	rol Number 1205-0521 Date: 06-30-2024																						ETA- 9172
DATA ELEMENT NO.	DATA ELEMENT NAME	DATA TYPE/ FIELD LENGTH	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	CODE VALUE	Reportable Individual ²	Wagner-Peyser	WIOA Adults	WIOA Dislocated Workers	WIOA Youth	Dislocated Worker Grants (DWG)	TAA	National Farmworker Jobs Program (NFJP)	Indian and Native American Program (INA)	Reentry Employment Opportunities (REC) (Adult)	Reentry Employment AB Opportunities (REO) (Youth)	AM OF PARTIC	Jobs for Veterans' State OGrants (IVSG)	H18	Job Corps	Incumbent Worker (Adult/DW Funded)	K.SEP	Apprenticeship	Demonstration Grants
	- INDIVIDUAL INFORMATION 01 - IDENTIFYING DATA OBS Number		Record a unique nine integer number for each record to support processing	000000000	R	R	R	R	R	R	R	R	R	R	R	R	R	Π	R	R	R	R	R
100	Unique Individual Identifier (WIOA)	AN 12	Record the unique identification number assigned to the participant. At a minimum, this identifier for a person must be the same for each program entry and ont (i.e., "period of participation") that an participant has during a program year or that a unique count of participation in the interest of the surface and the program of the pr	(No hyphens) X000000000000	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
101	State Code of Residence (WIOA)		Record the 2-letter IPIS alpha code of the state of the primary domicile of the participant. For example, the State of Alabama would be represented as "AL". Primary domicile in that location established or claimed as the perimanner estentence or Primary of one fire participant. If primary domicile is custode the United States, use the following numeric codes: 75 - All Other Countries 88 - Mexico 99 of Countries 88 - Mexico 99 of Countries 89 - Countries of Countries of Countries of Countries of Countries 89 - Countries of Co	XX	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	Ř	R	R
102	County Code of Residence		Record the 3-digit PPS Code of the County of the primary domicle of the participant. Primary domicle is that location established or claimed as the permanent residence or "home" of the participant. If primary domicle is outside the United States, use the following codes: 773 – 40 Obert Countries 999 – Canada		R	R	R	R	R	R	R	R	R	R	R		R		R		R	R	R
103	Zip Code of Residence Economic/Labor Market Area and Physical Location Code	IN 5	Secord the 5 digit rip code of the primary domicin of the participant. Primary domicile is that contains established craimed as the permanent residence or Primary of the participant. If primary domicile is outside the United States, use the following codes: 77777 - All Other Countries 9999 × Canada For persons on active military dusty, states should record the zip code associated with the APO or FPO as defined by the Military Postal Service Agency. Second the code (maintains of 9 digits) of the economic/labor market area and physical location in which the participant received higher first service with significant stati conformed and in financialy assisted by the final string with resident primary consistency of the seconomic/labor market area and physical location in which the participant received higher first service with significant stati monitories and as financially assisted by the final birthy the first service with significant stati nonlowment as dis financially assisted by the first birthy to were nonlowment as dis financially assisted by the final birthy to were nonlowment as dis financially assisted by the final birthy to use	000000000	R	R	æ	R	R	R	R	R	R	R	R	R	R		R		R	R	R
			the first 5 digits of this field for identifying the economic region or labor market area in which the participant began receiving services with significant staff involvement. The nead edigits of this field should be used to denotely the physical location in which the participant began receiving survices with supplicant staff involvement. Unless otherwise specified by ETA, codes contained within this field are determined by the greater. Record 999999999 to indicate "startwisel friend" after if the participant only received remote or virtual self-envirce or informational activities. Record 990999999 to not be communicated activities. A physical found no stroken. A physical found no to known. A physical found no not known.																				
105	Special Project ID - 1	AN 7	Record the 7-digit alpha-numeric ID assigned by DOL for Special Projects or populations served under this program. Refer to ETA guidance for instructions on its use.	XXXXXXXX		R	R	R	R	R	R			R	R	R	R	R	R		R	R	R
106	Special Project ID - 2	AN 7	Record the 7-digit alpha numeric ID assigned by DOL for Special Projects or populations served under this program. Refer to ETA guidance for instructions on its use. Use this second Project ID in the event that a participant falls under more than one Special Project category.	XXXXXXXXX		R	R	R	R	R	R			R	R	R	R	R	R		R	R	R
107	Special Project ID - 3	AN 7	Record the 7-digit spike numeric 10 assigned by DCI. for Special Projects or populations severed under this program. Refer to ETA galaxies for instructions on its suc. but this hidd Project CI to the event that a participant falls under more than two Special Project categories. NOTE: If Data Element 930 (Pay-for-Performance) = 1, Record Pay-for-Performance Provider ID in this field.	XXXXXXXXX		R	m m	R	ж	R	R			R	R	R	R	R	R		R	R	R
108 - A	ETA-Assigned 1st Local Workforce Board Code		Record the 5-digit ETA assigned Local Board/Sistewide code where the participant was determined eligible to participate with the program and received higher first service financially considerable of the participate of the program and serviced higher first service financially cost and first, explained first or a Dischard Worker Goard, service the code for the Local Board. If participant record is a liable state record, record 99999. This is the primary ETA assigned Local Workforce Board Code, it triggers inclusion in state resports as well as the distribution of the code	00000		R	æ	R	R	R	R						R			R			R
108 - B	ETA-Assigned 2nd Local Workforce Board Code	IN S	Record the 5-digit ETA assigned Local Board where the participant was determined eligible to participate in the program and received high first staveric financily sasted by the program. If the participant was served by the local area and also by other non-local funds (e.g., statewise funds or a Dislocated Worder Gram), record the local Board. If participant record is a label state record, record 99999. This is the secondary ETA Assigned Local Worldforce Board Code. It triggers inclusion in the reports for the identified Local Area only	00000		R	R	R	R	R	R						R			R			R
108 - C	ETA-Assigned 3rd Local Workforce Board Code		Record the 5-digit ETA assigned Local Board where the participant was determined eligible to participate in the program and recovered highler first service financially assisted by the program. If the participant was served by the Coal area and also by the non-local finals, (e.g., statewise funds or a Dislocated Worker Grant), record the code for the Local Board. If participant record is able state record, record 99999. This is the tentrary ETA Assigned Local Workforce Board Code. It triggers inclusion in the reports for the identified Local Area only.	00000		R	R	R	R	R	R						R			R			R
SECTION A.	02 - EQUAL OPPORTUNITY IN Date of Birth (WIOA)		Record the participant's date of birth.	YYYYMMDD	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R		R	R	R
201	Sex (WIOA)	IN 1	Record 1 if the participant indicates that he is male. Record 2 if the participant indicates that she is female. Record 9 if the participant did not self-identify their sex.	1 = Male 2 = Female 9 = Participant did not self-identify	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R		R	R	R
202	Individual with a Disability (WIOA)	IN 1	Record 3 if the participant indicates that he/she has any "disability", as defined in Section 13(1)(a) of the Americans with Disabilities Act of \$950 (42 U.S.C. 1220). Under that definition, 13(1)(a) of the Americans with Disabilities Act of \$950 (42 U.S.C. 1220). Under that definition is a simple life activities. Record 0 if the participant indicates that he/she does not have a disability that meets the definition. Record 0 if the participant did not self-identify.	1 = Yes 0 = No 9 = Participant did not self-identify	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R		R	R	R
203	Category Of Disability	IN 9	For those participants where individual With A Stubility (WOAL) = 1. Second 3 If the imperiment is primarily physical, due to a knowled health condition. Second 3 If the temperature is primarily physical, ducluding mobility. Second 3 If because of a mental limes, purplication disability, or emotional condition, the participant has serious difficulty occurrent rating, remembering, or making decisions. Record 3 If the participant is baid on has strond officulty seeing. Record 5 If the participant has a learning distriction of similar physical properties of the participant has a learning distriction in his processing of the participant has a learning distriction in his many capture of disability. Record 3 If the participant does not with to disclose highter category of disability. Record of the participant has not disability. Record of the participant has more than one Impairment.	Physical/Chamic Neath Condition Physical/Neath Impairment Mental or Physical Impairment Mental Impa		R	R	R	R	R	R	R		R	R	R	R		R				R
204	Individual With A Disability SDDA Services		For those participants where individual With A Disability (WIOA) = 1: Record I if the participant has received services funded by the State Developmental Disabilities agency (DOA). Consecuted if the participant does not meet any of the conditions described above. Leave blank if this data element does not apply so this participant. For those participants where individual With A Disability NIMIAL is 1: Becord 1 if the	1 = 50DA 0 = No		R	R	R	R	R				R	R	R	R		R		R		R
	Individual With A Disability LSMIHA Services		for those participants where Individual With A Disability (VIOA) = 1. Record if the participant has received envires funded by a Local or state mental hash agency (SMHA). Record 0 if the participant does not meet any of the conditions described above. Lowe blank if this data element does not apply to this participant.	1 = LSMHA 0 = No			к	R	к	R							К						K
206	Individual With A Disability Medicaid HCBS Services	IN 1	For those participants where Moldindal WITH A Closability (VIICA): 1: Record I If the participant has received semicy studied via satisfie Medicald HCES valver. Record I if the participant does not meet any of the conditions described above. Lave blank if this data element does not apply to this participant.	1 = HCBS walver 0 = No		R	R	R	R	R				R	R	R	R		R				R

																REQUIREME	NTS BY PROGR	AM OF PARTIC	IPATION ¹						
	ELEMENT	DATA ELEMENT NAME	DATA TYPE/ FIELD LENGTH	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	CODE VALUE	Reportable Individual ²	Wagner-Peyser	WIOA Adults	WIOA Dislocated Workers		Wilder Fourn Dislocated Worker	Grants (DWG)	TAA	National Farmworker Jobs Program (NFJP)	Indian and Native merican Program (INA)	Reentry Employment Opportunities (REO) (Adult)	Reen by Employment Opportunities (REO) (Youth)	YouthBuild		H18	Job Corps	Incumbent Worker (Adult/DW Funded)	SCSEP	Apprenticeship	Demon stration Grants
Part	207	Individual With A Disability Work Settling	IN I	Record 1 fif the participant is working in competitive, integrated employment (CE). As Record 2 fif the participant was formenty employed in supported employment (see, use of jub factors 2 fif the participant is working in a pulse participant (see, work creex, excluses, etc.). Record 4 fif the participant is working in a sheltened workingo (i.e., work creex, encloses, etc.). Record 4 fif the participant is working in a sheltened workingo (i.e., center- or facility-based employment). Record 5 if the participant is working in two or more of the above listed settings. Record 5 fif the participant is working to two or more of the above listed settings.	2 = Individual Supported Employment 3 = Group Supported Employment 4 = Sheltered workshop 5 = Combination of two or more settings		R	R	R	1	R	R			ě.	R	R	R	_		R				R
Part	208	Type of Customized	IN 3	If the participant received customized employment services (CES) to attain most recent employment or curve employment. Record 21 fits participant received discovery assessment services. Record 22 fits participant developed a customized employment search plan. Record 34 fits participant received employer registation services. Record 34 fits participant received services redived services redived services in Record 34 fits participant received services rediverse services are received 34 fits participant received services rediverse services are second 01 fits participant does not meet the condition described above.	2 = Developed a customized employment search plan 3 = Employer negotiation services 4 = Secured employment as a result of receiving customized employment services and received extended support services		R	R	R		R	R				R	R	R	R		R				R
Part	209	Individual With A Disability Financial Capability	IN 1	Record of if the participant has a receipt and has received benefit planning services. Record of if participant has a receipt and received financial publicity acted evelopment services. Record of if participant has a receipt and has received booth benefit planning services and financial capability/asset development services. Nacord of if the participant has not received both benefit planning services and financial capability/asset development services.	2 = Financial capability/asset development services 3 = Benefit planning services and financial capability/asset development services		R	R	R	1	R	R				R	R	R	R		R				R
Second S	210	Ethnicity: Hispanic / Latino (WIOA)	IN 1	South or Central American, or other Spanish culture in origin, regardless of race. Record 0 if the participant indicates that he/she does not meet any of these conditions.	0 = No	R	R	R	R		R	R	R	R		R	R	R	R	R	R		R	23	R
Part	211	Native	IN 1	or other organized group or community, including any Alaska Native village or regional or village corporation as defined in or established pursuant to the Alaska Native Claims Settlement Act (85 Stat. 688) [43 U.S.C. 1601 et sep. 1, which is recognized as eligible for the special programs and services provided by the United States to Indians because of their status as Indians. Record 01 if the participant indicates that he/she does not meet any of these conditions.	0 = No	R	R	R	R		R	R	R	R	R	R	R	R	R	R	R		R	R	R
March Marc	212		IN 1	original peoples of the Far Sauf, Southeast Asia, or the Indius Subcontinent (e.g., India, Pakittan, Bangladesh, Sri Lanka, Nepal, Sikkim, and Bhutan). This area includes, for example, Cambodis, China, Japan, Korea, Malaysia, Pakittan, the Philippine Islands, Thalland, and Vietnam. Record Oil fite participant indicates that he/she does not meet any of these conditions.	0 = No	R	R	R	R		R	R	R	R		R	R	R	R	R	R		R	R	R
Mary	213	Black / African American (WIOA)	IN 1	racial groups of Africa. Record 0 if the participant indicates that he/she does not meet any of these conditions.	0 = No	R	R	R	R		R	R	R	R		R	R	R	R	R	R		R	R	R
Company Comp	214	Islander	IN 1	original peoples of Hawaii, Guarn, Samoa, or other Pacific Islands. Record 0 if the participant indicates that he/she does not meet any of these conditions.	0 = No	R	R	R	R		R	R	R	R	R	R	R	R	R	R	R		R	R	R
March Marc	215	White (WIOA)	IN 1	original peoples of Europe, the Middle East, or North Africa. Record 0 if the participant indicates that he/she does not meet any of these conditions.		R	R	R	R		R	R	R	R		R	R	R	R	R	R		R	R	R
Part Continue Part Par						R	R	R	R		R	R	R	R	R	R	R	R	R		R		R	R	R
No. Contract for the contract of the first contract of the				Record 0 if the participant does not meet the condition described above. Record 9 if participant does not disclose veteran status.	9 = Status not known																				
word on such day in the U.S. ammed forms carring a well or a carryon-processor form for the company of the comp				service for a period of less than or equal to 180 days, and who was discharged or released from such service under conditions other had discharged and the conditions of the high discharged criticals with other than a discharged criticals or use discharged or released with other than a discharged critical or use discharged or released with other than a discharged critical or use discharged or released or the conditions of the critical or the conditions of the critical or the	2 - Vs. (ligible Veteran 3 - Vs. (other Eligible Penon 0 - No	R		R	R		R	R	R	R	R	R	R	R	R	R	R		R		
who is emitted to componentation regardless of rating including those rated at 00 (i.e.) or who but for the receipt of military entirements upward to the common and the participant of the service of military entirements and who is emitted to componentation (and in the participant in a version and who is emitted to componentation (or who, but for the receipt of military entirement pay would be emitted to componentation (or who, but for the receipt of military entirement pay would be emitted to componentation (or who, but for the receipt of military entirement pay would be emitted to componentation (or who, but for the receipt of military entirement pay would be emitted to componentation (or who and who are dead of the second or who are dead of the second of the s	302	Campaign Veteran	IN 1	served on active duty in the U.S. armed forces during a war or in a campaign or expedition for which a campaign badge or expeditionsy media has been authoristed as identified and listed by the Office of Personnel Management (OPM). A current listing of the campaigns can be found at OPM's abushle http://www.opm.gov/policy-data-oversight/veterans-services/vet-guide. Record Oil if the participant does not meet the condition described above.			R						R						R						R
Separation forces. Leve blank if data element does not apply to the participant. N				who is entitled to compensation regardless of rating (including those rated at 0%); or who but for the receipt of military retirement pay would be entitled to compensation, under law administered by the Department of Vertexen Alfane (10VA), or was dischaped or released from action (but the compensation of exercise contented discibility. In the compensation of the view of	2 = Yes, special disabled 0 = No								R												
separation leavel with the U.S. ammed forces and within 24 months of reterement or 12 months of parapation from the rame forces. Record of the participant does not meet the condition described above. Leave blank if data element does not apply to the participant. 306 Covered Person Entry Date OT 8 Record of the data common force not apply to the participant. YYYYMMOD R R R R R R R R R R R R R R	304	Date of Actual Military Separation	DT8	forces.	YYYYMMDD		R	R	R		R	R	R						R						R
either at a physical location or through an electronic resource. Leve blank of this data elements enter participant 207 TAP Workshop in 3 Prior Years IN 1. Record of the Veteran or TSM attended a TAP Workshop in 3 year period prior to Date of 1 = Yes IR IN IN INTERPRETATION IN INT	305	Transitioning Service Member	IN 1	separation leave) with the U.S. armed forces and within 24 months of retirement or 12 months of separation from the armed forces. Record 0 if the participant does not meet the condition described above.	1 = Yes 0 = No		R	R	R		R	R	R						R						R
	306	Covered Person Entry Date	DT 8	either at a physical location or through an electronic resource.	YYYYMMDD	R	R	R	R		R	R							R		R				R
	307	TAP Workshop in 3 Prior Years	IN 1				R	l											R						R

														REQUIREMEN	TS BY PROGRA	AM OF PARTICI	PATION ¹						
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308	Homeless Veteran	IN 1	A participant who served in the active military, need, or air arrivice, and who was discharged or refeased from such service under conditions on their than dislowonized, and who lacks a fixed, registry, and who lacks a fixed, registry, and who lacks a support process of the control of the c	1 - Yes O - No																			
309	Homeless Veterans' Reintegration Program Participant	IN 1	Record I II the periodical is a settent who is notabled in the Nominica Veterani's destinguishin Program (MVPR) Incorrected Network Tendishin Program (MVPR) is destinguishin Originam (MVPR) Incorrected Network Tendishin Program (MVPR) is femalle Veterans and Veterans with Families (IPVVVVI) Recliniquishin Program in their area. Record of II the participant does not meet the condition described above. Leave blank if data element does not apply to the participant.	1 = Yes 0 = No		R	R	R	R					R	R		R						R
310	Homeless Veterans' Reintegration Program Grantee	IN S	Record the first five numbers of the DOL Grant number for the corresponding program in PIRL 309. (Should be provided by the local grantee/service provider making the referral.) Leave blank if data element does not apply to the participant.	00000		R	Я	R	R					R	R		R						R
311	Homeless Veterans' Reintegration Program Grantee #2	IN 5	If the participant is receiving services from a second NVPB grantee, record the first five numbers of the DO, Grant number. (Should be provided by the local HVRP grantee/service provider making the referral.) Leave blank if data element does not apply to the participant.	00000		R											R						R
312	Reason the participant is being served by a second HVRP grantee	IN 2	Record If the participant stands the grantee in rol longer and DL grantee. Record If the participant stands the service provided were not capable to her or his needs. Record If the participant left the service area of grantee \$1. Record If the participant lost touch with the HVRP counselor \$1\$ and recruited by HVRP grantee \$2.	Die if the participant stated the grantee is no longer a DOI, grantee. Die if the participant stated the services provided were not capable to her or his needs. Die if the participant left the service area or grantee #1. Die if the participant loot touch with the HVRP counselor #1 and recruited by HVRP grantee #2.	f	R											R						R
313	Homeless Veterans' Reintegration Program Grantee #3	IN 5	If the participant is receiving services from a third HVPP granter, Record the first five numbers of the DUC darts under. (Should be provided by the local HVPP granter)service provider making the referral.) Leave blank if data element does not apply to the participant.	00000		R											R						R
314	Reason the participant is being served by a third HVRP grantee	IN 2	Record I if the participant stand the grantee in no longer and D.O. grantee. Record 2 if the participant stand the service provided were not capable to his needs. Record 3 if the participant left the service area of grantee 82. Record 4 if the participant lost touch with the HYRP counselor 82 and recruited by HYRP grantee 83.	0.1 if the participant stated the grantee is no longer a DIO grantee. 0.2 if the participant stated the services provided were not capable to his needs. 0.3 if the participant left the service area of grantee #2. 0.4 if the participant lost touch with the HVRP counselor #2 and recruited by HVRP grantee #3.	F	R											R						Ř
315	Other Significant Barrier to Employment	IN 1	Second 1.6 the veteran or eligible person has a significant barrier to employment not captured between the control of there is no other significant barrier to employment. NOTE: The rationale for this data element is that certain significant barriers to employment are captured in other data elements. For instance, "special disablated" or "disabled veteran" is captured in \$803, "homeless veterans" is captured in \$805, "recently separated" is captured in \$205," the "officent" is captured in \$405, and "low incoming a special displana." is captured in \$405, and "low income" is captured in \$800. Leave blank if this data element does not apply to the participant.	1.= Yes, Other 0 = No		R							R				R				R		Ř

														REQUIREME	NTS BY PROGE	AM OF PARTIC	IPATION ¹						
DATA ELEMENT NO.	DATA ELEMENT NAME	DATA TYPE/ FIELD LENGTH	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	CODE VALUE	Re porta ble Individual ²	Wagner-Pe ys er	WIOA Adults	WIOA Dislocated Workers	WIGA Youth	Dislocated Worker Grants (DWG)	ТАА	National Farmworker Jobs Program (NFJP)	Indian and Native merican Program (INA)	Reentry Employment Opportunities (REO) (Adult)	Reentry Employment Opportunities (REO) (Youth)	YouthBuild	obs for Veterans' State Grants (NSG)	H18	Job Corps	Incumbent Worker (Adult/DW Funded)	SCSEP	Apprenticeship	Demonstration Grants
316	Active Duty Military Spouse	IN 1	Record I if participant is the spouse of a member of the Armed Forces on active duty (as defended in section 301(d(1) of tile 10), United States Code). Record 0 if the participant does not meet any one of the conditions described above.	1 = Yes 0= No		R	R	R	R	R	R		₹				R						R
400	O4 - EMPLOYMENT AND EDU Employment Statu at Program (TOTAL) (WOA)	IN 1	lacord 3 if the participant, at program entry, (b) is currently performing any work at all is a paid emplayee, (b) is currently performing any work at all in the ore own business, profession, or farm, (c) is currently performing any work as all in the ore own business, profession, or farm, (c) is currently performing any work as an unpaid worker in an enterprise program of the family, or (d) is one who is not working but currently has play to rebusiness from which he or risk is temporaryly absent because of filmers, bad western, and the program of the participant, and the program entry, is a person who, although employed, either (a) has received a notice of emmission of employement of the employer has tissed a Worker Adjustment and festivations (which will be a considered to the program entry, is a person who, although employed, either (a) has received a notice of emmission of employement of the employer has tissed a Worker Adjustment and festivations (which will be a considered to the program entry, is not in the black for or enterprise which is a contribution of the comment (in, c) under the program entry, is not in the black for or encoraterate). Record 0 if the participant, at program entry, is not in the black for or encoraterate). Record 0 if the participant, at program entry, is not in the black for or encoraterate). Record 0 if the participant, at program entry, is not in the black for or or incurrently and the participant, at program entry, is not in the black for or or incurrently and the participant, at program entry, is not in the black for or or incurrently and the participant, at program entry, is not in the black for or or.	1 = Employed 2 = Employed, but Received Notice of 2 = Employed, but Received Notice of tendential of the Employee of the Military 3 = Not in labor force 0 = Unemployed		R	R	R.	R	R	R	Ř	R	R	R	R	R	R			R	R	R
401	UC Highle Status	IN 1	Record 1 if the participant is a person who (a) filed a claim and has been determined displate for benefit payments under one or more State or dereal Unemployment Compensation (by program and whose benefit year or compensation, by reason of an extended duration person), has not ended and who has not enhanced hubber benefit pictin, and (b) received the person of the control of th	1 - Claimant Referred by RESIA 2 - Claimant Referred by WRS 3 - Claimant Not Referred by RESIA or WRS - Claimant Not Referred by RESIA or WRS - Claimant Not Referred by RESIA or WRS - Claimant to Elempt 0 - Neither Claimant nor Eshaustee		R	R	R	R	R	R	ec ec	R	R	R	R	Ř		R		Ř		Ř
402	Long-Term Unemployed at Program Entry (WIOA)	IN 1	Record 1 if the participant, at program entry, has been unemployed for 27 or more consecutive weeks. Record 0 if the participant does not meet the condition described above.	1 = Yes, Unemplayed ≥ 27 consecutive weeks 0 = No		R	R	R	R	R		R	R	R	R	R	R	R				R	R
403	Occupational Code of Most Recent Employment Pior to Participation (if available)	AN 8	second the 5 digit occupational code that been describes the participant's employment using the O'Net Version 60 of Inter versional disaffiction system. This formation is based on the most recent job hald before participating in the program. Leave blank if occupational code is not available or not known, or the data element does not apply. Additional Notes: This information must be based on the most recent job held prior to be productively the program and only applies to adults, and dislocated workers. If all 5 digits of the occupational skills code in our collection, record as many digits as we available. If the accupational skills code of the job where the participant awared the highest gross wage.	0000000		R	R	R		R		R		R	R		R			R			R
404	Industry Code of Employment 1st Quarter Prior to Participation	IN 6	Rood of 4 to 6 dight educity code the best decides the participant's employment using two highth hemican induction inclinations byseries (INACS). If the participant had multiple pile, then the NAMS successful with the highest gave away should be reprinted. Enter 9999991 "Mayes 124 Quarter Prior to Participation Quarter exist and NAMS Code is not known. Leave blank if this data element does not apply to the person.	000000		R	R	R		R		R					R			R			Ř
405	Industry Code of Employment 2nd Quarter Prior to Participation	IN 6	Record the 4 to 6 eight industry code that bend describes the participant's employment using the North American Mondard Ecolarisation Septem (MACS). If the participant had millegle jobs, then the NAICS associated with the highest grow wage should be reported. Senter 999999 if Wages 2nd Quarter Prior to Participation Quarter exist and NAICS Code is not cave blank if this data element does not apply to the person.	000000		R	R	R		R							R						R
406	Industry Code of Employment 3rd Quarter Prior to Participation	IN 6	Second the 4 for fully industry code that bent describes the participant's employment using the benth America Mondard Classification Sperint (MACS). If the participant had multiple jobs, then the NAICS associated with the highest gross wage should be reported. Getter 999999 if Vages 3nd Quarter Prior to Participation Quarter resist and NAICS Code is not Lorent blast if this data element does not apply to the person.	000000		R	R	R		R							R						R
407	Highest School Grade Completed at Program Entry (WIOA)	IN 2	Use the appropriate code to record the highest school grade completed by the participant at program entry. Record 3 – 12 for the number of school grades completed by the participant. Record 0 if no school grades were completed.	1 – 12 = Number of school grades completed 0 = No school grades completed		R	R	R	R	R	R	R	R	R	R	R	R	R	R		R	R	R
408	Highest Educational Level Completed at Poggam Entry (WIOA)	IN 1	Use the appropriate code to record the highest educational level completed by the participant at pringers and try. Record 11 fith participant attained a secondary school eligibina. Record 12 fith participant attained a secondary school equivalency. Record 31 fith participant stained a secondary school equivalency. Record 31 fith participant stained as secondary school equivalency. Record 31 fith participant stained as secondary school equivalency. Record 31 fith participant attained a posteroundary certification, license, or educational certificate (non-degree). Record 31 fith participant attained an Associate's degree. Record 31 fith participant attained a flexibinary of a secondary certification. Record 31 fith participant attained a flexibinary segme.	1. A Manned secondary school diploma 2. A Atlanda s secondary school equivalency 3. The participant with a disability receive a certificate of attendance/completion as a result of succeedual completing an 4. Completed one of more years of posteroidary electrication 5. A Atlanda a posteroidary depression 6. A Manned a posteroidary electrication 6. A Manned a posteroidary electrication 6. A Ratinada a Manned 6. A Ratinada a Ratinada 6.	55	R	R	R	R	R	R	R	R	R	R	R	R	R	R		R	R	R
409	School Status at Program Entry (WGO)	IN 1	need of 1 fee participant, at program entry, has not revenued a secondary action digitors or the recognized equivament and is standing any apprison or secondary school (picularing elementary, intermediate, junior high school, whether full or part time), or is between school terms and intends to center to actional. Record 21 fee participant, at program entry, has not revenued as excending school diploma or its recognized equivalent and is standing an admirately help school or an alternative consists of study approved by the local declarational agency whether full or part time, or is between school terms and is employed to return to school consists and school terms and exented to return to school cerms and exented to return to school cerms and exented to return to school cerms and exented as to school and the school cerms and exented as the school of program (whether full or part school). Record 41 fifth participant, at program entry, is not within the age of compulsory school attendance; and to longer attending any school and has not revenide a secondary school and school and the school cerms and a school or program of school and has not revenide a secondary school and school and the school cerms and school and has not revenide and secondary school and the action of the participant, at program entry, is within the age of compulsory school attendance, but not extending school and has not revenide a secondary school diploma or its recognized equivalent.	a la method, secondary school or fees a la michool, Mentometh School 3 in school, Postersondary school 4 in School, Postersondary school 5 in school, Postersondary school 5 in school, Postersondary school 5 in school, Postersondary school 6 in Postersondary 6 in Postersondar		R	R	R	R	R		R	R	R	R		R				R	K	R
410	Date of Actual Dislocation	DT 8	Record the participant's date of actual dislocation from employment. This date is the last day of employment at the dislocation job. Lawer blank (Then is no dislocation job (e.g., displaced homemaker) or this data element does not apply to the participant.			R	R	R		R							R						R
411	Most Recent Date of Qualifying Separation	DT 8	Record the participant's most recent date of separation from trade impaction employment that qualifies the pericipant to receive health and/or services under the frade Act. Leave blank if there is no qualifying separation date or the separation date is the same as the Date of Actual Dislocation or this data element does not apply to the participant.	YYYYMMDD							R												R
412	Tenure with Employer at Separation	IN 3	Record the total number of months that the participant was employed with the employer of record as of the participant's most recent qualifying date of separation. Employment of at least one day but leath one month should be recorded as "2" teave blank if this data element does not apply to the participant.	000							R						R						R

1														REQUIREMEN	ES BY DBOGB	NA OF DARTIC	IDATION ¹						
DATA ELEMENT NO.	DATA ELEMENT NAME	DATA TYPE/ FIELD LENGTH	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	CODE VALUE	Reportable Individual ²	Wagner-Peyser	WIOA Adults	WIOA Dislocated Workers	WIOA Youth	Dislocated Worker Grants (DWG)	ТАА	National Farmworker Jobs Program (NFJP)	Indian and Native American Program (INA)	Reentry Employment Opportunities (REO)	Reentry Employment Opportunities (REO) (Youth)	YouthBuild	Jobs for Veteram' State Grants (NSG)	H18	Job Corps Incumbent Worker	(Adult/DW Funded)	SCSEP	Apprenticeship	Demonstration Grants
413	Mygrat and Sessoral Farmonder Delignation as defined at 20 CFR 65110	IN I	lacend a If the participant is a seasonal formworker, meaning in individual who is employed, or was employed in the past 17 methy. In formwork (a described at 20 TH 66.13 (ii) of a seasonal or other temporary nature and is not required to be absent overnight from higher permanent place of redirect. Non-migrant formwork individuals who are fall feliant students are excluded. Labor is performed on a seasonal basis where, ordinarily, the employment pertains to, or in or the late discussive performed critical reasons, or period of the year and which, or in ordinarily, the employment pertains to, or in or the late discussive performed on seasonal basis where thought of the year and which moves from one texture to the period of the year and which is employed on a seasonal basis event highly a moritor, while employed in farm work is employed or of the year. A worker is employed on other temporary basis where highly is is employed for a limited time only in things performance is committed to the employed except period of the year. A worker is employed on other temporary basis where highly is is employed for a limited time only in things performance is committed to the control period of the year. A worker is employed on a factor of the year of years of the year of the year of years of the year of years of years of years of ye	1 - Seanori Farmen/ker 2 - Migratt 0 - No		R																	R
600	IS - PUBLIC ASSISTANCE INFI Temporary Assistance to Needy Families (TANF)	IN 1	Record 1 if the participant is listed on the welfer grant or has received cash substance or other support services from the TAFA gency is the last six months prior to participation in the program. Record of it the participant does not meet the condition described above. Leave blank if this data element does not apply to the participant.	1 = Yes 0 = No		R	R	R	R	R	R	R	R	R	R	R	R		R		R		R
601	Exhausting TANF Within 2 Years (Part A Title IV of the Social Security Act) at Program Entry (WIGA)	IN 1	Record 1 if the participant, at program entry, is within 2 years of exhausting lifetime eligibility under part A of Tiel V to 1 the Social Security Act (20.15.C. 60) et seq.), regardless of whether receiving lises benefits at program entry. Record 0 if the participant does not meet the condition described above. Record 0 if the data element does not apply to the participant (Le, the participant has never received TAMF, or if the participant has already exhausted lifetime TAMF eligibility).	1 = Yes O = No 9 = Not Applicable		R	R	R	R	R		R		R	R	R	R						R
602	Supplemental Security (incomedist) I Social Security (incomedist) I Social Security (incomedist) I Social Security (incomedist) I Social Security (incomedist) Social Security (incomedist) Security (incomediate) Security (inco	IN 1	Record I.I the participant is receiving or has received SS under Title XVI of the Social Security Act in the last as more prior to participation in the program. Record 2.If the participant is receiving or has received SSIO benefit payments under Title XXI of the Scoid Security Act in the last a more received Stort SS and SSIO in the last a more received benefit payment under Title XXI of the Scoid Security is a second and the second and	2 = SSDI 3 = Both SSI and SSDI 4 = SSI and Ticket Holder 5 = SSDI and Ticket Holder 6 = Both SSI and SSDI and A Ticket Holder		R	R	R	R			R	R	R	R	R	R		R		R		R
603	Supplemental Nutrition Assistance Program (SNAP)	IN 1		1 = Yes 0 = No		R	R	R	R			R	R	R	R	R	R				R		R
604	Other Public Assistance Recipient		Second 1.8 the participant is a person who is receiving or has received cash assistance or other support servines from one of the following sects in the last six mortal point or participation in the program. General Assistance (Gold) (Stafe) (ord.) post mortalized point or participation in the program. General Assistance (Gold) (Stafe), or not include force and is algorithms. Record of the participant does not meet the allows criteria. Record of the participant does not meet the allows criteria. Leave Mainli if this data chemien does not apply to the participant.	1 = Yes 0 = No			R	R	R		R	R	R	R	R	R			R		R		R
	6 - ADDITIONAL YOUTH CHA	IN 1	Record 1 if the participant is a youth who is pregnant, or an individual (male or female) who is providing outsoilal care for one or more dependents under age 18. Record 0 if the participant does not meet the conditions described above. Leave blank if the data is not available.	1 = Yes 0 = No					R			R			R	R							R
702	Youth Who Needs Additional Assistance	IN 1	Second II the participant is an out-of-school youth who requires additional assistance to enter or complete an outcointional gregaring not secure and hold enginyment or an in-school youth who requires additional assistance to complete an educational program or to secure or hold employment as offered by State or local logify. If the State Board defines a policy, the policy must be included in the State Plan. Record of II the participant does not meet the conditions described above. Laws blank if this data element does not apply to the participant.	1 = Yes 0 = No					R			R			R								R
704	Foster Care Youth Status at Program Entry (WIOA)	IN 1	Record I if the participant, at program entry, is a person aged 24 or under who is currently in foster care or has aged out of the foster care system. Record 0 if the participant does not meet the conditions described above.	1 = Yes 0 = No		R	R	R	R	R		R		R	R	R	R		R				R

					4								8	REQUIREMEN	ITS BY PROGR	AM OF PARTIC	PATION ¹						2
DATA ELEMENT NO.	DATA ELEMENT NAME	DATA TYPE/ FIELD LENGTH	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	CODE VALUE	Reportable Individual	Wagner-Peys er	WIOA Adults	WIOA Dislocated Workers	WIOA Youth	Dislocated Worker Grants (DWG)	TAA	National Farmworker Jobs Program (NFJP)	Indian and Native American Program (INA	Reen by Employment Opportunities (REO) (Adult)	Reentry Employment Opportunities (REO) (Youth)	YouthBuild	Jobs for Veterans' Stat Grams (NSG)	H18	Job Corps	Incumbent Worker (Adult/DW Funded)	SCSEP	Ap prenticeship	Demonstration Grant
SECTION A 800	27 - ADDITIONAL REPORTAE Homeless participant, Homeless Collecte and Control of Control Control of Control Con	LE CHARACTERIS	Record 1 if the participant, at program entry: (i) Laksa Tasef, regular, and adequate nighttime residence; this includes a participant who: (ii) Laksa Tasef, regular, and adequate nighttime residence; this includes a participant who: (ii) Laksa Tasef, regular, and adequate nighttime residence; this includes a participant who: (ii) Laksa Tasef, the control of t	1 = Yes 0 = No		R	R	R	R	R		R	R	R	R	R	R		R		Ř		R
801	Ex-Offender Status at Program Entry (WIOA)	IN 1	Record 1 if the participant, at program entry, is a person who either (all has been subject to any stage of the criminal justice process for committing a status offense or delinquent act, or (b) requires sustained to neveroming furnishes to employment estudies from a record of airest factor of 0 if the participant does not meet any one of the conditions described above. Record 0 if the participant did not disclose.	1 = Yes 0 = No 9 = Did not disclose		R	R	R	R	R		R	R	R	R	R	R	R				R	R
802	Low Income Softus at Program Entry (WOOL)	IN 1	Record 1 if the participant, at program entry, is a person who: (s) Receiver, or in the 6 months prior to application to the program has received, or is a special control of the contro	1 = Yes 0 = No		R	R	R	R	R		R	R	R	R	R	R	R	R				R
803	English Language Learner at Program Entry (WIOA)	IN 1	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 = Yes 0 = No		R	R	R	R	R	R	R	R	R	R	R	R	R	R				R
804	Basic Skills Deficient/Low Levels of Literacy at Program Entry	IN 1	Record 0 if the participant does not meet the conditions described above. Record 1 if the participant is, at program entry: All youth, who has light redding, writing, or computing skills at or below the 8th grade level on a generally accepted standardized test; or 8) you there also, the sunder to compute and solve problems, or read, write, or speak English at a level necessary to function on the lpb, in the participant's family, or in society. Record 0 if the participant does not meet the conditions described above.	1 = Yes: 0 = No		R	R	R	R	R	R	R	R	R	R	R	R		R				R
805	Cultural Barriers at Program Entry (WIOA)	IN 1	Record 1 if the participant, at program entry, perceives him or herself as possessing attitudes, bellefs, uctomor or practices that influence a way of thinking, acting or working that may serve as a hindrance to employment. Record 0 if the participant does not meet the conditions described above. Record 9 if the participant did not self-identify.			R	R	R	R	R			R	R	R		R		R		R		R
806	Single Parent at Program Entry (WIOA)	IN 1	Record I if the participant, at program entry, is single, separated, divorced or a widowed individual who has primary responsibility for one or more dependent children under age 18 (ncluding gialey preparat women). Record 0 if the participant does not meet the condition described above. Record 9 if the participant did not self-identify.	1 = Yes 0 = No 9 = Participant did not self-identify		R	R	R	R	R	R	R	R	R	R	R	R		R				R
807	Displaced Homemaker at Program Entry (WIGA)	IN I	accord 1 ft file participant, at program entry, has been providing unpaid services to family members in the home and who: (A(0)) has been dependent on the income of another family member but in no longer supported by half Lunce, or (0) is the dependent spouse of a member of the Armed Forces on active duty (as defined in section 512(d)(1) of the 10, blunked States Code) and whose family income is sugariously related sections of a deployment (a clader in section 512(d) extre duty pursuant to a provision of law referred to in section 512(d)(3)(0) of the 10, blunked States Code, a permanent change of station, or the service connected (as defined in section 512(d)(3)(0)) of the 10, blunked States Code, a permanent change of station, or the service connected (as defined in section 512(d)(1)(d) of title 38, blunked States Code) death or disability of the member; and (0) is submitted states Code, a concerningly and and a seperinding difficulty in obtaining or appropriate continuation of the services of the service	1 = Yes O = No		R	R	R	R	R		R		R	R		R				R		Ř
808	Migrat and Sessonal Formworker Status	IN 1	Accord 1 ft the participant, at program entry, is a low-income individual (i) who for the 3.2 consecutive months out of the 24 months for adjustation for the program involved, his been primaryly employed in agriculture or fish farming labor that is characterized by driven commoditive or the commoditive of the commoditive or commoditive downstructive or commoditive or commoditive downstructive or commoditive or commoditive downstructive or commoditive downstructive or commoditive or commoditive downstructive or commodities downstructive or commodities downstructive or commodities downstructive or	1.5 Sextonal Farmenders Adult 2.6 Migrant Farmenders Adult 3.6 Migrant Farmenders 3.6 Migrant Farmenders 3.6 Migrant Farmenders 4.6 Migrant Farmenders 5.6 Migrant Farmenders 5.6 Migrant Farmenders 5.6 Migrant Farmenders 6.6 Migra		R	R	R	R	R		R		Ř	R		R						R
900	- ONE STOP CENTER PROGRA Date of Program Entry (WIOA)	DT 8	NN INFORMATION Record the date on which an individual became a participant as referenced in 20 CFR 677.150 startlying applicable programmatic requirements for the provision of services. Leave blank if this data element does not apply.	YYYYMMDD		R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
901	Date of Program Exit (WIOA)	DT 8	Record the last date the participant received services that are not self-service, information- only, or follow up services. Record this last date of receipt of services only if there are no future services, that no ent disfervice, information only, or follow up services, planned from the program. For Tible, II, and III, record the last date of funded service(s). For Vocational Rehabilitation programs, record the date when the participant's record of service is closed pursuant to 34 CFR 361.48 or 361.56.	YYYYMMDD		R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
902	Date of First Case Management and Employment Service Adult	DT 8	Record the date on which the participant begins receiving his/her first case management and employment service funded by a program following a determination of eligibility to participate in the program. Record I if the participant received services under WIOA section 133(b)[2](A) as an individual	1 = Yes, Local Formula	p	R	R	R	R	R	R	R					R	R			R		R R
303	Aguit (WIOA)		Record 3 if the participant received services under WOA section 13(0)(I)(I)(I) as an individual whole is not less than gail 1 aft the lime of program entry. Record 2 if the participant received services under WOA section 13(0)(I)(I). Record 3 if the participant received services under WOA section 13(0)(I)(I), and 13(0)(I)(I) and 13(0)(I)(I)(I) and 13(0)(I)(I)(I)(I) and I)(I)(I)(I)(I)(I)(I)(I)(I)(I)(I)(I)(I)(I	2 = Yes, Statewide 3 = Yes, Both Local Formula and Statewide 4 = Reportable Individual	n		el .	n		A.													

DATA		DATA TYPE/			idu al²	10	n	P	_	rker		worker (NEJP)	tive n (INA)	REQUIREMEN	TS BY PROGRA	M OF PARTIC	tate			: Worker Funded)		d.	Grants
NO.	DATA ELEMENT NAME	FIELD LENGTH	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	CODE VALUE	Reportable Indivi	Wagner-Peys ea	WIOA Adults	WIOA Dislocat Workers	WIOA Youth	Dislocated Work Grants (DWG)		National Farm Jobs Program	Indian and Native American Program (IN	Reentry Employ Opportunities (i	Reentry Employ Opportunities (f	YouthBuild	Jobs for Veteram' S Grants (NSG)	H18	Job Corps	Incumbent Wo (Adult/DW Fun	dsos	Ap prenticesh	Demonstration
904	Dislocated Worker (WHOA)	IN I	Record 3.1 the participant received services under WOA Section 3.13(s)(2)(8) as a person which the participant could be serviced as the control of the service and service service and ser	1 - Yes, Local Formula 2 - Yes, Satarway 3 - Yes, Both Local Formula and Statewide 4 - Yes, Both Local Formula and Statewide 4 - Yesportable individual 0 - No	R	R	R	R		R	R	R		R	Ř		R	R					R
905	Youth (WIOA)	IN 1	Record 0 if the participant received environ under Who section 128(b). Record 1 if the participant received services under WOA section 128(b). Record 2 if the participant received services under WOA section 128(b). Record 2 if the participant received services under WOA section 128(b). Record 4 if the individual fall to complete the program requirements for eligibility or for participation. Record 0 if the participant did not receive services under the conditions described above.	1 = Yes, Local Formula 2 = Yes, Statewide 3 = Yes, Both Local Formula and Statewide 4 = Youth Reportable Individual 0 = No	R	R	R	R	R	æ		R			R		R						R
906	Date of First WIOA Youth Service	DT 8	Record the date on which the participant began receiving his/her first WIOA youth service (i.e. 10 the 14 youth program elements in WIOA §129(c)[2]). Leave blank if the participant did not receive services funded by the WIOA Youth program.	YYYYMMDD					R						R								R
907	Recipient of Incumbent Worker Training	IN 1	Second 1 fifth participant received incumbent Worker training services under WIOA section 144(4)(3)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)	1 - Statewick 15% and/or Rapid Response 29% only 2 - Local Formula only (20%) 3 - Bioth Statewick and Local Formula 4 - H-18 Binded grant 6 - HVP Binded grant 6 - HVP Binded grant 7 - Algorenticehip appropriated funded grant 9 - No		R	R	R		R		R		R	Ř		R	R		R		R	R
908	Rapid Response	IN 1	Record of it the participant participated in rapid response activities authorized at WIOA section 1240(12/14/01). Record of I the participant did not receive services under the condition described above. Record of If granter to unable to track cereliment in the program. Lawe blank if this data element does not apply to the participant.	1 = Yes 0 = No 9 = Unknown		R		R		R	R						R			R			R
909	Rapid Response (Additional Assistance)	IN 1	Record 1 if the individual participated in a program by WIOA section 114(a)(2/(A)(i)(0)). Record 0 if the participate and on participate an aprogram or otherwise receive services. Record 0 if the participate did not participate in a program or otherwise receive services. Becord 0 if the participate of the participate in a program of the participate o	1 = Yes 0 = No 9 = Unknown				R		R	R												R
910	Adult Education (WIOA)	IN 1	Record I of the participant received sortices under WIGA TRUS defined as accelerate institution and education nervices below the postsecondary level that increases an individual's ability to (A) read, write, and speak in English and perform mathematics or other activities necessary for the attainment of a secondary school diploma or its recognized equivalent; (B) translation posteriously educations and straining; and (B) translation to postsecondary educations and straining; and (B) translation to postsecondary educations and straining; and second 0 if the participant did not receive any services under the conditions described above. Record 0 if the participant did not receive any services under the conditions described above.	1 = Yes O = No 9 = Unknown		R	R	R	R	R	R	R				R	R				R		R
911	Job Corps (WIOA)	IN 1	Record 9 if grantee is unable to track enrollment in the program.	1 = Yes 2 = Reportable Individual 0 = No 9 = Unknown	R				R			R				R			R				R
912	National Farmworker Jobs Program	AN 14	Record the 14 character grant number if the participant received services under WIAO TRisi-D, Oction 187. The same number should be entered in the following from strivibute above. The adoptablest characters representing the grant program code-five numeric characters representing the facility when the grant vas undered five numeric characters identifying the speed grant awarded One alphabetic character identifying the previous agreet part for how numeric characters identifying the previous agreet part for how numeric characters identifying the trained are grant participant under (AA-1285-1259-A-S). If the grant number to unknown, please enter 9999999999999999. Leave blank if the participant did not receive services funded by this program.	30000000000		R	R	R	R			R					R				R		R
913	Indian and Native American Programs	IN 1	Record 1 if the participant received services under WIOA Title 10, Section 166 Record 2 if the individual has demonstrated an intent to use program services and meets one of the following critical services of the following critical services (and individual who provide identifying information; (a) individuals who provide individual services of the following critical services (C) individuals who only necessive information-only services are attivities. (c) individuals who only receive information-only services are attivities.	1 = Yes 2 = Reportable Individual	R	R	R	R	R			R	R				R				R		R
914	Veterans' Programs	IN 2	Record 1 if the participant received services from a Disabled Veterans Outreach Program specialist (DVOP specialist). Record 2 if the participant received services from a Local Veterans Employment Representative (LVER).	1 = Yes, DVOP specialist 2 = Yes, LVER specialist 0 = No 9 = Unknown		R	R	R	R		R	R					R				R		R
915	TAA Petition Number	AN 29	Record Of the participant did not receive services under any of the conditions described above; granter is unable to track enrollment in the program. Record 99 granter is unable to track enrollment in the program. Record the petition number (and ful alphabetical saffer, if applicable) of the certification Record the petition number. I will be a proposed to the program of the petition number, list all petition numbers in the order in which they were received definited by a pipe character (i.e. 1). If there are more than there petition number, is the first petition and the most recent two petition numbers.	X00000000X							R												R
916	Vocational Education	IN 1	Record 1 if the participant received services under the Carl D. Revisus Vocational and Applied Technology (Sucation Act (20 USZ 20) et seq.). Second 0 if the participant did not receive any services under the condition described above. Record 9 if a windown. Leave blank if this data element does not apply to the participant.	1 = Yes 0 = No 9 = Unknown			R	R	R	R	R	R									R		R
917	Vocational Rehabilitation (WIOA)	IN 1	services for students with disabilities, that facilitate the transition from school to postecondary (ife, sub. a shierement of an employment outcome to competitive integrated employment, or pre-imployment transition services. Record 3 if the participant revolved services from the Vocational she shabilitation and Employment (VR&E) Program authorised by \$81.USC Chapter 31. Record 3 if the participant revolved services from Both vocational orthabilitation programs. Record 0 if the participant did not receive any services under the conditions described above. Record 9 if unknown.	1 = Yes 2 = VR&E 3 = Both VR and VR&E 0 = No 9 = Unknown		R	R	R	R	R	R	R					R				R		R
918	Wagner-Peyser Employment Service (WIOA)	IN 1	Record 1 ft the participant received sorvices under the Vilegor-Poyer Act (20 U.S. 68 et ex.). Second 2 ft the included has demonstrated an intent to use program services and meets one of the following criteria— (A) includedas who provide identifying information; (B) Individuals who only use the self-service system; or (C) Individuals who may receive information only services or activities. Record 0 if the participant did not receive services under the Vilagor-Poyer Act. Record 0 if the participant did not receive services under the Vilagor-Poyer Act. Record 0 if the grantee is unable to track enrollment in the program.	2 = Reportable individual 0 = No 9 = Unknown	R	R	R	R	R	R	R	R				R	R				R		R
919	YouthBuild (WIOA)	AN 14	secord the 14 character great number of the participant received services under the vorabilityli Program as suchorized under Workscetco 17.1 The great number should be entered in the following format without distinct: Two playbabetic characters representing the great program code for numeric characters to numeric characters representing the fact year when the great two saveteds "two numeric Characters identifying the type of great awarded One splaybactic character identifying the relevant agency at 174 two numeric awarded One splaybactic character identifying the relevant agency at 174 two numeric 20,1 if the grant number is unknown, please enter all 9s. Leave blank if the participant did not receive services funded by this program.	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		R	R		R			R				R	R						R

														REQUIREM	ENTS BY PROGE	AM OF PARTIC	IPATION ¹						
DATA ELEMENT NO.	DATA ELEMENT NAME	DATA TYPE/ FIELD LENGTH	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	CODE VALUE	Re portable Individual ²	Wagner-Peys er	WIOA Adults	WIOA Dislocated	Workers WIOA Youth	Dislocated Worker Grants	(DWG)	National Farmworker Jobs Program (NFJP)	Indian and Native American Program (INA)	Reentry Employment Opportunities (REO)	Reenty Employment Opportunities (REO) (Youth)	YouthBuild	lobs for Veterans' State Grants (NSG)	H18	Job Corps	Incumbent Worker (Adult/DW Funded)	SCSEP	Apprenticeship	Demonstration Grants
920	Senior Community Service Employment Program	AN 14	Record the 1st sharester grant number if the participant received arrives under this 'vi of the Odder Americans Act 2005, the Senior Community Service Implyment Program (SSER). The grant number should be entered in the following format without dashes: two alphabetic characters representing the plant program code five numeric characters. Two numeric characters representing the final year when the grant twas avarded 'how numeric characters indensifying the reject grant avarded-one glanbates character indensifying the relevant season, at 157 livo numeric characters identifying the plant to the part was severed under (An-2135-12-5-6-2-6). If the grant number is unknown, please enter yearsystems.) Leave blank if the participant did not receive services funded by this program.	xxxxxxxx		R	R	R		R		R	4				R				R		R
921	Employment and Training Services Related to SNAP	IN 1	Record I if the participant received employment and training (E&T) services from the Supplemental Nutrition Assistance Program (SNAP) (T USC 2015(d)(4)) - NOTE: This refers to the SNAP EX program, NOT simply a SNAP recipient. Record 0 if the participant did not receive any services under the condition described above. Leave blank if it is not known.	1 = Yes 0 = No		R	R		R		R	R					R				R		R
922	Other WIOA or Non-WIOA Programs	IN 1	Record 1 if the participant received services from any other WIDA or non-WIDA program not listed above that provided the participant with services during their period of participation. Record 2 if the participant received services from the Intellectual and/or Developmental Obsolution Program. New Health Program, or way other Engiptiems of Statice Lastenhalp second 0 if the participant did not receive any services under either of the conditions described above.	1 = Yes, Other WIOA or Non-WIOA Programs 2 = UDD, MH or other disability programs 0 = No		R					R	R		R	R		R				R		R
923	Other Reasons for East (WOOA)	IN 2	support such as a hospital or treatment center during the course of receiving services as a participant. Record 02 if the participant exits the program because of medical treatment and that			R	R	R	R	R	R	R	R	R	R	R	R	R	R		R	R	R
924 925	TAA Application Date Date of First TAA Benefit or	DT 8	Record the date on which the individual first applied for Trade Act services/benefits under the applicable certification. Record the date of the first Trade funded benefit or service received after the participant was								R												R R
926	Service TAA Liable/Agent State Identifier	IN 1	determined eligible to participate. Record 1 if the reporting State is serving the participant exclusively as a liable state. The definition for liable state can be found under 20 CFR 617.26(a).	1 = Liable State							R												R
	identiner		Record 2 if the reporting State is swring the participant as an agent state. The definition for agent state can be found under 20 CFR 52 10 State for UI (liable) as well as the State providing services (gath is both the paying state for UI (liable) as well as the State providing services (gath is both the paying state for UI (liable) as well as the State providing services (gath is not a participant in the TAA Program	2 = Agent State 0 = Both																			
927	TAA Date of Eligibility Determination Determined Eligible for TAA	DT 8	Record the date upon which the individual was determined to be (or not) an adversely affected worker. Record 1 if the individual was determined eligible for the Trade Program.	YYYYMMDD 1 = Yes							R												R R
929	Benefit Under Prior	IN 1	Record of the individual was determined not eligible. Leave blank if the data element does not apply to the individual. Record I if the participant received a benefit under a prior certification in any of the previous	0 = No							R												R
930	(TAA) Pay-For-Performance	IN 1	as incur years. Record 0 if the participant did not receive any services under the condition described above Leave blank if the individual is not a TAA participant. Record 1 if the participant received training services from a WIOA Title I service provider	1 = Yes			R	R	R	R													R
	·		engaged in a contract with a local board which includes pay-for-performance strategies. Record 0 if the participant did not received services described under the condition described above.	0 = No																			
931	Apprenticeship Program	INI	Record 3.1 the participant entered into a Registered Appreciation by Program (RAP) or if the participant was a register depretice at the most program enter. Record 2.5 the participant entered tota an industry-inequential Appreciationship Program (RAP) or the participant was participating in an industry-inequential Appreciationship at the Record 3.1 the participant entered into an apprenticently program that is neither a RAP or an IRAP. Record 4.1 the participant did not enter an apprenticently during program participation or was not participating in any appreciationship during program entry.	1 = RuP 2 = IRAP 3 = Other 4 = None		R	R	R	R	R		R		R	R		R	R				R	R
932	National Dislocated Worker Grants (DWG)	IN 1	Record 1 fine participant retained deviates under WOA 11st in 0, Section 210. And the Control of this highest has demonstrated an intent to use pragam services and meets one of the following criteria— (A) individuals when you was the self-service system; or (B) individuals who only use the self-service system; or (C) individuals who give retries information yet variets or settlines. (C) individuals who give retries information only variets and self-self-self-self-self-self-self-self-	1 = Yes, NDWG Participant 2 = Reportable Individual 0 = No 9 = Unknown		R	R	R	R	R	R						R						R
933	Date of First DWG Service	DT 8	Record the date on which the participant began receiving his/her first service funded by the DWG program following a determination of eligibility to participate in the program. Leave blank if the participant did not receive services funded by the DWG program.	YYYYMMDD						R													R
934	Rapid Response Event Number	AN 13	Record the 18digit unique number of the event through which rapid response services were provided to the participant. This usique identification number is the same one provided to the state or local area froming the 18000. Begin desponse information between. User such tone as this system is operational, additis are encouraged to voluntarily report this information tone. If the system is operational, additis are encouraged to voluntarily report this information that the properties of the properties. The nest flow character are the event than numbered response specified to the properties of the	30000000000000000000000000000000000000				R		R	R												R
935	Accountability Exit Status	IN 1	Record of this participant either disclosed an invalid social security number (SSN) or chose that of the participant retired from employment. Record 0 or leave blank if none of the above conditions apply.	1 = Invalid SSN or falled to disclosed SSN 2 = Retirement 0 or Blank = None of the above conditions apply		R	R	R	R	R	R	R	R	R	R	R	R	R	R				R
936	Reentry Employment Opportunities (Adult)	AN 14	Record the 14 character grant number if the participant received services under the Reentry Employment Opportunities (Adult) program. The grant number should be entered in the following format without adults: No adjustment character superinging the grant program program than awarded from numeric characters identifying the type of grant awarded One adjushables character dendrifying the relevant group of ETA-Tho number characters identifying the state that received the grant two sovered more characters identifying the state that received the grant two sovered more (AA-12345-12-55-A-26), if the grant number is unknown, please enter 99999999999. Leave blank if the participant did not receive services funded by this program.	30000000000		R	R		R			R		R			R						R
937	Reentry Employment Opportunities (Youth)	AN 14	Record the 14 character grant number if the participant received services under the Reenty Employment Opportunities (Youth) program. The grant number should be entered in the through the program of the program of the program of the program of the order her number. Characters Your number character representing the foul year when the grant was awarded You number characters identifying the year of the Tay to program awarded One alphabetic character destinglying the relevant genery of ETA You number characters identifying the state that received the grant was served under (AA-1245-12-55-A-26). If the grant number is unknown, please enter 999999999999999999999999999999999999	30000000000000000000000000000000000000		R	R		R			R			R		R						R

														PEOLIIPEM	ENTS BY PROGR	AM OF PARTIC	'IDATION ¹						
DATA ELEMENT NO.	DATA ELEMENT NAME	DATA TYPE/ FIELD LENGTH	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	CODE VALUE	portable Individual ²	Wagner-Peys er	WIOA Adults	WIOA Dislocated Workers	WIQA Youth	Dislocated Worker Grants	TAA	National Farmworker Jobs Program (NFJP)	Indian and Native nerican Program (INA)	Reentry Employment Opportunities (REO)	REO)	YouthBuild	os for Veterans' State Grants (NSG)	H18	Job Corps	incumbent Worker [Adult/DW Funded]	SCSEP	Apprenticeship	emon stration Grants
938	H-18	AN 14	Record the 14 character grant number if the participant received services under any H-18 funded program. The grant number should be entered in the following format without deather. Two alphabetic characters representing the grant program cofe-five numeric characters representing the fiscal year when the grant was awarded-characters. Year number is characters representing the fiscal year when the grant was awarded-characters. Year number is characters are supported by the program of the part was awarded-charactering the reference year, or at \$1.74 to primer; characters dentifying the state that received the grant was served under (Ax-1246-12-55-A26), iff the grant number is unknown, because center of the grant was served under (Ax-1246-12-55-A26), iff the grant number is unknown, because center of the grant was served under (Ax-1246-12-55-A26), iff the grant number is unknown, because the grant was served under (Ax-1246-12-55-A26), if the grant number is unknown, because the grant number is unknown, and the grant was served under (Ax-1246-12-55-A26), if the grant number is unknown, because the grant number is unknown.	00000000000000000000000000000000000000	Res	R	R	R		R		R	Ama	S. C.	8 6		R R	R		n a			R
939	Individual With A Disability Individualized Education Program Participant	194 1	For those participants where individual With A Disability (MIOA) = 1: Record 3 If the participant currently has an individualized Education Program/Special Education Services with esterding Secondary School. Record 2 If the participant formerby had an individualized Education Program/Special Education Services with esterding Secondary School. Record 30 in leave blank if resther contition applies An individualized Education Program (File Japan used to ensure that students with disabilities eligible to receive special education and related services under the Individuals with Disabilities Education Act receives versical student on next their unless of the Individual services with Individual services	1 - Current EP 2 - Previous IIP 0 or Blank = Neither condition applies			R		R					R	R	R							R
940	Individual With A Disability Section 504 Plan	IN 1	For those participants where Individual With A Disability (WIDA) = 1: Record 3 if the participant has a Section 504 plan. Record 3 if the participant does not meet the condition described above. Laxes blank if the condition does not apoly to the participant. Section 504, of the Rehabilisation Act, 20 U.S. 6, 374, is a federal law that protects students with disabilists that interfere with their ability to learn or access school programs from discrimination by Action Evening Federal Indianal assistance. User Section 503 students are entitled to receive a free and appropriate education comparable to students without disabilities. A Section 1404 was not because the conditional conditions from a minimal conditional conditions. A Section 1404 was not because the conditional conditions from a minimal conditional conditions. A section 1404 was not because the conditional conditions from the conditional conditions. A section 1404 was not does not need special education and related services. A 504 plan outlines how the individual's specific needs will be met through accommodations, modifications and other services.	1 = Yes 0 = No Blank = Does not apply			R		R						R								R
941	National Farmworker Jobs Program (NFJP)	INI	Record 1 if the participant received services that required significant involvement under WIDA Tride i 0, Section 187 Tride i 10, Section 187 Tride i	1 = Yes, NFIP Participant 2 = Reportable Individual 0 = No								R											Ř
	- ONE STOP SERVICES AND A														_								
1000	Date of First Basic Career Service (Self-Service/Information- only)	DT 8	Bacod the first date a job seeker accused self-services/information-only vervices or activities during the reporting-priori, either in a playuel obaction or remotely via the use of electronic technologies. Self-Service does not uniformly apply to all virtually accessed services. For example, virtually accessed services that provide a level of support beyond independent job or information seeking on the part of the reportable individual voculd not qualify as self-service. Information-only activities or vertices may be either self-service or staff solitation.	YYYYMMDD	R	R	R	R	R	R	R	R		R	R		R						R
1001	Date of First Basic Career Service (Staff-Assisted)	DT 8	batic career services. Record the first date the participant received any staff-assisted basic services (includes any career service under WIGA section 13/46/[2]/A(II)+(i) that is not provided via seff-service or information-only services and activities!", Leave blank if the participant did not receive a staff-assisted basic career service.	YYYYMMDD		R	R	R		R	R	R	R	R	R		R						R
1002	Most Recent Date Received Basic Career Services (Self-Service/Information- Only)	DT 8	Record the most recent date a job seeker accessed self-services/information-only services or activities during the reporting period, either a physical footchen or remotely via the use of electronic technologies. Self-service does not uniformly apply to all froutility accessed services, for example, virtual accessed services that provide a level of support above independent pio or information seeking on the pair of a reportable flowlood/participant would not qualify as self-service. Information-only activities or services may be either refi- service or staff sassives. Information-only activities or services may be either refi- sional to the provided of the self-service and self-service information- only basic career small provided in the self-service and self-service/information- only basic career small provided in the self-service in the self-service/information- only basic career small provided in the self-service in the self-	үүүүнмоо	R	R	R	R	R	R	R	R	R				R						R
1003	Most Recent Date Received Basic Career Services (Staff-Assisted)	DT 8	Record the most recent date on which the participant received any basic career service (secludes any career service under WIGG Section 134(c)[2]A(i)(-ii) that is not provided via taxee blank if the participant did not receive a basic career service with significant staff evolvement.	YYYYMMDD		R	R	R		R	R		R	R			R						R
1004	Date of Most Recent Career Service (WIOA)	DT 8	Record the date on which career services (both basic and individualized) were last received (excluding self-services, information services or activities, or follow-up services). Leave blank if the participant did not receive career services.	YYYYMMDD		R	R	R	R	R	R	R	R	R			R						R
1005	Most Recent Date Received Staff-Assisted Services (DVOP specialist)	DT 8	second the most recent date on which the participant received any career service provided by a DVPD speciality. Laws blank if the participant did not receive a service with significant staff involvement or this data element does not apply to the participant. Record the most recent date on which the participant was referred to the Department of	YYYYMMDD		R	R	R		R							R R						R
1007	of Veterans Affairs Vocational Rehabilitation and Employment Program Date of Most Recent Reportable Individual Contact	DT8	Record the most recession which the jack-point was violated and one of the control of the contro		R	R	R		R	R		R	R						R				R
SECTION C	.02 - BASIC CAREER SERVICES Most Recent Date Accessed	DT 8	Record the most recent date on which the reportable individual/participant accessed	YYYYMMDD	R	R	R	R	Ė	R			I		Ī		R						R
	Information-Only Activities		information only services or activities. Information-only services or activities provide readily available information that does not require an assessment by a staff member of the individual's stills, education, or career objectives. Leave blank if the reportable individual/participant did not access information-only activities.																				
1101	Most Recent Date of Self- Service Activities	DT 8	Record the most recent date a job seeker accessed self-services during the reporting period, either a physical location or remotively via the use of electronic technologies. Self-service does not uniformly apply of all virtually accessed services. For example, virtual accessed services that provide a level of support above independent job or information seeking on the part of a reportable individual participatem used ind regularly a self-service. Leave blank if the reportable individual/participant did not access a self-service basic career service.	үүүүнмоо	R	R	R	R		R							R						R
1102	Most Recent Date Received Staff-Assisted Career Guidance Services	DT 8	Record the most recent date on which the participant received career guidance services with significant staff involvement. Curre guidance services include the provision of information (including information on lock performance and displies training providen), material, suggestion, or advice intended to assist the job seeker in making occupation or currer decisions. Leave blant if the participant did not neceive a career guidance service.	YYYYMMDD		R	R	R		R				R			R						R
1103	Most Received Workforce Information Services	DT 8	Record for most recent state that the reportable individual/portagions received overforce conformation on record using intermedion received and solic act bearing made considerate reduction, exceptions and characteristic of the workforce; was business identified skills needs; employer waged and benefit trends, but not along term individually and occupational projection; worker supply and demand; and job vacanices survey results. Workforce information also between local employment of pursuance information as workforce information and includes local employment of pursuance information can be workforce information and includes and expenses of the purpose of the purpose high demand individual participant did not receive a workforce information, service.	YYYYMMOD	R	R	R	R		R				R			R						R

					- ler					100	<u> </u>	ib je	in A)	REQUIRE	MENTS BY PROG	RAM OF PARTIC	tate			h (7			ats
DATA ELEMENT NO.	DATA ELEMENT NAME	DATA TYPE/ FIELD LENGTH	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	CODE VALUE	Re portable Individ	Wagner-Peys er	WIOA Adults	WIOA Dislocates Workers	WIOA Youth	Dislocated Works Grants	TAA	National Farmworker Jobs Program (NFJP)	Indian and Native American Program (II)	Reentry Employm Opportunities (RE	(Adult) Reentry Employma Opportunities (RE (Youth)	YouthBuild	Jobs for Veteram's Grants (IVSG)	H18	Job Corps	Incumbent Worker (Adult/DW Funded	SCSEP	Apprenticeship	Demonstration Gra
1104	Most Recent Date Received Saff-Austred do Search Activities	DTS	Record the most recent date that the participant was provided job search activities with significant staff innovement, and which are designed to high the participant staff and comparison of a successful job harding staff, with the provided successful job harding staff, and the staff in the participant of any staff in the participant of a participant of a participant of participant in the same participant and over letters and providing assistance in the development and production of the same letters and providing assistance in the development and production of the same letters and providing assistance in the development and production of the same letters and providing assistance in the development and production of the same letters and providing assistance in the development and production of the same letters application preparation, interviewing skills, and/or job lead development. 1-30 Finding (Sub-7 west) that participants attempt to datas jobs. 1-30 Finding (Sub-7 west) that participants attempt to obtain jobs. 1-30 Finding (Sub-7 west) that participants attempt to obtain jobs. 1-30 Finding (Sub-7 west) that participants attempt to obtain jobs. 1-30 Finding (Sub-7 west) that participants attempt to obtain jobs. 1-30 Finding (Sub-7 west) that participants attempt to obtain jobs. 1-30 Finding (Sub-7 west) that participants attempt to obtain jobs. 1-30 Finding (Sub-7 west) that participants attempt to obtain jobs. 1-30 Finding (Sub-7 west) that participants attempt to obtain jobs. 1-30 Finding (Sub-7 west) that participants attempt to obtain participant attempt to obtain the participant attempt to obt	YYYYMMOD		R	R	R		R				R	R		R						g
1105	Most Recent Date Referred to Employment	DT 8	Indicate the most recent date that the participant received a referral to employment which included significant staff involvement. A referral to employment is (a) the act of bringing to the attention of an employer a) to seeker or proup of registered pilo seekers who are available for a job and (b) for excord or sicks affecting. Leave blank if the participant did not receive a referral to employment.	YYYYMMDD		R	R	R		R				R			R						R
1106	Most Recent Date Referred to Federal Training	DT 8	Record the most recent date that the participant was referred to a training program supported by the Federal Government, such as WIOA-funded projects, TAA, Adult Education, Vocational Rehabilisation and job Corpus, Leave blank if the participant did not receive a referral to federal training.	YYYYMMDD		R	R	R		R							R						R
1107	Most Recent Date Placed in Federal Training	DT 8	Record the most recent date on which the participant entered any training program supported by the Federal Government, such as WIOA-funded projects, TAA, Adult Education, Vocational Rehabilistics and able Corps. Leave blank if the participant did not enter any training program supported by the Federal Government.	YYYYMMDD		R	R	R		R							R						R
1108	Most Recent Date Referred to Federal Job	DT 8	Record the most recent date that the participant was referred to a job opening filed with a stacement office by a department or agency of the Federic Government or other entity under the jurisdiction of the U.S. Office of Personnel Management. For example, a job posting with USA/DISS. Leave blank if the participant did not receive a referral to a Federal job.	ууучимоо		R	R	R		R							R						R
1109	Most Recent Date Referred to Federal Contractor Job	DT 8	accord the most recent date that the participant who is a disabled veterax, campaign veterax, or recently separated veteran was referred to a job opening listed by an employer identified as a Federal contractor. Leave blank if the participant did not receive a referral to a job opening listed by an employer identified as a Federal contractor.	YYYYMMDD		R	R	R		R							R						R
1110	Most Recent Date Entered Into Federal Job	DT 8	Record the most recent date a job seeker entered into a job filed with a placement office by a department or agency or other entity under the jurisdiction of the U.S. Office of Personnel Management. Leave blank if the participant was not placed into a federal job.	YYYYMMDD		R	R	R		R							R						R
1111	Most Recent Date Entered Into Federal Contractor Job	DT 8	Record the most recent date a job seeler who is either a special disabled vertern, campaign veteran, or recently separated veteran entered into a Federal Contractor Job. Lever blank if the participant was not placed into a Federal contractor job.			R	R			R							R						R
1112	Most Recent Date Received Unemployment Insurance (UI) Claim Assistance Most Recent Date Referred to Other Federal/State Assistance	DT 8	Indicate the most recent date a job seeker was provided meaningful ausstance in filling a UI claim. Leave blank if the participant did not receive unemployment insurance claim assistance. Record the most recent date a job seeker was referred to Other federal/State Assistance. Record the most recent date a job seeker was referred to Other federal/State Assistance and the most recent date a job seeker was referred to Other federal/State Assistance, that many fucides Supplemental Nutrition Assistance Regard (NSMI) benefit insurance assistance, full support assistance, tax preparation support and any other federal assistance process. Leave blank if the participant was not referred to Other Federal/State assistance.	YYYYMMDD		R	R	R		R							R R						R
1114	Referred to Jobs for Veterans State Grants (IVVG) Services Referred to Department of Veterans Affairs (VA) Services	IN 1	Accord 1 fthe participant was referred to I/SG services due to significant barrier to benotyment. Record 21 fthe participant was referred to I/SG services due to 13M identified as in need of individualized corner arrives. Record 31 fthe participant was referred to I/SG services as wounded, III, or injuried located in anilarity treasment feelility, or this or fee category. Record 31 fthe participant was referred to I/SG services for reasons other than those listed benefits. Record 31 fthe participant was referred to I/SG services for reasons other than those listed benefits. Record 31 fthe participant was referred to I/SG services from the listed benefit of the I/SG services for the I/SG services for the I/SG services for the I/SG services for I/SG servic	located in a military treatment facility, or his or her caretaker 4 = Other 5 = Victnam-era veteran 0 = Not Referred		R	R	R		R							R						R
1116	Most Recent Date Received Staff-Audited Basic Career Services (Other)	DT 8	Record the most recent date on which the participant received basic carrer services requiring a significant expenditure of staff involvement, if and basic career service is not otherwise recorded in data elements 1102-1115. These additional basic career services may include, but are not limited to, if persengiopents review, it is featured basic career services may include, but are not limited to, if persengiopents review, joil feature basic gragam; (c) job development contacts, (c) referrals to educational services, and (e) tax credit eligibility determination. Leave blank if the participant did not receive any other basic career services.	учүчммоо		R	R	R		R				R			R						R
SECTION C	03 - INDIVIDUALIZED CAREEL Date of First Individualized Career Service	R SERVICES DT 8	Record the first date the participant received any individualized career service on or after the date of participation. Individualized Career Services include development of an individual	үүүүммоо		R	R	R		R	R	R	R	R	R		R						R
			Employment Plan, Pre-Vocational denrines, provision of comprehensive skills and career assessments, Internation or work speptiment, financial literacy services, English as Second Language Forkers, or any other service that comprises a significant amount of staff time with an individual particular a described in Wilde. 218(4)(2)(4)(4) and a mount of staff time with a molecular particular a described in Wilde. 218(4)(2)(4)(4) and a staff of staff of staff or staff of staff of staff or staff of staff or s																				
1201	Most Recent Date Received Individualized Career Service	DT 8	Record the most recent date on which the participant received individualized career services as described in WIOA sec. 134(c)(2)(ai).			R	R	R		R	R	R	R	R	R		R						R
1202	Date Individual Employment Plan Created	DT 8	Record the date on which the participant's individual Employment Plan (EPF) was created or otherwise established to identify the participant's employment guals, their appropriate achievement objectives, and the appropriate combination of services for the participant to achieve the employment guals. Leave blank if an employment plan was not created for the participant, or if the individual is not a participant.	YYYYMMDD		R	R	R		R	R		R				R				R		R
1203	Most Recent Date Received Internship or Work Experience opportunities	DT 8	Record the most recent date on which the participant received an internship or work experience approximity directly linked to a career. received an internship or work experience opportunity or this data element does not apply to the participant.	YYYYMMDD		R	R	R		R			R			R	R	R					R
1205	Type of Work Experience	IN 1	If the participant neceived work experience, record the appropriate code to indicate the type of work experience provided to the participant. If the participant neceived work experience, record the appropriate code to indicate the type of work experience provided to the number employment of an internably during the summer months (WOA Youth). Record 3 if the participant participant is not appeared to the program of program of the code of the participant participant is not separate charge program. Record 3 if the participant participant is not separate charge program. Record 3 if the participant participant is not separate charge (WOA Youth). Record 3 if the participant participant is not such solve the separate charge of the participant participant and send of the participant participant and send of the participant. Record 3 if the participant defined participant in a work experience one covered in 1 strongs. 3. AND TEXT Code Value 6 should only be selected when other work experience opportunities are provided that are not captured elsewhere. This code value is also for one with dultit, Codecated Worker, and Collocated Worker, and participant and collocated Worker and participant participants.	Summer employment/Internships during the summer (WIDA Youth) during the summer (WIDA Youth) getternships, not limited to summer months a Pre-garpenticelly program. 1- lob shadowing 1- On the lob of Training (WIDA Youth) so On the lob of Training (WIDA Youth) so Wida Youth Youth) 1- To ther work experience activities 1- Did Not Participate in these activities	3	R	R	Ř	R	R		R	R	R	R	R	R	R					R
1206	Date Received Financial Literacy Services	DT 8	Record the date, at any time during participation in the program, that the participant necessed any financial literacy survices. They may include services that help with creating huggest, instalts checking and evalup accounts a basis, applying for and manings loans and ordelt cards, learning about credit reports and credit scores, and identifies identify their. Leave blank if this data element does not apply to the participant.	үүүүммоо		R	R	R	R	R			R				R						R

														REQUIREMEN*	TS BY PROGPA	AM OF PARTICI	PATION ¹						
DATA ELEMENT NO.	DATA ELEMENT NAME	DATA TYPE/ FIELD LENGTH	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	CODE VALUE	Re portable individual ²	Wagner-Pe ys er	WIOA Adults	WIOA Dislocated Workers	WIOA Youth	Dislocated Worker Grants (DWG)	ТАА	National Farmworker Jobs Program (NFJP)	Indian and Native American Program (INA)	Reentry Employment Opportunities (REO) (Adult)	Reen by Employment Opportunities (REO) (Youth)	Youthbuild	Jobs for Veteram' State Grants (NSG)	H18	Job Corps	Incumbent Worker (Adult/DW Funded)	SCSEP	Apprenticeship	Demonstration Grants
1207	Date Received English as Second Language Services	DT 8	Record the date, if any time during participation in the purgoam, that the participant received any figility has second imaging service or training. ELS services as those services provided to participatis whose primary language is not finglish. These participants whose primary language is not finglish. These participants will be a participant of the participant and participant attention of the participant structure. Leave blank if this data element does not apply to the participant.	YYYYMMDD		R	R	R		R			R				R						R
1210	Received Pre-Vocational Activities	DT 8	Secord the date at any time during the individual's participant in the program that they received binch term provisional service, including development of learning alkin, communication salid, interviewing skills, punctuality, personal maintenance skills, and professional conduct to prayer individuals for inmubalidized employment or training. Leave blank if this data element does not apply to the participant.	YYYYMMDD		R	R	R		R		R	R	R	R		R						R
1211	Transitional Jobs	IN 2	Record 1 if the participant received work experience at a transitional job as described in WIOA Section 134(d)(5). Record 0 if the participant did not receive transitional jobs training as described above.	1 = Transitional Job 0 = No		R	R	R		R							R						R
1213	Most Recent Date Received Individualized Career Service (DVOP)	DTS	Second the most date or which the participant received individualized career services, feeduding case management from \$100°V0 specialize, a described as interviews services in Veterar's Program Letter 07-30. This includes the provision of a combination of a) a comprehensive assessment and b) the development of an participant can be Upon receipt of both of these services, the participant can be reported as receiving single instance of individualized corres services. Person end that states should not report provision of adult basic education and laterary activities as part of this specification. Meeting of an adult of the services of the services of the services of the services of participation in "career services." Leave blank if the participant did not receive Individualized Career Services or this data element does not apply to the participant.	үүүүммө		R											R						R
1214	Most Recent Date Received Job Search Activities (DVOP)	DT 8	Second the most recent date that a participant was provided glo search activities which are designed to help the practicipant plan and cruz of a successful job huming strategy by a DVDP staff person. The services include resume preparation assistance, job search workshops, job finding club, and evelopment of job job scarch jobs. Leave blank if the participant of not receive a job search activity or this data element does not apply to the participant.	үүүүммоо		R											R						R
1215	Most Recent Date Referred to Employment (DVOP)	DT 8	Record the most recent date that a participant was referred to employment by a DNOP staff person. A referral to employment is just be act of bringing to the attention of an employer a job seeder or group or fregittened job seeders who are available for a job and (b) the record of such a referral. Lance both if the participant did not receive a referral to employment or this data element does not apply to the participant.	YYYYMMDD		R											R						R
1216	Most Recent Date Referred to Federal Training (DVOP)	DT 8	Secord the most recent date that a participant was referred by a DVIP staff person to a training program supported by the Federal Government, such as WIOA-funded projects, TAA, NAVTA, and so Copp. This definition does include DVIA-CIT. Leave blank if the participant oil not receive a referral to Federal training or this data element does not apply to the participant.	YYYYMMOD		R											R						R
1217	Most Recent Date Referred to Federal Job (DVOP)	DT 8	Record the most recent date that the participant was referred by a DVDP staff person to a pic- opening filled with a placement office by a department or agency of the Federal government or other entity under the purisdiction of the U.S. Office of Personnel Management. Leave blank if the participant did not roceive a referral to a Federal job or this data element does not apply to the participant.	YYYYMMDD		R											R						R
1218	Most Recent Date Referred to Federal Contractor Job (DVOP)	DT 8	Record the most recent date that the participant who is a disabled veteran, campaign veteran, or recently separated veteran was referred by a DVPP stiff person in a job opening listed by an employer definited as a Federal contact, Leve blank if the participant did not receive a referral to a job opening listed by an employer described as a Federal contractor or this data element does not apply to the participant.	YYYYMMDD		R											R						R
1219	Most Recent Date Received Other Staff-Assisted Basic Career Services (DVOP)	DT 8	Record the most record date on which the individual recorder other envises requiring a significant experediture of DVP staff time. These additional caree services may include, but development contacts; (d) referrals to educational services; and (e) tax credit eligibility determination. The properties of the description of the properties of the participant of the career services with significant staff involvement.	үүүүммир		R											R						R
1220	Most Recent Date Received Career Guidance Services (DVOP)	DT 8	Record the most recent date that a participant received career guidance services, which includes the provision of information, narrisin, suggestions or advice by DVDP staff intended to assist the job seeker in making occupation or career decisions. Leave blank if the participant did not receive a career guidance service.	YYYYMMDD		R											R						R
1221	Most Recent Date Entered Federal Job (DVOP)	DT 8	Indicate the most recent date a job seeker entered into a job filed with a placement office by a department or agency or other entity under the jurisdiction of the U.S. Office of Personnel Management (DVI). Leave blank if the participant did not begin a federal job.	YYYYMMDD		R											R						R
1222	Most Recent Date Entered Federal Contractor Job (DVOP)	DT8	Indicate the most recent date a job seeker who is either a special disabled veteran, campaign veteran, or recently separated veteran entered into a Federal Contractor Job (DVDP). Leave blank if the participant did not begin working in a Federal Contractor Job.	YYYYMMDD		R											R						R

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Manual Action 100	NO.		DATA TYPE/ FIELD LENGTH	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	CODE VALUE	Reportable Individual	Wagner-Peys er	WIOA Adults	WIOA Dislocated Workers	WIOA Youth	Dislocated Worker Grants (DWG)	таа	National Farmworker Jobs Program (NEJP)	Indian and Native American Program (IN	Reentry Employment Opportunities (REO) (Adult)	Reentry Employment Opportunities (REO) (Youth)	YouthBuild	Jobs for Veteram' Star Grants (NSG)	H18	Job Corps	Incumbent Worker (Adult/DW Funded)	SCSEP	Apprenticeship	Demon stration Grant
Part		Received Training	IN 1	Record 1 if the participant received training services as defined by program specific guidance. Record 0 if the participant did not receive training services.	1 = Yes 0 = No		R	R	R	R	R	R	R	R	R	R	R	R	R	R		R	R	R
The content of the property of the content of the property o		Name - Training Service #1	AN 75		XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			R	R		R													R
March	1302	Date Entered Training #1 (WIOA)	DT 8	Leave blank if the participant did not receive a first training service or this data element does	YYYYMMDD			R	R	R	R	R	R	R	R	R	R		R			R	R	R
Page of the base former Page of the base former and the base of the base o	1303 T ₁		IN 2	participant. NOTE: If OIT or Skill Upgrading is being provided as part of a Registered Apprenticeship program, choose Code 09. NOTE: Code 09 show only be utilized when other codes are clearly not appropriate. NOTE: Code 09 show only be utilized when other codes are clearly not appropriate. Naccord 00 if the participant did not receive a training service. Leave blank if this data element does not apply to the participant.	Youth). Oz - Skill Upgrading 03 = Entrepreneurial Training (non-WOA Not - A side of Skill, Constendabled or other) in 04 = A side of Skill, Constendabled or other) in 04 = A side of Skill, Constendabled or other) in 05 = A side of Skill, Constendabled or other) in 06 = Occupational Skills Training (non-WOA Youth) 07 = A side of Skill, Constendabled or other) 07 = A side of Skill, Constendabled or other) 08 = Registered Apparenticeship 08 = Registered Apparenticeship 18 = Youth Occupational Skills Skillsraining 12 = John Skillsraining 12 = John Skillsraining 13 = Skillsraining 13 = Skillsraining 13 = Skillsraining 14 = Skillsraining 15 = Skillsraining 15 = Skillsraining 16 = Skillsraining 16 = Skillsraining 17 = Skillsraining 18 = Skillsraining 18 = Skillsraining 19 = Skillsraining 19 = Skillsraining 19 = Skillsraining 19 = Skillsraining 10 = Skillsraining 10 = Skillsraining 10 = Skillsraining 11 = Skillsraining 11 = Skillsraining 12 = Skillsraining 13 = Skillsraining 14 = Skillsraining 15 = Skillsraining 16 = Skillsraining 16 = Skillsraining 17 = Skillsraining 18 = Skillsraining			R	R	R	R	R	R	R	R	R	R		R	R		R	R	R
Indication with the property of the control of the	Pro	rogram of Study by Potential	IN 9	A program of study is synonymous with a "program of training services" as defined as 20 CFP part 168.0.20.1 A program of training services is one rainor course or clause, or a structure regimen that provides the services in 20 CFP part 168.0.200 and leasts to: "Any of the provides the services in 20 CFP part 168.0.200 and leasts to: "Any of the provides the services in 20 CFP part 168.0.200 and leasts to: "Any of the provides of the services of the servic	industry-recognised certificate or certification 2- A program of study leading to a certificate of completion of a registered apprenticipation of a registered apprenticipation of a full department o			R	R		R													R
Land of A. Land of A. Barrier of A. Barrier of the Segment completed cache are not collected, record at least the first days, and the Complete of A. Barrier	1305 Elig	Code	IN 6	Industry-recognized certificate) and the field of study. The taxonomy that will be used to identify fields of study will be the Classification of Instructional Programs (CIP). The CIP code can be found here: https://nces.ed.gov/ipeds/cipcode/Default.aspx?y=55	XXXX			R	R		R													R
Security of the performance or with these completes co	1306 Ox	Occupational Skills Training Code #1	IN 8	later) that matches the training participant's employment goal. Note: If all 8 digits of the O*NET occupational code are not collected, record at least the first 6	00000000			R	R	R	R	R	R	R	R	R	R		R				R	R
from, Training 41 training, Emulsiple training survives were received, more of the disa demand does not apply in the participant. Concerned to the more control and training varvives or this disa demand does not apply in the participant. 1309 Other Entered Training 42 170 8 1812 Type of training Service 42 1812 Type of training Service 42 1812 Type of training Service 43 1813 Type of training Service 43 1814 Type of training Service 43 1815 Type of training Service 43 1815 Type of training Service 43 1816 Type of training Service 43 1817 Type of training Service 43 1818 Type of training Service 43 1819 Type of training Service 43 1812 Type of training Service 43 1812 Type of training Service 43 1813 Type of training Service 43 1814 Type of training Service 43 1815 Type of training Service 44 1815 Type of training Service 44	1307	Training Completed #1	IN 1	Record 0 if the participant did not complete training (withdrew). Leave blank if the participant did not receive a first training service or this data element does	1 = Yes 0 = No (Withdrew)			R	R	R	R	R	R	R	R	R	R		R				R	R
1310 Type of Training Service 22 (WOCA) 1310 Type of Training Service 22 (WOCA) 1311 Type of Training Service 22 (WOCA) 1312 Type of Training Service 22 (WOCA) 1313 One Completed 42 Training Service 23 (WOCA) 1314 Occupational Skills Training 1315 Occupational Skills Training 1316 Occupational Skills Training 1317 Occupational Skills Training 1318 Service 30 (In the B digit O*NET Occupational code an end collected, record at least the first 6 digits. 1318 Occupational Skills Training 1319 Training Completed 42 (In the B digit O*NET Occupational code an end collected, record at least the first 6 digits. 1310 Occupational Skills Training 1311 Occupational Skills Training 1312 Training Completed 42 (In the B digit O*NET Occupational code an end collected, record at least the first 6 digits. 1313 Oser Completed 42 (In the B digit O*NET occupational code are not complete training enterly the complete and complete and code are not completed approximately as in the first 6 digits. 1313 Oser Completed, or Withdrew 1313 Oser Completed, or Withdrew 1313 Oser Completed, or Withdrew 1314 Oser Completed, or Withdrew 1315 Oser Completed, or Withdrew 1316 Oser Completed, or Withdrew 1316 Oser Completed, or Withdrew 1317 Oser Scripping Completed 42 (In the participant completed storing enthings) in the confidence of withdrew germanently from 11 VYYMMOD 1318 Record of the participant completed storing or withdrew germanently from 11 VYYMMOD 1318 Record of the participant completed storing or withdrew germanently from 11 VYYMMOD 1318 Record of the completed storing completed storing or withdrew germanently from 11 VYYMMOD 1318 Record of the completed storing or withdrew germanently from 11 VYYMMOD 1318 Record of the completed storing or withdrew germanently from 11 VYYMMOD 1318 Record of the completed storing or withdrew germanently from 11 VYYMMOD 1318 Record of the completed storing or withdrew germanently from 11 VYYMMOD 1318 Record of the completed storing or withdrew germanently from 11 VYYMMO	1308 Dat	ate Completed, or Withdrew from, Training #1	DT 8	training. If multiple training services were received, record the most recent date on which the participant completed training. Leave blank if the participant did not receive a first training service or this data element does	YYYYMMDD			R	R	R	R	R	R	R	R	R	R		R				R	R
1310 Type of Training Service 92 (NVICIA) N 2 If the participant received a second type of training, record the appropriate code to indicate the type of approved training price (service 42) and the participant of the part	1309	Date Entered Training #2	DT 8	Record the date on which the participant's second training service actually began. Leave blank if the participant did not receive a second training service or this data element	YYYYMMDD			R	R	R	R	R	R	R	R	R	R		R				R	R
Start thus matches the training participant's employment goal.	1310 7)	Type of Training Service #2 (WIGA)	IN 2	If the participant received a second type of training, record the appropriate code to indicate the type of approved training being provided to the participant. NOTE: If OII or 45 ill paymed in past in provided a part of a Registered Apprenticeship program, choose Code 09. NOTE: Code 06 who don't be indiraces when other codes are clearly not appropriate. Record 00 if the participant of of not receive a second training service. Leave blank if this data element does not apply to the participant.	0.2 - Self Upgrading. 0.3 - Enterpresental Training (non-WIOA. 1.5 - E			R	R	R	R	R	R	R	R	R	R		R	R		R	R	R
Record 0 fifthe participant did not complete training (withdrew) Leave blank if the participant do receive a second training service or this data element does not apply to the participant. 1333 Date Completed, or Withdrew DT 8 Record the date when the participant completed training or withdrew permanently from YYYYMMDD R R R R R R R R R R R R R R R R R R	1311 0		IN 8	later) that matches the training participant's employment goal. Note: If all 8 digits of the O*NET occupational code are not collected, record at least the first 6	00000000			R	R	R	R	R	R	R	R	R	R		R				R	R
1313 Date Completed, or Withdrew DT 8 Record the date when the participant completed training or withdrew permanently from YYYYMMDD R R R R R R R R R R R R R R R R R R	1312	Training Completed #2	IN 1	Record 0 if the participant did not complete training (withdrew). Leave blank if the participant did not receive a second training service or this data element does not apply to the participant.	1 = Yes 0 = No (Withdrew)			R	R	R	R	R	R	R	R	R	R		R				R	R
from, Training #2 training arrives were received, record the most recent date on which the participant completed training. Lawe blank if the participant did not receive a second training service or this data element does not apply to the participant.	1313 Dat	ate Completed, or Withdrew from, Training #2	DT 8	training. If multiple training services were received, record the most recent date on which the participant completed training. Leave blank if the participant did not receive a second training service or this data element	YYYYMMDD			R	R	R	R	R	R	R	R	R	R		R				R	R
1314 Date Entered Training #3 DT 8 Record the date on which the participant switch actually began. If the participant received more than 3 training service, record the date on which the participant actually began the last (or most recent) training service. The participant actually began the last (or most recent) training service actually began the last (or most recent) training service. Leave blank if the participant did not received a training service or this data element does	1314	Date Entered Training #3	DT 8	participant received more than 3 training services, record the date on which the participant actually began the last (or most recent) training service. Leave blank if the participant did not receive a third training service or this data element does	YYYYMMDD			R	R	R	R	R	R	R	R	R	R		R				R	R
Type of Training Service 83 (WIOA) 10.2		(WIOA)		If the participant received a third type of training, record the appropriate code to indicate the type of approved training being provided to the participant. NOTE: If OIT of sall largerading being provided to the participant. NOTE: To OIT of sall largerading being provided as part of a Registered Apprenticeship program, choices Code 05. NOTE: Code 06 shooting only be selfited when other codes are clearly not appropriate. NOTE: Code 06 shooting only be selfited when other codes are clearly not appropriate. Record 07 the participant did not receive a third service. Record 07 the participant did not receive a third service. Additional Note: If the participant receives more than three training services, record the last (or most recent) training services received by the participant in this field.	0.2 - Self Upgrading. 30.5 - Entrepreneural Training (non-WIOA Youth) Nouth For Committee of St. (contextualised or other) in conjunction with Training. 0.5 - Customized Training. 0.5 - Customized Training. 0.6 - Cocupational Skill Training (non-WIOA Youth) NOT an Opphraction with Training (funded or other). NOT an Conjunction with Training (funded or other). 1.0 - Training (1.5 - Training or only only only only only only only only			R	R	R	R	R	R	R	R	R	R		R	R		Ř	R	R
1316 Occupational Skills Training IN 8 Street the 8 digit of VMT SOC XD39 baseomy exceptional code (database version 25.1 or Code #3 and R R R R R R R R R R R R R R R R R R R	1316 0		IN 8	later) that matches the training participant's employment goal. Note: If all 8 digits of the O*NET occupational code are not collected, record at least the first 6	00000000			R	R	R	R	R		R	R	R	R		R				R	R
1317 Training Completed #3 IN 1 Second 3 if the participant completed approved training, I = Yes R R R R R R R R R R R R R R R R R R R	1317	Training Completed #3	IN 1	Record 0 if the participant did not complete training (withdrew). Leave blank if the participant did not receive a third training service or this data element does				R	R	R	R	R	R	R	R	R			R				R	R
1318 Date Completed, or Withdraw from, Training #3 Date Completed, or Withdraw from, Training #3 Date Completed, or Withdraw from, Training #3 Date Completed, or Withdraw from, Training #3 Date Completed, or Withdraw from, Training #3 Date Completed, or Withdraw from Training, If multiple training services were received, record the most received are on which the participant completed training. Leave blank if the participant did not receive a third training service or this data element does not apply to the participant.	1318 Dat		DT 8	training. If multiple training services were received, record the most recent date on which the participant completed training. Leave blank if the participant did not receive a third training service or this data element does	YYYYMMDD			R	R	R	R	R	R	R	R	R	R		R				R	R

														REQUIREMEN	ITS BY PROGR	AM OF PARTIC	PATION ¹						
DATA ELEMENT NO.	DATA ELEMENT NAME	DATA TYPE/ FIELD LENGTH	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	CODE VALUE	Reportable Individual ²	Wagner-Peys er	WIOA Adults	WIOA Dislocated Workers	WIOA Youth	Dislocated Worker Grants	TAA	National Farmworker Jobs Program (NFJP)	Indian and Native American Program (INA)	Reentry Employme nt Opportunities (REO) (Adult)	Reentry Employment Opportunities (REO) (Youth)	YouthBuild	Jobs for Veteram' State Grams (NSG)	H18	Job Corps	Incumbent Worker (Adult/DW Funded)	SCSEP	Ap prenticeship	Demonstration Grants
1319	Established Individual Training Account (ITA)	IN 1	Record 14 any of the individual's services were purchased utilities an individual Training Account funded by WIOA Title 1. This information can be updated anytime during participation. Record 0 if the individual does not meet the condition described above. Leave blank if this data element does not apply to the participant.	1 = Yes 0 = No			R	R	R	R		R				R							R
1320	Pell Grant Recipient	IN 1	Second of if the participant is or has been notified yithe will be receiving a Pell Grant at any time during participation in the program. This information may be updated at any time during participation in the program. Record D if the participant does not meet the condition described above. Leave blank if this data element does not apply to the participant or if unavailable.	1 = Yes 0 = No			R	R	R	R	R	R				R						R	R
1321	Waiver from Training Requirement	IN 1	Use the appropriate code to indicate the reason for which a waiver from the training requirements was issued to the participant. Record 0 if the participant did not receive a training waiver. Leave blank if this data element does not apply to the participant.	1 = Recall 2 = Marketable Skills 3 = Retirement 4 = Health 5 = Enrollment Unavailable							R												R
1322	Date of Most Recent Case Management and Employment Service	DT 8	Record the date on which the participant received his or her most recent Case Management and Reemployment Service. Leave blank if this does not apply to the participant.	3 - Enrollment Onlywarable YYYYMMDD							R												R
1323	Date Walver From Training Requirement Issued	DT 8	Record the date on which the participant received his or her most recent waiver from training. Leave blank if this does not apply to the participant.	YYYYMMDD							R												R
1324	Current Quarter Training Expenditures	DE 9.2	the participant. Leave blank if this does not apply to the participant.	0000000.00							R												R
1325	Total Training Expenditures	D€ 9.2	Record the dollar amount of training expenditures accrued thus far in participant's training. Accrued openditures are defined as the auth of actual cash disbusiments for direct chapped for the award, minus any restore, refunding, or above creates, but he total cost of all goods and property received or starking performed, whether an innoice has been received or a cash payment has occurred. Accrued openeditures are to be recorded in the reporting quarter in which they occur, considerable of the payment of the payment of the payment of the payment of the coulders. [1] I hittors facility and training costs, books and bloomtory (see, and/or equipment segments approved by the state agency. [1] There all levances [1] Subsistence allowances. Levee blank if this does not apply to the participant.	0000000.00							R												R
1326	Training Costs-Amount of Overpayment	DE 9.2	Record the amount of the Training Cost Overpayment. This amount may be updated on a cumulative basis. Leave blank if this does not apply to the participant.	0000000.00							R												R
1327	Training Costs - Overpayment Waiver	IN 1	Record of if there was a TAA Training overpayment waiver to be recorded in the quarter it is issued and continues through last quarter of reporting. This will include Job Search and Relocation Overpayments. Leave blank if this does not apply to the participant.	1 = Yes 0 = No							R												R
1328	Training Povided Virtual/Online	IN 1	Secord the mething in which training was delivered to the participant at any time during program participants. Record 31 fits participant received training through virtual/online methods only. Record 31 fits participant received training through a combination of in person and virtual/online methods. Record 01 fits participant received training through only in-person methods. Lowe blank if the participant did not received training at any point during program participation.	1 = Virtual/Online Yes 2 - Mix of In-person and Virtual/Online 0 = No Virtual/Online, In-person Only			R	R	R	R	R					R		R	R			R	R
1329	Part Time Training	IN 1	Record of it the participant received part time training. Record Diff the participant did not receive any services under the condition described above. Leave blank if the individual was not a TAA participant.	1 = Yes 0 = No							R												R

														REQUIREME	NTS BY PROGE	AM OF PARTIC	IPATION ¹						
DATA ELEMENT NO.	DATA ELEMENT NAME	DATA TYPE/ FIELD LENGTH	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	CODE VALUE	Reportable Individual ²	Wagner-Peys er	WIOA Adults	WIOA Dislocated Workers	WIOA Youth	Dislocated Worker Grants (DWG)	ТАА	National Farmworker Jobs Program (NFJP)	Indian and Native American Program (INA)	Reen try Employment Opportunities (REO) (Adult)	Reen try Employment Opportunities (REO) (Youth)	YouthBuild	Jobs for Veterans' State Grams (NSG)	H18	Job Corps	Incumbent Worker (Adult/DW Funded)	SCSEP	Apprenticeship	Demonstration Grants
1330	Adversely Affected Incumbent Worker	IN 1	Record 1 if the participant received services prior to his or her separation date from qualifying trade affected employment. Record 0 if the participant did not receive any services under the condition described above. Leave blank if this does not apply to the participant.	1 = Yes 0 = No							R												R
1331	Training Leading to an Associate's Degree	IN 1	Record 1 if the participant is enrolled in training that will lead to an associate's degree. Record 0 if the participant did not receive any services under the condition described above. Leave blank if this does not apply to the participant.	1 = Yes 0 = No							R							R					R
1332	Participated in Postsecondary (disuration During Program Participation (WOOA) Received training from program() operated by the private sector	IN 1	Record II the participant was in a postecondary education program that feeds to a post condensist of erge from an accredite posterous drye exclusion institution at any post during program participation. In the participation of the participant is a posterous drye exclusion program that feed is a consideration of erge program that feed from an accredited processor of the participant was enrolled in a posterous drye exclusion institution as with a participant was enrolled in a posterous drye education program that does not be also a credetated or degree form an accredited posterous drye education institution at any point during program participation. Leves blast if the procingant was not in a posterous drye education program, as defined in engine superflic guidation. Note: This data element relates to the credental indicator demonistrate and those who are recorded as I are included in the credental indicator demonistration. This element is a subset of Phil 18.11. Loo not excell if the participant was first enrolled in posterous drye education after entiting the program. Exercise 1.11 In the participant was first enrolled in posterous drye education after entiting the program.	1 - Yee, Participated in Postsecondary Silvantian 0 - No, Did Not Participate in Postsecondary Education			R	R	R	R	R	R	R	R	R	R		R	R		R	R	R
			private sector under WIGA Sec. 134 (c)(3)(0)(v). Leave blank if the participant did not receive training.																				
1401	05 - YOUTH PROGRAM SERV Enrolled the Program Education Program (WOA)	IN 1	RoC Captured Elsewhere) Record If the participant was enrolled in a Secondary Education Program at or above the 9th Grade lived. A Secondary Education program includes both secondary school and enrollment in a program of starty with instruction designed to leaf to a high school equivalent credential. Samples may include adult high inhand credit programs and programs designed to prepare participants to pass recipient high subsod equivalency caressum, so the He GDL MEET, or that the size of the programs and programs designed to prepare participants to past serior grade required in the size of the programs. The He He CDL MEET, or that the size of the programs are considered Secondary fishantion Programs. Starts may use that coding value for the program off became enrolled in an education or training at the time of applications to the program OR became enrolled in an education or training at the time of applications to the program off. Became enrolled in an education program at or above the 8th discole level are yout not with participant was not enrolled in a secondary education program at or above the 9th discoleration program at or above the 9th discoleration program.	1 = Yes 0 = No			R	R	R	R	R	R	R	R	R			R	R		R	R	R
1402	Most Recent Date Received Educational Achievement Services	DT 8	Record the most recent date on which the participant received an educational achievement service. Educational achievement services include, but are not limited to luturing usuby alloi training, instruction, and endence based organize prevention and recovery strategies that containing instruction, and endence based organized prevention and recovery strategies that equivalent (including a recognized certificate of attendance or similar document for moderables) with detailed or for a recognized organized participant of automatical takes blank if the participant did not receive educational achievement services or this data element does not apply to the individual.	үүүүммоо					R					R	R	R							R
1403	Most Recent Date Received Alternative Secondary School Services	DT 8	Record the most recent date on which the participant received alternative secondary school services, or dropout recovery services, as appropriate. Leave blank if the participant did not receive alternative secondary school services or dropout recovery services.	YYYYMMDD					R					R	R	R							R
1405	Most Recent Date Received Work Experience Opportunities	DT 8	Record the most recent date on which the youth participant received work experience opportunities that have as a component excellent and occupational education. We experience are all admits, chriscured senioring experience that sale patient is available for a subjudge for experience and are participant. The participant is available throughout the school year pre-appeariticable programs, internally and bly hatdowing and on the girt braining owner pre-appeariticable programs, internally and bly hatdowing and on the girt braining opportunities. Leave blank if the participant did not receive work experience opportunities or this data element does not apply to the participant.	үүүүлммоо					R					R	R	R							R
1406	Date Enrolled in Post Exit Education or Training Program Leading to a Recognized Postsecondary Credential (WIDA)	DT 8	Second the first date after sent that participant enrolled in in or attended an education or training program that date is a recognitive accordancy ordered rate program exit. NOTE: This element only applies to participants who exited secondary education and obtained a recondary school diploma or in equivalency per Sec 116(b)(2)(A)(iii). This data element applies to the Credential false suddester.	үүүүммоо			R	R	R	R	R	R	R		R	R		R	R		R	R	R
1407	Most Recent Date Received Education Offered Concurrently with Workforce Preparation	DT 8	Record the most recent date on which the participant received education offered concurrently with and in the same content as workforce preparation activities and training for a specific occupation or occupational cluster. Leave blank if the participant did not receive education offered concurrently with workforce preparation.	YYYYMMDD					R							R							R
1408	Most Recent Date Received Leadership Development Opportunities	DT 8	Second the most recent date on which the participant received services that include, but are seen limited to apportunities that may include community service and per createred activities encouraging responsibility and other positive social and risk chaharion, as appropriate, service bear if the projection of the creative a leadership development service or this data element does not apply to the participant.	YYYYMMDD					R					R	R	R							R
1409	Most Recent Date Received Supportine Services	DT8	Record the most meent date on which the participant received a supportive service (WIOA section 134(2)) which include, that we not intend to, suitabne with transportation, folial section 134(2)) which include, that we not intend to suitabne with transportation, folial services are defined by the services as defined both Asse. 2134(2) at 344(2) (3) support services for youth participants included; [a) linkages to community services, [b) suitabnes with responsibility of the suitabnes with housing [e] needs related payments; [i] suitabnes with doucrational testing. [g] researched secondostions for you have disablifies; [in) referred to bealthicate; [ii] researched secondostions for you have disablifies; [iii] referred to bealthicate; [iii] researched secondostions for you have disablifies; [iii] referred to bealthicate; [iii] researched secondostions for you have disablifies; [iii] referred to bealthicate; [iii] researched secondostions for you have disablifies; [iii] referred to bealthicate; [iii] researched secondostics and the secondostics of the sec	үүүүммбо			R	R	R	R	R		R	R	R	R		R					R
1410	Most Recent Date Received Adult Mentoring Services	DT 8	Second the most recent date on which the participant received skulf mentioning services. Adult mentioning reviews may last for a feet studence (12) months and may occur both during and after program participation. Leave blank if the participant did not receive adult mentioning services or this data element does not apply to the participant.	YYYYMMDD					R					R	R	R							R
1411	Most Received Comprehensive Guidance/ Counselling Services	DT8	counseling services, which may include drug and alcohol abuse counseling. Leave blank if the participant did not receive comprehensive guidance/counseling services or this data element does not apply to the participant.	YYYYMMDD					R					R	R	R							R
1412	Most Recent Date Received Youth Follow-up Services	DTS	Record the most record date on which the youth participant received follow-up survives after easiting the program. Follow-up practices from the production of the production of the program to help ensure they outh a successful in employment and post production. For from the program to help ensure they outh a successful in employment and post posterocendary education and strainty. Follow-up services may include regular contact with a youth participant's employer, including up services may include the following program elements: [1) supportive ensure; (2) Adult mentoring; (3) Financial literary education; (4) Services that provide labor market and employment information about in demand relatively sectors or conjugitors. (2) Adult mentoring; (3) Financial literary education; (4) Services that provide labor market and employment information about in demand relatively sectors or conjugitors available in the local sex, such as creer awareness, creer counseling, and career exploration services; and (3) Activities that they jound repress for and trained to a post-conjugit education and training; (3) All youth participants must be offered the upportunity to receive follow-up continued and the provided tool just programs or and an activities of the participant cannot be located or contacted. Leaves bins if the participant did not receive follow-up services or if this data element does not apply to the participant.	үүүлммоо					R						R	R							я
1413	Most Recent Date Youth Received Entrepreneurial Skills Training	DT 8	training. Leave blank if the participant did not participate in entrepreneurial skills training.	YYYYMMDD					R							R							R
1414	Most Recent Date Youth Received Services that provide labor market information and employment information Most Recent Date Youth	DT 8	Secord the most recent date on which the participant participated in services that provide labor market and employment information about in demand industry sectors or occupations available in the local area, such as career awareness, career covariating, and career exploration services. Sector and the career awareness career covariating and career exploration services. Sector and the career awareness career covariating and career exploration services. Sector and the career awareness career awareness career covariation and services bank if the participant did not participate in these services. Record the most recent date on which a youth participant received activities that helped	YYYYMMDD					R						R	R							R
	Received Postsecondary transition and preparatory activities		them to prepare for and transition to postsecondary education and training. Leave blank if the principant did not participate in activities that helped them to prepare for and transition to postsecondary education and training.												K								
1416	Date of Completion of Youth Services	DT 8	Record the date the participant received their last service in the WIOA Youth program other than follows up services. This element is not ynequired for participant who completed WIOA Youth program but are co-enrolled in the WIOA Adult program or another partner program but wellow discord their exist the leynor their completion date in WIOA Youth. Leave Uses if this does not apply to the participant.	YYYYMMDD					R														R
		l	I .		_1		Ш		ш		Ш		<u> </u>	1	1	1	1	1					

													REQUIREMEN	TS BY PROGRA	M OF PARTICI	PATION ¹						
DATA ELEMENT NO.	DATA ELEMENT NAME	DATA TYPE/ FIELD LENGTH	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	CODE VALUE	Reportable Individual ²	Wagner-Peys er	WIOA Adults	WIOA Dislocated Workers	WIOA Youth	Dislocated Worker Grants (OWG) TAA	National Farmworker Jobs Program (NEJP)	Indian and Native American Program (INA)	Reen try Employment Opportunities (REO) (Adult)	Reen try Employment Opportunities (REO) (Youth)	YouthBuild	Jobs for Veterans' State Grams (IVSG)	H18	Job Corps	Incumbent Worker (Adult/DW Funded)	SCSEP	Apprenticeship	Demonstration Grants
SECTION C. 1500	06 - OTHER RELATED ASSIST: Received Needs-Related Payments		RT SERVICES FOR NON-YOUTH CUSTOMERS Record 1 if the participant received needs related payments (WiOA section 134(d)(3)) for the purpose of enabling the participant to participate in approved training funded under WiOA	1 = Yes 0 = No			R	R		R R			R	R	R							R
			Title IB. Record 0 if the participant did not receive any needs-related payments as described above. Leave blank if this data element does not apply to the participant.																			
1501	Most Recent Date Received Rapid Response Services	DT 8	Record the most recent date on which the participant received a rapid response service authorized under WIOA section 134(a)(2)(A). Rapid response encompasses the activities necessary to plan and deriver services to enable dislocated worker to transition to next natural or other dislater resulting it a ransal shi dislocation. Leave blank if the participant did not necessary plant proposes services or this data element does not apply to the participant.	үүүүммDD				R		RR									R			R
1503	Most Recent Date Received Follow-up Service	DT 8	Record the most recent date on which the participant received follow-up services, which may acide consoling in the workplace. The way belief the present present of the service or if it does not apply to this participant. Once that follow-up services do not change the date of exit for performance purposes.	үүүүммір			R	R		R												R
1505	Job Search Allowance-Count (TAA)	IN 2	Record the total number of job search allowances paid to the participant in the current report quarter. Record a 0 if the participant did not receive a job search allowance in the quarter. Leave blank if the data element does not apply to the participant.	00						R												R
1506	Job Search Allowance Current Quarter - Costs (TAA)	DE 9.2	Record the dollar value of Job Search Allowance expenditures accrued in the current quarter. Leave blank if this data element does not apply to the participant or if the individual is not a TAA participant.	0000000.00						R												R
1507	Job Search Allowance -Total Costs	DE 9.2	Record the cumulative total dollar amount of job search costs expenditures accrued for the participant.	0000000.00						R												R
	(TAA)		This field may be updated for each quarterly submission. Leave blank if this data element does not apply to the participant or if the individual is not a TAA participant.																			
1508	Date Relocation Allowance Approved (TAA)	DT 8	Record the date that the TAA Relocation Allowance was approved Leave blank if the participant did not have a TAA Relocation Allowance approved or this data element does not apply to the participant.	YYYYMMDD						R												R
1509	Relocation Allowance Current Quarter Costs (TAA)	D€ 9.2	Record the dollar amount of relocation costs expenditures accrued in the current quarter to relocate the participant including any lump sum payments in the quarter. Leave blank if this data element does not apply to the participant or if the individual is not a TAA participant.	000000.00						R												R
1510	Relocation Allowance -Total Cost (TAA)	DE 9.2	Record the total dollar amount of relocation costs expenditures accrued to relocate the participant including the lump sum payment. Leave blank if this data element does not apply to the participant or if the individual is not a	000000.00						R												R
1511	Date Received First Basic TRA payment	DT 8	TAA participant. Record the date on which the participant received their first Bask TBA payment. Leave blank if the participant did not receive a Bask TBA Payment, or if the individual is not a TAA participant.	YYYYMMDD						R												R
1512	Weeks Paid This Quarter	IN 2	Record the total number of weeks of Basic TRA paid in the current quarter.	00						R												B
1513	Basic TRA Total Weeks Paid Cumulative	IN 2	Leave blank if the individual is not a TAA participant. Record the total number of weeks of Basic TRA paid to the individual.	00						R												R
	Basic TRA		Record 0 if this data element does not apply to the participant Leave blank if the individual is not a TAA participant.																			
1514	Amount Paid Current Quarter- TRA Basic	DE 9.2	Record the dollar amount of Basic TRA expenditures accrued in the current report quarter. Record 0 if this data element does not apply to the participant. Leave blank if the individual is not a TAA participant.	0000000.00						R												R
1515	Total Amount Paid - Basic TRA	DE 9.2	Record the total dollar amount of Basic TRA expenditures accrued to the individual. Record D if this data element does not apply to the participant. Leave blank if the individual is not a TAA participant.	0000000.00						R												R
1516	Date Received First Additional TRA Payment	DT 8	Record the date on which the participant received their first Additional TRA payment. Leave blank if the participant did not receive a Additional TRA Payment, or if the individual is not a TAA participant.	YYYYMMDD						R												R
1517	Weeks Paid This Quarter - Additional TRA	IN 2	Record the total number of weeks of Additional TRA paid in the current quarter. Record 0 if this data element does not apply to the participant. Leave blank if the individual is not a TAA participant.	00						R												R
1518	Total Weeks Paid Cumulative - Additional TRA Amount Paid This Quarter -	IN 2 DE 9.2		0000000.00						R												R R
1520	Additional TRA Total Amount Paid - Additional	DE 9.2	quarter. Record 0 if this data element does not apply to the participant. Leave blank if the individual is not a TAA participant. Record the total dollar amount of Additional TRA expenditures accrued to the individual.	000000.00						R												В
	TRA Date Received First		Record 0 if this data element does not apply to the participant. Leave blank if the individual is not a TAA participant.																			
1521	Remedial/Prerequisite/Extend ed TRA Payment		Record the date on which the participant received their first Remedial/Prerequisite/Extended TRA payment. Leave blank if the participant did not receive a Remedial/ Prerequisite/Extended TRA Payment, or if the individual is not a TAA participant.							К												R
1522	Weeks Paid This Quarter- Remedial/Prerequisite/Extend ed	IN 2	Record the total number of weeks of Remedial/Prerequisite/Extended TRA paid in the current quarter. "Of if this data element does not apply to the participant Leave blank if the individual is not a TAA participant.	00						R												R
1523	Total Weeks Paid Cumulative - Remedial/Prerequisite/Extend ed	IN 2	Record the total number of weeks of Remedial/Perrequisits/Estended TRA paid to the individual. "Of this data element does not apply to the participant. Lowe blank if the individual is not a TAA participant.	00						R												R
1524	Amount Paid This Quarter - Remedial/Prerequisite/Extend ed TRA	DE 9.2	the current report quarter. "O" if this data element does not apply to the participant	0000000.00						R												R
1525	Total Amount Paid - Remedial/Prerequisite/Extend	DE 9.2	Leave blank if the individual is not a TAA participant. Record the total dollar amount of Remedial/Prerequisite/Extended TRA expenditures accrued to the individual.	0000000.00						R												R
1526	ed TRA Date Received First Completion TRA Payment	DT8	Record of this data element does not apply to the participant. Leave blank if the individual is not a TAA participant. Record the data on which the participant received their first Completion TRA gayment. Leave blank if the participant did not receive a Remedial/Perequisite TRA Payment, or if the individual is not a TAA participant.	YYYYMMDD						R												R
1527	Weeks Paid This Quarter - Completion TRA	IN 2	Record the total number of weeks of Completion TRA paid in the current quarter. Record 0 if this data element does not apply to the participant. Leave blank if the individual is not a TAA participant.	00						R												R
1528	Total Weeks Paid Cumulative - Completion TRA	IN 2	Record the total number of weeks of Completion TRA paid to the individual. Record 0 if this data element does not apply to the participant. Leave blank if the individual is not a TAA participant.	00						R												R
1529	Amount Paid Current Quarter - TRA Completion	DE 9. 2	Record the dollar amount of Completion TRA expenditures accrued in the current report quarter. Record 0 if this data element does not apply to the participant.	0000000.00			1			R												R
1530	Total Amount Paid - Completion TRA	DE 9. 2	Leave blank if the individual is not a TAA participant. Record the total dollar amount of Completion TRA expenditures accrued to the individual. Record of this data element does not apply to the participant. Leave blank if the individual is not a TAA participant.	000000.00						R												R
1531	TRA Overpayment	IN 1	Record 1 if there was an overpayment established under any type of TRA during the course of participation in the quarter in which it is first identified and to continue through last quarter of secondary.	1 = Yes 0 = No			+			R												R
1532	Amount of TRA Overpayment	DE 9.2	of reporting. Record Oil f there was no TRA overpayment. Leave blank if the individual was not a TAA participant. Record the dollar amount of the TRA overpayment. This amount may be updated on a	000000.00						R												R
			record use towar amount on the FNA overpayment. This amount may be upused on a cumulative basis. Leave blank if the individual was not a TAA participant. Record 1 if there was a TRA overpayment waiver to be recorded in the quarter it is																			
1533	TRA Overpayment Waiver Date Received First A/RTAA	IN 1	issued and to continue through last quarter of reporting "0" if this data element does not apply to the participant. Leeve blank if the individual is not a TAA participant. Record the date on which the participant received their first Alternative/Reemployment	1 = Yes 0 = No YYYYMMDD						R												R R
	Payment		Trade Adjustment Assistance (A/RTAA) payment. Leave blank if the individual is not a TAA participant.																			
1535	Number of A/RTAA Payments Current Quarter	IN 2	Record the number of A/RTAA payments paid to the participant in the current report quarter. "O" if this data element does not apply to the participant Leave blank if the individual is not a TAA participant.	00						R												R
1536	Current Quarter A/RTAA Payments	DE 9.2	Record the total dollar amount of A/RTAA expenditures accrued to the participant in the report quarter. Leave blank if this data element does not apply to the participant or if the individual is not a	0000000.00						R												R
1537	Number of A/RTAA Payments Total	IN 3	TAA participant. Record the number of A/RTAA payments made to the participant through the current quarter of participation. This field may be updated for each quarterly submission.	000						R												R
1538	Total Amount Paid - A/RTAA	DE 9.2	Record of If there was no TRA overpayment. Leave blank if the individual is not a TRA participant. Record the total dollar amount of A/RTAA expenditures accrued to the individual. Record of If there was no TRA overpayment.	0000000.00			-			R												R
			Leave blank if the Individual is not a TAA participant.		_												Ш					

														REQUIREMEN	ITS BY PROGRA	AM OF PARTICI	IPATION ¹						
DATA ELEMENT NO.	DATA ELEMENT NAME	DATA TYPE/ FIELD LENGTH	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	CODE VALUE	Reportable Individual ²	Wagner-Peyser	WIOA Adults	WIOA Dislocated	WIOA Youth	Dislocated Worker Grants (DWG)	TAA	National Farmworker Jobs Program (NFJP)	Indian and Native American Program (INA)	Reentry Employment Opportunities (REO) (Adult)	Reentry Employment Opportunities (REO) (Youth)	YouthBuild	Jobs for Veteram' State Grams (IVSG)	H18	Job Corps	Incumbent Worker (Adult/DW Funded)	SCSEP	Apprenticeship	Demonstration Grants
1539	Frequency of A/RTAA Payments (TAA)		Record 1 if weekly. Record 2 if every two weeks. Record 3 if monthly. Record 4 if other. Leve blank if the individual was not a TAA participant.	1 = Weekly 2 = Bi-Weekly 3 = Monthly 4 = Other							R		,										R
1540	Maximum A/RTAA Benefit Reached		Record of if the participant resched their maximum benefit amount prior to their two-year eighblity limitation. Record of if the participant did not reach their maximum benefit prior to their two year eighblity limitation. Leave blank if the individual was not a TAA participant.	1 = Yes 0 = No							R												R
1541	A/RTAA Overpayment		Record 1 if there was an overpayment established under A/RTAA during the course of participation in the quarter in which it is first identified and to continue through last quarter of reporting. Record of if there was no A/RTAA Overpayment. Leave blank if the individual was not a TAA participant.	1 = Yes 0 = No							R												R
1542	Amount of A/RTAA Overpayment		Record the amount of the A/RTAA overpayment. This amount may be updated on a cumulative basis. Record 0 if there was no A/RTAA overpayment for this participant. Leave blank if the individual was not a TAA participant.	0000000.00							R												R
1543	A/RTAA Overpayment Waiver		Record I if there was an AfTAFA overpayment waiver to be recorded in the quarter it is issued and to continue through last quarter of reporting. Record I if there was not AfRTAA overpayment waiver. Leave blank if the individual was not a TAA participant.	1 = Yes 0 = No							R												R

														REQUIREMENT	rs by progra	AM OF PARTIC	IPATION ¹						
DATA ELEMENT NO.	DATA ELEMENT NAME	DATA TYPE/ FIELD LENGTH	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	CODE VALUE	Reportable Individual ²	Wagner-Peyser	WIOA Adults	WIOA Dislocated Workers	WIOA Youth	Dislocated Worker Grants (DWG)	TAA	National Farmworker Jobs Program (NFJP)	Indian and Native American Program (INA)	Reen try Employment Opportunities (REO) (Adult)	Reentry Employment Opportunities (REO) (Youth)	YouthBuild	Jobs for Veterans' State Grams (NSG)	H18	Job Corps	Incumbent Worker (Adult/DW Funded)	SCSEP	Apprenticeship	Demonstration Grants
	- PROGRAM OUTCOMES INF		TA																				
1600	Employed in 1st Quarter After Exit Quarter	IN 1	Record 1 if the participant is in unsubsidized employment (not including Registered Apprenticeship, or the military).	1 = Yes 2 = Yes, Registered Apprenticeship		R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
	(WIOA)			3 = Yes, Military 0 = No 9 = Information not yet available																			
1601	Type of Employment Match 1st	IN 1	employment status in the first quarter following the quarter of exit. Wage records will be the	1 = UI Wage Data 2 = Federal Employment Records (OPM,		R	R	R	R	R	R	R	R	R	R	R	R			R		R	R
	Quarter After Exit Quarter (WIOA)		primary data source for tracking employment in the first quarter after the exit quarter. If the participant is not found in wage records, grantees may then use supplemental data sources. If the participant is found in more than one source of employment using wage records, record	USPS) 3 = Military Employment Records (DOD) 4 = Non UI verification																			
			the data source for which the participant's earnings are greatest.	5 = Information not yet available 0 = Not employed																			
1602	Employed in 2nd Quarter After Exit Quarter (WIOA)	IN 1	Record 1 if the participant is in unsubsidized employment (not including Registered Apprenticeship, or the military). Record 2 if the participant is in a Registered Apprenticeship.	1 = Yes 2 = Yes, Registered Apprenticeship 3 = Yes, Military		R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
	(WOA)		Record 3 if the participant is in the military.	3 - res, military 0 = No 9 = Information not yet available																			
1603	Type of Employment Match 2nd	IN 1	Use the appropriate code to identify the method used in determining the participant's	1 = UI Wage Data		R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
	Quarter After Exit Quarter (WIOA)			2 = Federal Employment Records (OPM, USPS) 3 = Military Employment Records (DOD)																			
1604	Employed in 3rd Quarter After Exit Quarter (WIOA)	IN 1	Record 1 if the participant is in unsubsidized employment (not including Registered Apprenticeship, or the military). Record 2 if the participant is in a Registered Apprenticeship.	4 = Non UI verification 1 = Yes 2 = Yes, Registered Apprenticeship 3 = Yes, Military 0 = No 9 = Information not yet available		R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
1605	Type of Employment Match 3rd Quarter After Exit Quarter	IN 1	Record 9 if the participant has exited but employment information is not yet available.	1 = UI Wage Data 2 = Federal Employment Records (OPM,		R	R	R	R	R	R	R	R	R	R	R	R			R		R	R
	(WICA)		the primary data source for tracking employment in the third quarter after the exit quarter. If the participant is not found in the wage records, grantees may then use supplemental data sources. If the participant is found in more than one source of employment using wage records, record the data source for which the participant's earnings are greatest.	USPS) 3 = Military Employment Records (DOD) 4 = Non UI verification 5 = Information not yet available 0 = Not employed																			
1606	Employed in 4th Quarter After Exit Quarter	IN 1	Record 1 if the participant is in unsubsidized employment (not including Registered Apprenticeship, or the military).	1 = Yes 2 = Yes, Registered Apprenticeship		R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
	(WIOA)		Record 2 if the participant is in a Registered Apprenticeship. Record 3 if the participant is in the military.	2 = ves, Negistered Apprenticesnip 3 = ves, Military 0 = No 9 = Information not yet available																			
1607	Type of Employment Match 4th Quarter After Exit Quarter	IN 1		1 = UI Wage Data 2 = Federal Employment Records (OPM,		R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
	(WICA)		the primary data source for tracking employment in the fourth quarter after the exit quarter. If the participant is not found in the wage records, grantees may then use supplemental data sources. If the participant is found in more than one source of employment using wage records, record the data source for which the participant's earnings are greatest.	2 - Notice tempolyment Records (DOD) 3 - Millary Employment Records (DOD) 4 - Non UI verification 5 = Information not yet available 0 = Not employed																			
1608	Employment Related to Training	IN 1	Record 1 if the participant received training services and obtained employment directly related to the training services received.	1 = Training related to employment 0 = Training not related to employment		R	R	R	R	R	R	R	R			R	R				R	R	R
	(2nd Quarter After Exit) (WIOA)		Record Of the participant received training services and obtained employment, but the employment was not effectly related to the training services received. Record 91 the participant received training services and obtained employment, but it is unknown if the employment was directly related to the training services received. Leave blank if the participant did not receive training or has not exited or the employment information is not yet available.	9 = Unknown																			
1609	Reemplayed by Layoff Emplayer	IN 1	Record I if the participant was reemployed by the employer (where the qualifying graps ration tools global) at any point from the point of program exit through the 4th quarter rater program exit. Record 0 If the participant does not meet the condition described above. Record 9 If and throws.	1 = Yes 0 = No 9 = Unknown							R												R
1610	Occupational Code (if available)	AN 8	Record the 8 digit O*NET SOC 2019 taxonomy occupational code (database version 2.5.1 or later) that best describes the participant's most recent employment in any quarter after exit. taxes blash if conceptional codes in on advalable or not known, or the data element does not have been also also also also also also also also	0000000		R	R	R	R	R	R	R		R	R		R					R	R
1611	Entered Non-Traditional Employment	IN 1	Record 1 if the participant's employment is in an occupation or field of work for which individuals of the participant's gender comprise less than 25% of the individuals employed in such occupation or field of work. Non-traditional employment can be based on either local or national data, and both males and females can be in non-traditional employment.	1 = Yes 0 = No 9 = Unknown			R	R	R			R				R							R
			information can be based on any job held after exit and only applies to adults, disclossed workers and youth to extented employment in the second quarter fifth exit quarter. Record 0 if the participant does not meet the condition described above. Record 9 if not known.																				
1612	Occupational Code of Employment 2 nd Quarter After Exit Quarter (If available)	IN 8	Record the 8-digit O*NET 50C 2015 taxonomy occupational code (database version 2.5.1 or later) that best decimises the participant's employment in the Apropares after city Note: If all 8 digits of the O*NET occupational code are not collected, record at least the first 6 digits.	0000000		R	R	R	R		R	R	R				R						R
1613	Occupational Code of Employment 4 th Quarter After Exit Quarter (If available)	IN 8	Record the 4 for 6 digit of VNET SOC 2015 teaconsmy occupational code (database version 2.5.1 or taster) that best decrebes the participant's employment in the Mayuater after the set quarter. Note: If all 8 digits of the O*NET occupational code are not collected, record at least the first 6 digits. Record the 4 for 6 digit industry code that best describes the participant's employment using.	0000000		R	R	R	R	D	R	R	R				R					D	R
	1st Quarter After Exit Quarter		the North American Industrial Classification System (NAICS). If more than one NAICS is reported, then the NAICS associated with the lightest grows wage should be reported. Enter 999999 if "Wages 1st Quarter After the Exit Quarter exist and NAICS Code is not known. Leave blank if this data element does not apply to the person or wages are not yet available.																				
1615	Industry Code of Employment 2nd Quarter After Exit Quarter	IN 6	Record the 4 to 6 digit industry code that best describes the participant's employment using the North American Industrial Classification System (NAUCS.) Interest han one NAUCs is reported, then the NAUCS associated with the highest gross wage should be reported. Enter 1999999 1 Ways 2nd Quarter American Classification	000000		R	R	R	R	R	R	R					R					R	R
1616	Industry Code of Employment 3rd Quarter After Exit Quarter	IN 6	Record the 4th Gelight industry code that best disordises the participant's employment using the North American Industrial Casalification System (NACS). If more than one NACS is opported, them the NACS associated with the Significant grows age single-dup resourced on facilities of the NACS associated with the Significant grows are facilities of the NACS code in an armount of the NACS code is not known. Leave blank if this data element does not apply to the person or wages are not yet available.	00000		R	R	R	R	R	R	R					R						R
1617	Industry Code of Employment 4th Quarter After Exit Quarter	IN 6	Record the 4 to 6-digit industry code that best describes the participant's employment using the North American industrial Classification System (NACS), if more than one NACS is for the NACS of th	000000		R	R	R	R	R	R	R					R					R	R
1618	Retention with the same employer in the 2nd Quarter and the 4th Quarter (WIOA)	IN 1	Record 1 if the participant's employer in the second quarter also matches the employer in the fourth quarter. Record 0 if the participant is not employed in the second or fourth quarters after eat, or the employer in the second quarter does not match the employer in the fourth quarter.	1 = Yes 0 = No		R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
	.02 - WAGE RECORD DATA																						
1700	Earnings 3rd Quarter Prior to Participation Quarter	DE 8.2	Record total earnings from wage records for the third quarter prior to the quarter of participation. Leave blank if data element does not apply to the participant.	000000.00		R	R	R		R	R	R			_		R						R
1701	Earnings 2nd Quarter Prior to Participation Quarter	DE 8.2	participation.	000000.00		R	R	R		R	R	R					R						R
1702	Earnings 1st Quarter Prior to Participation Quarter	DE 8.2	participation.	000000.00		R	R	R		R	R	R					R						R
1703	Earnings 1st Quarter After Exit Quarter	DE-9.2	Leave blank if data element does not apply to the participant. Record total earnings for the first quarter after the quarter of exit. Record 9999999.99 if data is are not yet available for this item.	0000000.00		R	R	R	R	R	R	R	R	R	R	R	R			R		R	R
1704	(WIOA) Earnings 2nd Quarter After Exit Quarter	DE-9.2	Leave blank if data element does not apply to the participant. Record total earnings for the second quarter after the quarter of exit. Record 9999999.99 if data is not yet available for this item.	000000.00		R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
1705	(WIOA) Earnings 3rd Quarter After Exit Quarter (WIOA)	DE-9.2	Leave blank if data element does not apply to the participant.	000000.00		R	R	R	R	R	R	R	R	R	R	R	R			R		R	R
1706	Earnings 4th Quarter After Exit Quarter (WIOA)	DE-9.2	Record total earnings for the fourth quarter after the quarter of exit. Record 9999999.99 if data is not yet available for this item.	000000.00		R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
	(WIOA)		Leave blank if data element does not apply to the participant.																				

														REQUIREMEN	TS BY PROGR	AM OF PARTIC	IPATION ¹						
DATA ELEMENT NO.	DATA ELEMENT NAME	DATA TYPE/ FIELD LENGTH	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	CODE VALUE	Reportable Individual ²	Wagner-Peyser	WIOA Adults	WIOA Dislocated Workers	WIOA Youth	Dislocated Worker Grants (DWG)	ТАА	National Farmworker Jobs Program (NFJP)	Indian and Native American Program (INA)	Reen try Employment Opportunities (REO) (Adult)	Reentry Employment Opportunities (REO) (Youth)	YouthBuild	Jobs for Veterans' State Grams (IVSG)	H18	Job Corps	Incumbent Worker (Adult/DW Funded)	SCSEP	Apprenticeship	Demonstration Grants
	03 - EDUCATION AND CREDE	NTIAL DATA				•																	
1800	Type of Recognized Credential (WIOA)	IN I	Use the appropriate code to record the type of recognized diploma, degree, or a redential consisting of an inductor recognized confidence of completion of a Registered Apprenticeship, a license recognized by the State involved or Federal Government, or an associate or because a degree and the properties of the state	1 - Secondary School Diploma/or equivalency 2 - AA or AS Diploma/Degree 3 - AB or AS Siploma/Degree 4 - Dicupational Licensure 5 - Dicupational Licensure 5 - Dicupational Certification 6 - Dicupational Certification 6 - Dicupational Certification 7 - No recognized credential		R	R	R	W W	R	R	R	R	R	R	R	R	R	R	R	R	R	R
1801	Date Attained Recognized Credential (WIOA)	DT 8	Record the date on which the participant attained a recognized credential. Leave blank if the participant did not attain a degree or certificate.	YYYYMMDD		R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
1802	Type of Recognized Credential #2 #2 (WIOA)	IN 1	consisting of an industry recognized certificate or certification, a certificate of completion of a frequent deprecision, by Exems recognized by the State involved or defeard Government, or an associate or bacculawrate degree attained by the participant who received education or training services. Record of the participant received education or training services, but did not attain a recognized deplorant, degree, Icense or certificate. Leave blant if data element does not spely to the participant classes that if data element does not spely to the participant or within one year of exit. This data element applies to both the Credential Rate indicator and the Measurable Skills Gain indicator for all OOL programs.	3 = 8 to 15 Riploma/Degree 4 cocupational Elemente 5 = Occupational Certificate 5 = Occupational Certificate 1 = Occupational Certification 7 = Other Recognized Diploma, Degree, or Certificate 1 = Octor Recognized Certification 2 = No recognized credential			R	R	R	R	R	R	R	R	R	R		R	R		R	R	R
1803	Date Attained Recognized Credential #2 (WIOA)	DT 8	Record the date on which the participant attained a second recognized credential. Leave blank if the participant did not attain a second recognized credential, or if this data element does not apply.	YYYYMMDD			R	R	20	R	R	R	R	R	R	R		R	R		R	R	R
1804	Type of Recognized Credential as (WIOA)	IN 1	consisting of an industry-recognized certificate or certification, a certificate of completion of a Registered Apprenticeship, a license recognized by the State involved or Federal Government,	1 s Secondary School Diploma/or equivalency 2 s Ao or St Diploma/Degree 3 s Mo or St Diploma/Degree 4 s Occupational Licensure 5 s Occupational Certificate 6 s Occupational Certificate 6 s Occupational Certificate 7 s Other Mecognies Opiona, Degree, or Certificate 0 s No or School			R	R	N N	R	R		R	R	R	æ		R	R		R	R	R
1805	Date Attained Recognized Credential #3 (WIOA)	DT 8	Record the date on which the participant attained a third recognized credential. Leave blank if the participant did not attain a third recognized credential, or if this data element does not apply.	YYYYMMDD			R	R	R	R	R		R	R	R	R		R	R		R	R	R
1806	Date of Most Recolins: Beausrable Skill Golfins: Educational Functioning Level (EFL) (WIOA)	DT8	Secord the most recent date the participant who necessed instruction below the postecondary electronic level abelived at least one FLE FR, pain may be documented in one of three ways: 1) by comparing a participant's initial ff St. an exaused by a price-test with the participant's ER in measured by a participant's post etc. or 2) Fastes that offer secondary school grogams that lead to a secondary school diploma or its recognized equivalent, and FLE pain may be reasured through the awarding of rottes or Carnegie units or 3) States may report an EFL pain for participants who eat the program and erroll in productional school or training during the program year. Leave blank if this data element does not apply to the participant.	YYYYMMDD			R	R	R	R	R	R	R	R	R	R		R	R	R	R	R	R
1807	Date of Most Recent Measurable Skill Gains: Postsecondary Transcript/Report Card (WIOA)	DT 8	Second the most meant date of the participant's transcript or report cord for postsociandary declaration who complete a minimum of 12 because the execution part interestudents to total of at least 12 credit hours over the course of two completed semesters during the same 12 month period, that howe a participant in energing the State unit's academic standards. Leave blank if this data element does not apply to the participant.	YYYYMMDD			R	R	R	R	R	R	R	R	R	R			R	R		R	R
1808	Date of Most Recent Measurable Skill Gains: Secondary Transcript/Report Card (WIOA)	DT 8	Record the most record date of the participant's transcript or report card for recordary education for one emester showing that the participant is meeting the State unit's academic tanded date. Leave blank if this data element does not apply to the participant.	YYYYMMDD			R	R	R	R	R	R	R	R	R	R		R	R	R	R	R	R

														REQUIREMEN	ITS BY PROGR	AM OF PARTIC	IPATION ¹						
DATA ELEMENT NO.	DATA ELEMENT NAME	DATA TYPE/ FIELD LENGTH	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	CODE VALUE	Reportable Individual ²	Wagner-Peys er	WIOA Adults	WIOA Dislocated Workers	WIOA Youth	Dislocated Worker Grants	TAA	National Farmworker Jobs Program (NFJP)	Indian and Native American Program (INA)	Reen try Employme nt Opportunities (REO) (Adult)	Reentry Employment Opportunities (REO) (Youth)	Youthbuild	Jobs for Veteram' State Grams (NSG)	H18	Job Corps	Incumbent Worker (Adult/DW Funded)	SCSEP	Apprenticeship	Demonstration Grants
1809	Date of Most Recent Measurable Skill Gains: Training Milestone (WIOA)	DT 8	Secord the most recent date that the participant had a sulfishcroy or better progress report locations destablished milestones from an employer/training provider who is providing training (e.g., completion of on the job training (QIT), completion of one year of a registered apprenticeship program, etc.). Leave blank if this data element does not apply to the participant.	YYYYMMDD			R	R	R	R	R	R	R	R	R	R		R	R	R		R	R
1810	Date of Most Recent Measurable Skill Gains: Skills Progression (WIOA)	DT 8	Record the most recent date the participant successfully completed an east that is required for a participal recognistion, or progress in statinging technical or excruptional skills as evidenced by trade-related benchmarks such as knowledge-based exams. Leave blank if this data element does not apply to the participant.	YYYYMMDD			R	R	R	R	R	R	R	R	R	R		R	R	R		R	R
	Date Enrolled During Program Participation in an Education or Training Program Leading to a Recognized Credental or Employment	DT 8	Record the date the participant was enrolled during programs participation in an education or training programs that their I leads to a recognized credential, including ascendary education programs, or 2) a training program that blook to employment; as defined by the core program in which the participant participants states may use this coding value of the participant was either already remedied in education or training at the time of program entry that the participant was either already remedied in education or training at the time of program entry that the participant was moreold in postercondural evaluation of programs entry. This includes, but is not limited to, participation in side Copy, tookholish, a programs finity. This includes, but is not limited to, participation in side Copy, tookholish, a programs finity. This includes, but is not limited to, participation in side Copy, tookholish, a Registered Apprenticeship programs, Adult discretion or secondary education programs. Lawe blank if the data element does not apply to the participant. In this continuation of the participant of the par				R	R	R	R	R	R	R	R	R	R		R	R	R	R	R	R
1812	School Status at East	IN I	approved by the local educational agency whether full or part-time. Record 3 if the participant has received a secondary school diploma or its recognized	1 = In-shool, secondary school or less 1 = In-shool, Alternative school 3 = In-shool, Pottecondary school 3 = In-shool, Pottecondary school 1 = In-shool school school 1 = In-shool school school 1 = In-shool, school, school, school 1 = In-shool, school, school, school 1 = In-shool, school, school 1 = In-shool, school, school 1 = In-shool, school 1 = In-shool 1 = In-sho					R			R	R		R								R
1813	Date Completed During Program Participation as in dealer and the second participation as in Leading to a Recognised Credential or Employment	DT 8	Record the date the participant completes, during program participation, either 13 an education or training program that leads to a recognized credental, including a secondary expensive the control of the control o	YYYYMMOO			R	R	R	R	R	R	R	R	R	R		R	R	R	R	Ř	Ř
1814	Date Attained Graduate/Post Graduate Degree (WIOA)	DT 8	Ascord the date a participant attained a masters' degree after receiving education or training services. Love blank if data element does not apply to the participant. NOTE: Diplomas, degrees, licenses or certificates must be attained either during participation or within one year of exit. This data element applies to the Credential Rate for KSA programs.	YYYYMMDD		R	R	R		R	R			R	R	R							R

1902 Careg 1903 Date	DDITIONAL OUTCOME E 2nd Guarter Placement (Tritle 1) (WIOA) 4th Guarter Placement (Tritle 1) (WIOA) 4th Guarter Placement (Tritle 1) (WIOA) 2nd Guarter Placement (Tritle 1) (WIOA)	DATA TYPE/ PRED LENGTH IN 1 IN 1 IN 1 IN 1 IN 2	English Language Arts (ELA). Record 3 if the participant was assessed using approved tests for ABE Mathematics. Record 3 if the participant was assessed using approved tests for English As-A-Second Language (ESL). Record 10 if the participant was not assessed. Leave blank if this data element does not apply to the participant. Record the date that the participant took the pre-assessment test. Leave blank if the participant took the pre-assessment test. Leave blank if the participant dook the pre-assessment test. Leave blank if the participant dook the set of the set o	CODE VALUE 1 = Occupational Salis Training 2 = Postsecondary Education 3 = Secondary Education 0 = No placement 1 = Occupational Salis Training 2 = Postsecondary Education 0 = No placement 1 = ABE ELA 2 = ABE Math 3 = ESL 0 = Not assessed	Parameter indicated	Wagner-Physics	WIDAAdalts	Wuch our Charles Worker Charles Worker Charles	TAM	72 National Farmworker (NFIP)	Indian and Native American Pogram (INA)	Reen by Employment Opportunities (REO) Adults)	20 20 20 20 20 20 20 20 20 20 20 20 20 2	K Kauthaudi	Jobs for Velenan' State Gents (MSG)	H18	hrumbert Worker (Adul/DW Fundel)	abss	A Apprentication	N Demonstration Gents
1902 Vouth : 1902 Categ 1903 Date	2nd Guarter Piscement (Title 1) (WIOA) 4th Guarter Piscement (Title 1) (WIOA) 4th Guarter Piscement (VIII 1) (WIOA) gory of Assessment #1 gory of Assessment #2 For Pre-Test Score #1	IN 1 IN 1 IN 1	training). Second 3 if the participant is enrolled in postsocondary education. Record 3 if the participant is enrolled in socionally education. Record 5 if the participant was sort placed in any of the above conditions. Record 1 if the participant was not placed in any of the above conditions. Record 1 if the participant is enrolled in occupational skills training (including advanced training). Record 3 if the participant is enrolled in postsocondary education. Record 3 if the participant was sosted in postsocondary education. Record 3 if the participant was sosted wing approved tests for Adult Basic Education (AEE) forglob language Arts EEA). Record 3 if the participant was sosted using approved tests for Adult Basic Education (AEE) forglob language Arts EEA). Record 3 if the participant was sosted using approved tests for English As-A-Second Language (ESL). Record 3 if the participant was sosted using approved tests for English As-A-Second Language (ESL). Record 3 if the participant was not assessed. Language (ESL). Record 3 if the participant was not assessed. Record 4 if the participant was not assessed. Record 5 if the participant was not assessed. Record 5 if the participant was not assessed. Record 5 if the participant was not assessed. Record 6 if the participant was not assessed with the Educational Achievement Type of measurable skill gain based on an increase in focational functioning Level within the Educational Achievement Type of measurable skill gain based on an increase in focational functioning Level within the Educational Achievement Type of measurable skill gain based on an increase in focational functioning Level within the Educational Achievement Type of measurable skill gain based on an increase in focational functioning Level within the Educational Achievement Type of measurable skill gain based on an increase in focational functioning Level within the Educational Achievement Type of measurable skill gain based on an increase in focational functioning Level within the Ed	2 = Postsecondary Education 3 = Secondary Education 0 = No placement 1 = Occupational Skills Training 2 = Postsecondary Education 3 = Secondary Education 0 = No placement 1 = ABE ELA 2 = ABE Math 3 = ES. 0 = Not assessed				R					R	R		R			R	R
1902 Categ	(WOOA) 4th Quarter Placement (Title 1) (WOOA) gory of Assessment #1. gory of Assessment #2.	IN 1 DT 8	Record 3 if the participant was not placed in any of the above conditions. Record 1 if the participant was not placed in any of the above conditions. Record 1 if the participant was not placed in accupational skills training (including advanced training). Record 2 if the participant is enrolled in occupational skills training (including advanced training). Record 2 if the participant was successful in postsecondary education. Record 2 if the participant was successful on any of the above conditions. Record 1 if the participant was successful on any of the above conditions. Record 1 if the participant was successful on any of the above conditions. Record 1 if the participant was successful on any of the above conditions. Record 1 if the participant was successful on any of the above conditions. Record 1 if the participant was successful on a purposed tests for Add Mathematics. Record 1 if the participant was not assessed. Leave blank if this data element does not apply to the participant. Record 1 if the date that the participant took the pre-assessment test. Leave blank if this data element does not apply to the participant on the participant was not cause of including a measurable skill gain based on an increase in ficturational functioning level within the Educational Achievement Type of measurable skill gain based on an increase in Educational Functioning level within the Educational Achievement Type of measurable skill gain based on an increase in Educational Functioning level within the Educational Achievement Type of measurable skill gain based on an increase in Educational Functioning level within the Educational Achievement Type of measurable skill gain based on an increase in Educational Functioning level within the Educational Achievement Type of measurable skill gain based on an increase in Educational Functioning level within the Educational Achievement Type of measurable skill gain based on an increase in Educational Functioning level within the Educational Achievement Type of measura	3 = Secondary Education 0 = No placement 1 = Occupational Skills Training 2 = Postescondary Education 0 = No placement 1 = ABE ELA 2 = ABE Math 0 = Not assessed				R					R	R		8			R	R
1902 Categ	(Mide) (MIDA) gory of Assessment #1 s of Pre-Test Score #1 Pre-Test Score #1	IN 1 DT 8	training). Record 2 if the participant is enrolled in postsecondary education. Record 3 if the participant is enrolled in secondary education. Record 3 if the participant was not placed in any of the above conditions. Record 1 if the participant was noted placed in any of the above conditions. Record 1 if the participant was noted placed in any of the above conditions. Record 2 if the participant was assessed using approved tests for Admit Basic Education (AdE) English Language Arts (ELA). Record 3 if the participant was assessed using approved tests for Admit Basic Education (AdE) English Language Arts (ELA). Record 2 if the participant was assessed using approved tests for English Are Adecord Second 3 if the participant was not assessed. Leave blash if this data element does not apply to the participant. Record 1 the date that the participant took the pre-assessment test. Leave blash if the participant did not take a pre-assessment test. Leave blash if the participant did not take a pre-assessment test. NOTE: This field is only necessary if the program is capturing a measurable skilli gain based on an increase in fidenciand functioning Level within the Educational Achievement Type of measurable skilli gain based on an increase in Educational functioning Level within the Educational Achievement test. NOTE: This field is only necessary if the program is capturing a measurable skilli gain based on an increase in Educational functioning Level within the Educational Achievement Type of measurable skilli gain based on an increase in Educational functioning Level within the Educational Achievement Type of measurable skilli gain based on an increase in Educational functioning Level within the Educational Achievement Type of measurable skilli gain based on an increase in Educational functioning Level within the Educational Achievement Type of measurable skilli gain based on an increase in Educational functioning Level within the Educational Achievement Type of measurable skilli gain based on an increase i	2 = Postscendary Education 3 = Secondary Education 0 = No placement 1 = ARE ELA 2 = ARE Math 3 = ESL 0 = Not assessed				R					R	R		B			R	R
1903 Date	e of Pre-Test Score #1 Pre-Test Score #1 tional Functioning Level	DTS	English Language Arts (ELA). Record 3 if the participant was assessed using approved tests for ABE Mathematics. Record 3 if the participant was assessed using approved tests for English As A-Second Language (ESA). Record 3 if the participant was not assessed. Record 3 if the participant was not assessed. Record the date that the participant clock the pre-assessment test. Record the date that the participant clock the pre-assessment test. Leave blank if this participant did not take a pre-assessment test. NOTE: This field is not precasely if the proper in coparing a measurable skill gain based on an increase in Educational Functioning Level within the Educational Achievement Type of measurable skill gain. Record the raw scale score achieved by the participant on the pre-assessment test. NOTE: The field is participant was not assessed in literacy or mimeracy or if this data element. NOTE: The field conty necessary the program is capturing a measurable skill gain based on an accordant of the participant was not assessed in literacy or mimeracy or if this data element. NOTE: The field conty necessary the program is capturing a measurable skill gain based on an accordant of increasing Level within the Educational Achievement Type of measurable skill gain.	2 = ABE Math 3 = ES. 0 = Not assessed						R										
1904 P	Pre-Test Score #1	IN 3	Lave blank if the participant did not take a pre-assument text. NOTE: This field is only necessary if the program is capturing a measurable skill gain based on an increase in fick-interioral functioning Level within the Educational Achievement Type of measurable skill gain. Becord the raw scale score achieved by the participant on the pre-assessment text. Lave blank if the participant was not assessed in literacy or numeracy of if this data element does not apply to the participant. NOTE: This field is only necessary life the program is capturing a measurable skill gain based on an increase in ficknotional functioning Level within the Educational Achievement Type of measurable skill gain based on an increase in ficknotional functioning Level within the Educational Achievement Type of measurable skill gain.				-					R	R	R		В				R
	tional Functioning Level		Leave blank if the participant was not assessed in literacy or numeracy or if this data element does not apply the participant. NOTE: This field is only excessiny if the program is capturing a measurable still gain based on an increase in Sociational Functioning Level within the Educational Achievement Type of measurable still gain.	000						R		R	R	R		Я				R
			Record the educational functioning level that is associated with the participant's raw scale	0 = Not Assessed						R		R	R	R		R				R
			Score Second 0 if the participant was not assessed in literacy or numeracy. Lave blank if the data element does not apply to the participant. NOTE: This field is only necessary if the program is capturing a measurable skill gain based on an increase in fickutational functioning Level within the Educational Achievement Type of measurable skill gain.	1 = ABE (revel 1) 2 = ABE (revel 2) 3 = ABE (revel 3) 4 = ABE (revel 4) 5 = ABE (revel 4) 5 = ABE (revel 5) 6 = ABE (revel 5) 7 = ESI (revel 1) 8 = ABE (revel 6) 10 = ESI (revel 1) 11 = ESI (revel 6) 12 = ESI (revel 6) 13 = ESI (revel 6)																
1906 Date of	f Most Recent Post-Test Score #1	DT 8	Second the date on which the post-test was administered to the participant during higher first year of participation in the program. If multiple post-tests were administered, record the most recent date on which the functional respons test sets administered. Leave blank if the participant of all of receive a post-test during binkfur first year of participation in the program on the data element does not apply the participation. NOTE: This field is only necessary if the program is capturing a measurable skill gain based on an increase in flocational functioning Level within the Educational Achievement Type of measurable skill gain.	YYYYMMDD						R		R	R	R		R				R
1907 Po	Post-Test Score #1	IN 3	Accord the raw scale some activened by the participant. Law blank the participant clause blank the participant disc not receive a portion at divergia bility for first year of participants in the program or if the data element does not apply to the participant. NOTE: This first is only necessary if the program is capturing a measurable skill gain based on an increase in flocational functioning Level within the Educational Achievement Type of measurable skill gain.	000						R		R	R	R		В				R
	tional Functioning Level Post-Test #1 gory of Assessment #2	IN 2	Second the educational functioning level that is associated with the participant's raw scale score. Record Of the participant was not assessed in literacy or numeracy. Level blank if the delement does not apply to the participant. NOTE: The field is only necessary if the program is capturing a measurable skill gain based on an arrange of the control of the cont	0 = Net Assessed 1 = ABE (Level 1 2 = ABE (Level 2 3 = ABE (Level 3 4 = ABE (Level 3 4 = ABE (Level 4 5 = ABE (Level 4 5 = ABE (Level 4 7 = ESL (Level 1 8 = ESL (Level 3 10 = ESL (Level 3 10 = ESL (Level 3 11 = ESL (Level 3 11 = ABE (Level 4 11 = ESL (Level 4 11 = ESL (Level 4 11 = ESL (Level 5 11 = ABE (Level 6 11 = ESL (Level 6 11 =						R		R	R	R		R				R
1910 Date	e of Pre-Test Score #2	DT 8	Record 0.1 the participant was not assessed. Leave blank if this delement does not apply to the participant. Record the date that the participant cosk the pre-assessment test. Leave blank if the participant do not take a pre-assessment test. Leave blank if the participant did not take a pre-assessment test. NOTE: The field is not receivany if the program is capturing a measurable skill gain based on measurable skill gain based on measurable skill gain.	YYYYMMDD								R	R	R		R				R
1911 P	Pre-Test Score #2	IN 3	Record the raw scale score achieved by the participant on the pre-assessment text uses binal if the pricipant was not assessed in literacy or numeracy or if this data element does not apply to the participant. NOTE: This find is only necessary if the program is capturing a measurable skill gain based on an increase in fidurational functioning Level within the Educational Achievement Type of measurable skill gain.	000								R	R	R		R				R
	f Most Recent Post-Test Score #2	IN 2	Record the delaced not functioning level that is associated with the participant's raw scale focur. If if the participant was not assessed in illeracy or numeray. Level ball of the data delensed folions not apply to the participant. NOTE: This field is only necessary if the program is capturing a measurable skill gain based on an increase in flocitional functioning level within the Educational Achievement Type of measurable skill gain. Record the date on which the post sets was administered to the participant. If multiple post- tions were administered, record the most recent date on which the functional area post effects were administered.	0 = Not Assessed 1 = ABE (twel 1 2 = ABE (twel 2 3 = ABE (twel 3 4 = ABE (twel 4 4 = ABE (twel 4 4 = ABE (twel 4 5 = ABE (twel 4 5 = ABE (twel 6 6 = ABE (twel 6 6 = ABE (twel 6 7 = CSL (twel 1 8 = CSL (twel 2 9 = CSL (twel 3 11 = CSL (twel 6 12 = CSL (twel 6 13 = CSL (twel 6 14								R	R	R		R				R
1914 Pi	Post-Test Score #2	IN 3	was administered. Leave blank if the participant did not receive a post-test during his/her first year of participation in the program or the data element does not apply to the participant. NOTE: This first is convexery if the program is capturing ensemble oiling plan based on in increase in it discretional Functioning Level within the Educational Achievement type of management is discretional Functioning Level within the Educational Achievement type of management is all the participant. It is also that the participant of an or receive a post-test during his/her first year of participation in the program or if the data devended ones on day by the participant.	000								R	R	R		Я				R
1915 Educati	tional Functioning Level Post-Test #2	IN 2	NOTE: This field is only necessary if the program is capturing a measurable skill gain based on an increase in Educational Functioning Level within the Educational Achievement Type of measurable skill gain. Record the educational functioning level that is associated with the participant's raw scale toxer.	0 = Not Assessed 1 = ABE Level 1								R	R	R		В				R
			Record of the participant was not assessed in literary or numerary. Leave blank if the deelement does not apply to the participant. NOTE: This field is only necessary if the program is capturing a measurable still gain based on an increase in Iducational Functioning Level within the Educational Achievement Type of measurable still gain.	2 = ABE (twel 2 3 = ABE (twel 3 4 = ABE (twel 4 5 = ABE (twel 6 6 = ABE (twel 6 7 = ABE (twel 7 8 = ESI (twel 3 10 = ESI (twel 3 11 = ESI (twel 4 11 = ESI (twel 6 12 = ESI (twel 6																
1916 Categ	gory of Assessment #3	IN 1	Record II the participant was assessed using approved tests for Adult Basic Education (ABE) English Language AFE (ELLA). Record II of the participant was assessed using approved tests for ABE Mathematics. Record II of the participant was assessed using approved tests for English As-A-Second Language (ESL). Record II of the participant was not assessed. Leave blank if this data element does not apply to the participant.	1 = ABE ELA 2 = ABE Math 3 = ESL 0 = Not assessed								R	R	R		Я				R

														REQUIREMEN	TS BY PROGR	AM OF PARTIC	IPATION1						
DATA ELEMENT NO.	DATA ELEMENT NAME	DATA TYPE/ FIELD LENGTH	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	CODE VALUE	Re portable Individual ²	Wagner-Peyser	WIOA Adults	WIOA Dislocated Workers	WIOA Youth	Dislocated Worker Grants (DWG)	TAA	National Farmworker Jobs Program (NFJP)	Indian and Native merican Program (INA)	Opportunities (REO) (Adult)	Reen try Employment Opportunities (REO) (Youth)	YouthBuild	obs for Veterans' State Grants (NSG)	H18	Job Corps	Incumbent Worker (Adult/DW Funded)	SCSEP	Apprenticeship	Demonstration Grants
1917	Date of Pre-Test Score #3	DT 8	Record the date that the participant took the pre-assessment test. Leave blank if the participant did not take a pre-assessment test.	YYYYMMDD									٩	R	R	R			R				R
1918	Pre-Test Score #3	IN 3	NOTE: This field is only necessary if the program is capturing a measurable skill gain based on an increase in Educational Functioning Level within the Educational Achievement Type of measurable skill gain. Record the raw scale score achieved by the participant on the pre-assessment test.	000										R	R	R			R				R
1916	Pre-rest score #s	IN 3	nector the law scale score achieves by the participant on the pre-assessment test. Leave blank if the participant was not assessed in literacy or numeracy or if this data element does not apply to the participant.	000											,								•
			NOTE: This field is only necessary if the program is capturing a measurable skill gain based on an increase in Educational Functioning Level within the Educational Achievement Type of measurable skill gain.																				
1919	Educational Functioning Level Pre-Test #3	IN 2	Record the educational functioning level that is associated with the participant's raw scale score. Record 0 if the participant was not assessed in literacy or numeracy.	0 = Not Assessed 1 = ABE Level 1 2 = ABE Level 2										R	R	R			R				R
			Leave blank if the data element does not apply to the participant. NOTE: This field is only necessary if the program is capturing a measurable skill gain based on an increase in Educational Functioning Level within the Educational Achievement Type of	3 = ABE Level 3 4 = ABE Level 4 5 = ABE Level 5 6 = ABE Level 6																			
			measurable skill gain.	7 = ESL Level 1 8 = ESL Level 2 9 = ESL Level 3 10 = ESL Level 4 11 = ESL Level 5																			
1920	Date of Most Recent Post-Test Score #3	DT 8	Record the date on which the post-test was administered to the participant. If multiple post- tests were administered, record the most recent date on which the functional area post-test was administered.	12 = ESL Level 6 YYYYMMDD										R	R	R			R				R
			was administered. Leave blank if the participant did not receive a post-test during his/her first year of participation in the program or the data element does not apply to the participant. NOTE: This field is only necessary if the program is capturing a measurable skill gain based on																				
1921	Post-Test Score #3	IN 3	an increase in Educational Functioning Level within the Educational Achievement Type of measurable skill gain. Record the raw scale score achieved by the participant.	000										R	R	R			R				R
			Leave blank if the participant did not receive a post-test during his/her first year of participation in the program or if the data element does not apply to the participant. NOTE: This field is only necessary if the program is capturing a measurable skill gain based on																				
			an increase in Educational Functioning Level within the Educational Achievement Type of measurable skill gain.																				
1922	Educational Functioning Level Post-Test #3	IN 2	Record the educational functioning level that is associated with the participant's raw scale score. Record 0 if the participant was not assessed in literacy or numeracy. I was blank if the data element does not apply to the participant.	0 = Not Assessed 1 = ABE Level 1 2 = ABE Level 2 3 = ABE Level 2										R	R	R			R				R
			Leave blank if the data element does not apply to the participant. NOTE: This field is only necessary if the program is capturing a measurable skill gain based on an increase in Educational Functioning Level within the Educational Achievement Type of measurable skill gain.	3 = ABE Level 3 4 = ABE Level 4 5 = ABE Level 5 6 = ABE Level 6																			
			•	7 = ESL Level 1 8 = ESL Level 2 9 = ESL Level 3																			
				10 = ESL Level 4 11 = ESL Level 5 12 = ESL Level 6																			
									Ц														
SECTION E	.01 - DISLOCATED WORKER G	GRANTS	Specific to Each Program, As Listed)																				
2001	Date of Completion of DWG Services Employed at Completion of	DT 8	Record the date the participant received their last service in the DWG program. Record 1 if the participant is employed at completion of participation in services under a	YYYYMMDD 1 = Yes						R R													R R
	DWG Services		Dislocated Worker Grant (DWG). Employment is counted the quarter in which the participant stops receiving services funded through a DWG project. Record 0 if the participant does not meet the condition described above.	0 = No						-													
2003	DWG Grant Number	AN 7	Record the first 7 characters of the grant number if the participant received services under the National Dislocated Worker Grant (DWG) program. The grant number should be entered in the following format without dashes: Two alphabetic characters representing the grant	20000000						R													R
			program, followed by numeric characters (XXXXXXXXXX). Leave blank if the participant did not receive services funded by this program.																				
			NOTE: If the participant received services funded by more than one DWG, report the additional grant number under PIRL 105 Special Project ID in the same format (first 7 characters of the grant number). PIRL 105 may only be used for DWG if there is already a																				
			grant number entered in PIRL 2003																				
2004	Received Services through a	IN 1	Record 1 if the participant received disaster relief employment only and received no other	1 = Disaster Relief Employment Only						R													R
	Disaster Recovery Dislocated Worker Grant		services. Record 2 if the participant received disaster relief employment and received Employment and	2 = Disaster Relief Employment and Employment and Training Services 3 = Employment and Training Services Onl 0 = No	у																		
			Training services (Career and Training services). Record 3 if the participant received Employment and Training services (Career and Training services) only, and did not receive disaster relief employment.	U = NO																			
			Record 0 if the participant did not receive services under a Disaster Recovery DWG.																				
SECTION E	02 - H1B																						
2101	Underemployed Worker	IN 1	Record 1 if a person is not currently connected to a full-time job commensurate with the individual's level of education, skills, or wage and/or salary earned previously, or who have obtained only episodic, short-term, or part-time employment	1 = Yes 0 = No														R					R
			Record 0 if the participant does not meet any of the conditions described above.																				
2102	Previous Quarter Received	IN 1	Leave blank if information is not available. Record 1 if the participant received Case Management Services in the previous quarter. Record 0 if the participant did not receive Case Management Services in the previous quarter.	1 = Yes					H										\vdash				R
	Case Management Service		от это реголория, или нол receive case Management Services in the previous quarter.	- 180																			
2103	Most Recent Date Received Assessment Services	DT 8	Record the most recent date on which the participant received assessment services funded by the program.	YYYYMMDD					H									R			R		R
2104	Previous Quarter Received	IN 1	Leave blank if the participant did not receive Assessment Services. Record 1 if the participant received Assessment Services in the previous quarter.	1 = Yes					$\parallel \parallel$														R
2105	Assessment Services Previous Quarter Received	IN 1	Record 0 if the participant did not receive Assessment Services in the previous quarter. Record 1 if the participant received Supportive Services in the previous quarter.	0 = No 1 = Yes					Ш														R
2105	Supportive Services Most Recent Date Received	DT 8	Record 0 if the participant did not receive Supportive Services in the previous quarter. Record the most recent date on which the participant received specialized participant services	0 = No														R					R
	Specialized Participant Services		which include, but are not limited to, financial counseling, behavioral health counseling, mentoring, assistance with re-location, job coaching, networking, and job search assistance. Leave blank if the participant did not receive Specialized Participant Services.																				
2107	Previous Quarter Received Specialized Services	IN 1	Record 1 if the participant received Specialized Services in the previous quarter. Record 0 if the participant did not receive Specialized Services in the previous quarter.	1 = Yes 0 = No		\Box												-					R
2108	Previous Quarter Participated in Work Experience	IN 1	Record 1 if the participant participated in Work Experience in the previous quarter. Record 0 if the participant did not participate in Work Experience in the previous quarter.	1 = Yes 0 = No															\vdash				R
2109	Primary Type of Training	IN 1	xecord u if the participant did not participate in work experience in the previous quarter. Use the appropriate code to indicate the primary type of training being provided to the	1 = On-the-Job Training														В					R
	Service for Training Activity #1		ose the appropriate code to indicate the primary type of draining dening provided to the participant. Leave blank if the participant did not enroll in training for Primary Type of Training Service for Training Activity #1.	2 = Classroom Occupational Training 3 = Contextualized Learning 4 = Distance Learning																			•
				5 = Customized Learning 6 = Incumbent Worker Training 7 = Other Occupational Skills Training																			
				0 = No training																			
2110	Secondary Type of Training Service for Training Activity #1	IN 1	Use the appropriate code to indicate the secondary type of training being provided to the participant, if applicable. Leave blank if the participant is not enrolled in a Secondary Type of Training Service for Training Activity 21.	1 = On-the-Job Training 2 = Classroom Occupational Training 3 = Contextualized Learning													[R					R
			Training Activity #1.	4 = Distance Learning 5 = Customized Learning 6 = Incumbent Worker Training 7 = Other Occupational Skills Training																			
				0 = No training																			
2111	Tertiary Type of Training Service for Training Activity #1	IN 1	Use the appropriate code to indicate the tertiary type of training being provided to the participant, if applicable.	1 = On-the-Job Training 2 = Classroom Occupational Training 3 = Contextualized Learning														R					R
			Leave blank if the participant is not enrolled in a Tertiary Type of Training Service for Training Activity #1.	4 = Distance Learning 5 = Customized Learning 6 = Incumbent Worker Training																			
				7 = Other Occupational Skills Training 0 = No training																			
2112	Primary Type of Training Service for Training Activity #2	IN 1	Use the appropriate code to indicate the primary type of training being provided to the participant during their second training service.	1 = On-the-Job Training 2 = Classroom Occupational Training 3 = Contextualized Learning														R					R
			Leave blank if the participant is not enrolled in a Primary Type of Training Service for Training Activity #2.	4 = Distance Learning 5 = Customized Learning 6 = Incumbent Worker Training																			
				7 = Other Occupational Skills Training 0 = No training																			
1	I.	1	1	1	-1										1	1	1			1			

														REQUIREMEN	TS BY PROGRA	M OF PARTICI	PATION ¹						
DATA ELEMENT NO.	DATA ELEMENT NAME	DATA TYPE/ FIELD LENGTH	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	CODE VALUE	Reportable Individual ²	Wagner-Peys er	WIOA Adults	WIOA Dislocated Workers	WIOA Youth Dislocated Worker	Grants (DWG)	таа	National Farmworker Jobs Program (NEJP)	Indian and Native American Program (INA)	Reen try Employment Opportunities (REO) (Adult)	Reentry Employment Opportunities (REO) (Youth)	YouthBuild	Jobs for Veterans' State Grants (NSG)	H18	Job Corps	Incumbent Worker (Adult/DW Funded)	SCSEP	Apprenticeship	Demonstration Grants
2113	Secondary Type of Training Service for Training Activity #2	IN 1	Use the appropriate code to indicate the secondary type of training being provided to the participant during the second training service, if applicable, Leave blank if the participant is not enrolled in a Secondary Type of Education/Job Training Activity #2.	1 = On-the-Job Training 2 = Classroom Occupational Training 3 = Contextualized Learning 4 = Distance Learning 5 = Customized Learning 6 = Incumbent Worker Training														R					R
2114	Tertiary Type of Training Service for Training Activity #2	IN 1	Use the appropriate code to indicate the tertiary type of training being provided to the participant during their second training service, if applicable. Record O if the above condition does not apply to the participant.	7 = Other Occupational Skills Training 0 = No training 1 = On-the-Job Training 2 = Classroom Occupational Training 3 = Contextualized Learning 4 = Distance Learning 5 = Lostomized Learning 6 = Incumbent Worker Training 7 = Other Occupational Skills Training														R					R
2115	Primary Type of Training Service for Training Activity #3	IN 1	Use the appropriate code to indicate the primary type of training being provided to the oracle code (during that that training proton. Lawe blank if the participant is not enrolled in a Primary Type of Training Service for Training Activity \$2.	0 = No training 1 = On-the-Job Training 2 = Classroom Occupational Training 3 = Contextualized Learning 4 = Distance Learning 5 = Customized Learning 6 = Incumbent Worker Training														R					R
2116	Secondary Type of Training Service for Training Activity #3	IN 1	Use the appropriate code to indicate the secondary type of training being provided to the participant during their third training service. If applicable, Leave Usins if the participant is not enrolled in a Secondary Type of Training Service for Training Activity IE.	7 - Other Occupational Skills Training 0 = No training 1 = Ch-the-lob Training 2 = Classroom Occupational Training 3 = Contestualized Learning 4 = Distance Learning 5 = Locatomized Learning 6 = Incumbent Worker Training 7 = Other Occupational Skills Training 0 = No training														R					R
2117	Tertiary Type of Training Service for Training Activity #3	IN 1	Use the appropriate code to indicate the tertiary type of training being provided to the participant during their third training service, if applicable. Ease blank if the participant is not enrolled in a Tertsay Type of Training Service for Training Activity 83.	1 = On-the-Job Training 2 = Classroom Occupational Training 3 = Contextualized Learning 4 = Distance Learning 5 = Customized Learning 6 = Incumbent Worker Training 7 = Other Occupational Skills Training 0 = No training														R					R
2118	Date Entered Employment (Discretionary Grants)	DT 8	Record the date of employment (when the participant first began a job). This data element captures employment outcomes for unemployed participants that found employment, and underemployed participants that entered a new position of employment. seave blank if the participant has not received a job.	YYYYMMDD														R					R
2119	Incumbent Workers Retained Current Position	IN 1	Second 1 filth participant was emiloged at the start of participation (incumbes restrict) and residued their current countion in the first quarter after program completion. Record of the participant was emiloged at the start of participation (incumbent worker) and don't or test in their current position in the first quarter after program completion. Record of a findomation on the participant's employment status in the first quarter after program completion to not yet available. Leave Valsaf of the participant has not completed the training program or is not an incumbent another.	0 = No														R					R
2120	Incumbent Workers Advanced into a New Position with Current or New Employer in the 1st Quarter after Completion	IN 1	second 1 file participates was employed at the start of participation (incombere socked) and consequent of the same position requiring a higher still like elithine eith their current employer or a new employer, as a result of great funded activities in the first quarter after training organic compeliors. Record of the participant was employed at the start of program participation (incombere worked) and did not advance to an exemp soften are result of the gram-funded activities, in the first quarter after training program completion. Record of it information on the participant's employment status in the first quarter after training program completion is not yet available.	1 = Yes 0 = No 9 = Information not yet available														R					R
2121	Incumbent Workers Retained Current Position in the 2nd Quarter after Program Completion	IN 1	worker. Record 1 if the participant was employed at the start of participation (incumbent worker) and carried their current position in the second quarter after training program completion. As the start of participation of the start of th	0 = No														R					R
2122	Incumbent Workers Advanced into a New Position with Current Employer or New Employer in the 2nd Quarter after Training Program Completion	IN 1	Record 1 if the participant was employed at the start of participation procembent evolvely and sensored with a new position requiring a higher attill eye of their earth their convent employer or an employer, a startle of graw funded activities in the second quarter for training program completion. Record of the participant was employed at the start of program participation (incumbent worker) and did not advance into a new position as a result of the grant-funded activities, in the second quarter part training program completion. Record of it information on the participant's employment status in the second quarter after training program completion in not yet available. Let we blank if the participant is not yet available of the program or is not an incumbent worker.															R					R
2123	Incumbent Workers Retained Current Position in the 3rd Quarter After Program Completion	IN 1	Record 1 if the participant was employed at the start of participation (incumbent worker) and creating of their current position in the third quarter after training program completion. Record 0 if the participant was employed at the start of participation (incumbent worker) and did not retain their current position in the third quarter after training regram completion. Record 9 if information on the participant's employment status in the second quarter after training program completion is not yet available to take the blank if the participant has not completed the training program or is not an incumbent worker.	0 = No														R					R
2124	Incumbent Workers Advanced into a New Position with Current or New Employer in the 3rd Quarter after Training Program Completion	IN 1	Record I if the participant was employed at the start of participation (incumbent worker) and advanced into a new position requiring a higher skill level either with their current employer or a new employer, as a result of grant funded activities, in the third quarter after training program completion. Record Of the participant was employed at the start of program participation (incumbent worker) and did not advance into a new position as a result of rise gram participation (incumbent worker) and did not advance into a new position as a result of rise grant funded activities, in Record Of it information on the participant's employment status in the third quarter after training program completion is not yet available. Leave blank if the participant has not completed the training program or is not an incumbent worker.	1 = Yes 0 = No 9 = Information not yet available														R					R
2126	Entered Training-Related Employment After Training Program Completion	IN 1	Record I if after training program completion, the employment in which the individual entered uses a substantial portion of the skill scapit in the training received by the individual. This data element is training program completion based. Individuals that have not enrolled in and completed training should not be reported in this data element. Record of If the employment in which the individual entered does not use a substantial portion of the skills traph in the training received by the individual. Record 9 if unknown.	1 - Yes O - No 9 = Unknown														R					R
SECTION E.	03 - NATIONAL FARMWORKE For Those		M (NFJP)	1 = Yes					_	_		R											
	Who Were Placed in Employment: Job Covered by Unemployment Insurance		Unemployment Insurance. Record 0 if the participant was placed into unsubsidized employment that is not covered by Unemployment Insurance.	1 = Yes 0 = No								-											
2202	For Those Who Were Placed in Employment: Fringe Benefits Available/ Received	IN 1	Lose blank if data dement does not apply to the participant. Record if the participant was placed into unabsolided employment where the employer makes available (or will make available following the completion of a probationary period) to the participant (whether or not the participant counter for a probationary period to the participant developed by the participant found of the participant was placed into unsubsidized employment where the employer Record of if the participant was placed into unsubsidized employment where the employer	1 = Yes 0 = No								R									R		R
484*	5	DF * *	does not make available fringe benefits. Leave blank if data element does not apply to the participant. SPECIAL NOTE: For participants holding multiple jobs, this item should be recorded as 1 = Yes If any job provise fringe benefits.	0000000 00												-					R		R
2203	For Those Who Were Placed in Employment: Hourly Wage at Placement	D€ 9.2	Record the hourly wage at placement. Hourly wage includes any bonuses, tips, grafulties, commissions, and ownitime paye azmed. Record 60.00 if the participant was not placed into unsubsidized employment. SPECIAL NOTE: Decimal point in entry must be explicit. Leave blank if data element does not apply to the participant.	000000.00								R		R		R					R		R
2204	For Those Who Were Placed in Employment: Hours Worked per Week	IN 2	Record the usual number of hours of work scheduled per week, including overtime. Record CO If the participant was not placed into unsubsidised employment. Leave blank if data element does not apply to the participant.	00								R		R		R					R		R
2205	For Those Who Were Placed in Employment: Self- Employment For Those	IN 1	Record I If the participant was self-employed, Self-employment includes self-directed work in which goods or reviews produced by , or obtained by, the participant (or others working for him/hum) are offered for sale. Record 0 if the participant was not self-employed. Leave blank if data element does not apply to the participant.													R					R		R
2.206	For Those Who Were Placed in Employment: Entered Military Service	IN I	Record I if the participant joined the Army, Navy, Air Force, Murines or Coast Guard, or entered into active drop from Reserve or National Guard units in cases of unplanned military builday. Record Oil the participant did not enter the military services. Leave blank if data element does not apply to the participant.	1 = Yes 0 = No												к							к
1		i			-	1												-					

														REQUIREMEN	TS BY PROGR	AM OF PARTIC	IPATION ¹						
DATA ELEMENT NO.	DATA ELEMENT NAME	DATA TYPE/ FIELD LENGTH	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	CODE VALUE	Reportable Individual ²	Wagner-Peys er	WIOA Adults	WIOA Dislocated Workers	WIOA Youth	Grants (DWG)	TAA	National Farmworker Jobs Program (NFJP)	Indian and Native merican Program (INA)	Reentry Employment Opportunities (REO) (Adult)	Reenty Employment Opportunities (REO) (Youth)	YouthBuild	obs for Veterans' State Grams (NSG)	H1.8	Job Corps	Incumbent Worker (Adult/DW Funded)	SCEP	Apprenticeship	Demonstration Grants
2207	For Those Who Were Placed in Employment: Entered Pre- Apprentication or Registered Apprenticeship Program	IN 1	secord of the participant entered into a Pre-apprenticative program. Record 21 the participant entered in a flagetered apprenticative program. The program must be registered with DCO. (Diffic of Apprenticable) (QAI) or a federally-recognized State Apprenticables (PAI) Apprenticables (PAI) or a federally-recognized State (PAI) or a federal prenticable program. Lauve Data III data element does not apply to the participant.	1 = Yes, Pre-Apprenticeship 2 - Yes, Registered Apprenticeship 0 = No									٩	R	R	R							R
2208	Category of Exit	IN 1	Record 1 if the participant received and/or completed any job-related career services, individualized career services, youth services, or training services. Record 2 if the participant received no staff seasof and the participant received not selected services, without having received job-related career, individualized career services, or training services. Record 3 if the participant received significant services described in participant services. Record 3 if a participant received significant prior to assignment. Record 3 if a participant received significant project. Record 3 if a participant tradered to another paylot. Record 3 if a participant is dual remoted. Record 3 if a participant is dual remoted. Record 3 if the participant is dual remoted and remoted and remote of participant are considered, a "reportable participant" and not uncluded in performance calculations for the indicators of performance accordations for the indicators.	Employment and Training Exter Non staff sasisted related Assistance Services ONLY 'Ester 3 - Significant staff-assisted related assistance services Exter 4 - Withdrew application prior to assignment assignment 5 - Move of to another project 6 - Moved to another sub-grantee 7 - Dual encollement 8 - Other Reasons for Eat								R									R		R
2209	Related assistance: Transportation	IN 1	Record 1 if the participant received transportation (public or private) assistance or cash paid to participants or members of their families for the purpose of transportation. Record 0 if the participant did not receive any transportation assistance.	1 = Yes 0 = No								R		R	R	R							R
2210	Related assistance: Health Care	IN 1	Record 1 if the participant received health care services that includes, but is not limited to, preventive and clinical medical treatment, voluntary family planning, and necessary psychiatric, synchrogical and prosthetic services. Record 0 if the participant did not receive any health care assistance.	1 = Yes 0 = No								R		R	R	R							R
2211	Family Care (including child care)	IN 1	Record 1 if the participant received related assistance services which help participants meet their family ace needs during program participants. Family care reges from said to child vacuum to the control of the cont	1 = Yes 0 = No								R		R	R	R							R
2212	Housing Services Housing Services Related assistance: Nutritional	IN 1	Record 1 if the participant received temporary housing services as described in 20 CFR 685.300. If the participant received permanent housing services as described in 20 CFR 685.300. If the participant received permanent housing services as described in 20 CFR 685.300 and permanent housing services are described in 20 CFR 685.300 and permanent	1 = Temporary Housing Services 2 = Permanent Housing Services 3 = Both Temporary and Permanent Housin services 0 = No housing services 1 = Yes	76							R		R		R							R
2213	Related assistance: Nutritional Assistance	IN 1	Record 1 if the participant received related assistance services that includes the provision of food and other nutritional assistance (other than counseling) to eligible program participants and their dependents. Record 0 if the participant did not receive any nutritional assistance.									к											R
2214	Related assistance: Translation and Interpretation Services	IN 1	Record 1 if the participant received related assistance services which involves a bi-lingual agent who hears or reads the language of one party and speaks or writes another language for another party. One of the two parties will be approgram participant. Record 0 if the participant did not receive any translation and interpretation services.	1 = Yes 0 = No								R											R
2215	Related assistance: Staff Assisted	IN 1	Record I if the participant received related assistance services with significant staff involvement. The participant did not receive any other related assistance services with significant staff involvement.	1 = Yes 0 = No								R											R
2216	Received Worker Safety Training	IN 1	Record 1 if the participant received any training that consists of instruction in any of the following sale and proper ways to operate or maintain machinery, safe handing and use of south chemicals, proper use of prosective of obtaining and exist of said and or other topics related second 0 if the participant did not receive worker safety training.	1 = Yes 0 = No								R											R
2217	Work Experience funded by 167 grant	IN 4	secord the actual text hours the individual received work experience under the action 157 grant. Work reperience includes short-term operations work activity that provides an individual with the opportunity to acquire appropriate work habits and behaviors.	0000								R											R
2218	On-the-job Training (OIT) funded by 167 grant lintegrated Basic/Occupational Skills Training funded by 167 grant	IN 4	second the actual tests hours the participant received to the job Training (OIT) under the section 167 grant. O'Triculest raining by an employer that a provide to a paid participant while engaged in productive work in a job that. (a) provides knowledge or stills exemited to the fall and adequate performance of the job, (b) provides reinstrument to the employer up to 50 percent of the wage rate of the participant, for the extraordinary costs of providing the training and additional supervision related to the training, and (c) limited in duration someonist in the occusation for which the participant is belief trained raining and continuous face of the actual total hours the participant is belief trained raining to face of the actual total hours the participant is belief trained with the face of the actual total buss the participant is design training under the section 167 grant. Integrated basic/occupational skills training combines elements of both Basic Skills Training and coopsyclorised skills fraining combines dements of the Basic Skills Training and coopsyclorised skills fraining (combines).	0000								R R											R
2220	Occupational Skills Training (Non-OIT) funded by 167 grant	IN 4	immediately above. Record the actual total hours the participant received occupational skills training fexcluding On-the-job training) under the section 10F grant. Occupational skills training includes voxactional elocation and classroom training, designed to provide participants with the technical skills and information required to perform a specific for group of jobs.	0000								R											R
2221	Basic Skills Training funded by 167 grant	IN 4	Record the actual total hours the participant received basic skills training under the section 130 grant. Basic skills training includes, but is not limited to, memball reading, writing, communication, mathematics and/or English or non-English speakers.	0000								R											R
2222	Lacks Transportation	IN 1	Record 1 if the participant is a person who lacks access to adequate/reasonable transportation services, resulting in a barrier to receiving training or accepting employment. Record 0 if the participant does not meet the conditions described above.	0 = No								R											R
2223	Long-term Agricultural Employment Lacks Significant Work History	IN 1	Record 1 if the participant is a person who has engaged in agricultural work as the primary record of inceme for animism of four (i) they are just not traited pillips determination, fector 0 if the participant does not meet the conditions described above. Record 1 if the participant is a person who has not worked for any nonlagicultural employer.	1 = Yes 0 = No 1 = Yes 0 = No								R R											R R
2225	6 month pre-program earnings	DE 8.2	for longer than three (3) consecutive months in the 24 months prior to intake/eligibility determination. Record 0 if the participant does not meet the conditions described above. Record pre-program earnings during the 6-months prior to date of application. Earnings	000000.00																			R
2226	during the 6-months prior to date of application Total pre-program earnings during 12-month eligibility	DE 8.2	Include salaries or wages, and also include any bonuses, tips, gratuities, commissions or overtime pay. Record pre-program earnings during 12-month eligibility determination period. Earnings include salaries or wages, and also include any bonuses, tips, gratuities, commissions or	000000.00					+														R
2227	Number of dependents in the family under age 18	IN 2	overtime pay. Record the number of dependents in the family under age 18.	00					+			R											R
2231	Date of Eligibility Determination	DT 8	Record the date upon which the participant was determined eligible to participate in the Section 167 program.	YYYYMMDD								R									R		R
2232	Family status for NFIP Housing Services (WIOA Sec. 167)	IN 1	Record 1 (the individual sa neligible MSFW and the individual does not reside with a Family and releven MSFF indeed permanent to insurpany housing services. Record 2 (the individual is an eligible MSFW and the individual resides with a Family and receives NFFF Individual receives NFFF Individual receives the individual receives with a Family and receives NFFF funded permanent housing services. Record 0 (if the individual receives housing services through an NFFF career services and training grant. Note: While NFFF funded permanent housing must be promoted and made widely available to an eligible MSFW families, occupancy is not restricted to eligible MSFW individuals or eligible MSFW resides and resident and receives NFFF individual receives housing services through an NFFF career services and training grant. Note: While NFFF funded permanent housing must be promoted and made widely available to an eligible MSFW families, occupancy is not restricted to eligible MSFW individuals or eligible MSFW individuals or eligible MSFW funded permanent housing must be promoted and made widely available to an eligible MSFW funded permanent housing must be promoted and made widely available to an eligible MSFW funded permanent housing must be promoted and made widely available to an eligible MSFW funded permanent housing must be promoted and made widely available to an eligible MSFW funded permanent housing must be promoted and made widely available to an eligible MSFW funded permanent housing must be promoted and made widely available to an eligible MSFW funded permanent housing devices and must be promoted and made widely available to an eligible MSFW funded permanent housing must be promoted and made widely available to an eligible MSFW funded permanent housing must be promoted and made widely available to a might be pro	2 = MSFW (individual) 2-MSFW (individual) 3- Other (individual) 4-Other (individual) O-Hoousing through NFJP CST grant								R											R
2233	NFJP Grant Enrollment	IN 1	Secord 3 if the participant was enrolled through a NEIP Employment and Training grant. Record 2 if the participant was enrolled through an NEIP Housing grant.	1 = NFJP Employment and Training Grant enrollee 2 = NFJP Housing Grant enrollee								R											R
2302	.04 - INDIAN AND NATIVE AN Tribal Affiliation	IN 6	AM (INA) Record the participant's tribal affiliation. Leave blank if the tribal affiliation code is unknown.	000000			T		T		T		R										R
2303	Public Assistance Recipient	IN 9	Record 1 if the participant receives general assistance (GA) from their state or local government;	1 = General Assistance (GA) 2 = TANF					1				R								R		R
2400	.05 - REENTRY EMPLOYMENT In Work Release Program	IN 1	Record 1 if the participant was in a work-release program at the time enrollment. Record 0 if the participant does not meet the condition described above.	1 = Yes 0 = No					I					R									R
	-	-			-																		

														REQUIREME	NTS BY PROGR	AM OF PARTIC	IPATION ¹						
DATA ELEMENT NO.	DATA ELEMENT NAME	DATA TYPE/ FIELD LENGTH	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	CODE VALUE	Reportable Individual ²	Wagner-Peys er	WIOA Adults	WIOA Dislocated Workers	WIOA Youth	Dislocated Worker Grants (DWG)	TAA	National Farmworker Jobs Program (NFJP)	Indian and Native merican Program (INA)	Reentry Employment Opportunities (REO) (Adult)	Reenty Employment Opportunities (REO) (Youth)	YouthBuild	obs for Veteram' State Grams (NSG)	H18	Job Corps	Incumbent Worker (Adult/DW Funded)	SCSEP	Apprenticeship	Demonstration Grants
2401	Employment Status at Incarceration	IN 1	Record 1 fit the participant was anothing in unsubsidized employment upon incarceration (not sectioning Registered Apperticenthing or the multitary). Record 3 if the participant was in Registered Apperenticeship upon incarceration. Record 3 if the participant was in the military upon incarceration. Record 3 if the participant was not the military upon incarceration. Record 3 if the participant was not employed upon incarceration.	1 = Unsubsidized Employment 2 = Registered Apprenticeship 3 = Military 9 = Unknown 0 = Not employed	_								₹	R									R
2404	Alcohol/Drug Abuse at Enrollment	IN 1	Record 1 if the participant abused alcohol and/or drugs at the time of enrollment. Record 0 if the participant did not meet either of the conditions described above at the time of enrollment.	1 = Yes 0 = No 9 = Unknown										R									R
2412	Criminal Justice System Identifier	AN 1	Record 9 if the alcohol/drug abuse status is unknown at the time of enrollment. Record the appropriate criminal justice system identifier as indicated in code values 1 through 6	1 = Federal ID 2 = State CJ Record ID										R									R
				3 = State Prison ID 4 = Local Probation Agency ID 5 = Local Jail ID 6 = Other																			
2413	Incarcerated at Program Entry (WIOA)	IN 1	Record 1 if the participant, at program entry, was a criminal offender in a correctional institution at program entry. Record 0 if this data element does not apply to the participant.	1 = Yes 0 = No					R					R	R								R
2414	Date Released from Incarceration (WIOA)	DT 8	Record the date the participant was released from a correctional institution. Leave blank if participant remains in a correctional institution at program exit.	YYYYMMDD					R					R	R								R
2415	Date of Anticipated Release From Incarceration	DT 8	Record the date that the participant is anticipated to be released from a correctional institution. Leave blank if this data element does not apply to the participant.	YYYYMMDD										R									R
2416	Post-Release Status	IN 1	Lake beans at miss care element oces not apply to the participant. Record 3 if the participant's post-release status is probation. Record 37 the participant's post-release status is probation. Record 37 the participant's post-release status is out on ball. Record 34 the participant's post-release status is out on ball. Record 34 the participant's post-release status is without conditions. Leave blank if this data element does not apply to the participant. [Bi.e., if the person has yet to be released from incorrection, por 2435].	1 = Parole 2 = Probation 3 = Bail 4 = Without Conditions										R									R
2417	Most Recent Type of Offense	IN 1	Record 1 if the participant was convicted of a property crime. Record 2 if the participant was convicted of a drug crime. Record 3 if the participant was convicted of a public order crime.	1 = Property Crime 2 = Drug Crimes 3 = Public Order Crime										R									R
2422	Housing Status at Sk Morths After Program Entry Housing Status at Enrollment	IN 1	Record the appropriate housing status for the participant at six months after program entry as indicated in code values 1 through 9. Becord the appropriate housing status for the participant at envolument as indicated in code values 1 through 9.	1.3 - Own/rest apartment, room or house 2-Susying at someon's apartment, room or house (stable) a 1-Transitional flower of the second of the s										R	R								R R
2424	Alcohol/Drug Abuse Six Months After Enrollment	IN 1	Record 1 if the participant abused alcohol and/or drugs at six months after enrollment. Record 0 if the above conditions do not apply to the participant.	1 = Yes 0 = No										R									R
2433	Re-arrested within 12 months of Release for a New Crime	IN 1	Record 1 if the participant was re-arrested within 12 months of release for a new crime. Record 0 if the participant does not meet the condition described above.	1 = Yes 0 = No										R									R
2434	Re-arrested for a previous crime	IN 1	Record 1 if the participant was re-arrested for a previous crime. Record 0 if the above condition does not apply to the participant.	1 = Yes 0 = No										R									R
2435	Re-incarcerated for a revocation of the parole or	IN 1	Record 9 if this information is not available. Record 1 if the participant was re-incarcerated for revocation of parole. Record 2 if the participant was re-incarcerated for revocation of probation order for violations	9 = Unknown 1 = Revocation of Parole 2 = Revocation of Probation										R	R								R
2436	probation order for violations of terms of sentence Not Re-arrested	IN 1	of terms of sentence. Record 3 if the participant was re-incarcerated for other violations of the terms and Record 1 if the participant was not re-arrested.	3 = Other Violations 0 = No 1 = Yes										R									R
2437	Date arrested for new/previous crime	DT 8	Record 0 if the above condition does not apply to the participant. Record the date that the participant was arrested for a new or previous crime. Leave blank if the above condition does not apply to the participant.	0 = No YYYYMMDD										R									R
2438	Convicted for new/previous crime	IN 1	Record 1 if the participant was convicted of a new crime. Record 2 if the participant was convicted of a previous crime.	1 = Yes 0 = No										R									R
2439	Date re-incarcerated	DT 8	Record of if the above condition does not apply to the participant. Record of if this information is not available. Record the data which the participant became re-incarcerated. Leave blank if the above condition does not apply to the participant.	үүүүммдд										R									R
2440	Date charges dropped	DT 8	Record the date which charges against the participant were dropped. Leave blank if the above condition does not apply to the participant.	YYYYMMDD										R									R
2500	06 - REENTRY EMPLOYMENT Secondary school enrollment status at arrest	IN 1	Record 1 if the participant was a secondary school student at the time of their arrest. Record 2 if the participant was a secondary school graduate at the time of their arrest.	1 = Secondary school student 2 = Secondary school graduate											R								R
			Record 3 if the participant was a secondary school dropout at the time of their arrest. Record 0 if the participant does not meet the conditions described above.	3 = Secondary School dropout 0 = No																			
2502	Youth Offender status at enrollment	IN 1	Record 3 If the participant is currently in, returning from, or has been in a juvenile detention facility. Record 2 If the participant is currently in, returning from, or has been in a juvenile detention facility. Record 3 If the participant is currently in, leaving, or has been in juvenile probation. Record 4 If the participant is currently in, leaving, or has been in juvenile alternative sentencing or diversion. Record 5 If the participant is currently in, returning from, or has been in an adult prison. Record 5 If the participant is currently in, returning from, or has been in an adult prison. Record 5 If the participant is currently in, returning from, or has been an adult probation. Record 6 If the participant is currently in, returning from, or has been an adult probation. Record 6 If the participant is currently in, teaving, or has been adult sentence or diversion.	1 = Juvenile Correctional Facility 2 = Juvenile detection facility 3 = Juvenile probation 4 = Juvenile Jurismative entending or diheration 6 = Adult prison 6 = Adult prison 8 = Adult sentence or diheration 8 = Adult sentence or diheration 0 = Adult sentence or diheration 0 = Adult sentence or diheration 0 = Adult sentence or diheration										R	R								R
2503	Date released from correctional facility or placed on probation	DT8	Record the date on which the participant was released from a correctional facility, detention or was placed on probation. Leave blank if this data element does not apply to the participant.	YYYYMMDD										R	R								R
2505	Date verified Selective Service registration	DT 8	Enter date verified Selective Service Registration Leave blank for participants who are not required to sign up for selective service.	YYYYMMDD											R	R							R
2506	Voter registration	IN 1	Record 1 if the participant is a registered voter. Record 0 if the participant is not a registered voter.	1 = Yes 0 = No											R	R							R
2507 2509	Driver's license First date of service	IN 1 DT 8	Record 1 if the participant is a licensed driver. Record 0 if the participant is not a licensed driver. Enter first date of service of the service selected.	1 = Yes 0 = No YYYYMMDD											R	R							R R
2510	Completed diversion without out-of-home placement	IN 1	Grantees need to be able to enter the first date of service each quarter, with the data saved each quarter to kep a running count of practices received. Leave blank fine service(s) was received. Record 1 of identity was completed without out-of-home placement. Record 1 of the participant does not meet this condition. Leave blank if participant did not receive delevious services.	1 = Yes 0 = No										R	R								R
2511	Records expunged	IN 1	Record 1 if the participant's record was expunged. Record 0 if the participant does not meet this condition. Leave blank if participant did not receive expungement legal services.	1 = Yes 0 = No										R	R								R
2512	Records sealed	IN 1	Record 1 if the participant's record was sealed. Record 0 if the participant does not meet this condition. Leave blank if participant did not receive sealing of records assistance.	1 = Yes 0 = No											R								R
2516	Date of postsecondary education or training placement	DT 8	Record the date of participant's placement into postsecondary education or training. Leave blank if the participant was not placed into postsecondary education or training.	YYYYMMDD		R								R	R	R	R						R
2519	Hourly training wage	DE 8.2	Record the participant's hourly training wags. Leave blank if the participant was not enrolled in training.	000000.00																	R		R
2523	Date entered degree or certificate program:	DT 8	Record the date on which the participant entered the degree or certificate program. Leave blank if the participant did not enter into a degree or certificate program.	YYYYMMDD																			R
2525	Date arrested for new crime after enrollment	DT 8	Record date on which participant was arrested for new crime after enrollment. Leave blank if this data element does not apply to the participant.	YYYYMMDD										R	R								R
2526	Convicted for new crime	DT 8	Record date on which participant was convicted for new crime after enrollment.	YYYYMMDD											R								R
2527	committed after enrollment Type of crime	IN 1	Leave blank if this data element does not apply to the participant. Record 1 if participant was arrested/convicted for a violent felony.	1 = Violent Felony										R	R								R
DII	Type of crime	IN I	Record 1 if participant was arrested/convicted for a violent felony. Record 2 if participant was arrested/convicted for a non-violent felony. Record 3 if participant was arrested/convicted for a misdemeanor.	1 = Violent Felony 2 = Non-violent felony 3 = Misdemeanor										к	K								к
2528	Reached 12-month point since release from correctional facility or placement on probation	IN 1	Record I if participant has reached 12-month point since release from correctional facility or placement of probabics. Record 0 if the participant does not meet this condition. Record 1 if participant was convicted for new crime committed within 12 months of release	1 = Yes 0 = No										R	R								R
2529	Convicted for new crime committed within 12 months of release from correctional facility or placement on probation	IN 1	Record 1 if participant was convicted for new crime committed within 12 months of release from conrectional Editory problement on probation. Record 0 if the participant does not meet this condition.	1 = Yes 0 = No										R	R								R

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													ৰ	REQUIREMEN	rs by progr	AM OF PARTIC	PATION¹						20
DATA ELEMENT NO.	DATA ELEMENT NAME	DATA TYPE/ FIELD LENGTH	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	CODE VALUE	Reportable Individual	Wagner-Peys er	WIOA Adults	WIOA Dislocated Workers	WIOA Youth	Dislocated Worker Grants (DWG)	TAA	National Farmworker Jobs Program (NFJP)	Indian and Native kmerican Program (INA	Reen try Employment Opportunities (REO) (Adult)	Reen by Employment Opportunities (REO) (Youth)	YouthBuild	lobs for Veteram' Stat Grants (NSG)	H18	Job Corps	Incumbent Worker (Adult/DW Funded)	SCSEP	Apprenticeship	Demonstration Grants
2530	Incarcerated for new crime committed after enrollment	IN 1	Record I if the participant was incurrented for a new crime committed after enrollment. Record 0 if the participant does not meet this condition.	1.= Yes: 0 = No									•	R	R								R
2541	Receiving public assistance since leaving the program	IN 1	Record 1 if participant has received SSI, SSD, or SSA benefits since leaving the program. Record 2 if participant has received General Assistance since leaving the program. Record 3 if participant has received UI benefits since leaving the program. Record 4 if the participant has received Food Stamps since leaving the orpram.	1 = SSI, SSD, SSA 2 = General Assistance 3 = UI 4 = Food Stamps																			R
2542	Arrested for new crime in follow-up period	IN 1	Record 1 fi participant was rested for a new crime in follow-up period. Record 0 if participant was arrested for a new crime in follow-up period.	1 = Yes 0 = No											R								R
2543	Date arrested for new crime in follow-up period	DT 8	Record the date on which the participant was arrested for new crime in follow-up period. Leave blank if this data element does not apply to the participant.	YYYYMMDD											R								R
2544	Convicted for new crime committed in follow-up period	DT 8	Record the date on which the participant was convicted for new crime in follow-up period Leave blank if this data element does not apply to the participant.	YYYYMMDD											R								R
2545	Incarcerated for new crime committed in follow-up period	IN 1	Record 1 if participant was incarcerated for new crime committed in follow-up period. Record 0 if the participant does not meet this condition.	1 = Yes 0 = No											R								R
2546	Housing Status at follow-up	IN 1	Record 1 if participant resides in stable housing at follow-up. Record 2 if participant resides in temporary housing at follow-up. Record 3 if participant is homeless at follow-up.	1 = Stable 2 = Temporary 3 = Homeless											R								R
	07 - YOUTHBUILD																						
2600	Construction Plus Grantee	IN 2	Record 1 if grantees are providing Construction Plus training in in-demand industries beyond construction. Record 0 if grantees are not providing Construction Plus training in in-demand industries beyond construction.	1 = Yes 0 = No												R							R
2603	Completed mental toughness component	IN 2	Record 1 if the youth completed mental toughness. Record 0 if the participant did not complete mental toughness. Record 9 if the participant did not participate in mental toughness.	1 = Yes 0 = No 9 = NA												R							R
2605	Children living with participant	IN 2	Record the number of the participant's own children less than 18 years of age living in the household, including biological, adopted, step, and foster children. Leave blank if the participant does not meet the criteria or if the data is not available.	00												R							R
2606	Other dependents living with participant	IN 2	Record the number of dependents other than children living with the participant. Leave blank if the participant does not meet the criteria or if the data is not available.	00												R							R
2607	Migrant Youth	IN 2	Racord 3 if the participant is the youth and is a migrant worker or is a member of a migrant family. Record 0 if the participant does not meet the conditions described above.	1 = Yes 0 = No												R							R
2608	Offender	IN 2	Raccod 3 if the participant has been convicted of a crime by the juvenile justice system. Raccod 3 if the participant has been convicted of a crime by the adult correctional system. Raccod 0 if the participant does not meet the conditions described above.	1 = Juvenile Offender 2 = Adult Offender 0 = No												R							R
2609	Secondary School Drop-Out	IN 2	Record 1 if the participant is a youth and has dropped out of secondary school. Record 0 if the participant does not meet the condition described above.	1 = Yes 0 = No												R							R
2610	Child of incarcerated Parent or Legal Guardian	IN 2	Record II either of the youth's generation legal pandsin is incarrenated at the time of the youth's enrollment into the YouthBuild program, or if at least one parent has been previously incarcerated. Record 0 if the participant does not meet the condition described above.	1 = Yes 0 = No												R							R
2611	Health Issues	IN 2	Record 3 if the participant has any significant health issues that could impact the participant's ability to work. Examples of such health haves can include, but are not limited to, untreated faces of the participant and the participant of the participant of the participant of the participant does not not self-dentify. Record 9 if the participant does not self-dentify.	Yes, significant health issues No significant health tissues No significant health tissues Perspective of the significant health density Perspective of the significant health density										R	R	R							R
2612	Occupation at Enrollment	IN 2	Record the participant's occupation at enrollment as follows: Record If the participant's occupation is classified as a Management. Record If if the participant's occupation is classified as subsequent and Francial Operations.	11 = Management 13 = Business and Financial Operations 15 = Computer and Mathematical																			R
			Record 15 if the participant's occupation is classified as Computer and Mathematical. Record 29 if the participant's occupation is classified as Arts, Design, Entertainment, Sports, and Media. Record 31 if the participant's occupation is classified as Healthcare Support.	13 - Computer and Matternation 17 - Architecture and Engineering 37 - Building and Grounds Cleaning and Maintenance 39 - Personal Care and Service																			
2613	Hours Worked at Enrollment	IN 2	Record the average hours per week that the participant works at the above occupation. Leave blank if the participant is not employed at enrollment.	00												R							R
2614	Average Hourly Wage at Enrollment	DE 8.2	Record the participant's average hourly wage at the above occupation. Leave blank if the participant is not employed at enrollment.	000000.00												æ							R

														REQUIREME	NTS BY PROGR	AM OF PARTIC	IPATION ¹						
DATA ELEMENT NO.	DATA ELEMENT NAME	DATA TYPE/ FIELD LENGTH	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	CODE VALUE	Peportable Individual	Wagner-Peys er	WIOA Adults	WIOA Dislocated Workers	WIQA Youth	Dislocated Worker Grants	(DWG) TAA	National Farmworker Jobs Program (NFJP)	Indian and Native merican Program (INA)	Reentry Employment Opportunities (REO)	me nt REO)	YouthBuild	obs for Veterans' State Grants (NSG)	H18	Job Corps	Incumbent Worker (Adult/DW Funded)	SCEP	Apprenticeship	Demonstration Grants
2616	Housing Status	IN I	leading status at encollement: Accord 3 if the participant was living in a spatement, room, or house that he/she owns or rest. Record 3 if the participant was living in a (stable) apartment, room, or house that somebody she owns or mets and if the person is not at risk of being diplaced from this housing, (i.e., The housing situation is long term and/or stated evidence designed to satisfy aroms as they re-enter housing situation is long term and/or stated evidence designed to satisfy aroms as they re-enter stated in the participant was living in a residence designed to satisfy aroms as they re-enter stated in the participant was living in a residence designed to satisfy aroms as they re-enter stated in the participant was living in a residence designed to satisfy aroms and they re-enter stated in the participant was living in a residence from an about a displaced promove the stated in the residence of the participant was living and an aroma of the stated in the residence of the stated in person with more stated in the residence. This definition includes any participant who may regularly stay at a publicity or privately operated when they remained to be intrinsiculated to be individually as a state of congress of state in the constraint of the state of the s	1.2 Den/fired apartment, com, or house 2. Styling at someon's apartment, room, or house (Stable) 3. Helfway house (ransitional house 4. Residential treatment 5. Homeless 6. Staying at someone's apartment, room, or house (Instable) 6. Staying at someone's apartment, room, or house (Instable) 6. Unknown/unavailable									4			R							R
SECTION E.	08 - MISCELLANEOUS DATA I	ELEMENTS AND	USER DEFINED FIELDS Record the Social Security Number (SSN) assigned to the participant.	XXXXXXXXX						R	R	R	R	R	R	R		R	R		R	R	R
			NOTE: THE SSN MUST NOT BE INCLUDED UNLESS SPECIFIED UNDER PROGRAM OR FUNDING STREAM REPORTING REQUIREMENTS.																				<u> </u>
2701	WIB Name	AN 75	Record the WIB Name from which the reportable individual/participant received services Leave blank if this data element does not apply or is unknown	N/A		R	R	R	R	R	R	R					R						R
2702	Office Name	AN 75	Record the Office Name from which the participant received services Leave blank if this data element does not apply or is unknown	N/A		R	R	R	R	R	R	R					R						R
2703	Case Manager	AN 75	Record the name of the case manager assigned to the participant	N/A																			R
2704	User Field 1	AN 75	Leave blank if this data element does not apply or is unknown User defined field	N/A																			
2704	User Field 2	AN 75	Leave blank if this data element does not apply or is unknown User defined field	N/A	-						-												R
			Leave blank if this data element does not apply or is unknown																				R
2800	09 - SENIOR COMMUNITY SE Urban/Rural	IN 1	NEMT PROCRAM (GCSEP) Record II graticipant resides in an urban location. "Rural" means an area not designated as a method process and area not designated as a methopolitan statistic and support of the Rural Urban Community Area (RUCA) system; and RUCA ospet and 30 feroms tractists that area from 400 quare miles and have population density of less than 30 people per square mile. Record 2 if graticipant resides in a rural location.	1 = Urban 2 = Rural																	R		R
2801	Family Size	IN 2	Record the number of individuals in the applicant's family. A "family" is defined in 15G.12.05 as humberd, wife, and dependent children; parent or guardian and dependent children; or humband and wife. Count only current family members living together. Do not include deceased spouse or separated spouse; who we living separately, in addition, consistent with	00																	R		R
2802	Family Income Poverty Level	IN 1	Record 3 if the family income is at or below 200% of the powerty level. Use the federal powerly level for the applicant's family size. Use the same income inclusions and exclusions that you use for determing SCSE religible. This information is used for reporting purposes only, not for eligibility (which is based on 255% of the powerly level).	1 = Yes 0 = No																			
																					R		R
2803	Veteran, Post-9/11 Era At Risk of Homelessness	IN 1	Record 1 if participant is a post-9/11 era veteran Record 0 if the participant is not a post-9/11 era veteran. An individual is at risk for homelessness when the individual lacks the resources and support	1 = Yes 0 = No 1 = Yes																	R		R
			retworks needed to obtain housing. The risk must be real and imminent. In some sense, amongon hing blook to poverly level may be if and of homelessness. Being at risk for homelessness is considered along with actual homelessness as a single priority for service and a single factor for the most-in-need measure. An individual may be either at risk for homelessness or homeless, in one both at once. Second 1 if the participant is at risk for homelessness. Record 0 is the participant is not at risk for homelessness.	2 - No																	R		R
2805	Failed to Find Employment After Receiving WIOA Title I Services	IN 1	Record 1 if the participant was enrolled in WIOA Title I (adult services) prior to enrolling in SCSEP and was unable to obtain employment before enrolling in SCSEP. Record 0 if the participant does not meet conditions above.	1 = Yes 0 = No																	R		R
2806	Low Employment Prospects	IN 1	Low employment prospects means it is likely that an individual will not obtain employment without the assistance of SCSEP or another workforce development program. Persons with low employment prospects have a significant parties to employment. In pullificant barriers to employment may include, but are not inimete to locking a substantial employment history, basic askills, andlor fields imagings perificantly, budges a pilot school deployme or the equivalent. In having a disability, being in history, budges a pilot school deployme are the equivalent. In having of disability, being inheritors, or residing in socially and economically contact under under a resident where under many where employment opportunities are indeed resident under under anote where employment opportunities are limited.	1 = Yes 0 = No																	R		R
2807	SCSEP Eligible	IN 1	Record 1 if the applicant is SCSEP eligible. Record 0 if the applicant is not eligible	1 = Yes 0 = No																	R		R
2808	Reason for Ineligibility (Recert)	IN 4	If the applicant is ineligible, record the reason for ineligibility at recertification. Record all that #999/r. Record 0 if the participant remains eligible at recertification.	1= income 2 = Falled to 1fe complete Application 3 = Others 0 = Eligible																	R		R
2809	Date of Recertification Determination	DT 8	Record the date on which the authorized individual made the eligibility determination at recertification.	Үүүүммдр																			R
2810	Severe Disability	IN 1	Record 1 if applicant has Severe Disability. Severe Disability is a severe, chronic disability attributable to mental or physical impairment, part of production of mental and physical impairments, that (1) is labely to continue indentively, and (il) excess is substantial functional limitation in 3 or more of the following preas of major life activity: (ii) efficacy, (ii) exceptive and expressive hispasse, (iii) earning, (iv) order direction, (iv) parts frost or consideration of the expressive hispasse, (iii) expressive independent inting, (vii) excensive first sufficiency. Severe disability as to be recorded in addition to dealibility a bit in countried sparsing for the most in-need measure. Severe disability must be documented by a physician. Record 0 if applicant does not the Severe Disability conditions.	2 = Yes O = No																	R		R
2811	Date of Last Update (Severe Disability)	DT 8	Record most recent date that participant was deemed to have a severe disability. For each program year thereafter, enter the date of updating the factor if grantee wants to receive credit in the most-in-need measure or to use the factor to support a walver request for the participant.	YYYYMMDD					L									L			R		R

														FOUIRFMENT	rs by progr	AM OF PARTIC	PATION ¹						
DATA ELEMENT NO.	DATA ELEMENT NAME	DATA TYPE/ FIELD LENGTH	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	CODE VALUE	Reportable Individual ²	Wagner-Peys er	WIOA Adults	WIOA Dislocated Workers	WIOA Youth	Dislocated Worker Grants	TAA	National Farmworker	merican Program (INA)	Reentry Employment Opportunities (REO) (Adult)	Reentry Employment Opportunities (REO) (Youth)	Youthbuild	obs for Veterans' State Grants (NSG)	H18	Job Corps	Incumbent Worker (Adult/DW Funded)	SCSEP	Apprenticeship	Demonstration Grants
2812	Frailty	IN 1	Record 14 applicants Frail. Frail means that an individual 55 years of age or defer in determined to be functionally impaired beause the individual (40) usuable to perform teast two schilders of daily living without substantial human sixtance, including weeks reminding, physical conject or supervision or [10] at the option of the spartne, is unable to perform at least three such activities without such assistance; or [10] due to a cognitive or other mental impairment, requires substantial supervision because the individual behaves in a manner that poses a serious health or safety hazard to him or herself or to another individual. Frailly must be documented by a qualified professional.	1 = Yes 0 = No									4								R		R
2813	Date of Last Update (Frailty)	DT 8	Record the date of updating the factor if you want to receive credit in the most-in-need measure or to use the factor to support a waiver request for the participant.	YYYYMMDD																	R		B
2814	Old Enough for but Not Receiving Social Security Title II	IN 1	Record 1 if an individual may qualify for 55 retrement benefits at age 62. If an individual is 62 or over but does not have sufficient wage credits to qualify for retirement benefits. This factor applies only if the participant is not moretarily registed for Social Socially. Social of the participant qualifies but chooses to delay receipt to increase the amount of search.	1 = Yes 0 = No																	R		Ř
2815	Date of Last Update (Old Enough for but Not Receiving	DTS	Record the date of updating the factor if you want to receive credit in the most in-need measure or to use the factor to support a waher request for the participant	ууууммор																			
	Social Security Title II)																				R		R
2816	Severely Limited Employment Prospects in Area of Persistent Unemployment	IN 2	Record 31 applicant in a severally immined employment prospects in area of persistent unemployment. The offerenthe has two separate requirements: Li-Severally immined employment prospects, and 2. Residence in an area of persistent unemployment. Both must be used to a "yes" among prospects research as a substantilely higher lethinoids that an endowlated will not obtain employment without the assistance of the SCEE or another workforce development prospects, these workforce development prospects, these more than one significant barrier to employment, significant barriers to employment may controlled but an one intended to facilities and the significant barriers to employment may controlled but an one intended to facilities also also significant barriers to employment prospects, these more than one significant barriers to employment prospects, these more than one significant barriers to employment only the controlled but an one intended to facilities of the significant barriers to employment may describe the significant barriers to employment may describe the controlled but an one intended to the significant barriers to employment or may develop the significant barriers to employment prospects the significant experience of the significant barriers to employment prospects that the significant barriers to employment prospects the significant experience of the significant barriers to employment prospects that the significant barriers to employment prospects that the significant barriers to employment prospects that the significant barriers to employment the significant barriers to employ the significant barriers to employ the signific	1 = Yes 0 = No																	R		R
2817	Date of Last Update (Severely Limited Employment Prospects in Area of Persistent Unemployment)	DT 8	Record the date of updating the factor to receive credit in the most-in-need measure or to use the factor to support a waiver request for the participant.	YYYYMMDD																	R		R
2818	Limited English Proficiency	IN 1	Record 1.1 the participant cannot speak or read English well enough to fully participate in all aspects of the program. Record 0 if the participant is able to participate in all aspects of the program. There is no substantive change in the definition. An LEP individual is one who does not speak english as his or be primary language and who has a limited ability to read, speak, write, or	1 = Yes 0 = No																	R		R
2819	Date of Last Update (Limited English Proficiency)	DT 8	understand English. If you are in doubt, ask the participant Record the date of updating the factor to receive credit in the most-in-need measure or to use the factor to support a walver request for the participant.	YYYYMMDD																	R		R
2820	Low Literacy Skills	IN 1	Record 1 if the participant calculates or solves problems, reads, writes, or speaks English at or below the 8th grade level or is unable to compute or solve problems, read, write, or speak at a level necessary to function on the job, in the individual's family, or in society.	1 = Yes 0 = No																	R		R
2821	Date of Last Update (Low Literacy Skills)	DT 8	Record the date of updating the factor to receive credit in the most-in-need measure or to use the factor to support a walver request for the participant.	YYYYMMDD																	R		R
2822	Type of Placement	IN 1	Record 1 if participant is working full-time at placement. Record 2 if participant is working part-time at placement.	1 = Full-time 2 = Part-time										R	R						R		R
2824	Participant returned to SCSEP within the first 90 days of exit	IN 1	Record 1 if participant returned to SCSEP within the first 90 days of exit. Record 0 if participant did not returned to SCSEP within the first 90 days of exit.	1 = Yes 0 = No																			R
2825 2826	Has the participant re-enrolled in SCSEP within the first 90 Approved Break Start	IN 1 DT 8	Record 1 if the participant re-enrolled in SCSEP within the first 90 days after exit. Record the start date of any approved break in participation, such as a leave of absence	2 = Yes 0 = No YYYYMMDD																			R
2826	Approved Break Start	DIS	Nector one start care of any approved dreak in participation, such as a leave of adsence without pay.	YYYMMDD																	R		R
2827	Approved Break End Date	DT8	Record the end date of any approved break in participation.	YYYYMMDD																	R		R
2828	Reason for Approved Break in Participation	IN 1	Record the reason for the leave of absence or other approved break in participation.	1 = Family/health 2 = Personal 3 = Administrative 4 = Other																	R		R
2829	Participant Community Service Assignment	IN 1	Record where participant is assigned to for his or her community service assignment.	1 = Grantee or sub-recipient/ local project 2 = Workforce Partner 3 = Other host agency										R	R								R
2830	Supportive Service Provider	IN 1	Record 1 if participant received supportive services from the grantee or sub-recipient/local project. Record 2 if participant received supportive services from the workforce partner. Record 3 if participant received supportive services from both the grantee or sub- recipient/local project and the workforce partner. Record 4 if participant received supportive services from other sources.	1 = Grantee or sub-recipient/local project 2 = Workforce partner 3 = Both 1 and 2 4 = Other																	R		R
2831	Wage per Hour (Community Service Assignment)	DE 8.2	Record in participant received supportive services from outer sources. Record the current wage at the community service assignment.	000000.00																	R		R
2832	Total Hours Paid in 1st Quarter	IN 3	Record the total number of hours for which the participant was paid wages in the 1st quarter of the program year as determined from the sub-grantee's wage records.	000																	R		R
2833	Total Hours Paid in 2nd Quarter	IN 3	Record the total number of hours for which the participant was paid wages in the 2nd quarter of the program year as determined from the sub-grantee's wage records.	000																	R		R
2834	Total Hours Paid in 3rd Quarter	IN 3	Record the total number of hours for which the participant was paid wages in the 3rd quarter of the program year as determined from the sub-grantee's wage records.																		R		R
2835	Total Hours Paid in 4th Quarter	IN 3	Record the total number of hours for which the participant was paid wages in the 4th quarter of the program year as determined from the sub-grantee's wage records.	000					_												R		R
2836	Total Hours of Paid Training in 1st Quarter	IN 3	Record the total number of hours of paid training for which the participant was paid wages in the 1st quarter of the program year as determined from the sub-grantee's wage records.	000																	R		R
2837	Total Hours of Paid Training in 2nd Quarter	IN 3	Record the total number of hours of paid training for which the participant was paid wages in the 2nd quarter of the program year as determined from the sub-grantee's wage records.	000																	R		R
2838	Total Hours of Paid Training in 3rd Quarter	IN 3	Record the total number of hours of paid training for which the participant was paid wages in the 3rd quarter of the program year as determined from the sub-grantee's wage records.	000																	R		R

													REQUIREMEN	TS BY PROGR	AM OF PARTIC	PATION ¹						
DATA ELEMENT NO.	DATA ELEMENT NAME	DATA TYPE/ FIELD LENGTH	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	CODE VALUE	Reportable Individual ²	Wagner-Peyser	WIOA Dislocated	Workers	Dislocated Worker	(DWG)	National Farmworker Jobs Program (NFJP)	Indian and Native American Program (INA)	Reentry Employment Opportunities (REO) (Adult)	Reentry Employment Opportunities (REO) (Youth)	YouthBuild	Jobs for Veterans' State Grants (NSG)	H18	Job Corps	Incumbent Worker (Adult/DW Funded)	SCSEP	Apprenticeship	Demonstration Grants
2839	Total Hours of Paid Training in 4th Quarter	IN 3	Record the total number of hours of paid training for which the participant was paid wages in the 4th quarter of the program year as determined from the sub-grantee's wage records.	000																R		R
2840	Other Reasons for Exit (SCSEP- Only)	IN 1	Record the reason that applies at the time of exit.	1 = Moved from area 2 = For cause																R		R
2841	Exclusion After Exit	IN 1	Record 1 if it was discovered that the participant was deceased after exit. Record 2 if it was discovered that the participant had medical condition after exit. Record 3 if it was discovered that the participant was caring for a family after ext. Record 4 if it was discovered that the participant was institutionalized after ext.	3 = Voluntary 1 = Deceased 2 = Medical Condition 3 = Family Care 4 = Institutionalized																R		R
2842	Date Exclusion Occurred	DT 8	Record the date that the exclusion occurred.	YYYYMMIDD																		R
2843	Host Agency Employer	IN 1	Record I if the employer is a host agency. Unsubsidized employers that have served as a host agency for any participant (under any state or national grant) in the last 12 months will not be included in the existomer service survey of employers.	1 = Yes 0 = No																R		R
2844	Employer Type	IN 1	Record 1 if employer is a not-for-profit entity. Record 2 if employer is a for-profit entity. Record 3 if employer is a government entity. Record 4 if the participant is engaged in self-employment.	1= Not-for-profit 2= For-profit 3= Government 4= Self-employment																		R
2845	Placement Start Date	DT 8	Record the date on which the participant began work with this employer. This will be the date of placement for measurement purposes.										R	R						R		R
2846	Placement End Date	DT8	Record the date on which the unsubsidized employment with this employer ended. If there is additional unsubsidized employment within four quarters after the quarter of exit from SCSEP, all unsubsidized employment may be included in the performance measures	YYYYMMDD																R		R
2847	SCSEP Application Date	DT 8	Record the date on which the individual first applied for Senior Community Service Employment Program services/benefits under the applicable certification.	YYYYMMDD																		R
2900	RAPIDS Number	AN 12	Record the RAPIDS number for the participant who is a registered apprentice (Registered Apprenticeship Partners Information Data System). Leave blank if this data element does not apply. Note: There are no RAPIDS numbers for pre-apprentices.)000000000000																	R	R
2901	Pre-Apprenticeship Program Status	IN 1	Second 1 for participants enrolled in a pre-apprenticeship program. Record 2 for participants who cancelled or withdraw from their pre-apprenticeship program. Record 3 for participants who completed their pre-apprenticeship program and did not continue into an apprenticeship program. Record 4 for participants who completed their pre-apprenticeship program and did not continue into an apprenticeship program. Record 4 for participants who completed their pre-apprenticeship and continued into a registered apprenticeship program materiopation (RAP). Record 5 for participants who completed their pre-apprenticeship and continued into Lavae blank if the side afterneting for their pre-apprenticeship and continued into Lavae blank if the side afterneting for their pre-apprenticeship and continued into Lavae blank if the side afterneting for their pre-apprenticeship and continued into Lavae blank if the side afterneting for their pre-apprenticeship and continued into Lavae blank if the side afterneting for their pre-apprenticeship and continued into Lavae blank if the side afterneting for their pre-apprenticeship program.	1 - Enrolled 2 - Cancelled or Withdrew 3 - Completed 4 - Completed and Continued into RAP 5 - Completed and Continued into IRAP													R				R	R
2902	Date Enrolled in Pre- Apprenticeship		Record the date the participant started the pre-apprenticeship program. Leave blank if this data element does not apply.	YYYYMMDD																	R	R
2903	Expected Completion Date: Pre-Apprenticeship	DT 8	Record the expected completion date of the pre-apprenticeship program, which should be prior to program exit. Leave blank if this data element does not apply.	YYYYMMDD																	R	R
2904	In Pre-Apprenticeship Program with an Articulated Agreement	IN 1	Jacond 1 (the participant is in a pre-apprenticeship program where a Memonandum of Understanding (MOU), Memonandum of Agreement (MOA) or other formal agreement easits between the pre-appentiticeship program and the Registered Apprenticeship Program or Industry-Recognized Apprenticeship Program or Industry-Recognized Apprenticeship Program and an appendent exists between the pre-apprenticeship program and an apprenticeship program.	2 = No																	R	R
2905	Date Completed Pre- Apprenticeship	DT 8	Record the date the participant completed the pre-apprenticeship program. Leave blank if this data element does not apply.	YYYYMMDD																	R	R
2906	Date Changed Status from Pre-Apprentice to Apprentice	DT 8	Leave blank if this data element does not apply. Note:This may be the same date (or shortly thereafter) as pre-apprenticeship	YYYYMMDD																		R
2907	Apprenticeship Program Status	IN 1	program completion. Record 1 for participants enrolled in an apprenticeship program. Record 2 for participants who cancelled or withdrew from their apprenticeship program. Record 3 for participants who completed their apprenticeship program. Leave blank if this date element does not apply.	1 = Enrolled 2 = Cancelled or Withdrew 3 = Completed													R				R	R
2908	Date Started Apprenticeship	DT 8	Note: Status can change over time. Record the date the participant started the apprenticeship program. Leave blank if this data element does not apply.	YYYYMMDD													R				R	R
2909	Expected Completion Date: Apprenticeship	DT 8	Record the expected completion date of the apprenticeship program, whether or not the participant is expected to complete the program during their participation. Leave blank if this data element does not apply.	YYYYMMDD													R				R	R
2910	Type of Apprenticeship Program	IN 1	Record 1 if the apprenticeship program is a Time-Based program. Record 2 if the apprenticeship program is a Competency-Based program. Record 3 if the apprenticeship program is a Hybrid program. Leave blank if this data element does not apply.	1 = Time-Based 2 = Competency-Based 3 = Hybrid																	R	R
2911	Date Completed Apprenticeship	DT 8	Record the date the participant completed the apprenticeship program. Leave blank if this data element does not apply.	YYYYMMDD													R				R	R
2912	Type of RTI Provider	IN 1	Record 1 if the provider of Related Training Instruction (RTI) is a Joint Apprenticeship Training Committee. Record 2 if the provider of RTI is a Community College. Record 3 if the provider of RTI is a Community College. Record 4 if the provider of RTI is a "Apprendict and institution. Record 5 if the provider of RTI is a "Apprendict and institution. Record 5 if the provider of RTI is a "Apprendict and institution. Record 5 if the provider of RTI is a "Apprendict and provider and apprendict	1 = JATC 2 = Community College 3 = Voc/Tech School 4 = 4-year educational institution 5 = Other																	R	R
2913	Type of Supportive Services Received	IN 3	Record up to 3 types of supportive services: Record 1 if the supportive service necewed by the participant is Transportation. Record 2 if the supportive service is Tools and/or Equipment. Record 3 if the supportive service is Uniforms. Record 4 if the supportive service is Uniforms. Record 4 if the supportive service is Uniforms. Record 5 if the supportive service is Gradient of the Record 5 if the supportive service is Gradient of the Record 5 if the supportive service is something other than that previously listed. Leave blank if this data element does not apply.	1 = Transportation 2 = Tools/Equipment 3 = Uniforms 4 = Child Care 5 = Other																	R	R
2914	OA Apprenticeship Grants Program Status	IN 1	Record 1 if the participant is an individual who received a direct grant funded participant service. Examples include, but are not limited to OIA and/or RTI paid for through the gam of course grant under part but an every proposal proposal through the gam of course grant under part but and proposal proposal proposal proposal proposal proposal proposal grant-funded registered apprenticeship program enrolled in a registered apprenticeship program AND is enrolled in a RAP and is a least 15 years old.	1= Yes, Participant 2= Reportable Individual (applies to state grantees only)																	R	R
2915	Received OJT Services	IN 3	Record up to 3 sources of funding:	1 = Grant Funded																		
	(Identification of Funding Source(s))		Record 1 if the CIT reimburnement was funded by the apprenticeshing grant. Record 2 if the CIT reimburnement was funded by WION Title (fulled); Diokscated Worker, and/or Yoush). Becord 3 if the CID reimburnement was funded by WIOA funding that was not Title I second 4 if the reimburnement was funded by a WIOA funding source. Second 4 if the reimburnement was funded by the GIBIII. Leave blank if this data element does not apply.	2 = WIDA (Title !) 3 = WIDA (not Title !) 4 = State Funding Source 5 = GI Bill																		R
2916	Received RTI Services (Identification of Funding Source(s))	IN 3	Record up to 3 sources of hundring. Record 1.1 the Related Training and Instruction (ITT) was funded by the apprenticeable gold. Adult, Dislocated Worker, and/or Youth). Record 2.1 the RTI was funded by WIOA Tutle (/Adult, Dislocated Worker, and/or Record 3.1 the RTI was funded by WIOA funding that was not Title 1 (i.e., either Title 80004 of the RTI was funded by \$2.0 the RTI was funded by	1 = Grant Funded 2 = WIDA (Title I) 3 = WIDA (not Title I) 4 = State Funding Source 5 = GI Bill 6 = PELL Grant																		R
2917	Exit Wage	DE 5.2	Leave blank if this data element does not apply. Record the hourly wage received on the Date of Exit. Leave blank if this data element does not apply.	000.00				+		+											R	R
2918	Wage at Entry into Apprenticeship	DE 5.2	Record the hourly wage received on the date of entry into the apprenticeship program.	000.00																	R	R
2920	Apprenticeship Grant Number	AN 14	Record the 14 character appendischelp grant number. The grant number should be entered in the following format without olabse: Two alphabetic characters representing the grant program code-five numeric characters. Two numeric characters representing the fixed very when the grant was awarded- Two numeric characters identifying the type of grant awarded- one alphabetic character distriction and appears of 12-70 numeric characters identifying the referred angely of 12-70 numeric characters identifying the state that received the grant was served under (AA 22345-2254-225, Hz Bg grant number is unincome, places enter 93999999999). Lawe blank if the participant did not receive services funded by this program)xxxxxxxxxx																	R	R
	11 ADDITIONAL MISC. ELEM Direct Referral from Justice		21) Record 1 if participant is a direct referral from the Justice System.	1 = Yes				İ	Ė			<u> </u>			· 	· 						
,	System			0 = No									R	R								R

															REQUIR	EMENTS	S BY PROGRA	M OF PARTIC	IPATION ¹						
DATA LEMENT NO.	DATA ELEMENT NAME	DATA TYPE/ FIELD LENGTH	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	CODE VALUE	Reportable Individual ²	Wagner-Peyser	WIOA Adults	WIOA Dislocated	Workers	Dislocated Worker	Grants (DWG)	TAA	National Farmworker Jobs Program (NFJP)	Indian and Native American Program (INA)	Reentry Employment Opportunities (REO)	(Adult)	Reentry Employment Opportunities (REO) (Youth)	YouthBuild	Jobs for Veterans' State Grants (NSG)	H18	Job Corps	Incumbent Worker (Adult/DW Funded)	SCSEP	Ap prenticesh ip	Demonstration Grants
3001	Most Recent Date Participating in Community Service/Restorative Justice	DT 8	Record the most recent date on which the enrollee participated in Community Service/Restorative Justice Leave blank if enrollee did not participate in Community Service/Restorative Justice	YYYYMMDD											R		R								R
3002	Received Legal Services	IN S	Record 1 if participant received legal services regarding outstanding warrants. Record 2 if participant received legal services regarding child support. Record 3 if participant received legal services to obtain a retraining order. Record 4 if participant received legal services to obtain a retraining order. Record 4 if participant received legal services seeking to seal or expunge records. Record 5 if participant received other legal services. Leave blank if participant did not receive legal services.	1 = Outstanding warrants 2 = Child support 3 = Obtain restraining order 4 = Seal or expunge records 5 = Other legal services											R	:	R								R
3003	Received Housing Assistance, Substance Abuse Treatment, or Mental Health Treatment	IN S	Record 1 if participant received blousing assistance from emergency) Record 2 if participant received substance about retentent (non-emergency) Record 3 if participant received mental health treatment (non-emergency) Record 4 if participant received emergency housing assistance Record 4 if participant received emergency substance about treatment Record 6 if participant received emergency substance about treatment Record 6 if participant received emergency mental health treatment	1 = Housing assistance 2 = Substance abuse treatment 3 = Mental health treatment 4 = Emergency housing assistance 5 = Emergency substance abuse treatment 6 = Emergency mental health treatment											R	:	R								R
3004	Individualized Services Provided Virtual/Online	IN 1	Record the method in which the individualized services other than training were delivered to the participant at any point during program participation. Record I if the participant received individualized services other than training that were delivered only through virtual/Omline methods. Record I if the participant received individualized services other than training that were delivered through in-person and virtual/Omline methods. Record I if the participant received individualized services other than training that were delivered though in-person and virtual/Omline methods. Leave blank if the participant did not receive any individualized services other than	1 = Virtual/Online 2 = Mix of in-person and Virtual/Online 0 = No Virtual/Online, in-person Only	:	R	R	R	t F	1	R	R							R	R			R		R
3005	Transitioning Service Member Warm Handover	IN 1	training at any point during program participation. Record 1 if the trainitioning service member (defined as a person who has not yet separated from the U.S. military or has separated in the past 130 days) was referred or offered additional services through the Department of Labor thy higher military of the Separated in the past 130 days) was referred or services and the service member (defined as a person who has not yet separated from the past U.S. military or has apparated in the past 130 days) received information about DOL services during their transition but was NOT sent to the ALC by higher military differer. Record 3 if the service member was not made aware of DOL services from his/her Commander.	1 = Yes, received information and was sent to the AIC by military officer. 2 = Yes, received information but visited AIC on their own accord. 3 = No, information was not provided. 0 = Not TSM		R													R						R
3006	Transitioning Service Member Housing Plan	IN1	Record of If the carticipant is not a transitioning service member. Record a 1 lift berusticioning service member (defined as a person who has not yet separated from the U.S. milliary or has separated in the past 180 days) was assessed by the milliary a shinking an adequate port-transition housing plant who has not yet separated in the past 180 days) was assessed by the milliary as has person who had not present the service member (defined as a person who has not yet separated from the past U.S. milliary or has apparated in the past 181 days) was assessed by the milliary as not having an adequate post-transition plant. Record 0 of the participant is not a transitioning service member.	1= Yes, adequate housing plan 2 = No, housing plan is not adequate or non-existent 0 = Not TSM		R													R						R
3007	Referred from Department of Vectorins Affairs (VA) Services	100 1	Into data demonst reflects the apency where the participant was referred from accord of the participant was referred to the Act from the Department of Verleans Affairs Vocational Rehabilitation and Employment Service for Labor Market (INVRP). Note: this alone will not begin a participation period. Record 2 if the participant was referred from the Department of Verleans Affairs Vocational Rehabilitation and Employment Service for employment services. Record 3 if the participant was referred from the Department of Verleans Affairs Regional Office for employment services. Record 3 if the participant was referred from the Department of Verleans Affairs Regional Office for employment services. Record 4 if the participant was referred from the Department of Verleans Affairs. Medical Center for employment services. Registered appreciation was a registered appreciation of the participant was a registered appreciation of the participant was a registered appreciation of the participant of the participant indicates they were referred by the Department of Verleans Affairs, but does not specify which of the above programs referred them.	a. Referred from the VA, VREE for LM. be used in development of the IMP8 2. Referred from the VA VREE for 2. Referred from the VA VREE for 3. Referred from the VA Regional Office for employment service. 4. Referred from the VA Nedical Center for employment service. 5. Department of Veterans Affais Vocational Reballstanton Funded 9. Referred by VA, Entity Unknown		R													R						R
3008	Family Unit Size	IN 2	Record the number of individuals (including the participant) that live with the individual and are a part of the individual's family, as defined by 20 CFR 685.110.	xx									R												R
3009	Formerly Incarcerated	IN 1	Record 1.1 fthe participant is an eligible individual who has been incarcerated or bee under supervision following release from prison or jail within the last five years. Record 0 if the participant does not meet above conditions.	1 = Yes 0 = No																			R		
3010	Date of Last Update (Formerly Incarcerated)	DT 8	Record the date of updating the factor to receive credit in the most-in-need measure or to use the factor to support a waiver request for the participant.	YYYYMMDD																			R		

2. The collection of data deliments for reportable individuals is limited to the core programs (ADML, Usioocheen worses, roun, are reagues-response unspectable productions of the core programs (ADML, Usioocheen worses, roun, are reagues-response unspectable productions of the core programs (ADML, Usioocheen worses, roun, are reagues-response unspectable).

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