

OMB Control Number 1205-0521 Expiration Date: 06-30-2021																						ETA-9172
DATA ELEMENT NO.	DATA ELEMENT NAME	DATA TYPE/ FIELD LENGTH	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	CODE VALUE	REQUIREMENTS BY PROGRAM OF PARTICIPATION ¹																	
					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 (REO) (Adult)	Reentry Employment Opportunities (REO) (Youth)	YouthBuild	Jobs for Veterans' State Grants (JVS/G)	HIB	Job Corps	Incumbent Worker (Adult/DW Funded)	SCSEP	
SECTION A - INDIVIDUAL INFORMATION																						
SECTION A.01 - IDENTIFYING DATA																						
N/A	OBS Number	IN 9	Record a unique nine integer number for each record to support processing	00000000 (No hyphens)	R	R	R	R	R	R	R	R	R	R	R	R	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 exit (i.e., "period of participation") that a participant has during a program year so that a unique count of participants may be calculated for the program year. NOTE: For Titles I, II, and III, unless specifically directed in program guidance, this field cannot contain a social security number.	XXXXXXXXXX	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	
101	State Code of Residence (WIOA)	AN 2	Record the 2-letter FIPS 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 is that location established or claimed as the permanent residence or "home" of the participant. If primary domicile is outside the United States, use the following numeric codes: 77 = All Other Countries 88 = Mexico 99 = Canada For persons on active military duty, states should record the two-letter Air/Army Post Office (APO) or Fleet Post Office (FPO) as defined by the Military Postal Service Agency. AE (ZIPs 09xxx) for Armed Forces Europe which includes Canada, Middle East, and Africa AP (ZIPs 962xx - 966xx) for Armed Forces Pacific AA (ZIPs 340xx) for Armed Forces (Central and South) Americas	XX	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	
102	County Code of Residence	IN 3	Record the 3-digit FIPS Code of the County of the primary domicile of the participant. Primary domicile is that location established or claimed as the permanent residence or "home" of the participant. If primary domicile is outside the United States, use the following codes: 777 = All Other Countries 888 = Mexico 999 = Canada	000	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	
103	Zip Code of Residence	IN 5	Record the 5-digit zip code of the primary domicile of the participant. Primary domicile is that location established or claimed as the permanent residence or "home" of the participant. If primary domicile is outside the United States, use the following codes: 77777 = All Other Countries 88888 = Mexico 99999 = Canada For persons on active military duty, states should record the zip code associated with the APO or FPO as defined by the Military Postal Service Agency.	00000	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	

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104	Economic/Labor Market Area and Physical Location Code	IN 9	Record the code (maximum of 9-digits) of the economic/labor market area and physical location in which the participant received his/her first service with significant staff involvement and is financially assisted by the program. Grantees have the flexibility to use 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 next 4-digits of this field should be used to identify the physical location in which the participant began receiving services with significant staff involvement. Unless otherwise specified by ETA, codes contained within this field are determined by the grantee. Record 999999999 to indicate "statewide/virtual office" if the participant only received remote or virtual self-service or informational activities. Record 000000000 if not known. A physical location means a designated One-Stop Career Center, an affiliated One-Stop partner site, or other specialized centers and sites designed to address special customer needs, such as a company work site for dislocated workers.	000000000								R									
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.	XXXXXXX		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.	XXXXXXX		R	R	R	R	R	R				R	R	R	R		R	
107	Special Project ID - 3	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 third Project ID in 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.	XXXXXXX		R	R	R	R	R	R				R	R	R	R		R	
108 - A	ETA-Assigned 1st Local Workforce Board Code	IN 5	Record the 5-digit ETA assigned Local Board/Statewide code where the participant was determined eligible to participate in the program and received his/her first service financially assisted by the program. If the participant was served by the local area and also by other non-local funds (e.g., statewide funds or a Dislocated Worker Grant), record 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 reports as well as the identified Local Area reports.	00000		R	R	R	R	R	R						R			R	R
108 - B	ETA-Assigned 2nd Local Workforce Board Code	IN 5	Record the 5-digit ETA assigned Local Board where the participant was determined eligible to participate in the program and received his/her first service financially assisted by the program. If the participant was served by the local area and also by other non-local funds (e.g., statewide funds or a Dislocated Worker Grant), record the code for the Local Board. If participant record is a liable state record, record 99999. This is the secondary 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

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108 - C	ETA-Assigned 3rd Local Workforce Board Code	IN 5	Record the 5-digit ETA assigned Local Board where the participant was determined eligible to participate in the program and received his/her first service financially assisted by the program. If the participant was served by the local area and also by other non-local funds (e.g., statewide funds or a Dislocated Worker Grant), record the code for the Local Board. If participant record is a liable state record, record 99999. This is the tertiary 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 INFORMATION																						
200	Date of Birth (WIOA)	DT 8	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	
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	
202	Individual with a Disability (WIOA)	IN 1	Record 1 if the participant 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. Record 0 if the participant indicates that he/she does not have a disability that meets the definition. 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	R	R	R	
203	Category Of Disability	IN 9	For those participants where Individual With A Disability (WIOA) = 1: Record 1 if the impairment is primarily physical, due to a chronic health condition. Record 2 if the impairment is primarily physical, including mobility. Record 3 if, because of a mental illness, psychiatric disability, or emotional condition, the participant has serious difficulty concentrating, remembering, or making decisions. Record 4 if the participant is blind or has serious difficulty seeing. Record 5 if the participant is deaf or has serious difficulty hearing. Record 6 if the participant has a learning disability. Record 7 if the participant has a cognitive or intellectual disability. Record 9 if the participant does not wish to disclose his/her category of disability. Record 0 if the participant has no disability. Record all that apply if the participant has more than one impairment.	1 = Physical/Chronic Health Condition 2 = Physical/Mobility Impairment 3 = Mental or Psychiatric Disability 4 = Vision-related disability 5 = Hearing-related disability 6 = Learning Disability 7 = Cognitive/Intellectual disability 9 = Participant did not disclose type of disability 0 = No disability		R	R	R	R	R	R			R	R	R	R		R		R	
204	Individual With A Disability SDDA Services	IN 1	For those participants where Individual With A Disability (WIOA) = 1: Record 1 if the participant has received services funded by the State Developmental Disabilities Agency (SDDA). Record 0 if the participant does not meet any of the conditions described above. Leave blank if this data element does not apply to this participant.	1 = SDDA 0 = No		R	R	R	R	R					R	R	R	R		R	R	
205	Individual With A Disability LSMHA Services	IN 1	For those participants where Individual With A Disability (WIOA) = 1: Record 1 if the participant has received services funded by a local or state mental health agency (LSMHA). Record 0 if the participant does not meet any of the conditions described above. Leave blank if this data element does not apply to this participant.	1 = LSMHA 0 = No		R	R	R	R	R					R	R	R	R		R		
206	Individual With A Disability Medicaid HCBS Services	IN 1	For those participants where Individual With A Disability (WIOA) = 1: Record 1 if the participant has received services funded via a state Medicaid HCBS waiver. Record 0 if the participant does not meet any of the conditions described above. Leave blank if this data element does not apply to this participant.	1 = HCBS waiver 0 = No		R	R	R	R	R					R	R	R	R		R		

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207	Individual With A Disability Work Setting	IN 1	For those participants where Individual With A Disability (WIOA) = 1: Record 1 if the participant is working in competitive, integrated employment (CIE). Record 2 if the participant was formerly employed in supported employment (e.g. use of job coach, with integrated placement at competitive wages). Record 3 if the participant is working in group supported employment (i.e., work crews, enclaves, etc.). Record 4 if the participant is working in a sheltered workshop (i.e., center- or facility-based employment). Record 5 if the participant is working in two or more of the above listed settings. Record 0 if the participant is not currently employed. Leave blank if this data element does not apply to this participant.	1 = Competitive Integrated Employment 2 = Individual Supported Employment 3 = Group Supported Employment 4 = Sheltered workshop 5 = Combination of two or more settings 0 = Not Employed		R	R	R	R	R				R	R	R	R		R		
208	Individual With A Disability Type of Customized Employment Services Received	IN 1	For those participants where Individual With A Disability (WIOA) = 1: If the participant received customized employment services (CES) to attain most recent employment or current employment: Record 1 if the participant received discovery assessment services. Record 2 if the participant developed a customized employment search plan. Record 3 if the participant received employer negotiation services. Record 4 if the participant received secure employment as a result of receiving customized employment services and received extended support services. Record 0 if the participant does not meet the condition described above. Leave blank if this data element does not apply to this participant.	1 = Discovery assessment services 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 0 = No CES services		R	R	R	R	R				R	R	R	R		R		
209	Individual With A Disability Financial Capability	IN 1	For those participants where Individual With A Disability (WIOA) = 1: Record 1 if the participant has a receipt and has received benefit planning services. Record 2 if participant has a receipt and has received financial capability/asset development services. Record 3 if participant has a receipt and has received both benefit planning services and financial capability/asset development services. Record 0 if the participant has no received the services described above. Leave blank if this data element does not apply to this participant.	1 = Benefit planning services 2 = Financial capability/asset development services 3 = Benefit planning services and financial capability/asset development services 0 = No		R	R	R	R	R				R	R	R	R		R		
210	Ethnicity: Hispanic / Latino (WIOA)	IN 1	Record 1 if the participant indicates that he/she is a person of Cuban, Mexican, Puerto Rican, 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. Record 9 if the participant did not self-identify his/her ethnicity.	1 = Yes 0 = No 9 = Participant did not self-identify	R	R	R	R	R	R	R			R	R	R	R	R	R		R
211	American Indian / Alaska Native (WIOA)	IN 1	Record 1 if the participant indicates that he/she is a member of an Indian tribe, band, nation, 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 seq.], 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 0 if the participant indicates that he/she does not meet any of these conditions. Record 9 if the participant did not self-identify his/her race.	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

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309	Homeless Veterans' Reintegration Program Participant	IN 1	Record 1 if the participant is a veteran who is enrolled in the Homeless Veterans' Reintegration Program (HVRP), Incarcerated Veterans Transition Program (IVTP), or Homeless Female Veterans and Veterans with Families (HFVWVF) Reintegration Program in their area. Record 0 if 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				
310	Homeless Veterans' Reintegration Program Grantee	IN 5	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	R	R	R						R	R				
311	Homeless Veterans' Reintegration Program Grantee #2	IN 5	If the participant is receiving services from a second HVRP grantee, record the first five numbers of the DOL 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					
312	Reason the participant is being served by a second HVRP grantee	IN 2	Record 1 if the participant stated the grantee is no longer a DOL grantee. Record 2 if the participant stated the services provided were not capable to her or his needs. Record 3 if the participant left the service area of grantee #1. Record 4 if the participant lost touch with the HVRP counselor #1 and recruited by HVRP grantee #2	01= If the participant stated the grantee is no longer a DOL grantee. 02= If the participant stated the services provided were not capable to her or his needs. 03= If the participant left the service area of grantee #1. 04= If the participant lost touch with the HVRP counselor #1 and recruited by HVRP grantee #2		R									R					
313	Homeless Veterans' Reintegration Program Grantee #3	IN 5	If the participant is receiving services from a third HVRP grantee, Record the first five numbers of the DOL 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					
314	Reason the participant is being served by a third HVRP grantee	IN 2	Record 1 if the participant stated the grantee is no longer a DOL grantee. Record 2 if the participant stated the services provided were not capable to his needs. Record 3 if the participant left the service area of grantee #2. Record 4 if the participant lost touch with the HVRP counselor #2 and recruited by HVRP grantee #3	01= If the participant stated the grantee is no longer a DOL grantee. 02= If the participant stated the services provided were not capable to his needs. 03= If the participant left the service area of grantee #2. 04= If the participant lost touch with the HVRP counselor #2 and recruited by HVRP grantee #3		R									R					
315	Other Significant Barrier to Employment	IN 1	Record 1 if the veteran or eligible person has a significant barrier to employment not captured elsewhere. Record 0 if 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 disabled" or "disabled veteran" is captured in #303, "homeless veterans" is captured in #308; "recently separated" is captured in #304; "ex-offender" is captured in #801, "no secondary school diploma..." is captured in #408, and "low income" is captured in #802. Leave blank if this data element does not apply to the participant	1 = Yes, Other 0 = No		R									R					R
316	Active Duty Military Spouse	IN 1	Record 1 if participant is the spouse of a member of the Armed Forces on active duty (as defined in section 101(d)(1) of title 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					

SECTION A.04 - EMPLOYMENT AND EDUCATION INFORMATION

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400	Employment Status at Program Entry (WIOA)	IN 1	Record 1 if the participant, at program entry, (a) is currently performing any work at all as a paid employee, (b) is currently performing any work at all in his or her own business, profession, or farm, (c) is currently performing any work as an unpaid worker in an enterprise operated by a member of the family, or (d) is one who is not working, but currently has a job or business from which he or she is 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, at program entry, 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 a transitioning service member (i.e., within 12 months of separation or 24 months of retirement). Record 3 if the participant, at program entry, is not in the labor force (i.e., those who are not employed and are not actively looking for work, including those who are incarcerated). Record 0 if the participant, at program entry, is not employed but is seeking employment, makes specific effort to find a job, and is available for work.	1 = Employed 2 = Employed, but Received Notice of Termination of Employment or Military Separation is pending 3 = Not in labor force 0 = Unemployed		R	R	R	R	R	R	R	R	R	R	R				R
401	UC Eligible Status	IN 1	Record 1 if the participant is a person who (a) filed a claim and has been determined eligible for benefit payments under one or more State or Federal Unemployment Compensation (UC) programs and whose benefit year or compensation, by reason of an extended duration period, has not ended and who has not exhausted his/her benefit rights, and (b) was referred based on participation in the Reemployment Services and Eligibility Assessment (RESEA) program. Record 2 if the participant is a person who (a) filed a claim and has been determined eligible for benefit payments under one or more State or Federal Unemployment Compensation (UC) programs and whose benefit year or compensation, by reason of an extended duration period, has not ended and who has not exhausted his/her benefit rights, and (b) was referred to service through the state's Worker Profiling and Reemployment Services (WPRS) system. Record 3 if the participant is a person who meets condition 2 (a) described above, but was not referred to service through the state's WPRS system or the RESEA program. Record 4 if the participant meets condition 2(a), but has exhausted all UC benefit rights for which he/she has been determined eligible, including extended supplemental benefit rights. Record 5 if the participant is claimant who is exempt from normal work search requirements according state law, and does not have to perform work search activities. Record 0 if the participant was neither a UC Claimant nor an Exhaustee. Leave blank if this data element does not apply to the participant.	1 = Claimant Referred by RESEA 2 = Claimant Referred by WPRS 3 = Claimant Not Referred by RESEA or WPRS 4 = Exhaustee 5 = Claimant is Exempt 0 = Neither Claimant nor Exhaustee		R	R	R	R	R	R	R	R	R	R	R				R
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, Unemployed ≥ 27 consecutive weeks 0 = No		R	R	R	R	R	R	R	R	R	R					
403	Occupational Code of Most Recent Employment Prior to Participation (if available)	AN 8	Record the 8-digit occupational code that best describes the participant's employment using the O*Net Version 4.0 (or later versions) classification system. This information is based on the most recent job held 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 participating in the program and only applies to adults, and dislocated workers. If all 8 digits of the occupational skills code are not collected, record as many digits as are available. If the participant had multiple jobs, use the occupational skills code of the job where the participant earned the highest gross wage.	00000000		R	R	R	R	R	R	R	R	R	R				R	R

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404	Industry Code of Employment 1st Quarter Prior to Participation	IN 6	Record the 4 to 6-digit industry code that best describes the participant's employment using the North American Industrial Classification System (NAICS). If the participant had multiple jobs, then the NAICS associated with the highest gross wage should be reported. Enter 999999 if 'Wages 1st Quarter Prior to Participation Quarter exist and NAICS Code is not known. Leave blank if this data element does not apply to the person.	000000		R	R	R		R					R			R	
405	Industry Code of Employment 2nd Quarter Prior to Participation	IN 6	Record the 4 to 6-digit industry code that best describes the participant's employment using the North American Industrial Classification System (NAICS). If the participant had multiple jobs, then the NAICS associated with the highest gross wage should be reported. Enter 999999 if 'Wages 2nd Quarter Prior to Participation Quarter exist and NAICS Code is not known. Leave blank if this data element does not apply to the person.	000000		R	R	R		R					R				
406	Industry Code of Employment 3rd Quarter Prior to Participation	IN 6	Record the 4 to 6-digit industry code that best describes the participant's employment using the North American Industrial Classification System (NAICS). If the participant had multiple jobs, then the NAICS associated with the highest gross wage should be reported. Enter 999999 if 'Wages 3rd Quarter Prior to Participation Quarter exist and NAICS Code is not known. Leave blank if this data element does not apply to the person.	000000		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 1 – 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
408	Highest Educational Level Completed at Program Entry (WIOA)	IN 1	Use the appropriate code to record the highest educational level completed by the participant at program entry. Record 1 if the participant attained a secondary school diploma. Record 2 if the participant attained a secondary school equivalency. Record 3 if the participant has a disability and attained a certificate of attendance/completion as a result of successfully completing an Individualized Education Program (IEP). Record 4 if the participant completed one of more years of postsecondary education. Record 5 if the participant attained a postsecondary certification, license, or educational certificate (non-degree). Record 6 if the participant attained an Associate's degree. Record 7 if the participant attained a Bachelor's degree. Record 8 if the participant attained a degree beyond a Bachelor's degree. Record 0 if no educational level was completed.	1 = Attained secondary school diploma 2 = Attained a secondary school equivalency 3 = The participant with a disability receives a certificate of attendance/completion as a result of successfully completing an Individualized Education Program (IEP) 4 = Completed one of more years of postsecondary education 5 = Attained a postsecondary technical or vocational certificate (non-degree) 6 = Attained an Associate's degree 7 = Attained a Bachelor's degree 8 = Attained a degree beyond a Bachelor's degree 0 = No Educational Level Completed		R	R	R	R	R	R	R	R	R	R	R	R		R

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					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 (REO) (Adult)	Reentry Employment Opportunities (REO) (Youth)	YouthBuild	Jobs for Veterans' State Grants (JVSG)	HIB	Job Corps	Incumbent Worker (Adult/DW Funded)
413	Migrant and Seasonal Farmworker Designation as defined at 20 CFR 651.10	IN 1	<p>Record 1 if the participant is a seasonal farmworker, meaning an individual who is employed, or was employed in the past 12 months, in farmwork (as described at 20 CFR 651.10) of a seasonal or other temporary nature and is not required to be absent overnight from his/her permanent place of residence. Non-migrant individuals who are full-time students are excluded. Labor is performed on a seasonal basis where, ordinarily, the employment pertains to, or is of the kind exclusively performed at certain seasons, or periods of the year and which, from its nature, may not be continuous or carried on throughout the year. A worker, who moves from one seasonal activity to another, while employed in farm work, is employed on a seasonal basis even though he/she may continue to be employed during a major portion of the year. A worker is employed on other temporary basis where he/she is employed for a limited time only or his/her performance is contemplated for a particular piece of work, usually of short duration. Generally, employment which is contemplated to continue indefinitely is not temporary.</p> <p>Record 2 if the participant is a migrant farmworker, meaning a seasonal farmworker (as defined above) who travels to the job site so that the farmworker is not reasonably able to return to his/her permanent residence within the same day. Full-time students traveling in organized groups rather than with their families are excluded.</p> <p>Record 0 if the participant does not meet the condition described above.</p> <p>Leave blank if this data element does not apply to the individual.</p>	<p>1 = Seasonal Farmworker 2 = Migrant 0 = No</p>		R														
SECTION A.05 - PUBLIC ASSISTANCE INFORMATION																				
600	Temporary Assistance to Needy Families (TANF)	IN 1	<p>Record 1 if the participant is listed on the welfare grant or has received cash assistance or other support services from the TANF agency in the last six months prior to participation in the program.</p> <p>Record 0 if the participant does not meet the condition described above.</p> <p>Leave blank if this data element does not apply to the participant.</p>	<p>1 = Yes 0 = No</p>		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 (WIOA)	IN 1	<p>Record 1 if the participant, at program entry, is within 2 years of exhausting lifetime eligibility under part A of Title IV of the Social Security Act (42 U.S.C. 601 et seq.), regardless of whether receiving these benefits at program entry.</p> <p>Record 0 if the participant does not meet the condition described above.</p> <p>Record 9 if the data element does not apply to the participant (i.e., the participant has never received TANF, or if the participant has already exhausted lifetime TANF eligibility).</p>	<p>1 = Yes 0 = No 9 = Not Applicable</p>		R	R	R	R	R	R	R	R	R	R	R	R	R	R	

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					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 (REO) (Adult)	Reentry Employment Opportunities (REO) (Youth)	YouthBuild	Jobs for Veterans' State Grants (JVSIG)	HIB	Job Corps	Incumbent Worker (Adult/DW Funded)
602	Supplemental Security Income (SSI) / Social Security Disability Insurance (SSDI)	IN 1	Record 1 if the participant is receiving or has received SSI under Title XVI of the Social Security Act in the last six months prior to participation in the program. Record 2 if the participant is receiving or has received SSDI benefit payments under Title XIX of the Social Security Act in the last six months prior to participation in the program. Record 3 if the participant is receiving or has received both SSI and SSDI in the last six months prior to participation in the program. Record 4 if the participant is receiving or has received SSI under Title XVI of the Social Security Act in the last six months prior to participation in the program and is a Ticket to Work Program Ticket Holder issued by the Social Security Administration. Record 5 if the participant is receiving or has received SSDI benefit payments under Title XIX of the Social Security Act in the last six months prior to participation in the program and is a Ticket to Work Program Ticket holder issued by the Social Security Administration. Record 6 if the participant is receiving or has received both SSI and SSDI in the last six months prior to participation in the program and is a Ticket to Work Program Ticket holder issued by the Social Security Administration. Record 0 if the participant does not meet any of the conditions described above.	1 = SSI 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 0 = No		R	R	R	R			R	R	R	R	R		R		R
603	Supplemental Nutrition Assistance Program (SNAP)	IN 1	Record 1 if the participant is receiving assistance through the Supplemental Nutrition Assistance Program (SNAP) under the Food and Nutrition Act of 2008 (7 USC 2011 et seq.) Record 0 if the participant does not meet the above criteria.	1 = Yes 0 = No		R	R	R	R			R	R	R	R	R				R
604	Other Public Assistance Recipient	IN 1	Record 1 if the participant is a person who is receiving or has received cash assistance or other support services from one of the following sources in the last six months prior to participation in the program: General Assistance (GA) (State/local government), or Refugee Cash Assistance (RCA). Do not include foster child payments. Record 0 if the participant does not meet the above criteria. 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
SECTION A.06 - ADDITIONAL YOUTH CHARACTERISTICS																				
701	Pregnant or Parenting Youth	IN 1	Record 1 if the participant is a youth who is pregnant, or an individual (male or female) who is providing custodial 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					
702	Youth Who Needs Additional Assistance	IN 1	Record 1 if the participant is an out-of-school youth who requires additional assistance to enter or complete an educational program, or to secure and hold employment or an in-school youth who requires additional assistance to complete an educational program or to secure or hold employment as defined by State or local policy. If the State Board defines a policy, the policy must be included in the State Plan. Record 0 if the participant does not meet the conditions described above. Leave 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 1 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	R		
SECTION A.07 - ADDITIONAL REPORTABLE CHARACTERISTICS																				

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803	English Language Learner at Program Entry (WIOA)	IN 1	Record 1 if the participant, at program entry, is a person who has limited ability in speaking, reading, writing or understanding the English language and also meets at least one of the following two conditions (a) his or her native language is a language other than English, or (b) he or she lives in a family or community environment where a language other than English is the dominant language. 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	R		
804	Basic Skills Deficient/Low Levels of Literacy at Program Entry	IN 1	Record 1 if the participant is, at program entry: A) a youth, who has English reading, writing, or computing skills at or below the 8th grade level on a generally accepted standardized test; or B) a youth or adult, who is unable to compute and solve problems, or read, write, or speak English at a level necessary to function on the job, in the participant's family, or in society. 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		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, beliefs, customs 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.	1 = Yes 0 = No 9 = Participant did not self-identify		R	R	R	R	R			R	R	R	R	R	R	R	R		R
806	Single Parent at Program Entry (WIOA)	IN 1	Record 1 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 (including single pregnant 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 (WIOA)	IN 1	Record 1 if the participant, at program entry, has been providing unpaid services to family members in the home and who: (A)(i) has been dependent on the income of another family member but is no longer supported by that income; or (ii) is the dependent spouse of a member of the Armed Forces on active duty (as defined in section 101(d)(1) of title 10, United States Code) and whose family income is significantly reduced because of a deployment (as defined in section 991(b) of title 10, United States Code, or pursuant to paragraph (4) of such section), a call or order to active duty pursuant to a provision of law referred to in section 101(a)(13)(B) of title 10, United States Code, a permanent change of station, or the service-connected (as defined in section 101(16) of title 38, United States Code) death or disability of the member; and (B) is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment. 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
808	Eligible Migrant and Seasonal Farmworker Status (WIOA sec. 167)	IN 1	Record 1 if the participant, at program entry, is a low-income individual (i) who for the 12 consecutive months out of the 24 months prior to application for the program involved, has been primarily employed in agriculture or fish farming labor that is characterized by chronic unemployment or underemployment; and (ii) faces multiple barriers to economic self-sufficiency. Record 2 if the participant, at program entry, is a seasonal farmworker and whose agricultural labor requires travel to a job site such that the farmworker is unable to return to a permanent place of residence within the same day. Record 3 if the participant is a migrant farmworker or seasonal farmworker (as defined above) aged 14-24. Record 4 if the participant is an adult program participant and a dependent (as defined in 20 CFR 685.110) of the individual described as a seasonal or migrant seasonal farmworker above. Record 5 if the participant is a youth program participant and a dependent (as defined in 20 CFR 685.110) of the individual described as a seasonal or migrant seasonal farmworker above.	1 = Seasonal Farmworker Adult 2 = Migrant Farmworker Adult 3 = MSFW Youth 4 = Dependent Adult 5 = Dependent Youth 0 = No		R	R	R	R	R		R		R	R	R	R	R	R	R		

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SECTION B - ONE STOP CENTER PROGRAM PARTICIPATION INFORMATION																			
900	Date of Program Entry (WIOA)	DT 8	Record the date on which an individual became a participant as referenced in 20 CFR 677.150 satisfying 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
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 are not self-service, information-only, or follow up services, planned from the program. For Titles I, 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 361.43 or 361.56. 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
902	Date of First Case Management and Employment Service	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.							R							R		
903	Adult (WIOA)	IN 1	Record 1 if the participant received services under WIOA section 133(b)(2)(A) as an individual who is not less than age 18 at the time of program entry. Record 2 if the participant received services under WIOA section 133(a)(1). Record 3 if the participant received services under WIOA sections 133(b)(2)(A) and 133(a)(1). Record 4 if the individual has demonstrated an intent to use program services and meets one of the following criteria--- (A) Individuals who provide identifying information; (B) Individuals who only use the self-service system; or (C) Individuals who only receive information-only services or activities. Record 0 if the participant did not receive services under the condition described above.	1 = Yes, Local Formula 2 = Yes, Statewide 3 = Yes, Both Local Formula and Statewide 4 = Reportable Individual 0 = No	R	R	R	R	R	R	R						R		
904	Dislocated Worker (WIOA)	IN 1	Record 1 if the participant received services under WIOA Section 133(b)(2)(B) as a person who--- (A)(i) has been terminated or laid off, or who has received a notice of termination or layoff, from employment; (ii) is eligible for or has exhausted entitlement to unemployment compensation; or (iii) has been employed for a duration sufficient to demonstrate, to the appropriate entity at a one-stop center referred to in section 121(e), attachment to the workforce, but is not eligible for unemployment compensation due to insufficient earnings or having performed services for an employer that were not covered under a State unemployment compensation law; and (iii) is unlikely to return to a previous industry or occupation; (B)(i) has been terminated or laid off, or has received a notice of termination or layoff, from employment as a result of any permanent closure of, or any substantial layoff at, a plant, facility, or enterprise; (ii) is employed at a facility at which the employer has made a general announcement that such facility will close within 180 days; or (iii) for purposes of eligibility to receive services other than training services described in WIOA Sec 134(c)(3), career services described in WIOA Sec 134(c)(2)(A)(xii), or supportive services, is employed at a facility at which the employer has made a general announcement that such facility will close; (C) was self-employed (including employment as a farmer, a rancher, or a fisherman) but is unemployed as a result of general economic conditions in the community in which the participant resides or because of natural disasters; (D) is a displaced homemaker; or (E)(i) is the spouse of a member of the Armed Forces on active duty (as defined in section 101(d)(1) of title 10, United States Code), and who has experienced a loss of employment as a direct result of relocation to accommodate a permanent change in duty station of such member; or (ii) is the spouse of a member of the Armed Forces on active duty and who meets the criteria described in WIOA Section 3(16)(B). Record 2 if the participant received services under WIOA section 133(a). Record 3 if the participant received under WIOA sections 133(b)(2)(B) and 133(a).	1 = Yes, Local Formula 2 = Yes, Statewide 3 = Yes, Both Local Formula and Statewide 4 = Reportable Individual 0 = No	R	R	R	R	R	R	R			R	R		R	R	

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911	Job Corps (WIOA)	IN 1	Record 1 if the participant received services under title I, chapter 4, subtitle C of WIOA. Record 2 if the individual received reportable individual services (as defined in program specific guidance). Record 0 if the individual did not receive any services under the conditions described above. 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			
912	National Farmworker Jobs Program	AN 14	Record the 14 character grant number if the participant received services under WIOA Title I-D, Section 167. The grant number should be entered in the following format without dashes: Two alphabetic characters representing the grant program code-Five numeric characters-Two numeric characters representing the fiscal year when the grant was awarded-Two numeric characters identifying the type of grant awarded-One alphabetic character identifying the relevant agency at ETA-Two numeric characters identifying the state that received the grant was served under (AA-12345-12-55-A-26). If the grant number is unknown, please enter 99999999999999. Leave blank if the participant did not receive services funded by this program.	XXXXXXXXXXXXXX		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 I-D, Section 166 Record 2 if the individual has demonstrated an intent to use program services and meets one of the following criteria--- (A) Individuals who provide identifying information; (B) Individuals who only use the self-service system; or (C) Individuals who only receive information-only services or activities. Leave blank if the participant did not receive services funded by this program.	1 = Yes 2 = Reportable Individual	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). Record 0 if the participant did not receive services under any of the conditions described above. Record 9 if grantee is unable to track enrollment in the program.	1 = Yes, DVOP specialist 2 = Yes, LVER specialist 0 = No 9 = Unknown		R	R	R	R		R	R				R					R
915	TAA Petition Number	AN 9	Record the petition number (and full alphabetical suffix, if applicable) of the certification which applies to the participant's group. If there is more than one petition number, create multiple records in the PIRL for each occurrence. Leave blank if this data element does not apply to the participant.	XXXXXXXXXX							R										
916	Vocational Education	IN 1	Record 1 if the participant received services under the Carl D. Perkins Vocational and Applied Technology Education Act (20 USC 2301 et seq.). Record 0 if the participant did not receive any services under the condition described above. Record 9 if unknown. 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
917	Vocational Rehabilitation (WIOA)	IN 1	Record 1 if the participant received services under parts A and B of title I of the Rehabilitation Act of 1973 (29 USC 720 et seq.), WIOA title IV, and Sec. 411(B)(15) defined as transition services for students with disabilities, that facilitate the transition from school to postsecondary life, such as achievement of an employment outcome in competitive integrated employment, or pre-employment transition services. Record 2 if the participant received services from the Vocational Rehabilitation and Employment (VR&E) Program authorized by 38 USC Chapter 31. Record 3 if the participant received services from both vocational rehabilitation 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

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918	Wagner-Peyser Employment Service (WIOA)	IN 1	Record 1 if the participant received services under the Wagner-Peyser Act (29 USC 49 et seq.) Record 2 if the individual has demonstrated an intent to use program services and meets one of the following criteria--- (A) Individuals who provide identifying information; (B) Individuals who only use the self-service system; or (C) Individuals who only receive information-only services or activities. Record 0 if the participant did not receive services under the Wagner-Peyser Act. Record 9 if the grantee is unable to track enrollment in the program.	1 = Yes 2 = Reportable Individual 0 = No 9 = Unknown	R	R	R	R	R	R	R	R				R	R						R
919	YouthBuild (WIOA)	AN 14	Record the 14 character grant number if the participant received services under the YouthBuild Program as authorized under WIOA section 171. The grant number should be entered in the following format without dashes: Two alphabetic characters representing the grant program code-Five numeric characters-Two numeric characters representing the fiscal year when the grant was awarded-Two numeric characters identifying the type of grant awarded-One alphabetic character identifying the relevant agency at ETA-Two numeric characters identifying the state that received the grant was served under (AA-12345-12-55-A-26). If the grant number is unknown, please enter all 9s. Leave blank if the participant did not receive services funded by this program.	XXXXXXXXXXXXXX		R	R		R							R	R						
920	Senior Community Service Employment Program	AN 14	Record the 14 character grant number if the participant received services under Title V of the Older Americans Act of 2006, the Senior Community Service Employment Program (SCSEP). The grant number should be entered in the following format without dashes: Two alphabetic characters representing the grant program code-Five numeric characters-Two numeric characters representing the fiscal year when the grant was awarded-Two numeric characters identifying the type of grant awarded-One alphabetic character identifying the relevant agency at ETA-Two numeric characters identifying the state that received the grant was served under (AA-12345-12-55-A-26). If the grant number is unknown, please enter 9999999999999999. Leave blank if the participant did not receive services funded by this program.	XXXXXXXXXXXXXX		R	R	R		R							R						R
921	Employment and Training Services Related to SNAP	IN 1	Record 1 if the participant received employment and training (E&T) services from the Supplemental Nutrition Assistance Program (SNAP) (7 USC 2015(d)(4)) - NOTE: This refers to the SNAP E&T 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
922	Other WIOA or Non-WIOA Programs	IN 1	Record 1 if the participant received services from any other WIOA or non-WIOA 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 Disability Program, Mental Health Program, or any other Employment First State Leadership Mentoring Program (EFSLMP) during the period of participation. Record 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 = I/DD, MH or other disability programs 0 = No		R					R	R				R							R

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923	Other Reasons for Exit (WIOA)	IN 2	Record 01 if the participant exits the program because he or she has become incarcerated in a correctional institution or has become a resident of an institution or facility providing 24-hour 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 treatment is expected to last longer than 90 days and precludes entry into unsubsidized employment or continued participation in the program. Record 03 if the participant is deceased. Record 04 if the participant exits the program because the participant is a member of the National Guard or other reserve military unit of the armed forces and is called to active duty for at least 90 days. Record 05 if the participant is in the foster care system as defined in 45 CFR 1355.20(a), and exits the program because the participant has moved from the area as part of such a program or system (Youth participants only). Record 06 if the participant, who was determined to be eligible, is later determined not to have met eligibility criteria. NOTE: This circumstance applies only to the VR program, in which participant eligibility is routinely revisited during the participation period. For titles I, II, and III program eligibility is determined at the time an individual becomes a participant. Record 07 if the participant is a criminal offender in a correctional institution under section 225 of WIOA. Record 00 if the participant meets none of the above conditions.	01 = Institutionalized 02 = Health/Medical 03 = Deceased 04 = Reserve Forces called to Active Duty 05 = Foster Care 06 = Ineligible 07 = Criminal Offender 00 = No		R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
924	TAA Application Date	DT 8	Record the date on which the individual first applied for Trade Act services/benefits under the applicable certification.	YYYYMMDD							R									
925	Date of First TAA Benefit or Service	DT 8	Record the date of the first Trade funded benefit or service received after the participant was determined eligible to participate.	YYYYMMDD							R									
926	TAA Liable/Agent State Identifier	IN 1	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). Record 2 if the reporting State is serving the participant as an agent state. The definition for agent state can be found under 20 CFR 617.26(b). Record 0 if the reporting State is both the paying state for UI (liable) as well as the State providing services (agent). Leave blank if the individual is not a participant in the TAA Program	1 = Liable State 2 = Agent State 0 = Both							R									
927	TAA Date of Eligibility Determination	DT 8	Record the date upon which the individual was determined to be (or not) an adversely affected worker.	YYYYMMDD							R									
928	Determined Eligible for TAA	IN1	Record 1 if the individual was determined eligible for the Trade Program. Record 0 if the individual was determined not eligible. Leave blank if the data element does not apply to the individual.	1 = Yes 0 = No							R									
929	Benefit Under Prior Certification Last 10 Years (TAA)	IN 1	Record 1 if the participant received a benefit under a prior certification in any of the previous 10 fiscal 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.	1 = Yes 0 = No							R									
930	Pay-For-Performance	IN 1	Record 1 if the participant received training services from a WIOA Title I service provider 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.	1 = Yes 0 = No			R	R	R	R										

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					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 (REO) (Adult)	Reentry Employment Opportunities (REO) (Youth)	YouthBuild	Jobs for Veterans' State Grants (JVSG)	HIB	Job Corps	Incumbent Worker (Adult/DW Funded)
931	Registered Apprenticeship Program	IN1	Record 1 if the participant entered into a Registered Apprenticeship program or if the participant was a registered apprentice at the time of program entry. Record 0 if the participant did not enter into a Registered Apprenticeship program. Record 9 if grantee is unable to track enrollment in the program.	1 = Yes 0 = No 9 = Unknown		R	R	R	R	R		R			R	R				
932	National Dislocated Worker Grants (DWG)	IN 1	Record 1 if the participant received services under WIOA Title I-D, Section 170. Record 2 if the individual has demonstrated an intent to use program services and meets one of the following criteria--- (A) Individuals who provide identifying information; (B) Individuals who only use the self-service system; or (C) Individuals who only receive information-only services or activities. Record 0 if the participant did not receive any services under the condition described above. Record 9 if grantee is unable to track enrollment in the program.	1 = Yes, NDWG Participant 2 = Reportable Individual 0 = No 9 = Unknown		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										
934	Rapid Response Event Number	AN 12	Record the 12-digit unique number of the event through which rapid response services were provided to the participant. This unique identification number is the same one provided to the state or local area through the USDOL Rapid Response Information Network. Until such time as this system is operational, states are encouraged to voluntarily report this information using the following format XX000000000X. The first two characters are the state postal code. The next four characters are the Program Year. The next five characters are the event number, numbered sequentially starting at 00001 each program year. The last character is letter A through Z allowing for multiple service events to be associated with the same larger response event. For example, the first Rapid Response Event Number in Ohio for Program Year 2016 would be OH201600001A.	XXXXXXXXXXXX				R	R	R										
935	Accountability Exit Status	IN 1	Record 1 if the participant either disclosed an invalid social security number (SSN) or chose not to disclose a SSN. Record 2 if the participant retired from employment. Record 3 if the participant is a TAA participant who is eligible under more than one petition certification, and began receiving benefits and services under a subsequent TAA petition certification during current report quarter. Record 0 or leave blank if none of the above conditions apply.	1 = Invalid SSN or failed to disclose SSN 2 = Retirement 3 = TAA participant began receiving TAA benefits and services under subsequent petition certification. 0 or Blank = None of the above conditions apply		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 dashes: Two alphabetic characters representing the grant program code-Five numeric characters-Two numeric characters representing the fiscal year when the grant was awarded-Two numeric characters identifying the type of grant awarded-One alphabetic character identifying the relevant agency at ETA-Two numeric characters identifying the state that received the grant was served under (AA-12345-12-55-A-26). If the grant number is unknown, please enter 99999999999999. Leave blank if the participant did not receive services funded by this program.	XXXXXXXXXXXX		R	R		R			R		R						

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					Reparable 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 (REO) (Adult)	Reentry Employment Opportunities (REO) (Youth)	YouthBuild	Jobs for Veterans' State Grants (JVSG)	HIB	Job Corps	Incumbent Worker (Adult/DW Funded)	SCEP			
937	Reentry Employment Opportunities (Youth)	AN 14	Record the 14 character grant number if the participant received services under the Reentry Employment Opportunities (Youth) program. The grant number should be entered in the following format without dashes: Two alphabetic characters representing the grant program code-Five numeric characters-Two numeric characters representing the fiscal year when the grant was awarded-Two numeric characters identifying the type of grant awarded-One alphabetic character identifying the relevant agency at ETA-Two numeric characters identifying the state that received the grant was served under (AA-12345-12-55-A-26). If the grant number is unknown, please enter 99999999999999. Leave blank if the participant did not receive services funded by this program.	XXXXXXXXXXXXXX		R	R		R				R											
938	H-1B	AN 14	Record the 14 character grant number if the participant received services under any H-1B funded program. The grant number should be entered in the following format without dashes: Two alphabetic characters representing the grant program code-Five numeric characters-Two numeric characters representing the fiscal year when the grant was awarded-Two numeric characters identifying the type of grant awarded-One alphabetic character identifying the relevant agency at ETA-Two numeric characters identifying the state that received the grant was served under (AA-12345-12-55-A-26). If the grant number is unknown, please enter 99999999999999. Leave blank if the participant did not receive services funded by this program.	XXXXXXXXXXXXXX		R	R	R		R							R	R						
939	Individual With A Disability Individualized Education Program Participant	IN 1	For those participants where Individual With A Disability (WIOA) = 1: Record 1 if the participant currently has an Individualized Education Program/Special Education Services while attending Secondary School. Record 2 if the participant formerly had an Individualized Education Program/Special Education Services while attending Secondary School. Record 0 or leave blank if neither condition applies An Individualized Education Program (IEP) is a plan used to ensure that students with disabilities eligible to receive special education and related services under the Individuals with Disabilities Education Act receive services tailored to meet their unique needs in the least restrictive environment to prepare them for further education, employment, and independent living. 34 C.F.R. §300.340. To be eligible the student generally must be between ages 3 and 21, have a qualifying disability in one of the following 13 categories that impacts their educational performance and be in need of special education and related services: 1. autism; 2. deaf-blindness; 3. deafness; 4. emotional disturbance; 5. hearing impairment; 6. intellectual disability; 7. multiple disabilities; 8. orthopedic impairment; 9. other health impairment; 10. specific learning disability; 11. speech or language impairment; 12. traumatic brain injury; or 13. visual impairment (including blindness)	1 = Current IEP 2 = Previous IEP 0 or Blank = Neither condition applies			R		R							R	R		R					

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1112	Most Recent Date Received Unemployment Insurance (UI) Claim Assistance	DT 8	Indicate the most recent date a job seeker was provided meaningful assistance in filing a UI claim. Leave blank if the participant did not receive unemployment insurance claim assistance.	YYYYMMDD		R	R	R		R							R					
1113	Most Recent Date Referred to Other Federal/State Assistance	DT 8	Record the most recent date a job seeker was referred to Other Federal/State Assistance. This may include Supplemental Nutrition Assistance Program (SNAP) benefits, Temporary Assistance for Needy Families (TANF), health insurance assistance, child support assistance, tax preparation support, and any other Federal or State assistance programs. Leave blank if the participant was not referred to Other Federal/State assistance.	YYYYMMDD		R	R	R		R							R				R	
1114	Referred to Jobs for Veterans State Grants (JVSG) Services	IN 1	Record 1 if the participant was referred to JVSG services due to significant barrier to employment. Record 2 if the participant was referred to JVSG services due to TSM identified as in need of individualized career services. Record 3 if the participant was referred to JVSG services as wounded, ill, or injured located in a military treatment facility, or his or her caregiver. Record 4 if the participant was referred to JVSG services for reasons other than those listed above. Record 0 if the participant was not referred to JVSG services. Leave blank if this data element does not apply to the participant.	1 = Referred due to significant barrier to employment 2 = Referred due to TSM identified as in need of individualized career services 3 = Referred as wounded, ill, or injured located in a military treatment facility, or his or her caretaker 4 = Other 0 = Not Referred		R	R	R		R							R				R	
1115	Referred to Department of Veterans Affairs (VA) Services	IN 1	Record 1 if the participant was referred for Vocational Rehabilitation and Employment (VR&E) determinations. Record 2 if the participant was referred to Post-9/11 GI Bill benefits. Record 3 if the participant was referred to Montgomery GI Bill benefits. Record 4 if the participant was referred to both the Post-9/11 GI Bill and to the Montgomery GI Bill. Record 5 for all other referrals for services from the Department of Veteran's Affairs (VA). These include referrals for PTSD and TBI treatment and substance abuse assistance to identify the most common. Leave blank if this data element does not apply to the participant.	1 = VR&E 2 = Post 9/11 GI Bill 3 = Montgomery GI Bill 4 = Post 9/11 GI Bill and Montgomery GI Bill 5 = All other referrals for VA services		R	R	R		R							R				R	
1116	Most Recent Date Received Staff-Assisted Basic Career Services (Other)	DT 8	Record the most recent date on which the participant received basic career services requiring a significant expenditure of staff involvement, if said basic career service is not otherwise recorded in data elements 1102-1115. These additional basic career services may include, but are not limited to, (a) reemployment services; (b) federal bonding program; (c) job development contacts; (d) referrals to educational services; and (e) tax credit eligibility determination. Leave blank if the participant did not receive any other basic career services.	YYYYMMDD		R	R	R		R		R				R					R	
SECTION C.03 - INDIVIDUALIZED CAREER SERVICES																						
1200	Date of First Individualized Career Service	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 Employment Plan, Pre-Vocational Services, provision of comprehensive skills and career assessments, internships or work experiences, financial literacy services, English as Second Language Services, or any other service that comprises a significant amount of staff time with an individual participant as described in WIOA sec. 134(c)(2)(xii). Leave blank if the participant did not receive any individualized career service or this data element does not apply to the individual.	YYYYMMDD		R	R	R		R	R	R	R	R	R	R	R				R	
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)(xii).	YYYYMMDD		R	R	R		R		R	R	R			R				R	

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					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 (REO) [Adult]	Reentry Employment Opportunities (REO) [Youth]	YouthBuild	Jobs for Veterans' State Grants (JVSG)	HIB	Job Corps	Incumbent Worker (Adult/DW Funded)	SCEP			
1202	Date Individual Employment Plan Created	DT 8	Record the date on which the participant's Individual Employment Plan (IEP) was created or otherwise established to identify the participant's employment goals, their appropriate achievement objectives, and the appropriate combination of services for the participant to achieve the employment goals. 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	
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 opportunity directly linked to a career. Leave blank if the participant did not receive an internship or work experience opportunity or this data element does not apply to the participant.	YYYYMMDD		R	R	R		R				R										R
1205	Type of Work Experience	IN 1	If the participant received work experience, record the appropriate code to indicate the type of work experience provided to the participant. Record 1 if the participant participated in summer employment or an internship during the summer months (WIOA Youth). Record 2 if the participant participated in an internship or employment opportunity during the non-summer months or if it extends beyond the summer months. Record 3 if the participant participated in a pre-apprenticeship program. Record 4 if the participant participated in job shadowing. Record 5 if the participant participated in on-the-job training (WIOA Youth). Record 6 if the participant participated in a transitional job, as defined in WIOA Section 134(d)(5). Record 7 if the participant participated in another type of work experience not covered in 1 through 5. Record 0 if the participant did not participate in a work experience. Leave blank if this data element does not apply to the participant. NOTE: 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 use with Adult, Dislocated Worker, and Dislocated Worker Grants programs only. NOTE: If employment opportunities not limited to summer months are part of a pre-apprenticeship program, or if on-the-job training for WIOA Youth is part of a pre-apprenticeship program, choose Code 3 for pre-apprenticeship.	1 = Summer employment/Internships during the summer (WIOA Youth) 2 = Employment opportunities, including internships, not limited to summer months 3 = Pre-apprenticeship programs 4 = Job shadowing 5 = On-the-Job Training (WIOA Youth) 6 = Transitional Job (WIOA Adult, Dislocated Worker, and Dislocated Worker Grants) 7 = Other work experience activities 0 = Did Not Participate in these activities		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 received any financial literacy services. They may include services that help with creating budgets, initiate checking and savings accounts at banks, applying for and managing loans and credit cards, learning about credit reports and credit scores, and identifies identity theft. Leave blank if this data element does not apply to the participant.	YYYYMMDD		R	R	R	R					R										R
1207	Date Received English as Second Language Services	DT 8	Record the date, at any time during participation in the program, that the participant received any English as a second language service or training. ESL services are those services provided to participants whose primary language is not English. These services are designed to increase the English language proficiency of the participant so they can attain training and/or employment success. Leave blank if this data element does not apply to the participant.	YYYYMMDD		R	R	R		R				R										R
1210	Received Pre-Vocational Activities	DT 8	Record the date at any time during the individual's participation in the program that they received short-term prevocational services, including development of learning skills, communication skills, interviewing skills, punctuality, personal maintenance skills, and professional conduct to prepare individuals for unsubsidized employment or training. Leave blank if this data element does not apply to the participant.	YYYYMMDD		R	R	R		R			R	R	R									R

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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)	DT 8	Record the most date on which the participant received individualized career services (excluding case management) from a DVOP specialist, as described as "intensive services" in Veteran's Program Letter 07-10. This includes the provision of a combination of a) a comprehensive assessment and b) the development of a participant employment plan. Upon receipt of both of these services, the participant can be reported as receiving a single instance of individualized career services. Please note that states should not report provision of adult basic education and literacy activities as part of this specification. Receipt of individualized career services with significant staff involvement also does not require prior 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.	YYYYMMDD		R											R						
1214	Most Recent Date Received Job Search Activities (DVOP)	DT 8	Record the most recent date that a participant was provided job search activities which are designed to help the participant plan and carry out a successful job hunting strategy by a DVOP staff person. The services include resume preparation assistance, job search workshops, job finding clubs, and development of a job search plan. Leave blank if the participant did not receive a job search activity or this data element does not apply to the participant.	YYYYMMDD		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 DVOP staff person. A referral to employment is (a) the act of bringing to the attention of an employer a job seeker or group of registered job seekers who are available for a job and (b) the record of such a referral. Leave blank if the participant did not receive a referral to employment or this data element does not apply to the participant.	YYYYMMDD		R											R						
1216	Most Recent Date Referred to Federal Training (DVOP)	DT 8	Record the most recent date that a participant was referred by a DVOP staff person to a training program supported by the Federal Government, such as WIOA-funded projects, TAA, NAFTA, and Job Corps. This definition does include DVA-OJT. Leave blank if the participant did not receive a referral to Federal training or this data element does not apply to the participant.	YYYYMMDD		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 DVOP staff person to a job opening filed with a placement office by a department or agency of the Federal government or other entity under the jurisdiction of the U.S. Office of Personnel Management. Leave blank if the participant did not receive a referral to a Federal job or this data element does not apply to the participant.	YYYYMMDD		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 DVOP staff person 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 or this data element does not apply to the participant.	YYYYMMDD		R											R						
1219	Most Recent Date Received Other Staff-Assisted Basic Career Services (DVOP)	DT 8	Record the most recent date on which the individual received other services requiring a significant expenditure of DVOP staff time. These additional career services may include, but are not limited to: (a) reemployment services; (b) federal bonding program; (c) job development contacts; (d) referrals to educational services; and (e) tax credit eligibility determination. Leave blank if the participant did not receive any other career services with significant staff involvement.	YYYYMMDD		R											R						

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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, materials, suggestions, or advice by DVOP 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				
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 (DVOP). Leave blank if the participant did not begin a federal job.	YYYYMMDD		R											R				
1222	Most Recent Date Entered Federal Contractor Job (DVOP)	DT 8	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 (DVOP). Leave blank if the participant did not begin working in a Federal Contractor Job.	YYYYMMDD		R											R				
SECTION C.04 - TRAINING SERVICES																					
1300	Received Training (WIOA)	IN 1	Record 1 if the participant received training services. 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
1301	Eligible Training Provider - Name - Training Service #1 (WIOA)	AN 75	Enter the name of the eligible training provider where the participant received training. Leave blank if this data element does apply to the participant.	XXXXXXXXXXXX			R	R		R											R
1302	Date Entered Training #1 (WIOA)	DT 8	Record the date on which the participant's first training service actually began. Leave blank if the participant did not receive a first training service or this data element does not apply to the participant.	YYYYMMDD			R	R	R	R	R	R	R	R	R	R	R	R	R		R
1303	Type of Training Service #1 (WIOA)	IN 2	Use the appropriate code to indicate the type of approved training being provided to the participant. NOTE: If OJT or Skill Upgrading is being provided as part of a Registered Apprenticeship program, choose Code 09. NOTE: Code 06 should only be utilized when other codes are clearly not appropriate. Record 00 if the participant did not receive a training service. Leave blank if this data element does not apply to the participant.	01 = On the Job Training (non-WIOA Youth) 02 = Skill Upgrading 03 = Entrepreneurial Training (non-WIOA Youth) 04 = ABE or ESL (contextualized or other) in conjunction with Training 05 = Customized Training 06 = Occupational Skills Training (non-WIOA Youth) 07 = ABE or ESL (contextualized or other) NOT in conjunction with training (funded by Trade Adjustment Assistance only) 08 = Prerequisite Training 09 = Registered Apprenticeship 10 = Youth Occupational Skills Training 11 = Other Non-Occupational-Skills Training 12 = Job Readiness Training in conjunction with other training 00 = No Training Service			R	R	R	R	R	R	R	R	R	R	R	R	R		R

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1304	Eligible Training Provider - Program of Study (WIOA)	IN 9	Enter the participant's Program of Study for the Eligible Training Provider. A program of study is synonymous with a "program of training services" as defined at 20 CFR part 680.420. A program of training services is one or more courses or classes, or a structured regimen that provides the services in 20 CFR part 680.200 and leads to: (a) An industry-recognized certificate or certification, a certificate of completion of a registered apprenticeship, a license recognized by the State involved or the Federal Government, an associate or baccalaureate degree, or community college certificate of completion; (b) Consistent with § 680.350, a secondary school diploma or its equivalent; (c) Employment; or (d) Measurable skill gains toward a credential described in paragraph (a) or (b) of this section or employment. Record all that apply if the program of study can be classified	1 = A program of study leading to an industry-recognized certificate or certification 2 = A program of study leading to a certificate of completion of a registered apprenticeship 3 = A program of study leading to a license recognized by the State involved or the Federal Government 4 = A program of study leading to an associate degree 5 = A program of study leading to a baccalaureate degree 6 = A program of study leading to a community college certificate of completion 7 = A program of study leading to a secondary school diploma or its equivalent 8 = A program of study leading to employment 9 = A program of study leading to a measurable skills gain			R	R		R									
1305	Eligible Training Provider - CIP Code (WIOA)	IN 6	A program of study is identified through both the type of program outlined above (e.g. 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 This field should represent the 6-digit CIP code, without decimal points.	XXXX			R	R		R									
1306	Occupational Skills Training Code #1	IN 8	Enter the 8 digit O*Net 4.0 (or later versions) code that best describes the training occupation for which the participant received training services. Leave blank if occupational code is not available or not known. Additional Notes: If all 8 digits of the occupational skills code are not collected, record as many digits as are available. If the participant receives multiple training services, use the occupational skills training code for the most recent training.	00000000			R	R	R	R	R	R	R	R	R	R	R	R	R
1307	Training Completed #1	IN 1	Record 1 if the participant completed approved training. 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 not apply to the participant.	1 = Yes 0 = No (Withdrew)			R	R	R	R	R	R	R	R	R	R	R	R	R
1308	Date Completed, or Withdrew from, Training #1	DT 8	Record the date when the participant completed training or withdrew permanently from 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 not apply to the participant.	YYYYMMDD			R	R	R	R	R	R	R	R	R	R	R	R	R
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 does not apply to the participant.	YYYYMMDD			R	R	R	R	R	R	R	R	R	R	R	R	R

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					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 (REO) (Adult)	Reentry Employment Opportunities (REO) (Youth)	YouthBuild	Jobs for Veterans' State Grants (JVSG)	HIB	Job Corps	Incumbent Worker (Adult/DW Funded)	SCEP
1310	Type of Training Service #2 (WIOA)	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 OJT or Skill Upgrading is being provided as part of a Registered Apprenticeship program, choose Code 09. NOTE: Code 06 should only be instances when other codes are clearly not appropriate. Record 00 if the participant did not receive a second training service. Leave blank if this data element does not apply to the participant.	01 = On the Job Training (non-WIOA Youth) 02 = Skill Upgrading 03 = Entrepreneurial Training (non-WIOA Youth) 04 = ABE or ESL (contextualized or other) in conjunction with Training 05 = Customized Training 06 = Occupational Skills Training (non-WIOA Youth) 07 = ABE or ESL (contextualized or other) NOT in conjunction with training (funded by Trade Adjustment Assistance only) 08 = Prerequisite Training 09 = Registered Apprenticeship 10 = Youth Occupational Skills Training 11 = Other Non-Occupational-Skills Training 12 = Job Readiness Training in conjunction with other training 00 = No Training Service			R	R	R	R	R	R	R	R	R	R	R	R	R	R	
1311	Occupational Skills Training Code #2	IN 8	Enter the 8 digit O*Net 4.0 (or later versions) code that best describes the training occupation for which the participant received training services. Leave blank if occupational code is not available or not known. Additional Notes: If all 8 digits of the occupational skills code are not collected, record as many digits as are available. If the participant receives multiple training services, use the occupational skills training code for the most recent training.	00000000			R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
1312	Training Completed #2	IN 1	Record 1 if the participant completed approved training. 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	R	R
1313	Date Completed, or Withdrew from, Training #2	DT 8	Record the date when the participant completed training or withdrew permanently from 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 does not apply to the participant.	YYYYMMDD			R	R	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's third training service actually began. If the 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 not apply to the participant.	YYYYMMDD			R	R	R	R	R	R	R	R	R	R	R	R	R	R	R

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1315	Type of Training Service #3 (WIOA)	IN 2	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 OJT or Skill Upgrading is being provided as part of a Registered Apprenticeship program, choose Code 09. NOTE: Code 06 should only be utilized when other codes are clearly not appropriate. Record 00 if the participant did not receive a third service. Leave blank if this data element does not apply to the participant. 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.	01 = On the Job Training (non-WIOA Youth) 02 = Skill Upgrading 03 = Entrepreneurial Training (non-WIOA Youth) 04 = ABE or ESL (contextualized or other) in conjunction with Training 05 = Customized Training 06 = Occupational Skills Training (non-WIOA Youth) 07 = ABE or ESL (contextualized or other) NOT in conjunction with training (funded by Trade Adjustment Assistance only) 08 = Prerequisite Training 09 = Registered Apprenticeship 10 = Youth Occupational Skills Training 11 = Other Non-Occupational-Skills Training 12 = Job Readiness Training in conjunction with other training 00 = No Training Service			R	R	R	R	R	R	R	R	R	R	R	R	R		
1316	Occupational Skills Training Code #3	IN 8	Enter the 8 digit O*Net 4.0 (or later versions) code that best describes the training occupation for which the participant received training services. Leave blank if occupational code is not available or not known or if this data element does not apply to the participant. Additional Notes: If all 8 digits of the occupational skills code are not collected, record as many digits as are available. If the participant receives multiple training services, use the occupational skills training code for the most recent training. If the participant received more than 3 training services, use the occupational skills training code for the last (or most recent) training service.	00000000			R	R	R	R	R		R	R	R	R	R			R	
1317	Training Completed #3	IN 1	Record 1 if the participant completed approved training. 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 not apply to the participant.	1 = Yes 0 = No (Withdrew)			R	R	R	R	R	R	R	R	R	R	R	R			R
1318	Date Completed, or Withdrew from, Training #3	DT 8	Record the date when the participant completed training or withdrew permanently from 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 not apply to the participant.	YYYYMMDD			R	R	R	R	R	R	R	R	R	R	R	R			R
1319	Established Individual Training Account (ITA)	IN 1	Record 1 if any of the individual's services were purchased utilizing an Individual Training Account funded by WIOA Title I. 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	Record 1 if the participant is or has been notified s/he 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 0 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						
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										
1322	Date of Most Recent Case Management and Reemployment 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.	YYYYMMDD							R										
1323	Date Waiver 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										

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1409	Most Recent Date Received Supportive Services	DT 8	Record the most recent date on which the participant received a supportive service (WIOA section 134(d)(2)) which include, but are not limited to, assistance with transportation, child care, dependent care, and housing that are necessary to enable the participant to participate in programs which provide career and training services as defined in WIOA sec. 134(c)(2) and 134(c)(3). Support services for youth participants include; (a) linkages to community services; (b) assistance with transportation; (c) assistance with child care and dependent care; (d) assistance with housing; (e) needs-related payments; (f) assistance with educational testing; (g) reasonable accommodations for youth with disabilities; (h) referrals to healthcare; (i) assistance with uniforms or other appropriate work attire and work-related tools, including such items as eye glasses and protective eye gear; (j) assistance with books, fees, school supplies, and other necessary items for students enrolled in postsecondary education classes; and (k) payments and fees for employment and training-related applications, tests, and certifications. Leave blank if the participant did not receive supportive services or this data element does not apply to the participant.	YYYYMMDD			R	R	R	R				R	R	R	R						R	
1410	Most Recent Date Received Adult Mentoring Services	DT 8	Record the most recent date on which the participant received adult mentoring services. Adult mentoring services may last for at least twelve (12) months and may occur both during and after program participation. Leave blank if the participant did not receive adult mentoring services or this data element does not apply to the participant.	YYYYMMDD					R						R	R	R							
1411	Most Recent Date Received Comprehensive Guidance/ Counseling Services	DT 8	Record the most recent date on which the participant received comprehensive guidance and 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							
1412	Most Recent Date Received Youth Follow-up Services	DT 8	Record the most recent date on which the youth participant received follow-up services after exiting the program. Follow-up services for youth participants are described as: (a) Follow-up services are critical services provided following a youth's exit from the program to help ensure the youth is successful in employment and/or postsecondary education and training. Follow-up services may include regular contact with a youth participant's employer, including assistance in addressing work-related problems that arise. (b) Follow-up services for youth may also include the following program elements: (1) Supportive services; (2) Adult mentoring; (3) Financial literacy education; (4) 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 counseling, and career exploration services; and (5) Activities that help youth prepare for and transition to postsecondary education and training. (c) All youth participants must be offered the opportunity to receive follow-up services that align with their Individual Service Strategies. Furthermore, follow-up services must be provided to all participants for a minimum of 12 months unless the participant declines to receive follow-up services or the participant cannot be located or contacted. Leave blank if the participant did not receive follow-up services or if this data element does not apply to the participant.	YYYYMMDD					R							R	R							
1413	Most Recent Date Youth Received Entrepreneurial Skills Training	DT 8	Record the most recent date on which the participant participated in entrepreneurial skills training. Leave blank if the participant did not participate in entrepreneurial skills training.	YYYYMMDD					R								R							
1414	Most Recent Date Youth Received Services that provide labor market information and employment information	DT 8	Record 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 counseling, and career exploration services. Leave blank if the participant did not participate in these services.	YYYYMMDD					R								R							

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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. Record 3 if the participant is in the military. Record 0 if the participant was not employed in the third quarter after the quarter of exit. Record 9 if the participant has exited but employment information is not yet available.	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
1605	Type of Employment Match 3rd Quarter After Exit Quarter (WIOA)	IN 1	Use the appropriate code to identify the method used in determining the participant's employment status in the third quarter following the quarter of exit. Wage records will be 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. Record 0 if the participant was not employed in the third quarter after the quarter of exit.	1 = UI Wage Data 2 = Federal Employment Records (OPM, USPS) 3 = Military Employment Records (DOD) 4 = Non UI verification 5 = Information not yet available 0 = Not employed		R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
1606	Employed in 4th 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. Record 3 if the participant is in the military. Record 0 if the participant was not employed in the fourth quarter after the quarter of exit. Record 9 if the participant has exited but employment information is not yet available.	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
1607	Type of Employment Match 4th Quarter After Exit Quarter (WIOA)	IN 1	Use the appropriate code to identify the method used in determining the participant's employment status in the fourth quarter following the quarter of exit. Wage records will be 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. Record 0 if the participant was not employed in the fourth quarter after the quarter of exit.	1 = UI Wage Data 2 = Federal Employment Records (OPM, USPS) 3 = Military Employment Records (DOD) 4 = Non UI verification 5 = Information not yet available 0 = Not employed		R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
1608	Employment Related to Training (2nd Quarter After Exit) (WIOA)	IN 1	Record 1 if the participant received training services and obtained employment directed related to the training services received. Record 0 if the participant received training services and did not obtain employment directly related to the training services received. Leave blank if the data is not available.	1 = Yes 0 = No		R	R	R	R	R	R				R	R				R
1609	Reemployed by Layoff Employer	IN 1	Record 1 if the participant was reemployed by the employer (where the qualifying separation took place) at any point from the point of program exit through the 4th quarter after program exit. Record 0 if the participant does not meet the condition described above. Record 9 if not known. Leave blank this data element does not apply to the participant.	1 = Yes 0 = No 9 = Unknown							R									
1610	Occupational Code (if available)	AN 8	Record the 8-digit occupational code that best describes the participant's employment using the O*Net Version 4.0 (or later versions) classification system. This information can be based on any job held after exit from the program. Leave blank if occupational code is not available or not known, or the data element does not apply. Additional Notes: This information can be based on any job held after exit and only applies to adults, dislocated workers and youth who entered employment in the quarter after the exit quarter. If all 8 digits of the occupational skills code are not collected, record as many digits as are available. If the individual had multiple jobs, use the occupational code for the most recent job held.	00000000		R	R	R	R	R	R			R	R					

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1804	Type of Recognized Credential #3 (WIOA)	IN 1	Use the appropriate code to record the type of recognized diploma, degree, or a credential 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, or an associate or baccalaureate degree attained by the participant who received education or training services. Record 0 if the participant received education or training services, but did not attain a recognized diploma, degree, license or certificate. Leave 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 both the Credential Rate indicator and the Measurable Skills Gain indicator for all DOL programs.	1 = Secondary School Diploma/or equivalency 2 = AA or AS Diploma/Degree 3 = BA or BS Diploma/Degree 4 = Occupational Licensure 5 = Occupational Certificate 6 = Occupational Certification 7 = Other Recognized Diploma, Degree, or Certificate 0 = No recognized credential			R	R	R	R	R		R	R	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
1806	Date of Most Recent Measurable Skill Gains: Educational Functioning Level (EFL) (WIOA)	DT 8	Record the most recent date the participant who received instruction below the postsecondary education level achieved at least one EFL. EFL gain may be documented in one of three ways: 1) by comparing a participant's initial EFL as measured by a pre-test with the participant's EFL as measured by a participant's post-test; or 2) for States that offer secondary school programs that lead to a secondary school diploma or its recognized equivalent, an EFL gain may be measured through the awarding of credits or Carnegie units; or 3) States may report an EFL gain for participants who exit the program and enroll in postsecondary education 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
1807	Date of Most Recent Measurable Skill Gains: Postsecondary Transcript/Report Card (WIOA)	DT 8	Record the most recent date of the participant's transcript or report card for postsecondary education who complete a minimum of 12 hours per semester, or for part time students a total of at least 12 credit hours over the course of two completed semesters during the same 12 month period, that shows a participant is meeting 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 recent date of the participant's transcript or report card for secondary education for one semester showing that the participant is meeting 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	R
1809	Date of Most Recent Measurable Skill Gains: Training Milestone (WIOA)	DT 8	Record the most recent date that the participant had a satisfactory or better progress report towards established milestones from an employer/training provider who is providing training (e.g., completion of on-the-job training (OJT), completion of one year of a registered apprenticeship program, 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	
1810	Date of Most Recent Measurable Skill Gains: Skills Progression (WIOA)	DT 8	Record the most recent date the participant successfully completed an exam that is required for a particular occupation, or progress in attaining technical or occupational skills as evidenced by trade-related benchmarks such as knowledge-based exams. 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	

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1811	Date Enrolled During Program Participation in an Education or Training Program Leading to a Recognized Postsecondary Credential or Employment (WIOA)	DT 8	Record the date the participant was enrolled during program participation in an education or training program that leads to a recognized postsecondary credential, including a secondary education program, or training program that leads to employment as defined by the core program in which the participant participates. States may use this coding value if the participant was either already enrolled in education or training at the time of program entry or became enrolled in education or training at any point while participating in the program. If the participant was enrolled in postsecondary education at program entry, the date in this field should be the date of Program Entry. This includes, but is not limited to, participation in Job Corps or YouthBuild or Adult Education or secondary education programs. Leave blank if the data element does not apply to the participant. NOTE: This data element applies to the Measurable Skill Gains Indicator, and specifically will be utilized to calculate the denominator. It encompasses all education and training program enrollment.	YYYYMMDD			R	R	R	R	R	R	R	R	R	R	R	R	R
1812	School Status at Exit	IN 1	Record 1 if the participant has not received a secondary school diploma or its recognized equivalent and is attending any secondary school (including elementary, intermediate, junior high school, whether full or part-time), or is between school terms and intends to return to school. Record 2 if the participant has not received a secondary school diploma or its recognized equivalent and is attending an alternative secondary school or an alternative course of study 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 equivalent and is attending a postsecondary school or program (whether full or part-time), or is between school terms and intends to return to school. Record 4 if the participant is no longer attending any school and has not received a secondary school diploma or its recognized equivalent. Record 5 if the participant is not attending any school and has either graduated from secondary school or holds an equivalency. Record 6 if the participant is within the age of compulsory school attendance, but has not attended school for at least the most recent complete school year calendar quarter and has not received a secondary school diploma or its recognized equivalent. Leave blank if data element does not apply to the participant.	1 = In-school, secondary school or less 2 = In-school, Alternative school 3 = In-school, Postsecondary school. 4 = Not attending school or Secondary School Dropout 5 = Not attending school; secondary school graduate or has a recognized equivalent 6 = Not attending school; within age of compulsory school attendance					R	R			R						
1813	Date Completed, During Program Participation, an Education or Training Program Leading to a Recognized Postsecondary Credential or Employment (WIOA)	DT 8	Record the date the participant complete, during program participation, an education or training program that leads to a recognized postsecondary credential, including a secondary education program, or training program that leads to employment as defined by the core program in which the participant participates. States may use this coding value if the participant was either already enrolled in education or training at the time of program entry or became enrolled in education or training at any point while participating in the program. If the participant was enrolled in postsecondary education at program entry, the date in this field should be after the date of Program Entry. This includes, but is not limited to, participation in Job Corps, Youthbuild, a Registered Apprenticeship program, Adult Education or secondary education programs. Leave blank if the data element does not apply to the participant. NOTE: This data element applies to the Measurable Skill Gains Indicator, and specifically will be utilized to calculate the denominator. It encompasses all education and training program enrollment.	YYYYMMDD			R	R	R	R	R	R	R	R	R	R	R	R	R
1814	Date Attained Graduate/Post Graduate Degree (WIOA)	DT 8	Record the date a participant attained a masters' degree after receiving education or training services. Leave 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 RSA programs.	YYYYMMDD		R	R	R		R	R		R	R	R				

SECTION D.04 - ADDITIONAL OUTCOME DATA

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1907	Post-Test Score #1	IN 3	Record the raw scale score achieved by the participant. 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.	000			R	R	R	R	R	R			R	R	R			R			R
1908	Educational Functioning Level Post-Test #1	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. 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.	0 = Not Assessed 1 = Beginning ABE Literacy 2 = Beginning Basic Education 3 = Low Intermediate Basic Education 4 = High Intermediate Basic Education 5 = Low Adult Secondary Education 6 = High Adult Secondary Education 7 = Beginning ESL Literacy 8 = Low Beginning ESL 9 = High Beginning ESL 10 = Low Intermediate ESL 11 = High Intermediate ESL 12 = Advanced ESL			R	R	R	R	R			R	R	R			R			R	
1909	Category of Assessment #2	IN 1	Record 1 if the participant was assessed using approved tests for Adult Basic Education (ABE) Record 2 if the participant was assessed using approved tests for English-As-A-Second Language (ESL) Record 3 if the participant was assessed using approved tests for both ABE and ESL. Record 0 if the participant was not assessed. Leave blank if this data element does not apply to the participant.	1 = ABE 2 = ESL 3 = Both ABE and ESL 0 = Not assessed			R	R	R	R				R	R	R			R			R	
1910	Date of Pre-Test Score #2	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. 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.	YYYYMMDD			R	R	R	R				R	R	R			R			R	
1911	Pre-Test Score #2	IN 3	Record the raw scale score achieved 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. 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.	000			R	R	R	R				R	R	R			R			R	
1912	Educational Functioning Level Pre-Test #2	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. 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.	0 = Not Assessed 1 = Beginning ABE Literacy 2 = Beginning Basic Education 3 = Low Intermediate Basic Education 4 = High Intermediate Basic Education 5 = Low Adult Secondary Education 6 = High Adult Secondary Education 7 = Beginning ESL Literacy 8 = Low Beginning ESL 9 = High Beginning ESL 10 = Low Intermediate ESL 11 = High Intermediate ESL 12 = Advanced ESL			R	R	R	R				R	R	R			R			R	
1913	Date of Most Recent Post-Test Score #2	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. 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 an increase in Educational Functioning Level within the Educational Achievement Type of measurable skill gain.	YYYYMMDD			R	R	R	R				R	R	R			R			R	

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DATA ELEMENT NO.	DATA ELEMENT NAME	DATA TYPE/ FIELD LENGTH	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	CODE VALUE	REQUIREMENTS BY PROGRAM OF PARTICIPATION ¹																
					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 (REO) (Adult)	Reentry Employment Opportunities (REO) (Youth)	YouthBuild	Jobs for Veterans' State Grants (JVSG)	HIB	Job Corps	Incumbent Worker (Adult/DW Funded)	SCEP
1914	Post-Test Score #2	IN 3	Record the raw scale score achieved by the participant. 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.	000			R	R	R	R				R	R	R			R		R
1915	Educational Functioning Level Post-Test #2	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. 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.	0 = Not Assessed 1 = Beginning ABE Literacy 2 = Beginning Basic Education 3 = Low Intermediate Basic Education 4 = High Intermediate Basic Education 5 = Low Adult Secondary Education 6 = High Adult Secondary Education 7 = Beginning ESL Literacy 8 = Low Beginning ESL 9 = High Beginning ESL 10 = Low Intermediate ESL 11 = High Intermediate ESL 12 = Advanced ESL			R	R	R	R				R	R	R			R		R
1916	Category of Assessment #3	IN 1	Record 1 if the participant was assessed using approved tests for Adult Basic Education (ABE) Record 2 if the participant was assessed using approved tests for English-As-A-Second Language (ESL) Record 3 if the participant was assessed using approved tests for both ABE and ESL. Record 0 if the participant was not assessed. Leave blank if this data element does not apply to the participant.	1 = ABE 2 = ESL 3 = Both ABE and ESL 0 = Not assessed			R	R	R	R				R	R	R			R		R
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. 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.	YYYYMMDD			R	R	R	R				R	R	R			R		R
1918	Pre-Test Score #3	IN 3	Record the raw scale score achieved 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. 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.	000			R	R	R	R				R	R	R			R		R
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. 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.	0 = Not Assessed 1 = Beginning ABE Literacy 2 = Beginning Basic Education 3 = Low Intermediate Basic Education 4 = High Intermediate Basic Education 5 = Low Adult Secondary Education 6 = High Adult Secondary Education 7 = Beginning ESL Literacy 8 = Low Beginning ESL 9 = High Beginning ESL 10 = Low Intermediate ESL 11 = High Intermediate ESL 12 = Advanced ESL			R	R	R	R				R	R	R			R		R

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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. 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 an increase in Educational Functioning Level within the Educational Achievement Type of measurable skill gain.	YYYYMMDD			R	R	R	R				R	R	R			R		R
1921	Post-Test Score #3	IN 3	Record the raw scale score achieved by the participant. 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.	000			R	R	R	R				R	R	R			R		R
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. 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.	0 = Not Assessed 1 = Beginning ABE Literacy 2 = Beginning Basic Education 3 = Low Intermediate Basic Education 4 = High Intermediate Basic Education 5 = Low Adult Secondary Education 6 = High Adult Secondary Education 7 = Beginning ESL Literacy 8 = Low Beginning ESL 9 = High Beginning ESL 10 = Low Intermediate ESL 11 = High Intermediate ESL 12 = Advanced ESL			R	R	R	R				R	R	R			R		R
SECTION E - NEW DATA ELEMENTS (Data Elements are Specific to Each Program, As Listed)																					
SECTION E.01 - DISLOCATED WORKER GRANTS																					
2001	Date of Completion of DWG Services	DT 8	Record the date the participant received their last service in the DWG program.	YYYYMMDD						R											
2002	Employed at Completion of DWG Services	IN 1	Record 1 if the participant is employed at completion of participation in services under a 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.	1 = Yes 0 = No						R											
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 program, followed by numeric characters (XXXXXXX). If the grant number is unknown, please enter 9999999. 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	XXXXXXX						R											

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2211	Family Care (including child care)	IN 1	Record 1 if the participant received related assistance services which help participants meet their family care needs during program participation. Family care ranges from adult to child care inside or outside the home to after-school programs (inside or outside the home). It usually includes supervision and shelter. Record 0 if the participant did not receive any family care assistance.	1 = Yes 0 = No								R					R						R
2212	Related Assistance: Housing, Assistance Services	IN 1	Record 1 if the participant received temporary housing services as described in 20 CFR 685.360 Record 2 if the participant received permanent housing services as described in 20 CFR 685.360 Record 3 if the participant received both temporary housing services as described in 20 CFR 685.360 and permanent housing services as described in 20 CFR 685.360. Record 0 if the participant did not receive any housing related assistance.	1 = Temporary Housing Services 2= Permanent Housing Services 3= Both Temporary and Permanent Housing services 0 = No								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.	1 = Yes 0 = No								R											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 a program 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 1 if the participant received related assistance services with significant staff involvement. Record 0 if 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: safe and proper ways to operate or maintain machinery, safe handling and use of toxic chemicals, proper use of protective clothing and devices, first aid, or other topics related to worker safety on the job site. Record 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	Record the actual total hours the individual received work experience under the section 167 grant. Work experience includes short-term or part-time work activity that provides an individual with the opportunity to acquire appropriate work habits and behaviors.	0000								R											
2218	On-the-job Training (OJT) funded by 167 grant	IN 4	Record the actual total hours the participant received On-the-job Training (OJT) under the section 167 grant. OJT includes training by an employer that is provided to a paid participant while engaged in productive work in a job that: (a) provides knowledge or skills essential to the full and adequate performance of the job; (b) provides reimbursement to the employer of 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) is limited in duration appropriate to the occupation for which the participant is being trained, taking into account	0000								R											
2219	Integrated Basic/Occupational Skills Training funded by 167 grant	IN 4	Record the actual total hours the participant received integrated basic/occupational skills training under the section 167 grant. Integrated basic/occupational skills training combines elements of both Basic Skills Training and Occupational Skills Training (Non-OJT) as described immediately above.	0000								R											
2220	Occupational Skills Training (Non-OJT) funded by 167 grant	IN 4	Record the actual total hours the participant received occupational skills training (excluding On-the-job training) under the section 167 grant. Occupational skills training includes vocational education and classroom training, designed to provide participants with the technical skills and information required to perform a specific job or group of jobs.	0000								R											

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