

| OMB Control Number 1205-0521<br>Expiration Date: 06-30-2023 |                                                       |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                      |                                                       |               |             |                         |                                     |            |                                          |                                           |                                               |                                          |            |                                         |     |           |                                    |       |                |                      |   |   |   |   |   | ETA- 9172 |  |
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| DATA ELEMENT NO.                                            | DATA ELEMENT NAME                                     | DATA TYPE/<br>FIELD LENGTH | DATA ELEMENT DEFINITIONS/INSTRUCTIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | CODE VALUE                                                                                                                                                                                                                                                                                                                           | REQUIREMENTS BY PROGRAM OF PARTICIPATION <sup>1</sup> |               |             |                         |                                     |            |                                          |                                           |                                               |                                          |            |                                         |     |           |                                    |       |                |                      |   |   |   |   |   |           |  |
|                                                             |                                                       |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                      | Reportable Individual <sup>2</sup>                    | Wagner-Peyser | WIOA Adults | WIOA Dislocated Workers | WIOA Youth Dislocated Worker Grants | (HWE)- TAA | National Entrepreneur Job Program (NEJP) | Indian and Native American Program (INAA) | Reentry Employment Opportunities (REO) (A-44) | Reentry Employment Opportunities (North) | YouthBuild | Jobs for Veterans - State Grants (VJSG) | H1B | Job Corps | Incumbent Worker (Adult/DW Funded) | SCSEP | Apprenticeship | Demonstration Grants |   |   |   |   |   |           |  |
| SECTION A - INDIVIDUAL INFORMATION                          |                                                       |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                      |                                                       |               |             |                         |                                     |            |                                          |                                           |                                               |                                          |            |                                         |     |           |                                    |       |                |                      |   |   |   |   |   |           |  |
| SECTION A.01 - IDENTIFYING DATA                             |                                                       |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                      |                                                       |               |             |                         |                                     |            |                                          |                                           |                                               |                                          |            |                                         |     |           |                                    |       |                |                      |   |   |   |   |   |           |  |
| N/A                                                         | OBS Number                                            | IN 9                       | Record a unique nine integer number for each record to support processing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 000000000<br>(No hyphens)                                                                                                                                                                                                                                                                                                            | R                                                     | R             | R           | R                       | R                                   | R          | R                                        | R                                         | R                                             | R                                        | R          | R                                       | R   | R         | R                                  | R     | R              | R                    | R | R | R | R | R |           |  |
| 100                                                         | Unique Individual Identifier (WIOA)                   | AN 12                      | Record the unique identification number assigned to the participant. At a minimum, this identifier for a person must be the same for each program entry and exit (i.e., "period of participation") that an participant has during a program year so that a unique count of participants may be calculated for the program year. NOTE: For Titles I, II, and III, unless specifically directed in program guidance, this field cannot contain a social security number.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | XXXXXXXXXXXX                                                                                                                                                                                                                                                                                                                         | R                                                     | R             | R           | R                       | R                                   | R          | R                                        | R                                         | R                                             | R                                        | R          | R                                       | R   | R         | R                                  | R     | R              | R                    | R | R | R | R | R |           |  |
| 101                                                         | State Code of Residence (WIOA)                        | AN 2                       | Record the 2-letter FIPS alpha code of the state of the primary domicile of the participant. For example, the State of Alabama would be represented as "AL." Primary domicile is that location established or claimed as the permanent residence or "home" of the participant.<br><br>If primary domicile is outside the United States, use the following numeric codes:<br>77 = All Other Countries<br>88 = Mexico<br>99 = Canada<br><br>For persons on active military duty, states should record the two-letter Air/Army Post Office (APO) or Fleet Post Office (FPO) as defined by the Military Postal Service Agency.<br>AE (ZIPs 09xx) for Armed Forces Europe which includes Canada, Middle East, and Africa<br>AP (ZIPs 96xx - 98xx) for Armed Forces Pacific<br>AA (ZIPs 340xx) for Armed Forces (Central and South) Americas                                                                                                                                                                                                                                                                                                                                               | XX                                                                                                                                                                                                                                                                                                                                   | R                                                     | R             | R           | R                       | R                                   | R          | R                                        | R                                         | R                                             | R                                        | R          | R                                       | R   | R         | R                                  | R     | R              | R                    | R | R | R | R | R |           |  |
| 102                                                         | County Code of Residence                              | IN 3                       | Record the 3-digit FIPS Code of the County of the primary domicile of the participant. Primary domicile is that location established or claimed as the permanent residence or "home" of the participant.<br><br>If primary domicile is outside the United States, use the following codes:<br>777 = All Other Countries<br>888 = Mexico<br>999 = Canada                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 000                                                                                                                                                                                                                                                                                                                                  | R                                                     | R             | R           | R                       | R                                   | R          | R                                        | R                                         | R                                             | R                                        | R          | R                                       | R   | R         | R                                  | R     | R              | R                    | R | R | R | R | R |           |  |
| 103                                                         | Zip Code of Residence                                 | IN 5                       | Record the 5-digit zip code of the primary domicile of the participant. Primary domicile is that location established or claimed as the permanent residence or "home" of the participant.<br><br>If primary domicile is outside the United States, use the following codes:<br>77777 = All Other Countries<br>88888 = Mexico<br>99999 = Canada<br><br>For persons on active military duty, states should record the zip code associated with the APO or FPO as defined by the Military Postal Service Agency.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 00000                                                                                                                                                                                                                                                                                                                                | R                                                     | R             | R           | R                       | R                                   | R          | R                                        | R                                         | R                                             | R                                        | R          | R                                       | R   | R         | R                                  | R     | R              | R                    | R | R | R | R | R |           |  |
| 104                                                         | Economic/Labor Market Area and Physical Location Code | IN 9                       | Record the code (maximum of 9-digits) of the economic/labor market area and physical location in which the participant received his/her first service with significant staff involvement and is financially assisted by the program. Grantees have the flexibility to use the first 5-digits of this field for identifying the economic region or labor market area in which the participant began receiving services with significant staff involvement. The next 4-digits of this field should be used to identify the physical location in which the participant began receiving services with significant staff involvement. Unless otherwise specified by ETA, codes contained within this field are determined by the grantee.<br><br>Record 999999999 to indicate "statewide/virtual office" if the participant only received remote or virtual self-service or informational activities.<br>Record 000000000 if not known.<br><br>A physical location means a designated One-Stop Career Center, an affiliated One-Stop partner site, or other specialized centers and sites designed to address special customer needs, such as a company work site for dislocated workers. | 000000000                                                                                                                                                                                                                                                                                                                            |                                                       |               |             |                         |                                     |            |                                          | R                                         |                                               |                                          |            |                                         |     |           |                                    |       |                |                      |   |   |   |   | R |           |  |
| 105                                                         | Special Project ID - 1                                | AN 7                       | Record the 7-digit alpha-numeric ID assigned by DOL for Special Projects or populations served under this program. Refer to ETA guidance for instructions on its use.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | XXXXXXXX                                                                                                                                                                                                                                                                                                                             |                                                       | R             | R           | R                       | R                                   | R          | R                                        |                                           |                                               | R                                        | R          | R                                       | R   | R         | R                                  | R     | R              | R                    | R | R | R | R | R |           |  |
| 106                                                         | Special Project ID - 2                                | AN 7                       | Record the 7-digit alpha-numeric ID assigned by DOL for Special Projects or populations served under this program. Refer to ETA guidance for instructions on its use. Use this second Project ID in the event that a participant falls under more than one Special Project category.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | XXXXXXXX                                                                                                                                                                                                                                                                                                                             |                                                       | R             | R           | R                       | R                                   | R          | R                                        |                                           |                                               | R                                        | R          | R                                       | R   | R         | R                                  | R     | R              | R                    | R | R | R | R | R |           |  |
| 107                                                         | Special Project ID - 3                                | AN 7                       | Record the 7-digit alpha-numeric ID assigned by DOL for Special Projects or populations served under this program. Refer to ETA guidance for instructions on its use. Use this third Project ID in the event that a participant falls under more than two Special Project categories.<br><br>NOTE: If Data Element 930 (Pay-for-Performance) = 1, Record Pay-for-Performance Provider ID in this field.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | XXXXXXXX                                                                                                                                                                                                                                                                                                                             |                                                       | R             | R           | R                       | R                                   | R          | R                                        |                                           |                                               | R                                        | R          | R                                       | R   | R         | R                                  | R     | R              | R                    | R | R | R | R | R |           |  |
| 108 - A                                                     | ETA-Assigned 1st Local Workforce Board Code           | IN 5                       | Record the 5-digit ETA assigned Local Board/Statewide code where the participant was determined eligible to participate in the program and received his/her first service financially assisted by the program. If the participant was served by the local area and also by other non-local funds (e.g., statewide funds or a Dislocated Worker Grant), record the code for the Local Board. If participant record is a liable state record, record 99999.<br><br>This is the primary ETA Assigned Local Workforce Board Code. It triggers inclusion in state reports as well as the identified Local Area reports.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 00000                                                                                                                                                                                                                                                                                                                                |                                                       | R             | R           | R                       | R                                   | R          | R                                        |                                           |                                               |                                          |            |                                         | R   |           |                                    | R     |                |                      |   |   |   |   |   |           |  |
| 108 - B                                                     | ETA-Assigned 2nd Local Workforce Board Code           | IN 5                       | Record the 5-digit ETA assigned Local Board where the participant was determined eligible to participate in the program and received his/her first service financially assisted by the program. If the participant was served by the local area and also by other non-local funds (e.g., statewide funds or a Dislocated Worker Grant), record the code for the Local Board. If participant record is a liable state record, record 99999.<br><br>This is the secondary ETA Assigned Local Workforce Board Code. It triggers inclusion in the reports for the identified Local Area only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 00000                                                                                                                                                                                                                                                                                                                                |                                                       | R             | R           | R                       | R                                   | R          | R                                        |                                           |                                               |                                          |            |                                         | R   |           |                                    | R     |                |                      |   |   |   |   |   |           |  |
| 108 - C                                                     | ETA-Assigned 3rd Local Workforce Board Code           | IN 5                       | Record the 5-digit ETA assigned Local Board where the participant was determined eligible to participate in the program and received his/her first service financially assisted by the program. If the participant was served by the local area and also by other non-local funds (e.g., statewide funds or a Dislocated Worker Grant), record the code for the Local Board. If participant record is a liable state record, record 99999.<br><br>This is the tertiary ETA Assigned Local Workforce Board Code. It triggers inclusion in the reports for the identified Local Area only.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 00000                                                                                                                                                                                                                                                                                                                                |                                                       | R             | R           | R                       | R                                   | R          | R                                        |                                           |                                               |                                          |            |                                         | R   |           |                                    | R     |                |                      |   |   |   |   |   |           |  |
| SECTION A.02 - EQUAL OPPORTUNITY INFORMATION                |                                                       |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                      |                                                       |               |             |                         |                                     |            |                                          |                                           |                                               |                                          |            |                                         |     |           |                                    |       |                |                      |   |   |   |   |   |           |  |
| 200                                                         | Date of Birth                                         | DT 8                       | Record the participant's date of birth.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | YYYYMMDD                                                                                                                                                                                                                                                                                                                             |                                                       | R             | R           | R                       | R                                   | R          | R                                        | R                                         | R                                             | R                                        | R          | R                                       | R   | R         | R                                  | R     | R              | R                    | R | R | R | R | R |           |  |
| 201                                                         | Sex                                                   | IN 1                       | Record 1 if the participant indicates that he is male.<br>Record 2 if the participant indicates that she is female.<br>Record 9 if the participant did not self-identify their sex.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 1 = Male<br>2 = Female<br>9 = Participant did not self-identify                                                                                                                                                                                                                                                                      |                                                       | R             | R           | R                       | R                                   | R          | R                                        | R                                         | R                                             | R                                        | R          | R                                       | R   | R         | R                                  | R     | R              | R                    | R | R | R | R | R |           |  |
| 202                                                         | Individual with a Disability (WIOA)                   | IN 1                       | Record 1 if the participant indicates that he/she has any "disability," as defined in Section 3(2)(a) of the Americans with Disabilities Act of 1990 (42 U.S.C. 12102). Under that definition, a "disability" is a physical or mental impairment that substantially limits one or more of the person's major life activities.<br>Record 0 if the participant indicates that he/she does not have a disability that meets the definition.<br>Record 9 if the participant did not self-identify.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 1 = Yes<br>0 = No<br>9 = Participant did not self-identify                                                                                                                                                                                                                                                                           |                                                       | R             | R           | R                       | R                                   | R          | R                                        | R                                         | R                                             | R                                        | R          | R                                       | R   | R         | R                                  | R     | R              | R                    | R | R | R | R | R |           |  |
| 203                                                         | Category Of Disability                                | IN 9                       | For those participants where Individual With A Disability (WIOA) = 1:<br>Record 1 if the impairment is primarily physical, due to a chronic health condition.<br>Record 2 if the impairment is primarily physical, including mobility.<br>Record 3 if, because of a mental illness, psychiatric disability, or emotional condition, the participant has serious difficulty concentrating, remembering, or making decisions.<br>Record 4 if the participant is blind or has serious difficulty seeing.<br>Record 5 if the participant is deaf or has serious difficulty hearing.<br>Record 6 if the participant has a learning disability.<br>Record 7 if the participant has a cognitive or intellectual disability.<br>Record 9 if the participant does not wish to disclose his/her category of disability.<br><br>Record 0 if the participant has no disability.<br>Record all that apply if the participant has more than one impairment.                                                                                                                                                                                                                                        | 1 = Physical/Chronic Health Condition<br>2 = Physical/Mobility Impairment<br>3 = Mental or Psychiatric Disability<br>4 = Vision-related disability<br>5 = Hearing-related disability<br>6 = Learning Disability<br>7 = Cognitive/Intellectual disability<br>8 = Participant did not disclose type of disability<br>9 = No disability |                                                       | R             | R           | R                       | R                                   | R          | R                                        | R                                         |                                               |                                          | R          | R                                       | R   | R         | R                                  | R     | R              |                      |   |   |   |   |   |           |  |
| 204                                                         | Individual With A Disability SDQA Services            | IN 1                       | For those participants where Individual With A Disability (WIOA) = 1:<br>Record 1 if the participant has received services funded by the State Developmental Disabilities Agency (SDQA).<br>Record 0 if the participant does not meet any of the conditions described above.<br>Leave blank if this data element does not apply to this participant.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 1 = SDQA<br>0 = No                                                                                                                                                                                                                                                                                                                   |                                                       | R             | R           | R                       | R                                   | R          | R                                        |                                           |                                               | R                                        | R          | R                                       | R   | R         | R                                  | R     | R              |                      |   |   |   |   |   |           |  |
| 205                                                         | Individual With A Disability LSMHA Services           | IN 1                       | For those participants where Individual With A Disability (WIOA) = 1: Record 1 if the participant has received services funded by a local or state mental health agency (LSMHA).<br>Record 0 if the participant does not meet any of the conditions described above.<br>Leave blank if this data element does not apply to this participant.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1 = LSMHA<br>0 = No                                                                                                                                                                                                                                                                                                                  |                                                       | R             | R           | R                       | R                                   | R          | R                                        |                                           |                                               | R                                        | R          | R                                       | R   | R         | R                                  | R     | R              |                      |   |   |   |   |   |           |  |
| 206                                                         | Individual With A Disability Medicaid HCBS Services   | IN 1                       | For those participants where Individual With A Disability (WIOA) = 1:<br>Record 1 if the participant has received services funded via a state Medicaid HCBS waiver.<br>Record 0 if the participant does not meet any of the conditions described above.<br>Leave blank if this data element does not apply to this participant.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 1 = HCBS waiver<br>0 = No                                                                                                                                                                                                                                                                                                            |                                                       | R             | R           | R                       | R                                   | R          | R                                        |                                           |                                               | R                                        | R          | R                                       | R   | R         | R                                  | R     | R              |                      |   |   |   |   |   |           |  |

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

| DATA ELEMENT NO.                       | DATA ELEMENT NAME                                                            | DATA TYPE/<br>FIELD LENGTH | DATA ELEMENT DEFINITIONS/INSTRUCTIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | CODE VALUE                                                                                                                                                                                                                                                                  | REQUIREMENTS BY PROGRAM OF PARTICIPATION <sup>1</sup> |               |             |                         |                                     |           |                                              |                                                  |                                                |                                                |            |                                       |     |           |                                    |       |                |                      |   |  |
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| 207                                    | Individual With A Disability Work Setting                                    | IN 1                       | For those participants where Individual With A Disability (WIOA) = 1:<br>Record 1 if the participant is working in competitive, integrated employment (CIE).<br>Record 2 if the participant was formerly employed in supported employment (e.g. use of job coach, with integrated placement at competitive wages).<br>Record 3 if the participant is working in group supported employment (i.e., work crews, enclaves, etc.).<br>Record 4 if the participant is working in a sheltered workshop (i.e., center- or facility-based employment).<br>Record 5 if the participant is working in two or more of the above listed settings.<br>Record 0 if the participant is not currently employed.<br><br>Leave blank if this data element does not apply to this participant.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 1 = Competitive Integrated Employment<br>2 = Individual Supported Employment<br>3 = Group Supported Employment<br>4 = Sheltered workshop<br>5 = Combination of two or more settings<br>0 = Not Employed                                                                     |                                                       | R             | R           |                         | R                                   | R         |                                              |                                                  |                                                |                                                |            | R                                     | R   |           | R                                  |       |                |                      | R |  |
| 208                                    | Individual With A Disability Type of Customized Employment Services Received | IN 1                       | For those participants where Individual With A Disability (WIOA) = 1:<br>If the participant received customized employment services (CES) to attain most recent employment or current employment.<br>Record 1 if the participant received discovery assessment services.<br>Record 2 if the participant developed a customized employment search plan.<br>Record 3 if the participant received employer negotiation services.<br>Record 4 if the participant received secure employment as a result of receiving customized employment services and received extended support services.<br>Record 0 if the participant does not meet the condition described above.<br><br>Leave blank if this data element does not apply to this participant.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 1 = Discovery assessment services<br>2 = Developed a customized employment search plan<br>3 = Employer negotiation services<br>4 = Secured employment as a result of receiving customized employment services and received extended support services<br>0 = No CES services |                                                       | R             | R           | R                       | R                                   | R         |                                              |                                                  |                                                |                                                |            | R                                     | R   |           | R                                  |       |                |                      | R |  |
| 209                                    | Individual With A Disability Financial Capability                            | IN 1                       | For those participants where Individual With A Disability (WIOA) = 1:<br>Record 1 if the participant has a receipt and has received benefit planning services.<br>Record 2 if participant has a receipt and has received financial capability/asset development services.<br>Record 3 if participant has a receipt and has received both benefit planning services and financial capability/asset development services.<br>Record 0 if the participant has not received the services described above.<br><br>Leave blank if this data element does not apply to this participant.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 1 = Benefit planning services<br>2 = Financial capability/asset development services<br>3 = Benefit planning services and financial capability/asset development services<br>0 = No                                                                                         |                                                       | R             | R           | R                       | R                                   | R         |                                              |                                                  |                                                |                                                |            | R                                     | R   |           | R                                  |       |                |                      | R |  |
| 210                                    | Ethnicity: Hispanic / Latino<br><br>(WIOA)                                   | IN 1                       | Record 1 if the participant indicates that he/she is a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture in origin, regardless of race.<br>Record 0 if the participant indicates that he/she does not meet any of these conditions.<br>Record 9 if the participant did not self-identify his/her ethnicity.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 1 = Yes<br>0 = No<br>9 = Participant did not self-identify                                                                                                                                                                                                                  | R                                                     | R             | R           | R                       | R                                   | R         | R                                            |                                                  |                                                |                                                |            | R                                     | R   |           | R                                  |       | R              | R                    | R |  |
| 211                                    | American Indian / Alaska Native<br><br>(WIOA)                                | IN 1                       | Record 1 if the participant indicates that he/she is a member of an Indian tribe, band, nation, or other organized group or community, including any Alaska Native village or regional or village corporation as defined in or established pursuant to the Alaska Native Claims Settlement Act (BS Stat. 688) [43 U.S.C. 1601 et seq.], which is recognized as eligible for the special programs and services provided by the United States to Indians because of their status as Indians.<br>Record 0 if the participant indicates that he/she does not meet any of these conditions.<br>Record 9 if the participant did not self-identify his/her race.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1 = Yes<br><br>0 = No<br>9 = Participant did not self-identify                                                                                                                                                                                                              | R                                                     | R             | R           | R                       | R                                   | R         | R                                            |                                                  |                                                |                                                |            | R                                     | R   |           | R                                  |       | R              | R                    | R |  |
| 212                                    | Asian<br><br>(WIOA)                                                          | IN 1                       | Record 1 if the participant indicates that he/she is a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent (e.g., India, Pakistan, Bangladesh, Sri Lanka, Nepal, Sikkim, and Bhutan). This area includes, for example, Cambodia, China, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.<br>Record 0 if the participant indicates that he/she does not meet any of these conditions.<br>Record 9 if the participant did not self-identify his/her race.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 1 = Yes<br><br>0 = No<br>9 = Participant did not self-identify                                                                                                                                                                                                              | R                                                     | R             | R           | R                       | R                                   | R         | R                                            |                                                  |                                                |                                                |            | R                                     | R   |           | R                                  |       | R              | R                    | R |  |
| 213                                    | Black / African American                                                     | IN 1                       | Record 1 if the participant indicates that he/she is a person having origins in any of the black racial groups of Africa.<br>Record 0 if the participant indicates that he/she does not meet any of these conditions.<br>Record 9 if the participant did not self-identify his/her race.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 1 = Yes<br><br>0 = No<br>9 = Participant did not self-identify                                                                                                                                                                                                              | R                                                     | R             | R           | R                       | R                                   | R         | R                                            |                                                  |                                                |                                                |            | R                                     | R   |           | R                                  |       | R              | R                    | R |  |
| 214                                    | Native Hawaiian / Other Pacific Islander<br><br>(WIOA)                       | IN 1                       | Record 1 if the participant indicates that he/she is a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.<br>Record 0 if the participant indicates that he/she does not meet any of these conditions.<br>Record 9 if the participant did not self-identify his/her race.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 1 = Yes<br><br>0 = No<br>9 = Participant did not self-identify                                                                                                                                                                                                              | R                                                     | R             | R           | R                       | R                                   | R         | R                                            |                                                  |                                                |                                                |            | R                                     | R   |           | R                                  |       | R              | R                    | R |  |
| 215                                    | White<br><br>(WIOA)                                                          | IN 1                       | Record 1 if the participant indicates that he/she is a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.<br>Record 0 if the participant indicates that he/she does not meet any of these conditions.<br>Record 9 if the participant did not self-identify his/her race.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 1 = Yes<br><br>0 = No<br>9 = Participant did not self-identify                                                                                                                                                                                                              | R                                                     | R             | R           | R                       | R                                   | R         | R                                            |                                                  |                                                |                                                |            | R                                     | R   |           | R                                  |       | R              | R                    | R |  |
| SECTION A.03 - VETERAN CHARACTERISTICS |                                                                              |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                             |                                                       |               |             |                         |                                     |           |                                              |                                                  |                                                |                                                |            |                                       |     |           |                                    |       |                |                      |   |  |
| 300                                    | Veteran Status                                                               | IN 1                       | Record 1 if the participant is a person who served on active duty in the armed forces and who was discharged or released from such service under conditions other than dishonorable.<br>Record 0 if the participant does not meet the condition described above.<br>Record 9 if participant does not disclose veteran status.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1 = Yes<br>2 = Yes, Eligible Veteran<br>3 = Yes, Other Eligible Person<br>0 = No<br>9 = Status not known                                                                                                                                                                    | R                                                     | R             | R           | R                       | R                                   | R         | R                                            | R                                                | R                                              | R                                              | R          | R                                     | R   | R         |                                    | R     |                |                      | R |  |
| 301                                    | Eligible Veteran Status                                                      | IN 1                       | Record 1 if the participant is a person who served in the active U.S. military, naval, or air service for a period of less than or equal to 180 days, and who was discharged or released from such service under conditions other than dishonorable.<br>Record 2 if the participant served on active duty for a period of more than 180 days and was discharged or released with other than a dishonorable discharge; or was discharged or released because of a service connected disability; or as a member of a reserve component under an order to active duty pursuant to section 1671(a), (d), or (g), 473 (a) of Title 10, U.S.C., served on active duty during a period of war or in a campaign or expedition for which a campaign badge is authorized and was discharged or released from such duty with other than a dishonorable discharge.<br>Record 3 if the participant is: (a) the spouse of any person who died on active duty or of a service connected disability, (b) the spouse of any member of the Armed Forces serving on active duty who at the time of application for assistance under this part, is listed, pursuant to 38 U.S.C. 101 and the regulations issued there under, by the Secretary concerned, in one or more of the following categories and has been so listed for more than 90 days: (i) missing in action; (ii) captured in the line of duty by a hostile force; or (iii) forcibly detained or interned in the line of duty by a foreign government or power; or (c) the spouse of any person who has a total disability permanent in nature resulting from a service connected disability or the spouse of a veteran who died while a disability so evaluated was in existence.<br>Record 0 if the participant does not meet any one of the conditions described above.<br>Leave "blank" if the data is not available. | 1 = Yes <=180 days<br>2 = Yes, Eligible Veteran<br>3 = Yes, Other Eligible Person<br>0 = No                                                                                                                                                                                 | R                                                     | R             | R           | R                       | R                                   | R         | R                                            | R                                                | R                                              | R                                              | R          | R                                     | R   | R         |                                    | R     |                |                      | R |  |
| 302                                    | Campaign Veteran                                                             | IN 1                       | Record 1 if the participant is an eligible veteran (i.e., coding value 1 in Element #301) who served on active duty in the U.S. armed forces during a war or in a campaign or expedition for which a campaign badge or expeditionary medal has been authorized as identified and listed by the Office of Personnel Management (OPM). A current listing of the campaigns can be found at OPM's website <a href="http://www.opm.gov/policy-data-oversight/veterans-services/vet-guide">http://www.opm.gov/policy-data-oversight/veterans-services/vet-guide</a> .<br>Record 0 if the participant does not meet the condition described above.<br>Leave blank if data element does not apply to the participant.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1 = Yes<br>0 = No                                                                                                                                                                                                                                                           |                                                       | R             |             |                         |                                     |           | R                                            |                                                  |                                                |                                                |            |                                       | R   |           |                                    |       |                |                      | R |  |
| 303                                    | Disabled Veteran                                                             | IN 1                       | Record 1 if the participant is a veteran who served on active duty in the U.S. armed forces and who is entitled to compensation regardless of rating (including those rated at 0%); or who but for the receipt of military retirement pay would be entitled to compensation, under laws administered by the Department of Veterans Affairs (DVA); or was discharged or released from active duty because of a service-connected disability.<br>Record 2 if the participant is a veteran who served on active duty in the U.S. armed forces and who is entitled to compensation (or who, but for the receipt of military retirement pay would be entitled to compensation) under laws administered by the DVA for a disability, (i) rated at 30 percent or more or, (ii) rated at 10 or 20 percent in the case of a veteran who has been determined by DVA to have a serious employment handicap.<br>Record 0 if the participant does not meet any one of the conditions described above.<br>Leave blank if data element does not apply to the participant.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1 = Yes<br>2 = Yes, special disabled<br>0 = No                                                                                                                                                                                                                              | R                                                     | R             | R           | R                       | R                                   | R         | R                                            |                                                  |                                                |                                                |            | R                                     |     |           |                                    |       |                |                      | R |  |
| 304                                    | Date of Actual Military Separation                                           | DT 8                       | Record the date on which the participant separated from active duty with the U.S. armed forces.<br>Leave blank if data element does not apply to the participant.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | YYYYMMDD                                                                                                                                                                                                                                                                    |                                                       | R             | R           | R                       | R                                   | R         | R                                            |                                                  |                                                |                                                |            | R                                     |     |           |                                    |       |                |                      | R |  |
| 305                                    | Transitioning Service Member                                                 | IN 1                       | Record 1 if the participant is a person who is on active military duty status (including separation leave) with the U.S. armed forces and within 24 months of retirement or 12 months of separation from the armed forces.<br>Record 0 if the participant does not meet the condition described above.<br>Leave blank if data element does not apply to the participant.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 1 = Yes<br>0 = No                                                                                                                                                                                                                                                           |                                                       | R             | R           | R                       | R                                   | R         | R                                            |                                                  |                                                |                                                |            | R                                     |     |           |                                    |       |                |                      | R |  |
| 306                                    | Covered Person Entry Date                                                    | DT 8                       | Record the date on which the Covered Person first made contact with the workforce system, either at a physical location or through an electronic resource.<br>Leave blank if this data element does not apply to the participant.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | YYYYMMDD                                                                                                                                                                                                                                                                    |                                                       | R             | R           | R                       | R                                   | R         | R                                            |                                                  |                                                |                                                |            | R                                     |     |           |                                    |       |                |                      | R |  |
| 307                                    | TAP Workshop in 3 Prior Years                                                | IN 1                       | Record 1 if the Veteran or TSM attended a TAP Workshop in 3 year period prior to Date of Participation.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 1 = Yes<br>0 = No                                                                                                                                                                                                                                                           |                                                       | R             |             |                         |                                     |           |                                              |                                                  |                                                |                                                |            | R                                     |     |           |                                    |       |                |                      | R |  |

| DATA ELEMENT NO. | DATA ELEMENT NAME                                               | DATA TYPE/ FIELD LENGTH | DATA ELEMENT DEFINITIONS/INSTRUCTIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | CODE VALUE                                                                                                                                                                                                                                                                                                                         | REQUIREMENTS BY PROGRAM OF PARTICIPATION <sup>1</sup> |               |             |                         |                                     |           |                                    |                                              |                                                |                                                |            |                                       |     |           |                                    |       |
|------------------|-----------------------------------------------------------------|-------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|---------------|-------------|-------------------------|-------------------------------------|-----------|------------------------------------|----------------------------------------------|------------------------------------------------|------------------------------------------------|------------|---------------------------------------|-----|-----------|------------------------------------|-------|
|                  |                                                                 |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                    | Reportable Individual <sup>2</sup>                    | Wagner-Peyser | WIOA Adults | WIOA Dislocated Workers | WIOA Youth Dislocated Worker Grants | (HWS)-TAA | Native American Job Program (NAJP) | Indian Health Service American Program (IHS) | Reentry Employment Opportunities (REO) (Adult) | Reentry Employment Opportunities (REO) (Youth) | YouthBuild | Jobs for Veterans' State Grants (JVS) | HIB | Job Corps | Incumbent Worker (Adult/OW funded) | SCSEP |
| 308              | Homeless Veteran                                                | IN 1                    | A participant who served in the active military, naval, or air service, and who was discharged or released from such service under conditions other than dishonorable, and who lacks a fixed, regular, and adequate night time residence. This definition includes any participant who has a primary night time residence that is a publicly or privately operated shelter for temporary accommodation; an institution providing temporary residence for participants intended to be institutionalized; or a public or private place not designated for or ordinarily used as a regular sleeping accommodation for human beings. This definition does not include an participant imprisoned or detained under an Act of Congress or State law. An participant who may be sleeping in a temporary accommodation while away from home should not, as a result of that alone, be recorded as homeless.<br><br>Record 1 if the participant meets the conditions described above.<br>Record 0 if the participant does not meet the conditions described above.<br>Leave blank if this data element does not apply to the participant. | 1 = Yes<br>0 = No                                                                                                                                                                                                                                                                                                                  |                                                       | H             | H           | H                       | H                                   | H         |                                    |                                              |                                                |                                                |            | H                                     |     | H         |                                    |       |
| 309              | Homeless Veterans' Reintegration Program Participant            | IN 1                    | Record 1 if the participant is a veteran who is enrolled in the Homeless Veterans' Reintegration Program (HVRP), Incarcerated Veterans Transition Program (IVTP), or Homeless Female Veterans and Veterans with Families (HFVWF) Reintegration Program in their area. Record 0 if the participant does not meet the condition described above.<br>Leave blank if data element does not apply to the participant.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 1 = Yes<br>0 = No                                                                                                                                                                                                                                                                                                                  |                                                       | R             | R           | R                       | R                                   |           |                                    |                                              | R                                              | R                                              |            | R                                     |     |           |                                    | R     |
| 310              | Homeless Veterans' Reintegration Program Grantee                | IN 5                    | Record the first five numbers of the DOL Grant number for the corresponding program in PIRL 309. (Should be provided by the local grantee/service provider making the referral.)<br>Leave blank if data element does not apply to the participant.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | X0000                                                                                                                                                                                                                                                                                                                              |                                                       | R             | R           | R                       | R                                   |           |                                    |                                              | R                                              | R                                              |            | R                                     |     |           |                                    | R     |
| 311              | Homeless Veterans' Reintegration Program Grantee #2             | IN 5                    | If the participant is receiving services from a second HVRP grantee, record the first five numbers of the DOL Grant number. (Should be provided by the local HVRP grantee/service provider making the referral.)<br>Leave blank if data element does not apply to the participant.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | X0000                                                                                                                                                                                                                                                                                                                              |                                                       | R             |             |                         |                                     |           |                                    |                                              |                                                |                                                |            | R                                     |     |           |                                    | R     |
| 312              | Reason the participant is being served by a second HVRP grantee | IN 2                    | Record 1 if the participant stated the grantee is no longer a DOL grantee.<br>Record 2 if the participant stated the services provided were not capable to her or his needs.<br>Record 3 if the participant left the service area of grantee #1.<br>Record 4 if the participant lost touch with the HVRP counselor #1 and recruited by HVRP grantee #2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 01= If the participant stated the grantee is no longer a DOL grantee.<br>02= If the participant stated the services provided were not capable to her or his needs.<br>03= If the participant left the service area of grantee #1.<br>04= If the participant lost touch with the HVRP counselor #1 and recruited by HVRP grantee #2 |                                                       | R             |             |                         |                                     |           |                                    |                                              |                                                |                                                |            | R                                     |     |           |                                    | R     |
| 313              | Homeless Veterans' Reintegration Program Grantee #3             | IN 5                    | If the participant is receiving services from a third HVRP grantee, Record the first five numbers of the DOL Grant number. (Should be provided by the local HVRP grantee/service provider making the referral.)<br>Leave blank if data element does not apply to the participant.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | X0000                                                                                                                                                                                                                                                                                                                              |                                                       | R             |             |                         |                                     |           |                                    |                                              |                                                |                                                |            | R                                     |     |           |                                    | R     |
| 314              | Reason the participant is being served by a third HVRP grantee  | IN 2                    | Record 1 if the participant stated the grantee is no longer a DOL grantee.<br>Record 2 if the participant stated the services provided were not capable to his needs.<br>Record 3 if the participant left the service area of grantee #2.<br>Record 4 if the participant lost touch with the HVRP counselor #2 and recruited by HVRP grantee #3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 01= If the participant stated the grantee is no longer a DOL grantee.<br>02= If the participant stated the services provided were not capable to his needs.<br>03= If the participant left the service area of grantee #2.<br>04= If the participant lost touch with the HVRP counselor #2 and recruited by HVRP grantee #3        |                                                       | R             |             |                         |                                     |           |                                    |                                              |                                                |                                                |            | R                                     |     |           |                                    | R     |
| 315              | Other Significant Barrier to Employment                         | IN 1                    | Record 1 if the veteran or eligible person has a significant barrier to employment not captured elsewhere.<br>Record 0 if there is no other significant barrier to employment.<br><br>NOTE: The rationale for this data element is that certain significant barriers to employment are captured in other data elements. For instance, "special disabled" or "disabled veteran" is captured in #303, "homeless veterans" is captured in #308, "recently separated" is captured in #304, "ex-offender" is captured in #801, "no secondary school diploma..." is captured in #408, and "low income" is captured in #802.<br><br>Leave blank if this data element does not apply to the participant                                                                                                                                                                                                                                                                                                                                                                                                                                  | 1 = Yes, Other<br>0 = No                                                                                                                                                                                                                                                                                                           |                                                       | R             |             |                         |                                     |           |                                    | R                                            |                                                |                                                |            | R                                     |     | R         |                                    | R     |

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

| DATA ELEMENT NO.                                    | DATA ELEMENT NAME                                                                 | DATA TYPE/<br>FIELD LENGTH | DATA ELEMENT DEFINITIONS/INSTRUCTIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | CODE VALUE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | REQUIREMENTS BY PROGRAM OF PARTICIPATION <sup>1</sup> |               |             |                         |                                     |           |                                             |                                            |                                                |                                                |            |                                       |     |           |                                    |       |                |                      |   |
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|                                                     |                                                                                   |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Reportable Individual <sup>2</sup>                    | Wagner-Peyser | WIOA Adults | WIOA Dislocated Workers | WIOA Youth Dislocated Worker Grants | (HHS)-TIA | Native American Job Training Program (NIJP) | Indian Homebased Enterprise Program (IHEP) | Reentry Employment Demonstration (RED) (Adult) | Reentry Employment Demonstration (RED) (Youth) | YouthBuild | Jobs for Veterans' State Grants (JVS) | HUB | Job Corps | Incumbent Worker (Adult/DW funded) | SCSEP | Apprenticeship | Domestication Grants |   |
| 316                                                 | Active Duty Military Spouse                                                       | IN 1                       | Record 1 if the participant is the spouse of a member of the Armed Forces on active duty (as defined in section 101(d)(1) of title 10, United States Code).<br>Record 0 if the participant does not meet any one of the conditions described above.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 1 = Yes<br>0 = No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                       | R             | R           | R                       | R                                   | R         | R                                           |                                            |                                                |                                                |            |                                       | R   |           |                                    |       |                |                      | R |
| SECTION A.04 - EMPLOYMENT AND EDUCATION INFORMATION |                                                                                   |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                       |               |             |                         |                                     |           |                                             |                                            |                                                |                                                |            |                                       |     |           |                                    |       |                |                      |   |
| 400                                                 | Employment Status at Program Entry (WIOA)                                         | IN 1                       | Record 1 if the participant, at program entry, (a) is currently performing any work at all as a paid employee, (b) is currently performing any work at all in his or her own business, profession, or farm, (c) is currently performing any work as an unpaid worker in an enterprise operated by a member of the family, or (d) is one who is not working, but currently has a job or business from which he or she is temporarily absent because of illness, bad weather, vacation, labor-management dispute, or personal reasons, whether or not paid by the employer for time-off, and whether or not seeking another job.<br>Record 2 if the participant, at program entry, is a person who, although employed, either (a) has received a notice of termination of employment or the employer has issued a Worker Adjustment and Retraining Notification (WARN) or other notice that the facility or enterprise will close, or (b) is a transitioning service member (i.e., within 12 months of separation or 24 months of retirement).<br>Record 3 if the participant, at program entry, is not in the labor force (i.e., those who are not employed and are not actively looking for work, including those who are incarcerated).<br>Record 0 if the participant, at program entry, is not employed but is seeking employment, makes specific effort to find a job, and is available for work.                                                                                                                                                                                                                                                                                                                                                                                                                    | 1 = Employed<br>2 = Employed, but Received Notice of Termination of Employment or Military Separation is pending<br>3 = Not in labor force<br>0 = Unemployed                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                       | R             | R           | R                       | R                                   | R         | R                                           | R                                          | R                                              | R                                              | R          | R                                     | R   | R         |                                    |       | R              | R                    | R |
| 401                                                 | UC Eligible Status                                                                | IN 1                       | Record 1 if the participant is a person who (a) filed a claim and has been determined eligible for benefit payments under one or more State or Federal Unemployment Compensation (UC) programs and whose benefit year or compensation, by reason of an extended duration period, has not ended and who has not exhausted his/her benefit rights, and (b) <del>was referred to service through the state's Worker Profiling and Reemployment Services (WPRS) system.</del> <u>received state-assisted services provided by the Reemployment Services and Eligibility Assessment (RESEA) program.</u><br>Record 2 if the participant is a person who (a) filed a claim and has been determined eligible for benefit payments under one or more State or Federal Unemployment Compensation (UC) programs and whose benefit year or compensation, by reason of an extended duration period, has not ended and who has not exhausted his/her benefit rights, and (b) was referred to service through the state's Worker Profiling and Reemployment Services (WPRS) system.<br>Record 3 if the participant is a person who meets condition 2 (a) described above, but was not referred to service through the state's WPRS system or <u>did not receive a the RESEA provided state-assisted service.</u><br>Record 4 if the participant meets condition 2(a), but has exhausted all UC benefit rights for which he/she has been determined eligible, including extended supplemental benefit rights.<br>Record 5 if the participant is claimant who is exempt from normal work search requirements according state law, and does not have to perform work search activities.<br>Record 0 if the participant was neither a UC claimant nor an Exhaustee.<br>Leave blank if this data element does not apply to the participant. | 1 = Claimant Referred by RESEA<br>2 = Claimant Referred by WPRS<br>3 = Claimant Not Referred by RESEA or WPRS<br>4 = Exhaustee<br>5 = Claimant is Exempt<br>6 = Neither Claimant nor Exhaustee                                                                                                                                                                                                                                                                                                                                                                                    |                                                       | R             | R           | R                       | R                                   | R         | R                                           | R                                          | R                                              | R                                              | R          | R                                     | R   |           |                                    | R     |                | R                    | R |
| 402                                                 | Long-Term Unemployed at Program Entry (WIOA)                                      | IN 1                       | Record 1 if the participant, at program entry, has been unemployed for 27 or more consecutive weeks.<br>Record 0 if the participant does not meet the condition described above.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1 = Yes, Unemployed ≥ 27 consecutive weeks<br>0 = No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                       | R             | R           | R                       | R                                   | R         |                                             |                                            |                                                |                                                |            |                                       | R   | R         |                                    |       |                | R                    | R |
| 403                                                 | Occupational Code of Most Recent Employment Prior to Participation (if available) | AN 8                       | Record the 8-digit occupational code that best describes the participant's employment using the O*net Version 4.0 (or later version) classification system. This information is based on the most recent job held before participating in the program.<br>Leave blank if occupational code is not available or not known, or the data element does not apply.<br><br>Additional Notes: This information must be based on the most recent job held prior to participating in the program and only applies to adults, and dislocated workers. If all 8 digits of the occupational skills code are not collected, record as many digits as are available. If the participant had multiple jobs, use the occupational skills code of the job where the participant earned the highest gross wage.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 00000000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                       | R             | R           | R                       |                                     | R         |                                             |                                            |                                                |                                                | R          | R                                     | R   |           |                                    | R     |                | R                    | R |
| 404                                                 | Industry Code of Employment 1st Quarter Prior to Participation                    | IN 6                       | Record the 4 to 6-digit industry code that best describes the participant's employment using the North American Industrial Classification System (NAICS). If the participant had multiple jobs, then the NAICS associated with the highest gross wage should be reported.<br>Enter 999999 if Wages 1st Quarter Prior to Participation Quarter exist and NAICS Code is not known.<br>Leave blank if this data element does not apply to the person.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | X00000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                       | R             | R           | R                       |                                     | R         |                                             |                                            |                                                |                                                |            |                                       | R   |           |                                    | R     |                |                      | R |
| 405                                                 | Industry Code of Employment 2nd Quarter Prior to Participation                    | IN 6                       | Record the 4 to 6-digit industry code that best describes the participant's employment using the North American Industrial Classification System (NAICS). If the participant had multiple jobs, then the NAICS associated with the highest gross wage should be reported.<br>Enter 999999 if Wages 2nd Quarter Prior to Participation Quarter exist and NAICS Code is not known.<br>Leave blank if this data element does not apply to the person.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | X00000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                       | R             | R           | R                       |                                     | R         |                                             |                                            |                                                |                                                |            |                                       | R   |           |                                    |       |                |                      | R |
| 406                                                 | Industry Code of Employment 3rd Quarter Prior to Participation                    | IN 6                       | Record the 4 to 6-digit industry code that best describes the participant's employment using the North American Industrial Classification System (NAICS). If the participant had multiple jobs, then the NAICS associated with the highest gross wage should be reported.<br>Enter 999999 if Wages 3rd Quarter Prior to Participation Quarter exist and NAICS Code is not known.<br>Leave blank if this data element does not apply to the person.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | X00000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                       | R             | R           | R                       |                                     | R         |                                             |                                            |                                                |                                                |            |                                       | R   |           |                                    |       |                |                      | R |
| 407                                                 | Highest School Grade Completed at Program Entry (WIOA)                            | IN 2                       | Use the appropriate code to record the highest school grade completed by the participant at program entry.<br>Record 1-12 for the number of school grades completed by the participant.<br>Record 0 if no school grades were completed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 1-12 = Number of school grades completed<br>0 = No school grades completed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                       | R             | R           | R                       | R                                   | R         | R                                           | R                                          | R                                              | R                                              | R          | R                                     | R   | R         |                                    |       | R              | R                    | R |
| 408                                                 | Highest Educational Level Completed at Program Entry (WIOA)                       | IN 1                       | Use the appropriate code to record the highest educational level completed by the participant at program entry.<br>Record 1 if the participant attained a secondary school diploma.<br>Record 2 if the participant attained a secondary school equivalency.<br>Record 3 if the participant has a disability and attained a certificate of attendance/completion as a result of successfully completing an Individualized Education Program (IEP).<br>Record 4 if the participant completed one or more years of postsecondary education.<br>Record 5 if the participant attained a postsecondary certification, license, or educational certificate (non-degree).<br>Record 6 if the participant attained an Associate's degree.<br>Record 7 if the participant attained a Bachelor's degree.<br>Record 8 if the participant attained a degree beyond a Bachelor's degree.<br><br>was completed.<br><br>Record 0 if no educational level was completed.<br><br>0 = No Educational Level Completed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1 = Attained secondary school diploma<br>2 = Attained a secondary school equivalency<br>3 = The participant with a disability receives a certificate of attendance/completion as a result of successfully completing an Individualized Education Program (IEP)<br>4 = Completed one or more years of postsecondary education<br>5 = Attained a postsecondary technical or vocational certificate (non-degree)<br>6 = Attained an Associate's degree<br>7 = Attained a Bachelor's degree<br>8 = Attained a degree beyond a Bachelor's degree<br>0 = No Educational Level Completed |                                                       | R             | R           | R                       | R                                   | R         | R                                           | R                                          | R                                              | R                                              | R          | R                                     | R   | R         |                                    |       | R              | R                    | R |
| 409                                                 | School Status at Program Entry (WIOA)                                             | IN 1                       | Record 1 if the participant, at program entry, has not received a secondary school diploma or its recognized equivalent and is attending any primary or secondary school (including elementary, intermediate, junior high school, whether full or part-time), or is between school terms and intends to return to school.<br>Record 2 if the participant, at program entry, has not received a secondary school diploma or its recognized equivalent and is attending an alternative high school or an alternative course of study approved by the local educational agency whether full or part-time, or is between school terms and is enrolled to return to school.<br>Record 3 if the participant, at program entry, has received a secondary school diploma or its recognized equivalent and is attending a postsecondary school or program (whether full or part-time), or is between school terms and is enrolled to return to school.<br>Record 4 if the participant, at program entry, is not within the age of compulsory school attendance; and is no longer attending any school and has not received a secondary school diploma or its recognized equivalent.<br>Record 5 if the participant, at program entry, is not attending any school and has either graduated from secondary school or has attained a secondary school equivalency.<br>Record 6 if the participant, at program entry, is within the age of compulsory school attendance, but is not attending school and has not received a secondary school diploma or its recognized equivalent.                                                                                                                                                                                                                                                   | 1 = In-school, secondary school or less<br>2 = In-school, Alternative School<br>3 = In-school, Postsecondary school<br>4 = Not attending school or Secondary school Dropout<br>5 = Not attending school; secondary school graduate or has a recognized equivalent<br>6 = Not attending school, within age of compulsory school attendance                                                                                                                                                                                                                                         |                                                       | R             | R           | R                       | R                                   | R         | R                                           | R                                          | R                                              | R                                              | R          | R                                     | R   |           |                                    | R     | R              | R                    | R |
| 410                                                 | Date of Actual Dislocation                                                        | DT 8                       | Record the participant's date of actual dislocation from employment. This date is the last day of employment at the dislocation job.<br>Leave blank if there is no dislocation job (e.g., displaced homemaker) or this data element does not apply to the participant.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | YYYYMMDD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                       | R             | R           | R                       |                                     | R         |                                             |                                            |                                                |                                                |            |                                       | R   |           |                                    |       |                |                      | R |
| 411                                                 | Most Recent Date of Qualifying Separation                                         | DT 8                       | Record the participant's most recent date of separation from trade-impacted employment that qualifies the participant to receive benefits and/or services under the Trade Act.<br>Leave blank if there is no qualifying separation date or the separation date is the same as the Date of Actual Dislocation or this data element does not apply to the participant.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | YYYYMMDD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                       |               |             |                         |                                     | R         |                                             |                                            |                                                |                                                |            |                                       |     |           |                                    |       |                |                      | R |
| 412                                                 | Tenure with Employer at Separation                                                | IN 3                       | Record the total number of months that the participant was employed with the employer of record as of the participant's most recent qualifying date of separation. Employment of at least one day but less than one month should be recorded as "1".<br>Leave blank if this data element does not apply to the participant.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                       |               |             |                         |                                     | R         |                                             |                                            |                                                |                                                |            |                                       | R   |           |                                    |       |                |                      | R |

| DATA ELEMENT NO.                                | DATA ELEMENT NAME                                                                                          | DATA TYPE/ FIELD LENGTH | DATA ELEMENT DEFINITIONS/INSTRUCTIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | CODE VALUE                                                                                                                                                     | REQUIREMENTS BY PROGRAM OF PARTICIPATION <sup>1</sup> |               |             |                         |                                     |           |                                               |                                                |                                                |            |                                       |     |           |                                    |       |                |                        |  |   |
|-------------------------------------------------|------------------------------------------------------------------------------------------------------------|-------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|---------------|-------------|-------------------------|-------------------------------------|-----------|-----------------------------------------------|------------------------------------------------|------------------------------------------------|------------|---------------------------------------|-----|-----------|------------------------------------|-------|----------------|------------------------|--|---|
|                                                 |                                                                                                            |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                | Reportable Individual <sup>2</sup>                    | Wagner-Peyser | WIOA Adults | WIOA Dislocated Workers | WIOA Youth Dislocated Worker Grants | (HHS) TAN | Reentry Employment Opportunities (REO) (NIPP) | Reentry Employment Opportunities (REO) (Adult) | Reentry Employment Opportunities (REO) (Youth) | YouthBuild | Jobs for Veterans' State Grants (JVG) | HIB | Job Corps | Incumbent Worker (Adult/DW Funded) | SCSEP | Apprenticeship | Democratization Grants |  |   |
| 413                                             | Migrant and Seasonal Farmworker Designation as defined at 20 CFR 651.10                                    | IN 1                    | Record 1 if the participant is a seasonal farmworker, meaning an individual who is employed, or was employed in the past 12 months, in farmwork (as described at 20 CFR 651.10) of a seasonal or other temporary nature and is not required to be absent overnight from his/her permanent place of residence. Non-migrant individuals who are full-time students are excluded. Labor is performed on a seasonal basis where, ordinarily, the employment pertains to, or is of the kind exclusively performed at certain seasons, or periods of the year and which, from its nature, may not be continuous or carried on throughout the year. A worker, who moves from one seasonal activity to another, while employed in farm work, is employed on a seasonal basis even though he/she may continue to be employed during a major portion of the year. A worker is employed on other temporary basis where he/she is employed for a limited time only or his/her performance is contemplated for a particular piece of work, usually of short duration. Generally, employment which is contemplated to continue indefinitely is not temporary.<br><br>Record 2 if the participant is a migrant farmworker, meaning a seasonal farmworker (as defined above) who travels to the job site so that the farmworker is not reasonably able to return to his/her permanent residence within the same day. Full-time students traveling in organized groups rather than with their families are excluded.<br><br>Record 0 if the participant does not meet the condition described above.<br><br>Leave blank if this data element does not apply to the individual. | 1 = Seasonal Farmworker<br>2 = Migrant<br>0 = No                                                                                                               |                                                       | R             |             |                         |                                     |           |                                               |                                                |                                                |            |                                       |     |           |                                    |       |                |                        |  | R |
| SECTION A.05 - PUBLIC ASSISTANCE INFORMATION    |                                                                                                            |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                |                                                       |               |             |                         |                                     |           |                                               |                                                |                                                |            |                                       |     |           |                                    |       |                |                        |  |   |
| 600                                             | Temporary Assistance to Needy Families (TANF)                                                              | IN 1                    | Record 1 if the participant is listed on the welfare grant or has received cash assistance or other support services from the TANF agency in the last six months prior to participation in the program.<br><br>Record 0 if the participant does not meet the condition described above.<br><br>Leave blank if this data element does not apply to the participant.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1 = Yes<br>0 = No                                                                                                                                              |                                                       | R             | R           | R                       | R                                   | R         | R                                             | R                                              | R                                              | R          | R                                     | R   |           | R                                  |       |                |                        |  | R |
| 601                                             | Exhausting TANF Within 2 Years<br><br>(Part A Title IV of the Social Security Act) at Program Entry (WIOA) | IN 1                    | Record 1 if the participant, at program entry, is within 2 years of exhausting lifetime eligibility under part A of Title IV of the Social Security Act (42 U.S.C. 601 et seq.), regardless of whether receiving these benefits at program entry.<br><br>Record 0 if the participant does not meet the condition described above.<br><br>Record 9 if the data element does not apply to the participant (i.e., the participant has never received TANF, or if the participant has already exhausted lifetime TANF eligibility).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1 = Yes<br>2 = No<br>9 = Not Applicable                                                                                                                        |                                                       | R             | R           | R                       | R                                   | R         |                                               |                                                | R                                              | R          | R                                     | R   |           |                                    |       |                |                        |  | R |
| 602                                             | Supplemental Security Income (SSI) / Social Security Disability Insurance (SSDI)                           | IN 1                    | Record 1 if the participant is receiving or has received SSI under Title XVI of the Social Security Act in the last six months prior to participation in the program.<br><br>Record 2 if the participant is receiving or has received SSDI benefit payments under Title XIX of the Social Security Act in the last six months prior to participation in the program.<br><br>Record 3 if the participant is receiving or has received both SSI and SSDI in the last six months prior to participation in the program.<br><br>Record 4 if the participant is receiving or has received SSI under Title XVI of the Social Security Act in the last six months prior to participation in the program and is a Ticket to Work Program Ticket Holder issued by the Social Security Administration.<br><br>Record 5 if the participant is receiving or has received SSDI benefit payments under Title XIX of the Social Security Act in the last six months prior to participation in the program and is a Ticket to Work Program Ticket Holder issued by the Social Security Administration.<br><br>Record 6 if the participant is receiving or has received both SSI and SSDI in the last six months prior to participation in the program and is a Ticket to Work Program Ticket Holder issued by the Social Security Administration.<br><br>Record 0 if the participant does not meet any of the conditions described above.                                                                                                                                                                                                                                     | 1 = SSI<br>2 = SSDI<br>3 = Both SSI and SSDI<br>4 = SSI and Ticket Holder<br>5 = SSDI and Ticket Holder<br>6 = Both SSI and SSDI and A Ticket Holder<br>0 = No |                                                       | R             | R           | R                       | R                                   |           |                                               | R                                              |                                                | R          | R                                     | R   | R         |                                    | R     |                |                        |  | R |
| 603                                             | Supplemental Nutrition Assistance Program (SNAP)                                                           | IN 1                    | Record 1 if the participant is receiving assistance through the Supplemental Nutrition Assistance Program (SNAP) under the Food and Nutrition Act of 2008 (7 USC 2011 et seq.)<br><br>Record 0 if the participant does not meet the above criteria.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 1 = Yes<br>0 = No                                                                                                                                              |                                                       | R             | R           | R                       | R                                   |           | R                                             | R                                              | R                                              | R          | R                                     | R   |           |                                    |       | R              |                        |  | R |
| 604                                             | Other Public Assistance Recipient                                                                          | IN 1                    | Record 1 if the participant is a person who is receiving or has received cash assistance or other support services from one of the following sources in the last six months prior to participation in the program: General Assistance (GA) (State/local government), or Refugee Cash Assistance (RCA). Do not include foster child payments.<br><br>Record 0 if the participant does not meet the above criteria.<br><br>Leave blank if this data element does not apply to the participant.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 1 = Yes<br>0 = No                                                                                                                                              |                                                       |               | R           | R                       | R                                   |           | R                                             | R                                              | R                                              | R          | R                                     | R   |           | R                                  |       |                |                        |  | R |
| SECTION A.06 - ADDITIONAL YOUTH CHARACTERISTICS |                                                                                                            |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                |                                                       |               |             |                         |                                     |           |                                               |                                                |                                                |            |                                       |     |           |                                    |       |                |                        |  |   |
| 701                                             | Pregnant or Parenting Youth                                                                                | IN 1                    | Record 1 if the participant is a youth who is pregnant, or an individual (male or female) who is providing custodial care for one or more dependents under age 18.<br><br>Record 0 if the participant does not meet the conditions described above.<br><br>Leave blank if the data is not available.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 1 = Yes<br>0 = No                                                                                                                                              |                                                       |               |             |                         | R                                   |           |                                               | R                                              |                                                | R          | R                                     |     |           |                                    |       |                |                        |  | R |
| 702                                             | Youth Who Needs Additional Assistance                                                                      | IN 1                    | Record 1 if the participant is an out-of-school youth who requires additional assistance to enter or complete an educational program, or to secure and hold employment or an in-school youth who requires additional assistance to complete an educational program or to secure or hold employment as defined by State or local policy. If the State Board defines a policy, the policy must be included in the State Plan.<br><br>Record 0 if the participant does not meet the conditions described above.<br><br>Leave blank if this data element does not apply to the participant.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 1 = Yes<br>0 = No                                                                                                                                              |                                                       |               |             |                         | R                                   |           | R                                             |                                                |                                                | R          | R                                     |     |           |                                    |       |                |                        |  | R |
| 704                                             | Foster Care Youth Status at Program Entry (WIOA)                                                           | IN 1                    | Record 1 if the participant, at program entry, is a person aged 24 or under who is currently in foster care or has aged out of the foster care system.<br><br>Record 0 if the participant does not meet the conditions described above.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 1 = Yes<br>0 = No                                                                                                                                              |                                                       | R             | R           | R                       | R                                   | R         |                                               | R                                              |                                                | R          | R                                     | R   |           | R                                  |       |                |                        |  | R |

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

| DATA ELEMENT NO.                                              | DATA ELEMENT NAME                                                                            | DATA TYPE/<br>FIELD LENGTH | DATA ELEMENT DEFINITIONS/INSTRUCTIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | CODE VALUE                                                                                                                                  | REQUIREMENTS BY PROGRAM OF PARTICIPATION <sup>1</sup> |               |             |                         |                                     |           |                                    |                                                  |                                                |                                          |            |                                       |     |           |                                    |       |                |                      |  |  |  |   |
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|                                                               |                                                                                              |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                             | Reportable Individual <sup>2</sup>                    | Wagner-Peyser | WIOA Adults | WIOA Dislocated Workers | WIOA Youth Dislocated Worker Grants | (HWS)-TAA | Native American Job Program (NAJP) | Indian Self-Determination American Program (ISA) | Reentry Employment Opportunities (REO) (Adult) | Reentry Employment Opportunities (Youth) | YouthBuild | Jobs for Veterans' State Grants (JVS) | HUB | Job Corps | Incumbent Worker (Adult/OW funded) | SCSEP | Apprenticeship | Domestication Grants |  |  |  |   |
| SECTION A.07 - ADDITIONAL REPORTABLE CHARACTERISTICS          |                                                                                              |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                             |                                                       |               |             |                         |                                     |           |                                    |                                                  |                                                |                                          |            |                                       |     |           |                                    |       |                |                      |  |  |  |   |
| 800                                                           | Homeless participant, Homeless Children and Youths, or Runaway Youth at Program Entry (WIOA) | IN 1                       | Record 1 if the participant, at program entry: (a) lacks a fixed, regular, and adequate nighttime residence; this includes a participant who (i) is sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; (ii) is living in a motel, hotel, trailer park, or campground due to a lack of alternative adequate accommodations; (iii) is living in an emergency or transitional shelter; (iv) is abandoned in a hospital; or (v) is awaiting foster care placement; (b) Has a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, such as a car, park, abandoned building, bus or train station, airport, or camping ground; (c) is a migratory child who in the preceding 36 months was required to move from one school district to another due to changes in the parent's or parent's spouse's seasonal employment in agriculture, dairy, or fishing work; or (d) is under 18 years of age and absents himself or herself from home or place of legal residence without the permission of his or her family (i.e., runaway youth).<br><br>This definition does not include a participant imprisoned or detained under an Act of Congress or State law. A participant who may be sleeping in a temporary accommodation while away from home should not, as a result of that alone, be recorded as homeless.<br>Record 0 if the participant does not meet the conditions described above.<br><br>Note: WIOA youth who meet the definition of homeless as defined in WIOA section 681.210(c)(5) and 681.220(i)(4) are reported in this data element. | 1 = Yes<br>0 = No                                                                                                                           | R                                                     | R             | R           | R                       | R                                   |           | R                                  | R                                                |                                                | R                                        |            | R                                     |     |           |                                    |       | R              |                      |  |  |  | R |
| 801                                                           | Ex-Offender Status at Program Entry (WIOA)                                                   | IN 1                       | Record 1 if the participant, at program entry, is a person who either (a) has been subject to a 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.<br>Record 0 if the participant does not meet any one of the conditions described above.<br><br>disclose. Record 9 if the participant did not disclose.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 1 = Yes<br>0 = No<br><br>9 = Did not disclose                                                                                               |                                                       | R             | R           | R                       | R                                   | R         |                                    | R                                                |                                                | R                                        |            | R                                     |     |           |                                    |       | R              |                      |  |  |  | R |
| 802                                                           | Low Income Status at Program Entry (WIOA)                                                    | IN 1                       | Record 1 if the participant, at program entry, is a person who: (a) Receives, or in the 6 months prior to application to the program has received, or is a member of a family that is receiving or in the past 6 months prior to application to the program has received: (i) Assistance through the supplemental nutrition assistance program (SNAP) under the Food and Nutrition Act of 2008 (7 USC 2011 et seq.); (ii) Assistance through the temporary assistance for needy families program under part A of Title IV of the Social Security Act (42 USC 601 et seq.); (iii) Assistance through the supplemental security income program under Title XVI of the Social Security Act (42 USC 1381); or (iv) State or local income-based public assistance; (b) is 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 an individual who receives, or is eligible to receive a free or reduced price lunch under the Richard B. Russell National School Lunch Act (42 USC 1751 et seq.); (d) is a foster child on behalf of whom State or local government payments are made; (e) is an participant with a disability whose own income is the poverty line but who is a member of a family whose income does not meet this requirement; (f) is a homeless participant or a homeless child or youth or runaway youth (see Data Element #800); or (g) is a youth living in a high-poverty area.<br>Record 0 if the participant does not meet the criteria presented above.                                                                                                                              | 1 = Yes<br>0 = No                                                                                                                           |                                                       | R             | R           | R                       | R                                   | R         |                                    | R                                                |                                                | R                                        |            | R                                     |     | R         |                                    | R     |                | R                    |  |  |  | R |
| 803                                                           | English Language Learner at Program Entry (WIOA)                                             | IN 1                       | Record 1 if the participant, at program entry, is a person who has limited ability in speaking, reading, writing or understanding the English language and also meets at least one of the following two conditions (a) his or her native language is a language other than English, or (b) he or she lives in a family or community environment where a language other than English is the dominant language.<br>Record 0 if the participant does not meet the conditions described above.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1 = Yes<br>0 = No                                                                                                                           |                                                       | R             | R           | R                       | R                                   | R         |                                    | R                                                |                                                | R                                        |            | R                                     |     | R         |                                    | R     |                |                      |  |  |  | R |
| 804                                                           | Basic Skills Deficient/Low Levels of Literacy at Program Entry                               | IN 1                       | Record 1 if the participant is, at program entry: (A) a youth, who has English reading, writing, or computing skills at or below the 8th grade level on a generally accepted standardized test; or (B) a youth or adult, who is unable to compute and solve problems, or read, write, or speak English at a level necessary to function on the job, in the participant's family, or in society.<br>Record 0 if the participant does not meet the conditions described above.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 1 = Yes<br>0 = No                                                                                                                           |                                                       | R             | R           | R                       | R                                   | R         |                                    | R                                                |                                                | R                                        |            | R                                     |     | R         |                                    |       |                | R                    |  |  |  | R |
| 805                                                           | Cultural Barriers at Program Entry<br><br>(WIOA)                                             | IN 1                       | Record 1 if the participant, at program entry, perceives him or herself as possessing attitudes, beliefs, customs or practices that influence a way of thinking, acting or working that may serve as a hindrance to employment.<br>Record 0 if the participant does not meet the conditions described above.<br><br>Record 9 if the participant did not self-identify.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1 = Yes<br>0 = No<br><br>9 = Participant did not self-identify                                                                              |                                                       | R             | R           | R                       | R                                   | R         |                                    | R                                                |                                                | R                                        |            | R                                     |     | R         |                                    |       | R              |                      |  |  |  | R |
| 806                                                           | Single Parent at Program Entry (WIOA)                                                        | IN 1                       | Record 1 if the participant, at program entry, is single, separated, divorced or a widowed individual who has primary responsibility for one or more dependent children under age 18 (including single pregnant women).<br>Record 0 if the participant does not meet the condition described above.<br><br>Record 9 if the participant did not self-identify.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1 = Yes<br>0 = No<br><br>9 = Participant did not self-identify                                                                              |                                                       | R             | R           | R                       | R                                   | R         |                                    | R                                                |                                                | R                                        |            | R                                     |     | R         |                                    |       |                |                      |  |  |  | R |
| 807                                                           | Displaced Homemaker at Program Entry (WIOA)                                                  | IN 1                       | Record 1 if the participant, at program entry, has been providing unpaid services to family members in the home and who (A)(i) has been dependent on the income of another family member but is no longer supported by that income; or (ii) is the dependent spouse of a member of the Armed Forces on active duty (as defined in section 101(i)(1)(I) of title 10, United States Code) and whose family income is significantly reduced because of a deployment (as defined in section 991(b) of title 10, United States Code, or pursuant to paragraph (4) of such section), a call or order to active duty pursuant to a provision of law referred to in section 101(a)(13)(B) of title 10, United States Code, a permanent change of station, or the service-connected (as defined in section 101(16) of title 38, United States Code) death or disability of the member; and (B) is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment.<br>Record 0 if the participant does not meet the conditions described above.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1 = Yes<br>0 = No                                                                                                                           |                                                       | R             | R           | R                       | R                                   | R         |                                    | R                                                |                                                | R                                        |            | R                                     |     |           |                                    |       | R              |                      |  |  |  | R |
| 808                                                           | <del>Eligible</del> Migrant and Seasonal Farmworker Status <del>(WIOA sec. 647)</del>        | IN 1                       | Record 1 if the participant, at program entry, is a low-income individual (i) who for the 12 consecutive months out of the 24 months prior to application for the program involved, has been primarily employed in agriculture or fish farming labor that is characterized by chronic unemployment or underemployment; and (ii) faces multiple barriers to economic self-sufficiency.<br>Record 2 if the participant, at program entry, is a seasonal farmworker and whose agricultural labor requires travel to a job site such that the farmworker is unable to return to a permanent place of residence within the same day.<br>Record 3 if the participant is a migrant farmworker or seasonal farmworker (as defined above) aged 14-24.<br>Record 4 if the participant is an adult program participant and a dependent (as defined in 20 CFR 685.110) of the individual described as a seasonal or migrant seasonal farmworker above.<br>Record 5 if the participant is a youth program participant and a dependent (as defined in 20 CFR 685.110) of the individual described as a seasonal or migrant seasonal farmworker above.<br><br><sup>1</sup> Note: This element is used both by the NEJP Program eligibility status type and by other programs to identify participants with this (WIOA sec. (3) defined) barrier to employment.                                                                                                                                                                                                                                                                                                                                                       | 1 = Seasonal Farmworker Adult<br>2 = Migrant Farmworker Adult<br>3 = MSFW Youth<br>4 = Dependent Adult<br>5 = Dependent Youth<br><br>0 = No |                                                       | R             | R           | R                       | R                                   | R         |                                    | R                                                |                                                | R                                        |            | R                                     |     |           |                                    |       |                |                      |  |  |  | R |
| SECTION B - ONE STOP CENTER PROGRAM PARTICIPATION INFORMATION |                                                                                              |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                             |                                                       |               |             |                         |                                     |           |                                    |                                                  |                                                |                                          |            |                                       |     |           |                                    |       |                |                      |  |  |  |   |
| 900                                                           | Date of Program Entry (WIOA)                                                                 | DT 8                       | Record the date on which an individual became a participant as referenced in 20 CFR 677.150 satisfying applicable programmatic requirements for the provision of services.<br>Leave blank if this data element does not apply.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | YYYYMMDD                                                                                                                                    |                                                       | R             | R           | R                       | R                                   | R         |                                    | R                                                |                                                | R                                        |            | R                                     |     | R         |                                    | R     |                |                      |  |  |  | R |
| 901                                                           | Date of Program Exit (WIOA)                                                                  | DT 8                       | Record the last date the participant received services that are not self-service, information-only, or follow up services. Record this last date of receipt of services only if there are no future services, that are not self-service, information-only, or follow up services, planned from the program. For Titles I, II and III, record the last date of funded service(s). For Vocational Rehabilitation programs, record the date when the participant's record of service is closed pursuant to 34 CFR 361.43 or 361.56.<br><br>Leave blank if this data element does not apply to the participant.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | YYYYMMDD                                                                                                                                    |                                                       | R             | R           | R                       | R                                   | R         |                                    | R                                                |                                                | R                                        |            | R                                     |     | R         |                                    | R     |                |                      |  |  |  | R |
| 902                                                           | Date of First Case Management and Employment Service                                         | DT 8                       | Record the date on which the participant begins receiving his/her first case management and employment service funded by a program following a determination of eligibility to participate in the program.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                             |                                                       |               |             |                         |                                     |           |                                    | R                                                |                                                |                                          |            |                                       |     | R         |                                    |       |                |                      |  |  |  | R |
| 903                                                           | Adult (WIOA)                                                                                 | IN 1                       | Record 1 if the participant received services under WIOA section 133(b)(2)(A) as an individual who is not less than age 18 at the time of program entry.<br>Record 2 if the participant received services under WIOA section 133(a)(1).<br>Record 3 if the participant received services under WIOA sections 133(b)(2)(A) and 133(a)(1).<br>Record 4 if the individual has demonstrated an intent to use program services and meets one of the following criteria--<br>(A) Individuals who provide identifying information;<br>(B) Individuals who only use the self-service system; or<br>(C) Individuals who only receive information-only services or activities.<br>Record 0 if the participant did not receive services under the condition described above.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1 = Yes, Local Formula<br>2 = Yes, Statewide<br>3 = Yes, Both Local Formula and Statewide<br>4 = Reportable Individual<br>0 = No            |                                                       | R             | R           | R                       | R                                   | R         |                                    | R                                                |                                                |                                          |            | R                                     |     |           |                                    | R     |                |                      |  |  |  | R |

| DATA ELEMENT NO. | DATA ELEMENT NAME                       | DATA TYPE/<br>FIELD LENGTH | DATA ELEMENT DEFINITIONS/INSTRUCTIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | CODE VALUE                                                                                                                                                                                                                                                   | REQUIREMENTS BY PROGRAM OF PARTICIPATION <sup>1</sup> |               |             |                         |                                     |           |                                    |                                  |                                                |                                          |            |                                       |     |           |                                       |       |                |
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|                  |                                         |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                              | Reportable Individual <sup>2</sup>                    | Wagner-Peyser | WIOA Adults | WIOA Dislocated Workers | WIOA Youth Dislocated Worker Grants | (HWE)-TAA | Native American Job Program (NAJP) | Native American Job Program (NA) | Reentry Employment Opportunities (REO) (Adult) | Reentry Employment Opportunities (Youth) | YouthBuild | Jobs for Veterans' State Grants (JVG) | HIB | Job Corps | Incumbent Worker (Adult/Youth funded) | SCSEP | Apprenticeship |
| 904              | Dislocated Worker (WIOA)                | IN 1                       | Record 1 if the participant received services under WIOA Section 133(b)(2)(B) as a person who:<br>(A)(i) has been terminated or laid off, or who has received a notice of termination or layoff, from employment; (ii) is eligible for or has exhausted entitlement to unemployment compensation; or (iii) has been employed for a duration sufficient to demonstrate, to the appropriate entity at a one-stop center referred to in section 121(c), attachment to the workforce, but is not eligible for unemployment compensation due to insufficient earnings or having performed services for an employer that were not covered under a State unemployment compensation law; and (iv) is unlikely to return to a previous industry or occupation;<br>(B)(i) has been terminated or laid off, or has received a notice of termination or layoff, from employment as a result of any permanent closure of, or any substantial layoff at, a plant, facility, or enterprise; (ii) is employed at a facility at which the employer has made a general announcement that such facility will close within 180 days; or (iii) for purposes of eligibility to receive services other than training services described in WIOA Sec 134(c)(3), career services described in WIOA Sec 134(c)(2)(A)(iii), or supportive services, is employed at a facility at which the employer has made a general announcement that such facility will close;<br>(C) was self-employed (including employment as a farmer, a rancher, or a fisherman) but is unemployed as a result of general economic conditions in the community in which the participant resides or because of natural disasters;<br>(D) is a displaced homemaker; or<br>(E)(i) is the spouse of a member of the Armed Forces on active duty (as defined in section 101(6)(1) of title 10, United States Code), and who has experienced a loss of employment as a direct result of relocation to accommodate a permanent change in duty station of such member; or (ii) is the spouse of a member of the Armed Forces on active duty and who meets the criteria described in WIOA section 3(16)(B).<br>Record 2 if the participant received services under WIOA section 133(a).<br>Record 3 if the participant received under WIOA sections 133(b)(2)(B) and 133(a).<br><br>Record 4 if the individual has demonstrated an intent to use program services and meets one of the following criteria:<br>(A) Individuals who provide identifying information;<br>(B) Individuals who only use the self-service system; or<br>(C) Individuals who only receive information-only services or activities.<br>Record 0 if the participant did not receive services under the condition described above. | 1 = Yes, Local Formula<br>2 = Yes, Statewide<br>3 = Yes, Both Local Formula and Statewide<br>4 = Reportable Individual<br>0 = No                                                                                                                             | R                                                     | R             | R           | R                       | R                                   | R         | R                                  | R                                | R                                              | R                                        | R          | R                                     | R   | R         | R                                     | R     | R              |
| 905              | Youth (WIOA)                            | IN 1                       | Record 1 if the participant received services under WIOA section 128(b).<br>Record 2 if the participant received services under WIOA section 128(a).<br>Record 3 if the participant received services under WIOA sections 128(b) and 128(a).<br>Record 4 if the individual fail to complete the program requirements for eligibility or for participation.<br>Record 0 if the participant did not receive services under the conditions described above.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 1 = Yes, Local Formula<br>2 = Yes, Statewide<br>3 = Yes, Both Local Formula and Statewide<br>4 = Youth Reportable Individual<br>0 = No                                                                                                                       | R                                                     | R             | R           | R                       | R                                   | R         | R                                  | R                                | R                                              | R                                        | R          | R                                     | R   | R         | R                                     | R     |                |
| 906              | Date of First WIOA Youth Service        | DT 8                       | Record the date on which the participant began receiving his/her first WIOA youth service (i.e., 1 of the 14 youth program elements in WIOA S129(c)(2)).<br>Leave blank if the participant did not receive services funded by the WIOA Youth program.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | YYYYMMDD                                                                                                                                                                                                                                                     |                                                       |               |             |                         | R                                   |           |                                    |                                  | R                                              |                                          |            |                                       |     |           |                                       | R     |                |
| 907              | Recipient of Incumbent Worker Training  | IN 1                       | Record 1 if the participant received Incumbent Worker training services under WIOA section 134(a)(3)(A)(i) and/or 134(a)(2)(A)(ii).<br>Record 2 if the participant received Incumbent Worker training services by Local Formula funds under WIOA section 134(d)(4).<br>Record 3 if the participant received Incumbent Worker training services under both Statewide funds (Governor's Reserve and/or Rapid Response) WIOA section 134(a)(3)(A)(i) and/or 134(a)(2)(A)(ii) and Local Formula funds under WIOA section 134(d)(4).<br>Record 4 if the participant received Incumbent Worker training services under HIB.<br>Record 5 if the participant received Incumbent Worker training services under a National Dislocated Worker Grant (DNWG) (WIOA section 17U).<br>Record 6 if the participant received Incumbent Worker training services under a National Farmworker Job Program (NFJP) (WIOA section 167).<br>Record 7 if the participant received Incumbent Worker training services under an grant funded through apprenticeship appropriated funds.<br>Record 0 if the participant did not receive services under the condition described above, or received services by a local area with statewide funds passed down from the state to the local area.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 1 = Statewide 15% and/or Rapid Response 25% only<br>2 = Local Formula only (20%)<br>3 = Both Statewide and Local Formula<br>4 = H-18 funded grant<br>5 = DWG funded grant<br>6 = NFJP funded grant<br>7 = Apprenticeship appropriated funded grant<br>0 = No | R                                                     | R             | R           | R                       | R                                   | R         | R                                  | R                                | R                                              | R                                        | R          | R                                     | R   | R         | R                                     | R     |                |
| 908              | Rapid Response                          | IN 1                       | Record 1 if the participant participated in rapid response activities authorized at WIOA section 134(a)(2)(A)(iii).<br>Record 0 if the participant did not receive services under the condition described above.<br>Record 9 if grantee is unable to track enrollment in the program.<br>Leave blank if this data element does not apply to the participant.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 1 = Yes<br>0 = No<br>9 = Unknown                                                                                                                                                                                                                             | R                                                     | R             | R           | R                       | R                                   | R         | R                                  | R                                | R                                              | R                                        | R          | R                                     | R   | R         | R                                     | R     |                |
| 909              | Rapid Response (Additional Assistance)  | IN 1                       | Record 1 if the individual participated in a program by WIOA section 134(a)(2)(A)(iii).<br>Record 0 if the participant did not participate in a program or otherwise receive services under the condition described above or received services by a local area with statewide funds passed down from the state to the local area.<br>Record 9 if grantee is unable to track enrollment in the program.<br>Leave blank if this data element does not apply to the individual.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 1 = Yes<br>0 = No<br>9 = Unknown                                                                                                                                                                                                                             | R                                                     | R             | R           | R                       | R                                   | R         | R                                  | R                                | R                                              | R                                        | R          | R                                     | R   | R         | R                                     | R     |                |
| 910              | Adult Education (WIOA)                  | IN 1                       | Record 1 if the participant received services under WIOA Title I (defined as academic instruction and education services below the postsecondary level that increases an individual's ability to:<br>(A) read, write, and speak in English and perform mathematics or other activities necessary for the attainment of a secondary school diploma or its recognized equivalent;<br>(B) transition to postsecondary education and training; and<br>(C) obtain employment.<br>Record 0 if the participant did not receive any services under the conditions described above.<br>Record 9 if the grantee is unable to track enrollment in the program.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 1 = Yes<br>0 = No<br>9 = Unknown                                                                                                                                                                                                                             | R                                                     | R             | R           | R                       | R                                   | R         | R                                  | R                                | R                                              | R                                        | R          | R                                     | R   | R         | R                                     | R     |                |
| 911              | Job Corps (WIOA)                        | IN 1                       | Record 1 if the participant received services under title I, chapter 4, subtitle C of WIOA.<br>Record 2 if the individual received reportable individual services (as defined in program specific guidance).<br>Record 0 if the individual did not receive any services under the conditions described above.<br>Record 9 if grantee is unable to track enrollment in the program.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1 = Yes<br>2 = Reportable Individual<br>0 = No<br>9 = Unknown                                                                                                                                                                                                | R                                                     | R             | R           | R                       | R                                   | R         | R                                  | R                                | R                                              | R                                        | R          | R                                     | R   | R         | R                                     | R     |                |
| 912              | National Farmworker Jobs Program        | AN 14                      | Record the 14 character grant number if the participant received services under WIOA Title I, Section 167. The grant number should be entered in the following format without dashes: Two alphabetic characters representing the grant program code-five numeric characters-Two numeric characters representing the fiscal year when the grant was awarded-Two numeric characters identifying the type of grant awarded-One alphabetic character identifying the relevant agency at ETA-Two numeric characters identifying the state that received the grant was served under (AA-12345-12-55-A-26). If the grant number is unknown, please enter 99999999999999.<br>Leave blank if the participant did not receive services funded by this program.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | XXXXXXXXXXXXXXXX                                                                                                                                                                                                                                             | R                                                     | R             | R           | R                       | R                                   | R         | R                                  | R                                | R                                              | R                                        | R          | R                                     | R   | R         | R                                     | R     |                |
| 913              | Indian and Native American Programs     | IN 1                       | Record 1 if the participant received services under WIOA Title-I, Section 166.<br>Record 2 if the individual has demonstrated an intent to use program services and meets one of the following criteria:<br>(A) Individuals who provide identifying information;<br>(B) Individuals who only use the self-service system; or<br>(C) Individuals who only receive information-only services or activities.<br>Leave blank if the participant did not receive services funded by this program.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 1 = Yes<br>2 = Reportable Individual<br>0 = No<br>9 = Unknown                                                                                                                                                                                                | R                                                     | R             | R           | R                       | R                                   | R         | R                                  | R                                | R                                              | R                                        | R          | R                                     | R   | R         | R                                     | R     |                |
| 914              | Veterans' Programs                      | IN 2                       | Record 1 if the participant received services from a Disabled Veterans Outreach Program specialist (DVOP specialist).<br>Record 2 if the participant received services from a Local Veterans Employment Representative (LVER).<br>Record 0 if the participant did not receive services under any of the conditions described above.<br>Record 9 if grantee is unable to track enrollment in the program.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 1 = Yes, DVOP specialist<br>2 = Yes, LVER specialist<br>0 = No<br>9 = Unknown                                                                                                                                                                                | R                                                     | R             | R           | R                       | R                                   | R         | R                                  | R                                | R                                              | R                                        | R          | R                                     | R   | R         | R                                     | R     |                |
| 915              | TAA Petition Number                     | AN 29                      | Record the petition number (and full alphabetical suffix, if applicable) of the certification which applies to the participant's group. If there is more than one petition number, list all petition numbers in the order in which they were received delimited by a pipe character (i.e.,  ). If there are more than three petition numbers, list the first petition and the most recent two petition numbers. <del>If there is more than one petition number, create multiple records in the data file for each case record.</del><br>Leave blank if this data element does not apply to the participant.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | XXXXXXXXXX                                                                                                                                                                                                                                                   | R                                                     | R             | R           | R                       | R                                   | R         | R                                  | R                                | R                                              | R                                        | R          | R                                     | R   | R         | R                                     | R     |                |
| 916              | Vocational Education                    | IN 1                       | Record 1 if the participant received services under the Carl D. Perkins Vocational and Applied Technology Education Act (20 USC 2301 et seq.).<br>Record 0 if the participant did not receive any services under the condition described above.<br>Record 9 if unknown.<br>Leave blank if this data element does not apply to the participant.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1 = Yes<br>0 = No<br>9 = Unknown                                                                                                                                                                                                                             | R                                                     | R             | R           | R                       | R                                   | R         | R                                  | R                                | R                                              | R                                        | R          | R                                     | R   | R         | R                                     | R     |                |
| 917              | Vocational Rehabilitation (WIOA)        | IN 1                       | Record 1 if the participant received services under parts A and B of title I of the Rehabilitation Act of 1973 (29 USC 720 et seq.), WIOA title IV, and Sec. 4118(b)(15) defined as transition services for students with disabilities, that facilitate the transition from school to postsecondary life, such as achievement of an employment outcome in competitive, integrated employment, or pre-employment transition services.<br>Record 2 if the participant received services from the Vocational Rehabilitation and Employment (VR&E) Program authorized by 48 USC Chapter 31.<br>Record 0 if the participant received services from both vocational rehabilitation programs.<br>Record 0 if the participant did not receive any services under the conditions described above.<br>Record 9 if unknown.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 1 = Yes<br>2 = VR&E<br>3 = Both VR and VR&E<br>0 = No<br>9 = Unknown                                                                                                                                                                                         | R                                                     | R             | R           | R                       | R                                   | R         | R                                  | R                                | R                                              | R                                        | R          | R                                     | R   | R         | R                                     | R     |                |
| 918              | Wagner-Peyser Employment Service (WIOA) | IN 1                       | Record 1 if the participant received services under the Wagner-Peyser Act (29 USC 49 et seq.).<br>Record 2 if the individual has demonstrated an intent to use program services and meets one of the following criteria:<br>(A) Individuals who provide identifying information;<br>(B) Individuals who only use the self-service system; or<br>(C) Individuals who only receive information-only services or activities.<br>Record 0 if the participant did not receive services under the Wagner-Peyser Act.<br>Record 9 if the grantee is unable to track enrollment in the program.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 1 = Yes<br>2 = Reportable Individual<br>0 = No<br>9 = Unknown                                                                                                                                                                                                | R                                                     | R             | R           | R                       | R                                   | R         | R                                  | R                                | R                                              | R                                        | R          | R                                     | R   | R         | R                                     | R     |                |
| 919              | YouthBuild (WIOA)                       | AN 14                      | Record the 14 character grant number if the participant received services under the YouthBuild Program as authorized under WIOA section 173. The grant number should be entered in the following format without dashes: Two alphabetic characters representing the grant program code-five numeric characters-Two numeric characters representing the fiscal year when the grant was awarded-Two numeric characters identifying the type of grant awarded-One alphabetic character identifying the relevant agency at ETA-Two numeric characters identifying the state that received the grant was served under (AA-12345-12-55-A-26). If the grant number is unknown, please enter all 9s.<br>Leave blank if the participant did not receive services funded by this program.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | XXXXXXXXXXXXXXXX                                                                                                                                                                                                                                             | R                                                     | R             | R           | R                       | R                                   | R         | R                                  | R                                | R                                              | R                                        | R          | R                                     | R   | R         | R                                     | R     |                |

| DATA ELEMENT NO. | DATA ELEMENT NAME                                     | DATA TYPE/<br>FIELD LENGTH | DATA ELEMENT DEFINITIONS/INSTRUCTIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | CODE VALUE                                                                                                                                                                                                              | REQUIREMENTS BY PROGRAM OF PARTICIPATION <sup>1</sup> |               |             |                         |                                     |            |                                       |        |                                          |                                          |            |                                       |     |           |                                    |       |                |                      |   |
|------------------|-------------------------------------------------------|----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|---------------|-------------|-------------------------|-------------------------------------|------------|---------------------------------------|--------|------------------------------------------|------------------------------------------|------------|---------------------------------------|-----|-----------|------------------------------------|-------|----------------|----------------------|---|
|                  |                                                       |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                         | Reportable Individual <sup>2</sup>                    | Wagner-Peyser | WIOA Adults | WIOA Dislocated Workers | WIOA Youth Dislocated Worker Grants | (WIOA) TAN | Jobs for Veterans' State Grants (JVS) | Adults | Reentry Employment Opportunities (Adult) | Reentry Employment Opportunities (Youth) | YouthBuild | Jobs for Veterans' State Grants (JVS) | HIB | Job Corps | Incumbent Worker (Adult/DW funded) | SCSEP | Apprenticeship | Documentation Grants |   |
| 920              | Senior Community Service Employment Program           | AN 14                      | Record the 14 character grant number if the participant received services under Title V of the Older Americans Act of 2006, the Senior Community Service Employment Program (SCSEP). The grant number should be entered in the following format without dashes: Two alphabetic characters representing the grant program code-Five numeric characters-Two numeric characters representing the fiscal year when the grant was awarded-Two numeric characters identifying the type of grant awarded-One alphabetic character identifying the relevant agency at ETA-Two numeric characters identifying the state that received the grant was served under (AA-12345-12-55-A-26). If the grant number is unknown, please enter 999999999999.<br><br>Leave blank if the participant did not receive services funded by this program.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | XXXXXXXXXXXX                                                                                                                                                                                                            |                                                       | R             | R           |                         | R                                   |            |                                       | R      |                                          |                                          |            |                                       | R   |           |                                    |       | R              |                      | R |
| 921              | Employment and Training Services Related to SNAP      | IN 1                       | Record 1 if the participant received employment and training (E&T) services from the Supplemental Nutrition Assistance Program (SNAP) (7 USC 20155(d)(4)). NOTE: This refers to the SNAP E&T program, NOT simply a SNAP recipient.<br>Record 0 if the participant did not receive any services under the condition described above.<br>Leave blank if it is not known.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 1 = Yes<br>0 = No                                                                                                                                                                                                       |                                                       | R             | R           |                         | R                                   |            | R                                     |        |                                          |                                          |            |                                       | R   |           |                                    |       | R              |                      | R |
| 922              | Other WIOA or Non-WIOA Programs                       | IN 1                       | Record 1 if the participant received services from any other WIOA or non-WIOA program not listed above that provided the participant with services during their period of participation.<br>Record 2 if the participant received services from the Intellectual and/or Developmental Disability Program, Mental Health Program, or any other Employment First State Leadership Mentoring Program (ESLMP) during the period of participation.<br>Record 0 if the participant did not receive any services under either of the conditions described above.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 1 = Yes, Other WIOA or Non-WIOA Programs<br>2 = I/DD, MH or other disability programs<br>0 = No                                                                                                                         |                                                       | R             |             |                         |                                     | R          | R                                     |        |                                          | R                                        |            | R                                     |     |           |                                    |       | R              |                      | R |
| 923              | Other Reasons for Exit (WIOA)                         | IN 2                       | Record 01 if the participant exits the program because he or she has become incarcerated in a correctional institution or has become a resident of an institution or facility providing 24-hour support such as a hospital or treatment center during the course of receiving services as a participant.<br><br>Record 02 if the participant exits the program because of medical treatment and that treatment is expected to last longer than 90 days and precludes entry into unsubsidized employment or continued participation in the program.<br>Record 03 if the participant is deceased.<br>Record 04 if the participant exits the program because the participant is a member of the National Guard or other reserve military unit of the armed forces and is called to active duty for at least 90 days.<br>Record 05 if the participant is in the foster care system as defined in 45 CFR 1355.20(a), and exits the program because the participant has moved from the area as part of such a program or system (Youth participants only).<br>Record 06 if the participant, who was determine to be eligible, is later determined not a have met eligibility criteria. NOTE: This circumstance applies only to the VR program, in which participant eligibility is routinely revisited during the participation period. For titles I, II, and III program eligibility is determined at the time an individual becomes a participant.<br>Record 07 if the participant is a criminal offender in a correctional institution under section 225 of WIOA.<br>Record 08 if the participant meets none of the above conditions. | 01 = Institutionalized<br>02 = Health/Medical<br>03 = Deceased<br><br>04 = Reserve Forces called to Active Duty<br>05 = Foster Care<br>06 = Ineligible<br>07 = Criminal Offender<br>08 = No                             |                                                       | R             | R           | R                       | R                                   | R          | R                                     | R      | R                                        | R                                        | R          | R                                     | R   | R         |                                    | R     | R              | R                    |   |
| 924              | TAA Application Date                                  | DT 8                       | Record the date on which the individual first applied for Trade Act services/benefits under the applicable certification.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | YYYYMMDD                                                                                                                                                                                                                |                                                       |               |             |                         |                                     | R          |                                       |        |                                          |                                          |            |                                       |     |           |                                    |       |                |                      | R |
| 925              | Date of First TAA Benefit or Service                  | DT 8                       | Record the date of the first Trade funded benefit or service received after the participant was determined eligible to participate.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | YYYYMMDD                                                                                                                                                                                                                |                                                       |               |             |                         |                                     | R          |                                       |        |                                          |                                          |            |                                       |     |           |                                    |       |                |                      | R |
| 926              | TAA Liable/Agent State Identifier                     | IN 1                       | Record 1 if the reporting State is serving the participant exclusively as a liable state. The definition for liable state can be found under 20 CFR 617.26(a).<br>Record 2 if the reporting State is serving the participant as an agent state. The definition for agent state can be found under 20 CFR 617.26(b).<br>Record 0 if the reporting State is both the paying state for UI (liable) as well as the State providing services (agent).<br>Leave blank if the individual is not a participant in the TAA Program                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 1 = Liable State<br>2 = Agent State<br>0 = Both                                                                                                                                                                         |                                                       |               |             |                         |                                     | R          |                                       |        |                                          |                                          |            |                                       |     |           |                                    |       |                |                      | R |
| 927              | TAA Date of Eligibility Determination                 | DT 8                       | Record the date upon which the individual was determined to be (or not) an adversely affected worker.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | YYYYMMDD                                                                                                                                                                                                                |                                                       |               |             |                         |                                     | R          |                                       |        |                                          |                                          |            |                                       |     |           |                                    |       |                |                      | R |
| 928              | Determined Eligible for TAA                           | IN1                        | Record 1 if the individual was determined eligible for the Trade Program.<br>Record 0 if the individual was determined not eligible.<br>Leave blank if the data element does not apply to the individual.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 1 = Yes<br>0 = No                                                                                                                                                                                                       |                                                       |               |             |                         |                                     | R          |                                       |        |                                          |                                          |            |                                       |     |           |                                    |       |                |                      | R |
| 929              | Benefit Under Prior Certification Last 10 Years (TAA) | IN 1                       | Record 1 if the participant received a benefit under a prior certification in any of the previous 10 fiscal years.<br>Record 0 if the participant did not receive any services under the condition described above<br>Leave blank if the individual is not a TAA participant.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 1 = Yes<br>0 = No                                                                                                                                                                                                       |                                                       |               |             |                         |                                     | R          |                                       |        |                                          |                                          |            |                                       |     |           |                                    |       |                |                      | R |
| 930              | Pay-For-Performance                                   | IN 1                       | Record 1 if the participant received training services from a WIOA Title I service provider engaged in a contract with a local board which includes pay-for-performance strategies.<br>Record 0 if the participant did not received services described under the condition described above.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1 = Yes<br>0 = No                                                                                                                                                                                                       |                                                       |               | R           | R                       | R                                   | R          |                                       |        |                                          |                                          |            |                                       |     |           |                                    |       |                |                      | R |
| 931              | Apprenticeship Program                                | IN1                        | Record 1 if the participant entered into a Registered Apprenticeship Program (RAP) or if the participant was a registered apprentice at the time of program entry.<br>Record 2 if the participant entered into an Industry-Recognized Apprenticeship Program (IRAP) or if the participant was participating in an Industry-Recognized Apprenticeship at the time of program entry.<br>Record 3 if the participant entered into an apprenticeship program that is neither a RAP or an IRAP.<br>Record 4 if the participant did not enter an apprenticeship during program participation or was not participating in any apprenticeship program at the time of program entry.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1 = RAP<br>2 = IRAP<br>3 = Other<br>4 = None                                                                                                                                                                            |                                                       | R             | R           | R                       | R                                   | R          |                                       |        |                                          |                                          |            | R                                     | R   |           |                                    |       | R              | R                    |   |
| 932              | National Dislocated Worker Grants (DWG)               | IN 1                       | Record 1 if the participant received services under WIOA Title I-D, Section 170.<br>Record 2 if the individual has demonstrated an intent to use program services and meets one of the following criteria--<br>(A) Individuals who provide identifying information;<br>(B) Individuals who only use the self-service system; or<br>(C) Individuals who only receive information-only services or activities.<br>Record 0 if the participant did not receive any services under the condition described above.<br><br>Record 9 if grantee is unable to track enrollment in the program.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 1 = Yes, NDWG Participant<br>2 = Reportable Individual<br><br>0 = No                                                                                                                                                    |                                                       | R             | R           | R                       | R                                   | R          | R                                     |        |                                          |                                          |            | R                                     |     |           |                                    |       | R              |                      | R |
| 933              | Date of First DWG Service                             | DT 8                       | Record the date on which the participant began receiving his/her first service funded by the DWG program following a determination of eligibility to participate in the program.<br>Leave blank if the participant did not receive services funded by the DWG program.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | YYYYMMDD                                                                                                                                                                                                                |                                                       |               |             |                         |                                     | R          |                                       |        |                                          |                                          |            |                                       |     |           |                                    |       |                |                      | R |
| 934              | Rapid Response Event Number                           | AN 11                      | Record the 11--digit unique number of the event through which rapid response services were provided to the participant. This unique identification number is the same one provided to the state or local area through the USDOL Rapid Response Information Network. Until such time as this system is operational, states are encouraged to voluntarily report this information using the following format XXXXXXXXXX0000000000. The first two characters are the state postal code. The next four characters are the Program Year. The next five characters are the event number, numbered sequentially starting at 00001 each program year. The 11th last character is a letter A through Z allowing for multiple service events to be associated with the same larger response event, or AA and AB for the 27th and 28th service events if applicable. For example, the first Rapid Response Event Number in Ohio for Program Year 2016 would be OH201600001A.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | XXXXXXXXXXXX                                                                                                                                                                                                            |                                                       |               | R           |                         | R                                   | R          |                                       |        |                                          |                                          |            |                                       |     |           |                                    |       |                |                      | R |
| 935              | Accountability Exit Status                            | IN 1                       | Record 1 if the participant either disclosed an invalid social security number (SSN) or chose not to disclose a SSN.<br>Record 2 if the participant retired from employment.<br>Record 3 if the participant began receiving benefits and services under a subsequent TAA position certification and began receiving benefits and services under a subsequent TAA position certification during the course of participation.<br>Record 0 or leave blank if none of the above conditions apply.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 1 = Invalid SSN or failed to disclose SSN<br>2 = Retirement<br>3 = TAA participant began receiving TAA benefits and services under subsequent position certification<br>0 or Blank = None of the above conditions apply |                                                       | R             | R           | R                       | R                                   | R          | R                                     | R      | R                                        | R                                        | R          | R                                     | R   | R         |                                    |       | R              | R                    |   |
| 936              | Reentry Employment Opportunities (Adult)              | AN 14                      | Record the 14 character grant number if the participant received services under the Reentry Employment Opportunities (Adult) program. The grant number should be entered in the following format without dashes: Two alphabetic characters representing the grant program code-Five numeric characters-Two numeric characters representing the fiscal year when the grant was awarded-Two numeric characters identifying the relevant agency at ETA-Two numeric characters identifying the state that received the grant was served under (AA-12345-12-55-A-26). If the grant number is unknown, please enter 999999999999.<br><br>Leave blank if the participant did not receive services funded by this program.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | XXXXXXXXXXXX                                                                                                                                                                                                            |                                                       | R             | R           |                         | R                                   |            | R                                     |        |                                          | R                                        |            |                                       | R   |           |                                    |       |                |                      | R |
| 937              | Reentry Employment Opportunities (Youth)              | AN 14                      | Record the 14 character grant number if the participant received services under the Reentry Employment Opportunities (Youth) program. The grant number should be entered in the following format without dashes: Two alphabetic characters representing the grant program code-Five numeric characters-Two numeric characters representing the fiscal year when the grant was awarded-Two numeric characters identifying the relevant agency at ETA-Two numeric characters identifying the state that received the grant was served under (AA-12345-12-55-A-26). If the grant number is unknown, please enter 999999999999.<br><br>Leave blank if the participant did not receive services funded by this program.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | XXXXXXXXXXXX                                                                                                                                                                                                            |                                                       | R             | R           |                         | R                                   |            | R                                     |        |                                          | R                                        |            |                                       | R   |           |                                    |       |                |                      | R |

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

| DATA ELEMENT NO.                             | DATA ELEMENT NAME                                                                                | DATA TYPE/<br>FIELD LENGTH | DATA ELEMENT DEFINITIONS/INSTRUCTIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | CODE VALUE                                                                    | REQUIREMENTS BY PROGRAM OF PARTICIPATION <sup>1</sup> |               |             |                         |                                     |           |                                                               |                                              |                                              |                                              |            |                                       |     |           |                                    |       |                |                      |   |   |
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|                                              |                                                                                                  |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                               | Reportable Individual <sup>2</sup>                    | Wagner-Peyser | WIOA Adults | WIOA Dislocated Workers | WIOA Youth Dislocated Worker Grants | (HWS)-TAA | Native American/Native Hawaiian/Alaska Natives Program (NANP) | Self-Serve Activities American Program (SAA) | Ready Employment Opportunities (REO) (Adult) | Ready Employment Opportunities (REO) (Youth) | YouthBuild | Jobs for Veterans' State Grants (JVS) | HUB | Job Corps | Incumbent Worker (Adult/DW funded) | SCSEP | Apprenticeship | Documentation Grants |   |   |
| 938                                          | H-18                                                                                             | AN 14                      | Record the 14 character grant number if the participant received services under any H-18 funded program. The grant number should be entered in the following format without dashes: Two alphabetic characters representing the grant program code-Five numeric characters-Two numeric characters representing the fiscal year when the grant was awarded-Two numeric characters identifying the type of grant awarded-One alphabetic character identifying the relevant agency at ETA-Two numeric characters identifying the state that received the grant was served under (AA-12345-12-55-A-26). If the grant number is unknown, please enter 99999999999999.<br><br>Leave blank if the participant did not receive services funded by this program.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | XXXXXXXXXXXXXX                                                                |                                                       | R             | R           | R                       |                                     |           | R                                                             |                                              |                                              |                                              |            | R                                     | R   |           |                                    |       |                | R                    | R |   |
| 939                                          | Individual With A Disability Individualized Education Program Participant                        | IN 1                       | For those participants where Individual With A Disability (WIOA) = 1:<br>Record 1 if the participant currently has an Individualized Education Program/Special Education Services while attending Secondary School.<br>Record 2 if the participant formerly had an Individualized Education Program/Special Education Services while attending Secondary School.<br>Record 0 or leave blank if neither condition applies.<br><br>An Individualized Education Program (IEP) is a plan used to ensure that students with disabilities eligible to receive special education and related services under the Individuals with Disabilities Education Act receive services tailored to meet their unique needs in the least restrictive environment to prepare them for further education, employment, and independent living. 34 C.F.R. §300.340. To be eligible the student generally must be between ages 3 and 21, have a qualifying disability in one of the following 13 categories that impacts their educational performance and be in need of special education and related services:<br>1. autism;<br>2. deaf-blindness;<br>3. deafness;<br>4. emotional disturbance;<br>5. hearing impairment;<br>6. intellectual disability;<br>7. multiple disabilities;<br>8. orthopedic impairment;<br>9. other health impairment;<br>10. specific learning disability;<br>11. speech or language impairment;<br>12. traumatic brain injury; or<br>13. visual impairment (including blindness) | 1 = Current IEP<br>2 = Previous IEP<br>0 or Blank = Neither condition applies |                                                       |               | R           |                         | R                                   |           |                                                               |                                              |                                              |                                              | R          | R                                     |     | R         |                                    |       |                |                      | R |   |
| 940                                          | Individual With A Disability Section 504 Plan                                                    | IN 1                       | For those participants where Individual With A Disability (WIOA) = 1:<br>Record 1 if the participant has a Section 504 plan.<br>Record 0 if the participant does not meet the condition described above.<br><br>Leave blank if the condition does not apply to the participant.<br><br>Section 504, of the Rehabilitation Act, 29 U.S.C. § 794, is a federal law that protects students with disabilities that interfere with their ability to learn or access school programs from discrimination by schools receiving Federal financial assistance. Under Section 503 students are entitled to receive a free and appropriate education comparable to students without disabilities. A Section 504 Plan can be used to get reasonable accommodations for an individual with a disability that falls outside of the 13 disability categories required under IDEA, or who does not need special education and related services. A 504 plan outlines how the individual's specific needs will be met through accommodations, modifications and other services.                                                                                                                                                                                                                                                                                                                                                                                                                            | 1 = Yes<br>0 = No<br>Blank = Does not apply                                   |                                                       |               | R           |                         | R                                   |           |                                                               |                                              |                                              |                                              | R          |                                       |     |           |                                    |       |                |                      |   | R |
| 941                                          | National Farmworker Jobs Program (NFP)                                                           | IN 1                       | Record 1 if the participant received services that required significant involvement under WIOA Title IX, Section 167.<br>Record 2 if the individual has demonstrated an intent to use program services and meets one of the following criteria:--<br>(A) Individuals who only provide identifying information; or<br>(B) Individuals who only receive related assistance services that do not require significant involvement.<br>Record 0 if the participant did not receive any services under the condition described above.<br><br>Leave blank if grantee is unable to track enrollment in the program.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 1 = Yes, NFP Participant<br>2 = Reportable Individual<br><br>0 = No           |                                                       |               |             |                         |                                     |           |                                                               | R                                            |                                              |                                              |            |                                       |     |           |                                    |       |                |                      |   | R |
| SECTION C - ONE STOP SERVICES AND ACTIVITIES |                                                                                                  |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                               |                                                       |               |             |                         |                                     |           |                                                               |                                              |                                              |                                              |            |                                       |     |           |                                    |       |                |                      |   |   |
| SECTION C.01 - GENERAL SERVICES OVERVIEW     |                                                                                                  |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                               |                                                       |               |             |                         |                                     |           |                                                               |                                              |                                              |                                              |            |                                       |     |           |                                    |       |                |                      |   |   |
| 1000                                         | Date of First Basic Career Service (Self-Service/Information-only)                               | DT 8                       | Record the first date a job seeker accessed self-services/information-only services or activities during the reporting period, either in a physical location or remotely via the use of electronic technologies. Self-Service does not uniformly apply to all virtually accessed services. For example, virtually accessed services that provide a level of support beyond independent job or information seeking on the part of the reportable individual would not qualify as self-service. Information-only activities or services may be either self-service or staff assisted.<br><br>Leave blank if the reportable individual/participant accessed no self-services/information-only basic career services.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | YYYYMMDD                                                                      | R                                                     | R             | R           | R                       | R                                   | R         | R                                                             | R                                            |                                              | R                                            | R          |                                       |     | R         |                                    |       | R              |                      |   | R |
| 1001                                         | Date of First Basic Career Service (Staff-Assisted)                                              | DT 8                       | Record the first date the participant received any staff-assisted basic services (includes any career service under WIOA section 134(c)(2)(A)(i)-(iv) that is not provided via self-service or information-only services and activities).<br><br>Leave blank if the participant did not receive a staff-assisted basic career service.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | YYYYMMDD                                                                      |                                                       | R             | R           | R                       |                                     | R         | R                                                             | R                                            | R                                            | R                                            | R          |                                       | R   |           |                                    | R     |                |                      |   | R |
| 1002                                         | Most Recent Date Received Basic Career Services (Self-Service/Information-Only)                  | DT 8                       | Record the most recent date a job seeker accessed self-services/information-only services or activities during the reporting period, either a physical location or remotely via the use of electronic technologies. Self-Service does not uniformly apply to all virtually accessed services. For example, virtual accessed services that provide a level of support above independent job or information seeking on the part of a reportable individual/participant would not qualify as self-service. Information-only activities or services may be either self-service or staff assisted.<br><br>Leave blank if the reportable individual/participant did not access a self-service/information-only basic career service.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | YYYYMMDD                                                                      |                                                       | R             | R           | R                       | R                                   | R         | R                                                             | R                                            | R                                            |                                              |            |                                       | R   |           |                                    | R     |                |                      |   | R |
| 1003                                         | Most Recent Date Received Basic Career Services (Staff-Assisted)                                 | DT 8                       | Record the most recent date on which the participant received any basic career service (includes any career service under WIOA Section 134(c)(2)(A)(i)-(iv) that is not provided via self-service or information services and activities).<br><br>Leave blank if the participant did not receive a basic career service with significant staff involvement.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | YYYYMMDD                                                                      |                                                       | R             | R           | R                       |                                     | R         | R                                                             |                                              | R                                            | R                                            |            |                                       | R   |           |                                    | R     |                |                      |   | R |
| 1004                                         | Date of Most Recent Career Service (WIOA)                                                        | DT 8                       | Record the date on which career services (both basic and individualized) were last received (excluding self-services, information services or activities, or follow-up services).<br><br>Leave blank if the participant did not receive career services.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | YYYYMMDD                                                                      |                                                       | R             | R           | R                       | R                                   | R         | R                                                             | R                                            | R                                            | R                                            |            |                                       | R   |           |                                    | R     |                |                      |   | R |
| 1005                                         | Most Recent Date Received Staff-Assisted Services (DVOP specialist)                              | DT 8                       | Record the most recent date on which the participant received any career service provided by a DVOP specialist.<br><br>Leave blank if the participant did not receive a service with significant staff involvement or this data element does not apply to the participant.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | YYYYMMDD                                                                      |                                                       | R             | R           | R                       |                                     | R         |                                                               |                                              |                                              |                                              |            |                                       | R   |           |                                    | R     |                |                      |   | R |
| 1006                                         | Date Referred to Department of Veterans Affairs Vocational Rehabilitation and Employment Program | DT 8                       | Record the most recent date on which the participant was referred to the Department of Veterans Affairs Vocational Rehabilitation and Employment Program.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | YYYYMMDD                                                                      |                                                       | R             | R           | R                       |                                     | R         |                                                               |                                              |                                              |                                              |            |                                       | R   |           |                                    | R     |                |                      |   | R |
| 1007                                         | Date of Most Recent Reportable Individual Contact                                                | DT 8                       | Record the most recent date on which the job seeker had reportable individual level contact, including provision of identifying information or enrollment, with one or more applicable programs.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | YYYYMMDD                                                                      |                                                       | R             | R           | R                       | R                                   | R         | R                                                             | R                                            | R                                            |                                              |            |                                       | R   |           |                                    | R     |                | R                    |   | R |
| SECTION C.02 - BASIC CAREER SERVICES         |                                                                                                  |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                               |                                                       |               |             |                         |                                     |           |                                                               |                                              |                                              |                                              |            |                                       |     |           |                                    |       |                |                      |   |   |
| 1100                                         | Most Recent Date Accessed Information-Only Activities                                            | DT 8                       | Record the most recent date on which the reportable individual/participant accessed information-only services or activities. Information-only services or activities provide readily available information that does not require an assessment by a staff member of the individual's skills, education, or career objectives.<br><br>Leave blank if the reportable individual/participant did not access information-only activities.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | YYYYMMDD                                                                      |                                                       | R             | R           | R                       | R                                   |           | R                                                             |                                              |                                              |                                              |            |                                       | R   |           |                                    |       | R              |                      |   | R |
| 1101                                         | Most Recent Date of Self-Service Activities                                                      | DT 8                       | Record the most recent date a job seeker accessed self-services during the reporting period, either a physical location or remotely via the use of electronic technologies. Self-Service does not uniformly apply to all virtually accessed services. For example, virtual accessed services that provide a level of support above independent job or information seeking on the part of a reportable individual/participant would not qualify as self-service.<br><br>Leave blank if the reportable individual/participant did not access a self-service basic career service.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | YYYYMMDD                                                                      |                                                       | R             | R           | R                       | R                                   |           | R                                                             |                                              |                                              |                                              |            |                                       | R   |           |                                    | R     |                |                      |   | R |
| 1102                                         | Most Recent Date Received Staff-Assisted Career Guidance Services                                | DT 8                       | Record the most recent date on which the participant received career guidance services with significant staff involvement. Career guidance services include the provision of information (including information on local performance and eligible training providers), materials, suggestions, or advice intended to assist the job seeker in making occupation or career decisions.<br><br>Leave blank if the participant did not receive a career guidance service.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | YYYYMMDD                                                                      |                                                       | R             | R           | R                       |                                     | R         |                                                               |                                              | R                                            |                                              |            |                                       | R   |           |                                    | R     |                |                      |   | R |
| 1103                                         | Most Recent Date Received Workforce Information Services                                         | DT 8                       | Record the most recent date that the reportable individual/participant received workforce information services including information on state and local labor market conditions (industries, occupations and characteristic of the workforce; area business identified skills needs; employer wage and benefit trends; short and long term industry and occupational projections; worker supply and demand; and job vacancies survey results). Workforce information also includes local employment dynamics information such as workforce availability; business turnover rates; job creation; and job identification of high growth and high demand industries.<br><br>Leave blank if the reportable individual/participant did not receive a workforce information service.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | YYYYMMDD                                                                      |                                                       | R             | R           | R                       |                                     | R         |                                                               |                                              | R                                            |                                              |            |                                       | R   |           |                                    | R     |                |                      |   | R |

| DATA ELEMENT NO.                              | DATA ELEMENT NAME                                                      | DATA TYPE/<br>FIELD LENGTH | DATA ELEMENT DEFINITIONS/INSTRUCTIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | CODE VALUE | REQUIREMENTS BY PROGRAM OF PARTICIPATION <sup>1</sup> |               |             |                         |                                     |           |                                    |                                                |                                              |                                        |            |                                       |     |           |                                    |       |                |                   |  |
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|                                               |                                                                        |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            | Reportable Individual <sup>2</sup>                    | Wagner-Peyser | WIOA Adults | WIOA Dislocated Workers | WIOA Youth Dislocated Worker Grants | (HWS) TIA | Native American Job Program (NAJP) | Indian and Alaska Native American Program (NA) | Ready Employment Opportunities (REO) (Adult) | Ready Employment Opportunities (Youth) | YouthBuild | Jobs for Veterans' State Grants (JVS) | HIB | Job Corps | Incumbent Worker (Adult/NW funded) | SCSEP | Apprenticeship | Demolition Grants |  |
| 1104                                          | Most Recent Date Received Staff-Assisted Job Search Activities         | DT 8                       | Record the most recent date that the participant was provided job search activities with significant staff involvement, and which are designed to help the participant plan and carry out a successful job hunting strategy. The services include resume preparation assistance, job search workshops, job finding clubs, and development of a job search plan.<br>"Resume Assistance" - Providing instructions on the content and format of resumes and cover letters and providing assistance in the development and production of the same.<br>"Job Search Workshops" - An organized activity that provides instructions on resume writing, application preparation, interviewing skills, and/or job lead development.<br>"Job Finding Clubs" - Have all the elements of a Job Search Workshop, plus a period of structured application where participants attempt to obtain jobs.<br>"Job Search Planning" - Development of a plan (not necessarily a written plan) that includes the necessary steps and timetables to achieve employment in specific occupational, industry, or geographic area.<br><br>Leave blank if the participant did not receive a job search activity with significant staff involvement.<br><br>Additional Note: This definition excludes participants who receive workforce information services or attend a TAP employment workshop. Those services will be collected and reported separately.                                                                                                 | YYYYMMDD   |                                                       | R             | R           | R                       |                                     |           |                                    |                                                |                                              |                                        |            | R                                     |     |           |                                    |       |                | R                 |  |
| 1105                                          | Most Recent Date Referred to Employment                                | DT 8                       | Indicate the most recent date that the participant received a referral to employment which included significant staff involvement. A referral to employment is (a) the act of bringing to the attention of an employer a job seeker or group of registered job seekers who are available for a job and (b) the record of such a referral.<br>Leave blank if the participant did not receive a referral to employment.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | YYYYMMDD   |                                                       | R             | R           | R                       |                                     |           |                                    |                                                |                                              |                                        |            | R                                     |     |           | R                                  |       |                | R                 |  |
| 1106                                          | Most Recent Date Referred to Federal Training                          | DT 8                       | Record the most recent date that the participant was referred to a training program supported by the Federal Government, such as WIOA-funded projects, TAN, Adult Education, Vocational Rehabilitation and Job Corps.<br>Leave blank if the participant did not receive a referral to federal training.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | YYYYMMDD   |                                                       | R             | R           | R                       |                                     |           |                                    |                                                |                                              |                                        |            | R                                     |     |           | R                                  |       |                | R                 |  |
| 1107                                          | Most Recent Date Placed in Federal Training                            | DT 8                       | Record the most recent date on which the participant entered any training program supported by the Federal Government, such as WIOA-funded projects, TAN, Adult Education, Vocational Rehabilitation and Job Corps.<br>Leave blank if the participant did not enter any training program supported by the Federal Government.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | YYYYMMDD   |                                                       | R             | R           | R                       |                                     |           |                                    |                                                |                                              |                                        |            | R                                     |     |           | R                                  |       |                | R                 |  |
| 1108                                          | Most Recent Date Referred to Federal Job                               | DT 8                       | Record the most recent date that the participant was referred to a job opening filed with a placement office by a department or agency of the Federal Government or other entity under the jurisdiction of the U.S. Office of Personnel Management. For example, a job posting with USAJOBS.<br>Leave blank if the participant did not receive a referral to a Federal job.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | YYYYMMDD   |                                                       | R             | R           | R                       |                                     |           |                                    |                                                |                                              |                                        |            | R                                     |     |           | R                                  |       |                | R                 |  |
| 1109                                          | Most Recent Date Referred to Federal Contractor Job                    | DT 8                       | Record the most recent date that the participant who is a disabled veteran, campaign veteran, or recently separated veteran was referred to a job opening listed by an employer identified as a Federal contractor.<br>Leave blank if the participant did not receive a referral to a job opening listed by an employer identified as a Federal contractor.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | YYYYMMDD   |                                                       | R             | R           | R                       |                                     |           |                                    |                                                |                                              |                                        |            | R                                     |     |           |                                    |       |                | R                 |  |
| 1110                                          | Most Recent Date Entered into Federal Job                              | DT 8                       | Record the most recent date a job seeker entered into a job filed with a placement office by a department or agency or other entity under the jurisdiction of the U.S. Office of Personnel Management. Leave blank if the participant was not placed into a Federal job.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | YYYYMMDD   |                                                       | R             | R           | R                       |                                     |           |                                    |                                                |                                              |                                        |            | R                                     |     |           |                                    |       |                | R                 |  |
| 1111                                          | Most Recent Date Entered into Federal Contractor Job                   | DT 8                       | Record the most recent date a job seeker who is either a special disabled veteran, campaign veteran, or recently separated veteran entered into a Federal Contractor Job.<br>Leave blank if the participant was not placed into a federal contractor job.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | YYYYMMDD   |                                                       | R             | R           | R                       |                                     |           |                                    |                                                |                                              |                                        |            | R                                     |     |           |                                    |       |                | R                 |  |
| 1112                                          | Most Recent Date Received Unemployment Insurance (UI) Claim Assistance | DT 8                       | Indicate the most recent date a job seeker was provided meaningful assistance in filing a UI claim.<br>Leave blank if the participant did not receive unemployment insurance claim assistance.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | YYYYMMDD   |                                                       | R             | R           | R                       |                                     |           |                                    |                                                |                                              |                                        |            | R                                     |     |           |                                    |       |                | R                 |  |
| 1113                                          | Most Recent Date Referred to Other Federal/State Assistance            | DT 8                       | Record the most recent date a job seeker was referred to Other Federal/State Assistance. This may include Supplemental Nutrition Assistance Program (SNAP) benefits, Temporary Assistance for Needy Families (TANF), health insurance assistance, child support assistance, tax preparation support, and any other Federal or State assistance programs.<br>Leave blank if the participant was not referred to Other Federal/State assistance.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | YYYYMMDD   |                                                       | R             | R           | R                       |                                     |           |                                    |                                                |                                              |                                        |            | R                                     |     |           | R                                  |       |                | R                 |  |
| 1114                                          | Referred to Jobs for Veterans State Grants (JVS) Services              | IN 1                       | Record 1 if the participant was referred to JVS services due to significant barrier to employment.<br>Record 2 if the participant was referred to JVS services due to TSM identified as in need of individualized career services.<br>Record 3 if the participant was referred to JVS services as wounded, ill, or injured located at a military treatment facility, or his or her caregiver.<br>Record 4 if the participant was referred to JVS services for reasons other than those listed above.<br>Record 5 if the participant was referred to JVS due to serving in the military during the Vietnam era of August 1964 to May 1975.<br>Record 6 if the participant was not referred to JVS services.<br>Leave blank if this data element does not apply to the participant.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            |                                                       | R             | R           | R                       |                                     |           |                                    |                                                |                                              |                                        |            | R                                     |     |           | R                                  |       |                | R                 |  |
| 1115                                          | Referred to Department of Veterans Affairs (VA) Services               | IN 1                       | Record 1 if the participant was referred for Vocational Rehabilitation and Employment (VR&E) determination.<br>Record 2 if the participant was referred to Post-9/11 GI Bill benefits.<br>Record 3 if the participant was referred to Montgomery GI Bill benefits.<br>Record 4 if the participant was referred to both the Post-9/11 GI Bill and to the Montgomery GI Bill.<br>Record 5 for all other referrals for services from the Department of Veterans Affairs (VA). These include referrals for PTSD and TBI treatment and substance abuse assistance to identify the most common.<br>Leave blank if this data element does not apply to the participant.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            |                                                       | R             | R           | R                       |                                     |           |                                    |                                                |                                              |                                        |            | R                                     |     |           | R                                  |       |                | R                 |  |
| 1116                                          | Most Recent Date Received Staff-Assisted Basic Career Services (Other) | DT 8                       | Record the most recent date on which the participant received basic career services requiring a significant expenditure of staff involvement, if said basic career service is not otherwise recorded in data elements 1102-1115. These additional basic career services may include, but are not limited to, (a) nonemployment services; (b) federal bonding program; (c) job development contacts; (d) referrals to educational services; and (e) tax credit eligibility determination.<br>Leave blank if the participant did not receive any other basic career services.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | YYYYMMDD   |                                                       | R             | R           | R                       |                                     |           |                                    |                                                | R                                            |                                        |            | R                                     |     |           | R                                  |       |                | R                 |  |
| SECTION C.03 - INDIVIDUALIZED CAREER SERVICES |                                                                        |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |                                                       |               |             |                         |                                     |           |                                    |                                                |                                              |                                        |            |                                       |     |           |                                    |       |                |                   |  |
| 1200                                          | Date of First Individualized Career Service                            | DT 8                       | Record the first date the participant received any individualized career service on or after the date of participation. Individualized Career Services include development of an individual Employment Plan, Pre-Vocational Services, provision of comprehensive skills and career assessments, internships or work experiences, financial literacy services, English as Second Language Services, or any other service that comprises a significant amount of staff time with an individual participant as described in WIOA sec. 1346(c)(2)(B)(i).<br>Leave blank if the participant did not receive any individualized career service or this data element does not apply to the individual.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | YYYYMMDD   |                                                       | R             | R           | R                       |                                     |           | R                                  | R                                              | R                                            | R                                      | R          | R                                     |     |           |                                    | R     |                | R                 |  |
| 1201                                          | Most Recent Date Received Individualized Career Service                | DT 8                       | Record the most recent date on which the participant received individualized career services as described in WIOA sec. 1346(c)(2)(B)(i).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | YYYYMMDD   |                                                       | R             | R           | R                       |                                     |           | R                                  | R                                              | R                                            | R                                      |            | R                                     |     |           | R                                  |       |                | R                 |  |
| 1202                                          | Date Individual Employment Plan Created                                | DT 8                       | Record the date on which the participant's Individual Employment Plan (IEP) was created or otherwise established to identify the participant's employment goals, their appropriate achievement objectives, and the appropriate combination of services for the participant to achieve the employment goals.<br>Leave blank if an employment plan was not created for the participant, or if the individual is not a participant.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | YYYYMMDD   |                                                       | R             | R           | R                       |                                     |           | R                                  |                                                | R                                            |                                        |            | R                                     |     |           | R                                  |       |                | R                 |  |
| 1203                                          | Most Recent Date Received Internship or Work Experience opportunities  | DT 8                       | Record the most recent date on which the participant received an internship or work experience opportunity directly linked to a career.<br>Leave blank if the participant did not receive an internship or work experience opportunity or this data element does not apply to the participant.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | YYYYMMDD   |                                                       | R             | R           | R                       |                                     |           | R                                  |                                                | R                                            |                                        |            | R                                     | R   | R         | R                                  |       |                | R                 |  |
| 1205                                          | Type of Work Experience                                                | IN 1                       | If the participant received work experience, record the appropriate code to indicate the type of work experience provided to the participant.<br>Record 1 if the participant participated in summer employment or an internship during the summer months (WIOA Youth).<br>Record 2 if the participant participated in an internship or employment opportunity during the non-summer months or if it extends beyond the summer months.<br>Record 3 if the participant participated in a pre-apprenticeship program.<br>Record 4 if the participant participated in job shadowing.<br>Record 5 if the participant participated in on-the-job training (WIOA Youth).<br>Record 6 if the participant participated in a transitional job, as defined in WIOA Section 1346(d)(5).<br>Record 7 if the participant participated in another type of work experience not covered in 1 through 5.<br>Record 0 if the participant did not participate in a work experience.<br>Leave blank if this data element does not apply to the participant.<br><br>NOTE: Code Value 6 should only be selected when other work experience opportunities are provided that are not captured elsewhere. This code value is also for use with Adult, Dislocated Worker, and Dislocated Worker Grants programs only.<br>NOTE: If employment opportunities not limited to summer months are part of a pre-apprenticeship program, or if on-the-job training for WIOA Youth is part of a pre-apprenticeship program, choose Code 3 for pre-apprenticeship. |            |                                                       | R             | R           | R                       | R                                   |           | R                                  | R                                              | R                                            | R                                      | R          | R                                     | R   | R         |                                    |       |                | R                 |  |
| 1206                                          | Date Received Financial Literacy Services                              | DT 8                       | Record the date, at any time during participation in the program, that the participant received any financial literacy services. They may include services that help with creating budgets, initiate checking and savings accounts at banks, applying for and managing loans and credit cards, learning about credit reports and credit scores, and identifies identity theft.<br>Leave blank if this data element does not apply to the participant.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | YYYYMMDD   |                                                       | R             | R           | R                       |                                     |           | R                                  |                                                |                                              |                                        |            | R                                     |     |           |                                    |       |                | R                 |  |
| 1207                                          | Date Received English as Second Language Services                      | DT 8                       | Record the date, at any time during participation in the program, that the participant received any English as a second language service or training. ESL services are those services provided to participants whose primary language is not English. These services are designed to increase the English language proficiency of the participant so they can attain training and/or employment success.<br>Leave blank if this data element does not apply to the participant.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | YYYYMMDD   |                                                       | R             | R           | R                       |                                     |           | R                                  |                                                |                                              |                                        |            | R                                     |     |           | R                                  |       |                | R                 |  |

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

| DATA ELEMENT NO. | DATA ELEMENT NAME                                                           | DATA TYPE/<br>FIELD LENGTH | DATA ELEMENT DEFINITIONS/INSTRUCTIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | CODE VALUE                     | REQUIREMENTS BY PROGRAM OF PARTICIPATION <sup>1</sup> |               |             |                         |                                     |           |                                          |                                          |                                          |                                          |                                          |                                          |                                          |                                          |                                          |                                          |                                          |                                          |
|------------------|-----------------------------------------------------------------------------|----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-------------------------------------------------------|---------------|-------------|-------------------------|-------------------------------------|-----------|------------------------------------------|------------------------------------------|------------------------------------------|------------------------------------------|------------------------------------------|------------------------------------------|------------------------------------------|------------------------------------------|------------------------------------------|------------------------------------------|------------------------------------------|------------------------------------------|
|                  |                                                                             |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                | Reportable Individual <sup>2</sup>                    | Wagner-Peyser | WIOA Adults | WIOA Dislocated Workers | WIOA Youth Dislocated Worker Grants | (HWE)-TAA | Native (U.S. American) Job Program (NFP) | Native (U.S. American) Job Program (NFP) | Native (U.S. American) Job Program (NFP) | Native (U.S. American) Job Program (NFP) | Native (U.S. American) Job Program (NFP) | Native (U.S. American) Job Program (NFP) | Native (U.S. American) Job Program (NFP) | Native (U.S. American) Job Program (NFP) | Native (U.S. American) Job Program (NFP) | Native (U.S. American) Job Program (NFP) | Native (U.S. American) Job Program (NFP) | Native (U.S. American) Job Program (NFP) |
| 1210             | Received Pre-Vocational Activities                                          | DT 8                       | Record the date at any time during the individual's participation in the program that they received short-term pre-vocational services, including development of learning skills, communication skills, interviewing skills, punctuality, personal maintenance skills, and professional conduct to prepare individuals for unsubsidized employment or training. Leave blank if this data element does not apply to the participant.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | YYYYMMDD                       |                                                       | R             | R           | R                       |                                     | R         |                                          |                                          |                                          |                                          |                                          |                                          |                                          |                                          |                                          |                                          |                                          |                                          |
| 1211             | Transitional Jobs                                                           | IN 2                       | Record 1 if the participant received work experience at a transitional job as described in WIOA Section 1346(d)(3). Record 0 if the participant did not receive transitional jobs training as described above.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 1 = Transitional Job<br>0 = No |                                                       | R             | R           | R                       |                                     | R         |                                          |                                          |                                          |                                          |                                          |                                          |                                          |                                          |                                          |                                          |                                          | R                                        |
| 1213             | Most Recent Date Received Individualized Career Service (DVOP)              | DT 8                       | Record the most date on which the participant received individualized career services (excluding case management) from a DVOP specialist, as described as "intensive services" in Veteran's Program Letter 07-10. This includes the provision of a combination of a) a comprehensive assessment and b) the development of an participant employment plan. Upon receipt of both of these services, the participant can be reported as receiving a single instance of individualized career services. Please note that states should not report provision of adult basic education and literacy activities as part of this specification. Receipt of individualized career services with significant staff involvement also does not require prior participation in "career services." Leave blank if the participant did not receive individualized Career Services or this data element does not apply to the participant. | YYYYMMDD                       |                                                       | R             |             |                         |                                     |           |                                          |                                          |                                          |                                          |                                          |                                          |                                          |                                          |                                          |                                          |                                          | R                                        |
| 1214             | Most Recent Date Received Job Search Activities (DVOP)                      | DT 8                       | Record the most recent date that a participant was provided job search activities which are designed to help the participant plan and carry out a successful job hunting strategy by a DVOP staff person. The services include resume preparation assistance, job search workshops, job finding clubs, and development of a job search plan. Leave blank if the participant did not receive a job search activity or this data element does not apply to the participant.                                                                                                                                                                                                                                                                                                                                                                                                                                                  | YYYYMMDD                       |                                                       | R             |             |                         |                                     |           |                                          |                                          |                                          |                                          |                                          |                                          |                                          |                                          |                                          |                                          |                                          | R                                        |
| 1215             | Most Recent Date Referred to Employment (DVOP)                              | DT 8                       | Record the most recent date that a participant was referred to employment by a DVOP staff person. A referral to employment is (a) the act of bringing to the attention of an employer a job seeker or group of registered job seekers who are available for a job and (b) the record of such a referral. Leave blank if the participant did not receive a referral to employment or this data element does not apply to the participant.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | YYYYMMDD                       |                                                       | R             |             |                         |                                     |           |                                          |                                          |                                          |                                          |                                          |                                          |                                          |                                          |                                          |                                          |                                          | R                                        |
| 1216             | Most Recent Date Referred to Federal Training (DVOP)                        | DT 8                       | Record the most recent date that a participant was referred by a DVOP staff person to a training program supported by the Federal Government, such as WIOA-funded projects, TAA, NAFITA, and Job Corps. This definition does include DVA-OUT. Leave blank if the participant did not receive a referral to Federal training or this data element does not apply to the participant.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | YYYYMMDD                       |                                                       | R             |             |                         |                                     |           |                                          |                                          |                                          |                                          |                                          |                                          |                                          |                                          |                                          |                                          |                                          | R                                        |
| 1217             | Most Recent Date Referred to Federal Job (DVOP)                             | DT 8                       | Record the most recent date that the participant was referred by a DVOP staff person to a job opening listed with a placement office by a department or agency of the Federal government or other entity under the jurisdiction of the U.S. Office of Personnel Management. Leave blank if the participant did not receive a referral to a Federal job or this data element does not apply to the participant.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | YYYYMMDD                       |                                                       | R             |             |                         |                                     |           |                                          |                                          |                                          |                                          |                                          |                                          |                                          |                                          |                                          |                                          |                                          | R                                        |
| 1218             | Most Recent Date Referred to Federal Contractor Job (DVOP)                  | DT 8                       | Record the most recent date that the participant who is a disabled veteran, campaign veteran, or recently separated veteran was referred by a DVOP staff person to a job opening listed by an employer identified as a Federal contractor. Leave blank if the participant did not receive a referral to a job opening listed by an employer identified as a Federal contractor or this data element does not apply to the participant.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | YYYYMMDD                       |                                                       | R             |             |                         |                                     |           |                                          |                                          |                                          |                                          |                                          |                                          |                                          |                                          |                                          |                                          |                                          | R                                        |
| 1219             | Most Recent Date Received Other Staff-Assisted Basic Career Services (DVOP) | DT 8                       | Record the most recent date on which the individual received other services requiring a significant expenditure of DVOP staff time. These additional career services may include, but are not limited to: (a) reemployment services; (b) federal bonding program; (c) job development contacts; (d) referrals to educational services; and (e) tax credit eligibility determination. Leave blank if the participant did not receive any other career services with significant staff involvement.                                                                                                                                                                                                                                                                                                                                                                                                                          | YYYYMMDD                       |                                                       | R             |             |                         |                                     |           |                                          |                                          |                                          |                                          |                                          |                                          |                                          |                                          |                                          |                                          |                                          | R                                        |
| 1220             | Most Recent Date Received Career Guidance Services (DVOP)                   | DT 8                       | Record the most recent date that a participant received career guidance services, which includes the provision of information, materials, suggestions, or advice by DVOP staff intended to assist the job seeker in making occupation or career decisions. Leave blank if the participant did not receive a career guidance service.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | YYYYMMDD                       |                                                       | R             |             |                         |                                     |           |                                          |                                          |                                          |                                          |                                          |                                          |                                          |                                          |                                          |                                          |                                          | R                                        |
| 1221             | Most Recent Date Entered Federal Job (DVOP)                                 | DT 8                       | Indicate the most recent date a job seeker entered into a job listed with a placement office by a department or agency or other entity under the jurisdiction of the U.S. Office of Personnel Management (DVOP). Leave blank if the participant did not begin a federal job.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | YYYYMMDD                       |                                                       | R             |             |                         |                                     |           |                                          |                                          |                                          |                                          |                                          |                                          |                                          |                                          |                                          |                                          |                                          | R                                        |
| 1222             | Most Recent Date Entered Federal Contractor Job (DVOP)                      | DT 8                       | Indicate the most recent date a job seeker who is either a special disabled veteran, campaign veteran, or recently separated veteran entered into a Federal Contractor Job (DVOP). Leave blank if the participant did not begin working in a Federal Contractor Job.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | YYYYMMDD                       |                                                       | R             |             |                         |                                     |           |                                          |                                          |                                          |                                          |                                          |                                          |                                          |                                          |                                          |                                          |                                          | R                                        |

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

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

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

| DATA ELEMENT NO. | DATA ELEMENT NAME                                                                                                                                | DATA TYPE/<br>FIELD LENGTH | DATA ELEMENT DEFINITIONS/INSTRUCTIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | CODE VALUE                                                                                                                      | REQUIREMENTS BY PROGRAM OF PARTICIPATION <sup>1</sup> |               |             |                         |                                     |           |                                      |                                          |                                                |                                                |            |                                       |     |           |                                    |       |                |
|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|---------------|-------------|-------------------------|-------------------------------------|-----------|--------------------------------------|------------------------------------------|------------------------------------------------|------------------------------------------------|------------|---------------------------------------|-----|-----------|------------------------------------|-------|----------------|
|                  |                                                                                                                                                  |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                 | Reportable Individual <sup>2</sup>                    | Wagner-Peyser | WIOA Adults | WIOA Dislocated Workers | WIOA Youth Dislocated Worker Grants | (HWS)-TAA | Region 1 (American Job Program NIJP) | Self as a Veteran American Program (TAA) | Reentry Employment Opportunities (REO) (Adult) | Reentry Employment Opportunities (REO) (Youth) | YouthBuild | Jobs for Veterans' State Grants (JVS) | HUB | Job Corps | Incumbent Worker (Adult/DW funded) | SCSEP | Apprenticeship |
| 1318             | Date Completed, or Withdrew from, Training #3                                                                                                    | DT 8                       | Record the date when the participant completed training or withdrew permanently from training. If multiple training services were received, record the most recent date on which the participant completed training. Leave blank if the participant did not receive a third training service or this data element does not apply to the participant.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | YYYYMMDD                                                                                                                        |                                                       |               | R           | R                       | R                                   | R         | R                                    | R                                        | R                                              | R                                              | R          | R                                     | R   | R         | R                                  | R     |                |
| 1319             | Established Individual Training Account (ITA)                                                                                                    | IN 1                       | Record 1 if any of the individual's services were purchased utilizing an Individual Training Account funded by WIOA Title I. This information can be updated anytime during participation. Record 0 if the individual does not meet the condition described above. Leave blank if this data element does not apply to the participant.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1 = Yes<br>0 = No                                                                                                               |                                                       |               | R           | R                       | R                                   | R         | R                                    |                                          |                                                |                                                | R          |                                       |     |           |                                    | R     |                |
| 1320             | Pell Grant Recipient                                                                                                                             | IN 1                       | Record 1 if the participant is or has been notified s/he will be receiving a Pell Grant at any time during participation in the program. This information may be updated at any time during participation in the program. Record 0 if the participant does not meet the condition described above. Leave blank if this data element does not apply to the participant or if unavailable.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 1 = Yes<br>0 = No                                                                                                               |                                                       |               | R           | R                       | R                                   | R         | R                                    |                                          |                                                |                                                | R          |                                       |     |           | R                                  | R     |                |
| 1321             | Waiver from Training Requirement                                                                                                                 | IN 1                       | Use the appropriate code to indicate the reason for which a waiver from the training requirements was issued to the participant. Record 0 if the participant did not receive a training waiver. Leave blank if this data element does not apply to the participant.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 1 = Recall<br>2 = Marketable Skills<br>3 = Retirement<br>4 = Health<br>5 = Enrollment Unavailable<br>6 = Training Not Available |                                                       |               |             |                         |                                     |           | R                                    |                                          |                                                |                                                |            |                                       |     |           |                                    | R     |                |
| 1322             | <del>Date of Most Recent Case Management and Reemployment Service</del><br><del>Date of Most Recent Case Management and Employment Service</del> | DT 8                       | Record the date on which the participant received his or her most recent Case Management and Reemployment Service. Leave blank if this does not apply to the participant.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | YYYYMMDD                                                                                                                        |                                                       |               |             |                         |                                     |           | R                                    |                                          |                                                |                                                |            |                                       |     |           |                                    | R     |                |
| 1323             | Date Waiver From Training Requirement Issued                                                                                                     | DT 8                       | Record the date on which the participant received his or her most recent waiver from training. Leave blank if this does not apply to the participant.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | YYYYMMDD                                                                                                                        |                                                       |               |             |                         |                                     |           | R                                    |                                          |                                                |                                                |            |                                       |     |           |                                    | R     |                |
| 1324             | Current Quarter Training Expenditures                                                                                                            | DE 9.2                     | Record the dollar amount of training expenditures accrued in the current report quarter for the participant. Leave blank if this does not apply to the participant.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | X000000.00                                                                                                                      |                                                       |               |             |                         |                                     |           | R                                    |                                          |                                                |                                                |            |                                       |     |           |                                    | R     |                |
| 1325             | Total Training Expenditures                                                                                                                      | DE 9.2                     | Record the dollar amount of training expenditures accrued thus far in participant's training. Accrual expenditures are defined as the sum of actual cash disbursements for direct charges for goods and services; the amount of indirect expenses charged to the award; minus any rebates, refunds, or other credits; plus the total costs of all goods and property received or services performed, whether an invoice has been received or a cash payment has occurred. Accrual expenditures are to be recorded in the reporting quarter in which they occur, regardless of when the related cash receipts and disbursements take place. This item includes: (1) Tuition; facility and training costs, books and laboratory fees, and/or equipment expenses approved by the State agency; (2) Travel allowances; (3) Subsistence allowances. Leave blank if this does not apply to the participant. | X000000.00                                                                                                                      |                                                       |               |             |                         |                                     |           | R                                    |                                          |                                                |                                                |            |                                       |     |           |                                    | R     |                |
| 1326             | Training Costs-Amount of Overpayment                                                                                                             | DE 9.2                     | Record the amount of the Training Cost Overpayment. This amount may be updated on a cumulative basis. Leave blank if this does not apply to the participant.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | X000000.00                                                                                                                      |                                                       |               |             |                         |                                     |           | R                                    |                                          |                                                |                                                |            |                                       |     |           |                                    | R     |                |
| 1327             | Training Costs - Overpayment Waiver                                                                                                              | IN 1                       | Record 1 if there was a TAA Training overpayment waiver to be recorded in the quarter it is issued and continues through last quarter of reporting. This will include Job Search and Reintegration Overpayments. Leave blank if this does not apply to the participant.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1 = Yes<br>0 = No                                                                                                               |                                                       |               |             |                         |                                     |           | R                                    |                                          |                                                |                                                |            |                                       |     |           |                                    | R     |                |
| 1328             | <del>Distance Learning Training Provided Virtual/Online</del>                                                                                    | IN 1                       | Record the method in which training was delivered to the participant at any time during program participation. Record 1 if the participant received training through virtual/online methods only; <del>distance learning</del> . Record 2 if the participant received training through a combination of in-person and virtual/online methods. Record 0 if the participant received training through only in-person methods. <del>did not receive any services under the condition described above.</del> Leave blank if the participant did not receive training at any point during program participation. <del>condition describe above does not apply to the participant.</del>                                                                                                                                                                                                                    | 1 = Virtual/Online <del>Yes</del><br>2 = Mix of In-person and Virtual/Online<br>0 = No Virtual/Online, In-person Only           |                                                       |               | R           | R                       | R                                   | R         | R                                    |                                          |                                                | R                                              |            | R                                     | R   |           | R                                  | R     |                |
| 1329             | Part Time Training                                                                                                                               | IN 1                       | Record 1 if the participant received part time training. <del>on the report quarter.</del> Record 0 if the participant did not receive any services under the condition described above. Leave blank if the individual was not a TAA participant.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1 = Yes<br>0 = No                                                                                                               |                                                       |               |             |                         |                                     |           | R                                    |                                          |                                                |                                                |            |                                       |     |           |                                    | R     |                |

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

| DATA ELEMENT NO.                                                        | DATA ELEMENT NAME                                                                                                | DATA TYPE/<br>FIELD LENGTH | DATA ELEMENT DEFINITIONS/INSTRUCTIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | CODE VALUE                                                                                                 | REQUIREMENTS BY PROGRAM OF PARTICIPATION <sup>1</sup> |               |             |                         |                                     |            |                                       |                                           |                                                |                                                |            |                                       |     |           |                                    |       |                |                        |   |  |
|-------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|---------------|-------------|-------------------------|-------------------------------------|------------|---------------------------------------|-------------------------------------------|------------------------------------------------|------------------------------------------------|------------|---------------------------------------|-----|-----------|------------------------------------|-------|----------------|------------------------|---|--|
|                                                                         |                                                                                                                  |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                            | Reportable Individual <sup>2</sup>                    | Wagner-Peyser | WIOA Adults | WIOA Dislocated Workers | WIOA Youth Dislocated Worker Grants | (WIOA) TAN | Jobs for Veterans' State Grants (JVG) | Self as a Veteran, American Program (SAV) | Reentry Employment Opportunities (REO) (Adult) | Reentry Employment Opportunities (REO) (Youth) | YouthBuild | Jobs for Veterans' State Grants (JVG) | HIB | Job Corps | Incumbent Worker (Adult/OW funded) | SCSEP | Apprenticeship | Democratization Grants |   |  |
| 1330                                                                    | Adversely Affected Incumbent Worker                                                                              | IN 1                       | Record 1 if the participant received services prior to his or her separation date from qualifying trade-affected employment.<br><br>Record 0 if the participant did not receive any services under the condition described above.<br>Leave blank if this does not apply to the participant.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 1 = Yes<br>0 = No                                                                                          |                                                       |               |             |                         |                                     |            | R                                     |                                           |                                                |                                                |            |                                       |     |           |                                    |       |                |                        | R |  |
| 1331                                                                    | Training Leading to an Associate's Degree                                                                        | IN 1                       | Record 1 if the participant is enrolled in training that will lead to an associate's degree.<br>Record 0 if the participant did not receive any services under the condition described above.<br>Leave blank if this does not apply to the participant.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 1 = Yes<br>0 = No                                                                                          |                                                       |               |             |                         |                                     |            | R                                     |                                           |                                                |                                                |            |                                       | R   |           |                                    |       |                |                        | R |  |
| 1332                                                                    | Participated in Postsecondary Education During Program Participation (WIOA)                                      | IN 1                       | Record 1 if the participant was in a postsecondary education program that leads to a credential or degree from an accredited postsecondary education institution at any point during program participation.<br>Record 0 if the participant was not in a postsecondary education program that leads to a credential or degree from an accredited postsecondary education institution during program participation, which includes if the participant was enrolled in a postsecondary education program that does not lead to a credential or degree from an accredited postsecondary education institution at any point during program participation.<br><del>Leave blank if this does not apply to the participant.</del><br><del>Leave blank if the participant was not in a postsecondary education program, as defined in program specific guidance.</del><br>Note: This data element relates to the credential indicator denominator and those who are recorded as 1 are included in the credential rate denominator. This element is a subset of PRL 1811. Do not record 1 if the participant was first enrolled in postsecondary education after exiting the program.                                                                                                                                                                                                                                                                                                                                                                   | 1 = Yes, Participated in Postsecondary Education<br>0 = No, Did Not Participate in Postsecondary Education |                                                       |               | R           | R                       | R                                   | R          | R                                     | R                                         | R                                              | R                                              | R          | R                                     |     | R         | R                                  |       | R              | R                      | R |  |
| 1333                                                                    | Received training from program(s) operated by the private sector                                                 | IN 1                       | Record 1 if the participant received training services from one or more programs operated by the private sector under WIOA sec. 134 (c)(3)(D)(v).<br>Record 0 if the participant did not receive training services from a program operated by the private sector under WIOA sec. 134 (c)(3)(D)(v).<br>Leave blank if the participant did not receive training.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1 = Yes<br>0 = No                                                                                          |                                                       |               | R           | R                       | R                                   | R          |                                       |                                           |                                                |                                                |            |                                       |     |           |                                    |       |                | R                      | R |  |
| SECTION C.05 - YOUTH PROGRAM SERVICES/ELEMENTS (Not Captured Elsewhere) |                                                                                                                  |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                            |                                                       |               |             |                         |                                     |            |                                       |                                           |                                                |                                                |            |                                       |     |           |                                    |       |                |                        |   |  |
| 1401                                                                    | Enrolled in Secondary Education Program (WIOA)                                                                   | IN 1                       | Record 1 if the participant was enrolled in a Secondary Education Program at or above the 9th Grade level. A Secondary Education program includes both secondary school and enrollment in a program of study with instruction designed to lead to a high school equivalent credential. Examples may include adult high school credit programs and programs designed to prepare participants to pass recognized high school equivalency exams such as the GED, HiSET, or TASC. Programs of study designed to teach English proficiency skills or literacy skills below the 9th grade equivalent are not considered Secondary Education Programs. States may use this coding value if the participant was either already enrolled in education or training at the time of application to the program OR became enrolled in an education or training program at or above the 9th Grade level at any point while participating in the program.<br>Record 0 if the participant was not enrolled in a secondary education program at or above the 9th grade level.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 1 = Yes<br>0 = No                                                                                          |                                                       |               | R           | R                       | R                                   | R          | R                                     | R                                         | R                                              | R                                              | R          | R                                     |     | R         | R                                  |       |                | R                      | R |  |
| 1402                                                                    | Most Recent Date Received Educational Achievement Services                                                       | DT 8                       | Record the most recent date on which the participant received an educational achievement service. Educational achievement services include, but are not limited to tutoring, study skills training, instruction, and evidence-based dropout prevention and recovery strategies that lead to completion of the requirements for a secondary school diploma or its recognized equivalent (including a recognized certificate of attendance or similar document for individuals with disabilities) or for a recognized postsecondary credential.<br>Leave blank if the participant did not receive educational achievement services or this data element does not apply to the individual.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | YYYYMMDD                                                                                                   |                                                       |               |             |                         | R                                   |            |                                       |                                           |                                                |                                                | R          | R                                     |     |           |                                    | R     |                |                        | R |  |
| 1403                                                                    | Most Recent Date Received Alternative Secondary School Services                                                  | DT 8                       | Record the most recent date on which the participant received alternative secondary school services, or dropout recovery services, as appropriate.<br>Leave blank if the participant did not receive alternative secondary school services or dropout recovery services.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | YYYYMMDD                                                                                                   |                                                       |               |             |                         | R                                   |            |                                       |                                           |                                                |                                                | R          | R                                     |     |           |                                    |       |                |                        | R |  |
| 1405                                                                    | Most Recent Date Received Work Experience Opportunities                                                          | DT 8                       | Record the most recent date on which the youth participant received work experience opportunities that have as a component academic and occupational education. Work experiences are a planned, structured learning experience that takes place in a workplace for a limited period of time. Work experiences include: summer employment opportunities and other employment opportunities available throughout the school year; pre-apprenticeship programs; internships and job shadowing; and on-the-job training opportunities.<br>Leave blank if the participant did not receive work experience opportunities or this data element does not apply to the participant.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | YYYYMMDD                                                                                                   |                                                       |               |             |                         | R                                   |            |                                       |                                           |                                                |                                                | R          | R                                     | R   |           |                                    |       |                |                        | R |  |
| 1406                                                                    | Date Enrolled in Post Exit Education or Training Program Leading to a Recognized Postsecondary Credential (WIOA) | DT 8                       | Record the first date after exit that the participant is enrolled in or attended an education or training program that leads to a recognized postsecondary credential after program exit.<br><br>NOTE: This element only applies to participants who exited secondary education and obtained a secondary school diploma or its equivalent per Sec. 116(b)(5)(A)(iii). This data element applies to the Credential Rate Indicator.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | YYYYMMDD                                                                                                   |                                                       |               | R           | R                       | R                                   | R          | R                                     | R                                         | R                                              | R                                              | R          | R                                     |     | R         | R                                  |       |                | R                      | R |  |
| 1407                                                                    | Most Recent Date Received Education Offered Concurrently with Workforce Preparation                              | DT 8                       | Record the most recent date on which the participant received education offered concurrently with and in the same context as workforce preparation activities and training for a specific occupation or occupational cluster.<br>Leave blank if the participant did not receive education offered concurrently with workforce preparation.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | YYYYMMDD                                                                                                   |                                                       |               |             |                         | R                                   |            |                                       |                                           |                                                |                                                |            | R                                     |     |           |                                    |       |                |                        | R |  |
| 1408                                                                    | Most Recent Date Received Leadership Development Opportunities                                                   | DT 8                       | Record the most recent date on which the participant received services that include, but are not limited to, opportunities that may include community service and peer-centered activities encouraging responsibility and other positive social and civic behaviors, as appropriate.<br>Leave blank if the participant did not receive a leadership development service or this data element does not apply to the participant.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | YYYYMMDD                                                                                                   |                                                       |               |             |                         | R                                   |            |                                       |                                           |                                                |                                                | R          | R                                     | R   |           |                                    |       |                |                        | R |  |
| 1409                                                                    | Most Recent Date Received Supportive Services                                                                    | DT 8                       | Record the most recent date on which the participant received a supportive service (WIOA section 134(b)(2)) which include, but are not limited to, assistance with transportation, child care, dependent care, and housing that are necessary to enable the participant to participate in programs which provide career and training services as defined in WIOA sec. 134(c)(2) and 134(c)(3). Support services for youth participants include: (a) linkages to community services; (b) assistance with transportation; (c) assistance with child care and dependent care; (d) assistance with housing; (e) needs-related payments; (f) assistance with educational testing; (g) reasonable accommodations for youth with disabilities; (h) referral to healthcare; (i) assistance with uniforms or other appropriate work attire and work-related tools, including such items as eye glasses and protective eye gear; (j) assistance with books, fees, school supplies, and other necessary items for students enrolled in postsecondary education classes; and (k) payments and fees for employment and training-related applications, tests, and certifications.<br>Leave blank if the participant did not receive supportive services or this data element does not apply to the participant.                                                                                                                                                                                                                                             | YYYYMMDD                                                                                                   |                                                       |               | R           | R                       | R                                   | R          | R                                     | R                                         | R                                              | R                                              | R          | R                                     | R   |           | R                                  |       |                |                        | R |  |
| 1430                                                                    | Most Recent Date Received Adult Mentoring Services                                                               | DT 8                       | Record the most recent date on which the participant received adult mentoring services. Adult mentoring services may last for at least twelve (12) months and may occur both during and after program participation.<br>Leave blank if the participant did not receive adult mentoring services or this data element does not apply to the participant.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | YYYYMMDD                                                                                                   |                                                       |               |             |                         | R                                   |            |                                       |                                           |                                                |                                                | R          | R                                     | R   |           |                                    |       |                |                        | R |  |
| 1431                                                                    | Most Recent Date Received Comprehensive Guidance/Counseling Services                                             | DT 8                       | Record the most recent date on which the participant received comprehensive guidance and counseling services, which may include drug and alcohol abuse counseling.<br>Leave blank if the participant did not receive comprehensive guidance/counseling services or this data element does not apply to the participant.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | YYYYMMDD                                                                                                   |                                                       |               |             |                         | R                                   |            |                                       |                                           |                                                |                                                | R          | R                                     | R   |           |                                    |       |                |                        | R |  |
| 1432                                                                    | Most Recent Date Received Youth Follow-up Services                                                               | DT 8                       | Record the most recent date on which the youth participant received follow-up services after exiting the program. Follow-up services for youth participants are described as: (a) Follow-up services are critical services provided following a youth's exit from the program to help ensure the youth is successful in employment and/or postsecondary education and training. Follow-up services may include regular contact with a youth participant's employer, including assistance in addressing work-related problems that arise. (b) Follow-up services for youth may also include the following program elements: (1) Supportive services; (2) Adult mentoring; (3) Financial literacy education; (4) Services that provide labor market and employment information about in-demand industry sectors or occupations available in the local area, such as career awareness, career counseling, and career exploration services; and (5) Activities that help youth prepare for and transition to postsecondary education and training. (c) All youth participants must be offered the opportunity to receive follow-up services that align with their Individual Service Strategies. Furthermore, follow-up services must be provided to all participants for a minimum of 12 months unless the participant declines to receive follow-up services or the participant cannot be located or contacted.<br>Leave blank if the participant did not receive follow-up services or if this data element does not apply to the participant. | YYYYMMDD                                                                                                   |                                                       |               |             |                         | R                                   |            |                                       |                                           |                                                |                                                | R          |                                       | R   |           |                                    |       |                |                        | R |  |
| 1433                                                                    | Most Recent Date Youth Received Entrepreneurial Skills Training                                                  | DT 8                       | Record the most recent date on which the participant participated in entrepreneurial skills training.<br>Leave blank if the participant did not participate in entrepreneurial skills training.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | YYYYMMDD                                                                                                   |                                                       |               |             |                         | R                                   |            |                                       |                                           |                                                |                                                |            |                                       |     |           |                                    |       |                |                        | R |  |
| 1434                                                                    | Most Recent Date Youth Received Services that provide labor market information and employment information        | DT 8                       | Record the most recent date on which the participant participated in services that provide labor market and employment information about in-demand industry sectors or occupations available in the local area, such as career awareness, career counseling, and career exploration services.<br>Leave blank if the participant did not participate in these services.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | YYYYMMDD                                                                                                   |                                                       |               |             |                         | R                                   |            |                                       |                                           |                                                |                                                |            | R                                     |     |           |                                    |       |                |                        | R |  |
| 1435                                                                    | Most Recent Date Youth Received Postsecondary transition and preparatory activities                              | DT 8                       | Record the most recent date on which a youth participant received activities that helped them to prepare for and transition to postsecondary education and training.<br>Leave blank if the participant did not participate in activities that helped them to prepare for and transition to postsecondary education and training.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | YYYYMMDD                                                                                                   |                                                       |               |             |                         | R                                   |            |                                       |                                           |                                                |                                                | R          |                                       | R   |           |                                    |       |                |                        | R |  |
| 1436                                                                    | Date of Completion of Youth Services                                                                             | DT 8                       | Record the date the participant received their last service in the WIOA Youth program other than follow-up services. This element is only required for participants who completed the WIOA Youth program but are co-enrolled in the WIOA Adult program or another partner program that would extend their exit date beyond their completion date in WIOA Youth.<br>Leave blank if this does not apply to the participant.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | YYYYMMDD                                                                                                   |                                                       |               |             |                         | R                                   |            |                                       |                                           |                                                |                                                |            |                                       |     |           |                                    |       |                |                        | R |  |

| DATA ELEMENT NO.                                                                     | DATA ELEMENT NAME                                     | DATA TYPE/<br>FIELD LENGTH | DATA ELEMENT DEFINITIONS/INSTRUCTIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | CODE VALUE                                              | REQUIREMENTS BY PROGRAM OF PARTICIPATION <sup>1</sup> |               |             |                         |                                     |           |                                          |                                          |                                                |                                              |            |                                       |     |           |                                    |       |                |                      |
|--------------------------------------------------------------------------------------|-------------------------------------------------------|----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|-------------------------------------------------------|---------------|-------------|-------------------------|-------------------------------------|-----------|------------------------------------------|------------------------------------------|------------------------------------------------|----------------------------------------------|------------|---------------------------------------|-----|-----------|------------------------------------|-------|----------------|----------------------|
|                                                                                      |                                                       |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                         | Reportable Individual <sup>2</sup>                    | Wagner-Peyser | WIOA Adults | WIOA Dislocated Workers | WIOA Youth Dislocated Worker Grants | (HHS)-TAA | Native American Job Corps Program (NIJP) | Indian and Alaska American Program (IAA) | Ready + Employment Opportunities (REO) (Adult) | Reentry Employment Opportunity (REO) (Youth) | YouthBuild | Jobs for Veterans' State Grants (JVS) | HUB | Job Corps | Incumbent Worker (Adult/OW funded) | SCSEP | Apprenticeship | Domestication Grants |
| SECTION C-06 - OTHER RELATED ASSISTANCE AND SUPPORT SERVICES FOR NON-YOUTH CUSTOMERS |                                                       |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                         |                                                       |               |             |                         |                                     |           |                                          |                                          |                                                |                                              |            |                                       |     |           |                                    |       |                |                      |
| 1500                                                                                 | Received Needs-Related Payments                       | IN 1                       | Record 1 if the participant received needs related payments (WIOA section 134(d)(3)) for the purpose of enabling the participant to participate in approved training funded under WIOA Title II.<br>Record 0 if the participant did not receive any needs-related payments as described above. Leave blank if this data element does not apply to the participant.                                                                                                                                                                                                      | 1 = Yes<br>0 = No                                       |                                                       |               | R           | R                       |                                     | R         | R                                        |                                          |                                                |                                              | R          | R                                     |     |           |                                    | R     |                | R                    |
| 1501                                                                                 | Most Recent Date Received Rapid Response Services     | DT 8                       | Record the most recent date on which the participant received a rapid response service authorized under the WIOA section 134(a)(2)(A). Rapid response encompasses the activities necessary to plan and deliver services to enable dislocated workers to transition to new employment as quickly as possible, following either a permanent closure or mass layoff, or a natural or other disaster resulting in a mass job dislocation.<br>Leave blank if the participant did not receive rapid response services or this data element does not apply to the participant. | YYYYMMDD                                                |                                                       |               |             |                         | R                                   | R         |                                          |                                          |                                                |                                              |            |                                       |     |           | R                                  |       |                | R                    |
| 1503                                                                                 | Most Recent Date Received Follow-up Service           | DT 8                       | Record the most recent date on which the participant received follow-up services, which may include counseling in the workplace.<br>Leave blank if the participant did not receive this service or if it does not apply to this participant.<br>Note that follow-up services do not change the date of exit for performance purposes.                                                                                                                                                                                                                                   | YYYYMMDD                                                |                                                       |               |             | R                       | R                                   |           | R                                        |                                          |                                                |                                              |            |                                       |     |           | R                                  |       |                | R                    |
| 1505                                                                                 | Job Search Allowance-Count (TAA)                      | IN 2                       | Record the total number of job search allowances paid to the participant in the current report quarter.<br>Record a 0 if the participant did not receive a job search allowance in the quarter. Leave blank if the data element does not apply to the participant.                                                                                                                                                                                                                                                                                                      | 00                                                      |                                                       |               |             |                         |                                     |           | R                                        |                                          |                                                |                                              |            |                                       |     |           |                                    |       |                | R                    |
| 1506                                                                                 | Job Search Allowance Current Quarter - Costs (TAA)    | DE 9.2                     | Record the dollar value of Job Search Allowance <b>paid expenditures accrued</b> in the current quarter.<br>Leave blank if this data element does not apply to the participant or if the individual is not a TAA participant.                                                                                                                                                                                                                                                                                                                                           | X000000.00                                              |                                                       |               |             |                         |                                     |           | R                                        |                                          |                                                |                                              |            |                                       |     |           |                                    |       |                | R                    |
| 1507                                                                                 | Job Search Allowance-Total Costs (TAA)                | DE 9.2                     | Record the cumulative total dollar amount of job search costs <b>paid expenditures accrued</b> for the participant.<br>This field may be updated for each quarterly submission.<br>Leave blank if this data element does not apply to the participant or if the individual is not a TAA participant.                                                                                                                                                                                                                                                                    | X000000.00                                              |                                                       |               |             |                         |                                     |           | R                                        |                                          |                                                |                                              |            |                                       |     |           |                                    |       |                | R                    |
| 1508                                                                                 | Date Relocation Allowance Approved (TAA)              | DT 8                       | Record the date that the TAA Relocation Allowance was approved.<br>Leave blank if the participant did not have a TAA Relocation Allowance approved or this data element does not apply to the participant.                                                                                                                                                                                                                                                                                                                                                              | YYYYMMDD                                                |                                                       |               |             |                         |                                     |           | R                                        |                                          |                                                |                                              |            |                                       |     |           |                                    |       |                | R                    |
| 1509                                                                                 | Relocation Allowance Current Quarter Costs (TAA)      | DE 9.2                     | Record the dollar amount of relocation costs <b>expenditures paid accrued</b> in the current quarter to relocate the participant including any lump sum payments in the quarter.<br>Leave blank if this data element does not apply to the participant or if the individual is not a TAA participant.                                                                                                                                                                                                                                                                   | X000000.00                                              |                                                       |               |             |                         |                                     |           | R                                        |                                          |                                                |                                              |            |                                       |     |           |                                    |       |                | R                    |
| 1510                                                                                 | Relocation Allowance-Total Cost (TAA)                 | DE 9.2                     | Record the total dollar amount of relocation costs <b>paid expenditures accrued</b> to relocate the participant including the lump sum payment.<br>Leave blank if this data element does not apply to the participant or if the individual is not a TAA participant.                                                                                                                                                                                                                                                                                                    | X000000.00                                              |                                                       |               |             |                         |                                     |           | R                                        |                                          |                                                |                                              |            |                                       |     |           |                                    |       |                | R                    |
| 1511                                                                                 | Date Received First Basic TRA payment                 | DT 8                       | Record the date on which the participant received their first Basic TRA payment.<br>Leave blank if the participant did not receive a Basic TRA Payment, or if the individual is not a TAA participant.                                                                                                                                                                                                                                                                                                                                                                  | YYYYMMDD                                                |                                                       |               |             |                         |                                     |           | R                                        |                                          |                                                |                                              |            |                                       |     |           |                                    |       |                | R                    |
| 1512                                                                                 | Weeks Paid This Quarter - Basic TRA                   | IN 2                       | Record the total number of weeks of Basic TRA paid in the current quarter.<br>Leave blank if the individual is not a TAA participant.                                                                                                                                                                                                                                                                                                                                                                                                                                   | 00                                                      |                                                       |               |             |                         |                                     |           | R                                        |                                          |                                                |                                              |            |                                       |     |           |                                    |       |                | R                    |
| 1513                                                                                 | Total Weeks Paid Cumulative Basic TRA                 | IN 2                       | Record the total number of weeks of Basic TRA paid to the individual.<br>Record 0 if this data element does not apply to the participant.<br>Leave blank if the individual is not a TAA participant.                                                                                                                                                                                                                                                                                                                                                                    | 00                                                      |                                                       |               |             |                         |                                     |           | R                                        |                                          |                                                |                                              |            |                                       |     |           |                                    |       |                | R                    |
| 1514                                                                                 | Amount Paid Current Quarter- TRA Basic                | DE 9.2                     | Record the dollar amount of Basic TRA <b>paid expenditures accrued</b> in the current report quarter.<br>Record 0 if this data element does not apply to the participant.<br>Leave blank if the individual is not a TAA participant.                                                                                                                                                                                                                                                                                                                                    | X000000.00                                              |                                                       |               |             |                         |                                     |           | R                                        |                                          |                                                |                                              |            |                                       |     |           |                                    |       |                | R                    |
| 1515                                                                                 | Total Amount Paid - Basic TRA                         | DE 9.2                     | Record the total dollar amount of Basic TRA <b>paid expenditures accrued</b> to the individual.<br>Record 0 if this data element does not apply to the participant.<br>Leave blank if the individual is not a TAA participant.                                                                                                                                                                                                                                                                                                                                          | X000000.00                                              |                                                       |               |             |                         |                                     |           | R                                        |                                          |                                                |                                              |            |                                       |     |           |                                    |       |                | R                    |
| 1516                                                                                 | Date Received First Additional TRA Payment            | DT 8                       | Record the date on which the participant received their first Additional TRA payment.<br>Leave blank if the participant did not receive a Additional TRA Payment, or if the individual is not a TAA participant.                                                                                                                                                                                                                                                                                                                                                        | YYYYMMDD                                                |                                                       |               |             |                         |                                     |           | R                                        |                                          |                                                |                                              |            |                                       |     |           |                                    |       |                | R                    |
| 1517                                                                                 | Weeks Paid This Quarter - Additional TRA              | IN 2                       | Record the total number of weeks of Additional TRA paid in the current quarter.<br>Record 0 if this data element does not apply to the participant.<br>Leave blank if the individual is not a TAA participant.                                                                                                                                                                                                                                                                                                                                                          | 00                                                      |                                                       |               |             |                         |                                     |           | R                                        |                                          |                                                |                                              |            |                                       |     |           |                                    |       |                | R                    |
| 1518                                                                                 | Total Weeks Paid Cumulative- Additional TRA           | IN 2                       | Record the total number of weeks of Additional TRA paid to the individual.<br>Record 0 if this data element does not apply to the participant.<br>Leave blank if the individual is not a TAA participant.                                                                                                                                                                                                                                                                                                                                                               | 00                                                      |                                                       |               |             |                         |                                     |           | R                                        |                                          |                                                |                                              |            |                                       |     |           |                                    |       |                | R                    |
| 1519                                                                                 | Amount Paid This Quarter - Additional TRA             | DE 9.2                     | Record the dollar amount of Additional TRA <b>paid expenditures accrued</b> in the current report quarter.<br>Record 0 if this data element does not apply to the participant.<br>Leave blank if the individual is not a TAA participant.                                                                                                                                                                                                                                                                                                                               | X000000.00                                              |                                                       |               |             |                         |                                     |           | R                                        |                                          |                                                |                                              |            |                                       |     |           |                                    |       |                | R                    |
| 1520                                                                                 | Total Amount Paid - Additional TRA                    | DE 9.2                     | Record the total dollar amount of Additional TRA <b>paid expenditures accrued</b> to the individual.<br>Record 0 if this data element does not apply to the participant.<br>Leave blank if the individual is not a TAA participant.                                                                                                                                                                                                                                                                                                                                     | X000000.00                                              |                                                       |               |             |                         |                                     |           | R                                        |                                          |                                                |                                              |            |                                       |     |           |                                    |       |                | R                    |
| 1521                                                                                 | Date Received First Remedial/Prerequisite TRA Payment | DT 8                       | Record the date on which the participant received their first Remedial/Prerequisite TRA payment.<br>Leave blank if the participant did not receive a Remedial/Prerequisite TRA Payment, or if the individual is not a TAA participant.                                                                                                                                                                                                                                                                                                                                  | YYYYMMDD                                                |                                                       |               |             |                         |                                     |           | R                                        |                                          |                                                |                                              |            |                                       |     |           |                                    |       |                | R                    |
| 1522                                                                                 | Weeks Paid This Quarter- Remedial/Prerequisite        | IN 2                       | Record the total number of weeks of Remedial/Prerequisite TRA paid in the current quarter.<br>"0" if this data element does not apply to the participant.<br>Leave blank if the individual is not a TAA participant.                                                                                                                                                                                                                                                                                                                                                    | 00                                                      |                                                       |               |             |                         |                                     |           | R                                        |                                          |                                                |                                              |            |                                       |     |           |                                    |       |                | R                    |
| 1523                                                                                 | Total Weeks Paid Cumulative- Remedial/Prerequisite    | IN 2                       | Record the total number of weeks of Remedial/Prerequisite TRA paid to the individual.<br>"0" if this data element does not apply to the participant.<br>Leave blank if the individual is not a TAA participant.                                                                                                                                                                                                                                                                                                                                                         | 00                                                      |                                                       |               |             |                         |                                     |           | R                                        |                                          |                                                |                                              |            |                                       |     |           |                                    |       |                | R                    |
| 1524                                                                                 | Amount Paid This Quarter - Remedial/Prerequisite TRA  | DE 9.2                     | Record the dollar amount of Remedial/Prerequisite TRA <b>paid expenditures accrued</b> in the current report quarter.<br>"0" if this data element does not apply to the participant.<br>Leave blank if the individual is not a TAA participant.                                                                                                                                                                                                                                                                                                                         | X000000.00                                              |                                                       |               |             |                         |                                     |           | R                                        |                                          |                                                |                                              |            |                                       |     |           |                                    |       |                | R                    |
| 1525                                                                                 | Total Amount Paid - Remedial/Prerequisite TRA         | DE 9.2                     | Record the total dollar amount of Remedial/Prerequisite TRA <b>paid expenditures accrued</b> to the individual.<br>Record 0 if this data element does not apply to the participant.<br>Leave blank if the individual is not a TAA participant.                                                                                                                                                                                                                                                                                                                          | X000000.00                                              |                                                       |               |             |                         |                                     |           | R                                        |                                          |                                                |                                              |            |                                       |     |           |                                    |       |                | R                    |
| 1526                                                                                 | Date Received First Completion TRA Payment            | DT 8                       | Record the date on which the participant received their first Completion TRA payment.<br>Leave blank if the participant did not receive a Remedial/Prerequisite TRA Payment, or if the individual is not a TAA participant.                                                                                                                                                                                                                                                                                                                                             | YYYYMMDD                                                |                                                       |               |             |                         |                                     |           | R                                        |                                          |                                                |                                              |            |                                       |     |           |                                    |       |                | R                    |
| 1527                                                                                 | Weeks Paid This Quarter - Completion TRA              | IN 2                       | Record the total number of weeks of Completion TRA paid in the current quarter.<br>Record 0 if this data element does not apply to the participant.<br>Leave blank if the individual is not a TAA participant.                                                                                                                                                                                                                                                                                                                                                          | 00                                                      |                                                       |               |             |                         |                                     |           | R                                        |                                          |                                                |                                              |            |                                       |     |           |                                    |       |                | R                    |
| 1528                                                                                 | Total Weeks Paid Cumulative- Completion TRA           | IN 2                       | Record the total number of weeks of Completion TRA paid to the individual.<br>Record 0 if this data element does not apply to the participant.<br>Leave blank if the individual is not a TAA participant.                                                                                                                                                                                                                                                                                                                                                               | 00                                                      |                                                       |               |             |                         |                                     |           | R                                        |                                          |                                                |                                              |            |                                       |     |           |                                    |       |                | R                    |
| 1529                                                                                 | Amount Paid Current Quarter - TRA Completion          | DE 9.2                     | Record the dollar amount of Completion TRA <b>paid expenditures accrued</b> in the current report quarter.<br>Record 0 if this data element does not apply to the participant.<br>Leave blank if the individual is not a TAA participant.                                                                                                                                                                                                                                                                                                                               | X000000.00                                              |                                                       |               |             |                         |                                     |           | R                                        |                                          |                                                |                                              |            |                                       |     |           |                                    |       |                | R                    |
| 1530                                                                                 | Total Amount Paid - Completion TRA                    | DE 9.2                     | Record the total dollar amount of Completion TRA <b>paid expenditures accrued</b> to the individual.<br>Record 0 if this data element does not apply to the participant.<br>Leave blank if the individual is not a TAA participant.                                                                                                                                                                                                                                                                                                                                     | X000000.00                                              |                                                       |               |             |                         |                                     |           | R                                        |                                          |                                                |                                              |            |                                       |     |           |                                    |       |                | R                    |
| 1531                                                                                 | TRA Overpayment                                       | IN 1                       | Record 1 if there was an overpayment established under any type of TRA during the course of participation in the quarter in which it is first identified and to continue through last quarter of reporting.<br>Record 0 if there was no TRA overpayment.<br>Leave blank if the individual was not a TAA participant.                                                                                                                                                                                                                                                    | 1 = Yes<br>0 = No                                       |                                                       |               |             |                         |                                     |           | R                                        |                                          |                                                |                                              |            |                                       |     |           |                                    |       |                | R                    |
| 1532                                                                                 | Amount of TRA Overpayment                             | DE 9.2                     | Record the dollar amount of the TRA overpayment. This amount may be updated on a cumulative basis.<br>Leave blank if the individual was not a TAA participant.                                                                                                                                                                                                                                                                                                                                                                                                          | X000000.00                                              |                                                       |               |             |                         |                                     |           | R                                        |                                          |                                                |                                              |            |                                       |     |           |                                    |       |                | R                    |
| 1533                                                                                 | TRA Overpayment Waiver                                | IN 1                       | Record 1 if there was a TRA overpayment waiver to be recorded in the quarter it is issued and to continue through last quarter of reporting "0" if this data element does not apply to the participant.<br>Leave blank if the individual is not a TAA participant.                                                                                                                                                                                                                                                                                                      | 1 = Yes<br>0 = No                                       |                                                       |               |             |                         |                                     |           | R                                        |                                          |                                                |                                              |            |                                       |     |           |                                    |       |                | R                    |
| 1534                                                                                 | Date Received First A/RTAA Payment                    | DT 8                       | Record the date on which the participant received their first Alternative/Reemployment Trade Adjustment Assistance (A/RTAA) payment.<br>Leave blank if the individual is not a TAA participant.                                                                                                                                                                                                                                                                                                                                                                         | YYYYMMDD                                                |                                                       |               |             |                         |                                     |           | R                                        |                                          |                                                |                                              |            |                                       |     |           |                                    |       |                | R                    |
| 1535                                                                                 | Number of A/RTAA Payments Current Quarter             | IN 2                       | Record the number of A/RTAA payments paid to the participant in the current report quarter.<br>"0" if this data element does not apply to the participant.<br>Leave blank if the individual is not a TAA participant.                                                                                                                                                                                                                                                                                                                                                   | 00                                                      |                                                       |               |             |                         |                                     |           | R                                        |                                          |                                                |                                              |            |                                       |     |           |                                    |       |                | R                    |
| 1536                                                                                 | Current Quarter A/RTAA Payments                       | DE 9.2                     | Record the total dollar amount of A/RTAA <b>paid expenditures accrued</b> to the participant in the report quarter.<br>Leave blank if this data element does not apply to the participant or if the individual is not a TAA participant.                                                                                                                                                                                                                                                                                                                                | X000000.00                                              |                                                       |               |             |                         |                                     |           | R                                        |                                          |                                                |                                              |            |                                       |     |           |                                    |       |                | R                    |
| 1537                                                                                 | Number of A/RTAA Payments Total                       | IN 3                       | Record the number of A/RTAA payments made to the participant through the current quarter of participation. This field may be updated for each quarterly submission.<br>Record 0 if there was no TRA overpayment.<br>Leave blank if the individual is not a TAA participant.                                                                                                                                                                                                                                                                                             | 000                                                     |                                                       |               |             |                         |                                     |           | R                                        |                                          |                                                |                                              |            |                                       |     |           |                                    |       |                | R                    |
| 1538                                                                                 | Total Amount Paid - A/RTAA                            | DE 9.2                     | Record the total dollar amount of A/RTAA <b>paid expenditures accrued</b> to the individual.<br>Record 0 if there was no TRA overpayment.<br>Leave blank if the individual is not a TAA participant.                                                                                                                                                                                                                                                                                                                                                                    | X000000.00                                              |                                                       |               |             |                         |                                     |           | R                                        |                                          |                                                |                                              |            |                                       |     |           |                                    |       |                | R                    |
| 1539                                                                                 | Frequency of A/RTAA Payments (TAA)                    | IN 1                       | Record 1 if weekly.<br>Record 2 if every two weeks.<br>Record 3 if monthly.<br>Record 4 if other.<br>Leave blank if the individual was not a TAA participant.                                                                                                                                                                                                                                                                                                                                                                                                           | 1 = Weekly<br>2 = Bi-Weekly<br>3 = Monthly<br>4 = Other |                                                       |               |             |                         |                                     |           | R                                        |                                          |                                                |                                              |            |                                       |     |           |                                    |       |                | R                    |

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

| DATA ELEMENT NO. | DATA ELEMENT NAME                         | DATA TYPE/<br>FIELD LENGTH | DATA ELEMENT DEFINITIONS/INSTRUCTIONS                                                                                                                                                                                                                                                                                                                                                                              | CODE VALUE        | REQUIREMENTS BY PROGRAM OF PARTICIPATION <sup>1</sup> |               |             |                         |                                     |           |                                         |                                    |                                                |                                                |            |                                       |     |           |                                    |       |
|------------------|-------------------------------------------|----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------------------------------------------------------|---------------|-------------|-------------------------|-------------------------------------|-----------|-----------------------------------------|------------------------------------|------------------------------------------------|------------------------------------------------|------------|---------------------------------------|-----|-----------|------------------------------------|-------|
|                  |                                           |                            |                                                                                                                                                                                                                                                                                                                                                                                                                    |                   | Reportable Individual <sup>2</sup>                    | Wagner-Peyser | WIOA Adults | WIOA Dislocated Workers | WIOA Youth Dislocated Worker Grants | (HWE) TAA | Native U.S. American Job Program (NIJP) | Native U.S. American Program (NAP) | Reentry Employment Opportunities (REO) (Adult) | Reentry Employment Opportunities (REO) (Youth) | YouthBuild | Jobs for Veterans' State Grants (JVS) | HUB | Job Corps | Incumbent Worker (Adult/JW funded) | SCSEP |
| 1540             | Maximum A/RTAA Benefit Reached            | IN 1                       | Record 1 if the participant reached their maximum benefit amount prior to their two-year eligibility limitation.<br>Record 0 if the participant did not reach their maximum benefit prior to their two year eligibility limitation.<br>Leave blank if the individual was not a TAA participant.                                                                                                                    | 1 = Yes<br>0 = No |                                                       |               |             |                         |                                     | R         |                                         |                                    |                                                |                                                |            |                                       |     |           |                                    |       |
| 1541             | A/RTAA Overpayment <b>Current quarter</b> | IN 1                       | <del>Record 1 if there was an overpayment established under A/RTAA in the current quarter.</del><br>Record 1 if there was an overpayment established under A/RTAA during the course of participation in the quarter in which it is first identified and to continue through last quarter of reporting.<br>Record 0 if there was no A/RTAA Overpayment.<br>Leave blank if the individual was not a TAA participant. | 1 = Yes<br>0 = No |                                                       |               |             |                         |                                     | R         |                                         |                                    |                                                |                                                |            |                                       |     |           |                                    | R     |
| 1542             | Amount of A/RTAA Overpayment              | DE 9.2                     | Record the amount of the A/RTAA overpayment. This amount may be updated on a cumulative basis.<br>Record 0 if there was no A/RTAA overpayment for this participant. Leave blank if the individual was not a TAA participant.                                                                                                                                                                                       | 0000000.00        |                                                       |               |             |                         |                                     | R         |                                         |                                    |                                                |                                                |            |                                       |     |           |                                    | R     |
| 1543             | A/RTAA Overpayment Waiver                 | IN 1                       | Record 1 if there was an A/RTAA overpayment waiver to be recorded in the quarter it is issued and to continue through last quarter of reporting.<br>Record 0 if there was not A/RTAA overpayment waiver.<br>Leave blank if the individual was not a TAA participant.                                                                                                                                               | 1 = Yes<br>0 = No |                                                       |               |             |                         |                                     | R         |                                         |                                    |                                                |                                                |            |                                       |     |           |                                    | R     |

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

| DATA ELEMENT NO.                                 | DATA ELEMENT NAME                                                             | DATA TYPE/<br>FIELD LENGTH | DATA ELEMENT DEFINITIONS/INSTRUCTIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | CODE VALUE                                                                                                                                                                                  | REQUIREMENTS BY PROGRAM OF PARTICIPATION <sup>1</sup> |               |             |                         |                                     |            |                                           |                                          |                                                |                                                |            |                                       |     |           |                                    |       |                |                 |   |   |   |   |   |   |
|--------------------------------------------------|-------------------------------------------------------------------------------|----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|---------------|-------------|-------------------------|-------------------------------------|------------|-------------------------------------------|------------------------------------------|------------------------------------------------|------------------------------------------------|------------|---------------------------------------|-----|-----------|------------------------------------|-------|----------------|-----------------|---|---|---|---|---|---|
|                                                  |                                                                               |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                             | Reportable Individual <sup>2</sup>                    | Wagner-Peyser | WIOA Adults | WIOA Dislocated Workers | WIOA Youth Dislocated Worker Grants | (HHS)- TAN | Native American Job Corps Program (NAJCP) | Indian and Alaska American Program (IAA) | Reentry Employment Opportunities (REO) (Adult) | Reentry Employment Opportunities (REO) (Youth) | YouthBuild | Jobs for Veterans' State Grants (JVS) | HUB | Job Corps | Incumbent Worker (Adult/DW funded) | SCSEP | Apprenticeship | Domestic Grants |   |   |   |   |   |   |
| SECTION D - PROGRAM OUTCOMES INFORMATION         |                                                                               |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                             |                                                       |               |             |                         |                                     |            |                                           |                                          |                                                |                                                |            |                                       |     |           |                                    |       |                |                 |   |   |   |   |   |   |
| SECTION D.01 - EMPLOYMENT AND JOB RETENTION DATA |                                                                               |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                             |                                                       |               |             |                         |                                     |            |                                           |                                          |                                                |                                                |            |                                       |     |           |                                    |       |                |                 |   |   |   |   |   |   |
| 1600                                             | Employed in 1st Quarter After Exit Quarter (WIOA)                             | IN 1                       | Record 1 if the participant is in unsubsidized employment (not including Registered Apprenticeship, or the military).<br>Record 2 if the participant is in a Registered Apprenticeship.<br>Record 3 if the participant is in the military.<br>Record 0 if the participant was not employed in the first quarter after the quarter of exit.<br>Record 9 if the participant has exited but employment information is not yet available.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 1 = Yes<br>2 = Yes, Registered Apprenticeship<br>3 = Yes, Military<br>0 = No<br>9 = Information not yet available                                                                           |                                                       | R             | R           | R                       | R                                   | R          | R                                         | R                                        | R                                              | R                                              | R          | R                                     | R   | R         | R                                  | R     | R              | R               | R | R | R | R | R | R |
| 1601                                             | Type of Employment Match 1st Quarter After Exit Quarter (WIOA)                | IN 1                       | Use the appropriate code to identify the method used in determining the participant's employment status in the first quarter following the quarter of exit. Wage records will be the primary data source for tracking employment in the first quarter after the exit quarter; if the participant is not found in wage records, grantees may then use supplemental data sources. If the participant is found in more than one source of employment using wage records, record the data source for which the participant's earnings are greatest.<br>Record 0 if the participant was not employed in the first quarter after the quarter of exit.                                                                                                                                                                                                                                                                                                                                                                 | 1 = UI Wage Data<br>2 = Federal Employment Records (OPM, USPS)<br>3 = Military Employment Records (DOD)<br>4 = Non UI verification<br>5 = Information not yet available<br>0 = Not employed |                                                       | R             | R           | R                       | R                                   | R          | R                                         | R                                        | R                                              | R                                              | R          | R                                     | R   | R         | R                                  | R     | R              | R               | R | R | R | R | R | R |
| 1602                                             | Employed in 2nd Quarter After Exit Quarter (WIOA)                             | IN 1                       | Record 1 if the participant is in unsubsidized employment (not including Registered Apprenticeship, or the military).<br>Record 2 if the participant is in a Registered Apprenticeship.<br>Record 3 if the participant is in the military.<br>Record 0 if the participant was not employed in the second quarter after the quarter of exit.<br>Record 9 if the participant has exited but employment information is not yet available.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 1 = Yes<br>2 = Yes, Registered Apprenticeship<br>3 = Yes, Military<br>0 = No<br>9 = Information not yet available                                                                           |                                                       | R             | R           | R                       | R                                   | R          | R                                         | R                                        | R                                              | R                                              | R          | R                                     | R   | R         | R                                  | R     | R              | R               | R | R | R | R | R | R |
| 1603                                             | Type of Employment Match 2nd Quarter After Exit Quarter (WIOA)                | IN 1                       | Use the appropriate code to identify the method used in determining the participant's employment status in the second quarter following the quarter of exit. Wage records will be the primary data source for tracking employment in the second quarter after the exit quarter; if the participant is not found in wage records, grantees may then use supplemental data sources. If the participant is found in more than one source of employment using wage records, record the data source for which the participant's earnings are greatest.<br>Record 0 if the participant was not employed in the second quarter after the quarter of exit.                                                                                                                                                                                                                                                                                                                                                              | 1 = UI Wage Data<br>2 = Federal Employment Records (OPM, USPS)<br>3 = Military Employment Records (DOD)<br>4 = Non UI verification<br>5 = Information not yet available<br>0 = Not employed |                                                       | R             | R           | R                       | R                                   | R          | R                                         | R                                        | R                                              | R                                              | R          | R                                     | R   | R         | R                                  | R     | R              | R               | R | R | R | R | R | R |
| 1604                                             | Employed in 3rd Quarter After Exit Quarter (WIOA)                             | IN 1                       | Record 1 if the participant is in unsubsidized employment (not including Registered Apprenticeship, or the military).<br>Record 2 if the participant is in a Registered Apprenticeship.<br>Record 3 if the participant is in the military.<br>Record 0 if the participant was not employed in the third quarter after the quarter of exit.<br>Record 9 if the participant has exited but employment information is not yet available.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 1 = Yes<br>2 = Yes, Registered Apprenticeship<br>3 = Yes, Military<br>0 = No<br>9 = Information not yet available                                                                           |                                                       | R             | R           | R                       | R                                   | R          | R                                         | R                                        | R                                              | R                                              | R          | R                                     | R   | R         | R                                  | R     | R              | R               | R | R | R | R | R | R |
| 1605                                             | Type of Employment Match 3rd Quarter After Exit Quarter (WIOA)                | IN 1                       | Use the appropriate code to identify the method used in determining the participant's employment status in the third quarter following the quarter of exit. Wage records will be the primary data source for tracking employment in the third quarter after the exit quarter; if the participant is not found in the wage records, grantees may then use supplemental data sources. If the participant is found in more than one source of employment using wage records, record the data source for which the participant's earnings are greatest.<br>Record 0 if the participant was not employed in the third quarter after the quarter of exit.                                                                                                                                                                                                                                                                                                                                                             | 1 = UI Wage Data<br>2 = Federal Employment Records (OPM, USPS)<br>3 = Military Employment Records (DOD)<br>4 = Non UI verification<br>5 = Information not yet available<br>0 = Not employed |                                                       | R             | R           | R                       | R                                   | R          | R                                         | R                                        | R                                              | R                                              | R          | R                                     | R   | R         | R                                  | R     | R              | R               | R | R | R | R | R | R |
| 1606                                             | Employed in 4th Quarter After Exit Quarter (WIOA)                             | IN 1                       | Record 1 if the participant is in unsubsidized employment (not including Registered Apprenticeship, or the military).<br>Record 2 if the participant is in a Registered Apprenticeship.<br>Record 3 if the participant is in the military.<br>Record 0 if the participant was not employed in the fourth quarter after the quarter of exit.<br>Record 9 if the participant has exited but employment information is not yet available.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 1 = Yes<br>2 = Yes, Registered Apprenticeship<br>3 = Yes, Military<br>0 = No<br>9 = Information not yet available                                                                           |                                                       | R             | R           | R                       | R                                   | R          | R                                         | R                                        | R                                              | R                                              | R          | R                                     | R   | R         | R                                  | R     | R              | R               | R | R | R | R | R | R |
| 1607                                             | Type of Employment Match 4th Quarter After Exit Quarter (WIOA)                | IN 1                       | Use the appropriate code to identify the method used in determining the participant's employment status in the fourth quarter following the quarter of exit. Wage records will be the primary data source for tracking employment in the fourth quarter after the exit quarter; if the participant is not found in the wage records, grantees may then use supplemental data sources. If the participant is found in more than one source of employment using wage records, record the data source for which the participant's earnings are greatest.<br>Record 0 if the participant was not employed in the fourth quarter after the quarter of exit.                                                                                                                                                                                                                                                                                                                                                          | 1 = UI Wage Data<br>2 = Federal Employment Records (OPM, USPS)<br>3 = Military Employment Records (DOD)<br>4 = Non UI verification<br>5 = Information not yet available<br>0 = Not employed |                                                       | R             | R           | R                       | R                                   | R          | R                                         | R                                        | R                                              | R                                              | R          | R                                     | R   | R         | R                                  | R     | R              | R               | R | R | R | R | R | R |
| 1608                                             | Employment Related to Training<br><br>(2nd Quarter After Exit)                | IN 1                       | Record 1 if the participant received training services and obtained employment <b>directly</b> related to the training services received.<br>Record 0 if the participant received training services and <b>did not obtain employment directly related to the training services received</b> ; obtained employment, but the employment was not directly related to the training services received.<br>Record 9 if the participant received training services and obtained employment, but it is unknown if the employment was directly related to the training services received.<br>Leave blank if the participant did not receive training or has not exited or the employment information <b>data</b> is not yet available.                                                                                                                                                                                                                                                                                   | 1 = Yes Training related to employment<br>0 = No Training not related to employment<br>9 = Unknown                                                                                          |                                                       | R             | R           | R                       | R                                   | R          | R                                         | R                                        | R                                              | R                                              |            |                                       | R   | R         |                                    |       |                | R               |   |   |   |   | R |   |
| 1609                                             | Reemployed by Layoff Employer                                                 | IN 1                       | Record 1 if the participant was reemployed by the employer (where the qualifying separation took place) at any point from the point of program exit through the 4th quarter after program exit.<br>Record 0 if the participant does not meet the condition described above.<br>Record 9 if not known.<br>Leave blank this data element does not apply to the participant.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 1 = Yes<br>0 = No<br>9 = Unknown                                                                                                                                                            |                                                       |               |             |                         |                                     |            |                                           | R                                        |                                                |                                                |            |                                       |     |           |                                    |       |                |                 |   |   |   |   |   | R |
| 1610                                             | Occupational Code<br><br>(if available)                                       | AN 8                       | Record the 8-digit O*NET SOC 2019 taxonomy occupational code (database version 25.1 or later) that best describes the participant's most recent employment in any quarter after exiting the service version 4.0 or later version classification system. <b>This information does not include any job held after exit from the program.</b><br>Leave blank if occupational code is not available or not known, or the data element does not apply.<br><b>Note:</b> If all 8 digits of the O*NET occupational code are not collected, record at least the first 6 digits.<br><b>Additional Notes:</b> This information can be based on any job held after exit and only applies to adults, dislocated workers, and youth who entered employment in the first quarter after the quarter of exit. If all 8 digits of the occupational skills code are not collected, record at least the first 6 digits are available. If the individual had multiple jobs, use the occupational code for the most recent job held. | 00000000                                                                                                                                                                                    |                                                       | R             | R           | R                       | R                                   | R          | R                                         | R                                        | R                                              | R                                              | R          | R                                     | R   |           |                                    | R     |                |                 |   |   |   |   | R |   |
| 1611                                             | Entered Non-Traditional Employment                                            | IN 1                       | Record 1 if the participant's employment is in an occupation or field of work for which individuals of the participant's gender comprise less than 25% of the individuals employed in such occupation or field of work. Non-traditional employment can be based on either local or national data, and both males and females can be in non-traditional employment. This information can be based on any job held after exit and only applies to adults, dislocated workers and youth who entered employment in the second quarter after the exit quarter.<br>Record 0 if the participant does not meet the condition described above.<br>Record 9 if not known.                                                                                                                                                                                                                                                                                                                                                 | 1 = Yes<br>0 = No<br>9 = Unknown                                                                                                                                                            |                                                       |               | R           | R                       | R                                   |            |                                           | R                                        |                                                |                                                |            | R                                     |     |           |                                    |       |                |                 |   |   |   |   |   | R |
| 1612                                             | Occupational Code of Employment 2nd Quarter After Exit Quarter (if available) | IN 8                       | Record the 8-digit O*NET SOC 2019 taxonomy occupational code (database version 25.1 or later) that best describes the participant's employment in the 2nd quarter after exit quarter <b>or using the O*NET Version 4.0 or later version classification system.</b><br><b>Note:</b> If all 8 digits of the O*NET occupational code are not collected, record at least the first 6 digits.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 00000000                                                                                                                                                                                    |                                                       | R             | R           | R                       | R                                   |            |                                           | R                                        | R                                              | R                                              |            |                                       | R   |           |                                    |       |                |                 |   |   |   |   | R |   |
| 1613                                             | Occupational Code of Employment 4th Quarter After Exit Quarter (if available) | IN 8                       | Record the 8-digit O*NET SOC 2019 taxonomy occupational code (database version 25.1 or later) that best describes the participant's employment in the 4th quarter after the exit quarter <b>or using the O*NET Version 4.0 or later version classification system.</b><br><b>Note:</b> If all 8 digits of the O*NET occupational code are not collected, record at least the first 6 digits.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 00000000                                                                                                                                                                                    |                                                       | R             | R           | R                       | R                                   |            |                                           | R                                        | R                                              | R                                              |            |                                       | R   |           |                                    |       |                |                 |   |   |   |   | R |   |
| 1614                                             | Industry Code of Employment 1st Quarter After Exit Quarter                    | IN 6                       | Record the 4- to 6-digit industry code that best describes the participant's employment using the North American Industrial Classification System (NAICS). If more than one NAICS is reported, then the NAICS associated with the highest gross wage should be reported.<br>Enter 999999 if Wages 1st Quarter After the Exit Quarter exist and NAICS Code is not known.<br>Leave blank if this data element does not apply to the person or wages are not yet available.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 000000                                                                                                                                                                                      |                                                       |               | R           | R                       | R                                   | R          | R                                         | R                                        |                                                |                                                |            |                                       | R   |           |                                    |       |                |                 |   |   |   |   | R |   |
| 1615                                             | Industry Code of Employment 2nd Quarter After Exit Quarter                    | IN 6                       | Record the 4- to 6-digit industry code that best describes the participant's employment using the North American Industrial Classification System (NAICS). If more than one NAICS is reported, then the NAICS associated with the highest gross wage should be reported.<br>Enter 999999 if Wages 2nd Quarter After the Exit Quarter exist and NAICS Code is not known.<br>Leave blank if this data element does not apply to the person or wages are not yet available.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 000000                                                                                                                                                                                      |                                                       | R             | R           | R                       | R                                   | R          | R                                         | R                                        |                                                |                                                |            |                                       | R   |           |                                    |       |                |                 |   |   |   |   | R |   |
| 1616                                             | Industry Code of Employment 3rd Quarter After Exit Quarter                    | IN 6                       | Record the 4- to 6-digit industry code that best describes the participant's employment using the North American Industrial Classification System (NAICS). If more than one NAICS is reported, then the NAICS associated with the highest gross wage should be reported.<br>Enter 999999 if Wages 3rd Quarter After the Exit Quarter exist and NAICS Code is not known.<br>Leave blank if this data element does not apply to the person or wages are not yet available.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 000000                                                                                                                                                                                      |                                                       | R             | R           | R                       | R                                   | R          | R                                         | R                                        |                                                |                                                |            |                                       | R   |           |                                    |       |                |                 |   |   |   |   | R |   |
| 1617                                             | Industry Code of Employment 4th Quarter After Exit Quarter                    | IN 6                       | Record the 4- to 6-digit industry code that best describes the participant's employment using the North American Industrial Classification System (NAICS). If more than one NAICS is reported, then the NAICS associated with the highest gross wage should be reported.<br>Enter 999999 if Wages 4th Quarter After the Exit Quarter exist and NAICS Code is not known.<br>Leave blank if this data element does not apply to the person or wages are not yet available.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 000000                                                                                                                                                                                      |                                                       | R             | R           | R                       | R                                   | R          | R                                         | R                                        |                                                |                                                |            |                                       | R   |           |                                    |       |                |                 |   |   |   |   | R |   |
| 1618                                             | Retention with the same employer in the 2nd Quarter and the 4th Quarter       | IN 1                       | Record 1 if the participant's employer in the second quarter also matches the employer in the fourth quarter.<br>Record 0 if the participant is not employed in the second or fourth quarters after exit, or the employer in the second quarter does not match the employer in the fourth quarter                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1 = Yes<br>0 = No                                                                                                                                                                           |                                                       | R             | R           | R                       | R                                   | R          | R                                         | R                                        | R                                              | R                                              | R          | R                                     | R   | R         | R                                  | R     | R              | R               | R | R | R | R | R | R |
| SECTION D.02 - WAGE RECORD DATA                  |                                                                               |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                             |                                                       |               |             |                         |                                     |            |                                           |                                          |                                                |                                                |            |                                       |     |           |                                    |       |                |                 |   |   |   |   |   |   |
| 1700                                             | Wages Earnings 3rd Quarter Prior to Participation Quarter                     | DE 8.2                     | Record total earnings from wage records for the third quarter prior to the quarter of participation.<br>Leave blank if data element does not apply to the participant.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 000000.00                                                                                                                                                                                   |                                                       |               | R           | R                       | R                                   | R          | R                                         | R                                        | R                                              |                                                |            |                                       |     |           |                                    |       |                |                 |   |   |   |   |   | R |
| 1701                                             | Wages Earnings 2nd Quarter Prior to Participation Quarter                     | DE 8.2                     | Record total earnings from wage records for the second quarter prior to the quarter of participation.<br>Leave blank if data element does not apply to the participant.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 000000.00                                                                                                                                                                                   |                                                       |               | R           | R                       | R                                   | R          | R                                         | R                                        | R                                              |                                                |            |                                       |     |           |                                    |       |                |                 |   |   |   |   |   | R |
| 1702                                             | Wages Earnings 1st Quarter Prior to Participation Quarter                     | DE 8.2                     | Record total earnings from wage records for the first quarter prior to the quarter of participation.<br>Leave blank if data element does not apply to the participant.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 000000.00                                                                                                                                                                                   |                                                       |               | R           | R                       | R                                   | R          | R                                         | R                                        | R                                              |                                                |            |                                       |     |           |                                    |       |                |                 |   |   |   |   |   | R |
| 1703                                             | Wages Earnings 1st Quarter After Exit Quarter                                 | DE 8.2                     | Record total earnings for the first quarter after the quarter of exit.<br>Record 999999 if data is not yet available for this item.<br>Leave blank if data element does not apply to the participant.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 000000.00                                                                                                                                                                                   |                                                       |               | R           | R                       | R                                   | R          | R                                         | R                                        | R                                              | R                                              | R          | R                                     | R   | R         | R                                  | R     | R              | R               | R | R | R | R | R | R |

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

| DATA ELEMENT NO. | DATA ELEMENT NAME                             | DATA TYPE/<br>FIELD LENGTH | DATA ELEMENT DEFINITIONS/INSTRUCTIONS                                                                                                                                                                | CODE VALUE | REQUIREMENTS BY PROGRAM OF PARTICIPATION <sup>1</sup> |               |             |                         |                                     |           |                                                  |                                                 |                                              |                                              |            |                                      |     |           |                                    |       |                |                      |
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|                  |                                               |                            |                                                                                                                                                                                                      |            | Reportable Individual <sup>2</sup>                    | Wagner-Peyser | WIOA Adults | WIOA Dislocated Workers | WIOA Youth Dislocated Worker Grants | (HHS) TAN | Indian Community Development Job Program (NICJP) | Indian and Alaska Native American Program (INA) | Ready, Find, Hire and Support (RHOS) (Adult) | Ready Employment Opportunities (REO) (Youth) | YouthBuild | Jobs for Veterans' State Grant (JVS) | HUB | Job Corps | Incumbent Worker (Adult/OW funded) | SCSEP | Apprenticeship | Domestication Grants |
| 1704             | Wages Earnings 2nd Quarter After Exit Quarter | DE 9:2                     | Record total earnings for the second quarter after the quarter of exit. Record '999999.99 if data is not yet available for this item. Leave blank if data element does not apply to the participant. | 000000.00  |                                                       | R             | R           | R                       | R                                   | R         | R                                                | R                                               | R                                            | R                                            | R          | R                                    | R   | R         | R                                  | R     | R              | R                    |
| 1705             | Wages Earnings 3rd Quarter After Exit Quarter | DE 9:2                     | Record total earnings for the third quarter after the quarter of exit. Record '999999.99 if data is not yet available for this item. Leave blank if data element does not apply to the participant.  | 000000.00  |                                                       | R             | R           | R                       | R                                   | R         | R                                                | R                                               | R                                            | R                                            | R          | R                                    |     |           | R                                  |       | R              | R                    |
| 1706             | Wages Earnings 4th Quarter After Exit Quarter | DE 9:2                     | Record total earnings for the fourth quarter after the quarter of exit. Record '999999.99 if data is not yet available for this item. Leave blank if data element does not apply to the participant. | 000000.00  |                                                       | R             | R           | R                       | R                                   | R         | R                                                | R                                               | R                                            | R                                            | R          | R                                    | R   | R         | R                                  | R     | R              | R                    |

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

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

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

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

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

| DATA ELEMENT NO.                       | DATA ELEMENT NAME                          | DATA TYPE/<br>FIELD LENGTH | DATA ELEMENT DEFINITIONS/INSTRUCTIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | CODE VALUE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | REQUIREMENTS BY PROGRAM OF PARTICIPATION <sup>1</sup> |               |             |                         |                                     |           |                                    |                                                  |                                                 |                                            |            |                                      |     |           |                                    |       |                |
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|                                        |                                            |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Reportable Individual <sup>2</sup>                    | Wagner-Peyser | WIOA Adults | WIOA Dislocated Workers | WIOA Youth Dislocated Worker Grants | (HHS)-TAA | Native American Job Program (NAJP) | Indian Self-Determination American Program (ISA) | Ready, Steady, Go! Opportunities (REGO) (Adult) | Ready Employment Opportunity (REO) (Youth) | YouthBuild | Job for Veterans' State Grants (JVG) | HIB | Job Corps | Incumbent Worker (Adult/OW Filled) | SCSEP | Apprenticeship |
| SECTION D-04 - ADDITIONAL OUTCOME DATA |                                            |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                       |               |             |                         |                                     |           |                                    |                                                  |                                                 |                                            |            |                                      |     |           |                                    |       |                |
| 1900                                   | Youth 2nd Quarter Placement (Title I)      | IN 1                       | Record 1 if the participant is enrolled in occupational skills training (including advanced training).<br>Record 2 if the participant is enrolled in postsecondary education.<br>Record 3 if the participant is enrolled in secondary education.<br>Record 0 if the participant was not placed in any of the above conditions.                                                                                                                                                                                                                                                                                                                                            | 1 = Occupational Skills Training<br>2 = Postsecondary Education<br>3 = Secondary Education<br>0 = No placement                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                       |               |             |                         | R                                   |           | R                                  |                                                  |                                                 | R                                          | R          |                                      |     | R         |                                    | R     |                |
| 1901                                   | Youth 4th Quarter Placement (Title I)      | IN 1                       | Record 1 if the participant is enrolled in occupational skills training (including advanced training).<br>Record 2 if the participant is enrolled in postsecondary education.<br>Record 3 if the participant is enrolled in secondary education.<br>Record 0 if the participant was not placed in any of the above conditions.                                                                                                                                                                                                                                                                                                                                            | 1 = Occupational Skills Training<br>2 = Postsecondary Education<br>3 = Secondary Education<br>0 = No placement                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                       |               |             |                         | R                                   |           | R                                  |                                                  |                                                 | R                                          | R          |                                      |     | R         |                                    | R     |                |
| 1902                                   | Category of Assessment #1                  | IN 1                       | Record 1 if the participant was assessed using approved tests for Adult Basic Education (ABE) English Language Arts (ELA).<br>Record 2 if the participant was assessed using approved tests for ABE Mathematics.<br>Record 3 if the participant was assessed using approved tests for English-As-A-Second Language (ESL).<br><del>Record 0 if the participant was assessed using approved tests for both ABE and ESL.</del><br>Record 0 if the participant was not assessed.<br>Leave blank if this data element does not apply to the participant.                                                                                                                       | 1 = ABE ELA<br>2 = ABE Math<br>3 = Both ABE and ESL<br>0 = Not assessed                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                       |               | R           | R                       | R                                   | R         |                                    | R                                                |                                                 | R                                          | R          |                                      |     | R         |                                    | R     |                |
| 1903                                   | Date of Pre-Test Score #1                  | DT 8                       | Record the date that the participant took the pre-assessment test.<br>Leave blank if the participant did not take a pre-assessment test.<br><br>NOTE: This field is only necessary if the program is capturing a measurable skill gain based on an increase in Educational Functioning Level within the Educational Achievement Type of measurable skill gain.                                                                                                                                                                                                                                                                                                            | YYYYMMDD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                       |               | R           | R                       | R                                   | R         | R                                  |                                                  | R                                               |                                            | R          | R                                    |     |           | R                                  |       | R              |
| 1904                                   | Pre-Test Score #1                          | IN 3                       | Record the raw scale score achieved by the participant on the pre-assessment test.<br>Leave blank if the participant was not assessed in literacy or numeracy or if this data element does not apply to the participant.<br><br>NOTE: This field is only necessary if the program is capturing a measurable skill gain based on an increase in Educational Functioning Level within the Educational Achievement Type of measurable skill gain.                                                                                                                                                                                                                            | 000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                       |               | R           | R                       | R                                   | R         | R                                  |                                                  | R                                               |                                            | R          | R                                    |     |           | R                                  |       | R              |
| 1905                                   | Educational Functioning Level Pre-Test #1  | IN 2                       | Record the educational functioning level that is associated with the participant's raw scale score.<br>Record 0 if the participant was not assessed in literacy or numeracy.<br>Leave blank if the data element does not apply to the participant.<br><br>NOTE: This field is only necessary if the program is capturing a measurable skill gain based on an increase in Educational Functioning Level within the Educational Achievement Type of measurable skill gain.                                                                                                                                                                                                  | 0 = Not Assessed<br>1 = Beginning ABE Level 1 Literacy<br>2 = Beginning Basic Education ABE Level 2<br>3 = Low-Intermediate Basic Education ABE Level 3<br>4 = High-Intermediate Basic Education ABE Level 4<br>5 = Low-Adult Secondary Education ABE Level 5<br>6 = High-Adult Secondary Education ABE Level 6<br>7 = Beginning ESL Level 1 Literacy<br>8 = Low-Beginning ESL Level 2<br>9 = High-Beginning ESL Level 3<br>10 = Low-Intermediate ESL Level 4<br>11 = High-Intermediate ESL Level 5<br>12 = Advanced ESL Level 6 |                                                       |               | R           | R                       | R                                   | R         | R                                  |                                                  | R                                               | R                                          | R          |                                      |     | R         |                                    | R     |                |
| 1906                                   | Date of Most Recent Post-Test Score #1     | DT 8                       | Record the date on which the post-test was administered to the participant during his/her first year of participation in the program. If multiple post-tests were administered, record the most recent date on which the functional area post-test was administered.<br>Leave blank if the participant did not receive a post-test during his/her first year of participation in the program or the data element does not apply to the participant.<br><br>NOTE: This field is only necessary if the program is capturing a measurable skill gain based on an increase in Educational Functioning Level within the Educational Achievement Type of measurable skill gain. | YYYYMMDD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                       |               | R           | R                       | R                                   | R         | R                                  |                                                  | R                                               | R                                          | R          |                                      |     | R         |                                    | R     |                |
| 1907                                   | Post-Test Score #1                         | IN 3                       | Record the raw scale score achieved by the participant.<br>Leave blank if the participant did not receive a post-test during his/her first year of participation in the program or if the data element does not apply to the participant.<br><br>NOTE: This field is only necessary if the program is capturing a measurable skill gain based on an increase in Educational Functioning Level within the Educational Achievement Type of measurable skill gain.                                                                                                                                                                                                           | 000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                       |               | R           | R                       | R                                   | R         | R                                  |                                                  | R                                               | R                                          | R          |                                      |     | R         |                                    | R     |                |
| 1908                                   | Educational Functioning Level Post-Test #1 | IN 2                       | Record the educational functioning level that is associated with the participant's raw scale score.<br>Record 0 if the participant was not assessed in literacy or numeracy.<br>Leave blank if the data element does not apply to the participant.<br><br>NOTE: This field is only necessary if the program is capturing a measurable skill gain based on an increase in Educational Functioning Level within the Educational Achievement Type of measurable skill gain.                                                                                                                                                                                                  | 0 = Not Assessed<br>1 = Beginning ABE Level 1 Literacy<br>2 = Beginning Basic Education ABE Level 2<br>3 = Low-Intermediate Basic Education ABE Level 3<br>4 = High-Intermediate Basic Education ABE Level 4<br>5 = Low-Adult Secondary Education ABE Level 5<br>6 = High-Adult Secondary Education ABE Level 6<br>7 = Beginning ESL Level 1 Literacy<br>8 = Low-Beginning ESL Level 2<br>9 = High-Beginning ESL Level 3<br>10 = Low-Intermediate ESL Level 4<br>11 = High-Intermediate ESL Level 5<br>12 = Advanced ESL Level 6 |                                                       |               | R           | R                       | R                                   | R         | R                                  |                                                  | R                                               | R                                          | R          |                                      |     | R         |                                    | R     |                |
| 1909                                   | Category of Assessment #2                  | IN 1                       | Record 1 if the participant was assessed using approved tests for Adult Basic Education (ABE) English Language Arts (ELA).<br>Record 2 if the participant was assessed using approved tests for ABE Mathematics.<br>Record 3 if the participant was assessed using approved tests for English-As-A-Second Language (ESL).<br><del>Record 0 if the participant was assessed using approved tests for both ABE and ESL.</del><br>Record 0 if the participant was not assessed.<br>Leave blank if this data element does not apply to the participant.                                                                                                                       | 1 = ABE ELA<br>2 = ABE Math<br>3 = Both ABE and ESL<br>0 = Not assessed                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                       |               | R           | R                       | R                                   | R         |                                    | R                                                |                                                 | R                                          | R          |                                      |     | R         |                                    | R     |                |
| 1910                                   | Date of Pre-Test Score #2                  | DT 8                       | Record the date that the participant took the pre-assessment test.<br>Leave blank if the participant did not take a pre-assessment test.<br><br>NOTE: This field is only necessary if the program is capturing a measurable skill gain based on an increase in Educational Functioning Level within the Educational Achievement Type of measurable skill gain.                                                                                                                                                                                                                                                                                                            | YYYYMMDD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                       |               | R           | R                       | R                                   | R         |                                    | R                                                |                                                 | R                                          | R          |                                      |     | R         |                                    | R     |                |
| 1911                                   | Pre-Test Score #2                          | IN 3                       | Record the raw scale score achieved by the participant on the pre-assessment test.<br>Leave blank if the participant was not assessed in literacy or numeracy or if this data element does not apply to the participant.<br><br>NOTE: This field is only necessary if the program is capturing a measurable skill gain based on an increase in Educational Functioning Level within the Educational Achievement Type of measurable skill gain.                                                                                                                                                                                                                            | 000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                       |               | R           | R                       | R                                   | R         |                                    | R                                                |                                                 | R                                          | R          |                                      |     | R         |                                    | R     |                |
| 1912                                   | Educational Functioning Level Pre-Test #2  | IN 2                       | Record the educational functioning level that is associated with the participant's raw scale score.<br>Record 0 if the participant was not assessed in literacy or numeracy.<br>Leave blank if the data element does not apply to the participant.<br><br>NOTE: This field is only necessary if the program is capturing a measurable skill gain based on an increase in Educational Functioning Level within the Educational Achievement Type of measurable skill gain.                                                                                                                                                                                                  | 0 = Not Assessed<br>1 = Beginning ABE Level 1 Literacy<br>2 = Beginning Basic Education ABE Level 2<br>3 = Low-Intermediate Basic Education ABE Level 3<br>4 = High-Intermediate Basic Education ABE Level 4<br>5 = Low-Adult Secondary Education ABE Level 5<br>6 = High-Adult Secondary Education ABE Level 6<br>7 = Beginning ESL Level 1 Literacy<br>8 = Low-Beginning ESL Level 2<br>9 = High-Beginning ESL Level 3<br>10 = Low-Intermediate ESL Level 4<br>11 = High-Intermediate ESL Level 5<br>12 = Advanced ESL Level 6 |                                                       |               | R           | R                       | R                                   | R         |                                    | R                                                |                                                 | R                                          | R          |                                      |     | R         |                                    | R     |                |
| 1913                                   | Date of Most Recent Post-Test Score #2     | DT 8                       | Record the date on which the post-test was administered to the participant. If multiple post-tests were administered, record the most recent date on which the functional area post-test was administered.<br>Leave blank if the participant did not receive a post-test during his/her first year of participation in the program or the data element does not apply to the participant.<br><br>NOTE: This field is only necessary if the program is capturing a measurable skill gain based on an increase in Educational Functioning Level within the Educational Achievement Type of measurable skill gain.                                                           | YYYYMMDD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                       |               | R           | R                       | R                                   | R         |                                    | R                                                |                                                 | R                                          | R          |                                      |     | R         |                                    | R     |                |
| 1914                                   | Post-Test Score #2                         | IN 3                       | Record the raw scale score achieved by the participant.<br>Leave blank if the participant did not receive a post-test during his/her first year of participation in the program or if the data element does not apply to the participant.<br><br>NOTE: This field is only necessary if the program is capturing a measurable skill gain based on an increase in Educational Functioning Level within the Educational Achievement Type of measurable skill gain.                                                                                                                                                                                                           | 000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                       |               | R           | R                       | R                                   | R         |                                    | R                                                |                                                 | R                                          | R          |                                      |     | R         |                                    | R     |                |
| 1915                                   | Educational Functioning Level Post-Test #2 | IN 2                       | Record the educational functioning level that is associated with the participant's raw scale score.<br>Record 0 if the participant was not assessed in literacy or numeracy.<br>Leave blank if the data element does not apply to the participant.<br><br>NOTE: This field is only necessary if the program is capturing a measurable skill gain based on an increase in Educational Functioning Level within the Educational Achievement Type of measurable skill gain.                                                                                                                                                                                                  | 0 = Not Assessed<br>1 = Beginning ABE Level 1 Literacy<br>2 = Beginning Basic Education ABE Level 2<br>3 = Low-Intermediate Basic Education ABE Level 3<br>4 = High-Intermediate Basic Education ABE Level 4<br>5 = Low-Adult Secondary Education ABE Level 5<br>6 = High-Adult Secondary Education ABE Level 6<br>7 = Beginning ESL Level 1 Literacy<br>8 = Low-Beginning ESL Level 2<br>9 = High-Beginning ESL Level 3<br>10 = Low-Intermediate ESL Level 4<br>11 = High-Intermediate ESL Level 5<br>12 = Advanced ESL Level 6 |                                                       |               | R           | R                       | R                                   | R         |                                    | R                                                |                                                 | R                                          | R          |                                      |     | R         |                                    | R     |                |
| 1916                                   | Category of Assessment #3                  | IN 1                       | Record 1 if the participant was assessed using approved tests for Adult Basic Education (ABE) English Language Arts (ELA).<br>Record 2 if the participant was assessed using approved tests for ABE Mathematics.<br>Record 3 if the participant was assessed using approved tests for English-As-A-Second Language (ESL).<br><del>Record 0 if the participant was assessed using approved tests for both ABE and ESL.</del><br>Record 0 if the participant was not assessed.<br>Leave blank if this data element does not apply to the participant.                                                                                                                       | 1 = ABE ELA<br>2 = ABE Math<br>3 = Both ABE and ESL<br>0 = Not assessed                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                       |               | R           | R                       | R                                   | R         |                                    | R                                                |                                                 | R                                          | R          |                                      |     | R         |                                    | R     |                |

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

| DATA ELEMENT NO.                                                                      | DATA ELEMENT NAME                                                     | DATA TYPE/<br>FIELD LENGTH | DATA ELEMENT DEFINITIONS/INSTRUCTIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | CODE VALUE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | REQUIREMENTS BY PROGRAM OF PARTICIPATION <sup>1</sup> |               |             |                         |                                     |           |                                       |                                          |                                                |                                                |            |                                       |     |           |                                    |       |                |                      |
|---------------------------------------------------------------------------------------|-----------------------------------------------------------------------|----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|---------------|-------------|-------------------------|-------------------------------------|-----------|---------------------------------------|------------------------------------------|------------------------------------------------|------------------------------------------------|------------|---------------------------------------|-----|-----------|------------------------------------|-------|----------------|----------------------|
|                                                                                       |                                                                       |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Reportable Individual <sup>2</sup>                    | Wagner-Peyser | WIOA Adults | WIOA Dislocated Workers | WIOA Youth Dislocated Worker Grants | (HWS) TAN | Wages for Veterans' Job Program (WVJ) | Self-Sufficiency, American Program (SAP) | Ready + Employment Opportunities (REO) (Adult) | Ready + Employment Opportunities (REO) (Youth) | YouthBuild | Jobs for Veterans' State Grants (JVS) | H1B | Job Corps | Incumbent Worker (Adult/DW Funded) | SCSEP | Apprenticeship | Demonstration Grants |
| 1917                                                                                  | Date of Pre-Test Score #3                                             | DT 8                       | Record the date that the participant took the pre-assessment test.<br>Leave blank if the participant did not take a pre-assessment test.<br><br>NOTE: This field is only necessary if the program is capturing a measurable skill gain based on an increase in Educational Functioning Level within the Educational Achievement Type of measurable skill gain.                                                                                                                                                                                                                                                                                                                                                                                                                                | YYYYMMDD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                       |               | R           | R                       | R                                   | R         |                                       |                                          |                                                | R                                              | R          |                                       |     | R         |                                    |       | R              |                      |
| 1918                                                                                  | Pre-Test Score #3                                                     | IN 3                       | Record the raw scale score achieved by the participant on the pre-assessment test.<br>Leave blank if the participant was not assessed in literacy or numeracy or if this data element does not apply to the participant.<br><br>NOTE: This field is only necessary if the program is capturing a measurable skill gain based on an increase in Educational Functioning Level within the Educational Achievement Type of measurable skill gain.                                                                                                                                                                                                                                                                                                                                                | 000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                       |               | R           | R                       | R                                   | R         |                                       |                                          |                                                | R                                              | R          |                                       |     | R         |                                    |       | R              |                      |
| 1919                                                                                  | Educational Functioning Level Pre-Test #3                             | IN 2                       | Record the educational functioning level that is associated with the participant's raw scale score.<br>Record 0 if the participant was not assessed in literacy or numeracy.<br>Leave blank if the data element does not apply to the participant.<br><br>NOTE: This field is only necessary if the program is capturing a measurable skill gain based on an increase in Educational Functioning Level within the Educational Achievement Type of measurable skill gain.                                                                                                                                                                                                                                                                                                                      | 0 = Not Assessed<br>1 = Beginning ABE Level 1 Literacy<br>2 = Beginning Basic Education ABE Level 2<br>3 = Low Intermediate Basic Education ABE Level 3<br>4 = High Intermediate Basic Education ABE Level 4<br>5 = Low Adult Secondary Education ABE Level 5<br>6 = High Adult Secondary Education ABE Level 6<br>7 = Beginning ESL Level 1 Literacy<br>8 = Low Beginning ESL Level 2<br>9 = High Beginning ESL Level 3<br>10 = Low Intermediate ESL Level 4<br>11 = High Intermediate ESL Level 5<br>12 = Advanced ESL Level 6 |                                                       |               | R           | R                       | R                                   | R         |                                       |                                          |                                                | R                                              | R          |                                       |     | R         |                                    |       | R              |                      |
| 1920                                                                                  | Date of Most Recent Post-Test Score #3                                | DT 8                       | Record the date on which the post-test was administered to the participant. If multiple post-tests were administered, record the most recent date on which the functional area post-test was administered.<br>Leave blank if the participant did not receive a post-test during his/her first year of participation in the program or the data element does not apply to the participant.<br><br>NOTE: This field is only necessary if the program is capturing a measurable skill gain based on an increase in Educational Functioning Level within the Educational Achievement Type of measurable skill gain.                                                                                                                                                                               | YYYYMMDD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                       |               | R           | R                       | R                                   | R         |                                       |                                          |                                                | R                                              | R          |                                       |     | R         |                                    |       | R              |                      |
| 1921                                                                                  | Post-Test Score #3                                                    | IN 3                       | Record the raw scale score achieved by the participant.<br>Leave blank if the participant did not receive a post-test during his/her first year of participation in the program or the data element does not apply to the participant.<br><br>NOTE: This field is only necessary if the program is capturing a measurable skill gain based on an increase in Educational Functioning Level within the Educational Achievement Type of measurable skill gain.                                                                                                                                                                                                                                                                                                                                  | 000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                       |               | R           | R                       | R                                   | R         |                                       |                                          |                                                | R                                              | R          |                                       |     | R         |                                    |       | R              |                      |
| 1922                                                                                  | Educational Functioning Level Post-Test #3                            | IN 2                       | Record the educational functioning level that is associated with the participant's raw scale score.<br>Record 0 if the participant was not assessed in literacy or numeracy.<br>Leave blank if the data element does not apply to the participant.<br><br>NOTE: This field is only necessary if the program is capturing a measurable skill gain based on an increase in Educational Functioning Level within the Educational Achievement Type of measurable skill gain.                                                                                                                                                                                                                                                                                                                      | 0 = Not Assessed<br>1 = Beginning ABE Level 1 Literacy<br>2 = Beginning Basic Education ABE Level 2<br>3 = Low Intermediate Basic Education ABE Level 3<br>4 = High Intermediate Basic Education ABE Level 4<br>5 = Low Adult Secondary Education ABE Level 5<br>6 = High Adult Secondary Education ABE Level 6<br>7 = Beginning ESL Level 1 Literacy<br>8 = Low Beginning ESL Level 2<br>9 = High Beginning ESL Level 3<br>10 = Low Intermediate ESL Level 4<br>11 = High Intermediate ESL Level 5<br>12 = Advanced ESL Level 6 |                                                       |               | R           | R                       | R                                   | R         |                                       |                                          |                                                | R                                              | R          |                                       |     | R         |                                    |       | R              |                      |
| SECTION E - NEW DATA ELEMENTS (Data Elements are Specific to Each Program, As Listed) |                                                                       |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                       |               |             |                         |                                     |           |                                       |                                          |                                                |                                                |            |                                       |     |           |                                    |       |                |                      |
| SECTION E.01 - DISLOCATED WORKER GRANTS                                               |                                                                       |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                       |               |             |                         |                                     |           |                                       |                                          |                                                |                                                |            |                                       |     |           |                                    |       |                |                      |
| 2001                                                                                  | Date of Completion of DWG Services                                    | DT 8                       | Record the date the participant received their last service in the DWG program.<br>Leave blank if the participant did not receive services under a Dislocated Worker Grant.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | YYYYMMDD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                       |               |             |                         |                                     | R         |                                       |                                          |                                                |                                                |            |                                       |     |           |                                    |       | R              |                      |
| 2002                                                                                  | Employed at Completion of DWG Services                                | IN 1                       | Record 1 if the participant is employed at completion of participation in services under a Dislocated Worker Grant (DWG). Employment is counted the quarter in which the participant stops receiving services funded through a DWG project.<br>Record 0 if the participant does not meet the condition described above.                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 1 = Yes<br>0 = No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                       |               |             |                         |                                     | R         |                                       |                                          |                                                |                                                |            |                                       |     |           |                                    |       | R              |                      |
| 2003                                                                                  | DWG Grant Number                                                      | AN 7                       | Record the first 7 characters of the grant number if the participant received services under the National Dislocated Worker Grant (DWG) program. The grant number should be entered in the following format without dashes: Two alphabetic characters representing the grant program, followed by numeric characters (XXXXXXXX).<br><br>If the grant number is unknown, please enter 99999999.<br><br>Leave blank if the participant did not receive services funded by this program.<br><br>NOTE: If the participant received services funded by more than one DWG, report the additional grant number under PRL 105 Special Project ID in the same format (first 7 characters of the grant number). PRL 105 may only be used for DWG if there is already a grant number entered in PRL 2003 | XXXXXXX                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                       |               |             |                         |                                     | R         |                                       |                                          |                                                |                                                |            |                                       |     |           |                                    |       | R              |                      |
| 2004                                                                                  | Received Services through a Disaster Recovery Dislocated Worker Grant | IN 1                       | Record 1 if the participant received disaster relief employment only under a Disaster Recovery Dislocated Worker Grant.<br>Record 0 if the participant received disaster relief employment and received Employment and Training services (Career and Training services) under a Disaster Recovery DWG.<br>Record 3 if the participant received Employment and Training services (Career and Training services) only under a Disaster DWG, and did not receive disaster relief employment under a Disaster Recovery Dislocated Worker Grant.<br>Record 0 if the participant did not receive services under a Disaster Recovery DWG.                                                                                                                                                            | 1 = Disaster Relief Employment Only<br>2 = Disaster Relief Employment and Employment and Training Services<br>3 = Employment and Training Services Only<br>0 = No                                                                                                                                                                                                                                                                                                                                                                |                                                       |               |             |                         |                                     | R         |                                       |                                          |                                                |                                                |            |                                       |     |           |                                    |       | R              |                      |
| SECTION E.02 - H1B                                                                    |                                                                       |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                       |               |             |                         |                                     |           |                                       |                                          |                                                |                                                |            |                                       |     |           |                                    |       |                |                      |
| 2101                                                                                  | Underemployed Worker                                                  | IN 1                       | Record 1 if a person is not currently connected to a full-time job commensurate with the individual's level of education, skills, or wage and/or salary earned previously, or who has obtained only episodic, short-term, or part-time employment.<br>Record 0 if the participant does not meet any of the conditions described above.<br>Leave blank if information is not available.                                                                                                                                                                                                                                                                                                                                                                                                        | 1 = Yes<br>0 = No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                       |               |             |                         |                                     |           |                                       |                                          |                                                |                                                | R          |                                       |     | R         |                                    |       | R              |                      |
| 2102                                                                                  | Previous Quarter Received Case Management Service                     | IN 1                       | Record 1 if the participant received Case Management Services in the previous quarter.<br>Record 0 if the participant did not receive Case Management Services in the previous quarter.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 1 = Yes<br>0 = No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                       |               |             |                         |                                     |           |                                       |                                          |                                                |                                                |            |                                       |     | R         |                                    |       | R              |                      |
| 2103                                                                                  | Most Recent Date Received Assessment Services                         | DT 8                       | Record the most recent date on which the participant received assessment services funded by the program.<br>Leave blank if the participant did not receive Assessment Services.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | YYYYMMDD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                       |               |             |                         |                                     |           |                                       |                                          |                                                |                                                | R          |                                       |     | R         |                                    |       | R              |                      |
| 2104                                                                                  | Previous Quarter Received Assessment Services                         | IN 1                       | Record 1 if the participant received Assessment Services in the previous quarter.<br>Record 0 if the participant did not receive Assessment Services in the previous quarter.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 1 = Yes<br>0 = No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                       |               |             |                         |                                     |           |                                       |                                          |                                                |                                                |            |                                       |     | R         |                                    |       | R              |                      |
| 2105                                                                                  | Previous Quarter Received Supportive Services                         | IN 1                       | Record 1 if the participant received Supportive Services in the previous quarter.<br>Record 0 if the participant did not receive Supportive Services in the previous quarter.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 1 = Yes<br>0 = No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                       |               |             |                         |                                     |           |                                       |                                          |                                                |                                                |            |                                       |     | R         |                                    |       | R              |                      |
| 2106                                                                                  | Most Recent Date Received Specialized Participant Services            | DT 8                       | Record the most recent date on which the participant received specialized participant services which include, but are not limited to, financial counseling, behavioral health counseling, mentoring, assistance with re-location, job coaching, networking, and job search assistance.<br>Leave blank if the participant did not receive Specialized Participant Services.                                                                                                                                                                                                                                                                                                                                                                                                                    | YYYYMMDD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                       |               |             |                         |                                     |           |                                       |                                          |                                                |                                                | R          |                                       |     | R         |                                    |       | R              |                      |
| 2107                                                                                  | Previous Quarter Received Specialized Services                        | IN 1                       | Record 1 if the participant received Specialized Services in the previous quarter.<br>Record 0 if the participant did not receive Specialized Services in the previous quarter.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1 = Yes<br>0 = No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                       |               |             |                         |                                     |           |                                       |                                          |                                                |                                                |            |                                       |     | R         |                                    |       | R              |                      |
| 2108                                                                                  | Previous Quarter Participated in Work Experience                      | IN 1                       | Record 1 if the participant participated in Work Experience in the previous quarter.<br>Record 0 if the participant did not participate in Work Experience in the previous quarter.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 1 = Yes<br>0 = No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                       |               |             |                         |                                     |           |                                       |                                          |                                                |                                                |            |                                       |     |           |                                    |       | R              |                      |
| 2109                                                                                  | Primary Type of Training Service for Training Activity #1             | IN 1                       | Use the appropriate code to indicate the primary type of training being provided to the participant, if applicable.<br>Leave blank if the participant did not enroll in training for Primary Type of Training Service for Training Activity #1.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1 = On-the-Job Training<br>2 = Classroom Occupational Training<br>3 = Contextualized Learning<br>4 = Distance Learning<br>5 = Customized Learning<br>6 = Incumbent Worker Training<br>7 = Other Occupational Skills Training<br>8 = Registered Apprenticeship<br>9 = No Training                                                                                                                                                                                                                                                 |                                                       |               |             |                         |                                     |           |                                       |                                          |                                                |                                                | R          |                                       |     | R         |                                    |       | R              |                      |
| 2110                                                                                  | Secondary Type of Training Service for Training Activity #1           | IN 1                       | Use the appropriate code to indicate the secondary type of training being provided to the participant, if applicable.<br>Leave blank if the participant is not enrolled in a Secondary Type of Training Service for Training Activity #1.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1 = On-the-Job Training<br>2 = Classroom Occupational Training<br>3 = Contextualized Learning<br>4 = Distance Learning<br>5 = Customized Learning<br>6 = Incumbent Worker Training<br>7 = Other Occupational Skills Training<br>8 = Registered Apprenticeship<br>9 = No Training                                                                                                                                                                                                                                                 |                                                       |               |             |                         |                                     |           |                                       |                                          |                                                |                                                | R          |                                       |     | R         |                                    |       | R              |                      |
| 2111                                                                                  | Tertiary Type of Training Service for Training Activity #1            | IN 1                       | Use the appropriate code to indicate the tertiary type of training being provided to the participant, if applicable.<br>Leave blank if the participant is not enrolled in a Tertiary Type of Training Service for Training Activity #1.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 1 = On-the-Job Training<br>2 = Classroom Occupational Training<br>3 = Contextualized Learning<br>4 = Distance Learning<br>5 = Customized Learning<br>6 = Incumbent Worker Training<br>7 = Other Occupational Skills Training<br>8 = Registered Apprenticeship<br>9 = No Training                                                                                                                                                                                                                                                 |                                                       |               |             |                         |                                     |           |                                       |                                          |                                                |                                                | R          |                                       |     | R         |                                    |       | R              |                      |
| 2112                                                                                  | Primary Type of Training Service for Training Activity #2             | IN 1                       | Use the appropriate code to indicate the primary type of training being provided to the participant during their second training service.<br>Leave blank if the participant is not enrolled in a Primary Type of Training Service for Training Activity #2.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 1 = On-the-Job Training<br>2 = Classroom Occupational Training<br>3 = Contextualized Learning<br>4 = Distance Learning<br>5 = Customized Learning<br>6 = Incumbent Worker Training<br>7 = Other Occupational Skills Training<br>8 = Registered Apprenticeship<br>9 = No Training                                                                                                                                                                                                                                                 |                                                       |               |             |                         |                                     |           |                                       |                                          |                                                |                                                | R          |                                       |     | R         |                                    |       | R              |                      |

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

| DATA ELEMENT NO.                                       | DATA ELEMENT NAME                                                                                                                         | DATA TYPE/<br>FIELD LENGTH | DATA ELEMENT DEFINITIONS/INSTRUCTIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | CODE VALUE                                                                                                                                                                                                                                                                       | REQUIREMENTS BY PROGRAM OF PARTICIPATION <sup>1</sup> |               |             |                         |                                     |           |                                     |                                                |                                                   |                                            |            |                                       |     |           |                                    |       |                |                      |   |  |
|--------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|---------------|-------------|-------------------------|-------------------------------------|-----------|-------------------------------------|------------------------------------------------|---------------------------------------------------|--------------------------------------------|------------|---------------------------------------|-----|-----------|------------------------------------|-------|----------------|----------------------|---|--|
|                                                        |                                                                                                                                           |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                  | Reportable Individual <sup>2</sup>                    | Wagner-Peyser | WIOA Adults | WIOA Dislocated Workers | WIOA Youth Dislocated Worker Grants | (HHS)-TAA | Indian Community Job Program (NIJP) | Indian and Alaska Native American Program (NA) | Ready, Employed and Entrepreneurial (REE) (Adult) | Ready Employment Opportunity (REO) (Youth) | YouthBuild | Jobs for Veterans' State Grants (JVS) | HUB | Job Corps | Incumbent Worker (Adult/OW Funded) | SCSEP | Apprenticeship | Documentation Grants |   |  |
| 2113                                                   | Secondary Type of Training Service for Training Activity #2                                                                               | IN 1                       | Use the appropriate code to indicate the secondary type of training being provided to the participant during their second training service, if applicable.<br>Leave blank if the participant is not enrolled in a Secondary Type of Education/Job Training Activity #2.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 1 = On-the-Job Training<br>2 = Classroom Occupational Training<br>3 = Contextualized Learning<br>4 = Distance Learning<br>5 = Customized Learning<br>6 = Incumbent Worker Training<br>7 = Other Occupational Skills Training<br>8 = Registered Apprenticeship<br>9 = No training |                                                       |               |             |                         |                                     |           |                                     |                                                |                                                   |                                            |            |                                       | R   |           |                                    |       |                | R                    |   |  |
| 2114                                                   | Tertiary Type of Training Service for Training Activity #2                                                                                | IN 1                       | Use the appropriate code to indicate the tertiary type of training being provided to the participant during their second training service, if applicable.<br>Record 0 if the above condition does not apply to the participant.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1 = On-the-Job Training<br>2 = Classroom Occupational Training<br>3 = Contextualized Learning<br>4 = Distance Learning<br>5 = Customized Learning<br>6 = Incumbent Worker Training<br>7 = Other Occupational Skills Training<br>8 = Registered Apprenticeship<br>9 = No training |                                                       |               |             |                         |                                     |           |                                     |                                                |                                                   |                                            |            |                                       | R   |           |                                    |       |                | R                    |   |  |
| 2115                                                   | Primary Type of Training Service for Training Activity #3                                                                                 | IN 1                       | Use the appropriate code to indicate the primary type of training being provided to the participant during their third training service.<br>Leave blank if the participant is not enrolled in a Primary Type of Training Service for Training Activity #3.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 1 = On-the-Job Training<br>2 = Classroom Occupational Training<br>3 = Contextualized Learning<br>4 = Distance Learning<br>5 = Customized Learning<br>6 = Incumbent Worker Training<br>7 = Other Occupational Skills Training<br>8 = Registered Apprenticeship<br>9 = No training |                                                       |               |             |                         |                                     |           |                                     |                                                |                                                   |                                            |            |                                       | R   |           |                                    |       |                | R                    |   |  |
| 2116                                                   | Secondary Type of Training Service for Training Activity #3                                                                               | IN 1                       | Use the appropriate code to indicate the secondary type of training being provided to the participant during their third training service, if applicable.<br>Leave blank if the participant is not enrolled in a Secondary Type of Training Service for Training Activity #3.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 1 = On-the-Job Training<br>2 = Classroom Occupational Training<br>3 = Contextualized Learning<br>4 = Distance Learning<br>5 = Customized Learning<br>6 = Incumbent Worker Training<br>7 = Other Occupational Skills Training<br>8 = Registered Apprenticeship<br>9 = No training |                                                       |               |             |                         |                                     |           |                                     |                                                |                                                   |                                            |            |                                       | R   |           |                                    |       |                | R                    |   |  |
| 2117                                                   | Tertiary Type of Training Service for Training Activity #3                                                                                | IN 1                       | Use the appropriate code to indicate the tertiary type of training being provided to the participant during their third training service, if applicable.<br>Leave blank if the participant is not enrolled in a Tertiary Type of Training Service for Training Activity #3.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1 = On-the-Job Training<br>2 = Classroom Occupational Training<br>3 = Contextualized Learning<br>4 = Distance Learning<br>5 = Customized Learning<br>6 = Incumbent Worker Training<br>7 = Other Occupational Skills Training<br>8 = Registered Apprenticeship<br>9 = No training |                                                       |               |             |                         |                                     |           |                                     |                                                |                                                   |                                            |            |                                       | R   |           |                                    |       |                | R                    |   |  |
| 2118                                                   | Date Entered Employment (Discretionary Grants)                                                                                            | DY 8                       | Record the date of employment (when the participant first began a job).<br>This data element captures employment outcomes for unemployed participants that found employment, and underemployed participants that entered a new position of employment.<br>Leave blank if the participant has not received a job.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | YYYYMMDD                                                                                                                                                                                                                                                                         |                                                       |               |             |                         |                                     |           |                                     |                                                |                                                   |                                            |            |                                       | R   |           |                                    |       |                | R                    |   |  |
| 2119                                                   | Incumbent Workers Retained Current Position                                                                                               | IN 1                       | Record 1 if the participant was employed at the start of participation (incumbent worker) and retained their current position in the first quarter after program completion.<br>Record 0 if the participant was employed at the start of participation (incumbent worker) and did not retain their current position in the first quarter after program completion.<br>Record 9 if information on the participant's employment status in the first quarter after program completion is not yet available.<br>Leave blank if the participant has not completed the training program or is not an incumbent worker.                                                                                                                                                                                                           | 1 = Yes<br>0 = No<br>9 = Information not yet available                                                                                                                                                                                                                           |                                                       |               |             |                         |                                     |           |                                     |                                                |                                                   |                                            |            |                                       | R   |           |                                    |       |                | R                    |   |  |
| 2120                                                   | Incumbent Workers Advanced into a New Position with Current or New Employer in the 1st Quarter after Completion                           | IN 1                       | Record 1 if the participant was employed at the start of participation (incumbent worker) and advanced into a new position requiring a higher skill level either with their current employer or a new employer, as a result of grant-funded activities in the first quarter after training program completion.<br>Record 0 if the participant was employed at the start of participation (incumbent worker) and did not advance into a new position as a result of the grant-funded activities, in the first quarter after training program completion.<br>Record 9 if information on the participant's employment status in the first quarter after training program completion is not yet available.<br>Leave blank if the participant has not completed the training program or is not an incumbent worker.             | 1 = Yes<br>0 = No<br>9 = Information not yet available                                                                                                                                                                                                                           |                                                       |               |             |                         |                                     |           |                                     |                                                |                                                   |                                            |            |                                       | R   |           |                                    |       |                | R                    |   |  |
| 2121                                                   | Incumbent Workers Retained Current Position in the 2nd Quarter after Program Completion                                                   | IN 1                       | Record 1 if the participant was employed at the start of participation (incumbent worker) and retained their current position in the second quarter after training program completion.<br>Record 0 if the participant was employed at the start of participation (incumbent worker) and did not retain their current position in the second quarter after training program completion.<br>Record 9 if information on the participant's employment status in the second quarter after training program completion is not yet available.<br>Leave blank if the participant has not completed the training program or is not an incumbent worker.                                                                                                                                                                             | 1 = Yes<br>0 = No<br>9 = Information not yet available                                                                                                                                                                                                                           |                                                       |               |             |                         |                                     |           |                                     |                                                |                                                   |                                            |            |                                       | R   |           |                                    |       |                | R                    |   |  |
| 2122                                                   | Incumbent Workers Advanced into a New Position with Current Employer or New Employer in the 2nd Quarter after Training Program Completion | IN 1                       | Record 1 if the participant was employed at the start of participation (incumbent worker) and advanced into a new position requiring a higher skill level either with their current employer or a new employer, as a result of grant-funded activities in the second quarter after training program completion.<br>Record 0 if the participant was employed at the start of program participation (incumbent worker) and did not advance into a new position as a result of the grant-funded activities, in the second quarter after training program completion.<br>Record 9 if information on the participant's employment status in the second quarter after training program completion is not yet available.<br>Leave blank if the participant has not completed the training program or is not an incumbent worker.  | 1 = Yes<br>0 = No<br>9 = Information not yet available                                                                                                                                                                                                                           |                                                       |               |             |                         |                                     |           |                                     |                                                |                                                   |                                            |            |                                       | R   |           |                                    |       |                | R                    |   |  |
| 2123                                                   | Incumbent Workers Retained Current Position in the 3rd Quarter After Program Completion                                                   | IN 1                       | Record 1 if the participant was employed at the start of participation (incumbent worker) and retained their current position in the third quarter after training program completion.<br>Record 0 if the participant was employed at the start of participation (incumbent worker) and did not retain their current position in the third quarter after training program completion.<br>Record 9 if information on the participant's employment status in the second quarter after training program completion is not yet available.<br>Leave blank if the participant has not completed the training program or is not an incumbent worker.                                                                                                                                                                               | 1 = Yes<br>0 = No<br>9 = Information not yet available                                                                                                                                                                                                                           |                                                       |               |             |                         |                                     |           |                                     |                                                |                                                   |                                            |            |                                       | R   |           |                                    |       |                | R                    |   |  |
| 2124                                                   | Incumbent Workers Advanced into a New Position with Current or New Employer in the 3rd Quarter after Training Program Completion          | IN 1                       | Record 1 if the participant was employed at the start of participation (incumbent worker) and advanced into a new position requiring a higher skill level either with their current employer or a new employer, as a result of grant-funded activities, in the third quarter after training program completion.<br>Record 0 if the participant was employed at the start of program participation (incumbent worker) and did not advance into a new position as a result of the grant-funded activities, in the third quarter after training program completion.<br>Record 9 if information on the participant's employment status in the third quarter after training program completion is not yet available.<br>Leave blank if the participant has not completed the training program or is not an incumbent worker.    | 1 = Yes<br>0 = No<br>9 = Information not yet available                                                                                                                                                                                                                           |                                                       |               |             |                         |                                     |           |                                     |                                                |                                                   |                                            |            |                                       | R   |           |                                    |       |                | R                    |   |  |
| 2126                                                   | Entered Training-Related Employment After Training Program Completion                                                                     | IN 1                       | Record 1 if after training program completion, the employment in which the individual entered uses a substantial portion of the skills taught in the training received by the individual. This data element is training program completion based.<br>Individuals that have not enrolled in and completed training should not be reported in this data element.<br>Record 0 if the employment in which the individual entered does not use a substantial portion of the skills taught in the training received by the individual.<br>Record 9 if unknown.<br>Leave blank if the individual has not completed a training program and/or has not yet entered employment                                                                                                                                                       | 1 = Yes<br>0 = No<br>9 = Unknown                                                                                                                                                                                                                                                 |                                                       |               |             |                         |                                     |           |                                     |                                                |                                                   |                                            |            |                                       | R   |           |                                    |       |                | R                    |   |  |
| SECTION E-03 - NATIONAL FARMWORKER JOBS PROGRAM (NFJP) |                                                                                                                                           |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                  |                                                       |               |             |                         |                                     |           |                                     |                                                |                                                   |                                            |            |                                       |     |           |                                    |       |                |                      |   |  |
| 2200                                                   | For Those Who Were Placed in Employment: Job Covered by Unemployment Insurance                                                            | IN 1                       | Record 1 if the participant was placed into unsubsidized employment that is covered by Unemployment Insurance.<br>Record 0 if the participant was placed into unsubsidized employment that is not covered by Unemployment Insurance.<br>Leave blank if data element does not apply to the participant.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1 = Yes<br>0 = No                                                                                                                                                                                                                                                                |                                                       |               |             |                         |                                     |           |                                     | R                                              |                                                   |                                            |            |                                       |     |           |                                    |       | R              |                      | R |  |
| 2202                                                   | For Those Who Were Placed in Employment: Fringe Benefits Available/ Received                                                              | IN 1                       | Record 1 if the participant was placed into unsubsidized employment where the employer makes available (or will make available following the completion of a probationary period) to the participant (whether or not the participant accepts) fringe benefits, beyond those required by law (e.g., Unemployment Insurance, worker's compensation), including health insurance benefits, holiday or vacation pay, sick leave, or a pension plan (not including social security).<br>Record 0 if the participant was placed into unsubsidized employment where the employer does not make available fringe benefits.<br>Leave blank if data element does not apply to the participant.<br>SPECIAL NOTE: For participants holding multiple jobs, this item should be recorded as 1 = Yes if any job provides fringe benefits. | 1 = Yes<br>0 = No                                                                                                                                                                                                                                                                |                                                       |               |             |                         |                                     |           |                                     | R                                              |                                                   |                                            |            |                                       |     |           |                                    |       | R              |                      | R |  |
| 2203                                                   | For Those Who Were Placed in Employment: Hourly Wage at Placement                                                                         | DE 8.2                     | Record the hourly wage at placement. Hourly wage includes any bonuses, tips, gratuities, commissions, and overtime pay earned.<br>Record 00.00 if the participant was not placed into unsubsidized employment. SPECIAL NOTE: Decimal point in entry must be explicit.<br>Leave blank if data element does not apply to the participant.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 0000000.00                                                                                                                                                                                                                                                                       |                                                       |               |             |                         |                                     |           |                                     | R                                              |                                                   | R                                          |            | R                                     |     |           |                                    |       | R              |                      | R |  |
| 2204                                                   | For Those Who Were Placed in Employment: Hours Worked per Week                                                                            | IN 2                       | Record the usual number of hours of work scheduled per week, including overtime.<br>Record 00 if the participant was not placed into unsubsidized employment.<br>Leave blank if data element does not apply to the participant.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 00                                                                                                                                                                                                                                                                               |                                                       |               |             |                         |                                     |           |                                     | R                                              |                                                   | R                                          |            | R                                     |     |           |                                    |       | R              |                      | R |  |
| 2205                                                   | For Those Who Were Placed in Employment: Self-Employment                                                                                  | IN 1                       | Record 1 if the participant was self-employed. Self-employment includes self-directed work in which goods or services produced by, or obtained by, the participant (or others working for him/her) are offered for sale.<br>Record 0 if the participant was not self-employed.<br>Leave blank if data element does not apply to the participant.                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 1 = Yes<br>0 = No                                                                                                                                                                                                                                                                |                                                       |               |             |                         |                                     |           |                                     |                                                |                                                   |                                            | R          |                                       |     |           |                                    |       | R              |                      | R |  |
| 2206                                                   | For Those Who Were Placed in Employment: Entered Military Service                                                                         | IN 1                       | Record 1 if the participant joined the Army, Navy, Air Force, Marines or Coast Guard, or entered into active duty from Reserve or National Guard units in cases of unplanned military buildup.<br>Record 0 if the participant did not enter the military services.<br>Leave blank if data element does not apply to the participant.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 1 = Yes<br>0 = No                                                                                                                                                                                                                                                                |                                                       |               |             |                         |                                     |           |                                     |                                                |                                                   |                                            | R          |                                       |     |           |                                    |       |                |                      | R |  |

| DATA ELEMENT NO.                                        | DATA ELEMENT NAME                                                                                        | DATA TYPE/<br>FIELD LENGTH | DATA ELEMENT DEFINITIONS/INSTRUCTIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | CODE VALUE                                                                                                                                                                                                                                                                                                                                         | REQUIREMENTS BY PROGRAM OF PARTICIPATION <sup>1</sup> |               |             |                         |                                     |            |                                       |                                          |                                                |                                          |            |                                       |     |           |                                    |       |                |                      |  |
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|                                                         |                                                                                                          |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                    | Reportable Individual <sup>2</sup>                    | Wagner-Peyser | WIOA Adults | WIOA Dislocated Workers | WIOA Youth Dislocated Worker Grants | (HHS)- TAN | Indian Reservation Job Program (NIJP) | Indian and Native American Program (INA) | Reentry Employment Opportunities (REO) (Adult) | Reentry Employment Opportunities (Youth) | YouthBuild | Jobs for Veterans' State Grants (JVS) | HUB | Job Corps | Incumbent Worker (Adult/OW funded) | SCSEP | Apprenticeship | Domestication Grants |  |
| 2207                                                    | For Those Who Were Placed in Employment, Entered Pre-Apprenticeship or Registered Apprenticeship Program | IN 1                       | Record 1 if the participant entered into a Pre-apprenticeship program.<br>Record 2 if the participant entered into a Registered Apprenticeship program. The program must be registered with DOL Office of Apprenticeship (OA) or a federally-recognized State Apprenticeship Agency (SAA).<br>Record 0 if the participant did not enter a Pre- or Registered Apprenticeship program.<br>Leave blank if data element does not apply to the participant.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1 = Yes, Pre-Apprenticeship<br>2 = Yes, Registered Apprenticeship<br>0 = No                                                                                                                                                                                                                                                                        |                                                       |               |             |                         |                                     |            |                                       | R                                        |                                                |                                          |            |                                       |     |           |                                    |       | R              |                      |  |
| 2208                                                    | Category of Exit                                                                                         | IN 1                       | Record 1 if the participant received and/or completed any job-related career services, individualized career services, youth services, or training services.<br>Record 2 if the participant received non staff-assisted non-job related services, without having received job-related career, individualized career services, or training services.<br>Record 3 if the participant received significant staff-assisted assistance services.<br>Record 4 if participant transferred to another project.<br>Record 5 if participant moved to another sub-grantee.<br>Record 6 if participant is dual enrolled.<br>Record 8 if the participant did not complete the program and exited for other reasons.<br><br>NOTE: Code values 4, 5, 6 and 7 apply to SCSEP only.<br><br>NOTE: For code value 2, participants are considered, a "reportable participant" and not included in performance calculations for the indicators of performance. For code value 3, participants are considered a "participant" and included in performance calculations for the indicators of performance.                                                                                                                                                                                                                                                                                                                                                                   | 1 = Employment and Training Exit<br>2 = Non staff-assisted related Assistance Services ONLY Exit<br>3 = Significant staff-assisted related assistance services Exit<br>4 = Withdrew application prior to assignment<br>5 = Transferred to another project<br>6 = Moved to another sub-grantee<br>7 = Dual enrollment<br>8 = Other Reasons for Exit |                                                       |               |             |                         |                                     | R          |                                       |                                          |                                                |                                          |            |                                       | R   |           |                                    | R     |                |                      |  |
| 2209                                                    | Related assistance: Transportation                                                                       | IN 1                       | Record 1 if the participant received transportation (public or private) assistance or cash paid to participants or members of their families for the purpose of transportation.<br>Record 0 if the participant did not receive any transportation assistance.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1 = Yes<br>0 = No                                                                                                                                                                                                                                                                                                                                  |                                                       |               |             |                         |                                     |            | R                                     |                                          | R                                              |                                          |            |                                       |     | R         |                                    |       | R              |                      |  |
| 2210                                                    | Related assistance: Health Care                                                                          | IN 1                       | Record 1 if the participant received health care services that includes, but is not limited to, preventive and clinical medical treatment, voluntary family planning, and necessary psychiatric, psychological and prosthetic services.<br>Record 0 if the participant did not receive any health care assistance.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 1 = Yes<br>0 = No                                                                                                                                                                                                                                                                                                                                  |                                                       |               |             |                         |                                     |            | R                                     |                                          | R                                              | R                                        |            |                                       |     | R         |                                    |       | R              |                      |  |
| 2211                                                    | Family Care (including child care)                                                                       | IN 1                       | Record 1 if the participant received related assistance services which help participants meet their family care needs during program participation. Family care ranges from adult to child care inside or outside the home to after-school programs (inside or outside the home). It usually includes supervision and shelter.<br>Record 0 if the participant did not receive any family care assistance.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 1 = Yes<br>0 = No                                                                                                                                                                                                                                                                                                                                  |                                                       |               |             |                         |                                     |            | R                                     |                                          | R                                              |                                          |            |                                       |     | R         |                                    |       | R              |                      |  |
| 2212                                                    | Related Assistance: Housing Assistance Services                                                          | IN 1                       | Record 1 if the participant received temporary housing services as described in 20 CFR 685.360.<br>Record 2 if the participant received permanent housing services as described in 20 CFR 685.360.<br>Record 3 if the participant received both temporary housing services as described in 20 CFR 685.360 and permanent housing services as described in 20 CFR 685.360.<br>Record 0 if the participant did not receive any housing services related assistance.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 1 = Temporary Housing Services<br>2= Permanent Housing Services<br>3=Both Temporary and Permanent Housing services<br>0 = No housing services                                                                                                                                                                                                      |                                                       |               |             |                         |                                     |            | R                                     |                                          | R                                              |                                          |            |                                       |     | R         |                                    |       | R              |                      |  |
| 2213                                                    | Related assistance: Nutritional Assistance                                                               | IN 1                       | Record 1 if the participant received related assistance services that includes the provision of food and other nutritional assistance (other than counseling) to eligible program participants and their dependents.<br>Record 0 if the participant did not receive any nutritional assistance.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 1 = Yes<br>0 = No                                                                                                                                                                                                                                                                                                                                  |                                                       |               |             |                         |                                     |            | R                                     |                                          |                                                |                                          |            |                                       |     | R         |                                    |       | R              |                      |  |
| 2214                                                    | Related assistance: Translation and Interpretation Services                                              | IN 1                       | Record 1 if the participant received related assistance services which involves a bi-lingual agent who hears or reads the language of one party and speaks or writes another language for another party. One of the two parties will be a program participant.<br>Record 0 if the participant did not receive any translation and interpretation services.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1 = Yes<br>0 = No                                                                                                                                                                                                                                                                                                                                  |                                                       |               |             |                         |                                     |            | R                                     |                                          |                                                |                                          |            |                                       |     | R         |                                    |       | R              |                      |  |
| 2215                                                    | Related assistance: Staff Assisted                                                                       | IN 1                       | Record 1 if the participant received related assistance services with significant staff involvement.<br>Record 0 if the participant did not receive any other related assistance services with significant staff involvement.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1 = Yes<br>0 = No                                                                                                                                                                                                                                                                                                                                  |                                                       |               |             |                         |                                     |            | R                                     |                                          |                                                |                                          |            |                                       |     | R         |                                    |       | R              |                      |  |
| 2216                                                    | Received Worker Safety Training                                                                          | IN 1                       | Record 1 if the participant received any training that consists of instruction in any of the following: safe and proper ways to operate or maintain machinery, safe handling and use of toxic chemicals, proper use of protective clothing and devices, first aid, or other topics related to worker safety on the job site.<br>Record 0 if the participant did not receive worker safety training.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 1 = Yes<br>0 = No                                                                                                                                                                                                                                                                                                                                  |                                                       |               |             |                         |                                     |            | R                                     |                                          |                                                |                                          |            |                                       |     | R         |                                    |       | R              |                      |  |
| 2217                                                    | Work Experience funded by 167 grant                                                                      | IN 4                       | Record the actual total hours the individual received work experience under the section 167 grant. Work experience includes short-term or part-time work activity that provides an individual with the opportunity to acquire appropriate work habits and behaviors.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 0000                                                                                                                                                                                                                                                                                                                                               |                                                       |               |             |                         |                                     |            | R                                     |                                          |                                                |                                          |            |                                       |     |           |                                    |       | R              |                      |  |
| 2218                                                    | On-the-job Training (OJT) funded by 167 grant                                                            | IN 4                       | Record the actual total hours the participant received On-the-job Training (OJT) under the section 167 grant. OJT includes training by an employer that is provided to a paid participant while engaged in productive work in a job that: (a) provides knowledge or skills essential to the full and adequate performance of the job; (b) provides reimbursement to the employer of up to 50 percent of the wage rate of the participant, for the extraordinary costs of providing the training and additional supervision related to the training; and (c) is limited in duration appropriate to the occupation for which the participant is being trained, taking into account the content of the training, the prior work experience of the participant, and the service strategy of the participant as appropriate.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 0000                                                                                                                                                                                                                                                                                                                                               |                                                       |               |             |                         |                                     |            | R                                     |                                          |                                                |                                          |            |                                       |     |           |                                    |       | R              |                      |  |
| 2219                                                    | Integrated Basic/Occupational Skills Training funded by 167 grant                                        | IN 4                       | Record the actual total hours the participant received integrated basic/occupational skills training under the section 167 grant. Integrated basic/occupational skills training combines elements of both Basic Skills Training and Occupational Skills Training (Non-OJT) as described immediately above.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 0000                                                                                                                                                                                                                                                                                                                                               |                                                       |               |             |                         |                                     |            | R                                     |                                          |                                                |                                          |            |                                       |     |           |                                    |       | R              |                      |  |
| 2220                                                    | Occupational Skills Training (Non-OJT) funded by 167 grant                                               | IN 4                       | Record the actual total hours the participant received occupational skills training (excluding On-the-job training) under the section 167 grant. Occupational skills training includes vocational education and classroom training, designed to provide participants with the technical skills and information required to perform a specific job or group of jobs.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 0000                                                                                                                                                                                                                                                                                                                                               |                                                       |               |             |                         |                                     |            | R                                     |                                          |                                                |                                          |            |                                       |     |           |                                    |       | R              |                      |  |
| 2221                                                    | Basic Skills Training funded by 167 grant                                                                | IN 4                       | Record the actual total hours the participant received basic skills training under the section 167 grant. Basic skills training includes, but is not limited to, remedial reading, writing, communication, mathematics and/or English for non-English speakers.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 0000                                                                                                                                                                                                                                                                                                                                               |                                                       |               |             |                         |                                     |            | R                                     |                                          |                                                |                                          |            |                                       |     |           |                                    |       | R              |                      |  |
| 2222                                                    | Lacks Transportation                                                                                     | IN 1                       | Record 1 if the participant is a person who lacks access to adequate/reasonable transportation services, resulting in a barrier to receiving training or accepting employment.<br>Record 0 if the participant does not meet the conditions described above.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 1 = Yes<br>0 = No                                                                                                                                                                                                                                                                                                                                  |                                                       |               |             |                         |                                     |            | R                                     |                                          |                                                |                                          |            |                                       |     | R         |                                    |       | R              |                      |  |
| 2223                                                    | Long-term Agricultural Employment                                                                        | IN 1                       | Record 1 if the participant is a person who has engaged in agricultural work as the primary source of income for a minimum of four (4) years prior to intake/eligibility determination.<br>Record 0 if the participant does not meet the conditions described above.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 1 = Yes<br>0 = No                                                                                                                                                                                                                                                                                                                                  |                                                       |               |             |                         |                                     |            | R                                     |                                          |                                                |                                          |            |                                       |     |           |                                    |       | R              |                      |  |
| 2224                                                    | Lacks Significant Work History                                                                           | IN 1                       | Record 1 if the participant is a person who has not worked for any nonagricultural employer for longer than three (3) consecutive months in the 24 months prior to intake/eligibility determination.<br>Record 0 if the participant does not meet the conditions described above.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1 = Yes<br>0 = No                                                                                                                                                                                                                                                                                                                                  |                                                       |               |             |                         |                                     |            | R                                     |                                          |                                                |                                          |            |                                       |     | R         |                                    |       | R              |                      |  |
| 2225                                                    | 6 month pre-program earnings during the 6-months prior to date of application                            | DE 8.2                     | Record pre-program earnings during the 6-months prior to date of application. Earnings include salaries or wages, and also include any bonuses, tips, gratuities, commissions or overtime pay.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 000000.00                                                                                                                                                                                                                                                                                                                                          |                                                       |               |             |                         |                                     |            |                                       |                                          |                                                |                                          |            |                                       |     | R         |                                    |       | R              |                      |  |
| 2226                                                    | Total pre-program earnings during 12-month eligibility determination period                              | DE 8.2                     | Record pre-program earnings during 12-month eligibility determination period. Earnings include salaries or wages, and also include any bonuses, tips, gratuities, commissions or overtime pay.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 000000.00                                                                                                                                                                                                                                                                                                                                          |                                                       |               |             |                         |                                     |            |                                       |                                          |                                                |                                          |            |                                       |     | R         |                                    |       | R              |                      |  |
| 2227                                                    | Number of dependents in the family under age 18                                                          | IN 2                       | Record the number of dependents in the family under age 18.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 00                                                                                                                                                                                                                                                                                                                                                 |                                                       |               |             |                         |                                     |            | R                                     |                                          |                                                |                                          |            |                                       |     |           |                                    |       | R              |                      |  |
| 2231                                                    | Date of Eligibility Determination                                                                        | DT 8                       | Record the date upon which the participant was determined eligible to participate in the Section 167 program.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | YYYYMMDD                                                                                                                                                                                                                                                                                                                                           |                                                       |               |             |                         |                                     |            | R                                     |                                          |                                                |                                          |            |                                       |     | R         |                                    |       | R              |                      |  |
| 2232                                                    | Family status for NEP Housing Services (WIOA Sec. 167)                                                   | IN 1                       | Record 1 if the participant physically resides with any of the participants described as a dependent in 20 CFR 685.140.<br>Record 2 if the participant does not physically reside with any of the participants described as a dependent in 20 CFR 685.140.<br>Record 3 if the individual is an eligible MSFW and the individual does not reside with a Family and receives NEP funded permanent or temporary housing services.<br>Record 2 if the individual is an eligible MSFW and the individual resides with a Family and receives NEP funded permanent housing services.<br>Record 3 if the individual is not an eligible MSFW and the individual does not reside with a Family and receives NEP funded permanent housing services.<br>Record 4 if the individual is not an eligible MSFW and the individual resides with a Family and receives NEP funded permanent housing services.<br>Record 0 if the individual receives housing services through an NEP career services and training grant.<br><br>Note: While NEP-funded permanent housing must be promoted and made widely available to an eligible MSFW Families, occupancy is not restricted to eligible MSFW individuals or eligible MSFW Families. Migrant and Seasonal Farmworkers (MSFW) is described at WIOA Section 167. Family is defined at 20 CFR 685.110.<br>Note: The indicators of performance for grantees providing NEP housing services are described at 20 CFR 685.400 | 1=Member of a family as defined in 20 CFR 685.140<br>2= Not a member of a family as defined in 20 CFR 685.140<br>3= MSFW (Family)<br>3= MSFW (Individual)<br>2= MSFW (Family)<br>3= Other (Individual)<br>4=Other (Family)<br>3=Housing through NEP CST grant                                                                                      |                                                       |               |             |                         | R                                   |            |                                       |                                          |                                                |                                          |            |                                       |     |           |                                    | R     |                |                      |  |
| 2233                                                    | NEP Grant Enrollment                                                                                     | IN 1                       | Record 1 if the participant was enrolled through a NEP Employment and Training grant.<br>Record 2 if the participant was enrolled through an NEP Housing grant.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 1 = NEP Employment and Training Grant enrollee<br>2 = NEP Housing Grant enrollee                                                                                                                                                                                                                                                                   |                                                       |               |             |                         |                                     |            | R                                     |                                          |                                                |                                          |            |                                       |     |           |                                    |       | R              |                      |  |
| SECTION E.04 - INDIAN AND NATIVE AMERICAN PROGRAM (INA) |                                                                                                          |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                    |                                                       |               |             |                         |                                     |            |                                       |                                          |                                                |                                          |            |                                       |     |           |                                    |       |                |                      |  |
| 2302                                                    | Tribal Affiliation                                                                                       | IN 6                       | Record the participant's tribal affiliation.<br>Leave blank if the tribal affiliation code is unknown.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 000000                                                                                                                                                                                                                                                                                                                                             |                                                       |               |             |                         |                                     |            |                                       | R                                        |                                                |                                          |            |                                       |     |           |                                    |       | R              |                      |  |
| 2303                                                    | Public Assistance Recipient                                                                              | IN 9                       | Record 1 if the participant receives general assistance (GA) from their state or local government.<br>Record 2 if the participant receives Temporary Assistance to Needy Families (TANF).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 1 = General Assistance (GA)<br>2 = TANF<br>3 = SSI/SSA Title XVI                                                                                                                                                                                                                                                                                   |                                                       |               |             |                         |                                     |            | R                                     |                                          |                                                |                                          |            |                                       |     | R         |                                    |       | R              |                      |  |
| SECTION E.05 - REENTRY EMPLOYMENT OPPORTUNITIES (ADULT) |                                                                                                          |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                    |                                                       |               |             |                         |                                     |            |                                       |                                          |                                                |                                          |            |                                       |     |           |                                    |       |                |                      |  |
| 2400                                                    | In Work Release Program                                                                                  | IN 1                       | Record 1 if the participant was in a work-release program at the time enrollment.<br>Record 0 if the participant does not meet the condition described above.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1 = Yes<br>0 = No                                                                                                                                                                                                                                                                                                                                  |                                                       |               |             |                         |                                     |            |                                       |                                          | R                                              |                                          |            |                                       |     |           |                                    |       | R              |                      |  |

| DATA ELEMENT NO.                                        | DATA ELEMENT NAME                                                                                                  | DATA TYPE/<br>FIELD LENGTH | DATA ELEMENT DEFINITIONS/INSTRUCTIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | CODE VALUE                                                                                                                                                                                                                                                                                                                                                                      | REQUIREMENTS BY PROGRAM OF PARTICIPATION <sup>1</sup> |               |             |                         |                                     |            |                                                               |                                                   |                                                |                                                |            |                                       |     |           |                                    |       |                |                      |
|---------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|---------------|-------------|-------------------------|-------------------------------------|------------|---------------------------------------------------------------|---------------------------------------------------|------------------------------------------------|------------------------------------------------|------------|---------------------------------------|-----|-----------|------------------------------------|-------|----------------|----------------------|
|                                                         |                                                                                                                    |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                 | Reportable Individual <sup>2</sup>                    | Wagner-Peyser | WIOA Adults | WIOA Dislocated Workers | WIOA Youth Dislocated Worker Grants | (HHS)- TAN | Native Hawaiian, American Indian, Alaska Native Program (NIP) | Self-employment Assistance American Program (SAP) | Reentry Employment Opportunities (REO) (Adult) | Reentry Employment Opportunities (REO) (Youth) | YouthBuild | Jobs for Veterans' State Grants (JVG) | HIB | Job Corps | Incumbent Worker (Adult/DW funded) | SCSEP | Apprenticeship | Domestication Grants |
| 2401                                                    | Employment Status at Incarceration                                                                                 | IN 1                       | Record 1 if the participant was working in unsubsidized employment upon incarceration (not including Registered Apprenticeship or the military.)<br>Record 2 if the participant was in a Registered Apprenticeship upon incarceration.<br>Record 3 if the participant was in the military upon incarceration.<br>Record 9 if employment participant prior to incarceration is unknown.<br>Record 0 if the participant was not employed upon incarceration.                                                                                                                                                                                                                                                                                                                                                                                                                                           | 1 = Unsubsidized Employment<br>2 = Registered Apprenticeship<br>3 = Military<br>9 = Unknown<br>0 = Not employed                                                                                                                                                                                                                                                                 |                                                       |               |             |                         |                                     |            |                                                               |                                                   |                                                | R                                              |            |                                       |     |           |                                    |       |                | R                    |
| 2404                                                    | Alcohol/Drug Abuse at Enrollment                                                                                   | IN 1                       | Record 1 if the participant abused alcohol and/or drugs at the time of enrollment.<br>Record 0 if the participant did not meet either of the conditions described above at the time of enrollment.<br>Record 9 if the alcohol/drug abuse status is unknown at the time of enrollment.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1 = Yes<br>0 = No<br>9 = Unknown                                                                                                                                                                                                                                                                                                                                                |                                                       |               |             |                         |                                     |            |                                                               |                                                   |                                                | R                                              |            |                                       |     |           |                                    |       |                | R                    |
| 2412                                                    | Criminal Justice System Identifier                                                                                 | AN 1                       | Record the appropriate criminal justice system identifier as indicated in code values 1 through 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 1 = Federal ID<br>2 = State CJ Record ID<br>3 = State Prison ID<br>4 = Local Probation Agency ID<br>5 = Local Jail ID<br>6 = Other                                                                                                                                                                                                                                              |                                                       |               |             |                         |                                     |            |                                                               |                                                   |                                                | R                                              |            |                                       |     |           |                                    |       |                | R                    |
| 2413                                                    | Incarcerated at Program Entry                                                                                      | IN 1                       | Record 1 if the participant, at program entry, was a criminal offender in a correctional institution at program entry.<br>Record 0 if this data element does not apply to the participant.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 1 = Yes<br>Record 0 if                                                                                                                                                                                                                                                                                                                                                          |                                                       |               |             |                         | R                                   |            |                                                               |                                                   |                                                | R                                              | R          |                                       |     |           |                                    |       | R              | R                    |
| 2414                                                    | Date Released from Incarceration                                                                                   | DY 8                       | Record the date the participant was released from a correctional institution.<br>Leave blank if participant remains in a correctional institution at program exit.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | YYYYMMDD                                                                                                                                                                                                                                                                                                                                                                        |                                                       |               |             |                         | R                                   |            |                                                               |                                                   |                                                | R                                              | R          |                                       |     |           |                                    |       | R              | R                    |
| 2415                                                    | Date of Anticipated Release From Incarceration                                                                     | DY 8                       | Record the date that the participant is anticipated to be released from a correctional institution.<br>Leave blank if this data element does not apply to the participant.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | YYYYMMDD                                                                                                                                                                                                                                                                                                                                                                        |                                                       |               |             |                         |                                     |            |                                                               |                                                   |                                                | R                                              |            |                                       |     |           |                                    |       |                | R                    |
| 2416                                                    | Post-Release Status                                                                                                | IN 1                       | Record 1 if the participant's post-release status is parole.<br>Record 2 if the participant's post-release status is probation.<br>Record 3 if the participant's post-release status is out on bail.<br>Record 4 if the participant's post-release status is without conditions<br>Leave blank if this data element does not apply to the participant. [3] i.e., if the person has yet to be released from incarceration, per 2415]                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 1 = Parole<br>2 = Probation<br>3 = Bail<br>4 = Without Conditions                                                                                                                                                                                                                                                                                                               |                                                       |               |             |                         |                                     |            |                                                               |                                                   |                                                | R                                              |            |                                       |     |           |                                    |       |                | R                    |
| 2417                                                    | Most Recent Type of Offense                                                                                        | IN 1                       | Record 1 if the participant was convicted of a property crime.<br>Record 2 if the participant was convicted of a drug crime.<br>Record 3 if the participant was convicted of a public order crime.<br>Record 4 if the participant was convicted of another type of crime.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1 = Property Crime<br>2 = Drug Crimes<br>3 = Public Order Crime<br>4 = Other Offenses                                                                                                                                                                                                                                                                                           |                                                       |               |             |                         |                                     |            |                                                               |                                                   |                                                | R                                              |            |                                       |     |           |                                    |       |                | R                    |
| 2422                                                    | Housing Status at Six Months After Program Entry                                                                   | IN 1                       | Record the appropriate housing status for the participant at six months after program entry as indicated in code values 1 through 9.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 1 = Own/rent apartment, room or house<br>2 = Staying at someone's apartment, room or house (stable)<br>3 = Transitional house<br>4 = Residential Treatment<br>5 = Homeless<br>6 = Staying at someone's apartment, room or house (unstable)<br>7 = Monitored home confinement<br>8 = Halfway house / residential re-entry center<br>9 = Did not specify due to exit or re-arrest |                                                       |               |             |                         |                                     |            |                                                               |                                                   |                                                | R                                              |            |                                       |     |           |                                    |       |                | R                    |
| 2423                                                    | Housing Status at Enrollment                                                                                       | IN 1                       | Record the appropriate housing status for the participant at enrollment as indicated in code values 1 through 9.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1 = Own/rent apartment, room or house<br>2 = Staying at someone's apartment, room or house (stable)<br>3 = Transitional house<br>4 = Residential Treatment<br>5 = Homeless<br>6 = Staying at someone's apartment, room or house (unstable)<br>7 = Monitored home confinement<br>8 = Halfway house / residential re-entry center<br>9 = Family                                   |                                                       |               |             |                         |                                     |            |                                                               |                                                   |                                                | R                                              | R          |                                       |     |           | R                                  |       |                | R                    |
| 2424                                                    | Alcohol/Drug Abuse Six Months After Enrollment                                                                     | IN 1                       | Record 1 if the participant abused alcohol and/or drugs at six months after enrollment.<br>Record 0 if the above conditions do not apply to the participant.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1 = Yes<br>0 = No                                                                                                                                                                                                                                                                                                                                                               |                                                       |               |             |                         |                                     |            |                                                               |                                                   |                                                | R                                              |            |                                       |     |           |                                    |       |                | R                    |
| 2430                                                    | Re-arrested within 12 months of Release for a New Crime                                                            | IN 1                       | Record 1 if the participant was re-arrested within 12 months of release for a new crime.<br>Record 0 if the participant does not meet the condition described above.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 1 = Yes<br>0 = No                                                                                                                                                                                                                                                                                                                                                               |                                                       |               |             |                         |                                     |            |                                                               |                                                   |                                                | R                                              |            |                                       |     |           |                                    |       |                | R                    |
| 2434                                                    | Re-arrested for a previous crime                                                                                   | IN 1                       | Record 1 if the participant was re-arrested for a previous crime.<br>Record 0 if the above condition does not apply to the participant.<br>Record 9 if this information is not available.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1 = Yes<br>0 = No<br>9 = Unknown                                                                                                                                                                                                                                                                                                                                                |                                                       |               |             |                         |                                     |            |                                                               |                                                   |                                                | R                                              |            |                                       |     |           |                                    |       |                | R                    |
| 2435                                                    | Re-incarcerated for a revocation of the parole or probation order for violations of terms of sentence              | IN 1                       | Record 1 if the participant was re-incarcerated for revocation of parole.<br>Record 2 if the participant was re-incarcerated for revocation of probation order for violations of terms of sentence.<br>Record 3 if the participant was re-incarcerated for other violations of the terms and conditions of their sentence.<br>Record 0 if the above conditions do not apply to the participant.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 1 = Revocation of Parole<br>2 = Revocation of Probation<br>3 = Other Violations<br>0 = No                                                                                                                                                                                                                                                                                       |                                                       |               |             |                         |                                     |            |                                                               |                                                   |                                                | R                                              |            |                                       |     |           |                                    |       |                | R                    |
| 2436                                                    | Not Re-arrested                                                                                                    | IN 1                       | Record 1 if the participant was not re-arrested.<br>Record 0 if the above condition does not apply to the participant.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1 = Yes<br>0 = No                                                                                                                                                                                                                                                                                                                                                               |                                                       |               |             |                         |                                     |            |                                                               |                                                   |                                                | R                                              |            |                                       |     |           |                                    |       |                | R                    |
| 2437                                                    | Date arrested for new/previous crime                                                                               | DY 8                       | Record the date that the participant was arrested for a new or previous crime.<br>Leave blank if the above condition does not apply to the participant.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | YYYYMMDD                                                                                                                                                                                                                                                                                                                                                                        |                                                       |               |             |                         |                                     |            |                                                               |                                                   |                                                | R                                              |            |                                       |     |           |                                    |       |                | R                    |
| 2438                                                    | Convicted for new/previous crime                                                                                   | IN 1                       | Record 1 if the participant was convicted of a new crime.<br>Record 2 if the participant was convicted of a previous crime.<br>Record 0 if the above condition does not apply to the participant.<br>Record 9 if this information is not available.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 1 = Yes<br>0 = No                                                                                                                                                                                                                                                                                                                                                               |                                                       |               |             |                         |                                     |            |                                                               |                                                   |                                                | R                                              |            |                                       |     |           |                                    |       |                | R                    |
| 2439                                                    | Date re-incarcerated                                                                                               | DY 8                       | Record the date which the participant became re-incarcerated.<br>Leave blank if the above condition does not apply to the participant.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | YYYYMMDD                                                                                                                                                                                                                                                                                                                                                                        |                                                       |               |             |                         |                                     |            |                                                               |                                                   |                                                | R                                              |            |                                       |     |           |                                    |       |                | R                    |
| 2440                                                    | Date charges dropped                                                                                               | DY 8                       | Record the date which charges against the participant were dropped.<br>Leave blank if the above condition does not apply to the participant.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | YYYYMMDD                                                                                                                                                                                                                                                                                                                                                                        |                                                       |               |             |                         |                                     |            |                                                               |                                                   |                                                | R                                              |            |                                       |     |           |                                    |       |                | R                    |
| SECTION E.06 - REENTRY EMPLOYMENT OPPORTUNITIES (YOUTH) |                                                                                                                    |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                 |                                                       |               |             |                         |                                     |            |                                                               |                                                   |                                                |                                                |            |                                       |     |           |                                    |       |                |                      |
| 2500                                                    | Secondary school enrollment status at arrest                                                                       | IN 1                       | Record 1 if the participant was a secondary school student at the time of their arrest.<br>Record 2 if the participant was a secondary school graduate at the time of their arrest.<br>Record 3 if the participant was a secondary school dropout at the time of their arrest.<br>Record 0 if the participant does not meet the conditions described above.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 1 = Secondary school student<br>2 = Secondary school graduate<br>3 = Secondary School dropout<br>0 = No                                                                                                                                                                                                                                                                         |                                                       |               |             |                         |                                     |            |                                                               |                                                   |                                                | R                                              |            |                                       |     |           |                                    |       |                | R                    |
| 2502                                                    | Youth Offender status at enrollment                                                                                | IN 1                       | Record 1 if the participant is currently in, returning from, or has been in a juvenile correctional facility.<br>Record 2 if the participant is currently in, returning from, or has been in a juvenile detention facility.<br>Record 3 if the participant is currently on, leaving, or has been on juvenile probation.<br>Record 4 if the participant is currently in, leaving, or has been in juvenile alternative sentencing or diversion.<br>Record 5 if the participant is currently in, returning from, or has been in an adult prison.<br>Record 6 if the participant is currently in, returning from, or has been in an adult jail.<br>Record 7 if the participant is currently on, leaving, or has been on adult probation.<br>Record 8 if the participant is currently in, leaving, or has been in adult sentence or diversion.<br>Record 0 if the at-risk participant is not an offender. | 1 = Juvenile Correctional Facility<br>2 = Juvenile detention facility<br>3 = Juvenile probation<br>4 = Juvenile alternative sentencing or diversion<br>5 = Adult prison<br>6 = Adult jail<br>7 = Adult probation<br>8 = Adult sentence or diversion<br>0 = At-risk individual who is not an offender                                                                            |                                                       |               |             |                         |                                     |            |                                                               |                                                   |                                                | R                                              | R          |                                       |     |           |                                    |       |                | R                    |
| 2503                                                    | Date released from correctional facility or placed on probation                                                    | DY 8                       | Record the date on which the participant was released from a correctional facility, detention or was placed on probation.<br>Leave blank if this data element does not apply to the participant.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | YYYYMMDD                                                                                                                                                                                                                                                                                                                                                                        |                                                       |               |             |                         |                                     |            |                                                               |                                                   |                                                | R                                              | R          |                                       |     |           |                                    |       |                | R                    |
| 2505                                                    | Date verified Selective Service registration                                                                       | DY 8                       | Enter date verified Selective Service Registration<br>Leave blank for participants who are not required to sign up for selective service.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | YYYYMMDD                                                                                                                                                                                                                                                                                                                                                                        |                                                       |               |             |                         |                                     |            |                                                               |                                                   |                                                | R                                              | R          |                                       |     |           |                                    |       |                | R                    |
| 2506                                                    | Voter registration                                                                                                 | IN 1                       | Record 1 if the participant is a registered voter.<br>Record 0 if the participant is not a registered voter.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1 = Yes<br>0 = No                                                                                                                                                                                                                                                                                                                                                               |                                                       |               |             |                         |                                     |            |                                                               |                                                   |                                                | R                                              | R          |                                       |     |           |                                    |       |                | R                    |
| 2507                                                    | Driver's license                                                                                                   | IN 1                       | Record 1 if the participant is a licensed driver.<br>Record 0 if the participant is not a licensed driver.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 1 = Yes<br>0 = No                                                                                                                                                                                                                                                                                                                                                               |                                                       |               |             |                         |                                     |            |                                                               |                                                   |                                                | R                                              | R          |                                       |     |           |                                    |       |                | R                    |
| 2509                                                    | First date of service                                                                                              | DY 8                       | Enter first date of service of the service selected.<br>Grantees need to be able to enter the first date of service each quarter, with the data saved each quarter to keep a running count of services received.<br>Leave blank if no service(s) was received.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | YYYYMMDD                                                                                                                                                                                                                                                                                                                                                                        |                                                       |               |             |                         |                                     |            |                                                               |                                                   |                                                |                                                |            |                                       |     |           | R                                  |       |                | R                    |
| 2510                                                    | Completed diversion without out-of-home placement                                                                  | IN 1                       | Record 1 if diversion was completed without out-of-home placement.<br>Record 0 if the participant does not meet this condition.<br>Leave blank if participant did not receive diversion services.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 1 = Yes<br>0 = No                                                                                                                                                                                                                                                                                                                                                               |                                                       |               |             |                         |                                     |            |                                                               |                                                   |                                                | R                                              | R          |                                       |     |           |                                    |       |                | R                    |
| 2511                                                    | Records expunged                                                                                                   | IN 1                       | Record 1 if the participant's record was expunged.<br>Record 0 if the participant does not meet this condition.<br>Leave blank if participant did not receive expungement legal services.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1 = Yes<br>0 = No                                                                                                                                                                                                                                                                                                                                                               |                                                       |               |             |                         |                                     |            |                                                               |                                                   |                                                | R                                              | R          |                                       |     |           |                                    |       |                | R                    |
| 2512                                                    | Records sealed                                                                                                     | IN 1                       | Record 1 if the participant's record was sealed.<br>Record 0 if the participant does not meet this condition.<br>Leave blank if participant did not receive sealing of records assistance.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 1 = Yes<br>0 = No                                                                                                                                                                                                                                                                                                                                                               |                                                       |               |             |                         |                                     |            |                                                               |                                                   |                                                |                                                | R          |                                       |     |           |                                    |       |                | R                    |
| 2516                                                    | Date of postsecondary education or training placement                                                              | DY 8                       | Record the date of participant's placement into postsecondary education or training.<br>Leave blank if the participant was not placed into postsecondary education or training.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | YYYYMMDD                                                                                                                                                                                                                                                                                                                                                                        |                                                       | R             |             |                         |                                     |            |                                                               |                                                   |                                                | R                                              | R          | R                                     | R   |           | R                                  |       |                | R                    |
| 2519                                                    | Hourly training wage                                                                                               | DE 8.2                     | Record the participant's hourly training wage.<br>Leave blank if the participant was not enrolled in training.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 000000.00                                                                                                                                                                                                                                                                                                                                                                       |                                                       |               |             |                         |                                     |            |                                                               |                                                   |                                                |                                                |            |                                       |     |           | R                                  |       |                | R                    |
| 2523                                                    | Date entered degree or certificate program                                                                         | DY 8                       | Record the date on which the participant entered the degree or certificate program.<br>Leave blank if the participant did not enter into a degree or certificate program.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | YYYYMMDD                                                                                                                                                                                                                                                                                                                                                                        |                                                       |               |             |                         |                                     |            |                                                               |                                                   |                                                |                                                |            |                                       |     |           | R                                  |       |                | R                    |
| 2525                                                    | Date arrested for new crime after enrollment                                                                       | DY 8                       | Record date on which participant was arrested for new crime after enrollment.<br>Leave blank if this data element does not apply to the participant.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | YYYYMMDD                                                                                                                                                                                                                                                                                                                                                                        |                                                       |               |             |                         |                                     |            |                                                               |                                                   |                                                | R                                              |            |                                       |     |           |                                    |       |                | R                    |
| 2526                                                    | Convicted for new crime committed after enrollment                                                                 | DY 8                       | Record date on which participant was convicted for new crime after enrollment.<br>Leave blank if this data element does not apply to the participant.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | YYYYMMDD                                                                                                                                                                                                                                                                                                                                                                        |                                                       |               |             |                         |                                     |            |                                                               |                                                   |                                                | R                                              |            |                                       |     |           |                                    |       |                | R                    |
| 2527                                                    | Type of crime                                                                                                      | IN 1                       | Record 1 if participant was arrested/convicted for a violent felony.<br>Record 2 if participant was arrested/convicted for a non-violent felony.<br>Record 3 if participant was arrested/convicted for a misdemeanor.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1 = Violent Felony<br>2 = Non-violent felony<br>3 = Misdemeanor                                                                                                                                                                                                                                                                                                                 |                                                       |               |             |                         |                                     |            |                                                               |                                                   |                                                | R                                              | R          |                                       |     |           |                                    |       |                | R                    |
| 2528                                                    | Reached 12-month point since release from correctional facility or placement on probation                          | IN 1                       | Record 1 if participant has reached 12-month point since release from correctional facility or placement on probation.<br>Record 0 if the participant does not meet this condition.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 1 = Yes<br>0 = No                                                                                                                                                                                                                                                                                                                                                               |                                                       |               |             |                         |                                     |            |                                                               |                                                   |                                                | R                                              | R          |                                       |     |           |                                    |       |                | R                    |
| 2529                                                    | Convicted for new crime committed within 12 months of release from correctional facility or placement on probation | IN 1                       | Record 1 if participant was convicted for new crime committed within 12 months of release from correctional facility or placement on probation.<br>Record 0 if the participant does not meet this condition.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1 = Yes<br>0 = No                                                                                                                                                                                                                                                                                                                                                               |                                                       |               |             |                         |                                     |            |                                                               |                                                   |                                                | R                                              | R          |                                       |     |           |                                    |       |                | R                    |

| DATA ELEMENT NO.          | DATA ELEMENT NAME                                        | DATA TYPE/<br>FIELD LENGTH | DATA ELEMENT DEFINITIONS/INSTRUCTIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | CODE VALUE                                                                                                      | REQUIREMENTS BY PROGRAM OF PARTICIPATION <sup>1</sup> |               |             |                         |                                     |            |                                       |                                          |                                                |                                                |            |                                       |     |           |                                    |       |
|---------------------------|----------------------------------------------------------|----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|---------------|-------------|-------------------------|-------------------------------------|------------|---------------------------------------|------------------------------------------|------------------------------------------------|------------------------------------------------|------------|---------------------------------------|-----|-----------|------------------------------------|-------|
|                           |                                                          |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                 | Reportable Individual <sup>2</sup>                    | Wagner-Peyser | WIOA Adults | WIOA Dislocated Workers | WIOA Youth Dislocated Worker Grants | (HHS)- TAN | Jobs for Veterans' State Grants (JVS) | Indian and Native American Program (NIA) | Reentry Employment Opportunities (REO) (Adult) | Reentry Employment Opportunities (REO) (Youth) | YouthBuild | Jobs for Veterans' State Grants (JVS) | HUB | Job Corps | Incumbent Worker (Adult/OW funded) | SCSEP |
| 2530                      | Incarcerated for new crime committed after enrollment    | IN 1                       | Record 1 if the participant was incarcerated for a new crime committed after enrollment.<br>Record 0 if the participant does not meet this condition.                                                                                                                                                                                                                                                                                                                                                                | 1 = Yes<br>0 = No                                                                                               |                                                       |               |             |                         |                                     |            |                                       |                                          |                                                |                                                |            |                                       |     |           |                                    | R     |
| 2541                      | Receiving public assistance since leaving the program    | IN 1                       | Record 1 if participant has received SSI, SSD, or SSA benefits since leaving the program.<br>Record 2 if participant has received General Assistance since leaving the program.<br>Record 3 if participant has received GI benefits since leaving the program.<br>Record 4 if the participant has received Food Stamps since leaving the program.<br>Record 5 if the participant has received any TANF benefits since leaving the program.                                                                           | 1 = SSI, SSD, SSA<br>2 = General Assistance<br>3 = GI<br>4 = Food Stamps<br>5 = TANF                            |                                                       |               |             |                         |                                     |            |                                       |                                          |                                                |                                                |            |                                       |     | R         |                                    | R     |
| 2542                      | Arrested for new crime in follow-up period               | IN 1                       | Record 1 if participant was arrested for a new crime in follow-up period.<br>Record 0 if participant was not arrested for a new crime in follow-up period.                                                                                                                                                                                                                                                                                                                                                           | 1 = Yes<br>0 = No                                                                                               |                                                       |               |             |                         |                                     |            |                                       |                                          |                                                | R                                              |            |                                       |     |           |                                    | R     |
| 2543                      | Date arrested for new crime in follow-up period          | DT 8                       | Record the date on which the participant was arrested for new crime in follow-up period.<br>Leave blank if this data element does not apply to the participant.                                                                                                                                                                                                                                                                                                                                                      | YYYYMMDD                                                                                                        |                                                       |               |             |                         |                                     |            |                                       |                                          |                                                | R                                              |            |                                       |     |           |                                    | R     |
| 2544                      | Convicted for new crime committed in follow-up period    | DT 8                       | Record the date on which the participant was convicted for new crime in follow-up period.<br>Leave blank if this data element does not apply to the participant.                                                                                                                                                                                                                                                                                                                                                     | YYYYMMDD                                                                                                        |                                                       |               |             |                         |                                     |            |                                       |                                          |                                                | R                                              |            |                                       |     |           |                                    | R     |
| 2545                      | Incarcerated for new crime committed in follow-up period | IN 1                       | Record 1 if participant was incarcerated for new crime committed in follow-up period.<br>Record 0 if the participant does not meet this condition.                                                                                                                                                                                                                                                                                                                                                                   | 1 = Yes<br>0 = No                                                                                               |                                                       |               |             |                         |                                     |            |                                       |                                          |                                                | R                                              |            |                                       |     |           |                                    | R     |
| 2546                      | Housing Status at follow-up                              | IN 1                       | Record 1 if participant resides in stable housing at follow-up.<br>Record 2 if participant resides in temporary housing at follow-up.<br>Record 0 if participant is homeless at follow-up.                                                                                                                                                                                                                                                                                                                           | 1 = Stable<br>2 = Temporary<br>3 = Homeless                                                                     |                                                       |               |             |                         |                                     |            |                                       |                                          |                                                | R                                              |            |                                       |     |           |                                    | R     |
| SECTION E.07 - YOUTHBUILD |                                                          |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                 |                                                       |               |             |                         |                                     |            |                                       |                                          |                                                |                                                |            |                                       |     |           |                                    |       |
| 2600                      | Construction Plus Grantee                                | IN 2                       | Record 1 if grantees are providing Construction Plus training in in-demand industries beyond construction.<br>Record 0 if grantees are not providing Construction Plus training in in-demand industries beyond construction.                                                                                                                                                                                                                                                                                         | 1 = Yes<br>0 = No                                                                                               |                                                       |               |             |                         |                                     |            |                                       |                                          |                                                |                                                | R          |                                       |     |           |                                    | R     |
| 2603                      | Completed mental toughness component                     | IN 2                       | Record 1 if the youth completed mental toughness.<br>Record 0 if the participant did not complete mental toughness.<br>Record 9 if the participant did not participate in mental toughness.                                                                                                                                                                                                                                                                                                                          | 1 = Yes<br>0 = No<br>9 = NA                                                                                     |                                                       |               |             |                         |                                     |            |                                       |                                          |                                                |                                                | R          |                                       |     |           |                                    | R     |
| 2605                      | Children living with participant                         | IN 2                       | Record the number of the participant's own children less than 18 years of age living in the household, including biological, adopted, step, and foster children.<br>Leave blank if the participant does not meet the criteria or if the data is not available.                                                                                                                                                                                                                                                       | 00                                                                                                              |                                                       |               |             |                         |                                     |            |                                       |                                          |                                                |                                                | R          |                                       |     |           |                                    | R     |
| 2606                      | Other dependents living with participant                 | IN 2                       | Record the number of dependents other than children living with the participant.<br>Leave blank if the participant does not meet the criteria or if the data is not available.                                                                                                                                                                                                                                                                                                                                       | 00                                                                                                              |                                                       |               |             |                         |                                     |            |                                       |                                          |                                                |                                                | R          |                                       |     |           |                                    | R     |
| 2607                      | Migrant Youth                                            | IN 2                       | Record 1 if the participant is the youth and is a migrant worker or is a member of a migrant family.<br>Record 0 if the participant does not meet the conditions described above.                                                                                                                                                                                                                                                                                                                                    | 1 = Yes<br>0 = No                                                                                               |                                                       |               |             |                         |                                     |            |                                       |                                          |                                                |                                                | R          |                                       |     |           |                                    | R     |
| 2608                      | Offender                                                 | IN 2                       | Record 1 if the participant has been convicted of a crime by the juvenile justice system.<br>Record 2 if the participant has been convicted of a crime by the adult correctional system.<br>Record 0 if the participant does not meet the conditions described above.                                                                                                                                                                                                                                                | 1 = Juvenile Offender<br>2 = Adult Offender<br>0 = No                                                           |                                                       |               |             |                         |                                     |            |                                       |                                          |                                                |                                                | R          |                                       |     |           |                                    | R     |
| 2609                      | Secondary School Drop-Out                                | IN 2                       | Record 1 if the participant is a youth and has dropped out of secondary school.<br>Record 0 if the participant does not meet the condition described above.                                                                                                                                                                                                                                                                                                                                                          | 1 = Yes<br>0 = No                                                                                               |                                                       |               |             |                         |                                     |            |                                       |                                          |                                                |                                                | R          |                                       |     |           |                                    | R     |
| 2610                      | Child of Incarcerated Parent or Legal Guardian           | IN 2                       | Record 1 if either of the youth's parents or legal guardian is incarcerated at the time of the youth's enrollment into the YouthBuild program, or if at least one parent has been previously incarcerated.<br>Record 0 if the participant does not meet the condition described above.<br>Record 2 if either of the youth's parents or legal guardian is incarcerated at the time of the youth's enrollment into the YouthBuild program.<br>Record 3 if the participant does not meet the condition described above. | 1 = Yes<br>0 = No                                                                                               |                                                       |               |             |                         |                                     |            |                                       |                                          |                                                |                                                | R          |                                       |     |           |                                    | R     |
| 2611                      | Health Issues                                            | IN 2                       | Record 1 if the participant has any significant health issues that could impact the participant's ability to work. Examples of such health issues can include, but are not limited to, untreated high blood pressure, HIV/AIDS, asthma, depression, and other mental/physical health issues.<br>Record 2 if the participant does not meet the condition described above.<br>Record 9 if the participant does not self-identify.                                                                                      | 1 = Yes, significant health issues<br>2 = No significant health issues<br>9 = participant did not self-identify |                                                       |               |             |                         |                                     |            |                                       |                                          | R                                              | R                                              | R          |                                       |     |           |                                    | R     |

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

| DATA ELEMENT NO. | DATA ELEMENT NAME                 | DATA TYPE/<br>FIELD LENGTH | DATA ELEMENT DEFINITIONS/INSTRUCTIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | CODE VALUE                                                                                                                                                                                                                                                                                    | REQUIREMENTS BY PROGRAM OF PARTICIPATION <sup>1</sup> |               |             |                         |                                     |           |                                    |                                              |                                                  |                                                |            |                                       |     |           |                                    |       |                |                      |  |   |   |
|------------------|-----------------------------------|----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|---------------|-------------|-------------------------|-------------------------------------|-----------|------------------------------------|----------------------------------------------|--------------------------------------------------|------------------------------------------------|------------|---------------------------------------|-----|-----------|------------------------------------|-------|----------------|----------------------|--|---|---|
|                  |                                   |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                               | Reportable Individual <sup>2</sup>                    | Wagner-Peyser | WIOA Adults | WIOA Dislocated Workers | WIOA Youth Dislocated Worker Grants | (HWS)-TAA | Native American Job Program (NIJP) | Indian Health Service American Program (IHA) | Reentry Fundamentals Opportunities (RFO) (Adult) | Reentry Employment Opportunities (REO) (Youth) | YouthBuild | Jobs for Veterans' State Grants (JVS) | HUB | Job Corps | Incumbent Worker (Adult/DW funded) | SCSEP | Apprenticeship | Domestication Grants |  |   |   |
| 2612             | Occupation at Enrollment          | IN 2                       | Record the participant's occupation at enrollment as follows:<br>Record 11 if the participant's occupation is classified as a Management.<br>Record 13 if the participant's occupation is classified as Business and Financial Operations.<br>Record 15 if the participant's occupation is classified as Computer and Mathematical.<br>Record 17 if the participant's occupation is classified as Architecture and Engineering.<br>Record 19 if the participant's occupation is classified as Life, Physical, and Social Science.<br>Record 29 if the participant's occupation is classified as Arts, Design, Entertainment, Sports, and Media.<br>Record 31 if the participant's occupation is classified as Healthcare Support.<br>Record 33 if the participant's occupation is classified as Protective Service.<br>Record the average hours per week that the participant works at the above occupation.<br>Leave blank if the participant is not employed at enrollment. | 11 = Management<br>13 = Business and Financial Operations<br>15 = Computer and Mathematical<br>17 = Architecture and Engineering<br>19 = Life, Physical, and Social Science<br>29 = Building and Grounds Cleaning and Maintenance<br>31 = Personal Care and Service<br>33 = Sales and Related |                                                       |               |             |                         |                                     |           |                                    |                                              |                                                  |                                                |            | X                                     |     |           |                                    |       |                |                      |  | X |   |
| 2613             | Hours Worked at Enrollment        | IN 2                       | Record the average hours per week that the participant works at the above occupation.<br>Leave blank if the participant is not employed at enrollment.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 30                                                                                                                                                                                                                                                                                            |                                                       |               |             |                         |                                     |           |                                    |                                              |                                                  |                                                |            | R                                     |     |           |                                    |       |                |                      |  |   | X |
| 2614             | Average Hourly Wage at Enrollment | DE 8.2                     | Record the participant's average hourly wage at the above occupation.<br>Leave blank if the participant is not employed at enrollment.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 000000.00                                                                                                                                                                                                                                                                                     |                                                       |               |             |                         |                                     |           |                                    |                                              |                                                  |                                                |            | R                                     |     |           |                                    |       |                |                      |  |   | X |

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

| DATA ELEMENT NO. | DATA ELEMENT NAME | DATA TYPE/<br>FIELD LENGTH | DATA ELEMENT DEFINITIONS/INSTRUCTIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | CODE VALUE                                                                                                                                                                                                                                                                                                | REQUIREMENTS BY PROGRAM OF PARTICIPATION <sup>1</sup> |               |             |                         |                                     |            |                                                 |                                                 |                                                |                                          |            |                                       |     |           |                                    |       |                |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  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                                                                                                                                                                                                                                                                                  | Reportable Individual <sup>2</sup>                    | Wagner-Peyser | WIOA Adults | WIOA Dislocated Workers | WIOA Youth Dislocated Worker Grants | (HHS)- TAN | Indian Community Development Job Program (ICJP) | Indian and Alaska Native American Program (INA) | Reentry Employment Opportunities (REO) (Adult) | Reentry Employment Opportunities (Youth) | YouthBuild | Jobs for Veterans' State Grants (JVS) | HUB | Job Corps | Incumbent Worker (Adult/DW funded) | SCSEP | Apprenticeship | Documentation Grants |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  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| 2558             | Housing Status    | IN 1                       | Housing status at enrollment:<br>Record 1 if the participant was living in an apartment, room, or house that he/she owns or rents.<br>Record 2 if the participant was living in a (stable) apartment, room, or house that somebody else owns or rents and if the person is not at risk of being displaced from this housing. (i.e., The housing situation is long-term and/or stable.)<br>Record 3 if the participant was living in a residence designed to assist persons as they re-enter society and learn to adapt to independent living after having been in prison.<br>Record 4 if the participant was living in a residential treatment center. A residential treatment center is a group home that provides room and board, and provides specialized treatment or rehabilitation persons with emotional, psychological, or developmental problems as well as chemical dependencies.<br>Record 5 if participant lacked a fixed, regular, adequate night time residence. This definition includes any participant who may regularly stay at a publicly or privately operated shelter for temporary accommodation; an institution providing temporary residence for participants intended to be institutionalized; or a public or private place not designated for or ordinarily used as a regular sleeping accommodation for human beings. This definition does not include a participant imprisoned or detained under an Act of Congress or State law. A participant who may be sleeping in a temporary accommodation while away from home should not, as a result of that alone, be recorded as homeless.<br>Record 6 if the participant was living in an apartment, room, or house that somebody else owns or rents and if the person was at risk of being displaced from this housing. (i.e., The housing situation is short-term and/or unstable.)<br>Record 7 if at enrollment, the participant was living in a group home.<br>Record 0 if the data is not available. | 1 = Own/rent apartment, room, or house<br>2 = Staying at someone's apartment, room, or house (Stable)<br>3 = Halfway house/ transitional house<br>4 = Residential treatment<br>5 = Homeless<br>6 = Staying at someone's apartment, room, or house (Unstable)<br>7 = Group Home<br>0 = Unknown/unavailable |                                                       |               |             |                         |                                     |            |                                                 |                                                 |                                                |                                          |            |                                       |     |           |                                    |       |                |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

| DATA ELEMENT NO. | DATA ELEMENT NAME                                                                              | DATA TYPE/<br>FIELD LENGTH | DATA ELEMENT DEFINITIONS/INSTRUCTIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | CODE VALUE                                                                                           | REQUIREMENTS BY PROGRAM OF PARTICIPATION <sup>1</sup> |               |             |                         |                                     |            |                                    |                                                |                                                |                                                |            |                                       |     |           |                                    |       |                |                        |  |
|------------------|------------------------------------------------------------------------------------------------|----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|-------------------------------------------------------|---------------|-------------|-------------------------|-------------------------------------|------------|------------------------------------|------------------------------------------------|------------------------------------------------|------------------------------------------------|------------|---------------------------------------|-----|-----------|------------------------------------|-------|----------------|------------------------|--|
|                  |                                                                                                |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                      | Reportable Individual <sup>2</sup>                    | Wagner-Peyser | WIOA Adults | WIOA Dislocated Workers | WIOA Youth Dislocated Worker Grants | (HHS)- TAN | Native American Job Program (NAJP) | Indian and Alaska Native American Program (NA) | Reentry Employment Opportunities (REO) (Adult) | Reentry Employment Opportunities (REO) (Youth) | YouthBuild | Jobs for Veterans' State Grants (JVG) | HIB | Job Corps | Incumbent Worker (Adult/DW funded) | SCSEP | Apprenticeship | Democratization Grants |  |
| 2814             | Old Enough for but Not Receiving Social Security Title II                                      | IN 1                       | Record 1 if an individual may qualify for SS retirement benefits at age 62. If an individual is 62 or over but does not have sufficient wage credits to qualify for retirement benefits. This factor applies only if the participant is not monetarily eligible for Social Security.<br>Record 0 if the participant qualifies but chooses to delay receipt to increase the amount of benefits.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 1 = Yes<br>0 = No                                                                                    |                                                       |               |             |                         |                                     |            |                                    |                                                |                                                |                                                |            |                                       |     |           | R                                  |       | R              |                        |  |
| 2815             | Date of Last Update (Old Enough for but Not Receiving Social Security Title II)                | DT 8                       | Record the date of updating the factor if you want to receive credit in the most-in-need measure or to use the factor to support a waiver request for the participant.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | YYYYMMDD                                                                                             |                                                       |               |             |                         |                                     |            |                                    |                                                |                                                |                                                |            |                                       |     |           | R                                  |       | R              |                        |  |
| 2816             | Severely Limited Employment Prospects in Area of Persistent Unemployment                       | IN 1                       | Record 1 if applicant is a severely limited employment prospects in area of persistent unemployment. This element has two separate requirements: 1. Severely limited employment prospects, and 2. Residence in an area of persistent unemployment. Both must be met for a "yes" answer.<br>Severely limited employment prospects means a substantially higher likelihood that an individual will not obtain employment without the assistance of the SCSEP or another workforce development program. Persons with severely limited employment prospects have more than one significant barrier to employment; significant barriers to employment may include but are not limited to: lacking a substantial employment history, basic skills, and/or English-language proficiency; lacking a high school diploma or the equivalent; having a disability; being homeless; or residing in socially and economically isolated rural or urban areas where employment opportunities are limited.<br>Persistent unemployment means that the annual average unemployment rate for a county or city is more than 20 percent higher than the national average for two out of the last three years. | 1 = Yes<br>0 = No                                                                                    |                                                       |               |             |                         |                                     |            |                                    |                                                |                                                |                                                |            |                                       |     | R         |                                    | R     |                |                        |  |
| 2817             | Date of Last Update (Severely Limited Employment Prospects in Area of Persistent Unemployment) | DT 8                       | Record the date of updating the factor to receive credit in the most-in-need measure or to use the factor to support a waiver request for the participant.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | YYYYMMDD                                                                                             |                                                       |               |             |                         |                                     |            |                                    |                                                |                                                |                                                |            |                                       |     |           | R                                  |       | R              |                        |  |
| 2818             | Limited English Proficiency                                                                    | IN 1                       | Record 1 if the participant cannot speak or read English well enough to fully participate in all aspects of the program.<br>Record 0 if the participant is able to participate in all aspects of the program.<br>There is no substantive change in the definition. An LEP individual is one who does not speak English as his or her primary language and who has a limited ability to read, speak, write, or understand English. If you are in doubt, ask the participant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1 = Yes<br>0 = No                                                                                    |                                                       |               |             |                         |                                     |            |                                    |                                                |                                                |                                                |            |                                       |     | R         |                                    | R     |                |                        |  |
| 2819             | Date of Last Update (Limited English Proficiency)                                              | DT 8                       | Record the date of updating the factor to receive credit in the most-in-need measure or to use the factor to support a waiver request for the participant.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | YYYYMMDD                                                                                             |                                                       |               |             |                         |                                     |            |                                    |                                                |                                                |                                                |            |                                       |     |           | R                                  |       | R              |                        |  |
| 2820             | Low Literacy Skills                                                                            | IN 1                       | Record 1 if the participant calculates or solves problems, reads, writes, or speaks English at or below the 8th grade level or is unable to compute or solve problems, read, write, or speak at a level necessary to function on the job, in the individual's family, or in society.<br>Record 0 if the participant does not meet above conditions.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 1 = Yes<br>0 = No                                                                                    |                                                       |               |             |                         |                                     |            |                                    |                                                |                                                |                                                |            |                                       |     | R         |                                    | R     |                |                        |  |
| 2821             | Date of Last Update (Low Literacy Skills)                                                      | DT 8                       | Record the date of updating the factor to receive credit in the most-in-need measure or to use the factor to support a waiver request for the participant.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | YYYYMMDD                                                                                             |                                                       |               |             |                         |                                     |            |                                    |                                                |                                                |                                                |            |                                       |     |           | R                                  |       | R              |                        |  |
| 2822             | Type of Placement                                                                              | IN 1                       | Record 1 if participant is working full-time at placement.<br>Record 2 if participant is working part-time at placement.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 1 = Full-time<br>2 = Part-time                                                                       |                                                       |               |             |                         |                                     |            |                                    |                                                | R                                              | R                                              |            |                                       |     |           | R                                  |       | R              |                        |  |
| 2824             | Participant returned to SCSEP within the first 90 days of exit                                 | IN 1                       | Record 1 if participant returned to SCSEP within the first 90 days of exit.<br>Record 0 if participant did not return to SCSEP within the first 90 days of exit.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1 = Yes<br>0 = No                                                                                    |                                                       |               |             |                         |                                     |            |                                    |                                                |                                                |                                                |            |                                       |     |           | R                                  |       | R              |                        |  |
| 2825             | Has the participant re-enrolled in SCSEP within the first 90 days after exit?                  | IN 1                       | Record 1 if the participant re-enrolled in SCSEP within the first 90 days after exit.<br>Record 0 if the participant did not re-enroll in SCSEP within the first 90 days after exit?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 2 = Yes<br>0 = No                                                                                    |                                                       |               |             |                         |                                     |            |                                    |                                                |                                                |                                                |            |                                       |     |           | R                                  |       | R              |                        |  |
| 2826             | Approved Break Start                                                                           | DT 8                       | Record the start date of any approved break in participation, such as a leave of absence without pay.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | YYYYMMDD                                                                                             |                                                       |               |             |                         |                                     |            |                                    |                                                |                                                |                                                |            |                                       |     |           | R                                  |       | R              |                        |  |
| 2827             | Approved Break End Date                                                                        | DT 8                       | Record the end date of any approved break in participation.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | YYYYMMDD                                                                                             |                                                       |               |             |                         |                                     |            |                                    |                                                |                                                |                                                |            |                                       |     |           | R                                  |       | R              |                        |  |
| 2828             | Reason for Approved Break in Participation                                                     | IN 1                       | Record the reason for the leave of absence or other approved break in participation.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1 = Family/health<br>2 = Personal<br>3 = Administrative<br>4 = Other                                 |                                                       |               |             |                         |                                     |            |                                    |                                                |                                                |                                                |            |                                       |     |           | R                                  |       | R              |                        |  |
| 2829             | Participant Community Service Assignment                                                       | IN 1                       | Record where participant is assigned to for his or her community service assignment.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1 = Grantee or sub-recipient/ local project<br>2 = Workforce Partner<br>3 = Other host agency        |                                                       |               |             |                         |                                     |            |                                    |                                                | R                                              | R                                              |            |                                       |     |           | R                                  |       | R              |                        |  |
| 2830             | Supportive Service Provider                                                                    | IN 1                       | Record 1 if participant received supportive services from the grantee or sub-recipient/local project.<br>Record 2 if participant received supportive services from the workforce partner.<br>Record 3 if participant received supportive services from both the grantee or sub-recipient/local project and the workforce partner.<br>Record 4 if participant received supportive services from other sources.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1 = Grantee or sub-recipient/local project<br>2 = Workforce partner<br>3 = Both 1 and 2<br>4 = Other |                                                       |               |             |                         |                                     |            |                                    |                                                |                                                |                                                |            |                                       |     |           | R                                  |       | R              |                        |  |
| 2831             | Wage per Hour (Community Service Assignment)                                                   | DE 8.2                     | Record the current wage at the community service assignment.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 000000.00                                                                                            |                                                       |               |             |                         |                                     |            |                                    |                                                |                                                |                                                |            |                                       |     |           | R                                  |       | R              |                        |  |
| 2832             | Total Hours Paid in 1st Quarter                                                                | IN 3                       | Record the total number of hours for which the participant was paid wages in the 1st quarter of the program year as determined from the sub-grantee's wage records.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 000                                                                                                  |                                                       |               |             |                         |                                     |            |                                    |                                                |                                                |                                                |            |                                       |     |           | R                                  |       | R              |                        |  |

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

| DATA ELEMENT NO.              | DATA ELEMENT NAME                                                  | DATA TYPE/<br>FIELD LENGTH | DATA ELEMENT DEFINITIONS/INSTRUCTIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | CODE VALUE                                                                                                                                                                                                              | REQUIREMENTS BY PROGRAM OF PARTICIPATION <sup>1</sup> |            |             |                         |                                     |            |                                     |                                                 |                                                |                                                |            |                                       |     |           |                                    |       |                |                        |
|-------------------------------|--------------------------------------------------------------------|----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|------------|-------------|-------------------------|-------------------------------------|------------|-------------------------------------|-------------------------------------------------|------------------------------------------------|------------------------------------------------|------------|---------------------------------------|-----|-----------|------------------------------------|-------|----------------|------------------------|
|                               |                                                                    |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                         | Reportable Individual <sup>2</sup>                    | Wage-Payer | WIOA Adults | WIOA Dislocated Workers | WIOA Youth Dislocated Worker Grants | (WIOA) TAN | Indian Community Job Program (NCJP) | Indian and Alaska Native American Program (NAA) | Reentry Employment Opportunities (REO) (Adult) | Reentry Employment Opportunities (REO) (Youth) | YouthBuild | Jobs for Veterans' State Grants (JVG) | HUB | Job Corps | Incumbent Worker (Adult/OW Funded) | SCSEP | Apprenticeship | Democratization Grants |
| 2833                          | Total Hours Paid in 2nd Quarter                                    | IN 3                       | Record the total number of hours for which the participant was paid wages in the 2nd quarter of the program year as determined from the sub-grantee's wage records.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 000                                                                                                                                                                                                                     |                                                       |            |             |                         |                                     |            |                                     |                                                 |                                                |                                                |            |                                       |     | R         |                                    | R     |                |                        |
| 2834                          | Total Hours Paid in 3rd Quarter                                    | IN 3                       | Record the total number of hours for which the participant was paid wages in the 3rd quarter of the program year as determined from the sub-grantee's wage records.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 000                                                                                                                                                                                                                     |                                                       |            |             |                         |                                     |            |                                     |                                                 |                                                |                                                |            |                                       |     | R         |                                    | R     |                |                        |
| 2835                          | Total Hours Paid in 4th Quarter                                    | IN 3                       | Record the total number of hours for which the participant was paid wages in the 4th quarter of the program year as determined from the sub-grantee's wage records.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 000                                                                                                                                                                                                                     |                                                       |            |             |                         |                                     |            |                                     |                                                 |                                                |                                                |            |                                       |     | R         |                                    | R     |                |                        |
| 2836                          | Total Hours of Paid Training in 1st Quarter                        | IN 3                       | Record the total number of hours of paid training for which the participant was paid wages in the 1st quarter of the program year as determined from the sub-grantee's wage records.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 000                                                                                                                                                                                                                     |                                                       |            |             |                         |                                     |            |                                     |                                                 |                                                |                                                |            |                                       |     | R         |                                    | R     |                |                        |
| 2837                          | Total Hours of Paid Training in 2nd Quarter                        | IN 3                       | Record the total number of hours of paid training for which the participant was paid wages in the 2nd quarter of the program year as determined from the sub-grantee's wage records.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 000                                                                                                                                                                                                                     |                                                       |            |             |                         |                                     |            |                                     |                                                 |                                                |                                                |            |                                       |     | R         |                                    | R     |                |                        |
| 2838                          | Total Hours of Paid Training in 3rd Quarter                        | IN 3                       | Record the total number of hours of paid training for which the participant was paid wages in the 3rd quarter of the program year as determined from the sub-grantee's wage records.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 000                                                                                                                                                                                                                     |                                                       |            |             |                         |                                     |            |                                     |                                                 |                                                |                                                |            |                                       |     | R         |                                    | R     |                |                        |
| 2839                          | Total Hours of Paid Training in 4th Quarter                        | IN 3                       | Record the total number of hours of paid training for which the participant was paid wages in the 4th quarter of the program year as determined from the sub-grantee's wage records.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 000                                                                                                                                                                                                                     |                                                       |            |             |                         |                                     |            |                                     |                                                 |                                                |                                                |            |                                       |     | R         |                                    | R     |                |                        |
| 2840                          | Other Reasons for Exit (SCSEP-Only)                                | IN 1                       | Record the reason that applies at the time of exit.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1 = Moved from area<br>2 = For cause<br>3 = Voluntary<br>4 = Non-income eligible                                                                                                                                        |                                                       |            |             |                         |                                     |            |                                     |                                                 |                                                |                                                |            |                                       |     | R         |                                    | R     |                |                        |
| 2841                          | Exclusion After Exit                                               | IN 1                       | Record 1 if it was discovered that the participant was deceased after exit.<br>Record 2 if it was discovered that the participant had medical condition after exit.<br>Record 3 if it was discovered that the participant was caring for a family after exit.<br>Record 4 if it was discovered that the participant was institutionalized after exit.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 1 = Deceased<br>2 = Medical Condition<br>3 = Family Care<br>4 = Institutionalized                                                                                                                                       |                                                       |            |             |                         |                                     |            |                                     |                                                 |                                                |                                                |            |                                       |     | R         |                                    | R     |                |                        |
| 2842                          | Date Exclusion Occurred                                            | DT 8                       | Record the date that the exclusion occurred.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | YYYYMMDD                                                                                                                                                                                                                |                                                       |            |             |                         |                                     |            |                                     |                                                 |                                                |                                                |            |                                       |     | R         |                                    | R     |                |                        |
| 2843                          | Host Agency Employer                                               | IN 1                       | Record 1 if the employer is a host agency. Unsubsidized employers that have served as a host agency for any participant (under any state or national grant) in the last 12 months will not be included in the customer service survey of employers.<br>Record 0 if employer is not a host agency.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 1 = Yes<br>0 = No                                                                                                                                                                                                       |                                                       |            |             |                         |                                     |            |                                     |                                                 |                                                |                                                |            |                                       |     | R         |                                    | R     |                |                        |
| 2844                          | Employer Type                                                      | IN 1                       | Record 1 if employer is a not-for-profit entity.<br>Record 2 if employer is a for-profit entity.<br>Record 3 if employer is a government entity.<br>Record 4 if the participant is engaged in self-employment.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 1 = Not-for-profit<br>2 = For-profit<br>3 = Government<br>4 = Self-employment                                                                                                                                           |                                                       |            |             |                         |                                     |            |                                     |                                                 |                                                |                                                |            |                                       |     | R         |                                    | R     |                |                        |
| 2845                          | Placement Start Date                                               | DT 8                       | Record the date on which the participant began work with this employer. This will be the date of placement for measurement purposes.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | YYYYMMDD                                                                                                                                                                                                                |                                                       |            |             |                         |                                     |            |                                     |                                                 | R                                              | R                                              |            |                                       |     | R         |                                    | R     |                |                        |
| 2846                          | Placement End Date                                                 | DT 8                       | Record the date on which the unsubsidized employment with this employer ended. If there is additional unsubsidized employment within four quarters after the quarter of exit from SCSEP, all unsubsidized employment may be included in the performance measures                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | YYYYMMDD                                                                                                                                                                                                                |                                                       |            |             |                         |                                     |            |                                     |                                                 |                                                |                                                |            |                                       |     | R         |                                    | R     |                |                        |
| 2847                          | SCSEP Application Date                                             | DT 8                       | Record the date on which the individual first applied for Senior Community Service Employment Program services/benefits under the applicable certification.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | YYYYMMDD                                                                                                                                                                                                                |                                                       |            |             |                         |                                     |            |                                     |                                                 |                                                |                                                |            |                                       |     | R         |                                    | R     |                |                        |
| SECTION E.10 - APPRENTICESHIP |                                                                    |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                         |                                                       |            |             |                         |                                     |            |                                     |                                                 |                                                |                                                |            |                                       |     |           |                                    |       |                |                        |
| 2900                          | RAPIDS Number                                                      | AN 1-20                    | Record the RAPIDS number for the participant who is a registered apprentice (Registered Apprenticeship Partners Information Data System).<br>Leave blank if this data element does not apply.<br><b>Note:</b> There are no RAPIDS numbers for pre-apprentices.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | XXXXXXXXXXXXXX                                                                                                                                                                                                          |                                                       |            |             |                         |                                     |            |                                     |                                                 |                                                |                                                |            |                                       |     |           | R                                  |       | R              |                        |
| 2901                          | Pre-Apprenticeship Program Status                                  | IN 1                       | Record 1 for participants enrolled in a pre-apprenticeship program.<br>Record 2 for participants who cancelled or withdrew from their pre-apprenticeship program.<br>Record 3 for participants who completed their pre-apprenticeship program and did not continue into an apprenticeship program.<br>Record 4 for participants who completed their pre-apprenticeship and continued into a registered apprenticeship program during program participation (RAP).<br>Record 5 for participants who completed their pre-apprenticeship and continued into an industry-recognized apprenticeship program (IRAP).<br>Leave blank if this data element does not apply.<br><b>Note:</b> Status can change over time.                                                                                                                                                                                                                                                                                                                                                                                                                                             | 1 = Enrolled<br>2 = Cancelled or Withdrew<br>3 = Completed<br>4 = Completed and Continued into RAP<br>5 = Completed and Continued into IRAP                                                                             |                                                       |            |             |                         |                                     |            |                                     |                                                 |                                                |                                                | R          |                                       |     |           | R                                  |       | R              |                        |
| 2902                          | Date Enrolled in Pre-Apprenticeship                                | DT 8                       | Record the date the participant started the pre-apprenticeship program.<br>Leave blank if this data element does not apply.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | YYYYMMDD                                                                                                                                                                                                                |                                                       |            |             |                         |                                     |            |                                     |                                                 |                                                |                                                |            |                                       |     |           | R                                  |       | R              |                        |
| 2903                          | Expected Completion Date: Pre-Apprenticeship                       | DT 8                       | Record the expected completion date of the pre-apprenticeship program, which should be prior to program exit.<br>Leave blank if this data element does not apply.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | YYYYMMDD                                                                                                                                                                                                                |                                                       |            |             |                         |                                     |            |                                     |                                                 |                                                |                                                |            |                                       |     |           | R                                  |       | R              |                        |
| 2904                          | In Pre-Apprenticeship Program with an Articulated Agreement        | IN 1                       | Record 1 if the participant is in a pre-apprenticeship program where a Memorandum of Understanding (MOU), Memorandum of Agreement (MOA) or other formal agreement exists between the pre-apprenticeship program and the Registered Apprenticeship Program or Industry-Recognized Apprenticeship Program.<br>Record 2 if no formal agreement exists between the pre-apprenticeship program and an apprenticeship program.<br>Leave blank if this data element does not apply.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1 = Yes<br>2 = No                                                                                                                                                                                                       |                                                       |            |             |                         |                                     |            |                                     |                                                 |                                                |                                                |            |                                       |     |           | R                                  |       | R              |                        |
| 2905                          | Date Completed Pre-Apprenticeship                                  | DT 8                       | Record the date the participant completed the pre-apprenticeship program.<br>Leave blank if this data element does not apply.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | YYYYMMDD                                                                                                                                                                                                                |                                                       |            |             |                         |                                     |            |                                     |                                                 |                                                |                                                |            |                                       |     |           | R                                  |       | R              |                        |
| 2906                          | Date Changed Status from Pre-Apprentice to Apprentice              | DT 8                       | Record the date the participant's status changed from pre-apprentice to apprentice.<br>Leave blank if this data element does not apply.<br><b>Note:</b> This may be the same date (or shortly thereafter) as pre-apprenticeship program completion.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | YYYYMMDD                                                                                                                                                                                                                |                                                       |            |             |                         |                                     |            |                                     |                                                 |                                                |                                                |            |                                       |     |           | R                                  |       | R              |                        |
| 2907                          | Apprenticeship Program Status                                      | IN 1                       | Record 1 for participants enrolled in an apprenticeship program.<br>Record 2 for participants who cancelled or withdrew from their apprenticeship program.<br>Record 3 for participants who completed their apprenticeship program.<br>Leave blank if this data element does not apply.<br><b>Note:</b> Status can change over time.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1 = Enrolled<br>2 = Cancelled or Withdrew<br>3 = Completed                                                                                                                                                              |                                                       |            |             |                         |                                     |            |                                     |                                                 |                                                |                                                |            | R                                     |     |           | R                                  |       | R              |                        |
| 2908                          | Date Started Apprenticeship                                        | DT 8                       | Record the date the participant started the apprenticeship program.<br>Leave blank if this data element does not apply.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | YYYYMMDD                                                                                                                                                                                                                |                                                       |            |             |                         |                                     |            |                                     |                                                 |                                                |                                                |            |                                       | R   |           |                                    | R     |                | R                      |
| 2909                          | Expected Completion Date: Apprenticeship                           | DT 8                       | Record the expected completion date of the apprenticeship program, whether or not the participant is expected to complete the program during their participation.<br>Leave blank if this data element does not apply.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | YYYYMMDD                                                                                                                                                                                                                |                                                       |            |             |                         |                                     |            |                                     |                                                 |                                                |                                                |            |                                       | R   |           |                                    | R     |                | R                      |
| 2910                          | Type of Apprenticeship Program                                     | IN 1                       | Record 1 if the apprenticeship program is a Time-Based program.<br>Record 2 if the apprenticeship program is a Competency-Based program.<br>Record 3 if the apprenticeship program is a Hybrid program.<br>Leave blank if this data element does not apply.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 1 = Time-Based<br>2 = Competency-Based<br>3 = Hybrid                                                                                                                                                                    |                                                       |            |             |                         |                                     |            |                                     |                                                 |                                                |                                                |            |                                       |     |           | R                                  |       | R              |                        |
| 2911                          | Date Completed Apprenticeship                                      | DT 8                       | Record the date the participant completed the apprenticeship program.<br>Leave blank if this data element does not apply.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | YYYYMMDD                                                                                                                                                                                                                |                                                       |            |             |                         |                                     |            |                                     |                                                 |                                                |                                                |            |                                       | R   |           |                                    | R     |                | R                      |
| 2912                          | Type of RTI Provider                                               | IN 1                       | Record 1 if the provider of Related Training Instruction (RTI) is a Joint Apprenticeship Training Committee.<br>Record 2 if the provider of RTI is a Community College.<br>Record 3 if the provider of RTI is a Vocational or Technical School.<br>Record 4 if the provider of RTI is a 4-year educational institution.<br>Record 5 if the provider of RTI is an entity other than those previously noted.<br>Leave blank if this data element does not apply.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 1 = JATC<br>2 = Community College<br>3 = Voc/Tech School<br>4 = 4-year educational institution<br>5 = Other                                                                                                             |                                                       |            |             |                         |                                     |            |                                     |                                                 |                                                |                                                |            |                                       |     |           | R                                  |       | R              |                        |
| 2913                          | Type of Supportive Services Received                               | IN 3                       | Record up to 3 types of supportive services:<br>Record 1 if the supportive service received by the participant is Transportation.<br>Record 2 if the supportive service is Tools and/or Equipment.<br>Record 3 if the supportive service is Uniforms.<br>Record 4 if the supportive service is Child Care.<br>Record 5 if the supportive service is something other than that previously listed.<br>Leave blank if this data element does not apply.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1 = Transportation<br>2 = Tools/Equipment<br>3 = Uniforms<br>4 = Child Care<br>5 = Other                                                                                                                                |                                                       |            |             |                         |                                     |            |                                     |                                                 |                                                |                                                |            |                                       |     |           | R                                  |       | R              |                        |
| 2914                          | Supportive-Service-Funding OA Apprenticeship Grants Program Status | IN 1-9                     | Record 1 if the participant is an individual who received a direct grant funded participant service. Examples include, but are not limited to OIL and/or RTI paid for through the grant, or other grant funded participant services provided).<br>Record 2 if the individual has been impacted by the development of expansion of grant funded registered apprenticeship program enrolled in a registered apprenticeship program AND is enrolled in a RAP and is a least 15 years old.<br>Record up to 3 sources of funding:<br>Record 1 if the supportive service received by the participant was funded by the apprenticeship grant.<br>Record 2 if the supportive service received was funded by WIOA Title I (Adult, Dislocated Worker, and/or Youth).<br>Record 3 if the supportive service received was funded by WIOA funding that was not Title I (e.g., either Title II or Title IV).<br>Record 4 if the service received was funded by a State funding source.<br>Record 5 if the service received was funded by the GI Bill.<br>Record 6 if the service received was funded by a PELL Grant.<br>Leave blank if this data element does not apply. | 1 = Yes, Participant<br>2 = Reportable Individual (applies to State grantees only)<br><br>1 = Grant Funded<br>2 = WIOA (Title-I)<br>3 = WIOA (not Title-I)<br>4 = State Funding Source<br>5 = GI Bill<br>6 = PELL Grant |                                                       |            |             |                         |                                     |            |                                     |                                                 |                                                |                                                |            |                                       |     |           | R                                  |       | R              |                        |
| 2915                          | Received OJT Services (Identification of Funding Source(s))        | IN 3                       | Record up to 3 sources of funding:<br>Record 1 if the OJT reimbursement was funded by the apprenticeship grant.<br>Record 2 if the OJT reimbursement was funded by WIOA Title I (Adult, Dislocated Worker, and/or Youth).<br>Record 3 if the OJT reimbursement was funded by WIOA funding that was not Title I (i.e., either Title II or Title IV).<br>Record 4 if the reimbursement was funded by a State funding source.<br>Record 5 if the reimbursement was funded by the GI Bill.<br>Leave blank if this data element does not apply.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 1 = Grant Funded<br>2 = WIOA (Title I)<br>3 = WIOA (not Title I)<br>4 = State Funding Source<br>5 = GI Bill                                                                                                             |                                                       |            |             |                         |                                     |            |                                     |                                                 |                                                |                                                |            |                                       |     |           | R                                  |       | R              |                        |



| Program                                                        | PIRL #         | Revision                                                                                                                                                                                                                                                                                                                                               |
|----------------------------------------------------------------|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| YouthBuild                                                     | 410            | Uncheck Requirement                                                                                                                                                                                                                                                                                                                                    |
| YouthBuild                                                     | 412            | Uncheck Requirement                                                                                                                                                                                                                                                                                                                                    |
| OWI/OPDR                                                       | 808            | Revised Element name and added Note                                                                                                                                                                                                                                                                                                                    |
| TAA                                                            | 915            | Delete: "If there is more than one petition number, create multiple records in the PIRL for each occurrence."<br>Resulting description:<br>Record the petition number (and full alphabetical suffix, if applicable) of the certification which applies to the participant's group. Leave blank if this data element does not apply to the participant. |
| Job Corps                                                      | 1007           | Check in the PIRL                                                                                                                                                                                                                                                                                                                                      |
| Reentry Employment Opportunities (Adult)                       | 1103           | Check in the PIRL                                                                                                                                                                                                                                                                                                                                      |
| Reentry Employment Opportunities (Youth)                       | 1104           | Check in the PIRL                                                                                                                                                                                                                                                                                                                                      |
| VETS                                                           | 1114           | Added code value                                                                                                                                                                                                                                                                                                                                       |
| NFJP                                                           | 1116           | Uncheck Requirement                                                                                                                                                                                                                                                                                                                                    |
| Reentry Employment Opportunities (Adult)                       | 1205           | Check in the PIRL                                                                                                                                                                                                                                                                                                                                      |
| Reentry Employment Opportunities (Youth)                       | 1205           | Check in the PIRL                                                                                                                                                                                                                                                                                                                                      |
| Reentry Employment Opportunities (Youth)                       | 1210           | Check in the PIRL                                                                                                                                                                                                                                                                                                                                      |
| NFJP                                                           | 1211           | Uncheck Requirement                                                                                                                                                                                                                                                                                                                                    |
| OWI/OPDR                                                       | 1300           | Revised Instructions                                                                                                                                                                                                                                                                                                                                   |
| OWI/OPDR                                                       | 1304           | Revised Element name                                                                                                                                                                                                                                                                                                                                   |
| OPDR/OWI                                                       | 1306/1311/1316 | Update Instructions                                                                                                                                                                                                                                                                                                                                    |
| TAA                                                            | 1322           | Title change:<br>"Date of Most Recent Case Management and Employment Service", not "Date of Most Recent Case Management and Reemployment Service."                                                                                                                                                                                                     |
| WIOA Adult/DW/Youth, Job Corps, and YouthBuild.                | 1328           | Check Requirement                                                                                                                                                                                                                                                                                                                                      |
| WIOA Adult/DW/Youth, H-1B, Job Corps, TAA, YouthBuild, and OA. | 1328           | Revised instructions and code values                                                                                                                                                                                                                                                                                                                   |

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| TAA                                      | 1329 | Remove "in the report quarter" from description.<br><br>Record 1 if the participant received part time training.<br>Record 0 if the participant did not receive any services under the condition described above.<br>Leave blank if the individual was not a TAA participant. |
| H-1B                                     | 1331 | Check Requirement                                                                                                                                                                                                                                                             |
| OWI/OPDR                                 | 1332 | Revised Instructions                                                                                                                                                                                                                                                          |
| Reentry Employment Opportunities (Adult) | 1403 | Check in the PIRL                                                                                                                                                                                                                                                             |
| Reentry Employment Opportunities (Youth) | 1403 | Check in the PIRL                                                                                                                                                                                                                                                             |
| Reentry Employment Opportunities (Adult) | 1405 | Check in the PIRL                                                                                                                                                                                                                                                             |
| Reentry Employment Opportunities (Youth) | 1405 | Check in the PIRL                                                                                                                                                                                                                                                             |
| OWI/OPDR                                 | 1406 | Revised Instructions                                                                                                                                                                                                                                                          |
| Reentry Employment Opportunities (Adult) | 1408 | Check in the PIRL                                                                                                                                                                                                                                                             |
| Reentry Employment Opportunities (Youth) | 1415 | Check in the PIRL                                                                                                                                                                                                                                                             |
| TAA                                      | 1506 | Replace "paid" with "expenditures accrued."                                                                                                                                                                                                                                   |
| TAA                                      | 1507 | Replace "paid" with "expenditures accrued."                                                                                                                                                                                                                                   |
| TAA                                      | 1509 | Replace "paid" with "expenditures accrued."                                                                                                                                                                                                                                   |
| TAA                                      | 1510 | Replace "paid" with "expenditures accrued."                                                                                                                                                                                                                                   |

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| TAA | 1514 | Replace "paid" with "expenditures accrued." |
| TAA | 1515 | Replace "paid" with "expenditures accrued." |
| TAA | 1519 | Replace "paid" with "expenditures accrued." |
| TAA | 1520 | Replace "paid" with "expenditures accrued." |
| TAA | 1524 | Replace "paid" with "expenditures accrued." |
| TAA | 1525 | Replace "paid" with "expenditures accrued." |
| TAA | 1529 | Replace "paid" with "expenditures accrued." |
| TAA | 1530 | Replace "paid" with "expenditures accrued." |
| TAA | 1536 | Replace "paid" with "expenditures accrued." |

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| TAA                                      | 1538                                         | Replace "paid" with "expenditures accrued."                                                                                                                                                                                                                                                |
| TAA                                      | 1541                                         | Remove "Current Quarter" from Element Name.<br>Change description for Record 1 to:<br>"Record 1 if there was an overpayment established under A/RTAA during the course of participation in the quarter in which it is first identified and to continue through last quarter of reporting." |
| OPDR/OWI                                 | 1608                                         | Revise instructions and code values                                                                                                                                                                                                                                                        |
| OPDR/OWI                                 | 1610/1612/1613                               | revised instructions                                                                                                                                                                                                                                                                       |
| OWI/OPDR                                 | 1700-1706                                    | Revise element name                                                                                                                                                                                                                                                                        |
| OWI/OPDR                                 | 1811                                         | Revised element name and instructions                                                                                                                                                                                                                                                      |
| OWI/OPDR                                 | 1813                                         | Revised element name and instructions                                                                                                                                                                                                                                                      |
| OWI/OPDR                                 | 1902/1905/1908/1909/1912/1915/1916/1919/1922 | Revised instructions and code values                                                                                                                                                                                                                                                       |
| OWI/OPDR                                 | 2003                                         | Edit Instructions                                                                                                                                                                                                                                                                          |
| OWI/OPDR                                 | 2004                                         | Edit Instructions                                                                                                                                                                                                                                                                          |
| H-1B                                     |                                              | Uncheck Requirement                                                                                                                                                                                                                                                                        |
|                                          | 2102                                         |                                                                                                                                                                                                                                                                                            |
| H-1B                                     | 2104                                         | Uncheck Requirement                                                                                                                                                                                                                                                                        |
| H-1B                                     | 2105                                         | Uncheck Requirement                                                                                                                                                                                                                                                                        |
| H-1B                                     | 2107                                         | Uncheck Requirement                                                                                                                                                                                                                                                                        |
| H-1B                                     |                                              | Uncheck Requirement                                                                                                                                                                                                                                                                        |
|                                          | 2108                                         |                                                                                                                                                                                                                                                                                            |
| H-1B                                     | 2109-2117                                    | Delete code value for RA                                                                                                                                                                                                                                                                   |
| H-1B                                     | 2126                                         | Update DE Name: "Entered Training-Related Employment After Training Program Completion"                                                                                                                                                                                                    |
| Reentry Employment Opportunities (Adult) | 2203                                         | Check in the PIRL                                                                                                                                                                                                                                                                          |
| Reentry Employment Opportunities (Adult) | 2204                                         | Check in the PIRL                                                                                                                                                                                                                                                                          |
| NFJP                                     |                                              | Uncheck Requirement                                                                                                                                                                                                                                                                        |
|                                          | 2205                                         |                                                                                                                                                                                                                                                                                            |
| NFJP                                     | 2206                                         | Uncheck Requirement                                                                                                                                                                                                                                                                        |
| Reentry Employment Opportunities (Youth) | 2207                                         | Check in the PIRL                                                                                                                                                                                                                                                                          |

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|------------------------------------------|------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Reentry Employment Opportunities (Adult) | 2207 | Check in the PIRL                                                                                                                                                                                                                                                                                                                         |
| NFJP                                     | 2207 | Uncheck Requirement                                                                                                                                                                                                                                                                                                                       |
| Reentry Employment Opportunities (Adult) | 2209 | Check in the PIRL                                                                                                                                                                                                                                                                                                                         |
| Reentry Employment Opportunities (Youth) | 2210 | Check in the PIRL                                                                                                                                                                                                                                                                                                                         |
| Reentry Employment Opportunities (Adult) | 2210 | Check in the PIRL                                                                                                                                                                                                                                                                                                                         |
| Reentry Employment Opportunities (Adult) | 2211 | Check in the PIRL                                                                                                                                                                                                                                                                                                                         |
| Reentry Employment Opportunities (Adult) | 2212 | Check in the PIRL                                                                                                                                                                                                                                                                                                                         |
| NFJP                                     | 2212 | Revised Element                                                                                                                                                                                                                                                                                                                           |
| NFJP                                     | 2232 | Revised Element                                                                                                                                                                                                                                                                                                                           |
| Reentry Employment Opportunities (Youth) | 2423 | Check in the PIRL                                                                                                                                                                                                                                                                                                                         |
| REO                                      | 2423 | Added Code Value 9=Family                                                                                                                                                                                                                                                                                                                 |
| Reentry Employment Opportunities (Adult) | 2502 | Check in the PIRL                                                                                                                                                                                                                                                                                                                         |
| Reentry Employment Opportunities (Adult) | 2503 | Check in the PIRL                                                                                                                                                                                                                                                                                                                         |
| Reentry Employment Opportunities (Adult) | 2510 | Check in the PIRL                                                                                                                                                                                                                                                                                                                         |
| Reentry Employment Opportunities (Adult) | 2511 | Check in the PIRL                                                                                                                                                                                                                                                                                                                         |
| Reentry Employment Opportunities (Adult) | 2516 | Check in the PIRL                                                                                                                                                                                                                                                                                                                         |
| Reentry Employment Opportunities (Youth) | 2516 | Check in the PIRL                                                                                                                                                                                                                                                                                                                         |
| JVSG and Wagner Peyser                   | 2516 | Check in the PIRL                                                                                                                                                                                                                                                                                                                         |
| Indian and Native American Program       | 315  | Check in the PIRL                                                                                                                                                                                                                                                                                                                         |
| Indian and Native American Program       | 1608 | Check in the PIRL                                                                                                                                                                                                                                                                                                                         |
| Reentry Employment Opportunities (Adult) | 2527 | Check in the PIRL                                                                                                                                                                                                                                                                                                                         |
| Reentry Employment Opportunities (Adult) | 2528 | Check in the PIRL                                                                                                                                                                                                                                                                                                                         |
| Reentry Employment Opportunities (Adult) | 2529 | Check in the PIRL                                                                                                                                                                                                                                                                                                                         |
| YouthBuild                               | 2610 | Change the element definition to say:<br><br>"Record 1 if either of the youth's parents or legal guardian is incarcerated at the time of the youth's enrollment into the YouthBuild program, or if at least one parent has been previously incarcerated.<br><br>Record 0 if the participant does not meet the condition described above." |
| Reentry Employment Opportunities (Adult) | 2822 | Check in the PIRL                                                                                                                                                                                                                                                                                                                         |
| Reentry Employment Opportunities (Youth) | 2822 | Check in the PIRL                                                                                                                                                                                                                                                                                                                         |
| Reentry Employment Opportunities (Adult) | 2829 | Check in the PIRL                                                                                                                                                                                                                                                                                                                         |
| Reentry Employment Opportunities (Youth) | 2829 | Check in the PIRL                                                                                                                                                                                                                                                                                                                         |
| Reentry Employment Opportunities (Adult) | 2845 | Check in the PIRL                                                                                                                                                                                                                                                                                                                         |
| Reentry Employment Opportunities (Youth) | 2845 | Check in the PIRL                                                                                                                                                                                                                                                                                                                         |
| H-1B                                     | 2901 | Check Requirement                                                                                                                                                                                                                                                                                                                         |
| H-1B                                     | 2907 | Check Requirement                                                                                                                                                                                                                                                                                                                         |
| H-1B                                     | 2908 | Check Requirement                                                                                                                                                                                                                                                                                                                         |
| H-1B                                     | 2909 | Check Requirement                                                                                                                                                                                                                                                                                                                         |

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|-----------------------------------------------------|------|--------------------------------------------------------------------------------------------------------|
| H-1B                                                | 2911 | Check Requirement                                                                                      |
| Apprenticeship                                      |      | Changed length of element to 12 characters                                                             |
|                                                     | 2900 |                                                                                                        |
| REO                                                 | XXXX | Added New element - Direct Referral from Justice System                                                |
| REO                                                 | XXXX | Added New element - Most Recent Date Participating in Community Service/Restorative Justice            |
| REO                                                 | XXXX | Added New element - Received Legal Services                                                            |
| REO                                                 | XXXX | Added New element - Received Housing Assistance, Substance Abuse Treatment, or Mental Health Treatment |
|                                                     | XXXX |                                                                                                        |
| WIOA Adult/DW/Youth, WP, JVSG, TAA, H-1B, and SCSEP | XXXX | Added New element - Individualized Services Provided Virtual/Online                                    |
| JVSG, WP                                            | XXXX | Added New element - Transitioning Service Member Warm Handover                                         |
| JVSG, WP                                            | XXXX | Added New element - Transitioning Service Member Housing Plan                                          |
| JVSG, WP                                            | XXXX | Added New element - Referred from Department of Veterans Affairs (VA) Services                         |
| NFJP                                                | XXXX | Added New Element - Family Unit Size                                                                   |
| Demonstration Grants                                | XXXX |                                                                                                        |
| OPDR/OWI                                            |      | Added New Column and Checked All Elements for Collection                                               |
|                                                     |      | Slight revision to leave blank statement                                                               |
|                                                     | 1301 |                                                                                                        |
| TAA                                                 | 1000 | Check Requirement                                                                                      |
| TAA                                                 | 1001 | Check Requirement                                                                                      |
| TAA                                                 | 1201 | Check Requirement                                                                                      |

| Additional Comments |
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| Not creating additional rows. |
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| Matches statutory language of what the service is.<br>This is a TAA only element. |
|                                                                                   |
| Aligning to new element for virtual individualized services.                      |

**NOTE:** These revisions are denoted in red font and were included in the 60 day publication of the ICR.

Exiter tracking needed to meet TAA reportint requirements. This is a TAA only element.

Necessary for 9130 alignment to be clear that the amount listed here is the expenditures accrued. This is a TAA only element

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The interpretation of the WIOA inclusion of "child of an incarcerated parent" as an eligibility factor has been a current or formerly incarcerated parent as both create higher risk of criminal offense for children.

| Program        | PIRL # | Revision                                                                      |
|----------------|--------|-------------------------------------------------------------------------------|
| OUI/OPDR       | 401    | Revised the instructions.                                                     |
| OPDR           | 1332   | Added revised "leave blank..." option                                         |
| Apprenticeship | 1007   | Check in the PIRL                                                             |
| Apprenticeship | 2914   | Renaming and repurposing of PIRL 2914 (Apprenticeship Grants Program Status); |
| Apprenticeship | 108-A  | Uncheck Requirement                                                           |
| Apprenticeship | 301    | Uncheck Requirement                                                           |
| Apprenticeship | 303    | Uncheck Requirement                                                           |
| Apprenticeship | 401    | Uncheck Requirement                                                           |
| Apprenticeship | 802    | Uncheck Requirement                                                           |
| Apprenticeship | 804    | Uncheck Requirement                                                           |
| Apprenticeship | 806    | Uncheck Requirement                                                           |
| Apprenticeship | 807    | Uncheck Requirement                                                           |
| Apprenticeship | 903    | Uncheck Requirement                                                           |
| Apprenticeship | 904    | Uncheck Requirement                                                           |
| Apprenticeship | 905    | Uncheck Requirement                                                           |
| Apprenticeship | 910    | Uncheck Requirement                                                           |
| Apprenticeship | 911    | Uncheck Requirement                                                           |
| Apprenticeship | 913    | Uncheck Requirement                                                           |
| Apprenticeship | 914    | Uncheck Requirement                                                           |
| Apprenticeship | 915    | Uncheck Requirement                                                           |
| Apprenticeship | 916    | Uncheck Requirement                                                           |
| Apprenticeship | 917    | Uncheck Requirement                                                           |
| Apprenticeship | 918    | Uncheck Requirement                                                           |
| Apprenticeship | 919    | Uncheck Requirement                                                           |
| Apprenticeship | 935    | Uncheck Requirement                                                           |
| Apprenticeship | 938    | Uncheck Requirement                                                           |
| Apprenticeship | 1210   | Uncheck Requirement                                                           |
| Apprenticeship | 1301   | Uncheck Requirement                                                           |
| Apprenticeship | 1333   | Uncheck Requirement                                                           |
| Apprenticeship | 2413   | Uncheck Requirement                                                           |
| Apprenticeship | 2414   | Uncheck Requirement                                                           |
| Apprenticeship | 2906   | Uncheck Requirement                                                           |
| Apprenticeship | 2915   | Uncheck Requirement                                                           |
| Apprenticeship | 2916   | Uncheck Requirement                                                           |
| NFJP           | 2212   | Reversed the deletion of code value 3                                         |
| TAA            | 934    | Revised the instructions/code values/data ty                                  |
| TAA            | 935    | Revised the instructions/code values/data ty                                  |
| TAA            | 915    | Revised the instructions/code values/data ty                                  |
| TAA            | 1409   | Check in the PIRL                                                             |
| TAA            | 1322   | Revised data element name                                                     |

|          |           |                                           |
|----------|-----------|-------------------------------------------|
| OWI/OPDR | 1703-1706 | Expanded Field Length                     |
| VETS     | 308       | Uncheck Requirements for all programs     |
| OPDR     | 1902-1922 | Uncheck for Adult, DW, WIOA Youth, DWG, T |
| SCSEP    | Various   | Uncheck Requirements                      |

### Comment Response #

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**NOTE:** These revisions are denoted in blue font and will not be included in the 30 day publication of the IC

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| #16                   |
| #26                   |
| #26                   |
| Non-Material Revision |

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| DATA ELEMENT NO.                             | DATA ELEMENT NAME                                                    | PUBLIC COMMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | STAFF COMMENTS/RESPONSES |
|----------------------------------------------|----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| SECTION A - INDIVIDUAL INFORMATION           |                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |
| SECTION A.01 - IDENTIFYING DATA              |                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |
| *101                                         | State Code of Residence                                              | <b>Texas Workforce Commission</b> - It is not clear why the Joint PIRL doesn't include county, zip code or other geographic identifiers which could be used for sub-state program evaluation when DOL's proposed PIRL includes those elements.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          |
| 105                                          | Special Project ID - 1 Special Project ID - 2 Special Project ID - 3 | <p><b>Geo Solutions</b> - The definition does not include awarded NEG's prior to the new Dislocated Worker Grants (DWG) Grants defined in WIOA. However, there is a DWG Section which allows for only one DWG grant to be reported. If there are multiple NEG's associated to a participant, are existing NEG's no longer reported? Under WIASRD reporting there was a place to record multiple NEG Grants, but that appears to have disappeared under PIRL. Will accommodations be made for reporting multiple NEG or DWG grants? How often will DOLETA publish all Special Project Codes in order to assure proper reporting?</p> <p><b>Washington</b> -The DOL-PIRL provides for reporting up to three different special project codes. Rather than providing multiple columns to collect this information ESD proposes that DOL provide a single column that can accommodate multiple codes, including cases where participants may be co-enrolled in multiple special projects. A similar approach was taken by DOL when reporting on VRAP and EUC participants during the recession, each program was provided its unique code but an additional code was created to represent participants enrolled in both programs.</p> <p><b>Texas</b> - The DOL-PIRL provides for reporting up to three different special project codes. While this might seem like enough, given that DOL only has three projects that are currently tracked, as soon as a fourth program becomes an option, it will be logically possible to have a person in four programs without a way to report all four. The One-Stop Common Customer Record (OSCCR) used with the Workforce Information Streamlined Performance Report (WISPR) solved this issue by setting up a single combination element in which each character of the field could report a different special project (each project was given a single character alpha or numeric value that allowed tracking of 36 different programs). The DOL-PIRL took a similar approach in the Category of Disability element design, and TWC recommends creating a single Special Project ID element that operates the same way.</p> <p><b>Missouri</b> - Currently, the TAPR uses data element #912, Special ETA Project ID, to capture dual enrollment of TAA and TAACCCT.</p> <p>When the Trade Act data is included in the PIRL, which data element, #106 Special Project ID-1, #107 Special Project ID-2, or #108 Special Project ID-3 (or some other data element), will be used to capture this information?</p> |                          |
| SECTION A.02 - EQUAL OPPORTUNITY INFORMATION |                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |
| *200                                         | Date of Birth (WIOA)                                                 | <b>North Dakota</b> - Note states that the date of birth field is mandatory for Vocational Rehabilitation (RSA).<br>COMMENTS: Why wouldn't a date of birth be required for all programs?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |
| *202                                         | Individual with a Disability (WIOA)                                  | <b>Texas Workforce Commission</b> - This element is to be populated based on status at Date of Participation. It is not clear why the Joint PIRL doesn't include county, zip code or other geographic identifiers which could be used for sub-state program evaluation when DOL's proposed PIRL includes those elements.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |

| DATA ELEMENT NO.                       | DATA ELEMENT NAME                      | PUBLIC COMMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | STAFF COMMENTS/RESPONSES |
|----------------------------------------|----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| 203                                    | Category Of Disability                 | <p><b>Geo Solutions</b> - The definition for the reportable values has changed drastically. Is this item only to be collected on records where the program entry date is 7/1/2016 forward? Any record that is less than 7/1/2016 will never have these reportable values; therefore, are we to report as did not disclose? There is a concern about the detailed level of disability, are special accommodations to be made in state system to limit the visibility of this information?</p> <p><b>CA - EDD</b> - CA EDD is seeking clarification. Since the code values have changed drastically from the WIASRD, ET 406 Handbook and the TAAPR, our system does not currently capture these new values. For participants enrolled prior to 7/01/2016, what code value should be reported? Seeking clarification on what code value to report if an individual has more than one category of disability applicable to them.</p> <p><b>Oregon CC</b> - We feel this is too intrusive and we question the relevance as a data element for helping to serve customers. Data element #202 - INDIVIDUAL WITH A DISABILITY should be more than enough information for research and accountability purposes. <b>Kern Inyo Mono Consortium</b> - We are concerned about asking the client for specific category of disability since it may be a violation of health privacy laws. It should be made clear how the question to the client should be phrased</p>                                                                                                                                                      |                          |
| *205                                   | American Indian / Alaska Native (WIOA) | <b>Sonoma &amp; CA Indian Manpower Consortium</b> - American Indian/Alaska Native definition changed from the WIASRD to the proposed PIRL. The definition appears to be narrowed to members, the change is not clear. Please provide clarification.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          |
| *206                                   | Asian (WIOA)                           | <b>National Immigration Forum</b> - Require collection of disaggregate data on Asian American Pacific Islander (AAPI) participants and make the data available for public analysis in the ETA Participant Individual Record Layout as well as the ETA Performance Scorecard. The many individual ethnicities that comprise the AAPI community have widely varying educational attainment and socioeconomic status. Disaggregating AAPI data is important and necessary. It will allow the Federal government, researchers, and advocates to understand the diverse workforce needs, Participation, and outcomes of the AAPI participants in WIOA programs. Requiring the collection of disaggregate data on AAPI participants and making this data available for public analysis is fully aligned with Executive Order 13515 - Asian American and Pacific Islander Community. The EO requires Federal agencies to increase AAPIs access to and participation in Federal programs which they may be underserved, including "foster[ing] evidence-based research, data-collection, and analysis on AAPI populations and subpopulations, including research and data on public health, environment, education, housing, employment, and other economic indicators of AAPI community wellbeing." As program operators must identify a participant's ethnicity in order to determine if the participant is Asian, the burden of collecting and submitting disaggregate data to the Departments of Labor and Education would be minimal and greatly outweighed by the need to better understand AAPI participants. |                          |
| *210                                   | More Than One Race (WIOA)              | <b>Geo Solutions</b> - This can be obtained by looking at the individual record and when multiple races are reported the "common PIRL" indicator (if needed) is set to 1. Why does this need to be a separate reporting item?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |
| SECTION A.03 - VETERAN CHARACTERISTICS |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |

| DATA ELEMENT NO. | DATA ELEMENT NAME                  | PUBLIC COMMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | STAFF COMMENTS/RESPONSES |
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| 300              | Veteran Status                     | <p><b>Washington</b> - Under DOL policy, a Local Veterans' Employment Representative (LVER) is allowed to work with a veteran under certain conditions. For example, LVERs may meet with veteran job seekers referred by other staff for specific employment opportunities. The Performance Scorecard indicates that counts of veterans served by LVERs are required, but the proposed Veterans Programs element in the DOL-PIRL does not have a means to report that a LVER served the veteran, which would make it impossible to comply with the scorecard's requirement. Therefore, ESD recommends that the Veterans Programs element be modified to allow for reporting whether the individual was served by Disabled Veterans' Outreach Program (DVOP) staff, LVER staff, both, or neither, aligning with the current reporting approach in the 200A, B &amp; C (VETSA, B, C) reports.</p> <p><b>Texas</b> - Under DOL policy, a Local Veterans' Employment Representative (LVER) is allowed to work 16 with a veteran under certain conditions. For example, LVERs may meet with veteran job seekers referred by 17 other staff for specific employment opportunities. The Performance Scorecard indicates that counts of veterans 18 served by LVERs are required, but the proposed Veterans Programs element in the DOL-PIRL does not have a 19 means to report that a LVER served the veteran, which would make it impossible to comply with the scorecard's 20 requirement. Therefore, TWC recommends that the Veterans Programs element be modified to allow for 21 reporting whether the individual was served by Disabled Veterans' Outreach Program (DVOP) staff, LVER staff, 22 both, or neither. Additionally, TWC recommends the element not have "unknown" as a possible selection, as 23 there should be no conditions in which a state is unable to determine whether a Participant received services 24 from staff funded under Jobs for Veterans State Grants</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |
| 301              | Eligible Veteran Status            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          |
| 302              | Campaign Veteran                   | <p><b>CA - EDD</b> - In the WIASRD and the ET 406 Handbook, a campaign veteran is referred to as a participant that has a coding value of 2 for the Eligible Veteran Status data element; however, the PIRL refers to a campaign veteran as an "eligible veteran (i.e., coding value 1 in Element #301)." Under the PIRL, can a participant be a campaign veteran if they served less than 180 days (record 1 for #301)?</p> <p><b>Nevada</b> - The descriptive narrative contains an obsolete website cited as a resource used for determining Veterans Eligibility.</p> <p>The narrative lists this: "Record 1 if the participant is an eligible veteran (i.e., coding value 1 in Element #301) who served on active duty in the U.S. armed forces during a war or in a campaign or expedition for which a campaign badge or expeditionary medal has been authorized as identified and listed by the Office of Personnel Management (OPM). A current listing of the campaigns can be found at OPM's website <a href="http://www.opm.gov/veterans/html/vgmedal2.asp">http://www.opm.gov/veterans/html/vgmedal2.asp</a>." However, the listed website redirects the viewer to the FEDS HireVETS website where a short abbreviated version of what constitutes a war zone and campaign expedition is presented, the viewer can then click through to OPM.Gov where Federal Veterans Preference is cited. The information presented on that page is used to determine Veterans Priority of Service in the federal work place. This website is not relevant to what is being collected in VOPAR.</p> <p>The previous website listed historical timelines and names of all campaigns and wars by date, and was useful when determining whether or not to check the Campaign Veteran box into the local data management system. These systems send the information into VOPAR, where it is used to track the required data. A more current and relevant website needs to be listed.</p> <p>The resource should be a revised webpage containing the more useful information contained in the previous website. A major use of this information is in determining the eligibility of National Guard and Reserve members to receive services by a Disabled Veteran Outreach Program Specialist with the Jobs for Veterans Act. If the member has served in one of the campaigns but does not meet the requirement of 181 days of active duty, the fact of serving in a war zone or receiving a campaign medal along with having a Significant Barrier to Employment (SBE) would make them eligible to receive DVOP services.</p> |                          |
| 303              | Disabled Veteran                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          |
| 304              | Date of Actual Military Separation | <b>CA - EDD</b> - This can be calculated using PIRL #306 reports the Covered Person Entry Date, to which 45 days may be added during processing of the file into DOLETAs system without adding another column to the already 452 column wide file layout.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |
| 305              | Transitioning Service Member       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          |

| DATA ELEMENT NO.                                           | DATA ELEMENT NAME                                    | PUBLIC COMMENTS                                                                                                                                                                                                                                                                                                                                                                                                                              | STAFF COMMENTS/RESPONSES |
|------------------------------------------------------------|------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| 306                                                        | Covered Person Entry Date                            | <b>KERN INYO MONO CONSORTIUM &amp; Rachel Adams</b> - What is the definition of a "Covered Person"? We need clarification.<br><b>Rachel Adams</b> - Define covered person                                                                                                                                                                                                                                                                    |                          |
| 307                                                        | Date 45 Days Following Covered Person Entry Date     | <b>Geo Solutions &amp; Oregon</b> - This can be calculated using PIRL #306 reports the Covered Person Entry Date, to which 45 days may be added during processing of the file into DOLETAs system without adding another column to the already 452 column wide file layout.                                                                                                                                                                  |                          |
| 308                                                        | Homeless Veteran                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |
| 309                                                        | Homeless Veterans' Reintegration Program Participant | <b>KERN INYO MONO CONSORTIUM</b> - The client may not know the answer to this question. We would need information on who is the grantee provider so that we may contact. We feel a "status unknown" choice is needed.                                                                                                                                                                                                                        |                          |
| 310                                                        | Homeless Veterans' Reintegration Program Grantee     | <b>Geo Solutions</b> - Is this reported for Wagner-Peyser only?<br><b>CA EDD</b> - is seeking clarification on the data type/field length, and the code value. These two items appear to contradict. The definition asks for the "name of the HVRP grantee service provider," and the data type/field length states "AN 50"; however, the code value is "00000". Please provide clarification on how to record and report the HVRP provider. |                          |
| 311                                                        | Other Significant Barrier to Employment              | <b>KERN INYO MONO CONSORTIUM</b> - We recommend specifying other specific barriers to ask client about.<br><b>CA - EDD</b> - We recommend specifying other specific barriers to ask client about.                                                                                                                                                                                                                                            |                          |
| <b>SECTION A.04 - EMPLOYMENT AND EDUCATION INFORMATION</b> |                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |

| DATA ELEMENT NO. | DATA ELEMENT NAME                         | PUBLIC COMMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | STAFF COMMENTS/RESPONSES |
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| *400             | Employment Status at Program Entry (WIOA) | <p><b>AFOP</b> - Many migrant and seasonal farmworkers who enroll with NFJP grantees wish to pursue full-time employment in the agricultural industry, often with employers that they work for seasonally. In these cases, participants enter training and gain skills to perform higher paying full-time jobs with the same employer and are never laid off or unemployed. We suggest that DOL make a distinction for these individuals who remain employed and pursue promotion with their current employer to be considered as "employed seeking agricultural upgrade" to ensure that these important and meaningful placements do not negatively impact entered employment outcome calculations. Seeking further guidance and clarification on the definition of program entry for Title I, Title III and TAA. CA recommends that program entry occur at the time of participation and first service.</p> <p><b>CA - EDD</b> - If an individual is co-enrolled across multiple programs (e.g., Title I Adult and TAA), how is the employment status reported? CA suggests that each employment status should be captured and reported separately for each program entry.</p> <p>Seeking clarification on "not in labor force." Please provide further guidance on when it is appropriate to select this code value.</p> <p>CA recommends that an employment status for "underemployed" be added to this data element</p> <p><b>DES/RSA</b> - Does this include subsidized employment wages?</p> <p><b>Texas</b> - TWC strongly objects to the use of the "not in labor force" classification to exclude people from employment measures, particularly for AEFLA, as noted elsewhere in these comments and in our NPRM comments. If the final regulations and reporting guidance does not exclude those "not in the labor force" from employment outcome measures, as TWC has suggested, there is no need to capture the information and doing so will require many states to make otherwise unnecessary WF and VR system changes. TWC has anticipated the position that code is necessary to exclude those who were incarcerated from employment measures and developed another solution by modifying the EXCLUSIONARY REASONS element. This will ensure that those who are not incarcerated or otherwise institutionalized will be included in the employment outcome measures as WIOA intended....TWC also recommends changing the data element name to "Employment Status at Date of Participation"...</p> <p><b>Telamon</b> - It is recommended that USDOL make distinction for individuals who remain employed and pursue promotion with their current employer to be considered as "employed seeking agricultural upgrade" to ensure that these critical placements do not negatively impact entered employment outcome calculations....</p> <p><b>SC Low Country</b> - I am concerned with category 3 – not in labor force (i.e., those who are not employed and are not actively looking for work, including those who are incarcerated) because it does not take into consideration individuals who may be entering or re-entering the workforce, such as emerging youth and disconnected adults. We understand why excluding from this data element individuals who are incarcerated, but do not understand why the measure would exclude individuals who are entering or re-entering the workforce. We recommend that DOL add an additional code value for element no. 400 that accounts for individuals who are unemployed but re-entering the workforce.</p> |                          |
| 401              | UC Eligible Status                        | <p><b>Geo Solutions</b> - There have been many interpretations for when the data is collected and reported.</p> <ul style="list-style-type: none"> <li>• Is it reported when participant becomes a claimant or exhaustee at any time during the program participation?</li> <li>• Is it only at the time of program entry?</li> <li>• If DOLETA is trying to establish a count of WPRS participants, could this not be obtained by adding a data item to report the date referred by WPRS and not include it in the UC Status?</li> <li>• Why WPRS is still a focus? There are initiatives to implement RESA grants that can release states from reporting WPRS if the RESA is state wide.</li> <li>• Will RESA grants be reported as WPRS for this item?</li> </ul> <p><b>Nevada</b> - I recommend that the Code Value be changed to remove the references to the Worker Profiling and Reemployment Services (WPRS) system. In many states WPRS selection is conducted four-five weeks after receipt of first benefit payment, which is after the UI Claimant Status field needs to display that the individual is receiving unemployment compensation. In addition, per UIPL 13-15, the Reemployment Services and Eligibility Assessment (RESEA) initiative is currently replacing WPRS in a majority of states (44).</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                          |

| DATA ELEMENT NO.                                    | DATA ELEMENT NAME                                                                  | PUBLIC COMMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | STAFF COMMENTS/RESPONSES |
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| *407                                                | Highest School Grade Completed (WIOA)                                              | <p><b>Geo Solutions</b> - There is concern with the proposed list and definitions provided. Under WIASRD reporting we report 13-15 years of college or vocational school years completed, the PIRL only defines college years. This appears to be an error/typo, because the Scorecard report labels have "1-4 Years of More of College, or Full-Time Technical or Vocational School" and vocational school training is common in employment and training. In addition, in current reporting in WIASRD, WIP and Trade files there is a separate and reportable value of 90 – Other Post-Secondary Degree or Certification and this is missing in the PIRL. Is this an error/typo?</p> <p><b>CA EDD</b> is seeking clarification. The WIASRD, ET 406 Handbook and the TAAPR have a code for "attained other post-secondary degree or certificate." Has this been removed in the PIRL? If an individual completes Full-Time Technical or Vocational School, which code value would be selected for this data element?</p> <p><b>Sonoma</b> - some data element response codes require further definition for consist use and to avoid user error (i.e Highest School Grade Completed Record 16 if the participant completed some college).</p> <p><b>Texas</b> - TWC recommends using the existing DOL standards for reporting the number of years of post-secondary education where the Participant did not receive a degree or other recognized credential. There is a significant difference between a person with 6 months of post-secondary education and one with 3.5 years and yet the proposed coding structure treats them as the same (code 16, some college).</p> <p><b>National Immigration Forum</b> - Include educational attainment completed in foreign countries in the definition of "highest grade completed". Job seekers, including immigrants, may have completed their education in a foreign country and recognizing that attainment is important. Doing so can aid service providers in determining the appropriate services a participant requires, such as prior learning assessments, re-licensing/credentialing, etc. The Departments may already intend to include educational attainment completed in foreign countries in the definition for "highest school grade completed;" if so, clarification is needed.</p> |                          |
| *408                                                | School Status at Participation (WIOA)                                              | <b>Nevada</b> - Values 4 and 6 need clear age definitions or advise if this is an element that the state's education laws dictate.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |
| <b>SECTION A.05 - PUBLIC ASSISTANCE INFORMATION</b> |                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |
| *601                                                | Exhausting TANF Within 2 Years (Part A Title IV of the Social Security Act) (WIOA) | <p><b>AFOP</b> - Collection of this data element will be burdensome for agencies and programs, which, like NFJP, do not have access to a state system for verification of status.</p> <p><b>CA-EDD</b> - Based on TANF being an optional partner, what is the purpose of this data element?</p> <p>CA EDD is seeking clarification on the data validation elements for this measure. Is this data element self-attestation, or do participants need to provide documentation? At this time, TANF will only provide client data directly to the client, so please provide guidance on how staff are to obtain this information.</p> <p>Should the code value read, "1=Yes"?</p> <p><b>Sonoma County</b> - Numerous data elements would benefit from the addition of a "Not Applicable" option (i.e. #402 Long-Term Unemployed and #601 Exhausting TANF Within 2 Years). Staff will auto default to "No" on these elements, which indicates the participant is receiving the benefit, but does not meet the specific criteria. Adding N/A will allow the indication that the participant does not receive the benefit or meet the criteria.</p> <p><b>KERN INYO MONO CONSORTIUM</b> - Client will probably not know the answer to this question. EDC will ask the agency. When does staff obtain this information?</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                          |
| 602                                                 | Supplemental Security Income (SSI) / Social Security Disability Insurance (SSDI)   | <p><b>AFOP</b> - Collection of this data element will be burdensome for agencies and programs, which, like NFJP, do not have access to a state system for verification of status.</p> <p><b>Telamon</b> - Collection of this data will be extremely burdensome for agencies and programs, that, like NFJP, do not have access to a state system for verification of status. Please consider the lack of consistency in cooperation and data access that One-Stop operators currently allow and are expected to permit in the future. Again, the burden for collection and cooperation rests with the NFJP and other such programs while no such stipulation is imposed upon One-Stop operators.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |
| 603                                                 | Supplemental Nutrition Assistance Program (SNAP)                                   | <p><b>CLASP</b> - create a new and separate data element for "Supplemental Nutrition Assistance Program," disaggregating it from current data element 603: "Other Public Assistance Recipient." This would allow programs, policymakers, and evaluators to see how specific public assistance programs (TANF, SSI, SNAP, and other) individually interact with WIOA programs. It would also allow us to track how many individuals in each program are receiving training services, which is important as our organization and other interested stakeholders monitor how the WIOA Priority of Service provision is implemented across the country.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                          |
| 604                                                 | Other Public Assistance Recipient                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |

| DATA ELEMENT NO.                                            | DATA ELEMENT NAME                                                          | PUBLIC COMMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | STAFF COMMENTS/RESPONSES |
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| <b>SECTION A.06 - ADDITIONAL YOUTH CHARACTERISTICS</b>      |                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                          |
| 701                                                         | Pregnant or Parenting Youth                                                | <b>ND</b> - There are several data elements in the beginning part of this document, relating to participant characteristics, that are defined differently than what the Vocational Rehabilitation Report 911 is defined. This would require Vocational Rehabilitation to report very similar data element with differing definitions for both the PIRL as well as their 911 Report. Based on Page 2 of the Supporting Statement document, states will be required to prepare a single common core PIRL annually. If that is the case, several questions arise on how that information will be reported for a single individual. Here is an example that frequently occurs and based on the fact that Vocational Rehabilitation can serve 14-year-olds, it could happen more frequently: An individual is enrolled through Vocational Rehabilitation at the age of 14. They remain active in the program and at the age of 18, they enroll in WIOA Title I Youth. At the time of initial enrollment with Vocational Rehabilitation, they were not an offender, single parent, or basic skills deficient but were In School, H.S. or less. Now four years later when they begin services with WIOA Title I Youth, the individual is an offender, single parent, and basic skills deficient, but at that point in application with WIOA Title I, their school status is Not attending school; H.S. graduate all of these are data elements that need to be reported. As an aggregated core program PIRL, would the earliest date of participation the date that gets reported on the PIRL, along with all of the initial characteristics? If so, many important barriers/reporting elements will be overlooked/buried when reporting data for this individual. |                          |
| 702                                                         | Youth Who Needs Additional Assistance                                      | <b>Deb Anderson</b> - In item 411, the instructions for that data element talk about the intention to return to school for value 3 which indicates a youth is considered an ISY if they intend between terms to return to college (see page 8 in the PIRL).<br><br>We've received preliminary guidance on defining ISY that where the youth has not yet enrolled in college but intends to go then their status would be OSY since they are not yet enrolled in college.<br><br>The preliminary guidance we've received could be interpreted to conflict with the instructions for value 3 if "enrollment" has not technically occurred even though the youth intends to return.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |
| *703                                                        | Basic Skills Deficient (WIOA)                                              | <b>AFOP</b> - Participants may report several data points differently during a self-assessment or enrollment (such as Basic Skill Deficient, English Language Learner, and Low Levels of Literacy) than what program and case managers may discover during comprehensive assessment or case management. We request guidance on whether self-reporting or comprehensive assessment should take priority here.<br><br><b>Colorado</b> - In WIOA basic skills deficient has two parts: A and B. The term youth is used in the A part of the definition, but the term individual is used in the B part of the definition, indicating that part A is to be used with youth only, and part B can be used for adults or youth. Both of these items in the PIRL use the term individual. PIRL sub-item A should indicate youth per the law, or USDOL needs to clarify that their policy is to use both sub-items A and B for adults and youth.<br><b>Texas</b> - TWC questions whether both "Low Levels of Literacy" and "Basic Skills Deficiency" are needed as separate elements, particularly when the definition of Basic Skills Deficiency includes the language from "Low Levels of Literacy". This element is to be populated based on status at Date of Participation.<br><b>KERN INYO MONO CONSORTIUM</b> - Basic Skills Deficient (WIOA) - In the Data Element Definitions/Instructions it states: If (A) the participant has English reading, writing, or computing skills at or below the 8th grade level on a generally accepted standardized test. It should state: At or below 8.9 grade level on a generally accepted standardized test.                                                                                                            |                          |
| *704                                                        | Foster Care Youth (WIOA)                                                   | <b>Texas</b> - This element is to be populated based on status at Date of Participation.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                          |
| <b>SECTION A.07 - ADDITIONAL REPORTABLE CHARACTERISTICS</b> |                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                          |
| *800                                                        | Homeless Individual, Homeless Children and Youths, or Runaway Youth (WIOA) | <b>Texas</b> - This element is to be populated based on status at Date of Participation.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                          |

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| *801             | Ex-Offender (WIOA)              | <p><b>CA - EDD</b> - Per VPL 03-14, JVSG defines an "offender" as someone "who is currently incarcerated or who has been released from incarceration." Under this definition, JVSG can assist individuals that are institutionalized. Under this PIRL data element definition, can a participant be reported as "1 - Yes" if they are currently institutionalized or must they be separated from prison/jail?</p> <p><b>Texas</b> - This element is to be populated based on status at Date of Participation.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |
| *802             | Low Income (WIOA)               | <p><b>Colorado</b> - Recommend allowing use of Low or Reduced Price Lunch for Adult low income priority of service, and as a result, reporting of adult characteristics. The rationale is the fact that in-school youth between 18 and 21, who qualify for the school lunch program, may be candidates for the Adult program and the parents of youth on the school lunch program should also be considered low income for the adult program. This same logic applies to the Youth In High Poverty Areas category of low income. Youth 18-24 may be candidates for the Adult program, and their parents should also be considered low income for the Adult program based on living in a High Poverty Area.</p> <p><b>Texas</b> - Indent conditions to make them easier to follow. Also, need a clear definition for "is a member of a family" to address scenarios such as when an otherwise non-low income person has a sibling who is on public assistance who moves in temporarily during the 6 month qualification period as to whether the temporary living situation would affect the determination of whether either sibling would be considered low income should they seek WIOA services...TWC recommends, This element is to be populated based on status at Date of Participation.</p> |                          |
| *803             | English Language Learner (WIOA) | <p><b>AFOP</b> - Participants may report several data points differently during a self-assessment or enrollment (such as Basic Skill Deficient, English Language Learner, and Low Levels of Literacy) than what program and case managers may discover during comprehensive assessment or case management. We request guidance on whether self-reporting or comprehensive assessment should take priority here.</p> <p><b>Texas</b> - This element is to be populated based on status at Date of Participation.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |

| DATA ELEMENT NO. | DATA ELEMENT NAME             | PUBLIC COMMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | STAFF COMMENTS/RESPONSES |
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| *804             | Low Levels of Literacy (WIOA) | <p><b>Colorado</b> - In WIOA basic skills deficient has two parts: A and B. The term youth is used in the A part of the definition, but the term individual is used in the B part of the definition, indicating that part A is to be used with youth only, and part B can be used for adults or youth. Both of these items in the PIRL use the term individual. PIRL sub-item A should indicate youth per the law, or USDOL needs to clarify that their policy is to use both sub-items A and B for adults and youth. appears to duplicate part B of Basic Skills Deficient and should be eliminated.</p> <p><b>Geo Solutions</b> - The definition as stated is confusing, and will not result in consistent reporting among staff: "the participant is unable to read, write, and speak in English; compute and solve problems at levels of proficiency necessary to function on the job, in the family of the participant, and in society."</p> <ul style="list-style-type: none"> <li>• Will this be a verified item for data validation, how does one verify this as self-attestation?</li> <li>• How is this different than English Language Learner #803 which is the following:</li> </ul> <p>"the participant is a person who has limited ability in speaking, reading, writing or understanding the English language and also meets at least one of the following two conditions (a) his or her native language is a language other than English, or (b) he or she lives in a family or community environment where a language other than English is the dominant language."</p> <p><b>CA-EDD</b> - California cannot establish a way to determine if someone meets part of this data element, i.e., there is no way to substantiate how an individual cannot function "in the family." For Title I, are the low levels of literacy required to be measured through an objective assessment (e.g. standardized test), or through self-attestation? Is this measure required for all Title I participants (adult, youth and dislocated worker)? Is this data element required for TAA?</p> <p><b>Oregon</b> - Should be eliminated since it is a subset of another data element...is the same definition as part (B) of #703 - BASIC SKILLS DEFICIENT</p> <p><b>Sonoma County</b> - There are several data elements in the Participant Individual Record Layout, related to the participant, that require a standardized definition (i.e. #804 Low Level of Literacy and #805 Cultural Barriers).</p> <p><b>Texas</b> - This element is to be populated based on status at Date of Participation. TWC questions whether both "Low Levels of Literacy" and "Basic Skills Deficiency" are needed as separate elements, particularly when the definition of Basic Skills Deficiency includes the language from "Low Levels of Literacy". 704 is repeated for "Single Parent" below</p> <p><b>KERN INYO MONO CONSORTIUM</b> - How are these measured? Who will determine whether the client meets this definition?</p> <p><b>Golden Sierra Job Training Agency</b> - Element 804 language conflicts with WIOA Law. WIOA has or; element 804 has and.</p> <p>WIOA Law, states, in part; (B) who is a youth or adult, that the individual is unable to compute or solve problems, or read, write, or speak English, at a level necessary to function on the job, in the individual's family, or in society.</p> <p>Element 804, states, in part: Record 1 if the participant is unable to read, write, and speak in English; compute and solve problems at levels of proficiency necessary to function on the job, in the family of the participant, and in society.</p> |                          |

| DATA ELEMENT NO. | DATA ELEMENT NAME          | PUBLIC COMMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | STAFF COMMENTS/RESPONSES |
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| *805             | Cultural Barriers (WIOA)   | <p><b>AFOP</b> - Collecting this data is burdensome for several reasons:</p> <ul style="list-style-type: none"> <li>It Program participants may be unaware of cultural barriers that hinder their chance at employment; therefore reporting will be inaccurate.</li> <li>It will be very difficult to pose this question to program participants in a way that will not appear bigoted, judgmental or potentially racist. The question is an attempt to quantify participants' perception of something that is inherently both deeply personal and entirely subjective.</li> <li>DOL may want to consult an anthropologist to assess the usefulness and scientific viability of this data for study.</li> </ul> <p><b>Geo Solutions</b> - The definition outlined for this report item is very broad and can be interpreted as such. For example, older workers could perceive themselves as having a cultural barrier, or relocated workers from the North or South could perceive barriers. We believe the definition needs to be further clarified to insure relevancy and consistency in reporting.</p> <p><b>Texas</b> - "Cultural Barrier" is statutorily required to be tracked and reported. However, the proposed definition is highly subjective, requiring Participants to indicate if they perceive themselves as "possessing attitudes, beliefs, customs, or practices that influence a way of thinking, acting, or working that may serve as a hindrance to employment." The more subjective the definition is, the less consistent is the data. This will make the data less usable in analysis, particularly target setting. Additionally, the operational definition in the PIRL references a state that "may serve as a hindrance to employment," which seems a decidedly lesser degree of severity than the statutory phrase "facing substantial cultural barriers." TWC recommends modifying the PIRL definition to reduce subjectivity and focus on individuals facing a substantial barrier to employment as a result of the cultural barrier.</p> <p><b>Telamon</b> - This data collection requirement is over burdensome and appears to lack usefulness for the following reasons:</p> <ul style="list-style-type: none"> <li>Program participants may be unaware of cultural barriers that hinder their chance at employment resulting in inaccurate reporting.</li> <li>This question requires high sensitivity to pose in a way that does not appear racist and / or judgmental. Unfortunately, not all staff possess high level training in this area, and some are more discreet than others. Elimination of this question is recommended as potentially volatile and lacking usefulness for data validity.</li> </ul> <p><b>KERN INYO MONO CONSORTIUM</b> - How are these determined? How will staff ask the client or evaluate the client without offending?</p> <p><b>Nevada</b> - Need a clear definition included</p> <p>identifying and intent of element.</p> <p><b>ND</b> - The instructions for this item make it a very subjective barrier. It is unclear how the results of this information could be used for program evaluation. Responses cannot be verified and it would truly be nothing more than an opinion of the participant. If this barrier will have an effect on the targets used for the adjustment models for performance negotiations, results would most likely be very skewed.</p> |                          |
| *806             | Single Parent (WIOA)       | <b>Texas</b> - 704 used for "Low Levels of Literacy" above                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                          |
| *807             | Displaced Homemaker (WIOA) | <b>Texas</b> - Use a colon on the first part and then indent the 2 subconditions to make them easier to follow 705 is repeated as the number for "Cultural Barriers" below...add Note: This element is to be populated based on status at Date of Participation.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                          |

| DATA ELEMENT NO.                                                     | DATA ELEMENT NAME                             | PUBLIC COMMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | STAFF COMMENTS/RESPONSES |
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| *808                                                                 | Migrant and Seasonal Farmworker Status (WIOA) | <p><b>AFOP</b> - We recommend changing the order of the instructions for this data element so it follows the same order as the definitions written in the statute and guidance. Additionally, under WIA, NFJP grantees were able to extend the eligibility period for individuals who were unable to work due of circumstances such as incarceration beyond the most recent 24 months. The proposed wording of the PIRL would disqualify those individuals. Also, the wording for classification of a dependent of a seasonal farmworker, suggests that individuals must be seasonal farmworkers AND dependents of seasonal farmworkers. Please consider changing "and" to "or" before sub-clause "B."</p> <p><b>DES/RSA</b> - multiple barriers" – is this as perceived by the client or the staff?</p> <p><b>Oregon</b> - definition doesn't make sense: for the 12 consecutive months out of the 24 months prior to application</p> <p><b>Telamon</b> - It is highly recommended that, in order to avoid unnecessary confusion, the order of instructions for this data element be changed to reflect the same order as definitions written in the statute and guidance. It is recommended that the proposed wording of PIRL be revised to allow NFJP grantees the same ability, as under WIA, to extend the eligibility period for individuals who were unable to work due of circumstances such as incarceration beyond the most recent 24 months. The proposed wording of the PIRL serves to disqualify such potential participants. It is recommended that the wording for classification of a dependent of a seasonal farmworker, be changed to delete "and" and substitute "or" before Sub Clause B. "B", as NFJP programs have been permitted under all past legislation.</p> |                          |
| 809                                                                  | MSFW                                          | <p><b>AFOP</b> - The Code Value choices do not match data element instructions.</p> <p><b>Geo Solutions</b> - PIRL #502 MSFW is a yes/no indicator. Why is it required if there is already reported under Migrant and Seasonal Farm Worker Status #500 and Type of Qualifying Farm work #501? PIRL #502 contains the definition used under Wagner-Peyser who are servicing workers through the Career Centers and are reported on the ETA 5048 Migrant indicators of compliance. Having separate definitions within the three PIRL items is duplicate data collection and is difficult to accurately report all three elements. Staff are confused, we recommend that these be re-evaluated to consolidate the reporting requirement and make the definitions consistent.</p> <p><b>Telamon</b> - Code Value choices do not match data element instructions. Revision is recommended.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |
| <b>SECTION B - ONE STOP CENTER PROGRAM PARTICIPATION INFORMATION</b> |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                          |
| *900                                                                 | Date of Program Entry (WIOA)                  | <p><b>CA-EDD</b> - Seeking further guidance and clarification on the definition of program entry for Title I, Title III and TAA. CA recommends that program entry is at the time of participation and first service.</p> <p>If an individual is co-enrolled across multiple programs (e.g. Title I Adult and TAA), how is the program entry reported? CA suggests that each program entry should be captured and reported independently.</p> <p>Seeking clarification on Title III, CRF 677.150 states "The proposal defines participant as a reportable individual who has received staff-assisted services after satisfying all applicable programmatic requirements for the provision of services, such as the eligibility determination." Since Title III is not required to conduct</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |

| DATA ELEMENT NO. | DATA ELEMENT NAME           | PUBLIC COMMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | STAFF COMMENTS/RESPONSES |
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| *901             | Date of Program Exit (WIOA) | <p><b>DES/RSA</b> - Would Post-Employment Service exit count as well?</p> <p><b>Oregon</b> - Would like to see #1416 - DATE OF COMPLETION OF YOUTH SERVICES used in place of #901 – DATE OF PROGRAM EXIT for youth exit-based performance measures</p> <p><b>Texas</b> - TWC recommends that "Date of Program Exit" be changed to "Date of Exit" and that all PIRL and Report Data Elements referencing the Date of Program Exit be changed to reference the Date of Exit. Additionally, TWC recommends that the definition allow for use of a common Date of Exit, as states are willing and able to do so and that states be given the flexibility to set up their POPs inclusive of services in partner programs as they were able to do pre-WIOA.</p> <p><b>Nevada</b> - The PIRL doesn't reflect the participant returning in the program year element. The PIRL asks for most recent exit in program year. Will states have more than one exit in a program year or not?</p> <p><b>ND</b> - If many of the measures are wage based and this is determined by the date of exit, it is unclear how the core programs can do common reporting when the same individuals, being served by more than one title, have different exit dates, which is where the performance measurement oftentimes begins. North Dakota believes all programs should share the same exit date, even if this means that participant results are not reported for several years after no longer receiving services from one of the core programs as another core program continues to provide services. Reporting multiple exit dates for the same participant and reporting multiple performance results does not give a clear picture of what happened to a specific individual after receiving the services they received through more than one title.</p> |                          |
| *903             | Adult (WIOA)                | <p><b>Geo Solutions</b> - Per the definition of PIRL #903, the indicator is set to yes when a participant has received training services under a pay-for-performance contract, does this mean only training pay-for-performance reports are required, or all pay-for-performance contractors?</p> <p><b>Texas</b> - If WIOA Adult Statewide funds cannot be used</p> <p><b>KERN INYO MONO CONSORTIUM</b> - Please define the Statewide Grants and when they apply.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          |
| *904             | Dislocated Worker (WIOA)    | <p><b>Colorado</b> - The definition of a Dislocated Worker does not include recently separated vets or transitioning vets as eligible dislocated workers. These fit under the first category of layoff, UI eligible, and unlikely to return and should be added as sub-categories of item 904, part A; or as separate items, they should automatically roll up into the DW count of participants if the individual is enrolled in the DW program. In the PIRL, Item 305 is transitioning veteran, but there is no separate item for recently separated vet that we can find. In a note within item 311, it states that recently separated vet is covered in item 801, but item 801 is ex-offender.</p> <p><b>Texas</b> - Why does the Dislocated Worker Element include all of the statutory eligibility elements when the Youth Element just says "Record X if the Participant received services financially assisted under WIOA \$xxx" Either the DW Element should be greatly simplified or all the other "program" data elements should be modified to provide full eligibility language as Dislocated Worker does for the sake of consistency.</p> <p><b>KERN INYO MONO CONSORTIUM</b> - Please define the Statewide Grants and when they apply.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |
| *905             | Youth (WIOA)                | <p><b>Geo Solutions</b> - If we are already reporting up to three types of training in the PIRL in Section C.04, why do these items have to be reported separately for youth? PIRL #905 identifies youth participants, #906 provides the date of first youth service. There are data elements for up to three types of training reported in Section C.04, including training begin and end dates. If there is no end date, participants are receiving training when the PIRL is submitted.</p> <p><b>KERN INYO MONO CONSORTIUM</b> - Please define the Statewide Grants and when they apply.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                          |
| *910             | Adult Education (WIOA)      | <b>KERN INYO MONO CONSORTIUM</b> - At what stage of participation is this question required to be answered?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |
| 914              | Veterans' Programs          | <b>Geo Solutions</b> - Within the PIRL (#1005, 1213, 1214, 1215, 1216, 1217, 12718, 1219, 1220, 1221, 1222) services are recorded as being provided by a DVOP. If we have those service dates, why is this column necessary?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |

| DATA ELEMENT NO.                                    | DATA ELEMENT NAME                                 | PUBLIC COMMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | STAFF COMMENTS/RESPONSES |
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| 915                                                 | Petition Number                                   | <p><b>Geo Solutions</b> - Trade must report when an individual is served under multiple petition numbers and the instructions within the PIRL #915 states that each petition must be reported on a separate row.</p> <p><b>CA-EDD</b> - is seeking clarification on this data element. How is a participant to be reported if they are served under multiple petition numbers? Should the first petition number be entered into this measure, the last, etc.? Or, should each petition number be entered on a separate line?</p> <p><b>Rachel Adams</b> - Field #915-What if there are multiple records for TRADE petitions?</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                          |
| *918                                                | Wagner-Peyser Employment Service (WIOA)           | <b>Rachel Adams</b> - Field #918-Does Wagner-Peyser still exclude self-service customers?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          |
| 922                                                 | Other WIOA or Non-WIOA Programs                   | <p><b>Washington</b> - While it is theoretically possible that a PIRL will be filed that includes Participants whose Periods of Participation were so long that they received services funded under the American Recovery and Reinvestment Act (ARRA), there will be so very few of these individuals that ESD recommends not reporting ARRA under this element to simplify the data element. <b>Geo Solutions</b> - Why are we still having to report ARRA?</p> <p><b>Texas</b> - While it is theoretically possible that a PIRL will be filed that includes Participants whose Periods of Participation were so long that they received services funded under the American Recovery and Reinvestment Act (ARRA), there will be so very few of these individuals that TWC recommends not reporting ARRA under this element to simplify the data element.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          |
| *923                                                | Exclusionary Reasons (WIOA)                       | <p><b>CA-EDD</b> - Seek clarification on reason 7, which states: "if the participant is determined to be not eligible for services after eligibility has been determined." If reason 7 is used, will the services provided to the participant be a disallowed or questioned cost?<br/>CA EDD believes that 98-Retirements should be excluded from performance as this code value is out of the control of the case manager and would adversely affect performance.</p> <p><b>Texas</b> - The proposed amendment to value 01 and addition of value 11 are to address TWC's recommendation that those who, while incarcerated/institutionalized, received education/training services that would otherwise include a Participant in the Credential and MSG measures remain in the denominator for those measures but be excluded from employment outcome measures.</p> <p><b>Careersource Gulf Coast</b> - I respectfully request that two additions be made to the data element definition for Exclusionary Reasons: participant moved out of state AND participant relocated due to military transfer.</p>                                                                                                                                                                                                                                         |                          |
| 930                                                 | Pay-For-Performance                               | <p><b>Nevada</b> - Collecting at case manager or system level will be difficult to collect accurately.</p> <p><b>Rachel Adams</b> - How will the Pay for Performance contracts work and how will they be tracked?</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |
| <b>SECTION C - ONE STOP SERVICES AND ACTIVITIES</b> |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                          |
| <b>SECTION C.01 - GENERAL SERVICES OVERVIEW</b>     |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                          |
| 1000                                                | Date of First Basic Career Service (Self-Service) | <p><b>Texas</b> - This section includes a number of "Basic Career Service" elements 31 that should probably be moved to Section C.02 - Basic Career Services.</p> <p><b>CT</b> - Data element number 1000 for Date of First Basic Career Service (Self Service) indicates that states "Record the first date the participant received self services..." Was it intended to say "Record the first date the job seeker received self services"?</p> <p>The (Program) Performance Scorecard has under Section A. Summary Information item 3 Total Enrollees. How are total enrollees defined? The specification under Previous Period indicates "Count of unique records where ((Funding Stream) and (Date of First Basic Career Service(Self-Service) is not null and (Date of First Basic Career Service is null and Date of First Individualized Career Service is null and Received Training=0)) and (Date of Exit=&gt;beginning of the report period and Date of Exit is null)). However, data element 1000 states "Record the first date the participant received any self-services&gt;= the date of participation. Leave blank if the participant did not receive a self-service or this data element does not apply to the individual." Is this data element for participants or for reportable individuals and their date of enrollment?</p> |                          |

| DATA ELEMENT NO.                                     | DATA ELEMENT NAME                                                      | PUBLIC COMMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | STAFF COMMENTS/RESPONSES |
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| 1004                                                 | Date of Most Recent Career Service (WIOA)                              | <b>Oregon</b> - Should be eliminated as it reported elsewhere...Won't #1004 be the same date as either #1002 or #1003? If not, please explain.<br><br>CT - Data element number 1004 for Date of Most Recent Career Service (WIOA) indicates "Record the date on which career services were last received (excluding follow-up services)." Is this intended to include both self service and staff assisted services?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |
| 1005                                                 | Most Recent Date Received Staff-Assisted Services (DVOP)               | <b>Geo Solutions</b> - Within the PIRL (#1005, 1213, 1214, 1215, 1216, 1217, 12718, 1219, 1220, 1221, 1222) services are recorded as being provided by a DVOP. If we have those service dates, why is this column necessary?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                          |
| <b>SECTION C.02 - BASIC CAREER SERVICES</b>          |                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |
| 1101                                                 | Most Recent Date Received Self-Services/ Informational Activities      | CT - Data element number 1101 for Most Recent Date Received Self-Services/Informational Activities indicates "Record the most recent date on which the participant received self-services and informational activities." Is this intended to say "Record the most recent date on which the job seeker received self-services and informational activities"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          |
| 1112                                                 | Most Recent Date Received Unemployment Insurance (UI) Claim Assistance | <b>Nevada</b> - Not clear if this is a case manager service or UI system element recorded at time of filing or payment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          |
| 1113                                                 | Most Recent Date Referred to Other Federal/State Assistance            | <b>CA-EDD</b> - is seeking clarification on how to determine if the claimant lost their job "through no fault of their own." Title I and Title III staff are not trained to determine Unemployment Insurance claim eligibility, therefore staff cannot determine if clients should be assisted with filing a UI claim.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          |
| 1116                                                 | Most Recent Date Received Staff-Assisted Basic Career Services (Other) | <b>CA-EDD</b> - CA EDD is seeking clarification. Please define "other VA services."<br><br>Seeking clarification on what code value should be selected for participants that are eligible and referred to both the Post 9/11 and Montgomery GI bill.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |
| <b>SECTION C.03 - INDIVIDUALIZED CAREER SERVICES</b> |                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |
| 1205                                                 | Type of Work Experience                                                | <b>Colorado</b> - This is listed under Individualized Career Services, but includes OJT (a training service in WIOA) and other non-career services. The Work Experience definition in the PIRL is actually close to the youth program element definition and has no correlation to Career or Training Services. Work Experience as an Individualized Career Service should not include any sub-items except summer employment, internships and job shadowing. The other sub-items should be deleted from work experiences as an Individualized Career Service. Work Experiences as a youth program element (item 1405) should have all the sub-items in the statutory definition.<br><b>Geo Solutions</b> - OJT and Transitional WEX are defined as training in statute, but is reported in the #1205-Work Experience reporting item. Work Experience is defined in statute as Individualized Career Services, and the #1205-Work Experience reporting item is in the as Individualized Career Services section. This is very confusing.<br><ul style="list-style-type: none"> <li>How will #1205-Work Experience reporting item be used in reporting?</li> <li>If this to capture work based services, perhaps it could be labeled in this manner to remove all that is already confusing with the new legislation.</li> </ul> |                          |

| DATA ELEMENT NO.                                                               | DATA ELEMENT NAME                                                                                                | PUBLIC COMMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | STAFF COMMENTS/RESPONSES |
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| 1211                                                                           | Transitional Jobs                                                                                                | <b>Colorado</b> - Unlike OJT, the ETA PIRL has a separate item for Transitional Jobs and also lists it as an option under item 1205 – work experiences. In both instances transitional jobs is identified as an Individualized Career Service. However, WIOA identifies it as a training service. The duplicate listing and the apparently arbitrary decision to identify it as a career service can only lead to confusion and potential double counting. We recommend eliminating separate item 1211, deleting it as a sub-item of item 1205, and adding it as a sub-item to items 1302, 1307, and 1311.                                                                                                                                                                                                                                                    |                          |
| 1213                                                                           | Most Recent Date Received Individualized Career Service (DVOP)                                                   | <b>CA - EDD</b> - This data measure refers to WIOA section 134(d)(3), but this section of the law refers to “needs related payments.” Is this correct or should it refer to WIOA section 134(c)(2)(A)(xii)?<br><b>Texas</b> - Most Recent Date Received Individualized Career Service (DVOP)—The definition of this element states that an individual does not have to receive Basic Career Services (BCS) before getting Individualized Career Services (ICS), yet other elements associated with ICS (such as Date of First ICS) do not contain that this reminder. TWC recommends removing the language from the DVOP-specific ICS element since the reminder is really more guidance about service delivery and is out-of-place in this document, which defines data elements to be recorded and reported, not the delivery parameters of those services. |                          |
| 1214                                                                           | Most Recent Date Received Job Search Activities (DVOP)                                                           | <b>Geo Solutions</b> - Within the PIRL (#1005, 1213, 1214, 1215, 1216, 1217, 12718, 1219, 1220, 1221, 1222) services are recorded as being provided by a DVOP. If we have those service dates, why is this column necessary?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |
| <b>SECTION C.04 - TRAINING SERVICES</b>                                        |                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |
| *1300                                                                          | Received Training (WIOA)                                                                                         | <b>Texas</b> - While this element can allow reporting on the number of people who received training during a POP (such as when looking at a count of exits), it cannot be used to identify those who received training during a specific period of time if the POP is greater than 4 quarters. If it is important to know how many Participants actually received training services during the report period, the PIRL needs both training start and end dates.                                                                                                                                                                                                                                                                                                                                                                                               |                          |
| 1320                                                                           | Most Recent Date Waiver From Training Requirement Issued                                                         | <b>Texas</b> - The detailed instructions are for the 2 Date the Participant Most Recently Received Case Management and Reemployment Service element. TWC 3 recommends correcting this by providing the correct instructions for the element.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |
| <b>SECTION C.05 - YOUTH PROGRAM SERVICES/ELEMENTS (Not Captured Elsewhere)</b> |                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |
| 1404                                                                           | Youth Occupational Skills Training                                                                               | <b>Geo Solutions</b> - If we are already reporting up to three types of training in the PIRL in Section C.04, why do these items have to be reported separately for youth? PIRL #905 identifies youth participants, #906 provides the date of first youth service. There are data elements for up to three types of training reported in Section C.04, including training begin and end dates. If there is no end date, participants are receiving training when the PIRL is submitted.                                                                                                                                                                                                                                                                                                                                                                       |                          |
| *1406                                                                          | Date Enrolled in Post Exit Education or Training Program Leading to a Recognized Postsecondary Credential (WIOA) | <b>Texas</b> - Under §116(b)(2)(A)(iii), achievement of a high school diploma or its equivalent is only countable in the Credential Measure if coupled with employment or enrollment in post-secondary education within 1 year after exit. “Within 1 year” sets the “acceptable end date” but not a beginning date. If the Participant is enrolled in an AEFLA and post-secondary program (which is generally recognized as an innovative, successful model), during the POP, that should be sufficient to meet the intent of §116(b)(2)(A)(iii). Therefore, this data element should be revised to allow for enrollment during the POP.                                                                                                                                                                                                                      |                          |
| 1413                                                                           | Most Recent Date Youth Received Entrepreneurial Skills Training                                                  | <b>Geo Solutions</b> - If we are already reporting up to three types of training in the PIRL in Section C.04, why do these items have to be reported separately for youth? PIRL #905 identifies youth participants, #906 provides the date of first youth service. There are data elements for up to three types of training reported in Section C.04, including training begin and end dates. If there is no end date, participants are receiving training when the PIRL is submitted.                                                                                                                                                                                                                                                                                                                                                                       |                          |

| DATA ELEMENT NO.                                                                            | DATA ELEMENT NAME                                              | PUBLIC COMMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | STAFF COMMENTS/RESPONSES |
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| 1416                                                                                        | Date of Completion of Youth Services                           | <b>Oregon</b> - Would like to see #1416 - DATE OF COMPLETION OF YOUTH SERVICES used in place of #901 - DATE OF PROGRAM EXIT for youth exit-based performance measures                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |
| <b>SECTION C.06 - OTHER RELATED ASSISTANCE AND SUPPORT SERVICES FOR NON-YOUTH CUSTOMERS</b> |                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          |
| 1501                                                                                        | Most Recent Date Received Rapid Response Services              | <b>DES/RSA</b> - What is the purpose of noting where the information is received? This seems to be extra work. Recommend removing this requirement.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                          |
| 1508                                                                                        | Relocation Allowance Current Quarter-Recipient                 | <b>DES/RSA</b> - What is the purpose of noting where the information is received? This seems to be extra work. Recommend removing this requirement.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                          |
| <b>SECTION D - PROGRAM OUTCOMES INFORMATION</b>                                             |                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          |
| <b>SECTION D.01 - EMPLOYMENT AND JOB RETENTION DATA</b>                                     |                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          |
| *1600                                                                                       | Employed in 1st Quarter After Exit Quarter (WIOA)              | <b>Sonoma County</b> - Ability to leave data elements blank allows for a margin of error (i.e. #1600 Employment in 1st Quarter After Exit Quarter - Leave blank if this data element does not apply to the participant), we would ask that the option be removed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          |
| *1601                                                                                       | Type of Employment Match 1st Quarter After Exit Quarter (WIOA) | <p><b>Sonoma County</b> - The burden of collection placed on staff for various data elements is greater than the need for the information (i.e. #1601, 1603, 1605, 1607 Type of Employment Match 1st, 2nd, 3rd, and 4th Quarter After Exit).</p> <p><b>Texas</b> - The Type of Employment Match elements should not break out unemployment insurance (UI) wage data obtained through the Wage Record Interchange System (WRIS) from UI wages reported in the state-breaking it out violates WRIS confidentiality. Reporting the wage amount and specifically identifying the source as WRIS would violate WRIS confidentiality. Since WRIS are technically "State Wage Records" there is no need to modify the label for "Code 1"</p> <p><b>Nevada</b> - States to record the type that's value is greatest. What if the values are equal for more than one type?</p> <p><b>ND</b> - Under WIA the WIASRD file reported State and WRIS wages as one reporting value. Under the new PIRL, 1=State wage records and 2=WRIS wage records. Frequently a participant will have state and WRIS wages for the same quarter. Under the WIA WIASRD file, wages are summed for a total and reported as 1, which includes both State and WRIS. How would this situation get reported on the PIRL 1 or 2? Recommend leaving State and WRIS wages as one value.</p> |                          |
| *1602                                                                                       | Employed in 2nd Quarter After Exit Quarter (WIOA)              | <p><b>CA-EDD</b> - California currently captures participants in a registered apprenticeship as employed. Requiring registered apprenticeship to be reported separately presents an additional burden as it is not possible to capture these data in the State's base wage file, and would put an undue burden on staff to collect this information through follow-up.</p> <p><b>Texas</b> - Reporting the wage amount and specifically identifying the source as WRIS would violate WRIS confidentiality. Since WRIS are technically "State Wage Records" there is no need to modify the label for "Code 1"</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |

| DATA ELEMENT NO. | DATA ELEMENT NAME                                              | PUBLIC COMMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | STAFF COMMENTS/RESPONSES |
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| *1603            | Type of Employment Match 2nd Quarter After Exit Quarter (WIOA) | <p><b>Nevada</b> - States to record the type that's value is greatest. What if the values are equal for more than one type?</p> <p><b>SC</b> - The PIRL shows this data element no. 1603 "Type of Employment Match 2nd Quarter After Exit Quarter" allows for 8 different code values. The Data Element Instructions say to: use the appropriate code to identify the method used in determining the participant's employment status in the second quarter following the quarter of exit. Wage records will be the primary data source for tracking employment in the fourth quarter after the exit quarter. If participants are not found in the wage records, grantees may then use supplemental data sources. If the participant is found in more than one source of employment using wage records, record the data source for which the participant's earnings are greatest. Record 0 if the participant was not employed in the second quarter after the quarter of exit. Leave blank if this data element does not apply to the participant. Additional Note: If the participant is found employed in a wage record source (e.g., Federal, Military) that cannot be translated into quarterly earnings amounts, states should treat these employment matches as supplemental data and use coding value 5 = Supplemental through case management, participant survey, and/or verification with the employer. While the PIRL states that grantees may use supplemental data sources, it does not look like the calculation document (ETA 2015-0008-0003) will include anything that is not wages: "wages &gt;0 &lt;99999.99" or "5=Other Administrative Wage Records." The code value of 6 is not mentioned in the calculations. There also appears to be confusion around what code value 5 means, PIRL seems to contradict itself where it talks about the Federal, Military employment records. The use of "6=Supplemental through case management, participant survey, and/or verification with the employer" is a valuable tool for those individuals who become self-employed or for those employers who do not or are not required to report. Entrepreneurial training is listed as a training service and many other Career and Training services could lead to self-employment. Self-employment is a valid outcome; however, there is no way to capture this type of employment except through Case Management, there are also those exceptions when some employers fail to report, are not required to report or we have data entry mismatches that do not allow for wage record matches.</p> <p>These concerns are also applicable to the calculation of "Median Earnings" as the individuals in the measure are based on the same Employment Status at Program Participation, the calculation for "Credential Attainment" as it applies to those who earn a HSD/GED, and "Employment Rate Q4"</p> <p><b>ND</b> - Under WIA the WIASRD file reported State and WRIS wages as one reporting value. Under the new PIRL, 1=State wage records and 2=WRIS wage records. Frequently a participant will have state and WRIS wages for the same quarter. Under the WIA WIASRD file, wages are summed for a total and reported as 1, which includes both State and WRIS. How would this situation get reported on the PIRL 1 or 2? Recommend leaving State and WRIS wages as one value.</p> |                          |
| *1605            | Type of Employment Match 3rd Quarter After Exit Quarter (WIOA) | <p><b>Sonoma County</b> - The burden of collection placed on staff for various data elements is greater than the need for the information (i.e. #1601, 1603, 1605,1607 Type of Employment Match 1st, 2nd, 3rd, and 4th Quarter After Exit).</p> <p><b>Texas</b> - Reporting the wage amount and specifically identifying the source as WRIS would violate WRIS confidentiality. Since WRIS are technically "State Wage Records" there is no need to modify the label for "Code 1"</p> <p><b>Nevada</b> - States to record the type that's value is greatest.</p> <p>What if the values are equal for more than one type?</p> <p><b>ND</b> - Under WIA the WIASRD file reported State and WRIS wages as one reporting value. Under the new PIRL, 1=State wage records and 2=WRIS wage records. Frequently a participant will have state and WRIS wages for the same quarter. Under the WIA WIASRD file, wages are summed for a total and reported as 1, which includes both State and WRIS. How would this situation get reported on the PIRL1 or 2? Recommend leaving State and WRIS wages as one value.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |

| DATA ELEMENT NO. | DATA ELEMENT NAME                                                                         | PUBLIC COMMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | STAFF COMMENTS/RESPONSES |
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| *1606            | Employed in 4th Quarter After Exit Quarter (WIOA)                                         | <p><b>AFOP</b> - Reporting on an additional quarter of employment is extremely burdensome for programs such as NFJP that rely on data gathered by case managers supplied by participants and employers. The new extended period for retention will mean a redesign of system operations and may mean a refactoring of how grantees establish caseload-to-staff ratios to absorb the additional workload into existing budgets and staffing plans. This additional time requirement may mean that we spend less time providing direct services with clients and more time spend on administrative reporting requirements.</p> <p><b>Telamon</b> - Reporting on an additional quarter of follow up employment retention is unrealistic for programs such as NFJP unless NFJP grantees are granted "blanket" access to wage and employment data currently available to One-Stop operators. Reporting on this elements relies on data gathered by case managers as supplied by participants and employers. While the intent of an extended reporting time is understood, the unintended consequence may be to distract from case management services while case managers expend more time and effort on gathering retention follow up data. Please consider, the retention reporting period continues to stretch while performance outcomes continue to be expected by USDOL within a 12 month funding period at which time, NFJP grants are zero based. It is recommended that the retention follow-up period remain third quarter after exit quarter. It is further recommended that if retention follow up periods continue to stretch, the Department explore ways to avoid zero basing NFJP grants so as to match funding periods with expected outcome periods upon which future funding is based.</p> |                          |
| *1607            | Type of Employment Match 4th Quarter After Exit Quarter (WIOA)                            | <p><b>Sonoma County</b> - The burden of collection placed on staff for various data elements is greater than the need for the information (i.e. #1601, 1603, 1605,1607 Type of Employment Match 1st, 2nd, 3rd, and 4th Quarter After Exit).</p> <p><b>Texas</b> - Reporting the wage amount and specifically identifying the source as WRIS would violate WRIS confidentiality. Since WRIS are technically "State Wage Records" there is no need to modify the label for "Code 1"</p> <p><b>Nevada</b> - States to record the type that's value is greatest.</p> <p>What if the values are equal for more than one type?</p> <p><b>ND</b> - Under WIA the WIASRD file reported State and WRIS wages as one reporting value. Under the new PIRL, 1=State wage records and 2=WRIS wage records. Frequently a participant will have state and WRIS wages for the same quarter. Under the WIA WIASRD file, wages are summed for a total and reported as 1, which includes both State and WRIS. How would this situation get reported on the PIRL 1 or 2? Recommend leaving State and WRIS wages as one value.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |
| *1608            | Employment Related to Training (WIOA)                                                     | <p><b>DES/RSA</b> - Will VR be required to categorize all services into career vs. training services?</p> <p><b>Texas</b> - If this element is supposed to be tied to employment in the 2nd quarter post exit (as the State Report Data Element Specifications seems to anticipate), the PIRL element description needs to reference that - it is easy to imagine employment in the 2nd quarter not being training-related but employment in another quarter being training-related. In addition, the element needs guidance as to how to determine whether employment is related to more general purpose training such as that delivered through AEFLA.</p> <p><b>ND</b> - Strongly object to excluding those not in the labor force at participation. This provision completely undermines the clear intent of WIOA to tie education to employment outcomes. This intent is most easily seen in 116(b)(2)(A)(iii) which does not allow attainment of a diploma/ equivalent to be included in the Credential Attainment measure without the person also becoming employed or enrolling in post-secondary education. Also the data element "ENTERED TRAINING RELATED EMPLOYEMENT" in the PIRL is not tied to the 2nd quarter after exit. If that is the intent, the definition in the PIRL needs to be changed.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          |
| 1612             | Occupational Code of Employment 2 <sup>nd</sup> Quarter After Exit Quarter (if available) | <p><b>Washington</b> - ESD supports these data elements being optional, but recommends that any proposal that would make these elements mandatory, particularly if coupled with or dependent on requiring employers to report occupational data as part of the quarterly wage reports be carefully scrutinized to understand the costs and burden that such a change would place on employers.</p> <p><b>Texas</b> - TWC supports these data elements being optional, 28 but recommends that any proposal that would make these elements mandatory, particularly if coupled with or 29 dependent on requiring employers to report occupational data as part of the quarterly wage reports be very 30 carefully scrutinized to understand the costs and burden that such a change would place on employers. As TWC 31 noted in response to the preamble for WIOA Notice of Proposed Rulemaking (NPRM) §652.302, TWC estimates it 32 may cost \$2 million to modify its reporting systems to incorporate a new data element on employer wage 33 reports. This estimate excludes the cost that employers would be forced to bear for such a change.</p> <p><b>Nevada</b> - Nevada wages only have NAICS employer codes. Burden to collect O*net codes outweighs usefulness of the information.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          |

| DATA ELEMENT NO.                             | DATA ELEMENT NAME                                                              | PUBLIC COMMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | STAFF COMMENTS/RESPONSES |
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| *1618                                        | Retention with the same employer in the 2nd Quarter and the 4th Quarter (WIOA) | <p><b>Geo Solutions</b> - The definition states the following: "the participant's employer in the second quarter also matches the employer in the fourth quarter."</p> <ul style="list-style-type: none"> <li>• The definition provided states that FEIN number are used report a Yes to this specific element.</li> <li>• There are state laws that prevent FEIN numbers to be released as they are considered proprietary information. Additionally, UI State Tax Numbers can also be considered proprietary information. This affects the release of this information when reporting wages through WRIS and WRIS2.</li> <li>• This may require state law changes which affects consistency in obtaining/sharing information across states.</li> </ul> <p><b>CA-EDD</b> - The NPRMs do not list "retention with the same employer" as an indicator of performance. In addition, the Program Performance Scorecard does not have a line item for this element, so CA EDD is seeking clarification on why these data are being requested. Based on the data element definition, it is unclear how States are expected to capture this information. Please provide further guidance and clarification. In addition, if a participant is employed with more than one employer in the 2nd quarter after exit, and then is only employed with one of those same employers in the 4th quarter after exit, will this data element be recorded as "yes" or "no"?</p> <p><b>Texas</b> - This element appears to be aligned with the proposed measure of effectiveness serving employers proposal in the WIOA NPRM. As TWC noted in response to that proposal, the proposed Retention with the Same Employer measure as defined by the Departments is not a measurement of effectiveness serving employers because it is not limited to those who have employment with a new employer. TWC had people exit immediately after getting a new job (same quarter) which would mean that the measure would focus on employment with the same employer for 5 quarters. Others exit before beginning employment and if they become employed in the 2nd quarter after exit, then the measure focuses on 3 quarters of employment. recommended that the measure be limited to those Participants who had new employment to limit "false positives" where an employed participant was looking for new employment but ultimately gave up on that search and continued working for their original employer; the proposed measure would count this as evidence of effectively serving employers when it is no such thing. It appears that the Departments were attempting to utilize a TWC-developed performance measure for Maintaining Employment Connections. However, TWC's version of the measure was not designed to be exit based. POP and Exits are "job seeker-focused" concepts. To make the measure "employer-focused" it needs to be based on the quarter of the hire. An added benefit of this modification is that tying the measure to the quarter where a new connection is made rather than waiting until exit makes the measure more timely to report. More practically, applying this measure as an exitbased measure makes it less consistent since some</p> |                          |
| SECTION D.02 - WAGE RECORD DATA              |                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |
| *1703                                        | Wages 1st Quarter After Exit Quarter (WIOA)                                    | <p><b>Sonoma County</b> - Some required entries for unknown data elements are labor intensive and add to staff workload (i.e. #1703 Wages 1st Quarter After Exit Quarter - in unknown enter 999999.99).</p> <p><b>Texas</b> - Missing a 0 in the code value</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |
| SECTION D.03 - EDUCATION AND CREDENTIAL DATA |                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |

| DATA ELEMENT NO. | DATA ELEMENT NAME                                        | PUBLIC COMMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | STAFF COMMENTS/RESPONSES |
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| *1800            | Type of Recognized Credential (WIOA)                     | <p><b>Alaska</b> - There are a few items in here that we would need to obtain from a third party. They include the measurable skills gain information and potentially the credential information. If this report layout is required for use beginning July 1, 2016, it will be incomplete as there are specifications on this report that have not and are not currently being collected. We suggest the reports are not implemented until 2018 to allow for the three year period for states to collect this information.</p> <p><b>CLASP</b> - should be revised to include a separate code for occupational skills certifications. Note that certification (issued by industry, awarded based on an exam) is a concept distinct from a certificate (issued by an education provider, recognizes completion of a program of study.)</p> <p><b>Sonoma County</b> - Data elements 1800, 1803 and 1805 of the ETA Participant Integrated Record Layout (PIRL) and subsection B4 of the Program Performance Scorecard are devoted to identifying level of educational attainment. However, PIRL and Scorecard definitions and categories for non-degree attainment (e.g., certifications, certificates, and licenses) are different from the definitions for the same credentials developed by the Interagency Working Group on Expanded Measures of Enrollment and Attainment (GEMEnA), of which Labor, Education, and Commerce are members. (See <a href="https://nces.ed.gov/surveys/gemena/definitions.asp">nces.ed.gov/surveys/gemena/definitions.asp</a>). While the GEMEnA definitions were created for use in federal household surveys such as those carried out by the Bureau of Labor Statistics (BLS), I strongly suggest that they also be adopted for ETA administrative records such as those created through WIOA. I believe that not doing so would result in inconsistency, non-comparability, and confusion across federal efforts that promote and measure postsecondary credential attainment.</p> <p><b>KERN INYO MONO CONSORTIUM</b> - Please clarify what is to be accepted as a credential. How is credential defined?</p> <p><b>NYC</b> - The credential attainment indicator should not be calculated as the percentage of all participants who earn a credential. Instead, the measure should only calculate the percentage of participants receiving training services who earn a credential.</p> |                          |
| *1801            | Date Attained Degree or Certificate or Credential (WIOA) | <p><b>CA-EDD</b> - This data element does not match the code values available in data element #408 "School Status at Participation." Code Value "6-Not attending school; within age of compulsory school attendance" is not listed in this data element. Please provide clarification on what code value should be selected for participants that exit not attending school and are still within age of compulsory school attendance.</p> <p><b>Texas</b> - If the Joint PIRL is modified to include an additional Type of Recognized Credential, then it should also be modified to include another Date Attained element. This element should be retitled "Date Attained Recognized Credential"</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          |
| 1803             | Type of Recognized Credential #2                         | <p><b>Sonoma County</b> - Data elements 1800, 1803 and 1805 of the ETA Participant Integrated Record Layout (PIRL) and subsection B4 of the Program Performance Scorecard are devoted to identifying level of educational attainment. However, PIRL and Scorecard definitions and categories for non-degree attainment (e.g., certifications, certificates, and licenses) are different from the definitions for the same credentials developed by the Interagency Working Group on Expanded Measures of Enrollment and Attainment (GEMEnA), of which Labor, Education, and Commerce are members. (See <a href="https://nces.ed.gov/surveys/gemena/definitions.asp">nces.ed.gov/surveys/gemena/definitions.asp</a>). While the GEMEnA definitions were created for use in federal household surveys such as those carried out by the Bureau of Labor Statistics (BLS), I strongly suggest that they also be adopted for ETA administrative records such as those created through WIOA. I believe that not doing so would result in inconsistency, non-comparability, and confusion across federal efforts that promote and measure postsecondary credential attainment.</p> <p><b>Texas</b> - TWC supports the proposal to add a third set of credential attainment 6 elements to the DOL-PIRL, but believes that such a proposal should not be limited to the DOL-PIRL. TWC 7 recommends that any Elements specific to the calculation of statutory performance measures be contained in 8 the final JPR-ICR and that the JPR-ICR be the "governing" ICR for related instructions since it is the JPR-ICR that 9 lays out the specifications for calculating the statutory performance measures. Therefore, if the ability to report 10 a third attainment is needed, TWC recommends the required elements be part of the Joint-PIRL.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                          |

| DATA ELEMENT NO. | DATA ELEMENT NAME                                                                                  | PUBLIC COMMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | STAFF COMMENTS/RESPONSES |
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| 1805             | Type of Recognized Credential #3                                                                   | <p><b>Sonoma County</b> - Data elements 1800, 1803 and 1805 of the ETA Participant Integrated Record Layout (PIRL) and subsection B4 of the Program Performance Scorecard are devoted to identifying level of educational attainment. However, PIRL and Scorecard definitions and categories for non-degree attainment (e.g., certifications, certificates, and licenses) are different from the definitions for the same credentials developed by the Interagency Working Group on Expanded Measures of Enrollment and Attainment (GEMEnA), of which Labor, Education, and Commerce are members. (See <a href="https://nces.ed.gov/surveys/gemena/definitions.asp">https://nces.ed.gov/surveys/gemena/definitions.asp</a>). While the GEMEnA definitions were created for use in federal household surveys such as those carried out by the Bureau of Labor Statistics (BLS), I strongly suggest that they also be adopted for ETA administrative records such as those created through WIOA. I believe that not doing so would result in inconsistency, non-comparability, and confusion across federal efforts that promote and measure postsecondary credential attainment.</p> <p><b>Texas</b> - TWC supports the proposal to add a third set of credential attainment 6 elements to the DOL-PIRL, but believes that such a proposal should not be limited to the DOL-PIRL. TWC 7 recommends that any Elements specific to the calculation of statutory performance measures be contained in 8 the final JPR-ICR and that the JPR-ICR be the "governing" ICR for related instructions since it is the JPR-ICR that 9 lays out the specifications for calculating the statutory performance measures. Therefore, if the ability to report 10 a third attainment is needed, TWC recommends the required elements be part of the Joint-PIRL.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |
| *1807            | Date of Most Recent Measurable Skill Gains: Educational Achievement (WIOA)                         | <p><b>AFOP</b> - We request additional information on whether defined assessment standards will be required. This new standard may mean partnering with another entity, and possibly paying for this service from a third party vender. This will add an additional reporting and tracking layer to an already filled case-manager list of tasks to accomplish for each new participant. We also request that guidance for this measure takes into consideration both skills that can be quantified through assessment, and other types of job readiness skills that participants may gain through counseling and practices other than classroom instruction. We suggest detailed case notes as a method for tracking such gains. The intensive case management service delivery model that NFJP is built on, includes detailed custom training plans developed for each participant, often referred to as an Individual Employment Plan (IEP) or Individual Training Plan (ITP), to identify skills deficits. We recommend the department include as an additional method of tracking skill gains the review of the IEP or ITP documenting corrected deficits with detailed case notes.</p> <p><b>Geo Solutions</b> - The Measurable Skill Gains PIRL items 1807, 1808, 1809, and 1810 require many additions into state systems in order to collect the data to be reported. Without clear understanding of acceptable validation/verification methods, designing appropriate collection is impossible at this time and will require major development time for state systems.....Systems must be modified immediately in preparation for collecting the data necessary to report the Measureable skills gains. If modifications are made without full knowledge of the comments and guidance by DOLETA for data collection, reprogramming of systems will be necessary after NPRM comments are published and regulations finalized. This is additional burden and costs to states to accommodate these new reporting measures.</p> <p><b>CA-EDD</b> - Seeking clarification for TAA. Is this data element required for the TAA program?</p> <p><b>CA EDD</b> is seeking clarification on what is considered an educational skill gain for Title I. The NPRMs, section 677.155 (a)(1)(v), proposes various methods of obtaining measurable skills gains, but further guidance is needed on what methods are acceptable and what documentation is needed for verification; This data element definition states: "Record the most recent date of the participant's transcript or report card for either secondary or post-secondary education for one academic year (or 24 credit hours) showing that the participant is achieving the state unit's policies for academic standards." CA EDD is seeking clarification on the definition of a credit hour; Further clarification is needed on how Title I participants are placed into this measure. For instance, are all participants automatically placed in this measure, or is it only those participants that choose to record a training milestone; seeking clarification for Title I on how often student progress needs to be checked (e.g. once per year), or does every test need to be recorded).</p> <p>Further clarification is needed on how Title I participants are placed into this measure. For instance, are all participants automatically placed in this measure, or is it only those participants that choose to record a progression?</p> <p><b>Nevada</b> - Need clear definition and examples in order to accurately report.</p> <p>Further clarification is needed on how Title I participants are placed into this measure. For instance, are all participants automatically placed in this measure, or is it only those participants that choose to track an educational achievement?</p> <p><b>Alaska</b> - There are a few items in here that we would need to obtain from a third party. They include the measurable skills gain information and potentially the credential information. If this report layout is required for use beginning July 1, 2016, it will be incomplete as there are specifications on this report that have not and are not currently being collected. We suggest the reports are not implemented until 2018 to allow for the three year period for states to collect this information.</p> <p><b>Sonoma County</b> - Clear language around the usage of all skills gain data elements is requested (#1807 - 1810).</p> <p><b>Texas</b> - The WIOA Joint NPRM identified 6 ways to attain a measureable skills gain which included doing so through measureable, observable performance based on industry standards but the PIRL does not have a means to report such a gain. TWC recommends adding an element for this purpose.</p> |                          |
| *1808            | Date of Most Recent Measurable Skill Gains: Secondary/Post-Secondary Transcript/Report Card (WIOA) |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |

| DATA ELEMENT NO.                                                                             | DATA ELEMENT NAME                                                                                                                       | PUBLIC COMMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | STAFF COMMENTS/RESPONSES |
|----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| *1809                                                                                        | Date of Most Recent Measurable Skill Gains: Training Milestone (WIOA)                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          |
| *1811                                                                                        | Date Enrolled in Education or Training Program Leading to a Recognized Postsecondary Credential or Employment During the Program (WIOA) | <b>Texas</b> - This element makes it slightly more possible to know if a person received training in a given quarter of a POP where the POP lasted more than the reporting period but only if the training began during the reporting period. If the training began before the beginning of the report period and there is no training end date element, it is not possible to accurately determine whether a Participant was in training in a given period.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                          |
| 1812                                                                                         | School Status at Exit                                                                                                                   | <b>Oregon</b> - there is no code for 6 = Not attending school; within age of compulsory school attendance, as there is for #408 – SCHOOL STATUS AT PARTICIPATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |
| <b>SECTION D.04 - ADDITIONAL YOUTH-RELATED OUTCOME DATA</b>                                  |                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          |
| 1904                                                                                         | Educational Functioning Level                                                                                                           | <b>Oregon</b> - Assume this is associated with the score reported in #1903 – PRE-TEST SCORE. Why is there not an EFL data element for #1906 – POST-TEST SCORE?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                          |
| <b>SECTION E - NEW DATA ELEMENTS (Data Elements are Specific to Each Program, As Listed)</b> |                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          |
| <b>SECTION E.01 - DISLOCATED WORKER GRANTS</b>                                               |                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          |
| 2000                                                                                         | Employed at Completion of DWG Services                                                                                                  | <b>Texas</b> - Application of WIOA Performance Accountability Information Reporting System (WPAIRS) to Multiple DOL Programs—DOL indicates that WPAIRS will be applied to all programs with the exception of the Senior Community Service Employment Program (SCSEP), but does not explain why SCSEP would be excluded when the Supporting Statement indicates that the ICR is the product of a combined effort of various DOL programs, including SCSEP. TWC recommends that DOL modify the ICR as necessary to allow states to report SCSEP outcomes using the PIRL and the Program Performance Scorecard. Additionally, TWC recommends that DOL enhance the Dislocated Worker Emergency Grant (DWEG) section of the PIRL as necessary to allow the PIRL to be used to report Participants Served, Types of Services Provided, and Outcomes Achieved, and eliminate the need for those elements on the existing 9104 report, which would reduce the state reporting burden and help align DWEG reporting with DOL's other programs for improved transparency and data comparability. |                          |
| 2002                                                                                         | DWG Grant Number                                                                                                                        | <b>Oregon</b> - What if participant received services for more than one DWG?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                          |
| <b>SECTION E.02 - H1B</b>                                                                    |                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          |
| 2101                                                                                         | Underemployed Worker                                                                                                                    | <b>Nevada</b> - Listed as H1B but states it applies to dislocated workers should this be collected for all adults?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          |
| 2111                                                                                         | Tertiary Type of Training Service for Training Activity #1                                                                              | <b>Nevada</b> - Clearly define when this would be used and advise of the intent.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |

| DATA ELEMENT NO.                                        | DATA ELEMENT NAME                                          | PUBLIC COMMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | STAFF COMMENTS/RESPONSES |
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| 2114                                                    | Tertiary Type of Training Service for Training Activity #2 | Nevada - Clearly define when this would be used and advise of the intent.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          |
| 2117                                                    | Tertiary Type of Training Service for Training Activity #3 | Nevada - Clearly define when this would be used and advise of the intent.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          |
| 2118                                                    | Date Entered Employment (Discretionary Grants)             | Nevada - Case managers will have difficulty collecting this information and wages do not include this information.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |
| 2119                                                    | Incumbent Workers Retained Current Position                | Nevada - Since states will be working primarily with employers the information is burdensome to collect accurately and doesn't fall in line with the other wage match information.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |
| SECTION E.03 - NATIONAL FARMWORKER JOBS PROGRAM (NFJP)  |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |
| 2208                                                    | Category of Exit                                           | AFOP - We recommend that a note be added to these data element instructions to also refer back to DE #923 for consideration of exclusionary reasons.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                          |
| SECTION E.04 - INDIAN AND NATIVE AMERICAN PROGRAM (INA) |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |
| 2301                                                    | Current Version of BearTracks Software                     | <p><b>Sonoma County</b> - DRAFT ETA PIRL - Indian and Native American Program (DINAP) section: Three fields are identified under this section; it is not clear if additional INA data elements will be required. One field indicates the current version of Bear Tracks. Currently, per DOL guidance, any data collection system may be used if it meets the reporting requirements. Please provide clarification. Is Bear Tracks mandated for the INA Program? If so, who is responsible for funding the changes to meet WIOA reporting requirements? System enhancements and maintenance is costly. Disaggregation is a concern for tribal affiliation in California. Many tribes in California are small. Date of birth, zip code, barriers, and tribal affiliation may reveal personal identifying information. Has a privacy impact study been completed and evaluated for California Indian Manpower Consortium? Please provide confidentiality assurances for California tribes.</p> <p><b>CA Indian Manpower Consortium</b> - Indian and Native American Program (DINAP) section: Three fields are identified under this section; it is not clear if additional INA data elements will be required. One field indicates the current version of Bear Tracks. Currently, per DOL guidance, any data collection system may be used if it meets the reporting requirements. Please provide clarification. Is Bear Tracks mandated for the INA Program? If so, who is responsible for funding the changes to meet WIOA reporting requirements? System enhancements and maintenance is costly. Disaggregation is a concern for tribal affiliation in California. Many tribes in California are small. Date of birth, zip code, barriers, and tribal affiliation may reveal personal identifying information. Has a privacy impact study been completed and evaluated for California Indian Manpower Consortium? Please provide confidentiality assurances for California tribes.</p> <p><b>NCIDC</b> recommends that ETA fund the development of a robust, flexible and secure web based system that will meet the needs of both the Grantees and the Federal system. The current "Bear Tracks" system lacks any support for Grantee's internal management and reporting requirements. It is difficult if not impossible for the governing board and senior management to manage a federal program for which there are no meaningful reports on current operations and progress available in the antiquated database system currently in use.</p> <p><b>UITCT</b> - Concerns:</p> <ol style="list-style-type: none"> <li>1) DOL did not have proper tribal consultation on WIOA</li> <li>2) Youth measures are too much for small grantees to track in the manner they propose and</li> <li>3) the proposed performance measures are beyond what is required of 166 programs.</li> </ol> <p><b>Saint Regis Mohawk Tribe</b> - Saint Regis Mohawk Tribe is recommending the following:</p> <ul style="list-style-type: none"> <li>-Continued Consultation needs to begin with our Native Advisory board and the proposed changes on the Participant Integrated Record Layout (PIRL). To have the right choices on determining how we gather information on our clients we serve that best serves our unique areas.</li> <li>-This reporting requirement will have a major impact among all grantees for both Adult and Summer Programs.</li> <li>-We currently operate a small grantee receiving funds at 20,473 for summer program and Adult program at 112,373 for year 2016. This would cause a burden to our program and so an exception should be made to our Indian and Native American Programs on the reporting strategies. The Native programs are no comparison to State programs when it comes to reporting on participants.</li> <li>- We highly recommend that we have dialogue with National Advisory Council and Tribal consultation.</li> </ul> |                          |
| 2302                                                    | Tribal Affiliation                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |
| 2303                                                    | Public Assistance Recipient                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |
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