

OMB Control Number 1205-0521 Expiration Date: 06-30-2023			REQUIREMENTS BY PROGRAM OF PARTICIPATION*																							ETA- 9172
DATA ELEMENT NO.	DATA ELEMENT NAME	DATA TYPE/ FIELD LENGTH	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	CODE VALUE	Responsible Individual	Wagner-Peyser	WIOA Adults	WIOA Dislocated Workers	WIOA Youth Dislocated Workers Grants	(HWE)- TOA	Nucleus Employment Assistance Program (NEP)	Indian and Native American Program (INA)	Reentry Fund Placement Opportunities (REO) (A-01)	Reentry Employment Opportunity (REO) (A-02)	YouthBuild	Jobs for Veterans - State Grants (JVS)	HB	Job Corps	Incumbent Worker (Adult/DW funded)	SCSP	Apprenticeship	Demonstration Grants				
<b>SECTION A - INDIVIDUAL INFORMATION</b>																										
<b>SECTION A.01 - IDENTIFYING DATA</b>																										
N/A	CRS Number	IN 9	Record a unique nine integer number for each record to support processing	X00000000 (No hyphens)	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R				
100	Unique Individual Identifier (WIOA)	AN 12	Record the unique identification number assigned to the participant. At a minimum, this identifier for a person must be the same for each program entry and exit (i.e., "period of participation") that an participant has during a program year so that a unique count of participants may be calculated for the program year. NOTE: For Titles I, II, and III, unless specifically directed in program guidance, this field cannot contain a social security number.	X000000000X	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R				
101	State Code of Residence (WIOA)	AN 2	Record the 2-letter FIPS alpha code of the state of the primary domicile of the participant. For example, the State of Alabama would be represented as "AL". Primary domicile is that location established or claimed as the permanent residence or "home" of the participant. If primary domicile is outside the United States, use the following numeric codes: 77 = All Other Countries 88 = Mexico 99 = Canada For persons on active military duty, states should record the two-letter Air/Army Post Office (APO) or Fleet Post Office (FPO) as defined by the Military Postal Service Agency. AE (ZIPs 09XX) for Armed Forces Europe which includes Canada, Middle East, and Africa AF (ZIPs 96XX - 96XX) for Armed Forces Pacific AA (ZIPs 34XX) for Armed Forces (Central and South Americas)	XX	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R				
102	County Code of Residence	IN 3	Record the 3-digit FIPS Code of the County of the primary domicile of the participant. Primary domicile is that location established or claimed as the permanent residence or "home" of the participant. If primary domicile is outside the United States, use the following codes: 777 = All Other Countries 888 = Mexico 999 = Canada	000	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R				
103	Zip Code of Residence	IN 5	Record the 5-digit zip code of the primary domicile of the participant. Primary domicile is that location established or claimed as the permanent residence or "home" of the participant. If primary domicile is outside the United States, use the following codes: 77777 = All Other Countries 88888 = Mexico 99999 = Canada For persons on active military duty, states should record the zip code associated with the APO or FPO as defined by the Military Postal Service Agency.	00000	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R				
104	Economic/Labor Market Area and Physical Location Code	IN 9	Record the code (maximum of 9-digits) of the economic/labor market area and physical location in which the participant received his/her first service with significant staff involvement and is financially assisted by the program. Grants have the flexibility to use the first 5-digits of this field for identifying the economic region or labor market area in which the participant began receiving services with significant staff involvement. The next 4-digits of this field should be used to identify the physical location in which the participant began receiving services with significant staff involvement. Unless otherwise specified by ETA, codes contained within this field are determined by the grantee. Record 999999999 to indicate "statewide/virtual office" if the participant only received remote or virtual self-service or informational activities. Record 000000000 if not known. A physical location means a designated One-Stop Career Center, an affiliated One-Stop partner site, or other specialized centers and sites designed to address special customer needs, such as a company work site for dislocated workers.	000000000	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R				
105	Special Project ID - 1	AN 7	Record the 7-digit alpha-numeric ID assigned by DOL for Special Projects or populations served under this program. Refer to ETA guidance for instructions on its use.	XXXXXXXX	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R				
106	Special Project ID - 2	AN 7	Record the 7-digit alpha-numeric ID assigned by DOL for Special Projects or populations served under this program. Refer to ETA guidance for instructions on its use. Use this second Project ID in the event that a participant falls under more than one Special Project category.	XXXXXXXX	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R				
107	Special Project ID - 3	AN 7	Record the 7-digit alpha-numeric ID assigned by DOL for Special Projects or populations served under this program. Refer to ETA guidance for instructions on its use. Use this third Project ID in the event that a participant falls under more than two Special Project categories.  NOTE: If Data Element 930 (Pay-for-Performance) = 1, Record Pay-for-Performance Provider ID in this field.	XXXXXXXX	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R				
108-A	ETA-Assigned 1st Local Workforce Board Code	IN 5	Record the 5-digit ETA assigned Local/Statewide code where the participant was determined eligible to participate in the program and received his/her first service financially assisted by the program. If the participant was served by the local area and also by other non-local funds (e.g., statewide funds or a Dislocated Worker Grant), record the code for the Local Board. If participant record is a liable state record, record 99999.  This is the primary ETA Assigned Local Workforce Board Code. It triggers inclusion in state reports as well as the identified Local Area reports.	00000	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R				
108-B	ETA-Assigned 2nd Local Workforce Board Code	IN 5	Record the 5-digit ETA assigned Local Board where the participant was determined eligible to participate in the program and received his/her first service financially assisted by the program. If the participant was served by the local area and also by other non-local funds (e.g., statewide funds or a Dislocated Worker Grant), record the code for the Local Board. If participant record is a liable state record, record 99999.  This is the secondary ETA Assigned Local Workforce Board Code. It triggers inclusion in the reports for the identified Local Area only.	00000	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R				
108-C	ETA-Assigned 3rd Local Workforce Board Code	IN 5	Record the 5-digit ETA assigned Local Board where the participant was determined eligible to participate in the program and received his/her first service financially assisted by the program. If the participant was served by the local area and also by other non-local funds (e.g., statewide funds or a Dislocated Worker Grant), record the code for the Local Board. If participant record is a liable state record, record 99999.  This is the tertiary ETA Assigned Local Workforce Board Code. It triggers inclusion in the reports for the identified Local Area only.	00000	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R				
<b>SECTION A.02 - EQUAL OPPORTUNITY INFORMATION</b>																										
200	Date of Birth	DT 8	Record the participant's date of birth.	YYYYMMDD	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R				
201	Sex	IN 1	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 sex.	1 = Male 2 = Female 9 = Participant did not self-identify	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R				
202	Individual with a Disability (WIOA)	IN 1	Record 1 if the participant indicates that he/she has any "disability" as defined in Section 3(2)(a) of the Americans with Disabilities Act of 1990 (42 U.S.C. 12102). Under that definition, a "disability" is a physical or mental impairment that substantially limits one or more of the person's major life activities. Record 0 if the participant indicates that he/she does not have a disability that meets the definition. Record 9 if the participant did not self-identify.	1 = Yes 0 = No 9 = Participant did not self-identify	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R				
203	Category of Disability	IN 9	For those participants where Individual With A Disability (WIOA) = 1: Record 1 if the impairment is primarily physical, due to a chronic health condition. Record 2 if the impairment is primarily physical, including mobility. Record 3 if, because of a mental illness, psychiatric disability, or emotional condition, the participant has serious difficulty concentrating, remembering, or making decisions. Record 4 if the participant is blind or has serious difficulty seeing. Record 5 if the participant is deaf or has serious difficulty hearing. Record 6 if the participant has a learning disability. Record 7 if the participant has a cognitive or intellectual disability. Record 8 if the participant does not wish to disclose his/her category of disability. Record 9 if the participant has no disability. Record 0 if that apply if the participant has more than one impairment.	1 = Physical/Chronic Health Condition 2 = Physical/Mobility Impairment 3 = Mental or Psychiatric Disability 4 = Vision-related disability 5 = Hearing-related disability 6 = Learning Disability 7 = Cognitive/Intellectual disability 8 = Participant did not disclose type of disability 9 = No disability	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R			
204	Individual With A Disability (SDOA) Services	IN 1	For those participants where Individual With A Disability (WIOA) = 1: Record 1 if the participant has received services funded by the State Developmental Disabilities Agency (SDOA). Record 0 if the participant does not meet any of the conditions described above. Leave blank if this data element does not apply to this participant.	1 = SDOA 0 = No	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R				
205	Individual With A Disability (LSMHA) Services	IN 1	For those participants where Individual With A Disability (WIOA) = 1: Record 1 if the participant has received services funded by a local or state mental health agency (LSMHA). Record 0 if the participant does not meet any of the conditions described above. Leave blank if this data element does not apply to this participant.	1 = LSMHA 0 = No	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R				
206	Individual With A Disability (Medical HCBS) Services	IN 1	For those participants where Individual With A Disability (WIOA) = 1: Record 1 if the participant has received services funded via a state Medicaid HCBS waiver. Record 0 if the participant does not meet any of the conditions described above. Leave blank if this data element does not apply to this participant.	1 = HCBS waiver 0 = No	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R				

\*Rows highlighted in blue represent data elements specific to the Departments of Education and Labor Joint WIOA Participant Individual Record Layout.



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					Reportable Individual	Wagner-Peyser	WIOA Adults	WIOA Dislocated Workers	WIOA Youth Dislocated Worker Grants	(RWS)-TIA	Public Employment Service Job Program (PEJP)	Indian Job Corps American Program (IJA)	Reentry Employment Department (RED) (Adult)	Reentry Employment Other (Youth)	YouthHub	Jobs for Veterans' State Grant (JVS)	HUB	Job Corps	Incumbent Worker (Adult/OW funded)	SCSFP	Apprenticeship
308	Homeless Veteran	IN 1	A participant who served in the active military, naval, or air service, and who was discharged or released from such service under conditions other than dishonorable, and who lacks a fixed, regular, and adequate night-time residence. This definition includes any participant who has a primary night time residence that is a publicly or privately operated shelter for temporary accommodation; an institution providing temporary residence for participants intended to be institutionalized; or a public or private place not designated for or ordinarily used as a regular sleeping accommodation for human beings. This definition does not include an participant imprisoned or detained under an Act of Congress or State law. An participant who may be sleeping in a temporary accommodation while away from home should not, as a result of that alone, be recorded as homeless. Record 1 if the participant meets the conditions described above. Record 0 if the participant does not meet the conditions described above. Leave blank if this data element does not apply to the participant.	1 = Yes 0 = No																	
309	Homeless Veterans' Reintegration Program Participant	IN 1	Record 1 if the participant is a veteran who is enrolled in the Homeless Veterans' Reintegration Program (HVRP), Incarcerated Veterans Transition Program (IVTP), or Homeless Female Veterans and Veterans with Families (HFVWVF) Reintegration Program in their area. Record 0 if the participant does not meet the conditions described above. Leave blank if data element does not apply to the participant.	1 = Yes 0 = No	R	R	R	R						R	R		R				R
310	Homeless Veterans' Reintegration Program Grantee	IN 5	Record the first five numbers of the DOL Grant number for the corresponding program in PRL 309. (Should be provided by the local grantee/service provider making the referral.) Leave blank if data element does not apply to the participant.	X0000	R	R	R	R						R	R		R				R
311	Homeless Veterans' Reintegration Program Grantee #2	IN 5	If the participant is receiving services from a second HVRP grantee, record the first five numbers of the DOL Grant number. (Should be provided by the local HVRP grantee/service provider making the referral.) Leave blank if data element does not apply to the participant.	X0000		R											R				R
312	Reason the participant is being served by a second HVRP grantee	IN 2	Record 1 if the participant stated the grantee is no longer a DOL grantee. Record 2 if the participant stated the services provided were not capable to her or his needs. Record 3 if the participant left the service area of grantee #1. Record 0 if the participant lost touch with the HVRP counselor #1 and recruited by HVRP grantee #2	01- If the participant stated the grantee is no longer a DOL grantee. 02- If the participant stated the services provided were not capable to her or his needs. 03- If the participant left the service area of grantee #1. 04- If the participant lost touch with the HVRP counselor #1 and recruited by HVRP grantee #2	R												R				R
313	Homeless Veterans' Reintegration Program Grantee #3	IN 5	If the participant is receiving services from a third HVRP grantee, Record the first five numbers of the DOL Grant number. (Should be provided by the local HVRP grantee/service provider making the referral.) Leave blank if data element does not apply to the participant.	X0000		R											R				R
314	Reason the participant is being served by a third HVRP grantee	IN 2	Record 1 if the participant stated the grantee is no longer a DOL grantee. Record 2 if the participant stated the services provided were not capable to his needs. Record 3 if the participant left the service area of grantee #2. Record 0 if the participant lost touch with the HVRP counselor #2 and recruited by HVRP grantee #3	01- If the participant stated the grantee is no longer a DOL grantee. 02- If the participant stated the services provided were not capable to his needs. 03- If the participant left the service area of grantee #2. 04- If the participant lost touch with the HVRP counselor #2 and recruited by HVRP grantee #3	R												R				R
315	Other Significant Barrier to Employment	IN 1	Record 1 if the veteran or eligible person has a significant barrier to employment not captured elsewhere. Record 0 if there is no other significant barrier to employment. NOTE: The rationale for this data element is that certain significant barriers to employment are captured in other data elements. For instance, "special disabled" or "disabled veteran" is captured in #303, "homeless veterans" is captured in #308, "recently separated" is captured in #304, "ex-offender" is captured in #801, "no secondary school diploma..." is captured in #408, and "low income" is captured in #802. Leave blank if this data element does not apply to the participant.	1 = Yes, Other 0 = No		R											R			R	R



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					Reportable Individual <sup>2</sup>	Wagner-Peyser	WIOA-Adults	WIOA-Discarded Workers	WIOA-Youth	Dislocated Worker Grant	(RWS)-TIA	WIOA-Entrepreneur Job Program (NEJP)	Indian Health American Program (IHA)	Reentry Employment Opportunity (REO) (Adult)	Reentry Employment Opportunity (REO) (Youth)	YouthHub	Jobs for Veterans' State Grants (JVS)	HRE	Job Corps	Incumbent Worker (Adult/OW model)	SCSEP	Apprenticeship	Demonstration Grants
415	Migrant and Seasonal Farmworker Designation as defined at 20 CFR 651.10	IN 1	Record 1 if the participant is a seasonal farmworker, meaning an individual who is employed or was employed in the past 12 months, in farmwork (as described at 20 CFR 651.10) of a seasonal or other temporary nature and is not required to be absent overnight from <del>his/her</del> permanent place of residence. <del>Non-migrant individuals who are full-time employees.</del> Labor is performed on a seasonal basis where, ordinarily the employment pertains to, or is of the kind exclusively performed at certain seasons, or periods of the year and which, from its nature, may not be continuous or carried on throughout the year. A worker, who moves from one seasonal activity to another, while employed in farm work, is employed on a seasonal basis even though <del>they</del> <del>he/she</del> may continue to be employed during a major portion of the year. A worker is employed on other temporary basis where <del>they are</del> <del>he/she</del> employed for a limited time only or <del>that</del> <del>his/her</del> performance is contemplated for a particular piece of work, usually of short duration. Generally, employment which is contemplated to continue indefinitely is not temporary.  Record 2 if the participant is a migrant farmworker, meaning a seasonal farmworker (as defined above), who travels to the job site so that the farmworker is not reasonably able to return to his/her permanent residence within the same day. <del>Full-time students attending in regular or group rather than their families are excluded.</del>  Record 0 if the participant does not meet the condition described above.  Leave blank if this data element does not apply to the individual.	1 = Seasonal Farmworker 2 = Migrant 3 = No	X	R																	
SECTION A.05 - PUBLIC ASSISTANCE INFORMATION																							
600	Temporary Assistance to Needy Families (TANF)	IN 1	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. Record 0 if the participant does not meet the condition described above. Leave blank if this data element does not apply to the participant.	1 = Yes 0 = No		R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
601	Exhausting TANF Within 2 Years  (Part A Title IV of the Social Security Act at Program Entry (WIOA))	IN 1	Record 1 if the participant, at program entry, is within 2 years of exhausting lifetime eligibility under part A of Title IV of the Social Security Act (42 U.S.C. 601 et seq.), regardless of whether receiving these benefits at program entry. Record 0 if the participant does not meet the condition described above. Record 9 if the data element does not apply to the participant (i.e., the participant has never received TANF, or if the participant has already exhausted lifetime TANF eligibility).	1 = Yes 2 = No 9 = Not Applicable		R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
602	Supplemental Security Income (SSI) / Social Security Disability Insurance (SSDI)	IN 1	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. Record 2 if the participant is receiving or has received SSDI benefit payments under Title XIX of the Social Security Act in the last six months prior to participation in the program. Record 3 if the participant is receiving or has received both SSI and SSDI in the last six months prior to participation in the program. Record 4 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 and is a Ticket to Work Program Ticket Holder issued by the Social Security Administration. Record 5 if the participant is receiving or has received SSDI benefit payments under Title XIX of the Social Security Act in the last six months prior to participation in the program and is a Ticket to Work Program Ticket Holder issued by the Social Security Administration. Record 6 if the participant is receiving or has received both SSI and SSDI in the last six months prior to participation in the program and is a Ticket to Work Program Ticket Holder issued by the Social Security Administration. Record 0 if the participant does not meet any of the conditions described above.	1 = SSI 2 = SSDI 3 = Both SSI and SSDI 4 = SSI and Ticket Holder 5 = SSDI and Ticket Holder 6 = Both SSI and SSDI and a Ticket Holder 0 = No		R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
603	Supplemental Nutrition Assistance Program (SNAP)	IN 1	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.) Record 0 if the participant does not meet the above criteria.	1 = Yes 0 = No		R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
604	Other Public Assistance Recipient	IN 1	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 program: General Assistance (GA) (State/local government), or Refugee Cash Assistance (RCA). Do not include foster child payments. Record 0 if the participant does not meet the above criteria. Leave blank if this data element does not apply to the participant.	1 = Yes 0 = No			R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
SECTION A.06 - ADDITIONAL YOUTH CHARACTERISTICS																							
701	Pregnant or Parenting Youth	IN 1	Record 1 if the participant is a youth who is pregnant, or an individual (male or female) who is providing custodial care for one or more dependents under age 18. Record 0 if the participant does not meet the conditions described above. Leave blank if the data is not available.	1 = Yes 0 = No					R				R			R							R
702	Youth Who Needs Additional Assistance	IN 1	Record 1 if the participant is an out-of-school youth who requires additional assistance to enter or complete an educational program, or to secure and hold employment or an in-school youth who requires additional assistance to complete an educational program or to secure or hold employment as defined by State or local policy. If the State board defines a policy, the policy must be included in the State Plan. Record 0 if the participant does not meet the conditions described above. Leave blank if this data element does not apply to the participant.	1 = Yes 0 = No					R				R			R							R
704	Foster Care Youth Status at Program Entry (WIOA)	IN 1	Record 1 if the participant, at program entry, is a person aged 24 or under who is currently in foster care or has aged out of the foster care system. Record 0 if the participant does not meet the conditions described above.	1 = Yes 0 = No		R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R

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					Reportable Individual <sup>2</sup>	Wagner-Peyser	WIOA Adults	WIOA Dislocated Workers	WIOA Youth Dislocated Worker Grants	(WIOA) TIA	Incumbent Worker Job Program (NIJP)	Incumbent Worker American Program (IA)	Reentry Employment Department (RED) (Adult)	Reentry Employment Department (RED) (Youth)	YouthHub	Jobs for Veterans' State Grants (JVS)	HUB	Job Corps	Incumbent Worker (Adult/OW funded)	SCSEP	Apprenticeship
<b>SECTION A-07 - ADDITIONAL REPORTABLE CHARACTERISTICS</b>																					
800	Homeless Participant, Homeless Children and Youth, or Runaway Youth at Program Entry (WIOA)	IN 1	Record 1 if the participant, at program entry: (a) lacks a fixed, regular, and adequate nighttime residence; this includes a participant who: (i) is sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; (ii) is living in a motel, hotel, trailer park, or campground due to a lack of alternative adequate accommodations; (iii) is living in an emergency or transitional shelter; (iv) is abandoned in a hospital; or (v) is awaiting foster care placement; (b) has a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, such as a car, park, abandoned building, bus or train station, airport, or camping ground; (c) is a migratory child who in the preceding 36 months was required to move from one school district to another due to changes in the parent's or parent's spouse's seasonal employment in agriculture, dairy, or fishing work; or (d) is under 18 years of age and absent himself or herself from home or place of legal residence without the permission of his or her family (i.e., runaway youth). This definition does not include a participant imprisoned or detained under an Act of Congress or State law. A participant who may be sleeping in a temporary accommodation while away from home should not, as a result of that alone, be recorded as homeless. Record 0 if the participant does not meet the conditions described above. Note: WIOA youth who meet the definition of homeless as defined in WIOA section 681.2100(c) and 681.2200(4) are reported in this data element.	1 = Yes 0 = No	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	
801	Ex-Offender Status at Program Entry (WIOA)	IN 1	Record 1 if the participant, at program entry, is a person who either (a) has been subject to any stage of the criminal justice process for committing a status offense or delinquent act; (b) requires assistance in overcoming barriers to employment resulting from a record of arrest or conviction. Record 0 if the participant does not meet any one of the conditions described above. Record 9 if the participant did not disclose.	1 = Yes 0 = No  9 = Did not disclose		R	R	R	R	R	R	R	R	R	R	R	R	R	R		
802	Low Income Status at Program Entry (WIOA)	IN 1	Record 1 if the participant, at program entry, is a person who: (a) receives, or in the 6 months prior to application to the program has received, or is a member of a family that is receiving or in the past 6 months prior to application to the program has received: (i) Assistance through the supplemental nutrition assistance program (SNAP) under the Food and Nutrition Act of 2008 (7 USC 2011 et seq.); (ii) Assistance through the temporary assistance for needy families program under part A of Title IV of the Social Security Act (42 USC 601 et seq.); (iii) Assistance through the supplemental security income program under Title XVI of the Social Security Act (42 USC 1381) or (iv) State or local income-based public assistance; (b) is a family with total family income that does not exceed the higher of the poverty line or 70% of the lower living standard income level; (c) is an individual who receives, or is eligible to receive a free or reduced price lunch under the Richard B. Russell National School Lunch Act (42 USC 1751 et seq.); (d) is a foster child on behalf of whom State or local government payments are made; (e) is an participant with a disability whose own income is the poverty line but who is a member of a family whose income does not meet this requirement; (f) is a homeless participant or a homeless child or youth or runaway youth (see Data Element #800); or (g) is a youth living in a high-poverty area. Record 0 if the participant does not meet the criteria presented above.	1 = Yes 0 = No	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R		
803	English Language Learner at Program Entry (WIOA)	IN 1	Record 1 if the participant, at program entry, is a person who has limited ability in speaking, reading, writing or understanding the English language and also meets at least one of the following two conditions: (a) his or her native language is a language other than English, or (b) he or she lives in a family or community environment where a language other than English is the dominant language. Record 0 if the participant does not meet the conditions described above.	1 = Yes 0 = No	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R		
804	Basic Skills Deficient/Low Levels of Literacy at Program Entry	IN 1	Record 1 if the participant is, at program entry: (A) a youth, who has English reading, writing, or computing skills at or below the 8th grade level on a generally accepted standardized test; or (B) a youth or adult, who is unable to compute and solve problems, or read, write, or speak English at a level necessary to function on the job, in the participant's family, or in society. Record 0 if the participant does not meet the conditions described above.	1 = Yes 0 = No	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R		
805	Cultural Barriers at Program Entry (WIOA)	IN 1	Record 1 if the participant, at program entry, perceives him or herself as possessing attitudes, beliefs, customs or practices that influence a way of thinking, acting or working that may serve as a hindrance to employment. Record 0 if the participant does not meet the conditions described above. Record 9 if the participant did not self-identify.	1 = Yes 0 = No  9 = Participant did not self-identify	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R		
806	Single-Parent at Program Entry (WIOA)	IN 1	Record 1 if the participant, at program entry, is single, separated, divorced or a widowed individual who has primary responsibility for one or more dependent children under age 18 (including single pregnant women). Record 0 if the participant does not meet the condition described above. Record 9 if the participant did not self-identify.	1 = Yes 0 = No  9 = Participant did not self-identify	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R		
807	Displaced Homemaker at Program Entry (WIOA)	IN 1	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 another family member but is no longer supported by that income; or (ii) is the dependent spouse of a member of the Armed Forces on active duty (as defined in section 10101(1) of title 10, United States Code) and whose family income is significantly reduced because of a deployment (as defined in section 991(b) of title 10, United States Code, or pursuant to paragraph (4) of such section), a call or order to active duty pursuant to a provision of law referred to in section 10101(1)(B) of title 10, United States Code, a permanent change of station, or the service-connected (as defined in section 10116) of title 38, United States Code) death or disability of the member; and (B) is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment. Record 0 if the participant does not meet the conditions described above.	1 = Yes 0 = No	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R		
808	Migrant and Seasonal Farmworker Status	IN 1	Record 1 if the participant, at program entry, is a low-income individual (i) who for the 12 consecutive months out of the 24 months prior to application for the program involved, has been primarily employed in agriculture or fish farming labor that is characterized by chronic unemployment or underemployment; and (ii) faces multiple barriers to economic self-sufficiency. Record 2 if the participant, at program entry, is a seasonal farmworker and whose agricultural labor requires travel to a job site such that the farmworker is unable to return to a permanent place of residence within the same day. Record 3 if the participant is a migrant farmworker or seasonal farmworker (as defined above) aged 14-24. Record 4 if the participant is an adult program participant and a dependent (as defined in 20 CFR 685.110) of the individual described as a seasonal or migrant seasonal farmworker above. Record 5 if the participant is a youth program participant and a dependent (as defined in 20 CFR 685.110) of the individual described as a seasonal or migrant seasonal farmworker above. *Note: This element is used both by the NEIP Program eligibility status type and by other programs to identify participants with this (WIOA sec. 3) defined) barrier to employment.	1 = Seasonal Farmworker Adult 2 = Migrant Farmworker Adult 3 = MSFW Youth 4 = Dependent Adult 5 = Dependent Youth 0 = No	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R		
<b>SECTION B - ONE STOP CENTER PROGRAM PARTICIPATION INFORMATION</b>																					
900	Date of Program Entry (WIOA)	DT 8	Record the date on which an individual became a participant as referenced in 20 CFR 677.150 satisfying applicable programmatic requirements for the provision of services. Leave blank if this data element does not apply.	YYYYMMDD	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R		
901	Date of Program Exit (WIOA)	DT 8	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 not self-service, information only, or follow up services, planned from the program. For Titles I, II and III, record the last date of funded services. For Vocational Rehabilitation programs, record the date when the participant's record of service is closed pursuant to 24 CFR 361.43 or 361.56. Leave blank if this data element does not apply to the participant.	YYYYMMDD	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R		
902	Date of First Case Management and Employment Service	DT 8	Record the date on which the participant begins receiving his/her first case management and employment service funded by a program following a determination of eligibility to participate in the program.																		
903	Adult (WIOA)	IN 1	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 WIOA section 133(a)(1). Record 3 if the participant received services under WIOA sections 133(b)(2)(A) and 133(a)(1). Record 4 if the individual has demonstrated an intent to use program services and meets one of the following criteria-- (A) Individuals who provide identifying information; (B) Individuals who only use the self-service system; or (C) Individuals who only receive information-only services or activities. Record 0 if the participant did not receive services under the condition described above.	1 = Yes, Local Formula 2 = Yes, Statewide 3 = Yes, Both Local Formula and Statewide 4 = Reportable Individual 0 = No	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R		

<sup>1</sup>Rows highlighted in blue represent data elements specific to the Departments of Education and Labor Joint WIOA Participant Individual Record Layout.

DATA ELEMENT NO.	DATA ELEMENT NAME	DATA TYPE/ FIELD LENGTH	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	CODE VALUE	REQUIREMENTS BY PROGRAM OF PARTICIPATION*																	
					Reportable Individual	Wagner-Peyser	WIOA Adults	WIOA Dislocated Workers	WIOA Youth Dislocated Worker Grants	(WIOA) TAA	Indian Farmworker Job Program (NFJP)	Indian and Native American Program (INA)	Reentry Services of Department of Justice (ADJ)	Reentry Employment Opportunity (RES)	YouthBuild	Jobs for Veterans' State Grants (JVS)	HIE	Job Corps	Incumbent Worker (Adult/Youth funded)	SCSFP	Apprenticeship	Demolition Grants
904	Dislocated Worker (WIOA)	IN 1	Record 1 if the participant received services under WIOA section 133(b)(2)(B) as a person who: (A) has been terminated or laid off, or who has received a notice of termination or layoff, from employment; (B) is eligible for or has exhausted entitlement to unemployment compensation; or (C) has been employed for a duration sufficient to demonstrate, to the appropriate entity at a one-stop center referred to in section 121(e), attachment to the workforce, but is not eligible for unemployment compensation due to insufficient earnings or having performed services for an employer that were not covered under a State unemployment compensation law; and (D) is unlikely to return to a previous industry or occupation. (E) has been terminated or laid off, or has received a notice of termination or layoff, from employment as a result of any permanent closure of, or any substantial layoff at, a plant, facility, or enterprise; (F) is employed at a facility at which the employer has made a general announcement that such facility will close within 180 days; or (G) for purposes of eligibility to receive services other than training services described in WIOA Sec. 134(c)(3), career services described in WIOA Sec. 134(i)(2)(A)(ii), or supportive services, is employed at a facility at which the employer has made a general announcement that such facility will close. (H) was self-employed (including employment as a farmer, a rancher, or a fisherman) but is unemployed as a result of general economic conditions in the community in which the participant resides or because of natural disasters. (I) is a displaced homemaker; or (J) is the spouse of a member of the Armed Forces on active duty (as defined in section 101(6)(1) of title 10, United States Code), and who has experienced a loss of employment as a direct result of relocation to accommodate a permanent change in duty station of such member; or (K) is the spouse of a member of the Armed Forces on active duty who meets the criteria described in WIOA section 314(b)(8). Record 2 if the participant received services under WIOA section 133(a). Record 3 if the participant received under WIOA sections 133(b)(2)(B) and 133(a).  Record 4 if the individual has demonstrated an intent to use program services and meets one of the following criteria: (A) Individuals who provide identifying information; (B) Individuals who only use the self-service system; or (C) Individuals who only receive information-only services or activities. Record 0 if the participant did not receive services under the condition described above.	1 = Yes, Local Formula 2 = Yes, Statewide 3 = Yes, Both Local Formula and Statewide 4 = Reportable Individual 9 = No	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	
905	Youth (WIOA)	IN 1	Record 1 if the participant received services under WIOA section 128(b). Record 2 if the participant received services under WIOA section 128(a). Record 3 if the individual fails to complete the program requirements for eligibility or for participation. Record 0 if the participant did not receive services under the conditions described above.	1 = Yes, Local Formula 2 = Yes, Statewide 3 = Yes, Both Local Formula and Statewide 4 = Youth Reportable Individual 9 = No	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R		
906	Date of First WIOA Youth Service	DT 8	Record the date on which the participant began receiving his/her first WIOA youth service (i.e. 1 of the 14 youth program elements in WIOA §129(c)(2)). Leave blank if the participant did not receive services funded by the WIOA Youth program.	YYYYMMDD																		
907	Recipient of Incumbent Worker Training	IN 1	Record 1 if the participant received Incumbent Worker training services under WIOA section 134(a)(2)(A)(ii) and/or 134(i)(2)(A)(ii). Record 2 if the participant received Incumbent Worker training services by Local Formula funds under WIOA section 134(i)(4). Record 3 if the participant received Incumbent Worker training services under both Statewide funds (Governor Reserve and/or Rapid Response) WIOA section 134(a)(2)(A)(ii) and/or 134(i)(2)(A)(ii) and Local Formula funds under WIOA section 134(i)(4). Record 4 if the participant received Incumbent Worker training services under HIE. Record 5 if the participant received Incumbent Worker training services under a National Dislocated Worker Grant (WIOA section 131). Record 6 if the participant received Incumbent Worker training services under a National Farmworker Job Program (NFJP) (WIOA section 167). Record 7 if the participant received Incumbent Worker training services under a grant funded through apprenticeship appropriated funds. Record 8 if the participant did not receive services under the condition described above, or received services by a local area with statewide funds passed down from the state to the local area.	1 = Statewide 15% and/or Rapid Response 25% only 2 = Local Formula only (20%) 3 = Both Statewide and Local Formula 4 = H-1B funded grant 5 = DWS funded grant 6 = NFJP funded grant 7 = Apprenticeship appropriated funded grant 8 = No	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
908	Rapid Response	IN 1	Record 1 if the participant participated in rapid response activities authorized at WIOA section 134(a)(2)(A)(iii). Record 0 if the participant did not receive services under the condition described above. Record 9 if grantee is unable to track enrollment in the program. Leave blank if this data element does not apply to the participant.	1 = Yes 0 = No 9 = Unknown	R		R		R		R											
909	Rapid Response (Additional Assistance)	IN 1	Record 1 if the individual participated in a program by WIOA section 134(a)(2)(A)(iii). Record 0 if the participant did not participate in a program or otherwise receive services under the condition described above or received services by a local area with statewide funds passed down from the state to the local area. Record 9 if grantee is unable to track enrollment in the program. Leave blank if this data element does not apply to the individual.	1 = Yes 0 = No 9 = Unknown				R		R												
910	Adult Education (WIOA)	IN 1	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: (A) read, write, and speak in English and perform mathematics or other activities necessary for the attainment of a secondary school diploma or its recognized equivalent; (B) transition to postsecondary education and training; and (C) obtain employment. Record 0 if the participant did not receive any services under the conditions described above. Record 9 if the grantee is unable to track enrollment in the program.	1 = Yes 0 = No 9 = Unknown	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	
911	Job Corps (WIOA)	IN 1	Record 1 if the participant received services under title 1, chapter 4, subtitle C of WIOA. Record 2 if the individual received reportable individual services (as defined in program specific guidance). Record 0 if the individual did not receive any services under the conditions described above. Record 9 if grantee is unable to track enrollment in the program.	1 = Yes 2 = Reportable Individual 9 = Unknown	R																	
912	National Farmworker Jobs Program	AN 14	Record the 14 character grant number if the participant received services under WIOA Title I-D, Section 167. The grant number should be entered in the following format without dashes: Two alphabetic characters representing the grant program code-Five numeric characters: Two numeric characters representing the fiscal year when the grant was awarded-Two numeric characters identifying the type of grant awarded-One alphabetic character identifying the relevant agency at ETA-Two numeric characters identifying the state that received the grant was served under (AA-12345-12-55-A-26). If the grant number is unknown, please enter 99999999999999. Leave blank if the participant did not receive services funded by this program.	XXXXXXXXXXXX	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	
913	Indian and Native American Programs	IN 1	Record 1 if the participant received services under WIOA Title I-D, Section 166. Record 2 if the individual has demonstrated an intent to use program services and meets one of the following criteria: (A) Individuals who provide identifying information; (B) Individuals who only use the self-service system; or (C) Individuals who only receive information-only services or activities. Leave blank if the participant did not receive services funded by this program.	1 = Yes 2 = Reportable Individual 9 = Unknown	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	
914	Veterans Programs	IN 2	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 Local Veterans Employment Representative (LVER). Record 0 if the participant did not receive services under any of the conditions described above. Record 9 if grantee is unable to track enrollment in the program.	1 = Yes, DVOP specialist 2 = Yes, LVER specialist 0 = No 9 = Unknown	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	
915	TAA Petition Number	AN 29	Record the petition number (and full alphabetical suffix, if applicable) of the certification which applies to the participant's group. If there is more than one petition number, list all petition numbers in the order in which they were received delimited by a pipe character (i.e.  ). If there are more than three petition numbers, list the first petition and the most recent two petition numbers. Leave blank if this data element does not apply to the participant.	XXXXXXXXXX																		
916	Vocational Education	IN 1	Record 1 if the participant received services under the Carl D. Perkins Vocational and Applied Technology Education Act (20 USC 3501 et seq.). Record 0 if the participant did not receive any services under the condition described above. Record 9 if unknown. Leave blank if this data element does not apply to the participant.	1 = Yes 0 = No 9 = Unknown	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	
917	Vocational Rehabilitation (WIOA)	IN 1	Record 1 if the participant received services under parts A and D of title I of the Rehabilitation Act of 1973 (29 USC 720 et seq.), WIOA Title IV, and Sec. 4118(b)(15) (defined as transition services for students with disabilities, that facilitate the transition from school to postsecondary life, such as achievement of an employment outcome in competitive, integrated employment, or pre-employment transition services). Record 2 if the participant received services from the Vocational Rehabilitation and Employment (VR&E) Program authorized by 28 USC Chapter 31. Record 3 if the participant received services from both vocational rehabilitation programs. Record 0 if the participant did not receive any services under the conditions described above. Record 9 if unknown.	1 = Yes 2 = VR&E 3 = Both VR and VR&E 0 = No 9 = Unknown	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
918	Wagner-Peyser Employment Service (WIOA)	IN 1	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 following criteria: (A) Individuals who provide identifying information; (B) Individuals who only use the self-service system; or (C) Individuals who only receive information-only services or activities. Record 0 if the participant did not receive services under the Wagner-Peyser Act. Record 9 if the grantee is unable to track enrollment in the program.	1 = Yes 2 = Reportable Individual 0 = No 9 = Unknown	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
919	YouthBuild (WIOA)	AN 14	Record the 14 character grant number if the participant received services under the YouthBuild Program as authorized under WIOA section 171. The grant number should be entered in the following format without dashes: Two alphabetic characters representing the grant program code-Five numeric characters: Two numeric characters representing the fiscal year when the grant was awarded-Two numeric characters identifying the type of grant awarded-One alphabetic character identifying the relevant agency at ETA-Two numeric characters identifying the state that received the grant was served under (AA-12345-12-55-A-26). If the grant number is unknown, please enter all 9s. Leave blank if the participant did not receive services funded by this program.	XXXXXXXXXXXX	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R

\*Rows highlighted in blue represent data elements specific to the Departments of Education and Labor Joint WIOA Participant Individual Record Layout.







DATA ELEMENT NO.	DATA ELEMENT NAME	DATA TYPE/ FIELD LENGTH	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	CODE VALUE	REQUIREMENTS BY PROGRAM OF PARTICIPATION <sup>1</sup>																	
					Reportable Individual <sup>2</sup>	Wagner-Peyser	WIOA Adults	WIOA Dislocated Workers	WIOA Youth Dislocated Worker Grants	(WIOA) TAA	Incumbent Worker Job Program (IWJP)	Incumbent Worker American Program (IWA)	Reentry Employment Opportunities (REO) (Adult)	Reentry Employment Opportunities (REO) (Youth)	YouthHub	Jobs for Veterans' State Grants (JVS)	HUB	Job Corps	Incumbent Worker (Adult/OW model)	SCSEP	Apprenticeship	Demolition Grants
1104	Most Recent Date Received Staff-Assisted Job Search Activities	DT 8	Record the most recent date that the participant was provided job search activities with significant staff involvement, and which are designed to help the participant plan and carry out a successful job hunting strategy. The services include resume preparation assistance, job search workshops, job finding clubs, and development of a job search plan. "Resume Assistance" - Providing instructions on the content and format of resumes and cover letters and providing assistance in the development and production of the same. "Job Search Workshops" - An organized activity that provides instruction on resume writing, application preparation, interviewing skills, and/or job lead development. "Job Finding Clubs" - Have all the elements of a Job Search Workshop, plus a period of structured application where participants attempt to obtain jobs. "Job Search Planning" - Development of a plan (not necessarily a written plan) that includes the necessary steps and timelines to achieve employment in specific occupational, industry, or geographic area. Leave blank if the participant did not receive a job search activity with significant staff involvement. Additional Note: This definition excludes participants who receive workforce information services or attend a TAP employment workshop. Those services will be collected and reported separately.	YYYYMMDD	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R		
1105	Most Recent Date Referred to Employment	DT 8	Indicate the most recent date that the participant received a referral to employment which included significant staff involvement. A referral to employment is (a) the act of bringing to the attention of an employer a job seeker or group of registered job seekers who are available for a job and (b) the record of such a referral. Leave blank if the participant did not receive a referral to employment.	YYYYMMDD	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R		
1106	Most Recent Date Referred to Federal Training	DT 8	Record the most recent date that the participant was referred to a training program supported by the Federal Government, such as WIOA-funded projects, TAA, Adult Education, Vocational Rehabilitation and Job Corps. Leave blank if the participant did not receive a referral to federal training.	YYYYMMDD	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R		
1107	Most Recent Date Placed in Federal Training	DT 8	Record the most recent date on which the participant entered any training program supported by the Federal Government, such as WIOA-funded projects, TAA, Adult Education, Vocational Rehabilitation and Job Corps. Leave blank if the participant did not enter any training program supported by the Federal Government.	YYYYMMDD	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R		
1108	Most Recent Date Referred to Federal Job	DT 8	Record the most recent date that the participant was referred to a job opening filed with a placement office by a department or agency of the Federal Government or other entity under the jurisdiction of the U.S. Office of Personnel Management. For example, a job posting with USAJOBS. Leave blank if the participant did not receive a referral to a Federal job.	YYYYMMDD	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R		
1109	Most Recent Date Referred to Federal Contractor Job	DT 8	Record the most recent date that the participant who is a disabled veteran, campaign veteran, or recently separated veteran was referred to a job opening listed by an employer identified as a Federal contractor. Leave blank if the participant did not receive a referral to a job opening listed by an employer identified as a Federal contractor.	YYYYMMDD	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R		
1110	Most Recent Date Entered into Federal Job	DT 8	Record the most recent date a job seeker entered into a job filed with a placement office by a department or agency or other entity under the jurisdiction of the U.S. Office of Personnel Management. Leave blank if the participant was not placed into a Federal job.	YYYYMMDD	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R		
1111	Most Recent Date Entered into Federal Contractor Job	DT 8	Record the most recent date a job seeker who is either a special disabled veteran, campaign veteran, or recently separated veteran entered into a Federal Contractor job. Leave blank if the participant was not placed into a federal contractor job.	YYYYMMDD	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R		
1112	Most Recent Date Received Unemployment Insurance (UI) Claim Assistance	DT 8	Indicate the most recent date a job seeker was provided meaningful assistance in filing a UI claim. Leave blank if the participant did not receive unemployment insurance claim assistance.	YYYYMMDD	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R		
1113	Most Recent Date Referred to Other Federal/State Assistance	DT 8	Record the most recent date a job seeker was referred to Other Federal/State Assistance. This may include Supplemental Nutrition Assistance Program (SNAP) benefits, Temporary Assistance for Needy Families (TANF), health insurance assistance, child support assistance, tax preparation support, and any other Federal or State assistance programs. Leave blank if the participant was not referred to Other Federal/State assistance.	YYYYMMDD	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R		
1114	Referred to Jobs for Veterans State Grants (JVS) Services	IN 1	Record 1 if the participant was referred to JVS services due to significant barrier to employment. Record 2 if the participant was referred to JVS services due to TSM identified as in need of individualized career services. Record 3 if the participant was referred to JVS services as wounded, ill, or injured located at a military treatment facility, or his or her caregiver. Record 4 if the participant was referred to JVS services for reasons other than those listed above. Record 5 if the participant was referred to JVS due to serving in the military during the Vietnam era of August 1964 to May 1975. Record 6 if the participant was not referred to JVS services. Leave blank if this data element does not apply to the participant.	1 = Referred due to significant barrier to employment. 2 = Referred due to TSM identified as in need of individualized career services 3 = Referred as wounded, ill, or injured located in a military treatment facility, or his or her caretaker 4 = Other 5 = Vietnam-era veteran 6 = Not Referred	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	
1115	Referred to Department of Veterans Affairs (VA) Services	IN 1	Record 1 if the participant was referred to Vocational Rehabilitation and Employment (VR&E) determination. Record 2 if the participant was referred to Post-9/11 GI Bill benefits. Record 3 if the participant was referred to Montgomery GI Bill benefits. Record 4 if the participant was referred to both the Post-9/11 GI Bill and to the Montgomery GI Bill. Record 5 for all other referrals for services from the Department of Veterans Affairs (VA). These include referrals for PTSD and TBI treatment and substance abuse assistance to identify the most common. Leave blank if this data element does not apply to the participant.	1 = VR&E 2 = Post 9/11 GI Bill 3 = Montgomery GI Bill 4 = Post 9/11 GI Bill and Montgomery GI Bill 5 = All other referrals for VA services	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R		
1116	Most Recent Date Received Staff-Assisted Basic Career Services (Other)	DT 8	Record the most recent date on which the participant received basic career services requiring a significant expenditure of staff involvement, if said basic career service is not otherwise recorded in data elements 1102-1115. These additional basic career services may include, but are not limited to: (a) reemployment services; (b) federal bonding programs; (c) job development contacts; (d) referrals to educational services; and (e) tax credit eligibility determination. Leave blank if the participant did not receive any other basic career services.	YYYYMMDD	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R		
<b>SECTION C.03 - INDIVIDUALIZED CAREER SERVICES</b>																						
1200	Date of First Individualized Career Service	DT 8	Record the first date the participant received any individualized career service on or after the date of participation. Individualized Career Services include development of an individualized Employment Plan, Pre-Vocational Services, provision of comprehensive skills and career assessments, internships or work experiences, financial literacy services, English as Second Language Services, or any other service that comprises a significant amount of staff time with an individual participant, as described in WIOA sec. 1346(c)(2)(B). Leave blank if the participant did not receive any individualized career service or this data element does not apply to the individual.	YYYYMMDD	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R		
1201	Most Recent Date Received Individualized Career Service	DT 8	Record the most recent date on which the participant received individualized career services as described in WIOA sec. 1346(c)(2)(B).	YYYYMMDD	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R		
1202	Date Individual Employment Plan Created	DT 8	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 the appropriate combination of services for the participant to achieve the employment goals. Leave blank if an employment plan was not created for the participant, or if the individual is not a participant.	YYYYMMDD	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R		
1203	Most Recent Date Received Internship or Work Experience Opportunities	DT 8	Record the most recent date on which the participant received an internship or work experience opportunity directly linked to a career. Leave blank if the participant did not receive an internship or work experience opportunity or this data element does not apply to the participant.	YYYYMMDD	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R		
1205	Type of Work Experience	IN 1	If the participant received work experience, record the appropriate code to indicate the type of work experience provided to the participant. Record 1 if the participant participated in summer employment or an internship during the summer months (WIOA Youth). Record 2 if the participant participated in an internship or employment opportunity during the non-summer months or if it extends beyond the summer months. Record 3 if the participant participated in a pre-apprenticeship program. Record 4 if the participant participated in job shadowing. Record 5 if the participant participated in on-the-job training (WIOA Youth). Record 6 if the participant participated in a transitional job, as defined in WIOA Section 1346(d)(5). Record 7 if the participant participated in another type of work experience not covered in 1 through 5. Record 8 if the participant did not participate in a work experience. Leave blank if this data element does not apply to the participant. NOTE: Code Value 6 should only be selected when other work experience opportunities are provided that are not captured elsewhere. This code value is also for use with Adult, Dislocated Worker, and Dislocated Worker Grants programs only. NOTE: If employment opportunities not limited to summer months are part of a pre-apprenticeship program, or if on-the-job training for WIOA Youth is part of a pre-apprenticeship program, choose Code 3 for pre-apprenticeship.	1 = Summer employment/internships during the summer (WIOA Youth) 2 = Employment opportunities, including internships, not limited to summer months 3 = Pre-apprenticeship programs 4 = Job shadowing 5 = On-the-job training (WIOA Youth) 6 = Transitional job (WIOA Adult, Dislocated Worker, and Dislocated Worker Grants) 7 = Other work experience activities 8 = Did Not Participate in these activities	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
1206	Date Received Financial Literacy Services	DT 8	Record the date, at any time during participation in the program, that the participant received any financial literacy services. They may include services that help with creating budgets, initiate checking and savings accounts at banks, applying for and managing loans and credit cards, learning about credit reports and credit scores, and identifies identity theft. Leave blank if this data element does not apply to the participant.	YYYYMMDD	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R		
1207	Date Received English as Second Language Services	DT 8	Record the date, at any time during participation in the program, that the participant received any English as a second language service or training. ESL services are those services provided to participants whose primary language is not English. These services are designed to increase the English language proficiency of the participant so they can attain training and/or employment success. Leave blank if this data element does not apply to the participant.	YYYYMMDD	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	

<sup>1</sup>Requirements highlighted in blue represent data elements specific to the Departments of Education and Labor Joint WIOA Participant Individual Record Layout.

DATA ELEMENT NO.	DATA ELEMENT NAME	DATA TYPE/ FIELD LENGTH	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	CODE VALUE	REQUIREMENTS BY PROGRAM OF PARTICIPATION*																		
					Reportable Individual <sup>1</sup>	Wagner-Peyser	WIOA Adults	WIOA Dislocated Workers	WIOA Youth Dislocated Worker Grants	(WIOA) TAA	Indian Employment Job Program (IEJP)	Indian Job Corps American Program (IJA)	Reentry Employment Department (RED) (Adult)	Reentry Employment (Youth)	YouthHub	Jobs for Veterans' State Grants (JVS)	HUB	Job Corps	Incumbent Worker (Adult/Youth)	SCSEP	Apprenticeship	Domestication Grants	
1210	Received Pre-Vocational Activities	DT 8	Record the date at any time during the individual's participation in the program that they received short-term pre-vocational services, including development of learning skills, communication skills, interviewing skills, punctuality, personal maintenance skills, and professional conduct to prepare individuals for unsubsidized employment or training. Leave blank if this data element does not apply to the participant.	YYMMDD	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R			
1211	Transitional Jobs	IN 2	Record 1 if the participant received work experience at a transitional job as described in WIOA Section 134(d)(5). Record 0 if the participant did not receive transitional jobs training as described above.	1 = Transitional Job 0 = No	R	R	R	R	R											R			
1213	Most Recent Date Received Individualized Career Service (DVOP)	DT 8	Record the most recent date on which the participant received individualized career services (excluding case management) from a DVOP specialist, as described as "intensive services" in Veterans' Program Letter 07-10. This includes the provision of a combination of a) a comprehensive assessment and b) the development of an individualized employment plan. Upon receipt of both of these services, the participant can be reported as receiving a single instance of individualized career services. Please note that states should not report provision of adult basic education and literacy activities as part of this specification. Receipt of individualized career services with significant staff involvement also does not require prior participation in "career services." Leave blank if the participant did not receive Individualized Career Services or this data element does not apply to the participant.	YYMMDD	R																R		
1214	Most Recent Date Received Job Search Activities (DVOP)	DT 8	Record the most recent date that a participant was provided job search activities which are designed to help the participant plan and carry out a successful job hunting strategy by a DVOP staff person. The services include resume preparation assistance, job search workshops, job finding clubs, and development of a job search plan. Leave blank if the participant did not receive a job search activity or this data element does not apply to the participant.	YYMMDD	R																	R	
1215	Most Recent Date Referred to Employment (DVOP)	DT 8	Record the most recent date that a participant was referred to employment by a DVOP staff person. A referral to employment is (a) the act of bringing to the attention of an employer, a job seeker or group of registered job seekers who are available for a job and (b) the record of such a referral. Leave blank if the participant did not receive a referral to employment or this data element does not apply to the participant.	YYMMDD	R																	R	
1216	Most Recent Date Referred to Federal Training (DVOP)	DT 8	Record the most recent date that a participant was referred by a DVOP staff person to a training program supported by the Federal Government, such as WIOA-funded projects, TAA, NAFIA, and Job Corps. This definition does not include DVA-OJT. Leave blank if the participant did not receive a referral to Federal training or this data element does not apply to the participant.	YYMMDD	R																		R
1217	Most Recent Date Referred to Federal Job (DVOP)	DT 8	Record the most recent date that the participant was referred by a DVOP staff person to a job opening filed with a placement office by a department or agency of the Federal government or other entity under the jurisdiction of the U.S. Office of Personnel Management. Leave blank if the participant did not receive a referral to a Federal job or this data element does not apply to the participant.	YYMMDD	R																		R
1218	Most Recent Date Referred to Federal Contractor Job (DVOP)	DT 8	Record the most recent date that the participant who is a disabled veteran, campaign veteran, or recently separated veteran was referred by a DVOP staff person to a job opening listed by an employer identified as a Federal contractor. Leave blank if the participant did not receive a referral to a job opening listed by an employer identified as a Federal contractor or this data element does not apply to the participant.	YYMMDD	R																		R
1219	Most Recent Date Received Other Staff-Assisted Basic Career Services (DVOP)	DT 8	Record the most recent date on which the individual received other services requiring a significant expenditure of DVOP staff time. These additional career services may include, but are not limited to: (a) reemployment services; (b) federal bonding program; (c) job development contacts; (d) referrals to educational services; and (e) tax credit eligibility determination. Leave blank if the participant did not receive any other career services with significant staff involvement.	YYMMDD	R																		R
1220	Most Recent Date Received Career Guidance Services (DVOP)	DT 8	Record the most recent date that a participant received career guidance services, which includes the provision of information, materials, suggestions, or advice by DVOP staff intended to assist the job seeker in making occupation or career decisions. Leave blank if the participant did not receive a career guidance service.	YYMMDD	R																		R
1221	Most Recent Date Entered Federal Job (DVOP)	DT 8	Indicate the most recent date a job seeker entered into a job filed with a placement office by a department or agency or other entity under the jurisdiction of the U.S. Office of Personnel Management (DVOP). Leave blank if the participant did not begin a Federal job.	YYMMDD	R																		R
1222	Most Recent Date Entered Federal Contractor Job (DVOP)	DT 8	Indicate the most recent date a job seeker who is either a special disabled veteran, campaign veteran, or recently separated veteran entered into a Federal Contractor Job (DVOP). Leave blank if the participant did not begin working in a Federal Contractor Job.	YYMMDD	R																		R

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					Reportable Individual	Wagner-Peyser	WIOA Adults	WIOA Dislocated Workers	WIOA Youth Dislocated Worker Grants	(WIOA) TIA	Industry-Recognized Job Program (IRJP)	Industry-Recognized American Program (IRAP)	Ready, Willing & Able (RWA) (Adult)	Ready Employment Opportunity (REO) (Youth)	YouthHub	Jobs for Veterans' State Grants (JVS)	HUB	Job Corps	Incumbent Worker (Adult/OW funded)	SCSEP	Apprenticeship	Demonstration Grants
<b>SECTION C-04 - TRAINING SERVICES</b>																						
1300	Received Training (WIOA)	IN 1	Record 1 if the participant received training services as defined by program specific guidance. Record 0 if the participant did not receive training services.	1 = Yes 0 = No																		
1301	Eligible Training Provider - Name - Training Service #1 (WIOA)	AN 75	Enter the name of the eligible training provider where the participant received training. Leave blank if this data element does not apply to the participant.	XXXXXXXXXXXX																		
1302	Date Entered Training #1 (WIOA)	DT 8	Record the date on which the participant's first training service actually began. Leave blank if the participant did not receive a first training service or this data element does not apply to the participant.	YYYYMMDD																		
1303	Type of Training Service #1 (WIOA)	IN 2	Use the appropriate code to indicate the type of approved training being provided to the participant. NOTE: If OJT or Skill Upgrading is being provided as part of a Registered Apprenticeship program, choose Code 09. NOTE: Code 06 should only be utilized when other codes are clearly not appropriate. Record 00 if the participant did not receive a training service. Leave blank if this data element does not apply to the participant.	01 = On the Job Training (non-WIOA Youth) 02 = Skill Upgrading 03 = Entrepreneurial Training (non-WIOA Youth) 04 = ABE or ES (contextualized or other) in conjunction with Training 05 = Customized Training 06 = Occupational Skills Training (non-WIOA Youth) 07 = ABE or ES (contextualized or other) NOT in conjunction with training (funded by Trade Adjustment Assistance only) 08 = Prerequisite Training 09 = Registered Apprenticeship 10 = Youth Occupational Skills Training  11 = Other Non-Occupational-Skills Training 12 = Job Readiness Training in conjunction with other training 00 = No Training Service																		
1304	Eligible Training Provider - Program of Study by Potential Outcome	IN 9	Enter the participant's Program of Study for the Eligible Training Provider. A program of study is synonymous with a "program of training services" as defined at 20 CFR part 680.420. A program of training services is one or more courses or classes, or a structured regimen that provides the services in 20 CFR part 680.200 and leads to: (a) An industry-recognized certificate or certification, a certificate of completion of a registered apprenticeship, a license recognized by the State involved or the Federal Government, an associate or baccalaureate degree, or community college certificate of completion; (b) Consistent with § 680.350, a secondary school diploma or its equivalent; (c) Employment; or (d) Measurable skill gains toward a credential described in paragraph (a) or (b) of this section or employment. Record all that apply if the program of study can be classified	1 = A program of study leading to an industry-recognized certificate or certification 2 = A program of study leading to a certificate of completion of a registered apprenticeship 3 = A program of study leading to a license recognized by the State involved or the Federal Government 4 = A program of study leading to an associate degree 5 = A program of study leading to a baccalaureate degree 6 = A program of study leading to a community college certificate of completion 7 = A program of study leading to a secondary school diploma or its equivalent 8 = A program of study leading to employment 9 = A program of study leading to a measurable skill gain																		
1305	Eligible Training Provider - CIP Code (WIOA)	IN 6	A program of study is identified through both the type of program outlined above (e.g. industry-recognized certificate) and the field of study. The taxonomy that will be used to identify fields of study will be the Classification of Instructional Programs (CIP). The CIP code can be found here: <a href="https://nces.ed.gov/ipeds/cipcode/Default.aspx?y=55">https://nces.ed.gov/ipeds/cipcode/Default.aspx?y=55</a> This field should represent the 6-digit CIP code, without decimal points.	XXXX																		
1306	Occupational Skills Training Code #1	IN 8	Enter the 8 digit O*NET SOC 2019 taxonomy occupational code (database version 25.1 or later) that matches the training participant's employment goal. Note: If all 8 digits of the O*NET occupational code are not collected, record at least the first 6 digits.	00000000																		
1307	Training Completed #1	IN 1	Record 1 if the participant completed approved training. Record 0 if the participant did not complete training (withdrew). Leave blank if the participant did not receive a first training service or this data element does not apply to the participant.	1 = Yes 0 = No (Withdraw)																		
1308	Date Completed, or Withdrew from, Training #1	DT 8	Record the date when the participant completed training or withdrew permanently from training. If multiple training services were received, record the most recent date on which the participant completed training. Leave blank if the participant did not receive a first training service or this data element does not apply to the participant.	YYYYMMDD																		
1309	Date Entered Training #2	DT 8	Record the date on which the participant's second training service actually began. Leave blank if the participant did not receive a second training service or this data element does not apply to the participant.	YYYYMMDD																		
1310	Type of Training Service #2 (WIOA)	IN 2	If the participant received a second type of training, record the appropriate code to indicate the type of approved training being provided to the participant. NOTE: If OJT or Skill Upgrading is being provided as part of a Registered Apprenticeship program, choose Code 09. NOTE: Code 06 should only be instances when other codes are clearly not appropriate. Record 00 if the participant did not receive a second training service. Leave blank if this data element does not apply to the participant.	01 = On the Job Training (non-WIOA Youth) 02 = Skill Upgrading 03 = Entrepreneurial Training (non-WIOA Youth) 04 = ABE or ES (contextualized or other) in conjunction with Training 05 = Customized Training 06 = Occupational Skills Training (non-WIOA Youth) 07 = ABE or ES (contextualized or other) NOT in conjunction with training (funded by Trade Adjustment Assistance only) 08 = Prerequisite Training 09 = Registered Apprenticeship 10 = Youth Occupational Skills Training  11 = Other Non-Occupational-Skills Training 12 = Job Readiness Training in conjunction with other training 00 = No Training Service																		
1311	Occupational Skills Training Code #2	IN 8	Enter the 8 digit O*NET SOC 2019 taxonomy occupational code (database version 25.1 or later) that matches the training participant's employment goal. Note: If all 8 digits of the O*NET occupational code are not collected, record at least the first 6 digits.	00000000																		
1312	Training Completed #2	IN 1	Record 1 if the participant completed approved training. Record 0 if the participant did not complete training (withdrew). Leave blank if the participant did not receive a second training service or this data element does not apply to the participant.	1 = Yes 0 = No (Withdraw)																		
1313	Date Completed, or Withdrew from, Training #2	DT 8	Record the date when the participant completed training or withdrew permanently from training. If multiple training services were received, record the most recent date on which the participant completed training. Leave blank if the participant did not receive a second training service or this data element does not apply to the participant.	YYYYMMDD																		
1314	Date Entered Training #3	DT 8	Record the date on which the participant's third training service actually began. If the participant received more than 3 training services, record the date on which the participant actually began the last (or most recent) training service. Leave blank if the participant did not receive a third training service or this data element does not apply to the participant.	YYYYMMDD																		
1315	Type of Training Service #3 (WIOA)	IN 2	If the participant received a third type of training, record the appropriate code to indicate the type of approved training being provided to the participant. NOTE: If OJT or Skill Upgrading is being provided as part of a Registered Apprenticeship program, choose Code 09. NOTE: Code 06 should only be utilized when other codes are clearly not appropriate. Record 00 if the participant did not receive a third service. Leave blank if this data element does not apply to the participant. Additional Note: If the participant receives more than three training services, record the last (or most recent) training services received by the participant in this field.	01 = On the Job Training (non-WIOA Youth) 02 = Skill Upgrading 03 = Entrepreneurial Training (non-WIOA Youth) 04 = ABE or ES (contextualized or other) in conjunction with Training 05 = Customized Training 06 = Occupational Skills Training (non-WIOA Youth) 07 = ABE or ES (contextualized or other) NOT in conjunction with training (funded by Trade Adjustment Assistance only) 08 = Prerequisite Training 09 = Registered Apprenticeship 10 = Youth Occupational Skills Training  11 = Other Non-Occupational-Skills Training 12 = Job Readiness Training in conjunction with other training 00 = No Training Service																		
1316	Occupational Skills Training Code #3	IN 8	Enter the 8 digit O*NET SOC 2019 taxonomy occupational code (database version 25.1 or later) that matches the training participant's employment goal. Note: If all 8 digits of the O*NET occupational code are not collected, record at least the first 6 digits.	00000000																		
1317	Training Completed #3	IN 1	Record 1 if the participant completed approved training. Record 0 if the participant did not complete training (withdrew). Leave blank if the participant did not receive a third training service or this data element does not apply to the participant.	1 = Yes 0 = No (Withdraw)																		

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					Reportable Individual <sup>2</sup>	Wagner-Peyser	WIOA Adults	WIOA Dislocated Workers	WIOA Youth Dislocated Worker Grants	(WWS)-TAA	Individuals with Disabilities Job Program (NIJFP)	Indian Health American Program (IHA)	Reentry Employment Opportunities (REO) (Adult)	Reentry Employment Opportunities (REO) (Youth)	YouthBuild	Jobs for Veterans' State Grants (JVS)	HUB	Job Corps	Incumbent Worker (Adult/OW funded)	SCSEP	Apprenticeship	Demolition Grants	
1318	Date Completed, or Withdrew from, Training #3	DT 8	Record the date when the participant completed training or withdrew permanently from training. If multiple training services were received, record the most recent date on which the participant completed training. Leave blank if the participant did not receive a third training service or this data element does not apply to the participant.	YYYYMMDD			R	R	R	R	R	R	R	R	R	R	R	R	R	R			
1319	Established Individual Training Account (ITA)	IN 1	Record 1 if any of the individual's services were purchased utilizing an Individual Training Account funded by WIOA Title I. This information can be updated anytime during participation. Record 0 if the individual does not meet the condition described above. Leave blank if this data element does not apply to the participant.	1 = Yes 0 = No			R	R	R	R	R				R						R		
1320	Pell Grant Recipient	IN 1	Record 1 if the participant is or has been notified s/he will be receiving a Pell Grant at any time during participation in the program. This information may be updated at any time during participation in the program. Record 0 if the participant does not meet the condition described above. Leave blank if this data element does not apply to the participant or if unavailable.	1 = Yes 0 = No			R	R	R	R	R				R						R	R	
1321	Waiver from Training Requirement	IN 1	Use the appropriate code to indicate the reason for which a waiver from the training requirements was issued to the participant. Record 0 if the participant did not receive a training waiver. Leave blank if this data element does not apply to the participant.	1 = Recall 2 = Marketable Skills 3 = Retirement 4 = Health 5 = Enrollment Unavailable 6 = Training Not Available							R											R	
1322	Date of Most Recent Case Management and Employment Service	DT 8	Record the date on which the participant received his or her most recent Case Management and Employment Service. Leave blank if this does not apply to the participant.	YYYYMMDD							R											R	
1323	Date Waiver From Training Requirement Issued	DT 8	Record the date on which the participant received his or her most recent waiver from training. Leave blank if this does not apply to the participant.	YYYYMMDD							R											R	
1324	Current Quarter Training Expenditures	DE 9.2	Record the dollar amount of training expenditures accrued in the current report quarter for the participant. Leave blank if this does not apply to the participant.	000000.00							R											R	
1325	Total Training Expenditures	DE 9.2	Record the dollar amount of training expenditures accrued thus far in participant's training. Accrued expenditures are defined as the sum of actual cash disbursements for direct charges for goods and services; the amount of indirect expenses charged to the award, minus any rebates, refunds, or other credits; plus the total costs of all goods and property received or services performed, whether an invoice has been received or a cash payment has occurred. Accrued expenditures are to be recorded in the reporting quarter in which they occur, regardless of when the related cash receipts and disbursements take place. This item includes: (1) Tuition; facility and training costs, books and laboratory fees, and/or equipment expenses approved by the State agency; (2) Travel allowances (3) Subsistence allowances. Leave blank if this does not apply to the participant.	000000.00							R											R	
1326	Training Costs - Amount of Overpayment	DE 9.2	Record the amount of the Training Cost Overpayment. This amount may be updated on a cumulative basis. Leave blank if this does not apply to the participant.	000000.00							R											R	
1327	Training Costs - Overpayment Waiver	IN 1	Record 1 if there was a TAA Training overpayment waiver to be recorded in the quarter it is issued and continues through last quarter of reporting. This will include job search and Relocation Overpayments. Leave blank if this does not apply to the participant.	1 = Yes 0 = No							R											R	
1328	Training Provided Virtual/Online	IN 1	Record the method in which training was delivered to the participant at any time during program participation. Record 1 if the participant received training through virtual/online methods only. Record 2 if the participant received training through a combination of in-person and virtual/online methods. Record 0 if the participant received training through only in-person methods. Leave blank if the participant did not receive training at any point during program participation.	1 = Virtual/Online Web 2 = Mix of In-person and Virtual/Online 0 = No Virtual/Online, In-person Only			R	R	R	R	R			R							R	R	
1329	Part Time Training	IN 1	Record 1 if the participant received part time training. Record 0 if the participant did not receive any services under the condition described above. Leave blank if the individual was not a TAA participant.	1 = Yes 0 = No							R												R





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					Reportable Individual <sup>1</sup>	Wagner-Peyser	WIOA Adults	WIOA Dislocated Workers	WIOA Youth Dislocated Worker Grants	(RWS) TAA	Jobs for Veterans' State Grant Program (JVS)	Jobs for Veterans' State Grant (JVS)	HBI	Job Corps	Incumbent Worker (Adult/OW funded)	SCSEP	Apprenticeship	Demonstration Grants					
1540	Maximum A/RTAA Benefit Reached	IN 1	Record 1 if the participant reached their maximum benefit amount prior to their two-year eligibility limitation. Record 0 if the participant did not reach their maximum benefit prior to their two-year eligibility limitation. Leave blank if the individual was not a TAA participant.	1 = Yes 0 = No						R													R
1541	A/RTAA Overpayment	IN 1	Record 1 if there was an overpayment established under A/RTAA during the course of participation in the quarter in which it is first identified and to continue through last quarter of reporting. Record 0 if there was no A/RTAA Overpayment. Leave blank if the individual was not a TAA participant.	1 = Yes 0 = No						R													R
1542	Amount of A/RTAA Overpayment	DE 9.2	Record the amount of the A/RTAA overpayment. This amount may be updated on a cumulative basis. Record 0 if there was no A/RTAA overpayment for this participant. Leave blank if the individual was not a TAA participant.	0000000.00						R													R
1543	A/RTAA Overpayment Waiver	IN 1	Record 1 if there was an A/RTAA overpayment waiver to be recorded in the quarter it is issued and to continue through last quarter of reporting. Record 0 if there was not A/RTAA overpayment waiver. Leave blank if the individual was not a TAA participant.	1 = Yes 0 = No						R													R

\*Rows highlighted in blue represent data elements specific to the Departments of Education and Labor Joint WIOA Participant Individual Record Layout.





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					Reportable Individual	Wagner-Peyser	WIOA Adults	WIOA Dislocated Workers	WIOA Youth Dislocated Workers Grants	WIOA TAN	WIOA Comprehensive Job Program (NJFP)	Indian Job Corps American Program (INA)	Ready, Willing & Able (RWA)	Ready Employment Opportunities (REO)	YouthBuild	Jobs for Veterans' State Grants (JVS)	HUB	Job Corps	Incumbent Worker (Adult/OW Funded)	SCSFP	Apprenticeship	Demonstration Grants				
<b>SECTION D.03 - EDUCATION AND CREDENTIAL DATA</b>																										
1800	Type of Recognized Credential #1  (WIOA)	IN 1	Use the appropriate code to record the type of recognized diploma, degree, or a credential consisting of an industry-recognized certificate or certification, a certificate of completion of Registered Apprenticeship, a license recognized by the State involved or Federal Government, or an associate or baccalaureate degree attained by the participant who received education or training services. Record 0 if the participant received education or training services, but did not attain a recognized diploma, degree, license or certificate. Leave blank if data element does not apply to the participant.  NOTE: Diplomas, degrees, licenses or certificates must be attained either during participation or within one year of exit. This data element applies to both the Credential Rate Indicator and the Measurable Skills Gain Indicator for all programs.	1 = Secondary School Diploma or equivalency 2 = AA or AS Diploma/Degree 3 = BA or BS Diploma/Degree 4 = Occupational License 5 = Occupational Certificate 6 = Occupational Certification 7 = Other Recognized Diploma, Degree, or Certificate 8 = No recognized credential	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	
1801	Date Attained Recognized Credential #1  (WIOA)	DY 8	Record the date on which the participant attained a recognized credential. Leave blank if the participant did not attain a degree or certificate.	YYYYMMDD	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	
1802	Type of Recognized Credential #2  (WIOA)	IN 1	Use the appropriate code to record the type of recognized diploma, degree, or a credential consisting of an industry-recognized certificate or certification, a certificate of completion of Registered Apprenticeship, a license recognized by the State involved or Federal Government, or an associate or baccalaureate degree attained by the participant who received education or training services, but did not attain a recognized diploma, degree, license or certificate. Record 0 if the participant received education or training services, but did not attain a recognized diploma, degree, license or certificate. Leave blank if data element does not apply to the participant.  NOTE: Diplomas, degrees, licenses or certificates must be attained either during participation or within one year of exit. This data element applies to both the Credential Rate Indicator and the Measurable Skills Gain Indicator for all DOL programs.	1 = Secondary School Diploma or equivalency 2 = AA or AS Diploma/Degree 3 = BA or BS Diploma/Degree 4 = Occupational License 5 = Occupational Certificate 6 = Occupational Certification 7 = Other Recognized Diploma, Degree, or Certificate 8 = No recognized credential	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	
1803	Date Attained Recognized Credential #2  (WIOA)	DY 8	Record the date on which the participant attained a second recognized credential. Leave blank if the participant did not attain a second recognized credential, or if this data element does not apply.	YYYYMMDD	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	
1804	Type of Recognized Credential #3  (WIOA)	IN 1	Use the appropriate code to record the type of recognized diploma, degree, or a credential consisting of an industry-recognized certificate or certification, a certificate of completion of Registered Apprenticeship, a license recognized by the State involved or Federal Government, or an associate or baccalaureate degree attained by the participant who received education or training services, but did not attain a recognized diploma, degree, license or certificate. Record 0 if the participant received education or training services, but did not attain a recognized diploma, degree, license or certificate. Leave blank if data element does not apply to the participant.  NOTE: Diplomas, degrees, licenses or certificates must be attained either during participation or within one year of exit. This data element applies to both the Credential Rate Indicator and the Measurable Skills Gain Indicator for all DOL programs.	1 = Secondary School Diploma or equivalency 2 = AA or AS Diploma/Degree 3 = BA or BS Diploma/Degree 4 = Occupational License 5 = Occupational Certificate 6 = Occupational Certification 7 = Other Recognized Diploma, Degree, or Certificate 8 = No recognized credential	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
1805	Date Attained Recognized Credential #3  (WIOA)	DY 8	Record the date on which the participant attained a third recognized credential. Leave blank if the participant did not attain a third recognized credential, or if this data element does not apply.	YYYYMMDD	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	
1806	Date of Most Recent Measurable Skill Gains Educational Functioning Level (EFL)  (WIOA)	DY 8	Record the most recent date the participant who received instruction below the postsecondary education level achieved at least one EFL. EFL gain may be documented in one of three ways: 1) by comparing a participant's initial EFL as measured by a pre-test with the participant's EFL as measured by a participant's post-test; or 2) for States that offer secondary school programs that lead to a secondary school diploma or its recognized equivalent, an EFL gain may be measured through the awarding of credits or Carnegie units; or 3) States may report an EFL gain for participants who exit the program and enroll in postsecondary education or training during the program year. Leave blank if this data element does not apply to the participant.	YYYYMMDD	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	
1807	Date of Most Recent Measurable Skill Gains Postsecondary Transcript Report Card  (WIOA)	DY 8	Record the most recent date of the participant's transcript or report card for postsecondary education who complete a minimum of 12 hours per semester, or for part time students a total of at least 12 credit hours over the course of two completed semesters during the same 12 month period, that shows a participant is meeting the State unit's academic standards. Leave blank if this data element does not apply to the participant.	YYYYMMDD	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	
1808	Date of Most Recent Measurable Skill Gains Secondary Transcript Report Card  (WIOA)	DY 8	Record the most recent date of the participant's transcript or report card for secondary education for one semester showing that the participant is meeting the State unit's academic standards. Leave blank if this data element does not apply to the participant.	YYYYMMDD	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	

<sup>1</sup>Rows highlighted in blue represent data elements specific to the Departments of Education and Labor Joint WIOA Participant Individual Record Layout.

DATA ELEMENT NO.	DATA ELEMENT NAME	DATA TYPE/ FIELD LENGTH	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	CODE VALUE	REQUIREMENTS BY PROGRAM OF PARTICIPATION <sup>1</sup>															
					Reportable Individual <sup>2</sup>	Wagner-Peyser	WIOA Adults	WIOA Dislocated Workers	WIOA Youth Dislocated Worker Grants	(WWS)-TIA	Incumbent Worker Job Program (IWJP)	Indian Job Corps American Program (IJA)	Reentry Employment Department (RED) (Adult)	Reentry Employment Other (Youth)	YouthBuild	Jobs for Veterans' State Grants (JVS)	HUB	Job Corps	Incumbent Worker (Adult/Youth/Indef)	SCSEP
1809	Date of Most Recent Measurable Skill Gains Training Milestone (WIOA)	DT 8	Record the most recent date that the participant had 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.).  Leave blank if this data element does not apply to the participant.	YYYYMMDD		R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
1810	Date of Most Recent Measurable Skill Gains: Skills Progression (WIOA)	DT 8	Record the most recent date the participant successfully completed an exam that is required for a particular occupation, or progress in attaining technical or occupational skills as evidenced by trade-related benchmarks such as knowledge-based exams.  Leave blank if this data element does not apply to the participant.	YYYYMMDD		R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
1811	Date Enrolled During Program Participation in an Education or Training Program Leading to a Recognized Credential or Employment	DT 8	Record the date the participant was enrolled during program participation in an education or training program that either 1) leads to a recognized credential, including a secondary education program; or 2) a training program that leads to employment, as defined by the core program in which the participant participates. States may use this coding value if the participant was either already enrolled in education or training at the time of program entry or became enrolled in education or training at any point while participating in the program. If the participant was enrolled in postsecondary education at program entry, the date in this field should be the date of Program Entry. This includes, but is not limited to, participation in Job Corps, YouthBuild, a Registered Apprenticeship program, Adult Education or secondary education programs.  Leave blank if the data element does not apply to the participant.  NOTE: This data element applies to the Measurable Skill Gains Indicator, and specifically will be utilized to calculate the denominator. It encompasses all education and training program enrollment.	YYYYMMDD		R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
1812	School Status at Exit	IN 1	Record 1 if the participant has not received a secondary school diploma or its recognized equivalent and is attending any secondary school (including elementary, intermediate, junior high school, whether full or part-time), or is between school terms and intends to return to school. Record 2 if the participant has not received a secondary school diploma or its recognized equivalent and is attending an alternative secondary school or an alternative course of study approved by the local educational agency whether full or part-time. Record 3 if the participant has received a secondary school diploma or its recognized equivalent and is attending a postsecondary school or program (whether full or part-time), or is between school terms and intends to return to school. Record 4 if the participant is no longer attending any school and has not received a secondary school diploma or its recognized equivalent. Record 5 if the participant is not attending any school and has either graduated from secondary school or holds an equivalent. Record 6 if the participant is within the age of compulsory school attendance, but has not attended school for at least the most recent complete school year calendar quarter and has not received a secondary school diploma or its recognized equivalent. Leave blank if data element does not apply to the participant.	1 = In-school, secondary school or less 2 = In-school, Alternative school 3 = In-school, Postsecondary school 4 = Not attending school or Secondary School Dropout 5 = Not attending school; secondary school graduate or has a recognized equivalent 6 = Not attending school, within age of compulsory school attendance				R		R	R		R							R
1813	Date Completed During Program Participation an Education or Training Program Leading to a Recognized Credential or Employment	DT 8	Record the date the participant completes, during program participation, either 1) an education or training program that leads to a recognized credential, including a secondary education program; or 2) training program that leads to employment, as defined by the core program in which the participant participates. States may use this coding value if the participant was either already enrolled in education or training at the time of program entry or became enrolled in education or training at any point while participating in the program. If the participant was enrolled in postsecondary education at program entry, the date in this field should be after the date of Program Entry. This includes, but is not limited to, participation in Job Corps, YouthBuild, a Registered Apprenticeship program, Adult Education or secondary education programs.  Leave blank if the data element does not apply to the participant.  NOTE: This data element applies to the Measurable Skill Gains Indicator, and specifically will be utilized to calculate the denominator. It encompasses all education and training program enrollment.	YYYYMMDD		R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
1814	Date Attained Graduate/Post Graduate Degree (WIOA)	DT 8	Record the date a participant attained a masters' degree after receiving education or training services.  Leave blank if data element does not apply to the participant.  NOTE: Diplomas, degrees, licenses or certificates must be attained either during participation or within one year of exit. This data element applies to the Credential Rate for RSA programs.	YYYYMMDD		R	R	R	R	R		R	R	R						R

<sup>1</sup>Rows highlighted in blue represent data elements specific to the Departments of Education and Labor Joint WIOA Participant Individual Record Layout.

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					Reportable Individual <sup>2</sup>	Wagner-Peyser	WIOA Adults	WIOA Dislocated Workers	WIOA Youth Dislocated Worker Grants	(RWS) TIA	Indian Country Job Program (ICJP)	Indian Country American Program (ICA)	Reentry Employment Departmental (RED) (Adult)	Reentry Employment Other (Youth)	YouthHub	Jobs for Veterans' State Grants (JVS)	HUB	Job Corps	Incumbent Worker (Adult/OW/Indef)	SCSFP	Apprenticeship	Demonstration Grants		
<b>SECTION D-04 - ADDITIONAL OUTCOME DATA</b>																								
1900	Youth 2nd Quarter Placement (Title I)	IN 1	Record 1 if the participant is enrolled in occupational skills training (including advanced training). Record 2 if the participant is enrolled in postsecondary education. Record 3 if the participant is enrolled in secondary education. Record 0 if the participant was not placed in any of the above conditions.	1 = Occupational Skills Training 2 = Postsecondary Education 3 = Secondary Education 0 = No placement					R			R								R	R			
1901	Youth 4th Quarter Placement (Title I)	IN 1	Record 1 if the participant is enrolled in occupational skills training (including advanced training). Record 2 if the participant is enrolled in postsecondary education. Record 3 if the participant is enrolled in secondary education. Record 0 if the participant was not placed in any of the above conditions.	1 = Occupational Skills Training 2 = Postsecondary Education 3 = Secondary Education 0 = No placement					R			R								R	R			
1902	Category of Assessment #1	IN 1	Record 1 if the participant was assessed using approved tests for Adult Basic Education (ABE) English Language Arts (ELA). Record 2 if the participant was assessed using approved tests for ABE Mathematics. Record 3 if the participant was assessed using approved tests for English-As-A-Second Language (ESL). Record 0 if the participant was not assessed. Leave blank if this data element does not apply to the participant.	1 = ABE ELA 2 = ABE Math 3 = ESL 0 = Not assessed								R	R	R								R		
1903	Date of Pre-Test Score #1	DT 8	Record the date that the participant took the pre-assessment test. Leave blank if the participant did not take a pre-assessment test.  NOTE: This field is only necessary if the program is capturing a measurable skill gain based on an increase in Educational Functioning Level within the Educational Achievement Type of measurable skill gain.	YYYYMMDD								R	R	R									R	
1904	Pre-Test Score #1	IN 3	Record the raw scale score achieved by the participant on the pre-assessment test. Leave blank if the participant was not assessed in literacy or numeracy or if this data element does not apply to the participant.  NOTE: This field is only necessary if the program is capturing a measurable skill gain based on an increase in Educational Functioning Level within the Educational Achievement Type of measurable skill gain.	000									R	R	R									R
1905	Educational Functioning Level Pre-Test #1	IN 2	Record the educational functioning level that is associated with the participant's raw scale score. Record 0 if the participant was not assessed in literacy or numeracy. Leave blank if the data element does not apply to the participant.  NOTE: This field is only necessary if the program is capturing a measurable skill gain based on an increase in Educational Functioning Level within the Educational Achievement Type of measurable skill gain.	0 = Not Assessed 1 = ABE Level 1 2 = ABE Level 2 3 = ABE Level 3 4 = ABE Level 4 5 = ABE Level 5 6 = ABE Level 6 7 = ESL Level 1 8 = ESL Level 2 9 = ESL Level 3 10 = ESL Level 4 11 = ESL Level 5 12 = ESL Level 6								R	R	R									R	
1906	Date of Most Recent Post-Test Score #1	DT 8	Record the date on which the post-test was administered to the participant during his/her first year of participation in the program. If multiple post-tests were administered, record the most recent date on which the functional area post-test was administered. Leave blank if the participant did not receive a post-test during his/her first year of participation in the program or the data element does not apply to the participant.  NOTE: This field is only necessary if the program is capturing a measurable skill gain based on an increase in Educational Functioning Level within the Educational Achievement Type of measurable skill gain.	YYYYMMDD									R	R	R									R
1907	Post-Test Score #1	IN 3	Record the raw scale score achieved by the participant. Leave blank if the participant did not receive a post-test during his/her first year of participation in the program or if the data element does not apply to the participant.  NOTE: This field is only necessary if the program is capturing a measurable skill gain based on an increase in Educational Functioning Level within the Educational Achievement Type of measurable skill gain.	000									R	R	R									R
1908	Educational Functioning Level Post-Test #1	IN 2	Record the educational functioning level that is associated with the participant's raw scale score. Record 0 if the participant was not assessed in literacy or numeracy. Leave blank if the data element does not apply to the participant.  NOTE: This field is only necessary if the program is capturing a measurable skill gain based on an increase in Educational Functioning Level within the Educational Achievement Type of measurable skill gain.	0 = Not Assessed 1 = ABE Level 1 2 = ABE Level 2 3 = ABE Level 3 4 = ABE Level 4 5 = ABE Level 5 6 = ABE Level 6 7 = ESL Level 1 8 = ESL Level 2 9 = ESL Level 3 10 = ESL Level 4 11 = ESL Level 5 12 = ESL Level 6								R	R	R										R
1909	Category of Assessment #2	IN 1	Record 1 if the participant was assessed using approved tests for Adult Basic Education (ABE) English Language Arts (ELA). Record 2 if the participant was assessed using approved tests for ABE Mathematics. Record 3 if the participant was assessed using approved tests for English-As-A-Second Language (ESL). Record 0 if the participant was not assessed. Leave blank if this data element does not apply to the participant.	1 = ABE ELA 2 = ABE Math 3 = ESL 0 = Not assessed									R	R	R									R
1910	Date of Pre-Test Score #2	DT 8	Record the date that the participant took the pre-assessment test. Leave blank if the participant did not take a pre-assessment test.  NOTE: This field is only necessary if the program is capturing a measurable skill gain based on an increase in Educational Functioning Level within the Educational Achievement Type of measurable skill gain.	YYYYMMDD									R	R	R									R
1911	Pre-Test Score #2	IN 3	Record the raw scale score achieved by the participant on the pre-assessment test. Leave blank if the participant was not assessed in literacy or numeracy or if this data element does not apply to the participant.  NOTE: This field is only necessary if the program is capturing a measurable skill gain based on an increase in Educational Functioning Level within the Educational Achievement Type of measurable skill gain.	000									R	R	R									R
1912	Educational Functioning Level Pre-Test #2	IN 2	Record the educational functioning level that is associated with the participant's raw scale score. Record 0 if the participant was not assessed in literacy or numeracy. Leave blank if the data element does not apply to the participant.  NOTE: This field is only necessary if the program is capturing a measurable skill gain based on an increase in Educational Functioning Level within the Educational Achievement Type of measurable skill gain.	0 = Not Assessed 1 = ABE Level 1 2 = ABE Level 2 3 = ABE Level 3 4 = ABE Level 4 5 = ABE Level 5 6 = ABE Level 6 7 = ESL Level 1 8 = ESL Level 2 9 = ESL Level 3 10 = ESL Level 4 11 = ESL Level 5 12 = ESL Level 6								R	R	R										R
1913	Date of Most Recent Post-Test Score #2	DT 8	Record the date on which the post-test was administered to the participant. If multiple post-tests were administered, record the most recent date on which the functional area post-test was administered. Leave blank if the participant did not receive a post-test during his/her first year of participation in the program or the data element does not apply to the participant.  NOTE: This field is only necessary if the program is capturing a measurable skill gain based on an increase in Educational Functioning Level within the Educational Achievement Type of measurable skill gain.	YYYYMMDD									R	R	R									R
1914	Post-Test Score #2	IN 3	Record the raw scale score achieved by the participant. Leave blank if the participant did not receive a post-test during his/her first year of participation in the program or if the data element does not apply to the participant.  NOTE: This field is only necessary if the program is capturing a measurable skill gain based on an increase in Educational Functioning Level within the Educational Achievement Type of measurable skill gain.	000									R	R	R									R
1915	Educational Functioning Level Post-Test #2	IN 2	Record the educational functioning level that is associated with the participant's raw scale score. Record 0 if the participant was not assessed in literacy or numeracy. Leave blank if the data element does not apply to the participant.  NOTE: This field is only necessary if the program is capturing a measurable skill gain based on an increase in Educational Functioning Level within the Educational Achievement Type of measurable skill gain.	0 = Not Assessed 1 = ABE Level 1 2 = ABE Level 2 3 = ABE Level 3 4 = ABE Level 4 5 = ABE Level 5 6 = ABE Level 6 7 = ESL Level 1 8 = ESL Level 2 9 = ESL Level 3 10 = ESL Level 4 11 = ESL Level 5 12 = ESL Level 6								R	R	R										R
1916	Category of Assessment #3	IN 1	Record 1 if the participant was assessed using approved tests for Adult Basic Education (ABE) English Language Arts (ELA). Record 2 if the participant was assessed using approved tests for ABE Mathematics. Record 3 if the participant was assessed using approved tests for English-As-A-Second Language (ESL). Record 0 if the participant was not assessed. Leave blank if this data element does not apply to the participant.	1 = ABE ELA 2 = ABE Math 3 = ESL 0 = Not assessed									R	R	R									R

















DATA ELEMENT NO.	DATA ELEMENT NAME	DATA TYPE/ FIELD LENGTH	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	CODE VALUE	REQUIREMENTS BY PROGRAM OF PARTICIPATION <sup>1</sup>																								
					Reportable Individual <sup>1</sup>	Wagner-Peyser	WIOA-Adults	WIOA-Discarded Workers	WIOA-Youth Dislocated Worker Grants	(HWS)-TIA	Individuals with Disabilities Job Program (NIPP)	Individuals with Disabilities American Program (IWA)	Reentry/Job Placement Department (RJPD)	Reentry Employment Opportunity (RES)	YouthBuild	Jobs for Veterans' State Grants (JVS)	HUB	Job Corps	Incumbent Worker (Adult/DW funded)	SCSEP	Apprenticeship	Demolition Grants							
2814	Old Enough for but Not Receiving Social Security Title II	IN 1	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 only if the participant is not monetarily eligible for Social Security. Record 0 if the participant qualifies but chooses to delay receipt to increase the amount of benefits.	1 = Yes 0 = No																				R			R		
2815	Date of Last Update (Old Enough for but Not Receiving Social Security Title II)	DT 8	Record the date of updating the 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																					R			R	
2816	Severely Limited Employment Prospects in Area of Persistent Unemployment	IN 1	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 prospects, and 2. Residence in an area of persistent unemployment. Both must be met for a "yes" answer. Severely limited employment prospects means a substantially higher likelihood that an individual will not obtain employment without the assistance of the SCSEP or another workforce development program. Persons with severely limited employment prospects have more than one significant barrier to employment; significant barriers to employment may include but are not limited to: having a substantial employment history, basic skills, and/or English-language proficiency; lacking a high school diploma or the equivalent; having a disability; being homeless or residing in socially and economically isolated rural or urban areas where employment opportunities are limited. Persistent unemployment means that the annual average unemployment rate for a county or city is more than 20 percent higher than the national average for two out of the last three years.	1 = Yes 0 = No																				R			R		
2817	Date of Last Update (Severely Limited Employment Prospects in Area of Persistent Unemployment)	DT 8	Record the date of updating the factor to receive credit in the most-in-need measure or to use the factor to support a waiver request for the participant.	YYYYMMDD																					R			R	
2818	Limited English Proficiency	IN 1	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 aspects of the program. There is no substantive change in the definition. An LEP individual is one who does not speak English as his or her primary language and who has a limited ability to read, speak, write, or understand English. If you are in doubt, ask the participant.	1 = Yes 0 = No																					R			R	
2819	Date of Last Update (Limited English Proficiency)	DT 8	Record the date of updating the factor to receive credit in the most-in-need measure or to use the factor to support a waiver request for the participant.	YYYYMMDD																					R			R	
2820	Low Literacy Skills	IN 1	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 necessary to function on the job, in the individual's family, or in society. Record 0 if the participant does not meet above conditions.	1 = Yes 0 = No																					R			R	
2821	Date of Last Update (Low Literacy Skills)	DT 8	Record the date of updating the factor to receive credit in the most-in-need measure or to use the factor to support a waiver request for the participant.	YYYYMMDD																					R			R	
2822	Type of Placement	IN 1	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																				R	R			R	
2824	Participant returned to SCSEP within the first 90 days of exit?	IN 1	Record 1 if participant returned to SCSEP within the first 90 days of exit. Record 0 if participant did not return to SCSEP within the first 90 days of exit.	1 = Yes 0 = No																								R	
2825	Has the participant re-enrolled in SCSEP within the first 90 days after exit?	IN 1	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 SCSEP within the first 90 days after exit?	1 = Yes 0 = No																								R	
2826	Approved Break Start	DT 8	Record the start date of any approved break in participation, such as a leave of absence without pay.	YYYYMMDD																						R			R
2827	Approved Break End Date	DT 8	Record the end date of any approved break in participation.	YYYYMMDD																						R			R
2828	Reason for Approved Break in Participation	IN 1	Record the reason for the leave of absence or other approved break in participation.	1 = Family/health 2 = Personal 3 = Administrative 4 = Other																						R			R
2829	Participant Community Service Assignment	IN 1	Record where participant is assigned to for his or her community service assignment.	1 = Grantee or sub-recipient/ local project 2 = Workforce Partner 3 = Other host agency									R	R														R	
2830	Supportive Service Provider	IN 1	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. Record 3 if participant received supportive services from both the grantee or sub-recipient/local project and the workforce partner. Record 4 if participant received supportive services from other sources.	1 = Grantee or sub-recipient/local project 2 = Workforce partner 3 = Both 1 and 2 4 = Other																						R			R
2831	Wage per Hour (Community Service Assignment)	DE B.2	Record the current wage at the community service assignment.	000000.00																					R			R	
2832	Total Hours Paid in 1st Quarter	IN 3	Record the total number of 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.	300																					R			R	



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					Reportable Individual <sup>2</sup>	Wagner-Peyser	WIOA Adults	WIOA Dislocated Workers	WIOA Youth Dislocated Worker Grants	(RWS)-TA	Registered Employment Job Program (NEJP)	Indian Job Corps American Program (IA)	Reserve Component Department (RCD) (Adult)	Reserve Component Department (RCD) (Youth)	YouthBuild	Jobs for Veterans' State Grants (JVS)	HRE	Job Corps	Incumbent Worker (Adult/DW funded)
2916	Received RTI Services (Identification of Funding Source(s))	IN 3	Record up to 3 sources of funding: Record 1 if the Related Training and Instruction (RTI) was funded by the apprenticeship grant. Record 2 if the RTI was funded by WIOA Title I (Adult, Dislocated Worker, and/or Youth). Record 3 if the RTI was funded by WIOA funding that was not Title I (i.e., either Title II or Title IV). Record 4 if the RTI was funded by a State funding source. Record 5 if the RTI was funded by a GI Bill. Record 6 if the RTI was funded by a PELL Grant. Leave blank if this data element does not apply.	1 - Grant Funded 2 - WIOA (Title I) 3 - WIOA (not Title I) 4 - State Funding Source 5 - GI Bill 6 - PELL Grant															R
2917	Exit Wage	DE 5.2	Record the hourly wage received on the Date of Exit. Leave blank if this data element does not apply.	900.00														R	R
2918	Wage at Entry into Apprenticeship	DE 5.2	Record the hourly wage received on the date of entry into the apprenticeship program. Leave blank if this data element does not apply.	900.00														R	R
2920	Apprenticeship Grant Number	AN 14	Record the 14 character apprenticeship grant number. The grant number should be entered in the following format without dashes: Two alphabetic characters representing the grant program code-Five numeric characters-Two numeric characters representing the fiscal year when the grant was awarded-Two numeric characters identifying the type of grant awarded-One alphabetic character identifying the relevant agency at ETA-Two numeric characters identifying the state that received the grant was served under (AA-12345-12-55-A-26). If the grant number is unknown, please enter 99999999999999. Leave blank if the participant did not receive services funded by this program	XXXXXXXXXXXX														R	R

SECTION E.11 ADDITIONAL MISC. ELEMENTS (ADDED 2021)

3000	Direct Referral from Justice System	IN 1	Record 1 if participant is a direct referral from the Justice System. Record 2 if participant is not a direct referral from the Justice System.	1 = Yes 0 = No								R	R						R
3001	Most Recent Date Participating in Community Service/Restorative Justice	DT 8	Record the most recent date on which the enrollee participated in Community Service/Restorative Justice. Leave blank if enrollee did not participate in Community Service/Restorative Justice	YYYYMMDD								R	R						R
3002	Received Legal Services	IN 5	Record 1 if participant received legal services regarding outstanding warrants. Record 2 if participant received legal services regarding child support. Record 3 if participant received legal services to obtain a restraining order. Record 4 if participant received legal services seeking to seal or expunge records. Record 5 if participant received other legal services. Leave blank if participant did not receive legal services	1 - Outstanding warrants 2 - Child support 3 - Obtain restraining order 4 - Seal or expunge records 5 - Other legal services								R	R						R
3003	Received Housing Assistance, Substance Abuse Treatment, or Mental Health Treatment	IN 5	Record 1 if participant received housing assistance (non-emergency) Record 2 if participant received substance abuse treatment (non-emergency) Record 3 if participant received mental health treatment (non-emergency) Record 4 if participant received emergency housing assistance Record 5 if participant received emergency substance abuse treatment Record 6 if participant received emergency mental health treatment	1 - Housing assistance 2 - Substance abuse treatment 3 - Mental health treatment 4 - Emergency housing assistance 5 - Emergency substance abuse treatment 6 - Emergency mental health treatment								R	R						R
3004	Individualized Services Provided: Virtual/Online	IN 1	Record the method in which the individualized services other than training were delivered to the participant at any point during program participation. Record 1 if the participant received individualized services other than training that were delivered only through virtual/online methods. Record 2 if the participant received individualized services other than training that were delivered through in-person and virtual/online methods. Record 3 if the participant received individualized services other than training that were delivered only through in-person methods. Leave blank if the participant did not receive any individualized services other than training at any point during program participation.	1 - Virtual/Online 2 - Mix of In-person and Virtual/Online 3 - No Virtual/Online, In-person Only	R	R	R	R	R	R	R			R	R		R		R
3005	Transitioning Service Member Warm Handover	IN 1	Record 1 if the transitioning service member (defined as a person who has not yet separated from the U.S. military or has separated in the past 180 days) was referred or offered additional services through the Department of Labor by his/her military branch. Record 2 if the transitioning service member (defined as a person who has not yet separated from the U.S. military or has separated in the past 180 days) received information about DOL services during their transition but was NOT sent to the AIC by his/her military officer. Record 3 if the service member was not made aware of DOL services from his/her Commander. Record 4 if the participant is not a transitioning service member.	1 - Yes, received information and was sent to the AIC by military officer. 2 - Yes, received information but missed AIC on their own accord. 3 - No, information was not provided. 4 - Not TSM	R								R						R
3006	Transitioning Service Member Housing Plan	IN 1	Record 1 if the transitioning service member (defined as a person who has not yet separated from the U.S. military or has separated in the past 180 days) was assessed by the military as having an adequate post-transition housing plan. Record 2 if the transitioning service member (defined as a person who has not yet separated from the U.S. military or has separated in the past 180 days) was assessed by the military as not having an adequate post-transition plan. Record 4 if the participant is not a transitioning service member.	1 - Yes, adequate housing plan 2 - No, housing plan is not adequate or non-existent 4 - Not TSM	R									R					R
3007	Referred from Department of Veterans Affairs (VA) Services	IN 1	This data element reflects the agency where the participant was referred from. Record 1 if the participant was referred to the AIC from the Department of Veterans Affairs Vocational Rehabilitation and Employment Service for Labor Market Information to be used in development of the Individual Written Rehabilitation Plan (IWRP). Note: this alone will not begin a participation period. Record 2 if the participant was referred from the Department of Veterans Affairs Vocational Rehabilitation and Employment Service for employment services. Record 3 if the participant was referred from the Department of Veterans Affairs Regional Office for employment services. Record 4 if the participant was referred from the Department of Veterans Affairs Medical Center for employment services. Record 5 if the participant entered into a Registered Apprenticeship program and a Department of Veterans Affairs Vocational Rehabilitation participant or if the participant was a registered apprentice at the time of program entry and Department of Veterans Affairs Vocational Rehabilitation participant. Record 9 if the participant indicates they were referred by the Department of Veterans Affairs, but does not specify which of the above programs referred them.	1 - Referred from the VA VR&E for IWRP to be used in development of the IWRP 2 - Referred from the VA VR&E for employment services 3 - Referred from the VA Regional Office for employment services. 4 - Referred from the VA Medical Center for employment services. 5 - Department of Veterans Affairs Vocational Rehabilitation Funded 9 - Referred by VA, Entity Unknown	R									R					R
3008	Family Unit Size	IN 2	Record the number of individuals (including the participant) that live with the individual and are a part of the individual's family, as defined by 20 CFR 685.110.	xx								R							R
3009	Formerly Incarcerated	IN 1	Record 1 if the participant is an eligible individual who has been incarcerated or been under supervision following release from prison or jail within the last five years. Record 0 if the participant does not meet above conditions.	1 = Yes 0 = No														R	
3010	Date of Last Update (Formerly Incarcerated)	DT 8	Record the date of updating the factor to receive credit in the most-in-need measure or to use the factor to support a waiver request for the participant.	YYYYMMDD														R	

<sup>1</sup> Cells populated with "R" represent data elements that must be collected by the corresponding program.  
<sup>2</sup> The collection of data elements for reportable individuals is limited to the core programs (Adult, Dislocated Worker, Youth, and Wagner-Peyser Employment Service) only. The collection of data element 413 for reportable individuals is only required for Wagner-Peyser Employment Service programs.

**Public Burden Statement (1205-0521)**  
Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Respondent's reply to these reporting requirements is mandatory (Workforce Innovation and Opportunity Act, Section 116). Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate to the Office of Policy Development and Research • U.S. Department of Labor • Room N-5641 • 200 Constitution Ave., NW, • Washington, DC • 20210. Do NOT send the completed application to this address.

Program	PIRL #	Revision
TAA	1521-1525	Update data element name and instructions.
SCSEP	3009-3010	Add 2 new data elements
REO Adult	2525	"Checked" data element
REO Adult	2530	"Checked" data element
REO Youth	1201	"Checked" data element
REO Youth	2209	"Checked" data element
REO Youth	2211	"Checked" data element
REO Youth	2435	"Checked" data element