
ENHANCED TRANSITIONAL JOBS DEMONSTRATION (ETJD)



MIS User's Manual

February 2012

Employment and Training Administration
U.S. Department of Labor
200 Constitution Avenue, NW
Washington, DC 20210

Table of Contents

I. INTRODUCTION	2
A. BASIC INFORMATION	2
B. NAVIGATING THE MIS	3
C. CLIENT STATUS	4
D. ORGANIZATION OF THE CLIENT RECORD.....	4
II. GETTING STARTED	6
A. LOGGING INTO ETJD.....	6
B. HOME PAGE: CASES SECTION.....	7
C. HOME PAGE: ADMIN TAB.....	8
III. ADDING NEW CASES -- ENROLLMENT	12
A. PAGE 1: PARTICIPANT INFORMATION SCREEN.....	12
B. PAGE 2: PARTICIPANT INFORMATION SCREEN.....	14
C. PAGE 3: PARTICIPANT INFORMATION SCREEN.....	14
D. PAGE 4: PARTICIPANT INFORMATION SCREEN – NON-CUSTODIAL PARENT (NCP).....	15
E. PAGE 5: PARTICIPANT INFORMATION SCREEN – EX-OFFENDERS.....	17
F. ENROLLMENT SCREEN – RANDOM ASSIGNMENT.....	19
G. CONFIRMATION OVERVIEW SCREEN/PRINTING ENROLLMENT DATA.....	20
H. EDITING ENROLLMENT DATA.....	21
IV. MANAGING SERVICES.....	22
A. ABOUT SERVICES.....	22
B. ADDING A SERVICE.....	24
C. ADDING A PROVIDER.....	26
D. ADDING A SERVICE DATE / TRACKING ATTENDANCE.....	29
E. EDITING / DELETING A SERVICE.....	30
V. MANAGING TRANSITIONAL JOBS	31
A. ABOUT TRANSITIONAL JOBS.....	31
B. ADDING A TRANSITIONAL JOB.....	32
C. ADDING A PROVIDER.....	35
ATTACHMENT A: DOL PERFORMANCE GOALS.....	39
ATTACHMENT B: INTAKE AND ENROLLMENT DATA ELEMENTS AND DEFINITIONS.....	42
1. PARTICIPANT INFORMATION: PAGE 1 OF 5 – CONTACT INFORMATION.....	42
2. PARTICIPANT INFORMATION: PAGE 2 OF 5 – DEMOGRAPHIC INFORMATION.....	45
3. PARTICIPANT INFORMATION: PAGE 3 OF 5 – EMPLOYMENT AND SUBSTANCE ABUSE HISTORY.....	50
4. PARTICIPANT INFORMATION: PAGE 4 OF 5 – NON-CUSTODIAL PARENT.....	53
5. PARTICIPANT INFORMATION: PAGE 5 OF 5 – EX-OFFENDER INFORMATION.....	54
6. SERVICES RECORD.....	57
7. TRANSITIONAL JOB(S) RECORD.....	59
ATTACHMENT C: SERVICES DEFINITIONS.....	61

I. Introduction

This manual has been developed to assist Enhanced Transitional Jobs Demonstration (ETJD) grantees use the management information system (MIS) that the Department of Labor (DOL) has created for the demonstration program. The ETJD MIS is a tool for both administrators and case managers. The purpose of this manual is to provide new users of the system with the core information they need to successfully use and navigate the system. Each data screen in the MIS has a title, and in this manual when we refer to a particular data screen, the name of that screen is shown in **bold green typeface**. The system also has links and action tabs on many of the data screens that jump staff directly to another data screen or another section of the ETJD MIS system. In this manual when we are referencing a link or an action tab, it is shown in **bold blue typeface**.

A. Basic Information

The EJTD is a research effort and grantees are expected to comply with the guidelines and procedures that have been created to recruit and enroll eligible clients in both the treatment and control groups. Furthermore, DOL has assigned specific goals for this demonstration effort. A list of the goals and performance expectations are included in this manual and can be found in Attachment A.

The EJTD MIS system has a number of reoccurring design features for entering and saving data. The major recurring features are outlined in the bullets which follow.

- **Required Data Fields:** * Fields for which a data entry is required are marked with red asterisks. When this field applies, the record will not save unless enters the data. An example of a red asterisk data item is shown in the Date Format description which follows.
- **Date Format:** The MIS has a standard approach for entering dates which is to use a numeric, two digit month entry followed by a two digit number entry for the day and ending with a four digit entry to represent the year (example shown below).



Date of Birth *

- **Selection/ Radio Buttons:** -- The system often uses radio buttons where staff checks one data entry from a pre-defined set of data options (example shown below).



Gender * **Male** **Female**

- **Save Save/Continue** -- At the bottom of the data entry screens that are a part of the enrollment record section, staff has two options – “Save,” which will save the data in the current data screen and staff will remain in that screen, and “Save/Continue” which also saves the data but will move staff to the next data screen in the progression.
- **Save Cancel** -- At the bottom of many of the data entry screens that are a part of the services and transitional jobs data records, staff will have the option to “Save,” which will save the data in the current data screen and typically take staff back to the last participant overview or summary screen or the option to “Cancel” which does not save any data that has been entered and also takes staff back to the last participant overview or summary screen.

- 
 Almost all of the data screens include the option to “print this page.” The printer icon is typically at the top right part of the data screen, and when staff clicks on the icon, it will automatically link to your printer and print the current data screen.

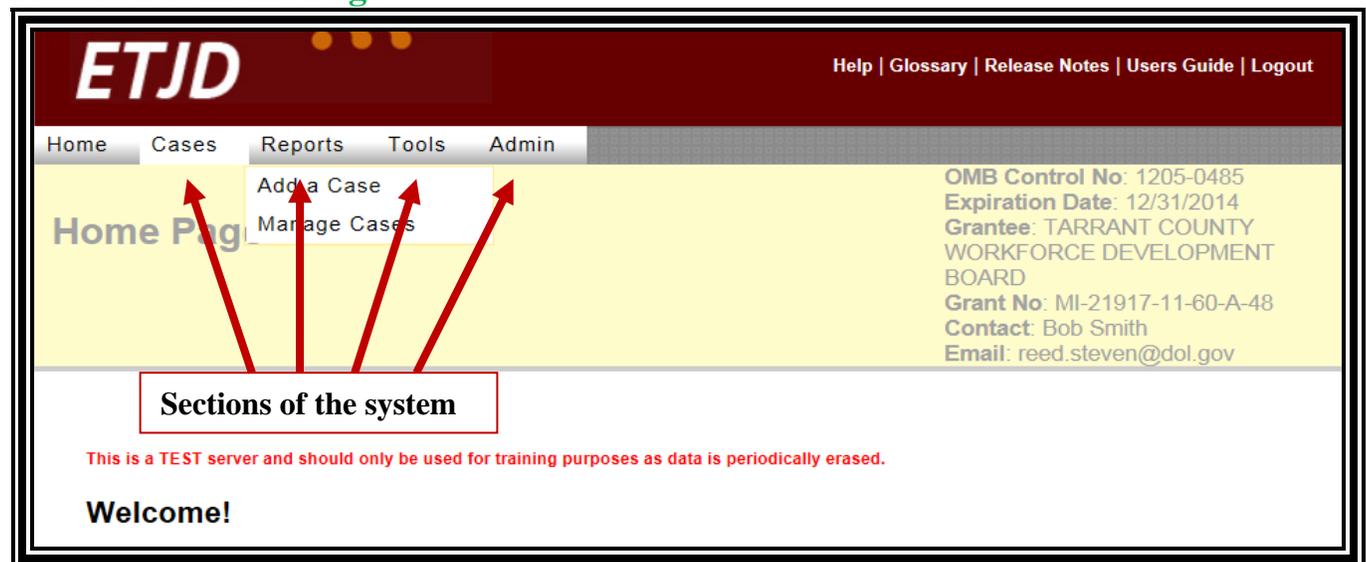
B. Navigating the MIS

The ETJD MIS is an interactive system that uses Tabs to organize the sections of the system and links to assist staff to navigate while in the system. The sections of the system will ultimately include:

- **Cases Section**
- **Reports Section**
- **Tools Section**
- **Admin Section**

These are shown on the screen shot of the system's **Home Page** in **Picture I-1**. These four options are typically displayed on every screen in the MIS system. This is an early edition of the MIS and does not include all of the features that will ultimately be a part of the system. Therefore, several of the sections shown above -- the Reports and Tools sections -- are not yet operational.

Picture I-1: Home Page



Navigating to client records in the ETJD MIS is also a straightforward process. It is accomplished from the **Cases: Overview** screen shown in **Picture I-2** which is the screen users see when they select the "**Manage Cases**" option of the Cases tab on the **Home Page**. Each client's name is linked to his/her case file. By clicking on the name, you are taken to the **Summary** screen of the client's case and a series of Tabs that represent the different portion of the client records which are available (see **Picture I-2**). In this edition of the MIS, only the “Enrollment,” “Services” and “Transitional Jobs” tabs of the client's record are operational.

Picture I-2: Cases: Overview

CASES: OVERVIEW

OMB Control No: 1205-0485
 Expiration Date: 12/31/2014
 Grantee: TARRANT COUNTY WORKFORCE DEVELOPMENT BOARD
 Grant No: MI-21917-11-60-A-48
 Contact: Bob Smith
 Email: reed.steven@dol.gov

Filter By: Add a Case

Cases Assigned To: Choose Participant Name:

Date of Enrollment From: To:

Viewing 1 to 2 Page: 1 2 NEXT >>

Individual	Participant ID	Random Assignment Enrollment Date	Case Assigned To	Program Status	Exit Date
<input type="checkbox"/> Ncpnonexoff Aaatestfive	TJ49003	01/13/12	Jim Callahan	Control	Request Deletion
<input type="checkbox"/> Ncpnonexoff Aaatestfour	TJ88132		Jim Callahan	In Process	Request Deletion
<input type="checkbox"/> Jim AAAtesting	TJ21550	01/11/12	Jim Callahan	Active	Request Deletion
<input type="checkbox"/> Jim Aaatestingseven	TJ40899	01/14/12	Jim Callahan	Control	Request Deletion
<input type="checkbox"/> Ncpexof AAAtestthree	TJ14999	01/13/12	Jim Callahan	Active	Request Deletion
<input type="checkbox"/> Tom AAAtesttwo	TJ79248		Jim Callahan	In Process	Request Deletion

C. Client Status

The EJTD MIS system assigns clients a status contingent upon their assignment to one of the two groups in the program (Control and Treatment – treatment meaning that the client is slated to receive services from the program) and their status in the program. The client status is also shown on the screen shot of the **Cases: Overview** screen in the above Picture.

With this edition of the MIS system, the following client status terms are used:

- **In Process:** This indicates that the enrollment process is not complete, and the client has not been assigned to either the Control or Treatment group.
- **Control:** This status indicates that the client has completed the enrollment process and has undergone random assignment and has been assigned to the Control group.
- **Active:** This status indicates that the client has completed the enrollment process and has undergone random assignment and has been assigned to the Treatment group.

In later editions of the MIS, additional client statuses -- like Exited and Exited and In Follow-Up -- will be added to the system.

D. Organization of the Client Record

As shown on the **Summary** screen in **Picture I-3**, the client's case record in the MIS has been divided into sections that generally mirror the flow of people through the program. The specific parts of the client case file that will ultimately be included in the MIS are:

- Enrollment Record

- Services Record
- Transitional Job Record
- Outcomes Record
- Exit Record
- Follow-Up Record
- Case Notes

This edition of the MIS User's Manual will cover the first three sections of the MIS: Enrollment, Services and Transitional Job Records. As the other sections are added, the Manual will be updated.

Picture I-3: Summary

ETJD Logged in as Jim Callahan
Help | Glossary | Release Notes | Users Guide | Logout

Home Cases Reports Tools Admin

SUMMARY OMB Control No: 1205-0485
Expiration Date: 12/31/2014
Grantee: TARRANT COUNTY WORKFORCE DEVELOPMENT BOARD
Grant No: MI-21917-11-60-A-48
Contact: Bob Smith
Email: reed.steven@dol.gov

Jim AAAtesting (Edit)
Participant ID: TJ21550
Phone: (222) 222-2222

*** = Required Field**

Current Operational Tabs (Enrollment, Services, Transitional Jobs)

Summary Enrollment Services Transitional Jobs Outcomes Exit Follow-Up Notes

Summary
Case Creation Date: 01/11/12
Enrollment Date: 01/11/12
Exit Date:
Case Assigned To: Jim Callahan

Services

Category	Service	Date of First Service	Date of Last Service	Number of Attendance Dates	Provider
----------	---------	-----------------------	----------------------	----------------------------	----------

Transitional Jobs

Transitional Jobs Provider	Work Start Date	Work End Date	Hourly Wage	Earned to Date
----------------------------	-----------------	---------------	-------------	----------------

II. Getting Started

A. Logging into ETJD

The ETJD MIS is an Internet-based data records system. To access the system, you need:

- A personal computer (PC) workstation with a connection to the Internet,
- Internet browser software, like Microsoft Internet Explorer, and
- A valid password issued by DOL or, if you are a case manager or other grantee staff person, a user name, which is your email address, and a password, which is sent to staff by the MIS system when the grantee administrator registers staff in the system.

The designated grantee's representative will log into the system using the grantee URL and password that DOL sends to them. The grantee login screen is shown below (**Picture II-1**).

Picture II-1: Grantee Login



The screenshot shows a web browser window with the URL http://www.etareports.doleta.gov/CFDOCS/grantee_prod/reporting/index.cfm. The page features the U.S. Department of Labor logo on the left and the text "U.S. Department of Labor" and "Grantee Reporting System" on the right. Below the text is a password field with a masked password "●●●●●●●●" and a "Login" button. At the bottom of the page, there is a blue banner with a warning message: "WARNING: This is a U.S. Government computer system, which may only be accessed and used by authorized personnel for official government business. Individuals using this computer system with or without authorization are subject and consent to having their activities monitored and recorded by authorized system personnel. All data contained on this computer system may be monitored, intercepted, recorded, read, copied, or captured and disclosed in any manner by authorized personnel. Anyone using this system expressly consents to such monitoring and is advised that if such monitoring reveals possible evidence of criminal activity, system personnel may provide the evidence of such monitoring to law enforcement officials, and could result in punishment by fine, imprisonment, or both (18 U.S. Code 1030). Unauthorized access or use of this computer system by any person whether authorized or unauthorized, constitutes consent to these terms and may subject violators to criminal, civil, and/or administrative action."

Grantees logging in through this page will be able to create user accounts for staff. As the grantee creates users in the system, that user will receive an email from the system. The email will contain staff's URL as well as staff's initial password and user name (email address).

Once a user's account has been created by the grantee, staff will be able to log into the ETJD system through the following login page (See **Picture II-2** which follows). On the initial login, staff will be asked to reset his/her password. This provides the opportunity for staff to select a password that is easier to remember.

Picture II-2: Case Manager Login

ETJD Help | Glossary | Release Notes | Users Guide | Login

Login

Login

Email Address:

Password:

[Login](#)

[Forgot Password?](#)

If you are the grantee-level user, please click [here](#) to login.

WARNING: This is a U.S. Government computer system, which may only be accessed and used by authorized personnel for official government business. Individuals using this computer system with or without authorization are subject and consent to having their activities monitored and recorded by authorized system personnel. All data contained on this computer system may be monitored, intercepted, recorded, read, copied, or captured and disclosed in any manner by authorized personnel. Anyone using this system expressly consents to such monitoring and is advised that if such monitoring reveals possible evidence of criminal activity, system personnel may provide the evidence of such monitoring to law enforcement officials, and could result in punishment by fine, imprisonment, or both (18 U.S. Code 1030). Unauthorized access or use of this computer system by any person whether authorized or unauthorized, constitutes consent to these terms and may subject violators to criminal, civil, and/or administrative action.

Department of Labor Accessibility | Privacy | Legal | Contact

Once logged in, staff will see the **Home Page** screen (Picture II-3).

Picture II-3: Home Page

ETJD Logged in as Jim Callahan Help | Glossary | Release Notes | Users Guide | Logout

Home Cases Reports Tools Admin

Home Page

- Add a Case
- Manage Cases

OMB Control No: 1205-0485
Expiration Date: 12/31/2014
Grantee: TARRANT COUNTY WORKFORCE DEVELOPMENT BOARD
Grant No: MI-21917-11-60-A-48
Contact: Bob Smith
Email: reed.steven@dol.gov

This is a TEST server and should only be used for training purposes as data is periodically erased.

Welcome!

The Department of Labor, Employment and Training Administration has created the Enhanced Transitional Jobs Demonstration (ETJD) to allow Grantees administering and participating in ETJD grants to create, monitor, and update records of participants, including services, transitional job activities and outcomes. The system shall allow Grantees the capability to generate aggregate Quarterly Performance Reports in order to meet Grant reporting requirements.

- To access a specific module, please select the corresponding tab.
- For general information on how to use this system, click the "Help" link.

B. Home Page: Cases Section

The **Home Page** screen (Picture II-3) offers staff four options of which only two are currently operational: the Cases Section and the Admin Section.

The **Cases** tab provides two options. By first clicking on the **Cases** tab (see red arrow in the screen shot above) staff is presented with these two options:

Add a Case: Takes staff to a new enrollment screen so that a new client can be enrolled.

Manage Cases: Takes staff to the Case: Overview screen where existing clients are listed and information on services and jobs can be added to the record.

Sections III, IV and V of this manual provide detailed information as to how these two features are used to add cases and manage the records.

C. Home Page: Admin Tab

With this edition, the only other tab on the **Home Page** screen that is operational is the Admin tab. As is illustrated in the screen shot that follows (**Picture II-4**) this tab – for staff who have Grantee Administrator’s roles -- offers three options:

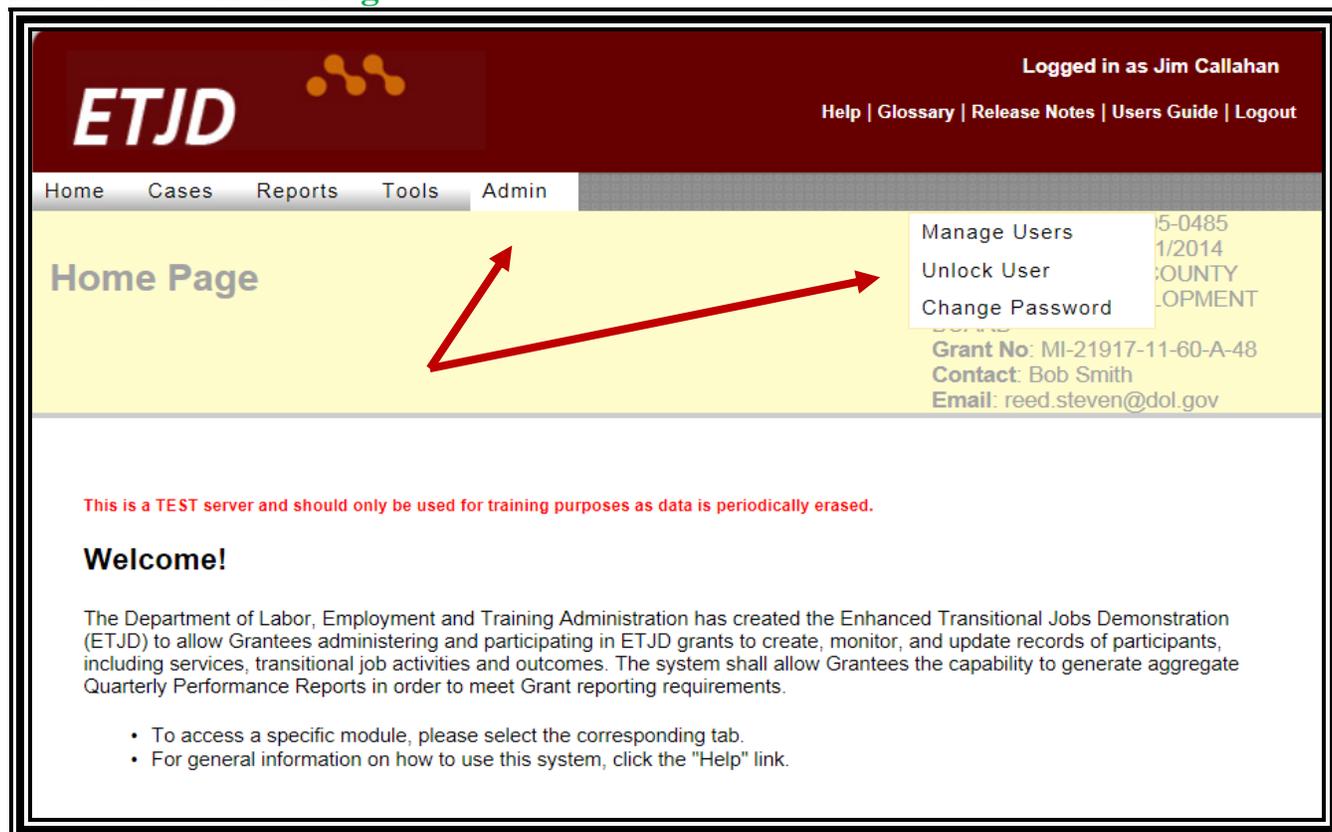
Manage Users

Unlock User

Change Password

For staff who has been assigned the “Case Manager” role, the only option they will see is the **Change Password** option. Each of these options is briefly described following the Home Page screen shot.

Picture II-4: Home Page



Manage Users: Several actions can be taken while in the Manage Users screen:

- By clicking on one of the listed users, you can pull their user information forward and edit the

information.

- You can change the roles of each user.
- You can deactivate staff so that they lose access to the MIS system.
- Lastly, by clicking on the "Add New User" link, you can add a new person to the system.

These options are highlighted in the following screen shots (**Pictures II-5, 6 and 7**).

As is shown in **Picture II-7**, the system has several user roles. They are:

- Case Manager
- Supervisor
- Sub Grantee
- Grantee Administrator

In this edition of the system, all the roles are not fully developed. The two that are currently operational are the Case Manager and the Grantee Administrator. The full range of roles will be added in the next edition. It is important to note that staff that are assigned the Case Manager role will only be able to work with and view cases that are assigned to them, With the Administrator role, a staff person sees and can work with all the clients that are in the system.

Picture II-5: Manage Users

The screenshot shows the 'Manage Users' page in the ETJD system. The page header includes the ETJD logo, the user's name 'Logged in as Jim Callahan', and navigation links: 'Help | Glossary | Release Notes | Users Guide | Logout'. The main content area has a navigation menu with 'Home', 'Cases', 'Reports', 'Tools', and 'Admin'. The 'Manage Users' section displays a table of users and an 'Add New User' link. Two red boxes with arrows highlight the 'Add New User' link and a user name in the table.

User Name	User Role	Status
Imtiaz Alvi	Grantee Administrator	Active
Steven Reed	Grantee Level User	Active
Alexandra Antoine	Supervisor	Active
Jeff Ross	Grantee Administrator	Active
Jenn Smith	Supervisor	Active
Jim Callahan	Grantee Administrator	Active
Cindy Redcross	Supervisor	Active
Vijaya Airody	Supervisor	Active
Brian Coughlan	Grantee Administrator	Active

Picture II-6: Manage Users: Update/Change Roles/Deactivate User Information

Update User Information

OMB Control No: 1205-0485
Expiration Date: 12/31/2014
Grantee: TARRANT COUNTY
WORKFORCE DEVELOPMENT
BOARD
Grant No: MI-21917-11-60-A-48
Contact: Bob Smith
Email: reed.steven@dol.gov

User Status: Active ▼

First Name * Cindy

Middle Name

Last Name * Redcross

Role * Supervisor ▼

Phone Number

Email * cindy.redcross@mdrc.org

Picture II-7: Manage Users: Add New User

Add A New User

OMB Control No: 1205-0485
Expiration Date: 12/31/2014
Grantee: TARRANT COUNTY
WORKFORCE DEVELOPMENT
BOARD
Grant No: MI-21917-11-60-A-48
Contact: Bob Smith
Email: reed.steven@dol.gov

First Name *

Middle Name

Last Name *

Role * Choose One ▼
Choose One
Grantee Administrator
Sub-Grantee
Supervisor
Case Manager

Phone Number

Email *

Unlock User: The system is designed that if a staff member tries four times to log in and is unsuccessful, as a security measure the system will lock him/her out of the MIS. The grantee administrator can then go into the system and unlock that staff. The feature is shown in **Picture II-8** which follows. When the staff is unlocked, the system sends him/her an email with a new password.

Picture II-8: Reset User Password (Unlock User)

Reset User Password			OMB Control No: 1205-0485 Expiration Date: 12/31/2014 Grantee: TARRANT COUNTY WORKFORCE DEVELOPMENT BOARD Grant No: MI-21917-11-60-A-48 Contact: Bob Smith Email: reed.steven@dol.gov
			Manage Users
Name	Grantee ID	Email	
James Callahan	12992	callahanconsults@gmail.com	Reset User Password

Change Password: Takes staff to the **Change Password** screen (**Picture II-9**) and is used to change the password of staff member who is logged in.

Picture II-9: Change Password

Change Password		OMB Control No: 1205-0485 Expiration Date: 12/31/2014 Grantee: TARRANT COUNTY WORKFORCE DEVELOPMENT BOARD Grant No: MI-21917-11-60-A-48 Contact: Bob Smith Email: reed.steven@dol.gov
<p>To reset your password, type the current password, then enter your new password. Passwords must be at least 8 characters in length with at least 1 alphanumeric character and 1 special character. You must reenter the new password to successfully change your password.</p>		
Current Password *	<input type="text"/>	
New Password *	<input type="text"/>	
Re-type New Password *	<input type="text"/>	
<input type="button" value="Submit"/>		

III. Adding New Cases -- Enrollment

This part of the manual outlines the enrollment of clients. Depending on your grant and the characteristics of the person you are enrolling, you may not complete all of these pages. For example, if your program is designed to work with non custodial parents (NCPs) and the person you are enrolling is not an ex-offender, you would not complete [Page 5](#) (the [Ex-Offender Participant Information](#) page) for that client. As these distinctions apply, they will be pointed out in the instructions.

A. Page 1: Participant Information Screen

Page 1 is completed for all clients. As noted, the jumping off point for enrollment is the selection of the “[Add a Case](#)” option on the [Home Page](#) Screen. Once this is done, staff will be taken to Page 1 (the top portion is shown in [Picture III-1](#)). [Page 1](#) has three parts:

- **Contact Information**, which is basic client contact information and several eligibility and demographic data elements;
- **Phone Information**, which applies to the client, and
- **Personal Contact Information** which is to be used to obtain contact information for a relative or person who is regularly in contact with the client.

A full list of the data elements and definitions that are included in the participant information screens is in Attachment B. All *users are strongly encouraged to read and review these data definitions* prior to enrolling their first client.

Picture III-1: Page 1: Participant Information - Contact Information

The screenshot shows the ETJD web application interface. At the top, the logo 'ETJD' is on the left, and 'Logged in as Jim Callahan' is on the right. Below the logo is a navigation menu with 'Home', 'Cases', 'Reports', 'Tools', and 'Admin'. The main header area is yellow and contains 'PARTICIPANT INFORMATION' and 'Page 1 of 5'. On the right side of the header, there is a box with OMB Control No: 1205-0485, Expiration Date: 12/31/2014, Grantee: TARRANT COUNTY WORKFORCE DEVELOPMENT BOARD, Grant No: MI-21917-11-60-A-48, Contact: Bob Smith, and Email: reed.steven@dol.gov. The main content area is titled 'Contact Information' and contains several form fields: First Name *, Middle Name, Last Name *, Suffix, Date of Birth * (with a mm/dd/yyyy format), Eligibility Type * (radio buttons for Ex-Offender and Low Income, Non-Custodial Parent), U.S. Citizen * (radio buttons for Yes and No), Authorized To Work (radio buttons for Yes and No), Gender * (radio buttons for Male and Female), Is participant registered for selective service? * (radio buttons for Yes and No, with a note: Note: This field is required IF the participant is a Male AND between the ages of 18 - 25.), Address 1 *, Address 2, and City *.

The next screen shot is of [Page 1](#), the telephone contact information for the client section. At least one phone number for the client is required. Please note that the system allows staff to enter multiple

telephone numbers by clicking on the "[Additional Phone](#)" link which adds the data blocks needed to record additional phone numbers for the client.

Picture III-2: Page 1: Participant Information - Phone Information

Phone Information

Area Code * Phone Number * Extension

Type of Phone Number * Choose One

Additional Phone

Area Code Phone Number Extension

Type of Phone Number Choose One

Remove This Phone Contact:

Area Code Phone Number Extension

Type of Phone Number Choose One

Remove This Phone Contact:

The last screen shot of **Page 1** shows the personal contact information for a person or family member that is able to contact the client. At least one contact person for each client is required. Please note that the system allows staff to enter multiple personal contacts by clicking on the "[Add Additional Contact](#)" link which adds the data blocks needed to record additional people as contact for the client.

Picture III-3: Page 1: Participant Information - Personal Contact Information

Personal Contact Information

First Name * Last Name *

Type of Contact * Choose One Email

Area Code * Phone Number * Extension

Type of Phone Number * Choose One

Add Additional Contact

First Name Last Name

Type of Contact Choose One

Area Code Phone Number Extension

Type of Phone Number Choose One

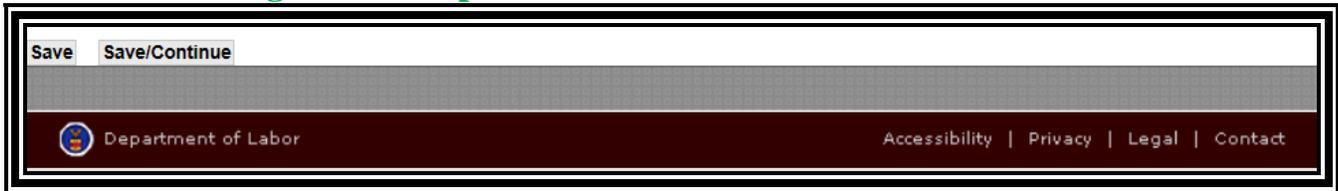
Remove This Personal Contact:

Once you have completed the data entry on page one, you have two options (see **Picture III-4** below):

- **Save:** This will save the data, but staff remains on this page. Since the enrollment process is not complete, the client's program status is shown as "In Process" on the **Cases: Overview** roster, or

- **Save/Continue:** This will save the data and move staff to the next enrollment page. Since the enrollment process is not complete, the client is still shown as "In Process" on the **Cases Overview** roster.

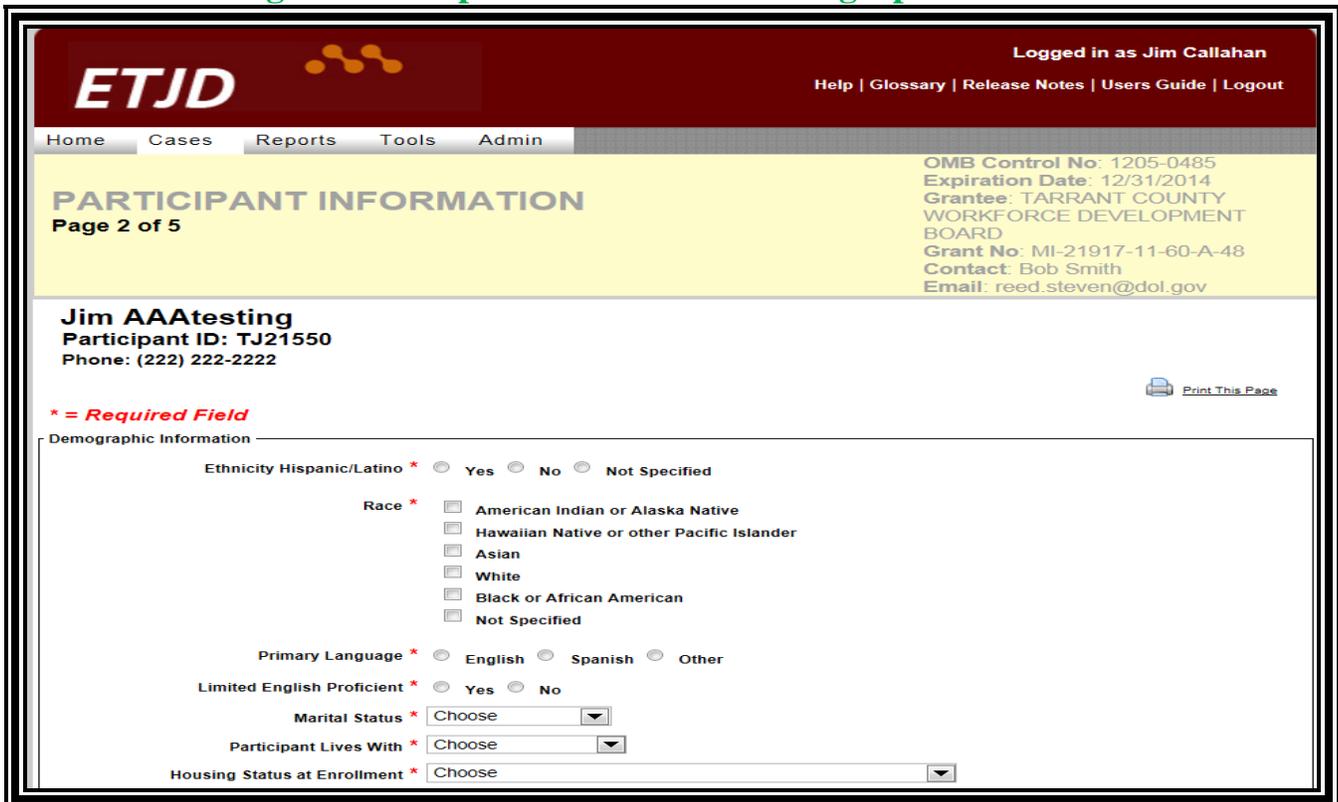
Picture III-4: Page 1: Participant Information - Save/Save Continue



B. Page 2: Participant Information Screen

Page 2 is completed for all clients. As the **Picture III-5** that follows indicates, Page 2 of the enrollment process is primarily comprised of client demographic information. The exceptions to this are the last two data elements on Page 2 -- labeled "User Defined." These two data blocks are for the grantee to enter data that they may want to capture that are not a part of the DOL data elements. As with Page 1, a full list of the data elements and definitions that are included in Page 2 are in Attachment B. All users are strongly encouraged to read and review these data definitions prior to enrolling their first client.

Picture III-5: Page 2: Participant Information-Demographic Information



C. Page 3: Participant Information Screen

Page 3 is completed for all clients. As the **Picture III-6** that follows indicates, Page 3 of the Participant Information series captures the employment and substance abuse history of the client. If the client is currently employed or has been employed in the past, the data items about the current or

most recent past job are required. As with all other pages that are a part of the enrollment process, a full list of the data elements and definitions that are a part of Page 3 are included in Attachment B. All users are strongly encouraged to read and review these data definitions prior to enrolling their first client.

Picture III-6: Page 3: Participant Information-Employment and Substance Abuse History

ETJD Logged in as Jim Callahan

Help | Glossary | Release Notes | Users Guide | Logout

Home Cases Reports Tools Admin

PARTICIPANT INFORMATION
Page 3 of 5

OMB Control No: 1205-0485
Expiration Date: 12/31/2014
Grantee: TARRANT COUNTY
WORKFORCE DEVELOPMENT
BOARD
Grant No: MI-21917-11-60-A-48
Contact: Bob Smith
Email: reed.steven@dol.gov

Jim AAAtesting
Participant ID: TJ21550
Phone: (222) 222-2222

Print This Page

*** = Required Field**

Employment History

Currently Employed * Yes No

If no, have you ever been employed? * Yes No

Start Date of Most Recent Job mm/dd/yyyy

Ending Date of Most Recent Job mm/dd/yyyy

Occupation of Most Recent Job ▼

Hourly Wage

Have you ever worked for the same employer for 6 months or more? Yes No

In total, how much did you work during the last three years? ▼

D. Page 4: Participant Information Screen – Non-Custodial Parent (NCP)

Page 4 is completed for all clients who are non-custodial parents and for those ex-offenders who have formal child support orders in place at time of intake. **Picture III-7**, that follows, shows the first part of **Page 4**. As with all other pages that are part of the enrollment process, a full list of the data elements and definitions that are a part of Page 4 are included in Attachment B. All users are strongly encouraged to read and review these data definitions prior to enrolling their first client.

One important aspect of this page is that we are trying to identify, using birthdates, the youngest noncustodial child, or focal child, of each NCP. The questions on Page 4 about the dates of birth, recent visitation, and support orders are only for the youngest child that the client owes child support for and who does not live with them. You should not report this data for children who currently live with the client in this portion of the case record.

Page 4 has two sections:

- **Non-Custodial Parent:** This section is used to provide information about the participant’s status relative to child support and if there are child support enforcement cases. This section is completed for all NCPs and ex-offenders who have child support enforcement cases (**Picture III-7**).
- **Enter Data for Each Enforcement Case:** This section to be used to enter data about each enforcement case (**Picture III-8**).

Picture III-7: Page 4: Participant Information - Non-Custodial Parent Information

The screenshot shows the ETJD web application interface. At the top right, it says "Logged in as Jim Callahan" with links for "Help | Glossary | Release Notes | Users Guide | Logout". The navigation menu includes "Home", "Cases", "Reports", "Tools", and "Admin". The main heading is "PARTICIPANT INFORMATION (Non-Custodial Parent) Page 4 of 5". On the right side, there is a box with the following information: "OMB Control No: 1205-0485", "Expiration Date: 12/31/2014", "Grantee: TARRANT COUNTY WORKFORCE DEVELOPMENT BOARD", "Grant No: MI-21917-11-60-A-48", "Contact: Bob Smith", and "Email: reed.steven@dol.gov". Below this, the participant's name "Jim AAAtesting" and "Participant ID: TJ21550" are displayed, along with the phone number "(222) 222-2222". A "Print This Page" button is visible. A red asterisk indicates a required field. The form section is titled "Non-Custodial Parent" and contains the following fields: "Formal Child Support Order in Place *" with radio buttons for "Yes", "No", and "Don't Know" (selected), and a note: "Note: If you answer Yes, all fields below are required."; "Provide the Birth Date of the Youngest (Focal) Child" with a text input field and "mm/dd/yyyy" format; "Date of Most Recent Visitation with Focal Child" with a text input field and "mm/yyyy" format; and "Number of Child Support Enforcement Cases" with a dropdown menu set to "Choose one". At the bottom, there is a section titled "Enter Data for Each Case Information".

The next screen shot (**Picture III-8**) of Page 4 displays the second portion of the data screen. This portion of this screen only appears when the “Number of Child Support Enforcement Cases” data element indicates that the client has one or more enforcement cases. For each case, the grantee must include the information about case number, order amount, and all of the data elements that are part of the second portion of Page 4. The example used in **Picture III-8** shows a client with two child support enforcement cases.

Picture III-8: Page 4: Participant Information – Non-Custodial Parent

Mark Anderson
Participant ID: TJ76881
Phone:  (202) 555-1212 

 Print This Page

*** = Required Field**

Edit Participant: [1](#) [2](#) [3](#) [4](#) [5](#)

Non-Custodial Parent

Formal Child Support Order in Place Yes No Don't Know
Note: If you answer Yes, all fields below are required.

Provide the Birth Date of the Youngest (Focal) Child mm/dd/yyyy

Date of Most Recent Visitation with Focal Child mm/yyyy

Number of Child Support Enforcement Cases

Child Support Case Number *

Order Amount \$ *

Payment Schedule * Choose One

If other, specify:

Does the Payment Include Arrearages? * Choose One

Remove Child Support case information

Child Support Case Number *

Order Amount \$ *

Payment Schedule * Choose One

If other, specify:

Does the Payment Include Arrearages? * Choose One

Remove Child Support case information

E. Page 5: Participant Information Screen – Ex-Offenders

Page 5 is completed for clients who are enrolled as ex-offenders and for NCP clients that staff has checked “yes” for the data element on Page 2 called “Ever Incarcerated in a Federal or State Prison?”

Picture III-9 that follows is the top portion of Page 5. The entire page has two sections:

- **Ex-Offender Information** and
- **Type of Crime**

Both are briefly described below. As with all other pages that are part of the enrollment process, a full list of the data elements and definitions that are part of Page 5 are included in Attachment B. All **users are strongly encouraged to read and review these data definitions** prior to enrolling their first client.

Picture III-9: Page 5: Participant Information – Ex-Offender

PARTICIPANT INFORMATION

(Ex-Offender) Page 5 of 5

OMB Control No: 1205-0485
 Expiration Date: 12/31/2014
 Grantee: TARRANT COUNTY
 WORKFORCE DEVELOPMENT
 BOARD
 Grant No: MI-21917-11-60-A-48
 Contact: Bob Smith
 Email: reed.steven@dol.gov

Jim AAAtesting
 Participant ID: TJ21550
 Phone: (222) 222-2222

[Print This Page](#)

*** = Required Field**

Ex-Offender Information

Date of Most Recent Release * mm/dd/yyyy

Status at Intake * Parole Probation Other Criminal Justice/Court Supervision

None

Parole Assessed Level of Risk ▼

Criminal Justice System ID

Keep in mind that if your program is designed to enroll and serve ex-offenders, their release date must be within 120 days of the enrollment date. If the data element “Date of Most Recent Release” is a date that exceeds 120 days, the system will send you an error message. For programs that enroll and serve NCPs who also happen to be ex-offenders, this restriction does not apply. While staff will still be asked to complete Page 5 for NCPs that have “Yes” checked for the data element on Page 2 called “Ever Incarcerated in a Federal or State Prison?,” the 120 day eligibility rule will not apply.

Picture III-10, which follows, shows the “Type of Crime” section of Page 5. Note that the staff can pick more than one type of crime but must record at least one entry in this section.

Picture III-10: Page 5: Participant Information-Ex-Offender – Type of Crime

Type of Crime

*One of the following four fields is required: **

Property Crime ▼ *(if other, please specify)*

Type of Other Property Crime

Drug Crime ▼ *(if other, please specify)*

Type of Other Drug Crime

Public Order Offenses *please specify)*

Type of Other Public Order Offenses

Other Offenses Yes No *(if yes, please specify)*

Type of Other Offenses

F. Enrollment Screen – Random Assignment

After staff completes the last Participant Information screen, if they use the “Save/Continue” option, they are taken to the **Enrollment** screen, shown in **Picture III-11**. If they “Save” the data and at a later time want to complete the enrollment process, the client record can be accessed from the **Cases: Overview** screen and staff must scroll through the completed **Participant Information** screens using the “Save/Continue” option to reach the **Enrollment** screen.

Picture III-11: Enrollment Screen

The screenshot displays the 'ENROLLMENT' screen for a participant named Jim AAAtesting. At the top right, there is a header with OMB Control No: 1205-0485, Expiration Date: 12/31/2014, Grantee: TARRANT COUNTY WORKFORCE DEVELOPMENT BOARD, Grant No: MI-21917-11-60-A-48, Contact: Bob Smith, and Email: reed.steven@dol.gov. The participant's name is Jim AAAtesting, with Participant ID: TJ21550 and Phone: (222) 222-2222. There is an 'Edit' link next to the name. A 'Print This Page' icon is also present. Below the participant information, there are two tabs: 'Summary' and 'Enrollment'. The 'Enrollment Information' section contains the following details: Participant ID: TJ21550, Date of Birth: 02/12/1949, First Name: Jim, Middle Name, and Last Name: AAAtesting. A red box labeled 'Participant ID' has an arrow pointing to the ID field. Another red box labeled 'Click to go to the MDRC random assignment web site' has an arrow pointing to a button labeled 'Go to ETJD Random Assignment'. Below this, there are radio buttons for 'Control/Treatment *', with 'Control' selected. At the bottom, there are 'Save' and 'Save/Continue' buttons.

At this point in the enrollment process, the staff must complete the MDRC random assignment process to ascertain if the eligible person is to be assigned to the control or treatment group. **Picture III-11**, shows the link that is provided to the MDRC web site. Grantees will need the Participant ID that is listed on the **Enrollment** screen. Grantees go to the MDRC web site, shown in **Picture III-12**, log on using the information provided by MDRC and follow the directions provided by MDRC to complete the random assignment process. Once the MDRC process is complete, staff return to the **Enrollment** screen, select the "Control" or "Treatment" button and save the record to complete the enrollment.

Picture III-12: MDRC Screen

The screenshot shows the 'MDRC Secure Web Services' login page. The MDRC logo is on the left, with the tagline 'BUILDING KNOWLEDGE TO IMPROVE SOCIAL POLICY'. The title 'MDRC Secure Web Services' is in red. The login form is titled 'Login' and contains the instruction 'Please enter your username and password.' Below this are two input fields: 'USERNAME:' and 'PASSWORD:'. A 'Login' button is positioned below the password field.

G. Confirmation Overview Screen/Printing Enrollment Data

Once the enrollment process is complete, if the grantee wishes to print out all the enrollment information this can be accomplished by printing the **Confirmation Overview** screen. **Picture III-13: Enrollment Screen**, shows the link that is provided at the bottom of the screen to access the full enrollment data set, called the confirmation page. The **Confirmation Overview** screen is shown in **Picture III-14**.

Picture III-13: Enrollment Screen

The screenshot displays the 'ENROLLMENT' screen for a participant named Jim AAAtesting. The top right corner contains administrative information: OMB Control No: 1205-0485, Expiration Date: 12/31/2014, Grantee: TARRANT COUNTY WORKFORCE DEVELOPMENT BOARD, Grant No: MI-21917-11-60-A-48, Contact: Bob Smith, and Email: reed.steven@dol.gov. The participant's details include Participant ID: TJ21550 and Phone: (222) 222-2222. A red asterisk indicates required fields. A navigation bar includes tabs for Summary, Enrollment, Services, Transitional Jobs, Outcomes, Exit, Follow-Up, and Notes. The 'Enrollment Information' section lists: Participant ID: TJ21550, Date of Birth: 02/12/1949, First Name: Jim, Middle Name, Last Name: AAAtesting, and Control/Treatment: Treatment. A red box with an arrow points to a 'click here' link in the 'Confirmation' section, which is labeled 'Click to go to the confirmation page'.

ENROLLMENT

OMB Control No: 1205-0485
Expiration Date: 12/31/2014
Grantee: TARRANT COUNTY WORKFORCE DEVELOPMENT BOARD
Grant No: MI-21917-11-60-A-48
Contact: Bob Smith
Email: reed.steven@dol.gov

Jim AAAtesting (Edit)
Participant ID: TJ21550
Phone: (222) 222-2222

* = Required Field

Print This Page

Summary Enrollment Services Transitional Jobs Outcomes Exit Follow-Up Notes

Enrollment Information

Participant ID: TJ21550
Date of Birth: 02/12/1949
First Name: Jim
Middle Name
Last Name: AAAtesting
Control/Treatment: Treatment

Confirmation

To access the confirmation page for Jim AAAtesting [click here](#).

Picture III-14: Confirmation: Overview Screen (Top Portion)

The screenshot displays the 'Confirmation Overview' screen. The top right corner contains administrative information: OMB Control No: 1205-0485, Expiration Date: 12/31/2014, Grantee: TARRANT COUNTY WORKFORCE DEVELOPMENT BOARD, Grant No: MI-21917-11-60-A-48, Contact: Bob Smith, and Email: reed.steven@dol.gov. The 'Contact Information' section lists: Participant Number: TJ14999, Date of Birth: 01/01/1991, First Name: Ncpexof, Middle Name: Not Answered, Last Name: AAAtestthree, Suffix: Not Answered, Eligibility Type: Non-Custodial Parent, U.S. Citizen: Yes, Authorized To Work: Yes, Gender: Male, Is participant registered for Selective Service?: No, Address 1: 225 Telltale Lane, City: Truth, State: ME, Zip: 20154, and Email. A 'Go to Cases Overview' button is visible. The 'Phone Information' section is partially visible at the bottom.

Confirmation Overview

OMB Control No: 1205-0485
Expiration Date: 12/31/2014
Grantee: TARRANT COUNTY WORKFORCE DEVELOPMENT BOARD
Grant No: MI-21917-11-60-A-48
Contact: Bob Smith
Email: reed.steven@dol.gov

Print This Page

Contact Information

Participant Number: TJ14999
Date of Birth: 01/01/1991
First Name: Ncpexof
Middle Name: Not Answered
Last Name: AAAtestthree
Suffix: Not Answered
Eligibility Type: Non-Custodial Parent
U.S. Citizen: Yes
Authorized To Work: Yes
Gender: Male
Is participant registered for Selective Service?: No
Address 1: 225 Telltale Lane
City: Truth
State: ME
Zip: 20154
Email:

Go to Cases Overview

Phone Information

H. Editing Enrollment Data

Except for selected enrollment data items – like client name, birth date, eligibility type and group assignment – the enrollment data in the system can be edited by staff. Editing enrollment data is accomplished by using the “**Edit**” link that takes staff to Page 1 of the **Participant Information** screen as shown via the red arrow in **Picture III-15**. Once on Page 1, staff may select any of the **Participant Information** screens and edit the data (as shown in **Picture III-16**). Once editing is accomplished, staff clicks on the “**Save/Continue**” link at the bottom of the screen and the edit is complete.

Picture III-15: Summary



SUMMARY

OMB Control No: 1205-0485
Expiration Date: 12/31/2014
Grantee: TARRANT COUNTY WORKFORCE DEVELOPMENT BOARD
Grant No: MI-21917-11-60-A-48
Contact: Bob Smith
Email: reed.steven@dol.gov

Jim AAAtesting (Edit) 

Participant ID: TJ21550
Phone: (222) 222-2222

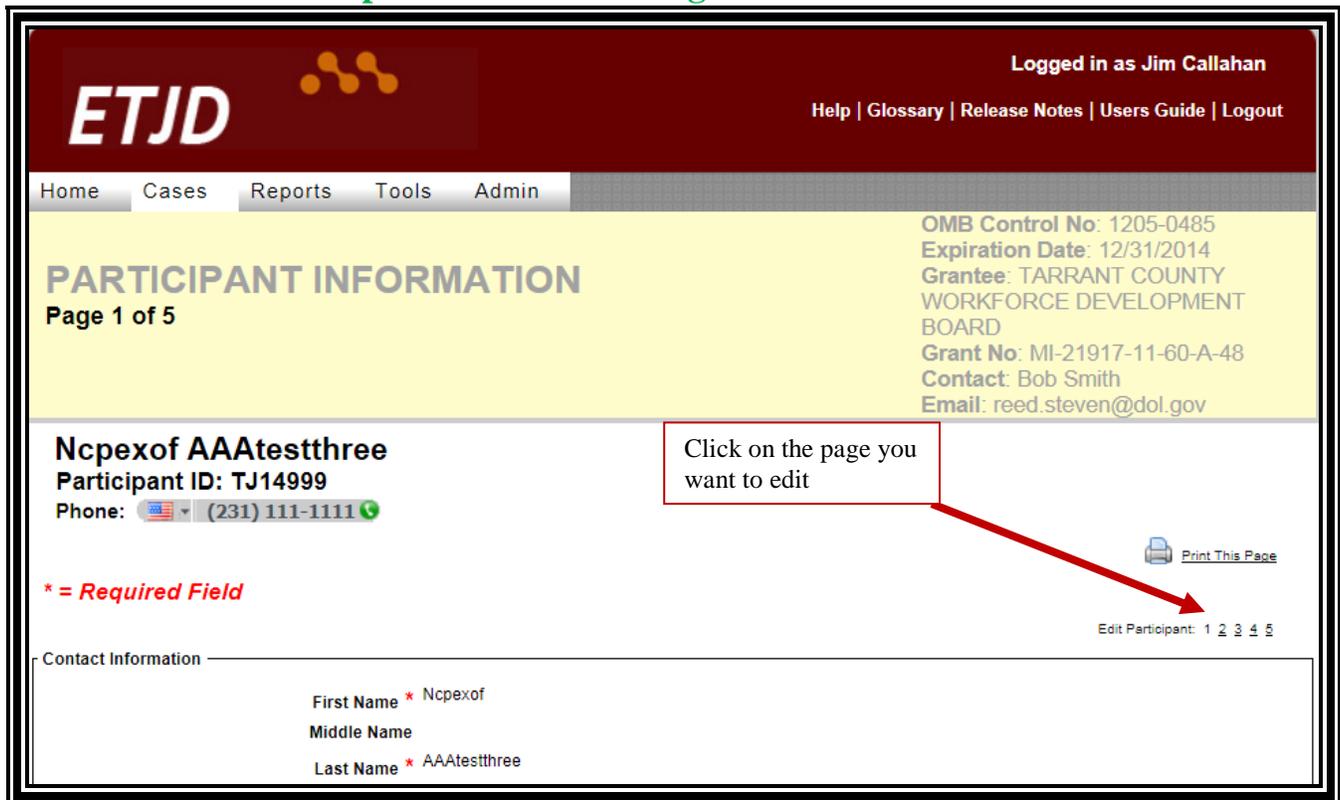
* = Required Field

Print This Page

Summary Enrollment Services Transitional Jobs Outcomes Exit Follow-Up Notes

Summary
Case Creation Date: 01/11/12
Enrollment Date: 01/11/12
Exit Date:
Case Assigned To: Jim Callahan

Picture III-16 - Participant Information Pages



ETJD 

Logged in as Jim Callahan
Help | Glossary | Release Notes | Users Guide | Logout

Home Cases Reports Tools Admin

PARTICIPANT INFORMATION
Page 1 of 5

OMB Control No: 1205-0485
Expiration Date: 12/31/2014
Grantee: TARRANT COUNTY WORKFORCE DEVELOPMENT BOARD
Grant No: MI-21917-11-60-A-48
Contact: Bob Smith
Email: reed.steven@dol.gov

Ncpexof AAAtestthree
Participant ID: TJ14999
Phone:  (231) 111-1111 

* = Required Field

Print This Page

Edit Participant: 1 2 3 4 5

Contact Information

First Name * Ncpexof
Middle Name
Last Name * AAAtestthree

 Click on the page you want to edit

IV. Managing Services

The ETJD MIS, when fully developed, will have a full range of administrative and case management features that will assist staff with both management *and* case management tasks. This edition of the ETJD MIS includes two important components of the fully developed system – the client services and the transitional jobs components.

A. About Services

In addition to the critical role services play in assisting clients to become successful, the MIS system also uses services, or the lack of services, as a default exit mechanism. Any enrollee who has not received a service from one of the services listed in groups 1 through 5 in the list that follows for a period of 90 days, or who is not actively engaged in a transitional job, will be automatically exited from the system. Note, the receipt of any service that is listed under the Supportive Services category, group 6 in the list below, does not count as a service that will keep an enrollee active in the program.

The services and the groups they fall under are:

1. Education or Job Training

- English as a Second Language
- GED Preparation
- Math/Reading Remediation
- On-the-Job Training (OJT)
- Vocational/Occupational Skills Training
- Other Education or Job Training

2. Workforce Preparation Activities

- Career/Life Skills Counseling/Planning
- Formal Assessment/Testing
- Internship
- Subsidized Employment
- Work Readiness Training
- Workforce Information Services
- Other Workforce Preparation Activities

3. Community Involvement Activities

- Community Service
- Other Community Involvement Activities

4. Mentoring Activities

- Individual Mentoring
- Group Mentoring

5. Parenting/Child Support Services

- Child Support Order Assistance
- Child Visitation Assistance
- Parenting Class
- Other Parenting/Child Support Service

6. Supportive Services

- Case Management Services
- Child Care Service
- Cognitive/Behavioral Services
- Health Service - Dental or Physical Care Service
- Health Service - Mental Health Service
- Health Service - Substance Abuse Treatment
- Incentive Payments
- Needs-Related Payments
- Transportation Service
- Other Follow-Up/Job Retention Service
- Other Supportive Service

A brief description of each service is included in Attachment C.

Another aspect of the service system in the MIS is that all services are linked to providers that the grantee enters in the system. In that the typical program experience indicates that a core of service partners are used for many different clients, this has been added as a time saving device and allows the staff to enter detailed provider information once and then use that entry each time the same provider is utilized. The process for adding providers is outlined in this section.

Before outlining how staff adds services, we want to briefly review what the system shows on the client's **Services: Overview** screen (shown in **Picture IV-1**). This is the screen that the system displays when staff clicks on the **Services** Tab. This screen provides a snapshot that includes:

- A list of the category and type of each service that has been recorded for the client,
- The date the client entered each service,
- The last service date,
- The number of attendance dates, and
- The service provider for each service.

Picture IV-1: Services: Overview Screen

SERVICES : OVERVIEW

OMB Control No: 1205-0485
 Expiration Date: 12/31/2014
 Grantee: TARRANT COUNTY
 WORKFORCE DEVELOPMENT
 BOARD
 Grant No: MI-21917-11-60-A-48
 Contact: Bob Smith
 Email: reed.steven@dol.gov

Walters Aaron (Edit)
 Participant ID: TJ22242
 Phone: (301) 222-2222

* = Required Field

Print This Page

Summary | Enrollment | **Services** | Transitional Jobs | Outcomes | Exit | Follow-Up | Notes

Service Provider Management | Add New Service

Delete	Category	Service	Date of First Service	Date of Last Service	Number of Attendance Dates	Provider
✗	Education and Job Training	Math/Reading Remediation	12/25/2011	01/03/2012	3	Grantee
✗	Mentoring Activities	Individual Mentoring	12/20/2011	01/05/2012	3	YMCA
✗	Education and Job Training	Vocational/Occupational Skills Training	12/20/2011	01/01/2012	2	Grantee

B. Adding a Service

In this part of the manual, the process for adding services and creating providers will be outlined. Services are always added to a specific client's record. The initial step for showing that a client started a service is to first select the **Services** tab from the client's **Summary** screen (shown in **Picture IV-2**).

Picture IV-2: Summary Screen

ETJD

Logged in as Jim Callahan
Help | Glossary | Release Notes | Users Guide | Logout

Home Cases Reports Tools Admin

SUMMARY

OMB Control No: 1205-0485
Expiration Date: 12/31/2014
Grantee: TARRANT COUNTY WORKFORCE DEVELOPMENT BOARD
Grant No: MI-21917-11-60-A-48
Contact: Bob Smith
Email: reed.steven@dol.gov

Jim AAAtesting (Edit)
Participant ID: TJ21550
Phone: (222) 222-2222

* = Required Field

Summary Enrollment **Services** Transitional Jobs Outcomes Exit Follow-Up Notes

Print This Page

Summary
Case Creation Date: 01/11/12
Enrollment Date: 01/11/12
Exit Date:
Case Assigned To: Jim Callahan

This will take staff to the **Services: Overview** screen, which is shown in **Picture IV-3**. To add a service to the client's record, staff will click on the "**Add New Service**" link.

Picture IV-3: Services: Overview Screen

SERVICES : OVERVIEW

OMB Control No: 1205-0485
Expiration Date: 12/31/2014
Grantee: TARRANT COUNTY WORKFORCE DEVELOPMENT BOARD
Grant No: MI-21917-11-60-A-48
Contact: Bob Smith
Email: reed.steven@dol.gov

Walters Aaron (Edit)
Participant ID: TJ22242
Phone: (301) 222-2222

* = Required Field

Summary Enrollment **Services** Transitional Jobs Outcomes Exit Follow-Up Notes

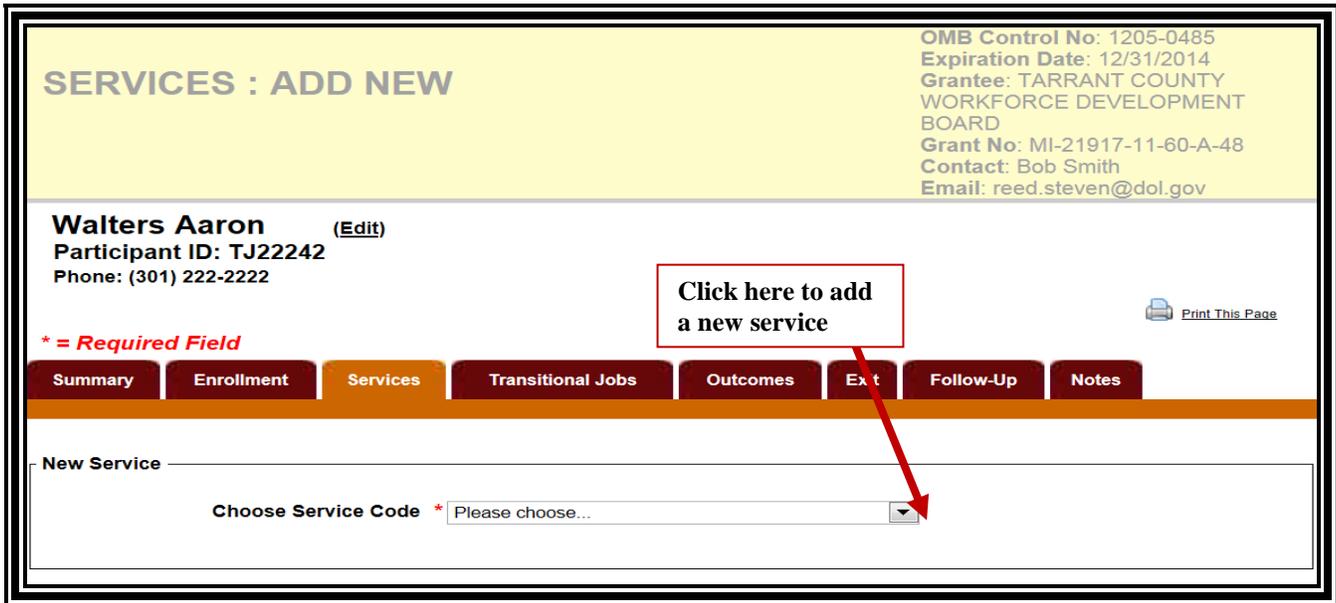
Print This Page

Service Provider Management | **+ Add New Service**

Delete	Category	Service	Date of First Service	Date of Last Service	Number of Attendance Dates	Provider
✗	Education and Job Training	Math/Reading Remediation	12/25/2011	01/03/2012	3	Grantee
✗	Mentoring Activities	Individual Mentoring	12/20/2011	01/05/2012	3	YMCA
✗	Education and Job Training	Vocational/Occupational Skills Training	12/20/2011	01/01/2012	2	Grantee

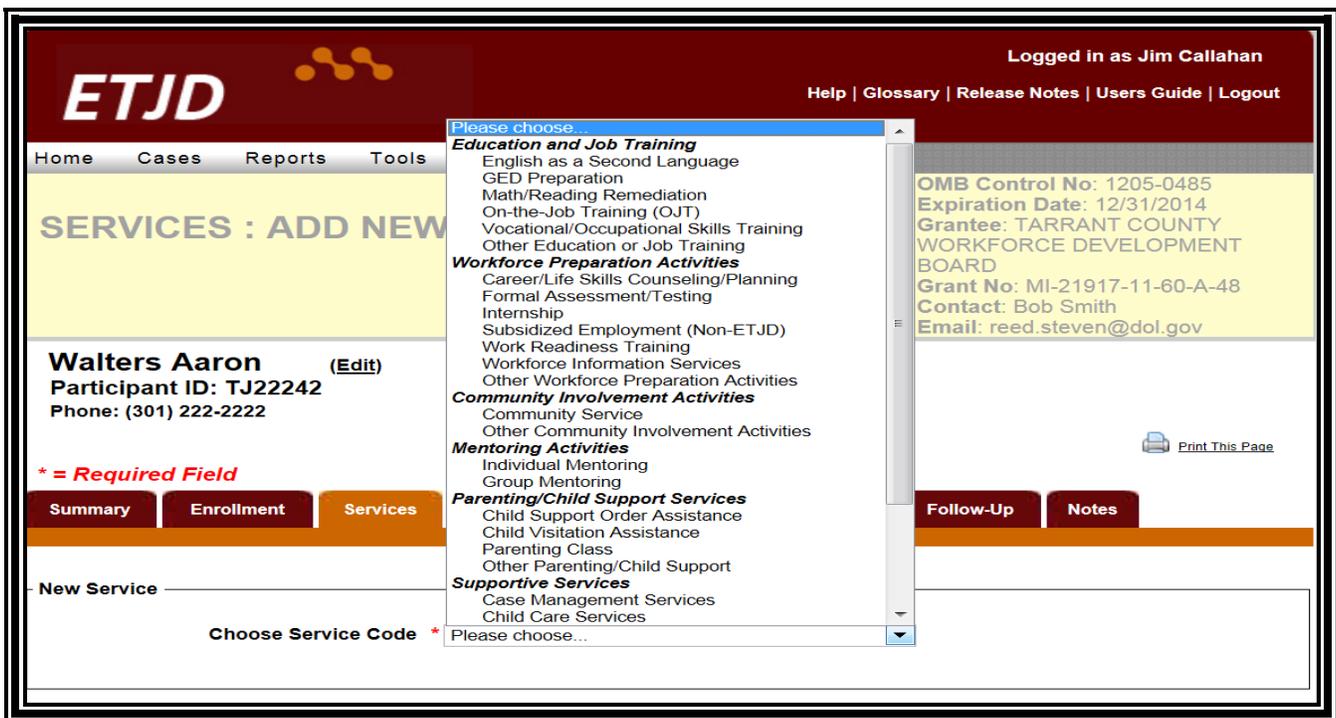
Clicking on the "Add New Service" link brings up the **Services: Add New Screen**, shown below.

Picture IV-4: Services: Add New Screen



By clicking on the "Choose Service Code" drop down box, a list of all the groups of services will appear, as is shown in **Picture IV-5**. Staff then selects the appropriate service that the client has started and, as is shown in **Picture IV-6** (which is on the next page), the additional data elements for recording that particular service are shown. Once the data is completed, staff finalizes the recording of the service by clicking on the "Save" link at the bottom of the screen.

Picture IV-5: Services: Add New Screen



Picture IV-6: Services: Add New: Vocational/Occupational Training

Walters Aaron (Edit)
Participant ID: TJ22242
Phone: (301) 222-2222

* = Required Field

Print This Page

Summary Enrollment **Services** Transitional Jobs Outcomes Exit Follow-Up Notes

New Service

Choose Service Code * Vocational/Occupational Skills Training

Service Description

Provider * Grantee (Add New Service Provider)

Date of Vocational/Occupational Skills Training * Additional Date

Expected Cost of Vocational/Occupational Skills Training *

Type of Training Choose One

Close-Out Status Completed Successfully Completed Dropped Out

Save Cancel

While there is a core set of data elements for each service, which include items such as:

- Service Description,
- Provider,
- Date of Service,
- Additional Dates, and
- Close-Out Status,

several of the services have additional data elements which are unique -- such as the "Expected Cost of Vocational/Occupational Skills Training" data item that is shown in **Picture IV-6** above for this particular service.

C. Adding a Provider

As shown in **Picture IV-6**, one of the required data elements for all services is to list the "Provider" of that service. To expedite the process of entering provider information, the system allows staff to create a provider list and each time a provider from that list is used he/she can link the service to that provider without reentering the provider data. In **Picture IV-7**, note that the drop down list for "Provider" shows that there are seven providers that are in this particular test system. The first one is the "Grantee" which is used when the service is provided directly by the grantee. The other providers were ones that staff entered in the system (entering information for the grantee is not required).

Picture IV-7: Services: Add New

There are two ways of entering a new provider into the system. The first is from the **Services: Overview** screen by clicking on the "**Service Provider Management**" link (see **Picture IV-8**). Staff is taken to the **Provider: Overview** screen which is a list of all service providers that have been entered in the system. From this screen, shown in **Picture IV-9**, you can add a new provider via the "**Add New Services Provider**" link.

Picture IV-8: Services: Overview Screen

Delete	Category	Service	Date of First Service	Date of Last Service	Number of Attendance Dates	Provider
✗	Education and Job Training	Math/Reading Remediation	12/25/2011	01/03/2012	3	Grantee
✗	Mentoring Activities	Individual Mentoring	12/20/2011	01/05/2012	3	YMCA
✗	Education and Job Training	Vocational/Occupational Skills Training	12/20/2011	01/01/2012	2	Grantee

Picture IV-9: Provider: Overview

PROVIDERS: OVERVIEW

OMB Control No: 1205-0485
 Expiration Date: 12/31/2014
 Grantee: TARRANT COUNTY
 WORKFORCE DEVELOPMENT
 BOARD
 Grant No: MI-21917-11-60-A-48
 Contact: Bob Smith
 Email: reed.steven@dol.gov

Walters Aaron
 Participant ID: TJ22242
 Phone: (301) 222-2222

[Print This Page](#)

*** = Required Field**

Summary

Enrollment

Services

Transitional Jobs

Outcomes

Exit

Follow-Up

Notes

[+ Add New Services Provider](#)

Provider Name	Provider Type	POC Name	POC Phone
YMCA	Faith-based Provider	John Smith	555-845-6632
GoodWill	Community-based Provider	James Cleveland	515-222-6663
Service Training Center	Private/Proprietary Vendor	Sarah Witherspoon	404-555-9871
Faith Community Center	Faith-based Provider	Sr. Rose Tyler	202-444-3456
Adult Public Training Center	Public Provider	Roy Ayers	202-965-7413
Test Center	Private/Proprietary Vendor	Tee Tester	202-639-9999

Click here to add a new provider



The second process for adding a new provider is by using the "Add New Service Provider" link that is on the **Services: Add New** screen (see **Picture IV-7**). Either approach takes staff to the **Providers: Add New** screen shown below in **Picture IV-10** which follows.

Picture IV-10: Providers: Add New

PROVIDERS: ADD NEW

OMB Control No: 1205-0485
 Expiration Date: 12/31/2014
 Grantee: TARRANT COUNTY
 WORKFORCE DEVELOPMENT
 BOARD
 Grant No: MI-21917-11-60-A-48
 Contact: Bob Smith
 Email: reed.steven@dol.gov

Walters Aaron
 Participant ID: TJ22242
 Phone: (301) 222-2222

[Print This Page](#)

*** = Required Field**

Summary

Enrollment

Services

Transitional Jobs

Outcomes

Exit

Follow-Up

Notes

Add a New Service Provider

Provider Type: * Faith-based Provider
 Community-based Provider
 Public Provider
 Private/Proprietary Vendor

Provider Name: *

POC First Name: *

POC Middle Name:

POC Last Name: *

POC Phone: *

POC Fax:

POC Email: *

Address 1:

Address 2:

City:

State: Choose One

Zip:

D. Adding a Service Date / Tracking Attendance

The MIS offers staff the option of recording additional dates that an ongoing service was provided. This can save time by allowing staff to pull the existing service forward and add the additional date without reentering the other service data items. This feature also permits grantees to track actual attendance in a service if so desired (attendance tracking is not required by DOL).

To add an additional service date to an existing service, first go to the **Services: Overview** screen and click on the service (see **Picture IV-11**). This takes staff into the service record.

Picture IV-11: Services: Overview Screen

SERVICES : OVERVIEW

OMB Control No: 1205-0485
 Expiration Date: 12/31/2014
 Grantee: TARRANT COUNTY WORKFORCE DEVELOPMENT BOARD
 Grant No: MI-21917-11-60-A-48
 Contact: Bob Smith
 Email: reed.steven@dol.gov

Walters Aaron (Edit)
 Participant ID: TJ22242
 Phone: (301) 222-2222

* = Required Field

Summary | Enrollment | **Services** | Transitional Jobs | Outcomes | Exit | Follow-Up | Notes

Service Provider Management | Add New Service

Delete	Category		Date of First Service	Date of Last Service	Number of Attendance Dates	Provider
X	Education and Job Training	Math/Reading Remediation	12/25/2011	01/03/2012	3	Grantee
X	Mentoring Activities	Individual Mentoring	12/20/2011	01/05/2012	3	YMCA
X	Education and Job Training	Vocational/Occupational Skills Training	12/20/2011	01/01/2012	2	Grantee

Once in the service record, shown in **Picture IV-12**, click on the "**Additional Date**" link to add new dates. Note that an attendance log is maintained in the service record as dates are added - in the top right corner of the record.

Picture IV-12: Services: Update Screen

Update Service

Choose Service Code * Math/Reading Remediation

Service Description

Provider * Grantee (Add New Service Provider)

Date of Math/Reading Remediation * 12/25/2011 **Additional Date**

Additional Attendance Date

Additional Attendance Date

Close-Out Status Completed Successfully Completed Dropped Out

Note: the ongoing attendance list

Attendance Log	
01/03/2012	X
12/25/2011	X
12/30/2011	X

Click on Additional Date to add a new date of service

F. Editing / Deleting a Service

The MIS offers staff the option of editing and/or deleting existing service records. To delete a service, first go to the **Services: Overview** screen and click on the service (see **Picture IV-13**). This takes staff into the **Services: Delete** screen (see **Picture IV-14**) where you click on "Confirm Delete" at the bottom of the screen to finish the deletion.

Picture IV-13: Services: Overview Screen

SERVICES : OVERVIEW

OMB Control No: 1205-0485
 Expiration Date: 12/31/2014
 Grantee: TARRANT COUNTY
 WORKFORCE DEVELOPMENT
 BOARD
 Grant No: MI-21917-11-60-A-48
 Contact: Bob Smith
 Email: reed.steven@dol.gov

Walters Aaron [\(Edit\)](#)
Participant ID: TJ22242
 Phone: (301) 222-2222

[Print This Page](#)

*** = Required Field**

Summary
Enrollment
Services
Transitional Jobs
Outcomes
Exit
Follow-Up
Notes

[Service Provider Management](#) | [+ Add New Service](#)

Delete	Category	Service	Date of First Service	Date of Last Service	Number of Attendance Dates	Provider
✗	Education and Job Training	Math/Reading Remediation	12/25/2011	01/03/2012	3	Grantee
✗	Mentoring Activities	Individual Mentoring	12/20/2011	01/05/2012	3	YMCA
✗	Education and Job Training	Vocational/Occupational Skills Training	12/20/2011	01/01/2012	2	Grantee

Click here to delete the service



Picture IV-14: Services: Delete

SERVICES : DELETE

OMB Control No: 1205-0485
 Expiration Date: 12/31/2014
 Grantee: TARRANT COUNTY
 WORKFORCE DEVELOPMENT
 BOARD
 Grant No: MI-21917-11-60-A-48
 Contact: Bob Smith
 Email: reed.steven@dol.gov

Walters Aaron
Participant ID: TJ22242
 Phone: (301) 222-2222

[Print This Page](#)

*** = Required Field**

Summary
Enrollment
Services
Transitional Jobs
Outcomes
Exit
Follow-Up
Notes

Service: Math/Reading Remediation

Service Description:

Date of Math/Reading Remediation: 12/25/2011
 Date of Math/Reading Remediation: 12/30/2011
 Date of Math/Reading Remediation: 01/03/2012
 Close-Out Status of Math/Reading Remediation: 2

Confirm Delete
Cancel

Click here to delete the service



V. Managing Transitional Jobs

A. About Transitional Jobs

A transitional job (TJ) is the core service that all grantees are charged with providing to their clients. Accordingly, the MIS has been designed to capture all pay periods for all clients that work in a transitional job(s). Furthermore, the system has been designed to offer the grantee a means for tracking clients in the TJ, building a summary for each client that shows wages, pay periods and providers.

Like the services section, the TJ file also includes the building of a provider list. This is not the same list as the one used in the services section of the MIS. In that the typical program experience indicates that a core of TJ partners may be used for many different clients, this has been added as a time saving device and allows the staff to enter detailed TJ provider information once and then use that entry each time the same provider is utilized to provide a job experience. The process for adding TJ providers is discussed in this section.

Before outlining how staff can add and edit a TJ, we briefly outline what the system shows staff on the client's **TJ: Overview** screen (shown in **Picture V-1** below). This is the screen that the system displays when staff clicks on the **Transitional Jobs** Tab. The overview page provides staff with a detailed service history snapshot that includes:

- A list of the TJ provider,
- The date the client started work,
- The current last day of work,
- The hourly wage, and
- The total income earned from each provider.

Picture V-1: TJ: Overview

TRANSITIONAL JOBS: OVERVIEW

OMB Control No: 1205-0485
Expiration Date: 12/31/2014
Grantee: TARRANT COUNTY WORKFORCE DEVELOPMENT BOARD
Grant No: MI-21917-11-60-A-48
Contact: Bob Smith
Email: reed.steven@dol.gov

Walters Aaron (Edit)
Participant ID: TJ22242
Phone: (301) 222-2222

* = Required Field

Summary | Enrollment | Services | **Transitional Jobs** | Outcomes | Exit | Follow-Up | Notes

Transitional Jobs Provider Management + Add New Transitional Job

Transitional Jobs Provider	Work Start Date	Work End Date	Hourly Wage	Earned to Date
SBR Enterprised	12/01/2011	12/31/2011	\$10.00	\$1,117.00
DHS	11/14/2011	12/31/2011	\$10.00	\$1,364.00

B. Adding a Transitional Job

The initial step for recording a TJ pay period is to first select the **Transitional Jobs** tab from the client's **Summary** screen (shown in **Picture V-2**).

Picture V-2: Summary Screen

ETJD Logged in as Jim Callahan
Help | Glossary | Release Notes | Users Guide | Logout

Home Cases Reports Tools Admin

SUMMARY

OMB Control No: 1205-0485
Expiration Date: 12/31/2014
Grantee: TARRANT COUNTY WORKFORCE DEVELOPMENT BOARD
Grant No: MI-21917-11-60-A-48
Contact: Bob Smith
Email: reed.steven@dol.gov

Jim AAAtesting (Edit)
Participant ID: TJ21550
Phone: (222) 222-2222

* = Required Field

Print This Page

Summary Enrollment Services **Transitional Jobs** Outcomes Exit Follow-Up Notes

Summary
Case Creation Date: 01/11/12
Enrollment Date: 01/11/12
Exit Date:
Case Assigned To: Jim Callahan

This takes staff to the **TJ: Overview** screen, shown in **Picture V-3**.

Picture V-3: TJ: Overview

ETJD Logged in as Jim Callahan
Help | Glossary | Release Notes | Users Guide | Logout

Home Cases Reports Tools Admin

TRANSITIONAL JOBS: OVERVIEW

OMB Control No: 1205-0485
Expiration Date: 12/31/2014
Grantee: TARRANT COUNTY WORKFORCE DEVELOPMENT BOARD
Grant No: MI-21917-11-60-A-48
Contact: Bob Smith
Email: reed.steven@dol.gov

Walters Aaron (Edit)
Participant ID: TJ22242
Phone: (301) 222-2222

* = Required Field

Print This Page

Summary Enrollment Services **Transitional Jobs** Outcomes Exit Follow-Up Notes

Transitional Jobs Provider Management [+ Add New Transitional Job](#)

Transitional Jobs Provider	Work Start Date	Work End Date	Hourly Wage	Earned to Date
SBR Enterprised	12/01/2011	12/31/2011	\$10.00	\$1,117.00
DHS	11/14/2011	12/31/2011	\$10.00	\$1,364.00

By clicking on the "[Add New Transitional Job](#)" link staff goes to the **TJ: Add New** screen, shown in **Picture V-4**.

Picture V-4: TJ: Add New

TRANSITIONAL JOBS: ADD NEW

OMB Control No.: 1203-0463
Expiration Date: 12/31/2014
Grantee: TARRANT COUNTY
WORKFORCE DEVELOPMENT
BOARD
Grant No: MI-21917-11-60-A-48
Contact: Bob Smith
Email: reed.steven@dol.gov

Walters Aaron (Edit)
Participant ID: TJ22242
Phone: (301) 222-2222

* = Required Field

Print This Page

Summary Enrollment Services **Transitional Jobs** Outcomes Exit Follow-Up Notes

Add Transitional Jobs

Provider: * Grantee (Add New Transitional Jobs Provider)

Work Pay Period: Start: * mm/dd/yyyy End: * mm/dd/yyyy

Hours Worked: *

Hourly Wages: *

Pay Date: * mm/dd/yyyy

Amount of Gross Pay:

Amount of Net Pay: *

Pay Type: * Choose One: ▾
If Other: *

Amount of Wage Subsidy: * Choose One: ▾
If Other: *

Occupational Sector of Job: * Choose One: ▾

Add Job Cancel

Note that the "Grantee" appears in the "Provider" data block automatically. If the grantee is not the work site provider, the staff must choose the provider from the drop down list. If the provider is not on the drop down list, the staff must enter them using the "[Add New TJ Provider](#)" link. More on adding providers will be outlined later in this section. **Picture V-5** shows the provider drop down list.

Picture V-5: TJ: Add New

Walters Aaron (Edit)
Participant ID: TJ22242
Phone: (301) 222-2222

* = Required Field

Print This Page

Summary Enrollment Services **Transitional Jobs** Outcomes Exit Follow-Up Notes

Add Transitional Jobs

Provider: * Grantee (Add New Transitional Jobs Provider)

Work Pay Period: Start: * mm/dd/yyyy End: * mm/dd/yyyy

Hours Worked: *

Hourly Wages: *

Grantee
SBR Enterprised
DHS
Blessings Inc.

Based on previous program experiences, it is anticipated that many clients will have multiple pay periods with the same TJ work site provider. When the same provider is being used multiple times, the MIS system has a slightly streamlined process that staff may adopt for entering pay periods following the initial one. This process starts with the **TJ: Overview** screen and instead of clicking on the "**Add New Transitional Job**" link, staff will click on the provider for which he/she wants to record a second or subsequent pay period.

Picture V-6: TJ: Overview

TRANSITIONAL JOBS: OVERVIEW

OMB Control No: 1205-0485
 Expiration Date: 12/31/2014
 Grantee: TARRANT COUNTY WORKFORCE DEVELOPMENT BOARD
 Grant No: MI-21917-11-60-A-48
 Contact: Bob Smith
 Email: reed.steven@dol.gov

Walters Aaron (Edit)
 Participant ID: TJ22242
 Phone: (301) 222-2222

* = Required Field

Summary Enrollment Services **Transitional Jobs** Outcomes Exit Follow-Up Notes

Transitional Jobs Provider Management + Add New Transitional Job

Transitional Jobs Provider	Work Start Date	Work End Date	Hourly Wage	Earned to Date
SBR Enterprised	12/01/2011	12/31/2011	\$10.00	\$1,117.00
DHS	11/14/2011	12/31/2011	\$10.00	\$1,364.00

The screen that appears is the **TJ: Detail** screen, shown in **Picture V-7**. By clicking on the "**Add Transitional Job - (Provider Name)**" a **TJ: Add New** screen appears that has four of the data items completed (see **Picture V-8** on the next page). If needed, these completed items may also be edited.

Picture V-7: TJ: Detail

TRANSITIONAL JOBS: DETAIL

Expiration Date: 12/31/2014
 Grantee: TARRANT COUNTY WORKFORCE DEVELOPMENT BOARD
 Grant No: MI-21917-11-60-A-48
 Contact: Bob Smith
 Email: reed.steven@dol.gov

Walters Aaron (Edit)
 Participant ID: TJ22242
 Phone: (301) 222-2222

* = Required Field

Summary Enrollment Services **Transitional Jobs** Outcomes Exit Follow-Up Notes

Transitional Jobs Provider Management + Add Transitional Job - SBR Enterprised

Delete	Transitional Jobs Provider	Work Pay Date	Work End Date	Hourly Wage	Gross Pay
X	SBR Enterprised	01/07/2012	01/07/2012	\$10.00	\$100.00
X	SBR Enterprised	12/31/2011	12/31/2011	\$11.00	\$440.00

Picture V-8: TJ: Add New

TRANSITIONAL JOBS: ADD NEW

OMB Control No: 1205-0485
Expiration Date: 12/31/2014
Grantee: TARRANT COUNTY
WORKFORCE DEVELOPMENT
BOARD
Grant No: MI-21917-11-60-A-48
Contact: Bob Smith
Email: reed.steven@dol.gov

Walters Aaron [\(Edit\)](#)
Participant ID: TJ22242
Phone: (301) 222-2222

 [Print This Page](#)

*** = Required Field**

SummaryEnrollmentServicesTransitional JobsOutcomesExitFollow-UpNotes

Add Transitional Jobs

Provider: * (Add New Transitional Jobs Provider)

Work Pay Period: Start: * mm/dd/yyyy End: * mm/dd/yyyy

Hours Worked: *

Hourly Wages: *

Pay Date: * mm/dd/yyyy

Amount of Gross Pay:

Amount of Net Pay: *

Pay Type: *

Amount of Wage Subsidy: *

Occupational Sector of Job: *

Click on Add Job to save new pay period for the same provider

[Add Job](#) [Cancel](#)

Fill in the pay and dates and click on "[Add Job](#)," and the new pay period for the same provider will be added to the client's record.

C. Adding a Provider

As shown in [Picture V-8](#), one of the required data elements for all TJ pay period entries is "Provider." To expedite the process of entering provider information, the system allows staff to create a TJ provider list, and each time a provider from that list is used, he/she can link the payroll period to that provider without reentering the TJ provider data. In [Picture V-5](#), note that the drop down list for "Provider" shows that there are three providers that are in the system. The first one is the "Grantee" which is used when the TJ work site is provided directly by the grantee. The other TJ providers were ones that staff entered in the system (information for the grantee is not entered).

To add a provider, staff starts at the [TJ: Overview](#) screen and clicks on the "[Transitional Jobs Provider Management](#)," -- as shown in [Picture V-9](#).

Page | 35

Picture V-9: TJ: Overview

TRANSITIONAL JOBS: OVERVIEW

OMB Control No: 1205-0485
 Expiration Date: 12/31/2014
 Grantee: TARRANT COUNTY
 WORKFORCE DEVELOPMENT
 BOARD
 Grant No: MI-21917-11-60-A-48
 Contact: Bob Smith
 Email: reed.steven@dol.gov

Walters Aaron [\(Edit\)](#)
 Participant ID: TJ22242
 Phone: (301) 222-2222

[Print This Page](#)

** = Required Field*

Summary

Enrollment

Services

Transitional Jobs

Outcomes

Exit

Follow-Up

Notes

[Transitional Jobs Provider Management](#)

[+ Add New Transitional Job](#)

Transitional Jobs Provider	Work Start Date	Work End Date	Hourly Wage	Earned to Date
SBR Enterprised	12/01/2011	12/31/2011	\$10.00	\$1,117.00
DHS	11/14/2011	12/31/2011	\$10.00	\$1,364.00

This takes staff to the **Providers: Overview** screen where they click on "**Add New Transitional Jobs Provider.**" This will take staff to the **Providers: Add New** screen that is shown in **Picture V-11.**

Picture V-10: Providers: Overview

PROVIDERS: OVERVIEW

OMB Control No: 1205-0485
 Expiration Date: 12/31/2014
 Grantee: TARRANT COUNTY
 WORKFORCE DEVELOPMENT
 BOARD
 Grant No: MI-21917-11-60-A-48
 Contact: Bob Smith
 Email: reed.steven@dol.gov

Walters Aaron
 Participant ID: TJ22242
 Phone: (301) 222-2222

[Print This Page](#)

** = Required Field*

Summary

Enrollment

Services

Transitional Jobs

Outcomes

Exit

Follow-Up

Notes

[Transitional Jobs Provider Management](#)

[+ Add New Transitional Jobs Provider](#)

Provider Name	Provider Type	POC Name	POC Phone
SBR Enterprised	Private/Proprietary Vendor	Steven Wilson	301-555-5122
DHS	Public Provider	Harry Potter	410-987-4154
Blessings Inc.	Faith-based Provider	Mary Sommers	202-555-1269

Picture V-11: Providers: Add New

PROVIDERS: ADD NEW

Expiration Date: 12/31/2014
Grantee: TARRANT COUNTY
WORKFORCE DEVELOPMENT
BOARD
Grant No: MI-21917-11-60-A-48
Contact: Bob Smith
Email: reed.steven@dol.gov

Walters Aaron
Participant ID: TJ22242
Phone: (301) 222-2222

[Print This Page](#)

*** = Required Field**

Summary Enrollment Services **Transitional Jobs** Outcomes Exit Follow-Up Notes

Add a New Transitional Job Provider

Provider Type: * Faith-based Provider
 Community-based Provider
 Public Provider
 Private/Proprietary Vendor

Provider Name: *

POC First Name: *

POC Middle Name:

POC Last Name: *

POC Phone: *

POC Fax:

POC Email: *

Address 1:

Address 2:

City:

State: Choose One

Zip:

Click on Add Provider to Save

Add Provider Cancel

To edit information on an existing provider, start at the **TJ: Overview** screen and click on the "**Transitional Jobs Provider Management**," as shown in **Picture V-9**. This takes staff to the **Providers: Overview** screen where this time staff would click on the provider's name that he/she wishes to edit. This will take staff to the **Providers: Update**, which is shown in **Picture V-12**, where they can edit the data and click on the "**Update Provider**" to save the edited record.

Picture V-10: Providers: Update

PROVIDERS: UPDATE

OMB Control No: 1205-0465
Expiration Date: 12/31/2014
Grantee: TARRANT COUNTY
WORKFORCE DEVELOPMENT
BOARD
Grant No: MI-21917-11-60-A-48
Contact: Bob Smith
Email: reed.steven@dol.gov

Walters Aaron
Participant ID: TJ22242
Phone: (301) 222-2222

 [Print This Page](#)

*** = Required Field**

Summary | Enrollment | Services | Transitional Jobs | Outcomes | Exit | Follow-Up | Notes

Update Transitional Job Provider

Provider Type:* Faith-based Provider
 Community-based Provider
 Public Provider
 Private/Proprietary Vendor

Provider Name:*

POC First Name:*

POC Middle Name:

POC Last Name:*

POC Phone:*

POC Fax:

POC Email:*

Address 1:

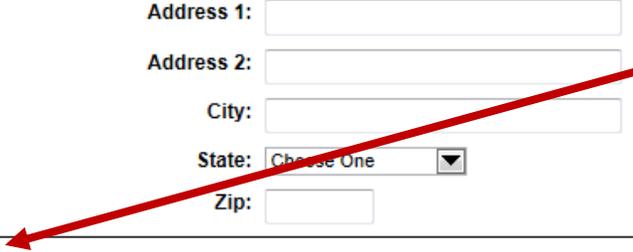
Address 2:

City:

State: ▼

Zip:

**Click on Update and Save
Provider Information**



Attachment A: DOL Performance Goals

U.S. Department of Labor

Employment and Training Administration
200 Constitution Avenue, N.W.
Washington, D.C. 20210



JUL 19 2011

MEMORANDUM FOR: Enhanced Transitional Jobs Demonstration(ETJD)
Grantees
Federal Project Officers

FROM: Heidi M. Casta *Heidi M. Casta*
Director, Division of Research and Evaluation
Office of Policy Development and Research

SUBJECT: ETJD Performance Goals

As we begin the implementation of the Enhanced Transitional Jobs Demonstration (ETJD), it is important to set national performance goals that serve as common benchmarks. The purpose of such standard goals are three-fold: first, to help grantees manage their programs; second, to aid the Department of Labor (DOL) in monitoring performance and in identifying areas in need of additional technical assistance; and third, in reporting results of our efforts to Congress and the Office of Management and Budget.

DOL has set goals for the following indicators of performance, including the three adult common measures. These goals are targets for grantees to strive toward and may be adjusted as we receive additional data. The goals for each indicator are as follows:

Enrollment Rate: Defined as the number of participants enrolled in the program divided by the enrollment goal. Each grantee has a goal of 1,000 applicants recruited and 500 participants enrolled (per the random assignment parameters) within two years of grant implementation. **Thus, the goal for this measure is 100% within two years of program start** (which may be October 1, 2011 for some programs but may be later for others, depending on the training and support necessary to initiate random assignment).

Entered Employment Rate: Defined as the percentage of those who are enrolled in the program who are employed in the first quarter after the exit quarter. **The goal for this measure is 60%.** Note: We only expect to receive limited data for this measure during the first year of the program. Therefore, we will also track the number of initial unsubsidized job placements as a measure of progress toward this long-term goal.

Employment Retention Rate: Defined as the percentage of participants who are employed in the first quarter after the quarter of exit who are also employed in the third quarter after the exit quarter. **The goal for this measure is 75%.** Note: We do not expect to see data for this measure during the first year of the program. Therefore, we will also track the number of initial unsubsidized job placements and job re-placements as a measure of progress toward this long-term goal.

Average Earnings: Defined as the average total earnings for the second and third quarters after exit of those who exit the program and were employed in the first, second, and third quarters after exit. **The goal for this measure is \$9,360**, which works out to be **\$9/hour** if working full time and just under 200% of the poverty rate for a family of one. Note: We do not expect to see data for this measure during the first year of the program. Therefore, we will also track the average wage at placement in an unsubsidized job as a measure of progress toward this long-term goal.

Recidivism Rate: Defined as the percentage of participants who were ex-offenders at enrollment who were re-arrested for a new crime or re-incarcerated for revocation of the parole or probation order within one year of their release from prison. If a participant is re-arrested and subsequently released without being convicted of a new crime, they may be taken out of the recidivism rate. **The goal for this measure is 22%**, which is roughly half of the national recidivism rate of 44.1% one year post-release found in the most recent Bureau of Justice Statistics report. It is expected that grantees will be at or below this goal.

Child Support Order Modifications: defined as the percentage of participants who are non-custodial parents at enrollment who are assigned formal child support orders or who have their existing child support orders modified by court. **The goal for this measure is 70%.**

If you have any questions regarding the ETJD goals or performance measures please contact Jenn Smith at smith.jenn@dol.gov or 202-693-3597.



OCT - 6 2011

MEMORANDUM FOR: Enhanced Transitional Jobs Demonstration Project (ETJD)
Grantees
ETJD Federal Project Officers

FROM: Heidi M. Casta *Heidi M. Casta*
Director, Division of Research and Evaluation
Office of Policy Development and Research

SUBJECT: Revised ETJD Performance Goal for Child Support Order

The purpose of this memorandum is to revise the child support order performance goal for the ETJD. The five other performance goals (Enrollment Rate, Entered Employment Rate, Employment Retention Rate, Average Earnings and Recidivism Rate) established in the July 19, 2011 memorandum remain the same.

Based on feedback we received during the ETJD Grantee Kickoff Meeting and subsequent discussions with our colleagues at the U.S. Department of Health and Human Services, Administration for Children and Families, Office of Child Support Enforcement, the following performance standard has been revised as follows:

Child Support Order Payments: Defined as the percentage of participants who are non-custodial parents at enrollment who have formal child support orders in place and who have made child support payments in the first, second and third quarters after the quarter in which they exit. **The goal for this measure is 50%.** Note: We do not expect to see data for this measure during the first year of the program. Therefore, we will also track the number of non-custodial parent participants with child support payment in the quarter as a proxy measure.

We establish national performance goals that serve as common benchmarks for management, monitoring and reporting purposes. The goals are targets for grantees to strive toward and may be adjusted as we receive additional data. As mentioned during the ETJD Grantee Kickoff Meeting, for demonstration projects such as the ETJD where we are also determining impacts through a random assignment evaluation, the primary importance is the evaluation because it will measure the treatment groups' performance against the control group's performance rather than against overall program performance goals. Therefore, it is important to aim for the performance goals but it is equally important to keep them in perspective when implementing a demonstration because they are not the true measure of the impact of the program. Only the evaluation will be the true measure of the program's impact.

If you have any questions regarding the ETJD goals or performance measures please contact Jenn Smith at smith.jenn@dol.gov or 202-693-3597.

Attachment B: Intake and Enrollment Data Elements and Definitions

1. Participant Information: Page 1 of 5 – Contact Information

Contact Information		
First Name *	<input type="text"/>	
Middle Name	<input type="text"/>	
Last Name *	<input type="text"/>	
Suffix	<input type="text"/>	
Date of Birth *	<input type="text"/> mm/dd/yyyy	
Eligibility Type *	<input type="radio"/> <u>Ex-Offender</u> <input type="radio"/> <u>Low Income, Non-Custodial Parent</u>	
U.S. Citizen *	<input type="radio"/> Yes <input type="radio"/> No	
Authorized To Work	<input type="radio"/> Yes <input type="radio"/> No	
Gender *	<input type="radio"/> Male <input type="radio"/> Female	
Is participant registered for selective service? *	<input type="radio"/> Yes <input type="radio"/> No Selective Service Website <i>Note: This field is required IF the participant is a Male AND between the ages of 18 - 25.</i>	
Address 1 *	<input type="text"/>	
Address 2	<input type="text"/>	
City *	<input type="text"/>	
State *	Choose One <input type="button" value="v"/>	
Zip *	<input type="text"/>	
Email	<input type="text"/>	
Phone Information		
Area Code *	Phone Number *	Extension <input type="text"/>
Type of Phone Number *	Choose One <input type="button" value="v"/>	
<input type="button" value="Additional Phone"/>		
Personal Contact Information		
First Name *	Last Name *	<input type="text"/>
Type of Contact *	Choose One <input type="button" value="v"/> Email <input type="text"/>	
Area Code *	Phone Number *	Extension <input type="text"/>
Type of Phone Number *	Choose One <input type="button" value="v"/>	
<input type="button" value="Add Additional Contact"/>		

Page 1: Contact Information

Data Element	Definition	Format
First Name *	Record the participant's first name. Required	Text Box
Middle	Record the individual's middle initial or name. Optional	Text Box
Last Name *	Record the participant's last name. Required	Text Box
Suffix	Record any suffix the client uses (Mr./ Dr./etc.) Optional	Text Box
Date of Birth *	Enter the participant's date of birth.	
Eligibility Type *	Indicate the eligibility type by selecting: ✓ Ex-Offender or ✓ Low Income, Non-Custodial Parent Field is required -- user may select only one option. <i>(If the client meets both eligibility criteria, grantees will be asked to collect data that pertains to both types of client but will be held responsible for eligibility and performance factors that related only to the eligibility type the program was funded to serve.)</i>	Radio Button
Citizenship Status *	Indicate the citizenship status of the client by selecting: ✓ "Yes" if the client is a citizen or ✓ "No" if the client is not a citizen. Required	Radio Button
Authorized to Work	Check: ✓ "Yes" if the individual has documentation showing that it is legal for him/her to work in the U.S. ✓ "No" if the individual does not have documentation showing that it is legal for him/her to work in the U.S.	Radio Button
Gender *	Indicate the participant's gender by selecting: ✓ "Male" if the individual is male, or ✓ "Female" if the individual is female. Required	Radio Button
Is participant registered for selective service? *	If the client is a male between the age of 18 - 26, indicate the draft registration status of the client by selecting: ✓ "Yes" if the client is registered or ✓ "No" if the client is not a registered. <i>Note: if the client is not registered, they must either register (which may be done on-line) or submit information to the Selective Service detailing why they did not register. Until they are registered or granted an exemption, they may not be eligible for the program.</i> There is a link to the Selective Service site where the client can register: http://www.sss.gov/regist%20information.htm . Required	Radio Button
Address 1 *	Enter the actual number and street where the person resides. Required	Text Box
Address 2	Enter any secondary information relative to the street address of the client's current residence, or if there is a different mailing address (like a post office box) it may also be entered here.	Text Box
City *	Enter the City or Town of participant's residence. Required	Text Box

State *	From the drop down list provided, select the two-letter abbreviation for the State of residence. Required	Drop Down Box
Zip *	Enter the six-digit zip code for the participant's address. Required	Numeric format - 11111
Email	If the client has an email address, enter it.	Text Box

Page 1: Personal Information

Area Code *	Enter the 3-digit area code for the participant's phone number. Required	Numeric format -- 111
Phone *	Enter the participant's 7-digit phone number. Required	Numeric format - 111 - 1111
Ext	Enter any extension code that the client indicates is a part of his/her phone number. Optional	Text Box
Type of Phone # *	From the drop down list provided, select the type of phone by selecting one option (Mobile/Home/Business/Pager/Other). Required	Drop Down Box
Additional Phone	In the event that the client has two contact phones a second one may also be entered by clicking on the "Additional Phone" link. Optional	Numeric format -- mm/dd/yyyy

Page 1: Personal Contact Information (Contact information for a person who can be expected to make contact with the client and relay messages.)

First Name *	For the contact person identified by the participant, record the individual's first name. Required	Text Box
Last Name *	For the contact person identified by the participant, record the individual's last name. Required	Text Box
Type of Contact *	Indicate the type of contact by selecting one option, Options include: <input checked="" type="checkbox"/> Friend <input checked="" type="checkbox"/> Family Member/ <input checked="" type="checkbox"/> Other. Required	Drop Down Box
Email	If the participant's contact person has an email address, enter it. Optional	Text Box
Area Code *	Enter the 3-digit area code for the participant's phone number. Required	Numeric format -- 111
Phone *	Enter the participant's 7-digit phone number. Required	Numeric format - 111 - 1111
Ext	Enter any extension code that the client indicates is a part of his/her phone number. Optional	Text Box
Type of Phone # *	Indicate the type of phone by selecting one option (Options include Mobile/Home/Business/Pager /Other). Required	Radio Button
Add Additional Contact	In the event that the client has two contact persons, enter name of the second person who may be contacted to relay messages. Optional	

2. Participant Information: Page 2 of 5 – Demographic Information

Demographic Information

Ethnicity Hispanic/Latino * Yes No Not Specified

Race * American Indian or Alaska Native
 Hawaiian Native or other Pacific Islander
 Asian
 White
 Black or African American
 Not Specified

Primary Language * English Spanish Other

Limited English Proficient * Yes No

Marital Status * Choose

Participant Lives With * Choose

Housing Status at Enrollment * Choose

Highest Grade Completed * Choose...

Highest Degree Attained Choose...

Eligible Veteran Status * Choose

Individual with a Disability * Yes No

Violent Offender * Yes No

Sex Offender * Yes No

Ever Incarcerated in a Federal or State Prison? * Yes No

The age of minor children varies by state. Please answer the following two questions based on the child's age and your state:

CA: Under 18 except if child is in high school, and then until 19
 GA: Under 18 except if child is in high school, and then until 20
 IN: Under 21
 NY: Under 21
 TX: Under 18
 WI: Under 18

Number of Minor Children * Choose

Number of Minor Children Living With Participant * Choose

Family Support * Choose

Public Assistance at Enrollment Choose

Individual Monthly Income at Enrollment Choose

Medical Benefits Choose

Has Participant Ever Received Mental Health Treatment Yes No

Referral Source

User Defined 1

User Defined 2

Page 2: Demographic Information

Data Element	Definition	Format
Ethnicity Hispanic/Latino *	Indicate the participant's ethnicity by selecting: <ul style="list-style-type: none"> ✓ Yes or ✓ No or ✓ Not specified if the client does not disclose his/her ethnicity. Required	Radio Button
Race *	Indicate the participant's ethnicity by selecting: <ul style="list-style-type: none"> ✓ American Indian or Alaska Native if the client is American Indian or Alaska Native. ✓ Hawaiian Native or other Pacific Islander if the client is a Hawaiian Native or other Pacific Islander. ✓ Asian if the client is Asian. ✓ White if the client is White. ✓ Black or African American if the client is Black or African American. ✓ Not specified if the client does not disclose his/her ethnicity. Required	Radio Button
Primary Language *	Indicate the participant's Primary Language by selecting: <ul style="list-style-type: none"> ✓ English or ✓ Spanish or ✓ Other. Required	Radio Button
Limited English Proficient *	Indicate the participant's English Proficiency by selecting: <ul style="list-style-type: none"> ✓ "Yes" if the client is Proficient or ✓ "No" if the client is not Proficient. Required	Radio Button
Marital Status *	Indicate the participant's Marital Status by selecting: <ul style="list-style-type: none"> ✓ Never Married ✓ Currently Married ✓ Separated ✓ Divorced ✓ Widowed Required	Drop Down
Participant Lives With *	Indicate who the participant lives with by selecting: <ul style="list-style-type: none"> ✓ Alone ✓ Wife/Husband ✓ Girlfriend/Boyfriend ✓ Parent/Stepparent ✓ Friend(s) ✓ Grandparent ✓ Own Child(ren) ✓ Other Child(ren) ✓ Sister/Brother ✓ Other Relative 	Drop Down

	<ul style="list-style-type: none"> ✓ Other Non-Relative. <p>Required</p>	
Housing Status at Enrollment *	<p>Indicate the participant's housing status at enrollment by selecting:</p> <ul style="list-style-type: none"> ✓ Own apartment, room, or house ✓ Rent apartment, room, or house ✓ Halfway house/transitional house ✓ Residential treatment ✓ Homeless ✓ Staying at someone's apartment, room, or house (Stable) ✓ Staying at someone's apartment, room, or house (Unstable). <p>Required</p>	Drop Down
Highest Grade Completed *	<p>Indicate the participant's highest grade completed at enrollment by selecting:</p> <ul style="list-style-type: none"> ✓ 0 - No school grades completed ✓ 1 - First school grade completed (1 year) ✓ 2 - Second school grade completed (2 years) ✓ 3 - Third school grade completed (3 years) ✓ 4 - Fourth school grade completed (4 years) ✓ 5 - Fifth school grade completed (5 years) ✓ 6 - Sixth school grade completed (6 years) ✓ 7 - Seventh school grade completed (7 years) ✓ 8 - Eight school grade completed (8 years) ✓ 9 - Ninth school grade completed (9 years) ✓ 10 - Tenth school grade completed (10 years) ✓ 11 - Eleventh school grade completed (11 years) ✓ 12 - Twelfth school grade completed (12 years) ✓ 13 - 1 school year completed in college or full-time technical/vocational school (13 years) ✓ 14 - 2 school years completed in college or full-time technical/vocational school (14 years) ✓ 15 - 3 school years completed in college or full-time technical/vocational school (15 years) ✓ 16 - Education beyond the Bachelor's degree (17 years). 	Drop Down
Highest Degree Obtained	<p>Indicate the participant's highest degree obtained at time of enrollment by selecting:</p> <ul style="list-style-type: none"> ✓ 87 - Attained High School Diploma ✓ 88 - Attained a GED or Equivalent ✓ 89 - Attained Certificate of Attendance/Completion ✓ 90 - Bachelor's degree or equivalent. 	Drop Down
Eligible Veteran Status *	<p>Veteran: The term <i>veteran</i> means an individual who served in the active military, naval, or air service (including National Guard or Reserve) and who was discharged or released from such service under honorable conditions.</p> <p>Indicate the participant's Veteran's Status by selecting:</p> <ul style="list-style-type: none"> ✓ Yes, <= 180 days ✓ Yes, Eligible Veteran ✓ Yes, Other Eligible Person ✓ No. 	Radio Button

	<p><i>Eligible Veteran Status includes the following 3 categories:</i></p> <ul style="list-style-type: none"> - <i>The individual is a person who served in the active U.S. military, naval, or air service for a period of less than or equal to 180 days, and who was discharged or released from such service under conditions other than dishonorable.</i> - <i>The individual served on active duty for a period of more than 180 days and was discharged or released with other than a dishonorable discharge; or was discharged or released because of a service connected disability; or as a member of a reserve component under an order to active duty pursuant to section 167 (a), (d), or, (g), 673 (a) of Title 10, U.S.C., served on active duty during a period of war or in a campaign or expedition for which a campaign badge is authorized and was discharged or released from such duty with other than a dishonorable discharge.</i> - <i>The individual is: (a) the spouse of any person who died on active duty or of a service-connected disability, (b) the spouse of any member of the Armed Forces serving on active duty who at the time of application for assistance under this part, is listed, pursuant to 38 U.S.C. 101 and the regulations issued thereunder, by the Secretary concerned, in one or more of the following categories and has been so listed for more than 90 days: (i) missing in action; (ii) captured in the line of duty by a hostile force; or (iii) forcibly detained or interned in the line of duty by a foreign government or power; or (c) the spouse of any person who has a total disability permanent in nature resulting from a service-connected disability or the spouse of a veteran who died while a disability so evaluated was in existence.</i> <p>Required.</p>	
Individual with a Disability *	<p>Indicate if the client has a disability by selecting:</p> <ul style="list-style-type: none"> ✓ "Yes" if the client has a disability or ✓ "No" if the client does not have a disability. <p>Required</p>	Radio Button
Violent Offender *	<p>Indicate if the client is a violent offender by selecting:</p> <ul style="list-style-type: none"> ✓ "Yes" if the client is a violent offender or ✓ "No" if the client is not a violent offender. <p>Required</p>	Radio Button
Sex Offender *	<p>Indicate if the client is a sex offender by selecting:</p> <ul style="list-style-type: none"> ✓ "Yes" if the client is a sex offender or ✓ "No" if the client is not a sex offender. <p>Required</p>	Radio Button
Ever Incarcerated in a Federal or State Prison *	<p>Indicate if the client was ever incarcerated in a Federal or State prison by selecting:</p> <ul style="list-style-type: none"> ✓ "Yes" if they were or ✓ "No" if they were never in a Federal or State prison. <p>Required</p>	Radio Button
Number of Minor Children *	<p>Indicate the Number of Minor Children that the client has by selecting the number from the drop down options. Required</p>	Drop Down
Number of Minor Children Living With Participant *	<p>Indicate the Number of Minor Children (from the number identified in the above data item) who are currently living with client by selecting the number from the drop down options. Required</p>	Drop Down
Family Support *	<p>Indicate the Family Support provided to the client by selecting:</p>	Drop

	<ul style="list-style-type: none"> ✓ Place to Live ✓ Job ✓ Substance Abuse Treatment ✓ Transportation ✓ Financial Support ✓ None. <p>Required</p>	Down
Public Assistance at Enrollment	<p>Indicate the Public Assistant at enrollment the client receives by selecting:</p> <ul style="list-style-type: none"> ✓ Social Security Insurance (SSI) or Social Security Disability (SSD) ✓ Temporary Assistance for Needy Families (TANF) ✓ Welfare for single adults or general assistance (GA) ✓ Unemployment insurance ✓ Food stamps/SNAP ✓ Division of AIDS Services Income Support (DAS) ✓ Other government sources. ✓ No Benefits. 	Drop Down
Individual Monthly Income at Enrollment	<p>Indicate the Individual Monthly Income at Enrollment the client receives by selecting:</p> <ul style="list-style-type: none"> ✓ None ✓ \$1 - \$500 ✓ \$501 - \$1,000 ✓ \$1,001 - \$2,500 ✓ \$2,501 - \$5,000 ✓ More than \$5,000. 	Drop Down
Medical Benefits	<p>Indicate the Medical Benefits the client receives by selecting:</p> <ul style="list-style-type: none"> ✓ Medicaid ✓ Medicare ✓ Private health insurance from work or family member ✓ Other ✓ None. 	Drop Down
Mental Health Treatment	<p>Indicate if the client has received mental health treatment by selecting:</p> <ul style="list-style-type: none"> ✓ "Yes" if the client has received treatment or ✓ "No" if the client has not received mental health treatment. 	Radio Button
Referral Source	Enter name of the organization that referred the client to your program.	Text Box
User Defined 1	Text box for grantee to use to record other data.	Text Box
User Defined 2	Text box for grantee to use to record other data.	Text Box

3. Participant Information: Page 3 of 5 – Employment and Substance Abuse History

Employment History

Currently Employed * Yes No

If no, have you ever been employed? * Yes No

Start Date of Most Recent Job mm/dd/yyyy

Ending Date of Most Recent Job mm/dd/yyyy

Occupation of Most Recent Job ▼

Hourly Wage

Have you ever worked for the same employer for 6 months or more? Yes No

In total, how much did you work during the last three years? ▼

Drug/Alcohol Use

Alcohol Abuse / Drug Use at Intake Yes No

Alcohol Abuse / Drug Use Previously Yes No

Alcohol Abuse / Drug Use Treatment at Intake Yes No

Alcohol Abuse / Drug Use Treatment Previously Yes No

If Previously Treated for Alcohol Abuse or Drug Use, How Many Times?

Page 3: Employment and Substance Abuse History

Data Element	Definition	Format
Currently Employed *	Indicate the client employment status by selecting: ✓ "Yes" if the client is currently working or ✓ "No" if the client is not currently working. Required	Radio Button
If no, have you ever been employed? *	Indicate if the client has ever been employed by selecting: ✓ "Yes" if the client has had a job or ✓ "No" if the client has never worked. Required if answer to above data element is "no."	Radio Button
Start Date of Most Recent Job	Enter the date that the participant's last job started.	Numeric format -- mm/dd/yyyy
Ending Date of Most Recent Job	Enter the date that the participant's last job ended.	Numeric format -- mm/dd/yyyy
Occupation of Most Recent Job	Indicate the job title of the most recent job: ✓ Architecture and Engineering	Drop Down

	<ul style="list-style-type: none"> ✓ Arts, Design, Entertainment, Sports, and Media Occupations ✓ Building and Grounds Cleaning and Maintenance Occupations ✓ Business and Financial Operations Occupations ✓ Community and Social Services Occupations ✓ Computer and Mathematical Occupations ✓ Construction and Extraction Occupations ✓ Education, Training, and Library Occupations ✓ Farming, Fishing, and Forestry Occupations ✓ Food Preparation and Sewing Related Occupations ✓ Healthcare Practitioner and Technical Occupations ✓ Healthcare Support Occupations ✓ Installation, Maintenance, and Repair Occupations ✓ Legal Occupations ✓ Life, Physical, and Social Science Occupations ✓ Management Occupations ✓ Military Specific Occupations ✓ Office and Administrative Support Occupations ✓ Personal Care and Service Occupations ✓ Production Occupations ✓ Protective Service Occupations ✓ Sales and Related Occupations ✓ Transportation and Material Moving Occupations. 	
Hourly Wage	Enter the hourly wage for the last job.	Numeric format - \$00.00
Have you ever worked for the same employer for 6 months or more?	<p>Indicate if the client has ever worked for the same employer for 6 months or more by selecting:</p> <ul style="list-style-type: none"> ✓ "Yes" if the client has worked for the same employer for 6 months or more or ✓ "No" if the client has never worked for one employer for 6 months. 	Radio Button
In total, how much did you work in the last 3 years?	<p>Indicate how much the client worked in the last 3 years by selecting:</p> <ul style="list-style-type: none"> ✓ Less Than 6 Months ✓ 1 - 12 Months ✓ 13 - 24 Months ✓ More Than 24 Months ✓ Did Not Work. 	Drop Down

Page 3: Drug/Alcohol Use

Data Element	Definition	Format
Alcohol Abuse / Drug Use at Intake	<p>Indicate if the client has a recent history of using alcohol and/or drugs by selecting:</p> <ul style="list-style-type: none"> ✓ "Yes" if the client is using alcohol and/or drugs or ✓ "No" if the client is not currently using alcohol and/or drugs. <p>Required</p>	Radio Button
Alcohol Abuse / Drug Use	<p>Indicate if the client has a previous history of alcohol and/or drugs use by selecting:</p>	Radio Button

Previously	<ul style="list-style-type: none"> ✓ "Yes" if the client previously used alcohol and/or drugs or ✓ "No" if the client had not previously used alcohol and/or drugs. <p>Required</p>	
Alcohol Abuse / Drug Use Treatment at Intake	<p>Indicate if the client is currently receiving treatment for alcohol and/or drug use by selecting:</p> <ul style="list-style-type: none"> ✓ "Yes" if the client is receiving treatment for alcohol and/or drug use or ✓ "No" if the client is not receiving treatment for alcohol and/or drug use. <p>Required</p>	Radio Button
Alcohol Abuse / Drug Use Treatment Previously	<p>Indicate if the client previously received treatment for alcohol and/or drug use by selecting:</p> <ul style="list-style-type: none"> ✓ "Yes" if the client previously received treatment for alcohol and/or drug use or ✓ "No" if the client has not previously received treatment for alcohol and/or drug use. <p>Required</p>	Radio Button
If Previously Treated for Alcohol Abuse or Drug Use, How Many Times?	If Previously Treated for Alcohol Abuse or Drug Use, indicate the number of times the client has been in treatment.	Numeric format 11

4. Participant Information: Page 4 of 5 – Non-Custodial Parent

This section only applies if the client is a non-custodial parent at the time of intake and for those ex-offenders who have formal child support orders in place. Page 4 has two parts:

- **Non-Custodial Parent:** used to provide information about the participant’s status relative to child support and if there are child support enforcement cases.
- **Enter Data for Each Enforcement Case:** a section to be used to enter data about each enforcement case.

Non-Custodial Parent

Formal Child Support Order in Place * Yes No Don't Know
Note: If you answer Yes, all fields below are required.

Provide the Birth Date of the Youngest (Focal) Child mm/dd/yyyy

Date of Most Recent Visitation with Focal Child mm/yyyy

Number of Child Support Enforcement Cases

Child Support Case Number *

Order Amount \$ *

Payment Schedule * Choose One

If other, specify:

Does the Payment Include Arrearages? * Choose One

Remove Child Support case information

Child Support Case Number *

Order Amount \$ *

Payment Schedule * Choose One

If other, specify:

Does the Payment Include Arrearages? * Choose One

Remove Child Support case information

Page 4: Non-Custodial Parent

Data Element	Definition	Format
Formal Child Support Order in Place? *	Indicate if the client has a formal child support order in place by selecting: ✓ "Yes" if the client has an order, or ✓ "No" if the client does not have a formal order in place, or ✓ "Don't Know" if the client does not know if there is a formal child support order in place. Required	Radio Button
Provide the Birth Date of the Youngest (Focal) Child	Enter the date the Birth Date of the Youngest (Focal) Child. This is the child for which the support order is in place and is not living with the participant.	Numeric format -- mm/dd/yyyy
Date of Most Recent Visitation	Enter the date of Most Recent Visitation with Focal Child in terms of the last month and the last year.	Numeric format --

with Focal Child		mm/ - yyyy
Number of Child Support Enforcement Cases	Indicate Number of Child Support Enforcement Cases by selecting: <input checked="" type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 <input checked="" type="checkbox"/> 6 <input checked="" type="checkbox"/> 7 <input checked="" type="checkbox"/> 8 <input checked="" type="checkbox"/> 9 <input checked="" type="checkbox"/> 10	Drop Down

For each child support enforcement case, complete the following:

Data Element	Definition	Format
Child Support Case Number *	Enter the Child Support Case Number.	Numeric format
Order Amount *	Enter the amount of payment the client has been ordered to make.	Numeric format -- \$XXX.XX
Payment Schedule *	Indicate the payment schedule by selecting: <input checked="" type="checkbox"/> Weekly <input checked="" type="checkbox"/> Bi-Weekly <input checked="" type="checkbox"/> Monthly <input checked="" type="checkbox"/> Other.	Drop Down
If other, specify:	If the "Other" payment option was selected, type in a description of the other payment option/schedule.	Text Box
Does the Payment Include Arrearages? *	Indicate if the payment includes arrearages by selecting: <input checked="" type="checkbox"/> "Yes" if the payment does, or <input checked="" type="checkbox"/> "No" if the payment does not include arrearages.	Drop Down

5. Participant Information: Page 5 of 5 – Ex-Offender Information

This section has two parts and only applies if the client is an ex-offender:

- **Ex-Offender Information:** Used to record the basic ex-offender information of the participant.
- **Type of Crime:** Used to record the last offense that the client was incarcerated for.

Ex-Offender Information

Date of Most Recent Release * 02/02/2010 mm/dd/yyyy

Status at Intake * Parole Probation Other Criminal Justice/Court Supervision
 None

Parole Assessed Level of Risk Choose ▾

Criminal Justice System ID

Type of Criminal Justice ID Choose ▾

Other Criminal Justice ID

Date of Incarceration for Most Recent Crime Prior to Participation mm/dd/yyyy

Institution at Which the Participant Most Recently Was Incarcerated Prior to Enrollment

Type of Institution Federal Prison State Prison County/City Jail

Total Time Incarcerated * 01 Years 01 Months

Age of First Juvenile or Adult Conviction

Type of Crime

One of the following four fields is required: *

Property Crime Choose ▾ (if other, please specify)

Type of Other Property Crime

Drug Crime Possession of Drug Paraphernalia ▾ (if other, please specify)

Type of Other Drug Crime

Public Order Offenses Choose ▾ (if other, please specify)

Type of Other Public Order Offenses

Other Offenses Yes No (if yes, please specify)

Type of Other Offenses

Page 5: Ex-Offender

Data Element	Definition	Format
Date of Most Recent Release *	Enter the date of the Most Recent Release from prison. Note that if the program design is for ex-offenders, this date must be within 120 days of the enrollment date.	Numeric format -- mm/dd/yyyy
Status at Intake: *	Indicate the client's status at intake by selecting: <input checked="" type="checkbox"/> Parole <input checked="" type="checkbox"/> Probation <input checked="" type="checkbox"/> Other Criminal Justice/Court Supervision <input checked="" type="checkbox"/> None.	Radio Button
Parole Assessed Level of Risk	Indicate the Parole Assessed Level of Risk by selecting: <input checked="" type="checkbox"/> Low <input checked="" type="checkbox"/> Moderate <input checked="" type="checkbox"/> Moderate - High <input checked="" type="checkbox"/> High	Drop Down

	✓ Very High.	
Criminal Justice ID	Enter the Criminal Justice ID Number	Numeric format
Type of Criminal Justice ID	Indicate the Type of Criminal Justice ID by selecting: ✓ Federal ID ✓ State ID ✓ Department of Correction ID ✓ Local probation agency ID ✓ Local jail ID ✓ Other.	Drop Down
Other Criminal Justice ID	If the “Other” option was selected, type in a description or name of this selection.	Text Box
Date of Incarceration for Most Recent Crime Prior to Participation	Enter the date of Incarceration for Most Recent Crime Prior to Participation.	Numeric format -- mm/dd/yyyy
Institution at Which the Participant Most Recently Was Incarcerated Prior to Enrollment	Enter the Institution at Which the Client Most Recently Was Incarcerated Prior to Enrollment.	Text Box
Type of Institution	Indicate the Type of institution by selecting: ✓ Federal Prison ✓ State Prison ✓ City/County Jail.	Radio Button
Total Time Incarcerated: *	Enter the total time incarcerated in terms of the year and months for the last period of incarceration.	Numeric format -- XX/ - XX
Age of First Juvenile or Adult Conviction:	Indicate the participant’s age when he/she was first convicted of either a juvenile or adult crime.	Numeric format -- XX

Indicate the crime for the most recent incarceration:

Data Element	Definition	Format
Property Crime	If the most recent crime was a property crime, check off on the following: ✓ Burglary ✓ Larceny ✓ Major Vehicle Theft ✓ Receiving stolen property ✓ Other.	Drop Down

Type of Other Property Crime	If "Other" was selected, indicate the name of the other type of property crime committed.	Text Box
Drug Crime	If the most recent crime was a Drug crime check on of the following: <ul style="list-style-type: none"> ✓ Possession of a controlled substance ✓ Traffic in a controlled substance ✓ Possession of drug paraphernalia ✓ Sale of a controlled substance ✓ Other. 	Drop Down
Type of Other Drug Crime	If "Other" was selected, indicate the name of the other type of Drug crime committed.	Text Box
Public Order Offense	If the most recent crime was a Public Order Offense, check off the following: <ul style="list-style-type: none"> ✓ Commercial vice ✓ Gambling ✓ Animal cruelty ✓ Driving intoxicated ✓ Other. 	Drop Down
Type of Other Public Order Offense	If "Other" was selected, indicate the name of the other type of Public Order Offense committed.	Text Box
Other Offense	Indicate if the client was convicted of some other offense by selecting: <ul style="list-style-type: none"> ✓ "Yes" if they were convicted of some other offense or ✓ "No" if they were not convicted of another offense. 	Radio Button
Type of Other Offense	If Yes is checked for the Other Offense, indicate the name of the Other Offense crime committed.	Text Box

6. Services Record

There are six groups of services, each with two or more services. A list of all the services with brief definitions for each is in Attachment C. A separate form should be used for each service and dates may be recorded for a service which is ongoing.

New Service

Choose Service Code *

Service Description

Provider * (Add New Service Provider)

Date of Career/Life Skills Counseling/Planning * Additional Date

Close-Out Status Completed Successfully Completed Dropped Out

Services Record

Data Element	Definition	Format
Service Code *	Select the appropriate service type from the options presented.	Drop Down
Service Description	Enter a brief description of the service.	Text
Provider *	Using the drop down menu, select the provider that is providing the service -- if it is a new provider and not on the menu, add the new provider.	Drop Down
Date of Service *	Enter the date that the client actually started the service.	Numeric format -- mm/dd/yyyy
Additional Date(s) of Service	If an ongoing service, staff may enter additional dates that the client participated and/or received the service.	Numeric format -- mm/dd/yyyy
Close-Out Status	When the service is complete, staff may record the status of the completed service in terms of the client: <input checked="" type="checkbox"/> Completed Successfully <input checked="" type="checkbox"/> Completed <input checked="" type="checkbox"/> Dropped Out	Radio Button

7. Transitional Job(s) Record

Each payroll period for each transitional job is recorded in the system.

Add Transitional Jobs

Provider:* (Add New Transitional Jobs Provider)

Work Pay Period: Start:* mm/dd/yyyy **End:*** mm/dd/yyyy

Hours Worked:*

Hourly Wages:*

Pay Date:* mm/dd/yyyy

Amount of Gross Pay:

Amount of Net Pay:*

Pay Type:* Choose One:

If Other:

Amount of Wage Subsidy:* Choose One:

If Other:

Occupational Sector of Job:* Choose One:

TJ Record

Data Element	Definition	Format
Provider *	Using the drop down menu, select the provider that is providing the TJ opportunity -- if it is a new provider and not on the menu, add the new provider.	Drop Down
Work Pay Period: Start *	Enter the date that the client actually started work in the current pay period.	Numeric format -- mm/dd/yyyy
Work Pay Period: End *	Enter the date that the client actually ended work in the current pay period.	Numeric format -- mm/dd/yyyy
Hours Worked *	Enter the actual number of hours that the client worked in the current pay period.	Numeric
Hourly Wages *	Enter the actual hourly wage that the client was paid for work in the current pay period.	Numeric format -- \$xx.xx
Pay Date*	Enter the date that the client was or will be paid for the work in the current pay period.	Numeric format -- mm/dd/yyyy
Amount of Gross Pay	The system will calculate this automatically by multiplying the hourly wage times the number of hours worked.	

Amount of Net *	Enter the amount of net pay that the client was paid for work in the current pay period.	Numeric format -- \$xxx.xx
Pay Type *	Select one of the pay types from the drop down list: <ul style="list-style-type: none"> ✓ Cash - if the client was paid in cash ✓ Check - if the client was paid by check ✓ EFT - if an electronic funds transfer was used (ex., a deposit to a checking or savings account) ✓ Other - if some other method was used, describe the other in the text box that follows. 	Drop Down
If Other	If "Other" was checked, please describe.	Text Box
Amount of Wage Subsidy *	Select the percentage of grant funds that are being used to subsidize the TJ wage: <ul style="list-style-type: none"> ✓ 100% ✓ 75% ✓ 50% ✓ 0% ✓ Other - if some other percentage was used, describe the other in the text box that follows. 	Drop Down
If Other	If "Other" was checked, please describe.	Text Box
Occupational Sector of Job *	From the list provided in the drop down menu, select the occupational sector that is the closest match to the job the client was engaged in during the work period.	Drop Down

Attachment C: Services Definitions

The services and definitions are:

1. Education or Job Training

- a. English as a Second Language
English as a second language is formal instruction specifically intended to assist the client improve or learn the English language.
- b. GED Preparation
GED Prep is formal instruction specifically aimed at assisting the client to prepare for or take the GED exam. This is not basic and remedial education.,
- c. Math/Reading Remediation
Math/Reading Remediation consists of classroom instruction designed to improve a participant’s reading and/or math skills for those participants who are determined to be basic literacy skills deficient. Basic education skills include reading comprehension, math computation, writing, speaking, listening, problem solving, reasoning, and the capacity to use these skills.
- d. On-the-Job Training (OJT)
OJT is job placement that includes training provided by an employer. **OJT is not a Transitional Job and is not tracked using the TJ screens in the system.** With OJT the employer hires the client as a part of their workforce with the expectation that the person hired will be a permanent member of their workforce. The employer pays the participant while he/she is engaged in productive work. The job provides knowledge or skills essential to the full and adequate performance of the job they were hired for. OJT provides reimbursement to the employer of up to 50% of the wage rate of the participant, and is limited in duration to a period appropriate to the occupation for which the participant is being trained. Once the training is concluded it is expected that the OJT then becomes a job placement outcome.
- e. Vocational/Occupational Skills Training
Vocational/Occupational Skills Training is a type of long term occupational training consisting of specific classroom and work-based study in a specific occupation leading to a degree or certificate.
- f. Other Education or Job Training
This category is used when an education or job training service that does not come under one of the services listed in a thru c is provided to a client.

2. Workforce Preparation Activities

- a. Career/Life Skills Counseling/Planning
This is any formal counseling and/or instruction provided on a specific life skill or related to career guidance. This differs from ongoing counseling/case management in that this service has a curriculum with specific content that is provided to the client.
- b. Formal Assessment/Testing
This is any formal testing provided to a client in order to assess them.
- c. Internship
An Internship consists of **unpaid**, onsite work experience designed to improve an enrollee’s occupational skills and readiness for the world of work.
- d. Subsidized Employment
Subsidized Employment is employment that is in any part subsidized by federal funds that are not a part of the grantee's funds awarded under the ETJD initiative. **Subsidized employment is not a Transitional Job.**
- e. Work Readiness Training
Work Readiness Training includes world of work awareness,

labor market knowledge, occupational information, values clarification and personal understanding, career planning and decision-making, and job search techniques (resumes, interviews, applications, and follow-up letters). It also includes positive work habits, attitudes, and behavior such as punctuality, regular attendance, presenting a neat appearance, getting along and working well with others, exhibiting good conduct, following instructions and completing tasks, accepting constructive criticism from supervisors and co-workers, showing initiative and reliability, and assuming the responsibilities involved in maintaining a job.

f. Workforce Information Services

Workforce Information Services include, but are not limited to, providing written information on state and local labor market conditions; industries, occupations and characteristics of the workforce; area business identified skills needs; employer wage and benefit trends; short- and long-term industry and occupational projections; worker supply and demand; and job vacancies survey results. Workforce information also includes local employment dynamics information such as workforce availability; business turnover rates; job creation; job destruction; new hire rates, worker residency, commuting pattern information; and the identification of high growth and high demand industries.

g. Other Workforce Preparation Activities

This category is used when a workforce prep service that does not come under one of the services listed in a thru f is provided to a client.

3. Community Involvement Activities

a. Community Service

Community Service is an activity in which the participants perform volunteer work that benefits the community.

b. Other Community Involvement Activities

This category is used when a community service that does not come under a is provided to a client.

4. Mentoring Activities

a. Individual Mentoring

Individual Mentoring Activities are a sustained, one-on-one relationship between a mentor and participant.. Through continued involvement, a mentor offers support and guidance in the individual's development to become a responsible member of the community. A variety of approaches may be used such as coaching, training, discussion, and counseling.

b. Group Mentoring

Group Mentoring Activities are a meetings/classes and/or events where mentors and participants come together and interact and which serve to further the development of the participant. Through continued involvement, group mentoring offers support and guidance in the individual's development to become a responsible member of the community.

5. Parenting/Child Support Services

a. Child Support Order Assistance

When the case manager or other grantee staff directly assist the client in matters related to their child support order, use this service category to report this service/activity.

b. Child Visitation Assistance

When the case manager or other grantee staff directly assist the client in matters related to their child visitation rights or directly facilitates visitation activities, use this service category to report this service/activity.

- c. Parenting Class
Parenting class is formal instruction designed to assist the client to learn about and improve parenting skills.
 - d. Other Parenting/Child Support Service
This category is used when a parenting/child support service that does not come under one of the services listed in a thru c is provided to a client.
- 6. Supportive Services**
- a. Case Management Services
Case management services are specific meetings between a client and their assigned program case manager.
 - b. Child Care Service
Child Care Services provide participants during program participation with child care that can be inside or outside the home, as well as after-school programs. It usually includes supervision and shelter.
 - c. Cognitive/Behavioral Services
Cognitive behavioral therapy (CBT) is a psychotherapeutic approach: a talking therapy. CBT aims to solve problems concerning dysfunctional emotions, behaviors and cognitions through a goal-oriented, systematic procedure in the present. This includes both non emergency and emergency medical, surgical and/or dental care provided to clients.
 - d. Health Service - Dental or Physical Care Service
Mental Health Treatment is any formal treatment for anxiety, depression, impulse control, mood, adjustment, personality issues, or other conditions related to mental health provided by a licensed or certified mental health provider.
 - e. Health Service - Mental Health Service
Treatment of a condition for which the abuse of or addiction to a controlled substance is a major feature.
 - f. Health Service - Substance Abuse Treatment
Incentive payments are cash and/or other non-monetary payments made to a client to recognize, reward and/or encourage the successful completion of certain types of positive program milestones.
 - g. Incentive Payments
Needs-Related Payments provide financial assistance to participants for the purpose of enabling individuals to participate in training.
 - h. Needs-Related Payments
Transportation Services include assistance or cash paid to participants for the purpose of transportation.
 - i. Transportation Service
Services provided following exit from the program intended to support the participant and ensure placement retention and/or career advancement.
 - j. Other Follow-Up/ Job Retention Service
This category is used when a supportive service that does not come under one of the services listed in a thru j is provided to a client.
 - k. Other Supportive Service