

JOB CORPS DEMONSTRATION PROJECT: APPLICANT DATA

Program Name: _____ Center/Location Name: _____

Applicant ID: _____ SSN: _____

Date Application Completed: _____ Most Recent Date Application Modified: _____

PRIMARY ADDRESS:

STATE: _____ COUNTY: _____ ZIP CODE: _____

APPLICANT DEMOGRAPHICS:DOB: _____ GENDER: Male FemaleETHNICITY: Hispanic/Latino Not Hispanic/Latino Did not self-identify ethnicityRACE: (select all that apply) American Indian / Alaska Native Asian White Native Hawaiian / Other Pacific Islander Black / African American Did not self-identify race**ACADEMIC AND EMPLOYMENT BACKGROUND AT TIME OF APPLICATION:**

HIGHEST SCHOOL GRADE COMPLETED: _____

HIGHEST EDUCATIONAL LEVEL COMPLETED: None HSD HSE Certificate of Attendance/Completion of IEP Some Post-secondary AA/AS Post-secondary Technical/Vocational Certificate Other: _____FILED UNEMPLOYMENT COMPENSATION CLAIM AND IS ELIGIBLE FOR BENEFITS: YES NOReferral by: (select all that apply) RESEA WPRS Other: _____ Exhausted Benefits Exempt from Work Search Requirements**RECEIVED PUBLIC ASSISTANCE IN LAST SIX MONTHS: (select all that apply)** Temporary Assistance for Needy Families (TANF) SSI SSDI TICKET TO WORK HOLDER General Assistance (GA) (State/local government) or Refugee Cash Assistance (RCA)**ADDITIONAL YOUTH CHARACTERISTICS AT PROGRAM APPLICATION: (select all that apply)** Foster Care Homeless Runaway Youth Low income Status English Language Learner Basic Skills Deficient/Low Levels of LiteracyCultural Barriers: Yes No Did Not Self-Disclose Single Parent: Yes No Did Not Self-Disclose**VETERAN STATUS:**SERVED OR SERVING ON ACTIVE DUTY IN U.S. ARMED FORCES: YES NO DID NOT SELF-DISCLOSE

DATE OF SEPARATION: _____

LENGTH OF SERVICE:

 Served 180 days or less on active duty Served more than 180 days on active duty

SERVICE TYPE:

 Served on active duty during war/campaign/expedition, **and** Served as part of a reserve componentDISCHARGE TYPE: Honorable Other Than Honorable General Bad Conduct Dishonorable Other: _____

OTHER: (select all that apply)

 Discharged from active duty for a service-connected disability Entitled to compensation regardless of rating (including 0%), or entitled but receives military retirement pay, under laws administered by DVA Entitled to compensation, or entitled but receives military retirement pay, under laws administered by DVA for a disability rated at (i) 30% or more OR (ii) 10% or 20% if determined to have a serious employment handicap Homeless veteranAPPLICANT'S SPOUSE SERVED ON ACTIVE DUTY IN U.S. ARMED FORCES: YES NO Spouse died on active duty or of service-related disability

Spouse missing in action for 90 or more days at time of application OR Spouse captured in line of duty by hostile force, or forcibly detained/interned in line of duty by foreign government or power for 90 or more days at time of application

Spouse has a total, permanent disability from a service-connected disability or died with such a disability

CURRENTLY SERVING IN U.S. ARMED FORCES AND IS WITHIN 12 MONTHS OF SEPARATION OR 24 MONTHS OF RETIREMENT: YES NO

DISABILITY STATUS:

APPLICANT DISCLOSED A DISABILITY: YES NO DID NOT SELF-IDENTIFY

DISABILITY TYPE: (select all that apply) Physical/Chronic Health Condition Physical/Mobility Impairment

Mental or Psychiatric Disability Vision-related disability Hearing-related disability

Learning Disability Cognitive/Intellectual disability Participant did not disclose type of disability

APPLICANT RECEIVED SERVICES FUNDED BY: (select all that apply)

SDDA LSMHA State Medicaid HCBS Waiver No Services Funded By These Sources

TYPE OF WORK SETTING: (select all that apply)

Working in competitive, integrated employment (CIE) Working in group supported employment

Working in a sheltered workshop Previously employed in supported employment Not Currently Employed

APPLICANT RECEIVED CUSTOMIZED EMPLOYMENT SERVICES (CES): YES NO

Type of CES: (select one)

Discovery assessment services

Developed a customized employment search plan

Employer negotiation services

Secured employment as a result of receiving customized employment services and received extended support services

FINANCIAL CAPABILITY: (select all that apply)

Received benefit planning services Received financial capability/asset development services None

JOB CORPS DEMONSTRATION PROJECT: ENROLLEE DATA

Program Name: _____ Center/Location Name: _____

Applicant ID: _____ SSN: _____

Date of Enrollment: _____ Date of Exit: _____

EDUCATION SERVICES RECEIVED:

ENROLLED IN: (select all that apply) NONE SECONDARY PROGRAM POST-SECONDARY PROGRAM

PROGRAM #1: START DATE: _____ DATE CREDENTIAL ATTAINED: _____

CREDENTIAL TYPE: HSD HSE AA/AS Other: _____

PROGRAM #2: START DATE: _____ DATE CREDENTIAL ATTAINED: _____

CREDENTIAL TYPE: HSD HSE AA/AS Other: _____

PROGRAM #3: START DATE: _____ DATE CREDENTIAL ATTAINED: _____

CREDENTIAL TYPE: HSD HSE AA/AS Other: _____

ACADEMIC MILESTONES ACHIEVED:

Date of most recent transcript/report card from:

post-secondary program with 12+ credit hours in a semester (FT) or over 2 semesters (PT) meeting state unit's academic standards: Date: _____

secondary program meeting state unit's academic standards: Date: _____

Total Academic Hours Earned since Program Start: _____

TRAINING SERVICES RECEIVED:

ENTERED TRAINING PROGRAM: YES NO

TRAINING # 1: TYPE: _____ START DATE: _____ COMPLETION DATE: _____

TRAINING # 2: TYPE: _____ START DATE: _____ COMPLETION DATE: _____

TRAINING # 3: TYPE: _____ START DATE: _____ COMPLETION DATE: _____

TRAINING-RELATED CREDENTIALS ATTAINED:

Record Industry-Recognized Credential or Certification, Certificate of Completion of a Registered Apprenticeship, or a State or Federal-recognized license attained during program enrollment

Credential #1: DATE: _____ TYPE: Licensure Certificate Certification Other: _____

Credential #2: DATE: _____ TYPE: Licensure Certificate Certification Other: _____

Credential #3: DATE: _____ TYPE: Licensure Certificate Certification Other: _____

TRAINING MILESTONES ACHIEVED:

Completed an exam that is required for a particular occupation: DATE: _____

Progress in attaining technical or occupational skills as evidenced by trade-related benchmarks such as knowledge-based exams. DATE: _____

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.). DATE: _____

EFL GAINS:

READING:

CATEGORY OF ASSESSMENT: ABE ESL

TEST TYPE: TABE 11/12 CASAS OTHER: _____

DATE OF INITIAL TEST: _____ INITIAL TEST SCORE: _____ INITIAL TEST EFL: _____

DATE OF POST-TEST: _____ POST-TEST SCORE: _____ POST-TEST EFL: _____

MATH:

CATEGORY OF ASSESSMENT: ABE ESL
TEST TYPE: TABE 11/12 CASAS OTHER: _____
DATE OF INITIAL TEST: _____ INITIAL TEST SCORE: _____ INITIAL TEST EFL: _____
DATE OF POST-TEST: _____ POST-TEST SCORE: _____ POST-TEST EFL: _____

OTHER:

CATEGORY OF ASSESSMENT: ABE ESL
TEST TYPE: TABE 11/12 CASAS OTHER: _____
DATE OF INITIAL TEST: _____ INITIAL TEST SCORE: _____ INITIAL TEST EFL: _____
DATE OF POST-TEST: _____ POST-TEST SCORE: _____ POST-TEST EFL: _____

EXIT STATUS:

Graduate Former Enrollee Other: _____
 Program Completer Program Non-Completer

EXIT REASON:

Institutionalized Health/Medical Deceased Reserve Forces called to Active Duty
 Foster Care Ineligible Criminal Offender None of the above

JOB CORPS DEMONSTRATION PROJECT: POST-SEPARATION DATA

Program Name: _____ Center/Location Name: _____

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POST-SEPARATION PLACEMENT:**Qualifying Student Placement:**

One Full Time Job	Registered Apprentice Full Time Job	Other Training Program
Two Full Time Jobs	Full Time Job/College Combo	OJT/Paid Employment
One Part Time Job	Part Time Job/College Combo	High School Diploma (HSD) Program
Two Part Time Jobs	College	High School Equivalency(HSE) Program
Armed Forces	Post-Secondary School/Training	Not Placed

Job Training Match: YES NO

Hourly Wage at Placement: \$ _____.

Hourly Wage at Six Months After Placement: \$ _____.

Hourly Wage at 12 Months After Placement: \$ _____.

Date Placed: _____

FIRST QUARTER AFTER EXIT:**Entered Employment:** Military Registered Apprenticeship Other unsubsidized employment Not employed

Date Entered Employment: _____

Date Exited Employment (if applicable): _____

Data source: UI Wage Data Federal Employment Records (OPM, USPS) Military Employment Records (DOD) Non UI verification Not employed

Quarterly Earnings: \$ _____

Education Secondary/Post-secondary Degree: Enrolled in Post-Secondary Education/Training Date Enrolled: _____ Attained HSD Date Attained: _____ Attained HSE Date Attained: _____ Attained AA/AS Date Attained: _____**SECOND QUARTER AFTER EXIT:****Entered Employment:** Military Registered Apprenticeship Other unsubsidized employment Not employed

Date Entered Employment: _____

Date Exited Employment (if applicable): _____

Data source: UI Wage Data Federal Employment Records (OPM, USPS) Military Employment Records (DOD) Non UI verification Not employed

Quarterly Earnings: \$ _____

Entered Education/Training program: None Occupational Skills Training Postsecondary Education Secondary Education

Date Entered Education/Training program: _____

Education Secondary/Post-secondary Degree:

- Enrolled in Post-Secondary Education/Training Date Enrolled: _____
- Attained HSD Date Attained: _____
- Attained HSE Date Attained: _____
- Attained AA/AS Date Attained: _____

THIRD QUARTER AFTER EXIT:

Entered Employment:

- Military Registered Apprenticeship Other unsubsidized employment Not employed

Date Entered Employment: _____

Date Exited Employment (if applicable): _____

Data source:

- UI Wage Data Federal Employment Records (OPM, USPS) Military Employment Records (DOD)
- Non UI verification Not employed

Quarterly Earnings: \$ _____

Education Secondary/Post-secondary Degree:

- Enrolled in Post-Secondary Education/Training Date Enrolled: _____
- Attained HSD Date Attained: _____
- Attained HSE Date Attained: _____
- Attained AA/AS Date Attained: _____

FOURTH QUARTER AFTER EXIT:

Entered Employment:

- Military Registered Apprenticeship Other unsubsidized employment Not employed

Date Entered Employment: _____

Date Exited Employment (if applicable): _____

Data source:

- UI Wage Data Federal Employment Records (OPM, USPS) Military Employment Records (DOD)
- Non UI verification Not employed

Quarterly Earnings: \$ _____

Employed by Same Employer in Q2 and Q4: YES NO

Entered Education/Training program:

- None Occupational Skills Training Postsecondary Education Secondary Education

Date Entered Education/Training program: _____

Education Secondary/Post-secondary Degree:

- Enrolled in Post-Secondary Education/Training Date Enrolled: _____
- Attained HSD Date Attained: _____
- Attained HSE Date Attained: _____
- Attained AA/AS Date Attained: _____

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