

WIA Adult Data Validation Elements

DRVS Field Number	Data Element	Data Element Definition	Code Value	Adult	Match/Support	Source Documentation Requirements
3	Date of Birth	Record the individual's date of birth	YYYYMMDD	Yes	Support	<p><u>Adults who received Self-services only:</u> Self-attestation</p> <p><u>Adult Exiters who received Staff-assisted core services only:</u> Hard or electronic case notes. Should reflect that the client has shown proof of age, and should include, for example, the driver's license number or other uniquely identifiable information of the document.</p> <p><u>Adult Exiters who received Intensive or Training Services</u> Copy of I.D., Baptismal record, birth certificate, DD-214, Report of Transfer or Discharge paper, driver's license, Federal, state or local identification card, passport, hospital record of birth, public assistance/social service records, school records or ID cards, work permit, cross match with Dept of Vital Statistics, or tribal records</p>

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12	Veteran's Status	<p>Record 1 if 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.</p> <p>Record 2 if 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.</p>	<p>1 = Yes, <= 180 days</p> <p>2 = Yes, Eligible Veteran</p> <p>3 = Yes, Other Eligible Person</p> <p>4 = No</p>	Yes	Support	<p><u>Adult Exiters who did not receive Intensive or Training Services:</u> MontanaWorks, self-attestation, case notes</p> <p><u>Adult Exiters who received Intensive or Training Services:</u> DD-214, cross match with veterans data, a letter from the Veterans' Administration</p>

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		<p>Record 3 if the individual is a person who is</p> <ul style="list-style-type: none"> (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: <ul style="list-style-type: none"> (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. <p>Record 4 if the individual does not meet any one of the conditions described above.</p>				

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16	Employment Status at Participation #115	<p>Record 1 if the participant is a person who either (a) did any work at all as a paid employee; (b) did any work at all in his or her own business, profession, or farm; (c) worked 15 hours or more as an unpaid worker in an enterprise operated by a member of the family; or (d) is one who was not working, but has a job or business from which he or she was temporarily absent because of illness, bad weather, vacation, labor-management dispute, or personal reasons, whether or not paid by the employer for time-off, and whether or not seeking another job.</p> <p>Record 2 if the participant is a person who, although employed, either (a) has received a notice of termination of employment or the employer issued a Worker Adjustment and Retraining Notification (WARN) or other notice that the facility or enterprise will close, or (b) is a transitioning service member.</p> <p>Record 3 if the individual does not meet any one of the conditions described above.</p>	<p>1 = Employed 2 = Employed, but Received Notice of Termination of Employment or Military Separation</p>	Yes	Support	<p><u>Adult Exiters who did not receive Intensive or Training Services:</u> MontanaWorks, self-attestation, case notes</p> <p><u>Adult Exiters who received Intensive or Training Services:</u> Pay stub, case notes showing information collected from participant</p>

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20	Low Income #119	<p>Record 1 if the individual is person who:</p> <p>(A) receives, or is a member of a family which receives, cash payments under a Federal, state or local income-based public assistance program, or</p> <p>(B) received an income, or is a member of a family that received a total family income, for the six-month period prior to program participation (exclusive of unemployment compensation, child support payments, payments described in subparagraph A and old-age and survivors insurance benefits received under section 202 of the Social Security Act (42 U.S.C. 402) that, in relation to family size does not exceed the higher of (i) the poverty line, for an equivalent period, or (ii) 709 percent of the lower living standard income level, for an equivalent period; or</p> <p>(C) is a member of a household that receives (or has been determined within the 6-month period prior to program participation) Food Stamps (SNAP benefits) under the Food Stamp Act of 1977 (7 U.S.C. 2011 et seq.); or</p>	<p>1 = Yes</p> <p>2 = No</p>	Yes	Support	<p><u>Adult Exiters who did not receive Intensive or Training Services:</u> MontanaWorks, self-attestation, case notes</p> <p><u>Adult Exiters who received Intensive or Training Services:</u> Alimony Agreement, applicant statement, award letter from veteran's administration, bank statements, compensation award letter, court award letter, pension statement, employer statement/contact, family or business financial records, housing authority verification, pay stubs, pension statement, public assistance records, quarterly estimated tax for self-employed persons, Social Security benefits, UI documents</p>

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		<p>(D) qualifies as a homeless individual, as defined in subsections (a) and (c) of section 103 of the Stewart B. McKinney Homeless Assistance Act (42 U.S.C. 11302); or</p> <p>(E) is a foster child on behalf of whom State or local government payments are made; or</p> <p>(F) is a person with a disability whose own income meets the income criteria established in WIA section 101 (25)(A) or (B), but is a member of a family whose income does not meet the established criteria.</p> <p>Record 2 if the individual does not meet the criteria presented above.</p>				
21	TANF (Needy Family Status) #120	<p>Record 1 if the individual is a person who is listed on the welfare grant or has received cash assistance or other support services from the TANF agency in the last six months prior to participation in the program.</p> <p>Record 2 if the individual does not meet the condition described above.</p>	<p>1 = Yes</p> <p>2 = No</p>	Yes	Support	<p><u>Adult Exiters who did not receive Intensive or Training Services:</u> MontanaWorks, self-attestation, case notes</p> <p><u>Adult Exiters who received Intensive or Training Services:</u> Cross-match with TANF public assistance records</p>

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22	Other Public Assistance Recipient #121	<p>Record 1 if the individual is a person who is receiving or has received cash assistance or other support services from one of the following sources in the last six months prior to participation in the program: General Assistance (GA) (State/local government), Refugee Cash Assistance (RCA), Food Stamp Assistance (SNAP), and Supplemental Security Income (SSI-SSA Title XVI). Do not include foster child payments.</p> <p>Record 2 if the individual does not meet the above criteria.</p>	<p>1 = Yes</p> <p>2 = No</p>	Yes	Support	<p><u>Adult Exiters who did not receive Intensive or Training Services:</u> MontanaWorks, self-attestation, case notes</p> <p><u>Adult Exiters who received Intensive or Training Services:</u> Copy of authorization to receive cash public assistance, copy of public assistance check, public assistance records, refugee assistance records, cross-match with public assistance database</p>

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26	Homeless individual and/or runaway youth #125	<p>Record 1 if the individual (adult or youth) is a person who lacks a fixed, regular, adequate night time residence. This definition includes any individual who has a primary night time residence that is a publicly or privately operated shelter for temporary accommodation; an institution providing temporary residence for individual intended to be institutionalized; or a public or private place not designated for or ordinarily used a a regular sleeping accommodation for human beings; or a person under 18 years of age who absents himself or herself from home or place of legal residence without the permission of his or her family (i.e., runaway youth). This definition does not include an individual imprisoned or detained under an Act of Congress or State law. An individual who may be sleeping in a temporary accommodation while away from home should not, as a result of that alone, be recorded as homeless.</p> <p>Record 2 if the individual does not meet the conditions described above.</p>	<p>1 = Yes</p> <p>2 = No</p>	Yes	Support	Written statements from an individual providing residence, shelter or social service agency, WIA intake or registration form, self-attestation

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27	Offender	<p>Record 1 if the individual (adult or youth) is a person who either (a) is or has been subject to any stage of the criminal justice process for committing a status offense or delinquent act, or (b) requires assistance in overcoming barriers to employment resulting from a record of arrest or conviction for committing delinquent acts, such as crimes against persons, crimes against property, status offenses, or other crimes.</p> <p>Record 2 if the individual does not meet any one of the conditions described above.</p>	<p>1 = Yes</p> <p>2 = No</p>	Yes	Support	Documentation from juvenile or adult criminal justice system, documented phone call with court or probation representatives, WIA intake or registration form, self-attestation
34	Date of program participation #302	Record the date on which the individual began receiving his/her first service funded by the program following a determination of eligibility to participate in the program.	YYYYMMDD	Yes	Match	MontanaWorks information
35	Date of Exit #303	Record the date on which the last service funded by the program or a partner program is received by the participant. Once a participant has not received any services funded by the program or a partner program for 90 consecutive calendar days and has no gap in service and is not scheduled for future services, the date of exit is applied retroactively to the last day on which the individual received a service funded by the program or a partner program.	YYYYMMDD	Yes	Match	WIA status/exit forms, MontanaWorks data, case notes

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61	Other reasons for exit #327	<p>Record 01 if the participant is residing in an institution or facility providing 24-hour support such as a prison or hospital and is expected to remain in that institution for at least 90 days.</p> <p>Record 02 if the participant is receiving medical treatment that precludes entry into unsubsidized employment or continued participation in the program. Does not include temporary conditions expected to last for less than 90 days.</p> <p>Record 03 if the participant was found to be deceased or no longer living.</p> <p>Record 04 if the participant is providing care for a family member with a health/medical condition that precludes entry into unsubsidized employment or continued participation in the program. Does not include temporary conditions expected to last for less than 90 days.</p> <p>Record 05 if the participant is a member of the National Guard or other reserve military unit and is called to active duty for at least 90 days.</p>	<p>01 = Institutionalized</p> <p>02 = Health/Medical</p> <p>03 = Deceased</p> <p>04 = Family Care</p> <p>05 = Reserve Forces Called to Active Duty</p> <p>06 = Relocated to Mandatory Residential or Non-Residential Program</p> <p>98 = Retirement</p> <p>99 = Not a Valid SSN</p>	Yes	Support	Information from partner services' MIS systems, WIA status/exit form, case notes, information from institution or facility

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		<p>Record 06 if the youth participant is in the foster care system or any other mandated residential or non-residential program and has moved from the area as part of such a program or system (exclusion is for youth participants only).</p> <p>Record 98 if the participant retired from employment. (Participants who exit programs based on this reason will be included in calculations for performance measures.)</p> <p>Record 99 if the participant either disclosed an invalid social security number (SSN) or chose not to disclose an SSN.</p> <p>Record 00 or blank if the participant exited for a reason other than one of the conditions described above.</p>				

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66	Date of First Staff Assisted Core Service #332	Record the date on which the individual received his/her first staff-assisted core service (NOTE: this excludes self-service and informational activities)	YYYYMMDD	Yes	Match	MontanaWorks data, case notes
68	Date of First Intensive Service #334	Record the date on which the individual received his/her first intensive service. Leave blank if the individual did not receive intensive services.	YYYYMMDD	Yes	Match	MontanaWorks data, case notes
69	Date Entered Training #335	Record the date on which the individual's training actually began. If multiple training services were received, record the earliest date on which the individual entered training. Leave blank if the individual did not receive training services.	YYYYMMDD	Yes	Match	Vendor training documentation, case notes
70	Date Completed or Withdrew from Training #336	Record the date on which the participant completed training or withdrew from training. If multiple training services were received, record the most recent date on which the individual completed training. Leave blank if the individual did not receive training services.	YYYYMMDD	Yes	Match	Vendor training documentation, case notes

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74	Type of Training Service #1 #340	Use the appropriate code to indicate the type of training being provided to the individual. Leave blank if the individual did not receive training services.	1 = On-the-Job Training 2 = Skill Upgrade & Retraining 3 = Entrepreneurial Training 4 = ABE or ESL in Combination with Training 5 = Customized Training 6 = Other Occupational Skills Training	Yes	Support	Vendor training documentation, case notes
84 89 91	Employed in 1 st , 2 nd or 3 rd quarter after exit quarter #601 #606 #608	Record 1 if the participant was employed in the first, second or third quarter after the quarter of exit. Record 2 if the participant was not employed in the first, second or third quarter after the exit quarter.	1 = Yes 2 = No 3 – Information not yet available	Yes	Support	UI wage records, other states' UI data, supplemental follow-up from MontanaWorks

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85 90 92	Type of Employment Match 1 st , 2 nd or 3 rd quarter after exit quarter	Use appropriate code to identify the method used in determining the individual's employment status	1 = UI Wage Records (in-state and WRIS) 2 = Federal Employment Records (OPM, USPS) 3 = Military Employment Records (DOD) 4 = Other Administrative Wage Records 5 = Supplemental through case management, participant survey, and/or verification with the employer 6 = Information not yet available	Yes	Support	UI wage records, WRIS, supplemental data sources defined by TEGL 17-05, follow up services, surveys, record sharing and/or automated record matching with other employment and administrative databases, case notes

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95 96	Wages 3 rd and 2 nd quarter prior to participation quarter # 612 #613	Record total earnings for 3 rd and 2 nd quarter prior to quarter of participation.	000000.00	Yes	Match	Acceptable wage sources only—no control over these fields
98 99 100 101	Wages 1 st , 2 nd , 3 rd , 4 th quarters	Record total for the 1 st , 2 nd , 3 rd & 4 th quarter after the quarter of exit	000000.00	Yes	Support	Acceptable wage sources only—no control over these fields
102	Type of Recognized Credential #619	<p>Use the appropriate code to record the type of recognized educational or occupational certificate, credential, diploma or degree attained by the individual who received training services.</p> <p>Record 0 if the individual received training services, but did not attain a recognized credential.</p> <p>Credentials must be attained either during participation or by the end of the third quarter after the quarter of exit from services (other than follow-up services).</p>	<p>1 = High School Diploma/GED</p> <p>2 = AA or AS Diploma/Degree</p> <p>3 = BA or BS Diploma/Degree</p> <p>4 = Occupational Skills Licensure</p> <p>5 = Occupational Skills Certificate or Credential</p> <p>6 = Other Recognized Educational or Occupational Skills Certificate/Credential</p>	Yes	Support	<p>Transcripts, certificates, diploma, surveys, case notes,</p> <p>* occupational license</p>