purchase by the VR agency, the Purchased Service Provider Type must be reported. For each service category, report the code value that best describes the primary service provider. Leave blank if service was not provided through purchase by VR agency.</p>	<p>1 = Public Community Rehabilitation Program (CRP) 2 = Private CRP 3 = Other Public Service Provider 4 = Other Private Service Provider XXXXXX</p>
<p>Report the quarterly VR program expenditures for the purchased service. Expenditures may include non-Federal share and VR program Federal funds, including program income, used to purchase the service. Expenditures do not include unliquidated obligations or encumbrances. Report at the time the expenditure is paid. Leave blank if service was not provided through purchase by VR agency.</p>	
<p>Leave blank if service was not provided by comparable services and benefits providers.</p>	<p>1 = Service was provided in whole or part by comparable services and benefits providers</p>
<p>Report up to three codes, separated by semicolons, that best describes the service providers who provided the individual with a comparable service or benefit. Leave blank if service was not provided by a comparable services and benefits provider.</p>	<p>See Appendix 5 for a list of comparable services and benefits providers</p>
<p>Assessment means services provided and activities performed to determine an individual's eligibility for VR services, to assign an individual to a priority category of a VR program that operates under an order of selection, and/or to determine the nature and scope of VR services to be included in the IPE. It also includes trial work experiences. Report at the time the service is provided. Leave blank if service was not provided by VR agency staff.</p>	<p>1 = Service was provided in whole or part by VR agency staff</p>
<p>Assessment means services provided and activities performed to determine an individual's eligibility for VR services, to assign an individual to a priority category of a VR program that operates under an order of selection, and/or to determine the nature and scope of VR services to be included in the IPE. It also includes trial work experiences. Report at the time the service is provided. Leave blank if service was not provided through purchase by VR agency.</p>	<p>1 = Service was provided in whole or part through purchase by the VR agency</p>
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<p>Report up to three codes, separated by semicolons, that best describes the service providers who provided the individual with a comparable service or benefit.</p>	<p>1 = Service was provided in whole or part by comparable services and benefits providers</p>
<p>Report up to three codes, separated by semicolons, that best describes the service providers who provided the individual with a comparable service or benefit. Leave blank if service was not provided by a comparable services and benefits provider.</p>	<p>See Appendix 5 for a list of comparable services and benefits providers</p>
<p>Corrective surgery or therapeutic treatment, diagnosis and treatment of mental and emotional disorders, dentistry, nursing services, necessary hospitalization, drugs and supplies, prosthetics, eye glasses, podiatry, physical therapy, occupation therapy, speech or hearing therapy, mental health services, treatment of acute or chronic medical complications, other medical or medically related rehabilitation services. Report at the time the service is provided. Leave blank if service was not provided by VR agency staff.</p>	<p>1 = Service was provided in whole or part by VR agency staff</p>
<p>Corrective surgery or therapeutic treatment, diagnosis and treatment of mental and emotional disorders, dentistry, nursing services, necessary hospitalization, drugs and supplies, prosthetics, eye glasses, podiatry, physical therapy, occupation therapy, speech or hearing therapy, mental health services, treatment of acute or chronic medical complications, other medical or medically related rehabilitation services. Report at the time the service is provided. Leave blank if service was not provided through purchase by VR agency.</p>	<p>1 = Service was provided in whole or part through purchase by the VR agency</p>
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<p>Report the quarterly VR program expenditures for the purchased service. Expenditures may include non-Federal share and VR program Federal funds, including program income, used to purchase the service. Expenditures do not include unliquidated obligations or encumbrances. Report at the time the expenditure is paid. Leave blank if service was not provided through purchase by VR agency.</p>	<p>XXXXXX</p>
<p>Leave blank if service was not provided by comparable services and benefits providers.</p>	<p>1 = Service was provided in whole or part by comparable services and benefits providers</p>
<p>Report up to three codes, separated by semicolons, that best describes the service providers who provided the individual with a comparable service or benefit. Leave blank if service was not provided by a comparable services and benefits provider.</p>	<p>See Appendix 5 for a list of comparable benefits providers</p>
<p>Vocational rehabilitation counseling and guidance includes information and support services to assist an individual in exercising informed choice. Report at the time the service is provided. Leave blank if service was not provided by VR agency staff.</p>	<p>1 = Service was provided in whole or part by VR agency staff</p>
<p>Vocational rehabilitation counseling and guidance includes information and support services to assist an individual in exercising informed choice. Report at the time the service is provided. Leave blank if service was not provided through purchase by VR agency.</p>	<p>1 = Service was provided in whole or part through purchase by the VR agency</p>

<p>If the service was provided in whole or part through purchase by the VR agency, the Purchased Service Provider Type must be reported. For each service category, report the code value that best describes the primary service provider. Leave blank if service was not provided through purchase by VR agency.</p>	<p>1 = Public Community Rehabilitation Program (CRP) 2 = Private CRP 3 = Other Public Service Provider</p>
<p>Report the quarterly VR program expenditures for the purchased service. Expenditures may include non-Federal share and VR program Federal funds, including program income, used to purchase the service. Expenditures do not include unliquidated obligations or encumbrances. Report at the time the expenditure is paid. Leave blank if service was not provided through purchase by VR agency.</p>	<p>XXXXXX</p>
<p>Leave blank if service was not provided by comparable services and benefits providers.</p>	<p>1 = Service was provided in whole or part by comparable services and benefits providers</p>
<p>Report up to three codes, separated by semicolons, that best describes the service providers who provided the individual with a comparable service or benefit. Leave blank if service was not provided by a comparable service or benefit</p>	<p>See Appendix 5 for a list of comparable services and benefits providers</p>
<p>Job search activities support and assist an individual in searching for an appropriate job. Job search assistance may include help in resume preparation, identifying appropriate job opportunities, developing interview skills, and making contacts with companies on behalf of the consumer. Report at the time the service is provided. Leave blank if service was not provided by VR agency staff.</p>	<p>1 = Service was provided in whole or part by VR agency staff</p>
<p>Job search activities support and assist an individual in searching for an appropriate job. Job search assistance may include help in resume preparation, identifying appropriate job opportunities, developing interview skills, and making contacts with companies on behalf of the consumer. Report at the time the service is provided. Leave blank if service was not provided through purchase by VR agency.</p>	<p>1 = Service was provided in whole or part through purchase by the VR agency</p>
<p>If the service was provided in whole or part through purchase by the VR agency, the Purchased Service Provider Type must be reported. For each service category, report the code value that best describes the primary service provider. Leave blank if service was not provided through purchase by VR agency.</p>	<p>1 = Public Community Rehabilitation Program (CRP) 2 = Private CRP 3 = Other Public Service Provider</p>
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<p>Leave blank if service was not provided by comparable services and benefits providers.</p>	<p>1 = Service was provided in whole or part by comparable services and benefits providers</p>
<p>Report up to three codes, separated by semicolons, that best describes the service providers who provided the individual with a comparable service or benefit. Leave blank if service was not provided by a comparable services and benefits provider.</p>	<p>See Appendix 5 for a list of comparable services and benefits providers</p>
<p>Job placement assistance is a referral to a specific job resulting in an interview, regardless of whether or not the individual obtained the job. Report at the time the service is provided. Leave blank if service was not provided by VR agency staff.</p>	<p>1 = Service was provided in whole or part by VR agency staff</p>
<p>Job placement assistance is a referral to a specific job resulting in an interview, regardless of whether or not the individual obtained the job. Report at the time the service is provided. Leave blank if service was not provided through purchase by VR agency.</p>	<p>1 = Service was provided in whole or part through purchase by the VR agency</p>
<p>If the service was provided in whole or part through purchase by the VR agency, the Purchased Service Provider Type must be reported. For each service category, report the code value that best describes the primary service provider. Leave blank if service was not provided through purchase by VR agency.</p>	<p>1 = Public Community Rehabilitation Program (CRP) 2 = Private CRP 3 = Other Public Service Provider</p>
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<p>Leave blank if service was not provided by comparable services and benefits providers.</p>	<p>1 = Service was provided in whole or part by comparable services and benefits providers</p>
<p>Report up to three codes, separated by semicolons, that best describes the service providers who provided the individual with a comparable service or benefit. Leave blank if service was not provided by a comparable services and benefits provider.</p>	<p>See Appendix 5 for a list of comparable services and benefits providers</p>
<p>Support services provided to an individual who has been placed in employment in order to stabilize the placement and enhance job retention. Report at the time the service is provided. Leave blank if service was not provided by VR agency staff.</p>	<p>1 = Service was provided in whole or part by VR agency staff</p>
<p>Support services provided to an individual who has been placed in employment in order to stabilize the placement and enhance job retention. Report at the time the service is provided. Leave blank if service was not provided through purchase by VR agency.</p>	<p>1 = Service was provided in whole or part through purchase by the VR agency</p>
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<p>Leave blank if service was not provided by comparable services and benefits providers.</p>	<p>1 = Service was provided in whole or part by comparable services and benefits providers</p>
<p>Report up to three codes, separated by semicolons, that best describes the service providers who provided the individual with a comparable service or benefit. Leave blank if service was not provided by a comparable services and benefits provider.</p>	<p>See Appendix 5 for a list of comparable services and benefits providers</p>

Supported employment services are ongoing support services, including customized employment, and other appropriate services needed to support an individual with a most significant disability in maintaining supported employment. Report at the time the service is provided. Leave blank if service was not provided by VR agency staff.	1 = Service was provided in whole or part by VR agency staff
Supported employment services are ongoing support services, including customized employment, and other appropriate services needed to support an individual with a most significant disability in maintaining supported employment. Report at the time the service is provided. Leave blank if service was not provided through purchase by VR agency.	1 = Service was provided in whole or part through purchase by the VR agency
If the service was provided in whole or part through purchase by the VR agency, the Purchased Service Provider Type must be reported. For each service category, report the code value that best describes the primary service provider. Leave blank if service was not provided through purchase by VR agency.	1 = Public Community Rehabilitation Program (CRP) 2 = Private CRP 3 = Other Public Service Provider
Report the quarterly VR program expenditures for the purchased service. Expenditures may include non-Federal share and VR program Federal funds, including program income, used to purchase the service. Expenditures do not include unliquidated obligations or encumbrances. Report at the time the expenditure is paid. Leave blank if service was not provided through purchase by VR agency.	XXXXXX
Report the quarterly Supported Employment Services program expenditures for the purchased service. Recipients of these funds must have a supported employment goal in their IPEs and have already been placed in an employment setting. Report at the time the expenditure is paid. Leave blank if service was not provided through purchase by VR agency.	XXXXXX
Leave blank if service was not provided by comparable services and benefits providers.	1 = Service was provided in whole or part by comparable services and benefits providers
Report up to three codes, separated by semicolons, that best describes the service providers who provided the individual with a comparable service or benefit. Leave blank if service was not provided by a comparable services and benefits provider.	See Appendix 5 for a list of comparable services and benefits providers
Information and referral services are provided to individuals who need services from other agencies Report at the time the service is provided. Leave blank if service was not provided by VR agency staff.	1 = Service was provided in whole or part by VR agency staff
Information and referral services are provided to individuals who need services from other agencies Report at the time the service is provided. Leave blank if service was not provided through purchase by VR agency.	1 = Service was provided in whole or part through purchase by the VR agency
If the service was provided in whole or part through purchase by the VR agency, the Purchased Service Provider Type must be reported. For each service category, report the code value that best describes the primary service provider. Leave blank if service was not provided through purchase by VR agency.	1 = Public Community Rehabilitation Program (CRP) 2 = Private CRP 3 = Other Public Service Provider
Report the quarterly VR program expenditures for the purchased service. Expenditures may include non-Federal share and VR program Federal funds, including program income, used to purchase the service. Expenditures do not include unliquidated obligations or encumbrances. Report at the time the expenditure is paid. Leave blank if service was not provided through purchase by VR agency.	XXXXXX
Leave blank if service was not provided by comparable services and benefits providers.	1 = Service was provided in whole or part by comparable services and benefits providers
Report up to three codes, separated by semicolons, that best describes the service providers who provided the individual with a comparable service or benefit. Leave blank if service was not provided by a comparable services and benefits provider.	See Appendix 5 for a list of comparable services and benefits providers
Assistance provided to an individual who is interested in becoming employed, but is uncertain of the impact work income may have on any disability benefits and entitlements being received, and/or is not aware of benefits, such as access to healthcare, that might be available to support employment efforts. Report at the time the service is provided. Leave blank if service was not provided by VR agency staff.	1 = Service was provided in whole or part by VR agency staff
Assistance provided to an individual who is interested in becoming employed, but is uncertain of the impact work income may have on any disability benefits and entitlements being received, and/or is not aware of benefits, such as access to healthcare, that might be available to support employment efforts. Report at the time the service is provided. Leave blank if service was not provided through purchase by VR agency.	1 = Service was provided in whole or part through purchase by the VR agency
If the service was provided in whole or part through purchase by the VR agency, the Purchased Service Provider Type must be reported. For each service category, report the code value that best describes the primary service provider. Leave blank if service was not provided through purchase by VR agency.	1 = Public Community Rehabilitation Program (CRP) 2 = Private CRP 3 = Other Public Service Provider
Report the quarterly VR program expenditures for the purchased service. Expenditures may include non-Federal share and VR program Federal funds, including program income, used to purchase the service. Expenditures do not include unliquidated obligations or encumbrances. Report at the time the expenditure is paid. Leave blank if service was not provided through purchase by VR agency.	XXXXXX
Leave blank if service was not provided by comparable services and benefits providers.	1 = Service was provided in whole or part by comparable services and benefits providers
Report up to three codes, separated by semicolons, that best describes the service providers who provided the individual with a comparable service or benefit. Leave blank if service was not provided by a comparable services and benefits provider.	See Appendix 5 for a list of comparable services and benefits providers
Designed to meet the specific abilities of the individual with a significant disability and the business needs of the employer; and carried out through flexible strategies such as job exploration. Report at the time the service is provided. Leave blank if service was not provided by VR agency staff.	1 = Service was provided in whole or part by VR agency staff
Designed to meet the specific abilities of the individual with a significant disability and the business needs of the employer; and carried out through flexible strategies such as job exploration. Report at the time the service is provided. Leave blank if service was not provided through purchase by VR agency.	1 = Service was provided in whole or part through purchase by the VR agency
If the service was provided in whole or part through purchase by the VR agency, the Purchased Service Provider Type must be reported. For each service category, report the code value that best describes the primary service provider. Leave blank if service was not provided through purchase by VR agency.	1 = Public Community Rehabilitation Program (CRP) 2 = Private CRP 3 = Other Public Service Provider

Report the quarterly VR program expenditures for the purchased service. Expenditures may include non-Federal share and VR program Federal funds, including program income, used to purchase the service. Expenditures do not include unliquidated obligations or encumbrances. Report at the time the expenditure is paid. Leave blank if service was not provided through purchase by VR agency.	XXXXXX
Report the quarterly Supported Employment Services program expenditures for the purchased service. Recipients of these funds must have a supported employment goal in their IPEs and have already been placed in an employment setting. Report at the time the expenditure is paid. Leave blank if service was not provided through purchase by VR agency.	XXXXXX
Leave blank if service was not provided by comparable services and benefits providers.	1 = Service was provided in whole or part by comparable services and benefits providers
Report up to three codes, separated by semicolons, that best describes the service providers who provided the individual with a comparable service or benefit. Leave blank if service was not provided by a comparable services and benefits provider.	See Appendix 5 for a list of comparable services and benefits providers
Ongoing support services and other appropriate services that are needed to support and maintain a youth with a most significant disability. Report at the time the service is provided. Leave blank if service was not provided by VR agency staff.	1 = Service was provided in whole or part by VR agency staff
Ongoing support services and other appropriate services that are needed to support and maintain a youth with a most significant disability. Report at the time the service is provided. Leave blank if service was not provided through purchase by VR agency.	1 = Service was provided in whole or part through purchase by the VR agency
If the service was provided to a youth with a most significant disability in whole or part through purchase by the VR agency, the Purchased Service Provider Type must be reported. For each service category, report the code value that best describes the primary service provider. Leave blank if service was not provided through purchase by VR agency.	1 = Public Community Rehabilitation Program (CRP) 2 = Private CRP 3 = Other Public Service Provider
Report the quarterly VR program expenditures for the purchased service. Expenditures may include non-Federal share and VR program Federal funds, including program income, used to purchase the service for a youth with a most significant disability. Expenditures do not include unliquidated obligations or encumbrances. Report at the time the expenditure is paid. Leave blank if service was not provided through purchase by VR agency.	XXXXXX
Report the quarterly Supported Employment Services program expenditures for the purchased service for a youth with a most significant disability. Recipients of these funds must have a supported employment goal in their IPEs and have already been placed in an employment setting. Report at the time the expenditure is paid. Leave blank if service was not provided through purchase by VR agency.	XXXXXX
Travel and related expenses that are necessary to enable an applicant or eligible individual to participate in a VR service, including expenses for training in the use of public transportation vehicles and systems. Report at the time the service is provided. Leave blank if service was not provided by VR agency staff.	1 = Service was provided in whole or part by VR agency staff
Travel and related expenses that are necessary to enable an applicant or eligible individual to participate in a VR service, including expenses for training in the use of public transportation vehicles and systems. Report at the time the service is provided. Leave blank if service was not provided through purchase by VR agency.	1 = Service was provided in whole or part through purchase by the VR agency
If the service was provided in whole or part through purchase by the VR agency, the Purchased Service Provider Type must be reported. For each service category, report the code value that best describes the primary service provider. Leave blank if service was not provided through purchase by VR agency.	1 = Public Community Rehabilitation Program (CRP) 2 = Private CRP 3 = Other Public Service Provider
Report the quarterly VR program expenditures for the purchased service. Expenditures may include non-Federal share and VR program Federal funds, including program income, used to purchase the service. Expenditures do not include unliquidated obligations or encumbrances. Report at the time the expenditure is paid. Leave blank if service was not provided through purchase by VR agency.	XXXXXX
Leave blank if service was not provided by comparable services and benefits providers.	1 = Service was provided in whole or part by comparable services and benefits providers
Report up to three codes, separated by semicolons, that best describes the service providers who provided the individual with a comparable service or benefit. Leave blank if service was not provided by a comparable services and benefits provider.	See Appendix 5 for a list of comparable services and benefits providers
Monetary support provided for living expenses such as food, shelter and clothing that are in excess of the normal expenses of the individual. Report at the time the service is provided. Leave blank if service was not provided by VR agency staff.	1 = Service was provided in whole or part by VR agency staff
Monetary support provided for living expenses such as food, shelter and clothing that are in excess of the normal expenses of the individual. Report at the time the service is provided. Leave blank if service was not provided through purchase by VR agency.	1 = Service was provided in whole or part through purchase by the VR agency
If the service was provided in whole or part through purchase by the VR agency, the Purchased Service Provider Type must be reported. For each service category, report the code value that best describes the primary service provider. Leave blank if service was not provided through purchase by VR agency.	1 = Public Community Rehabilitation Program (CRP) 2 = Private CRP 3 = Other Public Service Provider
Report the quarterly VR program expenditures for the purchased service. Expenditures may include non-Federal share and VR program Federal funds, including program income, used to purchase the service. Expenditures do not include unliquidated obligations or encumbrances. Report at the time the expenditure is paid. Leave blank if service was not provided through purchase by VR agency.	XXXXXX
Leave blank if service was not provided by comparable services and benefits providers.	1 = Service was provided in whole or part by comparable services and benefits providers
Report up to three codes, separated by semicolons, that best describes the service providers who provided the individual with a comparable service or benefit. Leave blank if service was not provided by a comparable services and benefits provider.	See Appendix 5 for a list of comparable services and benefits providers
Systematic application of technologies, engineering methodologies, or scientific principles to meet the needs of, and address the barriers confronted by, individuals with disabilities. Report at the time the service is provided. Leave blank if service was not provided by VR agency staff.	1 = Service was provided in whole or part by VR agency staff

Systematic application of technologies, engineering methodologies, or scientific principles to meet the needs of, and address the barriers confronted by, individuals with disabilities. Report at the time the service is provided. Leave blank if service was not provided through purchase by VR agency.	1 = Service was provided in whole or part through purchase by the VR agency
If the service was provided in whole or part through purchase by the VR agency, the Purchased Service Provider Type must be reported. For each service category, report the code value that best describes the primary service provider. Leave blank if service was not provided through purchase by VR agency.	1 = Public Community Rehabilitation Program (CRP) 2 = Private CRP 3 = Other Public Service Provider
Report the quarterly VR program expenditures for the purchased service. Expenditures may include non-Federal share and VR program Federal funds, including program income, used to purchase the service. Expenditures do not include unliquidated obligations or encumbrances. Report at the time the expenditure is paid. Leave blank if service was not provided through purchase by VR agency.	XXXXXX
Leave blank if service was not provided by comparable services and benefits providers.	1 = Service was provided in whole or part by comparable services and benefits providers
Report up to three codes, separated by semicolons, that best describes the service providers who provided the individual with a comparable service or benefit. Leave blank if service was not provided by a comparable services and benefits provider.	See Appendix 5 for a list of comparable services and benefits providers
Services designed to assist an individual with a disability perform daily living activities, increase control in life and ability to perform routine tasks, provided in conjunction with other VR services, and are necessary for achieving an employment outcome. Report at the time the service is provided. Leave blank if service was not provided by VR agency staff.	1 = Service was provided in whole or part by VR agency staff
Services designed to assist an individual with a disability perform daily living activities, increase control in life and ability to perform routine tasks, provided in conjunction with other VR services, and are necessary for achieving an employment outcome. Report at the time the service is provided. Leave blank if service was not provided through purchase by VR agency.	1 = Service was provided in whole or part through purchase by the VR agency
If the service was provided in whole or part through purchase by the VR agency, the Purchased Service Provider Type must be reported. For each service category, report the code value that best describes the primary service provider. Leave blank if service was not provided through purchase by VR agency.	1 = Public Community Rehabilitation Program (CRP) 2 = Private CRP 3 = Other Public Service Provider
Report the quarterly VR program expenditures for the purchased service. Expenditures may include non-Federal share and VR program Federal funds, including program income, used to purchase the service. Expenditures do not include unliquidated obligations or encumbrances. Report at the time the expenditure is paid. Leave blank if service was not provided through purchase by VR agency.	XXXXXX
Leave blank if service was not provided by comparable services and benefits providers.	1 = Service was provided in whole or part by comparable services and benefits providers
Report up to three codes, separated by semicolons, that best describes the service providers who provided the individual with a comparable service or benefit. Leave blank if service was not provided by a comparable services and benefits provider.	See Appendix 5 for a list of comparable services and benefits providers
Consultation and other services provided to conduct market analyses, to develop business plans, and to provide resources to individuals in the pursuit of self-employment, telecommuting and small business operation outcomes. Report at the time the service is provided. Leave blank if service was not provided by VR agency staff.	1 = Service was provided in whole or part by VR agency staff
Consultation and other services provided to conduct market analyses, to develop business plans, and to provide resources to individuals in the pursuit of self-employment, telecommuting and small business operation outcomes. Report at the time the service is provided. Leave blank if service was not provided through purchase by VR agency.	1 = Service was provided in whole or part through purchase by the VR agency
If the service was provided in whole or part through purchase by the VR agency, the Purchased Service Provider Type must be reported. For each service category, report the code value that best describes the primary service provider. Leave blank if service was not provided through purchase by VR agency.	1 = Public Community Rehabilitation Program (CRP) 2 = Private CRP 3 = Other Public Service Provider
Report the quarterly VR program expenditures for the purchased service. Expenditures may include non-Federal share and VR program Federal funds, including program income, used to purchase the service. Expenditures do not include unliquidated obligations or encumbrances. Report at the time the expenditure is paid. Leave blank if service was not provided through purchase by VR agency.	XXXXXX
Leave blank if service was not provided by comparable services and benefits providers.	1 = Service was provided in whole or part by comparable services and benefits providers
Report up to three codes, separated by semicolons, that best describes the service providers who provided the individual with a comparable service or benefit. Leave blank if service was not provided by a comparable services and benefits provider.	See Appendix 5 for a list of comparable services and benefits providers
Services for individuals who cannot read print because of blindness which include: reading aloud, transcription of printed information into braille, or sound recordings if the individual requests such transcription. Report at the time the service is provided. Leave blank if service was not provided by VR agency staff.	1 = Service was provided in whole or part by VR agency staff
Services for individuals who cannot read print because of blindness which include: reading aloud, transcription of printed information into braille, or sound recordings if the individual requests such transcription. Report at the time the service is provided. Leave blank if service was not provided through purchase by VR agency.	1 = Service was provided in whole or part through purchase by the VR agency
If the service was provided in whole or part through purchase by the VR agency, the Purchased Service Provider Type must be reported. For each service category, report the code value that best describes the primary service provider. Leave blank if service was not provided through purchase by VR agency.	1 = Public Community Rehabilitation Program (CRP) 2 = Private CRP 3 = Other Public Service Provider
Report the quarterly VR program expenditures for the purchased service. Expenditures may include non-Federal share and VR program Federal funds, including program income, used to purchase the service. Expenditures do not include unliquidated obligations or encumbrances. Report at the time the expenditure is paid. Leave blank if service was not provided through purchase by VR agency.	XXXXXX

Leave blank if service was not provided by comparable services and benefits providers.	1 = Service was provided in whole or part by comparable services and benefits providers
Report up to three codes, separated by semicolons, that best describes the service providers who provided the individual with a comparable service or benefit. Leave blank if service was not provided by a comparable services and benefits provider.	See Appendix 5 for a list of comparable services and benefits providers
Sign language or oral interpretation services for individuals who are deaf or hard of hearing and tactile interpretation services for individuals who are deaf-blind. Report at the time the service is provided. Leave blank if service was not provided by VR agency staff.	1 = Service was provided in whole or part by VR agency staff
Sign language or oral interpretation services for individuals who are deaf or hard of hearing and tactile interpretation services for individuals who are deaf-blind. Report at the time the service is provided. Leave blank if service was not provided through purchase by VR agency.	1 = Service was provided in whole or part through purchase by the VR agency
If the service was provided in whole or part through purchase by the VR agency, the Purchased Service Provider Type must be reported. For each service category, report the code value that best describes the primary service provider. Leave blank if service was not provided through purchase by VR agency.	1 = Public Community Rehabilitation Program (CRP) 2 = Private CRP 3 = Other Public Service Provider
Report the quarterly VR program expenditures for the purchased service. Expenditures may include non-Federal share and VR program Federal funds, including program income, used to purchase the service. Expenditures do not include unliquidated obligations or encumbrances. Report at the time the expenditure is paid. Leave blank if service was not provided through purchase by VR agency.	XXXXXX
Leave blank if service was not provided by comparable services and benefits providers.	1 = Service was provided in whole or part by comparable services and benefits providers
Report up to three codes, separated by semicolons, that best describes the service providers who provided the individual with a comparable service or benefit. Leave blank if service was not provided by a comparable services and benefits provider.	See Appendix 5 for a list of comparable services and benefits providers
Use this category ONLY for other VR services that cannot be recorded elsewhere. Include in this category such services as the provision of funds for occupational licenses, tools and equipment, initial stocks and supplies. Report at the time the service is provided. Leave blank if service was not provided by VR agency staff.	1 = Service was provided in whole or part by VR agency staff
Use this category ONLY for other VR services that cannot be recorded elsewhere. Include in this category such services as the provision of funds for occupational licenses, tools and equipment, initial stocks and supplies. Report at the time the service is provided. Leave blank if service was not provided through purchase by VR agency.	1 = Service was provided in whole or part through purchase by the VR agency
If the service was provided in whole or part through purchase by the VR agency, the Purchased Service Provider Type must be reported. For each service category, report the code value that best describes the primary service provider. Leave blank if service was not provided through purchase by VR agency.	1 = Public Community Rehabilitation Program (CRP) 2 = Private CRP 3 = Other Public Service Provider
Report the quarterly VR program expenditures for the purchased service. Expenditures may include non-Federal share and VR program Federal funds, including program income, used to purchase the service. Expenditures do not include unliquidated obligations or encumbrances. Report at the time the expenditure is paid. Leave blank if service was not provided through purchase by VR agency.	XXXXXX
Leave blank if service was not provided by comparable services and benefits providers.	1 = Service was provided in whole or part by comparable services and benefits providers
Report up to three codes, separated by semicolons, that best describes the service providers who provided the individual with a comparable service or benefit. Leave blank if service was not provided by a comparable services and benefits provider.	See Appendix 5 for a list of comparable services and benefits providers
Record the most recent date the participant, who received instruction below the postsecondary education level, achieved at least one EFL. The date must be verifiable through supporting documentation Leave blank if this data element does not apply to the participant.	YYYYMMDD
Report the date that the individual attained a secondary school diploma or its recognized equivalent. The date must be verifiable through supporting documentation. Leave blank if this data element does not apply to the individual.	YYYYMMDD
Secondary: Report the most recent date of the individual's transcript or report card showing the individual is achieving the policies for academic standards. Postsecondary: Report the date of the individual's transcript or report card showing a sufficient number of credit hours have been completed and the individual is achieving the policies for academic standards. The date must be verifiable through supporting documentation. Leave blank if this data element does not apply to the individual.	YYYYMMDD
Record the most recent date that the individual achieved a satisfactory or better progress report toward 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.). The date must be verifiable through supporting documentation Leave blank if this data element does not apply to the individual.	YYYYMMDD
Record the most recent date the individual successfully completed an exam that is required for a particular occupation, or progress in attaining technical or occupational skills as evidenced by trade-related benchmarks such as knowledge-based exams. The date must be verifiable through supporting documentation Leave blank if this data element does not apply to the individual.	YYYYMMDD
Report the date when the individual started in the occupation related to his or her IPE goal. The date must be verifiable through supporting documentation	YYYYMMDD
Report the date the individual exited from the VR or SE program consistent with the requirements in the regulations. Leave blank if this data element does not apply to the individual. The date must be verifiable through supporting documentation.	YYYYMMDD

Report from which stage in the VR process an individual exited the program.	<p>1 = Individual exited during or after a trial work experience</p> <p>2 = Individual exited after eligibility, but from an order of selection waiting list</p> <p>3 = Individual exited after eligibility, but prior to a signed IPE</p> <p>4 = Individual exited after a signed IPE without an employment outcome</p> <p>5 = Individual exited after a signed IPE in noncompetitive and/or nonintegrated employment</p> <p>6 = Individual exited after a signed IPE in competitive and integrated employment or supported employment</p> <p>7 = Individual exited as an applicant after being determined ineligible for VR services</p> <p>0 = Individual exited as an applicant, prior</p>
Report the code that identifies the reason the individual exited. Data are reported in the same quarter as the Date of Exit (353) occurs.	See Appendix 6 for reasons for exit
Report the code that identifies the type of employment outcome at exit. Data are reported in the same quarter as the Date of Exit (353) occurs.	<p>1 = Competitive Integrated Employment</p> <p>2 = Self-Employment</p> <p>3 = Randolph-Sheppard BEP</p> <p>4 = State Agency Managed BEP</p> <p>5 = Supported Employment in Competitive Integrated Employment</p> <p>7 = Homemaker</p>
For an individual who is employed, enter the current 2018 Standard Occupational Classification (SOC) code that best describes the individual's occupation from which he/she derives the majority of his/her hourly earnings. Special Codes for Randolph-Sheppard Participants: 899999 Randolph-Sheppard Vending Facility Clerk: Refers to persons employed as clerks, sales persons, or helpers in a vending facility operated under the Randolph-Sheppard Vending Facility Program. Use this special code even though these occupations are classifiable. 999999 Randolph-Sheppard Vending Facility Operator: Refers to individuals employed as operators or managers of vending facilities operated under the Randolph-Sheppard Vending Facility Program. Use this special code even though these occupations are classifiable.	XXXXXX
Report individual's hourly wage (rounded to the nearest cent) earned at the time of exit. The data must be verifiable through supporting documentation. Report 0 if individual had no earnings at the time of exit.	XXX.XX
Report the number of hours the individual worked for earnings in a typical week at the time of exit. Report 0 if individual was unemployed.	XX
This element only applies to participants who exited secondary education and obtained a secondary school diploma or its equivalency. Leave blank if this data element does not apply to individual.	YYYYMMDD
Report the post-exit date on which the individual attained a recognized credential. The date must be verifiable through supporting documentation. Leave blank if this data element does not apply to individual.	YYYYMMDD
Report the type of recognized diploma, degree, or credential. Leave blank if this data element does not apply to individual.	<p>1 = Secondary Diploma or Equivalency</p> <p>2 = Associates Diploma/Degree</p> <p>3 = Bachelors Diploma/Degree</p> <p>4 = Graduate/Post Graduate Degree</p> <p>5 = Occupational Licensure</p>
The employment data for the first completed quarter after exit is ONLY required when necessary to document credential measure attainment for students who attained a secondary education credential. Employment must be verifiable through supporting documentation.	<p>1 = Individual is in unsubsidized employment, not including Registered Apprenticeship, the military, or competitive integrated employment under VR</p> <p>2 = Individual is in a Registered Apprenticeship</p> <p>3 = Individual is in the military</p> <p>4 = Individual is in competitive integrated employment (VR only)</p> <p>9 = Individual has exited but employment information is not yet available</p> <p>0 = Individual not employed in the first quarter after exit quarter</p>
Employment must be verifiable through supporting documentation.	<p>1 = Individual is in unsubsidized employment, not including Registered Apprenticeship, the military, or competitive integrated employment under VR</p> <p>2 = Individual is in a Registered Apprenticeship</p> <p>3 = Individual is in the military</p> <p>4 = Individual is in competitive integrated employment (VR only)</p> <p>9 = Individual has exited but employment information is not yet available</p> <p>0 = Individual not employed in the second quarter after exit quarter</p>
Record the total wages, including cents, earned, from the employment outcome consistent with the employment goal on an individual's IPE at the time the individual exited, during the second quarter after the quarter of exit. These earnings are before payroll deductions of Federal, State and local income taxes and Social Security payroll tax. Wages must be verifiable through supporting documentation.	XXXXXX.XX

<p>The employment data for the third completed quarter after exit is ONLY required when necessary to document credential measure attainment for students who attained a secondary education credential. Employment must be verifiable through supporting documentation.</p>	<p>1 = Individual is in unsubsidized employment, not including Registered Apprenticeship, the military, or competitive integrated employment under VR. 2 = Individual is in a Registered Apprenticeship 3 = Individual is in the military. 4 = Individual is in competitive integrated employment (VR only). 9 = Individual has exited but employment information is not yet available. 0 = Individual not employed in the third quarter after exit</p>
<p>Employment must be verifiable through supporting documentation.</p>	<p>1 = Individual is in unsubsidized employment, not including Registered Apprenticeship, the military, or competitive integrated employment under VR. 2 = Individual is in a Registered Apprenticeship. 3 = Individual is in the military. 4 = Individual is in competitive integrated employment (VR only). 9 = Individual has exited but employment information is not yet available. 0 = Individual not employed in the fourth quarter after exit</p>
	<p>1 = Individual's employer in the second quarter after exit matches the employer in the fourth quarter after exit. 0 = Individual is not employed in the second or fourth quarters after exit, or the employer in the second quarter after exit does not match the employer in the fourth quarter after exit.</p>
<p>Report the individual's public support at application. If the individual receives more than one type of public support, use a semicolon between each type.</p>	<p>0 = Individual does not receive public support 1 = Individual receives Social Security Disability Insurance (SSDI) 2 = Individual receives Supplemental Security Income (SSI) 3 = Individual receives Temporary Assistance for Needy Families (TANF) 4 = Individual receives other public support from another source</p>
<p>Report the individual's medical insurance coverage at application. If the individual has more than one type of medical insurance, use a semicolon between each type. A limit of three types of insurance may be provided</p>	<p>0 = Applicant does not have medical insurance coverage 1 = Applicant has Medicaid 2 = Applicant has Medicare 3 = Applicant is receiving benefits through the State or Federal Affordable Care Act Exchange at the time of application 4 = Applicant has public insurance outside of Medicare, Medicaid, or the Affordable Care Act exchange 5 = Applicant has private insurance through employer 6 = Applicant is not eligible for private insurance through a current employer, but will be eligible for private insurance after a certain period of employment</p>
<p>Report the individual's monthly public support at exit. If the individual receives more than one type of public support, use a semicolon between each type.</p>	<p>0 = Individual does not receive public support 1 = Individual receives Social Security Disability Insurance (SSDI) 2 = Individual receives Supplemental Security Income (SSI) 3 = Individual receives Temporary Assistance for Needy Families (TANF) 4 = Individual receives other public support from another source</p>
<p>Report the individual's medical insurance coverage at exit. If the individual has more than one type of medical insurance, use a semicolon between each type. A limit of three types of insurance may be provided</p>	<p>0 = Applicant does not have medical insurance coverage 1 = Applicant has Medicaid 2 = Applicant has Medicare 3 = Applicant is receiving benefits through the State or Federal Affordable Care Act Exchange at the time of application 4 = Applicant has public insurance outside of Medicare, Medicaid, or the Affordable Care Act exchange 5 = Applicant has private insurance through employer 6 = Applicant is not eligible for private insurance through a current employer, but will be eligible for private insurance after a certain period of employment 7 = Applicant has private insurance through other means</p>

Report the date on which the initial IPE was signed by both the VR Counselor and the individual. The date must be verifiable through supporting documentation.	YYYYMMDD
This data element reports whether the eligible individual and counselor mutually agreed upon an extension (of time) for the development of the IPE within 90 days of the individual's eligibility determination for VR services. The extension must be verifiable through supporting documentation.	YYYYMMDD
This data element is reported if the individual was either already enrolled in a recognized secondary equivalency program at the time of program entry or became enrolled in a recognized secondary equivalency program at the 9th grade level at any point while participating in the program.	1 = Individual is enrolled in a recognized secondary equivalency program at or above the 9th grade level 0 = Individual is not enrolled in a recognized secondary equivalency program at or above the 9th grade level
Report the date the participant completed, after initial IPE development, an education or training program that leads to a recognized postsecondary credential or employment as defined by the core program in which the participant participates. Agencies may use this coding value if the individual completed an education or training after the time of the initial IPE development or completed an education or training at any point after the initial IPE development. This data element applies to the MSG indicator and will be used to calculate the denominator. Leave blank if the data element does not apply to the individual.	YYYYMMDD
Includes apprenticeships, internships, short-term employment, and other work-based learning experiences not elsewhere classified. These opportunities are provided in an integrated environment in the community to the maximum extent possible and may be paid or unpaid. Report registered apprenticeships in data elements 164-169 and on the job training in data elements 158-163. Report at the time the service is provided. Leave blank if service was not provided by VR agency staff.	1 = Service was provided in whole or part by VR agency staff
Includes apprenticeships, internships, short-term employment, and other work-based learning experiences not elsewhere classified. These opportunities are provided in an integrated environment in the community to the maximum extent possible and may be paid or unpaid. Report registered apprenticeships in data elements 164-169 and on the job training in elements 158-163. Report at the time the service is provided. Leave blank if service was not provided through purchase by VR agency.	1 = Service was provided in whole or part through purchase by the VR agency
If the service was provided in whole or part through purchase by the VR agency, the Purchased Service Provider Type must be reported. For each service category, report the code value that best describes the primary service provider. Leave blank if service was not provided through purchase by VR agency.	1 = Public Community Rehabilitation Program (CRP) 2 = Private CRP 3 = Other Public Service Provider 4 = Other Private Service Provider
Report the quarterly VR program expenditures for the purchased service. Expenditures may include non-Federal share and VR program Federal funds, including program income, used to purchase the service. Expenditures do not include unliquidated obligations or encumbrances. Report at the time the expenditure is paid. Leave blank if service was not provided through purchase by VR agency.	XXXXXX
Leave blank if service was not provided by comparable services and benefits providers.	1 = Service was provided in whole or part by comparable services and benefits providers
Report up to three codes, separated by semicolons, that best describes the service providers who provided the individual with a comparable service or benefit. Leave blank if service was not provided by a comparable services and benefits provider.	See Appendix 5 for a list of comparable services and benefits providers

Appendix 1: State Abbreviations and Agency Codes

State or Territory	Abbreviation	General/ Combined Code	Blind Code
Alabama	AL	001	057
Alaska	AK	002	058
American Samoa	AS	003	059
Arizona	AZ	004	060
Arkansas	AR	005	061
California	CA	006	062
Colorado	CO	007	063
Connecticut	CT	008	064
Delaware	DE	009	065
District of Columbia	DC	010	066
Florida	FL	011	067
Georgia	GA	012	068
Guam	GU	013	069
Hawaii	HI	014	070
Idaho	ID	015	071
Illinois	IL	016	072
Indiana	IN	017	073
Iowa	IA	018	074
Kansas	KS	019	075
Kentucky	KY	020	076
Louisiana	LA	021	077
Maine	ME	022	078
Maryland	MD	023	079
Massachusetts	MA	024	080
Michigan	MI	025	081
Minnesota	MN	026	082
Mississippi	MS	027	083
Missouri	MO	028	084
Montana	MT	029	085
Nebraska	NE	030	086
Nevada	NV	031	087
New Hampshire	NH	032	088
New Jersey	NJ	033	089
New Mexico	NM	034	090
New York	NY	035	091
North Carolina	NC	036	092
North Dakota	ND	037	093
Northern Marianas	MP	038	094
Ohio	OH	039	095
Oklahoma	OK	040	096
Oregon	OR	041	097
Pennsylvania	PA	042	098
Puerto Rico	PR	043	099
Rhode Island	RI	044	100
South Carolina	SC	045	101
South Dakota	SD	046	102
Tennessee	TN	047	103
Texas	TX	048	104
Utah	UT	049	105
Vermont	VT	050	106
Virginia	VA	051	107

Virgin Islands	VI	052	108
Washington	WA	053	109
West Virginia	WV	054	110
Wisconsin	WI	055	111
Wyoming	WY	056	112

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Code
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x 2: Source of Referral

Source of Referral
14(c) Certificate Holders
Adult Education and Family Literacy Act Program (Title II of WIOA)
American Indian VR Services Program (AIVRS)
Centers for Independent Living
Service Providers
Adult, Dislocated Worker, and Youth Programs (Title I of WIOA)
Elementary and Secondary Schools
Post-secondary Education Institutions
Employers
Extended Employment Providers
Intellectual and Developmental Disability Agencies
Medical Health Providers
Mental Health Providers
Self-referral, friends, family
Social Security Administration
Temporary Assistance for Needy Families (TANF)
Veteran's Benefits or Health Administration
Wagner-Peyser Act Employment Service Program (Title III of WIOA)
Worker's Compensation
Other Sources
Other American Job Center or Workforce Development Programs

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x 3: Type of Disability

Type of Disability
No Disability
Blindness
Other Visual Disabilities
Deafness, Primary Communication Visual
Deafness, Primary Communication Auditory
Hearing Loss, Primary Communication Visual
Hearing Loss, Primary Communication Auditory
Other Hearing Disabilities (Tinnitus, Meniere's Disease, hyperacusis, etc.)
Deaf-Blindness
Communicative Disabilities (expressive/receptive)
Mobility Orthopedic/Neurological Disabilities
Manipulation/Dexterity Orthopedic/Neurological Disabilities
Both Mobility and Manipulation/Dexterity Orthopedic/Neurological Disabilities
Other Orthopedic Disabilities (e.g., limited range of motion)
Respiratory Disabilities
General Physical Debilitation (e.g., fatigue, weakness, pain, etc.)
Other Physical Disabilities (not listed above)
Cognitive Disabilities (e.g., Disabilities involving learning, thinking, processing information and concentration)
Psychosocial Disabilities (e.g., interpersonal and behavioral Disabilities, difficulty coping)
Other Mental Disabilities

Classification
No Disability
Visual Disability
Visual Disability
Auditory/Communicative Disabilities
Auditory/Communicative Disabilities
Auditory/Communicative Disabilities
Auditory/Communicative Disabilities
Auditory/Communicative Disabilities
Visual Disability
Auditory/Communicative Disabilities
Physical Disabilities
Physical Disabilities
Physical Disabilities
Physical Disabilities
Physical Disabilities
Physical Disabilities
Physical Disabilities
Physical Disabilities
Physical Disabilities
Intellectual and Learning Disability
Psychological/Psychosocial Disability
Psychological/Psychosocial Disability

Appendix 4: Source of Disability

Code	Source of Disability
00	Cause Unknown
01	Accident/Injury (other than TBI or SCI)
02	Alcohol Abuse or Dependence
03	Amputations
04	Anxiety Disorders
05	Arthritis and Rheumatism
06	Asthma and Other Allergies
07	Attention-Deficit Hyperactivity Disorder (ADHD)
08	Autism
09	Blood Disorders
10	Cancer
11	Cardiac and Other Conditions of the Circulatory System
12	Cerebral Palsy
13	Congenital Condition or Birth Injury
14	Cystic Fibrosis
15	Depressive and Other Mood Disorders
16	Diabetes Mellitus
17	Digestive
18	Drug Abuse or Dependence (other than alcohol)
19	Eating Disorders (e.g., anorexia, bulimia, or compulsive overeating)
20	End-Stage Renal Disease and Other Genitourinary System Disorders
21	Epilepsy
22	HIV or AIDS
23	Immune Deficiencies Excluding HIV or AIDS
24	Mental Illness (not listed elsewhere)
25	Intellectual Disability
26	Multiple Sclerosis
27	Muscular Dystrophy
28	Parkinson's Disease and Other Neurological Disorders
29	Personality Disorders
30	Physical Disorders/Conditions (not listed elsewhere)
31	Polio
32	Respiratory Disorders Other than Cystic Fibrosis or Asthma
33	Schizophrenia and Other Psychotic Disorders
34	Specific Learning Disabilities
35	Spinal Cord Injury (SCI)
36	Stroke
37	Traumatic Brain Injury (TBI)

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ix 5: Classification Options for Comparable Services and Benefits Providers

Comparable Services and Benefits Provider Type
Adult Education and Family Literacy Act program (Title II of WIOA)
Adult, Dislocated Worker and Youth programs (Title I of WIOA)
American Indian VR Services Program
Centers for Independent Living
Public Rehabilitation Program
Employer Provided Benefits
Public Educational Institution (elementary/secondary)
Public Educational Institution (postsecondary)
Federal Student Aid (e.g., Pell grants, Supplemental Educational Opportunity Grant, work study, etc.)
Intellectual and Developmental Disabilities Agency (Public)
Medical Health Provider (Public)
Mental Health Provider (Public)
American Job Center Partner (not listed separately)
State Department of Correction/Juvenile Justice
Veteran's Benefits or Health Administration (which includes VA Vocational Rehabilitation, VA hospital system, as well as the VA trans
Wagner-Peyser Act Employment Service program (Title III of WIOA)
Public Assistance Not Otherwise Listed
Other
Temporary Assistance for Needy Families (TANF)

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dix 6: Reason for Exit

Reason for Exit

Health/Medical: Individual is hospitalized or receiving medical treatment that is expected to last longer than 90 days and precludes entry into

Death of the Individual

Reserve Forces Called to Active Duty: Individual is a member of the National Guard or other reserve military unit of the armed forces and is

Ineligible: The individual was determined eligible for the VR program; however, the individual was no longer eligible because he or she individual's disability prevented the individual's ability to seek competitive integrated employment.

Criminal Offender: Individual entered a correctional institution (e.g., prison, jail, reformatory, work farm, detention center) or other institution (WIOA).

Ineligible: The individual was found to have no disabling condition, no impediment to employment, or did not require VR services to prepare

Transferred to Another Agency: Individual needs services that are more appropriately obtained elsewhere. Transfer to another agency indicates another agency may provide services more effectively. Include individuals transferred to other VR agencies.

Achieved Competitive Integrated Employment Outcome: Applicable only to Type of Exit code value 6 (Individual exited after an IPE in con

Extended Employment: Individuals who received services and were placed in a non-integrated or sheltered setting for a public or private non-Fair Labor Standards Act (34 CFR 361.5(c)(18)).

Extended Services Not Available: Individual has received VR services but requires long term extended services for which no long term source received VR services.

Unable to Locate or Contact: Individual has relocated or left the State without a forwarding address, or when individual has not responded to

No Longer Interested in Receiving Services or Further Services: Individual actively chose not to participate or continue in the VR program. begin or continue a VR program. Examples would include repeated failures to keep appointments for assessment, counseling, or other service

All Other Reasons: This code is used for all other reasons not included in other code values.

Short Term Basis Period: The individual achieved supported employment in integrated employment, but did not earn a competitive wage aft

Ineligible: The individual applied for VR services pursuant to section 511 of the Rehabilitation Act and was determined ineligible because h

Ineligible: Following Trial Work Experience(s), the individual was determined ineligible because the individual was unable to benefit due to

Public Burden Statement

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 valid OMB control number for this information collection is 1820-0508. Public reporting burden for this collection of information is estimated to average 110 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond to this collection is required to obtain or retain benefit (Sections 101(a)(10) and 607 of the Rehabilitation Act of 1973, as amended by Title IV of the Workforce Innovation and Opportunity Act (WIOA) and Section 116 of WIOA). If you have any comments concerning the accuracy of the time estimate, suggestions for improving this individual collection, or if you have comments or concerns regarding the status of your individual form, application or survey, please contact the Rehabilitation Services Administration's Data Collection and Analysis Unit directly by email at RSADData@ed.gov.