Instrument 1: PAGES Grantee- and Participant-Level Data Items List

The HPOG Next Gen's PAGES will collect both grantee- and participant-level data elements from all HPOG grantees that will contribute to grantee performance monitoring, the impact evaluation, and future studies. The system will be web-based and will include a login, welcome page and a user's manual. When users first log in, they will see a screen that shows them a role-appropriate dashboard. The complete list of proposed data items is presented here.

Grantee-Level Data Elements

Data Item / Question	Response Fields / Formats	Value Description	Notes
Grantee Information			
Program Name	Character field	Name of PAGES grant program	Chosen by grantee
HPOG number	Open numeric field	PAGES grantee number	Assigned to grantee
DUNS number	Open numeric field	DUNS number	Assigned to grantee
EIN number	Open numeric field	EIN number	Assigned to grantee
Federal grant number	Open numeric field	Federal grant number	Assigned to grantee
Grant Director last name	Character field	Last name	
Grant Director first name	Character field	First name	
Grant Director telephone	Open numeric field	Telephone number in 555-555-5555 format	
Grant Director email	Character field	Email address in format of email@email.com	
Authorized Certifying Official last name	Character field	Last Name	
Authorized Certifying Official first name	Character field	First Name	
Authorized Certifying Official telephone	Open numeric field	Telephone number in 555-555-5555 format	
Authorized Certifying Official email	Character field	Email address in format of email@email.com	
Grantee address 1	Character field	Grantee address part 1	
Grantee address 2	Character field	Grantee address part 2	Optional field
Grantee city	Character field	Grantee city	
Grantee state	Numeric field	Dropdown of states	
Grantee zip code	Open numeric field	Grantee zip code	
Vendor			
Vendor name	Character field	Vendor name	
Vendor ID	Numeric field	Vendor ID code	Assigned for each new vendor
Vendor contact information	Open field	Phone number	

Data Item / Question	Response Fields / Formats	Value Description	Notes
Vendor contact information	Open field	Address	
Vendor contact information	Open field	Phone number	
Type of organization	Numeric	• Postsecondary educational institution, non-profit • Postsecondary educational institution, for-profit • Community based organization • School district • Government agency • Tribal organization	
Type of partnership	Numeric field	MOU Formal contract Informal	
Basic Skills Training			
Vendor	Numeric field	Vendor name	Taken from list of vendors
Type of Training	Numeric field	• Adult basic education • Adult secondary education • English language acquisition • College developmental education	
Narrative description	Open text field	Narrative description of each training that populates to PPR	For each type of basic skill training used by grantee program
Program length metric (choose one)	Numeric field	Credits Hours per week	
If credits, number of credits for completion	Open numeric field	Number of credits	
If hours per week chosen, hours per week	Open numeric field	Number of hours per week	
Usual number of weeks of program length value	Open numeric field	Number of weeks	
Delivery Mode	Numeric field	• Prior to healthcare training • Concurrent with healthcare training	Basic skills training that is integrated into healthcare or other occupational training is listed under training in program information section
Accelerated	Numeric field	Yes No	
Contextualized	Numeric field	Yes No	

Data Item / Question	Response Fields / Formats	Value Description	Notes
Healthcare Occupational Training Activities			
Vendor	Numeric field	Vendor Name	Taken from list of vendors entered above
Training ID	Numeric field	Training ID code	Assigned for each new training
Training location	Character field	Training location	
Training occupational code	Numeric field	Standard occupational code	Taken from a list of occupational codes. After initial review of grantee applications, we may add subcodes to the SOC/O*NET codes to more precisely identify trainings.
Professional, state, or industry certification or license	Character field	Names of all possible professional, state, or industry certifications or associated with each training	From list of all possible certifications or licenses
Career pathway level	Numeric field	Entry Level Mid-level High-Level	Specific definitions of these levels would be determined by ACF/evaluation team and grantee would assign trainings using these definitions. This information would be used to build reporting.
Interim milestone training	Numeric field	Yes No	This is defined as a course of study which is longer than one semester or 12 weeks (whichever is longer). This indicator defines for which courses of training the progress marker "Completed half of (credits/weeks) for course of training" will appear.
Training type	Numeric field	Credit Non-credit	
If credits, number of credits for completion	Open numeric field	Number of credits	
If non-credit, total hours	Open numeric field	Number of total hours	
Usual number of weeks of program length	Open numeric field	Number of weeks	
Integrated basic skills and healthcare training	Numeric field	Yes No	Indicates basic skills training is integrated with occupational training in this training course
Blended learning model	Numeric field	Yes No	

Data Item / Question	Response Fields / Formats	Value Description	Notes
Employers			
Employer name	Character field	Employer name	Used to populate dropdown on employment tab
Employer location	Character field	Employer address	
Healthcare employer	Numeric field	Yes No	
Employer ID	Numeric field	Employer ID	Assigned for each new employer
Supports			
Academic Supports			
Academic supports offered	Numeric field	List of academic supports offered; Choose from: Case Management Academic Advising Tutoring Mentoring Peer Support Post Eligibility Assessments Training Related Costs Assistance (other than tuition) Laptop for blended learning Internet Access for blended learning	Grantee will choose from list what is offered in their program.
Mandatory	Numeric Field	Yes No	For each academic support
Provider	Numeric Field	HPOG grantee HPOG partner organization Referral to non-HPOG organization More than one of above	For each academic support
Narrative Description	Open text field	Narrative description of each service that populates to PPR	For each academic support used by grantee program
Case Management only			
Program required frequency for case management contact	Numeric field	Monthly Weekly Other None	
If other, how frequently	Open text field	Frequency	
Provider	Numeric Field	HPOG grantee HPOG partner organization Referral to non-HPOG organization	

Data Item / Question	Response Fields / Formats	Value Description	Notes
		More than one of the above	
Participants have assigned case manager	Numeric field	Yes No Sometimes	
Narrative Description	Open text field	Narrative description of case management that populates to PPR	
Personal/Logistical Supports			
Personal/Logistical supports offered	Numeric field	List of personal/logistical supports offered; Choose from: Emergency Assistance Non-Emergency Food Assistance Child / Dependent Care Assistance Transportation Assistance Housing Support / Assistance Other	Grantee will choose from list what is offered in their program
Provider	Numeric Field	HPOG grantee HPOG partner organization Referral to non-HPOG organization More than one of above	For each personal/logistical support
Narrative Description	Open text field	Narrative description of each service that populates to PPR	For each personal/logistical support used by grantee program
Other skill development activities (non-occupational)			
Other skill development activities	Numeric field	List of other skill development activities offered; Choose from: Introduction to Healthcare Career Workshop Work Readiness College Readiness Digital Literacy CPR training Mandatory Work Readiness with peer support Other (specify)	Grantee will choose from list what is offered in their program
Provider	Numeric Field	HPOG grantee HPOG partner organization Referral to non-HPOG organization More than one of above	For each other skills development activity

Data Item / Question	Response Fields / Formats	Value Description	Notes
Narrative Description	Open text field	Narrative description of each service that populates to PPR	For each other skill development activity used by grantee program
Employment assistance supports			
Employment assistance supports	Numeric field	List of employment assistance activities offered; Choose from: Job search assistance Job placement assistance Job retention assistance	Grantee will choose from list what is offered in their program
Provider	Numeric Field	HPOG grantee HPOG partner organization Referral to non-HPOG organization More than one of above	For each employment assistance activity
Narrative Description	Open text field	Narrative description of each support that populates to PPR	For each activity used by grantee program
Work-based learning opportunities			
Work-based learning opportunities	Numeric field	List of work-based learning opportunities offered; Choose from: On-the-Job training Work experience Job shadowing Unpaid Internship or externship	Grantee will choose from list what is offered in their program
Provider	Numeric Field	HPOG grantee HPOG partner organization Referral to non-HPOG organization More than one of above	For each work-based learning opportunity
Narrative Description	Open text field	Narrative description of each service that populates to PPR	For each activity used by grantee program
Possible Enhancements (if applicable)			
Mandatory work readiness training combined with peer support			
Program length metric (choose one)	Numeric field	Credits Hours per week	This metric allows grantees to provide the length in a way that is meaningful for the specific training.
If credits, number of credits for completion	Open numeric field	Number of credits	
If hours per week chosen, hours per week	Open numeric field	Number of hours per week	
Usual number of weeks	Open numeric field	Number of weeks	Usual program length

Data Item / Question	Response Fields / Formats	Value Description	Notes
of program length value			because it may vary by individual
Provider	Numeric Field	HPOG grantee HPOG partner organization Referral to non-HPOG organization More than one of above	
Acceleration, contextualization, and/or integration of basic skills and postsecondary education and training			
Mandatory	Numeric Field	Yes No	
Provider	Numeric Field	HPOG grantee HPOG partner organization Referral to non-HPOG organization More than one of above	
Blended learning combined with in-home access to laptops and the Internet			
Mandatory	Numeric Field	Yes No	
Provider	Numeric Field	HPOG grantee HPOG partner organization Referral to non-HPOG organization More than one of above	
On-the-Job Training (OJT)			
Mandatory	Numeric Field	Yes No	
Provider	Numeric Field	HPOG grantee HPOG partner organization Referral to non-HPOG organization More than one of above	

Participant-Level Baseline Data Elements

Data Item / Question	Response Fields / Formats	Value Description	Notes
Participant Information			
First name	Narrative field	Participant name	
Last name	Narrative field	Participant name	
Middle initial	Narrative field	Participant name	
Date of birth	MM/DD/YYYY		

Data Item / Question	Response Fields / Formats	Value Description	Notes
Gender	Numeric field	Male Female Not reported	
Informed consent	Numeric field	Yes No	A response of 'No' will not be an option during RA, and will be configured depending on site-specific needs.
Social Security Number	SSS-SS-SSSS	SSN	Kept private and required of all HPOG participants.
Personal Characteristics			
Ethnicity of participant is Hispanic or Latino	Numeric field	Yes No	
Race	Select one or more	American Indian or Alaskan Native Asian Black or African American Native Hawaiian or other Pacific Islander White	
United States Citizen	Numeric field	• Yes, born in the United States • Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas. • Yes, born abroad of U.S. citizen parent or parents • Yes, U.S. citizen by naturalization • Not a citizen of the U.S.	Pending additional outline of non-citizen program requirements, when "Not a citizen" is selected a warning will display to prompt user to ensure eligibility and additional questions covering such options will display (see below - including Refugee and other qualified alien definition etc.).
HPOG Qualification (if not citizen of the U.S.)	Numeric field	To be determined (refugee, legal resident, etc.)	This field displays only if "Not a citizen of the U.S." is checked on previous question.
Relationship status	Numeric field	Currently married Living with unmarried partner Divorced or separated Widowed Never married Not reported	
Head of household	Numeric field	Yes No Not reported	
Number of people living in household at least half of the last year	Open numeric field	Number of people	
Number of children under	Open numeric field	Number of children	

Data Item / Question	Response Fields / Formats	Value Description	Notes
age 18 who live in household at least half the last year			
For how many of these children are you or your spouse / partner the legal guardian	Open numeric field	Number of children	
For each child in above question: Name	Text field		This information is necessary if additional child follow-up analysis is to be conducted. Information collected only of the children for which the participant or the participant's spouse/partner is the legal guardian.
For each child in above question: Date of birth	Numeric field	MM/YYYY	This information is necessary if additional child follow-up analysis is to be conducted. Information collected only of the children for which the participant or the participant's spouse/partner is the legal guardian.
Participant or participant's spouse/partner pregnant and/or expectant	Numeric field	Yes No Not reported	
Special characteristics/status: a. Refugee b. Veteran c. Individual with disability d. Current Foster care youth e. Homeless individual f. Limited English proficiency g. Formerly incarcerated h. WIA/WIOA eligible i. Has a child with special needs j. Trouble with stable housing	Numeric field	Check all that apply None Not reported	One check box for each item, with additional "None" and "Not Reported" check boxes found below which apply to all options when checked.
Tribal Member	Numeric field	Yes No Not reported	If grantee is a tribal organization then these questions will be displayed.
Tribal Affiliation	Open text field	Tribal organization name	If grantee is a tribal organization then these questions will be displayed.
Lives on reservation	Numeric field	Yes No Not reported	If grantee is a tribal organization then these questions will be displayed.
Spouse of tribal member	Numeric field	Yes No	If grantee is a tribal organization then these questions will be

Data Item / Question	Response Fields / Formats	Value Description	Notes
		Not reported	displayed.
Current employee of a tribal organization	Numeric field	Yes No Not reported	If grantee is a tribal organization then these questions will be displayed.
Income and benefits			
Approximate total earnings for individual participant from work, including tips and overtime pay during the past 12 months	Numeric field	$0 $1 to $4,999 $5,000 to $9,999 $10,000 to $14,999 $15,000 to $19,999 $20,000 to $24,999 $25,000 to $29,999 $30,000 to $34,999 $35,000 or over	
TOTAL household income including participant's earnings and other income and earnings and other income of all household members for the past 12 months	Numeric field	$0 $1 to $9,999 $10,000 to $14,999 $15,000 to $19,999 $20,000 to $24,999 $25,000 to $29,999 $30,000 to $34,999 $35,000 to $39,999 $40,000 to $44,999 $45,000 to $49,999 $50,000 to $59,999 $60,000 to $69,999 $70,000 or over	
Participant is receiving public benefits at intake (for each): a. TANF Cash Assistance b. Medicaid	Numeric field	Yes No Not reported	
Anyone in household including participant is receiving public benefits at intake (for each): a. TANF b. SNAP c. WIC d. Free/Reduced Price School Lunch e. Supplemental Security Income f. Social Security and/or Social Security Disability Insurance g. Medicaid h. Subsidized Child Care / Voucher i. Section 8 / Public Housing	Numeric field	Yes No Not reported	

Data Item / Question	Response Fields / Formats	Value Description	Notes
j. Low-Income Heating Emergency Assistance Program k. Refugee Cash Assistance l. Bureau of Indian Affairs General Assistance m. Alaska Permanent Fund			
Other sources of financial support received by anyone in household (for each): a. Alimony b. Child Support c. Workers compensation d. Support from family and friends not living in household e. Grants or loans for school	Numeric field	Yes No Not reported	
Unemployment Insurance compensation recipient	Numeric field	UI claimant UI exhaustee Not a UI claimant or exhaustee Not reported	
Education			
Highest level of education completed	Numeric field	• Grades 1 to 12 (no HS diploma) • High school diploma • GED/HiSET/TASC or alternative credential • Some college credit but less than one year of college credit • One or more years of college credit, but no degree • Associate's degree • Bachelor's degree • Graduate degree • Not reported	
Ever received a professional, state, or industry certification or license?	Numeric field	Yes No Not reported	
If yes to above, what is the name of the professional, state, or industry certification or license?	Open text field	Name of the professional, state, or industry certification or license	
Received an occupational certificate or diploma, excluding any state,	Numeric field	Yes No Not reported	

Data Item / Question	Response Fields / Formats	Value Description	Notes
professional, or industry certification or license?			
If yes to above, what is the name of the occupational certificate or diploma?	Open text field	Name of the occupational certificate or diploma	
Currently in school or training	Numeric field	Yes No Not reported	Currently enrolled in any classes, or enrolled but between terms, with an entity that is providing education or training
If yes to above, currently in a healthcare occupational training course	Numeric field	Yes No Not reported	
If no or skipped above, ever taken classes to prepare for work in a particular occupation?	Numeric field	Yes No Not reported	
If yes to above, ever taken classes to prepare for work in a healthcare occupation?	Numeric field	Yes No Not reported	
Ever participated in following classes/educational programs? (ask each) a. Classes to improve basic reading/writing/math skills or prepare for a high school equivalency or college placement test b. English as Second Language c. Classes for college credit d. Occupational training not for college credit e. Classes in how to succeed at work class/workshop f. Classes in how to succeed at school	Numeric field	Yes No Not reported	
Literacy assessed at 8th grade level or higher?	Numeric field	Yes No No assessment Not reported	
Numeracy assessed at 8th grade level or higher?	Numeric field	Yes No No assessment Not reported	
Employment			
Ever worked for pay?	Numeric field	Yes No Not reported	

Data Item / Question	Response Fields / Formats	Value Description	Notes
If ever worked, ever worked in a healthcare occupation?	Numeric field	Yes No Not reported	
If yes to above, specify most recent healthcare occupation?	Numeric field	Standard Occupational Codes	
If ever worked, are you currently employed?	Numeric field	Yes No Not reported	
If currently employed, participant employment in healthcare occupation?	Numeric field	Yes No Not reported	
If yes to above, identify healthcare occupation	Numeric field	Standard Occupational Codes	
If currently employed, the usual number of hours worked per week	Open numeric field	Number	
If currently employed, current hourly wage	Open numeric field	Numbers and Decimal Points	
If currently employed, receives health insurance from your employer?	Numeric field	Yes No Not reported	
Expectations (Answered only for Impact study participants)			
Highest level of education expected to complete?	Numeric field	• Grades 1 to 12 (no HS diploma) • High school diploma • GED/HiSET/TASC or alternative credential • Some college credit but less than one year of college credit • One or more years of college credit, but no degree • Associate's degree • Bachelor's degree • Graduate degree	
Expect to receive a professional, state, or industry certification or license?	Numeric field (asked of those answering less than Associate's above)	Yes No	
Expect to receive an occupational certificate or diploma, excluding any state, professional, or	Numeric field (asked of those answering less than Associate's above)	Yes No	

Data Item / Question	Response Fields / Formats	Value Description	Notes
industry certification or license?			
If selected to participate in HPOG, does the participant expect to be going to school full-time or part-time?	Numeric field	Full-time Part-time	
Does the participant expect to be working for pay in the next six months?	Numeric field	Yes No	
If yes to above, how many hours does the participant expect to be working in a typical week?	Open numeric field	Number	
In the past 12 months, please note how often each of the following situations interfered with the participant's school, work, job search, or family responsibilities: a. Child care arrangements? b. Transportation? c. Personal illness or health condition? d. Alcohol or drug use? e. Another situation?	Numeric field, answer for each	Never Almost never Sometimes Fairly often Very often	
When it comes to careers, some people are more certain than others that they know where they are headed and how to get there. How strongly does the participant agree/disagree that the following statements reflect his/her career situation: a. I'm not sure how to accurately assess my abilities and challenges. b. I know how to make a plan that will help me achieve my goals for the next 5 years. c. I know how to get help from staff and teachers with any issues that might arise when I am at school. d. I'm not sure what type of job is best for me. e. I know the type of employer I want to work for.	Numeric field, answer for each	Strongly disagrees Somewhat disagree Somewhat agrees Strongly agrees	

Data Item / Question	Response Fields / Formats	Value Description	Notes
f. I know the occupation I want to be in. g. I'm not sure what kind of education and training program is best for me.			
In general, some people have an easier or harder time with problems or difficulties. How true does the participant think are the following statements: a. I can always manage to solve difficult problems if I try hard enough. b. It is easy for me to stick to my aims and accomplish my goals. c. I am confident that I could deal efficiently with unexpected events. d. Thanks to my resourcefulness, I know how to handle unforeseen situations. e. I can solve most problems if I invest the necessary effort. f. I can remain calm when facing difficulties because I can rely on my coping abilities. g. When I am confronted with a problem, I can usually find several solutions. h. If I am in trouble, I can usually think of a solution. i. I can usually handle whatever comes my way.	Numeric field, answer for each	Not at all true Somewhat true Mostly true Entirely true	
These statements are about how people approach various tasks in life. How strongly does the participant agree/disagree that the following statements apply to the participant: a. New ideas and projects sometimes distract me from previous ones. b. Setbacks don't discourage me. c. I have been obsessed with a certain idea or project for a short time	Numeric field, answer for each	Strongly agrees Somewhat agrees Somewhat disagree Strongly disagrees	

Data Item / Question	Response Fields / Formats	Value Description	Notes
but later lost interest. d. I am a hard worker. e. I often set a goal but later choose to pursue a different one. f. I often have difficulty maintaining my focus on projects that take more than a few months to complete. g. I finish whatever I begin. h. I am diligent.			
The following contains a series of statements participants might use to describe their behavior, opinions, interests, and feelings. Some are quite general while others ask about their feelings at work or school. If they are not currently working or going to school, please ask them to think about how they would respond if they were. How strongly does the participant agree/disagree that the following statements apply to the participant: a. I'm not smart enough to do well on assignments. b. I have difficulties keeping up academically with my classmates. c. I am confident of my academic abilities. d. I can follow discussions about abstract academic topics. e. I'm intelligent. f. I achieve little for the amount of time I spend studying. g. I find it hard to pick out the main ideas in class readings. h. I need to work harder than others to get the grades they do. i. I am less talented than other students. j. I'm a fast learner. k. I have ranked in the top 20% on academic ability among my classmates. l. My nervousness interferes with my	Numeric field, answer for each	Strongly disagrees Moderately disagrees Slightly disagrees Slightly agrees Moderately agrees Strongly agrees	

Data Item / Question	Response Fields / Formats	Value Description	Notes
performance on tests.			
How strongly does the participant agree/disagree with the following statements about his/her work preferences: a. I will take any job even if the pay is low? b. I only want the kind of job that is related to my education or training?	Numeric field, choose one answer for each	Strongly disagrees Disagrees Agrees Strongly agrees	
How much must a job pay a participant per hour for it to make sense for him/her to take it?	Open numeric field	Numbers and Decimal Points	
If participant is not selected to participate in HPOG, what are his/her plans for education and work? Does he/she plan to: a. Enroll in another occupational training program? b. Enroll in basic skills education training program? c. Complete a regular high school diploma? d. Enroll in a four-year or community college? e. Seek employment? f. If yes, in healthcare field?	Numeric field	Yes No	
Contact Information			
Participant contact address 1	Narrative field	Physical street address	
Participant contact address 2	Narrative field	Apartment and/or condominium	Optional field
Participant contact address 3	Narrative field	Complex or building name	Optional field
Participant contact city	Narrative field	Full city or town name	
Participant contact state	Numeric field	State name	
Participant contact zip code	Open numeric field	The initial code of 5 digits followed by the expanded code of 4 digits separated by a dash. Ex. 94591-6497	
Participant Contact Phone 1	Open numeric field	Enter 10 digits. No dashes or parentheses.	
Type of phone 1	Numeric field	Home	

Data Item / Question	Response Fields / Formats	Value Description	Notes
		Mobile Work other	
Participant Contact Phone 2	Open numeric field	Enter 10 digits. No dashes or parentheses.	
Type of phone 2	Numeric field	Home Mobile Work other	
Can we contact you via text message?	Numeric field	Yes No	
Can we contact you on that number via automated text message?	Numeric field	Yes No	
Participant contact e-mail address	Narrative field	E-mail address	
Facebook account name or email address associated with account	Narrative field	Account name or E-mail address	
Twitter handle or ID	Narrative field	Name	
Best way to reach participant	Numeric field	Phone Text Email Social media (Facebook, LinkedIn, or Twitter)	
Alternative contact first name	Narrative field	Alternate contact first name	
Alternative contact last name	Narrative field	Alternate contact last name	
Alternative contact relationship to participant	Numeric field	• Parent • Sibling • Extended biological family member • Partner • Friend / social support network member • Other	
Alternative contact primary phone number	Open Numeric field	Enter 10 digits. No dashes or parentheses.	
Alternative contact address1	Narrative field	Physical street address	
Alternative contact address2	Narrative field	Apartment and/or condominium	Optional field
Alternative contact address3	Narrative field	Complex or building name	Optional field
Alternative contact city	Narrative field	Full city or town name	

Data Item / Question	Response Fields / Formats	Value Description	Notes
Alternative contact state	Numeric field	State name	
Alternative contact zip code	Open Numeric field	The initial code of 5 digits followed by the expanded code of 4 digits separated by a dash. Ex. 94591-6497	
Alternative contact e-mail address	Narrative field	E-mail address	

Participant-Level Ongoing Data Items

Data Item / Question	Response Fields / Formats	Value Description	Notes
Eligibility Screenings and Assessments			
Assessments			
Career inventory	Numeric field	Yes No	
Literacy test score	Open Numeric field	Test score	
Name of literacy test	Numeric Field	TABE CASAS Other	
If Other, specify:	Character field	Test name	
Numeracy test score	Open Numeric field	Test score	
Name of numeracy test	Numeric field	TABE CASAS Other	
If Other, specify:	Character field	Test name	
English Language Proficiency test	Numeric field	Yes No	
English Language Proficiency test score	Open Numeric field	Test score	
Name of English Language Proficiency test	Numeric field	TABE/CLAS-E CASAS BEST Other	
If Other, specify:	Character field	Test name	
Screening			
Screenings completed (answer each): a. Drug screening b. Background check c. Physical d. Immunizations e. Other	Numeric Field	Yes No	

Data Item / Question	Response Fields / Formats	Value Description	Notes
If Other, specify:	Character field	Screening Name	
Basic and Other Skills Development Activities (non-occupational)			
Basic Skills Training			
Basic skills training course		Listing of basic skills training courses available by grantee	
HPOG funds used to support tuition/training payment	Numeric field	Yes No Tuition/Payment waived by training provider Don't Know	
Begin date	MM/DD/YYYY	Begin date of training	
Projected Completion Date	MM/DD/YYYY	Expected completion date of training	Estimate of the date participant will finish the training course. Can be updated with additional information – purpose is to trigger reminders to user.
End date	MM/DD/YYYY	End date of training	
Basic skills training completion	Numeric field	• Dropped out • Did not pass • Certificate of completion • High school diploma • GED/HiSET/TASC or alternative credential • Attained necessary skill level	
Self-directed basic skills training	Numeric field	Check box	Checked off if student is not in a basic skills training course, but participating in self-directed basic skills activities. Not recorded as a basic skills participant in the PPR.
Other Skill Development Activities			
Select a type	Numeric field	• Introduction to Healthcare Career Workshop • Work Readiness • College Readiness • Digital Literacy • CPR training • Mandatory Work Readiness with peer support	The exact list appearing will be specific to the grantee – entered in the program data section. See definitions appendix for definitions. Mandatory work readiness with peer support will only appear for participants who have been randomly assigned to this enhancement.

Data Item / Question	Response Fields / Formats	Value Description	Notes
		• Other (specify)	
Begin date	MM/DD/YYYY	Begin date of activity	
Projected Completion Date	MM/DD/YYYY	Expected completion date of training	Defined by expected length of activity and projected completion date.
End date	MM/DD/YYYY	End date of activity	
Other skill development activity completion	Numeric field	• Dropped out • Did not pass • Certificate of completion	
Healthcare Occupational Training			
Prerequisites for healthcare training			
Begin Date	MM/DD/YYYY	Begin date of pre-requisites	
Projected Completion Date	MM/DD/YYYY	Expected completion date of training	Defined by expected length of prerequisites and projected completion date.
End Date	MM/DD/YYYY	End date of pre-requisites	
Health Occupation Training			
Training Vendor	Numeric field	Vendors pre-defined at program level	
Code for healthcare occupational training type	Numeric field	Occupational codes pre-defined for selected vendor at the grantee level	Codes based on ONET-SOC with additional details as necessary
HPOG funds used to support tuition/training payment	Numeric field	Yes No Tuition/Payment waived by training provider Don't Know	
Was this specific course of training in progress at the time of intake into HPOG?	Numeric field	Yes No Don't Know	
Begin date	MM/DD/YYYY	Begin date of occupational training	
Projected Completion Date	MM/DD/YYYY	Expected completion date of training	Defined by expected length of training and projected graduation date.
End date	MM/DD/YYYY	End date of occupational training	
Occupational training completion	Numeric field	• Dropped out • Did not pass • Completed training	

Data Item / Question	Response Fields / Formats	Value Description	Notes
		course, no degree • Associate's degree • Bachelor's degree • Master's degree	
Professional, state, or industry certification or license	Numeric field	Available list pre-defined at the grantee level	
Completed half of required course of training	Numeric field	Check box to indicate this has occurred Half-way mark in number of credits or weeks for training course will also appear	Element only appears for occupational training courses indicated as "milestone training courses" in the grantee program section.
Enrolled in postsecondary education or attending training in a program that is not a part of HPOG	Numeric field	Yes No	This refers only to education and training activities started at some point after enrollment in HPOG that are not part of the HPOG program
Employment			
Job type	Numeric field	New job Promotion or raise in current job	
Job title	Narrative field	Name of job title	This is optional
Job start date	MM/DD/YYYY	Job begin date	
Job end date	MM/DD/YYYY	Job end date	
Employer name	Numeric field	Displays employer names pre-defined at the grantee level	
Employment in healthcare occupation	Numeric field	Yes No Not reported	
If yes, healthcare occupation code	Numeric field	Occupational codes	Dropdown list
Job is one of following: (check if yes)	Numeric field	Part of Registered Apprenticeship program Cooperative education placement Paid internship or externship Work study job	
Current wage per hour	Open Numeric field	Hourly wage to second decimal	
Usual hours worked per week	Open Numeric field	Hours worked per week	
Participant provided health insurance through job?	Numeric field	Yes No Not reported	
Program Supports			

Data Item / Question	Response Fields / Formats	Value Description	Notes
Academic Supports			
Type of Support	**Notes**		
Case management			
Academic advising			
Tutoring			
Mentoring			
Peer support			
Post-eligibility assessments			
Training-related costs assistance (other than tuition)			
Laptop for blended training participants	These questions will appear if a grantee offers blended healthcare training courses		
Internet service access for participants in blended training	These questions will appear if a grantee offers blended healthcare training courses		
Data Item / Question	**Response Fields / Formats**	**Value Description**	**Notes**
First date of support receipt	MM/DD/YYYY	First date of support	If necessary for enrollment date calculation
Receipt in specific six-month period		Record for each six-month reporting period	
Funding Source	Numeric	HPOG funded Non-HPOG funded Both Don't Know	One entry of this question per person per support type. Support referrals to be indicated only when the participant was verified as having acted on the referral and obtained support
Participant has assigned case manager	Numeric	Yes No	
Name of case manager	Open text	Name	Only asked if yes to above
Case Management (Optional)			
Case Management Meeting Date	MM/DD/YYYY	Date of case management meeting	
Case Manager	Character Field	Name of the case manager contacting the participant	Chosen from list of staff at grantee program level
Mode of contact	Numeric field	• In person	

Data Item / Question	Response Fields / Formats	Value Description	Notes
		• Over phone • Email or Social Media • Other mode of contact	
If other, specify:	Open text field	Other mode of contact	
Who initiated contact	Numeric field	• HPOG staff person • HPOG Participant	

Type of Support	Notes		
Personal/Logistical Supports			
Emergency assistance			
Non-emergency Food Assistance	This only includes non-emergency assistance		
Child/dependent care assistance			
Transportation assistance	This only includes non-emergency assistance		
Housing support/assistance	This only includes non-emergency assistance		
Other	This will include supports entered at the grantee level that are not included in any of the above, that the user can check off		

Data Item / Question	Response Fields / Formats	Value Description	Notes
Receipt in specific six-month period		Check box for each six-month reporting period	
Funding Source	Numeric	HPOG funded Non-HPOG funded Both Don't Know	One entry of this question per person per support type. Support referrals to be indicated only when the participant was verified as having acted on the referral and obtained support
First date of support receipt	MM/DD/YYYY	First date of support	If necessary for enrollment date calculation.

Employment Assistance Supports			

Type of activity	Notes		
Job search assistance			
Job retention services			
Job placement assistance			

Data Item / Question	Response Fields / Formats	Value Description	Notes
Receipt in specific six-month period		Check box for each six-month reporting period	

Data Item / Question	Response Fields / Formats	Value Description	Notes
Funding Source	Numeric	HPOG funded Non-HPOG funded Both Don't Know	One entry of this question per person per support type. Support referrals to be indicated only when the participant was verified as having acted on the referral and obtained support.
First date of support receipt	MM/DD/YYYY	First date of support	If necessary for enrollment date calculation.

Work-Based Learning Opportunities			

Type of activity	Notes		
On-the-Job training			
Work experience			
Job shadowing			
Unpaid Internship or Externship			

Data Item / Question	Response Fields / Formats	Value Description	Notes
Begin Date	MM/DD/YYYY	Begin date of activity	
End Date	MM/DD/YYYY	End date of activity	
Activity Completion	Numeric field (select one)	Did not complete Completed satisfactorily	
Usual Number of Hours per week	Numeric Field (open)	User enters number of hours of participation in activity per week	
Occupation code of job	Numeric Field	Occupational code (chosen from listing)	
Funding Source	Numeric	HPOG funded Non-HPOG funded Both Don't Know	
Hourly payment	Numeric Field	Wage	This would be asked for on-the-job training and work experience