OFFICE OF REFUGEE RESETTLEMENT

Voluntary Agencies Matching Grant Program Data Reporting Instructions[1]

PURPOSE AND OVERVIEW:

The purpose of these instructions is to describe the standardized process and format for data submission by resettlement agencies (hereinafter referred to as 'agencies'), to the Office of Refugee Resettlement (ORR) for the Voluntary Agencies Matching Grant (MG) Program Data Reporting. The data submission provides ORR with invaluable information, including client demographics, services utilized, and the outcomes achieved by the population served. The data will be used to inform evidence-based policy making. Agencies are required to submit data to ORR through the ORR data collection website, known as the Refugee Arrivals Data System (RADS). Once data are submitted, ORR will match the file against RADS, per an established procedure.

Required Populations Reported

All populations who enrolled in the MG Program must be included in all forms. The first form is the Individual Information Form, which captures client demographics, contact information, and certain case management activities and milestones. The second form is the MG Enrollment Form, which captures MG program enrollment information. The third form is the MG Status Form, which captures MG case status information, including employment information.

Data Submission Timelines

Agencies will upload data for the Individual Information Form and MG Enrollment Form on a monthly basis. These forms capture client information and program enrollments for clients enrolled in the previous month. Agencies will upload data for the MG Status Form twice a year. The Status Form captures program outcomes. If Individual Information changes after enrollment (for example, if a client moves from Temporary Housing to Permanent Housing, or the client

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[1] PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: Through this information collection, the Office of Refugee Resettlement (ORR) is gathering data to better understand client demographics, services utilized, and the outcomes achieved by the population served. The data will be used to inform evidence-based policy making. Public reporting burden for this collection of information is estimated to average 252 hours per grantee in the initial year and 192 hours per year in subsequent years. This includes the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This is a mandatory collection of information [Immigration and Nationality Act, section 412(a)(3)]. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. The OMB # is 0970-0624 and the expiration date is 02/28/2027. If you have any comments on this collection of information, please contact DRSPrograms@acf.hhs.gov.

receives an Employment Authorization Document), the updated Individual Information Form should be re-uploaded with the next MG Status Form.

The following chart provides a sample timeline of the submission process:

Fiscal Year (FY)	Section	Frequency	Data Due Date
FY2024 Served Population (Oct 2023 - Sep 2024)	Individual Information and MG Enrollment	Monthly	By the 2nd business day of the month following the month of enrollment
	MG Status Form	Every 6 Months	April 30, 2024; October 30, 2024
FY2025 Served Population (Oct 2024 - Sep 2025)	Individual Information and MG Enrollment	Monthly	By the 2nd business day of the month following the month of enrollment
	MG Status Form	Every 6 Months	April 30, 2025; October 30, 2025
FY2026 Served Population (Oct 2025 - Sep 2026)	Individual Information and MG Enrollment	Monthly	By the 2nd business day of the month following the month of enrollment
	MG Status Form	Every 6 Months	April 30, 2026; October 30, 2026

INSTRUCTIONS:
- Review and become familiar with the MG Instructions Attachment. While these instructions discuss various examples of what agencies could enter into a field, the Instructions Attachment lists all possible answers that ORR will accept in various fields.
- Note that a unique alien number for individuals must only occur on one record (i.e., no duplicate alien numbers across multiple records).

Individual Information Form		
Field	**Data**	**Notes**
1	Alien Number	6 to 9, 12, or 15 digits
2	Corrected Alien Number	If applicable
3	First Name	First name of individual
4	Middle Name	Middle name of individual, if applicable
5	Last Name	Last name of individual
6	DOB	Date of birth, mm/dd/yyyy
7	Immigration Status	Eligible immigration status of individual
8	Sex	Individual's sex
9	Nationality	Nationality or country of origin of individual
10	Street Address	Street address where the individual resides

11	Zip Code	5-digit zip code where individual resides
12	City	City where individual resides
13	State	State where the individual resides
14	County	County where individual resides
15	Email	Individual's email address
16	Phone Number	Individual's phone number
17	Eligibility Date	mm/dd/yyyy
18	Entry Date	mm/dd/yyyy
19	EAD Application Submitted	Y, N or N/A
20	EAD Application Submitted Date	mm/dd/yyyy
21	EAD Received	Y, N or N/A
22	EAD Received Date	mm/dd/yyyy
23	Social Security Application Submitted	Y/N
24	Social Security Application Submitted Date	mm/dd/yyyy
25	Social Security Card Received	Y/N
26	Social Security Card Received Date	mm/dd/yyyy
27	SNAP Application Submitted	Y, N or N/A
28	SNAP Application Submitted Date	mm/dd/yyyy
29	SNAP Approval	Y, N or N/A
30	SNAP Approval Date	mm/dd/yyyy
31	Temporary Housing	Y, N or N/A
32	Temporary Housing Type	Type of temporary housing
33	Temporary Housing Date	mm/dd/yyyy
34	Long-term Housing	Y, N or N/A
35	Long-term Housing Date	mm/dd/yyyy

Individual Information Form

1. **Alien Number**
   - ➢ Mandatory: Yes
   - ➢ Instruction: Enter the six to nine digit Alien Number without any hyphens or spaces between the numbers. Do not enter an A at the beginning of the number. For clients without an Alien Number or U.S.-born children under 18 years of age receiving ORR benefits, do not enter the child's social security number or parent's alien number in the Alien Number field. For these cases, agencies should contact AltIDSupport@acf.hhs.gov to initiate the creation of a 12-digit alternative identifier. All ORR alternative identifiers must be assigned by RADS as of the publication of DCL XX on XX/XXXX. 15-digit alternative identifiers assigned prior to this date will continue to be accepted. (If/when an individual who was initially entered into RADS with an Alternative Identifier is issued an Alien Number, the Alien Number should be entered in the Corrected Alien Number field described below.)
   - ➢ Possible values: 6 to 9 digits, 12 digits, or 15 digits

2. **Corrected Alien Number**

- ➢ Mandatory: No
- ➢ Instruction: See above for general alien number instructions. If individual's alien number requires correction, enter the new alien number here.
- ➢ Possible values: 6 to 9 digits or 12 digits

3. First Name
- ➢ Mandatory: Yes
- ➢ Instruction: Enter the first name of the individual.
- ➢ Possible values: N/A

4. Middle Name
- ➢ Mandatory: No
- ➢ Instruction: Enter the middle name of the individual. If multiple middle names, separated with a space. Do not use a comma, hyphen, or forward slash (/) between the middle names. Leave the cell blank if there is no middle name(s).
- ➢ Possible values: N/A

5. Last Name
- ➢ Mandatory: Yes
- ➢ Instruction: Enter the last name of the individual. If the last name is hyphenated, include a hyphen or if there are multiple last names include them and separate them with a space.
- ➢ Possible values: N/A

6. DOB
- ➢ Mandatory: Yes
- ➢ Instruction: Enter the individual's birth date in *mm/dd/yyyy* format.
- ➢ Possible values: Any valid date, not in the future.

7. Immigration Status
- ➢ Mandatory: Yes
- ➢ Instruction: Enter the eligible immigration status code of the individual: "REF" for Refugee; "SIV" for Special Immigrant Visa holder; "VOT" for Victim of Trafficking; "ASY" for Asylee; "CHE" for Cuban-Haitian Entrant; "AMR" for Amerasian; "AHP" for Afghan Humanitarian Parolee; or "UHP" for Ukrainian Humanitarian Parolee. For children born in the U.S. within 31 days of their parent's enrollment in the Matching Grant Program, enter "U.S. born" and the parent's status. For example, "U.S. born REF" or "U.S. born SIV." If the two parents have two different immigration statuses, use the Principal Applicant's status.
- ➢ Possible values: Please refer to the list of valid immigration statuses in the Instructions Attachment.

8. **Sex**
   - ➤ Mandatory: Yes
   - ➤ Instruction: Enter the individual's sex.
     - ➤ Possible values: M or F.

9. **Nationality**
   - ➤ Mandatory: Yes
   - ➤ Instruction: Enter the individual's nationality or country of origin.
   - ➤ Possible values: Please refer to the list of valid country names in the Instructions Attachment. Submitted records with an immigration status (field 8) of "CHE" must have Cuba or Haiti as their nationality, otherwise the file will be rejected and returned to the user to be corrected and re-uploaded into RADS. If the nationality is not listed in the Instructions Attachment, provide the nationality through "contact administrator" link of the RADS application (lower right corner) and ORR will add it to the list. An empty cell is not allowed.

10. **Street Address**
    - ➤ Mandatory: Yes
    - ➤ Instruction: Enter the street address where the individual resides.
    - ➤ Possible values: An empty cell is not allowed.

11. **Zip Code**
    - ➤ Mandatory: Yes
    - ➤ Instruction: Enter the zip code where the individual resides.
    - ➤ Possible values: Any valid 5-digit zip code. An empty cell is not allowed.

12. **City**
    - ➤ Mandatory: Yes
    - ➤ Instruction: Enter the name of the city where the individual resides.
    - ➤ Possible values: Please refer to the list of valid city names in the Instructions Attachment. If the city is not listed in the Instructions Attachment, enter the city within the closest proximity. An empty cell is not allowed.

13. **State Code**
    - ➤ Mandatory: Yes
    - ➤ Instruction: Enter the two letter code of the state where the individual resides.
    - ➤ Possible values: Please refer to the list of valid state codes in the Instructions Attachment. An empty cell is not allowed.

14. **County**
    - ➤ Mandatory: Yes
    - ➤ Instruction: Enter the county where the individual resides.

➢ Possible values: Please refer to the list of valid county names in the Instructions Attachment. If the county is not listed in the Instructions Attachment, enter the county within the closest proximity. An empty cell is not allowed.

15. E-mail
➢ Mandatory: No
➢ Instruction: Enter the e-mail address where the individual can be reached.
➢ Possible values: N/A

16. Phone Number
➢ Mandatory: No
➢ Instruction: Enter the phone number where the individual can be reached.
➢ Possible values: N/A

17. Eligibility Date
➢ Mandatory: Yes
➢ Instruction: Enter the date that the individual became eligible for ORR benefits and services based on immigration status listed in Field 8. Detailed information on eligibility for the Matching Grant Program and other ORR-funded projects is available at 45 CFR § 400.43 and in ORR Policy Letters 16-01, 22-01, and 22-13, which can be found on the ORR website at https://www.acf.hhs.gov/orr/policy-guidance/policy-letters.
➢ Possible Values: Any valid date, not in the future.

18. Entry Date
➢ Mandatory: Yes
➢ Instruction: Enter the date that the individual was admitted to the U.S.
➢ Possible Values: Any valid date, not in the future. If date is not known, enter the eligibility date.

19. EAD Application Submitted
➢ Mandatory: Yes
➢ Instruction: Indicate whether an I-765 Application for Employment Authorization has been filed for the individual. If the client has an immigration status not requiring an I-765 (for example, SIV status), enter N/A.
➢ Possible Values: Y, N or N/A.

20. EAD Application Submitted Date
➢ Mandatory: Mandatory if response to Individual Information Form Field 19 is "Yes."
➢ Instruction: Enter the date that an I-765 Application for Employment Authorization was filed for the individual. If date is not known, enter the eligibility date.

- ➢ Possible Values: Any valid date, not in the future.

21. EAD Received
- ➢ Mandatory: Yes
- ➢ Instruction: Indicate whether an I-766 Employment Authorization Document has been received for the individual.
- ➢ Possible Values: Y, N or N/A.

22. EAD Received Date
- ➢ Mandatory: Mandatory if response to Individual Information Form Field 21 is "Yes."
- ➢ Instruction: Enter the date that an I-766 Employment Authorization Document was received for the individual. If date is not known, enter the eligibility date.
- ➢ Possible Values: Any valid date, not in the future.

23. Social Security Application Submitted
- ➢ Mandatory: Yes
- ➢ Instruction: Indicate whether a social security card application has been filed for the individual.
- ➢ Possible Values: Y/N.

24. Social Security Application Submitted Date
- ➢ Mandatory: Mandatory if response to Individual Information Form Field 23 is "Yes."
- ➢ Instruction: Enter the date that a social security card application was filed for the individual. If date is not known, enter the eligibility date.
- ➢ Possible Values: Any valid date, not in the future.

25. Social Security Card Received
- ➢ Mandatory: Yes
- ➢ Instruction: Indicate whether a social security card has been received for the individual.
- ➢ Possible Values: Y/N.

26. Social Security Card Received Date
- ➢ Mandatory: Mandatory if response to Individual Information Form Field 25 is "Yes."
- ➢ Instruction: Enter the date that a social security card was received for the individual. If date is not known, enter the eligibility date.
- ➢ Possible Values: Any valid date, not in the future.

27. SNAP Application Submitted
- ➢ Mandatory: Yes

➢ Instruction: Indicate whether a Supplemental Nutrition Assistance Program (SNAP) application has been filed for the individual.
➢ Possible Values: Y, N or N/A.

28. SNAP Application Submitted Date
➢ Mandatory: Mandatory if response to Individual Information Form Field 27 is "Yes."
➢ Instruction: Enter the date that a SNAP application was filed for the individual. If date is not known, enter the eligibility date.
➢ Possible Values: Any valid date, not in the future.

29. SNAP Approval
➢ Mandatory: Yes
➢ Instruction: Indicate whether SNAP benefits have been approved for the individual.
➢ Possible Values: Y, N or N/A.

30. SNAP Approval Date
➢ Mandatory: Mandatory if response to Individual Information Form Field 29 is "Yes."
➢ Instruction: Enter the date that SNAP benefits were approved for the individual. If date is not known, enter the eligibility date.
➢ Possible Values: Any valid date, not in the future.

31. Temporary Housing
➢ Mandatory: Yes
➢ Instruction: Indicate whether the individual is residing in temporary housing. Enter "N/A" if housing status is unknown or not available.
➢ Possible Values: Y, N, or N/A.

32. Temporary Housing Type
➢ Mandatory: Mandatory if response to Individual Information Form Field 31 is "Yes."
➢ Instruction: Indicate the type of temporary housing where the individual resides.
➢ Possible Values: Please refer to the list of valid options in the Instructions Attachment. Note, the term "sponsor" here is used broadly to mean a sponsor, US tie, relative, or friend.

33. Temporary Housing Date
➢ Mandatory: Mandatory if response to Individual Information Form Field 31 is "Yes."
➢ Instruction: Indicate the date the individual began residing in temporary housing. If date is not known, enter the eligibility date.

➢ Possible Values: Any valid date, not in the future.

34. Long-term Housing
➢ Mandatory: Yes
➢ Instruction: Indicate whether the individual is residing in long-term housing. Enter "N/A" if housing status is unknown or not available.
➢ Possible Values: Y, N, or N/A.

35. Long-term Housing Date
➢ Mandatory: Mandatory if response to Individual Information Form Field 34 is "Yes."
➢ Instruction: Indicate whether the individual began residing in long-term housing. If date is not known, enter the eligibility date.
➢ Possible Values: Any valid date, not in the future.

MG Enrollment Form		
Field	**Data**	**Notes**
1	Alien Number	6 to 9, 12, or 15 digits
2	First Name	First name of individual
3	Middle Name	Middle name of individual, if applicable
4	Last Name	Last name of individual
5	DOB	Date of birth, mm/dd/yyyy
6	MG Case ID	Case number assigned by agency, if applicable
7	Principal Applicant (PA) Alien Number	6 to 9, 12, or15 digits for Alternative Identifier or alien number of PA on case
8	Relationship to PA	Individual's relationship to principal applicant on case
9	Affiliate Code	Alpha-numeric local office code
10	MG Enrollment Date	mm/dd/yyyy
11	Employable	Y/N

Match Grant Enrollment Form

1. **Alien Number**
   ➢ Mandatory: Yes
   ➢ Instruction: Enter the six to nine digit Alien Number without any hyphens or spaces between the numbers. Do not enter an A at the beginning of the number. For clients without an Alien Number or U.S.-born children under 18 years of age receiving ORR benefits, do not enter the child's social security number or parent's alien number in the Alien Number field. For these cases, agencies should contact AltIDSupport@acf.hhs.gov to initiate the creation of a 12-digit alternative identifier.   All ORR alternative identifiers must be assigned by RADS as of the

publication of DCL XX on XX/XXXX. 15-digit alternative identifiers assigned prior to this date will continue to be accepted. Possible values: 6 to 9 digits, 12 digits, or 15 digits

2. **First Name**
    ➢ Mandatory: Yes
    ➢ Instruction: Enter the first name of the individual.
    ➢ Possible values: N/A

3. **Middle Name**
    ➢ Mandatory: No
    ➢ Instruction: Enter the middle name of the individual. If multiple middle names, separated with a space. Do not use a comma, hyphen, or forward slash (/) between the middle names. Leave the cell blank if there is no middle name(s).
    ➢ Possible values: N/A

4. **Last Name**
    ➢ Mandatory: Yes
    ➢ Instruction: Enter the last name of the individual. If the last name is hyphenated, include a hyphen or if there are multiple last names include them and separate them with a space.
    ➢ Possible values: N/A

5. **DOB**
    ➢ Mandatory: Yes
    ➢ Instruction: Enter the individual's birth date in *mm/dd/yyyy* format.
    ➢ Possible values: Any valid date, not in the future.

6. **MG Case ID**
    ➢ Mandatory: No
    ➢ Instruction: Enter the case ID assigned by the agency, if applicable.
    ➢ Possible values: N/A

7. **Principal Applicant (PA) Alien Number**
    ➢ Mandatory: Yes
    ➢ Instruction: Enter a six to nine digit number of the PA of the case without any hyphens or spaces between the numbers. For clients without an Alien Number agencies Should contact AltIDSupport@acf.hhs.gov to initiate the creation of a 12-digit alternative identifier. All ORR alternative identifiers must be assigned by RADS as of the publication of DCL XX on XX/XXXX. 15-digit alternative identifiers assigned prior to this date will continue to be accepted. In cases without a designated PA, the oldest individual receiving services in the family

should be selected as the PA. Do not enter an A at the beginning of the number. "PA" is a term used for service purposes only, not for a legal status purpose.

➢ Possible values: 6 to 9 digits, 12 digits, or 15 digits

8. Relationship to PA
➢ Mandatory: Yes
➢ Instruction: Enter the individual's relationship to the PA of the case.
➢ Possible Values: Please refer to the list of valid relationships in the Instructions Attachment.

9. Affiliate Code
➢ Mandatory: Yes
➢ Instruction: Enter the local resettlement office code assigned by the US Department of State's Bureau of Population, Refugees, and Migration or by ORR.
➢ Possible values: Alpha-numeric code. The current list of valid affiliate codes is in the Instructions Attachment, but please note that this list is updated frequently.

10. Enrollment Date
➢ Mandatory: Yes
➢ Instruction: Enter the date that the individual first enrolled in the Matching Grant Program.
➢ Possible Values: Any valid date before the end of the reporting month.

11. Employable
➢ Mandatory: Yes
➢ Instruction: Enter whether the individual is employable according to Matching Grant Program Guidelines.
➢ Possible values: Y/N

MG Status Form		
Field	**Data**	**Notes**
1	Alien Number	6 to 9, 12, or15 digits
2	Affiliate Code	Alpha-numeric local office code
3	MG Case ID	Case number assigned by agency, if applicable
4	Case Status	Case status, from list of acceptable values
5	Case Status Date	mm/dd/yyyy
6	180 Day Status	Self-sufficiency status, from list of acceptable values
7	180 Day Status Date	mm/dd/yyyy
8	180 Day Status Comments	Any additional comments
9	240 Day Status	Self-sufficiency status, from list of acceptable values
10	240 Day Status Date	mm/dd/yyyy
11	240 Day Status Comments	Any additional comments
12	Current Employment Status	Y/N

13	Occupation Categories	Job type, from list
14	Has Benefits	Y/N
15	Hourly Wage	$00.00
16	Hours Per Week	0+
17	Job Start Date	mm/dd/yyyy
18	Job End Date	mm/dd/yyyy
19	Employment Status – Job 2	Y/N
20	Occupation Categories	Job type, from list
21	Has Benefits	Y/N
22	Hourly Wage	$00.00
23	Hours Per Week	0+
24	Job Start Date	mm/dd/yyyy
25	Job End Date	mm/dd/yyyy
26	Employment Status – Job 3	Y/N
27	Occupation Categories	Job type, from list
28	Has Benefits	Y/N
29	Hourly Wage	$00.00
30	Hours Per Week	0+
31	Job Start Date	mm/dd/yyyy
32	Job End Date	mm/dd/yyyy

Match Grant Status Form

1. **Alien Number**
   - ➢ Mandatory: Yes
   - ➢ Instruction: Enter the six to nine digit Alien Number without any hyphens or spaces between the numbers. Do not enter an A at the beginning of the number. For clients without an Alien Number or U.S.-born children under 18 years of age receiving ORR benefits, do not enter the child's social security number or parent's alien number in the Alien Number field. For these cases, agencies should contact AltIDSupport@acf.hhs.gov to initiate the creation of a 12-digit alternative identifier. All ORR alternative identifiers must be assigned by RADS as of the publication of DCL XX on XX/XXXX. 15-digit alternative identifiers assigned prior to this date will continue to be accepted.
   - ➢ Possible values: 111111…999999999999999

2. **Affiliate Code**
   - ➢ Mandatory: Yes
   - ➢ Instruction: Enter the local resettlement office code assigned by the US Department of State's Bureau of Population, Refugees, and Migration or by ORR.
   - ➢ Possible values: Alpha-numeric code. The current list of valid affiliate codes is in the Instructions Attachment, but please note that this list is updated frequently.

3. **MG Case ID**
   - ➢ Mandatory: No

➢ Instruction: Enter the case ID assigned by the agency, if applicable.
➢ Possible values: N/A

4. **Case Status**
   ➢ Mandatory: Yes
   ➢ Instruction: Enter the individual case status.
   ➢ Possible values: Please refer to the list of valid options in the Instructions Attachment.

5. **Case Status Date**
   ➢ Mandatory: Yes
   ➢ Instruction: Enter the case status date.
   ➢ Possible values: Any valid date, not in the future.

6. **180 Day Status**
   ➢ Mandatory: Yes
   ➢ Instruction: Enter the 180 day status.
   ➢ Possible values: Please refer to the list of valid options in the Instructions Attachment.

7. **180 Day Status Date**
   ➢ Mandatory: Yes
   ➢ Instruction: Enter the 180 day status date.
   ➢ Possible values: Any valid date, not in the future.

8. **180 Day Status Comments**
   ➢ Mandatory: Yes
   ➢ Instruction: Enter any additional comments on the 180 day status.
   ➢ Possible values: N/A

9. **240 Day Status**
   ➢ Mandatory: Yes
   ➢ Instruction: Enter the 240 day status.
   ➢ Possible values: Please refer to the list of valid options in the Instructions Attachment.

10. **240 Day Status Date**
    ➢ Mandatory: Yes
    ➢ Instruction: Enter the 240 day status date.
    ➢ Possible values: Any valid date, not in the future.

11. **240 Day Status Comments**
    ➢ Mandatory: Yes

- ➢ Instruction: Enter any additional comments on the 240 day status.
- ➢ Possible values: N/A

12. Current Employment Status
- ➢ Mandatory: Yes
- ➢ Instruction: Indicate whether the individual is employed.
- ➢ Possible values: Y/N.

13. Occupation Categories
- ➢ Mandatory: Mandatory if response to Status Form Field 12 is "Yes."
- ➢ Instruction: Indicate the type of employment.
- ➢ Possible values: Please refer to the list of valid categories in the Instructions Attachment.

14. Has Benefits
- ➢ Mandatory: Mandatory if response to Status Form Field 12 is "Yes."
- ➢ Instruction: Indicate whether the position offers benefits.
- ➢ Possible values: Y/N.

15. Hourly Wage
- ➢ Mandatory: Mandatory if response to Status Form Field 12 is "Yes."
- ➢ Instruction: Indicate whether the position offers benefits.
- ➢ Possible values: Valid number.

16. Hours Per Week
- ➢ Mandatory: Mandatory if response to Status Form Field 12 is "Yes."
- ➢ Instruction: Indicate the number of hours worked per week.
- ➢ Possible values: Valid number.

17. Job Start Date
- ➢ Mandatory: Mandatory if response to Status Form Field 12 is "Yes."
- ➢ Instruction: Enter the date the individual began working in this position.
- ➢ Possible values: Valid date, not in the future.

18. Job End Date
- ➢ Mandatory: Mandatory if response to Status Form Field 12 is "Yes" and individual has left the position. If blank, this indicates the individual is still employed in this position.
- ➢ Instruction: Enter the date the individual stopped working in this position.
- ➢ Possible values: Valid date, not in the future.

19. Employment Status - Job 2
- ➢ Mandatory: Yes

- ➢ Instruction: Indicate whether the individual is/was employed in a second position.
- ➢ Possible values: Y/N.

20. Occupation Categories
- ➢ Mandatory: Mandatory if response to Status Form Field 19 is "Yes."
- ➢ Instruction: Indicate the type of employment.
- ➢ Possible values: Please refer to the list of valid categories in the Instructions Attachment.

21. Has Benefits
- ➢ Mandatory: Mandatory if response to Status Form Field 19 is "Yes."
- ➢ Instruction: Indicate whether the position offers benefits.
- ➢ Possible values: Y/N.

22. Hourly Wage
- ➢ Mandatory: Mandatory if response to Status Form Field 19 is "Yes."
- ➢ Instruction: Indicate whether the position offers benefits.
- ➢ Possible values: Valid number.

23. Hours Per Week
- ➢ Mandatory: Mandatory if response to Status Form Field 19 is "Yes."
- ➢ Instruction: Indicate the number of hours worked per week.
- ➢ Possible values: Valid number.

24. Job Start Date
- ➢ Mandatory: Mandatory if response to Status Form Field 19 is "Yes."
- ➢ Instruction: Enter the date the individual began working in this position.
- ➢ Possible values: Valid date, not in the future.

25. Job End Date
- ➢ Mandatory: Mandatory if response to Status Form Field 19 is "Yes" and individual has left the position. If blank, this indicates the individual is still employed in this position.
- ➢ Instruction: Enter the date the individual stopped working in this position.
- ➢ Possible values: Valid date, not in the future.

26. Employment Status - Job 3
- ➢ Mandatory: Yes
- ➢ Instruction: Indicate whether the individual is/was employed in a third position.
- ➢ Possible values: Y/N.

27. Occupation Categories
- ➢ Mandatory: Mandatory if response to Status Form Field 26 is "Yes."

> ➢ Instruction: Indicate the type of employment.
> ➢ Possible values: Please refer to the list of valid categories in the Instructions Attachment.

28. Has Benefits
> ➢ Mandatory: Mandatory if response to Status Form Field 26 is "Yes."
> ➢ Instruction: Indicate whether the position offers benefits.
> ➢ Possible values: Y/N.

29. Hourly Wage
> ➢ Mandatory: Mandatory if response to Status Form Field 26 is "Yes."
> ➢ Instruction: Indicate whether the position offers benefits.
> ➢ Possible values: Valid number.

30. Hours Per Week
> ➢ Mandatory: Mandatory if response to Status Form Field 26 is "Yes."
> ➢ Instruction: Indicate the number of hours worked per week.
> ➢ Possible values: Valid number.

31. Job Start Date
> ➢ Mandatory: Mandatory if response to Status Form Field 26 is "Yes."
> ➢ Instruction: Enter the date the individual began working in this position.
> ➢ Possible values: Valid date, not in the future.

32. Job End Date
> ➢ Mandatory: Mandatory if response to Status Form Field 26 is "Yes" and individual has left the position. If blank, this indicates the individual is still employed in this position.
> ➢ Instruction: Enter the date the individual stopped working in this position.
> ➢ Possible values: Valid date, not in the future.