

Prisoner Reentry Initiative Data Elements

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	VALID VALUES
SECTION I - INDIVIDUAL INFORMATION			
SECTION IA - IDENTIFYING AND DEMOGRAPHIC INFORMATION			
1	Social Security Number	Record the unique identification number assigned to the individual. At a minimum, this identifier for a person <u>must</u> be the same for every period of participation in the program.	XXXXXXXXXX Mandatory
2	Criminal Justice System Identifier	Enter the individual's unique criminal justice system identifier that was assigned to the individual while in prison.	Text
3	Type of Criminal Justice Identifier	Select the appropriate type of criminal justice identifier used in element 2.	1 = Federal ID State CJ Record ID 2 = State Prison ID 3 = State Parole/ Probation Agency ID 4 = Local Probation Agency ID 5 = Local Jail ID 6 = Other
4	Specify Other Criminal Justice Identifier	Specify the type of criminal justice identifier if other was used for element 3.	Text
5	Date of Birth	Record the individual's date of birth.	MM/DD/YYYY
6	Gender	Indicate the participant's gender by select Male or Female Leave blank if the individual does not wish to disclose his/her gender.	1 = Male 2 = Female Blank = no self-disclosure

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7	Ethnicity Hispanic/Latino	Indicate the participant's ethnicity by selecting Yes or No . Leave blank if the participant does not disclose his/her ethnicity.	1 = Yes 2 = No Blank = no self-disclosure
8	American Indian or Alaska Native	Indicate whether the participant is American Indian or Alaska Native by selecting Yes . Leave blank if the participant is not American Indian or Alaska Native or refused to report on this element.	1 = Yes Blank = not reported
9	Asian	Indicate whether the participant is Asian by selecting Yes or Not Reported . Leave blank if the participant is not Asian or refused to report on this element.	1 = Yes Blank = not reported
10	Black or African American	Indicate whether the participant is Black or African American by selecting Yes or Not Reported . Leave blank if the participant is not Black or African American or refused to report on this element.	1 = Yes Blank = not reported
11	Hawaiian Native or other Pacific Islander	Indicate whether the participant is Hawaiian Native or other Pacific Islander by selecting Yes or Not Reported . Leave blank if the participant is not Hawaiian Native or other Pacific Islander or refused to report on this element.	1 = Yes Blank = not reported

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12	White	Indicate whether the participant is White by selecting Yes or Not Reported . Leave blank if the participant is not White or refused to report on this element.	1 = Yes Blank = not reported
SECTION 1B - ENROLLMENT INFORMATION			
13	Marital status	Enter the participants marital status at time of enrollment	1 = Married 2 = Single 3 = Divorced 4 = Widowed
14	Children	Enter the number of children under 18 years of age that the participant has, including biological, adopted, step, and foster children.	00
15	Children living with participant	Enter the number of the participant's own children under 18 years of age living in the household, including biological, adopted, step, and foster children.	00
16	Other dependents living with participant	Enter the number of dependents other than children living with the participant.	00

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17	Highest School Grade Completed	<p>Use the appropriate code to record the highest school grade completed by the individual.</p> <p>Record 87 if the individual completes the 12th grade and attained a high school diploma.</p> <p>Record 88 if the individual completes the 12th grade and attained a GED or equivalent.</p> <p>Record 89 if the individual with a disability receives a certificate of attendance/completion.</p> <p>Record 90 if the individual attained other post-secondary degree or certification.</p>	<p>00 = No school grades completed</p> <p>01 - 12 = Number of elementary/secondary school grades completed</p> <p>13-15 = Number of college, or full-time technical or vocational school years completed</p> <p>16 = Bachelor's degree or equivalent</p> <p>17 = Education beyond the Bachelor's degree</p> <p>87 = Attained High School Diploma</p> <p>88 = Attained GED or Equivalent</p> <p>89 = Attained Certificate of Attendance/Completion</p> <p>90 = Attained Other Post-Secondary degree or Certificate</p>

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18	Eligible Veteran Status	<p>Select yes, <= 180 days if the individual is a person who served in the active U.S. military, naval, or air service for a period of less than or equal to 180 days, and who was discharged or released from such service under conditions other than dishonorable.</p> <p>Select yes, eligible veteran if the individual served on active duty for a period of more than 180 days and was discharged or released with other than a dishonorable discharge; <u>or</u> was discharged or released because of a service connected disability; <u>or</u> as a member of a reserve component under an order to active duty pursuant to section 167 (a), (d), or, (g), 673 (a) of Title 10, U.S.C., served on active duty during a period of war or in a campaign or expedition for which a campaign badge is authorized and was discharged or released from such duty with other than a dishonorable discharge.</p> <p>Select yes, other eligible person if the individual is a person who is</p> <ul style="list-style-type: none"> (a) the spouse of any person who died on active duty or of a service-connected disability, (b) the spouse of any member of the Armed Forces serving on active duty who at the time of application for assistance under this part, is listed, pursuant to 38 U.S.C 101 and (i) missing in action; (ii) captured in the line of duty by a hostile force; or (iii) forcibly detained or interned in the line of duty by a foreign government or power; (c) the spouse of any person who has a total disability permanent in nature resulting from service-connected disability or the spouse of a veteran who died while a disability so existed was in existence. <p>Select no if the individual does not meet any one of the conditions described above.C8</p>	<p>1 = Yes, <= 180 days 2 = Yes, Eligible Veteran 3 = Yes, Other Eligible Person 4 = No</p>
19	Limited English Proficient	<p>Select Yes if the individual is a person who has limited ability in speaking, reading, writing or understanding the English language and (a) whose native language is a language other than English, or (b) who lives in a family or community environment where a language other than English is the dominant language.</p> <p>Select No if the individual does not meet the conditions described above.</p>	<p>1 = Yes 2 = No</p>

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20	Individual with a Disability	<p>Select Yes if the individual indicates that he/she has any "disability," as defined in Section 3(2)(a) of the Americans with Disabilities Act of 1990 (42 U.S.C. 12102). Under that definition, a "disability" is a physical or mental impairment that substantially limits one or more of the person's major life activities. (For definitions and examples of "physical or mental impairment" and "major life activities," see paragraphs (1) and (2) of the definition of the term "disability" in 29 CFR 37.4, the definition section of the WIA non-discrimination regulations.)</p> <p>Select No if the individual indicates that he/she does not have a disability that meets the definition.</p> <p>Leave blank if the individual does not wish to self-identify.</p>	<p>1 = Yes 2 = No Blank = no self-identification</p>
21	Employment Status at Participation	<p>Record Employed 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 rea-sons, whether or not paid by the employer for time-off, and whether or not seeking another job.</p> <p>Record Employed, but Received Notice of Termination of Employment or Military Separation 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 firm date of separation from military service.</p> <p>Record Not Employed if the individual does not meet any one of the conditions describ</p>	<p>1 = Employed 2 = Employed, but Received Notice of Termination of Employment or Military Separation 3 = Not Employed</p>
22	Occupation at enrollment	<p>Record the 8-digit occupational code that best describes the individual's employment at enrollment using the O*Net Version 4.0 (or later versions) classification system.</p> <p>Leave blank if the participant is not employed at participation.</p>	<p>00000000 Blank or 00000000 = unavailable or unknown (No hyphens or periods)</p>

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23	Hours worked at enrollment	Enter the average hours per week that the participant works at the above occupation. Leave blank if the participant is not employed at participation.	00 Blank = not employed
24	Earnings at enrollment	Enter the participant's average earnings per week at the above occupation. Leave blank if the participant is not employed at participation.	00.00 Blank = not employed
25	Start Date for Job at enrollment	Enter the date on which the participant began to work at the above job. Leave blank if the participant is not employed at participation.	MM/DD/YYYY Blank = not employed

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26	Housing Status at Enrollment	<p>Select Own/Rent Apartment, Room, Or House if, at enrollment, the individual is living in an apartment, room, or house that the he/she owns or rents.</p> <p>Select Staying at someone's apartment, room, or house (Stable) if, at enrollment, the individual is living in an apartment, room, or house that somebody else owns or rents and if the person is not at risk of being displaced from this housing, i.e the housing situation is long-term.</p> <p>Select Halfway house/transitional house if, at enrollment, the individual is living in a residence designed to assist persons as they re-enter society and learn to adapt to independent living after having been in prison.</p> <p>Select Residential treatment if, at enrollment, the individual lives in a residential treatment center. A residential treatment center is a group home that provides room and board, and provides specialized treatment or rehabilitation persons with emotional, psychological, or developmental problems as well as chemical dependencies.</p> <p>Select Homeless if, at enrollment, the individual lacks a fixed, regular, adequate night time residence. This definition includes any individual who has a primary night time residence.</p> <p>Select Staying at someone's apartment, room, or house (Unstable) if, at enrollment, the individual is living in an apartment, room, or house that somebody else owns or rents and if the person is at risk of being displaced from this housing, i.e the housing situation is short-term.</p>	<p>1 = Own/rent apartment, room, or house</p> <p>2 = Staying at someone's apartment, room, or house (Stable)</p> <p>3 = Halfway house/ transitional house</p> <p>4 = Residential Treatment</p> <p>5 = Homeless</p> <p>6 = Staying at someone's apartment, room, or house (Unstable)</p>

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27	Alcohol Abuse/ Drug Use at Enrollment	<p>Select prior to incarceration if the individual used illegal drugs or abused legal drugs or alcohol within 3 months prior to incarceration.</p> <p>Select prior to enrollment if the individual used illegal drugs or abused legal drugs or alcohol 3 months prior to enrollment.</p> <p>Select both if the individual used illegal drugs or abused legal drugs or alcohol within 3 months prior to incarceration and 3 months prior to enrollment.</p> <p>Select no if the individual did not use illegal drugs or abuse alcohol 3 months prior to incarceration or 3 month prior to enrollment.</p>	<p>1 = Prior to incarceration</p> <p>2 = Prior to enrollment</p> <p>3 = Both</p> <p>4 = No</p>
28	Referral Source	Enter the name of the organization or individual who referred the applicant to the PRI program	Text
29	Post-Release Status at Enrollment	<p>Select parole if the participant is on parole on the date of participation.</p> <p>Select probation if the participant is on probation on the date of participation.</p> <p>Select other criminal justice/court supervision if the participant is on post-release supervision other than parole or probation on the date of participation.</p> <p>Select none if the participant is not on any form of post-release supervision.</p>	<p>1 = Parole</p> <p>2 = Probation</p> <p>3 = Other Criminal Justice/Court Supervision</p> <p>4 = None</p>

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30	Mandated participation	<p>Select Yes if participation in the PRI program is mandated by a criminal justice agency or agent</p> <p>Select No if participation in the PRI program is not mandated by a criminal justice agency or agent</p>	<p>1 = Yes 2 = No</p>
<p>SECTION I.C - INFORMATION AT AND PRIOR TO INCARCERATION This information is collected at enrollment.</p>			
31	Employment Status at Incarceration	Prior to your most recent incarceration, indicate whether the individual was employed within two weeks of arrest.	<p>1 = Employed full-time 2 = Employed part-time 3 = Not employed</p>
32	Date of Incarceration for most recent crime prior to participation	Enter the date on which the participant was incarcerated for the most recent crime committed prior to participation.	MM/DD/YYYY
33	Date of Release for most recent crime prior to participation	Enter the date on which the participant was most recently released from prison prior to participation.	MM/DD/YYYY
34	Institution	Enter the name of the institution at which the participant was incarcerated most recently prior to enrollment.	Text
35	Type of institution	Select the type of institution at which the participant was incarcerated most recently prior to enrollment	<p>1 = Federal prison 2 = State prison 3 = County/city jail</p>
36	Total Time Incarcerated	Enter the total number of years and months that the participant has been incarcerated during his/her lifetime.	YY/MM

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37	Property Crime	<p>Select the appropriate type(s) of property crime for the participant's most recent conviction. Property crimes include, but are not limited to, burglary, larceny, motor vehicle theft, and receiving stolen property.</p> <p>If a participant was convicted for more than one type of offense, select all appropriate offenses.</p> <p>Leave blank if the participant's most recent conviction was not for a property crime.</p>	<p>1 = Burglary 2 = Larceny 3 = Motor vehicle theft 4 = Receiving stolen property 5 = Other property crime Blank = not a property crime</p>
38	Type of Other Property Crime	<p>Specify the other property crime.</p> <p>Leave blank if the participant most recent conviction did not include other property crimes.</p>	<p>Text Blank = did not include other property crime</p>
39	Drug Crimes	<p>Select the appropriate type(s) of drug crimes for the participant's most recent conviction. Drug crimes include, but are not limited to, possession of a controlled substance, traffic in a controlled substance, and possession of drug paraphernalia.</p> <p>If a participant was convicted for more than one type of offense, select all appropriate offenses.</p> <p>Leave blank if the participant's most recent conviction was not for a drug crime.</p>	<p>1 = Possession of a controlled substance 2 = Traffic in a controlled substance 3 = Possession of drug paraphernalia 4 = Other Drug crime Blank = not a drug crime</p>
40	Type of Other Drug Crime	<p>Specify the other drug crime.</p> <p>Leave blank if the participant's most recent conviction did not include other drug crimes.</p>	<p>Text Blank = did not include other drug crime</p>

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41	Public Order Offenses	<p>Select the appropriate type(s) of public order offenses for the participant's most recent conviction. Public order offenses include, but are not limited to, commercial vice, gambling, animal cruelty, and driving while intoxicated.</p> <p>If a participant was convicted for more than one type of offense, select all appropriate offenses.</p> <p>Leave blank if the participant's most recent conviction was not for a public order offense.</p>	<p>1 = Commercial vice 2 = Gambling 3 = Animal cruelty 4 = Driving while intoxicated 5 = Other public order offense Blank = not a public order offense</p>
42	Type of Other Public Order Offenses	<p>Specify the other public order offense.</p> <p>Leave blank if the participant's most recent conviction did not include other public order offenses.</p>	<p>Text Blank = did not include other public order offense</p>
43	Other Offenses	<p>Select yes if the participant's most recent conviction was for any offense not included in property, drug, or public order offenses.</p>	<p>1 = Yes 2 = No</p>
44	Type of Other Offenses	<p>Specify the other offenses.</p> <p>Leave blank if the participant's most recent conviction did not include other offenses.</p>	<p>Text Blank = did not include other offenses</p>
45	Received DoJ Pre-Release Services	<p>Select yes if the participant indicated that he/she was enrolled in the Department of Justice's pre-release program.</p>	<p>1 = Yes 2 = No</p>

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SECTION II - PROGRAM ACTIVITIES AND SERVICES INFORMATION			
SECTION IIA - PROGRAM PARTICIPATION DATA			
46	Date of Program Participation	Record the date on which the individual begins receiving his/her first service funded by the program following a determination of eligibility to participate in the program.	MM/DD/YYYY Mandatory
47	Date of Exit	Record the date on which the last service funded by the program or a partner program (excluding supportive services) is received by the participant or the date of incarceration, whichever occurs first. Once a participant has not received any services funded by the program (excluding supportive services) or a partner program for 90 consecutive calendar days has no planned 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.	MM/DD/YYYY

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48	Prerelease contact	<p>Select Yes if the DoL grantee had any contact with the participant prior to registration in the program.</p> <p>Select No if the DoL grantee did not have any contact with the participant prior to registration in the program.</p>	<p>1 = Yes 2 = No</p>
49	Other Reasons for Exit (at time of exit or during 3-quarter measurement period following the quarter of exit)	<p>Select Health/Medical if the participant is receiving medical treatment 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.</p> <p>Select Deceased if the participant was found to be deceased or no longer living.</p> <p>Select Family Care if the participant is providing care for a family member 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.</p> <p>Record Reservists Called to Active Duty if the participant is a reservist who is called to active duty for at least 90 days.</p> <p>Record Relocated to Mandated REsidential Program if the youth participant is in the foster care system or any other mandated residential program and has moved from the area as part of such a program or system (exclusion for youth participants only).</p> <p>Leave blank if the none of the above reasons apply.</p>	<p>02 = Health/Medical 03 = Deceased 04 = Family Care 05 = Reservists Called to Active Duty Blank = none of the above</p>

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SECTION II.B - SERVICES AND OTHER RELATED ASSISTANCE DATA			
Education or Job Training Activities			
50	Date Entered Math/Reading Remediation	Enter the date on which the participant started math/reading remediation. Math/Reading remediation consists of classroom instruction designed to improve an participant's reading and/or math skills for those participants who are determined to be basic literacy skills deficient. Basic education skills include reading comprehension, math computation, writing, speaking, listening, problem solving, reasoning, and the capacity to use these skills.	MM/DD/YYYY
51	Expected Completion Date of Math/Reading Remediation	Enter the date on which the participant is expected to complete math/reading Remediation.	MM/DD/YYYY
52	Date of Last Math/Reading Remediation Services During the Month	Enter the last date during the month in which the participant received math/remediation services. Note: This field must repeat for every month in which the participant receives math/remediation services.	MM/DD/YYYY
53	Date Ended Math/Reading Remediation	Enter the date on which the participant exited math/reading remediation.	MM/DD/YYYY
54	Completed Math/Reading Remediation	Select yes if the participant successfully completed math/reading remediation. Select no if the participant did not successfully complete math/reading remediation.	1 = Yes 2 = No
55	Date Entered GED Preparation	Enter the date on which the participant started GED preparation. GED preparation is an activity intended to prepare an participant for passing the GED examination.	MM/DD/YYYY
56	Expected Completion Date of GED Preparation	Enter the date on which the participant is expected to complete GED preparation.	MM/DD/YYYY
57	Date of Last GED Preparation Services During the Month	Enter the last date during the month in which the participant received GED preparation services. Note: This field must repeat for every month in which the participant receives GED preparation services.	MM/DD/YYYY

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58	Date Ended GED Preparation	Enter the date on which the participant exits GED preparation.	MM/DD/YYYY
59	Completed GED Preparation	Select yes if the participant successfully completed GED preparation Select no if the participant did not successfully complete GED preparation.	1 = Yes 2 = No
60	Date Entered Vocational/ Occupational Skills Training Services	Enter the date on which the participant started vocational/occupational skills training. Vocational/ occupational skills training is a type of long term occupational training consisting of specific classroom and work-based study in a specific occupation leading to a degree or certificate.	MM/DD/YYYY
61	Expected Completion Date of Vocational/ Occupational Skills Training Services	Enter the date on which the participant is expected to complete vocational/occupational skills training.	MM/DD/YYYY
62	Date of Last Vocational/ Occupational Skills Training Services During the Month	Enter the last date during the month in which the participant received vocational/occupational skills training services. Note: This field must repeat for every month in which the participant receives vocational/occupational skills training services.	MM/DD/YYYY
63	Date Ended Vocational/ Occupational Skills Training Services	Enter the date on which the participant exited vocational/occupational skills training.	MM/DD/YYYY
64	Completed Vocational/ Occupational Skills Training Services	Select yes if the participant successfully completed vocational/occupational skills training. Select no if the participant did not successfully complete vocational/ occupational skills training.	1 = Yes 2 = No

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65	Expected Duration of Vocational/ Occupational Skills Training	Select the duration of the vocational/occupational skills training program that the participant has entered	1 = 5 or fewer hours per week 2 = 6 to 15 hours per week 3 = 16 to 25 hours per week 4 = 25 or more hours per week
66	Expected Cost of Vocational/ Occupational Skills Training	Enter the expected cost of the vocational/occupational skills training program that the participant has entered.	0000.00
67	Date Entered On the Job Training (OJT)	Enter the date on which the participant started on-the-job training (OJT). OJT is training provided by an employer that pays the participant while the participant is engaged in productive work. The job provides knowledge or skills essential to the full and adequate performance of the job, provides reimbursement to the employer of up to 50% of the wage rate of the participant, and is limited in duration to a period appropriate to the occupation for which the participant is being trained.	MM/DD/YYYY
68	Expected Completion Date of On the Job Training (OJT)	Enter the date on which the participant is expected to complete on-the-job training (OJT).	MM/DD/YYYY
69	Date of Last On the Job Training (OJT) Services During the Month	Enter the last date during the month in which the participant received on the job training (OJT) services. Note: This field must repeat for every month in which the participant receives on the job training (OJT) services.	MM/DD/YYYY
70	Date Ended On the Job Training (OJT)	Enter the date on which the participant exited on-the-job training (OJT).	MM/DD/YYYY
71	Completed On the Job Training (OJT)	Select yes if the participant successfully completed OJT. Select no if the participant did not successfully complete OJT.	1 = Yes 2 = No
72	Date Entered Other Education Or Job Training Activities	Enter the date on which the participant started other education or job training activities	MM/DD/YYYY

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73	Type of Other Education or Job Training Activities	Specify the type of other education or job training activities .	Text
74	Expected Completion Date of Other Education Or Job Training Activities	Enter the date on which the participant is expected to complete other education or job training activities .	MM/DD/YYYY
75	Date of Last Other Education or Job Training Activities Services During the Month	<p>Enter the last date during the month in which the participant received other education or job training -activities services.</p> <p>Note: This field must repeat for every month in which the participant receives other education or job training -activities services.</p>	MM/DD/YYYY
76	Date Ended Other Education Or Job Training Activities	Enter the date on which the participant exits other education or job training activities .	MM/DD/YYYY
77	Completed Other Education Or Job Training Activities	<p>Select yes if the participant successfully completed other education or job training activities</p> <p>Select no if the participant did not successfully complete other education or job training activities .</p>	<p>1 = Yes</p> <p>2 = No</p>

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Workforce Preparation Activities			
78	Date Entered Subsidized Employment	Enter the date on which the participant started subsidized employment.	MM/DD/YYYY
79	Expected Completion Date of Subsidized Employment	Enter the date on which the participant is expected to complete subsidized employment.	MM/DD/YYYY
80	Date of Last Subsidized Employment Services During the Month	Enter the last date during the month in which the participant received subsidized employment services. Note: This field must repeat for every month in which the participant receives subsidized employment services.	MM/DD/YYYY
81	Date Ended Subsidized Employment	Enter the date on which the participant exited subsidized employment.	MM/DD/YYYY
82	Completed Subsidized Employment	Select yes if the participant successfully completed OJT. Select no if the participant did not successfully complete OJT.	1 = Yes 2 = No
83	Date Entered Internship	Enter the date on which the participant started internship. Internship consists of onsite work experience designed to improve an enrollee's occupational skills and readiness for the world of work.	MM/DD/YYYY
84	Expected Completion Date of Internship	Enter the date on which the participant is expected to complete internship.	MM/DD/YYYY
85	Date of Last Internship During the Month	Enter the last date during the month in which the participant participated in an internship.. Note: This field must repeat for every month in which the participant is in the internship.	MM/DD/YYYY
86	Date Ended Internship	Enter the date on which the participant exits internship.	MM/DD/YYYY
87	Completed Internship	Select yes if the participant successfully completed internship Select no if the participant did not successfully complete internship.	1 = Yes 2 = No

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88	Date Entered Workforce Information Services	<p>Enter the date on which the participant started workforce information services.</p> <p>Workforce information services include, but is not limited to, providing information on state and local labor market conditions; industries, occupations and characteristics of the workforce; area business identified skills needs; employer wage and benefit trends; short- and long-term industry and occupational projections; worker supply and demand; and job vacancies survey results. Workforce information also includes local employment dynamics information such as workforce availability; business turnover rates; job creation; job destruction; new hire rates, worker residency, commuting pattern information; and the identification of high growth and high demand industries.</p>	MM/DD/YYYY
89	Expected Completion Date of Workforce Information Services	<p>Enter the date on which the participant is expected to complete workforce information services.</p>	MM/DD/YYYY
90	Date of Last Workforce Information Services During the Month	<p>Enter the last date during the month in which the participant received workforce information services .</p> <p>Note: This field must repeat for every month in which the participant receives workforce information services .</p>	MM/DD/YYYY
91	Date Ended Workforce Information Services	<p>Enter the date on which the participant exits workforce information services.</p>	MM/DD/YYYY
92	Completed Workforce Information Services	<p>Select yes if the participant successfully completed workforce information services</p> <p>Select no if the participant did not successfully complete workforce information services.</p>	1 = Yes 2 = No
93	Date Entered Work Readiness Training	<p>Enter the date on which the participant started work readiness training.</p> <p>Work readiness training includes world of work awareness, labor market knowledge, occupational information, values clarification and personal understanding, career planning and decision-making, and job search techniques (resumes, interviews, applications, and follow-up letters). It also includes positive work habits, attitudes, and behavior such as punctuality, regular attendance, presenting a neat appearance, getting along and working well with others, exhibiting good conduct, following instructions and completing tasks, accepting constructive criticism from supervisors and co-workers, showing initiative and reliability, and assuming the responsibilities involved in maintaining a job.</p>	MM/DD/YYYY

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94	Expected Completion Date of Work Readiness Training	Enter the date on which the participant is expected to complete work readiness training.	MM/DD/YYYY
95	Date of Last Work Readiness Training Services During the Month	Enter the last date during the month in which the participant received work readiness training services. Note: This field must repeat for every month in which the participant receives work readiness training services.	MM/DD/YYYY
96	Date Ended Work Readiness Training	Enter the date on which the participant exits work readiness training.	MM/DD/YYYY
97	Completed Work Readiness Training	Select yes if the participant successfully completed work readiness training Select no if the participant did not successfully complete work readiness training.	1 = Yes 2 = No
98	Date Entered Career/Life Skills Counseling	Enter the date on which the participant started career/life skills counseling. Career/Life skills counseling is any formal counseling provided on a specific life skill or related to career guidance.	MM/DD/YYYY
99	Expected Completion Date of Career/Life Skills Counseling	Enter the date on which the participant is expected to complete career/life skills counseling.	MM/DD/YYYY
100	Date of Last Career/Life Skills Counseling Services During the Month	Enter the last date during the month in which the participant received career/life skills counseling services. Note: This field must repeat for every month in which the participant receives career/life skills counseling services.	MM/DD/YYYY
101	Date Ended Career/Life Skills Counseling	Enter the date on which the participant exits career/life skills counseling.	MM/DD/YYYY

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	VALID VALUES
102	Completed Career/Life Skills Counseling	Select yes if the participant successfully completed career/life skills counseling Select no if the participant did not successfully complete career/life skills counseling.	1 = Yes 2 = No
103	Date Entered Other Workforce Preparation Activities	Enter the date on which the participant started other workforce preparation activities.	MM/DD/YYYY
104	Type of Other Workforce Preparation Activities	Specify the type of other workforce preparation activities.	Text
105	Expected Completion Date of Other Workforce Preparation Activities	Enter the date on which the participant is expected to complete other workforce preparation activities.	MM/DD/YYYY
106	Date of Last Other Workforce Preparation Activities Services During the Month	Enter the last date during the month in which the participant received other workforce preparation activities services. Note: This field must repeat for every month in which the participant receives other workforce preparation activities services.	MM/DD/YYYY
107	Date Ended Other Workforce Preparation Activities	Enter the date on which the participant exits other workforce preparation activities.	MM/DD/YYYY
108	Completed Other Workforce Preparation Activities	Select yes if the participant successfully completed other workforce preparation activities Select no if the participant did not successfully complete other workforce preparation activities.	1 = Yes 2 = No

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	VALID VALUES
Community Involvement Activities			
109	Date Entered Community Service	Enter the date on which the participant started community service. Community service is an activity in which the participants perform volunteer work that benefits the community	MM/DD/YYYY
110	Expected Completion Date of Community Service	Enter the date on which the participant is expected to complete community service.	MM/DD/YYYY
111	Date of Last Community Service Services During the Month	Enter the last date during the month in which the participant received community service services. Note: This field must repeat for every month in which the participant receives community service services.	MM/DD/YYYY
112	Date Ended Community Service	Enter the date on which the participant exits community service.	MM/DD/YYYY
113	Completed Community Service	Select yes if the participant successfully completed community service Select no if the participant did not successfully complete community service.	1 = Yes 2 = No
114	Date Entered Other Community Involvement Activities	Enter the date on which the participant started other community service.	MM/DD/YYYY
115	Type of Other Community Involvement Activities	Specify the type of other community service.	Text
116	Expected Completion Date of Other Community Involvement Activities	Enter the date on which the participant is expected to complete community service.	MM/DD/YYYY

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	VALID VALUES
117	Date of Last Other Community Service Services During the Month	Enter the last date during the month in which the participant received other community service services. Note: This field must repeat for every month in which the participant receives other community service services.	MM/DD/YYYY
118	Date Ended Other Community Involvement Activities	Enter the date on which the participant exits community service.	MM/DD/YYYY
119	Completed Other Community Involvement Activities	Select yes if the participant successfully completed community service Select no if the participant did not successfully complete community service.	1 = Yes 2 = No
Mentoring Activities			
120	Date Entered Mentoring Activities	Enter the date on which the participant started mentoring activities. Mentoring is a sustained relationship between a mentor and participant, whether one on one or in a group setting. Through continued involvement, a mentor offers support and guidance in the individual's development to become a responsible member of the community. A variety of approaches may be used such as coaching, training, discussion, and counseling.	MM/DD/YYYY
121	Expected Completion Date of Mentoring Activities	Enter the date on which the participant is expected to complete mentoring activities.	MM/DD/YYYY
122	Date of Last Mentoring Activities Services During the Month	Enter the last date during the month in which the participant received mentoring activities services. Note: This field must repeat for every month in which the participant receives mentoring activities services.	MM/DD/YYYY
123	Date Ended Mentoring Activities	Enter the date on which the participant exits mentoring activities.	MM/DD/YYYY
124	Completed Mentoring Activities	Select yes if the participant successfully completed mentoring activities Select no if the participant did not successfully complete mentoring activities.	1 = Yes 2 = No

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	VALID VALUES
Supportive Services			
125	Date Entered Transportation Services	Enter the date on which the participant started transportation services. Transportation services include assistance or cash paid to participants for the purpose of transportation.	MM/DD/YYYY
126	Date of Last Transportation Services During the Month	Enter the last date during the month in which the participant received transportation services . Note: This field must repeat for every month in which the participant receives transportation services .	MM/DD/YYYY
127	Date Ended Transportation Services	Enter the date on which the participant exits transportation services.	MM/DD/YYYY
128	Date Entered Child Care Services	Enter the date on which the participant started child care services. Child care services provide participants during program participation with child care that can be inside or outside the home, as well as after-school programs. It usually includes supervision and shelter.	MM/DD/YYYY
129	Date of Last Child Care Services During the Month	Enter the last date during the month in which the participant received child care services . Note: This field must repeat for every month in which the participant receives child care services .	MM/DD/YYYY
130	Date Ended Child Care Services	Enter the date on which the participant exits child care services.	MM/DD/YYYY
131	Date Entered Needs Related Payments	Enter the date on which the participant started needs related payments. Needs-related payments provide financial assistance to participants for the purpose of enabling individuals to participate in training	MM/DD/YYYY
132	Date of Last Needs Related Payments During the Month	Enter the last date during the month in which the participant received needs related payments services. Note: This field must repeat for every month in which the participant receives needs related payments services.	MM/DD/YYYY

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	VALID VALUES
133	Date Ended Needs Related Payments	Enter the date on which the participant exits needs related payments.	MM/DD/YYYY
134	Date Entered Follow-up Mentoring Services	Enter the date on which the participant started follow-up mentoring services. Follow-up mentoring services are on-going mentoring that occurs after exit.	MM/DD/YYYY
135	Last Date of Follow-up Mentoring Services During Month	Enter the last date during the month in which the participant received follow-up mentoring services. Note: This field must repeat for every month in which the participant receives follow-up mentoring services.	MM/DD/YYYY
136	Date Ended Follow-up Mentoring Services	Enter the last date on which the participant received follow-up mentoring services.	MM/DD/YYYY
137	Date Entered Other Follow-up Services	Enter the date on which the participant started other follow-up services. other follow-up services are on-going mentoring that occurs after exit.	MM/DD/YYYY
138	Last Date of Other Follow-up Services During Month	Enter the last date during the month in which the participant received other follow-up services. Note: This field must repeat for every month in which the participant receives other follow-up services.	MM/DD/YYYY
139	Date Ended Other Follow-up Services	Enter the last date on which the participant received other follow-up services.	MM/DD/YYYY
140	Date Entered Other Supportive Services	Enter the date on which the participant started other supportive services. Other supportive services includes all supportive servuces not listed above.	MM/DD/YYYY
141	Date of Last Other Supportive Services During the Month	Enter the last date during the month in which the participant received other supportive services . Note: This field must repeat for every month in which the participant receives other supportive services .	MM/DD/YYYY
142	Date Ended Other Supportive Services	Enter the date on which the participant exits other supportive services.	MM/DD/YYYY

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	VALID VALUES
SECTION III - PROGRAM OUTCOMES INFORMATION			
SECTION III.A - FOLLOW-UP			
143	Date of Follow-up	Enter the date on which the grantee attempted to contact the participant to obtain post-program follow-up information, such as post-program employment and earnings information. Repeat for each follow-up attempt.	MM/DD/YYYY
144	Successful Follow-up	Enter yes if the grantee successfully contact the participant to collect follow-up information. Enter no if the grantee did not successfully contact the participant to collect follow-up information. Repeat for each follow-up attempt.	1 = Yes 2 = No
SECTION III.B - SHORT-TERM OUTCOME STATUS			
145	Alcohol Abuse/ Drug Use at 6 Months	Select yes if the individual used illegal drugs or abused legal drugs or alcohol alcohol within 6 months after enrollment Select no if the individual did not use illegal drugs or abuse legal drugs or alcohol within 6 months after enrollment.	1 = Yes 2 = No

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	VALID VALUES
146	Housing Status at 6 Months	<p>Select Own/Rent Apartment, Room, Or House if, 6 months after enrollment, the individual is living in an apartment, room, or house that the he/she owns or rents.</p> <p>Select Staying at someone's apartment, room, or house (Stable) if, 6 months after enrollment, the individual is living in an apartment, room, or house that somebody else owns or rents and if the person is not at risk of being displaced from this housing, i.e the housing situation is long-term.</p> <p>Select Halfway house/transitional house if, 6 months after enrollment, the individual is living in a residence designed to assist persons as they re-enter society and learn to adapt to independent living after having been in prison.</p> <p>Select Residential treatment if, 6 months after enrollment, the individual lives in a residential treatment center. A residential treatment center is a group home that provides room and board, and provides specialized treatment or rehabilitation persons with emotional, psychological, or developmental problems as well as chemical dependencies.</p> <p>Select Homeless if, 6 months after enrollment, the individual lacks a fixed, regular, adequate individual who has a primary night time residence that is a publicly or privately operated providing temporary residence for individuals intended to be institutionalized; or a public regular sleeping accommodation for human beings. This definition does not include an or State law. An individual who may be sleeping in a temporary accommodation while recorded as homeless.</p> <p>Select Staying at someone's apartment, room, or house (Unstable) if, 6 months after enrollment, the individual is living in an apartment, room, or house that somebody else owns or rents and if the person is at risk of being displaced from this housing, i.e the housing situation is short-term.</p>	<p>1 = Own/rent apartment, room, or house</p> <p>2 = Staying at someone's apartment, room, or house (Stable)</p> <p>3 = Halfway house/ transitional house</p> <p>4 = Residential Treatment</p> <p>5 = Homeless</p> <p>6 = Staying at someone's apartment, room, or house (Unstable)</p>

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	VALID VALUES
147	Date of Initial Placement Into Unsubsidized Employment	Enter the date on which the participant started the initial unsubsidized employment	MM/DD/YYYY
148	Employer Name for Initial Placement Into Unsubsidized Employment	Enter the employer's name for the participant's initial placement into unsubsidized employment.	Text
149	Employer Contact for Initial Placement Into Unsubsidized Employment	Enter the contact information for the employer for the participant's placement into unsubsidized employment.	Text
150	Last Date of Employment for Initial Placement into Unsubsidized Employment	Enter the last date on which the participant worked for the employer.	MM/DD/YYYY
151	Hourly Wage at Placement for Initial Placement into Unsubsidized Employment	Enter the hourly wage for the initial unsubsidized unemployment at placement.	00.00
152	Number of Hours Worked During the 1st Full Week in Initial Placement into Unsubsidized Employment.	Enter the number of hours worked during the first full week for the initial job placement.	00
153	Date of Placement Into Unsubsidized Employment #1	Enter the date on which the participant started the unsubsidized employment.	MM/DD/YYYY
154	Employer Name for Placement Into Unsubsidized Employment #1	Enter the employer's name for the participant's placement into unsubsidized employment.	Text
155	Employer Contact for Placement Into Unsubsidized Employment #1	Enter the contact information for the employer for the participant's placement into unsubsidized employment.	Text

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	VALID VALUES
156	Last Date of Employment for Placement into Unsubsidized Employment #1	Enter the last date on which the participant worked for the employer.	MM/DD/YYYY
157	Hourly Wage at Placement for Placement into Unsubsidized Employment #1	Enter the hourly wage for the unsubsidized unemployment at placement.	00.00
158	Number of Hours Worked During the 1st Full Week in Placement into Unsubsidized Employment #1	Enter the number of hours worked during the first full week for the placement into unsubsidized employment..	00
159	Repeat Fields 153 to 158 for Additional Jobs	Grantees must be able to collect the above job information for as many jobs as the participant has.	
160	Re-Arrested/ Re-Incarcerated	<p>Select the appropriate choice from below:</p> <p>Re-arrested for a new crime if the participant is arrested for a new crime.</p> <p>Re- incarcerated for a revocation of the parole or probation order for violations of terms of sentence.</p> <p>Otherwise violated the terms and condition of their sentence if the participant violates his/her parole or probation and is not re-incarcerated. (Note: This option does not count towards the recidivism rate.)</p> <p>Leave blank if none of the above apply.</p> <p>This field repeats as needed.</p>	<p>1 = Re-arrested for a new crime</p> <p>2 = Re- incarcerated for a revocation of the parole or probation order for violations of terms of sentence</p> <p>3 = Otherwise violated the terms and condition of their sentence</p> <p>Blank = none of the above</p>
161	Date Re-Arrested/ Re-Incarcerated	<p>Enter the date on which the participant was re-arrested for a new crime or re-incarcerated for a violation of parole or probation.</p> <p>This field repeats as needed for repeated.</p>	MM/DD/YYYY

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	VALID VALUES
162	Date Entered Post-Secondary Education	<p>Enter the date on which the participant enrolled in post-secondary education during program participation..</p> <p>Leave blank if the participant does not enter post-secondary education during program participation.</p>	<p>MM/DD/YYYY</p> <p>Blank = did not enter post-secondary education</p>
SECTION III.C - POST-PROGRAM EMPLOYMENT AND JOB RETENTION DATA			
163	Employed in 1st Quarter After Exit Quarter	<p>Select yes if the participant was employed in the first quarter after the quarter of exit.</p> <p>Select no if the participant was not employed in the first quarter after the quarter of exit.</p>	<p>1 = Yes</p> <p>2 = No</p>
164	Type of Employment Match 1st Quarter After Exit Quarter	<p>Use the appropriate code to identify the method used in determining the individual's employment status in the first quarter following the quarter of exit. If the individual is found in more than once source of employment, record the data source for which the individual's earnings are greatest.</p>	<p>1 = UI Wage Records (In-State & WRIS)</p> <p>2 = Federal Employment Records (OPM, USPS)</p> <p>3 = Military Employment Records (DOD)</p> <p>4 = Other Administrative Wage Records</p> <p>5 = Supplemental through case management, participant survey, and/or verification with the employer</p>
165	Date of Follow-up for 1st Quarter After the Exit Quarter Employment and Wage Information	<p>Enter the date on which the grantee attempted to contact the participant to obtain information on employment and earnings for the 1st quarter after the exit quarter post-program.</p> <p>Repeat for each follow-up attempt.</p>	MM/DD/YYYY
166	Successful Follow-up for 1st Quarter After the Exit Quarter Employment and Wage Information	<p>Enter yes if the grantee successfully contact the participant to collect employment and earnings information for the 1st quarter after the exit quarter.</p> <p>Enter no if the grantee did not successfully contact the participant to collect this information.</p> <p>Repeat for each follow-up attempt.</p>	<p>1 = Yes</p> <p>2 = No</p>

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	VALID VALUES
167	Employed in 2nd Quarter After Exit Quarter	Select yes if the participant was employed in the second quarter after the quarter of exit. Select no if the participant was not employed in the second quarter after the quarter of exit.	1 = Yes 2 = No
168	Type of Employment Match 2nd Quarter After Exit Quarter	Use the appropriate code to identify the method used in determining the individual's employment status in the second quarter following the quarter of exit. If the individual is found in more than once source of employment, record the data source for which the individual's earnings are greatest.	1 = UI Wage Records (In-State & WRIS) 2 = Federal Employment Records (OPM, USPS) 3 = Military Employment Records (DOD) 4 = Other Administrative Wage Records 5 = Supplemental through case management, participant survey, and/or verification with the employer
169	Hours Worked first full week for the 2nd quarter after the exit quarter.	Enter the number of hours worked in the first full week of employment during the 2nd quarter after the exit quarter.	00
170	Hourly Wages First Full Week of Work for the 2nd quarter after the exit quarter	Enter the hourly wage for the job listed in the above element for in the first full week of employment during the 2nd quarter after the exit quarter.	00.00
171	Employed in 3rd Quarter After Exit Quarter	Select yes if the participant was employed in the third quarter after the quarter of exit. Select no if the participant was not employed in the third quarter after the quarter of exit.	1 = Yes 2 = No

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	VALID VALUES
172	Type of Employment Match 3rd Quarter After Exit Quarter	Use the appropriate code to identify the method used in determining the individual's employment status in the third quarter following the quarter of exit. If the individual is found in more than once source of employment, record the data source for which the individual's earnings are greatest.	1 = UI Wage Records (In-State & WRIS) 2 = Federal Employment Records (OPM, USPS) 3 = Military Employment Records (DOD) 4 = Other Administrative Wage Records 5 = Supplemental through case management, participant survey, and/or verification with the employer 6 = Information not yet available
173	Hours Worked first full week for the 3rd quarter after the exit quarter.	Enter the number of hours worked in the first full week of employment during the 3rd quarter after the exit quarter.	00
174	Hourly Wages First Full Week of Work for the 3rd quarter after the exit quarter	Enter the hourly wage for the job listed in the above element for in the first full week of employment during the 3rd quarter after the exit quarter.	00.00
175	Date of Follow-up for 3rd Quarter After the Exit Quarter Employment and Wage Information	Enter the date on which the grantee attempted to contact the participant to obtain information on employment and earnings for the 3rd quarter after the exit quarter post-program. Repeat for each follow-up attempt.	MM/DD/YYYY
176	Successful Follow-up for 3rd Quarter After the Exit Quarter Employment and Wage Information	Enter yes if the grantee successfully contact the participant to collect employment and earnings information for the 3rd quarter after the exit quarter. Enter no if the grantee did not successfully contact the participant to collect this information. Repeat for each follow-up attempt.	1 = Yes 2 = No
SECTION IL.D - POST-PROGRAM WAGE DATA These fields are to be used for wage record data only.			

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	VALID VALUES
177	Wages 1st Quarter After Exit Quarter	Record total earnings from wage records for the first quarter after the quarter of exit. Enter 999999.99 if data is not yet available.	000000.00
178	Wages 2nd Quarter After Exit Quarter	Record total earnings from wage records for the second quarter after the quarter of exit. Enter 999999.99 if data is not yet available.	000000.00
179	Wages 3rd Quarter After Exit Quarter	Record total earnings from wage records for the third quarter after the quarter of exit. Enter 999999.99 if data is not yet available.	000000.00

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	VALID VALUES
SECTION III.E - EDUCATION AND CREDENTIAL DATA			
180	Attained Diploma, GED, or Certificate #1	<p>Select attained a secondary school diploma individual attained a secondary school (high school) diploma recognized by the State.</p> <p>Select attained a GED or high school equivalency diploma if the individual attained a GED or high school equivalency diploma recognized by the State.</p> <p>Select attained a certificate in recognition of attainment of technical or occupational skills if the individual attained a certificate in recognition of attainment of technical or occupational skills.</p> <p>Select did not attain a diploma, GED, or certificate if the individual did not attain a diploma, GED, or certificate.</p>	<p>1 = Attained a secondary school (high school) diploma.</p> <p>2 = Attained a GED or high school equivalency diploma.</p> <p>3 = Attained a certificate in recognition of attainment of technical or occupational skills.</p> <p>4 = Did not attain a diploma, GED, or certificate</p>
181	Date Attained Degree or Certificate #1	<p>Record the date on which the individual attained a diploma, GED, or certificate.</p> <p>Leave "blank" if the individual did not attain a diploma, GED, or certificate.</p>	<p>MM/DD/YYYY</p> <p>Blank = did not attain diploma, GED, or certificate</p>
182	Specify the Name of Certificate #1	<p>Specify the name of the first certificate achieved.</p> <p>Leave blank if no certificate was achieved.</p>	<p>Text</p> <p>Blank = no certificate achieved</p>
183	Attained Diploma, GED, or Certificate #2	<p>Select attained a secondary school diploma individual attained a secondary school (high school) diploma recognized by the State.</p> <p>Select attained a GED or high school equivalency diploma if the individual attained a GED or high school equivalency diploma recognized by the State.</p> <p>Select attained a certificate in recognition of attainment of technical or occupational skills if the individual attained a certificate in recognition of attainment of technical or occupational skills.</p> <p>Select did not attain a diploma, GED, or certificate if the individual did not attain a diploma, GED, or certificate.</p>	<p>1 = Attained a secondary school (high school) diploma.</p> <p>2 = Attained a GED or high school equivalency diploma.</p> <p>3 = Attained a certificate in recognition of attainment of technical or occupational skills.</p> <p>4 = Did not attain a diploma, GED, or certificate</p>

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	VALID VALUES
184	Date Attained Degree or Certificate #2	Record the date on which the individual attained a diploma, GED, or certificate. Leave "blank" if the individual did not attain a diploma, GED, or certificate.	MM/DD/YYYY Blank = did not attain diploma, GED, or certificate
185	Specify the Name of Certificate #2	Specify the name of the second certificate achieved. Leave blank if no certificate was achieved.	Text Blank = no certificate achieved