

**Office of National Programs
Senior Community Service Employment Program**

PRA Document for the GPMS

REVISION HISTORY		
Revised	Author(s)	Organization
2/18/2021	Katherine Campbell	Mathematica
3/15/2021	Katherine Campbell	Mathematica
7/30/2021	Katherine Campbell	Mathematica

GPMS SCREEN	DATA ELEMENT NAME	DATA TYPE/ FIELD LENGTH
Manage Sub-Grantee	Sub-Grantee Name	AN 255
Manage Sub-Grantee	Grant Number	AN 14
Manage Sub-Grantee	Sub-Grantee Code	AN 255
Manage Sub-Grantee	Location	AN 255
Manage Sub-Grantee	Comments	AN 2000
Manage Sub-Grantee	Date First Active	DT 8
Manage Sub-Grantee	Date Last Active	DT 8
Manage Organizations	Organization Name	AN 255
Manage Organizations	FEIN	IN 9
Manage Organizations	Type	Multi Select
Manage Organizations	Organization Type	IN 1
Manage Organizations	Organization Continued Availability	IN 1

Manage Organizations	Site Name and Location	AN 255
Manage Organizations	Organization Agreement Date	DT 8
Manage Organizations	Organization Monitoring Visit Date	DT 8
Manage Organizations	Job Codes	Dropdown
Manage Organizations	Address Line 1	AN 255
Manage Organizations	Address Line 2	AN 255
Manage Organizations	City	AN 255
Manage Organizations	State	Dropdown
Manage Organizations	Zip	IN 5
Manage Organizations	Zip + 4	IN 4
Manage Organizations	Contact First Name	AN 255
Manage Organizations	Contact Last Name	AN 255
Manage Organizations	Title	AN 255

Manage Organizations	Cell Phone Number	IN 10
Manage Organizations	Fax Number	IN 10
Manage Organizations	E-mail	AN 26
Manage Organizations	Address Line 1	AN 255
Manage Organizations	Address Line 2	AN 255
Manage Organizations	City	AN 255
Manage Organizations	State	Dropdown
Manage Organizations	Zip	IN 5
Manage Organizations	County	Dropdown
Manage Organizations	Host Agency Supervisor's Organization	AN 255
Manage Organizations	Address Line 1	AN 255
Manage Organizations	Address Line 2	AN 255
Manage Organizations	City	AN 255

Manage Organizations	State	Dropdown
Manage Organizations	Zip	IN 5
Manage Organizations	County	Dropdown
Manage Organizations	Title	AN 255
Manage Organizations	Supervisor's Salutation	AN 1
Manage Organizations	Phone number	IN 10
Manage Organizations	Fax number	IN 10
Manage Organizations	Cell phone number	IN 10
Manage Organizations	E-mail	AN 255
Characteristics	Veteran Status	IN 1
Characteristics	Eligible Veteran Status	IN 1
Characteristics	Veteran, Post-9/11 Era	IN 1
Characteristics	Individual with a Disability	IN 1

Characteristics	Disability Reported As	IN 1
Characteristics	Has the individual received services funded by the State Development Disabilities Agency(SDDA)?	IN 1
Characteristics	Homeless	IN 1
Characteristics	Failed to Find Employment After Receiving WIOA Title I?	IN 1
Characteristics	Primary Language	IN 2
Characteristics	Please, Specify Other	AN 255
Characteristics	At Risk of Homelessness	IN 1
Characteristics	Urban or Rural	IN 1
Characteristics	Low Literacy Skills	IN 1
Characteristics	Low Employment Prospects	IN 1
Characteristics	Unemployment Compensation Eligible Status	IN 1
Characteristics	Receiving Temporary Assistance to Needy Families (TANF)	IN 1
Characteristics	Receiving Supplemental Nutrition Assistance Program (SNAP)	IN 1

Characteristics	Supplemental Security Income(SSI) / Social Security Disability Insurance (SSDI) Status	IN 1
Characteristics	Subsidized Housing	IN 1
Characteristics	State or Local Welfare (General Assistance)	IN 1
Characteristics	Other Public Assistance Recipient?	IN 1
Characteristics	Please Specify	AN 255
Characteristics	Highest Education Level Completed	Dropdown
Characteristics	Greatest Social Need	IN 1
Characteristics	Other Significant Barrier to Employment	IN 1
Characteristics	Other Barrier	AN 255
Characteristics	Displaced Homemaker	IN 1
Characteristics	Participant Characteristics Comments	AN 2000
Characteristics	Formerly Incarcerated	IN 1
Eligibility	Reason for Ineligibility	IN 1

Eligibility	Eligibility Determination Date	DT 8
Eligibility	Did the applicant sign the Applicant Certification?	IN 1
Eligibility	The applicant signed the Applicant Certification on	DT 8
Eligibility	Witnessed By	AN 255
Eligibility	Action Taken if Ineligible	IN 1
Eligibility	Other Action	AN 255
Eligibility	Comment	AN 2000
Eligibility	Eligibility Verified On	DT 8
Eligibility/Recertification	SCSEP Eligible?	IN 1
Eligibility/Recertification	Number in Family	IN 2
Eligibility/Recertification	Total Includable Family Income	IN 1
Eligibility	Total includable family income during the 12-month eligibility determination period	DE 7.2
Eligibility	Total includable family income during the 6-months prior to date of application (annualized)	DE 7.2

Eligibility/Recertification	Other Reason	AN 255
Intake	Employment Status	Dropdown
Intake	Gender	IN 1
Intake	Ethnicity Hispanic / Latino?	IN 1
Intake	Primary Phone	IN 10
Intake	Cell?	IN 1
Intake	Alternate Phone	IN 10
Intake	Cell?	IN 1
Intake	Email	AN 255
Intake	Did Participant Identify Race?	IN 1
Intake	American Indian or Alaska Native	IN 1
Intake	Asian	IN 1
Intake	Black / African American	IN 1

Intake	Native Hawaiian or Other Pacific Islander	IN 1
Intake	White	IN 1
Intake	Reservation/Pueblo	Dropdown
Intake	Tribal Affiliation	Dropdown
Intake	Nationality	Dropdown
Intake	Address Line 1	AN 255
Intake	Address Line 2	AN 255
Intake	City	AN 255
Intake	State	Dropdown
Intake	Zip	IN 5
Intake	Zip + 4	IN 4
Intake	County of Residence	Dropdown
Intake	Address Line 1	AN 255

Intake	Address Line 2	AN 255
Intake	City	AN 255
Intake	State	Dropdown
Intake	Zip	IN 5
Intake	Zip + 4	IN 4
Intake	County of Residence	Dropdown
Intake	Contact Name	AN 255
Intake	Relationship to Participant	AN 255
Intake	Primary Phone	IN 10
Intake	Alternate Phone	IN 10
Intake	Address Line 1	AN 255
Intake	Address Line 2	AN 255
Intake	City	AN 255

Intake	State	Dropdown
Intake	Email	AN 255
Intake	Zip	IN 5
Intake	Application date	DT 8
Add to Waitlist	Confirm that you would like to add this participant into the Waitlist.	IN 1
Add Assignments	Supervisor's Hourly Wage	DE 3.2
Add Assignments	Supervisor's Number of Hours per week	IN 2
Add Assignments	Assignment Date	DT 8
Add Assignments	Assignment Start Date	DT 8
Add Assignments	Assignment End Date	DT 8
Add Assignments	CSA Code Type	IN 1
Add Assignments	CSA Code	Dropdown
Add Assignments	Other [General/Elderly] Community Service Assignment Code	AN 255

Add Assignments	CSA Title	AN 255
Add Assignments	Participant's Schedule	AN 2000
Add Assignments	Job Code	Dropdown
Add Assignments	Workers' Comp Code at Host Agency	AN 255
Add Assignments	Safety Consultation Date	DT 8
Add Assignments	Funding Source Type	IN 1
Add Assignments	Assigned To	IN 1
Add Assignments	Starting Wage per hour	DE 8.2
Add Assignments	Hours per week	IN 2
Add Assignments	Comments	AN 2000
Add Assignments	Supervisor	Dropdown
Add Assignments	Survey Contact	Dropdown
Add Assignments	Host Agency	Dynamic Text Field

Add Break	Approved Break Start Date	DT 8
Add Break	Expected End Date	DT 8
Add Break	Actual End Date	DT 8
Add Break	Is Documentation Provided?	IN 1
Add Break	Reason for Approved Break in Participation	IN 1
Add Break	Other Reason	AN 255
Add Break	Comments	AN 2000
Add Exit	Unsubsidized Employment Type	IN 1
Add Exit	Other Reason for Exit	IN 1
Add Exit	Exclusion at Exit	Dropdown
Add Exit	Exit Date	DT 8
Add Exit	Termination Letter Date	DT 8
Add Exit	Waiver of Confidentiality	IN 1

Add Exit	Date when the Waiver of Confidentiality was signed	DT 8
Add Exit	Exit Comments	AN 2000
Manage Paid Hours	Paid CSA (In Person) Q1	IN 3
Manage Paid Hours	Paid CSA (In Person) Q2	IN 3
Manage Paid Hours	Paid CSA (In Person) Q3	IN 3
Manage Paid Hours	Paid CSA (In Person) Q4	IN 3
Manage Paid Hours	Paid CSA (Remote) Q1	IN 3
Manage Paid Hours	Paid CSA (Remote) Q2	IN 3
Manage Paid Hours	Paid CSA (Remote) Q3	IN 3
Manage Paid Hours	Paid CSA (Remote) Q4	IN 3
Manage Paid Hours	Paid Sick Leave Q1	IN 3
Manage Paid Hours	Paid Sick Leave Q2	IN 3
Manage Paid Hours	Paid Sick Leave Q3	IN 3

Manage Paid Hours	Paid Sick Leave Q4	IN 3
Manage Paid Hours	Participant Required Actions Activities Q1	IN 3
Manage Paid Hours	Participant Required Actions Activities Q2	IN 3
Manage Paid Hours	Participant Required Actions Activities Q3	IN 3
Manage Paid Hours	Participant Required Actions Activities Q4	IN 3
Manage Paid Hours	Paid Training (In Person) Q1	IN 3
Manage Paid Hours	Paid Training (In Person) Q2	IN 3
Manage Paid Hours	Paid Training (In Person) Q3	IN 3
Manage Paid Hours	Paid Training (In Person) Q4	IN 3
Manage Paid Hours	Paid Training (Remote) Q1	IN 3
Manage Paid Hours	Paid Training (Remote) Q2	IN 3
Manage Paid Hours	Paid Training (Remote) Q3	IN 3
Manage Paid Hours	Paid Training (Remote) Q4	IN 3

Add Placement	Host Agency Employer?	IN 1
Add Placement	Did employer provide an OJE training site?	IN 1
Add Placement	Start Date	DT 8
Add Placement	End Date	DT 8
Add Placement	Self Employed?	IN 1
Add Placement	Job Title	AN 255
Add Placement	Job Code	Dropdown
Add Placement	Training-Related placement?	IN 1
Add Placement	Was Placement result of a Substantial Service Provided to Employer by Sub-Grantee?	IN 1
Add Placement	High-growth Placement	Dropdown
Add Placement	Comments	AN 2000
Add Placement	Starting Wage per hour	DE 8.2
Add Placement	Type of Placement	IN 1

Add Placement	Expected Hours per Week	IN 2
Add Placement	Benefits	IN 1
Add Placement	Other Benefits	AN 255
Add Placement	Customer satisfaction comment	AN 2000
Add Placement	Customer Satisfaction Survey 1 #	IN 5
Add Placement	Date of delivery	DT 8
Add Placement	Customer Satisfaction Survey 2 #	IN 5
Add Placement	Date of delivery	DT 8
Add Placement	Customer Satisfaction Survey 3 #	IN 5
Add Placement	Date of delivery	DT 8
Add Placement	Follow Up 1 Date	DT 8
Add Placement	Any wages for second quarter after exit quarter?	IN 1
Add Placement	Follow Up 1 Notes	AN 2000

Add Placement	Follow Up 2 Date	DT 8
Add Placement	Earnings for the Second Quarter After the Exit Quarter?	DE 6.2
Add Placement	Follow Up 2 Notes	AN 2000
Add Placement	Follow Up 3 Date	DT 8
Add Placement	Any wages for fourth quarter after exit quarter?	IN 1
Add Placement	Follow Up 3 Notes	AN 2000
Add Placement	Employed in 2nd Quarter After Exit Quarter (WIOA)	IN 1
Add Placement	Employed in 4th Quarter After Exit Quarter (WIOA)	IN 1
Add Placement	Supervisor	Dropdown
Add Placement	Employer	Dropdown
Add Placement	Survey Contact	Dropdown
Add Service	Type	Dropdown
Add Service	Other Type	AN 255

Add Service	Sub-Category	Dropdown
Add Service	Other Sub-Category	AN 255
Add Service	Sub-Category	Dropdown
Add Service	Other Sub-Category	AN 255
Add Service	Employment Assistance	AN 255
Add Service	Start Date	DT 8
Add Service	Start Date	DT 8
Add Service	Expected End Date	DT 8
Add Service	Actual End Date	DT 8
Add Service	Initial Date	DT 8
Add Service	Follow-Up Date	DT 8
Add Service	Follow-Up Completed	DT 8
Add Service	Follow-up Successful	IN 1

Add Service	Follow-up Outcome	Dropdown
Add Service	Hourly training wages	DE 8.2
Add Service	Hours per week	IN 2
Add Service	Comments	AN 2000
Add Service	Reason	AN 2000
Add Service	Supportive Service Provided by	IN 1
Add Service	Percentage of supportive services paid by Grantee	DE 6.2
Add Service	Specify Other Provider of Supportive Services	AN 255
Add Service	Training/Service Completed?	IN 1
Add Service	Job Code for which training is provided, if relevant	Dropdown
Add Service	Participant's Workers compensation code in training	AN 255
Add Service	If OJE, wages paid by	IN 1
Add Service	If OJE is Reimbursement, percentage of rate	DE 6.2

Add Service	Total wages paid to participant or reimbursed to employer for OJE	DE 6.2
Add Service	Total paid to training provider for provision of training (other than reimbursement to employer)	DE 6.2
Add Service	Provider	Dynamic Text Field
Move	Move Effective Date	DT 8
Other enrollment information	Co-enrollment in WIOA Adult Formula program?	IN 1
Other enrollment information	Co-enrollment in Title II Adult Education (WIOA)?	IN 1
Other enrollment information	Co-enrollment in National Farmworker Jobs Program?	IN 1
Other enrollment information	Co-enrollment in Indian and Native American Programs?	IN 1
Other enrollment information	Co-enrollment in Veterans' Programs?	IN 2
Other enrollment information	Co-enrollment in Vocational Education program?	IN 1
Other enrollment information	Co-Enrollment in WIOA Vocational Rehabilitation program?	IN 1
Other enrollment information	Co-Enrollment in Wagner-Peyser Employment Service program?	IN 1
Other enrollment information	Receiving Employment and Training Services Related to SNAP?	IN 1

Other enrollment information	Co-enrollment in Other WIOA or Non-WIOA Programs?	IN 1
Other enrollment information	If Other, Please Specify	AN 255
Other enrollment information	Job Codes	Dropdown
Other enrollment information	Comments	AN 2000
Participant Details	Social Security Number	IN 9
Participant Details	First Name	AN 255
Participant Details	Middle Initial	AN 1
Participant Details	Last Name	AN 255
Participant Details	Date of Birth	DT 8
Participant Required Actions - Assessment (and Reassessment) of Skill level and other service needs	IEP	DT 8
Participant Required Actions - Assessment (and Reassessment) of Skill level and other service needs	Assessment (Re-assessment)	DT 8
Participant Required Actions - Assessment (and Reassessment) of Skill level and other service needs	Supportive Services Needed?	IN 1
Participant Required Actions - Assessment (and Reassessment) of Skill level and other service needs	Provided By	AN 255

Participant Required Actions - Durational Limit Transition Plan	Date transition plan started	DT 8
Participant Required Actions - Durational Limit Transition Plan	Follow Up Date 1	DT 8
Participant Required Actions - Durational Limit Transition Plan	Follow Up Date 2	DT 8
Participant Required Actions - Durational Limit Transition Plan	Follow Up Date 3	DT 8
Participant Required Actions - Durational Limit Transition Plan	Date plan completed	DT 8
Participant Required Actions - Durational Limit Transition Plan	Elements included in plan	IN 2
Participant Required Actions - Durational Limit Transition Plan	Specify, Other	AN 255
Participant Required Actions - Evaluation of the Need for Supportive Services	Evaluation of Need for Supportive Services Assessment	DT 8
Participant Required Actions - Offer of Physical Exam/Waiver	Date	DT 8
Participant Required Actions - Offer of Physical Exam/Waiver	Participant Waiver?	IN 1
Participant Required Actions - Offer of Physical Exam/Waiver	Provided By	AN 255
Participant Required Actions - Orientation	Date	DT 8
Participant Required Actions - Orientation	Provided By	AN 255

Program Introduction	Pre-Assessment Date	DT 8
Program Introduction	Program Overview Date	DT 8
Recertification	Recertification Date	DT 8
Recertification	Total includable family income during the 12-months prior to date of recertification	DE 7.2
Recertification	Total includable family income during the 6-months prior to date of recertification (annualized)	DE 7.2
Recertification	Reason for Ineligibility	IN 4
Recertification	Signature of participant on Recertification?	IN 1
Recertification	Signature of director or authorized representative on recertification?	IN 1
Recertification	Comment	AN 2000
Transfer	Requested Effective Date	DT 8
Transfer	Transfer Initiator	IN 1
Transfer	Reason For Transfer	Dropdown
Transfer	Please, Specify Other	AN 255

Transfer	Address Line 1	AN 255
Transfer	Address Line 2	AN 255
Transfer	City	AN 255
Transfer	State	Dropdown
Transfer	Zip	IN 5
Transfer	Zip+4	IN 4
Transfer	County of Residence	Dropdown
Transfer	Comment	AN 2000
Transfer	Donor Concurrence	IN 1
Transfer	Right of first refusal?	IN 1
Transfer	Is the transfer due to a swap of positions between grantees?	IN 1
Waiver Factors	Program Year	Dropdown
Waiver Factors	Severe Disability	IN 1

Waiver Factors	Last Updated Date	DT 8
Waiver Factors	Frail	IN 1
Waiver Factors	Last Updated Date	DT 8
Waiver Factors	Old Enough for but Not Receiving SS Title I	IN 1
Waiver Factors	Last Updated Date	DT 8
Waiver Factors	Severely Limited Employment Prospects in Area of Persistent Unemployment	IN 1
Waiver Factors	Last Updated Date	DT 8
Waiver Factors	Last Updated Date	DT 8
Waiver Factors	Last Updated Date	DT 8
Waiver Factors	Last Updated Date	DT 8
Waiver Factors/Characteristics	Limited English Proficiency	IN 1
Waiver Factors/Characteristics	Low Literacy Skills	IN 1
Waiver Factors/Characteristics	Formerly Incarcerated	IN 1

Manage Re-Enrollment	Participant returned to SCSEP within the first 90 days of exit	IN 1
Manage Re-Enrollment	Has the participant re-enrolled in SCSEP within the first 90 days after exit?	IN 1
Manage Re-Enrollment	Date of Return	DT 8
Manage Re-Enrollment	Date of Re-Enrollment	DT 8

DATA ELEMENT DEFINITIONS/INSTRUCTIONS	CODE VALUE	PIRL #
Record the Sub-Grantee Name.	Text Field, 255 characters	
Record the Grant Number.	Text Field, 14 characters	
Record the Sub-Grantee Code.	Text Field, 255 characters	
Record the Sub-Grantee location.	Text Field, 255 characters	
Record any Sub-Grantee comments.	Text Field, 2000 characters	
Record the date first active for the Sub-Grantee.	YYYYMMDD	
Record the date last active for the Sub-Grantee.	YYYYMMDD	
Record Host Agency Organization Name	Text Field, 255 characters	
Record FEIN number	000000000	
Record Organization Type	Host Agency Employer Service Provider	
Record Agency Type	Not-for-profit Government Profit	
Record 1 for active if organization agency wishes to continue to participate in the program or if grantee/sub-grantee wishes to continue working with this organization agency	Available Not Available	

Record the host agency's site name and location	Text Field, 255 characters	
Record Organization Agreement Date	YYYYMMDD	
Record Organization Monitoring Visit Date	YYYYMMDD	
Record up to three job codes offered by the Agency	Management Occupations Business and Financial Operations Occupations Computer and Mathematical	
Record the Host Agency Organization Address 1	Text Field, 255 characters	
Record the Host Agency Organization Address 2	Text Field, 255 characters	
Record the Host Agency Organization City	Text Field, 255 characters	
Record the Host Agency Organization State	Alabama Alaska American Samoa Arizona	
Record the Host Agency Organization Zip	00000	
Record the Host Agency Organization Zip + 4	0000	
Record host agency contact person's first name	Text Field, 255 characters	
Record host agency contact person's last name	Text Field, 255 characters	
Record the host agency contact person's title	Text Field, 255 characters	

Record the host agency contact person's cell phone number	000000000	
Record the host agency contact person's fax number	000000000	
Record the host agency contact person's email address	Text Field, 255 characters	
Record the host agency organization contact person's Address 1 if different from host agency address	Text Field, 255 characters	
Record the host agency organization contact person's Address 2 if different from host agency address	Text Field, 255 characters	
Record the host agency organization contact person's City if different than host agency address	Text Field, 255 characters	
Record the host agency organization contact person's State if different than host agency address	Alabama Alaska American Samoa Arizona	
Record the host agency organization contact person's Zip if different than host agency address	00000	
Record the host agency organization contact person's County if different than host agency address	Counties displayed dependent on host agency contact state selection	
Record the host agency supervisor's organization	Text Field, 255 characters	
Record the Host Agency Host Agency supervisor's Address 1	Text Field, 255 characters	
Record the Host Agency supervisor's Address 2	Text Field, 255 characters	
Record the Host Agency supervisor's City	Text Field, 255 characters	

Record the Host Agency supervisor's State	Alabama Alaska American Samoa Arizona	
Record the Host Agency supervisor's Zip	00000	
Record the Host Agency supervisor's County	Counties displayed dependent on host agency state selection	
Record the host agency supervisor's title	Text Field, 255 characters	
Record the host agency Supervisor's salutation	1= Mr. 2= Ms. 3= Dr.	
Record the host agency Supervisor's phone number	000000000	
Record the host agency Supervisor's fax number	000000000	
Record the host agency Supervisor's cell phone number	000000000	
Record the host agency Supervisor's email address	Text Field, 255 characters	
Record 1 if the participant is a person who served on active duty in the armed forces and who was discharged or released from such service under conditions other than dishonorable.	1 = Yes 0 = No 9 =Status not known	300
Record 1 if the participant is a person who served in the active U.S. military, naval, or air service for a period of less than or equal to 180 days, and who was discharged or released from such service under	1 = Yes <=180 days. 2 = Yes, Eligible Veteran 3 = Yes, Other Eligible Person 0 = No	301
Record 1 if participant is a post-9/11 era veteran. Record 0 if the participant is not a post-9/11 era veteran.	1 = Yes 0 = No	2803
Record 1 if the participant indicates that he/she has any "disability", SCSEP defines "disability" as: a condition attributable to mental or physical impairment,	1 = Yes 0 = No 9 = Participant did not self-identify	202

Record whether the disability is self reported, or has documentation.	Self Reported Is Documented	
For those participants where Individual With A Disability (WIOA) = 1 : Record 1 if the participant has received services funded by the State Developmental Disabilities	1 = SDDA 0 = No	204
Record 1 if the participant, at program entry: (1) lacks a fixed, regular, and adequate nighttime residence; and (2) has a primary nighttime residence that is: (i) A supervised publicly or privately	Yes No	
Record 1 if the participant was enrolled in WIOA Title I (adult services) prior to enrolling in SCSEP and was unable to obtain employment before enrolling in SCSEP.	1 = Yes 0 = No	2805
Specify primary language	Amharic Arabic Armenian Bosnian	
Specify the Other Primary Language	Text Field, 255 characters	
An individual is at risk for homelessness when the individual lacks the resources and support networks needed to obtain housing. The risk must be real and imminent. In some sense, anyone living below the	1 = Yes 0 = No	2804
Record 1 if participant resides in an urban location. "Rural" means an area not designated as a metropolitan statistical area by the Census Bureau; segments within metropolitan counties identified by	1 = Urban 2 = Rural	2800
An individual is at risk for homelessness when the individual lacks the resources and support networks needed to obtain housing. The risk must be real and imminent. In some sense, anyone living below the	1 = Yes 0 = No	2820
Low employment prospects means it is likely that an individual will not obtain employment without the assistance of SCSEP or another workforce development program. Persons with low employment	1 = Yes 0 = No	2806
Record 1 if the participant is a person who (a) filed a claim and has been determined eligible for benefit payments under one or more State or Federal Unemployment Compensation (UC) programs and	1 = Claimant Referred by RESEA 2 = Claimant Referred by WPRS 3 = Claimant Not Referred by RESEA or WPRS	401
Record 1 if the participant is listed on the welfare grant or has received cash assistance or other support services from the TANF agency in the last six months prior to participation in the program.	1 = Yes 0 = No	600
Record 1 if the participant is receiving assistance through the Supplemental Nutrition Assistance Program (SNAP) under the Food and Nutrition Act of 2008 (7 USC 2011 et seq.)	1 = Yes 0 = No	603

Record 1 if the participant is receiving or has received SSI under Title XVI of the Social Security Act in the last six months prior to participation in the program.	1 = SSI 2 = SSDI 3 = Both SSI and SSDI 4 = SSI and Ticket Holder	602
Record 1 if the participant receives subsidized housing.	Yes No	
Record 1 if the participant receives general assistance (GA) from their state or local government.	Yes No	
Record 1 if the participant is a person who is receiving or has received cash assistance or other support services from one of the following sources in the last six months prior to participation in the	1 = Yes 0 = No	604
If applicant is receiving or has received public other public assistance, specify other public assistance recipient	Text Field, 255 characters	
Please indicate the highest education level completed by the participant.	No Grade School 1 year of school 2 years of school 3 years of school	408
Record if the participant has a need caused by non-economic factors, which include: physical and mental disabilities; language barriers; and cultural, social, or geographical isolation, including isolation	Yes No	
Record 1 if the veteran or eligible person has a significant barrier to employment not captured elsewhere.	1 = Yes, Other 0 = No	315
Record applicant's other barrier	Text Field, 255 characters	
Record 1 if the participant, at program entry, has been providing unpaid services to family members in the home and who: (A)(i) has been dependent on the income of	1 = Yes 0 = No	807
Record Eligibility Characteristics Comments	Text Field, 2000 characters	
Record if the participant has been formerly incarcerated within the past 5 years of the date of eligibility determination.	Yes No	
Record the reason for applicant's ineligibility.	Age Income Residence out of state Failed to file complete Application	

Record the date upon which the participant was determined eligible to participate in the Section 167 program.	YYYYMMDD	2231
Indicate whether the applicant signed the Applicant Certification.	Yes No	
Record the Date that the applicant signed the Applicant Certification	YYYYMMDD	
Record signature of director or authorized representative	Text Field, 255 characters	
Select all that applies for action taken for ineligibility	Referred to One-Stop Referred to Social Services Referred to another project Placed in unsubsidized employment	
Specify other action taken from ineligibility	Text Field, 255 characters	
Record Eligibility Comment	Text Field, 2000 characters	
Record the date on which eligibility was verified on	YYYYMMDD	
Record 1 if the applicant is SCSEP eligible. Record 0 if the applicant is not eligible. Eligibility is determined upon initial enrollment, and recertification.	1 = Yes 0 = No	2807
Record the number of individuals in the applicant's family. A "family" is defined in TEGL 12-06 as husband, wife, and dependent children; parent or guardian and dependent children; or husband and	00	2801
Record whether the total includable family income is indicative of the 12-month eligibility determination period or if it is for the 6-months prior to the date of application.	12 month 6 month	
Please record the total includable income during the 12-month eligibility determination period.	0000000	
Please record the total includable income (annualized) during the 6-months prior to the date of application.	0000000	

Indicate other reason for ineligibility. Eligibility is determined upon initial enrollment, and recertification.	Text Field, 255 characters	
Record 1 if the participant, at program entry, (a) is currently performing any work at all as a paid employee, (b) is currently performing any work at all in his or her own business, profession, or farm,	1 = Employed 0 = Unemployed	400
Record 1 if the participant indicates that he is male. Record 2 if the participant indicates that she is female. Record 9 if the participant did not self-identify their	1= Male 2 = Female 9 = Participant did not self-identify	201
Record 1 if the participant indicates that he/she is a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture in origin, regardless of race.	1 = Yes 0 = No 9 = Participant did not self-identify	210
Record Applicant primary phone	0000000000	
Record if Primary Phone Number is a Cell phone number	1 = Yes	
Record Applicant alternate phone	0000000000	
Record if Alternate Phone Number is a Cell phone number	1 = Yes	
Record applicant email address	Text Field, 255 characters	
Record 1 if participant identified race Record 2 if participant did not identify race	Yes No	
Record 1 if the participant indicates that he/she is a member of an Indian tribe, band, nation, or other organized group or community, including any Alaska Native village or regional or village corporation as	1 = Yes	211
Record 1 if the participant indicates that he/she is a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent (e.g., India, Pakistan, Bangladesh, Sri	1 = Yes	212
Record 1 if the participant indicates that he/she is a person having origins in any of the black racial groups of Africa. Record 0 if the participant indicates that he/she does	1 = Yes	213

Record 1 if the participant indicates that he/she is a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. Record 0 if the participant indicates that he/she does	1 = Yes	214
Record 1 if the participant indicates that he/she is a person having origins in any of the original peoples of Europe, the Middle East, or North Africa. Record 0 if the participant indicates that he/she does	1 = Yes	215
Please select the reservation/pueblo for the participant	See Reservations, Tribal Affil tab	
Please select the tribal affiliation for the participation	See Reservations, Tribal Affil tab	
Please select the nationality for the participant	Bangladeshi Bhutanese Burmese Cambodian	
Record applicant physical address line 1	Text Field, 255 characters	
Record applicant physical address line 2	Text Field, 255 characters	
Record applicant physical address city	Text Field, 255 characters	
Record the state of residence if different from mailing address. Residence is defined as an individual's primary dwelling place or address as demonstrated by appropriate documentation.	Alabama Alaska American Samoa Arizona	101
Record the 5-digit zip code of the state of residence if different from mailing address	00000	103
Record applicant Zip+4	0000	
Record the applicant's county of residence for physical address	Counties displayed dependent on physical address state selection	
If mailing address is different from physical address, record address line 1	Text Field, 255 characters	

If mailing address is different from physical address, record address line 2	Text Field, 255 characters	
If mailing address is different from physical address, record city	Text Field, 255 characters	
If mailing address is different from physical address, record State	Alabama Alaska American Samoa Arizona	
If mailing address is different from physical address, record zip	00000	
If mailing address of residence is different from physical mailing address, record zip + 4	0000	
If mailing address is different from physical address, record county	Counties displayed dependent on mailing address state selection	102
If secondary contact information is available, record applicant secondary contact name	Text Field, 255 characters	
If secondary contact information is available, record relationship to applicant	Text Field, 255 characters	
If secondary contact information is available, record primary phone	0000000000	
If secondary contact information is available, record alternate phone	0000000000	
If secondary contact information is available, record address line 1	Text Field, 255 characters	
If secondary contact information is available, record address line 2	Text Field, 255 characters	
If secondary contact information is available, record city	Text Field, 255 characters	

If secondary contact information is available, record state	Alabama Alaska American Samoa Arizona	
If secondary contact information is available, record e-mail	Text Field, 255 characters	
If secondary contact information is available, record zip	00000	
Record the date on which the individual first applied for Senior Community Service Employment Program services/benefits under the applicable certification.	YYYYMMDD	2847
Indicate whether you would like to add this participant onto the Waitlist.	Yes No	
Record supervisor's hourly wage	0	
Record supervisor's number of hours per week	00	
Record assignment date	YYYYMMDD	
Record assignment start date	YYYYMMDD	
Record assignment end date	YYYYMMDD	
Record the Community Service Assignment Code type.	General Elderly	
Record community service assignment code	See Job and Exit Codes tab	
Specify other community service assignment code	Text Field, 255 characters	

Record community service assignment title	Text Field, 255 characters	
Record participant schedule	Text Field	
Select Participant Job Code for the assignment.	See Job and Exit Codes tab	
Record participant's workers' compensation code	Text Field, 255 characters	
Record consultation date	YYYYMMDD	
Record 1 if funding source type is federal Record 2 if funding source type is non-federal	1 = Federal 2 = Non-federal	
Record where participant is assigned to for his or her community service assignment.	Grantee or sub-recipient/ local project Workforce Partner Other host agency	
Record the current wage at the community service assignment.	000000.00	2831
Record participant's number of hours per week	00	
Record host agency assignment comments	Text Field, 2000 characters	
Record the host agency supervisor's name if different than contact	Supervisor values dependent on Host Agency selection	
Record the participant available survey contact detail	Survey contact values dependent on Host Agency selection	
Record host agency	Host Agency values dependent on Grantee selection	

Record the start date of any approved break in participation, such as a leave of absence without pay.	YYYYMMDD	2826
Record the Expected Break End Date.	YYYYMMDD	
Record the end date of any approved break in participation.	YYYYMMDD	2827
Record 1 if documentation for approved break is provided Record 0 if documentation for approved break is not provided	1 = Yes 0 = No	
Record the reason for the leave of absence or other approved break in participation.	1 = Family/health 2 = Personal 3 = Administrative 4 = Right of Return	2828
Specify other reason for approved break	Text Field, 255 characters	
Record approved break comment	Text Field, 2000 characters	
Record the Unsubsidized Employment Type.	Regular Employment Self-Employment	
Record the reason that applies at the time of exit.	1 = Moved from area 2 = For cause 3 = Voluntary 5 = Durational limit	2840
Record the Exclusion at Exit	08 = Ineligible at Recertification due to income 01 = Institutionalized 02 = Participant's Health/medical	923
Record the last date the participant received services that are not self-service, information-only, or follow up services. Record this last date of receipt of services only if there are no future services, that are	YYYYMMDD	
Record the termination letter date	YYYYMMDD	
Record the signature of the participant	I hereby certify that the applicant has signed the Waiver of Confidentiality which authorizes the release of information regarding his/her	

Record the date on which the participant signed the exit form	YYYYMMDD	
Record exit comment	Text Field, 2000 characters	
Record the total number of in person CSA hours for which the participant was paid wages in the 1st quarter of the program year as determined from the sub-grantee's wage records.	000	
Record the total number of in person CSA hours for which the participant was paid wages in the 2nd quarter of the program year as determined from the sub-grantee's wage records.	000	
Record the total number of in person CSA hours for which the participant was paid wages in the 3rd quarter of the program year as determined from the sub-grantee's wage records.	000	
Record the total number of in person CSA hours for which the participant was paid wages in the 4th quarter of the program year as determined from the sub-grantee's wage records.	000	
Record the total number of remote CSA hours for which the participant was paid wages in the 1st quarter of the program year as determined from the sub-grantee's wage records.	000	
Record the total number of remote CSA hours for which the participant was paid wages in the 2nd quarter of the program year as determined from the sub-grantee's wage records.	000	
Record the total number of remote CSA hours for which the participant was paid wages in the 3rd quarter of the program year as determined from the sub-grantee's wage records.	000	
Record the total number of remote CSA hours for which the participant was paid wages in the 4th quarter of the program year as determined from the sub-grantee's wage records.	000	
Record the total number of hours of paid sick for which the participant was paid wages in the 1st quarter of the program year as determined from the sub-grantee's wage records.	000	
Record the total number of hours of paid sick for which the participant was paid wages in the 2nd quarter of the program year as determined from the sub-grantee's wage records.	000	
Record the total number of hours of paid sick for which the participant was paid wages in the 3rd quarter of the program year as determined from the sub-grantee's wage records.	000	

Record the total number of hours of paid sick for which the participant was paid wages in the 4th quarter of the program year as determined from the sub-grantee's wage records.	000	
Record the total number of hours of PRA Activities for which the participant was paid wages in the 1st quarter of the program year as determined from the sub-grantee's wage records.	000	
Record the total number of hours of PRA Activities for which the participant was paid wages in the 2nd quarter of the program year as determined from the sub-grantee's wage records.	000	
Record the total number of hours of PRA Activities for which the participant was paid wages in the 3rd quarter of the program year as determined from the sub-grantee's wage records.	000	
Record the total number of hours of PRA Activities for which the participant was paid wages in the 4th quarter of the program year as determined from the sub-grantee's wage records.	000	
Record the total number of hours of in person paid training for which the participant was paid wages in the 1st quarter of the program year as determined from the sub-grantee's wage records.	000	
Record the total number of hours of in person paid training for which the participant was paid wages in the 2nd quarter of the program year as determined from the sub-grantee's wage records.	000	
Record the total number of hours of in person paid training for which the participant was paid wages in the 3rd quarter of the program year as determined from the sub-grantee's wage records.	000	
Record the total number of hours of in person paid training for which the participant was paid wages in the 4th quarter of the program year as determined from the sub-grantee's wage records.	000	
Record the total number of hours of remote paid training for which the participant was paid wages in the 1st quarter of the program year as determined from the sub-grantee's wage records.	000	
Record the total number of hours of remote paid training for which the participant was paid wages in the 2nd quarter of the program year as determined from the sub-grantee's wage records.	000	
Record the total number of hours of remote paid training for which the participant was paid wages in the 3rd quarter of the program year as determined from the sub-grantee's wage records.	000	
Record the total number of hours of remote paid training for which the participant was paid wages in the 4th quarter of the program year as determined from the sub-grantee's wage records.	000	

Record 1 if the employer is a host agency. Unsubsidized employers that have served as a host agency for any participant (under any state or national grant) in the last 12 months will not be	1 = Yes 0 = No	2843
Record 1 if employer provided an OJE training Record 0 if employer did not provide OJE	Yes No	
Record the date on which the participant began work with this employer. This will be the date of placement for measurement purposes.	YYYYMMDD	2845
Record the date on which the unsubsidized employment with this employer ended. If there is additional unsubsidized employment within four quarters after the quarter of exit from SCSEP, all	YYYYMMDD	2846
Record whether the participant was self-employed.	Yes No	
Record the participant job title	Text Field, 255 characters	
Record job code for the placement.	See Job and Exit Codes tab	
Record 1 if after training program completion, the employment in which the individual entered uses a substantial portion of the skills taught in the training received by the individual. This data element is	Yes No	
Record whether the placement was a result of a substantial service provided to employer by sub-grantee.	Yes No	
Record which high-growth sector the placement falls under	Automotive Advanced Manufacturing Biotechnology Construction	
Record the participant unsubsidized employment comments.	Text Field, 2000 characters	
Record the hourly wage at placement. Hourly wage includes any bonuses, tips, gratuities, commissions, and overtime pay earned. Record 00.00 if the participant was not placed into	0000000.00	
Record 1 if participant is working full-time at placement. Record 2 if participant is working part-time at placement.	1 = Full-time 2 = Part-time	2822

Record expected hours per week if participant is working at a part-time placement.	00	2204
Record the benefits the participant received if the participant was placed into unsubsidized employment where the employer makes available (or will make available following the completion of a	Health Insurance Sick Leave Pension / Profit Sharing Vacation	
Record any other benefits received during placement	Text Field, 255 characters	
Record customer satisfaction comment	Text Field, 2000 characters	
Record survey #1 number	00000	
Record the date for the first survey delivered to a qualified employer	YYYYMMDD	
Record survey #2 number	00000	
Record the date for the second survey delivered to a qualified employer	YYYYMMDD	
Record survey #3 number	00000	
Record the date for the third survey delivered to a qualified employer	YYYYMMDD	
Record the date of 1st Quarter follow-up	YYYYMMDD	
Record if there were any wages for second quarter after exit quarter.	Yes No	
Record any notes for follow up 1.	Text Field, 2000 characters	

Record the date of 2nd Quarter follow-up	YYYYMMDD	
Record the participant total quarterly earning during 2nd Quarter	000000.00	1704
Record any notes for follow up 2.	Text Field, 2000 characters	
Record the date on which the 4th Quarter follow-up is conducted	YYYYMMDD	
Record whether there were any wages for fourth quarter after the exit quarter.	Yes No	
Record any notes for follow up 3.	Text Field, 2000 characters	
Record 1 if the participant is in unsubsidized employment (not including Registered Apprenticeship, or the military). Record 2 if the participant is in a Registered	1 = Yes 2 = Yes, Registered Apprenticeship 3 = Yes, Military 0 = No	1602
Record 1 if the participant is in unsubsidized employment (not including Registered Apprenticeship, or the military). Record 2 if the participant is in a Registered	1 = Yes 2 = Yes, Registered Apprenticeship 3 = Yes, Military 0 = No	1606
Record supervisor's name for participant's employment only if different than contact	Supervisor values dependent on Employer selection	
Record the participant employer details	Employer values dependent on Grantee selection	
Record the contact person's name as it should appear on the cover letter and mailing envelope for the customer satisfaction survey	Survey contact values dependent on Employer selection	
Select type of services	Review Service Tab	
Specify other type of service received	See Education and Training values on Services tab	

Select Referrals type sub-category	See Education and Training values on Services	
Specify other type of referral	See Education and Training values on Services	
Select Education Remediation and Literacy type sub-category	See Education and Training values on Services	
Specify other type of Educational Remediation and Literacy received	See Education and Training values on Services tab	
Specify Employment Assistance received	Text Field, 255 characters	
Record education or training start date	YYYYMMDD	
Record service Start Date	YYYYMMDD	
Record the expected end date for the training or service	YYYYMMDD	
Record the actual end date for the training or service	YYYYMMDD	
Record the initial referral date.	YYYYMMDD	
Record date to follow up on referral	YYYYMMDD	
Record the Referral Follow-up completed date	YYYYMMDD	
Record whether the referral was successful. Leave blank if unknown	Yes No	

Record the referral follow-up outcome	Referral Service Received Not Completed	
Record the participant's hourly training wage. Leave blank if the participant was not enrolled in training. This is OJE-specific.	000000.00	2519
Record the average number of hours of training/education per week outside of community service assignment	00	
Record any Training/Services comments	Text Field, 2000 characters	
Record reason for referral	Text Field, 2000 characters	
Record 1 if participant received supportive services from the grantee or sub-recipient/local project. Record 2 if participant received supportive services from the workforce partner.	1 = Grantee or sub-recipient/local project 2 = Workforce partner 3 = Other	2830
Percentage of supportive services paid by Grantee	000000.00	
Specify other provider of supportive services	Text Field, 255 characters	
Record Yes if the participant completed approved training Record No if the participant did not complete training (withdrew).	Yes No	
Please record the job code for which training is provided, if relevant.	See Job and Exit Codes tab	
Record participant's workers' compensation code	Text Field, 255 characters	
Record 1 if OJE was paid by the grantee Record 2 if OJE was paid by reimbursing the employer	Sub-grantee Employer Reimbursement by sub-grantee at rate of ____%	
Record the percentage of reimbursement rate if OJE is reimbursed	000.00	

Record wages paid to participant or reimbursed to employer for OJE	000000.00	
Total paid to training provider for provision of training (other than reimbursement to employer)	000000.00	
Search available provider in system. In the case of referral for follow-up services, enter name of referral recipient. Add new if the desired provider does not exist.	Provider values dependent upon Grantee selection	
Record the effective date of move	YYYYMMDD	
Record 1 if the participant received services under WIOA section 133(b)(2)(A) as an individual who is not less than age 18 at the time of program entry. Record 2 if the participant received services under	1 = Yes 0 = No	903
Record 1 if the participant received services under WIOA Title II defined as academic instruction and education services below the postsecondary level that increases an individual's ability to---	1 = Yes 0 = No 9 = Unknown	910
Record if the participant received services under WIOA Title I-D, Section 167. Leave blank if the participant did not receive	Yes No	
Record 1 if the participant received services under WIOA Title I-D, Section 166 Record 2 if the individual has demonstrated an intent	1 = Yes 2 = Reportable Individual	913
Record 1 if the participant received services from a Disabled Veterans Outreach Program specialist (DVOP specialist). Record 2 if the participant received services from a	1 = Yes, DVOP specialist 2 = Yes, LVER specialist 0 = No 9 = Unknown	914
Record 1 if the participant received services under the Carl D. Perkins Vocational and Applied Technology Education Act (20 USC 2301 et seq.). Record 0 if the participant did not receive any	1 = Yes 0 = No 9 = Unknown	916
Record 1 if the participant received services under parts A and B of title I of the Rehabilitation Act of 1973 (29 USC 720 et seq.), WIOA title IV, and Sec. 411(B)(15) defined as transition services for students	1 = Yes 2 = VR&E 3 = Both VR and VR&E 0 = No	917
Record 1 if the participant received services under the Wagner-Peyser Act (29 USC 49 et seq.) Record 2 if the individual has demonstrated an intent to use program services and meets one of the	1 = Yes 2 = Reportable Individual 0 = No 9 = Unknown	918
Record 1 if the participant received employment and training (E&T) services from the Supplemental Nutrition Assistance Program (SNAP) (7 USC 2015(d)(4)) - NOTE: This refers to the SNAP E&T	1 = Yes 0 = No	921

Record 1 if the participant received services from any other WIOA or non-WIOA program not listed above that provided the participant with services during their period of participation.	1 = Yes, Other WIOA or Non-WIOA Programs 2 = I/DD, MH or other disability programs	922
If participant received services from any other program, please specify.	Text Field, 255 characters	
Please record the participant's interest job code.	See Job and Exit Codes tab	
Record Enrollment Comment	Text Field, 2000 characters	
Record the Social Security Number (SSN) assigned to the participant. NOTE: THE SSN MUST NOT BE INCLUDED UNLESS SPECIFIED UNDER PROGRAM OR	000000000	2700
Record participant first name	Text Field, 255 characters	
Record participant middle initial	Text Field, 255 characters	
Record participant last name	Text Field, 255 characters	
Record the participant's date of birth.	YYYYMMDD	200
Record the date on which the participant's Individual Employment Plan (IEP) was created or otherwise established to identify the participant's employment goals, their appropriate achievement objectives, and	YYYYMMDD	1202
Record the most recent date on which the participant received assessment services funded by the program. Leave blank if the participant did not receive Assessment Services.	YYYYMMDD	2103
Record whether the participant needs supportive services.	Yes No	
Record who provided the supportive service.	Text Field, 255 characters	

Start Date of transition plan.	YYYYMMDD	
Date of first update on transitional activities.	YYYYMMDD	
Date of second update on transitional activities.	YYYYMMDD	
Date of third update on transitional activities.	YYYYMMDD	
Date plan completed.	YYYYMMDD	
Check all that apply.	Economic self-sufficiency Unsubsidized Employment Stable/Affordable housing Access to medical care	
Specify other element included in transition plan.	Text Field, 255 characters	
Record the date of the evaluation of need for supportive services assessment.	YYYYMMDD	
Indicate the date that the participant received a physical exam or chose to waive the physical exam.	YYYYMMDD	
Record whether the participant has a waiver.	Yes No	
Record who provided the offer of physical exam/waiver.	Text Field, 255 characters	
Indicate the date that the participant was given employment orientation.	YYYYMMDD	
Record who provided the orientation.	Text Field, 255 characters	

Record the date of Pre-Assessment .	YYYYMMDD	
Record the date of program overview.	YYYYMMDD	
Record the date on which the authorized individual made the eligibility determination at recertification.	YYYYMMDD	
Please record the total includable income during the 12-months prior to date of recertification.	0000000	
Please record the total includable income (annualized) during the 6-months prior to the date of recertification.	0000000	
If the applicant is ineligible, record the reason for ineligibility at recertification. Record all that apply. Record 0 if the participant remains eligible at	1 = Income 2 = Failed to file complete Application or provide required documentation 3 = Other	2808
Record if Applicant signed the Applicant Form at recertification.	Yes No	
Record signature of director or authorized representative at recertification.	Yes No	
Record recertification comments.	Text Field, 2000 characters	
Record the effective date of transfer.	YYYYMMDD	
Record who initiated the transfer.	Grantee Participant	
Record the reason for getting transfer.	Result of approved swap of authorized positions Participant was orphaned Other administrative reasons	
Specify other reason for transfer.	Text Field, 255 characters	

Record Physical Address Line 1 After Transfer.	Text Field, 255 characters	
Record Physical Address Line 2 After Transfer.	Text Field, 255 characters	
Record Physical City After Transfer.	Text Field, 255 characters	
Record Physical State After Transfer.	Alabama Alaska American Samoa Arizona	
Record Physical Zip After Transfer.	00000	
Record Physical Zip+4 After Transfer.	0000	
Record Physical County After Transfer.	Counties displayed dependent on transfer state selection	
Record any additional comment regarding this transfer.	Text Field, 2000 characters	
Record 1 if donor concur with the transfer Record 0 if donor did not concur with the transfer	1=Yes 0= No	
If the transfer request is initiated by the grantee for administrative reasons, the request must state that the transferred participant will receive: timely notice and explanation, the right of first refusal for 90 days,	1=Yes 0= No	
Record 1 if transfer is due to a swap of positions between grantees Record 0 if transfer is not due to a swap of position between grantees	1=Yes 0= No	
Record the program year for the waiver factors.	2011-2021	
Record 1 if applicant has Severe Disability. Severe Disability is a severe, chronic disability attributable to mental or physical impairment, or a combination of mental and physical impairments, that (A) is	1 = Yes 0 = No	2810

Record most recent date that participant was deemed to have a severe disability. 'For each program year thereafter, enter the date of updating the factor if grantee wants to receive credit in the most-in-need	YYYYMMDD	2811
Record 1 if applicant is Frail. Frail means that an individual 55 years of age or older is determined to be functionally impaired because the individual: (A) (i) is unable to perform at least two activities of daily	1 = Yes 0 = No	2812
Record the date of updating the Frail waiver factor if you want to receive credit in the most-in-need measure or to use the factor to support a waiver request for the participant.	YYYYMMDD	2813
Record 1 if an individual may qualify for SS retirement benefits at age 62. If an individual is 62 or over but does not have sufficient wage credits to qualify for retirement benefits. This factor applies	1 = Yes 0 = No	2814
Record the date of updating the Old Enough for but Not Receiving SS Title I waiver factor if you want to receive credit in the most-in-need measure or to use the factor to support a waiver request for the	YYYYMMDD	2815
Record 1 if applicant is a severely limited employment prospects in area of persistent unemployment, This element has two separate requirements: 1. Severely limited employment	1 = Yes 0 = No	2816
Record the date of updating the Severely Limited Employment Prospects in Area of Persistent Unemployment waiver factor to receive credit in the most-in-need measure or to use the factor to support	YYYYMMDD	2817
Record the date of updating the limited English proficiency waiver factor to receive credit in the most-in-need measure or to use the factor to support a waiver request for the participant.	YYYYMMDD	2819
Record the date of updating the low literacy skills waiver factor to receive credit in the most-in-need measure or to use the factor to support a waiver request for the participant.	YYYYMMDD	2821
Record the date of updating the formerly incarcerated waiver factor to receive credit in the most-in-need measure or to use the factor to support a waiver request for the participant.	YYYYMMDD	
Record 1 if the participant cannot speak or read English well enough to fully participate in all aspects of the program. Record 0 if the participant is able to participate in all	1 = Yes 0 = No	2818
Record 1 if the participant calculates or solves problems, reads, writes, or speaks English at or below the 8th grade level or is unable to compute or solve problems, read, write, or speak at a level	1 = Yes 0 = No	2820
Record if the participant has been formerly incarcerated within the past 5 years of the date of eligibility determination.	Yes No	

Record 1 if participant returned to SCSEP within the first 90 days of exit. Record 0 if participant did not returned to SCSEP within the first 90 days of exit.	1 = Yes 0 = No	2824
Record 1 if the participant re-enrolled in SCSEP within the first 90 days after exit. Record 0 if the participant did not re-enroll in	1 = Yes 0 = No	2825
Record the date the participant returned to SCSEP within the first 90 days of exit.	YYYYMMDD	
Record the date the participant re-enrolled in SCSEP within the first 90 days of exit.	YYYYMMDD	

9120's	Comments	In the GPMS?	PIRL/9120 Duplicate
		N	
		N	
		N	
		N	
		N	
		N	
		N	
		N	
9121		Y	
9121		Y	
	Categorical element, no approval required	Y	
9121		Y	
9121		Y	

9121		N	
9121		N	
9121		N	
9121		N	
9121		N	
9121		N	
9121		N	
9121		N	
9121		N	
9121		N	
9121		N	
9120		Y	X
9120		Y	X
9120		Y	X
9120		Y	X

9120	Add to PIRL item	Y	
		Y	
9120		Y	
9120		Y	X
9120		Y	
9120		Y	
9120		Y	X
9120		Y	X
9120		Y	X
9120		Y	X
		Y	
9120	These are substantively similar to 9120 items	Y	X
9120	These are substantively similar to 9120 items	Y	X

9120	These are substantively similar to 9120 items	Y	X
9120	These are substantively similar to 9120 items	Y	
9120	These are substantively similar to 9120 items	Y	
9120	These are substantively similar to 9120 items	Y	X
9120		Y	
9120		Y	X
		Y	
		Y	
9120		Y	
9120		Y	X
9120		Y	
		N	
9120		Y	

9120		Y	X
9120	The 9120s include the signature line, which in essence encapsulates this element.		
9120		Y	
9120		Y	
9120		Y	
9120		Y	
		Y	
9120		Y	
9120		Y	X
9120		Y	X
9120	Element previously recorded via filling out either 6-month or 12-month income.	Y	
9120		Y	
9120		Y	

9120		Y	
9120		Y	X
9120		Y	X
9120		Y	X
9120		Y	
		Y	
9120		Y	
		Y	
9120		Y	
9120	race fields. Based on the data element definition, this may be mapped to the RACE DNVR field. Data element name	Y	
9120		Y	X
9120		Y	X
9120		Y	X

9120		Y	X
9120		Y	X
		N	
		N	
		N	
9120		Y	
9120		Y	
9120		Y	
9120		Y	X
9120		Y	X
9120		Y	
9120		Y	
9120	Mailing Address	Y	

9121		Y	
9121		Y	
9121	See Job and Exit Codes tab	Y	
9121		Y	
9121		Y	
9121		Y	
9121		Y	
9121		Y	
9121	solely for participant staff - add to instructions, same applies to hours per week in CSA	Y	X
9121	solely for participant staff - add to instructions, same applies to hourly wage in CSA	Y	
9121		Y	
9121		Y	
9121		Y	
9121		Y	

9121		Y	X
9121		Y	
9121		Y	X
9121		Y	
9121		Y	X
9121		Y	
9121		Y	
9123			
9121	for exit, including exclusions. 2840 does not include "Exclusions at Exit" value, and we do not need all the existing	Y	X
	Additional code value for 923 : Ineligible at Recertification. Not using all existing code values	Y	
9123		Y	
9123		Y	
9123		Y	

9122		Y	X
9122		Y	
		Y	
9122		N	
9122		Y	
9122		Y	
9122		Y	
9122		Y	
9122		Y	
9122		Y	
9122		Y	
9122		Y	
9122		Y	
		Y	

9122		Y	
9122		Y	X
		Y	
9122		Y	
9122		Y	
		Y	
		N	
		N	
9122		Y	
9122		Y	
9122		Y	
9121		Y	
9121		Y	

		Y	
		Y	
		Y	
		Y	
		Y	
9121		Y	
9121		Y	
9121		Y	
9121		Y	
		Y	
		Y	
		Y	
		Y	

		Y	
9121		Y	X
9121		Y	
9121		Y	
		Y	
9121		Y	X
		N	
9121		N	
9121		N	
9121	See Job and Exit Codes tab	N	
9121		N	
9121		N	
9121		N	

9121		N	
9121		N	
9121		Y	
		Y	
		Y	
9120		Y	X
		Y	
		Y	
		Y	
		Y	
		Y	
9120		Y	X
		Y	

9120		Y	X
9120		Y	
9120	See Job and Exit Codes tab	Y	
9120		Y	
9120		Y	X
9120		Y	
9120		Y	
9120		Y	
9120		Y	X
9120		Y	X
		Y	
		Y	
		Y	

		N	
		N	
		N	
		N	
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9120		Y	
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9120		Y	
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9123		Y	
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9123		Y	
		Y	

		Y	
		Y	
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		Y	
9123		Y	
9123		N	
9123		N	
9123		N	
		Y	
9120		Y	X

9120		Y	X
9120		Y	X
9120		Y	X
9120		Y	X
9120		Y	X
9120		Y	X
9120		Y	X
9120		Y	X
9120		Y	X
9120		Y	X
9120		Y	X
		N	
9120		Y	X
9120		Y	X
		N	

9122		Y	X
9122		Y	X
		Y	
		Y	

Substantively the same as approved PIRL item	Requires PRA Approval	Material/Non-Material Change
	X	Material
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	X	Material

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	X	Material
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	X	Material

X		
X	X	Non-Material
	X	Material
	X	Material

General CSA Code	Elderly CSA Code
G1. Education	E1. Project Administration
G2. Health and Hospitals	E2. Health and Home Care
G3. Housing and Home Rehabilitation	E3. Housing and Home Rehabilitation
G4. Employment Assistance	E4. Employment Assistance
G5. Recreation, Parks, and Forest	E5. Recreation/Senior Centers E6. Nutrition Programs
G6. Environmental Quality	
G7. Public Works and Transportation	E7. Transportation E8. Outreach/Referral
G8. Social Services	
G9. Legal	E9. Legal
G10. Financial	E10. Financial
G11. Counseling	E11. Counseling
G12. Conservation	E12. Conservation
G13. Community Betterment	E13. Community Betterment
G14. Other	E14. Other

Job Code	Other Reason for Exit
Management Occupations	Moved from area
Business and Financial Operations Occupations	For cause
Computer and Mathematical Occupations	Voluntary
Architecture and Engineering Occupations	Durational limit
Life, Physical, and Social Science Occupations	Exclusions at Exit
Community and Social Service Occupations	
Legal Occupations	
Educational Instruction and Library Occupations	
Arts, Design, Entertainment, Sports, and Media Occupations	
Healthcare Practitioners and Technical Occupations	
Healthcare Support Occupations	
Protective Service Occupations	
Food Preparation and Serving Related Occupations	
Building and Grounds Cleaning and Maintenance Occupations	
Personal Care and Service Occupations	
Sales and Related Occupations	
Office and Administrative Support Occupations	
Farming, Fishing, and Forestry Occupations	
Construction and Extraction Occupations	
Installation, Maintenance, and Repair Occupations	
Production Occupations	
Transportation and Material Moving Occupations	
Military Specific Occupations	
Self Employment	

Exclusions at Exit

Ineligible at Recertification due to income

Reserve Forces called to Active Duty

Deceased

Participant's Health/medical

Institutionalized

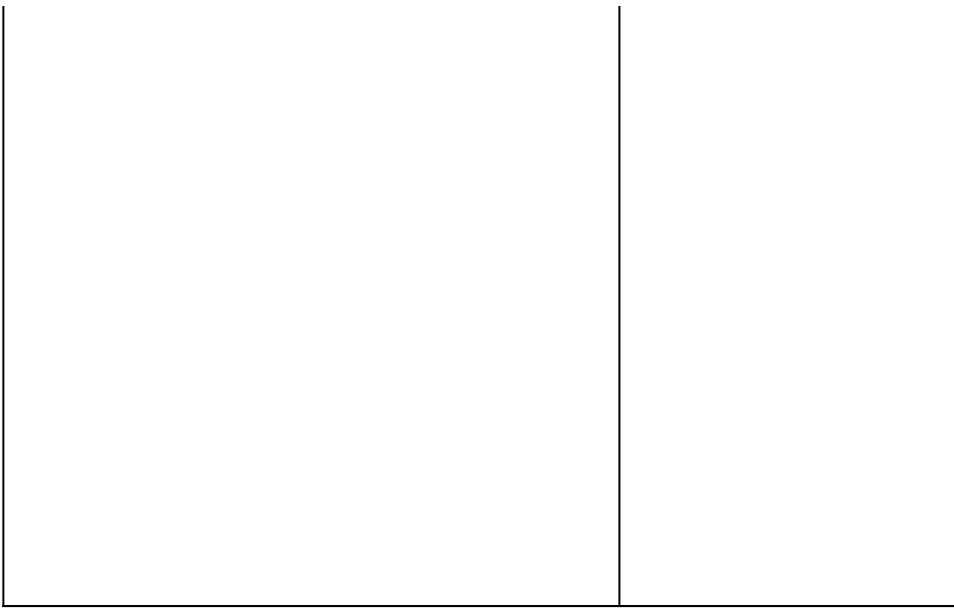
Tribal Affiliations, AR	Tribal Affiliations, TX	Tribal Affiliations, MS
Chicgasaw/Mississippi Choctaw Yurok/Karuk Cherokee Yupik Pawnee Apache Quapaw muskogee Creek Seminole Osage Assiniboine Sioux Navajo Chippewa Blackfeet Caddo Cheyenne Arapaho Quapaw Choctaw Other (Specify:) N/A	Coushatta, Apache Alabama Coushatta Choctaw Creek Navajo Other (Specify:) N/A	Choctaw Mississippi Band of Choctaw Other (Specify:) N/A

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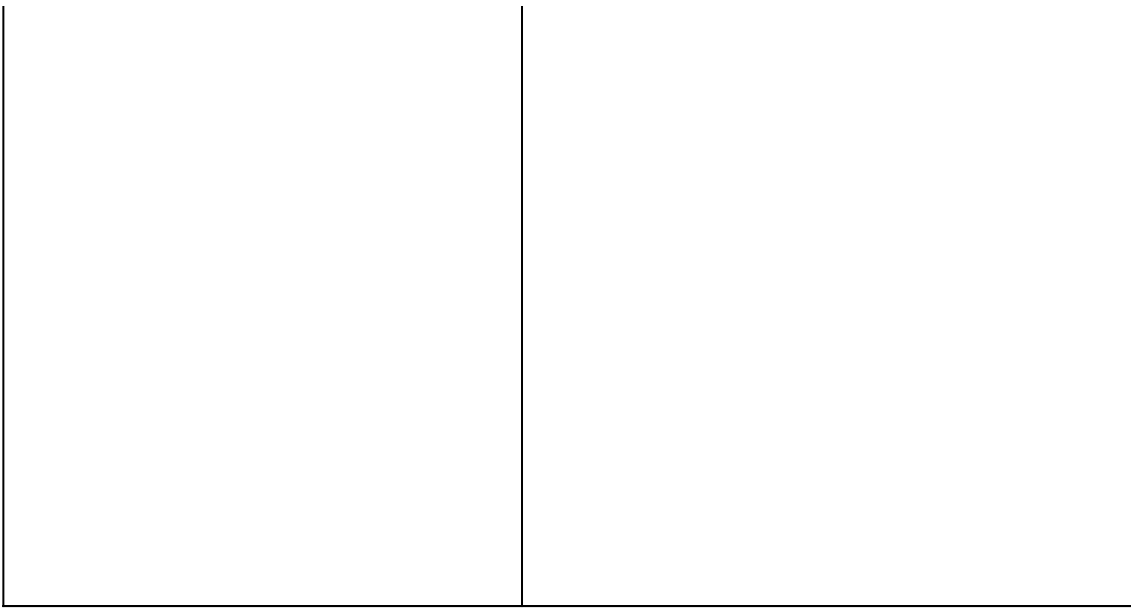
Tribal Affiliations, LA	Tribal Affiliations, WI	Tribal Affiliations, SD
Coushatta	Minominee Tribe	Sioux Tribe
Tunica-Biloxi	Oneida Tribe	Cheyenne River Sioux
Chitimacha	Lake Superior Tribe of Chippewa Indians	Oglala Lakota Sioux
Choctaw	Potawatomi Tribe	Sicangu Sioux
United Houma Nation	Ho-Chunk Nation	Sioux Tribe
Other (Specify:)	Other (Specify:)	Sioux Tribe
N/A	N/A	Crow Tribe
		Lower Brule Sioux Tribe
		Flandreau Santee Sioux Tribe
		Other (Specify:)
		N/A



Tribal Affiliations, OK	Tribal Affiliations, NM
Osage	Mescalero Apache
Cherokee	Pueblo
Muscogee	Ute Mountain Tribe
Iowa	Navajo
Sac	Other (Specify:)
Fox	N/A
Kickapoo	
Potawotomi	
Absentee Shawnee	
Seminole	
Choctaw	
Kiowa	
Comanche	
Apache	
Other (Specify:)	
Alabama-Quassarte Tribe	
Cheyenne	
Arapaho	
Delaware Nation	
Eastern Shawnee	
Iowa Tribe	
Kaw Nation	
Kialegee Tribe	
Kickapoo Tribe	
Kiowa Tribe	
Miami Tribe	
Modoc Tribe	
Muscogee Nation	
Ottawa Tribe	
Otoe-Missouria Tribe	
Pawnee Nation	
Peoria Tribe	
Ponca Tribe	
Quapaw Tribe	
Sac & Fox Nation	
Shawnee Tribe	
Thlopthlocco Tribe	
Tonkawa Tribe	
United Keetoowah Band of Cherokee Indians	
Wichita Tribe	
Keechi Tribe	
Waco Tribe	
Tawakonie Tribe	
Wyandotte Nation	
Other (Specify:)	
N/A	



Tribal Affiliations, ND	Tribal Affiliations, MN
Spirit Lake Tribe	Fond du Lac Band of Lake Superior Chippewa
Sioux	Shakopee Mdewakanton Sioux Community
Mandan, Hidatsa and Arikara	Lower Sioux Tribe
Turtle Mtn. Band of Chippewa Indians	Prairie Island Tribe
Other (Specify:)	Sioux Indians
N/A	Other (Specify:)
	N/A



Tribal Affiliations, AZ	Reservations
Ak Chin	Coushatta Reservation
Hopi & Navajo	Tunica-Biloxi Reservation
Apache	Chitimacha Reservation
Tohono O'Odham Tribe	Jena Band of Choctaw
Pascua Yaqui Tribe	Choctaw Indian Reservation
Pima and Maricopa Tribes	Alabama-Coushatta
Pima and Maricopa Tribes	Ak Chin Indian Reservation
Mohave- Apache - Ak Chin	Navajo Indian Reservation
Havasupai Tribe	San Carlos Reservation
Paiute Indians	Tohono O'Odham Reservation
Quechan Tribe	Pascua Yaqui Reservation
White Mountain Apache Tribe	Gila River Reservation
Yavapai-Apache Tribe	Salt River Reservation
Yavapai-Prescott Indian Tribe	Havasupai Reservation
San Juan Southern Paiute Tribe	Kaibab Indian Reservation
Tonto Apache Tribe	Fort Yuma Indian Reservation
Cocopah Tribe	Fort Apache Reservation
Dolorado River Indian Tribe	Camp Verde Indian Reservation
Fort McDowel Yavapai Nation	Fond du Lac Reservation
Fort Mojave Indian Tribe	Mdewakanton Reservation
Other (Specify:)	Lower Sioux Indian Community
N/A	Prairie Island Tribe Community
	Upper Sioux Community
	Spirit Lake Reservation
	Standing Rock Reservation
	Fort Berthold Reservation
	Acoma Pueblo
	Cochiti Pueblo
	Isleta Pueblo
	Jemez Pueblo
	Laguna Pueblo
	Mescalero Apache Reservation
	Nambe Pueblo
	Ohkay Owingeh Pueblo
	Picuris Pueblo
	Pojoaqui Pueblo
	San Felipe Pueblo
	San Ildefonso
	Sandia Pueblo
	Santa Ana Pueblo
	Santa Clara Pueblo
	Santo Domingo Pueblo
	Taos Pueblo
	Tesuque Pueblo
	Ute Mountain Reservation
	Zia Pueblo
	Zuni Pueblo

Navajo Reservation
Ramah Navajo Reservation
To'hajiilee Navajo Reservation
Cheyenne River Reservation
Pine Ridge Reservation
Rosebud Reservation
Yankton Sioux Reservation
Lake Traverse Reservation
Crow Creek Reservation
Lower Brule Reservation
Stockbridge-Munsee Reservation
Oneida Reservation
Bad River Reservation
Forest County Potawatomi Community
N/A

Category	Type	Type (Sub Category)
Education and Training	Specialized Training (Specific Job/Industry)	
Education and Training	General training (Basic Skills)	
Education and Training	On-the-Job-Experience (OJE)	
Education and Training	Other (Specify)	Text Box
Education and Training	Apprenticeship Training	
Education and Training	Educational Remediation and Literacy	Adult Education
Education and Training	Educational Remediation and Literacy	ESL
Education and Training	Educational Remediation and Literacy	Other
Education and Training	Computer Training (e.g., Computer Literacy Training)	
Supportive Service	Transportation Assistance	
Supportive Service	Incidentals such as work shoes, badges, uniforms, eyeglasses, and tools	
Supportive Service	Food Assistance	
Supportive Service	Housing (e.g., Temporary Housing Assistance)	
Supportive Service	Dependent Care (e.g., Child or Adult Care Assistance)	
Supportive Service	Health and Medical Services (e.g., RX, Eye Glasses, medical test)	
Supportive Service	Needs-related Payment (e.g., Utilities)	
Supportive Service	Special Job-related or Personal Counseling	
Supportive Service	Educational or Occupational Licensing and Testing Fees	
Supportive Service	Other (Specify)	Text Box
Follow-Up Services (Other than supportive service)	Help Participant Get Another Job	
Follow-Up Services (Other than supportive service)	Intervention with Employer	
Follow-Up Services (Other than supportive service)	Counsel Participant on Job-Related Issues	
Follow-Up Services (Other than supportive service)	Referrals (Drop down: all the referrals)	Additional Training
Follow-Up Services (Other than supportive service)	Referrals	Employment Assistance
Follow-Up Services (Other than supportive service)	Referrals	Other (Specify)

