

| Data Element (DE) Number | Data Element (DE) Name | Data Type | Multiple Values Allowed | Change | PIRL Element | Report at | Report | Correctable (Y/N) | Definitions or Reporting Instructions | Code Values |
|--------------------------|-------------------------------|------------|-------------------------|--|--------------|---|-------------|-----------------------------------|---|--|
| 1 | Program Year | INT 4 | No | No | | Application or Initial Receipt of Pre-Employment Transition Service Data Elements | Quarterly | No | Report the program year associated with the reporting period. Program year begins in July and ends in June of the following year. | XXXX |
| 2 | Program Year Quarter | INT 1 | No | No | | Application or Initial Receipt of Pre-Employment Transition Service Data Elements | Quarterly | No | Report the program year quarter applicable to the data collection reporting period. | 1 = July 1 - September 30 2 = October 1 - December 31 3 = January 1 - March 31 4 = April 1 - June 30 |
| 4 | Agency Code | INT 3 | No | No | | Application or Initial Receipt of Pre-Employment Transition Service Data Elements | Quarterly | No | Report the code value assigned to the VR agency submitting the data from Appendix 1. | Valid values listed in Appendix 1 |
| 5 | Unique Identifier | VARCHAR 12 | No | No | 100 | Application or Initial Receipt of Pre-Employment Transition Service Data Elements | Quarterly | Must request correction from RSA. | When assigning the identifier, the first two digits are the State's Postal Code followed by a unique 10-digit number that is not associated with the individual's SSN. The number must not duplicate any other assigned unique identifiers used in the State by another VR agency. When assigning a unique identifier, ensure that the same 12- digit identifier is used in subsequent years for the same individual if additional service records are opened for that individual in the future. This is necessary to obtain an unduplicated count of individuals being served in a State. <div>Note: The Postal Code used should be the State agency's Postal Code, not the State in which the individual resides or the State from where the case was transferred.</div> | XXXXXXXXXXXX |
| 6 | Social Security Number | VARCHAR 9 | No | Modified reporting instructions | | Application or Initial Receipt of Pre-Employment Transition Service Data Elements | When Occurs | Must request correction from RSA. | Report the individual's nine-digit SSN. Please note that if an individual does not have a SSN or chooses not to provide a SSN, then only the Unique Identifier is reported. An individual's SSN is reported only one time to RSA with the Unique Identifier and thereafter left blank. After that, the Unique Identifier is the only unique individual data element reported with each data submission. Once either of these data elements has been reported, the data elements may ONLY be changed by contacting RSA Data Unit staff to initiate a modification. Please note that if no SSN is provided, the individual's wage information cannot be verified through unemployment insurance data and would need to be determined through supplemental information. | XXXXXXXXXX |
| 7 | Date of Application | DATE | No | Modified reporting instructions | | Application Data Elements | Quarterly | Must request correction from RSA. | Report the date (year, month, and day) that the agency received a completed and signed application form for VR services from the applicant. The date must be verifiable through supporting documentation. | YYYYMMDD |
| 8 | Date of Birth | DATE | No | No | 200 | Application or Initial Receipt of Pre-Employment Transition Service Data Elements | Quarterly | Yes | Report the individual's date of birth. | YYYYMMDD |
| 9 | Sex | INT 1 | No | Modified DE name, code values and reporting instructions | | Application or Initial Receipt of Pre-Employment Transition Service Data Elements | Quarterly | Yes | Report the individual's sex. If unknown, report code 9 [Unknown] | 1 = Male 2 = Female 9 = Unknown |
| 10 | American Indian/Alaska Native | INT 1 | No | Modified reporting instructions | 211 | Application or Initial Receipt of Pre-Employment Transition Service Data Elements | Quarterly | Yes | An individual having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment. This DE is required for all individuals in elementary or secondary education. If an individual in elementary or secondary education chooses not to self-identify race, observer identification should be used to assign the individual to a race/ethnicity. For individuals not in elementary or secondary education, self-identification is encouraged to the greatest extent possible. When necessary, record code value 9 to indicate the individual did not self-identify. When reporting on multi-racial individuals, use more than one race variable indicating the individual is of that race (i.e., more than one code value 1). Agencies may leave the data element blank only for individuals with Type of Exit code value 0 (Individual exited as an applicant, prior to eligibility determination or trial work). For example, if an individual applies for services via an application form or letter and exits the agency without being seen by agency personnel, this individual's race would not be known and could not be observed and therefore all race codes would be left blank. | 0 = Individual is American Indian/Alaska Native 9 = Individual did not self-identify |
| 11 | Asian | INT 1 | No | Modified reporting instructions | 212 | Application or Initial Receipt of Pre-Employment Transition Service Data Elements | Quarterly | Yes | An individual having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. This DE is required for all individuals in elementary or secondary education. If an individual in elementary or secondary education chooses not to self-identify race, observer identification should be used to assign the individual to a race/ethnicity. For individuals not in elementary or secondary education, self-identification is encouraged to the greatest extent possible. When necessary, record code value 9 to indicate the individual did not self-identify. When reporting on multi-racial individuals, use more than one race variable indicating the individual is of that race (i.e., more than one code value 1). Agencies may leave the data element blank only for individuals with Type of Exit code value 0 (Individual exited as an applicant, prior to eligibility determination or trial work). For example, if an individual applies for services via an application form or letter and exits the agency without being seen by agency personnel, this individual's race would not be known and could not be observed and therefore all race codes would be left blank. | 1 = Individual is Asian 0 = Individual is not Asian 9 = Individual did not self-identify |
| 12 | Black/African American | INT 1 | No | Modified reporting instructions | 213 | Application or Initial Receipt of Pre-Employment Transition Service Data Elements | Quarterly | Yes | An individual having origins in any of the Black racial groups of Africa. This element is required for all individuals in elementary or secondary education. If an individual in elementary or secondary education chooses not to self-identify race, observer identification should be used to assign the individual to a race/ethnicity. For individuals not in elementary or secondary education, self-identification is encouraged to the greatest extent possible. When necessary, record code value 9 to indicate the individual did not self-identify. When reporting on multi-racial individuals, use more than one race variable indicating the individual is of that race (i.e., more than one code value 1). Agencies may leave the data element blank only for individuals with Type of Exit code value 0 (Individual exited as an applicant, prior to eligibility determination or trial work). For example, if an individual applies for services via an application form or letter and exits the agency without being seen by agency personnel, this individual's race would not be known and could not be observed and therefore all race codes would be left blank. | 1 = Individual is Black/African American 0 = Individual is not Black/African American 9 = Individual did not self-identify |

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| 13 | Native Hawaiian/Other Pacific Islander | INT 1 | No | Modified reporting instructions | 214 | Application or Initial Receipt of Pre-Employment Transition Service Data Elements | Quarterly | Yes | An individual having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. This DE is required for all individuals in elementary or secondary education. If an individual in elementary or secondary education chooses not to self-identify race, observer identification should be used to assign the individual to a race/ethnicity. For individuals not in elementary or secondary education, self-identification is encouraged to the greatest extent possible. When necessary, record code value 9 to indicate the individual did not self-identify. When reporting on multi-racial individuals, use more than one race variable indicating the individual is of that race (i.e., more than one code value 1). Agencies may leave the data element blank only for individuals with Type of Exit code value 0 (Individual exited as an applicant, prior to eligibility determination or trial work). For example, if an individual applies for services via an application form or letter and exits the agency without being seen by agency personnel, this individual's race would not be known and could not be observed and therefore all race codes would be left blank. | 1 = Individual is Native Hawaiian/Other Pacific Islander 0 = Individual is not Native Hawaiian/Other Pacific Islander 9 = Individual did not self-identify |
| 14 | White | INT 1 | No | Modified reporting instructions | 215 | Application or Initial Receipt of Pre-Employment Transition Service Data Elements | Quarterly | Yes | An individual having origins in any of the original peoples of Europe, the Middle East or North Africa. This DE is required for all individuals in elementary or secondary education. If an individual in elementary or secondary education chooses not to self-identify race, observer identification should be used to assign the individual to a race/ethnicity. For individuals not in elementary or secondary education, self-identification is encouraged to the greatest extent possible. When necessary, record code value 9 to indicate the individual did not self-identify. When reporting on multi-racial individuals, use more than one race variable indicating the individual is of that race (i.e., more than one code value 1). Agencies may leave the data element blank only for individuals with Type of Exit code value 0 (Individual exited as an applicant, prior to eligibility determination or trial work). For example, if an individual applies for services via an application form or letter and exits the agency without being seen by agency personnel, this individual's race would not be known and could not be observed and therefore all race codes would be left blank. | 1 = Individual is White 0 = Individual is not White 9 = Individual did not self- identify |
| 15 | Ethnicity: Hispanic/Latino | INT 1 | No | Modified reporting instructions | 210 | Application or Initial Receipt of Pre-Employment Transition Service Data Elements | Quarterly | Yes | An individual of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race. This DE is required for all individuals in elementary or secondary education. If an individual in elementary or secondary education chooses not to self-identify race, observer identification should be used to assign the individual to a race/ethnicity. For individuals not in elementary or secondary education, self-identification is encouraged to the greatest extent possible. When necessary, record code value 9 to indicate the individual did not self-identify. | 1 = Individual is Hispanic/Latino 0 = Individual is not Hispanic/Latino 9 = Individual did not self-identify |
| 16 | Veteran | INT 1 | No | No | | Application Data Elements | Quarterly | Yes | Report the code value to indicate whether the applicant served in the active military, naval, or air service, and was discharged or released under conditions other than dishonorable. | 1 = Individual is a Veteran 0 = Individual is not a Veteran |
| 18 | State Postal Code of Residence | VARCHAR 2 | No | No | 101 | Application Data Elements | Quarterly | Yes | Report the two-letter State Postal Code for the State or U.S. Territory corresponding to the location of the individual's residence. For persons on active military duty, report the two-letter Air/Army Post Office (APO) or Fleet Post Office (FPO) as defined by the Military Postal Service Agency. For Mexico, use code 088. For Canada, use code 099. For other (not listed), use code XX. | Valid values listed in Appendix 1 |
| 19 | County FIPS Code | INT 5 | No | No | | Application Data Elements | Quarterly | Yes | Report the FIPS county code for the individual's residence. This code is a five-digit Federal Information Processing Standard (FIPS) that uniquely identifies counties, county equivalents, and certain U.S. territories. The first two digits are the FIPS State code and the last three are the county code within the State or territories. The codes can be located at the U.S. Census Bureau website: https://www.census.gov/geographies/reference-files/2018/demo/popest/2018-fips.html | XXXXXX |
| 20 | ZIP Code | INT 5 | No | Modified reporting instructions | | Application Data Elements | Quarterly | Yes | Report a valid five-digit numeric U.S. Postal Service Zip Code where the applicant resides. | XXXXXX |
| 21 | Source of Referral | INT 2 | No | No | | Application Data Elements | Quarterly | Yes | Report the source that first referred the applicant to the VR agency by using one of the code values in Appendix 2. | See Appendix 2 for referral sources |
| 394 | Monthly Public Support at Application | VARCHAR 7 | Yes | No | | Application Data Elements | Quarterly | Yes | Report the applicant's public support at application. If the applicant receives more than one type of public support, use a semicolon between each type. | 0 = Individual does not receive public support 1 = Individual receives Social Security Disability Insurance (SSDI) 2 = Individual receives Supplemental Security Income (SSI) 3 = Individual receives Temporary Assistance for Needy Families (TANF) 4 = Individual receives other public support from another source |
| 395 | Medical Insurance Coverage at Application | VARCHAR 5 | Yes | No | | Application Data Elements | Quarterly | Yes | Report the applicant's medical insurance coverage at application. If the applicant has more than one type of medical insurance, use a semicolon between each type. A limit of three types of insurance may be reported in this DE. | 0 = Applicant does not have medical insurance coverage 1 = Applicant has Medicaid 2 = Applicant has Medicare 3 = Applicant is receiving benefits through the State or Federal Affordable Care Act Exchange at the time of application 4 = Applicant has public insurance outside of Medicare, Medicaid, or the Affordable Care Act exchange 5 = Applicant has private insurance through employer 6 = Applicant is not eligible for private insurance through a current employer, but will be eligible for private insurance after a certain period of employment 7 = Applicant has private insurance through other means |
| 22 | Student with a Disability | INT 1 | No | Modified reporting instructions | | Application or Initial Receipt of Pre-Employment Transition Service Data Elements | Quarterly | Yes | Report this DE either at Application or Start Date of Pre-Employment Transition Services, whichever comes first. This DE must be updated when the individual no longer meets the definition of a student with a disability. This DE must reported with code value 0 if the individual's age is greater than the upper limit of the State's age range for students with disabilities, as reported in DE 74. For potentially eligible students with disabilities, if this DE is reported with code value 0, the record is not to be reported in the subsequent quarterly report. | 1 = Individual is a student with a disability and has a section 504 accommodation 2 = Individual is a student with a disability and is receiving transition services under an Individualized Education Program (IEP) 3 = Individual is a student with a disability who does not have a section 504 accommodation and is not receiving services under an IEP 0 = Individual is not a student with a disability |
| 38 | Date of Eligibility Determination | DATE | No | Modified reporting instructions | | Eligibility Data Elements | Quarterly | No | Report the date the applicant was determined eligible. This DE is not reported if the applicant exits the VR program before an eligibility determination is made. The date must be verifiable through supporting documentation. | YYYYMMDD |

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| 39 | Date of Eligibility Determination Extension | DATE | No | Modified DE name and reporting instructions | | Eligibility Data Elements | Quarterly | No | Report the date, if applicable, the applicant and counselor mutually agreed upon an extension (of time) for eligibility determination within 60 days of the individual's application for VR services. The date reported in this DE is <u>not</u> the date the applicant and counselor expect to make an eligibility determination (beyond the 60-day timeframe), but the date the applicant and counselor agree to extend this timeframe. As a result, this date, if applicable, must occur on or before the date reported in DE 38. The date must be verifiable through supporting documentation. | YYYYMMDD |
| 408 | Eligibility Status | INT 1 | No | New DE | | Eligibility Data Elements | Quarterly | Yes | Report the code value that describes the eligibility status of the individual. | 1 = Individual was determined eligible. 2 = Individual was determined ineligible. |
| 40 | Date of Placement on OOS Waiting List | DATE | No | Modified reporting instructions | | Order of Selection (OOS) Data Elements | Quarterly | No | Report the date, if applicable, that the eligible individual was placed on an OOS waiting list. | YYYYMMDD |
| 41 | Date of Exit from OOS Waiting List | DATE | No | Modified reporting instructions | | Order of Selection (OOS) Data Elements | Quarterly | No | Report the date, if applicable, that the eligible individual exited from an OOS waiting list. | YYYYMMDD |
| 42 | Individual with a Disability | INT 1 | No | Modified reporting instructions | 202 | Disability Data Elements | Quarterly | No | Leave blank if the individual exited as an applicant with Type of Exit (DE 354) code 0. Code value 1 is required for all VR program participants. | 1 = Individual reports that he/she has any "disability," as defined in section 3(2)(a) of the Americans with Disabilities Act of 1990 (42 U.S.C. 12102) 0 = Individual reports that he/she does not have a disability that meets the definition 9 = Individual did not self-identify |
| 43 | Primary Disability | VARCHAR 5 | Yes | No | | Disability Data Elements | Quarterly | Yes | Report the code value that best describes the individual's primary physical or mental disability that causes or results in a substantial impediment to employment. The data reported is a combination of the Type of Disability code found in Appendix 3 and the Source of Disability code found in Appendix 4. The first two digits designate the Type of Disability (sensory, physical, or mental), and the last two digits indicate the cause or Source of Disability. Use a semicolon between the Type of Disability code and the Source of Disability code. Do not use spaces or commas between the code values. If the individual is found not to have a disability, this DE should be coded 0;0. Leave blank if the individual exited as an applicant with Type of Exit (DE 354) code 0. | See Appendix 3 for valid disability types and Appendix 4 for valid sources |
| 44 | Secondary Disability | VARCHAR 5 | Yes | No | | Disability Data Elements | Quarterly | Yes | Report the code value that best describes the individual's secondary physical or mental disability that causes or results in a substantial impediment to employment. If the individual is found not to have a disability, this DE should be coded 0;0. Leave blank if this DE does not apply or if the individual exited as an applicant with Type of Exit (DE 354) code 0. | See Appendix 3 for valid disability types and Appendix 4 for valid sources |
| 45 | Significance of Disability | INT 1 | No | Modified code values and reporting instructions | | Disability Data Elements | Quarterly | Yes | Report the appropriate code value to indicate whether the individual is classified by the agency as an individual with a significant disability, a most significant disability, a disability that is neither a significant or most significant disability (i.e., a different priority category under the agency's OOS), or report that the individual does not have a disability. Leave blank if this DE does not apply or if the individual exited as an applicant with Type of Exit (DE 354) code 0. | 1 = Individual has a significant disability 2 = Individual has a most significant disability 0 = Individual has a disability that is not a most significant or significant disability |
| 46 | Start Date of Trial Work Experience | DATE | No | No | | Trial Work Experience Data Elements | Quarterly | Yes | Report the date that the individual's trial work experience began. If the individual has been placed in more than one trial work experience, the first occurrence of trial work must end with an End Date of Trial Work Experience (DE 47) before another Start Date of Trial Work Experience can begin. | YYYYMMDD |
| 47 | End Date of Trial Work Experience | DATE | No | No | | Trial Work Experience Data Elements | Quarterly | Yes | Report the date that the individual's trial work experience ended. | YYYYMMDD |
| 399 | Date of IPE Development Extension | DATE | No | Modified DE name and reporting instructions | | Individualized Plan for Employment (IPE) Data Elements | Quarterly | No | Report the date the eligible individual and counselor mutually agreed upon an extension (of time) for the development of the IPE within 90 days of the individual's eligibility determination for VR services. The date reported in this DE is <u>not</u> the date the eligible individual and counselor expect to finalize the IPE (beyond the 90-day timeframe), but the date the eligible individual and counselor agree to extend this timeframe. As a result, this date, if applicable, must occur on or before the date reported in DE 398. The extension must be verifiable through supporting documentation. | YYYYMMDD |
| 398 | Date of Initial IPE | DATE | No | Modified reporting instructions | | Individualized Plan for Employment (IPE) Data Elements | Quarterly | No | Report the date on which the initial IPE was signed by both the eligible individual and the counselor. The date must be verifiable through supporting documentation. Once this DE is reported, the VR agency cannot change it. | YYYYMMDD |
| 49 | Supported Employment Goal on Current IPE | INT 1 | No | Modified code values and reporting instructions | | Individualized Plan for Employment (IPE) Data Elements | Quarterly | Yes | Report if the eligible individual with a most significant disability has a supported employment goal on the current IPE. | 1 = Eligible individual with most significant disability has a supported employment goal on the current IPE 0 = Eligible individual with most significant disability does not have a supported employment goal on the current IPE |
| 50 | Employment at Initial IPE | INT 2 | No | Modified code values and reporting instructions | 400 | Individualized Plan for Employment (IPE) Data Elements | Quarterly | Yes | Report the code value that best describes the employment status of the eligible individual at initial IPE. | 1 = Individual is employed and requires VR services to maintain employment. 2 = Individual is employed, but seeking career advancement. 3 = Individual is employed in non-CIE and seeking CIE. 0 = Individual is not employed |
| 51 | Primary Occupation at Initial IPE | INT 6 | No | Modified reporting instructions | | Individualized Plan for Employment (IPE) Data Elements | Quarterly | Yes | For an eligible individual who is employed (DE 50, code 1, 2, or 3), enter the current Standard Occupational Classification (SOC) code that best describes the eligible individual's occupation from which he/she derives the majority of his or her earnings at initial IPE. | XXXXXX |
| 52 | Hourly Wage at Initial IPE | DECIMAL 5, 2 | No | Modified reporting instructions | | Individualized Plan for Employment (IPE) Data Elements | Quarterly | Yes | For an eligible individual who is employed (DE 50, code 1, 2, or 3), report the eligible individual's hourly wage (rounded to the nearest cent) earned at initial IPE. Report 0 if the eligible individual was not employed or had no earnings at initial IPE. This DE captures cash earnings of the individual expressed as an hourly wage and includes all wages, salaries, tips, profits from self-employment and commissions received as income. These earnings are before payroll deductions of Federal, State, and local income taxes and Social Security. Wages for salespersons, consultants, self-employed individuals, and other similar occupations are based on the adjusted gross income. Adjusted gross income is gross income minus unreimbursed business expenses. Do not include estimates of in-kind payments, such as meals and lodging. Estimate profits of farmers, if necessary. Where wages are based on commissions that are irregular (e.g., real estate, automobile sales, etc.), they should be calculated as an average hourly wage over a representative period, such as one month or one quarter, to obtain a reportable figure. Commissions are generally not paid when earned, but rather are paid periodically, such as weekly, biweekly, or even monthly. To bring standardization to this DE, wages should be based on the actual receipt of the payment and not on amounts accruing until the next commission payout. | XXX.XX |

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| 53 | Hours Worked in a Week at Initial IPE | INT 2 | No | Modified reporting instructions | | Individualized Plan for Employment (IPE) Data Elements | Quarterly | Yes | For an eligible individual who is employed (DE 50, code 1, 2, or 3), report the number of hours the eligible individual worked in a typical week at initial IPE. Report 0 if the eligible individual was unemployed. | XX |
| 54 | Adult | INT 1 | No | Modified Code Values | 903 | Individualized Plan for Employment (IPE) Data Elements | Quarterly | Yes | The purpose of the Adult program is to increase the employment, job retention, earnings, and career advancement of U.S. workers by providing quality employment and training services to assist eligible individuals in finding and qualifying for meaningful employment, and to help employers find the skilled workers they need to compete and succeed in business. | 1 = Individual received services from Adult program (Title I of WIOA) 0 = Individual did not receive services from Adult program (Title I of WIOA) 9 = Co-Enrollment information unknown |
| 55 | Adult Education | INT 1 | No | Modified Code Values | 910 | Individualized Plan for Employment (IPE) Data Elements | Quarterly | Yes | The Adult Education program helps adults get the basic skills they need including reading, writing, math, English language proficiency, and problem-solving to be productive workers, family members, and citizens. | 1 = Individual received Adult Education services (Title II of WIOA) 0 = Individual did not receive Adult Education services (Title II of WIOA) 9 = Co-Enrollment information unknown |
| 56 | Dislocated Worker | INT 1 | No | Modified Code Values | 904 | Individualized Plan for Employment (IPE) Data Elements | Quarterly | Yes | The Dislocated Worker program provides employment and training services to assist workers who have been laid off or have been notified that they will be terminated or laid off in finding and qualifying for meaningful employment, and to help employers find the skilled workers they need to compete and succeed in business. | 1 = Individual received services from Dislocated Worker program (Title I of WIOA) 0 = Individual did not receive services from Dislocated Worker program (Title I of WIOA) |
| 57 | Job Corps | INT 1 | No | Modified Code Values | 911 | Individualized Plan for Employment (IPE) Data Elements | Quarterly | Yes | Job Corps is a no-cost education and vocational training program administered by the U.S. Department of Labor that helps young people ages 16-24 improve the quality of their lives by empowering them to get great jobs and become independent. | 1 = Individual received services from Job Corps Program 0 = Individual did not receive services from Job Corps Program 9 = Co-Enrollment information unknown |
| 58 | Vocational Rehabilitation | INT 1 | No | Modified code values and reporting instructions | 917 | Individualized Plan for Employment (IPE) Data Elements | Quarterly | Yes | All VR program participants should be reported with code value 1 unless the individual also received services from the VR&E program. If the individual also received services from the VR&E program, report code value 3. | 1 = Individual received services from the vocational rehabilitation program 3 = Individual received services from both the vocational rehabilitation program and the Department of Veterans Affairs Vocational Rehabilitation and Employment (VR&E) programs |
| 59 | Wagner-Peyser Employment Service | INT 1 | No | Modified Code Values | 918 | Individualized Plan for Employment (IPE) Data Elements | Quarterly | Yes | The Wagner-Peyser/Employment Services program focuses on providing a variety of employment related labor exchange services, including but not limited to job search assistance, job referral, and placement assistance for job seekers, re-employment services to unemployment insurance claimants, and recruitment services to employers with job openings. Services are delivered in one of three modes including self-service, facilitated self-help services, and staff assisted service delivery approaches. Depending on the needs of the labor market, other services, such as job seeker assessment of skill levels, abilities, and aptitudes, career guidance when appropriate, job search workshops, and referral to training, may be available. | 1 = Individual received services from Wagner-Peyser Employment Services program (Title III of WIOA) 0 = Individual did not receive services from Wagner-Peyser Employment Services program (Title III of WIOA) 9 = Co-Enrollment information unknown |
| 60 | Youth | INT 1 | No | Modified Code Values | 905 | Individualized Plan for Employment (IPE) Data Elements | Quarterly | Yes | The title I Youth program focuses on assisting out-of-school youth and in-school youth with one or more barriers to employment prepare for post-secondary education and employment opportunities, attain educational and/or skills training credentials, and secure employment with career/promotional opportunities. | 1 = Individual received services from Youth program (Title I of WIOA) 0 = Individual did not receive services from Youth program (Title I of WIOA) |
| 61 | Youth Build | INT 1 | No | Modified data type, code values, and reporting instructions | 919 | Individualized Plan for Employment (IPE) Data Elements | Quarterly | Yes | YouthBuild is a discretionary grant program, authorized under title I of WIOA, that serves 16-24 year old youth who are high school dropouts or those who have dropped out and subsequently re-enrolled. YouthBuild participants also must be one of the following: member of a low-income family, in foster care, an offender, an individual with a disability, the child of a current or formerly incarcerated parent, or a migrant youth. | 1 = Individual received services from a YouthBuild program 0 = Individual did not receive services from a YouthBuild program 9 = Co-Enrollment information unknown |
| 62 | Long-Term Unemployed | INT 1 | No | Modified Code Values | 402 | Individualized Plan for Employment (IPE) Data Elements | Quarterly | Yes | A participant who has been unemployed for 27 or more consecutive weeks at program entry is considered to be long-term unemployed. | 1 = Individual meets the definition of Long-Term Unemployed 0 = Individual does not meet the definition of Long-Term Unemployed 9 = Barrier to Employment information unknown |
| 63 | Exhausting TANF within 2 Years | INT 1 | No | Modified Code Values | 601 | Individualized Plan for Employment (IPE) Data Elements | Quarterly | Yes | A participant is within 2 years of exhausting lifetime eligibility under part A of Title IV of the Social Security Act at program entry. | 1 = Individual is within two years of exhausting TANF 0 = Individual is not within two years of exhausting TANF 9 = Barrier to Employment information unknown |
| 64 | Foster Care Youth | INT 1 | No | Modified code values and reporting instructions | 704 | Individualized Plan for Employment (IPE) Data Elements | Quarterly | Yes | A participant aged 24 or under who is currently in foster care or has aged out of the foster care system. Report only if the participant is between 14 and 24. | 1 = Individual meets the definition of a Foster Care Youth 0 = Individual does not meet the definition of a Foster Care Youth 9 = Barrier to Employment information unknown |
| 65 | Homeless Individual, Homeless Children and Youths, or Runaway Youth | INT 1 | No | Modified Code Values | 800 | Individualized Plan for Employment (IPE) Data Elements | Quarterly | Yes | (a) Lacks a fixed, regular, and adequate nighttime residence; (b) Has a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, such as a car, park, abandoned building, bus or train station, airport, or camping ground; (c) Is a migratory child who in the preceding 36 months was required to move from one school district to another due to changes in the parent's or parent's spouse's seasonal employment in agriculture, dairy, or fishing work; or (d) Is under 18 years of age and absents himself or herself from home or place of legal residence without the permission of his or her family (i.e., runaway youth). | 1 = Individual meets the definition of Homeless 0 = Individual does not meet the definition of Homeless 9 = Barrier to Employment information unknown |
| 66 | Ex-Offender | INT 1 | No | Modified Code Values | 801 | Individualized Plan for Employment (IPE) Data Elements | Quarterly | Yes | A person who either (a) has been subject to any stage of the criminal justice process for committing a status offense or delinquent act, or (b) requires assistance in overcoming barriers to employment resulting from a record of arrest or conviction. | 1 = Individual meets the definition of an Ex-Offender 0 = Individual does not meet the definition of an Ex-Offender |
| 67 | Low Income | INT 1 | No | Modified Code Values | 802 | Individualized Plan for Employment (IPE) Data Elements | Quarterly | Yes | (a) Receives, or in the six months prior to application to the program has received, or is a member of a family that is receiving or in the past six months prior to application to the program has received public assistance (SNAP, TANF, SSI, other State/local assistance); (b) Is in a family with total family income that does not exceed the higher of the poverty line or 70% of the lower living standard income level; (c) Is a youth who receives or is eligible to receive a free or reduced price lunch (d) Is a foster child on behalf of whom State or local government payments are made; (e) Is an participant with a disability whose own income is the poverty line but who is a member of a family whose income does not meet this requirement. (f) Is a homeless participant or a homeless child or youth or runaway youth (see PIRL Data Element #700); or (g) Is a youth living in a high-poverty area. | 1 = Individual meets the definition of Low Income 0 = Individual does not meet the definition of Low Income 9 = Barrier to Employment information unknown |
| 68 | English Language Learner | INT 1 | No | Modified Code Values | 803 | Individualized Plan for Employment (IPE) Data Elements | Quarterly | Yes | 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. | 1 = Individual meets the definition of English Language Learner 0 = Individual does not meet the definition of English Language Learner 9 = Barrier to Employment information unknown |
| 69 | Basic Skills Deficient/Low Levels of Literacy | INT 1 | No | Modified Code Values | 804 | Individualized Plan for Employment (IPE) Data Elements | Quarterly | Yes | 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. | 1 = Individual meets the definition of Basic Skills Deficient/Low Levels of Literacy 0 = Individual does not meet the definition of Basic Skills Deficient/Low Levels of Literacy 9 = Barrier to Employment information unknown |
| 70 | Cultural Barriers | INT 1 | No | Modified Code Values | 805 | Individualized Plan for Employment (IPE) Data Elements | Quarterly | Yes | An individual who perceives him or herself as possessing attitudes, beliefs, customs, or practices that influence a way of thinking, acting, or working that may serve as a hindrance to employment. | 1 = Individual meets the definition of Cultural Barriers 0 = Individual does not meet the definition of Cultural Barriers 9 = Barrier to Employment information unknown |

| Data Element (DE) Number | Data Element (DE) Name | Data Type | Multiple Values Allowed | Change | PIRL Element | Report at | Report | Correctable (Y/N) | Definitions or Reporting Instructions | Code Values |
|--------------------------|--|-----------|-------------------------|--|--------------|---|-----------|-------------------|---|--|
| 71 | Single Parent | INT 1 | No | Modified Code Values | 806 | Individualized Plan for Employment (IPE) Data Elements | Quarterly | Yes | An individual who is single, separated, divorced, or a widowed individual who has primary responsibility for one or more dependent children under age 18 (including single pregnant women). | 1 = Individual meets the definition of a Single Parent 0 = Individual does not meet the definition of a Single Parent 9 = Barrier to Employment information unknown |
| 72 | Displaced Homemaker | INT 1 | No | Modified Code Values | 807 | Individualized Plan for Employment (IPE) Data Elements | Quarterly | Yes | An individual who has been providing unpaid services to family members in the home and who: (A)(i) has been dependent on the income of another family member but is no longer supported by that income; or (ii) is the dependent spouse of a member of the Armed Forces on active duty and whose family income is significantly reduced because of a deployment, a call or order to active duty, a permanent change of station, or the service-connected death or disability of the member; and (B) is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment. | 1 = Individual meets the definition of a Displaced Homemaker 0 = Individual does not meet definition of a Displaced Homemaker 9 = Barrier to Employment information unknown |
| 73 | Migrant and Seasonal Farmworker | INT 1 | No | Modified code values and reporting instructions | 808 | Individualized Plan for Employment (IPE) Data Elements | Quarterly | Yes | An individual who meets the definition a Migrant and Seasonal Farmworker as outlined in the code values. | 1 = Individual is a low-income individual (i) who for 12 consecutive months out of the 24 months prior to application for the program involved, has been primarily employed in agriculture or fish farming labor that is characterized by chronic unemployment or underemployment; and (ii) faces multiple barriers to economic self-sufficiency 2 = Individual is a seasonal farmworker whose agricultural labor requires travel to a job site such that the farmworker is unable to return to a permanent place of residence within the same day 3 = Individual is a dependent of the individual described as a seasonal or migrant seasonal farmworker 0 = Individual does not meet any of the migrant or seasonal farmworker conditions listed above 9 = Barrier to Employment |
| 74 | State Definition for Age of Students with Disabilities | VARCHAR 5 | Yes | Modified reporting instructions | | Application or Initial Receipt of Pre-Employment Transition Service Data Elements | Quarterly | Yes | Record the two-digit lower limit for the age of the students with disabilities followed by a semicolon and then the two-digit upper limit for the age of the students with disabilities. If the State has two VR agencies, this DE must be reported as the same for all students with disabilities served by both VR agencies in the State. | XX;XX |
| 78 | Enrolled in Secondary Education Leading to Recognized Secondary Credential | INT 1 | No | Modified DE name, code values and reporting instructions | 1401 | Individualized Plan for Employment (IPE) Data Elements | Quarterly | Yes | This DE is reported if the eligible individual was either already enrolled in secondary education at the time of program entry or became enrolled in a secondary education program at or above the 9th grade level, at any point while participating in the program, and achieving the secondary credential is a goal on the IPE. DE 78 allows updates from "not enrolled" to "enrolled". Once a participant is enrolled, this data element should not be reverted to "not enrolled", regardless of training completion or interruption. | 1 = Individual was enrolled in a secondary education program at or above the 9th grade level and achieving the secondary credential is a goal on the IPE. 0 = Individual was not enrolled in a secondary education program at or above the 9th grade level. |
| 400 | Enrolled in Secondary School Equivalency Program Leading to Recognized Secondary Credential | INT 1 | No | Modified DE name, code values and reporting instructions | | Individualized Plan for Employment (IPE) Data Elements | Quarterly | Yes | This DE is reported if the eligible individual was either already enrolled in a recognized secondary school equivalency program at the time of program entry or became enrolled in a recognized secondary equivalency program at the 9th grade level, at any point while participating in the program, and achieving the secondary credential was a goal on the IPE. DE 400 allows updates from "not enrolled" to "enrolled". Once a participant is enrolled, this data element should not be reverted to "not enrolled", regardless of training completion or interruption. | 1 = Individual was enrolled in a recognized secondary school equivalency program at or above the 9th grade level and achieving the secondary credential is a goal on the IPE. 0 = Individual was not enrolled in a recognized secondary school equivalency program at or above the 9th grade level. |
| 81 | Date Attained Secondary School Diploma during Program Participation | DATE | No | Modified DE name and reporting instructions | | Individualized Plan for Employment (IPE) Data Elements | Quarterly | Yes | Report the date the eligible individual attained a secondary school diploma during program participation. The date must be verifiable through supporting documentation. Leave blank if the individual did not attain a secondary school diploma. | YYYYMMDD |
| 82 | Date Attained Recognized Secondary School Equivalency during Program Participation | DATE | No | Modified DE name and reporting instructions | | Individualized Plan for Employment (IPE) Data Elements | Quarterly | Yes | Report the date the eligible individual attained a recognized secondary school equivalency during program participation. The date must be verifiable through supporting documentation. Leave blank if individual did not attain a recognized secondary school equivalency. | YYYYMMDD |
| 84 | Enrolled in Postsecondary Education or Career or Technical Training Leading to Recognized Postsecondary Credential | INT 1 | No | Modified DE name, code values and reporting instructions | 1332 | Individualized Plan for Employment (IPE) Data Elements | Quarterly | Yes | Report if the eligible individual was either already enrolled in a postsecondary education or career or technical training program or became enrolled in a postsecondary education or career or technical training program at any point while participating in the program, and achieving a recognized post-secondary credential was a goal on the IPE. DE 84 allows updates from "not enrolled" to "enrolled". Once a participant is enrolled, this data element should not be reverted to "not enrolled", regardless of training completion or interruption. | 1 = Individual was enrolled in a postsecondary education program that leads to a credential or degree from an accredited institution or program 2 = Individual was enrolled in a career or technical training program that leads to a recognized postsecondary credential 0 = Individual was not enrolled in a postsecondary education, career, or technical training program that leads to a recognized postsecondary credential. |
| 85 | Date Enrolled During Program Participation in an Education or Training Program Leading to a Recognized Credential or Employment | DATE | No | Modified DE name and reporting instructions | 1811 | Individualized Plan for Employment (IPE) Data Elements | Quarterly | Yes | Report the date the participant was enrolled in an education or training program that leads to a recognized secondary or postsecondary credential or employment at the time of initial IPE development (if the participant was enrolled before IPE, use Initial IPE Date) or the date the participant became enrolled in an education or training program after the initial IPE development (if the participant enrolled after IPE, use actual enrollment date). Leave blank if the DE does not apply to the individual. | YYYYMMDD |
| 401 | Date Completed/Disenrolled During Program Participation in an Education or Training Program Leading to a Recognized Credential or Employment | DATE | No | Modified DE name and reporting instructions | 1813 | Individualized Plan for Employment (IPE) Data Elements | Quarterly | Yes | Report the date the participant completed or disenrolled from an education or training program that leads to a recognized secondary or postsecondary credential or employment after initial IPE development. Leave blank if the DE does not apply to the individual. | YYYYMMDD |
| 87 | Date Attained Associate Degree | DATE | No | Modified reporting instructions | | Individualized Plan for Employment (IPE) Data Elements | Quarterly | Yes | Report the date the eligible individual attained the Associate Degree during program participation or within one year of exit. The date must be verifiable through supporting documentation if earned during program participation. Leave blank if an Associate Degree was not attained. | YYYYMMDD |
| 88 | Date Attained Bachelor's Degree | DATE | No | Modified reporting instructions | | Individualized Plan for Employment (IPE) Data Elements | Quarterly | Yes | Report the date the eligible individual attained the Bachelor's Degree during program participation or within one year of exit. The date must be verifiable through supporting documentation if earned during program participation. Leave blank if a Bachelor's Degree was not attained. | YYYYMMDD |

| Data Element (DE) Number | Data Element (DE) Name | Data Type | Multiple Values Allowed | Change | PIRL Element | Report at | Report | Correctable (Y/N) | Definitions or Reporting Instructions | Code Values |
|--------------------------|--|-----------|-------------------------|---------------------------------|--------------|--|-----------------|-----------------------------------|--|---|
| 89 | Date Attained Master's Degree | DATE | No | Modified reporting instructions | 1814 | Individualized Plan for Employment (IPE) Data Elements | Quarterly | Yes | Report the date the eligible individual attained the Master's Degree during program participation or within one year of exit. The date must be verifiable through supporting documentation if earned during program participation. Leave blank if a Master's Degree was not attained. | YYYYMMDD |
| 90 | Date Attained Graduate Degree | DATE | No | Modified reporting instructions | 1814 | Individualized Plan for Employment (IPE) Data Elements | Quarterly | Yes | Report the date the eligible individual attained a Graduate Degree (e.g., PhD), other than a Master's Degree during program participation or within one year of exit. The date must be verifiable through supporting documentation if earned during program participation. Leave blank if a Graduate Degree was not attained. | YYYYMMDD |
| 93 | Date Attained Vocational/Technical License | DATE | No | Modified reporting instructions | | Individualized Plan for Employment (IPE) Data Elements | Quarterly | Yes | Report the date the eligible individual attained the Vocational/Technical License during program participation or within one year of exit. The date must be verifiable through supporting documentation if earned during program participation. Leave blank if a Vocational/Technical License was not attained. | YYYYMMDD |
| 94 | Date Attained Vocational/Technical Certificate or Certification | DATE | No | Modified reporting instructions | | Individualized Plan for Employment (IPE) Data Elements | Quarterly | Yes | Report the date the eligible individual attained the Vocational/Training Certificate or Certification during program participation or within one year of exit. The date must be verifiable through supporting documentation if earned during program participation. Leave blank if a Vocational/Training Certificate or Certification was not attained. | YYYYMMDD |
| 95 | Date Attained Other Recognized Credential | DATE | No | Modified reporting instructions | | Individualized Plan for Employment (IPE) Data Elements | Quarterly | Yes | Report the date the eligible individual attained some other form of recognized credential during program participation or within one year of exit. The date must be verifiable through supporting documentation if earned during program participation. Leave blank if the individual did not attain some other form of recognized credential. | YYYYMMDD |
| 96 | Start Date of Pre-Employment Transition Services | DATE | No | Modified reporting instructions | | Pre-Employment Transition Services Data Elements | Upon Occurrence | Must request correction from RSA. | Report the date the student with a disability received the first pre-employment transition service. This DE applies to students with disabilities who received pre-employment transition services before they applied for VR services as well as applicants, eligible individuals, and participants (i.e., services provided under an IPE) who received these services. Leave blank if the individual has not received a pre-employment transition service. The date must be verifiable through supporting documentation. | YYYYMMDD |
| 97 | Job Exploration Counseling, Service Provided by VR Agency Staff | INT 1 | No | No | | Pre-Employment Transition Services Data Elements | Upon Occurrence | No | Report at the time the service is provided. Leave blank if service was not provided by VR agency staff. | 1 = Service was provided in whole or part by VR agency staff |
| 98 | Job Exploration Counseling, Service Provided through VR Agency Purchase | INT 1 | No | No | | Pre-Employment Transition Services Data Elements | Upon Occurrence | No | Report at the time the service is provided. Leave blank if service was not provided through VR agency purchase. | 1 = Service was provided in whole or part through purchase by the VR agency |
| 99 | Job Exploration Counseling, Purchased Service Provider Type | INT 1 | No | No | | Pre-Employment Transition Services Data Elements | Upon Occurrence | No | If the service was provided in whole or part through purchase by the VR agency, the Purchased Service Provider Type must be reported. Report the code value that best describes the primary service provider. Leave blank if service was not provided through purchase by VR agency. | 1 = Public Community Rehabilitation Program (CRP) 2 = Private CRP 3 = Other Public Service Provider 4 = Other Private Service Provider |
| 100 | Job Exploration Counseling, VR Program Expenditure for Purchased Service | INT 6 | No | No | | Pre-Employment Transition Services Data Elements | Upon Occurrence | No | If the service was purchased by the agency, report the actual cost of a Job Exploration Counseling service. Report at the time the expenditure is paid. | XXXXXX |
| 103 | Work Based Learning Experience, Service Provided by VR Agency Staff | INT 1 | No | No | | Pre-Employment Transition Services Data Elements | Upon Occurrence | No | Report at the time the service is provided. Leave blank if service was not provided by VR agency staff. | 1 = Service was provided in whole or part by VR agency staff |
| 104 | Work Based Learning Experience, Service Provided through VR Agency Purchase | INT 1 | No | No | | Pre-Employment Transition Services Data Elements | Upon Occurrence | No | Report at the time the service is provided. Leave blank if service was not provided through VR agency purchase. | 1 = Service was provided in whole or part through purchase by the VR agency |
| 105 | Work Based Learning Experience, Purchased Service Provider Type | INT 1 | No | No | | Pre-Employment Transition Services Data Elements | Upon Occurrence | No | If the service was provided in whole or part through purchase by the VR agency, the Purchased Service Provider Type must be reported. For each service category, report the code value that best describes the primary service provider. Leave blank if service was not provided through purchase by VR agency. | 1 = Public Community Rehabilitation Program (CRP) 2 = Private CRP 3 = Other Public Service Provider 4 = Other Private Service Provider |
| 106 | Work Based Learning Experience, VR Program Expenditure for Purchased Service | INT 6 | No | No | | Pre-Employment Transition Services Data Elements | Upon Occurrence | No | If the service was purchased by the agency, report the actual cost of a Work Based Learning Experience service. Report at the time the expenditure is paid. | XXXXXX |
| 109 | Counseling on Enrollment Opportunities, Service Provided by VR Agency Staff | INT 1 | No | No | | Pre-Employment Transition Services Data Elements | Upon Occurrence | No | Report at the time the service is provided. Leave blank if service was not provided by VR agency staff. | 1 = Service was provided in whole or part by VR agency staff |
| 110 | Counseling on Enrollment Opportunities, Service Provided through VR Agency Purchase | INT 1 | No | No | | Pre-Employment Transition Services Data Elements | Upon Occurrence | No | Report at the time the service is provided. Leave blank if service was not provided through VR agency purchase. | 1 = Service was provided in whole or part through purchase by the VR agency |
| 111 | Counseling on Enrollment Opportunities, Purchased Service Provider Type | INT 1 | No | No | | Pre-Employment Transition Services Data Elements | Upon Occurrence | No | If the service was provided in whole or part through purchase by the VR agency, the Purchased Service Provider Type must be reported. Report the code value that best describes the primary service provider. Leave blank if service was not provided through purchase by VR agency. | 1 = Public Community Rehabilitation Program (CRP) 2 = Private CRP 3 = Other Public Service Provider |
| 112 | Counseling on Enrollment Opportunities, VR Program Expenditure for Purchased Service | INT 6 | No | No | | Pre-Employment Transition Services Data Elements | Upon Occurrence | No | If the service was purchased by the agency, report the actual cost of a Counseling on Enrollment Opportunities service. Report at the time the expenditure is paid. | Provider 4 = Other Private Service Provider XXXXXX |
| 115 | Workplace Readiness Training, Service Provided by VR Agency Staff | INT 1 | No | No | | Pre-Employment Transition Services Data Elements | Upon Occurrence | No | Report at the time the service is provided. Leave blank if service was not provided by VR agency staff. | 1 = Service was provided in whole or part by VR agency staff |
| 116 | Workplace Readiness Training, Service Provided through VR Agency Purchase | INT 1 | No | No | | Pre-Employment Transition Services Data Elements | Upon Occurrence | No | Report at the time the service is provided. Leave blank if service was not provided through VR agency purchase. | 1 = Service was provided in whole or part through purchase by the VR agency |
| 117 | Workplace Readiness Training, Purchased Service Provider Type | INT 1 | No | No | | Pre-Employment Transition Services Data Elements | Upon Occurrence | No | If the service was provided in whole or part through purchase by the VR agency, the Purchased Service Provider Type must be reported. Report the code value that best describes the primary service provider. Leave blank if service was not provided through purchase by VR agency. | 1 = Public Community Rehabilitation Program (CRP) 2 = Private CRP 3 = Other Public Service Provider 4 = Other Private Service Provider |
| 118 | Workplace Readiness Training, VR Program Expenditure for Purchased Service | INT 6 | No | No | | Pre-Employment Transition Services Data Elements | Upon Occurrence | No | If the service was purchased by the agency, report the actual cost of a Workplace Readiness Training service. Report at the time the expenditure is paid. | XXXXXX |
| 121 | Instruction in Self Advocacy, Service Provided by VR Agency Staff | INT 1 | No | No | | Pre-Employment Transition Services Data Elements | Upon Occurrence | No | Report at the time the service is provided. Leave blank if service was not provided by VR agency staff. | 1 = Service was provided in whole or part by VR agency staff |
| 122 | Instruction in Self Advocacy, Service Provided through VR Agency Purchase | INT 1 | No | No | | Pre-Employment Transition Services Data Elements | Upon Occurrence | No | Report at the time the service is provided. Leave blank if service was not provided through VR agency purchase. | 1 = Service was provided in whole or part through purchase by the VR agency |
| 123 | Instruction in Self Advocacy, Purchased Service Provider Type | INT 1 | No | No | | Pre-Employment Transition Services Data Elements | Upon Occurrence | No | If the service was provided in whole or part through purchase by the VR agency, the Purchased Service Provider Type must be reported. Report the code value that best describes the primary service provider. Leave blank if service was not provided through purchase by VR agency. | 1 = Public Community Rehabilitation Program (CRP) 2 = Private CRP 3 = Other Public Service Provider 4 = Other Private Service Provider |
| 124 | Instruction in Self Advocacy, VR Program Expenditure for Purchased Service | INT 6 | No | No | | Pre-Employment Transition Services Data Elements | Upon Occurrence | No | If the service was purchased by the agency, report the actual cost of an Instruction in Self Advocacy service. Report at the time the expenditure is paid. | Service Provider XXXXXX |

| Data Element (DE) Number | Data Element (DE) Name | Data Type | Multiple Values Allowed | Change | PIRL Element | Report at | Report | Correctable (Y/N) | Definitions or Reporting Instructions | Code Values |
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| 127 | Start Date of Initial VR Service on or after IPE | DATE | No | Modified reporting instructions | 900 | Individualized Plan for Employment (IPE) Data Elements | Upon Occurrence | No | Report the date the eligible individual received the first VR service on or after the Initial IPE Date (DE 398). Reporting of this element informs whether the eligible individual with an IPE is a participant for purposes of the WIOA performance indicators. Leave blank if the eligible individual has not received a VR service yet or did not receive a VR service after the IPE was developed. The VR agency cannot change this date after it is reported. The date must be verifiable through supporting documentation. | YYYYMMDD |
| 130 | Graduate College or University, Service Provided through VR Agency Purchase | INT 1 | No | Modified reporting instructions | | Training Services Data Elements | Upon Occurrence | No | Full-time or part-time academic training leading to a degree recognized as beyond a Baccalaureate Degree, such as a Master of Science, Master of Arts, or Doctor of Philosophy. Report at the time the service is provided. This Training Service may only be provided to an eligible individual under an IPE. Leave blank if service was not provided through purchase by VR agency. The costs associated with training are for tuition, fees and books only. Costs associated with housing or meals during periods of training are to be recorded under Maintenance. | 1 = Service was provided in whole or part through purchase by the VR agency |
| 131 | Graduate College or University, Purchased Service Provider Type | INT 1 | No | No | | Training Services Data Elements | Upon Occurrence | No | If the service was provided in whole or part through purchase by the VR agency, the Purchased Service Provider Type must be reported. For each service category, report the code value that best describes the primary service provider. Leave blank if service was not provided through purchase by VR agency. | 1 = Public Community Rehabilitation Program (CRP) 2 = Private CRP 3 = Other Public Service Provider 4 = Other Private Service Provider |
| 132 | Graduate College or University, Amount of VR Title I Funds Expended | INT 6 | No | Modified reporting instructions | | Training Services Data Elements | Upon Occurrence | No | Report the quarterly VR program expenditures for the purchased service. Expenditures may include non-Federal share and VR program Federal funds, including program income, used to purchase the service. Expenditures do not include unliquidated obligations or encumbrances. Report at the time the expenditure is paid. Leave blank if service was not provided through purchase by VR agency. The costs associated with training are for tuition, fees and books only. Costs associated with housing or meals during periods of training are to be recorded under Maintenance. | XXXXXX |
| 134 | Graduate College or University, Service Provided by Comparable Services and Benefits Providers | INT 1 | No | No | | Training Services Data Elements | Upon Occurrence | No | Leave blank if service was not provided by comparable services and benefits providers. | 1 = Service was provided in whole or part by comparable services and benefits providers |
| 135 | Graduate College or University, Comparable Service Provider Type | VARCHAR 8 | Yes | Modified reporting instructions | | Training Services Data Elements | Upon Occurrence | No | Report up to three codes, separated by semicolons, that best describes the service providers who provided the individual with a comparable service or benefit. This Training Service may only be provided to an eligible individual under an IPE. Leave blank if service was not provided by a comparable services and benefits provider. | See Appendix 5 for a list of comparable services and benefits providers |
| 137 | Four-Year College or University Training, Service Provided through VR Agency Purchase | INT 1 | No | Modified reporting instructions | | Training Services Data Elements | Upon Occurrence | No | Full-time or part-time academic training leading to a baccalaureate degree, a certificate, or other recognized less than postgraduate educational credential. Such training may be provided by a four-year college or university or technical college. Report at the time the service is provided. This Training Service may only be provided to an eligible individual under an IPE. Leave blank if service was not provided through purchase by VR agency. The costs associated with training are for tuition, fees and books only. Costs associated with housing or meals during periods of training are to be recorded under Maintenance. | 1 = Service was provided in whole or part through purchase by the VR agency |
| 138 | Four-Year College or University Training, Purchased Service Provider Type | INT 1 | No | No | | Training Services Data Elements | Upon Occurrence | No | If the service was provided in whole or part through purchase by the VR agency, the Purchased Service Provider Type must be reported. For each service category, report the code value that best describes the primary service provider. Leave blank if service was not provided through purchase by VR agency. | 1 = Public Community Rehabilitation Program (CRP) 2 = Private CRP 3 = Other Public Service Provider 4 = Other Private Service Provider |
| 139 | Four-Year College or University Training, Amount of VR Funds Expended for Service (Title I) | INT 6 | No | Modified reporting instructions | | Training Services Data Elements | Upon Occurrence | No | Report the quarterly VR program expenditures for the purchased service. Expenditures may include non-Federal share and VR program Federal funds, including program income, used to purchase the service. Expenditures do not include unliquidated obligations or encumbrances. Report at the time the expenditure is paid. Leave blank if service was not provided through purchase by VR agency. The costs associated with training are for tuition, fees and books only. Costs associated with housing or meals during periods of training are to be recorded under Maintenance. | XXXXXX |
| 141 | Four-Year College or University Training, Service Provided by Comparable Services and Benefits Providers | INT 1 | No | Modified reporting instructions | | Training Services Data Elements | Upon Occurrence | No | Leave blank if service was not provided by comparable services and benefits providers. This Training Service may only be provided to an eligible individual under an IPE. | 1 = Service was provided in whole or part by comparable services and benefits providers |
| 142 | Four-Year College or University Training, Comparable Services and Benefits Provider Type | VARCHAR 8 | Yes | No | | Training Services Data Elements | Upon Occurrence | No | Report up to three codes, separated by semicolons, that best describes the service providers who provided the individual with a comparable service or benefit. Leave blank if service was not provided by a comparable services and benefits provider. | See Appendix 5 for a list of comparable services and benefits providers |
| 144 | Junior or Community College Training, Service Provided through VR Agency Purchase | INT 1 | No | Modified reporting instructions | | Training Services Data Elements | Upon Occurrence | No | Full-time or part-time academic training above the secondary school level leading to an Associate's Degree, a certificate, or other recognized educational credential. Such training is provided by a community college, junior college, or technical college. Report at the time the service is provided. This Training Service may only be provided to an eligible individual under an IPE. Leave blank if service was not provided through purchase by VR agency. The costs associated with training are for tuition, fees and books only. Costs associated with housing or meals during periods of training are to be recorded under Maintenance. | 1 = Service was provided in whole or part through purchase by the VR agency |
| 145 | Junior or Community College Training, Purchased Service Provider Type | INT 1 | No | No | | Training Services Data Elements | Upon Occurrence | No | If the service was provided in whole or part through purchase by the VR agency, the Purchased Service Provider Type must be reported. For each service category, report the code value that best describes the primary service provider. Leave blank if service was not provided through purchase by VR agency. | 1 = Public Community Rehabilitation Program (CRP) 2 = Private CRP 3 = Other Public Service Provider 4 = Other Private Service Provider |
| 146 | Junior or Community College Training, Amount of VR Funds Expended for Service (Title I) | INT 6 | No | Modified reporting instructions | | Training Services Data Elements | Upon Occurrence | No | Report the quarterly VR program expenditures for the purchased service. Expenditures may include non-Federal share and VR program Federal funds, including program income, used to purchase the service. Expenditures do not include unliquidated obligations or encumbrances. Report at the time the expenditure is paid. Leave blank if service was not provided through purchase by VR agency. The costs associated with training are for tuition, fees and books only. Costs associated with housing or meals during periods of training are to be recorded under Maintenance. | XXXXXX |
| 148 | Junior or Community College Training Service Provided by Comparable Services and Benefits Providers | INT 1 | No | Modified reporting instructions | | Training Services Data Elements | Upon Occurrence | No | Leave blank if service was not provided by comparable services and benefits providers. This Training Service may only be provided to an eligible individual under an IPE. | 1 = Service was provided in whole or part by comparable services and benefits providers |

| Data Element (DE) Number | Data Element (DE) Name | Data Type | Multiple Values Allowed | Change | PIRL Element | Report at | Report | Correctable (Y/N) | Definitions or Reporting Instructions | Code Values |
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| 149 | Junior or Community College Training, Comparable Services and Benefits Provider Type | VARCHAR 8 | Yes | No | | Training Services Data Elements | Upon Occurrence | No | Report up to three codes, separated by semicolons, that best describe the service providers who provided the individual with a comparable service or benefit. Leave blank if service was not provided by a comparable services and benefits provider. | See Appendix 5 for a list of comparable services and benefits providers |
| 150 | Occupational or Vocational Training, Service Provided by VR Agency Staff (in-house) | INT 1 | No | Modified reporting instructions | | Training Services Data Elements | Upon Occurrence | No | Occupational, vocational, or job skill training provided by an institution of higher education, business, or a vocational/trade or technical school that may or may not lead to a recognized postsecondary credential. Report at the time the service is provided. This Training Service may only be provided to an eligible individual under an IPE. Leave blank if service was not provided by VR agency staff. | 1 = Service was provided in whole or part by VR agency staff |
| 151 | Occupational or Vocational Training, Service Provided through VR Agency Purchase | INT 1 | No | Modified reporting instructions | | Training Services Data Elements | Upon Occurrence | No | Occupational, vocational, or job skill training provided by an institution of higher education, business, or a vocational/trade or technical school that may or may not lead to a recognized postsecondary credential. Report at the time the service is provided. This Training Service may only be provided to an eligible individual under an IPE. | 1 = Service was provided in whole or part through purchase by the VR agency |
| 152 | Occupational or Vocational Training, Purchased Service Provider Type | INT 1 | No | No | | Training Services Data Elements | Upon Occurrence | No | If the service was provided in whole or part through purchase by the VR agency, the Purchased Service Provider Type must be reported. For each service category, report the code value that best describes the primary service provider. Leave blank if service was not provided through purchase by VR agency. | 1 = Public Community Rehabilitation Program (CRP) 2 = Private CRP 3 = Other Public Service Provider 4 = Other Private Service Provider XXXXXX |
| 153 | Occupational or Vocational Training, Amount of VR Funds Expended for Service (Title I) | INT 6 | No | No | | Training Services Data Elements | Upon Occurrence | No | Report the quarterly VR program expenditures for the purchased service. Expenditures may include non-Federal share and VR program Federal funds, including program income, used to purchase the service. Expenditures do not include unliquidated obligations or encumbrances. Report at the time the expenditure is paid. Leave blank if service was not provided through purchase by VR agency. | |
| 155 | Occupational or Vocational Training, Service Provided by Comparable Services and Benefits Providers | INT 1 | No | Modified reporting instructions | | Training Services Data Elements | Upon Occurrence | No | Leave blank if service was not provided by a comparable services and benefits provider. This Training Service may only be provided to an eligible individual under an IPE. | 1 = Service was provided in whole or part by comparable services and benefits providers |
| 156 | Occupational or Vocational Training, Comparable Services and Benefits Provider Type | VARCHAR 8 | Yes | No | | Training Services Data Elements | Upon Occurrence | No | Report up to three codes, separated by semicolons, that best describes the service providers who provided the individual with a comparable service or benefit. Leave blank if service was not provided by a comparable services and benefits provider. | See Appendix 5 for a list of comparable services and benefits providers |
| 157 | On The Job Training, Service Provided by VR Agency Staff (in-house) | INT 1 | No | Modified reporting instructions | | Training Services Data Elements | Upon Occurrence | No | Training in specific job skills by a prospective employer. Generally, the trainee is paid during this training. Report at the time the service is provided. This Training Service may only be provided to an eligible individual under an IPE. Leave blank if service was not provided by VR agency staff. | 1 = Service was provided in whole or part by VR agency staff |
| 158 | On The Job Training, Service Provided through VR Agency Purchase | INT 1 | No | Modified reporting instructions | | Training Services Data Elements | Upon Occurrence | No | Training in specific job skills by a prospective employer. Generally, the trainee is paid during this training. Report at the time the service is provided. This Training Service may only be provided to an eligible individual under an IPE. Leave blank if service was not provided through purchase by VR agency. | 1 = Service was provided in whole or part through purchase by the VR agency |
| 159 | On The Job Training, Purchased Service Provider Type | INT 1 | No | No | | Training Services Data Elements | Upon Occurrence | No | If the service was provided in whole or part through purchase by the VR agency, the Purchased Service Provider Type must be reported. For each service category, report the code value that best describes the primary service provider. Leave blank if service was not provided through purchase by VR agency. | 1 = Public Community Rehabilitation Program (CRP) 2 = Private CRP 3 = Other Public Service Provider 4 = Other Private Service Provider XXXXXX |
| 160 | On The Job Training, Amount of VR Funds Expended for Service (Title I) | INT 6 | No | No | | Training Services Data Elements | Upon Occurrence | No | Report the quarterly VR program expenditures for the purchased service. Expenditures may include non-Federal share and VR program Federal funds, including program income, used to purchase the service. Expenditures do not include unliquidated obligations or encumbrances. Report at the time the expenditure is paid. Leave blank if service was not provided through purchase by VR agency. | |
| 162 | On The Job Training, Service Provided by Comparable Services and Benefits Providers | INT 1 | No | Modified reporting instructions | | Training Services Data Elements | Upon Occurrence | No | Leave blank if service was not provided by comparable services and benefits providers. This Training Service may only be provided to an eligible individual under an IPE. | 1 = Service was provided in whole or part by comparable services and benefits providers |
| 163 | On The Job Training, Comparable Services and Benefits Provider Type | VARCHAR 8 | Yes | No | | Training Services Data Elements | Upon Occurrence | No | Report up to three codes, separated by semicolons, that best describes the service providers who provided the individual with a comparable service or benefit. Leave blank if service was not provided by a comparable services and benefits provider. | See Appendix 5 for a list of comparable services and benefits providers |
| 164 | Registered Apprenticeship Training, Service Provided through VR Agency Purchase | INT 1 | No | Modified reporting instructions | | Training Services Data Elements | Upon Occurrence | No | A work-based employment and training program that combines hands-on, on-the-job work experience in a skilled occupation with related classroom instruction. Structured apprenticeship programs generally have minimum requirements for the duration of on-the job work experience, classroom instruction, and provide a recognized certificate of completion. Report at the time the service is provided. This Training Service may only be provided to an eligible individual under an IPE. Leave blank if service was not provided by VR agency staff. | 1 = Service was provided in whole or part through purchase by the VR agency |
| 165 | Registered Apprenticeship Training, Purchased Service Provider Type | INT 1 | No | No | | Training Services Data Elements | Upon Occurrence | No | A work-based employment and training program that combines hands-on, on-the-job work experience in a skilled occupation with related classroom instruction. Structured apprenticeship programs generally have minimum requirements for the duration of on-the job work experience, classroom instruction, and provide a recognized certificate of completion. Report at the time the service is provided. Leave blank if service was not provided through purchase by VR agency. | 1 = Public Community Rehabilitation Program (CRP) 2 = Private CRP 3 = Other Public Service Provider 4 = Other Private Service Provider |
| 166 | Registered Apprenticeship Training, Amount of VR Funds Expended for Service (Title I) | INT 6 | No | No | | Training Services Data Elements | Upon Occurrence | No | Report the quarterly VR program expenditures for the purchased service. Expenditures may include non-Federal share and VR program Federal funds, including program income, used to purchase the service. Expenditures do not include unliquidated obligations or encumbrances. Report at the time the expenditure is paid. Leave blank if service was not provided through purchase by VR agency. | XXXXXX |
| 168 | Registered Apprenticeship Training, Service Provided by Comparable Services and Benefits Providers | INT 1 | No | Modified reporting instructions | | Training Services Data Elements | Upon Occurrence | No | Leave blank if service was not provided by comparable services and benefits providers. This Training Service may only be provided to an eligible individual under an IPE. | 1 = Service was provided in whole or part by comparable services and benefits providers |
| 169 | Registered Apprenticeship Training, Comparable Services and Benefits Provider Type | VARCHAR 8 | Yes | No | | Training Services Data Elements | Upon Occurrence | No | Report up to three codes, separated by semicolons, that best describes the service providers who provided the individual with a comparable service or benefit. Leave blank if service was not provided by a comparable services and benefits provider. | See Appendix 5 for a list of comparable services and benefits providers |

| Data Element (DE) Number | Data Element (DE) Name | Data Type | Multiple Values Allowed | Change | PIRL Element | Report at | Report | Correctable (Y/N) | Definitions or Reporting Instructions | Code Values |
|--------------------------|--|-----------|-------------------------|---------------------------------|--------------|---------------------------------|-----------------|-------------------|---|--|
| 170 | Basic Academic Remedial or Literacy Training, Service Provided by VR Agency Staff (in-house) | INT 1 | No | Modified reporting instructions | | Training Services Data Elements | Upon Occurrence | No | Literacy training or training provided to remediate basic academic skills that are needed to function on the job in the competitive labor market. Report at the time the service is provided. This Training Service may only be provided to an eligible individual under an IPE. Leave blank if service was not provided by VR agency staff. | 1 = Service was provided in whole or part by VR agency staff |
| 171 | Basic Academic Remedial or Literacy Training, Service Provided through VR Agency Purchase | INT 1 | No | Modified reporting instructions | | Training Services Data Elements | Upon Occurrence | No | Literacy training or training provided to remediate basic academic skills that are needed to function on the job in the competitive labor market. Report at the time the service is provided. This Training Service may only be provided to an eligible individual under an IPE. Leave blank if service was not provided through purchase by VR agency. | 1 = Service was provided in whole or part through purchase by the VR agency |
| 172 | Basic Academic Remedial or Literacy Training, Purchased Service Provider Type | INT 1 | No | No | | Training Services Data Elements | Upon Occurrence | No | If the service was provided in whole or part through purchase by the VR agency, the Purchased Service Provider Type must be reported. For each service category, report the code value that best describes the primary service provider. Leave blank if service was not provided through purchase by VR agency. | 1 = Public Community Rehabilitation Program (CRP) 2 = Private CRP 3 = Other Public Service Provider 4 = Other Private Service Provider XXXXXX |
| 173 | Basic Academic Remedial or Literacy Training, Amount of VR Funds Expended for Service (Title I) | INT 6 | No | No | | Training Services Data Elements | Upon Occurrence | No | Report the quarterly VR program expenditures for the purchased service. Expenditures may include non-Federal share and VR program Federal funds, including program income, used to purchase the service. Expenditures do not include unliquidated obligations or encumbrances. Report at the time the expenditure is paid. Leave blank if service was not provided through purchase by VR agency. | |
| 175 | Basic Academic Remedial or Literacy Training, Service Provided by Comparable Services and Benefits Providers | INT 1 | No | Modified reporting instructions | | Training Services Data Elements | Upon Occurrence | No | Leave blank if service was not provided by comparable services and benefits providers. This Training Service may only be provided to an eligible individual under an IPE. | 1 = Service was provided in whole or part by comparable services and benefits providers |
| 176 | Basic Academic Remedial or Literacy Training, Comparable Services and Benefits Provider Type | VARCHAR 8 | Yes | No | | Training Services Data Elements | Upon Occurrence | No | Report up to three codes, separated by semicolons, that best describes the service providers who provided the individual with a comparable service or benefit. Leave blank if service was not provided by a comparable services and benefits provider. | See Appendix 5 for a list of comparable services and benefits providers |
| 177 | Job Readiness Training, Service, Provided by VR Agency Staff (in-house) | INT 1 | No | Modified reporting instructions | | Training Services Data Elements | Upon Occurrence | No | Training provided to prepare an individual for work (e.g., work behaviors, interpersonal communication skills, increasing productivity, etc.). Report at the time the service is provided. This Training Service may only be provided to an eligible individual under an IPE. Leave blank if service was not provided by VR agency staff. | 1 = Service was provided in whole or part by VR agency staff |
| 178 | Job Readiness Training, Service Provided through VR Agency Purchase | INT 1 | No | Modified reporting instructions | | Training Services Data Elements | Upon Occurrence | No | Training provided to prepare an individual for work (e.g., work behaviors, interpersonal communication skills, increasing productivity). Report at the time the service is provided. This Training Service may only be provided to an eligible individual under an IPE. Leave blank if service was not provided through purchase by VR agency. | 1 = Service was provided in whole or part through purchase by the VR agency |
| 179 | Job Readiness Training, Service, Purchased Service Provider Type | INT 1 | No | No | | Training Services Data Elements | Upon Occurrence | No | If the service was provided in whole or part through purchase by the VR agency, the Purchased Service Provider Type must be reported. For each service category, report the code value that best describes the primary service provider. Leave blank if service was not provided through purchase by VR agency. | 1 = Public Community Rehabilitation Program (CRP) 2 = Private CRP 3 = Other Public Service Provider 4 = Other Private Service Provider XXXXXX |
| 180 | Job Readiness Training, Service, Amount of VR Funds Expended for Service (Title I) | INT 6 | No | No | | Training Services Data Elements | Upon Occurrence | No | Report the quarterly VR program expenditures for the purchased service. Expenditures may include non-Federal share and VR program Federal funds, including program income, used to purchase the service. Expenditures do not include unliquidated obligations or encumbrances. Report at the time the expenditure is paid. Leave blank if service was not provided through purchase by VR agency. | |
| 182 | Job Readiness Training, Service Provided by Comparable Services and Benefits Providers | INT 1 | No | Modified reporting instructions | | Training Services Data Elements | Upon Occurrence | No | Leave blank if service was not provided by comparable services and benefits providers. This Training Service may only be provided to an eligible individual under an IPE. | 1 = Service was provided in whole or part by comparable services and benefits providers |
| 183 | Job Readiness Training, Comparable Services and Benefits Provider Type | VARCHAR 8 | Yes | No | | Training Services Data Elements | Upon Occurrence | No | Report up to three codes, separated by semicolons, that best describes the service providers who provided the individual with a comparable services and benefits. | See Appendix 5 for a list of comparable benefits providers |
| 184 | Disability Related Skills Training, Service Provided by VR Agency Staff (in-house) | INT 1 | No | Modified reporting instructions | | Training Services Data Elements | Upon Occurrence | No | Disability-related augmentative skills training includes but is not limited to: orientation and mobility; rehabilitation teaching; training in the use of low vision aids; braille; speech reading; sign language; and cognitive training/retraining. Report at the time the service is provided. Leave blank if service was not provided by VR agency staff. | 1 = Service was provided in whole or part by VR agency staff |
| 185 | Disability Related Skills Training, Service Provided through VR Agency Purchase | INT 1 | No | Modified reporting instructions | | Training Services Data Elements | Upon Occurrence | No | Disability-related augmentative skills training includes but is not limited to: orientation and mobility; rehabilitation teaching; training in the use of low vision aids; braille; speech reading; sign language; and cognitive training/retraining. Report at the time the service is provided. Leave blank if service was not provided through purchase by VR agency. | 1 = Service was provided in whole or part through purchase by the VR agency |
| 186 | Disability Related Skills Training, Purchased Service Provider Type | INT 1 | No | No | | Training Services Data Elements | Upon Occurrence | No | If the service was provided in whole or part through purchase by the VR agency, the Purchased Service Provider Type must be reported. For each service category, report the code value that best describes the primary service provider. Leave blank if service was not provided through purchase by VR agency. | 1 = Public Community Rehabilitation Program (CRP) 2 = Private CRP 3 = Other Public Service Provider 4 = Other Private Service Provider |
| 187 | Disability Related Skills Training, Amount of VR Funds Expended for Service (Title I) | INT 6 | No | No | | Training Services Data Elements | Upon Occurrence | No | Report the quarterly VR program expenditures for the purchased service. Expenditures may include non-Federal share and VR program Federal funds, including program income, used to purchase the service. Expenditures do not include unliquidated obligations or encumbrances. Report at the time the expenditure is paid. Leave blank if service was not provided through purchase by VR agency. | XXXXXX |
| 189 | Disability Related Skills Training, Service Provided by Comparable Services and Benefits Providers | INT 1 | No | Modified reporting instructions | | Training Services Data Elements | Upon Occurrence | No | Leave blank if service was not provided by comparable services and benefits providers. | 1 = Service was provided in whole or part by comparable services and benefits providers |
| 190 | Disability Related Skills Training, Comparable Services and Benefits Provider Type | VARCHAR 8 | Yes | No | | Training Services Data Elements | Upon Occurrence | No | Report up to three codes, separated by semicolons, that best describes the service providers who provided the individual with a comparable service or benefit. Leave blank if service was not provided by a comparable services and benefits provider. | See Appendix 5 for a list of comparable services and benefits providers |
| 191 | Miscellaneous Training, Service Provided by VR Agency Staff (in-house) | INT 1 | No | Modified reporting instructions | | Training Services Data Elements | Upon Occurrence | No | Any training not included in one of the other Training services listed. Report at the time the service is provided. This Training Service may only be provided to an eligible individual under an IPE. Leave blank if service was not provided by VR agency staff. | 1 = Service was provided in whole or part by VR agency staff |

| Data Element (DE) Number | Data Element (DE) Name | Data Type | Multiple Values Allowed | Change | PIRL Element | Report at | Report | Correctable (Y/N) | Definitions or Reporting Instructions | Code Values |
|--------------------------|--|-----------|-------------------------|---------------------------------|--------------|---------------------------------|-----------------|-------------------|--|--|
| 192 | Miscellaneous Training, Service Provided through VR Agency Purchase | INT 1 | No | Modified reporting instructions | | Training Services Data Elements | Upon Occurrence | No | Any training not included in one of the other Training Services listed. Report at the time the service is provided. This Training Service may only be provided to an eligible individual under an IPE. Leave blank if service was not provided through purchase by VR agency. | 1 = Service was provided in whole or part through purchase by the VR agency |
| 193 | Miscellaneous Training, Purchased Service Provider Type | INT 1 | No | No | | Training Services Data Elements | Upon Occurrence | No | If the service was provided in whole or part through purchase by the VR agency, the Purchased Service Provider Type must be reported. For each service category, report the code value that best describes the primary service provider. Leave blank if service was not provided through purchase by VR agency. | 1 = Public Community Rehabilitation Program (CRP) 2 = Private CRP 3 = Other Public Service Provider 4 = Other Private Service Provider XXXXXX |
| 194 | Miscellaneous Training, Amount of VR Funds Expended for Service (Title I) | INT 6 | No | No | | Training Services Data Elements | Upon Occurrence | No | Report the quarterly VR program expenditures for the purchased service. Expenditures may include non-Federal share and VR program Federal funds, including program income, used to purchase the service. Expenditures do not include unliquidated obligations or encumbrances. Report at the time the expenditure is paid. Leave blank if service was not provided through purchase by VR agency. | |
| 196 | Miscellaneous Training, Service Provided by Comparable Services and Benefits Providers | INT 1 | No | Modified reporting instructions | | Training Services Data Elements | Upon Occurrence | No | Leave blank if service was not provided by comparable services and benefits providers. This Training Service may only be provided to an eligible individual under an IPE. | 1 = Service was provided in whole or part by comparable services and benefits providers |
| 197 | Miscellaneous Training, Comparable Services and Benefits Provider Type | VARCHAR 8 | Yes | No | | Training Services Data Elements | Upon Occurrence | No | Report up to three codes, separated by semicolons, that best describes the service providers who provided the individual with a comparable service or benefit. Leave blank if service was not provided by a comparable services and benefits provider. | See Appendix 5 for a list of comparable services and benefits providers |
| 198 | Randolph-Sheppard Entrepreneurial Training, Service Provided by VR Agency Staff (in-house) | INT 1 | No | Modified reporting instructions | | Training Services Data Elements | Upon Occurrence | No | Training for establishing a small business or individualized training through the Randolph-Sheppard program. Report at the time the service is provided. This Training Service may only be provided to an eligible individual under an IPE. Leave blank if service was not provided by VR agency staff. | 1 = Service was provided in whole or part by VR agency staff |
| 199 | Randolph-Sheppard Entrepreneurial Training, Service Provided through VR Agency Purchase | INT 1 | No | Modified reporting instructions | | Training Services Data Elements | Upon Occurrence | No | Training for establishing a small business or individualized training through the Randolph-Sheppard program. Report at the time the service is provided. This Training Service may only be provided to an eligible individual under an IPE. Leave blank if service was not provided through purchase by VR agency. | 1 = Service was provided in whole or part through purchase by the VR agency |
| 200 | Randolph-Sheppard Entrepreneurial Training, Purchased Service Provider Type | INT 1 | No | No | | Training Services Data Elements | Upon Occurrence | No | If the service was provided in whole or part through purchase by the VR agency, the Purchased Service Provider Type must be reported. For each service category, report the code value that best describes the primary service provider. Leave blank if service was not provided through purchase by VR agency. | 1 = Public Community Rehabilitation Program (CRP) 2 = Private CRP 3 = Other Public Service Provider 4 = Other Private Service Provider XXXXXX |
| 201 | Randolph-Sheppard Entrepreneurial Training, Amount of VR Funds Expended for Service (Title I) | INT 6 | No | No | | Training Services Data Elements | Upon Occurrence | No | Report the quarterly VR program expenditures for the purchased service. Expenditures may include non-Federal share and VR program Federal funds, including program income, used to purchase the service. Expenditures do not include unliquidated obligations or encumbrances. Report at the time the expenditure is paid. Leave blank if service was not provided through purchase by VR agency. | |
| 203 | Randolph-Sheppard Entrepreneurial Training, Service Provided by Comparable Services and Benefits Providers | INT 1 | No | Modified reporting instructions | | Training Services Data Elements | Upon Occurrence | No | Leave blank if service was not provided by comparable services and benefits providers. This Training Service may only be provided to an eligible individual under an IPE. | 1 = Service was provided in whole or part by comparable services and benefits providers |
| 204 | Randolph-Sheppard Entrepreneurial Training, Comparable Services and Benefits Provider Type | VARCHAR 8 | Yes | No | | Training Services Data Elements | Upon Occurrence | No | Report up to three codes, separated by semicolons, that best describes the service providers who provided the individual with a comparable service or benefit. Leave blank if service was not provided by a comparable services and benefits provider. | See Appendix 5 for a list of comparable services and benefits providers |
| 205 | Customized Training, Service Provided by VR Agency Staff (in-house) | INT 1 | No | Modified reporting instructions | | Training Services Data Elements | Upon Occurrence | No | A training program designed to meet the special requirements of an employer who has entered into an agreement with a service delivery area to hire individuals who are trained to the employer's specifications. This Training Service is not to be confused with Customized Employment (DE 275). Report at the time the service is provided. This Training Service may only be provided to an eligible individual under an IPE. Leave blank if service was not provided by VR agency staff. | 1 = Service was provided in whole or part by VR agency staff |
| 206 | Customized Training, Service Provided through VR Agency Purchase | INT 1 | No | Modified reporting instructions | | Training Services Data Elements | Upon Occurrence | No | A training program designed to meet the special requirements of an employer who has entered into an agreement with a service delivery area to hire individuals who are trained to the employer's specifications. This Training Service is not to be confused with Customized Employment (DE 275). Report at the time the service is provided. Leave blank if service was not provided | 1 = Service was provided in whole or part through purchase by the VR agency |
| 207 | Customized Training, Purchased Service Provider Type | INT 1 | No | No | | Training Services Data Elements | Upon Occurrence | No | If the service was provided in whole or part through purchase by the VR agency, the Purchased Service Provider Type must be reported. For each service category, report the code value that best describes the primary service provider. Leave blank if service was not provided through purchase by VR agency. | 1 = Public Community Rehabilitation Program (CRP) 2 = Private CRP 3 = Other Public Service Provider 4 = Other Private Service Provider |
| 208 | Customized Training, Amount of VR Funds Expended for Service (Title I) | INT 6 | No | No | | Training Services Data Elements | Upon Occurrence | No | Report the quarterly VR program expenditures for the purchased service. Expenditures may include non-Federal share and VR program Federal funds, including program income, used to purchase the service. Expenditures do not include unliquidated obligations or encumbrances. Report at the time the expenditure is paid. Leave blank if service was not provided through purchase by VR agency. | XXXXXX |
| 210 | Customized Training, Service Provided by Comparable Services and Benefits Providers | INT 1 | No | Modified reporting instructions | | Training Services Data Elements | Upon Occurrence | No | Leave blank if service was not provided by comparable services and benefits providers. This Training Service may only be provided to an eligible individual under an IPE. | 1 = Service was provided in whole or part by comparable services and benefits providers |
| 211 | Customized Training, Comparable Services and Benefits Provider Type | VARCHAR 8 | Yes | No | | Training Services Data Elements | Upon Occurrence | No | Report up to three codes, separated by semicolons, that best describes the service providers who provided the individual with a comparable service or benefit. Leave blank if service was not provided by a comparable services and benefits provider. | See Appendix 5 for a list of comparable services and benefits providers |
| 402 | Work Based Learning Experience, Service Provided by VR Agency Staff (in-house) | INT 1 | No | Modified reporting instructions | | Training Services Data Elements | Upon Occurrence | No | Includes apprenticeships, internships, short-term employment, and other work-based learning experiences not elsewhere classified. These opportunities are provided in an integrated environment in the community to the maximum extent possible and may be paid or unpaid. Report Registered Apprenticeships in DEs 164-169, On the Job Training in DEs 158-163, and Work Based Learning Experience, as a Pre-Employment Transition Service for students with disabilities, in DEs 103-106. Report at the time the service is provided. This Training Service may only be provided to eligible individuals under an IPE. Leave blank if service was not provided by VR agency staff. | 1 = Service was provided in whole or part by VR agency staff |

| Data Element (DE) Number | Data Element (DE) Name | Data Type | Multiple Values Allowed | Change | PIRL Element | Report at | Report | Correctable (Y/N) | Definitions or Reporting Instructions | Code Values |
|--------------------------|--|-----------|-------------------------|---------------------------------|--------------|---------------------------------|-----------------|-------------------|--|---|
| 403 | Work Based Learning Experience, Service Provided through VR Agency Purchase | INT 1 | No | Modified reporting instructions | | Training Services Data Elements | Upon Occurrence | No | Includes apprenticeships, internships, short-term employment, and other work-based learning experiences not elsewhere classified. These opportunities are provided in an integrated environment in the community to the maximum extent possible and may be paid or unpaid. Report Registered Apprenticeships in DEs 164-169, On the Job Training in DEs 158-163, and Work Based Learning Experience, as a Pre-Employment Transition Service for students with disabilities, in DEs 103-106. Report at the time the service is provided. This Training Service may only be provided to eligible individuals under an IPE. Leave blank if service was not provided through purchase by VR agency. | 1 = Service was provided in whole or part through purchase by the VR agency |
| 404 | Work Based Learning Experience, Purchased Service Provider Type | INT 1 | No | No | | Training Services Data Elements | Upon Occurrence | No | If the service was provided in whole or part through purchase by the VR agency, the Purchased Service Provider Type must be reported. For each service category, report the code value that best describes the primary service provider. Leave blank if service was not provided through purchase by VR agency. | 1 = Public Community Rehabilitation Program (CRP) 2 = Private CRP 3 = Other Public Service Provider 4 = Other Private Service Provider |
| 405 | Work Based Learning Experience, Amount of VR Funds Expended for Service (Title I) | INT 6 | No | No | | Training Services Data Elements | Upon Occurrence | No | Report the quarterly VR program expenditures for the purchased service. Expenditures may include non-Federal share and VR program Federal funds, including program income, used to purchase the service. Expenditures do not include unliquidated obligations or encumbrances. Report at the time the expenditure is paid. Leave blank if service was not provided through purchase by VR agency. | XXXXXX |
| 406 | Work Based Learning Experience, Service Provided by Comparable Services and Benefits Providers | INT 1 | No | Modified reporting instructions | | Training Services Data Elements | Upon Occurrence | No | Leave blank if service was not provided by comparable services and benefits providers. This Training Service may only be provided to eligible individuals under an IPE. | 1 = Service was provided in whole or part by comparable services and benefits providers |
| 407 | Work Based Learning Experience, Comparable Services and Benefits Provider Type | VARCHAR 8 | Yes | No | | Training Services Data Elements | Upon Occurrence | No | Report up to three codes, separated by semicolons, that best describes the service providers who provided the individual with a comparable service or benefit. Leave blank if service was not provided by a comparable services and benefits provider. | See Appendix 5 for a list of comparable services and benefits providers |
| 212 | Assessment, Service Provided by VR Agency Staff (in- house) | INT 1 | No | No | | Career Services Data Elements | Upon Occurrence | No | Assessment means services provided and activities performed to determine an individual's eligibility for VR services, to assign an individual to a priority category of a VR program that operates under an order of selection, and/or to determine the nature and scope of VR services to be included in the IPE. It also includes trial work experiences. Report at the time the service is provided. Leave blank if service was not provided by VR agency staff. | 1 = Service was provided in whole or part by VR agency staff |
| 213 | Assessment, Service Provided through VR Agency Purchase | INT 1 | No | No | | Career Services Data Elements | Upon Occurrence | No | Assessment means services provided and activities performed to determine an individual's eligibility for VR services, to assign an individual to a priority category of a VR program that operates under an order of selection, and/or to determine the nature and scope of VR services to be included in the IPE. It also includes trial work experiences. Report at the time the service is provided. Leave blank if service was not provided through purchase by VR agency. | 1 = Service was provided in whole or part through purchase by the VR agency |
| 214 | Assessment, Purchased Service Provider Type | INT 1 | No | No | | Career Services Data Elements | Upon Occurrence | No | If the service was provided in whole or part through purchase by the VR agency, the Purchased Service Provider Type must be reported. For each service category, report the code value that best describes the primary service provider. Leave blank if service was not provided through purchase by VR agency. | 1 = Public Community Rehabilitation Program (CRP) 2 = Private CRP 3 = Other Public Service Provider 4 = Other Private Service Provider |
| 215 | Assessment, Amount of VR Funds Expended for Service (Title I) | INT 6 | No | No | | Career Services Data Elements | Upon Occurrence | No | Report the quarterly VR program expenditures for the purchased service. Expenditures may include non-Federal share and VR program Federal funds, including program income, used to purchase the service. Expenditures do not include unliquidated obligations or encumbrances. Report at the time the expenditure is paid. Leave blank if service was not provided through purchase by VR agency. | XXXXXX |
| 217 | Assessment, Service Provided by Comparable Services and Benefits Providers | INT 1 | No | No | | Career Services Data Elements | Upon Occurrence | No | Report up to three codes, separated by semicolons, that best describes the service providers who provided the individual with a comparable service or benefit. | 1 = Service was provided in whole or part by comparable services and benefits providers |
| 218 | Assessment, Comparable Services and Benefits Provider Type | VARCHAR 8 | Yes | No | | Career Services Data Elements | Upon Occurrence | No | Report up to three codes, separated by semicolons, that best describes the service providers who provided the individual with a comparable service or benefit. Leave blank if service was not provided by a comparable services and benefits provider. | See Appendix 5 for a list of comparable services and benefits providers |
| 219 | Diagnosis and Treatment of Impairments, Service Provided by VR Agency Staff (in-house) | INT 1 | No | Modified reporting instructions | | Career Services Data Elements | Upon Occurrence | No | Corrective surgery or therapeutic treatment, diagnosis and treatment of mental and emotional disorders, dentistry, nursing services, necessary hospitalization, drugs and supplies, prosthetics, eye glasses, podiatry, physical therapy, occupation therapy, speech or hearing therapy, mental health services, treatment of acute or chronic medical complications, other medical or medically related rehabilitation services. This Career Service does not include assessments for determining eligibility or assessments for determining the nature/scope of services provided on the IPE. Report these assessments using DEs 213-218. This Career Service may only be provided to an eligible individual under an IPE. Report at the time the service is provided. Leave blank if service was not provided by VR agency staff. | 1 = Service was provided in whole or part by VR agency staff |
| 220 | Diagnosis and Treatment of Impairments, Service Provided through VR Agency Purchase | INT 1 | No | Modified reporting instructions | | Career Services Data Elements | Upon Occurrence | No | Corrective surgery or therapeutic treatment, diagnosis and treatment of mental and emotional disorders, dentistry, nursing services, necessary hospitalization, drugs and supplies, prosthetics, eye glasses, podiatry, physical therapy, occupation therapy, speech or hearing therapy, mental health services, treatment of acute or chronic medical complications, other medical or medically related rehabilitation services. This Career Services does not include assessments for determining eligibility or assessments for determining the nature/scope of services provided on the IPE. Report these assessments using DEs 213-218. This Career Service may only be provided to an eligible individual under an IPE. Report at the time the service is provided. Leave blank if service was not provided through purchase by VR agency. | 1 = Service was provided in whole or part through purchase by the VR agency |
| 221 | Diagnosis and Treatment of Impairments, Purchased Service Provider Type | INT 1 | No | No | | Career Services Data Elements | Upon Occurrence | No | If the service was provided in whole or part through purchase by the VR agency, the Purchased Service Provider Type must be reported. For each service category, report the code value that best describes the primary service provider. Leave blank if service was not provided through purchase by VR agency. | 1 = Public Community Rehabilitation Program (CRP) 2 = Private CRP 3 = Other Public Service Provider 4 = Other Private Service Provider |
| 222 | Diagnosis and Treatment of Impairments, Amount of VR Funds Expended for Service (Title I) | INT 6 | No | No | | Career Services Data Elements | Upon Occurrence | No | Report the quarterly VR program expenditures for the purchased service. Expenditures may include non-Federal share and VR program Federal funds, including program income, used to purchase the service. Expenditures do not include unliquidated obligations or encumbrances. Report at the time the expenditure is paid. Leave blank if service was not provided through purchase by VR agency. | XXXXXX |

| Data Element (DE) Number | Data Element (DE) Name | Data Type | Multiple Values Allowed | Change | PIRL Element | Report at | Report | Correctable (Y/N) | Definitions or Reporting Instructions | Code Values |
|--------------------------|---|-----------|-------------------------|---------------------------------|--------------|-------------------------------|-----------------|-------------------|--|--|
| 224 | Diagnosis and Treatment of Impairments, Service Provided by Comparable Services and Benefits Providers | INT 1 | No | Modified reporting instructions | | Career Services Data Elements | Upon Occurrence | No | Leave blank if service was not provided by comparable services and benefits providers. This Career Services does not include assessments for determining eligibility or assessments for determining the nature/scope of services provided on the IPE. Report these assessments using DEs 213-218. This Career Service may only be provided to an eligible individual under an IPE. | 1 = Service was provided in whole or part by comparable services and benefits providers |
| 225 | Diagnosis and Treatment of Impairments, Comparable Services and Benefits Provider Type | VARCHAR 8 | Yes | No | | Career Services Data Elements | Upon Occurrence | No | Report up to three codes, separated by semicolons, that best describes the service providers who provided the individual with a comparable service or benefit. Leave blank if service was not provided by a comparable services and benefits provider. | See Appendix 5 for a list of comparable benefits providers |
| 226 | Vocational Rehabilitation Counseling and Guidance, Service Provided by VR Agency Staff (in-house) | INT 1 | No | Modified reporting instructions | | Career Services Data Elements | Upon Occurrence | No | Vocational rehabilitation counseling and guidance includes information and support services to assist an individual in exercising informed choice. Report at the time the service is provided. This Career Service may only be provided to an eligible individual under an IPE. Leave blank if service was not provided by VR agency staff. | 1 = Service was provided in whole or part by VR agency staff |
| 227 | Vocational Rehabilitation Counseling and Guidance, Service Provided by through VR Agency Purchase | INT 1 | No | Modified reporting instructions | | Career Services Data Elements | Upon Occurrence | No | Vocational rehabilitation counseling and guidance includes information and support services to assist an individual in exercising informed choice. Report at the time the service is provided. This Career Service may only be provided to an eligible individual under an IPE. Leave blank if service was not provided through purchase by VR agency. | 1 = Service was provided in whole or part through purchase by the VR agency |
| 228 | Vocational Rehabilitation Counseling and Guidance, Purchased Service Provider Type | INT 1 | No | No | | Career Services Data Elements | Upon Occurrence | No | If the service was provided in whole or part through purchase by the VR agency, the Purchased Service Provider Type must be reported. For each service category, report the code value that best describes the primary service provider. Leave blank if service was not provided through purchase by VR agency. | 1 = Public Community Rehabilitation Program (CRP) 2 = Private CRP 3 = Other Public Service Provider 4 = Other Private Service Provider XXXXXX |
| 229 | Vocational Rehabilitation Counseling and Guidance, Amount of VR Funds Expended for Service (Title I) | INT 6 | No | No | | Career Services Data Elements | Upon Occurrence | No | Report the quarterly VR program expenditures for the purchased service. Expenditures may include non-Federal share and VR program Federal funds, including program income, used to purchase the service. Expenditures do not include unliquidated obligations or encumbrances. Report at the time the expenditure is paid. Leave blank if service was not provided through purchase by VR agency. | |
| 231 | Vocational Rehabilitation Counseling and Guidance, Service Provided by Comparable Services and Benefits Providers | INT 1 | No | Modified reporting instructions | | Career Services Data Elements | Upon Occurrence | No | Leave blank if service was not provided by comparable services and benefits providers. This Career Service may only be provided to an eligible individual under an IPE. | 1 = Service was provided in whole or part by comparable services and benefits providers |
| 232 | Vocational Rehabilitation Counseling and Guidance, Comparable Services and Benefits Provider Type | VARCHAR 8 | Yes | No | | Career Services Data Elements | Upon Occurrence | No | Report up to three codes, separated by semicolons, that best describes the service providers who provided the individual with a comparable service or benefit. Leave blank if service was not provided by a comparable service or benefit | See Appendix 5 for a list of comparable services and benefits providers |
| 233 | Job Search Assistance, Service Provided by VR Agency Staff (in-house) | INT 1 | No | Modified reporting instructions | | Career Services Data Elements | Upon Occurrence | No | Job search activities support and assist an individual in searching for an appropriate job. Job search assistance may include help in resume preparation, identifying appropriate job opportunities, developing interview skills, and making contacts with companies on behalf of the consumer. Report at the time the service is provided. This Career Service may only be provided to an eligible individual under an IPE. Leave blank if service was not provided by VR agency staff. | 1 = Service was provided in whole or part by VR agency staff |
| 234 | Job Search Assistance, Service Provided through VR Agency Purchase | INT 1 | No | Modified reporting instructions | | Career Services Data Elements | Upon Occurrence | No | Job search activities support and assist an individual in searching for an appropriate job. Job search assistance may include help in resume preparation, identifying appropriate job opportunities, developing interview skills, and making contacts with companies on behalf of the consumer. Report at the time the service is provided. This Career Service may only be provided to an eligible individual under an IPE. Leave blank if service was not provided through purchase by VR agency. | 1 = Service was provided in whole or part through purchase by the VR agency |
| 235 | Job Search Assistance, Purchased Service Provider Type | INT 1 | No | No | | Career Services Data Elements | Upon Occurrence | No | If the service was provided in whole or part through purchase by the VR agency, the Purchased Service Provider Type must be reported. For each service category, report the code value that best describes the primary service provider. Leave blank if service was not provided through purchase by VR agency. | 1 = Public Community Rehabilitation Program (CRP) 2 = Private CRP 3 = Other Public Service Provider 4 = Other Private Service Provider XXXXXX |
| 236 | Job Search Assistance, Amount of VR Funds Expended for Service (Title I) | INT 6 | No | No | | Career Services Data Elements | Upon Occurrence | No | Report the quarterly VR program expenditures for the purchased service. Expenditures may include non-Federal share and VR program Federal funds, including program income, used to purchase the service. Expenditures do not include unliquidated obligations or encumbrances. Report at the time the expenditure is paid. Leave blank if service was not provided through purchase by VR agency. | |
| 238 | Job Search Assistance, Service Provided by Comparable Services and Benefits Providers | INT 1 | No | Modified reporting instructions | | Career Services Data Elements | Upon Occurrence | No | Leave blank if service was not provided by comparable services and benefits providers. This Career Service may only be provided to an eligible individual under an IPE. | 1 = Service was provided in whole or part by comparable services and benefits providers |
| 239 | Job Search Assistance, Comparable Services and Benefits Provider Type | VARCHAR 8 | Yes | No | | Career Services Data Elements | Upon Occurrence | No | Report up to three codes, separated by semicolons, that best describes the service providers who provided the individual with a comparable service or benefit. Leave blank if service was not provided by a comparable services and benefits provider. | See Appendix 5 for a list of comparable services and benefits providers |
| 240 | Job Placement Assistance, Service Provided by VR Job Placement Assistance, Agency Staff (in-house) | INT 1 | No | Modified reporting instructions | | Career Services Data Elements | Upon Occurrence | No | Job placement assistance is a referral to a specific job resulting in an interview, regardless of whether or not the individual obtained the job. Report at the time the service is provided. This Career Service may only be provided to an eligible individual under an IPE. Leave blank if service was not provided by VR agency staff. | 1 = Service was provided in whole or part by VR agency staff |
| 241 | Job Placement Assistance, Service Provided through VR Agency Purchase | INT 1 | No | Modified reporting instructions | | Career Services Data Elements | Upon Occurrence | No | Job placement assistance is a referral to a specific job resulting in an interview, regardless of whether or not the individual obtained the job. Report at the time the service is provided. This Career Service may only be provided to an eligible individual under an IPE. Leave blank if service was not provided through purchase by VR agency. | 1 = Service was provided in whole or part through purchase by the VR agency |
| 242 | Job Placement Assistance, Purchased Service Provider Type | INT 1 | No | No | | Career Services Data Elements | Upon Occurrence | No | If the service was provided in whole or part through purchase by the VR agency, the Purchased Service Provider Type must be reported. For each service category, report the code value that best describes the primary service provider. Leave blank if service was not provided through purchase by VR agency. | 1 = Public Community Rehabilitation Program (CRP) 2 = Private CRP 3 = Other Public Service Provider 4 = Other Private Service Provider |

| Data Element (DE) Number | Data Element (DE) Name | Data Type | Multiple Values Allowed | Change | PIRL Element | Report at | Report | Correctable (Y/N) | Definitions or Reporting Instructions | Code Values |
|--------------------------|---|-----------|-------------------------|---------------------------------|--------------|-------------------------------|-----------------|-------------------|--|--|
| 243 | Job Placement Assistance, Amount of VR Funds Expended for Service (Title I) | INT 6 | No | Modified reporting instructions | | Career Services Data Elements | Upon Occurrence | No | Report the quarterly VR program expenditures for the purchased service. Expenditures may include non-Federal share and VR program Federal funds, including program income, used to purchase the service. Expenditures do not include unliquidated obligations or encumbrances. Report at the time the expenditure is paid. This Career Service may only be provided to an eligible individual under an IPE. Leave blank if service was not provided through purchase by VR agency. | XXXXXX |
| 245 | Job Placement Assistance, Service Provided by Comparable Services and Benefits Providers | INT 1 | No | No | | Career Services Data Elements | Upon Occurrence | No | Leave blank if service was not provided by comparable services and benefits providers. | 1 = Service was provided in whole or part by comparable services and benefits providers |
| 246 | Job Placement Assistance, Comparable Services and Benefits Provider Type | VARCHAR 8 | Yes | No | | Career Services Data Elements | Upon Occurrence | No | Report up to three codes, separated by semicolons, that best describes the service providers who provided the individual with a comparable service or benefit. Leave blank if service was not provided by a comparable services and benefits provider. | See Appendix 5 for a list of comparable services and benefits providers |
| 247 | Short Term Job Supports, Service Provided by VR Agency Staff (in-house) | INT 1 | No | Modified reporting instructions | | Career Services Data Elements | Upon Occurrence | No | Support services provided to an individual who has been placed in employment in order to stabilize the placement and enhance job retention. This Career Service is not Supported Employment Services. Report at the time the service is provided. This Career Service may only be provided to an eligible individual under an IPE. Leave blank if service was not provided by VR agency staff. | 1 = Service was provided in whole or part by VR agency staff |
| 248 | Short Term Job Supports, Service Provided through VR Agency Purchase | INT 1 | No | Modified reporting instructions | | Career Services Data Elements | Upon Occurrence | No | Support services provided to an individual who has been placed in employment in order to stabilize the placement and enhance job retention. This Career Service is not Supported Employment Services. Report at the time the service is provided. This Career Service may only be provided to an eligible individual under an IPE. Leave blank if service was not provided through purchase by VR agency. | 1 = Service was provided in whole or part through purchase by the VR agency |
| 249 | Short Term Job Supports, Purchased Service Provider Type | INT 1 | No | No | | Career Services Data Elements | Upon Occurrence | No | If the service was provided in whole or part through purchase by the VR agency, the Purchased Service Provider Type must be reported. For each service category, report the code value that best describes the primary service provider. Leave blank if service was not provided through purchase by VR agency. | 1 = Public Community Rehabilitation Program (CRP) 2 = Private CRP 3 = Other Public Service Provider 4 = Other Private Service Provider |
| 250 | Short Term Job Supports, Amount of VR Funds Expended for Service (Title I) | INT 6 | No | No | | Career Services Data Elements | Upon Occurrence | No | Report the quarterly VR program expenditures for the purchased service. Expenditures may include non-Federal share and VR program Federal funds, including program income, used to purchase the service. Expenditures do not include unliquidated obligations or encumbrances. Report at the time the expenditure is paid. Leave blank if service was not provided through purchase by VR agency. | XXXXXX |
| 252 | Short Term Job Supports, Service Provided by Comparable Services and Benefits Providers | INT 1 | No | Modified reporting instructions | | Career Services Data Elements | Upon Occurrence | No | Leave blank if service was not provided by comparable services and benefits providers. This Career Service is not Supported Employment Services. This Career Service may only be provided to an eligible individual under an IPE. | 1 = Service was provided in whole or part by comparable services and benefits providers |
| 253 | Short Term Job Supports, Comparable Services and Benefits Provider Type | VARCHAR 8 | Yes | No | | Career Services Data Elements | Upon Occurrence | No | Report up to three codes, separated by semicolons, that best describes the service providers who provided the individual with a comparable service or benefit. Leave blank if service was not provided by a comparable services and benefits provider. | See Appendix 5 for a list of comparable services and benefits providers |
| 254 | Supported Employment Services, Service Provided by VR Agency Staff (in-house) | INT 1 | No | Modified reporting instructions | | Career Services Data Elements | Upon Occurrence | No | Supported employment services are ongoing support services, including customized employment, and other appropriate services needed to support an individual with a most significant disability in maintaining supported employment. Report at the time the service is provided. This Career Service may only be provided to an eligible individual with a most significant disability under an IPE. Leave blank if service was not provided by VR agency staff. | 1 = Service was provided in whole or part by VR agency staff |
| 255 | Supported Employment Services, Service Provided through VR Agency Purchase | INT 1 | No | Modified reporting instructions | | Career Services Data Elements | Upon Occurrence | No | Supported employment services are ongoing support services, including customized employment, and other appropriate services needed to support an individual with a most significant disability in maintaining supported employment. Report at the time the service is provided. This Career Service may only be provided to an eligible individual with a most significant disability under an IPE. Leave blank if service was not provided through purchase by VR agency. | 1 = Service was provided in whole or part through purchase by the VR agency |
| 256 | Supported Employment Services, Purchased Service Provider Type | INT 1 | No | No | | Career Services Data Elements | Upon Occurrence | No | If the service was provided in whole or part through purchase by the VR agency, the Purchased Service Provider Type must be reported. For each service category, report the code value that best describes the primary service provider. Leave blank if service was not provided through purchase by VR agency. | 1 = Public Community Rehabilitation Program (CRP) 2 = Private CRP 3 = Other Public Service Provider 4 = Other Private Service Provider |
| 257 | Supported Employment Services, Amount of VR Funds Expended for Service (Title I) | INT 6 | No | No | | Career Services Data Elements | Upon Occurrence | No | Report the quarterly VR program expenditures for the purchased service. Expenditures may include non-Federal share and VR program Federal funds, including program income, used to purchase the service. Expenditures do not include unliquidated obligations or encumbrances. Report at the time the expenditure is paid. Leave blank if service was not provided through purchase by VR agency. | XXXXXX |
| 258 | Supported Employment Services, Amount of SE Funds Expended for Service (Title VI) | INT 6 | No | No | | Career Services Data Elements | Upon Occurrence | No | Report the quarterly Supported Employment Services program expenditures for the purchased service. Recipients of these funds must have a supported employment goal in their IPEs and have already been placed in an employment setting. Report at the time the expenditure is paid. Leave blank if service was not provided through purchase by VR agency. | XXXXXX |
| 259 | Supported Employment Services, Service Provided by Comparable Services and Benefits Providers | INT 1 | No | Modified reporting instructions | | Career Services Data Elements | Upon Occurrence | No | Leave blank if service was not provided by comparable services and benefits providers. This Career Service may only be provided to an eligible individual with a most significant disability under an IPE. | 1 = Service was provided in whole or part by comparable services and benefits providers |
| 260 | Supported Employment Services, Comparable Services and Benefits Provider Type | VARCHAR 8 | Yes | No | | Career Services Data Elements | Upon Occurrence | No | Report up to three codes, separated by semicolons, that best describes the service providers who provided the individual with a comparable service or benefit. Leave blank if service was not provided by a comparable services and benefits provider. | See Appendix 5 for a list of comparable services and benefits providers |
| 261 | Information and Referral Services, Service Provided by VR Agency Staff (in-house) | INT 1 | No | No | | Career Services Data Elements | Upon Occurrence | No | Designed to meet the specific abilities of the individual with a significant disability a business needs of the employer; and carried out through flexible strategies such as job exploration. Report at the time the service is provided. Leave blank if service was not provided through purchase by VR agency. | 1 = Service was provided in whole or part by VR agency staff |
| 262 | Information and Referral Services, Service Provided through VR Agency Purchase | INT 1 | No | No | | Career Services Data Elements | Upon Occurrence | No | Information and referral services are provided to individuals who need services from other agencies. Report at the time the service is provided. Leave blank if service was not provided through purchase by VR agency. | 1 = Service was provided in whole or part through purchase by the VR agency |

| Data Element (DE) Number | Data Element (DE) Name | Data Type | Multiple Values Allowed | Change | PIRL Element | Report at | Report | Correctable (Y/N) | Definitions or Reporting Instructions | Code Values |
|--------------------------|---|-----------|-------------------------|---------------------------------|--------------|-------------------------------|-----------------|-------------------|---|--|
| 263 | Information and Referral Services, Purchased Service Provider Type | INT 1 | No | No | | Career Services Data Elements | Upon Occurrence | No | If the service was provided in whole or part through purchase by the VR agency, the Purchased Service Provider Type must be reported. For each service category, report the code value that best describes the primary service provider. Leave blank if service was not provided through purchase by VR agency. | 1 = Public Community Rehabilitation Program (CRP) 2 = Private CRP 3 = Other Public Service Provider 4 = Other Private Service Provider XXXXXX |
| 264 | Information and Referral Services, Amount of VR Funds Expended for Service (Title I) | INT 6 | No | No | | Career Services Data Elements | Upon Occurrence | No | Report the quarterly VR program expenditures for the purchased service. Expenditures may include non-Federal share and VR program Federal funds, including program income, used to purchase the service. Expenditures do not include unliquidated obligations or encumbrances. Report at the time the expenditure is paid. Leave blank if service was not provided through purchase by VR agency. | |
| 266 | Information and Referral Services, Service Provided by Comparable Services and Benefits Providers | INT 1 | No | No | | Career Services Data Elements | Upon Occurrence | No | Leave blank if service was not provided by comparable services and benefits providers. | 1 = Service was provided in whole or part by comparable services and benefits providers |
| 267 | Information and Referral Services, Comparable Services and Benefits Provider Type | VARCHAR 8 | Yes | No | | Career Services Data Elements | Upon Occurrence | No | Report up to three codes, separated by semicolons, that best describes the service providers who provided the individual with a comparable service or benefit. Leave blank if service was not provided by a comparable services and benefits provider. | See Appendix 5 for a list of comparable services and benefits providers |
| 268 | Benefits Counseling, Service Provided by VR Agency Staff (in-house) | INT 1 | No | No | | Career Services Data Elements | Upon Occurrence | No | Assistance provided to an individual who is interested in becoming employed, but is uncertain of the impact work income may have on any disability benefits and entitlements being received, and/or is not aware of benefits, such as access to healthcare, that might be available to support employment efforts. Report at the time the service is provided. Leave blank if service was not provided by VR agency staff. | 1 = Service was provided in whole or part by VR agency staff |
| 269 | Benefits Counseling, Service Provided through VR Agency Purchase | INT 1 | No | No | | Career Services Data Elements | Upon Occurrence | No | Assistance provided to an individual who is interested in becoming employed, but is uncertain of the impact work income may have on any disability benefits and entitlements being received, and/or is not aware of benefits, such as access to healthcare, that might be available to support employment efforts. Report at the time the service is provided. Leave blank if service was not provided through purchase by VR agency. | 1 = Service was provided in whole or part through purchase by the VR agency |
| 270 | Benefits Counseling, Purchased Service Provider Type | INT 1 | No | No | | Career Services Data Elements | Upon Occurrence | No | If the service was provided in whole or part through purchase by the VR agency, the Purchased Service Provider Type must be reported. For each service category, report the code value that best describes the primary service provider. Leave blank if service was not provided through purchase by VR agency. | 1 = Public Community Rehabilitation Program (CRP) 2 = Private CRP 3 = Other Public Service Provider 4 = Other Private Service Provider XXXXXX |
| 271 | Benefits Counseling, Amount of VR Funds Expended for Service (Title I) | INT 6 | No | No | | Career Services Data Elements | Upon Occurrence | No | Report the quarterly VR program expenditures for the purchased service. Expenditures may include non-Federal share and VR program Federal funds, including program income, used to purchase the service. Expenditures do not include unliquidated obligations or encumbrances. Report at the time the expenditure is paid. Leave blank if service was not provided through purchase by VR agency. | |
| 273 | Benefits Counseling, Service Provided by Comparable Services and Benefits Providers | INT 1 | No | No | | Career Services Data Elements | Upon Occurrence | No | Leave blank if service was not provided by comparable services and benefits providers. | 1 = Service was provided in whole or part by comparable services and benefits providers |
| 274 | Benefits Counseling, Comparable Services and Benefits Provider Type | VARCHAR 8 | Yes | No | | Career Services Data Elements | Upon Occurrence | No | Report up to three codes, separated by semicolons, that best describes the service providers who provided the individual with a comparable service or benefit. Leave blank if service was not provided by a comparable services and benefits provider. | See Appendix 5 for a list of comparable services and benefits providers |
| 275 | Customized Employment Services, Service Provided by VR Agency Staff (in-house) | INT 1 | No | Modified reporting instructions | | Career Services Data Elements | Upon Occurrence | No | Designed to meet the specific abilities of the individual with a significant disability and the business needs of the employer; and carried out through flexible strategies such as job exploration. Report at the time the service is provided. This Career Service may only be provided to an eligible individual under an IPE. Leave blank if service was not provided by VR agency staff. | 1 = Service was provided in whole or part by VR agency staff |
| 276 | Customized Employment Services, Service Provided through VR Agency Purchase | INT 1 | No | Modified reporting instructions | | Career Services Data Elements | Upon Occurrence | No | Designed to meet the specific abilities of the individual with a significant disability and the business needs of the employer; and carried out through flexible strategies such as job exploration. Report at the time the service is provided. This Career Service may only be provided to an eligible individual under an IPE. Leave blank if service was not provided through purchase by VR agency. | 1 = Service was provided in whole or part through purchase by the VR agency |
| 277 | Customized Employment Services, Purchased Service Provider Type | INT 1 | No | No | | Career Services Data Elements | Upon Occurrence | No | If the service was provided in whole or part through purchase by the VR agency, the Purchased Service Provider Type must be reported. For each service category, report the code value that best describes the primary service provider. Leave blank if service was not provided through purchase by VR agency. | 1 = Public Community Rehabilitation Program (CRP) 2 = Private CRP 3 = Other Public Service Provider 4 = Other Private Service Provider XXXXXX |
| 278 | Customized Employment Services, Amount of VR Funds Expended for Service (Title I) | INT 6 | No | No | | Career Services Data Elements | Upon Occurrence | No | Report the quarterly VR program expenditures for the purchased service. Expenditures may include non-Federal share and VR program Federal funds, including program income, used to purchase the service. Expenditures do not include unliquidated obligations or encumbrances. Report at the time the expenditure is paid. Leave blank if service was not provided through purchase by VR agency. | |
| 279 | Customized Employment Services, Amount of SE Funds Expended for Service (Title VI) | INT 6 | No | No | | Career Services Data Elements | Upon Occurrence | No | Report the quarterly Supported Employment Services program expenditures for the purchased service. Recipients of these funds must have a supported employment goal in their IPEs and have already been placed in an employment setting. Report at the time the expenditure is paid. Leave blank if service was not provided through purchase by VR agency. | XXXXXX |
| 280 | Customized Employment Services, Service Provided by Comparable Services and Benefits Providers | INT 1 | No | Modified reporting instructions | | Career Services Data Elements | Upon Occurrence | No | Leave blank if service was not provided by comparable services and benefits providers. This Career Service may only be provided to an eligible individual under an IPE. | 1 = Service was provided in whole or part by comparable services and benefits providers |
| 281 | Customized Employment Services, Comparable Services and Benefits Provider Type | VARCHAR 8 | Yes | No | | Career Services Data Elements | Upon Occurrence | No | Report up to three codes, separated by semicolons, that best describes the service providers who provided the individual with a comparable service or benefit. Leave blank if service was not provided by a comparable services and benefits provider. | See Appendix 5 for a list of comparable services and benefits providers |
| 282 | Extended Services, Service Provided by VR Agency Staff (in-house) | INT 1 | No | Modified reporting instructions | | Career Services Data Elements | Upon Occurrence | No | Ongoing support services and other appropriate services that are needed to support and maintain a youth with a most significant disability. Report at the time the service is provided. This Career Service may only be provided to an eligible individual who is a youth with the most significant disability under an IPE. Leave blank if service was not provided by VR agency staff. | 1 = Service was provided in whole or part by VR agency staff |

| Data Element (DE) Number | Data Element (DE) Name | Data Type | Multiple Values Allowed | Change | PIRL Element | Report at | Report | Correctable (Y/N) | Definitions or Reporting Instructions | Code Values |
|--------------------------|--|-----------|-------------------------|---------------------------------|--------------|-------------------------------|-----------------|-------------------|--|--|
| 283 | Extended Services, Service Provided through VR Agency Purchase | INT 1 | No | Modified reporting instructions | | Career Services Data Elements | Upon Occurrence | No | Ongoing support services and other appropriate services that are needed to support and maintain a youth with a most significant disability. Report at the time the service is provided. This Career Service may only be provided to an eligible individual who is a youth with the most significant disability under an IPE. Leave blank if service was not provided through purchase by VR agency. | 1 = Service was provided in whole or part through purchase by the VR agency |
| 284 | Extended Services, Purchased Service Provider Type | INT 1 | No | No | | Career Services Data Elements | Upon Occurrence | No | If the service was provided to a youth with a most significant disability in whole or part through purchase by the VR agency, the Purchased Service Provider Type must be reported. For each service category, report the code value that best describes the primary service provider. Leave blank if service was not provided through purchase by VR agency. | 1 = Public Community Rehabilitation Program (CRP) 2 = Private CRP 3 = Other Public Service Provider 4 = Other Private Service Provider XXXXXX |
| 285 | Extended Services, Amount of VR Funds Expended for Service (Title I) | INT 6 | No | No | | Career Services Data Elements | Upon Occurrence | No | Report the quarterly VR program expenditures for the purchased service. Expenditures may include non-Federal share and VR program Federal funds, including program income, used to purchase the service for a youth with a most significant disability. Expenditures do not include unliquidated obligations or encumbrances. Report at the time the expenditure is paid. Leave blank if service was not provided through purchase by VR agency. | XXXXXX |
| 286 | Extended Services, Amount of SE Funds Expended for Service (Title VI) | INT 6 | No | No | | Career Services Data Elements | Upon Occurrence | No | Report the quarterly Supported Employment Services program expenditures for the purchased service for a youth with a most significant disability. Recipients of these funds must have a supported employment goal in their IPEs and have already been placed in an employment setting. Report at the time the expenditure is paid. Leave blank if service was not provided through purchase by VR agency. | XXXXXX |
| 287 | Transportation Data Elements, Service Provided by VR Agency Staff (in-house) | INT 1 | No | No | | Other Services Data Elements | Upon Occurrence | No | Travel and related expenses that are necessary to enable an applicant or eligible individual to participate in a VR service, including expenses for training in the use of public transportation vehicles and systems. Report at the time the service is provided. Leave blank if service was not provided by VR agency staff. | 1 = Service was provided in whole or part by VR agency staff |
| 288 | Transportation Data Elements, Service Provided through VR Agency Purchase | INT 1 | No | No | | Other Services Data Elements | Upon Occurrence | No | Travel and related expenses that are necessary to enable an applicant or eligible individual to participate in a VR service, including expenses for training in the use of public transportation vehicles and systems. Report at the time the service is provided. Leave blank if service was not provided through purchase by VR agency. | 1 = Service was provided in whole or part through purchase by the VR agency |
| 289 | Transportation Data Elements, Purchased Service Provider Type | INT 1 | No | No | | Other Services Data Elements | Upon Occurrence | No | If the service was provided in whole or part through purchase by the VR agency, the Purchased Service Provider Type must be reported. For each service category, report the code value that best describes the primary service provider. Leave blank if service was not provided through purchase by VR agency. | 1 = Public Community Rehabilitation Program (CRP) 2 = Private CRP 3 = Other Public Service Provider 4 = Other Private Service Provider XXXXXX |
| 290 | Transportation Data Elements, Amount of VR Funds Expended for Service (Title I) | INT 6 | No | No | | Other Services Data Elements | Upon Occurrence | No | Report the quarterly VR program expenditures for the purchased service. Expenditures may include non-Federal share and VR program Federal funds, including program income, used to purchase the service. Expenditures do not include unliquidated obligations or encumbrances. Report at the time the expenditure is paid. Leave blank if service was not provided through purchase by VR agency. | XXXXXX |
| 292 | Transportation Data Elements, Service Provided by Comparable Services and Benefits Providers | INT 1 | No | No | | Other Services Data Elements | Upon Occurrence | No | Leave blank if service was not provided by comparable services and benefits providers. | 1 = Service was provided in whole or part by comparable services and benefits providers |
| 293 | Transportation Data Elements, Comparable Services and Benefits Provider Type | VARCHAR 8 | Yes | No | | Other Services Data Elements | Upon Occurrence | No | Report up to three codes, separated by semicolons, that best describes the service providers who provided the individual with a comparable service or benefit. Leave blank if service was not provided by a comparable services and benefits provider. | See Appendix 5 for a list of comparable services and benefits providers |
| 294 | Maintenance, Service Provided by VR Agency Staff (in-house) | INT 1 | No | No | | Other Services Data Elements | Upon Occurrence | No | Monetary support provided for living expenses such as food, shelter and clothing that are in excess of the normal expenses of the individual. Report at the time the service is provided. Leave blank if service was not provided by VR agency staff. | 1 = Service was provided in whole or part by VR agency staff |
| 295 | Maintenance, Service Provided through VR Agency Purchase | INT 1 | No | No | | Other Services Data Elements | Upon Occurrence | No | Monetary support provided for living expenses such as food, shelter and clothing that are in excess of the normal expenses of the individual. Report at the time the service is provided. Leave blank if service was not provided through purchase by VR agency. | 1 = Service was provided in whole or part through purchase by the VR agency |
| 296 | Maintenance, Purchased Service Provider Type | INT 1 | No | No | | Other Services Data Elements | Upon Occurrence | No | If the service was provided in whole or part through purchase by the VR agency, the Purchased Service Provider Type must be reported. For each service category, report the code value that best describes the primary service provider. Leave blank if service was not provided through purchase by VR agency. | 1 = Public Community Rehabilitation Program (CRP) 2 = Private CRP 3 = Other Public Service Provider 4 = Other Private Service Provider XXXXXX |
| 297 | Maintenance, Amount of VR Funds Expended for Service (Title I) | INT 6 | No | No | | Other Services Data Elements | Upon Occurrence | No | Report the quarterly VR program expenditures for the purchased service. Expenditures may include non-Federal share and VR program Federal funds, including program income, used to purchase the service. Expenditures do not include unliquidated obligations or encumbrances. Report at the time the expenditure is paid. Leave blank if service was not provided through purchase by VR agency. | XXXXXX |
| 299 | Maintenance, Service Provided by Comparable Services and Benefits Providers | INT 1 | No | No | | Other Services Data Elements | Upon Occurrence | No | Leave blank if service was not provided by comparable services and benefits providers. | 1 = Service was provided in whole or part by comparable services and benefits providers |
| 300 | Maintenance, Comparable Services and Benefits Provider Type | VARCHAR 8 | Yes | No | | Other Services Data Elements | Upon Occurrence | No | Report up to three codes, separated by semicolons, that best describes the service providers who provided the individual with a comparable service or benefit. Leave blank if service was not provided by a comparable services and benefits provider. | See Appendix 5 for a list of comparable services and benefits providers |
| 301 | Rehabilitation Technology, Service Provided by VR Agency Staff (in-house) | INT 1 | No | Modified reporting instructions | | Other Services Data Elements | Upon Occurrence | No | Systematic application of technologies, engineering methodologies, or scientific principles to meet the needs of, and address the barriers confronted by, individuals with disabilities. Report at the time the service is provided. Leave blank if service was not provided by VR agency staff. | 1 = Service was provided in whole or part by VR agency staff |
| 302 | Rehabilitation Technology, Service Provided through VR Agency Purchase | INT 1 | No | Modified reporting instructions | | Other Services Data Elements | Upon Occurrence | No | Systematic application of technologies, engineering methodologies, or scientific principles to meet the needs of, and address the barriers confronted by, individuals with disabilities. Report at the time the service is provided. Leave blank if service was not provided through purchase by VR agency. | 1 = Service was provided in whole or part through purchase by the VR agency |
| 303 | Rehabilitation Technology, Purchased Service Provider Type | INT 1 | No | No | | Other Services Data Elements | Upon Occurrence | No | If the service was provided in whole or part through purchase by the VR agency, the Purchased Service Provider Type must be reported. For each service category, report the code value that best describes the primary service provider. Leave blank if service was not provided through purchase by VR agency. | 1 = Public Community Rehabilitation Program (CRP) 2 = Private CRP 3 = Other Public Service Provider 4 = Other Private Service Provider |

| Data Element (DE) Number | Data Element (DE) Name | Data Type | Multiple Values Allowed | Change | PIRL Element | Report at | Report | Correctable (Y/N) | Definitions or Reporting Instructions | Code Values |
|--------------------------|--|-----------|-------------------------|---|--------------|------------------------------|-----------------|-------------------|--|---|
| 304 | Rehabilitation Technology, Amount of VR Funds Expended for Service (Title I) | INT 6 | No | No | | Other Services Data Elements | Upon Occurrence | No | Report the quarterly VR program expenditures for the purchased service. Expenditures may include non-Federal share and VR program Federal funds, including program income, used to purchase the service. Expenditures do not include unliquidated obligations or encumbrances. Report at the time the expenditure is paid. Leave blank if service was not provided through purchase by VR agency. | XXXXXX |
| 306 | Rehabilitation Technology, Service Provided by Comparable Services and Benefits Providers | INT 1 | No | Modified reporting instructions | | Other Services Data Elements | Upon Occurrence | No | Leave blank if service was not provided by comparable services and benefits providers | 1 = Service was provided in whole or part by comparable services and benefits providers |
| 307 | Rehabilitation Technology, Comparable Services and Benefits Provider Type | VARCHAR 8 | Yes | No | | Other Services Data Elements | Upon Occurrence | No | Report up to three codes, separated by semicolons, that best describes the service providers who provided the individual with a comparable service or benefit. Leave blank if service was not provided by a comparable services and benefits provider. | See Appendix 5 for a list of comparable services and benefits providers |
| 308 | Personal Assistance Services, Service Provided by VR Agency Staff (in-house) | INT 1 | No | No | | Other Services Data Elements | Upon Occurrence | No | Services designed to assist an individual with a disability perform daily living activities, increase control in life and ability to perform routine tasks, provided in conjunction with other VR services, and are necessary for achieving an employment outcome. Report at the time the service is provided. Leave blank if service was not provided by VR agency staff. | 1 = Service was provided in whole or part by VR agency staff |
| 309 | Personal Assistance Services, Service Provided through VR Agency Purchase | INT 1 | No | No | | Other Services Data Elements | Upon Occurrence | No | Services designed to assist an individual with a disability perform daily living activities, increase control in life and ability to perform routine tasks, provided in conjunction with other VR services, and are necessary for achieving an employment outcome. Report at the time the service is provided. Leave blank if service was not provided through purchase by VR agency. | 1 = Service was provided in whole or part through purchase by the VR agency |
| 310 | Personal Assistance Services, Purchased Service Provider Type | INT 1 | No | No | | Other Services Data Elements | Upon Occurrence | No | If the service was provided in whole or part through purchase by the VR agency, the Purchased Service Provider Type must be reported. For each service category, report the code value that best describes the primary service provider. Leave blank if service was not provided through purchase by VR agency. | 1 = Public Community Rehabilitation Program (CRP) 2 = Private CRP 3 = Other Public Service Provider |
| 311 | Personal Assistance Services, Amount of VR Funds Expended for Service (Title I) | INT 6 | No | No | | Other Services Data Elements | Upon Occurrence | No | Report the quarterly VR program expenditures for the purchased service. Expenditures may include non-Federal share and VR program Federal funds, including program income, used to purchase the service. Expenditures do not include unliquidated obligations or encumbrances. Report at the time the expenditure is paid. Leave blank if service was not provided through purchase by VR agency. | 4 = Other Private Service Provider XXXXXX |
| 313 | Personal Assistance Services, Service Provided by Comparable Services and Benefits Providers | INT 1 | No | No | | Other Services Data Elements | Upon Occurrence | No | Leave blank if service was not provided by comparable services and benefits providers. | 1 = Service was provided in whole or part by comparable services and benefits providers |
| 314 | Personal Assistance Services, Comparable Services and Benefits Provider Type | VARCHAR 8 | Yes | No | | Other Services Data Elements | Upon Occurrence | No | Report up to three codes, separated by semicolons, that best describes the service providers who provided the individual with a comparable service or benefit. Leave blank if service was not provided by a comparable services and benefits provider. | See Appendix 5 for a list of comparable services and benefits providers |
| 315 | Technical Assistance Services related to Self-Employment, Service Provided by VR Agency Staff (in-house) | INT 1 | No | Modified DE name and reporting instructions | | Other Services Data Elements | Upon Occurrence | No | Consultation and other services provided to conduct market analyses, to develop business plans, and to provide resources to individuals in the pursuit of self-employment, telecommuting and small business operation outcomes. Report at the time the service is provided. This Other Service may only be provided to an eligible individual under an IPE. Leave blank if service was not provided by VR agency staff. | 1 = Service was provided in whole or part by VR agency staff |
| 316 | Technical Assistance Services related to Self-Employment, Service Provided through VR Agency Purchase | INT 1 | No | Modified DE name and reporting instructions | | Other Services Data Elements | Upon Occurrence | No | Consultation and other services provided to conduct market analyses, to develop business plans, and to provide resources to individuals in the pursuit of self-employment, telecommuting and small business operation outcomes. Report at the time the service is provided. This Other Service may only be provided to an eligible individual under an IPE. Leave blank if service was not provided through purchase by VR agency. | 1 = Service was provided in whole or part through purchase by the VR agency |
| 317 | Technical Assistance Services related to Self-Employment, Purchased Service Provider Type | INT 1 | No | Modified DE Name | | Other Services Data Elements | Upon Occurrence | No | If the service was provided in whole or part through purchase by the VR agency, the Purchased Service Provider Type must be reported. For each service category, report the code value that best describes the primary service provider. Leave blank if service was not provided through purchase by VR agency. | 1 = Public Community Rehabilitation Program (CRP) 2 = Private CRP 3 = Other Public Service Provider |
| 318 | Technical Assistance Services related to Self-Employment, Amount of VR Funds Expended for Service (Title I) | INT 6 | No | Modified DE Name | | Other Services Data Elements | Upon Occurrence | No | Report the quarterly VR program expenditures for the purchased service. Expenditures may include non-Federal share and VR program Federal funds, including program income, used to purchase the service. Expenditures do not include unliquidated obligations or encumbrances. Report at the time the expenditure is paid. Leave blank if service was not provided through purchase by VR agency. | 4 = Other Private Service Provider XXXXXX |
| 320 | Technical Assistance Services related to Self-Employment, Service Provided by Comparable Services and Benefits Providers | INT 1 | No | Modified DE name and reporting instructions | | Other Services Data Elements | Upon Occurrence | No | Leave blank if service was not provided by comparable services and benefits providers. This Other Service may only be provided to an eligible individual under an IPE. | 1 = Service was provided in whole or part by comparable services and benefits providers |
| 321 | Technical Assistance Services related to Self-Employment, Comparable Services and Benefits Provider Type | VARCHAR 8 | Yes | Modified DE Name | | Other Services Data Elements | Upon Occurrence | No | Report up to three codes, separated by semicolons, that best describes the service providers who provided the individual with a comparable service or benefit. Leave blank if service was not provided by a comparable services and benefits provider. | See Appendix 5 for a list of comparable services and benefits providers |
| 322 | Reader Services, Service Provided by VR Agency Staff (in-house) | INT 1 | No | No | | Other Services Data Elements | Upon Occurrence | No | Services for individuals who cannot read print because of blindness which include: reading aloud, transcription of printed information into braille, or sound recordings if the individual requests such transcription. Report at the time the service is provided. Leave blank if service was not provided by VR agency staff. | 1 = Service was provided in whole or part by VR agency staff |
| 323 | Reader Services, Service Provided through VR Agency Purchase | INT 1 | No | No | | Other Services Data Elements | Upon Occurrence | No | Services for individuals who cannot read print because of blindness which include: reading aloud, transcription of printed information into braille, or sound recordings if the individual requests such transcription. Report at the time the service is provided. | 1 = Service was provided in whole or part through purchase by the VR agency |
| 324 | Reader Services, Purchased Service Provider Type | INT 1 | No | No | | Other Services Data Elements | Upon Occurrence | No | Leave blank if service was not provided through purchase by VR agency. If the service was provided in whole or part through purchase by the VR agency, the Purchased Service Provider Type must be reported. For each service category, report the code value that best describes the primary service provider. Leave blank if service was not provided through purchase by VR agency. | 1 = Public Community Rehabilitation Program (CRP) 2 = Private CRP 3 = Other Public Service Provider |
| 325 | Reader Services, Amount of VR Funds Expended for Service (Title I) | INT 6 | No | No | | Other Services Data Elements | Upon Occurrence | No | Report the quarterly VR program expenditures for the purchased service. Expenditures may include non-Federal share and VR program Federal funds, including program income, used to purchase the service. Expenditures do not include unliquidated obligations or encumbrances. Report at the time the expenditure is paid. Leave blank if service was not provided through purchase by VR agency. | 4 = Other Private Service Provider XXXXXX |

| Data Element (DE) Number | Data Element (DE) Name | Data Type | Multiple Values Allowed | Change | PIRL Element | Report at | Report | Correctable (Y/N) | Definitions or Reporting Instructions | Code Values |
|--------------------------|--|-----------|-------------------------|---------------------------------|--------------|------------------------------|-----------------|-------------------|---|--|
| 327 | Reader Services, Service Provided by Comparable Services and Benefits Providers | INT 1 | No | No | | Other Services Data Elements | Upon Occurrence | No | Leave blank if service was not provided by comparable services and benefits providers. | 1 = Service was provided in whole or part by comparable services and benefits providers |
| 328 | Reader Services, Comparable Services and Benefits Provider Type | VARCHAR 8 | Yes | No | | Other Services Data Elements | Upon Occurrence | No | Report up to three codes, separated by semicolons, that best describes the service providers who provided the individual with a comparable service or benefit. Leave blank if service was not provided by a comparable services and benefits provider. | See Appendix 5 for a list of comparable services and benefits providers |
| 329 | Interpreter Services, Service Provided by VR Agency Staff (in-house) | INT 1 | No | Modified reporting instructions | | Other Services Data Elements | Upon Occurrence | No | Sign language or oral interpretation services for individuals who are deaf or hard of hearing and tactile interpretation services for individuals who are deaf-blind. Interpreter Services also include foreign language interpretation. Report at the time the service is provided. Leave blank if service was not provided by VR agency staff. | 1 = Service was provided in whole or part by VR agency staff |
| 330 | Interpreter Services, Service Provided through VR Agency Purchase | INT 1 | No | Modified reporting instructions | | Other Services Data Elements | Upon Occurrence | No | Sign language or oral interpretation services for individuals who are deaf or hard of hearing and tactile interpretation services for individuals who are deaf-blind. Interpreter Services also include foreign language interpretation. Report at the time the service is provided. Leave blank if service was not provided through purchase by VR agency. | 1 = Service was provided in whole or part through purchase by the VR agency |
| 331 | Interpreter Services, Purchased Service Provider Type | INT 1 | No | No | | Other Services Data Elements | Upon Occurrence | No | If the service was provided in whole or part through purchase by the VR agency, the Purchased Service Provider Type must be reported. For each service category, report the code value that best describes the primary service provider. Leave blank if service was not provided through purchase by VR agency. | 1 = Public Community Rehabilitation Program (CRP) 2 = Private CRP 3 = Other Public Service Provider 4 = Other Private Service Provider XXXXXX |
| 332 | Interpreter Services, Amount of VR Funds Expended for Service (Title I) | INT 6 | No | No | | Other Services Data Elements | Upon Occurrence | No | Report the quarterly VR program expenditures for the purchased service. Expenditures may include non-Federal share and VR program Federal funds, including program income, used to purchase the service. Expenditures do not include unliquidated obligations or encumbrances. Report at the time the expenditure is paid. Leave blank if service was not provided through purchase by VR agency. | |
| 334 | Interpreter Services, Service Provided by Comparable Services and Benefits Providers | INT 1 | No | Modified reporting instructions | | Other Services Data Elements | Upon Occurrence | No | Leave blank if service was not provided by comparable services and benefits providers Interpreter Services also include foreign language interpretation. | 1 = Service was provided in whole or part by comparable services and benefits providers |
| 335 | Interpreter Services, Comparable Services and Benefits Provider Type | VARCHAR 8 | Yes | No | | Other Services Data Elements | Upon Occurrence | No | Report up to three codes, separated by semicolons, that best describes the service providers who provided the individual with a comparable service or benefit. Leave blank if service was not provided by a comparable services and benefits provider. | See Appendix 5 for a list of comparable services and benefits providers |
| 336 | Other Services, Service Provided by VR Agency Staff (in-house) | INT 1 | No | Modified reporting instructions | | Other Services Data Elements | Upon Occurrence | No | Use this category ONLY for other VR services that cannot be recorded elsewhere. Include in this category such services as the provision of funds for occupational licenses, tools and equipment, initial stocks and supplies. Report at the time the service is provided. This Other Service may only be provided to an eligible individual under an IPE. Leave blank if service was not provided by VR agency staff. | 1 = Service was provided in whole or part by VR agency staff |
| 337 | Other Services, Service Provided through VR Agency Purchase | INT 1 | No | Modified reporting instructions | | Other Services Data Elements | Upon Occurrence | No | Use this category ONLY for other VR services that cannot be recorded elsewhere. Include in this category such services as the provision of funds for occupational licenses, tools and equipment, initial stocks and supplies. Report at the time the service is provided. This Other Service may only be provided to an eligible individual under an IPE. Leave blank if service was not provided through purchase by VR agency. | 1 = Service was provided in whole or part through purchase by the VR agency |
| 338 | Other Services, Purchased Service Provider Type | INT 1 | No | No | | Other Services Data Elements | Upon Occurrence | No | If the service was provided in whole or part through purchase by the VR agency, the Purchased Service Provider Type must be reported. For each service category, report the code value that best describes the primary service provider. Leave blank if service was not provided through purchase by VR agency. | 1 = Public Community Rehabilitation Program (CRP) 2 = Private CRP 3 = Other Public Service Provider 4 = Other Private Service Provider XXXXXX |
| 339 | Other Services, Amount of VR Funds Expended for Service (Title I) | INT 6 | No | No | | Other Services Data Elements | Upon Occurrence | No | Report the quarterly VR program expenditures for the purchased service. Expenditures may include non-Federal share and VR program Federal funds, including program income, used to purchase the service. Expenditures do not include unliquidated obligations or encumbrances. Report at the time the expenditure is paid. Leave blank if service was not provided through purchase by VR agency. | |
| 341 | Other Services, Service Provided by Comparable Services and Benefits Providers | INT 1 | No | No | | Other Services Data Elements | Upon Occurrence | No | Leave blank if service was not provided by comparable services and benefits providers. | 1 = Service was provided in whole or part by comparable services and benefits providers |
| 342 | Other Services, Comparable Services and Benefits Provider Type | VARCHAR 8 | Yes | No | | Other Services Data Elements | Upon Occurrence | No | Report up to three codes, separated by semicolons, that best describes the service providers who provided the individual with a comparable service or benefit. Leave blank if service was not provided by a comparable services and benefits provider. | See Appendix 5 for a list of comparable services and benefits providers |
| 409 | Home Modification, Service Provided by VR Agency Staff (in-house) | INT 1 | No | New DE | | Other Services Data Elements | Upon Occurrence | Yes | Includes necessary home modification services that address appropriate accommodations to, and modifications of, any living space occupied by a VR program participant. These may include additions, improvements, modifications, replacements, rearrangements, reinstallations, renovations or alterations to capital assets that materially increase their value or useful life. Report at the time the service is provided. This Other Service may only be provided to eligible individuals under an IPE. Leave blank if service was not provided by VR agency staff. | 1 = Service was provided in whole or part by VR agency staff |
| 410 | Home Modification, Service Provided through VR Agency Purchase | INT 1 | No | New DE | | Other Services Data Elements | Upon Occurrence | Yes | Includes necessary home modification services that address appropriate accommodations to, and modifications of, any living space occupied by a VR program participant. These may include additions, improvements, modifications, replacements, rearrangements, reinstallations, renovations or alterations to capital assets that materially increase their value or useful life. Report at the time the service is provided. This Other Service may only be provided to eligible individuals under an IPE. Leave blank if service was not provided through purchase by VR agency. | 1 = Service was provided in whole or part through purchase by the VR agency |
| 411 | Home Modification, Purchased Service Provider Type | INT 1 | No | New DE | | Other Services Data Elements | Upon Occurrence | Yes | If the service was provided in whole or part through purchase by the VR agency, the Purchased Service Provider Type must be reported. For each service category, report the code value that best describes the primary service provider. Leave blank if service was not provided through purchase by VR agency. | 1 = Public Community Rehabilitation Program (CRP) 2 = Private CRP 3 = Other Public Service Provider 4 = Other Private Service Provider XXXXXX |
| 412 | Home Modification, Amount of VR Funds Expended for Service (Title I) | INT 6 | No | New DE | | Other Services Data Elements | Upon Occurrence | Yes | Report the quarterly VR program expenditures for the purchased service. Expenditures may include non-Federal share and VR program Federal funds, including program income, used to purchase the service. Expenditures do not include unliquidated obligations or encumbrances. Report at the time the expenditure is paid. Leave blank if service was not provided through purchase by VR agency. | |
| 413 | Home Modification, Service Provided by Comparable Services and Benefits Providers | INT 1 | No | New DE | | Other Services Data Elements | Upon Occurrence | Yes | Leave blank if service was not provided by comparable services and benefits providers. This Other Service may only be provided to eligible individuals under an IPE. | 1 = Service was provided in whole or part by comparable services and benefits providers |

| Data Element (DE) Number | Data Element (DE) Name | Data Type | Multiple Values Allowed | Change | PIRL Element | Report at | Report | Correctable (Y/N) | Definitions or Reporting Instructions | Code Values |
|--------------------------|---|-----------|-------------------------|---|--------------|--|-----------------|-------------------|---|---|
| 414 | Home Modification, Comparable Services and Benefits Provider Type | VARCHAR 8 | Yes | New DE | | Other Services Data Elements | Upon Occurrence | Yes | Report up to three codes, separated by semicolons, that best describes the service providers who provided the individual with a comparable service or benefit. Leave blank if service was not provided by a comparable services and benefits provider. | See Appendix 5 for a list of comparable services and benefits providers |
| 343 | Measurable Skill Gains: Educational Functional Level (EFL) | DATE | No | Modified reporting instructions | 1806 | Measurable Skill Gains Data Elements | Upon Occurrence | Yes | Report the most recent date the participant, who received instruction below the postsecondary education level, achieved at least one EFL. This progress must be made towards earning a recognized credential. The date must be verifiable through supporting documentation. Leave blank if this DE does not apply to the participant. | YYYYMMDD |
| 344 | Measurable Skill Gains: Secondary Diploma or Equivalency | DATE | No | Modified DE name and reporting instructions | 1808 | Measurable Skill Gains Data Elements | Upon Occurrence | Yes | Report the most recent date that the participant attained a secondary school diploma or its recognized equivalent. The date must be verifiable through supporting documentation. Leave blank if this DE does not apply to the participant. | YYYYMMDD |
| 345 | Measurable Skill Gains: Secondary or Postsecondary Transcript/Report Card | DATE | No | Modified reporting instructions | 1807 | Measurable Skill Gains Data Elements | Upon Occurrence | Yes | Secondary: Report the most recent date of the participant's secondary transcript or report card showing the participant is achieving the policies for academic standards. This progress must be made towards earning a secondary credential. Postsecondary: Report the most recent date of the participant's postsecondary transcript or report card showing a sufficient number of credit hours have been completed and the participant is achieving the policies for academic standards. This progress must be made towards earning a postsecondary credential. The date must be verifiable through supporting documentation. Leave blank if this DE does not apply to the participant. | YYYYMMDD |
| 346 | Measurable Skill Gains: Training Milestone | DATE | No | No | 1809 | Measurable Skill Gains Data Elements | Upon Occurrence | Yes | Report the most recent date that the participant achieved a satisfactory or better progress report toward established milestones from an employer/training provider who is providing training (e.g., completion of on-the-job training (OJT), completion of one year of a registered apprenticeship program). The date must be verifiable through supporting documentation. Leave blank if this DE does not apply to the participant. | YYYYMMDD |
| 347 | Measurable Skill Gains: Skills Progression | DATE | No | No | 1810 | Measurable Skill Gains Data Elements | Upon Occurrence | Yes | Report 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. The date must be verifiable through supporting documentation. Leave blank if this DE does not apply to the participant. | YYYYMMDD |
| 350 | Start Date of Employment in Primary Occupation | DATE | No | No | | Individualized Plan for Employment (IPE) Data Elements | Upon Occurrence | Yes | Report the date when the individual started in the occupation related to his or her IPE goal. The date must be verifiable through supporting documentation | YYYYMMDD |
| 353 | Date of Exit | DATE | No | Modified reporting instructions | 901 | Exit Data Elements | Upon Occurrence | No | Report the date the individual exited from the VR or SE program consistent with the requirements in the regulations. Leave blank if this DE does not apply to the individual. The date must be verifiable through supporting documentation. The VR agency cannot change this date after it is reported. | YYYYMMDD |
| 354 | Type of Exit | INT 1 | No | Modified reporting instructions | | Exit Data Elements | Upon Occurrence | No | Report from which stage in the VR process an individual exited the program. The VR agency cannot change this date after it is reported. | 0 = Individual exited as an applicant prior to eligibility determination or trial work 1 = Individual exited during or after a trial work experience 2 = Individual exited after eligibility, but from an order of selection waiting list 3 = Individual exited after eligibility, but prior to a signed IPE 4 = Individual exited after a signed IPE without an employment outcome 5 = Individual exited after a signed IPE in noncompetitive and/or nonintegrated employment 6 = Individual exited after a signed IPE in competitive and integrated employment or supported employment 7 = Individual exited as an applicant after being determined ineligible for VR services |
| 355 | Reason for Program Exit | INT 2 | No | Modified reporting instructions | 923 | Exit Data Elements | Upon Occurrence | No | Report the code that identifies the reason the individual exited. This DE is reported in the same quarter as the Date of Exit (DE 353) occurs. The VR agency cannot change this date after it is reported. | See Appendix 6 for reasons for exit |
| 356 | Employment Outcome at Exit | INT 1 | No | Modified code values and reporting instructions | | Exit Data Elements | Upon Occurrence | No | Report the code that identifies the type of employment outcome at exit. This DE is reported in the same quarter as the Date of Exit (DE 353) occurs. The VR agency cannot change this date after it is reported. | 1 = Competitive Integrated Employment 2 = Self-Employment 3 = Randolph-Sheppard BEP 4 = State Agency Managed BEP 5 = Supported Employment in Competitive Integrated Employment |
| 357 | Primary Occupation at Exit | INT 6 | No | Modified reporting instructions | | Exit Data Elements | Upon Occurrence | Yes | For an individual who is employed, enter the current Standard Occupational Classification (SOC) code that best describes the individual's occupation from which he/she derives the majority of his/her hourly earnings. Special Codes for Randolph-Sheppard Participants:899999 Randolph-Sheppard Vending Facility Clerk: Refers to persons employed as clerks, sales persons, or helpers in a vending facility operated under the Randolph-Sheppard Vending Facility Program. Use this special code even though these occupations are classifiable.999999 Randolph- Sheppard Vending Facility Operator: Refers to individuals employed as operators or managers of vending facilities operated under the Randolph-Sheppard Vending Facility Program. Use this special code even though these occupations are classifiable. | XXXXXX |

| Data Element (DE) Number | Data Element (DE) Name | Data Type | Multiple Values Allowed | Change | PIRL Element | Report at | Report | Correctable (Y/N) | Definitions or Reporting Instructions | Code Values |
|--------------------------|---|--------------|-------------------------|--|--------------|-------------------------|-----------------|-------------------|--|---|
| 359 | Hourly Wage at Exit | DECIMAL 5, 2 | No | Modified reporting instructions | | Exit Data Elements | Upon Occurrence | Yes | Report individual's hourly wage (rounded to the nearest cent) earned at the time of exit. The wage reported in this DE must be verifiable through supporting documentation. Report 0 if individual had no earnings at the time of exit. This DE captures cash earnings of the individual expressed as an hourly wage and includes all wages, salaries, tips, profits from self-employment and commissions received as income. These earnings are before payroll deductions of Federal, State, and local income taxes and Social Security. Wages for salespersons, consultants, self-employed individuals, and other similar occupations are based on the adjusted gross income. Adjusted gross income is gross income minus unreimbursed business expenses. Do not include estimates of in-kind payments, such as meals and lodging. Estimate profits of farmers, if necessary. Where wages are based on commissions that are irregular (e.g., real estate, automobile sales, etc.), they should be calculated as an average hourly wage over a representative period of time, such as one month or one quarter, to obtain a reportable figure. Commissions are generally not paid when earned, but rather are paid periodically, such as weekly, biweekly, or even monthly. To bring standardization to this data element, wages should be based on the actual receipt of the payment and not on amounts accruing until the next commission payout. | XXX.XX |
| 360 | Hours Worked in a Week at Exit | INT 2 | No | No | | Exit Data Elements | Upon Occurrence | Yes | Report the number of hours the individual worked for earnings in a typical week at the time of exit. Report 0 if individual was unemployed. | XX |
| 396 | Monthly Public Support at Exit | VARCHAR 7 | Yes | No | | Exit Data Elements | Upon Occurrence | Yes | Report the individual's monthly public support at exit. If the individual receives more than one type of public support, use a semicolon between each type. | 0 = Individual does not receive public support 1 = Individual receives Social Security Disability Insurance (SSDI) 2 = Individual receives Supplemental Security Income (SSI) 3 = Individual receives Temporary Assistance for Needy Families (TANF) 4 = Individual receives other public support from another source |
| 397 | Medical Insurance Coverage at Exit | VARCHAR 5 | Yes | No | | Exit Data Elements | Upon Occurrence | Yes | Report the individual's medical insurance coverage at exit. If the individual has more than one type of medical insurance, use a semicolon between each type. A limit of three types of insurance may be provided | 0 = Applicant does not have medical insurance coverage 1 = Applicant has Medicaid 2 = Applicant has Medicare 3 = Applicant is receiving benefits through the State or Federal Affordable Care Act Exchange at the time of application 4 = Applicant has public insurance outside of Medicare, Medicaid, or the Affordable Care Act exchange 5 = Applicant has private insurance through employer 6 = Applicant is not eligible for private insurance through a current employer, but will be eligible for private insurance after a certain period of employment 7 = Applicant has private insurance through other means |
| 376 | Date Enrolled in Post-Exit Education or Training Program Leading to a Recognized Postsecondary Credential | DATE | No | Modified reporting instructions | 1406 | Post-Exit Data Elements | Upon Occurrence | No | Credential Attainment Special Rule: This DE only applies to participants who exited secondary education and obtained a secondary school diploma or its equivalent. Report the date the participant enrolled in an education or training program leading to a recognized postsecondary credential within one year following exit from the VR program. Leave blank if this data element does not apply to individual. | YYYYMMDD |
| 377 | Date of Attainment of Post-Exit Recognized Credential | DATE | No | Modified reporting instructions | | Post-Exit Data Elements | Upon Occurrence | No | Report the date the participant attained a recognized postsecondary credential within one year after exit from the VR program. The date must be verifiable through supporting documentation. Leave blank if this data element does not apply to individual. | YYYYMMDD |
| 378 | Type of Recognized Secondary or Postsecondary Credential Attained Post-Exit | INT 1 | No | Modified DE name, code values and reporting instructions | | Post-Exit Data Elements | Upon Occurrence | No | Report the type of recognized secondary or postsecondary credential the participant attained within one year after exit from the VR program. This must be verifiable through supporting documentation. Leave blank if this data element does not apply to individual. | 1 = Secondary Diploma or Equivalency 2 = Associates Degree 3 = Bachelors Degree 4 = Graduate/Post Graduate Degree 5 = Occupational Licensure 6 = Occupational Certificate 7 = Occupational Certification 8 = Other |
| 379 | Employment - First Quarter After Exit Quarter | INT 1 | No | Modified reporting instructions | 1600 | Post-Exit Data Elements | Upon Occurrence | Yes | Credential Attainment Special Rule: This DE only applies to participants who exited secondary education and obtained a secondary school diploma or its equivalent. Employment must be verifiable through supporting documentation. | 4 = Individual is employed in the first quarter after exit quarter 9 = Individual has exited but employment information is not yet available 0 = Individual is not employed in the first quarter after exit quarter |
| 383 | Employment - Second Quarter After Exit Quarter | INT 1 | No | Modified reporting instructions | 1602 | Post-Exit Data Elements | Upon Occurrence | Yes | Employment must be verifiable through supporting documentation. Employment status in the Second Quarter After Exit Quarter must be reported no later than the Fourth Quarter After Exit Quarter; code value 9 or NULL are not permitted for this DE by the time the Fourth Quarter After Exit Quarter is reported. | 4 = Individual is employed in the second quarter after exit quarter 9 = Individual has exited but employment information is not yet available 0 = Individual is not employed in the second quarter after exit quarter |
| 385 | Quarterly Wages - Second Quarter After Exit Quarter | DECIMAL 8, 2 | No | Modified reporting instructions | 1704 | Post-Exit Data Elements | Upon Occurrence | Yes | Record the total quarterly wages, including cents, earned during the second quarter after exit quarter. These earnings are before payroll deductions of Federal, State and local income taxes and Social Security payroll tax. Wages must be verifiable through supporting documentation. Quarterly wages earned during the Second Quarter After Exit Quarter must be reported no later than the Fourth Quarter After Exit Quarter. | XXXXXX.XX |
| 386 | Employment - Third Quarter After Exit Quarter | INT 1 | No | Modified reporting instructions | 1604 | Post-Exit Data Elements | Upon Occurrence | Yes | Credential Attainment Special Rule: This DE only applies to participants who exited secondary education and obtained a secondary school diploma or its equivalent. Employment must be verifiable through supporting documentation. | 4 = Individual is employed in the third quarter after exit quarter 9 = Individual has exited but employment information is not yet available 0 = Individual is not employed in the third quarter after exit quarter |
| 389 | Employment - Fourth Quarter After Exit Quarter | INT 1 | No | Modified reporting instructions | 1606 | Post-Exit Data Elements | Upon Occurrence | Yes | Employment must be verifiable through supporting documentation. Employment status in the Fourth Quarter After Exit Quarter must be reported by the Sixth Quarter After Exit Quarter; code value 9 or NULL are not permitted for this DE by the time the Sixth Quarter After Exit Quarter is reported. | 4 = Individual is employed in the fourth quarter after exit quarter 9 = Individual has exited but employment information is not yet available 0 = Individual is not employed in the fourth quarter after exit quarter |

| Data Element (DE) Number | Data Element (DE) Name | Data Type | Multiple Values Allowed | Change | PIRL Element | Report at | Report | Correctable (Y/N) | Definitions or Reporting Instructions | Code Values |
|--------------------------|--|-----------|-------------------------|---------------------------------|--------------|-------------------------|-----------------|-------------------|---|---|
| 392 | Retention with the Same Employer in the Second Quarter and Fourth Quarter After Exit | INT 1 | No | Modified reporting instructions | 1618 | Post-Exit Data Elements | Upon Occurrence | No | This DE is used for the Effectiveness in Serving Employers measure. This DE must be reported by the Sixth Quarter After Exit Quarter for all participants who have exited and have Unemployment Insurance wage records or other documentation of supplemental verification. | 1 = Individual's employer in the second quarter after exit matches the employer in the fourth quarter after exit. 0 = Individual is not employed in the second or fourth quarters after exit, or the employer in the second quarter after exit does not match the employer in the fourth quarter after exit. |

Appendix 1: State Abbreviations and Agency Codes

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

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

Appendix

| Code |
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◀ 3: Type of Disability

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

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

Appendix

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2: Source of Referral

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

Appendix 4: Source of Disability

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

Appendix

| Code |
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◀ 5: Classification Options for Comparable Services and Benefits Providers

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

Appendix

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Appendix 6: Reason for Exit

Reason for Exit

Health/Medical: Individual is hospitalized or receiving medical treatment that is expected to last longer than 90 days and precludes participation in the program.

Death of the Individual

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

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

Criminal Offender: Individual entered a correctional institution (e.g., prison, jail, reformatory, work farm, detention center) or other facility for offenders (section 225 of WIOA).

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

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

Achieved Competitive Integrated Employment Outcome: Applicable only to Type of Exit code value 6 (Individual exited after achieving competitive integrated employment).

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

Extended Services Not Available: Individual has received VR services but requires long term extended services for which no long-term services are available to individuals who have received VR services.

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

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

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

Short Term Basis Period: The individual achieved supported employment in integrated employment, but did not earn a competitive wage for a continuous period of 90 days.

Ineligible: The individual applied for VR services pursuant to section 511 of the Rehabilitation Act and was determined ineligible for competitive integrated employment.

Ineligible: Following Trial Work Experience(s), the individual was determined ineligible because the individual was unable to be employed for a continuous period of 90 days.