

## Instrument 1: PAGES Grantee- and Participant-Level Data Items List

The HPOG Next Gen's PAGES will collect both grantee- and participant-level data elements from all HPOG grantees that will contribute to grantee performance monitoring, the impact evaluation, and future studies. The system will be web-based and will include a login, welcome page and a user's manual. When users first log in, they will see a screen that shows them a role-appropriate dashboard. The complete list of proposed data items is presented here.

### Grantee-Level Data Elements

| Data Item / Question                      | Response Fields / Formats | Value Description                          | Notes                        |
|-------------------------------------------|---------------------------|--------------------------------------------|------------------------------|
| <b>Grantee Information</b>                |                           |                                            |                              |
| Program Name                              | Character field           | Name of PAGES grant program                | Chosen by grantee            |
| HPOG number                               | Open numeric field        | PAGES grantee number                       | Assigned to grantee          |
| DUNS number                               | Open numeric field        | DUNS number                                | Assigned to grantee          |
| EIN number                                | Open numeric field        | EIN number                                 | Assigned to grantee          |
| Federal grant number                      | Open numeric field        | Federal grant number                       | Assigned to grantee          |
| Grant Director last name                  | Character field           | Last name                                  |                              |
| Grant Director first name                 | Character field           | First name                                 |                              |
| Grant Director telephone                  | Open numeric field        | Telephone number in 555-555-5555 format    |                              |
| Grant Director email                      | Character field           | Email address in format of email@email.com |                              |
| Authorized Certifying Official last name  | Character field           | Last Name                                  |                              |
| Authorized Certifying Official first name | Character field           | First Name                                 |                              |
| Authorized Certifying Official telephone  | Open numeric field        | Telephone number in 555-555-5555 format    |                              |
| Authorized Certifying Official email      | Character field           | Email address in format of email@email.com |                              |
| Grantee address 1                         | Character field           | Grantee address part 1                     |                              |
| Grantee address 2                         | Character field           | Grantee address part 2                     | Optional field               |
| Grantee city                              | Character field           | Grantee city                               |                              |
| Grantee state                             | Numeric field             | Dropdown of states                         |                              |
| Grantee zip code                          | Open numeric field        | Grantee zip code                           |                              |
| <b>Vendor</b>                             |                           |                                            |                              |
| Vendor name                               | Character field           | Vendor name                                |                              |
| Vendor ID                                 | Numeric field             | Vendor ID code                             | Assigned for each new vendor |
| Vendor contact information                | Open field                | Phone number                               |                              |

| Data Item / Question                          | Response Fields / Formats | Value Description                                                                                                                                                                                                                                                                                 | Notes                                                                                                                                           |
|-----------------------------------------------|---------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| Vendor contact information                    | Open field                | Address                                                                                                                                                                                                                                                                                           |                                                                                                                                                 |
| Vendor contact information                    | Open field                | Phone number                                                                                                                                                                                                                                                                                      |                                                                                                                                                 |
| Type of organization                          | Numeric                   | <ul style="list-style-type: none"> <li>• Postsecondary educational institution, non-profit</li> <li>• Postsecondary educational institution, for-profit</li> <li>• Community based organization</li> <li>• School district</li> <li>• Government agency</li> <li>• Tribal organization</li> </ul> |                                                                                                                                                 |
| Type of partnership                           | Numeric field             | MOU<br>Formal contract<br>Informal                                                                                                                                                                                                                                                                |                                                                                                                                                 |
| <b>Basic Skills Training</b>                  |                           |                                                                                                                                                                                                                                                                                                   |                                                                                                                                                 |
| Vendor                                        | Numeric field             | Vendor name                                                                                                                                                                                                                                                                                       | Taken from list of vendors                                                                                                                      |
| Type of Training                              | Numeric field             | <ul style="list-style-type: none"> <li>• Adult basic education</li> <li>• Adult secondary education</li> <li>• English language acquisition</li> <li>• College developmental education</li> </ul>                                                                                                 |                                                                                                                                                 |
| Narrative description                         | Open text field           | Narrative description of each training that populates to PPR                                                                                                                                                                                                                                      | For each type of basic skill training used by grantee program                                                                                   |
| Program length metric (choose one)            | Numeric field             | Credits<br>Hours per week                                                                                                                                                                                                                                                                         |                                                                                                                                                 |
| If credits, number of credits for completion  | Open numeric field        | Number of credits                                                                                                                                                                                                                                                                                 |                                                                                                                                                 |
| If hours per week chosen, hours per week      | Open numeric field        | Number of hours per week                                                                                                                                                                                                                                                                          |                                                                                                                                                 |
| Usual number of weeks of program length value | Open numeric field        | Number of weeks                                                                                                                                                                                                                                                                                   |                                                                                                                                                 |
| Delivery Mode                                 | Numeric field             | <ul style="list-style-type: none"> <li>• Prior to healthcare training</li> <li>• Concurrent with healthcare training</li> </ul>                                                                                                                                                                   | Basic skills training that is integrated into healthcare or other occupational training is listed under training in program information section |
| Accelerated                                   | Numeric field             | Yes<br>No                                                                                                                                                                                                                                                                                         |                                                                                                                                                 |
| Contextualized                                | Numeric field             | Yes<br>No                                                                                                                                                                                                                                                                                         |                                                                                                                                                 |

| Data Item / Question                                      | Response Fields / Formats | Value Description                                                                                      | Notes                                                                                                                                                                                                                                                      |
|-----------------------------------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Healthcare Occupational Training Activities</b>        |                           |                                                                                                        |                                                                                                                                                                                                                                                            |
| Vendor                                                    | Numeric field             | Vendor Name                                                                                            | Taken from list of vendors entered above                                                                                                                                                                                                                   |
| Training ID                                               | Numeric field             | Training ID code                                                                                       | Assigned for each new training                                                                                                                                                                                                                             |
| Training location                                         | Character field           | Training location                                                                                      |                                                                                                                                                                                                                                                            |
| Training occupational code                                | Numeric field             | Standard occupational code                                                                             | Taken from a list of occupational codes. After initial review of grantee applications, we may add subcodes to the SOC/O*NET codes to more precisely identify trainings.                                                                                    |
| Professional, state, or industry certification or license | Character field           | Names of all possible professional, state, or industry certifications or associated with each training | From list of all possible certifications or licenses                                                                                                                                                                                                       |
| Career pathway level                                      | Numeric field             | Entry Level<br>Mid-level<br>High-Level                                                                 | Specific definitions of these levels would be determined by ACF/evaluation team and grantee would assign trainings using these definitions. This information would be used to build reporting.                                                             |
| Interim milestone training                                | Numeric field             | Yes<br>No                                                                                              | This is defined as a course of study which is longer than one semester or 12 weeks (whichever is longer). This indicator defines for which courses of training the progress marker "Completed half of (credits/weeks) for course of training" will appear. |
| Training type                                             | Numeric field             | Credit<br>Non-credit                                                                                   |                                                                                                                                                                                                                                                            |
| If credits, number of credits for completion              | Open numeric field        | Number of credits                                                                                      |                                                                                                                                                                                                                                                            |
| If non-credit, total hours                                | Open numeric field        | Number of total hours                                                                                  |                                                                                                                                                                                                                                                            |
| Usual number of weeks of program length                   | Open numeric field        | Number of weeks                                                                                        |                                                                                                                                                                                                                                                            |
| Integrated basic skills and healthcare training           | Numeric field             | Yes<br>No                                                                                              | Indicates basic skills training is integrated with occupational training in this training course                                                                                                                                                           |
| Blended learning model                                    | Numeric field             | Yes<br>No                                                                                              |                                                                                                                                                                                                                                                            |

| Data Item / Question                                   | Response Fields / Formats | Value Description                                                                                                                                                                                                                                                                                 | Notes                                                           |
|--------------------------------------------------------|---------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| <b>Employers</b>                                       |                           |                                                                                                                                                                                                                                                                                                   |                                                                 |
| Employer name                                          | Character field           | Employer name                                                                                                                                                                                                                                                                                     | Used to populate dropdown on employment tab                     |
| Employer location                                      | Character field           | Employer address                                                                                                                                                                                                                                                                                  |                                                                 |
| Healthcare employer                                    | Numeric field             | Yes<br>No                                                                                                                                                                                                                                                                                         |                                                                 |
| Employer ID                                            | Numeric field             | Employer ID                                                                                                                                                                                                                                                                                       | Assigned for each new employer                                  |
| <b>Supports</b>                                        |                           |                                                                                                                                                                                                                                                                                                   |                                                                 |
| Academic Supports                                      |                           |                                                                                                                                                                                                                                                                                                   |                                                                 |
| Academic supports offered                              | Numeric field             | List of academic supports offered; Choose from:<br>Case Management<br>Academic Advising<br>Tutoring<br>Mentoring<br>Peer Support<br>Post Eligibility Assessments<br>Training Related Costs Assistance (other than tuition)<br>Laptop for blended learning<br>Internet Access for blended learning | Grantee will choose from list what is offered in their program. |
| Mandatory                                              | Numeric Field             | Yes<br>No                                                                                                                                                                                                                                                                                         | For each academic support                                       |
| Provider                                               | Numeric Field             | HPOG grantee<br>HPOG partner organization<br>Referral to non-HPOG organization<br>More than one of above                                                                                                                                                                                          | For each academic support                                       |
| Narrative Description                                  | Open text field           | Narrative description of each service that populates to PPR                                                                                                                                                                                                                                       | For each academic support used by grantee program               |
| Case Management only                                   |                           |                                                                                                                                                                                                                                                                                                   |                                                                 |
| Program required frequency for case management contact | Numeric field             | Monthly<br>Weekly<br>Other<br>None                                                                                                                                                                                                                                                                |                                                                 |
| If other, how frequently                               | Open text field           | Frequency                                                                                                                                                                                                                                                                                         |                                                                 |
| Provider                                               | Numeric Field             | HPOG grantee<br>HPOG partner organization<br>Referral to non-HPOG organization                                                                                                                                                                                                                    |                                                                 |

| Data Item / Question                                         | Response Fields / Formats | Value Description                                                                                                                                                                                                                                          | Notes                                                          |
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|                                                              |                           | More than one of the above                                                                                                                                                                                                                                 |                                                                |
| Participants have assigned case manager                      | Numeric field             | Yes<br>No<br>Sometimes                                                                                                                                                                                                                                     |                                                                |
| Narrative Description                                        | Open text field           | Narrative description of case management that populates to PPR                                                                                                                                                                                             |                                                                |
| <b>Personal/Logistical Supports</b>                          |                           |                                                                                                                                                                                                                                                            |                                                                |
| Personal/Logistical supports offered                         | Numeric field             | List of personal/logistical supports offered; Choose from:<br>Emergency Assistance<br>Non-Emergency Food Assistance<br>Child / Dependent Care Assistance<br>Transportation Assistance<br>Housing Support / Assistance<br>Other                             | Grantee will choose from list what is offered in their program |
| Provider                                                     | Numeric Field             | HPOG grantee<br>HPOG partner organization<br>Referral to non-HPOG organization<br>More than one of above                                                                                                                                                   | For each personal/logistical support                           |
| Narrative Description                                        | Open text field           | Narrative description of each service that populates to PPR                                                                                                                                                                                                | For each personal/logistical support used by grantee program   |
| <b>Other skill development activities (non-occupational)</b> |                           |                                                                                                                                                                                                                                                            |                                                                |
| Other skill development activities                           | Numeric field             | List of other skill development activities offered; Choose from:<br>Introduction to Healthcare Career Workshop<br>Work Readiness<br>College Readiness<br>Digital Literacy<br>CPR training<br>Mandatory Work Readiness with peer support<br>Other (specify) | Grantee will choose from list what is offered in their program |
| Provider                                                     | Numeric Field             | HPOG grantee<br>HPOG partner organization<br>Referral to non-HPOG organization<br>More than one of above                                                                                                                                                   | For each other skills development activity                     |

| Data Item / Question                                         | Response Fields / Formats | Value Description                                                                                                                                             | Notes                                                                                                    |
|--------------------------------------------------------------|---------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| Narrative Description                                        | Open text field           | Narrative description of each service that populates to PPR                                                                                                   | For each other skill development activity used by grantee program                                        |
| <b>Employment assistance supports</b>                        |                           |                                                                                                                                                               |                                                                                                          |
| Employment assistance supports                               | Numeric field             | List of employment assistance activities offered; Choose from:<br>Job search assistance<br>Job placement assistance<br>Job retention assistance               | Grantee will choose from list what is offered in their program                                           |
| Provider                                                     | Numeric Field             | HPOG grantee<br>HPOG partner organization<br>Referral to non-HPOG organization<br>More than one of above                                                      | For each employment assistance activity                                                                  |
| Narrative Description                                        | Open text field           | Narrative description of each support that populates to PPR                                                                                                   | For each activity used by grantee program                                                                |
| <b>Work-based learning opportunities</b>                     |                           |                                                                                                                                                               |                                                                                                          |
| Work-based learning opportunities                            | Numeric field             | List of work-based learning opportunities offered; Choose from:<br>On-the-Job training<br>Work experience<br>Job shadowing<br>Unpaid Internship or externship | Grantee will choose from list what is offered in their program                                           |
| Provider                                                     | Numeric Field             | HPOG grantee<br>HPOG partner organization<br>Referral to non-HPOG organization<br>More than one of above                                                      | For each work-based learning opportunity                                                                 |
| Narrative Description                                        | Open text field           | Narrative description of each service that populates to PPR                                                                                                   | For each activity used by grantee program                                                                |
| <b>Possible Enhancements (if applicable)</b>                 |                           |                                                                                                                                                               |                                                                                                          |
| Mandatory work readiness training combined with peer support |                           |                                                                                                                                                               |                                                                                                          |
| Program length metric (choose one)                           | Numeric field             | Credits<br>Hours per week                                                                                                                                     | This metric allows grantees to provide the length in a way that is meaningful for the specific training. |
| If credits, number of credits for completion                 | Open numeric field        | Number of credits                                                                                                                                             |                                                                                                          |
| If hours per week chosen, hours per week                     | Open numeric field        | Number of hours per week                                                                                                                                      |                                                                                                          |
| Usual number of weeks                                        | Open numeric field        | Number of weeks                                                                                                                                               | Usual program length                                                                                     |

| Data Item / Question                                                                                         | Response Fields / Formats | Value Description                                                                                        | Notes                             |
|--------------------------------------------------------------------------------------------------------------|---------------------------|----------------------------------------------------------------------------------------------------------|-----------------------------------|
| of program length value                                                                                      |                           |                                                                                                          | because it may vary by individual |
| Provider                                                                                                     | Numeric Field             | HPOG grantee<br>HPOG partner organization<br>Referral to non-HPOG organization<br>More than one of above |                                   |
| Acceleration, contextualization, and/or integration of basic skills and postsecondary education and training |                           |                                                                                                          |                                   |
| Mandatory                                                                                                    | Numeric Field             | Yes<br>No                                                                                                |                                   |
| Provider                                                                                                     | Numeric Field             | HPOG grantee<br>HPOG partner organization<br>Referral to non-HPOG organization<br>More than one of above |                                   |
| Blended learning combined with in-home access to laptops and the Internet                                    |                           |                                                                                                          |                                   |
| Mandatory                                                                                                    | Numeric Field             | Yes<br>No                                                                                                |                                   |
| Provider                                                                                                     | Numeric Field             | HPOG grantee<br>HPOG partner organization<br>Referral to non-HPOG organization<br>More than one of above |                                   |
| On-the-Job Training (OJT)                                                                                    |                           |                                                                                                          |                                   |
| Mandatory                                                                                                    | Numeric Field             | Yes<br>No                                                                                                |                                   |
| Provider                                                                                                     | Numeric Field             | HPOG grantee<br>HPOG partner organization<br>Referral to non-HPOG organization<br>More than one of above |                                   |

### Participant-Level Baseline Data Elements

| Data Item / Question           | Response Fields / Formats | Value Description | Notes |
|--------------------------------|---------------------------|-------------------|-------|
| <b>Participant Information</b> |                           |                   |       |
| First name                     | Narrative field           | Participant name  |       |
| Last name                      | Narrative field           | Participant name  |       |
| Middle initial                 | Narrative field           | Participant name  |       |
| Date of birth                  | MM/DD/YYYY                |                   |       |

| Data Item / Question                                                | Response Fields / Formats | Value Description                                                                                                                                                                                                                                                                                                              | Notes                                                                                                                                                                                                                                                                                               |
|---------------------------------------------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Gender                                                              | Numeric field             | Male<br>Female<br>Not reported                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                     |
| Informed consent                                                    | Numeric field             | Yes<br>No                                                                                                                                                                                                                                                                                                                      | A response of 'No' will not be an option during RA, and will be configured depending on site-specific needs.                                                                                                                                                                                        |
| Social Security Number                                              | SSS-SS-SSSS               | SSN                                                                                                                                                                                                                                                                                                                            | Kept private and required of all HPOG participants.                                                                                                                                                                                                                                                 |
| <b>Personal Characteristics</b>                                     |                           |                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                     |
| Ethnicity of participant is Hispanic or Latino                      | Numeric field             | Yes<br>No                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                     |
| Race                                                                | Select one or more        | American Indian or Alaskan Native<br>Asian<br>Black or African American<br>Native Hawaiian or other Pacific Islander<br>White                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                     |
| United States Citizen                                               | Numeric field             | <ul style="list-style-type: none"> <li>• Yes, born in the United States</li> <li>• Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas.</li> <li>• Yes, born abroad of U.S. citizen parent or parents</li> <li>• Yes, U.S. citizen by naturalization</li> <li>• Not a citizen of the U.S.</li> </ul> | Pending additional outline of non-citizen program requirements, when "Not a citizen" is selected a warning will display to prompt user to ensure eligibility and additional questions covering such options will display (see below - including Refugee and other qualified alien definition etc.). |
| HPOG Qualification (if not citizen of the U.S.)                     | Numeric field             | To be determined (refugee, legal resident, etc.)                                                                                                                                                                                                                                                                               | This field displays only if "Not a citizen of the U.S." is checked on previous question.                                                                                                                                                                                                            |
| Relationship status                                                 | Numeric field             | Currently married<br>Living with unmarried partner<br>Divorced or separated<br>Widowed<br>Never married<br>Not reported                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                     |
| Head of household                                                   | Numeric field             | Yes<br>No<br>Not reported                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                     |
| Number of people living in household at least half of the last year | Open numeric field        | Number of people                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                     |
| Number of children under                                            | Open numeric field        | Number of children                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                     |



| Data Item / Question                                                                                                                                                                                                                                                                                                | Response Fields / Formats | Value Description                            | Notes                                                                                                                                                                                                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|----------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| age 18 who live in household at least half the last year                                                                                                                                                                                                                                                            |                           |                                              |                                                                                                                                                                                                                          |
| For how many of these children are you or your spouse / partner the legal guardian                                                                                                                                                                                                                                  | Open numeric field        | Number of children                           |                                                                                                                                                                                                                          |
| For each child in above question:<br>Name                                                                                                                                                                                                                                                                           | Text field                |                                              | This information is necessary if additional child follow-up analysis is to be conducted. Information collected only of the children for which the participant or the participant's spouse/partner is the legal guardian. |
| For each child in above question:<br>Date of birth                                                                                                                                                                                                                                                                  | Numeric field             | MM/YYYY                                      | This information is necessary if additional child follow-up analysis is to be conducted. Information collected only of the children for which the participant or the participant's spouse/partner is the legal guardian. |
| Participant or participant's spouse/partner pregnant and/or expectant                                                                                                                                                                                                                                               | Numeric field             | Yes<br>No<br>Not reported                    |                                                                                                                                                                                                                          |
| Special characteristics/status:<br>a. Refugee<br>b. Veteran<br>c. Individual with disability<br>d. Current Foster care youth<br>e. Homeless individual<br>f. Limited English proficiency<br>g. Formerly incarcerated<br>h. WIA/WIOA eligible<br>i. Has a child with special needs<br>j. Trouble with stable housing | Numeric field             | Check all that apply<br>None<br>Not reported | One check box for each item, with additional "None" and "Not Reported" check boxes found below which apply to all options when checked.                                                                                  |
| Tribal Member                                                                                                                                                                                                                                                                                                       | Numeric field             | Yes<br>No<br>Not reported                    | If grantee is a tribal organization then these questions will be displayed.                                                                                                                                              |
| Tribal Affiliation                                                                                                                                                                                                                                                                                                  | Open text field           | Tribal organization name                     | If grantee is a tribal organization then these questions will be displayed.                                                                                                                                              |
| Lives on reservation                                                                                                                                                                                                                                                                                                | Numeric field             | Yes<br>No<br>Not reported                    | If grantee is a tribal organization then these questions will be displayed.                                                                                                                                              |
| Spouse of tribal member                                                                                                                                                                                                                                                                                             | Numeric field             | Yes<br>No                                    | If grantee is a tribal organization then these questions will be                                                                                                                                                         |

| Data Item / Question                                                                                                                                                                                                                                                                                                                                          | Response Fields / Formats | Value Description                                                                                                                                                                                                                                                                         | Notes                                                                       |
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|                                                                                                                                                                                                                                                                                                                                                               |                           | Not reported                                                                                                                                                                                                                                                                              | displayed.                                                                  |
| Current employee of a tribal organization                                                                                                                                                                                                                                                                                                                     | Numeric field             | Yes<br>No<br>Not reported                                                                                                                                                                                                                                                                 | If grantee is a tribal organization then these questions will be displayed. |
| <b>Income and benefits</b>                                                                                                                                                                                                                                                                                                                                    |                           |                                                                                                                                                                                                                                                                                           |                                                                             |
| Approximate total earnings for individual participant from work, including tips and overtime pay during the past 12 months                                                                                                                                                                                                                                    | Numeric field             | \$0<br>\$1 to \$4,999<br>\$5,000 to \$9,999<br>\$10,000 to \$14,999<br>\$15,000 to \$19,999<br>\$20,000 to \$24,999<br>\$25,000 to \$29,999<br>\$30,000 to \$34,999<br>\$35,000 or over                                                                                                   |                                                                             |
| TOTAL household income including participant's earnings and other income and earnings and other income of all household members for the past 12 months                                                                                                                                                                                                        | Numeric field             | \$0<br>\$1 to \$9,999<br>\$10,000 to \$14,999<br>\$15,000 to \$19,999<br>\$20,000 to \$24,999<br>\$25,000 to \$29,999<br>\$30,000 to \$34,999<br>\$35,000 to \$39,999<br>\$40,000 to \$44,999<br>\$45,000 to \$49,999<br>\$50,000 to \$59,999<br>\$60,000 to \$69,999<br>\$70,000 or over |                                                                             |
| Participant is receiving public benefits at intake (for each):<br>a. TANF Cash Assistance<br>b. Medicaid                                                                                                                                                                                                                                                      | Numeric field             | Yes<br>No<br>Not reported                                                                                                                                                                                                                                                                 |                                                                             |
| Anyone in household including participant is receiving public benefits at intake (for each):<br>a. TANF<br>b. SNAP<br>c. WIC<br>d. Free/Reduced Price School Lunch<br>e. Supplemental Security Income<br>f. Social Security and/or Social Security Disability Insurance<br>g. Medicaid<br>h. Subsidized Child Care / Voucher<br>i. Section 8 / Public Housing | Numeric field             | Yes<br>No<br>Not reported                                                                                                                                                                                                                                                                 |                                                                             |

| Data Item / Question                                                                                                                                                                                                                       | Response Fields / Formats | Value Description                                                                                                                                                                                                                                                                                                                                                                                                         | Notes |
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| j. Low-Income Heating Emergency Assistance Program<br>k. Refugee Cash Assistance<br>l. Bureau of Indian Affairs General Assistance<br>m. Alaska Permanent Fund                                                                             |                           |                                                                                                                                                                                                                                                                                                                                                                                                                           |       |
| Other sources of financial support received by anyone in household (for each):<br>a. Alimony<br>b. Child Support<br>c. Workers compensation<br>d. Support from family and friends not living in household<br>e. Grants or loans for school | Numeric field             | Yes<br>No<br>Not reported                                                                                                                                                                                                                                                                                                                                                                                                 |       |
| Unemployment Insurance compensation recipient                                                                                                                                                                                              | Numeric field             | UI claimant<br>UI exhaustee<br>Not a UI claimant or exhaustee<br>Not reported                                                                                                                                                                                                                                                                                                                                             |       |
| <b>Education</b>                                                                                                                                                                                                                           |                           |                                                                                                                                                                                                                                                                                                                                                                                                                           |       |
| Highest level of education completed                                                                                                                                                                                                       | Numeric field             | <ul style="list-style-type: none"> <li>• Grades 1 to 12 (no HS diploma)</li> <li>• High school diploma</li> <li>• GED/HiSET/TASC or alternative credential</li> <li>• Some college credit but less than one year of college credit</li> <li>• One or more years of college credit, but no degree</li> <li>• Associate's degree</li> <li>• Bachelor's degree</li> <li>• Graduate degree</li> <li>• Not reported</li> </ul> |       |
| Ever received a professional, state, or industry certification or license?                                                                                                                                                                 | Numeric field             | Yes<br>No<br>Not reported                                                                                                                                                                                                                                                                                                                                                                                                 |       |
| If yes to above, what is the name of the professional, state, or industry certification or license?                                                                                                                                        | Open text field           | Name of the professional, state, or industry certification or license                                                                                                                                                                                                                                                                                                                                                     |       |
| Received an occupational certificate or diploma, excluding any state,                                                                                                                                                                      | Numeric field             | Yes<br>No<br>Not reported                                                                                                                                                                                                                                                                                                                                                                                                 |       |

| Data Item / Question                                                                                                                                                                                                                                                                                                                                                                                                        | Response Fields / Formats | Value Description                               | Notes                                                                                                                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| professional, or industry certification or license?                                                                                                                                                                                                                                                                                                                                                                         |                           |                                                 |                                                                                                                          |
| If yes to above, what is the name of the occupational certificate or diploma?                                                                                                                                                                                                                                                                                                                                               | Open text field           | Name of the occupational certificate or diploma |                                                                                                                          |
| Currently in school or training                                                                                                                                                                                                                                                                                                                                                                                             | Numeric field             | Yes<br>No<br>Not reported                       | Currently enrolled in any classes, or enrolled but between terms, with an entity that is providing education or training |
| If yes to above, currently in a healthcare occupational training course                                                                                                                                                                                                                                                                                                                                                     | Numeric field             | Yes<br>No<br>Not reported                       |                                                                                                                          |
| If no or skipped above, ever taken classes to prepare for work in a particular occupation?                                                                                                                                                                                                                                                                                                                                  | Numeric field             | Yes<br>No<br>Not reported                       |                                                                                                                          |
| If yes to above, ever taken classes to prepare for work in a healthcare occupation?                                                                                                                                                                                                                                                                                                                                         | Numeric field             | Yes<br>No<br>Not reported                       |                                                                                                                          |
| Ever participated in following classes/educational programs? (ask each)<br>a. Classes to improve basic reading/writing/math skills or prepare for a high school equivalency or college placement test<br>b. English as Second Language<br>c. Classes for college credit<br>d. Occupational training not for college credit<br>e. Classes in how to succeed at work class/workshop<br>f. Classes in how to succeed at school | Numeric field             | Yes<br>No<br>Not reported                       |                                                                                                                          |
| Literacy assessed at 8th grade level or higher?                                                                                                                                                                                                                                                                                                                                                                             | Numeric field             | Yes<br>No<br>No assessment<br>Not reported      |                                                                                                                          |
| Numeracy assessed at 8th grade level or higher?                                                                                                                                                                                                                                                                                                                                                                             | Numeric field             | Yes<br>No<br>No assessment<br>Not reported      |                                                                                                                          |
| <b>Employment</b>                                                                                                                                                                                                                                                                                                                                                                                                           |                           |                                                 |                                                                                                                          |
| Ever worked for pay?                                                                                                                                                                                                                                                                                                                                                                                                        | Numeric field             | Yes<br>No<br>Not reported                       |                                                                                                                          |

| Data Item / Question                                                                            | Response Fields / Formats                                            | Value Description                                                                                                                                                                                                                                                                                                                                                                                 | Notes |
|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|
| If ever worked, ever worked in a healthcare occupation?                                         | Numeric field                                                        | Yes<br>No<br>Not reported                                                                                                                                                                                                                                                                                                                                                                         |       |
| If yes to above, specify most recent healthcare occupation?                                     | Numeric field                                                        | Standard Occupational Codes                                                                                                                                                                                                                                                                                                                                                                       |       |
| If ever worked, are you currently employed?                                                     | Numeric field                                                        | Yes<br>No<br>Not reported                                                                                                                                                                                                                                                                                                                                                                         |       |
| If currently employed, participant employment in healthcare occupation?                         | Numeric field                                                        | Yes<br>No<br>Not reported                                                                                                                                                                                                                                                                                                                                                                         |       |
| If yes to above, identify healthcare occupation                                                 | Numeric field                                                        | Standard Occupational Codes                                                                                                                                                                                                                                                                                                                                                                       |       |
| If currently employed, the usual number of hours worked per week                                | Open numeric field                                                   | Number                                                                                                                                                                                                                                                                                                                                                                                            |       |
| If currently employed, current hourly wage                                                      | Open numeric field                                                   | Numbers and Decimal Points                                                                                                                                                                                                                                                                                                                                                                        |       |
| If currently employed, receives health insurance from your employer?                            | Numeric field                                                        | Yes<br>No<br>Not reported                                                                                                                                                                                                                                                                                                                                                                         |       |
| <b>Expectations (Answered only for Impact study participants)</b>                               |                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                   |       |
| Highest level of education expected to complete?                                                | Numeric field                                                        | <ul style="list-style-type: none"> <li>• Grades 1 to 12 (no HS diploma)</li> <li>• High school diploma</li> <li>• GED/HiSET/TASC or alternative credential</li> <li>• Some college credit but less than one year of college credit</li> <li>• One or more years of college credit, but no degree</li> <li>• Associate's degree</li> <li>• Bachelor's degree</li> <li>• Graduate degree</li> </ul> |       |
| Expect to receive a professional, state, or industry certification or license?                  | Numeric field (asked of those answering less than Associate's above) | Yes<br>No                                                                                                                                                                                                                                                                                                                                                                                         |       |
| Expect to receive an occupational certificate or diploma, excluding any state, professional, or | Numeric field (asked of those answering less than Associate's above) | Yes<br>No                                                                                                                                                                                                                                                                                                                                                                                         |       |

| Data Item / Question                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Response Fields / Formats      | Value Description                                                             | Notes |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-------------------------------------------------------------------------------|-------|
| industry certification or license?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                |                                                                               |       |
| If selected to participate in HPOG, does the participant expect to be going to school full-time or part-time?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Numeric field                  | Full-time<br>Part-time                                                        |       |
| Does the participant expect to be working for pay in the next six months?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Numeric field                  | Yes<br>No                                                                     |       |
| If yes to above, how many hours does the participant expect to be working in a typical week?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Open numeric field             | Number                                                                        |       |
| In the past 12 months, please note how often each of the following situations interfered with the participant's school, work, job search, or family responsibilities:<br>a. Child care arrangements?<br>b. Transportation?<br>c. Personal illness or health condition?<br>d. Alcohol or drug use?<br>e. Another situation?                                                                                                                                                                                                                                                                                                            | Numeric field, answer for each | Never<br>Almost never<br>Sometimes<br>Fairly often<br>Very often              |       |
| When it comes to careers, some people are more certain than others that they know where they are headed and how to get there. How strongly does the participant agree/disagree that the following statements reflect his/her career situation:<br>a. I'm not sure how to accurately assess my abilities and challenges.<br>b. I know how to make a plan that will help me achieve my goals for the next 5 years.<br>c. I know how to get help from staff and teachers with any issues that might arise when I am at school.<br>d. I'm not sure what type of job is best for me.<br>e. I know the type of employer I want to work for. | Numeric field, answer for each | Strongly disagrees<br>Somewhat disagree<br>Somewhat agrees<br>Strongly agrees |       |

| Data Item / Question                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Response Fields / Formats      | Value Description                                                              | Notes |
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| f. I know the occupation I want to be in.<br>g. I'm not sure what kind of education and training program is best for me.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                |                                                                                |       |
| In general, some people have an easier or harder time with problems or difficulties. How true does the participant think are the following statements:<br>a. I can always manage to solve difficult problems if I try hard enough.<br>b. It is easy for me to stick to my aims and accomplish my goals.<br>c. I am confident that I could deal efficiently with unexpected events.<br>d. Thanks to my resourcefulness, I know how to handle unforeseen situations.<br>e. I can solve most problems if I invest the necessary effort.<br>f. I can remain calm when facing difficulties because I can rely on my coping abilities.<br>g. When I am confronted with a problem, I can usually find several solutions.<br>h. If I am in trouble, I can usually think of a solution.<br>i. I can usually handle whatever comes my way. | Numeric field, answer for each | Not at all true<br>Somewhat true<br>Mostly true<br>Entirely true               |       |
| These statements are about how people approach various tasks in life. How strongly does the participant agree/disagree that the following statements apply to the participant:<br>a. New ideas and projects sometimes distract me from previous ones.<br>b. Setbacks don't discourage me.<br>c. I have been obsessed with a certain idea or project for a short time                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Numeric field, answer for each | Strongly agrees<br>Somewhat agrees<br>Somewhat disagrees<br>Strongly disagrees |       |

| Data Item / Question                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Response Fields / Formats      | Value Description                                                                                                           | Notes |
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| but later lost interest.<br>d. I am a hard worker.<br>e. I often set a goal but later choose to pursue a different one.<br>f. I often have difficulty maintaining my focus on projects that take more than a few months to complete.<br>g. I finish whatever I begin.<br>h. I am diligent.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                |                                                                                                                             |       |
| The following contains a series of statements participants might use to describe their behavior, opinions, interests, and feelings. Some are quite general while others ask about their feelings at work or school. If they are not currently working or going to school, please ask them to think about how they would respond if they were. How strongly does the participant agree/disagree that the following statements apply to the participant:<br>a. I'm not smart enough to do well on assignments.<br>b. I have difficulties keeping up academically with my classmates.<br>c. I am confident of my academic abilities.<br>d. I can follow discussions about abstract academic topics.<br>e. I'm intelligent.<br>f. I achieve little for the amount of time I spend studying.<br>g. I find it hard to pick out the main ideas in class readings.<br>h. I need to work harder than others to get the grades they do.<br>i. I am less talented than other students.<br>j. I'm a fast learner.<br>k. I have ranked in the top 20% on academic ability among my classmates.<br>l. My nervousness interferes with my | Numeric field, answer for each | Strongly disagrees<br>Moderately disagrees<br>Slightly disagrees<br>Slightly agrees<br>Moderately agrees<br>Strongly agrees |       |



| Data Item / Question                                                                                                                                                                                                                                                                                                                                                                                 | Response Fields / Formats                 | Value Description                                                                                          | Notes          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|------------------------------------------------------------------------------------------------------------|----------------|
| performance on tests.                                                                                                                                                                                                                                                                                                                                                                                |                                           |                                                                                                            |                |
| How strongly does the participant agree/disagree with the following statements about his/her work preferences:<br>a. I will take any job even if the pay is low?<br>b. I only want the kind of job that is related to my education or training?                                                                                                                                                      | Numeric field, choose one answer for each | Strongly disagrees<br>Disagrees<br>Agrees<br>Strongly agrees                                               |                |
| How much must a job pay a participant per hour for it to make sense for him/her to take it?                                                                                                                                                                                                                                                                                                          | Open numeric field                        | Numbers and Decimal Points                                                                                 |                |
| If participant is not selected to participate in HPOG, what are his/her plans for education and work? Does he/she plan to:<br>a. Enroll in another occupational training program?<br>b. Enroll in basic skills education training program?<br>c. Complete a regular high school diploma?<br>d. Enroll in a four-year or community college?<br>e. Seek employment?<br>f. If yes, in healthcare field? | Numeric field                             | Yes<br>No                                                                                                  |                |
| <b>Contact Information</b>                                                                                                                                                                                                                                                                                                                                                                           |                                           |                                                                                                            |                |
| Participant contact address 1                                                                                                                                                                                                                                                                                                                                                                        | Narrative field                           | Physical street address                                                                                    |                |
| Participant contact address 2                                                                                                                                                                                                                                                                                                                                                                        | Narrative field                           | Apartment and/or condominium                                                                               | Optional field |
| Participant contact address 3                                                                                                                                                                                                                                                                                                                                                                        | Narrative field                           | Complex or building name                                                                                   | Optional field |
| Participant contact city                                                                                                                                                                                                                                                                                                                                                                             | Narrative field                           | Full city or town name                                                                                     |                |
| Participant contact state                                                                                                                                                                                                                                                                                                                                                                            | Numeric field                             | State name                                                                                                 |                |
| Participant contact zip code                                                                                                                                                                                                                                                                                                                                                                         | Open numeric field                        | The initial code of 5 digits followed by the expanded code of 4 digits separated by a dash. Ex. 94591-6497 |                |
| Participant Contact Phone 1                                                                                                                                                                                                                                                                                                                                                                          | Open numeric field                        | Enter 10 digits. No dashes or parentheses.                                                                 |                |
| Type of phone 1                                                                                                                                                                                                                                                                                                                                                                                      | Numeric field                             | Home                                                                                                       |                |

| Data Item / Question                                           | Response Fields / Formats | Value Description                                                                                                                                                                                                | Notes          |
|----------------------------------------------------------------|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
|                                                                |                           | Mobile<br>Work<br>other                                                                                                                                                                                          |                |
| Participant Contact Phone 2                                    | Open numeric field        | Enter 10 digits. No dashes or parentheses.                                                                                                                                                                       |                |
| Type of phone 2                                                | Numeric field             | Home<br>Mobile<br>Work<br>other                                                                                                                                                                                  |                |
| Can we contact you via text message?                           | Numeric field             | Yes<br>No                                                                                                                                                                                                        |                |
| Can we contact you on that number via automated text message?  | Numeric field             | Yes<br>No                                                                                                                                                                                                        |                |
| Participant contact e-mail address                             | Narrative field           | E-mail address                                                                                                                                                                                                   |                |
| Facebook account name or email address associated with account | Narrative field           | Account name or E-mail address                                                                                                                                                                                   |                |
| Twitter handle or ID                                           | Narrative field           | Name                                                                                                                                                                                                             |                |
| Best way to reach participant                                  | Numeric field             | Phone<br>Text<br>Email<br>Social media (Facebook, LinkedIn, or Twitter)                                                                                                                                          |                |
| Alternative contact first name                                 | Narrative field           | Alternate contact first name                                                                                                                                                                                     |                |
| Alternative contact last name                                  | Narrative field           | Alternate contact last name                                                                                                                                                                                      |                |
| Alternative contact relationship to participant                | Numeric field             | <ul style="list-style-type: none"> <li>• Parent</li> <li>• Sibling</li> <li>• Extended biological family member</li> <li>• Partner</li> <li>• Friend / social support network member</li> <li>• Other</li> </ul> |                |
| Alternative contact primary phone number                       | Open Numeric field        | Enter 10 digits. No dashes or parentheses.                                                                                                                                                                       |                |
| Alternative contact address1                                   | Narrative field           | Physical street address                                                                                                                                                                                          |                |
| Alternative contact address2                                   | Narrative field           | Apartment and/or condominium                                                                                                                                                                                     | Optional field |
| Alternative contact address3                                   | Narrative field           | Complex or building name                                                                                                                                                                                         | Optional field |
| Alternative contact city                                       | Narrative field           | Full city or town name                                                                                                                                                                                           |                |

| Data Item / Question               | Response Fields / Formats | Value Description                                                                                          | Notes |
|------------------------------------|---------------------------|------------------------------------------------------------------------------------------------------------|-------|
| Alternative contact state          | Numeric field             | State name                                                                                                 |       |
| Alternative contact zip code       | Open Numeric field        | The initial code of 5 digits followed by the expanded code of 4 digits separated by a dash. Ex. 94591-6497 |       |
| Alternative contact e-mail address | Narrative field           | E-mail address                                                                                             |       |

### Participant-Level Ongoing Data Items

| Data Item / Question                                                                                                           | Response Fields / Formats | Value Description                     | Notes |
|--------------------------------------------------------------------------------------------------------------------------------|---------------------------|---------------------------------------|-------|
| <b>Eligibility Screenings and Assessments</b>                                                                                  |                           |                                       |       |
| Assessments                                                                                                                    |                           |                                       |       |
| Career inventory                                                                                                               | Numeric field             | Yes<br>No                             |       |
| Literacy test score                                                                                                            | Open Numeric field        | Test score                            |       |
| Name of literacy test                                                                                                          | Numeric Field             | TABE<br>CASAS<br>Other                |       |
| If Other, specify:                                                                                                             | Character field           | Test name                             |       |
| Numeracy test score                                                                                                            | Open Numeric field        | Test score                            |       |
| Name of numeracy test                                                                                                          | Numeric field             | TABE<br>CASAS<br>Other                |       |
| If Other, specify:                                                                                                             | Character field           | Test name                             |       |
| English Language Proficiency test                                                                                              | Numeric field             | Yes<br>No                             |       |
| English Language Proficiency test score                                                                                        | Open Numeric field        | Test score                            |       |
| Name of English Language Proficiency test                                                                                      | Numeric field             | TABE/CLAS-E<br>CASAS<br>BEST<br>Other |       |
| If Other, specify:                                                                                                             | Character field           | Test name                             |       |
| <b>Screening</b>                                                                                                               |                           |                                       |       |
| Screenings completed (answer each):<br>a. Drug screening<br>b. Background check<br>c. Physical<br>d. Immunizations<br>e. Other | Numeric Field             | Yes<br>No                             |       |

| Data Item / Question                                                    | Response Fields / Formats | Value Description                                                                                                                                                                                                                                               | Notes                                                                                                                                                                                                                                                                       |
|-------------------------------------------------------------------------|---------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| If Other, specify:                                                      | Character field           | Screening Name                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                             |
| <b>Basic and Other Skills Development Activities (non-occupational)</b> |                           |                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                             |
| Basic Skills Training                                                   |                           |                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                             |
| Basic skills training course                                            |                           | Listing of basic skills training courses available by grantee                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                             |
| HPOG funds used to support tuition/training payment                     | Numeric field             | Yes<br>No<br>Tuition/Payment waived by training provider<br>Don't Know                                                                                                                                                                                          |                                                                                                                                                                                                                                                                             |
| Begin date                                                              | MM/DD/YYYY                | Begin date of training                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                             |
| Projected Completion Date                                               | MM/DD/YYYY                | Expected completion date of training                                                                                                                                                                                                                            | Estimate of the date participant will finish the training course. Can be updated with additional information – purpose is to trigger reminders to user.                                                                                                                     |
| End date                                                                | MM/DD/YYYY                | End date of training                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                             |
| Basic skills training completion                                        | Numeric field             | <ul style="list-style-type: none"> <li>• Dropped out</li> <li>• Did not pass</li> <li>• Certificate of completion</li> <li>• High school diploma</li> <li>• GED/HiSET/TASC or alternative credential</li> <li>• Attained necessary skill level</li> </ul>       |                                                                                                                                                                                                                                                                             |
| Self-directed basic skills training                                     | Numeric field             | Check box                                                                                                                                                                                                                                                       | Checked off if student is not in a basic skills training course, but participating in self-directed basic skills activities. Not recorded as a basic skills participant in the PPR.                                                                                         |
| Other Skill Development Activities                                      |                           |                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                             |
| Select a type                                                           | Numeric field             | <ul style="list-style-type: none"> <li>• Introduction to Healthcare Career Workshop</li> <li>• Work Readiness</li> <li>• College Readiness</li> <li>• Digital Literacy</li> <li>• CPR training</li> <li>• Mandatory Work Readiness with peer support</li> </ul> | The exact list appearing will be specific to the grantee – entered in the program data section. See definitions appendix for definitions. Mandatory work readiness with peer support will only appear for participants who have been randomly assigned to this enhancement. |

| Data Item / Question                                                              | Response Fields / Formats | Value Description                                                                                                                       | Notes                                                                      |
|-----------------------------------------------------------------------------------|---------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
|                                                                                   |                           | • Other (specify)                                                                                                                       |                                                                            |
| Begin date                                                                        | MM/DD/YYYY                | Begin date of activity                                                                                                                  |                                                                            |
| Projected Completion Date                                                         | MM/DD/YYYY                | Expected completion date of training                                                                                                    | Defined by expected length of activity and projected completion date.      |
| End date                                                                          | MM/DD/YYYY                | End date of activity                                                                                                                    |                                                                            |
| Other skill development activity completion                                       | Numeric field             | <ul style="list-style-type: none"> <li>• Dropped out</li> <li>• Did not pass</li> <li>• Certificate of completion</li> </ul>            |                                                                            |
| <b>Healthcare Occupational Training</b>                                           |                           |                                                                                                                                         |                                                                            |
| Prerequisites for healthcare training                                             |                           |                                                                                                                                         |                                                                            |
| Begin Date                                                                        | MM/DD/YYYY                | Begin date of pre-requisites                                                                                                            |                                                                            |
| Projected Completion Date                                                         | MM/DD/YYYY                | Expected completion date of training                                                                                                    | Defined by expected length of prerequisites and projected completion date. |
| End Date                                                                          | MM/DD/YYYY                | End date of pre-requisites                                                                                                              |                                                                            |
| Health Occupation Training                                                        |                           |                                                                                                                                         |                                                                            |
| Training Vendor                                                                   | Numeric field             | Vendors pre-defined at program level                                                                                                    |                                                                            |
| Code for healthcare occupational training type                                    | Numeric field             | Occupational codes pre-defined for selected vendor at the grantee level                                                                 | Codes based on ONET-SOC with additional details as necessary               |
| HPOG funds used to support tuition/training payment                               | Numeric field             | Yes<br>No<br>Tuition/Payment waived by training provider<br>Don't Know                                                                  |                                                                            |
| Was this specific course of training in progress at the time of intake into HPOG? | Numeric field             | Yes<br>No<br>Don't Know                                                                                                                 |                                                                            |
| Begin date                                                                        | MM/DD/YYYY                | Begin date of occupational training                                                                                                     |                                                                            |
| Projected Completion Date                                                         | MM/DD/YYYY                | Expected completion date of training                                                                                                    | Defined by expected length of training and projected graduation date.      |
| End date                                                                          | MM/DD/YYYY                | End date of occupational training                                                                                                       |                                                                            |
| Occupational training completion                                                  | Numeric field             | <ul style="list-style-type: none"> <li>• Dropped out</li> <li>• Did not pass</li> <li>• Completed training course, no degree</li> </ul> |                                                                            |

| Data Item / Question                                                                              | Response Fields / Formats | Value Description                                                                                                               | Notes                                                                                                                                      |
|---------------------------------------------------------------------------------------------------|---------------------------|---------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                   |                           | <ul style="list-style-type: none"> <li>Associate's degree</li> <li>Bachelor's degree</li> <li>Master's degree</li> </ul>        |                                                                                                                                            |
| Professional, state, or industry certification or license                                         | Numeric field             | Available list pre-defined at the grantee level                                                                                 |                                                                                                                                            |
| Completed half of required course of training                                                     | Numeric field             | Check box to indicate this has occurred<br>Half-way mark in number of credits or weeks for training course will also appear     | Element only appears for occupational training courses indicated as "milestone training courses" in the grantee program section.           |
| Enrolled in postsecondary education or attending training in a program that is not a part of HPOG | Numeric field             | Yes<br>No                                                                                                                       | This refers only to education and training activities started at some point after enrollment in HPOG that are not part of the HPOG program |
| <b>Employment</b>                                                                                 |                           |                                                                                                                                 |                                                                                                                                            |
| Job type                                                                                          | Numeric field             | New job<br>Promotion or raise in current job                                                                                    |                                                                                                                                            |
| Job title                                                                                         | Narrative field           | Name of job title                                                                                                               | This is optional                                                                                                                           |
| Job start date                                                                                    | MM/DD/YYYY                | Job begin date                                                                                                                  |                                                                                                                                            |
| Job end date                                                                                      | MM/DD/YYYY                | Job end date                                                                                                                    |                                                                                                                                            |
| Employer name                                                                                     | Numeric field             | Displays employer names pre-defined at the grantee level                                                                        |                                                                                                                                            |
| Employment in healthcare occupation                                                               | Numeric field             | Yes<br>No<br>Not reported                                                                                                       |                                                                                                                                            |
| If yes, healthcare occupation code                                                                | Numeric field             | Occupational codes                                                                                                              | Dropdown list                                                                                                                              |
| Job is one of following: (check if yes)                                                           | Numeric field             | Part of Registered Apprenticeship program<br>Cooperative education placement<br>Paid internship or externship<br>Work study job |                                                                                                                                            |
| Current wage per hour                                                                             | Open Numeric field        | Hourly wage to second decimal                                                                                                   |                                                                                                                                            |
| Usual hours worked per week                                                                       | Open Numeric field        | Hours worked per week                                                                                                           |                                                                                                                                            |
| Participant provided health insurance through job?                                                | Numeric field             | Yes<br>No<br>Not reported                                                                                                       |                                                                                                                                            |
| <b>Program Supports</b>                                                                           |                           |                                                                                                                                 |                                                                                                                                            |
| Academic Supports                                                                                 |                           |                                                                                                                                 |                                                                                                                                            |

| Data Item / Question                                         | Response Fields / Formats                                                           | Value Description                                                                                              | Notes                                                                                                                                                                                 |
|--------------------------------------------------------------|-------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Type of Support</b>                                       | <b>Notes</b>                                                                        |                                                                                                                |                                                                                                                                                                                       |
| Case management                                              |                                                                                     |                                                                                                                |                                                                                                                                                                                       |
| Academic advising                                            |                                                                                     |                                                                                                                |                                                                                                                                                                                       |
| Tutoring                                                     |                                                                                     |                                                                                                                |                                                                                                                                                                                       |
| Mentoring                                                    |                                                                                     |                                                                                                                |                                                                                                                                                                                       |
| Peer support                                                 |                                                                                     |                                                                                                                |                                                                                                                                                                                       |
| Post-eligibility assessments                                 |                                                                                     |                                                                                                                |                                                                                                                                                                                       |
| Training-related costs assistance (other than tuition)       |                                                                                     |                                                                                                                |                                                                                                                                                                                       |
| Laptop for blended training participants                     | These questions will appear if a grantee offers blended healthcare training courses |                                                                                                                |                                                                                                                                                                                       |
| Internet service access for participants in blended training | These questions will appear if a grantee offers blended healthcare training courses |                                                                                                                |                                                                                                                                                                                       |
| Data Item / Question                                         | Response Fields / Formats                                                           | Value Description                                                                                              | Notes                                                                                                                                                                                 |
| First date of support receipt                                | MM/DD/YYYY                                                                          | First date of support                                                                                          | If necessary for enrollment date calculation                                                                                                                                          |
| Receipt in specific six-month period                         |                                                                                     | Record for each six-month reporting period                                                                     |                                                                                                                                                                                       |
| Funding Source                                               | Numeric                                                                             | HPOG funded<br>Non-HPOG funded<br>Both<br>Don't Know                                                           | One entry of this question per person per support type. Support referrals to be indicated only when the participant was verified as having acted on the referral and obtained support |
| Participant has assigned case manager                        | Numeric                                                                             | Yes<br>No                                                                                                      |                                                                                                                                                                                       |
| Name of case manager                                         | Open text                                                                           | Name                                                                                                           | Only asked if yes to above                                                                                                                                                            |
| <b>Case Management (Optional)</b>                            |                                                                                     |                                                                                                                |                                                                                                                                                                                       |
| Case Management Meeting Date                                 | MM/DD/YYYY                                                                          | Date of case management meeting                                                                                |                                                                                                                                                                                       |
| Case Manager                                                 | Character Field                                                                     | Name of the case manager contacting the participant                                                            | Chosen from list of staff at grantee program level                                                                                                                                    |
| Mode of contact                                              | Numeric field                                                                       | <ul style="list-style-type: none"> <li>In person</li> <li>Over phone</li> <li>Email or Social Media</li> </ul> |                                                                                                                                                                                       |

| Data Item / Question                 | Response Fields / Formats                                                                                                      | Value Description                                    | Notes                                                                                                                                                                                 |
|--------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                      |                                                                                                                                | • Other mode of contact                              |                                                                                                                                                                                       |
| If other, specify:                   | Open text field                                                                                                                | Other mode of contact                                |                                                                                                                                                                                       |
| Who initiated contact                | Numeric field                                                                                                                  | • HPOG staff person<br>• HPOG Participant            |                                                                                                                                                                                       |
| Type of Support                      | Notes                                                                                                                          |                                                      |                                                                                                                                                                                       |
| Personal/Logistical Supports         |                                                                                                                                |                                                      |                                                                                                                                                                                       |
| Emergency assistance                 |                                                                                                                                |                                                      |                                                                                                                                                                                       |
| Non-emergency Food Assistance        | This only includes non-emergency assistance                                                                                    |                                                      |                                                                                                                                                                                       |
| Child/dependent care assistance      |                                                                                                                                |                                                      |                                                                                                                                                                                       |
| Transportation assistance            | This only includes non-emergency assistance                                                                                    |                                                      |                                                                                                                                                                                       |
| Housing support/assistance           | This only includes non-emergency assistance                                                                                    |                                                      |                                                                                                                                                                                       |
| Other                                | This will include supports entered at the grantee level that are not included in any of the above, that the user can check off |                                                      |                                                                                                                                                                                       |
| Data Item / Question                 | Response Fields / Formats                                                                                                      | Value Description                                    | Notes                                                                                                                                                                                 |
| Receipt in specific six-month period |                                                                                                                                | Check box for each six-month reporting period        |                                                                                                                                                                                       |
| Funding Source                       | Numeric                                                                                                                        | HPOG funded<br>Non-HPOG funded<br>Both<br>Don't Know | One entry of this question per person per support type. Support referrals to be indicated only when the participant was verified as having acted on the referral and obtained support |
| First date of support receipt        | MM/DD/YYYY                                                                                                                     | First date of support                                | If necessary for enrollment date calculation.                                                                                                                                         |
| Employment Assistance Supports       |                                                                                                                                |                                                      |                                                                                                                                                                                       |
| Type of activity                     | Notes                                                                                                                          |                                                      |                                                                                                                                                                                       |
| Job search assistance                |                                                                                                                                |                                                      |                                                                                                                                                                                       |
| Job retention services               |                                                                                                                                |                                                      |                                                                                                                                                                                       |
| Job placement assistance             |                                                                                                                                |                                                      |                                                                                                                                                                                       |
| Data Item / Question                 | Response Fields / Formats                                                                                                      | Value Description                                    | Notes                                                                                                                                                                                 |
| Receipt in specific six-month period |                                                                                                                                | Check box for each six-month reporting period        |                                                                                                                                                                                       |
| Funding Source                       | Numeric                                                                                                                        | HPOG funded<br>Non-HPOG funded<br>Both<br>Don't Know | One entry of this question per person per support type. Support referrals to be indicated only when the participant was verified as having acted on the referral and obtained support |



| Data Item / Question                     | Response Fields / Formats  | Value Description                                                 | Notes                                                           |
|------------------------------------------|----------------------------|-------------------------------------------------------------------|-----------------------------------------------------------------|
| First date of support receipt            | MM/DD/YYYY                 | First date of support                                             | If necessary for enrollment date calculation.                   |
| <b>Work-Based Learning Opportunities</b> |                            |                                                                   |                                                                 |
| <b>Type of activity</b>                  | <b>Notes</b>               |                                                                   |                                                                 |
| On-the-Job training                      |                            |                                                                   |                                                                 |
| Work experience                          |                            |                                                                   |                                                                 |
| Job shadowing                            |                            |                                                                   |                                                                 |
| Unpaid Internship or Externship          |                            |                                                                   |                                                                 |
| Data Item / Question                     | Response Fields / Formats  | Value Description                                                 | Notes                                                           |
| Begin Date                               | MM/DD/YYYY                 | Begin date of activity                                            |                                                                 |
| End Date                                 | MM/DD/YYYY                 | End date of activity                                              |                                                                 |
| Activity Completion                      | Numeric field (select one) | Did not complete<br>Completed satisfactorily                      |                                                                 |
| Usual Number of Hours per week           | Numeric Field (open)       | User enters number of hours of participation in activity per week |                                                                 |
| Occupation code of job                   | Numeric Field              | Occupational code (chosen from listing)                           |                                                                 |
| Funding Source                           | Numeric                    | HPOG funded<br>Non-HPOG funded<br>Both<br>Don't Know              |                                                                 |
| Hourly payment                           | Numeric Field              | Wage                                                              | This would be asked for on-the-job training and work experience |