



JOB CORPS GRANTEE DATA COLLECTION: APPLICANT DATA

Program Name: _____ Provider: _____

Applicant Name: _____

Last

First

Middle

Applicant ID: _____ SSN: _____

Date Application Completed: _____ Most Recent Date Application Modified: _____

APPLICANT PRIMARY ADDRESS:

STATE: _____ COUNTY: _____ ZIP CODE: _____

APPLICANT DEMOGRAPHICS:

DOB: _____ GENDER: Male Female Did Not Self-Disclose

ETHNICITY: Hispanic/Latino Not Hispanic/Latino Did not self-identify

RACE: (select all that apply) American Indian / Alaska Native Asian White

Native Hawaiian / Other Pacific Islander Black /African American Did not self-identify

ACADEMIC AND EMPLOYMENT BACKGROUND AT TIME OF APPLICATION:

HIGHEST SCHOOL GRADE COMPLETED: _____

HIGHEST EDUCATIONAL LEVEL COMPLETED: None HSD HSE Certificate of Attendance/Completion of IEP

Some Post-secondary AA/AS Post-secondary Technical/Vocational Certificate Other: _____

FILED UNEMPLOYMENT COMPENSATION CLAIM AND IS ELIGIBLE FOR BENEFITS: YES NO

Referral by: (select one) RESEA WPRS Other: _____

Exhausted Benefits Exempt from Work Search Requirements

RECEIVED PUBLIC ASSISTANCE IN LAST SIX MONTHS: (select all that apply)

Temporary Assistance for Needy Families (TANF) SSI SSDI TICKET TO WORK HOLDER

General Assistance (GA) (State/local government) or Refugee Cash Assistance (RCA) None

ADDITIONAL YOUTH CHARACTERISTICS AT PROGRAM APPLICATION: (select all that apply)

Foster Care Homeless Runaway Youth Low income Status

English Language Learner Basic Skills Deficient/Low Levels of Literacy

Cultural Barriers: Yes No Did Not Self-Disclose Single Parent: Yes No Did Not Self-Disclose

MILITARY EXPERIENCE:

SERVED OR SERVING ON ACTIVE DUTY IN U.S. ARMED FORCES: YES NO DID NOT SELF-DISCLOSE

DATE OF SEPARATION: _____

LENGTH OF SERVICE:

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

SERVICE TYPE:

Served on active duty during war/campaign/expedition, **and** Served as part of a reserve component

DISCHARGE TYPE: Honorable Other Than Honorable General Bad Conduct
 Dishonorable Other: _____

OTHER: (select all that apply)

- Discharged from active duty for a service-connected disability
- Entitled to compensation regardless of rating (including 0%), or entitled but receives military retirement pay, under laws administered by DVA
- Entitled to compensation, or entitled but receives military retirement pay, under laws administered by DVA for a disability rated at (i) 30% or more OR (ii) 10% or 20% if determined to have a serious employment handicap
- Homeless veteran

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

APPLICANT'S SPOUSE SERVED ON ACTIVE DUTY IN U.S. ARMED FORCES: YES NO

- Spouse died on active duty or of service-related disability
- Spouse missing in action for 90 or more days at time of application OR Spouse captured in line of duty by hostile force, or forcibly detained/interned in line of duty by foreign government or power for 90 or more days at time of application
- Spouse has a total, permanent disability from a service-connected disability or died with such a disability

DISABILITY STATUS:

APPLICANT DISCLOSED A DISABILITY: YES NO DID NOT SELF-DISCLOSE

DISABILITY TYPE: (select all that apply) Physical/Chronic Health Condition Physical/Mobility Impairment
 Mental or Psychiatric Disability Vision-related disability Hearing-related disability
 Learning Disability Cognitive/Intellectual disability Applicant did not disclose type of disability

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

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

TYPE OF WORK SETTING: (select all that apply)

Working in competitive, integrated employment (CIE) Working in group supported employment
 Working in a sheltered workshop Previously employed in supported employment Not Currently Employed

APPLICANT RECEIVED CUSTOMIZED EMPLOYMENT SERVICES (CES): YES NO

Type of CES: (select one)

- Discovery assessment services
- Developed a customized employment search plan
- Employer negotiation services
- Secured employment as a result of receiving customized employment services and received extended support services

FINANCIAL CAPABILITY: (select all that apply)

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

Public Burden Statement: Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number and expiration date. Public reporting burden for this collection of information, which is required to obtain or retain benefits (29 USC 2881), is estimated to average 0.1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and the completing and reviewing the collection of information. This information collection is for program management and Congressional reporting purposes. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Office of Job Corps, Room N-4507, Washington D.C. 20210 (Paperwork Reduction Project 1205-0219).



JOB CORPS GRANTEE DATA COLLECTION: ENROLLEE DATA

Program Name: _____ Provider: _____

Applicant Name: _____
Last First Middle

Applicant ID: _____ SSN: _____

Date of Enrollment: _____ Date of Exit: _____

EDUCATION SERVICES RECEIVED:

ENROLLED IN: (select all that apply) NONE SECONDARY PROGRAM POST-SECONDARY PROGRAM

PROGRAM #1: START DATE: _____ DATE CREDENTIAL ATTAINED: _____
CREDENTIAL TYPE: HSD HSE AA/AS Other: _____

PROGRAM #2: START DATE: _____ DATE CREDENTIAL ATTAINED: _____
CREDENTIAL TYPE: HSD HSE AA/AS Other: _____

PROGRAM #3: START DATE: _____ DATE CREDENTIAL ATTAINED: _____
CREDENTIAL TYPE: HSD HSE AA/AS Other: _____

ACADEMIC MILESTONES ACHIEVED:

Date of Most Recent Transcript/Report Card From:

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

SCHOLARS GRANTS ONLY: Total Academic Hours Earned since Program Start: _____

TRAINING SERVICES RECEIVED:

ENTERED TRAINING PROGRAM: YES NO

TRAINING # 1: TYPE: _____
START DATE: _____ COMPLETION DATE: _____

TRAINING # 2: TYPE: _____
START DATE: _____ COMPLETION DATE: _____

TRAINING # 3: TYPE: _____
START DATE: _____ COMPLETION DATE: _____

TRAINING-RELATED CREDENTIALS ATTAINED:

Record Industry-Recognized Credential or Certification, Certificate of Completion of a Registered Apprenticeship, or a State or Federal-recognized license attained during program enrollment

Credential #1: DATE CREDENTIAL ATTAINED: _____
TYPE: Licensure Certificate Certification Other: _____

Credential #2: DATE CREDENTIAL ATTAINED: _____
TYPE: Licensure Certificate Certification Other: _____

Credential #3: DATE CREDENTIAL ATTAINED: _____
TYPE: Licensure Certificate Certification Other: _____

TRAINING MILESTONES ACHIEVED:

Completed an exam that is required for a particular occupation: MOST RECENT DATE ACHIEVED: _____

Progress in attaining technical or occupational skills as evidenced by trade-related benchmarks such as knowledge-based exams. MOST RECENT DATE ACHIEVED: _____

A satisfactory or better progress report towards established milestones from an employer/training provider who is providing training (e.g., completion of on-the-job training (OJT), completion of one year of a registered apprenticeship program, etc.). MOST RECENT DATE ACHIEVED: _____

EFL GAINS:

READING:

CATEGORY OF ASSESSMENT: ABE ESL NONE
TEST TYPE: TABE 11/12 CASAS OTHER: _____
DATE OF INITIAL TEST: _____ INITIAL TEST SCORE: _____ INITIAL TEST EFL _____
DATE OF POST-TEST: _____ POST-TEST SCORE: _____ POST-TEST EFL _____

MATH:

CATEGORY OF ASSESSMENT: ABE ESL NONE
TEST TYPE: TABE 11/12 CASAS OTHER: _____
DATE OF INITIAL TEST: _____ INITIAL TEST SCORE: _____ INITIAL TEST EFL _____
DATE OF POST-TEST: _____ POST-TEST SCORE: _____ POST-TEST EFL _____

OTHER:

CATEGORY OF ASSESSMENT: ABE ESL NONE
TEST TYPE: TABE 11/12 CASAS OTHER: _____
DATE OF INITIAL TEST: _____ INITIAL TEST SCORE: _____ INITIAL TEST EFL _____
DATE OF POST-TEST: _____ POST-TEST SCORE: _____ POST-TEST EFL _____

EXIT STATUS:

NON-SCHOLARS GRANTS ONLY: Graduate Former Enrollee Other: _____

SCHOLARS GRANTS ONLY: Program Completer Program Non-Completer

EXIT REASON:

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

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U.S. Department Labor
Employment and Training Administration

JOB CORPS GRANTEE DATA COLLECTION: POST-SEPARATION DATA

Program Name: _____ Provider: _____

Applicant Name: _____

Last

First

Middle

Applicant ID: _____ SSN: _____

POST-SEPARATION PLACEMENT:

Qualifying Student Placement (select one):

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

Job Training Match: YES NO

Date First Reported to Placement: _____ Hourly Wage at Placement: \$ _____.

Date Met Placement Hours/Wage/Credit Requirements: _____

Hourly Wage at Six Months After Placement:

SCHOLARS GRANTS ONLY:

\$ _____.

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

FIRST QUARTER AFTER EXIT:

Type of Employment:

Military Registered Apprenticeship Other unsubsidized employment Not employed

Date First Entered Employment: _____

Date Exited Employment (if applicable): _____

Data Source:

UI Wage Data Federal Employment Records (OPM, USPS) Military Employment Records (DOD)

Non-UI verification

Quarterly Earnings: \$ _____

Post-secondary Enrollment and Degree Attainment:

Enrolled in Post-Secondary Education/Training

Date Enrolled: _____

Attained HSD

Date Attained: _____

Attained HSE Date Attained: _____
 Attained AA/AS Date Attained: _____

SECOND QUARTER AFTER EXIT:

Type of Employment:

Military Registered Apprenticeship Other unsubsidized employment Not employed

Date First Entered Employment: _____

Date Exited Employment (if applicable): _____

Data Source:

UI Wage Data Federal Employment Records (OPM, USPS) Military Employment Records (DOD)
 Non-UI verification

Quarterly Earnings: \$ _____

Type of Education/Training program:

None Occupational Skills Training Postsecondary Education Secondary Education

Start Date of Education/Training program: _____

Post-secondary Enrollment and Degree Attainment:

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

THIRD QUARTER AFTER EXIT:

Type of Employment:

Military Registered Apprenticeship Other unsubsidized employment Not employed

Date First Entered Employment: _____

Date Exited Employment (if applicable): _____

Data Source:

UI Wage Data Federal Employment Records (OPM, USPS) Military Employment Records (DOD)
 Non-UI verification

Quarterly Earnings: \$ _____

Post-secondary Enrollment and Degree Attainment:

Enrolled in Post-Secondary Education/Training Date Enrolled: _____
 Attained HSD Date Attained: _____
 Attained HSE Date Attained: _____

Attained AA/AS

Date Attained: _____

FOURTH QUARTER AFTER EXIT:

Type of Employment:

Military Registered Apprenticeship Other unsubsidized employment Not employed

Date First Entered Employment: _____

Date Exited Employment (if applicable): _____

Data Source:

UI Wage Data Federal Employment Records (OPM, USPS) Military Employment Records (DOD)
 Non-UI verification

Quarterly Earnings: \$ _____

Type of Education/Training program:

None Occupational Skills Training Postsecondary Education Secondary Education

Start Date of Education/Training program: _____

Employed by Same Employer in Q2 and Q4: YES NO

Post-secondary Enrollment and Degree Attainment:

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

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