

Appendix A. GLOSSARY OF TERMS AND ACRONYMS

Note: These are some of the common terms that appear in the manual and the PRS. This glossary provides general definitions of terms. For specific use of terms in the PRS and formatting and coding on each PRS data item, see the PRS Data Items Code Book in Appendix B and the “pop up” explanations on PRS screens.

ABE	Adult Basic Education (ABE) is the federal program that funds adult instructional programs in basic skills including reading, mathematics, and writing to adults with skills deficiencies. Adult basic education is also sometimes used generically to describe any adult learning whether it is part of the official ABE program or not.
Abt	Abt Associates, Inc., is a private research consulting company with headquarters in Cambridge, MA, is the prime contractor for the HPOG National Evaluation.
academic counseling	Academic counseling refers to advice and services, provided in a group or individually, to help students register for classes, choose majors, and complete requirements for an academic program.
ACF	The Administration for Children and Families within the U.S. Department of Health and Human Services administers federal programs for low- income families and children and consists of several programs and offices, including the Office of Family Assistance that administers the Temporary Assistance for Needy Families (TANF) program and sponsors the Health Profession Opportunity Grants (HPOG).
addiction/substance abuse services	Medical, behavioral, social, and clinical services provided to individuals with substance abuse problems or addiction
adult basic education	Adult Basic Education (ABE) is the federal program that funds adult instructional programs in basic skills including reading, mathematics, and writing to adults with skills deficiencies.
Affordable Care Act	The Patient Protection and Affordable Care Act of 2010, often referred to as ACA or PPACA, is the national health reform law enacted by Congress. The ACA also authorized HPOG.
apprenticeship	Workplace-based training is often referred to as an apprenticeship or internship. “Registered Apprenticeship” is a formal designation of a system of industry-specified skills training registered with the U.S. Department of Labor,

representing a combination of “on-the-job training and related instruction in which workers learn the practical and theoretical aspects of a highly skilled occupation. Apprenticeship programs can be sponsored by individual employers, joint employer and labor groups, and/or employer associations.”

assessment

In employment, education, and human services programs, assessment refers to formal and informal strategies programs use for determining client skills, service needs, and service plans. Assessment may be conducted by counselors or case managers using professional practices, or may use formal tools and tests such as the OWRA (Online Work Readiness Assessment), TABE (Test of Adult Basic Education), WRC (Work Readiness Assessment Credential), or CASAS (Comprehensive Adult Student Assessment Systems).

BLS

The Bureau of Labor Statistics in the U.S. Department of Labor is the federal agency responsible for official labor market, employment/unemployment, and occupational statistical data.

career counseling

Advice and services, in a group or individually, to help workers, students and job seekers understand career and occupational requirements and their career interests, and assist with job search, job placement, and career advancement.

career pathways

Career pathways is defined in various ways to describe the process by which individuals gain new and increasingly higher-level skills qualifying them for careers and career advancement. Some career pathways occur in the workplace based on work experience and training at the job. For education and training programs like those supported by HPOG, career pathways refers to a series of connected and articulated classes, courses, credentials, and training that together help an individual move towards a career goal and ultimately to higher-level employment opportunities, and may include specific activities needed to move up on what is sometimes called a career ladder.

CASAS

Comprehensive Adult Student Assessment Systems (CASAS) is a comprehensive set of assessment tools and tests for measuring work, life, and academic competencies, including grade level skills.

case management/case manager

Case manager is a term that sometimes is used for a staff person responsible for tracking a particular case or client, and usually providing the case with some or all services from intake through

various components in a given program. Similar terms are advisor, counselor, navigator, or coach.

certificate

In education, workforce development, and human services programs, a certificate is a formal or informal document that indicates a person has completed some requirement. Informal certificates may be given to individuals to acknowledge successful completion of an activity (e.g., workshop, program, class, skills training). Formal certificates typically represent official acknowledgement that an individual has achieved particular skills, such as those that indicate a person is skilled in Microsoft Office, or is determined to be Work Ready. Professional or occupational licenses are also sometimes referred to as certificates (e.g., state certification as a licensed practical nurse). In the PRS, when certificate or licenses is relevant, it is explained on the screen.

CHIP/SCHIP

The Children's Health Insurance Program (CHIP) is the federal-state program that provides free or low-cost health insurance for low-income children. Each state has its own program, often under a different name.

child care

Child care is a term that describes many types of in-home and out-of-home care for children, ranging from informal babysitting to formal early childhood education. Low-income parents in employment programs or low-wage jobs can apply through social services agencies for public subsidies for child care and may apply for their children to enroll in Head Start programs.

clinical experience

Some occupational training programs include as part of the curriculum a certain period of workplace-based training, sometimes referred to as clinical experience, clinical practice or practicum, or internship.

college skills training

Many two- and four-year colleges offer or require students to attend a course or workshop that provides training about college and being a student, such as study skills; stress, financial, and time management skills; teamwork; selecting and meeting prerequisites; career guidance; and crisis intervention. These types of activities are usually distinct from remedial education (e.g., math or reading) and distinct from tutoring; instead they focus on the college and student engagement in college.

counselor

Counselor is a term that sometimes is used for a staff person responsible for a particular case or client for one component or

for all program components. Similar terms are advisor, case manager, navigator, or coach.

counseling	Counseling generally means professional guidance or advice given to individuals or to groups of individuals for a particular purpose. Counseling occurs in various programmatic and institutional settings and the precise definition, types of activities (e.g., interviewing, testing, motivational engagement, therapy), and disciplinary foundations (e.g., educational, social work, employment, psychological) vary by setting. In the PRS, see the “pop ups” on screens for the relevant context.
credential	Credential is a term used to indicate mastery of some discipline or trade and may include an educational degree (e.g., high school diploma, GED, associates or bachelors), professional license or official certification.
cultural programming	Cultural programming may include family functions, luncheons or dinners, arts/music events, and other cultural and social activities for program participants and their families.
dislocated worker	The formal definition of a dislocated worker is someone who has permanently lost a job due to plant closure, foreign competition, or economic or natural disaster.
emergency payments	Some employment, education, and human services programs have discretionary funds available to provide one-time or short-term resources to participants in emergency situations such as facing immediate eviction, having a utilities “turnoff notice”, or a car needed for employment requires emergency repairs.
employment counseling	In education, workforce development, and human services, clients or participants may receive services (e.g., advice, guidance, instruction) intended to assist them in specific areas of education, career, a job and, balancing work/school, and family responsibilities. The specific activities, which may occur individually or in a group, vary depending on these different purposes.
employment development	Employment development activities include a range of services intended to help individuals find jobs, get referrals to jobs, build their job search skills, and understand job opportunities. In the PRS, Employment Development activities (in Section ED 1-6) include:

- job placement and job referrals to an unsubsidized job
- subsidized on-the-job training,
- job readiness/job skills training workshops,
- formal work experience assignments that is not part of an occupational education or training program
- transitional job or subsidized employment

For the purposes of the PRS, other employment-related services are recorded under Employment Activities, Counseling and Assessment Services, and Occupational/Vocational Education and Training.

employment navigator

Navigator is a term sometimes used for a staff person responsible for working with individuals to provide employment-related services and guidance, often serving an individual for the entire length of a training course or program. Similar terms are advisor, counselor, case manager, or coach.

enrollee

Enrollment generally means a person is considered to be “in” a particular program. In HPOG, enrollment status is defined by each HPOG program. In some programs persons are considered enrollees when they start a class or program; in other programs persons are considered enrollees when they are determined eligible for HPOG or when they first receive a service that is funded by HPOG. In the PRS, enrollment date is when a person is considered to be enrolled in HPOG, as defined by the HPOG grantee. See also Registrant, a status that can precede enrollment in HPOG programs that provide services pre-enrollment. See the “pop ups” on screens for explanations.

enrollment date

Enrollment date is the date when a person is considered “in” a program. In HPOG, this is the date the program considers a person to be “in” HPOG according to their ACF-approved HPOG plan. Some individuals may receive services before the official enrollment date and the PRS records all services regardless of whether they are provided before official enrollment or after.

ESL

English-as-a-Second Language (ESL) instruction or classes are designed to improve English skills and competency in reading, writing, and/or other areas, for persons whose first language is not English.

exit

Exit is a term often used to indicate a person is no longer in a program (e.g., completed or left for some other reason). Some

HPOG programs have specific definitions for when a person is officially exited from the program; others do not. For example, some programs “exit” people when they complete a training program, or when they obtain a job. Others do not have a formal exit policy, instead encouraging participants to remain engaged with the program as long as they wish. For the PRS, the Exit Date is defined similar to the WIA/One-Stop Career Centers definition: The PRS HPOG exit date is the date on which the last service funded by the program or a partner program is received by the participant. If a participant has not received any HPOG services by the program or a partner program for 90 consecutive calendar days and is not scheduled for future services, the Exit Date is the last day on which the individual received a service funded by the program or a partner program.

ex-offender

An individual (adult or youth) who either (a) is or 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 for committing delinquent acts, such as crimes against persons, crimes against property, status offenses, or other crimes.

family engagement services

Family engagement services include activities, practices, and components program staff may use to establish positive relationships with families to develop and maintain service plans, supports, treatment, and care. Services can strengthen families in a number of ways: preventing child welfare referrals, strengthening parent/child relationships, or developing fatherhood and parenting skills

family preservation services

Short-term, family-based services (e.g., case management, counseling, home visitation) designed to assist families in crisis by improving parenting and family functioning while keeping children safe and avoid out-of-home placement of children (e.g., foster care).

foster care youth

An individual below the age of 18, who is temporarily placed by the state in the home of a certified caregiver.

GED

The General Educational Development (GED) test is the national examination developed by the American Council on Education (ACE). The GED serves as a high school equivalency credential. Individuals may choose to take pre-GED classes to prepare for the exam.

General Assistance	Some state and local jurisdictions have general public welfare programs, usually for adults without dependent children who do not otherwise qualify for public assistance for families with children such as TANF. GA programs go by various names.
grantee	Grantee in a programmatic sense typically means an entity that has received formal grant funding, for example from the federal government. For HPOG, Grantee means the organization that has been awarded the HPOG grant and funding by the U.S. Department of Health and Human Services.
health employer	For the purposes of the PRS, health employer means a firm or employer that is primarily in the health care industry (e.g., hospital, doctors office, laboratory, clinic, pharmacy, nursing home). Under the Affordable Care Act, it also includes child care facilities. Non-health employer might be an employer that is not in the health industry but has some health care workers (e.g., school, correctional facility).
health occupation	For the PRS, health occupations are those listed in the federal Standard Occupation Code (SOC). (see reported job titles under SOC codes at the end of the glossary)
HHS, DHHS, USDHHS	The U.S. Department of Health and Human Services.
home heating assistance	Financial assistance to low-income persons to help pay for heating costs. The federal program is the Low-Income Home Energy Assistance Program (or LIHEAP), and state and local jurisdictions may have their own programs as well.
homeless individual	An individual who is unable or unwilling to secure or maintain stable housing.
HPOG	Health Profession Opportunity Grants were authorized under the Affordable Care Act of 2010. In 2010, the Administration for Children and Families (ACF) of the U.S. Department of Health and Human Services awarded five-year grants to 27 grantees providing TANF and other low-income individuals with the opportunity to obtain education and training for health care occupations that pay well and are expected to either experience labor shortages or be in high demand. Five Tribal HPOG grants were awarded to grantees training tribal members for health care professions.
incumbent worker	A worker currently employed in a particular job is an incumbent worker in that job.

individual with a disability	An individual who self-identifies as having a physical or mental disability. Some individuals with disabilities may be formally designated as such based on professional medical or psychological testing and assessment. The individual may or may not be a recipient of Social Security Disability Insurance (SSDI). For the PRS, see “pop up” instructions of screens for the appropriate context.
informed consent	Informed consent is a formal process of communication between an individual (participant, client, patient) and a representative of a program or research project that results in the individual’s authorization or agreement to participate in research studies. The intent of informed consent policies is to fully explain research projects and data confidentiality procedures, and protect human subjects who participate in research studies from any possible harm. In HPOG, informed consent applies to individuals’ agreement to be included in HPOG evaluations and obtain data on individuals necessary for research and evaluation purposes.
ISIS	The Innovative Strategies for Increasing Self-Sufficiency (ISIS) project is a multi-year, multi-site experimental design evaluation of career pathways programs for low-income individuals. The project’s sponsor is the Office of Planning, Research and Evaluation in the Administration for Children and Families (ACF) of the U.S. Department of Health and Human Services. Abt Associates is heading a multi-organization evaluation team. ISIS uses an experimental design to measure the impacts of career pathways programs on employment, earnings, and income. Some HPOG programs are included in the ISIS evaluation.
ITA	Individual Training Accounts (ITAs) are vouchers that Workforce Investment Agencies and One-Stop Career Centers can authorize individuals to pay for training and education on approved provider/vendor lists. Each state workforce investment board maintains a list of approved training vendors.
job coach	Job coach is a term that sometimes is used for a staff person responsible for providing individuals with counseling, advice, or services related to obtaining and/or retaining a job, including occupational assessments, job search instruction, job placement or referrals, and assistance with supportive services such as transportation or child care. Similar terms are advisor, case manager, counselor, or navigator.

job readiness/employment readiness	Services or components (individually or more commonly in group workshops) that train individuals in job search skills, occupational interests inventory/assessments, job clubs, life skills, family life management, or work-school-family balance.
job shadowing	Short-term scheduled activity (e.g., a day or a week) in which individuals, usually students or trainees, follow a worker engaged in an occupation to learn about that occupation and what the job is like.
legal assistance	Legal services for a range of issues, usually provided free or at low cost to low-income individuals, often through a legal services corporation, non-profit organization, or law school.
license/licensure	Official document or certificate issued, usually by a state regulatory agency, that certifies an individual to work in a particular occupation or profession.
life skills	“Life skills” is a term, like “soft skills,” used to describe personal behavior, family and personal management, work and school attitudes, and personal strengths. These are often topics in life skills or work-readiness workshops.
LIHEAP	Low-Income Home Energy Assistance Program (LIHEAP), administered by the Office of Community Services, ACF, provides financial assistance to low-income persons to help pay for home heating/cooling utilities.
limited English proficiency	Limited English Proficient (LEP) individuals have a primary language other than English and have not yet developed fluency in the English language.
literacy	Literacy is the ability to read and understand written language. Literacy tests are often used to determine if an individual can read at a level needed to absorb educational or training material.
mandatory data field	Mandatory data fields are items in a computerized data base that must be filled in before proceeding to the next data field. In the PRS, mandatory data fields are starred, and indicate that the item must be completed in order for the case to be saved into the PRS
Medicaid	Medicaid is a federal-state health insurance program for eligible low-income individuals and families. Each state sets its own guidelines regarding eligibility and services.

mentor	A mentor is a trusted counselor or advisor to a person, in either a formal or informal arrangement. Formal mentoring is a common component of programs for youth, students, and low income individuals, provided by volunteers, professional staff, co-workers, peers, upperclass students, and others to coach, advocate, advise, or counsel individuals. Mentoring usually occurs on an individual basis, but group mentoring is also common.
navigator	“Navigator” is a term that sometimes is used for a staff person responsible for providing an individuals with counseling, advice, or services related to a particular activity or services. For example, employment navigators help individuals obtain and/or retain a job, including occupational assessments, job search instruction, job placement or referrals, and assistance with supportive services such as transportation or child care. Similar terms are advisor, counselor, case manager, or coach.
NORC	NORC at the University of Chicago is a non-profit research organization. NORC has a contract with the U.S. Department of Health and Human Services to evaluate the Tribal HPOG programs.
numeracy	Numeracy is the ability to understand and manipulate numbers. Numeracy (math) tests are often used to determine if an individual can handle math or arithmetic read at a level needed to absorb educational or training material.
OFA	The Office of Family Assistance (OFA) is in the U.S. Department of Health and Human Services Administration on Children and Families. OFA administers TANF, HPOG and other programs for low income families and children.
On-the-Job Training (OJT)	Some federally funded programs include formal contractual OJT components whereby employers receive a subsidy for a portion of the wages if they hire certain workers and agree to provide training to them while they are engaged in productive work. The subsidy is usually for a specific portion of the trainees wages (e.g., 50 percent of wages paid for a period of six months). A more general use of the term on-the-job training sometimes refers to any experience an individual receives while work.
Online Work Readiness Assessment	The OWRA developed by USDHHS-ACF is a tool for TANF and other programs to use to assess client employability, develop self-sufficiency plans, and track progress.

participant ID	Many programs issue identification numbers to participants. In the PRS, the field named “local participant ID” is where programs can enter the ID assigned by the program. In the field named “PRS participant ID, a number is assigned automatically by the system to individuals for whom the program has entered name, date of birth, and Social Security Number (which is immediately encrypted). This number is used for data control purposes and allows for tracking of individuals without using personal identifying information such as Social Security Numbers, names, etc. See the “pop up” explanations on PRS screens.
peer support	Peer support involves activities, meetings, discussions in which a group of participants can share experiences, lessons, work together on class assignments, and otherwise support each other in programs.
Pell Grant	Pell Grants are needs-based federal education grants provided to low-income undergraduate and certain post-baccalaureate students to promote access to post-secondary education.
pre-employment screening	Some employers and programs conduct screening to determine whether an individual can qualify for a particular job (e.g., background checks, criminal checks, drug testing).
prerequisite	Academic prerequisites consist of courses that must be successfully completed before the next course in a sequence can be taken.
pre-training activities	Some programs have specific types of components in which individuals participate to prepare them for vocational/occupational training. These could include occupational introductions, reading or math refresher courses, computer skills). Pre-training activities might also include assessment of supportive services needs and a plan for providing those services (e.g., child care, transportation).
PPR	Performance Progress Reports (PPR) are the federally-required semi-annual reports HPOG grantees must submit to HHS/ACF.
PRS	The Performance Reporting System (PRS) is the management information system developed for and used in HPOG programs.
public assistance	Public assistance is a term that refers to public welfare or other benefits provided to low-income persons and families. The main

	public assistance programs are TANF, Food Stamps/SNAP, public housing, and Medicaid.
public housing assistance	Public housing assistance includes both rental vouchers (Section 8) and residential units in public housing buildings.
re-employment	Re-employment means an individual out of work becomes employed again.
re-enrollment	Re-enrollment in the context of the PRS means an individual has exited the program and then returns for additional services or to resume services. The re-enrollment date is the subsequent date on which the program determines the individual is enrolled again.
Refugee Cash Assistance	Refugee Cash Assistance (RCA) is the federal cash public assistance program for individuals formerly admitted to the U.S. as refugees or asylees.
registrant	Programs identify individuals in various ways. Often the term registrant is used to indicate a person has applied for, or registered for, a particular program or service. For the purposes of the PRS, an HPOG registrant is defined as an individual who is being considered for HPOG. Once an individual's name, date of birth, and SSN are entered in the PRS, the person is considered a registrant in the PRS. Most, but not all of the registrants will proceed in the program, receive services, and be officially enrolled if the program has official enrollment procedures. The PRS records services provided to all registrants, even those services that may be provided before the person is officially considered enrolled "in" HPOG. See the "pop up" explanations on PRS screens.
registration date	In the PRS, there are two registration dates: 1) the PRS Registration Date which is automatically "stamped" into the individual's record when their name, date of birth and SSN are entered into the system; and 2) the Program Registration Date which is the date the HPOG program first registers the program if that occurs before the information is entered in the PRS data system. In many cases the two dates may be the same, but in some cases the program registration date may be before the PRS registration date (e.g., if the program registered a person with a paper form and then later entered the data into the system). The registration dates are very important because they begin the

	person's HPOG record, including all services received. See the "pop up" explanations on the PRS screens.
remedial education	Remedial education includes instruction provided to individuals to improve their basic skills in reading, math, writing, or speaking, regardless of educational or academic credentials the individuals may have.
Section 8	Section 8 is a federal housing choice voucher program that provides housing rental vouchers to eligible low-income individuals and families.
site	For the purposes of the PRS, a site is the local HPOG program location responsible for individual HPOG participants from intake forward, as determined by the HPOG grant director. In some programs, all services are provided in one office or location, but in many local programs, services are provided in various locations, such as a One-Stop Career Center (for intake and assessment) and a community college (for training and education). In the latter example, the One-Stop Career Centers would be the "sites."
SNAP	Supplemental Nutrition Assistance Program (SNAP) is a federal nutritional assistance program formally known as Food Stamps.
SOC	The Standard Occupational Classification (SOC) System is used by Federal statistical agencies to classify workers into occupational categories for the purpose of collecting, calculating, or disseminating data. All workers are classified into one of 840 detailed occupations according to their occupational definition.
soft skills	"Soft skills" is a term used to describe personal behaviors or attitudes employers say they look for in workers, including responsibility, honesty, punctuality, self-confidence, maturity, ability to get along with others, and able to work well in a group or team. Soft skills are often included in job readiness training workshops curriculum.
SSDI	Social Security Disability Insurance (SSDI) is a monthly benefit for individuals who are unable to work for a year or more because of their disability, but have worked in the past and paid Social Security taxes.
SSI	Supplemental Security Income (SSI) is a Federal income supplement for low-income elderly and disabled individuals.

SSN	Social Security Number
subsidized child care	Low-income parents and children may receive public subsidies for formal or informal child care. States establish child care standards that regulate the amount of the subsidies, payment methods, provider and facility standards, and income qualifications for clients.
subsidized employment/job	Some types of employment and workers (e.g., welfare recipients) are eligible for public subsidies that support part of the worker's wage so that employers pay less than usual. OJT and transitional jobs are examples of subsidized employment.
support services	Supportive services include a range of services families or individuals need to be successful in school or work. These may include, for example: assistance with transportation, child care, dependent care, and housing that are necessary to enable the individual to participate in activities, assistance with transportation, assistance with housing, referrals to medical services, and assistance with uniforms or other appropriate work attire and work-related tools, including such items as eye glasses and protective eye gear.
TAA	The Trade Adjustment Assistance (TAA) program is a federal program that provides aid to workers who lose their jobs or whose hours of work and wages are reduced as a result of imports. TAA can fund training, relocation expenses, and financial income.
TABE	The Test of Adult Basic Education (TABE) is a common diagnostic test for assessing grade-level skills of adult learners
TANF	Temporary Assistance for Needy Families (TANF) is a federally-funded cash assistance program for low income families with children. For the purposes of the PRS, at intake into HPOG, individuals are considered TANF recipients if they are receiving a welfare cash payment at the time they register for HPOG, either as they report themselves or as the HPOG program learns from the TANF agency.
training vendor	Vendor typically means an entity that is paid to provide a particular service. In employment and training programs, the term is commonly used for an organization, company of institution that provides training or education, even if they are not directly paid for the training or classes. That is, the term

	training vendor is often used as a synonym for training provider or training institution.
transitional employment/job	Transitional employment is a type of subsidized job. The subsidy may be provided to the employer to cover part of the wages or to the individual worker in the form of wages. There is the general expectation that the job is short term and will provide some occupational training or work experience that will help qualify the person for a regular unsubsidized job.
transportation assistance	Transportation assistance is a type of supportive service that could include bus/subway cards, gas vouchers/cards, or van/carpool arrangements.
Tribal affiliation	For the purposes of the PRS Tribal affiliation refers the individual's self-declaration as being affiliated by either family lineage or enrolled membership with a Native American or Alaskan Village tribe or community.
Tribal employer	A tribal employer is a tribal company, organization or institution.
Tribal member	Tribal membership is an official term indicating the person has been formally enrolled into a Tribe according to laws and policies of the particular Tribe.
tuition assistance	Financial assistance for tuition expenses.
tutoring	Formal one-on-one or training sessions.
unemployed	Unemployed means someone is not currently working for pay but is available for, interested in, and willing to work.
unemployment insurance recipient	A unemployment insurance recipient is a person who has filed a claim and has been determined eligible for benefit payments under one or more State or Federal Unemployment Compensation (UC) programs and whose benefit period has not ended and who has not exhausted his/her benefit rights.
unemployment insurance exhaustee	An individual who has exhausted all unemployment insurance benefits, including any extended supplemental benefits.
Urban Institute	The Urban Institute is a nonprofit research organization that is a subcontractor to Abt Associates on the National HPOG Evaluation Project. The Urban Institute maintains and supports the HPOG Performance Reporting System (PRS).

user	For PRS purposes, a user is a person authorized to access the PRS, enter and edit data, and/or use data. HPOG Grant Directors authorize PRS users.
utilities assistance	Financial assistance to low-income individuals to help pay heating/cooling utility costs. LIHEAP is the main federal utilities assistance program.
Veteran	An individual who has served or is serving in the U.S. armed forces and has experienced direct exposure to military conflict. A veteran may or may not be receiving veteran's benefits.
WIA	The Workforce Investment Act of 1998 (WIA) is the main federal employment and training legislation authorizing workforce development, vocational education, vocational rehabilitation, and training programs for adults, youth, and dislocated workers, and establishing the nation's system of One-Stop Career Centers.
WIASRD	Workforce Investment Act Standardized Record Data (WIASRD) is the reporting system for the WIA system.
work experience	Work experience is a type of subsidized employment, which can include wage-paying assignments and non-paid assignments that primarily provide orientation and general exposure to the workplace.
work readiness/job readiness	Work-readiness or job-readiness refers to both occupational skills and soft/life skills needed in the workplace. Job search skills training workshops typically include work readiness topics such as world-of-work orientation, work attitudes and behavior, proper work attire and composure, as well as occupation and job specific issues.
Work-Readiness Credential	The Work Readiness Assessment is a formal assessment tool measuring foundational skills of language, mathematics, and judgment. When individuals complete the assessment satisfactorily they receive a certificate, the Work Readiness Credential.
work-related expenses	Work-related expenses usually refer to costs associated with uniforms, tools, equipment needed for training or on the job.
work-study	Work-study is an activity in which students receive financial assistance for part-time work while they are in school. The

Federal Work Study Program funds part time jobs for income eligible students in mainly campus jobs.

Appendix B. PRS Data Items List (Participant and Grantee Levels)

Participant-Level Data Items

A. Enrollment

Basic Demographic Data

The following group of demographic and socio-economic characteristics will be entered for each participant at the point of HPOG enrollment.

Data Item / Question	Response Fields to be Completed for Each Data Item	Data Source	Performance Managt., Evaluation, Both	
Participant Program Enrollment				
E1. HPOG Enrollment Date	MM-DD-YYYY	Grantee Records	Both	
E2. HPOG PRS Registration Date	Stamped system date	System Defined	Both	
E3. HPOG Registration Date	MM-DD-YYYY	Grantee Defined	Both	
E4. HPOG Participant ID	Numeric value generated by system upon approval confirmation	System Defined	Both	
E5. Grantee number	Programmed static identifier	System Defined	Performance Management	
E6. Site / Location number	Programmed static identifier	System Defined	Performance Management	
E7. Location	Pick list from grantee level	Grantee Entry	Performance Management	
E8. PRS User / Grant Representative	Static value	System Generated	Performance Management	
E9. Informed Consent Completed	1 = Yes	Grantee entry	Performance	

	2 = No		Management	
Individual Characteristics at Enrollment* (*The Solicitation for Grant Application notes eligible populations. Participants must be US citizens or individuals who meet the immigrant eligibility requirements for Federal Public Benefits. They can either be TANF participants, participants in other public assistance programs, or low-income individuals. Special populations under the low-income category may include high-school dropouts, low-income non-custodial and other single parents, individuals with disabilities, veterans, victims of domestic violence, youth transitioning out of foster care, individuals with a family history of intergenerational dependency, and individuals with limited English proficiency.)				
D1. Last Name	Open field (Narrative value)	Enrollment Information	Evaluation	
D2. First Name	Open field (Narrative value)	Enrollment Information	Evaluation	
D3. Middle Initial	Open field (Narrative value)	Enrollment Information	Evaluation	
D4. Date of birth	MM-DD-YYYY	Enrollment Information	Both	
D5. Social Security Number (tribal grantees will enter only last 4 digits)	SSS-SS-SSSS	Enrollment Information	Evaluation	
D6. Staff assigned	Open field (Narrative value)	Enrollment Information	Evaluation	
D7. Local Participant ID	Open field (Numeric value)	Enrollment Information	Evaluation	
D8. Citizenship	1 = Born in the United States 2 = Born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas 3 = Born abroad of American parent or parents 4 = U.S. citizen by naturalization 5 = Not a citizen of the United States 0 = Does not self-identify	Enrollment Information	Evaluation	
D9. Refugee Status	1 = Yes 2 = No 0 = Not Reported	Enrollment Information	Evaluation	

D10. Sex	1 = Male 2 = Female 0 = Not Reported	Enrollment Information	Both	
D11. Participant is Hispanic / Latino	1 = Yes 2 = No 0 = Not Reported	Enrollment Information	Both	
D12. Race	1 = American Indian or Alaska Native 2 = Asian 3 = Black or African American 4 = Native Hawaiian or other Pacific Islander 5 = White 0 = Not Reported	Enrollment Information	Both	
D13. If (American Indian or Alaskan Native): D13a. Tribal member	1 = Yes 2 = No 0 = Not Reported	Enrollment Information	Both	
D13b. Spouse of tribal member	1 = Yes 2 = No 0 = Not Reported	Enrollment Information	Performance Management	
D13c. Tribal affiliation	Open field (Narrative value)	Enrollment Information	Both	
D13d. Lives on reservation	1 = Yes 2 = No 0 = Not Reported	Enrollment Information	Performance Management	
D14. Marital status	1 = Now married 2 = Widowed 3 = Divorced 4 = Separated 5 = Never married 0 = Does not self-identify marital status	Enrollment Information	Both	
D15. Head of household	1 = Yes 2 = No 0 = Not Reported	Enrollment Information	Both	

D16. For the past 12 months, household' TOTAL family income? Include participant's earnings and income from spouse and other relatives.	1 = \$0 2= \$1 to \$9,999 3= \$10,000 to \$14,999 4= \$15,000 to \$19,999 5= \$20,000 to \$24,999 6= \$25,000 to \$29,999 7= \$30,000 to \$34,999 8= \$35,000 to \$39,999 9= \$40,000 to \$44,999 10= \$45,000 to \$49,999 11= \$50,000 to \$59,999 12= \$60,000 to \$69,999 13= \$70,000 or over 14= Don't know 15= Refused	Enrollment Information	Both	
D16. During the past 12 months, INDIVIDUAL PARTICIPANT approximate total earnings from your work, including tips and overtime pay	1= \$0 2= \$1 to \$4,999 3= \$5,000 to \$9,999 4= \$10,000 to \$14,999 5= \$15,000 to \$19,999 6= \$20,000 to \$24,999 7= \$25,000 to \$29,999 8= \$30,000 to \$34,999 9= \$35,000 or over 10= Don't know 11= Refused	Enrollment Information	Both	
D17. Number living in household	Open field (numeric value)	Enrollment Information	Both	
D18. Number dependent children for which you are responsible	Open field (numeric value)	Enrollment Information	Both	
D19. Age of youngest child	Open field (numeric value)	Enrollment Information	Both	
D20. Number children for which	Open field (numeric value)	Enrollment	Both	

you are the non-custodial parent		Information		
D21. Pregnant or expectant parent	1 = Yes 2 = No 0 = Not Reported	Enrollment Information	Both	
D22. Due Date	MM-DD-YYYY	Enrollment Information	Both	
D23. Highest level of education completed	1 grade 2 grade 3 grade 4 grade 5 grade 6 grade 7 grade 8 grade 9 grade 10 grade 11 grade 12 grade 1 year of college 2 year of college 3 year of college 4 year of college Bachelor's degree or equivalent Education beyond bachelor's degree (single category selection allowed)	Enrollment Information	Both	
D24. Degrees or Certificates received		Enrollment Information	Both	
24a. Attained High-School Diploma	1 = Yes 2 = No 0 = Not Reported			
24b. Attained GED or equivalent	1 = Yes 2 = No 0 = Not Reported			

24c. Attained other post-secondary degree or certification	1 = Yes 2 = No 0 = Not Reported			
24d. Attained Associates Diploma or Degree (AA / AS)	1 = Yes 2 = No 0 = Not Reported			
24e. Baccalaureate degree (4-year)	1 = Yes 2 = No 0 = Not Reported			
24f. Occupational Skills Licensure, Certificate, Credential	1 = Yes 2 = No 0 = Not Reported			
D25. First generation college student	1 = Yes 2 = No 0 = Not Reported	Enrollment Information	Both	
D26. Currently in school at enrollment	1 = Yes 2 = No 0 = Not Reported	Enrollment Information	Both	
D27. Ever trained for a health profession / occupation	1 = Yes 2 = No 0 = Not Reported	Enrollment Information	Both	
D28. If yes, select SOC	Select SOC	Enrollment Information	Both	
D29. Veteran status	1 = Yes 2 = No 0 = Not Reported	Enrollment Information	Both	
D30. Disability status	1 = Yes 2 = No 0 = Not Reported	Enrollment Information	Both	
D31. Current or former foster care youth	1 = Yes 2 = No 0 = Not Reported	Enrollment Information	Both	

D32. Limited English proficiency	1 = Yes 2 = No 0 = Not Reported	Enrollment Information	Both	
D33. Unemployment Insurance recipient status	1 = UI claimant 2 = UI exhaustee 3 = Not a UI claimant or exhaustee	Enrollment Information	Both	
D34. Homeless and/or runaway youth	1 = Yes 2 = No 0 = Not Reported	Enrollment Information	Both	
D35. Ex-offender	1 = Yes 2 = No 0 = Not Reported	Enrollment Information	Both	
D36. Employee of tribal organization	1 = Yes 2 = No 0 = Not Reported	Enrollment Information	Both	
D37. Ever worked for pay	1 = Yes 2 = No 0 = Not Reported	Enrollment Information	Both	
D38. Ever worked in a health care profession/occupation	1 = Yes 2 = No 0 = Not Reported	Enrollment Information	Both	
D39. If yes, specify profession/occupation:	Select corresponding profession from SOC listing	Enrollment Information	Both	
D40. Currently employed (at the time of HPOG enrollment)	1 = Yes 2 = No 0 = Not Reported	Enrollment Information	Both	
D41. If currently employed, working for a health care employer	1 = Yes 2 = No 0 = Not Reported	Enrollment Information	Both	

D42. If currently employed, self-employed	1 = Yes 2 = No 0 = Not Reported	Enrollment Information	Both	
D43. Hourly wage in last full week	\$XX.XX	Enrollment Information	Both	
D44. Number of hours worked in last full week	Open field (numeric value of 0 to 40)	Enrollment Information	Both	
D45. Ever worked or trained in health profession prior to participation	1 = Yes 2 = No 0 = Not Reported	Enrollment Information	Both	
D46. If Not currently employed but has been employed, for most recent last full week of employment: D46a. Hourly wage in last full week	\$XX.XX	Enrollment Information	Both	
D47b. Number of hours worked in last full week	Open field (numeric value of 0 to 40)	Enrollment Information	Both	
D48. At the time of HPOG enrollment, participant receives:				
D48a. TANF	1 = Yes 2 = No 0 = Not Reported	Enrollment Information	Both	
D48b. General Assistance (GA)	1 = Yes 2 = No 0 = Not Reported	Enrollment Information	Both	
D48c. SNAP/Food Stamps	1 = Yes 2 = No 0 = Not Reported	Enrollment Information	Both	
D48d. SSI	1 = Yes	Enrollment	Both	

	2 = No 0 = Not Reported	Information		
D48e. SSDI	1 = Yes 2 = No 0 = Not Reported	Enrollment Information	Both	
D48f. Refugee Cash Assistance (RCA)	1 = Yes 2 = No 0 = Not Reported	Enrollment Information	Both	
D48g. Medicaid	1 = Yes 2 = No 0 = Not Reported	Enrollment Information	Both	
D48h. Subsidized child care / voucher	1 = Yes 2 = No 0 = Not Reported	Enrollment Information	Both	
D48i. Section 8 / public housing	1 = Yes 2 = No 0 = Not Reported	Enrollment Information	Both	
D48j. LIHEAP	1 = Yes 2 = No 0 = Not Reported	Enrollment Information	Both	
D48k. Other public assistance, specify	1 = Yes 2 = No 0 = Not Reported 3 = Other, specify	Enrollment Information	Both	
Assessment/Work Readiness (at/about enrollment) (*Expect all grantees to have basic literacy/numeracy testing but not all may conduct work readiness and occupational interest testing.)				
A1. Literacy Assessment Score 8th Grade Level or Above?	1 = Yes 2 = No 0 = Not Reported	Grantee Records (from TABE or other test)	Both	
A2. Numeracy Assessment Score 8th Grade Level or Above?	1 = Yes 2 = No	Grantee Records (from	Both	

	0 = Not Reported	OWRA, ETS, or other test)		
C1. Participant Contact Information	Open field (Narrative value)	Enrollment Information	Evaluation	
C1a. Street Address	Open field (Narrative value)	Enrollment Information	Evaluation	
C1b. City	Open field (Narrative value)	Enrollment Information	Evaluation	
C1c. State	Open field (Narrative value)	Enrollment Information	Evaluation	
C1d. Zip code	Open field (Numeric value)	Enrollment Information	Evaluation	
C1e. Home phone	Open field (Numeric value)	Enrollment Information	Evaluation	
C1f. Work phone	Open field (Numeric value)	Enrollment Information	Evaluation	
C1g. Cell phone	Open field (Numeric value)	Enrollment Information	Evaluation	
C1g. Cell phone	Open field (Numeric value)	Enrollment Information	Evaluation	
C2. Alternate Contact Information <i>(Up to 3 contacts may be identified)</i>		Enrollment Information	Evaluation	
C2a. Alternate contact name	Open field (Narrative value)	Enrollment Information	Evaluation	
C2b. Alternate contact address	Open field (Narrative value)	Enrollment Information	Evaluation	
C2c. Alternate contact relationship	1 = Parent 2 = Sibling 3 = Extended biological family member 4 = Partner 5 = Friend / social support network member 6 = Other, specify	Enrollment Information	Evaluation	

C2d. Alternate contact phone number	Open field (Numeric value)	Enrollment Information	Evaluation	
C2e. Street Address	Open field (Narrative value)	Enrollment Information	Evaluation	
C2f. City	Open field (Narrative value)	Enrollment Information	Evaluation	
C2g. State	Open field (Narrative value)	Enrollment Information	Evaluation	
C2h. Zip code	Open field (Numeric value)	Enrollment Information	Evaluation	

B. Services

Services Received

Data Item / Question	Response Fields to be Completed for Each Data Item	Data Source	Performance Managt., Evaluation, Both	
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S1. Education/ Training Activities

S1a. Remedial / Pre-training Activities

(Select as many as appropriate from list: each activity can be selected multiple times) 1. General Equivalency Degree (GED) classes 2. Pre-GED classes 3. English as a Second Language (ESL) instruction 4. Adult basic education 5. Other remedial or basic skills	For each activity (1-9):			
	1. Begin date: MM-YYYY	Grantee Case File / MIS	Both	
	2. End date: MM-YYYY	Grantee Case File / MIS	Both	
	3. Successfully Completed?	Grantee Case File / MIS	Both	
	4. Training vendor (Select from list)	Grantee Case File / MIS	Both	

training 6. Orientation or introduction to health care careers or occupations 7. College skills training 8. Prerequisite subject courses needed prior to entering into an occupational program (e.g. math, biology) 9. Other, specify	5. Education degree or certification received (Select from list)	Grantee Case File / MIS	Both	
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S1. Education/ Training Activities

S1b. Health Occupation / Vocational Training Activities

A. For each health occupation / profession of the training program select BLS SOC code from list (Select as many as appropriate from pick list: each activity can be selected multiple times)	For each activity (1-5):			
	1. Occupation (SOC) (Select from list)	Grantee Case File / MIS	Both	
	2. Begin date: MM-YYYY	Grantee Case File / MIS	Both	
	3. End date: MM-YYYY	Grantee Case File / MIS	Both	
	4. Successfully completed?	Grantee Case File / MIS	Both	
	5. Training Vendor (Select from list)	Grantee Case File / MIS	Both	
	6. Education degree or certificate received (Select from list)	Grantee Case File / MIS	Both	
	7. Regulatory license or certification received	Grantee Case File / MIS	Both	

	8. Title of courses required for program completion <i>(note: identify and enter the title of each course completed. Courses will be stored in a sub-table associated with each program completed by a participant)</i>	Grantee Case File / MIS	Both	
	9. Date course completed: MM-YYYY <i>(note: identify and enter the completion date of each course. Courses will be stored in a sub-table associated with each program completed by a participant)</i>	Grantee Case File / MIS	Both	
S2. Employment				
S2a. Employment Development Activities				
Possible employment activities options: (Select as many as appropriate from list: each activity can be selected multiple times) 1. On-the-job training 2. Job readiness workshops 3. Work experience (subsidized or not), not part of any occupational education or training program 4. Transitional job or subsidized employment 5. Soft skills / life skills / work readiness training 6. Other, specify	For each activity (1-6):			
	1. Begin date: MM-YYYY	Grantee Case File / MIS	Both	
	2. End date: MM-YYYY	Grantee Case File / MIS	Both	
	3. Actual hours completed: Open field (Numeric value)	Grantee Case File / MIS	Both	

S2. Employment Activities

S2b. Employment Activities

Possible employment activity options: 1. Job shadowing 2. Pre-employment screening services 3. Career counseling / job coach / navigator 4. Job search / placement assistance 5. Job retention services 6. Other employment activity 7. None	For each activity (1-5): Received in 6 month period: check box to affirm received	Grantee Case File / MIS	Both	
If any service in this category was received for the first time in the current period, enter the first date of service	MM/YYYY			
Counseling options: 1. Academic counseling / advising 2. Assessment 3. Mentoring / peer support 4. Tutoring 5. Other counseling activity 6. None	For each activity (1-5): Received in 6 month period: check box to affirm received	Grantee Case File / MIS	Both	
If any service in this category was received for the first time in the current period, enter the first date of service	MM/YYYY			

S3. Social and Family Services

S3a. Case Management

Case management (may also be identified as mentor, career advisor, navigator)	Received in 6 month period: check box to affirm received	Grantee Case File / MIS	Both	
If any service in this category was received for the first time in the current period, enter the first date of service	MM/YYYY			

S3. Social and Family Services

S3b. Cultural Programming

Cultural programming	Received in 6 month period: check box to affirm received	Grantee Case File / MIS	Both	
If any service in this category was received for the first time in the current period, enter the first date of service	MM/YYYY			

S3. Social and Family Services

S3c. Emergency Discretionary Payment Support

Possible emergency discretionary payment support options: 1. Home heating assistance 2. Car repair 3. Car insurance 4. Food and shelter 5. Utilities assistance 6. Other emergency assistance 7. None	For each service (1-6): Received in 6 month period: check box to affirm received	Grantee Case File / MIS	Both	
If any service in this category was received for the first time in the current period, enter the first date of service	MM/YYYY			

S3. Social and Family Services

S3d. Housing Support				
Possible housing support options: 1. Security deposit 2. First month's rent 3. Funds to participate in housing program 4. Short-term / temporary housing payment 5. Other (does not include emergency payments) 6. None	For each service (1-5): Received in 6 month period: check box to affirm received	Grantee Case File / MIS	Both	
If any service in this category was received for the first time in the current period, enter the first date of service	MM/YYYY			
S3. Social and Family Services				
S3e. Social Supportive / Other Benefits				
Possible social supportive / other benefits options: 1. Child / dependent care assistance 2. Transportation assistance 3. Driver's license assistance 4. Food assistance (other than SNAP) 5. Addiction and substance abuse services 6. Family preservation services 7. Family engagement services 8. Legal assistance 9. Primary / medical care 10. Other, specify	For each service (1-10): Received in 6 month period: check box to affirm received	Grantee Case File / MIS	Both	

11. None				
If any service in this category was received for the first time in the current period, enter the first date of service	MM/YYYY			

S3. Social and Family Services

S3f. Other (other than emergency payments)

1. Other, specify (up to 4 options)	For this service:	Grantee Case File / MIS	Both	
	Received in 6 month period: check box to affirm received			
	Describe	Grantee Case File / MIS	Both	

C. Exit

Outputs and "Intermediate" Outcome Information

Data Item / Question	Response Fields to be Completed for Each Data Item	Data Source	Performance Managt., Evaluation, Both	
O1. HPOG exit date	MM-DD-YYYY	Grantee Case File / MIS	Both	
O2. Date of program Re-entry (if greater than 3 months past program exit) <i>Entry of up to 4 re-entry dates</i>	MM-DD-YYYY	Grantee Case File / MIS	Both	
O3. HPOG training program completed at exit date	1 = Yes 2 = No	Grantee Case File / MIS	Both	
O4. Reason for early HPOG program exit (prior to expected	1 = Got a job	Grantee Case File / MIS	Both	

completion)	2 = Moved out of program area 3 = Found out that the health care occupations was not to his/her interest 4 = Did not like the program 5 = Participant dropped out / Unable to locate 6 = Institutionalized 7 = Health/Medical 8 = Deceased 9 = Family Care 10 = Reserve Forces Called to Active Duty 11 = Relocated to Mandated Residential Program 12 = Other reason 0 = No choice identified			
O5. Employed at exit	1 = Yes 2 = No 0 = Not Reported	Grantee Case File / MIS	Both	
O6. If employed: O6a. Starting hourly wage	\$XX.XX	Grantee Case File / MIS	Both	
O6b. Hours worked in last full week	Open field (Numeric value) possible entry 0 to 40 hours	Grantee Case File / MIS	Both	
O7. Employed in health care occupation	1 = Yes 2 = No 0 = Not Reported	Grantee Case File / MIS	Both	
O8. If yes, enter occupational BLS SOC code	Pick list value selection	Grantee Case File / MIS	Both	
O9. If employed, working for a health care employer	1 = Yes 2 = No 0 = Not Reported	Grantee Case File / MIS	Both	

O10. If currently employed, self-employed	1 = Yes 2 = No 0 = Not Reported	Grantee Case File / MIS	Both	
O11. If employed, individual is an employee of a tribal organization	1 = Yes 2 = No 0 = Not Reported	Grantee Case File / MIS	Both	
O12. If employed, individual is provided access to health insurance through employer	1 = Yes 2 = No 0 = Not Reported	Grantee Case File / MIS	Both	
O13. For education and training activities received by a participant, were any of the following funding sources utilized?		Grantee Case File / MIS	Evaluation	
O13a. Tuition assistance from HPOG funds	1 = Yes 2 = No 0 = Not Reported			
O13b. Tuition assistance from Pell grant	1 = Yes 2 = No 0 = Not Reported			
O13c. Tuition assistance from employer	1 = Yes 2 = No 0 = Not Reported			
O13d. ITA	1 = Yes 2 = No 0 = Not Reported			
O13e. Tuition assistance – other	1 = Yes 2 = No 0 = Not Reported			

“End” Outcome Information

(*We currently anticipate that grantees would conduct six-month follow-up surveys of program exiters to obtain these data. The follow-up survey would ask five

questions: 1) Are you currently employed? 2) If yes, are you employed in a health care occupation?; 3) What was your hourly wage during the last full week?; 4) how many hours did you work in the last full week?; and 5) have you received a promotion or moved to a higher level position since first becoming employed?)

E1. Follow Up due date	MM/DD/YYYY	System generated	Both	
E2. Follow Up completed date	MM/DD/YYYY	Program staff and regular follow up	Both	
E3. Follow Up completed by	Open field (Narrative value)	Program staff and regular follow up	Both	
E4. If employed: E4a. Current hourly wage in last full week	\$XX.XX	Program staff and regular follow up	Both	
E4b. Hours worked in last full week	Open field (Numeric value) possible entry 0 to 40 hours	Program staff and regular follow up	Both	
E5. Employed in health care occupation	1 = Yes 2 = No 0 = Not Reported	Program staff and regular follow up	Both	
E6. If yes, enter occupational BLS SOC code	Pick list value selection	Program staff and regular follow up	Both	
E7. If employed, working for a health care employer	1 = Yes 2 = No 0 = Not Reported	Program staff and regular follow up	Both	
E8. If currently employed, self-employed	1 = Yes 2 = No 0 = Not Reported	Program staff and regular follow up		
E9. If employed, participant has been promoted (i.e. higher pay and/or title)	1 = Yes 2 = No 0 = Not Reported	Program staff and regular follow up	Both	
E10. If employed, individual is	1 = Yes	Program staff	Both	

provided access to health insurance through employer	2 = No 0 = Not Reported	and regular follow up		
E11. Currently enrolled in non-HPOG funded education program	1 = Yes 2 = No 0 = Not Reported	Program staff and regular follow up	Both	
E12. If employed, individual is an employee of a tribal organization	1 = Yes 2 = No 0 = Not Reported	Program staff and regular follow up	Both	

Grantee-Level Data Items

A. Basic Grant Data

The following group of characteristics will be entered for each grantee and remain constant over the grant period.

Data Item / Question	Response Fields to be Completed for Each Data Item	Data Source	Performance Managt., Evaluation, Both	
A1. Grantee organization identification				
A1a. Grantee organization name	Programmed static identifier	Evaluator coding	Performance Management	
A1b. Grantee number	Programmed static identifier	Evaluator coding	Performance Management	
A1c. Federal grant number	Programmed static identifier	Evaluator coding	Performance Management	
A1d. DUNS number	Programmed static identifier	Evaluator coding	Performance Management	
A1e. EIN number	Programmed static identifier	Evaluator coding	Performance Management	
A1f. Grant amount	Programmed static identifier	Evaluator coding	Performance Management	
A1g. Grant project title	Programmed static identifier	Evaluator coding	Performance	

			Management	
A1h. HPOG Grantee Project Director Last Name	Open Field Text Entry	Grantee entry	Performance Management	
A1i. HPOG Grantee Project Director First Name	Open Field Text Entry	Grantee entry	Performance Management	
A1j. HPOG Grantee Director telephone	Open Field Numeric Entry	Grantee entry	Performance Management	
A1k. HPOG Grantee Project Director email	Open Field Text Entry	Grantee entry	Performance Management	
A1l. HPOG PPR Contact Last Name	Open Field Text Entry	Grantee entry	Performance Management	
A1m. HPOG PPR Contact First Name	Open Field Text Entry	Grantee entry	Performance Management	
A1n. HPOG PPR Contact telephone	Open Field Numeric Entry	Grantee entry	Performance Management	
A1o. HPOG PPR Contact email	Open Field Text Entry	Grantee entry	Performance Management	
A1p. Grantee street address	Open Field Text Entry	Grantee entry	Performance Management	
A1q. Grantee city	Open Field Text Entry	Grantee entry	Performance Management	
A1r. Grantee state	Open Field Text Entry	Grantee entry	Performance Management	
A1s. Grantee zip code	Open Field Text Entry	Grantee entry	Performance Management	
A1t. Site/location name	Open Field Text Entry (may be entered for multiple sub-grantees)	Grantee entry	Performance Management	
A1u. Site/location number	Programmed static identifier (may be up to 10 sub-grantees)	Evaluator coding	Performance Management	
A1v. Site/location street address	Open Field Text Entry	Grantee entry	Performance Management	

A1w. Site/location city	Open Field Text Entry	Grantee entry	Performance Management	
A1x. Site/location state	Open Field Text Entry	Grantee entry	Performance Management	
A1y. Site/location zip code	Open Field Text Entry	Grantee entry	Performance Management	
A1z. Site/location geographic service area	Static field (annual entry)	Evaluator entry	Both	

B. Education and Training Program List

HPOG grantees will enter the following data elements on each training and education program offered to any HPOG participant. These characteristics may be expanded over the grant period and will be a unique catalog group for each grantee.

B1a. Occupation (SOC)	Programmed static identifier from pick list	SOC	Both	
B1b. Training vendor	Open Field Narrative Entry	Grantee entry	Both	
B1c. Education degree or certificate resulting from training completion	1 = Certificate of completion 2= AS 3= AA 4= BA 5= BS 6= Masters 7= Doctorate	Grantee entry	Both	
B1d. Regulatory license or certification possible post training completion	Open Field Narrative Entry	Grantee entry	Both	
B1e. Estimated number of total program hours	Open Field Numeric Entry	Grantee entry	Both	

C. Remedial / Pre-training Program List

HPOG grantees will enter the following data elements on each remedial / pre-training program offered to any HPOG participant. These characteristics may be expanded over the grant period and will be a unique catalog group for each grantee.

C1a. Training vendor	Open Field Narrative Entry	Grantee entry	Both	
C1b. Education degree or certificate resulting from training completion	Open Field Narrative Entry	Grantee entry	Both	

C1c. Estimated number of total program hours	Open Field Numeric Entry	Grantee entry	Both	
C1d. Type of activity	1. General Equivalency Degree (GED) classes 2. Pre-GED classes 3. English as a Second Language (ESL) instruction 4. Adult basic education 5. Other remedial or basic skills training 6. Orientation or introduction to health care careers or occupations 7. College skills training 8. Prerequisite subject courses 9. Other, specify			

D. Labor Market / Workforce Context

The evaluation team will enter a key group of data items on the grantee level, usually on an annual basis, using publicly available data (e.g., Bureau of Labor Statistics). This group of items will include key labor market / workforce contextual data. Data items will use the same definition and source across grantees to ensure consistency in data.

D1a. Unemployment rate (annual adjusted)	Static Field	Evaluator annual entry	Both	
D1b. Labor Force participation rate (annual average)	Static Field	Evaluator annual entry	Both	
D1c. Employment level (annual average)	Static Field	Evaluator annual entry	Both	
D1d. Health industry proportion of labor market (% of non-farm employment in health and social assistance)	Static Field	Evaluator annual entry	Both	
D1e. Population density (Population per square mile)	Static Field	Evaluator annual entry	Both	

D1f. African-American Population (% of total population)	Static Field	Evaluator annual entry	Both	
D1g. Hispanic Population	Static Field	Evaluator annual entry	Both	
D1h. Native American Population	Static Field	Evaluator annual entry	Both	
D1i. Poverty rate (% of total population below poverty)	Static Field	Evaluator annual entry	Both	
D1j. Prevailing wage	Static Field	Evaluator annual entry	Both	
D1k. Employee/resident worker ratio	Static Field	Evaluator Annual Entry	Both	
D1l. Labor Market Variable – to be defined	Static Field	Evaluator Annual Entry	Both	
D1m. Labor Market Variable – to be defined	Static Field	Evaluator Annual Entry	Both	
D1n. Labor Market Variable – to be defined	Static Field	Evaluator Annual Entry	Both	
D1o. Labor Market Variable – to be defined	Static Field	Evaluator Annual Entry	Both	
D1p. Labor Market Variable – to be defined	Static Field	Evaluator Annual Entry	Both	
D1q. Labor Market Variable – to be defined	Static Field	Evaluator Annual Entry	Both	
D1r. Labor Market Variable – to be defined	Static Field	Evaluator Annual Entry	Both	

E. Program and Implementation Features (these data items will be added by the evaluators based on grantee information, plans, and future data collection)

E1l. Occupational Focus (main occupation, occupational clusters)	Static Field	Evaluator Annual Entry	Both	
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E1m. Instructional approaches if relevant (co-instruction, contextual learning, work study/coop ed apprenticeships)	Static Field	Evaluator Annual Entry	Both	
E1n. Network characteristics: key partners	Static Field	Evaluator Annual Entry	Both	
E1o. Network characteristics: service/training vendors	Static Field	Evaluator Annual Entry	Both	

F. PPR Report

The following group of data items will be entered for each PPR during the grant period. The database will allow for as many semi-annual reports the grantee submits to ACF. Abt/Urban Institute will enter information for the first two PPRs for each grantee.

F1a. Total grant project period	1 – 5 (pick list options)	Grantee entry	Performance Management	
F1b. Current budget period	1 – 5 (pick list options)	Grantee entry	Performance Management	
F1c. Report Type	1 = Intermediate report (6 month report) 2 = Final annual report	Grantee entry	Performance Management	
F1d. Report period begin date	MM-DD-YYYY	Grantee entry	Performance Management	
F1e. Report period end date	MM-DD-YYYY	Grantee entry	Performance Management	
F1f. Final Report	1 = Yes 2 = No	Grantee entry	Performance Management	
F1g. Report Frequency	1= annual 2= quarterly 3= semi-annual 4=other	Grantee entry	Performance Management	
F1h. Report Frequency Other Specify	Specify Other Report	Grantee entry	Performance	

	Frequency		Management	
F1i. Signature of Authorizing Official	Open Field Text Entry	Grantee entry	Performance Management	
F1j. PPR completed	1=Yes 2= No	Grantee entry	Performance Management	
F1k. Performance Narrative: Introduction	Open Field Text Entry	Grantee entry	Performance Management	
F1l. Performance Narrative: Obstacles	Open Field Text Entry	Grantee entry	Performance Management	
F1m. Performance Narrative: Proposed Changes	Open Field Text Entry	Grantee entry	Performance Management	
F1n. Performance Narrative: Technical Assistance	Open Field Text Entry	Grantee entry	Performance Management	
F1o. Performance Narrative: Dissemination Activities	Open Field Text Entry	Grantee entry	Performance Management	
F1p. Performance Narrative: Significant Findings and Events	Open Field Text Entry	Grantee entry	Performance Management	
F1q. Performance Narrative: Evaluation	Open Field Text Entry	Grantee entry	Performance Management	
Indicators				
Relational table items will populate according to the indicator entered. Indicators will serve as current year indicators and next year indicators.				
F2a. Indicator Type	1= A. Administrative Milestone 2= B. Project Outputs 3= C. Intermediate and End Outcomes	Static system entry	Performance Management	
F2b. Item Narrative	Open Field Text Entry (i.e. provide 15 possible entry openings)	Grantee entry	Performance Management	
F2c. Quantity for annual period	Open Numeric Entry (i.e. provide 15 possible entry openings)	Grantee entry	Performance Management	
F2d. Due Date	MM-DD-YYYY	Grantee entry	Performance Management	

F2e. Actual Performance	1 = Objective exceeded 2 = Achieve objective 3 = Miss objective 4 = N/A	Grantee entry	Performance Management	
F2f. Anticipated Annual Performance	1 = Exceed objective 2 = Achieve objective 3 = Miss objective 4 = N/A	Grantee entry	Performance Management	
F2g. Explanation of Variance	Open Field Text Entry (i.e. provide 15 possible entry openings)	Grantee entry	Performance Management	

Appendix C. HPOG Grantee Reported Job Titles under SOC Codes

The information below details the professions HPOG grantees identified as targeted areas of occupational/vocational training. The bolded title is the official BLS SOC code. The terms grouped under the heading are equivalent terms or similar professions.

29-111 Registered Nurses

Registered Nurse (RN), Staff RN (Staff Registered Nurse), Staff Nurse, Charge Nurse, Operating Room Registered Nurse (OR RN), Oncology RN (Oncology Registered Nurse), Relief Charge Nurse, Cardiac Care Unit Nurse (CCU Nurse), Certified Nurse Operating Room (CNOR), Coronary Care Unit Nurse (CCU Nurse).

29-1199 Health Diagnosing and Treating Practitioners, all others

Certified Registered Nurse Anesthetist (CRNA), Nurse Anesthetist, Nurse Practitioner, Family Nurse Practitioner, Family Practice Certified Advanced Registered Nurse Practitioner, Acute Care Nurse Practitioner, Adult Nurse Practitioner, Advanced Practice Registered Nurse, Pediatric Nurse Practitioner, Thoracic Surgery Family Nurse Practitioner, Women's Health Care Nurse Practitioner, Naturopathic Physician, Naturopathic Doctor, Physician, Doctor of Naturopathic Medicine, Certified Orthoptist, Orthoptist, Clinical Orthoptist (CO), Acupuncturists.

29-2041 Emergency Medical Technicians and Paramedics

Emergency Medical Technician (EMT), Paramedic, Emergency Medical Technician - Basic (EMT - B), Firefighter/EMT (Firefighter/Emergency Medical Technician), Emergency Medical Technician - Intermediate (EMT - I), Firefighter/Paramedic, EMT/Dispatcher (Emergency Medical Technician/Dispatcher), Fire Fighter First Responder, First Responder, Flight Paramedic

29-2052 Pharmacy Technicians

Pharmacy Technician, Certified Pharmacy Technician (CPhT), IV Certified Pharmacy Technician, Pharmaceutical Care Associate

29-2061 Licensed Practical and Licenses Vocational Nurses

Licensed Practical Nurse (LPN), Charge Nurse, Licensed Vocational Nurse (LVN), Clinic Licensed Practical Nurse (CLINIC LPN), Pediatric Licensed Practical Nurse (PEDIATRIC LPN), Clinic Nurse, Office Nurse, Private Duty Nurse, Triage Licensed Practical Nurse (TRIAGE LPN)

29-2071 Medical Records and Health Information Technicians

Medical Records Clerk, Health Information Clerk, Medical Records Technician, Office Manager, File Clerk, Medical Records Coordinator, Medical Records Analyst, Medical Records Director, Receptionist, Coder

29-2099 Health Technologist and Technicians, all others

Electroneurodiagnostic Technologist, Neurodiagnostic Technologist, Hearing Aid Specialist, Ophthalmic Technician, Ophthalmic Assistant, Certified Ophthalmic Assistant, Certified Ophthalmic Technician, Ophthalmic Medical Assistant, Ophthalmic Medical Technician, Surgical Coordinator, Certified Ophthalmic Medical Technologist, Certified Ophthalmic Surgical Assistant, Ophthalmology Surgical Technician, Certified Nurse Midwife (CNM), Nurse Midwife

31-1011 Home Health Aides

Home Health Aide (HHA), Certified Nurses Aide (CNA), Certified Nursing Assistant (CNA), Residential Counselor, Certified Medical Aide (CMA), Home Health Provider, Care Giver, Habilitation Training Specialist, Caregiver, Certified Home Health Aide

31-1012 Nursing Aides, Orderlies and Attendants

Certified Nurses Aide (CNA), Certified Nursing Assistant (CNA), Nursing Assistant, Certified Nurse Aide (CNA), Patient Care Assistant (PCA), Patient Care Technician (PCT), Certified Medication Aide (CMA), Attendant, Psychiatric Attendant, Hospital Assistant

29-2012 Medical and Clinical Laboratory Technicians

Medical Laboratory Technician (MLT), Medical Laboratory Technician (Medical Lab Tech), Laboratory Assistant (Lab Assistant), Laboratory Technician, Phlebotomist, Clinical Laboratory Scientist, Laboratory Supervisor, Non-Registered Technician, Laboratory Associate (Lab Associate), Toxicology Laboratory Technician

29-2031 Cardiovascular Technologists and Technicians

Cardiovascular Technologist (CVT), Cardiovascular Technician, Cardiology Technician, Cardiac Technician, Registered Cardiovascular Invasive Specialist (RCIS), EKG/ECG Technician (Electrocardiogram Technician), Echocardiographer, Electrocardiogram Technician (EKG Technician), Registered Cardiac Sonographer (RCS), Cardiopulmonary Technician

31-9091 Dental Assistants

Dental Assistant, Registered Dental Assistant (RDA), Certified Dental Assistant (CDA), Expanded Duties Dental Assistant (EDDA), Orthodontic Assistant, Certified Registered Dental Assistant, Oral Surgery Assistant, Surgical Dental Assistant, Expanded Dental Assistant, Expanded Duty Dental Assistant

31-9092 Medical Assistants

Medical Assistant, Certified Medical Assistant (CMA), Certified Medical Assistant (CMA), Doctor's Assistant, Medical Office Assistant, Optometric Assistant, Clinical Assistant, Ophthalmic Technician, Optometric Technician, Outpatient Surgery Assistant

31-9094 Medical Transcriptionists

Medical Transcriptionist, Transcriptionist, Radiology Transcriptionist, Medical Transcriber, Medical Language Specialist, Pathology Transcriptionist, Documentation Specialist, Medical Transcription Supervisor

31-9095 Pharmacy Aides

Pharmacy Technician, Pharmacy Clerk, Pharmacy Aide, Ancillary, Pharmacy Assistant, Certified Pharmacy Technician, Front Counter Clerk, Pharmacy Cashier, Certified Pharmacist Assistant, Pharmacy Ancillary

31-2011 Occupational Therapy Assistants

Certified Occupational Therapy Assistant (COTA), Certified Occupational Therapy Assistant-Licensed (COTA-L), Occupational Therapy Assistant (OTA), Certified Occupational Therapist Assistant (COTA), Occupational Therapist Assistant, Behavior Specialist, Certified Occupational Therapist Assistant/Licensed (COTA/L), Licensed Occupational Therapy Assistant, School Based Certified Occupational Therapy Assistant

31-2012 Occupational Therapist Aids

Rehabilitation Aide (Rehab Aide), Occupational Therapy Aide (OT Aide), Occupational Therapy Technician (OT Tech), Rehabilitation Services Aide, Rehabilitation Technician (Rehab Tech), Certified Nursing Assistant (CNA), Certified Occupational Rehabilitation Aide (CORA), Occupational Rehabilitation Aide, Restorative Therapist

31-2021 Physical Therapist Assistants

Physical Therapist Assistant (PTA), Physical Therapy Assistant (PTA), Physical Therapy Technician, Licensed Physical Therapist Assistant (LPTA), Licensed Physical Therapy Assistant (LPTA)

31-2022 Physical Therapist Aides

Physical Therapy Aide (PTA), Physical Therapy Aide (PT Aide), Physical Therapy Technician, Rehabilitation Aide, Physical Therapist Aide (PTA), Physical Therapist Technician, Rehabilitation Technician, Restorative Aide (RA), Clinical Rehabilitation Aide, Physical Therapy Attendant

31-9099 Healthcare Support Worker, all others**31-2022 Child Care Advocate**

99-999 Other

Appendix D. HPOG PRS Forms

I. PRS User Forms

Form 1. PRS Data Management Agreement

Form 2. PRS Approved Users Form (to be submitted with Grantee Representative PRS Data Management Agreement)

Form 3. Addition of Local HPOG Service Delivery Sites / Location to the PRS

Form 1. PRS Data Management Agreement

Health Professions Opportunity Grant (HPOG) Program

Grantee Representative PRS Data Management Agreement

The Health Professions Opportunity Grant (HPOG) Program Performance Reporting System (PRS) is used by designated grantee staff to enter information regarding participants and grant program structure information. The PRS contains sensitive information including individual participant demographic, service receipt, and follow up information. Therefore, those staff members utilizing the PRS must ensure that information entered is accurate and kept in a secure manner. This document is an agreement regarding appropriate data entry and management practices with which grantee staff entering and reviewing information in the PRS will comply.

I, _____ (please print your full name), agree to the following:

1. Participant data will be entered into the PRS within the appropriate reporting period that align with the program timelines for registration/enrollment, service provision, and follow up activities.
2. All data entered is accurate and complete based on the information reported by the appropriate client and/or staff member providing the information.
3. Personal access information (username and password) for PRS is maintained in a secure location and not shared with any other individual.
4. PRS access information (username and password) is maintained on an individual staff level and not shared across staff accessing PRS.
5. Computers used to access the PRS are password protected.
6. Computer stations are maintained in a secure manner and the PRS is exited prior to leaving the computer station area.
7. Participant data elements and/or files are sent using secure transfer methods.
8. Participant data maintained in the PRS is not shared with individuals who are not engaged in the HPOG Program activities at the grantee organization and who do have approval to receive the information.
9. Upon ending involvement in the HPOG program, during the grant period, the grantee and/or individual staff member will identify their username to the Urban Institute representative to ensure the individual PRS account is deactivated.
10. Any breach or suspected breach of data confidentiality shall be reported immediately to the Urban Institute site representative.

(Staff Signature)

(Print Name)

Date

(Staff Supervisor Signature)

(Print Name)

Date

Form submission: Submit the completed form by email or fax.

Fax the form to: _____

Scan and email the completed form to: _____

Form 2. PRS Approved Users Form (to be submitted with Grantee Representative PRS Data Management Agreement)

Health Professions Opportunity Grant (HPOG) Program PRS Approved Users Form

The Health Professions Opportunity Grant (HPOG) Program Performance Reporting System (PRS) is used by designated grantee staff to enter information regarding participants and grant program structure information. All PRS users must be approved (see Grantee Representative PRS Data Management Agreement) and must have a level of user access associated with their account. **The supervisor of the individual(s) requesting access to the PRS must complete the following information and submit the form with each complete PRS Data Management Agreement before PRS access is provided.**

Please use the following definitions to determine which level of access a staff member should be provided.

Definitions of HPOG PRS User Levels:

Level 1 PRS User. At this level of security, users are able to enter, edit, and view information on all participants in the PRS in the site with which the user is associated. They are also able to view reports for the site, and request that the PRS/Evaluation team make changes or corrections to data entered. This level of user is typically the HPOG staff working in a local site location.

Level 2 PRS User. At this level of security, the user is able to enter, edit, and view information on all participants in the PRS from all sites in the grantee program. They can also access the PRS to view site and grantee reports, extract data for further analysis, request corrections or changes to data entered, and enter grantee level data including the general grantee information and the list of education and training programs offered. They also can create, certify, and submit the semi-annual Program Performance Reports (PPR) to HHS/ACF. This level of user is typically the HPOG Grant Director or designated administrator.

Read-Only Access. The Grant Director may authorize any user to only be able to read data in the PRS and not enter or edit data.

Please note that all PRS users must complete data confidentiality forms and must follow good data security practices throughout the duration of the HPOG grant period.

Enter up to 5 individuals for whom you are requesting PRS access in each form.

User (Last, First)	User's Email Address	Local HPOG Site the Use is Associated With	PRS Access Level		Read Only Access
			Level 1	Level 2	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Staff Supervisor Signature)

(Print Name)

Date

Form submission: Submit the completed form by email or fax.

Fax the form to: _____

Scan and email the completed form to: _____

Form 3. Addition of Local HPOG Service Delivery Sites / Location to the PRS

Note: this request may also be completed through the “Change” tab of the PRS.

Health Professions Opportunity Grant (HPOG) Program

Addition of Local HPOG Service Delivery Sites / Location to the PRS

The Health Professions Opportunity Grant (HPOG) Program Performance Reporting System (PRS) allows grantees to identify sites / locations of service provision and management. Participants and staff members may be grouped by these sites / locations. At the beginning of the PRS implementation (September 30th, 2011), grantees were able to identify all sites / locations. Grantees may add additional sites/locations over the life of the grant period.

Please use the following definitions to determine a site /location.

Site: A site is the place (office, organization, staff unit) responsible for the administration of HPOG participant services and activities. This typically means site staff deliver or coordinate participant services, maintain participant records and track participant experiences, outputs and outcomes. In some grantees, a “site” may be the physical location where some or all services are provided or may simply be a “case’s” administrative home or unit. Some grantees have just one HPOG program in one location (i.e., in one “site”), operated by the grantee’s own staff. Other grantees have multiple local service delivery locations / sites, some of which may be operated by other entities (subgrantees, subcontractors, or local agencies/offices). In some grantees all local sites may operate a program with the same name, in other grantees local HPOG programs go by different names. Regardless of the program name, the PRS will have a code for each different local service delivery location responsible for HPOG participants. Each HPOG participant will be associated with a grantee site. The grantee staff member entering the participant will select the appropriate site from a drop down listing of site locations (as defined by each grantee in this step) and assign each new participant to one site location.

Site Operator: The grantee may operate or be responsible for a local site, or another organization (e.g., subgrantee, subcontractor, or local agency) may operate or be responsible for the site.

Enter up to 5 sites / locations that should be included as grantee sites / locations.

Grantee Name: _____

HPOG Program Name: _____

HPOG Local Office or Site Name	Site Operator/Administrator				Address (Street, City/Town, Zip code)	Geographic Area Served
	Grantee	Sub-grantee	Sub-contractor	Local Agency		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

(Staff Supervisor Signature)

(Print Name)

Date

Form submission: Submit the completed form by email or fax.

Fax the form to: _____

Scan and email the completed form to: _____

II. PRS Registrant / Enrolled Participant Forms

Form 1. Agreement to Take Part in the Health Profession Opportunity Grant Program and Study

Form 2. Suggested Standard Script for HPOG Programs to Use to Obtain Participant Informed Consent

Form 1. Agreement to Take Part in the Health Profession Opportunity Grant Program and Study

AGREEMENT TO TAKE PART IN THE HEALTH PROFESSION OPPORTUNITY GRANT PROGRAM AND STUDY

This program is part of a new national project to train people for health care jobs. The program is funded by the U.S. Department of Health and Human Services in Washington, DC. That agency is also funding research to study how well our program works in helping people get training and jobs. Over the next several years, researchers will be using information about people in the program to do their studies. Researchers from Abt Associates and the Urban Institute are doing the current study. Other researchers may engage in future studies. You are invited to take part in this important research.

The researchers need your permission to get information about you so they can understand the types of people in the program and how well the program is working. They want: 1) information about the training and services you get in the program; (2) information about you and your family, your education, and work history; and (3) personal data such as your Social Security number so they can get information from government sources about your future employment, earnings, education, and public benefits like welfare.

Abt Associates, The Urban Institute and future researchers will use data security procedures to keep all of the study data private and to protect your personal information. All of the information used in research will be kept private to the extent allowed by law. Your name will never appear in any report or with any research findings. The researchers will combine the information about everyone in the program to analyze how the program helps people find and keep a job in health care. Any forms or other papers that include your name will be kept in a locked storage area, and any computer files with your name will be locked and protected. Any researchers using information to study the program must follow all data security procedures and sign a privacy agreement.

Participating in research studies is voluntary. You may withdraw your permission to share data at any time. Refusing to provide permission for research now, or withdrawing permission for research later, will not affect your eligibility for any services in this program or elsewhere. If you withdraw, researchers may continue to use information that was collected about you during the period that you did give permission for research.

By participating in the study, you will help us, the federal government, and programs around the country learn about the best way to provide training and help participants get a health care job. You will be asked for information at certain times during your participation in the program and after you leave the program. You may be contacted by a researcher after you leave the program to answer some questions about your experiences. While we encourage you to answer their questions, you may refuse to answer them.

This agreement is effective from the date you sign it (shown below) until the end of the research studies or when you choose to withdraw permission.

For questions or concerns about your rights as a research participant, call Teresa Doksum at the Abt Associates Institutional Review Board at toll-free 877-520-6835. For questions or concerns about the research call either Alan Werner (Abt Associates) at 617-492-7100, EXT 2832 (toll call) or Demetra Nightingale (the Urban Institute) at 202-261-5571 (toll call).

A. Statement

“I have read this form and agree to allow information about me to be used in the national Health Profession Opportunity Grant Program research studies. I know that my participation in the research study is voluntary, that Abt Associates, the Urban Institute and any future researchers will use data security procedures to keep all of the study information private as described above, and that my name will never appear in any public report. I know that I can refuse to answer any questions researchers might ask me, and that I can stop being included in the research at any time without penalty. I understand that Abt Associates, the Urban Institute and other researchers will use my personal information to get information about me from other sources, as described above.”

PRINT NAME OF STUDY PARTICIPANT

SIGNATURE OF STUDY PARTICIPANT

DATE

Form 2. Suggested Standard Script for HPOG Programs to Use to Obtain Participant Informed Consent

Suggested Standard Script for HPOG Programs to Use to Obtain Participant Informed Consent

Program staff can discuss the main points with a participant in the following way:

This agency has received funding from the federal government for this special training program for health care jobs. Research studies are also being done to see how well the program works. The U.S. Department of Health and Human Services in Washington DC is funding this program and the research studies.

We are asking for your permission to let the researchers have information about you that they need to do their studies. You might consider some of the information personal (like name, date of birth, and Social Security number). The researchers need this to get information about your future employment and services you get from other programs.

Giving or NOT giving permission to share your information will have no effect on the services, benefits, and supports you receive in this or any other program.

All of the information used in research will be kept private. Your name will never appear in any report or with any research findings. The researchers will combine the information about everyone in the program to analyze how the program helps people find and keep a job in health care. The research will report about the program as a whole—the researchers might write, for instance, that “80 percent of the participants enrolled in a training program at the community college;” or “two years after training 80 percent of the participants were still working in health care.”

We and any researchers who use your information must agree to have security measures in place to protect your privacy.

Researchers may contact you in the future to ask you some questions about how you are doing. We hope you'll decide to talk with them, but you may refuse to answer any of their questions at any time.

Do you have any questions?

III. Paper Based Participant Data Collection Forms

The following group of forms has been developed for your use if you would like to collect participant information using paper forms. The forms mirror the data collection questions and responses that are collected electronically in the PRS. If you choose, you may use these forms to collect the information and enter the information into the PRS.

Form 1. Registrant Intake / Enrollment Form

After completing the paper based form, enter the information using the PRS screens for “add/enter new registrant” and the three forms included under the “Intake” button. This form should be completed one time only for each participant enrolling in the HPOG program.

Form 2. Remedial / Pre-training Education and Training Activity

This form should be completed for EACH remedial / pre-training education program into which the participant enrolls. After completing the paper based form, enter the information using the PRS screens for “ed/voc activity” button under the remedial / pre-training program section.

Form 3. Health Vocational / Occupational Education and Training Program

This form should be completed for EACH health vocational / occupational education and training program into which the participant enrolls. After completing the paper based form, enter the information using the PRS screens for “ed/voc activity” button under the health vocational / occupational education and training program section.

Form 4. Supportive Services Receipt Form

This form should be completed for EACH semi-annual period the individual is enrolled in the HPOG program. Identify each service a participant receives ONE or MORE times during the semi-annual (6 month) period. **If a participant is receiving a service within a category for the first time during their total HPOG enrollment, enter the first date this service was received during the period.** After completing the paper based form, enter the information using the PRS screens for “supports” button.

Form 5. Exit and 6 month Follow Up Form

This form should be completed at the point of exit and at 6 months of follow up for each HPOG participant. After completing the paper based form, enter the information using the PRS screens for “exit/follow up” button.

Form 1: HPOG Registration/ Intake Form [Page 1 of 3]

*First Name		*Last Name		*Birthday (MM/DD/YYYY) ____ / ____ / _____		*Social Security Number _____-____-____	
Street Address				City		State	
Zip Code							
Home Phone (____) _____-_____		Work Phone (____) _____-_____		Cell or Other Phone (____ ____) _____-_____		E-Mail Address:	
Grantee #:		Site Location:		Staff Assigned:		Local/Grantee Participant ID#:	
Race (may be more than one): ____Yes ____No White ____Yes ____No Black/ African American ____Yes ____No Asian ____Yes ____No American Indian/Alaskan Native ____Yes ____No Native Hawaiian of Other Pacific Islander ____Declined to Identify				Sex: ____Male ____Female		Refugee Status: ____Yes ____No	
				Marital Status (check only one): ____Currently Married ____Divorced or Separated ____Widowed ____Never Married			
Individual is Hispanic/Latino: ____Yes ____No							
Citizenship Status (check one): ____Born in the United States ____Born in Puerto Rico, Guam, the U.S. Virgin Islands or Northern Marianas ____Born abroad of American Parents or Parent ____U.S. Citizen by Naturalization ____Not a citizen of the United States ____Declined to Identify				Tribal Member: ____Yes ____No Primary Tribal affiliation: _____ _____ Lives on the reservation: ____Yes ____No Spouse of tribal member: ____Yes ____No			
				Head of household: ____Yes ____No Number living in household at time of enrollment: ____ Number of Dependent Children: ____ Age of Youngest Child: ____ Number of Children for Which Non-Custodial Parent: ____ Pregnant and/or Expectant: ____Yes ____No If pregnant/expectant, due date (MM/DD/YYYY): ____ / ____ / _____			
During past 12 months, what were participant's approximate total earnings from work, including tips and overtime pay? ____\$0 ____\$20,000 to \$24,999 ____\$1 to \$4,999 ____\$25,000 to \$29,999 ____\$5,000 to \$9,999 ____\$30,000 to \$34,999 ____\$10,000 to \$14,999 ____\$35,000 or over ____\$15,000 to \$19,999 ____Don't know ____Refused				During past 12 months, how much was the participant's household's <u>TOTAL</u> family income, including the participant's earnings and income from his/her spouse and other relatives. ____\$0 ____\$40,000 to \$44,999 ____\$1 to \$9,999 ____\$45,000 to \$49,999 ____\$10,000 to \$14,999 ____\$50,000 to \$59,999 ____\$15,000 to \$19,999 ____\$60,000 to \$69,999 ____\$20,000 to \$24,999 ____\$70,000 or over ____\$25,000 to \$29,999 ____Don't know ____\$30,000 to \$34,999 ____Refused ____\$35,000 to \$39,999			
Has informed consent form been signed by participant? ____Yes ____No Program Registration Date: (MM/DD/YYYY): ____ / ____ / _____				HPOG PRS #:			

Enrollment Date (MM/DD/YYYY): __ / __ / ____	
--	--

Form 1: HPOG Registration / Intake Form [Page 2 of 3]

*First Name	*Last Name
<p>Special Client Characteristics (at time of Enrollment):</p> <p> <input type="checkbox"/> Yes <input type="checkbox"/> No Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No Individual with Disability <input type="checkbox"/> Yes <input type="checkbox"/> No Foster Care Youth <input type="checkbox"/> Yes <input type="checkbox"/> No Homeless Individual <input type="checkbox"/> Yes <input type="checkbox"/> No Individual with Limited English Proficiency <input type="checkbox"/> Yes <input type="checkbox"/> No Ex-Offender <input type="checkbox"/> Yes <input type="checkbox"/> No Current Employee of Tribal Organization </p> <p>Unemployment Insurance Compensation Recipient:</p> <p> <input type="checkbox"/> UI Claimant <input type="checkbox"/> UI Exhaustee <input type="checkbox"/> Not Claimant/Exhaustee </p>	<p>Public Assistance Receipt – has individual received any of the following types of assistance the last 6 months:</p> <p> <input type="checkbox"/> Yes <input type="checkbox"/> No TANF <input type="checkbox"/> Yes <input type="checkbox"/> No General Assistance (GA) <input type="checkbox"/> Yes <input type="checkbox"/> No SNAP/Food Stamps <input type="checkbox"/> Yes <input type="checkbox"/> No SSI <input type="checkbox"/> Yes <input type="checkbox"/> No SSDI <input type="checkbox"/> Yes <input type="checkbox"/> No Refugee Cash Assistance (RCA) <input type="checkbox"/> Yes <input type="checkbox"/> No Medicaid <input type="checkbox"/> Yes <input type="checkbox"/> No Subsidized Child Care/Voucher <input type="checkbox"/> Yes <input type="checkbox"/> No Section 8/Public Housing <input type="checkbox"/> Yes <input type="checkbox"/> No LIHEAP <input type="checkbox"/> Yes <input type="checkbox"/> No Other, specify: _____ </p>
<p>Degree or certificates Received (check all that apply):</p> <p> <input type="checkbox"/> Yes <input type="checkbox"/> No No Degree or Certificate <input type="checkbox"/> Yes <input type="checkbox"/> No Attained High School Diploma <input type="checkbox"/> Yes <input type="checkbox"/> No Attained GED or equivalent <input type="checkbox"/> Yes <input type="checkbox"/> No Attained Certificate of Attendance/Completion <input type="checkbox"/> Yes <input type="checkbox"/> No Attained other post-secondary degree or certification <input type="checkbox"/> Yes <input type="checkbox"/> No Baccalaureate Degree (4-year) <input type="checkbox"/> Yes <input type="checkbox"/> No Occupational Skills Licensure, Certificate or Credential </p>	<p>First generation college student: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Currently in school? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Ever trained for a health care profession/occupation?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

Employment Information

<p>Ever worked for pay:</p> <p> <input type="checkbox"/> Yes <input type="checkbox"/> No (Skip to Next Section) </p> <p>Currently employed?</p> <p> <input type="checkbox"/> Yes <input type="checkbox"/> No </p> <p>If employed, does participant work for health care employer?</p> <p> <input type="checkbox"/> Yes <input type="checkbox"/> No </p> <p>If employed, is participant self-employed?</p> <p> <input type="checkbox"/> Yes <input type="checkbox"/> No </p> <p>If employed, does participant work for tribal organization?</p> <p> <input type="checkbox"/> Yes <input type="checkbox"/> No </p> <p>If currently working, for last week of employment:</p> <p>Number hours worked for week: _____</p> <p>Hourly wage: \$_____ per hour</p>	<p>If not currently employed at the time of HPOG enrollment:</p> <p>Reason for leaving last position:</p> <p> <input type="checkbox"/> Laid-off <input type="checkbox"/> Fired <input type="checkbox"/> Left voluntarily <input type="checkbox"/> Other reason </p> <p>If Other, specify: _____</p> <p>If not working, for most recent job (for last week of employment):</p> <p>Number hours worked for week: _____</p> <p>Hourly wage: \$_____ per hour</p>
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Form 1: HPOG Registration / Intake Form [Page 3 of 3]

*First Name	*Last Name
Ever worked in a health care profession/occupation? ___Yes ___No	
If yes, specify health profession:	
___ 29-111 Registered Nurses ___ 29-2041 Emergency Medical Technicians and Paramedics ___ 29-2052 Pharmacy Technicians ___ 29-2071 Medical Records and Health Information Technicians ___ 31-1012 Nursing Aides, Orderlies, and Attendants ___ 29-2031 Cardiovascular Technologists and Technicians ___ 31-9092 Medical Assistants ___ 31-9095 Pharmacy Aides ___ 31-2012 Occupational Therapist Aides ___ 31-2022 Physical Therapist Aides ___ 31-9999 Child Care Advocate	___ 29-1199 Health Diagnosing and Treating Practitioners, all others ___ 29-2061 Licensed Practical and Licensed Vocational Nurses ___ 29-2099 Health Technologists and Technicians, all others ___ 31-1011 Home Health Aides ___ 29-2012 Medical and Clinical Laboratory Technicians ___ 31-9091 Dental Assistants ___ 31-9094 Medical Transcriptionists ___ 31-2011 Occupational Therapy Assistants ___ 31-2012 Physical Therapist Assistants ___ 31-9099 Healthcare Support Worker, all others ___ 99-9999 Other
Literacy Test Result 8 th Grade Level or Above: ___Yes ___No	Numeracy Test Result 8 th Grade Level or Above: ___Yes ___No

Alternative Contact Information

Please List Three People Who Can Help Locate You

Alternative Contact 1

First Name	Last Name	Relationship to Participant
Street Address	City	State
Zip Code	Home Phone (____) ____-____	Cell or Other Phone (____) ____-____
Email		

Alternative Contact 2

First Name	Last Name	Relationship to Participant
Street Address	City	State
Zip Code	Home Phone (____) ____-____	Cell/Other Phone (____) ____-____
Email		

Alternative Contact 3

First Name	Last Name	Relationship to Participant
Street Address	City	State
Zip Code	Home Phone (____) ____-____	Cell/Other Phone (____) ____-____
Email		

Form Completed by (Staff Name/Initials): _____ Date: _____

Form 2: HPOG Remedial/Pre-Training Activities

*First Name	*Last Name	HPOG PRS Participant ID #																																																									
<p>Education/Training Activities:</p> <p><i>Select as many as appropriate from list (each activity can be selected multiple times)</i></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 30%;">Activity</th> <th style="text-align: left; width: 10%;">Begin Date</th> <th style="text-align: left; width: 10%;">End Date</th> <th style="text-align: left; width: 20%;">Successfully Completed</th> <th style="text-align: left; width: 20%;">Training Vendor</th> <th style="text-align: left; width: 20%;">Degree/Certificate Received</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> General Equivalency Degree (GED) classes</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="checkbox"/> Pre-GRE classes</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="checkbox"/> English as a Second Language (ESL)</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="checkbox"/> Adult Basic Education</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="checkbox"/> Orientation or introduction to health care careers or occupations</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="checkbox"/> College skills training</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="checkbox"/> Prerequisite subject courses needed prior To entering into an occupational program (e.g. math, biology)</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="checkbox"/> Other, specify <input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </tbody> </table>						Activity	Begin Date	End Date	Successfully Completed	Training Vendor	Degree/Certificate Received	<input type="checkbox"/> General Equivalency Degree (GED) classes	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Pre-GRE classes	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> English as a Second Language (ESL)	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Adult Basic Education	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Orientation or introduction to health care careers or occupations	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> College skills training	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Prerequisite subject courses needed prior To entering into an occupational program (e.g. math, biology)	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Other, specify <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text"/>
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Completed by (Staff Name/Initials): Date:

Form 3: HPOG Health and Vocational Education / Training Activities [Page 1 of 2]

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Form 3: HPOG Health and Vocational Education / Training Activities [Page 2 of 2]

*First Name	*Last Name	HPOG PRS Participant ID #																																																								
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Activity	Begin Date	End Date	Successfully Completed	Training Vendor	Degree/Certificate Received	Regulatory License or Certificate Received																																																				
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Completed by (Staff Name/Initials): _____ Date: _____

Form 4: HPOG Employment Development Activities

*First Name	*Last Name	HPOG PRS Participant ID #	
Employment Development Activities (Select as many as appropriate from list: each activity can be selected multiple times):			
Activity	Begin Date	End Date	Actual Hours Completed
___ On-the-job training (OJT)	_____	_____	_____
___ Job readiness workshops	_____	_____	_____
___ Work experience (subsidized or not), not part of any occupational or training program	_____	_____	_____
___ Transitional job or subsidized employment	_____	_____	_____
___ Soft skill/life skills/work readiness training	_____	_____	_____
___ Other, specify _____	_____	_____	_____

Form Completed by (Staff Name/Initials): _____ Date: _____

Form 5: HPOG Support Services Received in Past 6 Months Form

*First Name	*Last Name	HPOG PRS Participant ID #
6-Month Reporting Period:	__Year 1 (09/30/10 – 03/29/11) __Year 1 (03/30/11 – 09/29/11)	__Year 2 (09/30/11 – 03/29/12) __Year 2 (03/30/12 – 09/29/12)
__Year 3 (09/30/12 – 03/29/13) __Year 3 (03/30/13 – 09/29/13)	__Year 4 (09/30/13 – 03/29/14) __Year 4 (03/30/14 – 09/29/14)	__Year 5 (09/30/14 – 03/29/15) __Year 5 (03/30/15 – 09/29/15)
Employment Activities: __Not Received During 6 Month Period __Job Shadowing __Pre Employment Screening Services __Career Counseling/Job Coach/Navigator __Job Search/Placement Assistance __Job Retention Services Month/Year of First Service Receipt in Category: ____/____		Social and Family Services: __Not Received During 6 Month Period __Home Heating Assistance __Car Repair __Car Insurance __Food and Shelter __Utilities Assistance __Other Emergency Assistance Month/Year of First Service Receipt in Category: ____/____
Counseling Services: __Not Received During 6 Month Period __Mentoring/Peer Support __Other Counseling Services __Academic Counseling/Advising __Assessment __Tutoring Month/Year of First Service Receipt in Category: ____/____		Housing Services: __Not Received During 6 Month Period __Security Deposit __First Month's Rent __Funds for Housing Program __Short Term/Temporary Housing Program __Other Housing Support Services Month/Year of First Service Receipt in Category: ____/____
Case Management Services: __Not Received During 6 Month Period __Case Management/Career Advisor/Navigator Month/Year of First Service Receipt in Category: ____/____		Social Support Benefits: __Not Received During 6 Month Period __Child/Dependent Care Assistance __Transportation Assistance __Driver's License Assistance __Food Assistance (non-SNAP) __Addiction and Substance Abuse Services __Family Preservation Services __Family Engagement Services __Legal Assistance __Primary/Medical Care Month/Year of First Service Receipt in Category: ____/____
Cultural Programming: __Not Received During 6 Month Period __Cultural Programming Month/Year of First Service Receipt in Category: ____/____		Other Support Services: __Support Service #1 (Describe):_____ __Support Service #2 (Describe):_____ __Support Service #3 (Describe):_____ __Support Service #4 (Describe):_____ Month/Year of First Service Receipt in Category: ____/____

Form Completed by (Staff Name/Initials): _____ Date:_____

Form 6: HPOG Exit

*First Name		*Last Name		HPOG PRS Participant ID #	
Street Address			City		State
Zip Code					
Home Phone (____) ____-____		Work Phone (____) ____-____		Cell or Other Phone (____) ____-____	
Email Address:					
Exit Date (MM/DD/YYYY): ____/____/____			Is participant employed at time of program exit date? ____Yes ____No		
Was training program completed at exit date: ____Yes ____No			If employed at program exit date -- Starting hourly wage: _____ Hours worked in last full week: _____		
If no, reason for early program exit (prior to expected completion): ____Got a job ____Moved out of program area ____Found out that the health care occupations were "not for me" ____Did not like the program ____Participant dropped out/Unable to locate ____Institutionalized ____Health/Medical ____Deceased ____Family Care ____Reserve Forces Called to Active Duty ____Relocated to Mandated Residential Program ____Other reason			If employed at program exit date -- Does participant work for health care employer? ____Yes ____No Is participant self-employed? ____Yes ____No Is participant a tribal organization employee? ____Yes ____No Is participant provided access to health insurance through employer: ____Yes ____No		
			For education and training activities received by a participant, select which funding sources were utilized: Tuition assistance from HPOG funds: ____Yes ____No Tuition assistance from Pell Grant: ____Yes ____No Tuition assistance from employer: ____Yes ____No Individual Training Account (ITA): ____Yes ____No		
If employed at program exit, is participant employed in a health care occupation: ____Yes ____No					
If yes, specify health profession:					
____29-111 Registered Nurses ____29-2041 Emergency Medical Technicians and Paramedics ____29-2052 Pharmacy Technicians ____29-2071 Medical Records and Health Information Technicians ____31-1012 Nursing Aides, Orderlies, and Attendants ____29-2031 Cardiovascular Technologists and Technicians ____31-9092 Medical Assistants ____31-9095 Pharmacy Aides ____31-2012 Occupational Therapist Aides ____31-2022 Physical Therapist Aides ____31-9999 Child Care Advocate			____29-1199 Health Diagnosing and Treating Practitioners, all others ____29-2061 Licensed Practical and Licensed Vocational Nurses ____29-2099 Health Technologists and Technicians, all others ____31-1011 Home Health Aides ____29-2012 Medical and Clinical Laboratory Technicians ____31-9091 Dental Assistants ____31-9094 Medical Transcriptionists ____31-2011 Occupational Therapy Assistants ____31-2012 Physical Therapist Assistants ____31-9099 Healthcare Support Worker, all others ____99-9999 Other		

Form Completed by (Staff Name/Initials): _____ Date: _____

Form 7: HPOG 6-Month Follow-up Outcome Information

*First Name	*Last Name	HPOG PRS Participant ID #			
Street Address	City	State	Zip Code		
Home Phone (____) ____-____	Work Phone (____) ____-____	Cell or Other Phone (____) ____-____			
Email Address:					
Is participant employed 6 months after program exit: ____Yes ____No If employed at 6 months after program exit - Hourly wage in last full week _____ Hours worked in last full week _____		If employed 6 months after program exit -- Does participant work for health care employer? ____Yes ____No Is participant self-employed? ____Yes ____No Is participant a tribal organization employee? ____Yes ____No Is participant provided access to health insurance through employer: ____Yes ____No Has participant been promoted (i.e. higher pay and/or title) since program exit: ____Yes ____No			
If employed 6 months after program exit, is participant employed in a health care occupation: ____Yes ____ No If yes, specify health profession: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> ____29-111 Registered Nurses ____29-2041 Emergency Medical Technicians and Paramedics ____29-2052 Pharmacy Technicians ____29-2071 Medical Records and Health Information Technicians ____31-1012 Nursing Aides, Orderlies, and Attendants ____29-2031 Cardiovascular Technologists and Technicians ____31-9092 Medical Assistants ____31-9095 Pharmacy Aides ____31-2012 Occupational Therapist Aides ____31-2022 Physical Therapist Aides ____31-9999 Child Care Advocate </td> <td style="width: 50%; vertical-align: top;"> ____29-1199 Health Diagnosing and Treating Practitioners, all others ____29-2061 Licensed Practical and Licensed Vocational Nurses ____29-2099 Health Technologists and Technicians, all others ____31-1011 Home Health Aides ____29-2012 Medical and Clinical Laboratory Technicians ____31-9091 Dental Assistants ____31-9094 Medical Transcriptionists ____31-2011 Occupational Therapy Assistants ____31-2012 Physical Therapist Assistants ____31-9099 Healthcare Support Worker, all others ____99-9999 Other </td> </tr> </table>				____29-111 Registered Nurses ____29-2041 Emergency Medical Technicians and Paramedics ____29-2052 Pharmacy Technicians ____29-2071 Medical Records and Health Information Technicians ____31-1012 Nursing Aides, Orderlies, and Attendants ____29-2031 Cardiovascular Technologists and Technicians ____31-9092 Medical Assistants ____31-9095 Pharmacy Aides ____31-2012 Occupational Therapist Aides ____31-2022 Physical Therapist Aides ____31-9999 Child Care Advocate	____29-1199 Health Diagnosing and Treating Practitioners, all others ____29-2061 Licensed Practical and Licensed Vocational Nurses ____29-2099 Health Technologists and Technicians, all others ____31-1011 Home Health Aides ____29-2012 Medical and Clinical Laboratory Technicians ____31-9091 Dental Assistants ____31-9094 Medical Transcriptionists ____31-2011 Occupational Therapy Assistants ____31-2012 Physical Therapist Assistants ____31-9099 Healthcare Support Worker, all others ____99-9999 Other
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At 6 months after program exit, is participant enrolled in a non-HPOG funded education program? ____Yes ____No					

Form Completed by (Staff Name/Initials): _____ Date: _____

Appendix E. HPOG Grantee FAQs

The following group of FAQs were submitted by HPOG grantees regarding the Performance Reporting System during and following the Introductory Webinar held July 19th, 2011 for Non-Tribal Grantees and July 25th, 2011 for Tribal Grantees.

	Grantee Questions	Response
Webinar Information	1. Was other information sent previous to this webinar? I did not receive. Thank you for emailing it to me when you are able.	There were two webinars: July 19, 2011 for the TANF-Low Income HPOG Grantees, and July 25, 2011 for the Tribal HPOG Grantees. Attached to this memo are all the materials that had been sent out before the PRS webinars.
	2. When will this webinar be available for review online?	<p>July 19th Webinar for HPOG TANF/Low Income Grantees is available at:</p> <p>HPOG Grantee Webinar-20110719 1815-1 July 19, 2011, 3:23 pm New York Time 41 mins https://urban.webex.com/urban/ldr.php?AT=pb&SP=MC&rID=4803157&rKey=e97795cb2c9ba3bc</p> <p>July 25th Webinar for HPOG Tribal Grantees is available at:</p> <p>HPOG Tribal Grantee Webinar 7/25/11 4:08 pm New York Time 56 minutes https://urban.webex.com/urban/ldr.php?AT=pb&SP=MC&rID=4862647&rKey=5355389c73acb960</p>

	Grantee Questions	Response
User /Grantee Access to PRS	3. Will we be able to download our participant data in a format that can be manipulated for our own evaluation purposes?	Yes. The PRS User's Manual that grantees will receive in early September 2011 will have the instructions for an easy-to-use data extraction feature that has been programmed into the PRS to allow grantees to download data they have entered into the PRS. Grantees will be able to extract data (except confidential and sensitive data items such as SSN). The information will be downloadable to an Excel file or comma separated text file. Grantees will be able to upload that file to another statistical/graphics software package (e.g., Excel, SPSS, SAS, or STATA) for analysis purposes.
	4. Will we be able to get the information that we enter into the system back out for our use?	Yes. See response to Question 3 above. In addition, the PRS will have a reports menu, which will allow grantees to print out preformatted reports that provide statistical data (e.g., frequencies and relative frequencies) on HPOG participant demographics, services received, and outcomes. The preliminary list of reports that are being programmed into the PRS are shown on the PowerPoint that was used in the webinar.
	5. Can we print out this data?	Yes. Each screen can be printed, and reports can be printed (see response above to Question 4).
	6. As a consortium will we have access to individual data from all partners in the grant, separately and together?	Yes. Each grantee will have access to all participant level data across sub-grantees (i.e., partners in a consortium), and for each subgrantee/partner the grantee identifies. Each Grantee Project Director will also decide what system access rights each subgrantee/partner will be given, including what they can view, what they can enter and update. System access rights for grantee and subgrantee users may be modified by the HPOG Grant Director over the period of the grant.
Technical Features and Requirements	7. The PRS appears to be totally web based. Are there any bandwidth requirements?	That is correct; the PRS is a web-based system. Each grantee staff person authorized by the HPOG Grant Director (and authorized staff at their designated subgrantees) will be able to access the PRS as they normally access the Internet (i.e., from a desktop or laptop computer connected to the Internet). There are no special bandwidth requirements.
	8. Will the PRS be	Yes. It will be possible to access the PRS from any location, as long as the desktop or laptop

	Grantee Questions	Response
	compatible with campus anywhere?	computer being used is connected to the Internet and the authorized user has a login name and password.
	9. Our IT department is very limited. What level of IT expertise is necessary to operate the PRS outside of what the Urban Institute offers?	<p>Grantees will be able to do the basic PRS direct data entry with virtually no IT expertise (i.e., only access to the Internet is required). The PRS Users' Manual and the webinar training in September 2011 will explain how to enter the data. HPOG PRS staff will be available by phone and email (helplines) to provide general technical assistance to grantees on the PRS.</p> <p>The option to upload data from an existing data system to the PRS requires expert IT programmers, as discussed in the response to Question 11. Grantees' IT staff will program the interface needed for the existing system to upload data into the PRS. The Urban Institute/Abt PRS IT team will provide technical specifications that your IT programmers can use to program the interface. (See response to Question 12.)</p>
	10. The webinar today was well received, although we are wondering how we utilize our current tracking system and incorporate into PRS. We are looking forward to continuous updates.	Grantees can continue to use their existing data system(s). (See response to Question 14). The PRS is designed to allow grantees or programs to directly enter participant data into the PRS. An option is also being developed that will allow programs or grantees to upload data from their current data systems into the HPOG PRS. Grantees will be required to make sure all the data elements in the PRS are entered, either directly or by using the upload option.

	Grantee Questions	Response
Uploading Option	11. Are there certain requirements that organizations have to have in order to upload into the PRS?	<p>HPOG grantees will be able to electronically (and automatically) upload data items to the HPOG-PRS data system that are already being collected and entered into other grantee (or partnering agency) management information systems (assuming the data elements are appropriately structured to meet the content and formatting requirements of the PRS). Whether grantees elect to use this data uploading option will likely depend upon several factors, including:</p> <ul style="list-style-type: none"> ○ whether the grantee is collecting some or all of the data elements required to be entered into the HPOG-PRS in another existing data system, and if so, if those data collected are (or can be) formatted/structured in the same way as is required in the HPOG-PRS (e.g., if the data system is capable of providing data on a variable such as race or educational attainment that has the exact same coding as that used in the PRS); ○ whether the grantee has the information technology (IT) staff capability (either in-house or through an independently identified contractor) to program its existing data system (or systems) to upload data via the Internet to the PRS; and ○ whether the grantee can establish a secure and reliable way of uploading data to the PRS that provides valid, reliable participant data to meet PRS quality control requirements and can assure that client confidentiality/system security requirements are met. <p>The HPOG PRS Uploading Option Technical Guidance document will be available in September for grantees interesting in the uploading option. The Guidance includes details needed to program uploading into the PRS, including specifications for each data element, such as variable name, data type, length, and allowable values; and formatting requirements for uploading data to the PRS. An overview of the key technical features of the uploading data entry method is provided here to give grantee IT professionals preliminary information (more detail will be in the Technical Guidance Document):</p> <ul style="list-style-type: none"> ○ Data will be uploaded to the PRS through a secure Internet connection via an HTTP POST request method. To ensure secure transmissions, the HPOG data upload component will only accept requests on a URL protected by an SSL certificate that

	Grantee Questions	Response
		<p>encrypts all transferred data. To further ensure security, each grantee will be given a unique key that the HPOG application will use to identify each grantee site.</p> <ul style="list-style-type: none"> ○ Based on the guidelines and data item specifications, grantees will determine the specific number of items they wish to upload into the HPOG system. The guidelines will explain that all data items will be encrypted via an HTTP connection to ensure privacy of information exchanged. Grantees will be provided the web-site address and instructions on how the data submission must be constructed to allow for accurate data transfer. Because each grantee has different IT systems, grantees will be expected to do their own programming to format data and verify all items they intend to upload into the HPOG system. ○ The HPOG data system will parse information submitted by grantee to encrypted data items and values will be written to the appropriate database fields of the HPOG data system. The parsing process will provide for checking variable types and formats to ensure they can be written to the database fields and check for obvious errors. The HPOG data system will generate an error message for any data items that are not formatted or coded correctly. The error message will be sent electronically back to the grantee for review and correction. Data with errors in formatting will not be accepted into the HPOG data system and will not be available to view until data has been corrected and resent through the live upload or directly entered into the PRS.
	<p>12. Can the data for all participants be uploaded so that all of the data fields can be populated at one time? This would be an efficient way to provide all of the information and not have to manually</p>	<p>All data fields in the PRS are being programmed to accept data via an uploading option, meaning that all the data fields for a participant could in theory be uploaded from an existing grantee data system. However, it is not anticipated that any grantee will upload data for all participants on all data items (e.g., some data items may not be in the other data system, or may not be collected at the right point in time, or it may simply not be efficient for grantees to electronically transfer certain data items). Most grantees will either use the basic direct data entry option solely or use a mixture of direct entry for some data fields and uploading for others. In designing the PRS, emphasis has been placed on developing a system that will provide high quality and useful data for grantees, ACF, and the evaluation, and minimize burden to grantee administrators and staff.</p>

	Grantee Questions	Response
	click dropdown menus one by one for each enrollee.	(See response to Question 11 for additional information.)
	13. If we use the file upload - will our participant ID be used, or will the PRS system assign the client a new arbitrary number to be associated with the client?	The PRS will automatically assign a unique HPOG Participant ID Number to each HPOG participant. However, the PRS also has a variable field, labeled "Grantee-Assigned Client ID", where a grantee-defined participant ID can also be entered.
	14. When will the "IT Option" that's mentioned be made available or defined? Also when will the guidelines for uploaded data from existing systems be stated?	The uploading option will become available once the basic PRS system is fully functional. The plan is to roll out the uploading option to groups of interested grantees, which will allow the PRS IT team to work with a few grantees at first as their programmers develop the interfaces necessary to performing the uploading. The uploading approach will be tested in September 2011 and the first grantees adopting the uploading approach could begin as early as mid-October 2011. In early September, the HPOG PRS Uploading Option Technical Guidance document will be available. (See response to Question 11.)
	15. Our current data is stored in an excel spreadsheet - will we be able to upload that information into the	<p>In order to upload data into the PRS from any grantee source (including an Excel spreadsheet), your IT professionals/programmers will have to develop the web interface to upload the data to the PRS.</p> <p>Grantees that are currently using an Excel spreadsheet for HPOG record keeping may find that using the PRS basic direct data entry is an improvement over their current database and may</p>

	Grantee Questions	Response
	PRS?	shift to the PRS rather than having their IT staff create a program to transfer information from a spreadsheet to the PRS.
	16. What format would the information need to be in for an automatic upload?	The detailed technical documentation for the uploading option will be included in the HPOG PRS Uploading Option Technical Guidance in September 2011 once the basic PRS is fully functional. (See responses to Questions 11 and 14 for more information.)
	17. Is a Microsoft Access database going to be able to integrate with the PRS with an import feature?	<p>In order to upload data into the PRS from any grantee source (including an Access database) some level of IT/programming expertise will be required of the grantee to develop the web interface to upload the data to the PRS. (See responses to Questions 9, 11, 14, and 15.)</p> <p>Grantees currently using an Access database for HPOG record keeping will likely find the direct entry option an enhancement to their current database and may wish to shift to the PRS, and directly enter information into the PRS rather than having their IT staff program the interfaces to their current systems to upload data electronically to transfer information from a spreadsheet to the PRS.</p>
Search Options	18. Can a search be done for clients using anything other than last name/first name? For example, participant ID?	Yes. Additional search capabilities have been added to the PRS to allow users to locate and update records based on first letter of last name, participant ID or last name.
	19. As the database grows will we have the ability to search by name rather than looking through an alphabetical list?	Yes. (See response to Question 18.)

	Grantee Questions	Response
PRS Reports and Federal Reporting	20. How is this similar to/different from the OWRA that was a recommended form for this grant? It seems that many of the fields would be duplicated, but maybe not as in depth. Do you recommend both? or just the PRS	The PRS will be the official data collection system for the HPOG program beginning September 30, 2011. The Online Work Readiness Assessment Tool is an HHS-ACF instrument that is available to HPOG, TANF and other agencies to use if they wish, to assess participants. Many other assessment tools are also used by grantees (e.g., TABE, CASAS). The PRS does not require any particular assessment tool, but does ask grantees to indicate if individuals have been assessed as "low-skilled," meaning reading or math ability below 8 th grade level, based on whatever tool or mechanism the program uses.
	21. How will data that is currently collected in our systems be transferred to HHS?	Grantees will continue to provide aggregate data as a part of the semi-annual PPR. Beginning with the PPR due March 2012, this report will be generated from the PRS. Grantees will complete the report within the PRS, validate, and submit the report to HHS-ACF. HHS-ACF will also have access to the PRS and the data that grantees submit, whether the data are entered through the basic data entry approach or uploaded from an existing system. For information related to reporting data for current (Year 1) participants into the PRS please see the response to #26).
	22. Does this fit in with common measures?	In developing the PRS, the "common measures" used in the Workforce Investment Act (WIA) were taken into consideration. The PRS data elements and definitions have been aligned with the WIA common measures that are reported by WIBs to the U.S. Department of Labor to the extent possible.
	23. Can the "reporting" features be customized according to grantee	A core set of pre-formatted reports are programmed into the PRS and grantees can download data to create their own reports. (See response to Question 3.)

	Grantee Questions	Response
	stakeholders' interests?	
	24. Can the reports that have been created trigger a reminder or email?	The PRS is programmed to provide reminder “triggers” for participants requiring follow-up. If grantees have other types of triggers that might be useful, please email the PRS IT team as soon as possible (sting@urban.org) and that will be considered as the system is being finished.
	25. Will there be access to a nationally comparative report of all HPOG programs. I believe we will only have access to our own data, but wonder if we will be able to see overall results for other Grantees?	The reports programmed into the PRS are for each specific grantee. Grantees will only be able to see their own reports. National HPOG reports will present national statistics and other data as specified by HHS-ACF.
	26. At what point in PRS do participants count towards your performance goals?	Each grantee has developed their HPOG plans and performance goals with HHS-ACF. The semi-annual PPR grantees submit reports on those goals and targets. The evaluation team will program each grantee’s first two PPRs into the PRS. Grantees will receive instructions in the PRS User Manual about entering information on all active HPOG participants as of 9/30/2011 and all new participants entering the HPOG program as of 10/1/2011. The Semi-Annual Report for the six month period ending March 28, 2012 will be the first one that is produced from the PRS.
Data Fields and Data Entry	27. Are all fields required for enrollment information entry? Which ones are required?	<p>Grantees are expected to submit data in all fields in the PRS. “Required fields” mean that the staff person entering data will not be able to save the case in the PRS until the required field is completed. In that sense, the required PRS data items are “last name,” “first name,” “date of birth,” “gender,” and “Social Security Number.”</p> <p>The Users’ Manual will provide specific details on data entry procedures and required data items.</p> <p>Some data items are critical items for performance and future evaluations, such as education and</p>

	Grantee Questions	Response
		<p>training components in which an individual participates, as well as outcome information like program completion and entered employment. The PRS quality control procedures will flag critical data items that have not been completed and grantees will be sent quality control memos and asked to verify particular items.</p> <p>Note: HHS/ACF considers Social Security Number as an essential field in the HPOG PRS, and it is extremely important for rigorous evaluations. If the SSN is not available, the participant record cannot be saved in the PRS. If SSN is not available, grantee/data entry staff will be instructed to contact the Urban Institute PRS help-desk by phone or email to obtain a “substitute/dummy SSN” that can be entered into the system. Without a valid SSN or a “substitute/dummy” SSN it will not be possible to save the participant record.</p> <p>Note: The SSN data entry procedures for Tribal HPOG grantees are specified in each grantee’s MOU agreement with NORC.</p>
	28. What data items are required in the PRS? For example, is tribal affiliation required?	See response to Question 27.
	29. It may be included and I don’t see it but, is there an indicator for required fields?	See responses to Questions 27 and 28. Required data fields in the PRS will have an asterisk.
	30. What happens if a box is not filled in?	See response to Questions 27 and 28. As noted, grantees will be encouraged to enter data on all data items included in the PRS for all HPOG participants, and the quality control procedures will monitor and follow up on critical data items not filled in.
	31. Hi, I would like to know if SS# is	See response to Question 27.

	Grantee Questions	Response
	required field.	
	32. I observed that some of the data is for required for our reports but there seems to be a lot more that is not required. Will we have to option not to complete those things that are not required for a report and we will not be using to determine eligibility or that we do not need to track?	See response to Questions 27 and 28. As noted, grantees will be encouraged to enter data on all data items included within the PRS for all HPOG participants and the quality control procedures will monitor and follow-up on items that have missing information.
	33. If there are other things that we may want to track will we are able to add them to the system?	The PRS is still being refined. If you have additional data items you think could be added, please notify the Urban Institute PRS team as soon as possible (sting@urban.org). A determination will be made by HHS-ACF about which additional data elements can be added. Alternatively, the Urban Institute/Abt team can discuss options with grantees to help determine alternative ways to collect or integrate additional data with the PRS.
	34. Under support services will we be able to design our own to match our B06?	Yes that is possible. The support services section of the PRS is structured to identify a wide range of specific services grouped within major categories, and grantees will be asked to indicate whether each service was provided during each 6-month reporting period. Grantees are also able to enter additional support services received that are not included on the PRS list.

	Grantee Questions	Response
	35. Can I delete already entered record if it is a duplicate?	Once a record is entered into the PRS, a grantee will need to contact the Urban Institute help desk by phone or email to request removal of a duplicate record from the system. To minimize the chances of duplicate records being entered on the same participant, grantees will not be able to enter a record into the PRS that has a Social Security Number that has already been entered into the system. Additionally, a grantee will not be able to enter two records that have the identical name and DOB or SSN.
	36. If we already are collecting case management data in our current system will we also have to enter it into PRS, or is that more an option for those who don't have case management system?	Grantees will be responsible for making sure the data are in the PRS, by using either the basic direct data entry method or by uploading data from another case management system or MIS. (See responses to Questions 11 and 14.)
	37. Will there be a paper application?	Yes. Paper forms will be included in the PRS Users' Manual. Grantees can use them if they wish (an Intake Form, a Services Received Form, an Exit Form, and a Six-Month Follow-up Form). It is most efficient to enter data directly into the PRS without using these forms, but some grantees or programs may choose to have intake/case staff complete forms and then enter data into the PRS. That is up to the grantee. The forms could also be used when for some reason a grantee or staff member is unable to enter data directly into the PRS (e.g., the location where the staff is working is not able to access the Internet; or the staff person does not have a computer; or the program site is experiencing technical issues with its computer network/system.)
	38. Is there a field for tracking tuition assistance/	Yes. The PRS tracks whether an individual receives tuition assistance/scholarships at any point of HPOG enrollment, but does not track the amount received or the specific program associated with the tuition assistance/scholarships.

	Grantee Questions	Response
	scholarships?	
	39. We use middle initials as part of our enrollment process. How do you suggest recording people with the same name?	The PRS includes middle initial (as well as last and first name). It will be possible to enter individuals who have the same last, first, and middle initial. However, it will not be possible to enter individuals with identical first, middle, and last names and birthdates or SSN.
	40. Do we have places in your database to store custom fields like our own ID# and can we export out of your database?	Yes. The PRS has a field where grantees can enter their own participant ID number. (See response to Question 3.) (Note: The PRS will also automatically assign a unique HPOG PRS Participant ID #). (See response to Questions 13 and 33)
	41. Is the school status at enrollment intended to capture secondary or post-secondary (vocational, higher end) or both?	The PRS data items capture whether at the time of enrollment the individual is enrolled in secondary or post-secondary education (i.e., both).

	Grantee Questions	Response
	42. For Disability Status question- is that primarily self-reported disability - not necessarily a disability that has been documented?	Disability is very difficult to capture on a data system. For example, some individuals may not perceive that they have a disability or may be unwilling to disclose a disability. The definition used for the PRS is the same as the one used for the Workforce Investment Act data system (i.e., the Workforce Investment Standard Record Data (WIASRD)): "An individual who indicates that he/she has any "disability," as defined in Section 3(2)(a) of the Americans with Disabilities Act of 1990 (42 U.S.C. 12102). Under that definition, a "disability" is a physical or mental impairment that substantially limits one or more of the person's major life activities. (For definitions and examples of "physical or mental impairment" and "major life activities," see paragraphs (1) and (2) of the definition of the term "disability" in 29 CFR 37.4, the definition section of the WIA non-discrimination regulations.) Thus, it is the participant who indicates (or self-reports) that he/she has a disability. This and all definitions will be included in the PRS Users' Manual.
	43. What information in PRS will be used to capture "participant" employability? Is there a standard "assessment of employability" that will need to be used?	<p>No specific test or standard of "assessment of employability" is required as part of the PRS – grantees determine whether and which such tests or standards are used. (See response to Question 20.).</p> <p>For the Tribal HPOG programs, participant employability will be assessed through the qualitative data collection being conducted by the Tribal Evaluation Team.</p>
	44. For projects that include numerous programs and numerous colleges, will the system allow for identifying specific programs and for consecutive enrollment in multiple programs?	Yes. (See response to Question 6.)
	45. For other data	Data on individual participation in key education and training components (i.e., remedial training,

	Grantee Questions	Response
	<p>elements, such as training completed and services received, it seems like those will need to be recorded on an ongoing basis. Could you clarify when each element is to be recorded and if it is just a one-time entry or if it requires regular updates? I think we can figure it out, but our goal is to make sure that we are reporting everything properly and rather than assume it seemed better to ask.</p>	<p>education and training, and employment development services) will be recorded into the PRS on an ongoing basis, with each episode of each type of activity reported (e.g., for a vocational training service, grantees would record begin and end dates of training activity, type of occupation for which training is provided, vendor providing the training, etc.). For support services, grantees will record receipt of such services every six months. The PRS Users' Manual will provide detailed definitions and directions for each type of service and activity that must be entered into the PRS.</p>
	<p>46. For many of the questions there are yes/no or drop down questions. Do we need to ensure we input info in the comments section to capture more detail to</p>	<p>The intent is to make the PRS as user-friendly and non-burdensome to grantees and staff as possible. Many of the data elements in the PRS use yes/no radio button formatting to ease data entry burden. The PRS also has narrative fields (boxes) where comments/case notes can be added if staff/grantees wish to do so.</p>

	Grantee Questions	Response
	the question?	
	47. Under S1-A #8, you ask for a title of course—do you need specifics? For example, they're approximately 16 courses and 12 general ed courses. Do you want the title and completion dates on each course?	Yes. The PRS is being designed so that grantees can enter the course title and completion date (if relevant) for each course that a HPOG participant enters while in the program.
	48. For services received (social and family assistance) - do we capture only what the grant has financially funded or any/all (including other organizations that have provided the service (via referral from the HPOG program).	Services that HPOG participants receive are to be recorded in the PRS, regardless of whether it is or is not funded by HPOG. The PRS Users' Manual will have definitions for each data item (in this case, "social services received" is defined to include all services received, regardless of funding sources).

	Grantee Questions	Response
Exit and Follow Up	49. Did each HPOG grantee define when their "exit" date is going to be? if you expect a 6 month follow up - I'm assuming there needs to be some sort of firm exit date to ensure follow up data is collected.	"Exit" is a term that is operationalized in different ways by grantees. For the PRS, grantees may enter exit date as they define it (each grantee's definition/measurement of "exit" will be included in grantee summaries in the PRS). Follow-up should occur at roughly 6 months after a participant's date of exit, however defined by the grantee. The follow-up is intended to get additional information on people no longer being served by the program. The PRS Users' Manual will provide more detailed definitions and instructions for the six-month follow-up.
	50. Will the federal evaluation team be doing the follow up after 6 months of employment?	No. HPOG grantee staff or their designees will be responsible for collecting follow-up information six months after someone exits the program and entering it into the PRS. The PRS is programmed to provide electronic reminders to the grantee (in the form of reports and an automated tickler file) about which HPOG participants are coming due for a six-month follow-up. Detailed instructions will be provided in the HPOG PRS User Manual.
	51. The "end" outcome information: is that 6 months after being placed into a job, or is it 6 months after being discharged from the HPOG program? I'm guessing the latter but wanted to check as well.	Six months after a person leaves the program. (See response to Question 23.)

	Grantee Questions	Response
Start Up if PRS	52. For those participants that have already exited our programs- will their information and data be required to be entered? Or will we be starting fresh when the system is ready for use?	<p>Grantees will start using the PRS on 9/30/2011 for all new participants. For semi-annual reporting purposes, grantees will also be instructed to enter some basic information for all participants active in the HPOG program as of 9/30/2011. This will allow all of the grantee's PPRs to account for all participants who have enrolled in HPOG from the beginning of the grant period. The PRS Users' Manual will provide specific instructions for doing this.</p> <p>Several grantees have indicated they would like to enter all of their HPOG participants into the PRS. This would be very useful for ACF and for future evaluations. The PRS is designed so that grantees may enter all their participants from the time their program started. Instructions for doing this will be in the Users' Manual.</p>
	53. Will all clients from year one need to be entered into the PRS or is this a system for clients coming into the system new at the release date of the PRS?	See response to Question 52.
	54. The crosswalk was provided in a word document. Can we get it in a different version, such as an XML document?	The Data Items Crosswalk is only available now in Word. If you need it in another format, contact the PRS IT team (sting@urban.org). Note: The crosswalk is a tool for grantees to use in planning for the PRS; it is not required. If grantees use it, the PRS IT team would appreciate receiving a copy since it can help us better understand grantee data.
	55. Is it the expectation that all grantees will capture	The PRS includes all data items listed in the crosswalk. Grantees will report on all data items through direct data entry into the PRS, uploading data into the PRS from their respective MIS, or a combination of these approaches. Please see response to Questions 27, 28, and 54 for

	Grantee Questions	Response
	all of the data points in the crosswalk?	additional information about data entry and about the crosswalk.