Data Element (DE) Number	Data Element (DE) Name	Data Type	Multiple Values Allowed	Change	PIRL Element	Statutory Requirement	Report at	Report	Correctable (Y/N)	Definitions or Reporting Instructions	Code Values
1	Program Year	INT 4	No	No		N/A	Application or Initial Receipt of Pre-Employment Transition Service Data Elements	Quarterly	No	Report the program year associated with the reporting period. Program year begins in July and ends in June of the following year.	XXXX
2	Program Year Quarter	INT 1	No	No		N/A	Application or Initial Receipt of Pre-Employment Transition Service Data Elements	Quarterly	No	Report the program year quarter applicable to the data collection reporting period.	1 = July 1 - September 30 2 = October 1 - December 31 3 = January 1 - March 31 4 = April 1 - June 30
4	Agency Code	INT 3	No	No		N/A	Application or Initial Receipt of Pre-Employment Transition Service Data Elements	Quarterly	No	Report the code value assigned to the VR agency submitting the data from Appendix 1.	Valid values listed in Appendix 1
5	Unique Identifier	VARCHAR 12	No	No	100	WIOA	Application or Initial Receipt of Pre-Employment Transition Service Data Elements	Quarterly	Must request correction from RSA.	When assigning the identifier, the first two digits are the State's Postal Code followed by a unique 10-digit number that is not associated with the individual's SSN. The number must not duplicate any other assigned unique identifiers used in the State by another VR agency. When assigning a unique identifier, ensure that the same 12- digit identifier is used in subsequent years for the same individual if additional service records are opened for that individual in the future. This is necessary to obtain an unduplicated count of individuals being served in a State. Note: The Postal Code used should be the State agency's Postal Code, not the State in which the individual resides or the State from where the case was transferred.	XXXXXXXXXXX
6	Social Security Number	VARCHAR 9	No	No		Rehab Act	Application or Initial Receipt of Pre-Employment Transition Service Data Elements	When Occurs	Must request correction from RSA.	Report the individual's nine-digit SSN. Please note that if an individual does not have a SSN or chooses not to provide a SSN, then only the Unique Identifier is reported. An individual's SSN is reported only one time to RSA with the Unique Identifier and thereafter left blank. After that, the Unique Identifier is the only unique individual data element reported with each data submission. Once either of these data elements has been reported, the data elements may ONLY be changed by contacting RSA Data Unit staff to initiate a modification. Please note that if no SSN is provided, the individual's wage information cannot be verified through unemployment insurance data and would need to be determined through supplemental information.	XXXXXXXXX
7	Date of Application	DATE	No	No		Rehab Act	Application Data Elements	Quarterly	Must request correction from RSA.	Report the date (year, month, and day) that the agency received a completed and signed application form for VR services from the applicant. The date must be verifiable through supporting documentation.	YYYYMMDD
8	Date of Birth	DATE	No	No	200	Rehab Act	Application or Initial Receipt of Pre-Employment Transition Service Data Elements	Quarterly	Yes	Report the individual's date of birth.	YYYYMMDD
9	Sex	INT 1	No	No		Rehab Act	Application or Initial Receipt of Pre-Employment Transition Service Data Elements	Quarterly	Yes	Report the individual's sex. If unknown, report code 9 [Unknown]	1 = Male 2 = Female 9 = Unknown
10	American Indian/Alaska Native	INT 1	No	No	211	Rehab Act	Application or Initial Receipt of Pre-Employment Transition Service Data Elements	Quarterly	Yes	An individual having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment. This DE is required for all individuals in elementary or secondary education. If an individual in elementary or secondary education chooses not to self-identify race, observer identification should be used to assign the individual to a race/ethnicity. For individuals not in elementary or secondary education, self-identification is encouraged to the greatest extent possible. When necessary, record code value 9 to indicate the individual did not self-identify. When reporting on multi-racial individuals, use more than one race variable indicating the individual is of that race (i.e., more than one code value 1). Agencies may leave the data element blank only for individuals with Type of Exit code value 0 (Individual exited as an applicant, prior to eligibility determination or trial work). For example, if an individual applies for services via an application form or letter and exits the agency without being seen by agency personnel, this individual's race would not be known and could not be observed and therefore all race codes would be left blank.	1 = Individual is American Indian/Alaska Native 0 = Individual is not American Indian/Alaska Native 9 = Individual did not self-identify
11	Asian	INT 1	No	No	212	Rehab Act	Application or Initial Receipt of Pre-Employment Transition Service Data Elements	Quarterly	Yes	An individual having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. This DE is required for all individuals in elementary or secondary education. If an individual in elementary or secondary education chooses not to self-identify race, observer identification should be used to assign the individual to a race/ethnicity. For individuals not in elementary or secondary education, self-identification is encouraged to the greatest extent possible. When necessary, record code value 9 to indicate the individual did not self-identify. When reporting on multi-racial individuals, use more than one race variable indicating the individual is of that race (i.e., more than one code value 1). Agencies may leave the data element blank only for individuals with Type of Exit code value 0 (Individual exited as an applicant, prior to eligibility determination or trial work). For example, if an individual applies for services via an application form or letter and exits the agency without being seen by agency personnel, this individual's race would not be known and could not be observed and therefore all race codes would be left blank.	1 = Individual is Asian 0 = Individual is not Asian 9 = Individual did not self-identify
12	Black/African American	INT 1	No	No	213	Rehab Act	Application or Initial Receipt of Pre-Employment Transition Service Data Elements	Quarterly	Yes	An individual having origins in any of the Black racial groups of Africa. This element is required for all individuals in elementary or secondary education. If an individual in elementary or secondary education chooses not to self-identify race, observer identification should be used to assign the individual to a race/ethnicity. For individuals not in elementary or secondary education, self-identification is encouraged to the greatest extent possible. When necessary, record code value 9 to indicate the individual did not self-identify. When reporting on multi-racial individuals, use more than one race variable indicating the individual is of that race (i.e., more than one code value 1). Agencies may leave the data element blank only for individuals with Type of Exit code value 0 (Individual exited as an applicant, prior to eligibility determination or trial work). For example, if an individual applies for services via an application form or letter and exits the agency without being seen by agency personnel, this individual's race would not be known and could not be observed and therefore all race codes would be left blank.	1 = Individual is Black/African American 0 = Individual is not Black/African American 9 = Individual did not self-identify
13	Native Hawaiian/Other Pacific Islander	INT 1	No	No	214	Rehab Act	Application or Initial Receipt of Pre-Employment Transition Service Data Elements	Quarterly	Yes	An individual having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. This DE is required for all individuals in elementary or secondary education. If an individual in elementary or secondary education chooses not to self-identify race, observer identification should be used to assign the individual to a race/ethnicity. For individuals not in elementary or secondary education, self-identification is encouraged to the greatest extent possible. When necessary, record code value 9 to indicate the individual did not self-identify. When reporting on multi-racial individuals, use more than one race variable indicating the individual is of that race (i.e., more than one code value 1). Agencies may leave the data element blank only for individuals with Type of Exit code value 0 (Individual exited as an applicant, prior to eligibility determination or trial work). For example, if an individual applies for services via an application form or letter and exits the agency without being seen by agency personnel, this individual's race would not be known and could not be observed and therefore all race codes would be left blank.	1 = Individual is Native Hawaiian/Other Pacific Islander 0 = Individual is not Native Hawaiian/Other Pacific Islander 9 = Individual did not self-identify
14	White	INT 1	No	Modified Reporting Instructions	215	Rehab Act	Application or Initial Receipt of Pre-Employment Transition Service Data Elements	Quarterly	Yes	Individuals with origins in any of the original peoples of Europe, including, for example, English, German, Irish, Italian, Polish, and Scottish. This DE is required for all individuals in elementary or secondary education. If an individual in elementary or secondary education chooses not to self-identify race, observer identification should be used to assign the individual to a race/ethnicity. For individuals not in elementary or secondary education, self-identification is encouraged to the greatest extent possible. When necessary, record code value 9 to indicate the individual did not self-identify. When reporting on multi-racial individuals, use more than one race variable indicating the individual is of that race (i.e., more than one code value 1). Agencies may leave the data element blank only for individuals with Type of Exit code value 0 (Individual exited as an applicant, prior to eligibility determination or trial work). For example, if an individual applies for services via an application form or letter and exits the agency without being seen by agency personnel, this individual's race would not be known and could not be observed and therefore all race codes would be left blank.	1 = Individual is White 0 = Individual is not White 9 = Individual did not self- identify

Data Element (DE) Number	Data Element (DE) Name	Data Type	Multiple Values Allowed	Change	PIRL Element	Statutory Requirement	Report at	Report	Correctable (Y/N)	Definitions or Reporting Instructions	Code Values
415	Middle Eastern/North African	INT 1	No	New DE		WIOA	Application or Initial Receipt of Pre-Employment Transition Service Data Elements	Quarterly	Yes	Individuals with origins in any of the original peoples of the Middle East or North Africa, including, for example, Lebanese, Iranian, Egyptian, Syrian, Iraqi, and Israeli.This DE is required for all individuals in elementary or secondary education. If an individual in elementary or secondary education chooses not to self-identify race, observer identification should be used to assign the individual to a race/ethnicity. For individuals not in elementary or secondary education, self-identification is encouraged to the greatest extent possible. When necessary, record code value 9 to indicate the individual did not self-identify.When reporting on multi-racial individuals, use more than one race variable indicating the individual is of that race (i.e., more than one code value 1). Agencies may leave the data element blank only for individuals with Type of Exit code value 0 (Individual exited as an applicant, prior to eligibility determination or trial work). For example, if an individual applies for services via an application form or letter and exits the agency without being seen by agency personnel, this individual's race would not be known and could not be observed and therefore all race codes would be left blank.	1 = Individual is Middle Eastern/North African 0 = Individual is not Middle Eastern/North African 9 = Individual did not self- identify
15	Ethnicity: Hispanic/Latino	INT 1	No	No	210	Rehab Act	Application or Initial Receipt of Pre-Employment Transition Service Data Elements	Quarterly	Yes	When reporting on multi-racial individuals, use more than one race variable indicating the individual is of that race (i.e., more than one code value 1).	1 = Individual is Hispanic/Latino 0 = Individual is not Hispanic/Latino 9 = Individual did not self-identify
16	Veteran	INT 1	No	Modified Reporting Instructions		Rehab Act	Application Data Elements	Quarterly	Yes	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. Record 0 if the participant does not meet the condition described above. Agencies may leave the data element blank only for individuals with Type of Exit code value 0 (Individual exited as an applicant, prior to eligibility determination or trial work).	1 = Individual is a Veteran 0 = Individual is not a Veteran
18	State Postal Code of Residence	VARCHAR 2	No	No	101	WIOA	Application Data Elements	Quarterly	Yes	Report the two-letter State Postal Code for the State or U.S. Territory corresponding to the location of the individual's residence. For persons on active military duty, report the two-letter Air/Army Post Office (APO) or Fleet Post Office (FPO) as defined by the Military Postal Service Agency. For Mexico, use code 088. For Canada, use code 099. For other (not listed), use code XX.	Valid values listed in Appendix 1
19	County FIPS Code	INT 5	No	No		Rehab Act	Application Data Elements	Quarterly	Yes	Report the FIPS county code for the individual's residence. This code is a five-digit Federal Information Processing Standard (FIPS) that uniquely identifies counties, county equivalents, and certain U.S. territories. The first two digits are the FIPS State code and the last three are the county code within the State or territories. The codes can be located at the U.S. Census Bureau website: https://www.census.gov/geographies/reference-files/2018/demo/popest/2018-fips.html	XXXXX
20	ZIP Code	INT 5	No	No		Rehab Act	Application Data Elements	Quarterly	Yes	Report a valid five-digit numeric U.S. Postal Service Zip Code where the applicant resides.	XXXXX
21	Source of Referral	INT 2	No	No		Rehab Act	Application Data Elements	Quarterly	Yes	Report the source that first referred the applicant to the VR agency by using one of the code values in Appendix 2.	See Appendix 2 for referral sources
394	Public Support at Application	VARCHAR 7	Yes	Modified Data Element Name		Rehab Act	Application Data Elements	Quarterly	Yes	Report the applicant's public support at application. If the applicant receives more than one type of public support, use a semicolon between each type.	0 = Individual does not receive public support 1 = Individual receives Social Security Disability Insurance (SSDI) 2 = Individual receives Supplemental Security Income (SSI) 3 = Individual receives Temporary Assistance for Needy Families (TANF) 4 = Individual receives other public support from another source
395	Medical Insurance Coverage at Application	VARCHAR 5	Yes	No		Rehab Act	Application Data Elements	Quarterly	Yes	Report the applicant's medical insurance coverage at application. If the applicant has more than one type of medical insurance, use a semicolon between each type. A limit of three types of insurance may be reported in this DE.	0 = Applicant does not have medical insurance coverage 1 = Applicant has Medicaid 2 = Applicant has Medicare 3 = Applicant is receiving benefits through the State or Federal Affordable Care Act Exchange at the time of application 4 = Applicant has public insurance outside of Medicare, Medicaid, or the Affordable Care Act exchange 5 = Applicant has private insurance through employer 6 = Applicant is not eligible for private insurance through a current employer, but will be eligible for private insurance after a certain period of employment 7 = Applicant has private insurance through other means
22	Student with a Disability	INT 1	No	No		Rehab Act	Application or Initial Receipt of Pre-Employment Transition Service Data Elements	Quarterly	Yes	Report this DE either at Application or Start Date of Pre-Employment Transition Services, whichever comes first. This DE must be updated when the individual no longer meets the definition of a student with a disability. This DE must reported with code value 0 if the individual's age is greater than the upper limit of the State's age range for students with disabilities, as reported in DE 74. For potentially eligible students with disabilities, if this DE is reported with code value 0, the record is not to be reported in the subsequent quarterly report.	1 = Individual is a student with a disability and has a section 504 accommodation 2 = Individual is a student with a disability and is receiving transition services under an Individualized Education Program (IEP) 3 = Individual is a student with a disability who does not have a section 504 accommodation and is not receiving services under an IEP 0 = Individual is not a student with a disability
38	Date of Eligibility Determination	DATE	No	No		Rehab Act	Eligibility Data Elements	Quarterly	No	Report the date the applicant was determined eligible. This DE is not reported if the applicant exits the VR program before an eligibility determination is made. The date must be verifiable through supporting documentation.	YYYYMMDD
39	Date of Eligibility Determination Extension	DATE	No	No		Rehab Act	Eligibility Data Elements	Quarterly	No	Report the date, if applicable, the applicant and counselor mutually agreed upon an extension (of time) for eligibility determination within 60 days of the individual's application for VR services. The date reported in this DE is not the date the applicant and counselor expect to make an eligibility determination (beyond the 60-day timeframe), but the date the applicant and counselor agree to extend this timeframe. As a result, this date, if applicable, must occur on or before the date reported in DE 38. The date must be verifiable through supporting documentation.	YYYYMMDD
408	Eligibility Status	INT 1	No	No		Rehab Act	Eligibility Data Elements	Quarterly	Yes	Report the code value that describes the eligibility status of the individual.	1 = Individual was determined eligible. 2 = Individual was determined ineligible.
40	Date of Placement on OOS Waiting List	DATE	No	No		Rehab Act	Order of Selection (OOS) Data Elements	Quarterly	No	Report the date, if applicable, that the eligible individual was placed on an OOS waiting list.	YYYYMMDD
41	Date of Exit from OOS Waiting List	DATE	No	No		Rehab Act	Order of Selection (OOS) Data Elements	Quarterly	No	Report the date, if applicable, that the eligible individual exited from an OOS waiting list.	YYYYMMDD
42	Individual with a Disability	INT 1	No	No	202	WIOA	Disability Data Elements	Quarterly	No	Leave blank if the individual exited as an applicant with Type of Exit (DE 354) code 0. Code value 1 is required for all VR program participants.	1 = Individual reports that he/she has any "disability," as defined in section 3(2)(a) of the Americans with Disabilities Act of 1990 (42 U.S.C. 12102) 0 = Individual reports that he/she does not have a disability that meets the definition 9 = Individual did not self-identify
43	Primary Disability	VARCHAR 5	Yes	No		Rehab Act	Disability Data Elements	Quarterly	Yes	Report the code value that best describes the individual's primary physical or mental disability that causes or results in a substantial impediment to employment. The data reported is a combination of the Type of Disability code found in Appendix 3 and the Source of Disability code found in Appendix 4. The first two digits designate the Type of Disability (sensory, physical, or mental), and the last two digits indicate the cause or Source of Disability. Use a semicolon between the Type of Disability code and the Source of Disability code. Do not use spaces or commas between the code values. If the individual is found not to have a disability, this DE should be coded 0.0. Leave blank if the individual exited as an applicant with Type of Exit (DE 354) code 0.	See Appendix 3 for valid disability types and Appendix 4 for valid sources
44	Secondary Disability	VARCHAR 5	Yes	No		Rehab Act	Disability Data Elements	Quarterly	Yes	Report the code value that best describes the individual's secondary physical or mental disability that causes or results in a substantial impediment to employment. If the individual is found not to have a disability, this DE should be coded 0.0. Leave blank if this DE does not apply or if the individual exited as an applicant with Type of Exit (DE 354) code 0.	See Appendix 3 for valid disability types and Appendix 4 for valid sources
45	Significance of Disability	INT 1	No	No		Rehab Act	Disability Data Elements	Quarterly	Yes	Report the appropriate code value to indicate whether the individual is classified by the agency as an individual with a significant disability, a most significant disability, a disability that is neither a significant or most significant disability (i.e., a different priority category under the agency's OOS), or report that the individual does not have a disability. Leave blank if this DE does not apply or if the individual exited as an applicant with Type of Exit (DE 354) code 0.	1 = Individual has a significant disability 2 = Individual has a most significant disability 0 = Individual has a disability that is not a most significant or significant disability
46	Start Date of Trial Work Experience	DATE	No	No		Rehab Act	Trial Work Experience Data Elements	Quarterly	Yes	Report the date that the individual's trial work experience began. If the individual has been placed in more than one trial work experience, the first occurrence of trial work must end with an End Date of Trial Work Experience (DE 47) before another Start Date of Trial Work Experience can begin.	YYYYMMDD
47	End Date of Trial Work Experience	DATE	No	No		Rehab Act	Trial Work Experience Data Elements	Quarterly	Yes	Report the date that the individual's trial work experience ended.	YYYYMMDD
399	Date of IPE Development Extension	DATE	No	No		Rehab Act	Individualized Plan for Employment (IPE) Data Elements	Quarterly	No	Report the date the eligible individual and counselor mutually agreed upon an extension (of time) for the development of the IPE within 90 days of the individual's eligibility determination for VR services. The date reported in this DE is not the date the eligible individual and counselor expect to finalize the IPE (beyond the 90-day timeframe), but the date the eligible individual and counselor agree to extend this timeframe. As a result, this date, if applicable, must occur on or before the date reported in DE 398. The extension must be verifiable through supporting documentation.	YYYYMMDD
398	Date of Initial IPE	DATE	No	No		Rehab Act	Individualized Plan for Employment (IPE) Data Elements	Quarterly	No	Report the date on which the initial IPE was signed by both the eligible individual and the counselor. The date must be verifiable through supporting documentation. Once this DE is reported, the VR agency cannot change it.	YYYYMMDD

Data Element (DE) Number	Data Element (DE) Name	Data Type	Multiple Values Allowed	Change	PIRL Element	Statutory Requirement	Report at	Report	Correctable (Y/N)	Definitions or Reporting Instructions	Code Values
49	Supported Employment Goal on Current IPE	INT 1	No	No		Rehab Act	Individualized Plan for Employment (IPE) Data Elements	Quarterly	Yes	Report if the eligible individual with a most significant disability has a supported employment goal on the current IPE.	1 = Eligible individual with most significant disability has a supported employment goal on the current IPE 0 = Eligible individual with most significant disability does not have a supported employment goal on the current IPE
50	Employment at Initial IPE	INT 2	No	No	400	WIOA	Individualized Plan for Employment (IPE) Data Elements	Quarterly	Yes	Report the code value that best describes the employment status of the eligible individual at initial IPE.	1 = Individual is employed and requires VR services to maintain employment. 2 = Individual is employed, but seeking career advancement. 3 = Individual is employed in non-CIE and seeking CIE. 0 = Individual is not employed
51	Primary Occupation at Initial IPE	INT 6	No	No		Rehab Act	Individualized Plan for Employment (IPE) Data Elements	Quarterly	Yes	For an eligible individual who is employed (DE 50, code 1, 2, or 3), enter the current Standard Occupational Classification (SOC) code that best describes the eligible individual's occupation from which he/she derives the majority of his or her earnings at initial IPE.	XXXXXX
52	Hourly Wage at Initial IPE	DECIMAL 5, 2	No	No		Rehab Act	Individualized Plan for Employment (IPE) Data Elements	Quarterly	Yes	For an eligible individual who is employed (DE 50, code 1, 2, or 3), report the eligible individual's hourly wage (rounded to the nearest cent) earned at initial IPE. Report 0 if the eligible individual was not employed or had no earnings at initial IPE. This DE captures cash earnings of the individual expressed as an hourly wage and includes all wages, salaries, tips, profits from self-employment and commissions received as income. These earnings are before payroll deductions of Federal, State, and local income taxes and Social Security. Wages for salespersons, consultants, self-employed individuals, and other similar occupations are based on the adjusted gross income. Adjusted gross income is gross income minus unreimbursed business expenses. Do not include estimates of in-kind payments, such as meals and lodging. Estimate profits of farmers, if necessary. Where wages are based on commissions that are irregular (e.g., real estate, automobile sales, etc.), they should be calculated as an average hourly wage over a representative period, such as one month or one quarter, to obtain a reportable figure. Commissions are generally not paid when earned, but rather are paid periodically, such as weekly, biweekly, or even monthly. To bring standardization to this DE, wages should be based on the actual receipt of the payment and not on amounts accruing until the next commission payout.	XXX.XX
53	Hours Worked in a Week at Initial IPE	INT 2	No	No		Rehab Act	Individualized Plan for Employment (IPE) Data Elements	Quarterly	Yes	For an eligible individual who is employed (DE 50, code 1, 2, or 3), report the number of hours the eligible individual worked in a typical week at initial IPE. Report 0 if the eligible individual was unemployed.	XX
54	Adult	INT 1	No	No	903	WIOA	Individualized Plan for Employment (IPE) Data Elements	Quarterly	Yes	The purpose of the Adult program is to increase the employment, job retention, earnings, and career advancement of U.S. workers by providing quality employment and training services to assist eligible individuals in finding and qualifying for meaningful employment, and to help employers find the skilled workers they need to compete and succeed in business.	1 = Individual received services from Adult program (Title I of WIOA) 0 = Individual did not receive services from Adult program (Title I of WIOA) 9 = Co-Enrollment information unknown
55	Adult Education	INT 1	No	No	910	WIOA	Individualized Plan for Employment (IPE) Data Elements	Quarterly	Yes	The Adult Education program helps adults get the basic skills they need including reading, writing, math, English language proficiency, and problem-solving to be productive workers, family members, and citizens.	1 = Individual received Adult Education services (Title II of WIOA) 0 = Individual did not receive Adult Education services (Title II of WIOA) 9 = Co-Enrollment information unknown
56	Dislocated Worker	INT 1	No	No	904	WIOA	Individualized Plan for Employment (IPE) Data Elements	Quarterly	Yes	The Dislocated Worker program provides employment and training services to assist workers who have been laid off or have been notified that they will be terminated or laid off in finding and qualifying for meaningful employment, and to help employers find the skilled workers they need to compete and succeed in business.	1 = Individual received services from Dislocated Worker program (Title I of WIOA) 0 = Individual did not receive services from Dislocated Worker program (Title I of WIOA) 9 = Co-Enrollment information unknown
57	Job Corps	INT 1	No	No	911	WIOA	Individualized Plan for Employment (IPE) Data Elements	Quarterly	Yes	Job Corps is a no-cost education and vocational training program administered by the U.S. Department of Labor that helps young people ages 16-24 improve the quality of their lives by empowering them to get great jobs and become independent.	1 = Individual received services from Job Corps Program 0 = Individual did not receive services from Job Corps Program 9 = Co-Enrollment information unknown
58	Vocational Rehabilitation	INT 1	No	No	917	WIOA	Individualized Plan for Employment (IPE) Data Elements	Quarterly	Yes	All VR program participants should be reported with code value 1 unless the individual also received services from the VR&E program. If the individaul also received services from the VR&E program, report code value 3.	1 = Individual received services from the vocational rehabilitation program 3 = Individual received services from both the vocational rehabilitation program and the Department of Veterans Affairs Vocational Rehabilitation and Employment (VR&E) programs
59	Wagner-Peyser Employment Service	INT 1	No	No	918	WIOA	Individualized Plan for Employment (IPE) Data Elements	Quarterly	Yes	The Wagner-Peyser/Employment Services program focuses on providing a variety of employment related labor exchange services, including but not limited to job search assistance, job referral, and placement assistance for job seekers, re-employment services to unemployment insurance claimants, and recruitment services to employers with job openings. Services are delivered in one of three modes including self-service, facilitated self-help services, and staff assisted service delivery approaches. Depending on the needs of the labor market, other services, such as job seeker assessment of skill levels, abilities, and aptitudes, career guidance when appropriate, job search workshops, and referral to training, may be available.	1 = Individual received services from Wagner-Peyser Employment Services program (Title III of WIOA) 0 = Individual did not receive services from Wagner-Peyser Employment Services program (Title III of WIOA) 9 = Co-Enrollment information unknown
60	Youth	INT 1	No	No	905	WIOA	Individualized Plan for Employment (IPE) Data Elements	Quarterly	Yes	The title I Youth program focuses on assisting out-of-school youth and in-school youth with one or more barriers to employment prepare for post-secondary education and employment opportunities, attain educational and/or skills training credentials, and secure employment with career/promotional opportunities.	1 = Individual received services from Youth program (Title I of WIOA) 0 = Individual did not receive services from Youth program (Title I of WIOA) 9 = Co-Enrollment information unknown
61	Youth Build	INT 1	No	No	919	WIOA	Individualized Plan for Employment (IPE) Data Elements	Quarterly	Yes	YouthBuild is a discretionary grant program, authorized under title I of WIOA, that serves 16-24 year old youth who are high school dropouts or those who have dropped out and subsequently re-enrolled. YouthBuild participants also must be one of the following: member of a low-income family, in foster care, an offender, an individual with a disability, the child of a current or formerly incarcerated parent, or a migrant youth.	1 = Individual received services from a YouthBuild program 0 = Individual did not receive services from a YouthBuild program 9 = Co-Enrollment information unknown
62	Long-Term Unemployed	INT 1	No	No	402	WIOA	Individualized Plan for Employment (IPE) Data Elements	Quarterly	Yes	A participant who has been unemployed for 27 or more consecutive weeks at program entry is considered to be long-term unemployed.	1 = Individual meets the definition of Long-Term Unemployed 0 = Individual does not meet the definition of Long-Term Unemployed 9 = Barrier to Employment information unknown
63	Exhausting TANF within 2 Years	INT 1	No	No	601	WIOA	Individualized Plan for Employment (IPE) Data Elements	Quarterly	Yes	A participant is within 2 years of exhausting lifetime eligibility under part A of Title IV of the Social Security Act at program entry.	1 = Individual is within two years of exhausting TANF 0 = Individual is not within two years of exhausting TANF 9 = Barrier to Employment information unknown
64	Foster Care Youth	INT 1	No	No	704	WIOA	Individualized Plan for Employment (IPE) Data Elements	Quarterly	Yes	A participant aged 24 or under who is currently in foster care or has aged out of the foster care system. Report only if the participant is between 14 and 24.	1 = Individual meets the definition of a Foster Care Youth 0 = Individual does not meet the definition of a Foster Care Youth 9 = Barrier to Employment information unknown
65	Homeless Individual, Homeless Children and Youths, or Runaway Youth	INT 1	No	No	800	WIOA	Individualized Plan for Employment (IPE) Data Elements	Quarterly	Yes	(a) Lacks a fixed, regular, and adequate nighttime residence; (b) Has a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, such as a car, park, abandoned building, bus or train station, airport, or camping ground; (c) Is a migratory child who in the preceding 36 months was required to move from one school district to another due to changes in the parent's or parent's spouse's seasonal employment in agriculture, dairy, or fishing work; or (d) Is under 18 years of age and absents himself or herself from home or place of legal residence without the permission of his or her family (i.e., runaway youth).	1 = Individual meets the definition of Homeless 0 = Individual does not meet the definition of Homeless 9 = Barrier to Employment information unknown
66	Ex-Offender	INT 1	No	No	801	WIOA	Individualized Plan for Employment (IPE) Data Elements	Quarterly	Yes	A person who either (a) has been subject to any stage of the criminal justice process for committing a status offense or delinquent act, or (b) requires assistance in overcoming barriers to employment resulting from a record of arrest or conviction.	1 = Individual meets the definition of an Ex-Offender 0 = Individual does not meet the definition of an Ex-Offender 9 = Barrier to Employment information unknown
67	Low Income	INT 1	No	No	802	WIOA	Individualized Plan for Employment (IPE) Data Elements	Quarterly	Yes	(a) Receives, or in the six months prior to application to the program has received, or is a member of a family that is receiving or in the past six months prior to application to the program has received public assistance (SNAP, TANF, SSI, other State/local assistance); (b) Is in a family with total family income that does not exceed the higher of the poverty line or 70% of the lower living standard income level; (c) Is a youth who receives or is eligible to receive a free or reduced price lunch (d) Is a foster child on behalf of whom State or local government payments are made; (e) Is an participant with a disability whose own income is the poverty line but who is a member of a family whose income does not meet this requirement; (f) Is a homeless participant or a homeless child or youth or runaway youth (see PIRL Data Element #700); or (g) Is a youth living in a high-poverty area.	1 = Individual meets the definition of Low Income 0 = Individual does not meet the definition of Low Income 9 = Barrier to Employment information unknown
68	English Language Learner	INT 1	No	No	803	WIOA	Individualized Plan for Employment (IPE) Data Elements	Quarterly	Yes	A person who has limited ability in speaking, reading, writing, or understanding the English language and also meets at least one of the following two conditions: (a) his or her native language is a language other than English, or (b) he or she lives in a family or community environment where a language other than English is the dominant language.	1 = Individual meets the definition of English Language Learner 0 = Individual does not meet the definition of English Language Learner 9 = Barrier to Employment information unknown
69	Basic Skills Deficient/Low Levels of Literacy	INT 1	No	No	804	WIOA	Individualized Plan for Employment (IPE) Data Elements	Quarterly	Yes	A) a youth, who has English reading, writing, or computing skills at or below the 8th grade level on a generally accepted standardized test; or B) a youth or adult who is unable to compute and solve problems, or read, write, or speak English at a level necessary to function on the job, in the participant's family, or in society.	1 = Individual meets the definition of Basic Skills Deficient/Low Levels of Literacy 0 = Individual does not meet the definition of Basic Skills Deficient/Low Levels of Literacy 9 = Barrier to Employment information unknown
70	Cultural Barriers	INT 1	No	No	805	WIOA	Individualized Plan for Employment (IPE) Data Elements	Quarterly	Yes	An individual who perceives him or herself as possessing attitudes, beliefs, customs, or practices that influence a way of thinking, acting, or working that may serve as a hindrance to employment.	1 = Individual meets the definition of Cultural Barriers 0 = Individual does not meet the definition of Cultural Barriers 9 = Barrier to Employment information unknown
71	Single Parent	INT 1	No	No	806	WIOA	Individualized Plan for Employment (IPE) Data Elements	Quarterly	Yes	An individual who is single, separated, divorced, or a widowed individual who has primary responsibility for one or more dependent children under age 18 (including single pregnant women).	1 = Individual meets the definition of a Single Parent 0 = Individual does not meet the definition of a Single Parent 9 = Barrier to Employment information unknown

Data Element (DE) Number	Data Element (DE) Name	Data Type	Multiple Values Allowed	Change	PIRL Element	Statutory Requirement	Report at	Report	Correctable (Y/N)	Definitions or Reporting Instructions	Code Values
72	Displaced Homemaker	INT 1	No	No	807	WIOA	Individualized Plan for Employment (IPE) Data Elements	Quarterly	Yes	An individual who has been providing unpaid services to family members in the home and who: (A)(i) has been dependent on the income of another family member but is no longer supported by that income; or (ii) is the dependent spouse of a member of the Armed Forces on active duty and whose family income is significantly reduced because of a deployment, a call or order to active duty, a permanent change of station, or the service-connected death or disability of the member; and (B) is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment.	1 = Individual meets the definition of a Displaced Homemaker 0 = Individual does not meet definition of a Displaced Homemaker 9 = Barrier to Employment information unknown
73	Migrant and Seasonal Farmworker	INT 1	No	No	808	WIOA	Individualized Plan for Employment (IPE) Data Elements	Quarterly	Yes	An individual who meets the definition a Migrant and Seasonal Farmworker as outlined in the code values.	1 = Individual is a low-income individual (i) who for 12 consecutive months out of the 24 months prior to application for the program involved, has been primarily employed in agriculture or fish farming labor that is characterized by chronic unemployment or underemployment; and (ii) faces multiple barriers to economic self-sufficiency 2 = Individual is a seasonal farmworker whose agricultural labor requires travel to a job site such that the farmworker is unable to return to a permanent place of residence within the same day 3 = Individual is a dependent of the individual described as a seasonal or migrant seasonal farmworker 0 = Individual does not meet any of the migrant or seasonal farmworker conditions listed above 9 = Barrier to Employment information unknown
74	State Definition for Age of Students with Disabilities	VARCHAR 5	Yes	No		Rehab Act	Application or Initial Receipt of Pre-Employment Transition Service Data Elements	Quarterly	Yes	Record the two-digit lower limit for the age of the students with disabilities followed by a semicolon and then the two-digit upper limit for the age of the students with disabilities. If the State has two VR agencies, this DE must be reported as the same for all students with disabilities served by both VR agencies in the State.	XX;XX
76	Highest Educational Level Completed at Program Entry	INT 1	No	New/Restored DE	408	WIOA	Individualized Plan for Employment (IPE) Data Elements	Quarterly	Yes	Report the highest educational level completed at the time of program entry. This DE is reported at the time of the initial Individualized Plan for Employment and should not be updated unless for purposes of correction.	1 Individual attained a secondary school diploma. 2 Individual attained a secondary school equivalency. 3 Individual has a disability and attained a certificate of attendance/completion as a result of successfully completing an Individualized Education Program (IEP). 4 Individual completed one or more years of postsecondary education. 5 Individual attained a postsecondary certification, license, or educational certificate (non-degree). 6 Individual attained an Associate's Degree. 7 Individual attained a Bachelor's Degree. 8 Individual attained a degree beyond a Bachelor's Degree. 0 No educational level was completed
78	Enrolled in Secondary Education Leading to Recognized Secondary Credential	INT 1	No	Modified Reporting Instructions	1401	WIOA	Individualized Plan for Employment (IPE) Data Elements	Quarterly	Yes	This DE is reported if the eligible individual was either already enrolled in secondary education at the time of program entry or became enrolled in a secondary education program at or above the 9th grade level, at any point while participating in the program, and achieving the secondary credential is a goal on the IPE. DE 78 allows updates from "not enrolled" to "enrolled". Once a participant is enrolled, this data element should not be reverted to "not enrolled", regardless of training completion or interruption. This date must be verifiable through supporting documentation.	1 = Individual was enrolled in a secondary education program at or above the 9th grade level and achieving the secondary credential is a goal on the IPE. 0 = Individual was not enrolled in a secondary education program at or above the 9th grade level.
400	Enrolled in Secondary School Equivalency Program Leading to Recognized Secondary Credential	INT 1	No	No		WIOA	Individualized Plan for Employment (IPE) Data Elements	Quarterly	Yes	This DE is reported if the eligible individual was either already enrolled in a recognized secondary school equivalency program at the time of program entry or became enrolled in a recognized secondary equivalency program at the 9th grade level, at any point while participating in the program, and achieving the secondary credential was a goal on the IPE. DE 400 allows updates from "not enrolled" to "enrolled". Once a participant is enrolled, this data element should not be reverted to "not enrolled", regardless of training completion or interruption. This date should be verifiable through supporting documentation.	1 = Individual was enrolled in a recognized secondary school equivalency program at or above the 9th grade level and achieving the secondary credential is a goal on the IPE. 0 = Individual was not enrolled in a recognized secondary school equivalency program at or above the 9th grade level.
81	Date Attained Secondary School Diploma during Program Participation	DATE	No	No		WIOA	Individualized Plan for Employment (IPE) Data Elements	Quarterly	Yes	Report the date the eligible individual attained a secondary school diploma during program participation. The date must be verifiable through supporting documentation. Leave blank if the individual did not attain a secondary school diploma.	YYYYMMDD
82	Date Attained Recognized Secondary School Equivalency during Program Participation	DATE	No	No		WIOA	Individualized Plan for Employment (IPE) Data Elements	Quarterly	Yes	Report the date the eligible individual attained a recognized secondary school equivalency during program participation. The date must be verifiable through supporting documentation. Leave blank if individual did not attain a recognized secondary school equivalency.	YYYYMMDD
84	Enrolled in Postsecondary Education or Career or Technical Training Leading to Recognized Postsecondary Credential	INT 1	No	No	1332	WIOA	Individualized Plan for Employment (IPE) Data Elements	Quarterly	Yes	Report if the eligible individual was either already enrolled in a postsecondary education or career or technical training program or became enrolled in a postsecondary education or career or technical training program at any point while participating in the program, and achieving a recognized post-secondary credential was a goal on the IPE. DE 84 allows updates from "not enrolled" to "enrolled". Once a participant is enrolled, this data element should not be reverted to "not enrolled", regardless of training completion or interruption. This date must be verifiable through supporting documentation.	1 = Individual was enrolled in a postsecondary education program that leads to a credential or degree from an accredited institution or program 2 = Individual was enrolled in a career or technical training program that leads to a recognized postsecondary credential 0 = Individual was not enrolled in a postsecondary education, career, or technical training program that leads to a recognized postsecondary credential.
85	Date Enrolled During Program Participation in an Education or Training Program Leading to a Recognized Credential or Employment	DATE	No	No	1811	WIOA	Individualized Plan for Employment (IPE) Data Elements	Quarterly	Yes	Report the date the participant was enrolled in an education or training program that leads to a recognized secondary or postsecondary credential or employment at the time of initial IPE development (if the participant was enrolled before IPE, use Initial IPE Date) or the date the participant became enrolled in an education or training program after the initial IPE development (if the participant enrolled after IPE, use actual enrollment date). The date must be verifiable through supporting documentation. Leave blank if the DE does not apply to the individual.	YYYYMMDD
401	Date Completed/Disenrolled During Program Participation in an Education or Training Program Leading to a Recognized Credential or Employment	DATE	No	No	1813	WIOA	Individualized Plan for Employment (IPE) Data Elements	Quarterly	Yes	Report the date the participant completed or disenrolled from an education or training program that leads to a recognized secondary or postsecondary credential or employment after initial IPE development. Leave blank if the DE does not apply to the individual.	YYYYMMDD
87	Date Attained Associate Degree	DATE	No	No		WIOA	Individualized Plan for Employment (IPE) Data Elements	Quarterly	Yes	Report the date the eligible individual attained the Associate Degree during program participation or within one year of exit. The date must be verifiable through supporting documentation if earned during program participation. Leave blank if an Associate Degree was not attained.	YYYYMMDD
88	Date Attained Bachelor's Degree	DATE	No	No		WIOA	Individualized Plan for Employment (IPE) Data Elements	Quarterly	Yes	Report the date the eligible individual attained the Bachelor's Degree during program participation or within one year of exit. The date must be verifiable through supporting documentation if earned during program participation. Leave blank if a Bachelor's Degree was not attained.	YYYYMMDD
89	Date Attained Master's Degree	DATE	No	No	1814	WIOA	Individualized Plan for Employment (IPE) Data Elements	Quarterly	Yes	Report the date the eligible individual attained the Master's Degree during program participation or within one year of exit. The date must be verifiable through supporting documentation if earned during program participation. Leave blank if a Master's Degree was not attained.	YYYYMMDD
90	Date Attained Graduate Degree	DATE	No	No	1814	WIOA	Individualized Plan for Employment (IPE) Data Elements	Quarterly	Yes	Report the date the eligible individual attained a Graduate Degree (e.g., PhD), other than a Master's Degree during program participation or within one year of exit. The date must be verifiable through supporting documentation if earned during program participation. Leave blank if a Graduate Degree was not attained.	YYYYMMDD
93	Date Attained Vocational/Technical License	DATE	No	No		WIOA	Individualized Plan for Employment (IPE) Data Elements	Quarterly	Yes	Report the date the eligible individual attained the Vocational/Technical License during program participation or within one year of exit. The date must be verifiable through supporting documentation if earned during program participation. Leave blank if a Vocational/Technical License was not attained.	YYYYMMDD
94	Date Attained Vocational/Technical Certificate or Certification	DATE	No	No		WIOA	Individualized Plan for Employment (IPE) Data Elements	Quarterly	Yes	Report the date the eligible individual attained the Vocational/Training Certificate or Certification during program participation or within one year of exit. The date must be verifiable through supporting documentation if earned during program participation. Leave blank if a Vocational/Training Certificate or Certification was not attained.	YYYYMMDD
95	Date Attained Other Recognized Credential	DATE	No	No		WIOA	Individualized Plan for Employment (IPE) Data Elements	Quarterly	Yes	Report the date the eligible individual attained some other form of recognized credential during program participation or within one year of exit. The date must be verifiable through supporting documentation if earned during program participation. Leave blank if the individual did not attain some other form of recognized credential.	YYYYMMDD

Data Element (DE) Number	Data Element (DE) Name	Data Type	Multiple Values Allowed	Change	PIRL Element	Statutory Requirement	Report at	Report	Correctable (Y/N)	Definitions or Reporting Instructions	Code Values
96	Start Date of Pre-Employment Transition Services	DATE	No	No		Rehab Act	Pre-Employment Transition Services Data Elements	Upon Occurrence	Must request correction from RSA.	Report the date the student with a disability received the first pre-employment transition service. This DE applies to students with disabilities who received pre-employment transition services before they applied for VR services as well as applicants, eligible individuals, and participants (i.e., services provided under an IPE) who received these services. Leave blank if the individual has not received a pre-employment transition service. The date must be verifiable through supporting documentation.	YYYYMMDD
97	Job Exploration Counseling, Service Provided by VR Agency Staff	INT 1	No	No		Rehab Act	Pre-Employment Transition Services Data Elements	Upon Occurrence	No	Report at the time the service is provided. Leave blank if service was not provided by VR agency staff.	1 = Service was provided in whole or part by VR agency staff
98	Job Exploration Counseling, Service Provided through VR Agency Purchase	INT 1	No	No		Rehab Act	Pre-Employment Transition Services Data Elements	Upon Occurrence	No	Report at the time the service is provided. Leave blank if service was not provided through VR agency purchase.	1 = Service was provided in whole or part through purchase by the VR agency
99	Job Exploration Counseling, Purchased Service Provider Type	INT 1	No	No		Rehab Act	Pre-Employment Transition Services Data Elements	Upon Occurrence	No	If the service was provided in whole or part through purchase by the VR agency, the Purchased Service Provider Type must be reported. Report the code value that best describes the primary service provider. Leave blank if service was not provided through purchase by VR agency.	1 = Public Community Rehabilitation Program (CRP) 2 = Private CRP 3 = Other Public Service Provider 4 = Other Private Service Provider
100	Job Exploration Counseling, VR Program Expenditure for Purchased Service	INT 6	No	No		Rehab Act	Pre-Employment Transition Services Data Elements	Upon Occurrence	No	If the service was purchased by the agency, report the actual cost of a Job Exploration Counseling service. Report at the time the expenditure is paid.	XXXXXX
103	Work Based Learning Experience, Service Provided by VR Agency Staff	INT 1	No	No		Rehab Act	Pre-Employment Transition Services Data Elements	Upon Occurrence	No	Report at the time the service is provided. Leave blank if service was not provided by VR agency staff.	1 = Service was provided in whole or part by VR agency staff
104	Work Based Learning Experience, Service Provided through VR Agency Purchase	INT 1	No	No		Rehab Act	Pre-Employment Transition Services Data Elements	Upon Occurrence	No	Report at the time the service is provided. Leave blank if service was not provided through VR agency purchase.	1 = Service was provided in whole or part through purchase by the VR agency
105	Work Based Learning Experience, Purchased Service Provider Type	INT 1	No	No		Rehab Act	Pre-Employment Transition Services Data Elements	Upon Occurrence	No	If the service was provided in whole or part through purchase by the VR agency, the Purchased Service Provider Type must be reported. For each service category, report the code value that best describes the primary service provider. Leave blank if service was not provided through purchase by VR agency.	1 = Public Community Rehabilitation Program (CRP) 2 = Private CRP 3 = Other Public Service Provider 4 = Other Private Service Provider
106	Work Based Learning Experience, VR Program Expenditure for Purchased Service	INT 6	No	No		Rehab Act	Pre-Employment Transition Services Data Elements	Upon Occurrence	No	If the service was purchased by the agency, report the actual cost of a Work Based Learning Experience service. Report at the time the expenditure is paid.	XXXXXX
109	Counseling on Enrollment Opportunities, Service Provided by VR Agency Staff	INT 1	No	No		Rehab Act	Pre-Employment Transition Services Data Elements	Upon Occurrence	No	Report at the time the service is provided. Leave blank if service was not provided by VR agency staff.	1 = Service was provided in whole or part by VR agency staff
110	Counseling on Enrollment Opportunities, Service Provided through VR Agency Purchase	INT 1	No	No		Rehab Act	Pre-Employment Transition Services Data Elements	Upon Occurrence	No	Report at the time the service is provided. Leave blank if service was not provided through VR agency purchase.	1 = Service was provided in whole or part through purchase by the VR agency
111	Counseling on Enrollment Opportunities, Purchased Service Provider Type	INT 1	No	No		Rehab Act	Pre-Employment Transition Services Data Elements	Upon Occurrence	No	If the service was provided in whole or part through purchase by the VR agency, the Purchased Service Provider Type must be reported. Report the code value that best describes the primary service provider. Leave blank if service was not provided through purchase by VR agency.	1 = Public Community Rehabilitation Program (CRP) 2 = Private CRP 3 = Other Public Service Provider 4 = Other Private Service Provider
112	Counseling on Enrollment Opportunities, VR Program Expenditure for Purchased Service	INT 6	No	No		Rehab Act	Pre-Employment Transition Services Data Elements	Upon Occurrence	No	If the service was purchased by the agency, report the actual cost of a Counseling on Enrollment Opportunities service. Report at the time the expenditure is paid.	XXXXXX
115	Workplace Readiness Training, Service Provided by VR Agency Staff	INT 1	No	No		Rehab Act	Pre-Employment Transition Services Data Elements	Upon Occurrence	No	Report at the time the service is provided. Leave blank if service was not provided by VR agency staff.	1 = Service was provided in whole or part by VR agency staff
116	Workplace Readiness Training, Service Provided through VR Agency Purchase	INT 1	No	No		Rehab Act	Pre-Employment Transition Services Data Elements	Upon Occurrence	No	Report at the time the service is provided. Leave blank if service was not provided through VR agency purchase.	1 = Service was provided in whole or part through purchase by the VR agency
117	Workplace Readiness Training, Purchased Service Provider Type	INT 1	No	No		Rehab Act	Pre-Employment Transition Services Data Elements	Upon Occurrence	No	If the service was provided in whole or part through purchase by the VR agency, the Purchased Service Provider Type must be reported. Report the code value that best describes the primary service provider. Leave blank if service was not provided through purchase by VR agency.	1 = Public Community Rehabilitation Program (CRP) 2 = Private CRP 3 = Other Public Service Provider 4 = Other Private Service Provider
118	Workplace Readiness Training, VR Program Expenditure for Purchased Service	INT 6	No	No		Rehab Act	Pre-Employment Transition Services Data Elements	Upon Occurrence	No	If the service was purchased by the agency, report the actual cost of a Workplace Readiness Training service. Report at the time the expenditure is paid.	XXXXXX
121	Instruction in Self Advocacy, Service Provided by VR Agency Staff	INT 1	No	No		Rehab Act	Pre-Employment Transition Services Data Elements	Upon Occurrence	No	Report at the time the service is provided. Leave blank if service was not provided by VR agency staff.	1 = Service was provided in whole or part by VR agency staff
122	Instruction in Self Advocacy, Service Provided through VR Agency Purchase	INT 1	No	No		Rehab Act	Pre-Employment Transition Services Data Elements	Upon Occurrence	No	Report at the time the service is provided. Leave blank if service was not provided through VR agency purchase.	1 = Service was provided in whole or part through purchase by the VR agency
123	Instruction in Self Advocacy, Purchased Service Provider Type	INT 1	No	No		Rehab Act	Pre-Employment Transition Services Data Elements	Upon Occurrence	No	If the service was provided in whole or part through purchase by the VR agency, the Purchased Service Provider Type must be reported. Report the code value that best describes the primary service provider. Leave blank if service was not provided through purchase by VR agency.	1 = Public Community Rehabilitation Program (CRP) 2 = Private CRP 3 = Other Public Service Provider 4 = Other Private Service Provider
124	Instruction in Self Advocacy, VR Program Expenditure for Purchased Service	INT 6	No	No		Rehab Act	Pre-Employment Transition Services Data Elements	Upon Occurrence	No	If the service was purchased by the agency, report the actual cost of an Instruction in Self Advocacy service. Report at the time the expenditure is paid.	XXXXXX
127	Start Date of Initial VR Service on or after IPE	DATE	No	No	900	Rehab Act	Individualized Plan for Employment (IPE) Data Elements	Upon Occurrence	No	Report the date the eligible individual received the first VR service on or after the Initial IPE Date (DE 398). Reporting of this element informs whether the eligible individual with an IPE is a participant for purposes of the WIOA performance indicators. Leave blank if the eligible individual has not received a VR service yet or did not receive a VR service after the IPE was developed. The VR agency cannot change this date after it is reported. The date must be verifiable through supporting documentation.	YYYYMMDD
130	Graduate College or University, Service Provided through VR Agency Purchase	INT 1	No	No		Rehab Act	Training Services Data Elements	Upon Occurrence	No	Full-time or part-time academic training leading to a degree recognized as beyond a Baccalaureate Degree, such as a Master of Science, Master of Arts, or Doctor of Philosophy. Report at the time the service is provided. This Training Service may only be provided to an eligible individual under an IPE. Leave blank if service was not provided through purchase by VR agency. The costs associated with training are for tuition, fees and books only. Costs associated with housing or meals during periods of training are to be recorded under Maintenance.	1 = Service was provided in whole or part through purchase by the VR agency
131	Graduate College or University, Purchased Service Provider Type	INT 1	No	No		Rehab Act	Training Services Data Elements	Upon Occurrence	No	If the service was provided in whole or part through purchase by the VR agency, the Purchased Service Provider Type must be reported. For each service category, report the code value that best describes the primary service provider. Leave blank if service was not provided through purchase by VR agency.	1 = Public Community Rehabilitation Program (CRP) 2 = Private CRP 3 = Other Public Service Provider 4 = Other Private Service Provider
132	Graduate College or University, Amount of VR Title I Funds Expended	INT 6	No	No		Rehab Act	Training Services Data Elements	Upon Occurrence	No	Report the quarterly VR program expenditures for the purchased service. Expenditures may include non-Federal share and VR program Federal funds, including program income, used to purchase the service. Expenditures do not include unliquidated obligations or encumbrances. Report at the time the expenditure is paid. Leave blank if service was not provided through purchase by VR agency. The costs associated with training are for tuition, fees and books only. Costs associated with housing or meals during periods of training are to be recorded under Maintenance.	XXXXXX
137	Four-Year College or University Training, Service Provided through VR Agency Purchase	INT 1	No	No		Rehab Act	Training Services Data Elements	Upon Occurrence	No	Full-time or part-time academic training leading to a baccalaureate degree, a certificate, or other recognized less than postgraduate educational credential. Such training may be provided by a four-year college or university or technical college. Report at the time the service is provided. This Training Service may only be provided to an eligible individual under an IPE. Leave blank if service was not provided through purchase by VR agency. The costs associated with training are for tuition, fees and books only. Costs associated with housing or meals during periods of training are to be recorded under Maintenance.	1 = Service was provided in whole or part through purchase by the VR agency
138	Four-Year College or University Training, Purchased Service Provider Type	INT 1	No	No		Rehab Act	Training Services Data Elements	Upon Occurrence	No	If the service was provided in whole or part through purchase by the VR agency, the Purchased Service Provider Type must be reported. For each service category, report the code value that best describes the primary service provider. Leave blank if service was not provided through purchase by VR agency.	1 = Public Community Rehabilitation Program (CRP) 2 = Private CRP 3 = Other Public Service Provider 4 = Other Private Service Provider
139	Four-Year College or University Training, Amount of VR Funds Expended for Service (Title I)	INT 6	No	No		Rehab Act	Training Services Data Elements	Upon Occurrence	No	Report the quarterly VR program expenditures for the purchased service. Expenditures may include non-Federal share and VR program Federal funds, including program income, used to purchase the service. Expenditures do not include unliquidated obligations or encumbrances. Report at the time the expenditure is paid. Leave blank if service was not provided through purchase by VR agency. The costs associated with training are for tuition, fees and books only. Costs associated with housing or meals during periods of training are to be recorded under Maintenance.	XXXXXX
144	Junior or Community College Training, Service Provided through VR Agency Purchase	INT 1	No	No		Rehab Act	Training Services Data Elements	Upon Occurrence	No	Full-time or part-time academic training above the secondary school level leading to an Associate's Degree, a certificate, or other recognized educational credential. Such training is provided by a community college, junior college, or technical college. Report at the time the service is provided. This Training Service may only be provided to an eligible individual under an IPE. Leave blank if service was not provided through purchase by VR agency. The costs associated with training are for tuition, fees and books only. Costs associated with housing or meals during periods of training are to be recorded under Maintenance.	1 = Service was provided in whole or part through purchase by the VR agency

Data Element (DE) Number	Data Element (DE) Name	Data Type	Multiple Values Allowed	Change	PIRL Element	Statutory Requirement	Report at	Report	Correctable (Y/N)	Definitions or Reporting Instructions	Code Values
145	Junior or Community College Training, Purchased Service Provider Type	INT 1	No	No		Rehab Act	Training Services Data Elements	Upon Occurrence	No	If the service was provided in whole or part through purchase by the VR agency, the Purchased Service Provider Type must be reported. For each service category, report the code value that best describes the primary service provider. Leave blank if service was not provided through purchase by VR agency.	1 = Public Community Rehabilitation Program (CRP) 2 = Private CRP 3 = Other Public Service Provider 4 = Other Private Service Provider
146	Junior or Community College Training, Amount of VR Funds Expended for Service (Title I)	INT 6	No	No		Rehab Act	Training Services Data Elements	Upon Occurrence	No	Report the quarterly VR program expenditures for the purchased service. Expenditures may include non-Federal share and VR program Federal funds, including program income, used to purchase the service. Expenditures do not include uniquidated obligations or encumbrances. Report at the time the expenditure is paid. Leave blank if service was not provided through purchase by VR agency. The costs associated with training are for tuition, fees and books only. Costs associated with housing or meals during periods of training are to be recorded under Maintenance.	XXXXXX
150	Occupational or Vocational Training, Service Provided by VR Agency Staff (in-house)	INT 1	No	No		Rehab Act	Training Services Data Elements	Upon Occurrence	No	Occupational, vocational, or job skill training provided by an institution of higher education, business, or a vocational/trade or technical school that may or may not lead to a recognized postsecondary credential. Report at the time the service is provided. This Training Service may only be provided to an eligible individual under an IPE. Leave blank if service was not provided by VR agency staff.	1 = Service was provided in whole or part by VR agency staff
151	Occupational or Vocational Training, Service Provided through VR Agency Purchase	INT 1	No	No		Rehab Act	Training Services Data Elements	Upon Occurrence	No	Occupational, vocational, or job skill training provided by an institution of higher education, business, or a vocational/trade or technical school that may or may not lead to a recognized postsecondary credential. Report at the time the service is provided. This Training Service may only be provided to an eligible individual under an IPE. Leave blank if service was not provided through purchase by VR agency.	1 = Service was provided in whole or part through purchase by the VR agency
152	Occupational or Vocational Training, Purchased Service Provider Type	INT 1	No	No		Rehab Act	Training Services Data Elements	Upon Occurrence	No	If the service was provided in whole or part through purchase by the VR agency, the Purchased Service Provider Type must be reported. For each service category, report the code value that best describes the primary service provider. Leave blank if service was not provided through purchase by VR agency.	1 = Public Community Rehabilitation Program (CRP) 2 = Private CRP 3 = Other Public Service Provider 4 = Other Private Service Provider
153	Occupational or Vocational Training, Amount of VR Funds Expended for Service (Title I)	INT 6	No	No		Rehab Act	Training Services Data Elements	Upon Occurrence	No	Report the quarterly VR program expenditures for the purchased service. Expenditures may include non-Federal share and VR program Federal funds, including program income, used to purchase the service. Expenditures do not include uniquidated obligations or encumbrances. Report at the time the expenditure is paid. Leave blank if service was not provided through purchase by VR agency.	XXXXXX
157	On The Job Training, Service Provided by VR Agency Staff (in-house)	INT 1	No	No		Rehab Act	Training Services Data Elements	Upon Occurrence	No	Training in specific job skills by a prospective employer. Generally, the trainee is paid during this training. Report at the time the service is provided. This Training Service may only be provided to an eligible individual under an IPE. Leave blank if service was not provided by VR agency staff.	1 = Service was provided in whole or part by VR agency staff
158	On The Job Training, Service Provided through VR Agency Purchase	INT 1	No	No		Rehab Act	Training Services Data Elements	Upon Occurrence	No	Training in specific job skills by a prospective employer. Generally, the trainee is paid during this training. Report at the time the service is provided. This Training Service may only be provided to an eligible individual under an IPE. Leave blank if service was not provided through purchase by VR agency.	1 = Service was provided in whole or part through purchase by the VR agency
159	On The Job Training, Purchased Service Provider Type	INT 1	No	No		Rehab Act	Training Services Data Elements	Upon Occurrence	No	If the service was provided in whole or part through purchase by the VR agency, the Purchased Service Provider Type must be reported. For each service category, report the code value that best describes the primary service provider. Leave blank if service was not provided through purchase by VR agency.	1 = Public Community Rehabilitation Program (CRP) 2 = Private CRP 3 = Other Public Service Provider 4 = Other Private Service Provider
160	On The Job Training, Amount of VR Funds Expended for Service (Title I)	INT 6	No	No		Rehab Act	Training Services Data Elements	Upon Occurrence	No	Report the quarterly VR program expenditures for the purchased service. Expenditures may include non-Federal share and VR program Federal funds, including program income, used to purchase the service. Expenditures do not include uniquidated obligations or encumbrances. Report at the time the expenditure is paid. Leave blank if service was not provided through purchase by VR agency.	XXXXXX
164	Registered Apprenticeship Training, Service Provided through VR Agency Purchase	INT 1	No	No		Rehab Act	Training Services Data Elements	Upon Occurrence	No	A work-based employment and training program that combines hands-on, on-the-job work experience in a skilled occupation with related classroom instruction. Structured apprenticeship programs generally have minimum requirements for the duration of on-the job work experience, classroom instruction, and provide a recognized certificate of completion. Report at the time the service is provided. This Training Service may only be provided to an eligible individual under an IPE. Leave blank if service was not provided by VR agency staff.	1 = Service was provided in whole or part through purchase by the VR agency
165	Registered Apprenticeship Training, Purchased Service Provider Type	INT 1	No	No		Rehab Act	Training Services Data Elements	Upon Occurrence	No	A work-based employment and training program that combines hands-on, on-the-job work experience in a skilled occupation with related classroom instruction. Structured apprenticeship programs generally have minimum requirements for the duration of on-the job work experience, classroom instruction, and provide a recognized certificate of completion. Report at the time the service is provided. Leave blank if service was not provided through purchase by VR agency.	1 = Public Community Rehabilitation Program (CRP) 2 = Private CRP 3 = Other Public Service Provider 4 = Other Private Service Provider
166	Registered Apprenticeship Training, Amount of VR Funds Expended for Service (Title I)	INT 6	No	No		Rehab Act	Training Services Data Elements	Upon Occurrence	No	Report the quarterly VR program expenditures for the purchased service. Expenditures may include non-Federal share and VR program Federal funds, including program income, used to purchase the service. Expenditures do not include uniquidated obligations or encumbrances. Report at the time the expenditure is paid. Leave blank if service was not provided through purchase by VR agency.	XXXXXX
168	Registered Apprenticeship Training, Service Provided through Employer or other Organization	INT 1	No	Modified Data Element Name and Reporting Instructions		Rehab Act	Training Services Data Elements	Upon Occurrence	No	Leave blank if service was not provided by an Employer or other Registered Apprenticeship Training provider. This Training Service may only be provided to an eligible individual under an IPE.	1 = Service was provided in whole or part by an Employer or other Registered Apprenticeship Training Provider
170	Basic Academic Remedial or Literacy Training, Service Provided by VR Agency Staff (in-house)	INT 1	No	No		Rehab Act	Training Services Data Elements	Upon Occurrence	No	Literacy training or training provided to remediate basic academic skills that are needed to function on the job in the competitive labor market. Report at the time the service is provided. This Training Service may only be provided to an eligible individual under an IPE. Leave blank if service was not provided by VR agency staff.	1 = Service was provided in whole or part by VR agency staff
171	Basic Academic Remedial or Literacy Training, Service Provided through VR Agency Purchase	INT 1	No	No		Rehab Act	Training Services Data Elements	Upon Occurrence	No	Literacy training or training provided to remediate basic academic skills that are needed to function on the job in the competitive labor market. Report at the time the service is provided. This Training Service may only be provided to an eligible individual under an IPE. Leave blank if service was not provided through purchase by VR agency.	1 = Service was provided in whole or part through purchase by the VR agency
172	Basic Academic Remedial or Literacy Training, Purchased Service Provider Type	INT 1	No	No		Rehab Act	Training Services Data Elements	Upon Occurrence	No	If the service was provided in whole or part through purchase by the VR agency, the Purchased Service Provider Type must be reported. For each service category, report the code value that best describes the primary service provider. Leave blank if service was not provided through purchase by VR agency.	1 = Public Community Rehabilitation Program (CRP) 2 = Private CRP 3 = Other Public Service Provider 4 = Other Private Service Provider
173	Basic Academic Remedial or Literacy Training, Amount of VR Funds Expended for Service (Title I)	INT 6	No	No		Rehab Act	Training Services Data Elements	Upon Occurrence	No	Report the quarterly VR program expenditures for the purchased service. Expenditures may include non-Federal share and VR program Federal funds, including program income, used to purchase the service. Expenditures do not include uniquidated obligations or encumbrances. Report at the time the expenditure is paid. Leave blank if service was not provided through purchase by VR agency.	XXXXXX
177	Job Readiness Training, Service, Provided by VR Agency Staff (in-house)	INT 1	No	No		Rehab Act	Training Services Data Elements	Upon Occurrence	No	Training provided to prepare an individual for work (e.g., work behaviors, interpersonal communication skills, increasing productivity, etc.). Report at the time the service is provided. This Training Service may only be provided to an eligible individual under an IPE. Leave blank if service was not provided by VR agency staff.	1 = Service was provided in whole or part by VR agency staff
178	Job Readiness Training, Service Provided through VR Agency Purchase	INT 1	No	No		Rehab Act	Training Services Data Elements	Upon Occurrence	No	Training provided to prepare an individual for work (e.g., work behaviors, interpersonal communication skills, increasing productivity). Report at the time the service is provided. This Training Service may only be provided to an eligible individual under an IPE. Leave blank if service was not provided through purchase by VR agency.	1 = Service was provided in whole or part through purchase by the VR agency
179	Job Readiness Training, Service, Purchased Service Provider Type	INT 1	No	No		Rehab Act	Training Services Data Elements	Upon Occurrence	No	If the service was provided in whole or part through purchase by the VR agency, the Purchased Service Provider Type must be reported. For each service category, report the code value that best describes the primary service provider. Leave blank if service was not provided through purchase by VR agency.	1 = Public Community Rehabilitation Program (CRP) 2 = Private CRP 3 = Other Public Service Provider 4 = Other Private Service Provider
180	Job Readiness Training, Service, Amount of VR Funds Expended for Service (Title I)	INT 6	No	No		Rehab Act	Training Services Data Elements	Upon Occurrence	No	Report the quarterly VR program expenditures for the purchased service. Expenditures may include non-Federal share and VR program Federal funds, including program income, used to purchase the service. Expenditures do not include uniquidated obligations or encumbrances. Report at the time the expenditure is paid. Leave blank if service was not provided through purchase by VR agency.	XXXXXX

Data Element (DE) Number	Data Element (DE) Name	Data Type	Multiple Values Allowed	Change	PIRL Element	Statutory Requirement	Report at	Report	Correctable (Y/N)	Definitions or Reporting Instructions	Code Values
184	Disability Related Skills Training, Service Provided by VR Agency Staff (in-house)	INT 1	No	No		Rehab Act	Training Services Data Elements	Upon Occurrence	No	Disability-related augmentative skills training includes but is not limited to: orientation and mobility; rehabilitation teaching; training in the use of low vision aids; braille; speech reading; sign language; and cognitive training/retraining. Report at the time the service is provided. Leave blank if service was not provided by VR agency staff.	1 = Service was provided in whole or part by VR agency staff
185	Disability Related Skills Training, Service Provided through VR Agency Purchase	INT 1	No	No		Rehab Act	Training Services Data Elements	Upon Occurrence	No	Disability-related augmentative skills training includes but is not limited to: orientation and mobility; rehabilitation teaching; training in the use of low vision aids; braille; speech reading; sign language; and cognitive training/retraining. Report at the time the service is provided. Leave blank if service was not provided through purchase by VR agency.	1 = Service was provided in whole or part through purchase by the VR agency
186	Disability Related Skills Training, Purchased Service Provider Type	INT 1	No	No		Rehab Act	Training Services Data Elements	Upon Occurrence	No	If the service was provided in whole or part through purchase by the VR agency, the Purchased Service Provider Type must be reported. For each service category, report the code value that best describes the primary service provider. Leave blank if service was not provided through purchase by VR agency.	1 = Public Community Rehabilitation Program (CRP) 2 = Private CRP 3 = Other Public Service Provider 4 = Other Private Service Provider
187	Disability Related Skills Training, Amount of VR Funds Expended for Service (Title I)	INT 6	No	No		Rehab Act	Training Services Data Elements	Upon Occurrence	No	Report the quarterly VR program expenditures for the purchased service. Expenditures may include non-Federal share and VR program Federal funds, including program income, used to purchase the service. Expenditures do not include unliquidated obligations or encumbrances. Report at the time the expenditure is paid. Leave blank if service was not provided through purchase by VR agency.	XXXXXX
191	Miscellaneous Training, Service Provided by VR Agency Staff (in-house)	INT 1	No	No		Rehab Act	Training Services Data Elements	Upon Occurrence	No	Any training not included in one of the other Training services listed. Report at the time the service is provided. This Training Service may only be provided to an eligible individual under an IPE. Leave blank if service was not provided by VR agency staff.	1 = Service was provided in whole or part by VR agency staff
192	Miscellaneous Training, Service Provided through VR Agency Purchase	INT 1	No	No		Rehab Act	Training Services Data Elements	Upon Occurrence	No	Any training not included in one of the other Training Services listed. Report at the time the service is provided. This Training Service may only be provided to an eligible individual under an IPE. Leave blank if service was not provided through purchase by VR agency.	1 = Service was provided in whole or part through purchase by the VR agency
193	Miscellaneous Training, Purchased Service Provider Type	INT 1	No	No		Rehab Act	Training Services Data Elements	Upon Occurrence	No	If the service was provided in whole or part through purchase by the VR agency, the Purchased Service Provider Type must be reported. For each service category, report the code value that best describes the primary service provider. Leave blank if service was not provided through purchase by VR agency.	1 = Public Community Rehabilitation Program (CRP) 2 = Private CRP 3 = Other Public Service Provider 4 = Other Private Service Provider
194	Miscellaneous Training, Amount of VR Funds Expended for Service (Title I)	INT 6	No	No		Rehab Act	Training Services Data Elements	Upon Occurrence	No	Report the quarterly VR program expenditures for the purchased service. Expenditures may include non-Federal share and VR program Federal funds, including program income, used to purchase the service. Expenditures do not include unliquidated obligations or encumbrances. Report at the time the expenditure is paid. Leave blank if service was not provided through purchase by VR agency.	XXXXXX
198	Randolph-Sheppard Entrepreneurial Training, Service Provided by VR Agency Staff (in-house)	INT 1	No	No		Rehab Act	Training Services Data Elements	Upon Occurrence	No	Training for establishing a small business or individualized training through the Randolph-Sheppard program. Report at the time the service is provided. This Training Service may only be provided to an eligible individual under an IPE. Leave blank if service was not provided by VR agency staff.	1 = Service was provided in whole or part by VR agency staff
199	Randolph-Sheppard Entrepreneurial Training, Service Provided through VR Agency Purchase	INT 1	No	No		Rehab Act	Training Services Data Elements	Upon Occurrence	No	Training for establishing a small business or individualized training through the Randolph-Sheppard program. Report at the time the service is provided. This Training Service may only be provided to an eligible individual under an IPE. Leave blank if service was not provided through purchase by VR agency.	1 = Service was provided in whole or part through purchase by the VR agency
200	Randolph-Sheppard Entrepreneurial Training, Purchased Service Provider Type	INT 1	No	No		Rehab Act	Training Services Data Elements	Upon Occurrence	No	If the service was provided in whole or part through purchase by the VR agency, the Purchased Service Provider Type must be reported. For each service category, report the code value that best describes the primary service provider. Leave blank if service was not provided through purchase by VR agency.	1 = Public Community Rehabilitation Program (CRP) 2 = Private CRP 3 = Other Public Service Provider 4 = Other Private Service Provider
201	Randolph-Sheppard Entrepreneurial Training, Amount of VR Funds Expended for Service (Title I)	INT 6	No	No		Rehab Act	Training Services Data Elements	Upon Occurrence	No	Report the quarterly VR program expenditures for the purchased service. Expenditures may include non-Federal share and VR program Federal funds, including program income, used to purchase the service. Expenditures do not include unliquidated obligations or encumbrances. Report at the time the expenditure is paid. Leave blank if service was not provided through purchase by VR agency.	XXXXXX
205	Customized Training, Service Provided by VR Agency Staff (in-house)	INT 1	No	No		Rehab Act	Training Services Data Elements	Upon Occurrence	No	A training program designed to meet the special requirements of an employer who has entered into an agreement with a service delivery area to hire individuals who are trained to the employer's specifications. This Training Service is not to be confused with Customized Employment (DE 275). Report at the time the service is provided. This Training Service may only be provided to an eligible individual under an IPE. Leave blank if service was not provided by VR agency staff.	1 = Service was provided in whole or part by VR agency staff
206	Customized Training, Service Provided through VR Agency Purchase	INT 1	No	No		Rehab Act	Training Services Data Elements	Upon Occurrence	No	A training program designed to meet the special requirements of an employer who has entered into an agreement with a service delivery area to hire individuals who are trained to the employer's specifications. This Training Service is not to be confused with Customized Employment (DE 275). Report at the time the service is provided. Leave blank if service was not provided through purchase by VR agency.	1 = Service was provided in whole or part through purchase by the VR agency
207	Customized Training, Purchased Service Provider Type	INT 1	No	No		Rehab Act	Training Services Data Elements	Upon Occurrence	No	If the service was provided in whole or part through purchase by the VR agency, the Purchased Service Provider Type must be reported. For each service category, report the code value that best describes the primary service provider. Leave blank if service was not provided through purchase by VR agency.	1 = Public Community Rehabilitation Program (CRP) 2 = Private CRP 3 = Other Public Service Provider 4 = Other Private Service Provider
208	Customized Training, Amount of VR Funds Expended for Service (Title I)	INT 6	No	No		Rehab Act	Training Services Data Elements	Upon Occurrence	No	Report the quarterly VR program expenditures for the purchased service. Expenditures may include non-Federal share and VR program Federal funds, including program income, used to purchase the service. Expenditures do not include unliquidated obligations or encumbrances. Report at the time the expenditure is paid. Leave blank if service was not provided through purchase by VR agency.	XXXXXX
402	Work Based Learning Experience, Service Provided by VR Agency Staff (in-house)	INT 1	No	No		Rehab Act	Training Services Data Elements	Upon Occurrence	No	Includes apprenticeships, internships, short-term employment, and other work-based learning experiences not elsewhere classified. These opportunities are provided in an integrated environment in the community to the maximum extent possible and may be paid or unpaid. Report Registered Apprenticeships in DEs 164-169, On the Job Training in DEs 158-163, and Work Based Learning Experience, as a Pre-Employment Transition Service for students with disabilities, in DEs 103-106. Report at the time the service is provided. This Training Service may only be provided to eligible individuals under an IPE. Leave blank if service was not provided by VR agency staff.	1 = Service was provided in whole or part by VR agency staff
403	Work Based Learning Experience, Service Provided through VR Agency Purchase	INT 1	No	No		Rehab Act	Training Services Data Elements	Upon Occurrence	No	Includes apprenticeships, internships, short-term employment, and other work-based learning experiences not elsewhere classified. These opportunities are provided in an integrated environment in the community to the maximum extent possible and may be paid or unpaid. Report Registered Apprenticeships in DEs 164-169, On the Job Training in DEs 158-163, and Work Based Learning Experience, as a Pre-Employment Transition Service for students with disabilities, in DEs 103-106. Report at the time the service is provided. This Training Service may only be provided to eligible individuals under an IPE. Leave blank if service was not provided through purchase by VR agency.	1 = Service was provided in whole or part through purchase by the VR agency
404	Work Based Learning Experience, Purchased Service Provider Type	INT 1	No	No		Rehab Act	Training Services Data Elements	Upon Occurrence	No	If the service was provided in whole or part through purchase by the VR agency, the Purchased Service Provider Type must be reported. For each service category, report the code value that best describes the primary service provider. Leave blank if service was not provided through purchase by VR agency.	1 = Public Community Rehabilitation Program (CRP) 2 = Private CRP 3 = Other Public Service Provider 4 = Other Private Service Provider
405	Work Based Learning Experience, Amount of VR Funds Expended for Service (Title I)	INT 6	No	No		Rehab Act	Training Services Data Elements	Upon Occurrence	No	Report the quarterly VR program expenditures for the purchased service. Expenditures may include non-Federal share and VR program Federal funds, including program income, used to purchase the service. Expenditures do not include unliquidated obligations or encumbrances. Report at the time the expenditure is paid. Leave blank if service was not provided through purchase by VR agency.	XXXXXX
212	Assessment, Service Provided by VR Agency Staff (in- house)	INT 1	No	No		Rehab Act	Career Services Data Elements	Upon Occurrence	No	Assessment means services provided and activities performed to determine an individual's eligibility for VR services, to assign an individual to a priority category of a VR program that operates under an order of selection, and/or to determine the nature and scope of VR services to be included in the IPE. It also includes trial work experiences. Report at the time the service is provided. Leave blank if service was not provided by VR agency staff.	1 = Service was provided in whole or part by VR agency staff

Data Element (DE) Number	Data Element (DE) Name	Data Type	Multiple Values Allowed	Change	PIRL Element	Statutory Requirement	Report at	Report	Correctable (Y/N)	Definitions or Reporting Instructions	Code Values
213	Assessment, Service Provided through VR Agency Purchase	INT 1	No	No		Rehab Act	Career Services Data Elements	Upon Occurrence	No	Assessment means services provided and activities performed to determine an individual's eligibility for VR services, to assign an individual to a priority category of a VR program that operates under an order of selection, and/or to determine the nature and scope of VR services to be included in the IPE. It also includes trial work experiences. Report at the time the service is provided. Leave blank if service was not provided through purchase by VR agency.	1 = Service was provided in whole or part through purchase by the VR agency
214	Assessment, Purchased Service Provider Type	INT 1	No	No		Rehab Act	Career Services Data Elements	Upon Occurrence	No	If the service was provided in whole or part through purchase by the VR agency, the Purchased Service Provider Type must be reported. For each service category, report the code value that best describes the primary service provider. Leave blank if service was not provided through purchase by VR agency.	1 = Public Community Rehabilitation Program (CRP) 2 = Private CRP 3 = Other Public Service Provider 4 = Other Private Service Provider
215	Assessment, Amount of VR Funds Expended for Service (Title I)	INT 6	No	No		Rehab Act	Career Services Data Elements	Upon Occurrence	No	Report the quarterly VR program expenditures for the purchased service. Expenditures may include non-Federal share and VR program Federal funds, including program income, used to purchase the service. Expenditures do not include unliquidated obligations or encumbrances. Report at the time the expenditure is paid. Leave blank if service was not provided through purchase by VR agency.	XXXXXX
219	Diagnosis and Treatment of Impairments, Service Provided by VR Agency Staff (in-house)	INT 1	No	No		Rehab Act	Career Services Data Elements	Upon Occurrence	No	Corrective surgery or therapeutic treatment, diagnosis and treatment of mental and emotional disorders, dentistry, nursing services, necessary hospitalization, drugs and supplies, prosthetics, eye glasses, podiatry, physical therapy, occupation therapy, speech or hearing therapy, mental health services, treatment of acute or chronic medical complications, other medical or medically related rehabilitation services. This Career Service does not include assessments for determining eligibility or assessments for determining the nature/scope of services provided on the IPE. Report these assessments using DEs 213-218. This Career Service may only be provided to an eligible individual under an IPE. Report at the time the service is provided. Leave blank if service was not provided by VR agency staff.	1 = Service was provided in whole or part by VR agency staff
220	Diagnosis and Treatment of Impairments, Service Provided through VR Agency Purchase	INT 1	No	No		Rehab Act	Career Services Data Elements	Upon Occurrence	No	Corrective surgery or therapeutic treatment, diagnosis and treatment of mental and emotional disorders, dentistry, nursing services, necessary hospitalization, drugs and supplies, prosthetics, eye glasses, podiatry, physical therapy, occupation therapy, speech or hearing therapy, mental health services, treatment of acute or chronic medical complications, other medical or medically related rehabilitation services. This Career Services does not include assessments for determining eligibility or assessments for determining the nature/scope of services provided on the IPE. Report these assessments using DEs 213-218. This Career Service may only be provided to an eligible individual under an IPE. Report at the time the service is provided. Leave blank if service was not provided through purchase by VR agency.	1 = Service was provided in whole or part through purchase by the VR agency
221	Diagnosis and Treatment of Impairments, Purchased Service Provider Type	INT 1	No	No		Rehab Act	Career Services Data Elements	Upon Occurrence	No	If the service was provided in whole or part through purchase by the VR agency, the Purchased Service Provider Type must be reported. For each service category, report the code value that best describes the primary service provider. Leave blank if service was not provided through purchase by VR agency.	1 = Public Community Rehabilitation Program (CRP) 2 = Private CRP 3 = Other Public Service Provider 4 = Other Private Service Provider
222	Diagnosis and Treatment of Impairments, Amount of VR Funds Expended for Service (Title I)	INT 6	No	No		Rehab Act	Career Services Data Elements	Upon Occurrence	No	Report the quarterly VR program expenditures for the purchased service. Expenditures may include non-Federal share and VR program Federal funds, including program income, used to purchase the service. Expenditures do not include unliquidated obligations or encumbrances. Report at the time the expenditure is paid. Leave blank if service was not provided through purchase by VR agency.	XXXXXX
226	Vocational Rehabilitation Counseling and Guidance, Service Provided by VR Agency Staff (in-house)	INT 1	No	No		Rehab Act	Career Services Data Elements	Upon Occurrence	No	Vocational rehabilitation counseling and guidance includes information and support services to assist an individual in exercising informed choice. Report at the time the service is provided. This Career Service may only be provided to an eligible individual under an IPE. Leave blank if service was not provided by VR agency staff.	1 = Service was provided in whole or part by VR agency staff
227	Vocational Rehabilitation Counseling and Guidance, Service Provided by through VR Agency Purchase	INT 1	No	No		Rehab Act	Career Services Data Elements	Upon Occurrence	No	Vocational rehabilitation counseling and guidance includes information and support services to assist an individual in exercising informed choice. Report at the time the service is provided. This Career Service may only be provided to an eligible individual under an IPE. Leave blank if service was not provided through purchase by VR agency.	1 = Service was provided in whole or part through purchase by the VR agency
228	Vocational Rehabilitation Counseling and Guidance, Purchased Service Provider Type	INT 1	No	No		Rehab Act	Career Services Data Elements	Upon Occurrence	No	If the service was provided in whole or part through purchase by the VR agency, the Purchased Service Provider Type must be reported. For each service category, report the code value that best describes the primary service provider. Leave blank if service was not provided through purchase by VR agency.	1 = Public Community Rehabilitation Program (CRP) 2 = Private CRP 3 = Other Public Service Provider 4 = Other Private Service Provider
229	Vocational Rehabilitation Counseling and Guidance, Amount of VR Funds Expended for Service (Title I)	INT 6	No	No		Rehab Act	Career Services Data Elements	Upon Occurrence	No	Report the quarterly VR program expenditures for the purchased service. Expenditures may include non-Federal share and VR program Federal funds, including program income, used to purchase the service. Expenditures do not include unliquidated obligations or encumbrances. Report at the time the expenditure is paid. Leave blank if service was not provided through purchase by VR agency.	XXXXXX
233	Job Search Assistance, Service Provided by VR Agency Staff (in-house)	INT 1	No	No		Rehab Act	Career Services Data Elements	Upon Occurrence	No	Job search activities support and assist an individual in searching for an appropriate job. Job search assistance may include help in resume preparation, identifying appropriate job opportunities, developing interview skills, and making contacts with companies on behalf of the consumer. Report at the time the service is provided. This Career Service may only be provided to an eligible individual under an IPE. Leave blank if service was not provided by VR agency staff.	1 = Service was provided in whole or part by VR agency staff
234	Job Search Assistance, Service Provided through VR Agency Purchase	INT 1	No	No		Rehab Act	Career Services Data Elements	Upon Occurrence	No	Job search activities support and assist an individual in searching for an appropriate job. Job search assistance may include help in resume preparation, identifying appropriate job opportunities, developing interview skills, and making contacts with companies on behalf of the consumer. Report at the time the service is provided. This Career Service may only be provided to an eligible individual under an IPE. Leave blank if service was not provided through purchase by VR agency.	1 = Service was provided in whole or part through purchase by the VR agency
235	Job Search Assistance, Purchased Service Provider Type	INT 1	No	No		Rehab Act	Career Services Data Elements	Upon Occurrence	No	If the service was provided in whole or part through purchase by the VR agency, the Purchased Service Provider Type must be reported. For each service category, report the code value that best describes the primary service provider. Leave blank if service was not provided through purchase by VR agency.	1 = Public Community Rehabilitation Program (CRP) 2 = Private CRP 3 = Other Public Service Provider 4 = Other Private Service Provider
236	Job Search Assistance, Amount of VR Funds Expended for Service (Title I)	INT 6	No	No		Rehab Act	Career Services Data Elements	Upon Occurrence	No	Report the quarterly VR program expenditures for the purchased service. Expenditures may include non-Federal share and VR program Federal funds, including program income, used to purchase the service. Expenditures do not include unliquidated obligations or encumbrances. Report at the time the expenditure is paid. Leave blank if service was not provided through purchase by VR agency.	XXXXXX
240	Job Placement Assistance, Service Provided by VR Job Placement Assistance, Agency Staff (in-house)	INT 1	No	No		Rehab Act	Career Services Data Elements	Upon Occurrence	No	Job placement assistance is a referral to a specific job resulting in an interview, regardless of whether or not the individual obtained the job. Report at the time the service is provided. This Career Service may only be provided to an eligible individual under an IPE. Leave blank if service was not provided by VR agency staff.	1 = Service was provided in whole or part by VR agency staff
241	Job Placement Assistance, Service Provided through VR Agency Purchase	INT 1	No	No		Rehab Act	Career Services Data Elements	Upon Occurrence	No	Job placement assistance is a referral to a specific job resulting in an interview, regardless of whether or not the individual obtained the job. Report at the time the service is provided. This Career Service may only be provided to an eligible individual under an IPE. Leave blank if service was not provided through purchase by VR agency.	1 = Service was provided in whole or part through purchase by the VR agency
242	Job Placement Assistance, Purchased Service Provider Type	INT 1	No	No		Rehab Act	Career Services Data Elements	Upon Occurrence	No	If the service was provided in whole or part through purchase by the VR agency, the Purchased Service Provider Type must be reported. For each service category, report the code value that best describes the primary service provider. Leave blank if service was not provided through purchase by VR agency.	1 = Public Community Rehabilitation Program (CRP) 2 = Private CRP 3 = Other Public Service Provider 4 = Other Private Service Provider
243	Job Placement Assistance, Amount of VR Funds Expended for Service (Title I)	INT 6	No	No		Rehab Act	Career Services Data Elements	Upon Occurrence	No	Report the quarterly VR program expenditures for the purchased service. Expenditures may include non-Federal share and VR program Federal funds, including program income, used to purchase the service. Expenditures do not include unliquidated obligations or encumbrances. Report at the time the expenditure is paid. This Career Service may only be provided to an eligible individual under an IPE. Leave blank if service was not provided through purchase by VR agency.	XXXXXX
247	Short Term Job Supports, Service Provided by VR Agency Staff (in-house)	INT 1	No	No		Rehab Act	Career Services Data Elements	Upon Occurrence	No	Support services provided to an individual who has been placed in employment in order to stabilize the placement and enhance job retention. This Career Service is not Supported Employment Services. Report at the time the service is provided. This Career Service may only be provided to an eligible individual under an IPE. Leave blank if service was not provided by VR agency staff.	1 = Service was provided in whole or part by VR agency staff

Data Element (DE) Number	Data Element (DE) Name	Data Type	Multiple Values Allowed	Change	PIRL Element	Statutory Requirement	Report at	Report	Correctable (Y/N)	Definitions or Reporting Instructions	Code Values
248	Short Term Job Supports, Service Provided through VR Agency Purchase	INT 1	No	No		Rehab Act	Career Services Data Elements	Upon Occurrence	No	Support services provided to an individual who has been placed in employment in order to stabilize the placement and enhance job retention. This Career Service is not Supported Employment Services. Report at the time the service is provided. This Career Service may only be provided to an eligible individual under an IPE. Leave blank if service was not provided through purchase by VR agency.	1 = Service was provided in whole or part through purchase by the VR agency
249	Short Term Job Supports, Purchased Service Provider Type	INT 1	No	No		Rehab Act	Career Services Data Elements	Upon Occurrence	No	If the service was provided in whole or part through purchase by the VR agency, the Purchased Service Provider Type must be reported. For each service category, report the code value that best describes the primary service provider. Leave blank if service was not provided through purchase by VR agency.	1 = Public Community Rehabilitation Program (CRP) 2 = Private CRP 3 = Other Public Service Provider 4 = Other Private Service Provider
250	Short Term Job Supports, Amount of VR Funds Expended for Service (Title I)	INT 6	No	No		Rehab Act	Career Services Data Elements	Upon Occurrence	No	Report the quarterly VR program expenditures for the purchased service. Expenditures may include non-Federal share and VR program Federal funds, including program income, used to purchase the service. Expenditures do not include unliquidated obligations or encumbrances. Report at the time the expenditure is paid. Leave blank if service was not provided through purchase by VR agency.	XXXXXX
254	Supported Employment Services, Service Provided by VR Agency Staff (in-house)	INT 1	No	No		Rehab Act	Career Services Data Elements	Upon Occurrence	No	Supported employment services are ongoing support services, including customized employment, and other appropriate services needed to support an individual with a most significant disability in maintaining supported employment. Report at the time the service is provided. This Career Service may only be provided to an eligible individual with a most significant disability under an IPE. Leave blank if service was not provided by VR agency staff.	1 = Service was provided in whole or part by VR agency staff
255	Supported Employment Services, Service Provided through VR Agency Purchase	INT 1	No	No		Rehab Act	Career Services Data Elements	Upon Occurrence	No	Supported employment services are ongoing support services, including customized employment, and other appropriate services needed to support an individual with a most significant disability in maintaining supported employment. Report at the time the service is provided. This Career Service may only be provided to an eligible individual with a most significant disability under an IPE. Leave blank if service was not provided through purchase by VR agency.	1 = Service was provided in whole or part through purchase by the VR agency
256	Supported Employment Services, Purchased Service Provider Type	INT 1	No	No		Rehab Act	Career Services Data Elements	Upon Occurrence	No	If the service was provided in whole or part through purchase by the VR agency, the Purchased Service Provider Type must be reported. For each service category, report the code value that best describes the primary service provider. Leave blank if service was not provided through purchase by VR agency.	1 = Public Community Rehabilitation Program (CRP) 2 = Private CRP 3 = Other Public Service Provider 4 = Other Private Service Provider
257	Supported Employment Services, Amount of VR Funds Expended for Service (Title I)	INT 6	No	No		Rehab Act	Career Services Data Elements	Upon Occurrence	No	Report the quarterly VR program expenditures for the purchased service. Expenditures may include non-Federal share and VR program Federal funds, including program income, used to purchase the service. Expenditures do not include unliquidated obligations or encumbrances. Report at the time the expenditure is paid. Leave blank if service was not provided through purchase by VR agency.	XXXXXX
258	Supported Employment Services, Amount of SE Funds Expended for Service (Title VI)	INT 6	No	No		Rehab Act	Career Services Data Elements	Upon Occurrence	No	Report the quarterly Supported Employment Services program expenditures for the purchased service. Recipients of these funds must have a supported employment goal in their IPE and must have already been placed in an employment setting at the time of the service. Report at the time the expenditure is paid. Leave blank if service was not provided through purchase by VR agency.	XXXXXX
261	Information and Referral Services, Service Provided by VR Agency Staff (in-house)	INT 1	No	No		Rehab Act	Career Services Data Elements	Upon Occurrence	No	Information and referral services are provided to individuals who need services from other agencies. Report at the time the service is provided. Leave blank if service was not provided through purchase by VR agency.	1 = Service was provided in whole or part by VR agency staff
262	Information and Referral Services, Service Provided through VR Agency Purchase	INT 1	No	No		Rehab Act	Career Services Data Elements	Upon Occurrence	No	Information and referral services are provided to individuals who need services from other agencies. Report at the time the service is provided. Leave blank if service was not provided through purchase by VR agency.	1 = Service was provided in whole or part through purchase by the VR agency
263	Information and Referral Services, Purchased Service Provider Type	INT 1	No	No		Rehab Act	Career Services Data Elements	Upon Occurrence	No	If the service was provided in whole or part through purchase by the VR agency, the Purchased Service Provider Type must be reported. For each service category, report the code value that best describes the primary service provider. Leave blank if service was not provided through purchase by VR agency.	1 = Public Community Rehabilitation Program (CRP) 2 = Private CRP 3 = Other Public Service Provider 4 = Other Private Service Provider
264	Information and Referral Services, Amount of VR Funds Expended for Service (Title I)	INT 6	No	No		Rehab Act	Career Services Data Elements	Upon Occurrence	No	Report the quarterly VR program expenditures for the purchased service. Expenditures may include non-Federal share and VR program Federal funds, including program income, used to purchase the service. Expenditures do not include unliquidated obligations or encumbrances. Report at the time the expenditure is paid. Leave blank if service was not provided through purchase by VR agency.	XXXXXX
268	Benefits Counseling, Service Provided by VR Agency Staff (in-house)	INT 1	No	No		Rehab Act	Career Services Data Elements	Upon Occurrence	No	Assistance provided to an individual who is interested in becoming employed, but is uncertain of the impact work income may have on any disability benefits and entitlements being received, and/or is not aware of benefits, such as access to healthcare, that might be available to support employment efforts. Report at the time the service is provided. Leave blank if service was not provided by VR agency staff.	1 = Service was provided in whole or part by VR agency staff
269	Benefits Counseling, Service Provided through VR Agency Purchase	INT 1	No	No		Rehab Act	Career Services Data Elements	Upon Occurrence	No	Assistance provided to an individual who is interested in becoming employed, but is uncertain of the impact work income may have on any disability benefits and entitlements being received, and/or is not aware of benefits, such as access to healthcare, that might be available to support employment efforts. Report at the time the service is provided. Leave blank if service was not provided through purchase by VR agency.	1 = Service was provided in whole or part through purchase by the VR agency
270	Benefits Counseling, Purchased Service Provider Type	INT 1	No	No		Rehab Act	Career Services Data Elements	Upon Occurrence	No	If the service was provided in whole or part through purchase by the VR agency, the Purchased Service Provider Type must be reported. For each service category, report the code value that best describes the primary service provider. Leave blank if service was not provided through purchase by VR agency.	1 = Public Community Rehabilitation Program (CRP) 2 = Private CRP 3 = Other Public Service Provider 4 = Other Private Service Provider
271	Benefits Counseling, Amount of VR Funds Expended for Service (Title I)	INT 6	No	No		Rehab Act	Career Services Data Elements	Upon Occurrence	No	Report the quarterly VR program expenditures for the purchased service. Expenditures may include non-Federal share and VR program Federal funds, including program income, used to purchase the service. Expenditures do not include unliquidated obligations or encumbrances. Report at the time the expenditure is paid. Leave blank if service was not provided through purchase by VR agency.	XXXXXX
275	Customized Employment Services, Service Provided by VR Agency Staff (in-house)	INT 1	No	No		Rehab Act	Career Services Data Elements	Upon Occurrence	No	Designed to meet the specific strengths, support needs, and work interests of the individual with a significant or most significant disability through Discovery, customized job development and negotiation strategies that address the business needs of employers, and ongoing support services. Report at the time the service is provided. This Career Service may only be provided to an eligible individual under an IPE. Leave blank if service was not provided by VR agency staff.	1 = Service was provided in whole or part by VR agency staff
276	Customized Employment Services, Service Provided through VR Agency Purchase	INT 1	No	No		Rehab Act	Career Services Data Elements	Upon Occurrence	No	Designed to meet the specific strengths, support needs, and work interests of the individual with a significant or most significant disability through Discovery, customized job development and negotiation strategies that address the business needs of employers, and ongoing support services. Report at the time the service is provided. This Career Service may only be provided to an eligible individual under an IPE. Leave blank if service was not provided through purchase by VR agency.	1 = Service was provided in whole or part through purchase by the VR agency
277	Customized Employment Services, Purchased Service Provider Type	INT 1	No	No		Rehab Act	Career Services Data Elements	Upon Occurrence	No	If the service was provided in whole or part through purchase by the VR agency, the Purchased Service Provider Type must be reported. For each service category, report the code value that best describes the primary service provider. Leave blank if service was not provided through purchase by VR agency.	1 = Public Community Rehabilitation Program (CRP) 2 = Private CRP 3 = Other Public Service Provider 4 = Other Private Service Provider
278	Customized Employment Services, Amount of VR Funds Expended for Service (Title I)	INT 6	No	No		Rehab Act	Career Services Data Elements	Upon Occurrence	No	Report the quarterly VR program expenditures for the purchased service. Expenditures may include non-Federal share and VR program Federal funds, including program income, used to purchase the service. Expenditures do not include unliquidated obligations or encumbrances. Report at the time the expenditure is paid. Leave blank if service was not provided through purchase by VR agency.	XXXXXX
279	Customized Employment Services, Amount of SE Funds Expended for Service (Title VI)	INT 6	No	No		Rehab Act	Career Services Data Elements	Upon Occurrence	No	Report the quarterly VR program expenditures for the purchased service. Recipients of these funds must have a customized employment goal in their IPE and must have already been placed in an employment setting at the time of the service. Report at the time the expenditure is paid. Leave blank if service was not provided through purchase by VR agency.	XXXXXX
282	Extended Services, Service Provided by VR Agency Staff (in-house)	INT 1	No	No		Rehab Act	Career Services Data Elements	Upon Occurrence	No	Ongoing support services and other appropriate services that are needed to support and maintain a youth with a most significant disability. Report at the time the service is provided. This Career Service may only be provided to an eligible individual who is a youth with the most significant disability under an IPE. Leave blank if service was not provided by VR agency staff.	1 = Service was provided in whole or part by VR agency staff

Data Element (DE) Number	Data Element (DE) Name	Data Type	Multiple Values Allowed	Change	PIRL Element	Statutory Requirement	Report at	Report	Correctable (Y/N)	Definitions or Reporting Instructions	Code Values
283	Extended Services, Service Provided through VR Agency Purchase	INT 1	No	No		Rehab Act	Career Services Data Elements	Upon Occurrence	No	Ongoing support services and other appropriate services that are needed to support and maintain a youth with a most significant disability. Report at the time the service is provided. This Career Service may only be provided to an eligible individual who is a youth with the most significant disability under an IPE. Leave blank if service was not provided through purchase by VR agency.	1 = Service was provided in whole or part through purchase by the VR agency
284	Extended Services, Purchased Service Provider Type	INT 1	No	No		Rehab Act	Career Services Data Elements	Upon Occurrence	No	If the service was provided to a youth with a most significant disability in whole or part through purchase by the VR agency, the Purchased Service Provider Type must be reported. For each service category, report the code value that best describes the primary service provider. Leave blank if service was not provided through purchase by VR agency.	1 = Public Community Rehabilitation Program (CRP) 2 = Private CRP 3 = Other Public Service Provider 4 = Other Private Service Provider
285	Extended Services, Amount of VR Funds Expended for Service (Title I)	INT 6	No	No		Rehab Act	Career Services Data Elements	Upon Occurrence	No	Report the quarterly VR program expenditures for the purchased service. Expenditures may include non-Federal share and VR program Federal funds, including program income, used to purchase the service for a youth with a most significant disability. Expenditures do not include unliquidated obligations or encumbrances. Report at the time the expenditure is paid. Leave blank if service was not provided through purchase by VR agency.	XXXXXX
286	Extended Services, Amount of SE Funds Expended for Service (Title VI)	INT 6	No	No		Rehab Act	Career Services Data Elements	Upon Occurrence	No	Report the quarterly Supported Employment Services program expenditures for the purchased service for a youth with a most significant disability. Recipients of these funds must have a supported employment goal in their IPEs and have already been placed in an employment setting. Report at the time the expenditure is paid. Leave blank if service was not provided through purchase by VR agency.	XXXXXX
287	Transportation Data Elements, Service Provided by VR Agency Staff (in-house)	INT 1	No	No		Rehab Act	Other Services Data Elements	Upon Occurrence	No	Travel and related expenses that are necessary to enable an applicant or eligible individual to participate in a VR service, including expenses for training in the use of public transportation vehicles and systems. Report at the time the service is provided. Leave blank if service was not provided by VR agency staff.	1 = Service was provided in whole or part by VR agency staff
288	Transportation Data Elements, Service Provided through VR Agency Purchase	INT 1	No	No		Rehab Act	Other Services Data Elements	Upon Occurrence	No	Travel and related expenses that are necessary to enable an applicant or eligible individual to participate in a VR service, including expenses for training in the use of public transportation vehicles and systems. Report at the time the service is provided. Leave blank if service was not provided through purchase by VR agency.	1 = Service was provided in whole or part through purchase by the VR agency
289	Transportation Data Elements, Purchased Service Provider Type	INT 1	No	No		Rehab Act	Other Services Data Elements	Upon Occurrence	No	If the service was provided in whole or part through purchase by the VR agency, the Purchased Service Provider Type must be reported. For each service category, report the code value that best describes the primary service provider. Leave blank if service was not provided through purchase by VR agency.	1 = Public Community Rehabilitation Program (CRP) 2 = Private CRP 3 = Other Public Service Provider 4 = Other Private Service Provider
290	Transportation Data Elements, Amount of VR Funds Expended for Service (Title I)	INT 6	No	No		Rehab Act	Other Services Data Elements	Upon Occurrence	No	Report the quarterly VR program expenditures for the purchased service. Expenditures may include non-Federal share and VR program Federal funds, including program income, used to purchase the service. Expenditures do not include unliquidated obligations or encumbrances. Report at the time the expenditure is paid. Leave blank if service was not provided through purchase by VR agency.	XXXXXX
294	Maintenance, Service Provided by VR Agency Staff (in-house)	INT 1	No	No		Rehab Act	Other Services Data Elements	Upon Occurrence	No	Monetary support provided for living expenses such as food, shelter and clothing that are in excess of the normal expenses of the individual. Report at the time the service is provided. Leave blank if service was not provided by VR agency staff.	1 = Service was provided in whole or part by VR agency staff
295	Maintenance, Service Provided through VR Agency Purchase	INT 1	No	No		Rehab Act	Other Services Data Elements	Upon Occurrence	No	Monetary support provided for living expenses such as food, shelter and clothing that are in excess of the normal expenses of the individual. Report at the time the service is provided. Leave blank if service was not provided through purchase by VR agency.	1 = Service was provided in whole or part through purchase by the VR agency
296	Maintenance, Purchased Service Provider Type	INT 1	No	No		Rehab Act	Other Services Data Elements	Upon Occurrence	No	If the service was provided in whole or part through purchase by the VR agency, the Purchased Service Provider Type must be reported. For each service category, report the code value that best describes the primary service provider. Leave blank if service was not provided through purchase by VR agency.	1 = Public Community Rehabilitation Program (CRP) 2 = Private CRP 3 = Other Public Service Provider 4 = Other Private Service Provider
297	Maintenance, Amount of VR Funds Expended for Service (Title I)	INT 6	No	No		Rehab Act	Other Services Data Elements	Upon Occurrence	No	Report the quarterly VR program expenditures for the purchased service. Expenditures may include non-Federal share and VR program Federal funds, including program income, used to purchase the service. Expenditures do not include unliquidated obligations or encumbrances. Report at the time the expenditure is paid. Leave blank if service was not provided through purchase by VR agency.	XXXXXX
301	Rehabilitation Technology, Service Provided by VR Agency Staff (in-house)	INT 1	No	No		Rehab Act	Other Services Data Elements	Upon Occurrence	No	Systematic application of technologies, engineering methodologies, or scientific principles to meet the needs of, and address the barriers confronted by, individuals with disabilities. Report at the time the service is provided. Leave blank if service was not provided by VR agency staff.	1 = Service was provided in whole or part by VR agency staff
302	Rehabilitation Technology, Service Provided through VR Agency Purchase	INT 1	No	No		Rehab Act	Other Services Data Elements	Upon Occurrence	No	Systematic application of technologies, engineering methodologies, or scientific principles to meet the needs of, and address the barriers confronted by, individuals with disabilities. Report at the time the service is provided. Leave blank if service was not provided through purchase by VR agency.	1 = Service was provided in whole or part through purchase by the VR agency
303	Rehabilitation Technology, Purchased Service Provider Type	INT 1	No	No		Rehab Act	Other Services Data Elements	Upon Occurrence	No	If the service was provided in whole or part through purchase by the VR agency, the Purchased Service Provider Type must be reported. For each service category, report the code value that best describes the primary service provider. Leave blank if service was not provided through purchase by VR agency.	1 = Public Community Rehabilitation Program (CRP) 2 = Private CRP 3 = Other Public Service Provider 4 = Other Private Service Provider
304	Rehabilitation Technology, Amount of VR Funds Expended for Service (Title I)	INT 6	No	No		Rehab Act	Other Services Data Elements	Upon Occurrence	No	Report the quarterly VR program expenditures for the purchased service. Expenditures may include non-Federal share and VR program Federal funds, including program income, used to purchase the service. Expenditures do not include unliquidated obligations or encumbrances. Report at the time the expenditure is paid. Leave blank if service was not provided through purchase by VR agency.	XXXXXX
308	Personal Assistance Services, Service Provided by VR Agency Staff (in-house)	INT 1	No	No		Rehab Act	Other Services Data Elements	Upon Occurrence	No	Services designed to assist an individual with a disability perform daily living activities, increase control in life and ability to perform routine tasks, provided in conjunction with other VR services, and are necessary for achieving an employment outcome. Report at the time the service is provided. Leave blank if service was not provided by VR agency staff.	1 = Service was provided in whole or part by VR agency staff
309	Personal Assistance Services, Service Provided through VR Agency Purchase	INT 1	No	No		Rehab Act	Other Services Data Elements	Upon Occurrence	No	Services designed to assist an individual with a disability perform daily living activities, increase control in life and ability to perform routine tasks, provided in conjunction with other VR services, and are necessary for achieving an employment outcome. Report at the time the service is provided. Leave blank if service was not provided through purchase by VR agency.	1 = Service was provided in whole or part through purchase by the VR agency
310	Personal Assistance Services, Purchased Service Provider Type	INT 1	No	No		Rehab Act	Other Services Data Elements	Upon Occurrence	No	If the service was provided in whole or part through purchase by the VR agency, the Purchased Service Provider Type must be reported. For each service category, report the code value that best describes the primary service provider. Leave blank if service was not provided through purchase by VR agency.	1 = Public Community Rehabilitation Program (CRP) 2 = Private CRP 3 = Other Public Service Provider 4 = Other Private Service Provider
311	Personal Assistance Services, Amount of VR Funds Expended for Service (Title I)	INT 6	No	No		Rehab Act	Other Services Data Elements	Upon Occurrence	No	Report the quarterly VR program expenditures for the purchased service. Expenditures may include non-Federal share and VR program Federal funds, including program income, used to purchase the service. Expenditures do not include unliquidated obligations or encumbrances. Report at the time the expenditure is paid. Leave blank if service was not provided through purchase by VR agency.	XXXXXX
315	Technical Assistance Services related to Self-Employment, Service Provided by VR Agency Staff (in-house)	INT 1	No	No		Rehab Act	Other Services Data Elements	Upon Occurrence	No	Consultation and other services provided to conduct market analyses, to develop business plans, and to provide resources to individuals in the pursuit of self-employment, telecommuting and small business operation outcomes. Report at the time the service is provided. This Other Service may only be provided to an eligible individual under an IPE. Leave blank if service was not provided by VR agency staff.	1 = Service was provided in whole or part by VR agency staff
316	Technical Assistance Services related to Self-Employment, Service Provided through VR Agency Purchase	INT 1	No	No		Rehab Act	Other Services Data Elements	Upon Occurrence	No	Consultation and other services provided to conduct market analyses, to develop business plans, and to provide resources to individuals in the pursuit of self-employment, telecommuting and small business operation outcomes. Report at the time the service is provided. This Other Service may only be provided to an eligible individual under an IPE. Leave blank if service was not provided through purchase by VR agency.	1 = Service was provided in whole or part through purchase by the VR agency
317	Technical Assistance Services related to Self-Employment, Purchased Service Provider Type	INT 1	No	No		Rehab Act	Other Services Data Elements	Upon Occurrence	No	If the service was provided in whole or part through purchase by the VR agency, the Purchased Service Provider Type must be reported. For each service category, report the code value that best describes the primary service provider. Leave blank if service was not provided through purchase by VR agency.	1 = Public Community Rehabilitation Program (CRP) 2 = Private CRP 3 = Other Public Service Provider 4 = Other Private Service Provider
318	Technical Assistance Services related to Self-Employment, Amount of VR Funds Expended for Service (Title I)	INT 6	No	No		Rehab Act	Other Services Data Elements	Upon Occurrence	No	Report the quarterly VR program expenditures for the purchased service. Expenditures may include non-Federal share and VR program Federal funds, including program income, used to purchase the service. Expenditures do not include unliquidated obligations or encumbrances. Report at the time the expenditure is paid. Leave blank if service was not provided through purchase by VR agency.	XXXXXX

Data Element (DE) Number	Data Element (DE) Name	Data Type	Multiple Values Allowed	Change	PIRL Element	Statutory Requirement	Report at	Report	Correctable (Y/N)	Definitions or Reporting Instructions	Code Values
322	Reader Services, Service Provided by VR Agency Staff (in-house)	INT 1	No	No		Rehab Act	Other Services Data Elements	Upon Occurrence	No	Services for individuals who cannot read print because of blindness which include: reading aloud, transcription of printed information into braille, or sound recordings if the individual requests such transcription. Report at the time the service is provided. Leave blank if service was not provided by VR agency staff.	1 = Service was provided in whole or part by VR agency staff
323	Reader Services, Service Provided through VR Agency Purchase	INT 1	No	No		Rehab Act	Other Services Data Elements	Upon Occurrence	No	Services for individuals who cannot read print because of blindness which include: reading aloud, transcription of printed information into braille, or sound recordings if the individual requests such transcription. Report at the time the service is provided. Leave blank if service was not provided through purchase by VR agency.	1 = Service was provided in whole or part through purchase by the VR agency
324	Reader Services, Purchased Service Provider Type	INT 1	No	No		Rehab Act	Other Services Data Elements	Upon Occurrence	No	If the service was provided in whole or part through purchase by the VR agency, the Purchased Service Provider Type must be reported. For each service category, report the code value that best describes the primary service provider. Leave blank if service was not provided through purchase by VR agency.	1 = Public Community Rehabilitation Program (CRP) 2 = Private CRP 3 = Other Public Service Provider 4 = Other Private Service Provider
325	Reader Services, Amount of VR Funds Expended for Service (Title I)	INT 6	No	No		Rehab Act	Other Services Data Elements	Upon Occurrence	No	Report the quarterly VR program expenditures for the purchased service. Expenditures may include non-Federal share and VR program Federal funds, including program income, used to purchase the service. Expenditures do not include unliquidated obligations or encumbrances. Report at the time the expenditure is paid. Leave blank if service was not provided through purchase by VR agency.	XXXXXX
329	Interpreter Services, Service Provided by VR Agency Staff (in-house)	INT 1	No	No		Rehab Act	Other Services Data Elements	Upon Occurrence	No	Sign language or oral interpretation services for individuals who are deaf or hard of hearing and tactile interpretation services for individuals who are deaf-blind. Interpreter Services also include foreign language interpretation. Report at the time the service is provided. Leave blank if service was not provided by VR agency staff.	1 = Service was provided in whole or part by VR agency staff
330	Interpreter Services, Service Provided through VR Agency Purchase	INT 1	No	No		Rehab Act	Other Services Data Elements	Upon Occurrence	No	Sign language or oral interpretation services for individuals who are deaf or hard of hearing and tactile interpretation services for individuals who are deaf-blind. Interpreter Services also include foreign language interpretation. Report at the time the service is provided. Leave blank if service was not provided through purchase by VR agency.	1 = Service was provided in whole or part through purchase by the VR agency
331	Interpreter Services, Purchased Service Provider Type	INT 1	No	No		Rehab Act	Other Services Data Elements	Upon Occurrence	No	If the service was provided in whole or part through purchase by the VR agency, the Purchased Service Provider Type must be reported. For each service category, report the code value that best describes the primary service provider. Leave blank if service was not provided through purchase by VR agency.	1 = Public Community Rehabilitation Program (CRP) 2 = Private CRP 3 = Other Public Service Provider 4 = Other Private Service Provider
332	Interpreter Services, Amount of VR Funds Expended for Service (Title I)	INT 6	No	No		Rehab Act	Other Services Data Elements	Upon Occurrence	No	Report the quarterly VR program expenditures for the purchased service. Expenditures may include non-Federal share and VR program Federal funds, including program income, used to purchase the service. Expenditures do not include unliquidated obligations or encumbrances. Report at the time the expenditure is paid. Leave blank if service was not provided through purchase by VR agency.	XXXXXX
336	Other Services, Service Provided by VR Agency Staff (in-house)	INT 1	No	No		Rehab Act	Other Services Data Elements	Upon Occurrence	No	Use this category ONLY for other VR services that cannot be recorded elsewhere. Include in this category such services as the provision of funds for occupational licenses, tools and equipment, initial stocks and supplies. Report at the time the service is provided. This Other Service may only be provided to an eligible individual under an IPE. Leave blank if service was not provided by VR agency staff.	1 = Service was provided in whole or part by VR agency staff
337	Other Services, Service Provided through VR Agency Purchase	INT 1	No	No		Rehab Act	Other Services Data Elements	Upon Occurrence	No	Use this category ONLY for other VR services that cannot be recorded elsewhere. Include in this category such services as the provision of funds for occupational licenses, tools and equipment, initial stocks and supplies. Report at the time the service is provided. This Other Service may only be provided to an eligible individual under an IPE. Leave blank if service was not provided through purchase by VR agency.	1 = Service was provided in whole or part through purchase by the VR agency
338	Other Services, Purchased Service Provider Type	INT 1	No	No		Rehab Act	Other Services Data Elements	Upon Occurrence	No	If the service was provided in whole or part through purchase by the VR agency, the Purchased Service Provider Type must be reported. For each service category, report the code value that best describes the primary service provider. Leave blank if service was not provided through purchase by VR agency.	1 = Public Community Rehabilitation Program (CRP) 2 = Private CRP 3 = Other Public Service Provider 4 = Other Private Service Provider
339	Other Services, Amount of VR Funds Expended for Service (Title I)	INT 6	No	No		Rehab Act	Other Services Data Elements	Upon Occurrence	No	Report the quarterly VR program expenditures for the purchased service. Expenditures may include non-Federal share and VR program Federal funds, including program income, used to purchase the service. Expenditures do not include unliquidated obligations or encumbrances. Report at the time the expenditure is paid. Leave blank if service was not provided through purchase by VR agency.	XXXXXX
409	Home Modification, Service Provided by VR Agency Staff (in-house)	INT 1	No	No		Rehab Act/BABAA	Other Services Data Elements	Upon Occurrence	Yes	Includes necessary home modification services that address appropriate accommodations to, and modifications of, any living space occupied by a VR program participant. These may include additions, improvements, modifications, replacements, rearrangements, reinstallations, renovations or alterations to capital assets that materially increase their value or useful life. Report at the time the service is provided. This Other Service may only be provided to eligible individuals under an IPE. Leave blank if service was not provided by VR agency staff.	1 = Service was provided in whole or part by VR agency staff
410	Home Modification, Service Provided through VR Agency Purchase	INT 1	No	No		Rehab Act/BABAA	Other Services Data Elements	Upon Occurrence	Yes	Includes necessary home modification services that address appropriate accommodations to, and modifications of, any living space occupied by a VR program participant. These may include additions, improvements, modifications, replacements, rearrangements, reinstallations, renovations or alterations to capital assets that materially increase their value or useful life. Report at the time the service is provided. This Other Service may only be provided to eligible individuals under an IPE. Leave blank if service was not provided through purchase by VR agency.	1 = Service was provided in whole or part through purchase by the VR agency
411	Home Modification, Purchased Service Provider Type	INT 1	No	No		Rehab Act/BABAA	Other Services Data Elements	Upon Occurrence	Yes	If the service was provided in whole or part through purchase by the VR agency, the Purchased Service Provider Type must be reported. For each service category, report the code value that best describes the primary service provider. Leave blank if service was not provided through purchase by VR agency.	1 = Public Community Rehabilitation Program (CRP) 2 = Private CRP 3 = Other Public Service Provider 4 = Other Private Service Provider
412	Home Modification, Amount of VR Funds Expended for Service (Title I)	INT 6	No	No		Rehab Act/BABAA	Other Services Data Elements	Upon Occurrence	Yes	Report the quarterly VR program expenditures for the purchased service. Expenditures may include non-Federal share and VR program Federal funds, including program income, used to purchase the service. Expenditures do not include unliquidated obligations or encumbrances. Report at the time the expenditure is paid. Leave blank if service was not provided through purchase by VR agency.	XXXXXX
343	Measurable Skill Gains: Educational Functional Level (EFL)	DATE	No	No	1806	WIOA	Measurable Skill Gains Data Elements	Upon Occurrence	Yes	Report the most recent date the participant, who received instruction below the postsecondary education level, achieved at least one EFL. This progress must be made towards earning a recognized credential. The date must be verifiable through supporting documentation Leave blank if this DE does not apply to the participant.	YYYYMMDD
344	Measurable Skill Gains: Secondary Diploma or Equivalency	DATE	No	No	1808	WIOA	Measurable Skill Gains Data Elements	Upon Occurrence	Yes	Report the most recent date that the participant attained a secondary school diploma or its recognized equivalent. The date must be verifiable through supporting documentation. Leave blank if this DE does not apply to the participant.	YYYYMMDD
345	Measurable Skill Gains: Secondary or Postsecondary Transcript/Report Card	DATE	No	No	1807	WIOA	Measurable Skill Gains Data Elements	Upon Occurrence	Yes	Secondary: Report the most recent date of the participant's secondary transcript or report card showing the participant is achieving the policies for academic standards. This progress must be made towards earning a secondary credential. Postsecondary: Report the most recent date of the participant's postsecondary transcript or report card showing a sufficient number of credit hours have been completed and the participant is achieving the policies for academic standards. This progress must be made towards earning a postsecondary credential. The date must be verifiable through supporting documentation. Leave blank if this DE does not apply to the participant.	YYYYMMDD
346	Measurable Skill Gains: Training Milestone	DATE	No	No	1809	WIOA	Measurable Skill Gains Data Elements	Upon Occurrence	Yes	Report the most recent date that the participant achieved a satisfactory or better progress report toward established milestones from an employer/training provider who is providing training (e.g., completion of on-the-job training (OJT), completion of one year of a registered apprenticeship program). The date must be verifiable through supporting documentation Leave blank if this DE does not apply to the participant.	YYYYMMDD
347	Measurable Skill Gains: Skills Progression	DATE	No	No	1810	WIOA	Measurable Skill Gains Data Elements	Upon Occurrence	Yes	Report the most recent date the participant successfully completed an exam that is required for a particular occupation, or progress in attaining technical or occupational skills as evidenced by trade-related benchmarks such as knowledge-based exams. The date must be verifiable through supporting documentation Leave blank if this DE does not apply to the participant.	YYYYMMDD
350	Start Date of Employment in Primary Occupation	DATE	No	No		Rehab Act	Individualized Plan for Employment (IPE) Data Elements	Upon Occurrence	Yes	Report the date when the individual started in the occupation related to his or her IPE goal. The date must be verifiable through supporting documentation	YYYYMMDD

Data Element (DE) Number	Data Element (DE) Name	Data Type	Multiple Values Allowed	Change	PIRL Element	Statutory Requirement	Report at	Report	Correctable (Y/N)	Definitions or Reporting Instructions	Code Values
353	Date of Exit	DATE	No	No	901	WIOA	Exit Data Elements	Upon Occurrence	No	Report the date the individual exited from the VR or SE program consistent with the requirements in the regulations. Leave blank if this DE does not apply to the individual. The date must be verifiable through supporting documentation. The VR agency cannot change this date after it is reported.	YYYYMMDD
354	Type of Exit	INT 1	No	No		Rehab Act	Exit Data Elements	Upon Occurrence	No	Report from which stage in the VR process an individual exited the program. Use code 6 for all competitive integrated employment outcomes including those in customized or supported employment The VR agency cannot change this code after it is reported.	0 = Individual exited as an applicant prior to eligibility determination or trial work 1 = Individual exited during or after a trial work experience 2 = Individual exited after eligibility, but from an order of selection waiting list 3 = Individual exited after eligibility, but prior to a signed IPE 4 = Individual exited after a signed IPE without an employment outcome 5 = Individual exited after a signed IPE in noncompetitive and/or nonintegrated employment 6 = Individual exited after a signed IPE in competitive and integrated employment 7 = Individual exited as an applicant after being determined ineligible for VR services
355	Reason for Program Exit	INT 2	No	No	923	WIOA	Exit Data Elements	Upon Occurrence	No	Report the code that identifies the reason the individual exited. This DE is reported in the same quarter as the Date of Exit (DE 353) occurs. The VR agency cannot change this code after it is reported.	See Appendix 6 for reasons for exit
356	Employment Outcome at Exit	INT 1	No	No		Rehab Act	Exit Data Elements	Upon Occurrence	No	Report the code that identifies the type of employment outcome at exit. This DE is reported in the same quarter as the Date of Exit (DE 353) occurs. The VR agency cannot change this code after it is reported.	1 = Competitive Integrated Employment 2 = Self-Employment 3 = Randolph-Sheppard BEP 4 = State Agency Managed BEP 5 = Supported Employment in Competitive Integrated Employment 6 = Customized Employment in Competitive Integrated Employment
357	Primary Occupation at Exit	INT 6	No	No		Rehab Act	Exit Data Elements	Upon Occurrence	Yes	For an individual who is employed, enter the current Standard Occupational Classification (SOC) code that best describes the individual's occupation from which he/she derives the majority of his/her hourly earnings. Special Codes for Randolph-Sheppard Participants:899999 Randolph-Sheppard Vending Facility Clerk: Refers to persons employed as clerks, sales persons, or helpers in a vending facility operated under the Randolph-Sheppard Vending Facility Program. Use this special code even though these occupations are classifiable.999999 Randolph- Sheppard Vending Facility Operator: Refers to individuals employed as operators or managers of vending facilities operated under the Randolph-Sheppard Vending Facility Program. Use this special code even though these occupations are classifiable.	XXXXXX
359	Hourly Wage at Exit	DECIMAL 5, 2	No	No		Rehab Act	Exit Data Elements	Upon Occurrence	Yes	Report individual's hourly wage (rounded to the nearest cent) earned at the time of exit. The wage reported in this DE must be verifiable through supporting documentation. Report 0 if individual had no earnings at the time of exit. This DE captures cash earnings of the individual expressed as an hourly wage and includes all wages, salaries, tips, profits from self-employment and commissions received as income. These earnings are before payroll deductions of Federal, State, and local income taxes and Social Security. Wages for salespersons, consultants, self-employed individuals, and other similar occupations are based on the adjusted gross income. Adjusted gross income is gross income minus unreimbursed business expenses. Do not include estimates of in-kind payments, such as meals and lodging. Estimate profits of farmers, if necessary. Where wages are based on commissions that are irregular (e.g., real estate, automobile sales, etc.), they should be calculated as an average hourly wage over a representative period of time, such as one month or one quarter, to obtain a reportable figure. Commissions are generally not paid when earned, but rather are paid periodically, such as weekly, biweekly, or even monthly. To bring standardization to this data element, wages should be based on the actual receipt of the payment and not on amounts accruing until the next commission payout.	XXX.XX
360	Hours Worked in a Week at Exit	INT 2	No	No		Rehab Act	Exit Data Elements	Upon Occurrence	Yes	Report the number of hours the individual worked for earnings in a typical week at the time of exit. Report 0 if individual was unemployed.	XX
396	Public Support at Exit	VARCHAR 7	Yes	Modified Data Element Name		Rehab Act	Exit Data Elements	Upon Occurrence	Yes	Report the individual's monthly public support at exit. If the individual receives more than one type of public support, use a semicolon between each type.	0 = Individual does not receive public support 1 = Individual receives Social Security Disability Insurance (SSDI) 2 = Individual receives Supplemental Security Income (SSI) 3 = Individual receives Temporary Assistance for Needy Families (TANF) 4 = Individual receives other public support from another source
397	Medical Insurance Coverage at Exit	VARCHAR 5	Yes	No		Rehab Act	Exit Data Elements	Upon Occurrence	Yes	Report the individual's medical insurance coverage at exit. If the individual has more than one type of medical insurance, use a semicolon between each type. A limit of three types of insurance may be provided	0 = Applicant does not have medical insurance coverage 1 = Applicant has Medicaid 2 = Applicant has Medicare 3 = Applicant is receiving benefits through the State or Federal Affordable Care Act Exchange at the time of application 4 = Applicant has public insurance outside of Medicare, Medicaid, or the Affordable Care Act exchange 5 = Applicant has private insurance through employer 6 = Applicant is not eligible for private insurance through a current employer, but will be eligible for private insurance after a certain period of employment 7 = Applicant has private insurance through other means
376	Date Enrolled in Post-Exit Education or Training Program Leading to a Recognized Postsecondary Credential	DATE	No	No	1406	WIOA	Post-Exit Data Elements	Upon Occurrence	No	Credential Attainment Special Rule: This DE only applies to participants who exited secondary education and obtained a secondary school diploma or its equivalent. Report the date the participant enrolled in an education or training program leading to a recognized postsecondary credential within one year following exit from the VR program. The date must be verifiable through supporting documentation. Leave blank if this data element does not apply to individual.	YYYYMMDD
377	Date of Attainment of Post-Exit Recognized Credential	DATE	No	No		WIOA	Post-Exit Data Elements	Upon Occurrence	No	Report the date the participant attained a recognized postsecondary credential within one year after exit from the VR program. The date must be verifiable through supporting documentation. Leave blank if this data element does not apply to individual.	YYYYMMDD
378	Type of Recognized Secondary or Postsecondary Credential Attained Post-Exit	INT 1	No	No		WIOA	Post-Exit Data Elements	Upon Occurrence	No	Report the type of recognized secondary or postsecondary credential the participant attained within one year after exit from the VR program. This must be verifiable through supporting documentation. Leave blank if this data element does not apply to individual.	1 = Secondary Diploma or Equivalency 2 = Associates Degree 3 = Bachelors Degree 4 = Graduate/Post Graduate Degree 5 = Occupational Licensure 6 = Occupational Certificate 7 = Occupational Certification 8 = Other Recognized Credential
379	Employment - First Quarter After Exit Quarter	INT 1	No	No	1600	WIOA	Post-Exit Data Elements	Upon Occurrence	Yes	Credential Attainment Special Rule: This DE only applies to participants who exited secondary education and obtained a secondary school diploma or its equivalent. Employment must be verifiable through supporting documentation.	4 = Individual is employed in the first quarter after exit quarter 9 = Individual has exited but employment information is not yet available 0 = Individual is not employed in the first quarter after exit quarter
383	Employment - Second Quarter After Exit Quarter	INT 1	No	No	1602	WIOA	Post-Exit Data Elements	Upon Occurrence	Yes	Employment must be verifiable through supporting documentation. Employment status in the Second Quarter After Exit Quarter must be reported no later than the Fourth Quarter After Exit Quarter; code value 9 or NULL are not permitted for this DE by the time the Fourth Quarter After Exit Quarter is reported.	4 = Individual is employed in the second quarter after exit quarter 9 = Individual has exited but employment information is not yet available 0 = Individual is not employed in the second quarter after exit quarter
385	Quarterly Wages - Second Quarter After Exit Quarter	DECIMAL 8, 2	No	No	1704	WIOA	Post-Exit Data Elements	Upon Occurrence	Yes	Record the total quarterly wages, including cents, earned during the second quarter after exit quarter. These earnings are before payroll deductions of Federal, State and local income taxes and Social Security payroll tax. Wages must be verifiable through supporting documentation. Quarterly wages earned during the Second Quarter After Exit Quarter must be reported no later than the Fourth Quarter After Exit Quarter.	XXXXXX.XX
386	Employment - Third Quarter After Exit Quarter	INT 1	No	No	1604	WIOA	Post-Exit Data Elements	Upon Occurrence	Yes	Credential Attainment Special Rule: This DE only applies to participants who exited secondary education and obtained a secondary school diploma or its equivalent. Employment must be verifiable through supporting documentation.	4 = Individual is employed in the third quarter after exit quarter 9 = Individual has exited but employment information is not yet available 0 = Individual is not employed in the third quarter after exit quarter
389	Employment - Fourth Quarter After Exit Quarter	INT 1	No	No	1606	WIOA	Post-Exit Data Elements	Upon Occurrence	Yes	Employment must be verifiable through supporting documentation. Employment status in the Fourth Quarter After Exit Quarter must be reported by the Sixth Quarter After Exit Quarter; code value 9 or NULL are not permitted for this DE by the time the Sixth Quarter After Exit Quarter is reported.	4 = Individual is employed in the fourth quarter after exit quarter 9 = Individual has exited but employment information is not yet available 0 = Individual is not employed in the fourth quarter after exit quarter
392	Retention with the Same Employer in the Second Quarter and Fourth Quarter After Exit	INT 1	No	No	1618	WIOA	Post-Exit Data Elements	Upon Occurrence	No	This DE is used for the Effectiveness in Serving Employers measure. This DE must be reported by the Sixth Quarter After Exit Quarter for all participants who have exited and have Unemployment Insurance wage records or other documentation of supplemental verification.	1 = Individual's employer in the second quarter after exit matches the employer in the fourth quarter after exit. 0 = Individual is not employed in the second or fourth quarters after exit, or the employer in the second quarter after exit does not match the employer in the fourth quarter after exit.

Attachment I: Summary of Revisions to Case Service Report (RSA-911)

Number	Data Element (DE) Name	Change
1	Program Year	None
2	Program Year Quarter	None
4	Agency Code	None
5	Unique Identifier	None
6	Social Security Number	None
7	Date of Application	None
8	Date of Birth	None
9	Sex	None
10	American Indian/Alaska Native	None
11	Asian	None
12	Black/African American	None
13	Native Hawaiian/Other Pacific Islander	None
14	White	Modified Reporting Instructions
415	Middle Eastern or North African	New
15	Ethnicity: Hispanic/Latino	None
16	Veteran	Modified Reporting Instructions
18	State Postal Code of Residence	None
19	County FIPS Code	None
20	ZIP Code	None
21	Source of Referral	None
394	Public Support at Application	Modified Data Element Name
395	Medical Insurance Coverage at Application	None
22	Student with a Disability	None
38	Date of Eligibility Determination	None
39	Date of Eligibility Determination Extension	None
408	Eligibility Status	None
40	Date of Placement on OOS Waiting List	None
41	Date of Exit from OOS Waiting List	None
42	Individual with a Disability	None
43	Primary Disability	None
44	Secondary Disability	None
45	Significance of Disability	None
46	Start Date of Trial Work Experience	None
47	End Date of Trial Work Experience	None
399	Date of IPE Development Extension	None
398	Date of Initial IPE	None
49	Supported Employment Goal on Current IPE	None
50	Employment at Initial IPE	None
51	Primary Occupation at Initial IPE	None
52	Hourly Wage at Initial IPE	None
53	Hours Worked in a Week at Initial IPE	None
54	Adult	None
55	Adult Education	None
56	Dislocated Worker	None
57	Job Corps	None
58	Vocational Rehabilitation	None
59	Wagner-Peyser Employment Service	None
60	Youth	None
61	Youth Build	None
62	Long-Term Unemployed	None
63	Exhausting TANF within 2 Years	None
64	Foster Care Youth	None
65	Homeless Individual, Homeless Children and Youths, or Runaway Youth	None
66	Ex-Offender	None
67	Low Income	None
68	English Language Learner	None
69	Basic Skills Deficient/Low Levels of Literacy	None
70	Cultural Barriers	None
71	Single Parent	None
72	Displaced Homemaker	None
73	Migrant and Seasonal Farmworker	None
74	State Definition for Age of Students with Disabilities	None
76	Highest Educational Level Completed at Program Entry	New/Restored DE

78	Enrolled in Secondary Education Leading to Recognized Secondary Credential	None
400	Enrolled in Secondary School Equivalency Program Leading to Recognized Secondary Credential	None
81	Date Attained Secondary School Diploma during Program Participation	None
82	Date Attained Recognized Secondary School Equivalency during Program Participation	None
84	Enrolled in Postsecondary Education or Career or Technical Training Leading to Recognized Postsecondary Credential	Modified Reporting Instructions
85	Date Enrolled During Program Participation in an Education or Training Program Leading to a Recognized Credential or Employment	Modified Reporting Instructions
401	Date Completed/Disenrolled During Program Participation in an Education or Training Program Leading to a Recognized Credential or Employment	None
87	Date Attained Associate Degree	None
88	Date Attained Bachelor's Degree	None
89	Date Attained Master's Degree	None
90	Date Attained Graduate Degree	None
93	Date Attained Vocational/Technical License	None
94	Date Attained Vocational/Technical Certificate or Certification	None
95	Date Attained Other Recognized Credential	None
96	Start Date of Pre-Employment Transition Services	None
97	Job Exploration Counseling, Service Provided by VR Agency Staff	None
98	Job Exploration Counseling, Service Provided through VR Agency Purchase	None
99	Job Exploration Counseling, Purchased Service Provider Type	None
100	Job Exploration Counseling, VR Program Expenditure for Purchased Service	None
103	Work Based Learning Experience, Service Provided by VR Agency Staff	None
104	Work Based Learning Experience, Service Provided through VR Agency Purchase	None
105	Work Based Learning Experience, Purchased Service Provider Type	None
106	Work Based Learning Experience, VR Program Expenditure for Purchased Service	None
109	Counseling on Enrollment Opportunities, Service Provided by VR Agency Staff	None
110	Counseling on Enrollment Opportunities, Service Provided through VR Agency Purchase	None
111	Counseling on Enrollment Opportunities, Purchased Service Provider Type	None
112	Counseling on Enrollment Opportunities, VR Program Expenditure for Purchased Service	None
115	Workplace Readiness Training, Service Provided by VR Agency Staff	None
116	Workplace Readiness Training, Service Provided through VR Agency Purchase	None
117	Workplace Readiness Training, Purchased Service Provider Type	None
118	Workplace Readiness Training, VR Program Expenditure for Purchased Service	None
121	Instruction in Self Advocacy, Service Provided by VR Agency Staff	None
122	Instruction in Self Advocacy, Service Provided through VR Agency Purchase	None
123	Instruction in Self Advocacy, Purchased Service Provider Type	None
124	Instruction in Self Advocacy, VR Program Expenditure for Purchased Service	None
127	Start Date of Initial VR Service on or after IPE	None
130	Graduate College or University, Service Provided through VR Agency Purchase	None
131	Graduate College or University, Purchased Service Provider Type	None

132	Graduate College or University, Amount of VR Title I Funds Expended	None
134	Graduate College or University, Service Provided by Comparable Services and Benefits Providers	Deleted
135	Graduate College or University, Comparable Service Provider Type	Deleted
137	Four-Year College or University Training, Service Provided through VR Agency Purchase	None
138	Four-Year College or University Training, Purchased Service Provider Type	None
139	Four-Year College or University Training, Amount of VR Funds Expended for Service (Title I)	None
141	Four-Year College or University Training, Service Provided by Comparable Services and Benefits Providers	Deleted
142	Four-Year College or University Training, Comparable Services and Benefits Provider Type	Deleted
144	Junior or Community College Training, Service Provided through VR Agency Purchase	None
145	Junior or Community College Training, Purchased Service Provider Type	None
146	Junior or Community College Training, Amount of VR Funds Expended for Service (Title I)	None
148	Junior or Community College Training Service Provided by Comparable Services and Benefits Providers	Deleted
149	Junior or Community College Training, Comparable Services and Benefits Provider Type	Deleted
150	Occupational or Vocational Training, Service Provided by VR Agency Staff (in-house)	None
151	Occupational or Vocational Training, Service Provided through VR Agency Purchase	None
152	Occupational or Vocational Training, Purchased Service Provider Type	None
153	Occupational or Vocational Training, Amount of VR Funds Expended for Service (Title I)	None
155	Occupational or Vocational Training, Service Provided by Comparable Services and Benefits Providers	Deleted
156	Occupational or Vocational Training, Comparable Services and Benefits Provider Type	Deleted
157	On The Job Training, Service Provided by VR Agency Staff (in-house)	None
158	On The Job Training, Service Provided through VR Agency Purchase	None
159	On The Job Training, Purchased Service Provider Type	None
160	On The Job Training, Amount of VR Funds Expended for Service (Title I)	None
162	On The Job Training, Service Provided by Comparable Services and Benefits Providers	Deleted
163	On The Job Training, Comparable Services and Benefits Provider Type	Deleted
164	Registered Apprenticeship Training, Service Provided through VR Agency Purchase	None
165	Registered Apprenticeship Training, Purchased Service Provider Type	None
166	Registered Apprenticeship Training, Amount of VR Funds Expended for Service (Title I)	None
168	Registered Apprenticeship Training, Service Provided by Comparable Services and Benefits Providers	Modified Data Element Name
169	Registered Apprenticeship Training, Comparable Services and Benefits Provider Type	Deleted
170	Basic Academic Remedial or Literacy Training, Service Provided by VR Agency Staff (in-house)	None
171	Basic Academic Remedial or Literacy Training, Service Provided through VR Agency Purchase	None
172	Basic Academic Remedial or Literacy Training, Purchased Service Provider Type	None
173	Basic Academic Remedial or Literacy Training, Amount of VR Funds Expended for Service (Title I)	None
175	Basic Academic Remedial or Literacy Training, Service Provided by Comparable Services and Benefits Providers	Deleted
176	Basic Academic Remedial or Literacy Training, Comparable Services and Benefits Provider Type	Deleted

177	Job Readiness Training, Service, Provided by VR Agency Staff (in-house)	None
178	Job Readiness Training, Service Provided through VR Agency Purchase	None
179	Job Readiness Training, Service, Purchased Service Provider Type	None
180	Job Readiness Training, Service, Amount of VR Funds Expended for Service (Title I)	None
182	Job Readiness Training, Service Provided by Comparable Services and Benefits Providers	Deleted
183	Job Readiness Training, Comparable Services and Benefits Provider Type	Deleted
184	Disability Related Skills Training, Service Provided by VR Agency Staff (in-house)	None
185	Disability Related Skills Training, Service Provided through VR Agency Purchase	None
186	Disability Related Skills Training, Purchased Service Provider Type	None
187	Disability Related Skills Training, Amount of VR Funds Expended for Service (Title I)	None
189	Disability Related Skills Training, Service Provided by Comparable Services and Benefits Providers	Deleted
190	Disability Related Skills Training, Comparable Services and Benefits Provider Type	Deleted
191	Miscellaneous Training, Service Provided by VR Agency Staff (in-house)	None
192	Miscellaneous Training, Service Provided through VR Agency Purchase	None
193	Miscellaneous Training, Purchased Service Provider Type	None
194	Miscellaneous Training, Amount of VR Funds Expended for Service (Title I)	None
196	Miscellaneous Training, Service Provided by Comparable Services and Benefits Providers	Deleted
197	Miscellaneous Training, Comparable Services and Benefits Provider Type	Deleted
198	Randolph-Sheppard Entrepreneurial Training, Service Provided by VR Agency Staff (in-house)	None
199	Randolph-Sheppard Entrepreneurial Training, Service Provided through VR Agency Purchase	None
200	Randolph-Sheppard Entrepreneurial Training, Purchased Service Provider Type	None
201	Randolph-Sheppard Entrepreneurial Training, Amount of VR Funds Expended for Service (Title I)	None
203	Randolph-Sheppard Entrepreneurial Training, Service Provided by Comparable Services and Benefits Providers	Deleted
204	Randolph-Sheppard Entrepreneurial Training, Comparable Services and Benefits Provider Type	Deleted
205	Customized Training, Service Provided by VR Agency Staff (in-house)	None
206	Customized Training, Service Provided through VR Agency Purchase	None
207	Customized Training, Purchased Service Provider Type	None
208	Customized Training, Amount of VR Funds Expended for Service (Title I)	None
210	Customized Training, Service Provided by Comparable Services and Benefits Providers	Deleted
211	Customized Training, Comparable Services and Benefits Provider Type	Deleted
402	Work Based Learning Experience, Service Provided by VR Agency Staff (in-house)	None
403	Work Based Learning Experience, Service Provided through VR Agency Purchase	None
404	Work Based Learning Experience, Purchased Service Provider Type	None
405	Work Based Learning Experience, Amount of VR Funds Expended for Service (Title I)	None
406	Work Based Learning Experience, Service Provided by Comparable Services and Benefits Providers	Deleted
407	Work Based Learning Experience, Comparable Services and Benefits Provider Type	Deleted

212	Assessment, Service Provided by VR Agency Staff (in-house)	None
213	Assessment, Service Provided through VR Agency Purchase	None
214	Assessment, Purchased Service Provider Type	None
215	Assessment, Amount of VR Funds Expended for Service (Title I)	None
217	Assessment, Service Provided by Comparable Services and Benefits Providers	Deleted
218	Assessment, Comparable Services and Benefits Provider Type	Deleted
219	Diagnosis and Treatment of Impairments, Service Provided by VR Agency Staff (in-house)	None
220	Diagnosis and Treatment of Impairments, Service Provided through VR Agency Purchase	None
221	Diagnosis and Treatment of Impairments, Purchased Service Provider Type	None
222	Diagnosis and Treatment of Impairments, Amount of VR Funds Expended for Service (Title I)	None
224	Diagnosis and Treatment of Impairments, Service Provided by Comparable Services and Benefits Providers	Deleted
225	Diagnosis and Treatment of Impairments, Comparable Services and Benefits Provider Type	Deleted
226	Vocational Rehabilitation Counseling and Guidance, Service Provided by VR Agency Staff (in-house)	None
227	Vocational Rehabilitation Counseling and Guidance, Service Provided by through VR Agency Purchase	None
228	Vocational Rehabilitation Counseling and Guidance, Purchased Service Provider Type	None
229	Vocational Rehabilitation Counseling and Guidance, Amount of VR Funds Expended for Service (Title I)	None
231	Vocational Rehabilitation Counseling and Guidance, Service Provided by Comparable Services and Benefits Providers	Deleted
232	Vocational Rehabilitation Counseling and Guidance, Comparable Services and Benefits Provider Type	Deleted
233	Job Search Assistance, Service Provided by VR Agency Staff (in-house)	None
234	Job Search Assistance, Service Provided through VR Agency Purchase	None
235	Job Search Assistance, Purchased Service Provider Type	None
236	Job Search Assistance, Amount of VR Funds Expended for Service (Title I)	None
238	Job Search Assistance, Service Provided by Comparable Services and Benefits Providers	Deleted
239	Job Search Assistance, Comparable Services and Benefits Provider Type	Deleted
240	Job Placement Assistance, Service Provided by VR Job Placement Assistance, Agency Staff (in-house)	None
241	Job Placement Assistance, Service Provided through VR Agency Purchase	None
242	Job Placement Assistance, Purchased Service Provider Type	None
243	Job Placement Assistance, Amount of VR Funds Expended for Service (Title I)	None
245	Job Placement Assistance, Service Provided by Comparable Services and Benefits Providers	Deleted
246	Job Placement Assistance, Comparable Services and Benefits Provider Type	Deleted
247	Short Term Job Supports, Service Provided by VR Agency Staff (in-house)	None
248	Short Term Job Supports, Service Provided through VR Agency Purchase	None
249	Short Term Job Supports, Purchased Service Provider Type	None
250	Short Term Job Supports, Amount of VR Funds Expended for Service (Title I)	None
252	Short Term Job Supports, Service Provided by Comparable Services and Benefits Providers	Deleted

253	Short Term Job Supports, Comparable Services and Benefits Provider Type	Deleted
254	Supported Employment Services, Service Provided by VR Agency Staff (in-house)	None
255	Supported Employment Services, Service Provided through VR Agency Purchase	None
256	Supported Employment Services, Purchased Service Provider Type	None
257	Supported Employment Services, Amount of VR Funds Expended for Service (Title I)	None
258	Supported Employment Services, Amount of SE Funds Expended for Service (Title VI)	None
259	Supported Employment Services, Service Provided by Comparable Services and Benefits Providers	Deleted
260	Supported Employment Services, Comparable Services and Benefits Provider Type	Deleted
261	Information and Referral Services, Service Provided by VR Agency Staff (in-house)	None
262	Information and Referral Services, Service Provided through VR Agency Purchase	Modified Data Element Definition
263	Information and Referral Services, Purchased Service Provider Type	None
264	Information and Referral Services, Amount of VR Funds Expended for Service (Title I)	None
266	Information and Referral Services, Service Provided by Comparable Services and Benefits Providers	Deleted
267	Information and Referral Services, Comparable Services and Benefits Provider Type	Deleted
268	Benefits Counseling, Service Provided by VR Agency Staff (in-house)	None
269	Benefits Counseling, Service Provided through VR Agency Purchase	None
270	Benefits Counseling, Purchased Service Provider Type	None
271	Benefits Counseling, Amount of VR Funds Expended for Service (Title I)	None
273	Benefits Counseling, Service Provided by Comparable Services and Benefits Providers	Deleted
274	Benefits Counseling, Comparable Services and Benefits Provider Type	Deleted
275	Customized Employment Services, Service Provided by VR Agency Staff (in-house)	Modified Data Element Definition
276	Customized Employment Services, Service Provided through VR Agency Purchase	Modified Data Element Definition
277	Customized Employment Services, Purchased Service Provider Type	None
278	Customized Employment Services, Amount of VR Funds Expended for Service (Title I)	None
279	Customized Employment Services, Amount of SE Funds Expended for Service (Title VI)	Modified Data Element Definition
280	Customized Employment Services, Service Provided by Comparable Services and Benefits Providers	Deleted
281	Customized Employment Services, Comparable Services and Benefits Provider Type	Deleted
282	Extended Services, Service Provided by VR Agency Staff (in-house)	None
283	Extended Services, Service Provided through VR Agency Purchase	None
284	Extended Services, Purchased Service Provider Type	None
285	Extended Services, Amount of VR Funds Expended for Service (Title I)	None
286	Extended Services, Amount of SE Funds Expended for Service (Title VI)	None
287	Transportation Data Elements, Service Provided by VR Agency Staff (in-house)	None
288	Transportation Data Elements, Service Provided through VR Agency Purchase	None
289	Transportation Data Elements, Purchased Service Provider Type	None
290	Transportation Data Elements, Amount of VR Funds Expended for Service (Title I)	None
292	Transportation Data Elements, Service Provided by Comparable Services and Benefits Providers	Deleted

293	Transportation Data Elements, Comparable Services and Benefits Provider Type	Deleted
294	Maintenance, Service Provided by VR Agency Staff (in-house)	None
295	Maintenance, Service Provided through VR Agency Purchase	None
296	Maintenance, Purchased Service Provider Type	None
297	Maintenance, Amount of VR Funds Expended for Service (Title I)	None
299	Maintenance, Service Provided by Comparable Services and Benefits Providers	Deleted
300	Maintenance, Comparable Services and Benefits Provider Type	Deleted
301	Rehabilitation Technology, Service Provided by VR Agency Staff (in-house)	None
302	Rehabilitation Technology, Service Provided through VR Agency Purchase	None
303	Rehabilitation Technology, Purchased Service Provider Type	None
304	Rehabilitation Technology, Amount of VR Funds Expended for Service (Title I)	None
306	Rehabilitation Technology, Service Provided by Comparable Services and Benefits Providers	Deleted
307	Rehabilitation Technology, Comparable Services and Benefits Provider Type	Deleted
308	Personal Assistance Services, Service Provided by VR Agency Staff (in-house)	None
309	Personal Assistance Services, Service Provided through VR Agency Purchase	None
310	Personal Assistance Services, Purchased Service Provider Type	None
311	Personal Assistance Services, Amount of VR Funds Expended for Service (Title I)	None
313	Personal Assistance Services, Service Provided by Comparable Services and Benefits Providers	Deleted
314	Personal Assistance Services, Comparable Services and Benefits Provider Type	Deleted
315	Technical Assistance Services related to Self-Employment, Service Provided by VR Agency Staff (in-house)	None
316	Technical Assistance Services related to Self-Employment, Service Provided through VR Agency Purchase	None
317	Technical Assistance Services related to Self-Employment, Purchased Service Provider Type	None
318	Technical Assistance Services related to Self-Employment, Amount of VR Funds Expended for Service (Title I)	None
320	Technical Assistance Services related to Self-Employment, Service Provided by Comparable Services and Benefits Providers	Deleted
321	Technical Assistance Services related to Self-Employment, Comparable Services and Benefits Provider Type	Deleted
322	Reader Services, Service Provided by VR Agency Staff (in-house)	None
323	Reader Services, Service Provided through VR Agency Purchase	None
324	Reader Services, Purchased Service Provider Type	None
325	Reader Services, Amount of VR Funds Expended for Service (Title I)	None
327	Reader Services, Service Provided by Comparable Services and Benefits Providers	Deleted
328	Reader Services, Comparable Services and Benefits Provider Type	Deleted
329	Interpreter Services, Service Provided by VR Agency Staff (in-house)	None
330	Interpreter Services, Service Provided through VR Agency Purchase	None
331	Interpreter Services, Purchased Service Provider Type	None
332	Interpreter Services, Amount of VR Funds Expended for Service (Title I)	None

334	Interpreter Services, Service Provided by Comparable Services and Benefits Providers	Deleted
335	Interpreter Services, Comparable Services and Benefits Provider Type	Deleted
336	Other Services, Service Provided by VR Agency Staff (in-house)	None
337	Other Services, Service Provided through VR Agency Purchase	None
338	Other Services, Purchased Service Provider Type	None
339	Other Services, Amount of VR Funds Expended for Service (Title I)	None
341	Other Services, Service Provided by Comparable Services and Benefits Providers	Deleted
342	Other Services, Comparable Services and Benefits Provider Type	Deleted
409	Home Modification, Service Provided by VR Agency Staff (in-house)	None
410	Home Modification, Service Provided through VR Agency Purchase	None
411	Home Modification, Purchased Service Provider Type	None
412	Home Modification, Amount of VR Funds Expended for Service (Title I)	None
413	Home Modification, Service Provided by Comparable Services and Benefits Providers	Deleted
414	Home Modification, Comparable Services and Benefits Provider Type	Deleted
343	Measurable Skill Gains: Educational Functional Level (EFL)	None
344	Measurable Skill Gains: Secondary Diploma or Equivalency	None
345	Measurable Skill Gains: Secondary or Postsecondary Transcript/Report Card	None
346	Measurable Skill Gains: Training Milestone	None
347	Measurable Skill Gains: Skills Progression	None
350	Start Date of Employment in Primary Occupation	None
353	Date of Exit	None
354	Type of Exit	Modified Reporting Instructions and Code Values
355	Reason for Program Exit	None
356	Employment Outcome at Exit	Modified Code Values
357	Primary Occupation at Exit	None
359	Hourly Wage at Exit	None
360	Hours Worked in a Week at Exit	None
396	Public Support at Exit	Modified Data Element Name
397	Medical Insurance Coverage at Exit	None
376	Date Enrolled in Post-Exit Education or Training Program Leading to a Recognized Postsecondary Credential	None
377	Date of Attainment of Post-Exit Recognized Credential	None
378	Type of Recognized Secondary or Postsecondary Credential Attained Post-Exit	None
379	Employment - First Quarter After Exit Quarter	None
383	Employment - Second Quarter After Exit Quarter	None
385	Quarterly Wages - Second Quarter After Exit Quarter	None
386	Employment - Third Quarter After Exit Quarter	None
389	Employment - Fourth Quarter After Exit Quarter	None
392	Retention with the Same Employer in the Second Quarter and Fourth Quarter After Exit	None

Appendix 1: State Abbreviations and Agency Codes

State or Territory	Abbreviation	General/Combined	Blind
Alabama	AL	001	057
Alaska	AK	002	058
American Samoa	AS	003	059
Arizona	AZ	004	060
Arkansas	AR	005	061
California	CA	006	062
Colorado	CO	007	063
Connecticut	CT	008	064
Delaware	DE	009	065
District of Columbia	DC	010	066
Florida	FL	011	067
Georgia	GA	012	068
Guam	GU	013	069
Hawaii	HI	014	070
Idaho	ID	015	071
Illinois	IL	016	072
Indiana	IN	017	073
Iowa	IA	018	074
Kansas	KS	019	075
Kentucky	KY	020	076
Louisiana	LA	021	077
Maine	ME	022	078
Maryland	MD	023	079
Massachusetts	MA	024	080
Michigan	MI	025	081
Minnesota	MN	026	082
Mississippi	MS	027	083
Missouri	MO	028	084
Montana	MT	029	085
Nebraska	NE	030	086
Nevada	NV	031	087
New Hampshire	NH	032	088
New Jersey	NJ	033	089
New Mexico	NM	034	090
New York	NY	035	091
North Carolina	NC	036	092
North Dakota	ND	037	093
Northern Marianas	MP	038	094
Ohio	OH	039	095
Oklahoma	OK	040	096
Oregon	OR	041	097
Pennsylvania	PA	042	098
Puerto Rico	PR	043	099
Rhode Island	RI	044	100
South Carolina	SC	045	101
South Dakota	SD	046	102
Tennessee	TN	047	103
Texas	TX	048	104
Utah	UT	049	105
Vermont	VT	050	106
Virginia	VA	051	107
Virgin Islands	VI	052	108

Washington	WA	053	109
West Virginia	WV	054	110
Wisconsin	WI	055	111
Wyoming	WY	056	112

Appendix 2: Source of Referral

Code	Source of Referral
01	14(c) Certificate Holders
02	Adult Education and Family Literacy Act Program (Title II of WIOA)
03	American Indian VR Services Program (AIVRS)
04	Centers for Independent Living
06	Service Providers
08	Adult, Dislocated Worker, and Youth Programs (Title I of WIOA)
09	Elementary and Secondary Schools
10	Post-secondary Education Institutions
11	Employers
12	Extended Employment Providers
15	Intellectual and Developmental Disability Agencies
16	Medical Health Providers
17	Mental Health Providers
19	Self-referral, friends, family
20	Social Security Administration
22	Temporary Assistance for Needy Families (TANF)
23	Veteran’s Benefits or Health Administration
25	Wagner-Peyser Act Employment Service Program (Title III of WIOA)
27	Worker’s Compensation
29	Other Sources
32	Other American Job Center or Workforce Development Programs

Appendix 3: Type of Disability

Code	Type of Disability	Classification
00	No Disability	No Disability
01	Blindness	Visual Disability
02	Other Visual Disabilities	Visual Disability
03	Deafness, Primary Communication Visual	Auditory/Communicative Disabilities
04	Deafness, Primary Communication Auditory	Auditory/Communicative Disabilities
05	Hearing Loss, Primary Communication Visual	Auditory/Communicative Disabilities
06	Hearing Loss, Primary Communication Auditory	Auditory/Communicative Disabilities
07	Other Hearing Disabilities (Tinnitus, Meniere's Disease, hyperacusis, etc.)	Auditory/Communicative Disabilities
08	Deaf-Blindness	Visual Disability
09	Communicative Disabilities (expressive/receptive)	Auditory/Communicative Disabilities
10	Mobility Orthopedic/Neurological Disabilities	Physical Disabilities
11	Manipulation/Dexterity Orthopedic/Neurological Disabilities	Physical Disabilities
12	Both Mobility and Manipulation/Dexterity Orthopedic/Neurological Disabilities	Physical Disabilities
13	Other Orthopedic Disabilities (e.g., limited range of motion)	Physical Disabilities
14	Respiratory Disabilities	Physical Disabilities
15	General Physical Debilitation (e.g., fatigue, weakness, pain, etc.)	Physical Disabilities
16	Other Physical Disabilities (not listed above)	Physical Disabilities
17	Cognitive Disabilities (e.g., Disabilities involving learning, thinking, processing information and concentration)	Intellectual and Learning Disability
18	Psychosocial Disabilities (e.g., interpersonal and behavioral Disabilities, difficulty coping)	Psychological/Psychosocial Disability
19	Other Mental Disabilities	Psychological/Psychosocial Disability

Appendix 4: Source of Disability

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

Appendix 5: Comparable Services and Benefits Provider Type Removed

Appen
Code
02
03
04
06
07
08
13
14
15
16
17
18
19
20
21
22

dix 6: Reason for Exit
Reason for Exit
Health/Medical: Individual is hospitalized or receiving medical treatment that is expected to last longer than 90 days and preclu in the program.
Death of the Individual
Reserve Forces Called to Active Duty: Individual is a member of the National Guard or other reserve military unit of the armed f
Ineligible: The individual was determined eligible for the VR program; however, the individual was no longer eligible because employment or the individual's disability prevented the individual's ability to seek competitive integrated employment.
Criminal Offender: Individual entered a correctional institution (e.g., prison, jail, reformatory, work farm, detention center) or othe (section 225 of WIOA).
Ineligible: The individual was found to have no disabling condition, no impediment to employment, or did not require VR service integrated employment.
Transferred to Another Agency: Individual needs services that are more appropriately obtained elsewhere. Transfer to another other agency so that agency may provide services more effectively. Include individuals transferred to other VR agencies.
Achieved Competitive Integrated Employment Outcome: Applicable only to Type of Exit code value 6 (Individual exited after an
Extended Employment: Individuals who received services and were placed in a non-integrated or sheltered setting for a public accordance with the Fair Labor Standards Act (34 CFR 361.5(c)(18)).
Extended Services Not Available: Individual has received VR services but requires long term extended services for which no lo who have received VR services.
Unable to Locate or Contact: Individual has relocated or left the State without a forwarding address, or when individual has not telephone, text, or email.
No Longer Interested in Receiving Services or Further Services: Individual actively chose not to participate or continue in the V make it impossible to begin or continue a VR program. Examples would include repeated failures to keep appointments for asse
All Other Reasons: This code is used for all other reasons not included in other code values.
Short Term Basis Period: The individual achieved supported employment in integrated employment, but did not earn a competi
Ineligible: The individual applied for VR services pursuant to section 511 of the Rehabilitation Act and was determined ineligible employment.
Ineligible: Following Trial Work Experience(s), the individual was determined ineligible because the individual was unable to be