

REPORTING ELEMENTS (Youth Employment Program-6M)

INDIVIDUAL

Name

DOB

Social Security number

Resident County-county code

Race-standard

Gender

Category of Target Youth

Out of school youth

Youthful Offender

Other please indicate based on drop down box (see categories below)

Youth aging out of foster care

Children of incarcerated parents

Youth with disabilities

Native American Youth

Migrant youth

Homeless or runaway youth

Referrals to other programs

Medical CHIP (Children's Health Insurance Program)

TANF (Temporary Assistance for Needy Families)

BVR (Bureau of Vocational Rehabilitation)

ABLE (Adult Basic Education)

VA (Veterans Administration-WIA)

WIA (Workforce Investment Act)

Job Corp

Wagner Peyser

Community Colleges

HUD

Supportive services

Transportation (Gas card or bus tokens)

Work Equipment (shoes, uniforms)

Daycare (Title XX or other)

Housing

Education

Education level upon program entry (drop down box, see below)

Doctoral Degree

Masters Degree

Associates Degree

7 Yrs College
6 Yrs College
5 Yrs College
4 Yrs College
3 Yrs College
2 Yrs College
1 Yr College
Vocational / Technical Degree
High School Graduate
Attained other post-secondary Degree or Certification
Attained Certificate of Equivalency for a HS Degree
Attained Certificate of Attendance / Completion (Disabled Individual)
Completed Grade 12, No Diploma
Completed Grade 11
Completed Grade 10
Completed Grade 9
Completed Grade 8
Completed Grade 7
Completed Grade 6
Completed Grade 5
Completed Grade 4
Completed Grade 3
Completed Grade 2
Completed Grade 1
No School Grade Completed
Education level upon exit (see above, same drop down box)
High school diploma (completion date) or beginning and end date
Certificate (what type) (completion date) or beginning and end date
Degree (what type) (completion date) or beginning and end date
Work Keys (drop down box)
Business Writing
Listening
Reading for Information
Writing
Applied Technology
Applied Mathematics
Locating Information
Observation
Team Work
Performance
Talent
Fit
Other_____ (free format)

Employment

Working less than 32 hours Y N

Type of work
 Related to certificate or degree Y N
Hourly wage
Health Insurance Available Y N
 Employed more than 30 days, 60 days, 90 days
 (System generated alert at 30, 60 or 90 days)
Subsidized employment Y N beginning and end dates
Unsubsidized employment Y N beginning and end dates
Employer name, address, and phone number
ONET Family Codes (Drop down box)
 Architecture & Engineering
 Arts, Design, Entertainment, Sports & Media
 Building & Grounds Cleaning & Maintenance
 Business & Financial Operations
 Community & Social Services
 Computer & Mathematical
 Construction & Extraction
 Education, Training & Library
 Farming, Fishing & Forestry
 Food Preparation & Service Related
 Healthcare Practitioners & Technical
 Healthcare Support
 Installation, Maintenance & Repair
 Legal
 Life, Physical & Social Science
 Management
 Military Specific
 Office & Administrative Support
 Personal Care & Service
 Production
 Protective Services
 Sales & Related
 Transportation & Material Moving

PROGRAM DATA

Number of youth enrolled at the end of each **quarter** and new enrollees
 Total number receiving services this quarter
 Total currently enrolled this quarter
 Total new enrollees this quarter
 Total exited this quarter
 Moved out of service area
 Voluntary opted out of program
 Employed at a wage greater than 200% of the poverty standard

Loss of contact

Administrative reasons _____please explain (50 spaces)

Do we want to track administrative cost?