

OMB Control Number 1205-0521 Expiration Date: 06-30-2024				ETA-9172																					
DATA ELEMENT NO.	DATA ELEMENT NAME	DATA TYPE/ FIELD LENGTH	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	CODE VALUE	REQUIREMENTS BY PROGRAM OF PARTICIPATION ¹																				
					Reversible Individual ²	Wagner-Peyser	WIDA Adults	WIDA Dislocated Workers	WIDA Youth	Dislocated Worker (DWD)	TAA	National Emergency Job Program (NEJP)	Indian and Native American Program (INAA)	Recent Employment Opportunities (REO) (Adult)	Recent Employment Opportunities (REO) (Youth)	YouthBuild	State to Veterans State Grant (SVSG)	HHS	Job Corps	Workforce Incentive (WIFI/OWI/OWI)	SCSEP	Apprenticeship	Demographic Grants		
SECTION A - INDIVIDUAL INFORMATION																									
SECTION A.01 - IDENTIFYING DATA																									
N/A	ONS 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	R	R	R	R
100	Unique Individual Identifier (WIDA)	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	R	R	R	R
101	State Code of Residence (WIDA)	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 (ZPL 09xxx) for Armed Forces Europe which includes Canada, Middle East, and Africa AP (ZPL 962xx - 966xx) for Armed Forces Pacific AA (ZPL 940xx) 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	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	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	R	R	R	R
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																				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	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	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	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	R	R	R	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	R	R	R	R	R	R	R	R	R	R	R	R
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	R	R	R	R	R	R	R	R	R	R	R	R
SECTION A.02 - EQUAL OPPORTUNITY INFORMATION																									
200	Date of Birth (WIDA)	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	R	R	R	R
201	Sex (WIDA)	IN 1	Record 1 if the participant indicates that he is male. Record 2 if the participant indicates that she is female. Record 9 if the participant did not self-identify their sex.	1 = Male 2 = Female 9 = Participant did not self-identify	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
202	Individual with a Disability (WIDA)	IN 1	Record 1 if the participant indicates that he/she has any "disability", as defined in Section 312(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	R	R	R	R
203	Category of Disability	IN 9	For those participants where Individual With A Disability (WIDA) = 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 8 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 8 = Participant did not disclose type of disability 0 = No disability	R	R	R	R	R	R	R	R	R	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 (WIDA) = 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	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 (WIDA) = 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	R	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 (WIDA) = 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	R	R	R	R	R	R	R	R	R	R	R

*Rows highlighted in blue represent data elements specific to the Departments of Education and Labor joint WIDA Participant Individual Record Layout.

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					Reportable Individual ¹	Wagner-Peyser	WIOA Adult	WIOA Dislocated Workers	WIOA Youth	Dislocated Worker (DW)	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)	HIS	Job Corps	Entrepreneur Mentor (AM/DW Funded)	SCEP
800	Homeless participant, Homeless Children and Youth, or Runaway Youth at Program Entry (WIOA)	IN 1	Record 1 if the participant, at program entry: (a) lacks a fixed, regular, and adequate nighttime residence, this includes a participant who: (i) is sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; (ii) is living in a motel, hotel, trailer park, or campground due to a lack of alternative adequate accommodations; (iii) is living in an emergency or transitional shelter; (iv) is abandoned in a hospital; or (v) is awaiting foster care placement; (b) Has a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, such as a car, park, abandoned building, bus or train station, airport, or camping ground; (c) is a migratory child who in the preceding 36 months was required to move from one school district to another due to changes in the parent's or parent's spouse's seasonal employment in agriculture, dairy, or fishing work; or (d) is under 18 years of age and absent himself or herself from home or place of legal residence without the permission of his or her family (i.e., runaway youth). This definition does not include a participant imprisoned or detained under an Act of Congress or State law. A participant who may be sleeping in a temporary accommodation while away from home should not, as a result of that alone, be recorded as homeless. Record 0 if the participant does not meet the conditions described above. Note: WIOA youth who meet the definition of homeless as defined in WIOA section 681.210(c)(5) and 681.210(d)(4) are reported in this data element.	1 = Yes 0 = No	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	
801	Ex-Offender Status at Program Entry (WIOA)	IN 1	Record 1 if the participant, at program entry, is a person who either (a) has been subject to any stage of the criminal justice process for committing a status offense or delinquent act, or (b) requires assistance in overcoming barriers to employment resulting from a record of arrest or conviction. Record 0 if the participant does not meet any one of the conditions described above. Record 9 if the participant did not disclose.	1 = Yes 0 = No 9 = Did not disclose	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	
802	Low Income Status at Program Entry (WIOA)	IN 1	Record 1 if the participant, at program entry, is a person who: (a) Receives, or in the 6 months prior to application to the program has received, or is a member of a family that is receiving or in the past 6 months prior to application to the program has received: (i) Assistance through the supplemental nutrition assistance program (SNAP) under the Food and Nutrition Act of 2008 (7 USC 2011 et seq.); (ii) Assistance through the temporary assistance for needy families program under part A of Title IV of the Social Security Act (42 USC 601 et seq.); (iii) Assistance through the supplemental security income program under Title XVI of the Social Security Act (42 USC 1381); or (iv) State or local income-based public assistance. (b) Is in a family with total family income that does not exceed the higher of the poverty line or 70% of the lower living standard income level; (c) Is an individual who receives, or is eligible to receive a free or reduced price lunch under the Richard B. Russell National School Lunch Act (42 USC 1751 et seq.); (d) Is a foster child on behalf of whom State or local government payments are made; (e) Is an participant with a disability whose own income is the poverty line but who is a member of a family whose income does not meet this requirement; (f) Is a homeless participant or a homeless child or youth or runaway youth (see Data Element #800); or (g) Is a youth living in a high poverty area. Record 0 if the participant does not meet the criteria presented above.	1 = Yes 0 = No	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	
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	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	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	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 program 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	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(i)(2) 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 regaining 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	R	R	
808	Migrant and Seasonal Farmworker Status	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. *Note: This element is used both by the NFJP Program eligibility status type and by other programs to identify participants with this (WIOA sec. 3) defined barrier to employment.	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	R	R	R	R
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	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 services. 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	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.																		
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	R	R	R	R	R	R	R	R	

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					Reportable Individual ¹	Wagner-Peyser	WIOA Adults	WIOA Dislocated Workers	WIOA Youth	Dislocated Worker (DFWP) (DWD)	TAA	National Farmworker Job Program (NFJP)	Indian and Native American Program (NAA)	Recent Employment Opportunities (REO) (Jolani)	Recent Employment Opportunities (REO) (Youth)	YouthBuild	Jobs for Veterans State Grants (JVS)	HIB	Job Corps	Entrepreneurial Worker (AA/IDW Funded)	SCSEP	Apprenticeship	Demonstration Grants
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)(ii), 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). 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	R	R	R	R	R	R	R	R	R		
905	Youth (WIOA)	IN 1	Record 1 if the participant received services under WIOA section 128(b). Record 2 if the participant received services under WIOA section 129(a). Record 3 if the participant received services under WIOA sections 128(b) and 129(a). Record 4 if the individual fail to complete the program requirements for eligibility or for participation. Record 0 if the participant did not receive services under the conditions described above.	1 = Yes, Local Formula 2 = Yes, Statewide 3 = Yes, Both Local Formula and Statewide 4 = Youth Reportable Individual 0 = No	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R			
906	Date of First WIOA Youth Service	DT 8	Record the date on which the participant began receiving his/her first WIOA youth service (i.e. 1 of the 14 youth program elements in WIOA §129(c)(2)). Leave blank if the participant did not receive services funded by the WIOA Youth program.	YYYYMMDD					R												R		
907	Recipient of Incumbent Worker Training	IN 1	Record 1 if the participant received Incumbent Worker training services under WIOA section 134(a)(3)(A)(i) and/or 134(a)(2)(A)(i). Record 2 if the participant received Incumbent Worker training services by Local Formula funds under WIOA section 134(d)(4). Record 3 if the participant received Incumbent Worker training services under both Statewide funds (Governor's Reserve and/or Rapid Response) WIOA section 134(a)(3)(A)(i) and/or 134(a)(2)(A)(i) and Local Formula funds under WIOA section 134(d)(4). Record 4 if the participant received Incumbent Worker training services under H1B. Record 5 if the participant received Incumbent Worker training services under a National Dislocated Worker Grant (DWG) (WIOA section 170). Record 6 if the participant received Incumbent Worker training services under a National Farmworker Job Program (NFJP)(WIOA section 167). Record 7 if the participant received Incumbent Worker training services under an grant funded through apprenticeship appropriated funds. Record 0 if the participant did not receive services under the condition described above, or received services by a local area with statewide funds passed down from the state to the local area.	1 = Statewide 15% and/or Rapid Response 25% only 2 = Local Formula only (20%) 3 = Both Statewide and Local Formula 4 = 1B funded grant 5 = DWG funded grant 6 = NFJP funded grant 7 = Apprenticeship appropriated funded grant 0 = No	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
908	Rapid Response	IN 1	Record 1 if the participant participated in rapid response activities authorized at WIOA section 134(a)(2)(A)(iii). Record 0 if the participant did not receive services under the condition described above. Record 9 if grantee is unable to track enrollment in the program. Leave blank if this data element does not apply to the participant.	1 = Yes 0 = No 9 = Unknown	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R		
909	Rapid Response (Additional Assistance)	IN 1	Record 1 if the individual participated in a program by WIOA section 134(a)(2)(A)(iii). Record 0 if the participant did not participate in a program or otherwise receive services under the condition described above or received services by a local area with statewide funds passed down from the state to the local area. Record 9 if grantee is unable to track enrollment in the program. Leave blank if this data element does not apply to the individual.	1 = Yes 0 = No 9 = Unknown	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R		
910	Adult Education (WIOA)	IN 1	Record 1 if the participant received services under WIOA Title I defined as academic instruction and education services below the postsecondary level that increases an individual's ability to-- (A) read, write, and speak in English and perform mathematics or other activities necessary for the attainment of a secondary school diploma or its recognized equivalent; (B) transition to postsecondary education and training; and (C) obtain employment. Record 0 if the participant did not receive any services under the conditions described above. Record 9 if the grantee is unable to track enrollment in the program.	1 = Yes 0 = No 9 = Unknown	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R		
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	R	R	R	R	R	R	R	R	R	R	R	R		
912	National Farmworker Jobs Program	AN 14	Record the 14 character grant number if the participant received services under 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 xxxxxxxxxxxx. Leave blank if the participant did not receive services funded by this program.	XXXXXXXXXXXX	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R		
913	Indian and Native American Programs	IN 1	Record 1 if the participant received services under WIOA Title 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	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	R	R	R	R	R	R	R	R	R		
915	TAA Petition Number	AN 29	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, list all petition numbers in the order in which they were received delimited by a pipe character (i.e.). If there are more than three petition numbers, list the first petition and the most recent two petition numbers. Leave blank if this data element does not apply to the participant.	XXXXXXXXXX	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	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	R	R	R	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	R	R	R	R	R	R	R	R		
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	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.	XXXXXXXXXXXX	R	R	R	R	R	R	R	R	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*																	
					Reportable Individual?	Wagner-Peyser	WIOA Adults	WIOA Dislocated Workers	WIOA Youth	Dislocated Worker (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)	HIB	Job Corps	Service Members (Subj/DWV funded)	SCSEP	Apprenticeship
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 99999999999999. Leave blank if the participant did not receive services funded by this program.	XXXXXXXXXXXX	R	R	R	R	R	R	R	R	R	R	R	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	R	R	R	R	R	R	R	R	R	R	R	
922	Other WIOA or Non-WIOA Programs	IN 1	Record 1 if the participant received services from any other 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 = UDD, MH or other disability programs 0 = No	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	
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	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																		
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																		
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																		
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																		
928	Determined Eligible for TAA	IN 1	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																		
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																		
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 receive services described under the condition described above.	1 = Yes 0 = No	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	
931	Apprenticeship Program	IN 1	Record 1 if the participant entered into a Registered Apprenticeship Program (RAP) or if the participant was a registered apprentice at the time of program entry. Record 2 if the participant entered into an Industry-Recognized Apprenticeship Program (IRAP) or if the participant was participating in an Industry-Recognized Apprenticeship at the time of program entry. Record 3 if the participant entered into an apprenticeship program that is neither a RAP or an IRAP. Record 4 if the participant did not enter an apprenticeship during program participation or was not participating in any apprenticeship program at the time of program entry.	1 = RAP 2 = IRAP 3 = Other 4 = None	R	R	R	R	R	R	R	R	R	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	R	R	R	R	R	R	R	R	R	R	
933	Date of First DWG Service	DT 8	Record the date on which the participant began receiving his/her first service funded by the DWG program following a determination of eligibility to participate in the program. Leave blank if the participant did not receive services funded by the DWG program.	YYYYMMDD																		
934	Rapid Response Event Number	AN 13	Record the 13digit 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: XXXXXXXXXX. 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 two last characters are a letter A through Z allowing for multiple service events to be associated with the same larger response event, or AA and AB for the 27th and 28th service events if applicable. For example, the first Rapid Response Event Number in Ohio for Program Year 2016 would be OH20160001A.	XXXXXXXXXXXX																		
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 0 or leave blank if none of the above conditions apply.	1 = Invalid SSN or failed to disclose SSN 2 = Retirement 0 or Blank = None of the above conditions apply	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	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	R	R	R	R	R	R	R	R	R	R	R	R	
937	Reentry Employment Opportunities (Youth)	AN 14	Record the 14 character grant number if the participant received services under the 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.	XXXXXXXXXXXX	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	

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					Reportable Individual?	Wagner-Peyser	WIOA Adults	WIOA Dislocated Workers	WIOA Youth	Dislocated Worker/ Veterans (DWD)	TAA	National Farmworker Jobs Program (NFJP)	Indian and Native American Program (INA)	Recent Employment Opportunities (REO) (Adult)	Recent Employment Opportunities (REO) (Youth)	YouthBuild	Jobs to Wage State Grants (JWSG)	HIB	Job Corps	Supportive Worker (Sub-DW Funded)
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.	XXXXXXXXXXXX	R	R	R	R	R	R	R	R	R	R	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 (IWDA) = 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 = Blank = Neither condition applies	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
940	Individual With A Disability Section 504 Plan	IN 1	For those participants where Individual With A Disability (IWDA) = 2: Record 1 if the participant has a Section 504 plan. Record 0 if the participant does not meet the condition described above. Leave blank if the condition does not apply to the participant. Section 504, of the Rehabilitation Act, 29 U.S.C. § 794, is a federal law that protects students with disabilities that interfere with their ability to learn or access school programs from discrimination by schools receiving Federal financial assistance. Under Section 504 students are entitled to receive a free and appropriate education comparable to students without disabilities. A Section 504 Plan can be used to get reasonable accommodations for an individual with a disability that falls outside of the 13 disability categories required under IDEA, or who does not need special education and related services. A 504 plan outlines how the individual's specific needs will be met through accommodations, modifications and other services.	1 = Yes 0 = No Blank = Does not apply	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
941	National Farmworker Jobs Program (NFJP)	IN 1	Record 1 if the participant received services that required significant involvement under WIOA Title I-D, Section 167 Record 2 if the individual has demonstrated an intent to use program services and meets one of the following criteria— (A) Individuals who only provide identifying information; or (B) Individuals who only receive related assistance services that do not require significant involvement. Record 0 if the participant did not receive any services under the condition described above. Leave blank if grantee is unable to track enrollment in the program.	1 = Yes, NFJP Participant 2 = Reportable Individual 0 = No	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
SECTION C - ONE STOP SERVICES AND ACTIVITIES																				
SECTION C.01 - GENERAL SERVICES OVERVIEW																				
1000	Date of First Basic Career Service (Self-Service/Information-only)	DT 8	Record the first date a job seeker accessed self-services/information-only services or activities during the reporting period, either in a physical location or remotely via the use of electronic technologies. Self-Service does not uniformly apply to all virtually accessed services. For example, virtually accessed services that provide a level of support beyond independent job or information seeking on the part of the reportable individual would not qualify as self-service. Information-only activities or services may be either self-service or staff assisted. Leave blank if the reportable individual/participant accessed no self-services/information-only basic career services.	YYYYMMDD	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
1001	Date of First Basic Career Service (Staff-Assisted)	DT 8	Record the first date the participant received any staff-assisted basic services (includes any career service under WIOA section 1346(j)(2)(A)(i)-(iv) that is not provided via self-service or information-only services and activities). Leave blank if the participant did not receive a staff assisted basic career service.	YYYYMMDD	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
1002	Most Recent Date Received Basic Career Services (Self-Service/Information-Only)	DT 8	Record the most recent date a job seeker accessed self-services/information-only services or activities during the reporting period, either in a physical location or remotely via the use of electronic technologies. Self-Service does not uniformly apply to all virtually accessed services. For example, virtual accessed services that provide a level of support above independent job or information seeking on the part of a reportable individual/participant would not qualify as self-service. Information-only activities or services may be either self-service or staff assisted. Leave blank if the reportable individual/participant did not access a self-service/information-only basic career service.	YYYYMMDD	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
1003	Most Recent Date Received Basic Career Services (Staff-Assisted)	DT 8	Record the most recent date on which the participant received any basic career service (includes any career service under WIOA section 1346(j)(2)(A)(i)-(iv) that is not provided via self-service or information services and activities). Leave blank if the participant did not receive a basic career service with significant staff involvement.	YYYYMMDD	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
1004	Date of Most Recent Career Service (WIOA)	DT 8	Record the date on which career services (both basic and individualized) were last received including self-services, information services or activities, or follow-up services. Leave blank if the participant did not receive career services.	YYYYMMDD	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
1005	Most Recent Date Received Staff-Assisted Services (DVOP specialist)	DT 8	Record the most recent date on which the participant received any career service provided by a DVOP specialist. Leave blank if the participant did not receive a service with significant staff involvement 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	R
1006	Date Referred to Department of Veterans Affairs Vocational Rehabilitation and Employment Program	DT 8	Record the most recent date on which the participant was referred to the Department of Veterans Affairs Vocational Rehabilitation and Employment Program.	YYYYMMDD	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
1007	Date of Most Recent Reportable Individual Contact	DT 8	Record the most recent date on which the job seeker had reportable individual level contact, including provision of identifying information or enrollment, with one or more applicable programs.	YYYYMMDD	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
SECTION C.02 - BASIC CAREER SERVICES																				
1100	Most Recent Date Accessed Information-Only Activities	DT 8	Record the most recent date on which the reportable individual/participant accessed information-only services or activities. Information-only services or activities provide readily available information that does not require an assessment by a staff member of the individual's skills, education, or career objectives. Leave blank if the reportable individual/participant did not access information-only activities.	YYYYMMDD	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
1101	Most Recent Date of Self-Service Activities	DT 8	Record the most recent date a job seeker accessed self-services during the reporting period, either in a physical location or remotely via the use of electronic technologies. Self-Service does not uniformly apply to all virtually accessed services. For example, virtual accessed services that provide a level of support above independent job or information seeking on the part of a reportable individual/participant would not qualify as self-service. Leave blank if the reportable individual/participant did not access a self-service basic career service.	YYYYMMDD	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
1102	Most Recent Date Received Staff-Assisted Career Guidance Services	DT 8	Record the most recent date on which the participant received career guidance services with significant staff involvement. Career guidance services include the provision of information (including information on local performance and eligible training providers), materials, suggestions, or advice intended to assist the job seeker in making occupation or career decisions. Leave blank if the participant did not receive a career guidance service.	YYYYMMDD	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
1103	Most Recent Date Received Workforce Information Services	DT 8	Record the most recent date that the reportable individual/participant received workforce information services including information on state and/or local market conditions, industries, occupations and characteristic of the workforce; area business identified skills needs; employer wage and benefit trends; short and long term industry and occupational projections; worker supply and demand; and job vacancies survey results. Workforce information also includes local employment dynamics information such as workforce availability; business turnover rates; job creation; and job identification of high growth and high demand industries. Leave blank if the reportable individual/participant did not receive a workforce information service.	YYYYMMDD	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R

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					Reportable Individual?	Wagner-Peyser	WIOA Adults	WIOA Dislocated Workers	WIOA Youth	Dislocated Worker (DWI)	TAA	National Farmworker Jobs Program (NFJP)	Indian and Native American Program (INA)	Reentry Employment Opportunities (REO) (Jail)	Reentry Employment Opportunities (REO) (Non)	YouthBuild	Jobs for Veterans State Grants (JVS)	HIS	Job Corps	Service Members (Sub-IDW Funded)	SCSEP
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 an English as 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	R	R	R	R	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 pre-vocational services, including development of learning skills, communication skills, interviewing skills, punctuality, personal maintenance skills, and professional conduct to prepare individuals for unskilled employment or training. Leave blank if this data element does not apply to the participant.	YYYYMMDD	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	
1211	Transitional Jobs	IN 2	Record 1 if the participant received work experience at a transitional job as described in WIOA Section 134(d)(5). Record 0 if the participant did not receive transitional jobs training as described above.	1 = Transitional job 0 = No	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	
1213	Most Recent Date Received Individualized Career Service (DVOP)	DT 8	Record the most recent 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 an individualized 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	R	R	R	R	R	R	R	R	R	R	R	R	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	R	R	R	R	R	R	R	R	R	R	R	R	R	R	
1215	Most Recent Date Referred to Employment (DVOP)	DT 8	Record the most recent date that a participant was referred to employment by a 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	R	R	R	R	R	R	R	R	R	R	R	R	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, NAFSA, and Job Corps. This definition does not include DWI-GIT. 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	R	R	R	R	R	R	R	R	R	R	R	R	R	R	
1217	Most Recent Date Referred to Federal Job (DVOP)	DT 8	Record the most recent date that the participant was referred by a 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	R	R	R	R	R	R	R	R	R	R	R	R	R	R	
1218	Most Recent Date Referred to Federal Contractor Job (DVOP)	DT 8	Record the most recent date that the participant who is a disabled veteran, campaign veteran, or recently separated veteran was referred by a 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	R	R	R	R	R	R	R	R	R	R	R	R	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	R	R	R	R	R	R	R	R	R	R	R	R	R	R	
1220	Most Recent Date Received Career Guidance Services (DVOP)	DT 8	Record the most recent date that a participant received career guidance services, which includes the provision of information, 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	R	R	R	R	R	R	R	R	R	R	R	R	R	R	
1221	Most Recent Date Entered Federal Job (DVOP)	DT 8	Indicate the most recent date a job seeker entered into a job filed with a placement office by a department or agency or other entity under the jurisdiction of the U.S. Office of Personnel Management (DVOP). Leave blank if the participant did not begin a federal job.	YYYYMMDD	R	R	R	R	R	R	R	R	R	R	R	R	R	R	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	R	R	R	R	R	R	R	R	R	R	R	R	R	R	
SECTION C04 - TRAINING SERVICES																					
1300	Received Training (WIOA)	IN 1	Record 1 if the participant received training services as defined by program specific guidance. Record 0 if the participant did not receive training services.	1 = Yes 0 = No	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	
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 not apply to the participant.	XXXXXXXXXX	R	R	R	R	R	R	R	R	R	R	R	R	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	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 CIT 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	R	R	R
1304	Eligible Training Provider - Program of Study by Potential Outcome	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 680.209 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	R	R	R	R	R	R	R	R	R	R	R	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	R	R	R	R	R	R	R	R	R	R	R	R	R	
1306	Occupational Skills Training Code #1	IN 8	Enter the 8 digit O*NET SOC 2019 taxonomy occupational code (database version 25.1 or later) that matches the training participant's employment goal. Note: If all 8 digits of the O*NET occupational code are not collected, record at least the first 6 digits.	00000000	R	R	R	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	R	R	R	

*Rows highlighted in blue represent data elements specific to the Departments of Education and Labor joint WIOA Participant Individual Record Layout.

DATA ELEMENT NO.	DATA ELEMENT NAME	DATA TYPE/ FIELD LENGTH	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	CODE VALUE	REQUIREMENTS BY PROGRAM OF PARTICIPATION*																
					Reportable Individual?	Wagner-Peyser	WIOA Adults	WIOA Dislocated Workers	WIOA Youth	Dislocated Worker Reemployment Services (DWRS)	TAA	National Farmworker Jobs Program (NFJP)	Indian and Native American Program (INAA)	Recent Employment Opportunities (REO) (Adult)	Recent Employment Opportunities (REO) (Youth)	YouthBuild	Jobs for Wisconsin State Grants (JWSG)	HIB	Job Corps	Employment Worker (Adult/Youth funded)	SCSEP
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	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	R	R
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 OIT or Skill Upgrading is being provided as part of a Registered Apprenticeship program, choose Code 05. 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	R
1311	Occupational Skills Training Code #2	IN 8	Enter the 8 digit O*NET SOC 2019 taxonomy occupational code (database version 25.1 or later) that matches the training participant's employment goal. Note: If all 8 digits of the O*NET occupational code are not collected, record at least the first 6 digits.	00000000		R	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	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	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	R
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 OIT or Skill Upgrading is being provided as part of a Registered Apprenticeship program, choose Code 05. 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	R	R
1316	Occupational Skills Training Code #3	IN 8	Enter the 8 digit O*NET SOC 2019 taxonomy occupational code (database version 25.1 or later) that matches the training participant's employment goal. Note: If all 8 digits of the O*NET occupational code are not collected, record at least the first 6 digits.	00000000		R	R	R	R	R	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	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	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	R	R	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	R	R	R	R	R	R	R	R	R
1321	Waiver from Training Requirement	IN 1	Use the appropriate code to indicate the reason for which a waiver from the training requirements was issued to the participant. Record 0 if the participant did not receive a training waiver. Leave blank if this data element does not apply to the participant.	1 = Recall 2 = Marketable Skills 3 = Retirement 4 = Health 5 = Employment Unavailable							R										R
1322	Date of Most Recent Case Management and Employment Service	DT 8	Record the date on which the participant received his or her most recent Case Management and Employment Service. Leave blank if this does not apply to the participant.	YYYYMMDD							R										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										R
1324	Current Quarter Training Expenditures	DE 9.2	Record the dollar amount of training expenditures accrued in the current report quarter for the participant. Leave blank if this does not apply to the participant.	0000000.00							R										R
1325	Total Training Expenditures	DE 9.2	Record the dollar amount of training expenditures accrued thus far in participant's training. Accrued expenditures are defined as the sum of actual cash disbursements for direct charges for goods and services, the amount of indirect expenses charged to the award, minus any rebates, refunds, or other credits; plus the total costs of all goods and property received or services performed, whether an invoice has been received or a cash payment has occurred. Accrued expenditures are to be recorded in the reporting quarter in which they occur, regardless of when the related cash receipts and disbursements take place. This item includes: (1) Tuition, facility and training costs, books and laboratory fees, and/or equipment expenses approved by the State agency; (2) Travel allowances (3) Subsistence allowances. Leave blank if this does not apply to the participant.	0000000.00							R										R
1326	Training Costs Amount of Overpayment	DE 9.2	Record the amount of the Training Cost Overpayment. This amount may be updated on a cumulative basis. Leave blank if this does not apply to the participant.	0000000.00							R										R
1327	Training Costs - Overpayment Waiver	IN 1	Record 1 if there was a TAA Training overpayment waiver to be recorded in the quarter it is issued and continues through last quarter of reporting. This will include Job Search and Relocation Overpayments. Leave blank if this does not apply to the participant.	1 = Yes 0 = No							R										R
1328	Training Provided Virtual/Online	IN 1	Record the method in which training was delivered to the participant at any time during program participation. Record 1 if the participant received training through virtual/online methods only. Record 2 if the participant received training through a combination of in-person and virtual/online methods. Record 0 if the participant received training through only in-person methods. Leave blank if the participant did not receive training at any point during program participation.	1 = Virtual/Online 2 = Mix of in-person and Virtual/Online 0 = No Virtual/Online, in-person Only			R	R	R	R	R				R						R
1329	Part Time Training	IN 1	Record 1 if the participant received part time training. Record 0 if the participant did not receive any services under the condition described above. Leave blank if the individual was not a TAA participant.	1 = Yes 0 = No							R										R
1330	Adversely Affected Incumbent Worker	IN 1	Record 1 if the participant received services prior to his or her separation date from qualifying trade affected employment. Record 0 if the participant did not receive any services under the condition described above. Leave blank if this does not apply to the participant.	1 = Yes 0 = No							R										R
1331	Training Leading to an Associate's Degree	IN 1	Record 1 if the participant is enrolled in training that will lead to an associate's degree. Record 0 if the participant did not receive any services under the condition described above. Leave blank if this does not apply to the participant.	1 = Yes 0 = No							R										R

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