ATTACHMENT D

SOURCE DOCUMENTATION REQUIREMENTS FOR NATIONAL FARMWORKER JOB PROGRAM (NFJP) DATA ELEMENT VALIDATION

This appendix presents the data elements to be validated with their associated WIASPR number, element definitions, valid values, federal validation sources, state/grantee sources, and validation instructions needed to perform data element validation. The federal sources are the generic, federally recommended source documentation. The "State/Grantee Sources" column can be used to enter grantee-specific versions of the federally approved documentation.

Two types of validation rules exist:

- 1. If the validation instruction cell says MATCH: Enter a checkmark in the box in the pass column if the data on the validation worksheet match the data in the source documentation. Enter a checkmark in the box in the fail column if the data on the worksheet do not match the data in the source documentation or if no source documentation is found. To match, the data on the worksheet must be the same as the data in the source documentation. For example, if the worksheet says a participant's date of birth is July 1, 1975, then the source documentation must also have July 1, 1975 as the birth date.
- 2. If the validation instruction says SUPPORT: Enter a checkmark in the box in the pass column if the data on the validation worksheet are supported by the data in the source documentation. Enter a checkmark in the box in the fail column if the data on the worksheet are not supported by the data in the source documentation or if no source documentation is found. To support, the data on the worksheet must be similar to the data in the source documentation. This instruction is used when information must be interpreted or processed before it can be applied to the participant's records. For example, source documentation can support farmworker status in different ways, by a code or narrative or other information.

For the most part, the definition of a particular source is clear. Grantees may, however, have questions about three sources—Grantee Management Information System (MIS), Self-Attestation, and Case Notes. Definitions for these three types of source documentation are:

- 1. MIS: Unless otherwise noted, MIS refers to specific, detailed information which supports an element that is stored in the grantee's information system. An indicator alone, such as a checkmark on a computer screen, is not acceptable source documentation. For example, a grantee's MIS is acceptable source documentation for date of exit if it identifies the last service received in addition to the date on which that service was received.
- 2. Self-Attestation: Self-attestation occurs when a participant states his or her status for a particular data element and then signs and dates a form acknowledging this status. The key elements for self-attestation are: (a) the participant identifying his or her status for permitted elements and (b) the signing and dating of a form attesting to this self-identification. The form and signature can be on paper or in the state management information system, with an online signature.
- 3. Case Notes: Case notes refer to either paper or electronic statements by the case manager that identifies, at a minimum, the following: a participant's status for a specific data element, the date on which the information was obtained, and the case manager who obtained the information.

| WIASPR Item Name and Number | Data Element Definition | Valid Values | Federal Sources | State/Grantee Sources | Instructions |
|--|---|---|---|-----------------------|--------------|
| 4. Date of | Record the date on which the individual | YYYYMMDD | Grantee Administrative | State/Grantee Sources | HISTIUCTIONS |
| Participation | begins receiving his/her first service funded by the program following a determination of eligibility to participate in the program. | TTTTWINDD | Records | | Match |
| 5. Date of Birth | Record the individual's date of birth. | YYYYMMDD | Family bible; birth certificate; passport; driver's license; baptismal record; I-9 form | | Match |
| 9. Qualifies for Sec. 167 | Record appropriate status of the participant. | 1 = Farmworker 2 = Dependent or | Pay stubs; W-2 forms; IRS 1040 forms; case | | |
| Program as a: | SPECIAL NOTE: If a participant qualifies as eligible under both categories, use Code 1 – Farmworker. | Spouse of a Farmworker | manager/counselor intake notes; self attestation | | Support |
| 11. Farmworker Status | Use the appropriate code to record the status of the participant at the time of eligibility determination. SPECIAL NOTE: Where participant is a dependent of a farmworker, record the status of the eligible farmworker. | 1 = Migrant Farmworker 2 = Seasonal Farmworker | Pay stubs; W-2 forms; IRS 1040 forms; case manager/counselor intake notes; self attestation | | Support |
| 13b. Number of Individuals in the Family | Record the total number of individuals in the family, including the participant. | 00 | Birth certificate; family bible; IRS 1040 forms | | Match |

| WIASPR Item Name and Number | Data Element Definition | Valid Values | Federal Sources | State/Grantee Sources | Instructions |
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| Number 16. Employment Status at Participation | Record 1 if the participant is a person who either (a) did any work at all as a paid employee, (b) did any work at all in his or her own business, profession, or farm, (c) worked 15 hours or more as an unpaid worker in an enterprise operated by a member of the family, or (d) is one who was not working, but has a job or business from which he or she was temporarily absent because of illness, bad weather, vacation, labor-management dispute, or personal reasons, whether or not paid by the employer for time off, and whether or not seeking another job. Record 2 if the participant is a person who, although employed, either (a) has received a notice of termination of employment or the employer has issued a Worker Adjustment and Retraining Notification (WARN) or other notice that the facility or enterprise will close, or (b) is currently on active military duty and has been provided with a date of separation from military service. Record 3 if the participant does not meet any one of the conditions described above. | Valid Values 1 = Employed 2 = Employed, but Received Notice of Termination of Employment or Military Separation 3 = Not Employed | Pay stub, case notes showing information collected from participant | State/Grantee Sources | Support |

| WIASPR Item Name and Number | Data Element Definition | Valid Values | Federal Sources | State/Grantee Sources | Instructions |
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| 17. Six Month Pre-Program Earnings | Record the total pre-program earnings of the participant for the 6-month period prior to the date of application in the program. Earnings include salaries or wages, and also include any bonuses, tips, gratuities, and commissions or overtime pay earned. Record 00000 if there were no earnings during this period. | 00000 | Pay stubs; W-2 forms; employer payroll records; IRS 1040 forms; administrative/UI wage records; self attestation; detailed case management notes | | Match |
| 21e. Long-term Agricultural Employment | Record 1 if the participant is a person who has engaged in agricultural work as the primary source of income for a minimum of four (4) years prior to intake/eligibility determination. Record 2 if the participant does not meet the conditions described above. | 1 = Yes 2 = No | IRS 1040 forms; pay stub; intake application; case manager/counselor progress notes; self- attestation | | Support |
| 24. Date of First Intensive Service | Record the date on which the participant first received intensive services. Intensive services include specialized assessments of skill levels, work experience, diagnostic testing, adult basic education or English as a Second Language (ESL) training, development of an individual employment plan, group or individual counseling, case management for participants seeking training services, short-term prevocational services, and remedial reading, writing, or communication skills training. Otherwise, leave "blank" if the participant did not receive intensive services. | YYYYMMDD | Case manager/counselor progress notes with signature; IEP assessment and diagnostic testing | | Match |

| WIASPR Item Name and Number | Data Element Definition | Valid Values | Federal Sources | State/Grantee Sources | Instructions |
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| 25. Date of First Training Service | Record the date on which the participant first received training services. Training services include, but are not limited to, occupational skills training; OJT; skill upgrading; entrepreneurial training; and job readiness training. Otherwise, leave "blank" if the participant did not receive training services. | YYYYMMDD | Case manager/counselor certification signature; employer signed document; attendance records from institution or instructor | | Match |
| 33. Date of Exit | Record the date on which the last service funded by the program or a partner program is received by the participant. Once a participant has not received any services funded by the program or a partner program for 90 consecutive calendar days and has no gap in service and is not scheduled for future services, the date of exit is applied retroactively to the last day on which the individual received a service funded by the program or a partner program. | YYYYMMDD | Case manager/counselor termination notice; case manager/counselor progress tracking report; grantee MIS | | Match |

| WIASPR Item Name and | | | | | |
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| Number | Data Element Definition | Valid Values | Federal Sources | State/Grantee Sources | Instructions |
| 34. Category of Exit | Record 1 if the participant received and/or completed any job-related core (beyond core informational or self-services, and eligibility determination), intensive, or training services. Record 2 if the participant received non-job related services, without having received job-related core, intensive, or training services. Record 3 if the participant did not complete the program and exited for other reasons, as specified in Item 35 below. SPECIAL NOTE: Individuals who receive training-related services AND intensive, or training services should be coded 1. | 1 = Employment and Training Exiter 2 = Related Assistance Services ONLY Exiter 3 = Other Reasons for Exit | Grantee administrative records | | Support |

| WIASPR Item | | | | | |
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| Name and | | | | | |
| Number | Data Element Definition | Valid Values | Federal Sources | State/Grantee Sources | Instructions |
| 35. Other Reasons | Record 1 if the participant is residing in an | 1 = | Grantee administrative | | |
| for Exit (at time | institution or facility providing 24-hour | Institutionalized | records | | |
| of exit or during | support such as a prison or hospital and is | 2 = | | | |
| 3-quarter | expected to remain in that institution for at | Health/Medical | | | |
| measurement | least 90 days. | 3 = Deceased | | | |
| period following | Record 2 if the participant is receiving | 4 = Entered | | | |
| the quarter of | medical treatment that precludes entry into | Advanced | | | |
| exit) | unsubsidized employment or continued | Training | | | |
| | participation in the 167 program. Does not | 5 = Entered Post- | | | |
| | include temporary conditions expected to | Secondary | | | |
| | last for less than 90 days. | Education | | | |
| | Record 3 if the participant was found to be | 6 = | | | |
| | deceased or no longer living. | Moved/Cannot | | | |
| | Record 4 if the participant entered | Locate/Voluntary | | | |
| | advanced training. Advanced training | Separation | | | |
| | includes an occupational skills | 7 = Family Care | | | Support |
| | employment/training program, not funded | 8= Reserve | | | |
| | under Title I of WIA, which does not | Forces Called to | | | |
| | duplicate training received under Title I. | Active Duty | | | |
| | This category includes only training outside | 9 = Not a Valid | | | |
| | of the 167 program, One-Stop, WIA and | SSN | | | |
| | partner system. | | | | |
| | Record 5 if the participant entered post- | | | | |
| | secondary education. Post-secondary | | | | |
| | education includes a program at an | | | | |
| | accredited degree-granting institution that | | | | |
| | leads to an academic degree (e.g., AA, AS, | | | | |
| | BA, BS). This does not include entry into | | | | |
| | post-secondary education programs offered | | | | |
| | by degree-granting institutions that do not | | | | |
| | lead to an academic degree. | | | | |

| WIASPR Item | | | | | |
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| Name and | | | | | |
| Number | Data Element Definition | Valid Values | Federal Sources | State/Grantee Sources | Instructions |
| 35. Other Reasons | Record 6 if the participant cannot be | | | | |
| for Exit | located or has moved to an area that | | | | |
| (continued) | prevents them from completing their | | | | |
| | program, or has voluntarily left the | | | | |
| | program. | | | | |
| | Record 7 if the participant is providing care | | | | |
| | for a family member with a health/medical | | | | |
| | condition that precludes entry into | | | | |
| | unsubsidized employment or continued | | | | |
| | participation in the program. Does not | | | | |
| | include temporary conditions expected to | | | | |
| | last for less than 90 days. | | | | |
| | Record 8 if the participant is a member of | | | | |
| | the National Guard or other reserve military | | | | |
| | unit and is called to active duty for at least | | | | |
| | 90 days. | | | | |
| | Record 9 if the social security number of | | | | |
| | the participant is not valid. | | | | |
| | | | | | |
| | Record 0 or leave "blank" if the participant | | | | |
| | exited for a reason other than one of the | | | | |
| | conditions described above. | | | | |
| 36. Date Placed in | Record the date on which the participant | YYYYMMDD | Case manager/counselor | | |
| Unsubsidized | was placed into unsubsidized employment. | | progress notes | | Match |
| Employment | Leave this field blank if the participant did | | | | |
| | not enter unsubsidized employment. | | | | |

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|--|--|--|--|------------------------|--------------|
| 41. Employed in the 1 st Quarter After Exit Quarter | Record 1 if the participant was employed in the first quarter after the quarter of exit. Record 2 if the participant was not employed in the first quarter after the quarter of exit. Record 3 if information on the participant's employment status in the first quarter after the quarter of exit is not yet available. | 1 = Yes 2 = No 3 = Information Not Yet Available | Pay stubs; employer payroll records; IRS 1040 forms; case manager/counselor progress notes; self-attestation | States Grantee Sources | Support |
| 42. Employed in the 2 nd Quarter After Exit Quarter | Record 1 if the participant was employed in the second quarter after the quarter of exit. Record 2 if the participant was not employed in the second quarter after the quarter of exit. Record 3 if information on the participant's employment status in the second quarter after the quarter of exit is not yet available. | 1 = Yes 2 = No 3 = Information Not Yet Available | Pay stubs; employer payroll records; IRS 1040 forms; case manager/counselor progress notes; self- attestation | | Support |
| 43. Employed in the 3 rd Quarter After Exit Quarter | Record 1 if the participant was employed in the third quarter after the quarter of exit. Record 2 if the participant was not employed in the third quarter after the quarter of exit. Record 3 if information on the participant's employment status in the third quarter after the quarter of exit is not yet available. | 1 = Yes 2 = No 3 = Information Not Yet Available | Pay stubs; employer payroll records; IRS 1040 forms; case manager/counselor progress notes; self- attestation | | Support |

| WIASPR Item Name and | | | | | |
|--------------------------------|---|--------------|--------------------------|-----------------------|--------------|
| Number | Data Element Definition | Valid Values | Federal Sources | State/Grantee Sources | Instructions |
| 44. Wages 2 nd & | Record the total earnings earned by the | 00000 | Pay stubs; employer | | |
| 3 rd Quarters After | participant in the second and third calendar | | payroll records; IRS tax | | |
| Exit Quarter | quarters after the quarter of exit. Total | | forms; administrative/UI | | |
| | earnings include any bonuses, tips, | | wage records; case | | |
| | gratuities, commissions, and overtime pay | | manager/counselor | | Match |
| | earned. | | progress notes with | | Match |
| | Note: Enter whole dollar amounts (00000). | | signature | | |
| | Enter 99999 if data are not yet available for | | | | |
| | this item. Otherwise, leave "blank" if this | | | | |
| | data element does not apply. | | | | |