

UNITED STATES DEPARTMENT OF EDUCATION
OFFICE OF SPECIAL EDUCATION AND
REHABILITATIVE SERVICES
REHABILITATION SERVICES ADMINISTRATION
WASHINGTON, DC 20202

POLICY DIRECTIVE
RSA-PD-19-03
DATE: May 6, 2019

ADDRESSEES: State Vocational Rehabilitation Agencies

SUBJECT: Instructions for the Completion of the Case Service Report (RSA-911) for the State Vocational Rehabilitation Services Program and the State Supported Employment Services Program

POLICY:

Through this Policy Directive (PD), the Rehabilitation Services Administration (RSA) is transmitting a copy of the revised RSA-911 for the State Vocational Rehabilitation (VR) Services and State Supported Employment Services programs. The Office of Management and Budget (OMB) has approved this information collection (OMB control number 1820-0508) until April 30, 2022.

Implementation Timeline

The attached version of the RSA-911, in Attachment II, becomes effective July 1, 2020, when State VR agencies must begin collecting RSA-911 data consistent with RSA-PD-19-03 for program year (PY) 2020. State VR agencies will continue to submit RSA-911 data in accordance with RSA-PD-16-04, dated June 14, 2017, for the remainder of PY 2018 and the entirety of PY 2019 (July 1, 2019 through June 30, 2020).

In accordance with 34 C.F.R. § 361.12, State VR agencies must implement policies and procedures that ensure the proper and efficient administration of the VR program, including those necessary to carry out all functions for which the State is responsible under this program. So that each State VR agency is able to collect and report on the revised RSA-911 by July 1, 2020, each State VR agency's internal controls should ensure that its:

1. Data collection system is capable of capturing and reporting all the required Data Elements contained in RSA-PD-19-03;
2. Staff have completed training necessary to ensure the collection and reporting of the required Data Elements; and
3. Internal control processes to ensure the accuracy and validity of the data have been implemented.

Use of RSA-911 Data

RSA uses the data collected through the RSA-911 to describe the performance of the VR and Supported Employment programs in the Annual Report to the Congress and the President as required by Sections 13 and 101(a)(10) of the Rehabilitation Act of 1973 (Rehabilitation Act), as amended by the Workforce Innovation and Opportunity Act (WIOA). RSA also uses these data to assess the performance of the VR program through the calculation of evaluation standards and performance indicators as required by Section 106 of the Rehabilitation Act, which must be consistent with the common performance accountability measures established in Section 116 of Title I of WIOA for the core programs of the workforce development system. In addition, RSA uses data reported through this data collection to support its other responsibilities under the Rehabilitation Act. RSA uses data captured through the RSA-911 during the conduct of the annual reviews and periodic onsite monitoring of VR agencies required by Section 107 of the Rehabilitation Act to examine the effectiveness of program performance. Other important management activities, such as the provision of technical assistance, program planning, and budget preparation and development, are greatly enhanced through the use of RSA-911 data. In addition, RSA uses RSA-911 data in the exchange of data under a data sharing agreement with the Social Security Administration as required by Section 131 of the Rehabilitation Act. Finally, the RSA-911 data is used widely by researchers for disability-related analyses and reports.

Submission Requirements

State VR agencies must submit RSA-911 data to RSA on a quarterly basis, no later than 45 days after the end of each quarter in accordance with the following schedule:

1. Reporting Period: July 1 – September 30
Report Due: November 15
2. Reporting Period: October 1 – December 31
Report Due: February 15
3. Reporting Period: January 1 – March 31
Report Due: May 15
4. Reporting Period: April 1 – June 30
Report Due: August 15

So that a State VR agency can be considered to have met the data submission requirement, the data must be submitted in accordance with the timeline above and be accurate. Data submissions that are submitted by the due date but are returned for correction will not be considered timely submissions. State VR agencies must submit the report covering the period July 1, 2020, through September 30, 2020, to RSA no later than November 15, 2020.

Electronic Submission

Each VR Director will receive a user ID and password necessary to access the RSA-911 data portal via RSA's website, <https://rsa.ed.gov>. The VR Director will be responsible for ensuring submission and certification of the RSA-911 data on a quarterly basis. The VR Director may formally delegate this responsibility to another individual who is authorized to certify the data on behalf of the VR agency. End users will be required to reset the password periodically for

security purposes. When uploading data, the RSA-911 upload webpage will capture the following:

- Name of Individual Submitting Data: Entered by end user
- Title of Individual Submitting Data: Entered by end user
- Phone Number for Individual Submitting Data: Entered by end user
- Email Address for Individual Submitting Data: Entered by end user
- Date Report Submitted: No data entry required

End users will follow the RSA-911 data portal prompts to upload the data file. Prior to the submission of the data, the VR Director or the individual formally delegated the authority to submit the data on his or her behalf will be required to certify the following statement:

By submitting this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures reported are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise.

Data Element Sequence

The RSA-911 Data Elements have been categorized to indicate the point in the VR or supported employment process when the data should be collected. The Data Elements are designed to collect information at that particular point (e.g., application, eligibility). By collecting and reporting applicable data at the correct point in the VR process, State VR agencies help to ensure data validity.

State VR agencies must submit a comma delimited data file through the RSA-911 data portal. Although some elements may be left blank, a comma delimited space must be included for each Data Element in each submission. The element number refers to the location of the reported response in the comma delimited text string (e.g., the second comma delimited position in the text file is for the Social Security Number).

The RSA-911, issued in RSA-PD-16-04, includes a total of 393 Data Elements. Through RSA-PD-19-03, RSA has deleted 94 Data Elements and has added 14 new Data Elements. As a result, the revised RSA-911 includes a total of 313 Data Elements. Because of these revisions, the revised RSA-911 now includes 94 Data Elements wherein State VR agencies are not to report any data. For example, RSA has deleted Data Element 3 (*Date Report Submitted*) in the revised RSA-911 covered by this PD. Thus, State VR agencies will leave Data Element 3 blank.

The 14 new Data Elements are numbered 394 through 407. For example, RSA has added a new Data Element titled *Monthly Public Support at Application*; this is Data Element 394 in the revised RSA-911. For a complete list of the revisions RSA made to the RSA-911, please see Attachment I.

Data Element Types

Each Data Element has an associated type that serves as a guide for submitting valid values:

- VARCHAR n: Data can include any letters or numbers with a maximum length defined by “n.” All variable character (VARCHAR) Data Elements that require numbers use only positive numbers.
- DATE (YYYYMMDD): Data can include dates in the eight-digit format of year, month, and day. All dates reported on the RSA-911 must be in the format of (YYYYMMDD), where (YYYY) is year, (MM) is month and (DD) is day. For Year (YYYY), record the calendar year using all four digits of the year (e.g., 2019). For Month (MM), record the months using two digits (e.g., 01 for January). For Day (DD), record the day of the month using two digits. When the day is a single digit, add a "0" prefix (e.g., 04).
- Decimal n,x: Data can include a decimal number with a total of number of “n” digits, of which “x” can be after the decimal point.
- INT n: Data can include any integer (whole number) with a maximum length of integers as defined by “n.” All integers must be positive.

Data Reporting Requirements

The data comprising the RSA-911 are mandated by the Rehabilitation Act. Applicable portions of the Rehabilitation Act explicitly or implicitly require the collecting and reporting of specific Data Elements by State VR agencies to RSA for the VR and Supported Employment programs. In addition, reporting requirements to support the performance accountability system under Section 116 of title I of WIOA are applicable to the VR program, as one of the six core programs of the workforce development system. Section 116 requires the reporting of data needed to calculate State performance on the primary indicators of performance for the core programs. In addition, States must report information on barriers to employment for participants under each of the core programs.

In accordance with 34 C.F.R. § 361.150(a)(1), for purposes of the VR program, an individual is a “participant” if he or she has an approved individualized plan for employment (IPE) and has begun receiving VR services. A “reportable individual,” in accordance with 34 C.F.R. § 361.150(b), is an individual who has taken action that demonstrates an intent to use program services and who meets specific program criteria for reporting, which may include the provision of identifying information, the use of a self-service system, or receipt of information-only services or activities. The following are considered reportable individuals for the VR program:

- Individuals who have applied for VR services, but have not yet met the definition of “participant;” and
- Students with disabilities receiving pre-employment transition services prior to applying and being determined eligible for VR services and having an approved IPE (e.g., the student does not meet the definition of a “participant”).

A key difference between a “participant” and “reportable individual,” for purposes of the common performance accountability system, is that only “participants” are included in performance calculations for determining levels of performance for the primary indicators of

performance. Furthermore, there currently is no requirement for the collection and reporting of outcome data for reportable individuals.

Internal Controls

As stated earlier, in accordance with 34 C.F.R. § 361.12, State VR agencies must implement policies and procedures that ensure the proper and efficient administration of the VR program, including those necessary to carry out all functions for which the State is responsible under this program. These methods must include procedures to ensure accurate data collection and financial accountability. It is incumbent on State VR agencies to establish policies and procedures that ensure the accurate collection, retention, and timely reporting of all data. The Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance) (2 C.F.R. § 200.61) defines internal controls as: a process, implemented by a non-Federal entity, designed to provide reasonable assurance regarding the achievement of objectives in the following categories:

- Effectiveness and efficiency of operations;
- Reliability of reporting for internal and external use; and
- Compliance with applicable laws and regulations.

State VR agencies must establish and maintain internal control processes necessary to ensure the State's ability to meet the internal control requirements. The RSA Commissioner (Commissioner) is responsible for the review and monitoring of State VR agencies to determine whether a State is complying substantially with the provisions of the VR services portion of the Unified or Combined State Plan. The reliability and validity of data reported in the RSA-911 may be subject to desk review, monitoring, and/or audits. Sections 107(b) and (c) of the Act specify the remedies available to the Commissioner if a State fails to satisfy Federal requirements governing the VR program, including requirements related to data reporting. States that do not meet the data reporting requirements may also face potential consequences resulting from audit findings stemming from Inspector General, State, or Single Audits.

Supporting Documentation

The requirements in 34 C.F.R. § 361.47 and 34 C.F.R. § 361.56, taken together, require State VR agencies to maintain supporting documentation in an individual's case file, particularly regarding eligibility determinations, development of the IPE, services provided, and case closure. It is important to note that the use of an electronic case management system, does not remove the requirement for the agency to maintain either hard copies or scanned copies of required supporting documentation in the individual's service record. An electronic case management system is merely a data entry process that is susceptible to data entry errors. Requiring staff to note the source of the employment data also does not provide documentation necessary to ensure data validity and reliability.

On December 19, 2018, the Departments issued joint guidance titled, "Guidance for Validating Jointly Required Performance Data Submitted under WIOA" ([RSA-TAC-19-01](#)). This guidance provides States with a general framework for data validation. Specifically, the Departments developed the joint guidance pursuant to Section 116(d)(5) of WIOA, which requires the

Departments to establish data validation guidelines to ensure the information contained in program reports is valid and reliable. State VR agencies must develop data validation procedures consistent with these guidelines.

WIOA Participant Individual Record Layout (PIRL)

The PIRL is derived from the Joint Performance Information Collection Request and provides a standardized set of Data Elements, definitions, and reporting instructions that will be used to describe the characteristics, activities, and outcomes of WIOA participants. Under the PIRL, a “participant” for the purpose of the VR program is an individual who has an approved and signed IPE and has begun to receive services. VR agencies are required to collect participant information that corresponds with the Data Elements and descriptions delineated within the PIRL. Once collected, RSA will then aggregate this information as specified in the WIOA Annual Statewide Performance Report Specifications, which details the common Data Elements and technical specifications necessary for calculation of the State and Local Area performance report elements that will be used in reporting across all core programs. Where there is a direct correlation between a PIRL Data Element and an RSA-911 Data Element, the PIRL Data Element number and name have been included. There are additional PIRL Data Elements that must be calculated from other RSA-911 Data Elements. A list of the calculated PIRL Data Elements and the methodology used to calculate them is posted on the U.S. Department of Labor’s Employment and Training Administration’s website, <https://www.doleta.gov/performance/reporting/>.

Case Service Records

The case service record documents the application for and/or provision of VR and supported employment services to individuals with disabilities, including program outcomes. An individual may have multiple service records resulting from repeated involvement with the programs. For example, an individual may receive pre-employment transition services and/or other VR services in secondary school and then years later apply for additional VR services. These two periods of participation in the VR program would constitute separate service records.

Under this data collection, State VR agencies are required to report data on open service records on a quarterly basis. A service record is opened either when an individual applies for VR services (*Date of Application*) or, in the case of a student with a disability that is solely receiving pre-employment transition services, a date is reported for *Start Date of Pre-Employment Transition Services*. These dates initiate the quarterly reporting requirement for all individuals with an open service record.

The case service record is considered closed when the individual has a *Date of Exit* and all of the required Data Elements, including the post-exit Data Elements, when required, have been reported. For a student with a disability who solely received pre-employment transition services and has not applied to receive other VR services, the service record is closed when the student is no longer receiving such services as indicated in the pre-employment transition services Data Elements. Duplicate individual records will not be accepted. For example, records with the same *Social Security Number* and *Date of Application* would be considered a duplicate case service

record. If an individual has multiple exits within the same program year, each exit must be reported and cannot overlap. For example, if an individual had more than one *Date of Application* in a quarter, the *Date of Exit* associated with the first application must be a date before the second *Date of Application*.

Unique Individuals

All service record data submitted for the same reporting period must be associated with a unique individual. Therefore, each individual receiving VR services must be assigned a *Unique Identifier* that allows RSA to report an unduplicated count of individuals receiving services in accordance with the WIOA PIRL. The unique identifier will also be used to calculate a count of unique program participants for each State, which will be reported on the State Performance Reporting Template. In addition, the unique identifier provides RSA a means to communicate with agencies regarding an individual's Data Elements without the exchange of Personally Identifiable Information (PII). RSA will use *Unique Identifier* and *Social Security Number* to identify a unique individual within a data set. If an individual does not have a Social Security Number (SSN) or chooses not to provide an SSN, only the *Unique Identifier* is reported. An individual's SSN is reported only once to RSA with the *Unique Identifier*. After that, the *Unique Identifier* is the only unique individual Data Element reported with each data submission.

Edit Checks

RSA will periodically provide State VR agencies with comprehensive edit checks that detail, by Data Element, the edit checks required to ensure the integrity of data submissions. Edits describe constraints that should be satisfied by the data. Each data submission will be analyzed to determine whether the data is consistent with the edit checks. Data submissions that fail to pass the edit check will be returned to the VR agency for correction and resubmission. Any corrections made must be consistent with the agency's electronic case management system and the supporting documentation maintained by the agency. RSA's data editing process will use both hard and soft edits. Hard edits identify records that "fail" based upon erroneous combinations or missing values. Soft edits are constraints that identify (combinations of) values that are suspicious but not necessarily incorrect. VR agencies are responsible for ensuring that any data submitted conforms to edit check and data submission requirements.

CITATIONS IN LAW:

Section 116(b) in Title I of WIOA and Sections 101(a)(10) and 607 of the Rehabilitation Act.

CITATIONS IN REGULATIONS:

34 C.F.R. § 361.47 and 34 C.F.R. § 361.56

EFFECTIVE DATE:

July 1, 2020

EXPIRATION DATE:

April 30, 2022

INQUIRIES TO:

RSAData@ed.gov

/s/

Carol L. Dobak
Acting Deputy Commissioner,
delegated the authority to perform the
functions and duties of the Commissioner

Attachments

cc: Council of State Administrators of Vocational Rehabilitation
National Council of State Agencies for the Blind

Attachment I: Summary of Revisions to Case Service Report (RSA-911)

Number	Data Element Name	Change
1	Program Year	No
2	Program Year Quarter	No
3	Date Report Submitted	Deleted
4	Agency Code	No
5	Unique Identifier	Modified Reporting Instruction
6	Social Security Number	No
7	Date of Application	No
8	Date of Birth	No
9	Sex	No
10	American Indian / Alaska Native	No
11	Asian	No
12	Black / African American	No
13	Native Hawaiian / Other Pacific Islander	No
14	White	No
15	Ethnicity: Hispanic / Latino	No
16	Veteran	No
17	Living Arrangement	Deleted
18	State Postal Code of Residence	Modified reporting instructions
19	County FIPS Code	No
20	ZIP Code	No
21	Source of Referral	Modified list of choices
22	Student with a Disability	Modified Reporting Instruction
23	SSDI at Application	Deleted
24	SSI for the Aged, Blind, or Disabled at Application	Deleted
25	Temporary Assistance for Needy Families at Application	Deleted
26	General Assistance at Application	Deleted
27	Veterans' Disability Benefits at Application	Deleted
28	Workers' Compensation at Application	Deleted
29	Unemployment Compensation at Application	Deleted
30	Primary Source of Support at Application	Deleted
31	Medicaid at Application	Deleted
32	Medicare at Application	Deleted
33	State or Federal Affordable Care Act Exchange at Application	Deleted
34	Public Insurance from Other Sources at Application	Deleted
35	Private Insurance through Employer at Application	Deleted
36	Not Yet Eligible for Private Insurance through Employer at Application	Deleted
37	Private Insurance through Other Means at Application	Deleted
38	Date of Eligibility Determination	Modified Reporting Instruction
39	Eligibility Determination Extension	Modified definition

Attachment I: Summary of Revisions to Case Service Report (RSA-911)

Number	Data Element Name	Change
40	Date of Placement on OOS Waiting List	No
41	Date of Exit from OOS Waiting List	No
42	Individual with a Disability	No
43	Primary Disability	No
44	Secondary Disability	No
45	Significance of Disability	No
46	Start Date of Trial Work Experience	No
47	End Date of Trial Work Experience	No
48	Date of Most Recent or Amended IPE	Deleted
49	Supported Employment Goal on Current IPE	No
50	Employment at Initial IPE	Modified reporting instructions
51	Primary Occupation at Initial IPE	Modified reporting instructions
52	Hourly Wage at Initial IPE	Modified reporting instructions
53	Hours Worked in a Week at Initial IPE	Modified reporting instructions
54	Adult	Modified definition and list of choices
55	Adult Education	Modified definition
56	Dislocated Worker	Modified definition and list of choices
57	Job Corps	Modified definition
58	Vocational Rehabilitation	Modified reporting instructions
59	Wagner-Peyser Employment Service	Modified definition
60	Youth	Modified definition and list of choices
61	Youth Build	No
62	Long-Term Unemployed	Modified list of choices
63	Exhausting TANF Within 2 Years	Modified list of choices
64	Foster Care Youth	Modified list of choices
65	Homeless Individual, Homeless Children and Youths, or Runaway Youth	Modified list of choices
66	Ex-Offender	No
67	Low Income	Modified list of choices
68	English Language Learner	Modified list of choices
69	Basic Skills Deficient/Low Levels of Literacy	Modified list of choices
70	Cultural Barriers	No
71	Single Parent	No
72	Displaced Homemaker	Modified list of choices
73	Migrant and Seasonal Farmworker	Modified list of choices
74	State Definition for Age of Students with Disabilities	No
75	School Status	Deleted
76	Highest Educational Level Completed	Deleted
77	Highest Elementary or Secondary School Grade Completed at Program Entry	Modified element title
78	Enrolled in Secondary Education	Modified reporting instructions

Attachment I: Summary of Revisions to Case Service Report (RSA-911)

Number	Data Element Name	Change
79	Date Received Special Education Certificate of Completion	No
80	Enrolled in State Adult Secondary School at the High ASE Level	Deleted
81	Date Attained Secondary School Diploma	No
82	Date Attained Recognized Secondary School Equivalency	Modified element title
83	Enrolled in Postsecondary or Graduate Education	Deleted
84	Enrolled in Postsecondary Education or career or technical training	Modified list of choices
85	Date Enrolled During Program Participation in an Education or Training Program Leading to a Recognized Postsecondary Credential or Employment	Modified reporting instructions
86	Completed Some Postsecondary Education, No Degree or Certificate	No
87	Date Attained Associate Degree	No
88	Date Attained Bachelor's Degree	No
89	Date Attained Master's Degree	No
90	Date Attained Graduate Degree	No
91	Enrolled in a Career or Technical Training Program, Not Leading to a Recognized Credential	Deleted
92	Enrolled in a Career or Technical Training Program, Leading to a Recognized Credential	Deleted
93	Date Attained Vocational/Technical License	No
94	Date Attained Vocational/Technical Certificate or Certification	No
95	Date Attained Other Recognized Credential	Modified element title
96	Start Date of Pre-Employment Transition Services	No
97	Job Exploration Counseling, Service Provided by VR Agency Staff	Modified list of choices
98	Job Exploration Counseling, Service Provided through VR Agency Purchase	Modified list of choices
99	Job Exploration Counseling, Purchased Service Provider Type	No
100	Job Exploration Counseling, VR Program Expenditure for Purchased Service	Modified reporting instructions
101	Service Provided by Comparable Services and Benefits Providers	Deleted
102	Comparable Services and Benefits Provider Type	Deleted
103	Work Based Learning Experience, Service Provided by VR Agency Staff	Modified list of choices
104	Work Based Learning Experience, Service Provided through VR Agency Purchase	Modified list of choices
105	Work Based Learning Experience, Purchased Service Provider Type	No

Attachment I: Summary of Revisions to Case Service Report (RSA-911)

Number	Data Element Name	Change
106	Work Based Learning Experience, VR Program Expenditure for Purchased Service	Modified reporting instructions
107	Service Provided by Comparable Services and Benefits Providers	Deleted
108	Comparable Services and Benefits Provider Type	Deleted
109	Counseling on Enrollment Opportunities, Service Provided by VR Agency Staff	Modified list of choices
110	Counseling on Enrollment Opportunities, Service Provided through VR Agency Purchase	Modified list of choices
111	Counseling on Enrollment Opportunities, Purchased Service Provider Type	No
112	Counseling on Enrollment Opportunities, VR Program Expenditure for Purchased Service	Modified reporting instructions
113	Service Provided by Comparable Services and Benefits Providers	Deleted
114	Comparable Services and Benefits Provider Type	Deleted
115	Workplace Readiness Training, Service Provided by VR Agency Staff	Modified list of choices
116	Workplace Readiness Trainings, Service Provided through VR Agency Purchase	Modified list of choices
117	Workplace Readiness Training, Purchased Service Provider Type	No
118	Workplace Readiness Training, VR Program Expenditure for Purchased Service	Modified reporting instructions
119	Service Provided by Comparable Services and Benefits Providers	Deleted
120	Comparable Services and Benefits Provider Type	Deleted
121	Instruction in Self Advocacy, Service Provided by VR Agency Staff	Modified list of choices
122	Instruction in Self Advocacy, Service Provided through VR Agency Purchase	Modified list of choices
123	Instruction in Self Advocacy, Purchased Service Provider Type	No
124	Instruction in Self Advocacy, VR Program Expenditure for Purchased Service	Modified reporting instructions
125	Service Provided by Comparable Services and Benefits Providers	Deleted
126	Comparable Services and Benefits Provider Type	Deleted
127	Start Date of Initial VR Service on or After IPE	No
128	Date of Most Recent Career Service	No
129	Graduate College or University, Service Provided by VR Agency Staff	Deleted
130	Graduate College or University, Service Provided through VR Agency Purchase	No

Attachment I: Summary of Revisions to Case Service Report (RSA-911)

Number	Data Element Name	Change
131	Graduate College or University, Purchased Service Provider Type	No
132	Graduate College or University, Amount of VR Title I Funds Expended	No
133	Graduate College or University, Amount of SE Title VI Funds Expended	Deleted
134	Graduate College or University, Comparable Service Provider	No
135	Graduate College or University, Comparable Service Provider Type	Modified list of choices
136	Four-Year College or University Training, Service Provided by VR Agency Staff	Deleted
137	Four-Year College or University Training, Service Provided Through VR Agency Purchase	No
138	Four-Year College or University Training, Purchased Service Provider Type	No
139	Four-Year College or University Training, Amount of VR Funds Expended for Service (Title I)	No
140	Four-Year College or University Training, Amount of SE Funds Expended for Service (Title VI)	Deleted
141	Four-Year College or University Training, Service Provided by Comparable Services and Benefits Providers	No
142	Four-Year College or University Training, Comparable Services and Benefits Provider Type	Modified list of choices
143	Junior or Community College Training, Service Provided by VR Agency Staff	Deleted
144	Junior or Community College Training, Service Provided Through VR Agency Purchase	No
145	Junior or Community College Training, Purchased Service Provider Type	No
146	Four-Year College or University Training, Amount of VR Funds Expended for Service (Title I)	No
147	Four-Year College or University Training, Amount of SE Funds Expended for Service (Title VI)	Deleted
148	Four-Year College or University Training, Service Provided by Comparable Services and Benefits Providers	No
149	Four-Year College or University Training, Comparable Services and Benefits Provider Type	Modified list of choices
150	Occupational or Vocational Training, Service Provided by VR Agency Staff (in-house)	No
151	Occupational or Vocational Training, Service Provided Through VR Agency Purchase	No
152	Occupational or Vocational Training, Purchased Service Provider Type	No

Attachment I: Summary of Revisions to Case Service Report (RSA-911)

Number	Data Element Name	Change
153	Occupational or Vocational Training, Amount of VR Funds Expended for Service (Title I)	No
154	Occupational or Vocational Training, Amount of SE Funds Expended for Service (Title VI)	Deleted
155	Occupational or Vocational Training, Service Provided by Comparable Services and Benefits Providers	No
156	Occupational or Vocational Training, Comparable Services and Benefits Provider Type	Modified list of choices
157	On The Job Training, Service Provided by VR Agency Staff (in-house)	No
158	On The Job Training, Service Provided Through VR Agency Purchase	No
159	On The Job Training, Purchased Service Provider Type	No
160	On The Job Training, Amount of VR Funds Expended for Service (Title I)	No
161	On The Job Training, Amount of SE Funds Expended for Service (Title VI)	Deleted
162	On The Job Training, Service Provided by Comparable Services and Benefits Providers	No
163	On The Job Training, Comparable Services and Benefits Provider Type	Modified list of choices
164	Registered Apprenticeship Training, Service Provided Through VR Agency Purchase	No
165	Registered Apprenticeship Training, Purchased Service Provider Type	No
166	Registered Apprenticeship Training, Amount of VR Funds Expended for Service (Title I)	No
167	Registered Apprenticeship Training, Amount of SE Funds Expended for Service (Title VI)	Deleted
168	Registered Apprenticeship Training, Service Provided by Comparable Services and Benefits Providers	No
169	Registered Apprenticeship Training, Comparable Services and Benefits Provider Type	Modified list of choices
170	Basic Academic Remedial or Literacy Training, Service Provided by VR Agency Staff (in-house)	No
171	Basic Academic Remedial or Literacy Training, Service Provided Through VR Agency Purchase	No
172	Basic Academic Remedial or Literacy Training, Purchased Service Provider Type	No
173	Basic Academic Remedial or Literacy Training, Amount of VR Funds Expended for Service (Title I)	No
174	Basic Academic Remedial or Literacy Training, Amount of SE Funds Expended for Service (Title VI)	Deleted

Attachment I: Summary of Revisions to Case Service Report (RSA-911)

Number	Data Element Name	Change
175	Basic Academic Remedial or Literacy Training, Service Provided by Comparable Services and Benefits Providers	No
176	Basic Academic Remedial or Literacy Training, Comparable Services and Benefits Provider Type	Modified list of choices
177	Job Readiness Training, Service, Provided by VR Agency Staff (in-house)	No
178	Job Readiness Training, Service, Provided Through VR Agency Purchase	No
179	Job Readiness Training, Service, Purchased Service Provider Type	No
180	Job Readiness Training, Service, Amount of VR Funds Expended for Service (Title I)	No
181	Job Readiness Training, Service, Amount of SE Funds Expended for Service (Title VI)	Deleted
182	Job Readiness Training, Service Provided by Comparable Services and Benefits Providers	No
183	Job Readiness Training, Comparable Services and Benefits Provider Type	Modified list of choices
184	Disability Related Skills Training, Service Provided by VR Agency Staff (in-house)	No
185	Disability Related Skills Training, Service Provided Through VR Agency Purchase	No
186	Disability Related Skills Training, Purchased Service Provider Type	No
187	Disability Related Skills Training, Amount of VR Funds Expended for Service (Title I)	No
188	Disability Related Skills Training, Amount of SE Funds Expended for Service (Title VI)	Deleted
189	Disability Related Skills Training, Service Provided by Comparable Services and Benefits Providers	No
190	Disability Related Skills Training, Comparable Services and Benefits Provider Type	Modified list of choices
191	Miscellaneous Training, Service Provided by VR Agency Staff (in-house)	No
192	Miscellaneous Training, Service Provided Through VR Agency Purchase	No
193	Miscellaneous Training, Purchased Service Provider Type	No
194	Miscellaneous Training, Amount of VR Funds Expended for Service (Title I)	No
195	Miscellaneous Training, Amount of SE Funds Expended for Service (Title VI)	Deleted
196	Miscellaneous Training, Service Provided by Comparable Services and Benefits Providers	No

Attachment I: Summary of Revisions to Case Service Report (RSA-911)

Number	Data Element Name	Change
197	Miscellaneous Training, Comparable Services and Benefits Provider Type	Modified list of choices
198	Randolph-Sheppard Entrepreneurial Training, Service Provided by VR Agency Staff (in-house)	No
199	Randolph-Sheppard Entrepreneurial Training, Service Provided Through VR Agency Purchase	No
200	Randolph-Sheppard Entrepreneurial Training, Purchased Service Provider Type	No
201	Randolph-Sheppard Entrepreneurial Training, Amount of VR Funds Expended for Service (Title I)	No
202	Randolph-Sheppard Entrepreneurial Training, Amount of SE Funds Expended for Service (Title VI)	Deleted
203	Randolph-Sheppard Entrepreneurial Training, Service Provided by Comparable Services and Benefits Providers	No
204	Randolph-Sheppard Entrepreneurial Training, Comparable Services and Benefits Provider Type	Modified list of choices
205	Customized Training, Service Provided by VR Agency Staff (in-house)	No
206	Customized Training, Service Provided Through VR Agency Purchase	No
207	Customized Training, Purchased Service Provider Type	No
208	Customized Training, Amount of VR Funds Expended for Service (Title I)	No
209	Customized Training, Amount of SE Funds Expended for Service (Title VI)	Deleted
210	Customized Training, Service Provided by Comparable Services and Benefits Providers	No
211	Customized Training, Comparable Services and Benefits Provider Type	Modified list of choices
212	Assessment, Service Provided by VR Agency Staff (in-house)	No
213	Assessment, Service Provided Through VR Agency Purchase	No
214	Assessment, Purchased Service Provider Type	No
215	Assessment, Amount of VR Funds Expended for Service (Title I)	No
216	Assessment, Amount of SE Funds Expended for Service (Title VI)	Deleted
217	Assessment, Service Provided by Comparable Services and Benefits Providers	No
218	Assessment, Comparable Services and Benefits Provider Type	Modified list of choices
219	Diagnosis and Treatment of Impairments, Service Provided by VR Agency Staff (in-house)	No

Attachment I: Summary of Revisions to Case Service Report (RSA-911)

Number	Data Element Name	Change
220	Diagnosis and Treatment of Impairments, Service Provided Through VR Agency Purchase	No
221	Diagnosis and Treatment of Impairments, Purchased Service Provider Type	No
222	Diagnosis and Treatment of Impairments, Amount of VR Funds Expended for Service (Title I)	No
223	Diagnosis and Treatment of Impairments, Amount of SE Funds Expended for Service (Title VI)	Deleted
224	Diagnosis and Treatment of Impairments, Service Provided by Comparable Services and Benefits Providers	No
225	Diagnosis and Treatment of Impairments, Comparable Services and Benefits Provider Type	Modified list of choices
226	Vocational Rehabilitation Counseling and Guidance, Service Provided by VR Agency Staff (in-house)	No
227	Vocational Rehabilitation Counseling and Guidance, Service Provided by Through VR Agency Purchase	No
228	Vocational Rehabilitation Counseling and Guidance, Purchased Service Provider Type	No
229	Vocational Rehabilitation Counseling and Guidance, Amount of VR Funds Expended for Service (Title I)	No
230	Vocational Rehabilitation Counseling and Guidance, Amount of SE Funds Expended for Service (Title VI)	Deleted
231	Vocational Rehabilitation Counseling and Guidance, Service Provided by Comparable Services and Benefits Providers	No
232	Vocational Rehabilitation Counseling and Guidance, Comparable Services and Benefits Provider Type	Modified list of choices
233	Job Search Assistance, Service Provided by VR Agency Staff (in-house)	No
234	Job Search Assistance, Service Provided Through VR Agency Purchase	No
235	Job Search Assistance, Purchased Service Provider Type	No
236	Job Search Assistance, Amount of VR Funds Expended for Service (Title I)	No
237	Job Search Assistance, Amount of SE Funds Expended for Service (Title VI)	Deleted
238	Job Search Assistance, Service Provided by Comparable Services and Benefits Providers	No
239	Job Search Assistance, Comparable Services and Benefits Provider Type	Modified list of choices
240	Job Placement Assistance, Service Provided by VR Job Placement Assistance, Agency Staff (in-house)	No
241	Job Placement Assistance, Service Provided Through VR Agency Purchase	No

Attachment I: Summary of Revisions to Case Service Report (RSA-911)

Number	Data Element Name	Change
242	Job Placement Assistance, Purchased Service Provider Type	No
243	Job Placement Assistance, Amount of VR Funds Expended for Service (Title I)	No
244	Job Placement Assistance, Amount of SE Funds Expended for Service (Title VI)	Deleted
245	Job Placement Assistance, Service Provided by Comparable Services and Benefits Providers	No
246	Job Placement Assistance, Comparable Services and Benefits Provider Type	Modified list of choices
247	Short Term Job Supports, Service Provided by VR Agency Staff (in-house)	No
248	Short Term Job Supports, Service Provided Through VR Agency Purchase	No
249	Short Term Job Supports, Purchased Service Provider Type	No
250	Short Term Job Supports, Amount of VR Funds Expended for Service (Title I)	No
251	Short Term Job Supports, Amount of SE Funds Expended for Service (Title VI)	Deleted
252	Short Term Job Supports, Service Provided by Comparable Services and Benefits Providers	No
253	Short Term Job Supports, Comparable Services and Benefits Provider Type	Modified list of choices
254	Supported Employment Services, Service Provided by Supported Employment Services, VR Agency Staff (in-house)	No
255	Supported Employment Services, Service Provided Through VR Agency Purchase	No
256	Supported Employment Services, Purchased Service Provider Type	No
257	Supported Employment Services, Amount of VR Funds Expended for Service (Title I)	No
258	Supported Employment Services, Amount of SE Funds Expended for Service (Title VI)	No
259	Supported Employment Services, Service Provided by Comparable Services and Benefits Providers	No
260	Supported Employment Services, Comparable Services and Benefits Provider Type	Modified list of choices
261	Information and Referral Services, Service Provided by VR Agency Staff (in-house)	No
262	Information and Referral Services, Service Provided Through VR Agency Purchase	No
263	Information and Referral Services, Purchased Service Provider Type	No

Attachment I: Summary of Revisions to Case Service Report (RSA-911)

Number	Data Element Name	Change
264	Information and Referral Services, Amount of VR Funds Expended for Service (Title I)	No
265	Information and Referral Services, Amount of SE Funds Expended for Service (Title VI)	Deleted
266	Information and Referral Services, Service Provided by Comparable Services and Benefits Providers	No
267	Information and Referral Services, Comparable Services and Benefits Provider Type	Modified list of choices
268	Benefits Counseling, Service Provided by VR Agency Staff (in-house)	No
269	Benefits Counseling, Service Provided Through VR Agency Purchase	No
270	Benefits Counseling, Purchased Service Provider Type	No
271	Benefits Counseling, Amount of VR Funds Expended for Service (Title I)	No
272	Benefits Counseling, Amount of SE Funds Expended for Service (Title VI)	Deleted
273	Benefits Counseling, Service Provided by Comparable Services and Benefits Providers	No
274	Benefits Counseling, Comparable Services and Benefits Provider Type	Modified list of choices
275	Customized Employment Services, Service Provided by VR Agency Staff (in-house)	No
276	Customized Employment Services, Service Provided Through VR Agency Purchase	No
277	Customized Employment Services, Purchased Service Provider Type	No
278	Customized Employment Services, Amount of VR Funds Expended for Service (Title I)	No
279	Customized Employment Services, Amount of SE Funds Expended for Service (Title VI)	No
280	Customized Employment Services, Service Provided by Comparable Services and Benefits Providers	No
281	Customized Employment Services, Comparable Services and Benefits Provider Type	Modified list of choices
282	Extended Services, Service Provided by VR Agency Staff (in-house)	Modified definition
283	Extended Services, Service Provided Through VR Agency Purchase	Modified definition
284	Extended Services, Purchased Service Provider Type	Modified definition
285	Extended Services, Amount of VR Funds Expended for Service (Title I)	Modified definition
286	Extended Services, Amount of SE Funds Expended for Service (Title VI)	Modified definition

Attachment I: Summary of Revisions to Case Service Report (RSA-911)

Number	Data Element Name	Change
287	Other Service Data Elements, Service Provided by VR Agency Staff (in-house)	No
288	Other Service Data Elements, Service Provided Through VR Agency Purchase	No
289	Other Service Data Elements, Purchased Service Provider Type	No
290	Other Service Data Elements, Amount of VR Funds Expended for Service (Title I)	No
291	Other Service Data Elements, Amount of SE Funds Expended for Service (Title VI)	Deleted
292	Other Service Data Elements, Service Provided by Comparable Services and Benefits Providers	No
293	Other Service Data Elements, Comparable Services and Benefits Provider Type	Modified list of choices
294	Maintenance, Service Provided by VR Agency Staff (in-house)	No
295	Maintenance, Service Provided Through VR Agency Purchase	No
296	Maintenance, Purchased Service Provider Type	No
297	Maintenance, Amount of VR Funds Expended for Service (Title I)	No
298	Maintenance, Amount of SE Funds Expended for Service (Title VI)	Deleted
299	Maintenance, Service Provided by Comparable Services and Benefits Providers	No
300	Maintenance, Comparable Services and Benefits Provider Type	Modified list of choices
301	Rehabilitation Technology, Service Provided by VR Agency Staff (in-house)	No
302	Rehabilitation Technology, Service Provided Through VR Agency Purchase	No
303	Rehabilitation Technology, Purchased Service Provider Type	No
304	Rehabilitation Technology, Amount of VR Funds Expended for Service (Title I)	No
305	Rehabilitation Technology, Amount of SE Funds Expended for Service (Title VI)	Deleted
306	Rehabilitation Technology, Service Provided by Comparable Services and Benefits Providers	No
307	Rehabilitation Technology, Comparable Services and Benefits Provider Type	Modified list of choices
308	Personal Assistance Services, Service Provided by VR Agency Staff (in-house)	No

Attachment I: Summary of Revisions to Case Service Report (RSA-911)

Number	Data Element Name	Change
309	Personal Assistance Services, Service Provided Through VR Agency Purchase	No
310	Personal Assistance Services, Purchased Service Provider Type	No
311	Personal Assistance Services, Amount of VR Funds Expended for Service (Title I)	No
312	Personal Assistance Services, Amount of SE Funds Expended for Service (Title VI)	Deleted
313	Personal Assistance Services, Service Provided by Comparable Services and Benefits Providers	No
314	Personal Assistance Services, Comparable Services and Benefits Provider Type	Modified list of choices
315	Technical Assistance Services Including Self-Employment, Service Provided by VR Agency Staff (in-house)	No
316	Technical Assistance Services Including Self-Employment, Service Provided Through VR Agency Purchase	No
317	Technical Assistance Services Including Self-Employment, Purchased Service Provider Type	No
318	Technical Assistance Services Including Self-Employment, Amount of VR Funds Expended for Service (Title I)	No
319	Technical Assistance Services Including Self-Employment, Amount of SE Funds Expended for Service (Title VI)	Deleted
320	Technical Assistance Services Including Self-Employment, Service Provided by Comparable Services and Benefits Providers	No
321	Technical Assistance Services Including Self-Employment, Comparable Services and Benefits Provider Type	Modified list of choices
322	Reader Services, Service Provided by VR Agency Staff (in-house)	No
323	Reader Services, Service Provided Through VR Agency Purchase	No
324	Reader Services, Purchased Service Provider Type	No
325	Reader Services, Amount of VR Funds Expended for Service (Title I)	No
326	Reader Services, Amount of SE Funds Expended for Service (Title VI)	Deleted
327	Reader Services, Service Provided by Comparable Services and Benefits Providers	No
328	Reader Services, Comparable Services and Benefits Provider Type	Modified list of choices
329	Interpreter Services, Service Provided by VR Agency Staff (in-house)	No
330	Interpreter Services, Service Provided Through VR Agency Purchase	No

Attachment I: Summary of Revisions to Case Service Report (RSA-911)

Number	Data Element Name	Change
331	Interpreter Services, Purchased Service Provider Type	No
332	Interpreter Services, Amount of VR Funds Expended for Service (Title I)	No
333	Interpreter Services, Amount of SE Funds Expended for Service (Title VI)	Deleted
334	Interpreter Services, Service Provided by Comparable Services and Benefits Providers	No
335	Interpreter Services, Comparable Services and Benefits Provider Type	Modified list of choices
336	Other Services, Service Provided by VR Agency Staff (in-house)	No
337	Other Services, Service Provided Through VR Agency Purchase	No
338	Other Services, Purchased Service Provider Type	No
339	Other Services, Amount of VR Funds Expended for Service (Title I)	No
340	Other Services, Amount of SE Funds Expended for Service (Title VI)	Deleted
341	Other Services, Service Provided by Comparable Services and Benefits Providers	No
342	Other Services, Comparable Services and Benefits Provider Type	Modified list of choices
343	Measurable Skill Gain: Educational Functional Level (EFL)	No
344	Measurable Skill Gain: Secondary	Modified reporting instructions
345	Measurable Skill Gain: Postsecondary Transcript/Report Card	Modified name and reporting instructions
346	Measurable Skill Gain: Training Milestone	No
347	Measurable Skill Gain: Skills Progression	No
348	Employment Outcome	Deleted
349	Primary Occupation at Employment Outcome	Deleted
350	Start Date of Employment in Primary Occupation	No
351	Hourly Wage at Employment	Deleted
352	Hours Worked in a Week at Employment Outcome	Deleted
353	Date of Exit	No
354	Type of Exit	Modified list of choices
355	Reason for Program Exit	Modified list of choices
356	Employment Outcome at Exit	Modified list of choices
357	Primary Occupation at Exit	Modified reporting instructions
358	Start Date of Employment in Primary Occupation	Deleted
359	Hourly Wage at Exit	Modified reporting instructions
360	Hours Worked in a Week at Exit	Modified reporting instructions
361	SSDI at Exit	Deleted
362	SSI for the Aged, Blind, or Disabled at Exit	Deleted
363	Temporary Assistance for Needy Families at Exit	Deleted

Attachment I: Summary of Revisions to Case Service Report (RSA-911)

Number	Data Element Name	Change
364	General Assistance at Exit	Deleted
365	Veterans' Disability Benefits at Exit	Deleted
366	Workers' Compensation at Exit	Deleted
367	Other Public Support at Exit	Deleted
368	Primary Source of Support at Exit	Deleted
369	Medicaid at Exit	Deleted
370	Medicare at Exit	Deleted
371	State or Federal Affordable Care Act Exchange at Exit	Deleted
372	Public Insurance from Other Sources at Exit	Deleted
373	Private Insurance through Employer at Exit	Deleted
374	Not Yet Eligible for Private Insurance through Employer at Exit	Deleted
375	Private Insurance through Other Means at Exit	Deleted
376	Date Enrolled in Post-Exit Education or Training Program Leading to a Recognized Postsecondary Credential	No
377	Date of Attainment of Post-Exit Recognized Credential	Yes
378	Type of Recognized Credential Attained Post-Exit	Yes
379	Employment - First Quarter After Exit Quarter	Modified reporting instructions
380	Wages- 1st Quarter after Exit	Deleted
381	Type of Employment Match- 1st Quarter after Exit	Deleted
382	Employment Related to Training- 2nd Quarter after Exit	Deleted
383	Employment - Second Quarter After Exit Quarter	Modified reporting instructions
384	Type of Employment Match- 2nd Quarter after Exit	Deleted
385	Quarterly Wages - Second Quarter After Exit Quarter	Modified reporting instructions
386	Employment - Third Quarter After Exit Quarter	Modified reporting instructions
387	Wages- 3rd Quarter after Exit	Deleted
388	Type of Employment Match- 3rd Quarter after Exit	Deleted
389	Employment - Fourth Quarter After Exit Quarter	Modified reporting instructions
390	Wages- 4th Quarter after Exit	Deleted
391	Type of Employment Match- 4th Quarter after Exit	Deleted
392	Retention with the Same Employer in the Second Quarter and the Fourth Quarter – Fourth Quarter After Exit Quarter	No
393	Other Public Support at Application	Deleted
394	Monthly Public Support at Application	New Element
395	Medical Insurance Coverage at Application	New Element
396	Monthly Public Support at Exit	New Element
397	Medical Insurance Coverage at Exit	New Element
398	Date of Initial IPE	New Element
399	IPE Development Extension	New Element
400	Enrolled in a Recognized Secondary School Equivalency Program	New Element
401	Date Completed During Program Participation in an Education or Training Program Leading to a Recognized Postsecondary Credential or Employment	New Element

Attachment I: Summary of Revisions to Case Service Report (RSA-911)

Number	Data Element Name	Change
402	Work Based Learning Experience, Service Provided by VR Agency Staff (in-house)	New Element
403	Work Based Learning Experience, Service Provided through VR Agency Purchase	New Element
404	Work Based Learning Experience, Purchased Service Provider Type	New Element
405	Work Based Learning Experience, Amount of VR Funds Expended for Service (Title I)	New Element
406	Work Based Learning Experience, Service Provided by Comparable Services and Benefits Providers	New Element
407	Work Based Learning Experience, Comparable Services and Benefits Provider Type	New Element

Attachment II: Case Service Report (RSA-911)

Element Number	Element Name	Data Type	Multiple Values Allowed	Change	PIRL Element	Report at	Report	Updateable (Y/N) after initial reporting	Definitions or Instructions	Code Values
1	Program Year	INT 4	No	No		Application or Initial Receipt of Pre-Employment Transition Service, Update as Needed	Quarterly	Yes	Report the program year associated with the reporting period. Program year begins in July and ends in June of the following year.	XXXX
2	Program Year Quarter	INT 1	No	No		Application or Initial Receipt of Pre-Employment Transition Service, Update as Needed	Quarterly	Yes	Report the program year quarter applicable to the data collection reporting period.	1 = July 1- September 30 2 = October 1- December 31 3 = January 1- March 31 4 = April 1- June 30
4	Agency Code	INT 3	No	No		Application or Initial Receipt of Pre-Employment Transition Service	Quarterly	No	Report the code value assigned to the VR agency submitting the data from Appendix 1.	Valid values listed in Appendix 1
5	Unique Identifier	VARCHAR 12	No	Modified Reporting Instruction	100	Application or Initial Receipt of Pre-Employment Transition Service	Quarterly	No	When assigning the identifier, the first two digits are the State's Postal Code followed by a unique 10-digit number that is not associated with the individual's SSN. The number must not duplicate any other assigned unique identifiers used in the State by another VR agency. When assigning a unique identifier, ensure that the same 12-digit identifier is used in subsequent years for the same individual if additional service records are opened for that individual in the future. This is necessary to obtain an unduplicated count of individuals being served in a State. Note: The Postal Code used should be the State agency's Postal Code, not the State in which the individual resides or the State from where the case was transferred.	XXXXXXXXXXXX
6	Social Security Number	VARCHAR 9	No	No		Application or Initial Receipt of Pre-Employment Transition Service	When Occurs	No	Report the individual's nine-digit SSN. Note: SSN is not a required field.	XXXXXXXXXX
7	Date of Application	DATE	No	No		Application Data Elements	Quarterly	No	Report the date (year, month, and day) that the agency received a completed and signed application form for VR services from the applicant. The date must be verifiable through supporting documentation.	YYYYMMDD
8	Date of Birth	DATE	No	No	200	Application or Initial Receipt of Pre-Employment Transition Service	Quarterly	No	Report the applicant's date of birth.	YYYYMMDD
9	Sex	INT 1	No	No	201	Application Data Elements	Quarterly	No	Report the applicant's sex.	1 = Male 2 = Female 9 = Participant did not self-identify

Attachment II: Case Service Report (RSA-911)

Element Number	Element Name	Data Type	Multiple Values Allowed	Change	PIRL Element	Report at	Report	Updateable (Y/N) after initial reporting	Definitions or Instructions	Code Values
10	American Indian / Alaska Native	INT 1	No	No	211	Application or Initial Receipt of Pre-Employment Transition Service	Quarterly	No	<p>An individual having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment.</p> <p>This element is required for all individuals in elementary or secondary education. If an individual in elementary or secondary education chooses not to self-identify race, observer identification should be used to assign the individual to a race/ethnicity.</p>	<p>1 = Individual is American Indian / Alaska Native</p> <p>0 = Individual is not American Indian / Alaska Native</p> <p>9 = Participant did not self-identify</p>
11	Asian	INT 1	No	No	212	Application or Initial Receipt of Pre-Employment Transition Service	Quarterly	No	<p>An individual having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.</p> <p>This element is required for all individuals in elementary or secondary education. If an individual in elementary or secondary education chooses not to self-identify race, observer identification should be used to assign the individual to a race/ethnicity.</p>	<p>1 = Individual is Asian</p> <p>0 = Individual is not Asian</p> <p>9 = Participant did not self-identify</p>
12	Black / African American	INT 1	No	No	213	Application or Initial Receipt of Pre-Employment Transition Service	Quarterly	No	<p>An individual having origins in any of the Black racial groups of Africa. This element is required for all individuals in elementary or secondary education. If an individual in elementary or secondary education chooses not to self-identify race, observer identification should be used to assign the individual to a race/ethnicity.</p>	<p>1 = Individual is Black / African American</p> <p>0 = Individual is not Black / African American</p> <p>9 = Participant did not self-identify</p>
13	Native Hawaiian /Other Pacific Islander	INT 1	No	No	214	Application or Initial Receipt of Pre-Employment Transition Service	Quarterly	No	<p>An individual having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.</p> <p>This element is required for all individuals in elementary or secondary education. If an individual in elementary or secondary education chooses not to self-identify race, observer identification should be used to assign the individual to a race/ethnicity.</p>	<p>1 = Individual is Native Hawaiian /Other Pacific Islander</p> <p>0 = Individual is not Native Hawaiian /Other Pacific Islander</p> <p>9 = Participant did not self-identify</p>
14	White	INT 1	No	No	215	Application or Initial Receipt of Pre-Employment Transition Service	Quarterly	No	<p>An individual having origins in any of the original peoples of Europe, the Middle East or North Africa.</p> <p>This element is required for all individuals in elementary or secondary education. If an individual in elementary or secondary education chooses not to self-identify race, observer identification should be used to assign the individual to a race/ethnicity.</p>	<p>1 = Individual is White</p> <p>0 = Individual is not White</p> <p>9 = Participant did not self-identify</p>
15	Ethnicity: Hispanic / Latino	INT 1	No	No	210	Application or Initial Receipt of Pre-Employment Transition Service	Quarterly	No	<p>An individual of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.</p> <p>This element is required for all individuals in elementary or secondary education. If an individual in elementary or secondary education chooses not to self-identify race, observer identification should be used to assign the individual to a race/ethnicity.</p>	<p>1 = Individual is Hispanic / Latino</p> <p>0 = Individual is not Hispanic / Latino</p> <p>9 = Participant did not self-identify</p>
16	Veteran	INT 1	No	No		Application Data Elements	Quarterly	No	<p>Report the code value to indicate whether the applicant served in the active military, naval, or air service, and was discharged or released under conditions other than dishonorable.</p>	<p>1 = Individual is a Veteran</p> <p>0 = Individual is not a Veteran</p>

Attachment II: Case Service Report (RSA-911)

Element Number	Element Name	Data Type	Multiple Values Allowed	Change	PIRL Element	Report at	Report	Updateable (Y/N) after initial reporting	Definitions or Instructions	Code Values
18	State Postal Code of Residence	VARCHAR 2	No	Modified reporting instructions	101	Application Data Elements	Quarterly	No	Report the two-letter State Postal Code for the State or U.S. Territory corresponding to the location of the individual's residence. For persons on active military duty, report the two-letter Air/Army Post Office (APO) or Fleet Post Office (FPO) as defined by the Military Postal Service Agency. For Mexico, use code 088. For Canada, use code 099. For other (not listed), use code XX.	Valid values listed in Appendix 1
19	County FIPS Code	INT 5	No	No		Application Data Elements	Quarterly	Yes	Report the FIPS county code for the individual's residence. This code is a five-digit Federal Information Processing Standard (FIPS) that uniquely identifies counties, county equivalents, and certain U.S. territories. The first two digits are the FIPS State code and the last three are the county code within the State or territories. The codes can be located at the U.S. Census Bureau website: https://www.census.gov/geo/reference/codes/cou.html	XXXXX
20	ZIP Code	INT 5	No	No		Application Data Elements	Quarterly	Yes	Report the five-digit numeric U.S. Postal Service Zip Code where the individual resides.	
21	Source of Referral	INT 2	No	Modified list of choices		Application Data Elements	Quarterly	No	Report the source that first referred the applicant to the VR agency by using one of the following code values.	See Appendix 2 for referral sources
22	Student with a Disability	INT 1	No	Modified reporting instructions		Application Data Elements or Pre-Employment Transition Services Data Elements	Quarterly	Yes	Report either at Application or Start Date of Pre-Employment Transition Services, whichever comes first.	1 = Individual is a student with a disability and has a section 504 accommodation 2 = Individual is a student with a disability and is receiving transition services under an Individualized Education Program (IEP) 3 = Individual is a student with a disability who does not have a section 504 accommodation and is not receiving services under an IEP 0 = Individual is not a student with a disability
38	Date of Eligibility Determination	DATE	No	Modified Reporting Instruction		Eligibility	Quarterly	No	Report the date that the initial eligibility determination was made. The date must be verifiable through supporting documentation.	YYYYMMDD
39	Eligibility Determination Extension	DATE	No	Modified definition		Eligibility	Quarterly	Yes	Report if the applicant and counselor mutually agreed upon an extension (of time) for eligibility determination within 60 days of the individual's application for VR services. The date must be verifiable through supporting documentation.	YYYYMMDD
40	Date of Placement on OOS Waiting List	DATE	No	No		Order of Selection (OOS) Data Elements	Quarterly	No	Report the date, if applicable, that the applicant was placed on an OOS waiting list.	YYYYMMDD
41	Date of Exit from OOS Waiting List	DATE	No	No		Order of Selection (OOS) Data Elements	Quarterly	No	Report the date, if applicable, that the applicant exited from an OOS waiting list.	YYYYMMDD
42	Individual with a Disability	INT 1	No	No	202	Disability Data Elements	Quarterly	No	Leave blank if the individuals exited as an applicant with Type of Exit (354) code 0.	1 = Individual reports that he/she has any "disability," as defined in section 3(2)(a) of the Americans with Disabilities Act of 1990 (42 U.S.C. 12102) 0 = Individual reports that he/she does not have a disability that meets the definition 9 = Individual did not self-identify

Attachment II: Case Service Report (RSA-911)

Element Number	Element Name	Data Type	Multiple Values Allowed	Change	PIRL Element	Report at	Report	Updateable (Y/N) after initial reporting	Definitions or Instructions	Code Values
43	Primary Disability	VARCHAR 5	Yes	No		Disability Data Elements	Quarterly	Yes	<p>Report the code value that best describes the individual's primary physical or mental disability that causes or results in a substantial impediment to employment. The data reported is a combination of the Type of Disability code found in Appendix 3 and the Source of Disability code found in Appendix 4. The first two digits designate the Type of Disability (sensory, physical, or mental), and the last two digits indicate the cause or Source of Disability. Use a semicolon between the Type of Disability code and the Source of Disability code. Do not use spaces or commas between the code values.</p> <p>If the individual is found not to have a disability, this item should be coded 0;0.</p> <p>Leave blank if the individual exited as an applicant with Type of Exit (354) code 0.</p>	See Appendix 3 for valid disability types and Appendix 4 for valid sources.
44	Secondary Disability	VARCHAR 5	Yes	No		Disability Data Elements	Quarterly	Yes	<p>Report the code value that best describes the individual's secondary physical or mental disability that causes or results in a substantial impediment to employment. If the individual is found not to have a disability, this item should be coded 0;0. Leave blank if this element does not apply or if the individual exited as an applicant with Type of Exit (354) code 0.</p>	See Appendix 3 for valid disability types and Appendix 4 for valid sources
45	Significance of Disability	INT 1	No	No		Disability Data Elements	Quarterly	Yes	<p>Report the appropriate code value to indicate whether the individual is classified by the agency as an individual with a significant disability or a most significant disability.</p> <p>If the individual is found not to have a disability, this item should be coded 0;0.</p> <p>Leave blank if this element does not apply or if the individual exited as an applicant with Type of Exit (354) code 0.</p>	<p>1 = Individual has a significant disability</p> <p>2 = Individual is most significantly disabled</p> <p>0 = Individual has no significant disability</p>
46	Start Date of Trial Work Experience	DATE	No	No		Trial Work Experience Data Elements	Quarterly	Yes	<p>Report the date that the individual's trial work experience began.</p> <p>If the individual has been placed in more than one trial work experience, the first occurrence of trial work must end with an End Date of Trial Work Experience (Element 47) before another Start Date of Trial Work Experience can begin</p>	YYYYMMDD
47	End Date of Trial Work Experience	DATE	No	No		Trial Work Experience Data Elements	Quarterly	Yes	<p>Report the date that the individual's trial work experience ended.</p>	YYYYMMDD
49	Supported Employment Goal on Current IPE	INT 1	No	No		Individualized Plan for Employment (IPE) Data Elements	Quarterly	Yes	<p>Report if the individual has a supported employment goal on the current IPE</p>	<p>1 = Individual has a supported employment goal on the current IPE</p> <p>0 = Individual does not have a supported employment goal on the current IPE</p>

Attachment II: Case Service Report (RSA-911)

Element Number	Element Name	Data Type	Multiple Values Allowed	Change	PIRL Element	Report at	Report	Updateable (Y/N) after initial reporting	Definitions or Instructions	Code Values
50	Employment at Initial IPE	INT 2	No	Modified reporting instructions	400	Individualized Plan for Employment (IPE) Data Elements	Quarterly	No	Report the code value that best describes the employment status of the individual at initial IPE.	1 = Employed: Competitive Integrated Employment 2 = Employed: Self-Employment 3 = Employed: Randolph-Sheppard BEP4 = Employed: State Agency Managed BEP5 = Extended Employment 6 = Received Notice of Termination of Employment or Military Separation is pending 7 = Not Employed: Student in Secondary Education 8 = Not Employed: All other Students 9 = Not Employed: Trainee, Intern, or Volunteer 10 = Not employed: Other Reason
51	Primary Occupation at Initial IPE	INT 6	No	Modified reporting instructions		Individualized Plan for Employment (IPE) Data Elements	Quarterly	No	For an individual who is employed (Element 50, codes 1-6), enter the current 2018 Standard Occupational Classification (SOC) code that best describes the individual's occupation from which he/she derives the majority of his or her earnings at initial IPE.	XXXXXX
52	Hourly Wage at Initial IPE	DECIMAL 5, 2	No	Modified reporting instructions		Individualized Plan for Employment (IPE) Data Elements	Quarterly	No	Report individual's hourly wage (rounded to the nearest cent) earned at the time of the initial IPE. Report 0 if individuals were not employed or had no earnings at the time of initial IPE.	XX.XX
53	Hours Worked in a Week at Initial IPE	INT 2	No	Modified reporting instructions		Individualized Plan for Employment (IPE) Data Elements	Quarterly	No	Report the number of hours the individual worked in a typical week at the time of the initial IPE. Report 0 if individual was unemployed.	XX
54	Adult	INT 1	No	Modified definition and list of choices	903	Individualized Plan for Employment (IPE) Data Elements	Quarterly	Yes	The purpose of the Adult program is to increase the employment, job retention, earnings, and career advancement of U.S. workers by providing quality employment and training services to assist eligible individuals in finding and qualifying for meaningful employment, and to help employers find the skilled workers they need to compete and succeed in business.	1 = Individual received services from the Adult program (Title I of WIOA) 0 = Individual did not receive services from Adult program (Title I of WIOA) 9 = Participant did not self-identify
55	Adult Education	INT 1	No	Modified definition	910	Individualized Plan for Employment (IPE) Data Elements	Quarterly	Yes	The Adult Education program helps adults get the basic skills they need including reading, writing, math, English language proficiency, and problem-solving to be productive workers, family members, and citizens.	1 = Individual received Adult Education services (Title II of WIOA) 0 = Individual did not receive Adult Education services (Title II of WIOA) 9 = Participant did not self-identify
56	Dislocated Worker	INT 1	No	Modified definition and list of choices	904	Individualized Plan for Employment (IPE) Data Elements	Quarterly	Yes	The Dislocated Worker program provides employment and training services to assist workers who have been laid off or have been notified that they will be terminated or laid off in finding and qualifying for meaningful employment, and to help employers find the skilled workers they need to compete and succeed in business.	1 = Individual received services from the Dislocated Worker program (Title I of WIOA) 0 = Individual did not receive services from the Dislocated Worker program (Title I of WIOA) 9 = Participant did not self-identify
57	Job Corps	INT 1	No	Modified definition	911	Individualized Plan for Employment (IPE) Data Elements	Quarterly	Yes	Job Corps is a no-cost education and vocational training program administered by the U.S. Department of Labor that helps young people ages 16-24 improve the quality of their lives by empowering them to get great jobs and become independent.	1 = Individual received services from the Job Corps Program 0 = Individual did not receive services from the Job Corps Program 9 = Participant did not self-identify

Attachment II: Case Service Report (RSA-911)

Element Number	Element Name	Data Type	Multiple Values Allowed	Change	PIRL Element	Report at	Report	Updateable (Y/N) after initial reporting	Definitions or Instructions	Code Values
58	Vocational Rehabilitation	INT 1	No	Modified reporting instructions	917	Individualized Plan for Employment (IPE) Data Elements	Quarterly	Yes	VR participants should be assigned code 1, unless they have also received services from the VR&E program.	1 = Individual received services from the vocational rehabilitation program 2 = Individual received services from the Department of Veterans Affairs Vocational Rehabilitation and Employment (VR&E) program 3 = Individual received services from both vocational rehabilitation and the Department of Veterans Affairs Vocational Rehabilitation and Employment (VR&E) programs 0 = Individual did not receive any services 9 = Participant did not self-identify
59	Wagner-Peyser Employment Service	INT 1	No	Modified definition	918	Individualized Plan for Employment (IPE) Data Elements	Quarterly	Yes	The Wagner-Peyser/Employment Services program focuses on providing a variety of employment related labor exchange services, including but not limited to job search assistance, job referral, and placement assistance for job seekers, re-employment services to unemployment insurance claimants, and recruitment services to employers with job openings. Services are delivered in one of three modes including self-service, facilitated self-help services, and staff assisted service delivery approaches. Depending on the needs of the labor market, other services, such as job seeker assessment of skill levels, abilities, and aptitudes, career guidance when appropriate, job search workshops, and referral to training, may be available.	1 = Individual received services from the Wagner-Peyser Employment Services program (Title III of WIOA) 0 = Individual did not receive services from the Wagner-Peyser Employment Services program (Title III of WIOA) 9 = Participant did not self-identify
60	Youth	INT 1	No	Modified definition and list of choices	905	Individualized Plan for Employment (IPE) Data Elements	Quarterly	Yes	The title I Youth program focuses on assisting out-of-school youth and in-school youth with one or more barriers to employment prepare for post-secondary education and employment opportunities, attain educational and/or skills training credentials, and secure employment with career/promotional opportunities.	1 = Individual received services from the Youth program (Title I of WIOA) 0 = Individual did not receive services from the Youth program (Title I of WIOA) 9 = Participant did not self-identify
61	Youth Build	VARCHAR 14	No	No	919	Individualized Plan for Employment (IPE) Data Elements	Quarterly	Yes	Record the 14-character grant number if the individual received services under the Youth Build program. The grant number should be entered in the following format without dashes: Two alphabetic characters representing the grant program code – five numeric characters – two numeric characters representing the fiscal year when the grant was awarded – two numeric characters identifying the type of grant awarded – one alphabetic character identifying the relevant agency at ETA – two numeric characters identifying the State that received the grant was served under (e.g., AA-12345-12- 55-A-26). If the individual is being served by the Youth Build program and the grant number is unknown, enter all 9s. Leave blank if the individual did not receive services funded by Youth Build.	XXXXXXXXXXXXXXXXXX

Attachment II: Case Service Report (RSA-911)

Element Number	Element Name	Data Type	Multiple Values Allowed	Change	PIRL Element	Report at	Report	Updateable (Y/N) after initial reporting	Definitions or Instructions	Code Values
62	Long-Term Unemployed	INT 1	No	Modified list of choices	402	Individualized Plan for Employment (IPE) Data Elements	Quarterly	No	A participant who has been unemployed for 27 or more consecutive weeks at program entry is considered to be long-term unemployed.	1 = Individual meets the definition of Long-Term Unemployed 0 = Individual does not meet the definition of Long-Term Unemployed 9 = Participant did not self-identify
63	Exhausting TANF within 2 Years	INT 1	No	Modified list of choices	601	Individualized Plan for Employment (IPE) Data Elements	Quarterly	No	A participant is within 2 years of exhausting lifetime eligibility under part A of Title IV of the Social Security Act at program entry.	1 = Individual is within two years of exhausting TANF 0 = Individual is not within two years of exhausting TANF 9 = Participant did not self-identify
64	Foster Care Youth	INT 1	No	Modified list of choices	704	Individualized Plan for Employment (IPE) Data Elements	Quarterly	No	Report only if the individual is between 14 and 24. Leave blank if not applicable.	1 = Individual meets the definition of a Foster Care Youth 0 = Individual does not meet the definition of a Foster Care Youth 9 = Participant did not self-identify
65	Homeless Individual, Homeless Children and Youths, or Runaway Youth	INT 1	No	Modified list of choices	800	Individualized Plan for Employment (IPE) Data Elements	Quarterly	No	(a) Lacks a fixed, regular, and adequate nighttime residence;(b) Has a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, such as a car, park, abandoned building, bus or train station, airport, or camping ground;(c) Is a migratory child who in the preceding 36 months was required to move from one school district to another due to changes in the parent's or parent's spouse's seasonal employment in agriculture, dairy, or fishing work; or(d) Is under 18 years of age and absents himself or herself from home or place of legal residence without the permission of his or her family (i.e., runaway youth).	1 = Individual meets the definition of Homeless 0 = Individual does not meet the definition of Homeless 9 = Participant did not self-identify
66	Ex-Offender	INT 1	No	No	801	Individualized Plan for Employment (IPE) Data Elements	Quarterly	No	A person who either (a) 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.	1 = The individual meets the definition of an Ex-Offender 0 = The individual does not meet the definition of an Ex-Offender 9 = Participant did not self-identify
67	Low Income	INT 1	No	Modified list of choices	802	Individualized Plan for Employment (IPE) Data Elements	Quarterly	No	(a) Receives, or in the six months prior to application to the program has received, or is a member of a family that is receiving or in the past six months prior to application to the program has received public assistance (SNAP, TANF, SSI, other State/local assistance); (b) Is in a family with total family income that does not exceed the higher of the poverty line or 70% of the lower living standard income level; (c) Is a youth who receives or is eligible to receive a free or reduced price lunch (d) Is a foster child on behalf of whom State or local government payments are made; (e) Is an participant with a disability whose own income is the poverty line but who is a member of a family whose income does not meet this requirement; (f) Is a homeless participant or a homeless child or youth or runaway youth (see PIRL Data Element #700); or (g) Is a youth living in a high-poverty area.	1 = Individual meets the definition of Low Income 0 = Individual does not meet the definition of Low Income 9 = Participant did not self-identify

Attachment II: Case Service Report (RSA-911)

Element Number	Element Name	Data Type	Multiple Values Allowed	Change	PIRL Element	Report at	Report	Updateable (Y/N) after initial reporting	Definitions or Instructions	Code Values
68	English Language Learner	INT 1	No	Modified list of choices	803	Individualized Plan for Employment (IPE) Data Elements	Quarterly	No	A person who has limited ability in speaking, reading, writing, or understanding the English language and also meets at least one of the following two conditions: (a) his or her native language is a language other than English, or (b) he or she lives in a family or community environment where a language other than English is the dominant language.	1 = Individual meets the definition of English Language Learner 0 = Individual does not meet the definition of English Language Learner 9 = Participant did not self-identify
69	Basic Skills Deficient/Low Levels of Literacy	INT 1	No	Modified list of choices	804	Individualized Plan for Employment (IPE) Data Elements	Quarterly	No	A) a youth, who has English reading, writing, or computing skills at or below the 8th grade level on a generally accepted standardized test; or B) a youth or adult who is unable to compute and solve problems, or read, write, or speak English at a level necessary to function on the job, in the participant's family, or in society.	1 = Individual meets the definition of Basic Skills Deficient/Low Levels of Literacy 0 = Individual does not meet the definition of Basic Skills Deficient/Low Levels of Literacy 9 = Participant did not self-identify
70	Cultural Barriers	INT 1	No	No	805	Individualized Plan for Employment (IPE) Data Elements	Quarterly	No	An individual who perceives him or herself as possessing attitudes, beliefs, customs, or practices that influence a way of thinking, acting, or working that may serve as a hindrance to employment.	1 = Individual meets the definition of Cultural Barriers 0 = Individual does not meet the definition of Cultural Barriers 9 = Participant did not self-identify
71	Single Parent	INT 1	No	No	806	Individualized Plan for Employment (IPE) Data Elements	Quarterly	No	An individual who is single, separated, divorced, or a widowed individual who has primary responsibility for one or more dependent children under age 18 (including single pregnant women).	1 = Individual meets the definition of a Single Parent 0 = Individual does not meet the definition of a Single Parent 9 = Participant did not self-identify
72	Displaced Homemaker	INT 1	No	Modified list of choices	807	Individualized Plan for Employment (IPE) Data Elements	Quarterly	No	An individual who has been providing unpaid services to family members in the home and who: (A)(i) has been dependent on the income of another family member but is no longer supported by that income; or (ii) is the dependent spouse of a member of the Armed Forces on active duty and whose family income is significantly reduced because of a deployment, a call or order to active duty, a permanent change of station, or the service-connected death or disability of the member; and (B) is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment.	1 = Individual meets the definition of a Displaced Homemaker 0 = Individual does not meet definition of a Displaced Homemaker 9 = Participant did not self-identify

Attachment II: Case Service Report (RSA-911)

Element Number	Element Name	Data Type	Multiple Values Allowed	Change	PIRL Element	Report at	Report	Updateable (Y/N) after initial reporting	Definitions or Instructions	Code Values
73	Migrant and Seasonal Farmworker	INT 1	No	Modified list of choices	808	Individualized Plan for Employment (IPE) Data Elements	Quarterly	No		1 = Individual is a low-income individual (i) who for 12 consecutive months out of the 24 months prior to application for the program involved, has been primarily employed in agriculture or fish farming labor that is characterized by chronic unemployment or underemployment; and (ii) faces multiple barriers to economic self-sufficiency 2 = Individual is a seasonal farmworker whose agricultural labor requires travel to a job site such that the farmworker is unable to return to a permanent place of residence within the same day 3 = Individual is a dependent of the individual described as a seasonal or migrant seasonal farmworker above 0 = Individual does not meet any of the migrant or seasonal farmworker conditions listed above 9 = Participant did not self-identify
74	State Definition for Age of Students with Disabilities	VARCHAR 5	Yes	No		Individualized Plan for Employment (IPE) Data Elements	Quarterly	No	Record the two-digit lower limit for the age of the students with disabilities followed by a semicolon and then the two-digit upper limit for the age of the students with disabilities.	XX;XX
77	Highest Elementary or Secondary School Grade Completed at Program Entry	INT 2	No	Modified element title	407	Individualized Plan for Employment (IPE) Data Elements	Quarterly	No	Use the appropriate code to report the highest school grade completed by the individual. Report 1-12 for the number of the highest school grade completed by the individual.	XX
78	Enrolled in Secondary Education	INT 1	No	Modified reporting instructions	1401	Individualized Plan for Employment (IPE) Data Elements	Quarterly	Yes	This data element is reported if the individual was either already enrolled in secondary education at the time of program entry or became enrolled in a secondary education program at the 9th grade level at any point while participating in the program.	1 = Individual is enrolled in a secondary education program at or above the 9th grade level and achieving a secondary school diploma is a goal on his or her IPE 2 = Individual is enrolled in a secondary education program at or above the 9th grade level and achieving a secondary school diploma is not a goal on his or her IPE 0 = Individual is not enrolled in a secondary education program at or above the 9th grade level
79	Date Received Special Education Certificate of Completion	DATE	No	No		Individualized Plan for Employment (IPE) Data Elements	Quarterly	Yes	Report the date the individual attained a special education certificate of completion. Update as needed. Leave blank if individual did not attain a special education certificate of completion.	YYYYMMDD

Attachment II: Case Service Report (RSA-911)

Element Number	Element Name	Data Type	Multiple Values Allowed	Change	PIRL Element	Report at	Report	Updateable (Y/N) after initial reporting	Definitions or Instructions	Code Values
81	Date Attained Secondary School Diploma	DATE	No	No		Individualized Plan for Employment (IPE) Data Elements	Quarterly	Yes	Report the date the individual completed secondary education and attained a secondary school diploma. Update as needed. The date must be verifiable through supporting documentation if earned during program participation. Leave blank if the individual did not attain a secondary school diploma.	YYYYMMDD
82	Date Attained Recognized Secondary School Equivalency	DATE	No	Modified element title		Individualized Plan for Employment (IPE) Data Elements	Quarterly	Yes	Report the date the individual attained recognized secondary school equivalency. Update as needed. The date must be verifiable through supporting documentation if earned during program participation. Leave blank if individual did not attain a recognized secondary school equivalency.	YYYYMMDD
84	Enrolled in Postsecondary Education or career or technical training	INT 1	No	Modified list of choices	1332	Individualized Plan for Employment (IPE) Data Elements	Quarterly	Yes	Report if the individual is enrolled in a postsecondary education or career or technical training program.	1 = Individual is in a postsecondary education program that leads to a credential or degree from an accredited institution or program 2 = Individual is enrolled in a career or technical training program that leads to a recognized postsecondary credential 3 = Individual is enrolled in a career or technical training program that does not lead to a recognized postsecondary credential 0 = Individual is not in a postsecondary education program that leads to a credential or degree from an accredited institution or program
85	Date Enrolled During Program Participation in an Education or Training Program Leading to a Recognized Postsecondary Credential or Employment	DATE	No	Yes	1811	Individualized Plan for Employment (IPE) Data Elements	Quarterly	Yes	Report the date the participant was enrolled, at the time of initial IPE development, in an education or training program that leads to a recognized postsecondary credential or employment as defined by the core program in which the participant participates. Agencies may use this coding value if the individual enrolled in an education or training program at the time of the initial IPE development or became enrolled in an education or training program after the initial IPE development. This data element applies to the MSG indicator and will be used to calculate the denominator. Leave blank if the data element does not apply to the individual.	YYYYMMDD
86	Completed Some Postsecondary Education, No Degree or Certificate	INT 1	No	No		Individualized Plan for Employment (IPE) Data Elements	Quarterly	Yes	Leave blank if the data element does not apply to the individual.	1 = Individual has completed some postsecondary education but, has no degree or certificate 0 = Individual has not completed some postsecondary education and has no degree or certificate
87	Date Attained Associate Degree	DATE	No	No		Individualized Plan for Employment (IPE) Data Elements	Quarterly	Yes	Report the date the Associate Degree was attained. The date must be verifiable through supporting documentation if earned during program participation. Leave blank if an Associate Degree was not attained.	YYYYMMDD

Attachment II: Case Service Report (RSA-911)

Element Number	Element Name	Data Type	Multiple Values Allowed	Change	PIRL Element	Report at	Report	Updateable (Y/N) after initial reporting	Definitions or Instructions	Code Values
88	Date Attained Bachelor's Degree	DATE	No	No		Individualized Plan for Employment (IPE) Data Elements	Quarterly	Yes	Report the date the Bachelor's Degree was attained. The date must be verifiable through supporting documentation if earned during program participation. Leave blank if a Bachelor's Degree was not attained.	YYYYMMDD
89	Date Attained Master's Degree	DATE	No	No	1814	Individualized Plan for Employment (IPE) Data Elements	Quarterly	Yes	Report the date the Master's Degree was attained. The date must be verifiable through supporting documentation if earned during program participation. Leave blank if a Master's Degree was not attained.	YYYYMMDD
90	Date Attained Graduate Degree	DATE	No	No	1814	Individualized Plan for Employment (IPE) Data Elements	Quarterly	Yes	Report the date the Graduate Degree was attained. Report a Master's Degree only in Element 89. The date must be verifiable through supporting documentation if earned during program participation. Leave blank if a Graduate Degree was not attained.	YYYYMMDD
93	Date Attained Vocational/Technical License	DATE	No	No		Individualized Plan for Employment (IPE) Data Elements	Quarterly	Yes	Report the date the Vocational/Technical License was attained. The date must be verifiable through supporting documentation if earned during program participation. Leave blank if a Vocational/Technical License was not attained.	YYYYMMDD
94	Date Attained Vocational/Technical Certificate or Certification	DATE	No	No		Individualized Plan for Employment (IPE) Data Elements	Quarterly	Yes	Report the date the Vocational/Training Certificate or Certification was attained. The date must be verifiable through supporting documentation if earned during program participation. Leave blank if a Vocational/Training Certificate or Certification was not attained.	YYYYMMDD
95	Date Attained Other Recognized Credential	DATE	No	Modified element title		Individualized Plan for Employment (IPE) Data Elements	Quarterly	Yes	Report the date on which the individual attained some other form of recognized credential. The date must be verifiable through supporting documentation if earned during program participation. Leave blank if the individual did not attain some other form of recognized credential.	YYYYMMDD
96	Start Date of Pre-Employment Transition Services	DATE	No	No		Pre-Employment Transition Services Data Elements		No	Report the date that the individual received the first pre-employment transition service.	YYYYMMDD
97	Job Exploration Counseling, Service Provided by VR Agency Staff	INT 1	No	Modified list of choices		Pre-Employment Transition Services Data Elements	Upon Occurrence	Yes	Report at the time the service is provided. Leave blank if service was not provided by VR agency staff.	1 = Service was provided in whole or part by VR agency staff
98	Job Exploration Counseling, Service Provided through VR Agency Purchase	INT 1	No	Modified list of choices		Pre-Employment Transition Services Data Elements	Upon Occurrence	Yes	Report at the time the service is provided. Leave blank if service was not provided through VR agency purchase.	1 = Service was provided in whole or part through purchase by the VR agency

Attachment II: Case Service Report (RSA-911)

Element Number	Element Name	Data Type	Multiple Values Allowed	Change	PIRL Element	Report at	Report	Updateable (Y/N) after initial reporting	Definitions or Instructions	Code Values
99	Job Exploration Counseling, Purchased Service Provider Type	INT 1	No	No		Pre-Employment Transition Services Data Elements	Upon Occurrence	Yes	If the service was provided in whole or part through purchase by the VR agency, the Purchased Service Provider Type must be reported. Report the code value that best describes the primary service provider. Leave blank if service was not provided through purchase by VR agency.	1 = Public Community Rehabilitation Program (CRP) 2 = Private CRP 3 = Other Public Service Provider 4 = Other Private Service Provider
100	Job Exploration Counseling, VR Program Expenditure for Purchased Service	INT 6	No	Modified reporting instructions		Pre-Employment Transition Services Data Elements	Upon Occurrence	Yes	If the service was purchased by the agency, report the actual cost of a Job Exploration Counseling service. Report at the time the expenditure is paid.	XXXXXX
103	Work Based Learning Experience, Service Provided by VR Agency Staff	INT 1	No	Modified list of choices		Pre-Employment Transition Services Data Elements	Upon Occurrence	Yes	Report at the time the service is provided. Leave blank if service was not provided by VR agency staff.	1 = Service was provided in whole or part by VR agency staff
104	Work Based Learning Experience, Service Provided through VR Agency Purchase	INT 1	No	Modified list of choices		Pre-Employment Transition Services Data Elements	Upon Occurrence	Yes	Report at the time the service is provided. Leave blank if service was not provided through VR agency purchase.	1 = Service was provided in whole or part through purchase by the VR agency
105	Work Based Learning Experience, Purchased Service Provider Type	INT 1	No	No		Pre-Employment Transition Services Data Elements	Upon Occurrence	Yes	If the service was provided in whole or part through purchase by the VR agency, the Purchased Service Provider Type must be reported. For each service category, report the code value that best describes the primary service provider. Leave blank if service was not provided through purchase by VR agency.	1 = Public Community Rehabilitation Program (CRP) 2 = Private CRP 3 = Other Public Service Provider 4 = Other Private Service Provider
106	Work Based Learning Experience, VR Program Expenditure for Purchased Service	INT 6	No	Modified reporting instructions		Pre-Employment Transition Services Data Elements	Upon Occurrence	Yes	If the service was purchased by the agency, report the actual cost of a Work Based Learning Experience service. Report at the time the expenditure is paid.	XXXXXX
109	Counseling on Enrollment Opportunities, Service Provided by VR Agency Staff	INT 1	No	Modified list of choices		Pre-Employment Transition Services Data Elements	Upon Occurrence	Yes	Report at the time the service is provided. Leave blank if service was not provided by VR agency staff.	1 = Service was provided in whole or part by VR agency staff
110	Counseling on Enrollment Opportunities, Service Provided through VR Agency Purchase	INT 1	No	Modified list of choices		Pre-Employment Transition Services Data Elements	Upon Occurrence	Yes	Report at the time the service is provided. Leave blank if service was not provided through VR agency purchase.	1 = Service was provided in whole or part through purchase by the VR agency
111	Counseling on Enrollment Opportunities, Purchased Service Provider Type	INT 1	No	No		Pre-Employment Transition Services Data Elements	Upon Occurrence	Yes	If the service was provided in whole or part through purchase by the VR agency, the Purchased Service Provider Type must be reported. Report the code value that best describes the primary service provider. Leave blank if service was not provided through purchase by VR agency.	1 = Public Community Rehabilitation Program (CRP) 2 = Private CRP 3 = Other Public Service Provider 4 = Other Private Service Provider
112	Counseling on Enrollment Opportunities, VR Program Expenditure for Purchased Service	INT 6	No	Modified reporting instructions		Pre-Employment Transition Services Data Elements	Upon Occurrence	Yes	If the service was purchased by the agency, report the actual cost of a Counseling on Enrollment Opportunities service. Report at the time the expenditure is paid.	XXXXXX
115	Workplace Readiness Training, Service Provided by VR Agency Staff	INT 1	No	Modified list of choices		Pre-Employment Transition Services Data Elements	Upon Occurrence	Yes	Report at the time the service is provided. Leave blank if service was not provided by VR agency staff.	1 = Service was provided in whole or part by VR agency staff

Attachment II: Case Service Report (RSA-911)

Element Number	Element Name	Data Type	Multiple Values Allowed	Change	PIRL Element	Report at	Report	Updateable (Y/N) after initial reporting	Definitions or Instructions	Code Values
116	Workplace Readiness Training, Service Provided through VR Agency Purchase	INT 1	No	Modified list of choices		Pre-Employment Transition Services Data Elements	Upon Occurrence	Yes	Report at the time the service is provided. Leave blank if service was not provided through VR agency purchase.	1 = Service was provided in whole or part through purchase by the VR agency
117	Workplace Readiness Training, Purchased Service Provider Type	INT 1	No	No		Pre-Employment Transition Services Data Elements	Upon Occurrence	Yes	If the service was provided in whole or part through purchase by the VR agency, the Purchased Service Provider Type must be reported. Report the code value that best describes the primary service provider. Leave blank if service was not provided through purchase by VR agency.	1 = Public Community Rehabilitation Program (CRP) 2 = Private CRP 3 = Other Public Service Provider 4 = Other Private Service Provider
118	Workplace Readiness Training, VR Program Expenditure for Purchased Service	INT 6	No	Modified reporting instructions		Pre-Employment Transition Services Data Elements	Upon Occurrence	Yes	If the service was purchased by the agency, report the actual cost of a Workplace Readiness Training service. Report at the time the expenditure is paid.	XXXXXX
121	Instruction in Self Advocacy, Service Provided by VR Agency Staff	INT 1	No	Modified list of choices		Pre-Employment Transition Services Data Elements	Upon Occurrence	Yes	Report at the time the service is provided. Leave blank if service was not provided by VR agency staff.	1 = Service was provided in whole or part by VR agency staff
122	Instruction in Self Advocacy, Service Provided through VR Agency Purchase	INT 1	No	Modified list of choices		Pre-Employment Transition Services Data Elements	Upon Occurrence	Yes	Report at the time the service is provided. Leave blank if service was not provided through VR agency purchase.	1 = Service was provided in whole or part through purchase by the VR agency
123	Instruction in Self Advocacy, Purchased Service Provider Type	INT 1	No	No		Pre-Employment Transition Services Data Elements	Upon Occurrence	Yes	If the service was provided in whole or part through purchase by the VR agency, the Purchased Service Provider Type must be reported. Report the code value that best describes the primary service provider. Leave blank if service was not provided through purchase by VR agency.	1 = Public Community Rehabilitation Program (CRP) 2 = Private CRP 3 = Other Public Service Provider 4 = Other Private Service Provider
124	Instruction in Self Advocacy, VR Program Expenditure for Purchased Service	INT 6	No	Modified reporting instructions		Pre-Employment Transition Services Data Elements	Upon Occurrence	Yes	If the service was purchased by the agency, report the actual cost of an Instruction in Self Advocacy service. Report at the time the expenditure is paid.	XXXXXX
127	Start Date of Initial VR Service on or after IPE	DATE	No	No	900	VR and SE Service Data Elements	Upon Occurrence	No	Report the date on which the initial VR service began or after the IPE for the individual became effective. Leave blank if the individual has not received an initial VR service after the IPE for the individual became effective. The date must be verifiable through supporting documentation.	YYYYMMDD
128	Date of Most Recent Career Service	DATE	No	No	1004	VR and SE Service Data Elements	Upon Occurrence	Yes	Career services refer to the services described in WIOA Sec 134(c)(2)(A)(xii). For VR purposes, these services are the ones identified in Elements (X-X) This date must occur after the Start Date of Initial VR Services on or after IPE (element 127). Leave blank if this element does not apply	YYYYMMDD
130	Graduate College or University, Service Provided through VR Agency Purchase	INT 1	No	No		Training Services Data Elements	Upon Occurrence	Yes	Full-time or part-time academic training leading to a degree recognized as beyond a Baccalaureate Degree, such as a Master of Science, Arts (M.S. or M.A.) or Doctor of Philosophy (Ph.D.) Report at the time the service is provided. Leave blank if service was not provided through purchase by VR agency.	1 = Service was provided in whole or part through purchase by the VR agency

Attachment II: Case Service Report (RSA-911)

Element Number	Element Name	Data Type	Multiple Values Allowed	Change	PIRL Element	Report at	Report	Updateable (Y/N) after initial reporting	Definitions or Instructions	Code Values
131	Graduate College or University, Purchased Service Provider Type	INT 1	No	No		Training Services Data Elements	Upon Occurrence	Yes	If the service was provided in whole or part through purchase by the VR agency, the Purchased Service Provider Type must be reported. For each service category, report the code value that best describes the primary service provider. Leave blank if service was not provided through purchase by VR agency.	1 = Public Community Rehabilitation Program (CRP)2 = Private CRP3 = Other Public Service Provider4 = Other Private Service Provider
132	Graduate College or University, Amount of VR Title I Funds Expended	INT 6	No	No		Training Services Data Elements	Upon Occurrence	Yes	Report the quarterly VR program expenditures for the purchased service. Expenditures may include non-Federal share and VR program Federal funds, including program income, used to purchase the service. Expenditures do not include unliquidated obligations or encumbrances. Report at the time the expenditure is paid. Leave blank if service was not provided through purchase by VR agency.	XXXXXX
134	Graduate College or University, Service Provided by Comparable Services and Benefits Providers	INT 1	No	No		Training Services Data Elements	Upon Occurrence	Yes	Leave blank if service was not provided by comparable services and benefits providers.	1 = Service was provided in whole or part by comparable services and benefits providers
135	Graduate College or University, Comparable Service Provider Type	VARCHAR 8	Yes	Modified list of choices		Training Services Data Elements	Upon Occurrence	Yes	Report up to three codes, separated by semicolons, that best describes the service providers who provided the individual with a comparable service or benefit. Leave blank if service was not provided by a comparable services and benefits provider.	See Appendix 5 for a list of comparable services and benefits providers
137	Four-Year College or University Training, Service Provided through VR Agency Purchase	INT 1	No	No		Training Services Data Elements	Upon Occurrence	Yes	Full-time or part-time academic training leading to a baccalaureate degree, a certificate, or other recognized less than postgraduate educational credential. Such training may be provided by a four-year college or university or technical college. Report at the time the service is provided. Leave blank if service was not provided through purchase by VR agency.	1 = Service was provided in whole or part through purchase by the VR agency
138	Four-Year College or University Training, Purchased Service Provider Type	INT 1	No	No		Training Services Data Elements	Upon Occurrence	Yes	If the service was provided in whole or part through purchase by the VR agency, the Purchased Service Provider Type must be reported. For each service category, report the code value that best describes the primary service provider. Leave blank if service was not provided through purchase by VR agency.	1 = Public Community Rehabilitation Program (CRP)2 = Private CRP3 = Other Public Service Provider4 = Other Private Service Provider
139	Four-Year College or University Training, Amount of VR Funds Expended for Service (Title I)	INT 6	No	No		Training Services Data Elements	Upon Occurrence	Yes	Report the quarterly VR program expenditures for the purchased service. Expenditures may include non-Federal share and VR program Federal funds, including program income, used to purchase the service. Expenditures do not include unliquidated obligations or encumbrances. Report at the time the expenditure is paid. Leave blank if service was not provided through purchase by VR agency.	XXXXXX
141	Four-Year College or University Training, Service Provided by Comparable Services and Benefits Providers	INT 1	No	No		Training Services Data Elements	Upon Occurrence	Yes	Leave blank if service was not provided by comparable services and benefits providers.	1 = Service was provided in whole or part by comparable services and benefits providers

Attachment II: Case Service Report (RSA-911)

Element Number	Element Name	Data Type	Multiple Values Allowed	Change	PIRL Element	Report at	Report	Updateable (Y/N) after initial reporting	Definitions or Instructions	Code Values
142	Four-Year College or University Training, Comparable Services and Benefits Provider Type	VARCHAR 8	Yes	Modified list of choices		Training Services Data Elements	Upon Occurrence	Yes	Report up to three codes, separated by semicolons, that best describes the service providers who provided the individual with a comparable service or benefit. Leave blank if service was not provided by a comparable services and benefits provider.	See Appendix 5 for a list of comparable services and benefits providers
144	Junior or Community College Training, Service Provided through VR Agency Purchase	INT 1	No	No		Training Services Data Elements	Upon Occurrence	Yes	Full-time or part-time academic training above the secondary school level leading to an Associate's Degree, a certificate, or other recognized educational credential. Such training is provided by a community college, junior college, or technical college. Report at the time the service is provided. Leave blank if service was not provided through purchase by VR agency.	1 = Service was provided in whole or part through purchase by the VR agency
145	Junior or Community College Training, Purchased Service Provider Type	INT 1	No	No		Training Services Data Elements	Upon Occurrence	Yes	If the service was provided in whole or part through purchase by the VR agency, the Purchased Service Provider Type must be reported. For each service category, report the code value that best describes the primary service provider. Leave blank if service was not provided through purchase by VR agency.	1 = Public Community Rehabilitation Program (CRP)2 = Private CRP3 = Other Public Service Provider4 = Other Private Service Provider
146	Junior or Community College Training, Amount of VR Funds Expended for Service (Title I)	INT 6	No	No		Training Services Data Elements	Upon Occurrence	Yes	Report the quarterly VR program expenditures for the purchased service. Expenditures may include non-Federal share and VR program Federal funds, including program income, used to purchase the service. Expenditures do not include unliquidated obligations or encumbrances. Report at the time the expenditure is paid. Leave blank if service was not provided through purchase by VR agency.	XXXXXX
148	Junior or Community College Training Service Provided by Comparable Services and Benefits Providers	INT 1	No	No		Training Services Data Elements	Upon Occurrence	Yes	Leave blank if service was not provided by comparable services and benefits providers.	1 = Service was provided in whole or part by comparable services and benefits providers
149	Junior or Community College Training, Comparable Services and Benefits Provider Type	VARCHAR 8	Yes	Modified list of choices		Training Services Data Elements	Upon Occurrence	Yes	Report up to three codes, separated by semicolons, that best describe the service providers who provided the individual with a comparable service or benefit. Leave blank if service was not provided by a comparable services and benefits provider.	See Appendix 5 for a list of comparable services and benefits providers
150	Occupational or Vocational Training, Service Provided by VR Agency Staff (in-house)	INT 1	No	No		Training Services Data Elements	Upon Occurrence	Yes	Occupational, vocational, or job skill training provided by a community college and/or business, vocational/trade or technical school to prepare students for gainful employment in a recognized occupation, not leading to an academic degree. Report at the time the service is provided. Leave blank if service was not provided by VR agency staff.	1 = Service was provided in whole or part by VR agency staff
151	Occupational or Vocational Training, Service Provided through VR Agency Purchase	INT 1	No	No		Training Services Data Elements	Upon Occurrence	Yes	Occupational, vocational, or job skill training provided by a community college and/or business, vocational/trade or technical school to prepare students for gainful employment in a recognized occupation, not leading to an academic degree. Report at the time the service is provided. Leave blank if service was not provided through purchase by VR agency.	1 = Service was provided in whole or part through purchase by the VR agency

Attachment II: Case Service Report (RSA-911)

Element Number	Element Name	Data Type	Multiple Values Allowed	Change	PIRL Element	Report at	Report	Updateable (Y/N) after initial reporting	Definitions or Instructions	Code Values
152	Occupational or Vocational Training, Purchased Service Provider Type	INT 1	No	No		Training Services Data Elements	Upon Occurrence	Yes	If the service was provided in whole or part through purchase by the VR agency, the Purchased Service Provider Type must be reported. For each service category, report the code value that best describes the primary service provider. Leave blank if service was not provided through purchase by VR agency.	1 = Public Community Rehabilitation Program (CRP) 2 = Private CRP 3 = Other Public Service Provider 4 = Other Private Service Provider
153	Occupational or Vocational Training, Amount of VR Funds Expended for Service (Title I)	INT 6	No	No		Training Services Data Elements	Upon Occurrence	Yes	Report the quarterly VR program expenditures for the purchased service. Expenditures may include non-Federal share and VR program Federal funds, including program income, used to purchase the service. Expenditures do not include unliquidated obligations or encumbrances. Report at the time the expenditure is paid. Leave blank if service was not provided through purchase by VR agency.	XXXXXX
155	Occupational or Vocational Training, Service Provided by Comparable Services and Benefits Providers	INT 1	No	No		Training Services Data Elements	Upon Occurrence	Yes	Leave blank if service was not provided by a comparable services and benefits provider.	1 = Service was provided in whole or part by comparable services and benefits providers
156	Occupational or Vocational Training, Comparable Services and Benefits Provider Type	VARCHAR 8	Yes	Modified list of choices		Training Services Data Elements	Upon Occurrence	Yes	Report up to three codes, separated by semicolons, that best describes the service providers who provided the individual with a comparable service or benefit. Leave blank if service was not provided by a comparable services and benefits provider.	See Appendix 5 for a list of comparable services and benefits providers
157	On The Job Training, Service Provided by VR Agency Staff (in-house)	INT 1	No	No		Training Services Data Elements	Upon Occurrence	Yes	Training in specific job skills by a prospective employer. Generally, the trainee is paid during this training. Report at the time the service is provided. Leave blank if service was not provided by VR agency staff.	1 = Service was provided in whole or part by VR agency staff
158	On The Job Training, Service Provided through VR Agency Purchase	INT 1	No	No		Training Services Data Elements	Upon Occurrence	Yes	Training in specific job skills by a prospective employer. Generally, the trainee is paid during this training. Report at the time the service is provided. Leave blank if service was not provided through purchase by VR agency.	1 = Service was provided in whole or part through purchase by the VR agency
159	On The Job Training, Purchased Service Provider Type	INT 1	No	No		Training Services Data Elements	Upon Occurrence	Yes	If the service was provided in whole or part through purchase by the VR agency, the Purchased Service Provider Type must be reported. For each service category, report the code value that best describes the primary service provider. Leave blank if service was not provided through purchase by VR agency.	1 = Public Community Rehabilitation Program (CRP) 2 = Private CRP 3 = Other Public Service Provider 4 = Other Private Service Provider
160	On The Job Training, Amount of VR Funds Expended for Service (Title I)	INT 6	No	No		Training Services Data Elements	Upon Occurrence	Yes	Report the quarterly VR program expenditures for the purchased service. Expenditures may include non-Federal share and VR program Federal funds, including program income, used to purchase the service. Expenditures do not include unliquidated obligations or encumbrances. Report at the time the expenditure is paid. Leave blank if service was not provided through purchase by VR agency.	XXXXXX
162	On The Job Training, Service Provided by Comparable Services and Benefits Providers	INT 1	No	No		Training Services Data Elements	Upon Occurrence	Yes	Leave blank if service was not provided by comparable services and benefits providers.	1 = Service was provided in whole or part by comparable services and benefits providers

Attachment II: Case Service Report (RSA-911)

Element Number	Element Name	Data Type	Multiple Values Allowed	Change	PIRL Element	Report at	Report	Updateable (Y/N) after initial reporting	Definitions or Instructions	Code Values
163	On The Job Training, Comparable Services and Benefits Provider Type	VARCHAR 8	Yes	Modified list of choices		Training Services Data Elements	Upon Occurrence	Yes	Report up to three codes, separated by semicolons, that best describes the service providers who provided the individual with a comparable service or benefit. Leave blank if service was not provided by a comparable services and benefits provider.	See Appendix 5 for a list of comparable services and benefits providers
164	Registered Apprenticeship Training, Service Provided through VR Agency Purchase	INT 1	No	No		Training Services Data Elements	Upon Occurrence	Yes	A work-based employment and training program that combines hands-on, on-the-job work experience in a skilled occupation with related classroom instruction. Structured apprenticeship programs generally have minimum requirements for the duration of on-the job work experience, classroom instruction, and provide a recognized certificate of completion. Report at the time the service is provided. Leave blank if service was not provided by VR agency staff.	1 = Service was provided in whole or part by VR agency staff
165	Registered Apprenticeship Training, Purchased Service Provider Type	INT 1	No	No		Training Services Data Elements	Upon Occurrence	Yes	A work-based employment and training program that combines hands-on, on-the-job work experience in a skilled occupation with related classroom instruction. Structured apprenticeship programs generally have minimum requirements for the duration of on-the job work experience, classroom instruction, and provide a recognized certificate of completion. Report at the time the service is provided. Leave blank if service was not provided through purchase by VR agency.	1 = Service was provided in whole or part through purchase by the VR agency
166	Registered Apprenticeship Training, Amount of VR Funds Expended for Service (Title I)	INT 1	No	No		Training Services Data Elements	Upon Occurrence	Yes	Report the quarterly VR program expenditures for the purchased service. Expenditures may include non-Federal share and VR program Federal funds, including program income, used to purchase the service. Expenditures do not include unliquidated obligations or encumbrances. Report at the time the expenditure is paid. Leave blank if service was not provided through purchase by VR agency.	1 = Public Community Rehabilitation Program (CRP) 2 = Private CRP 3 = Other Public Service Provider 4 = Other Private Service Provider
168	Registered Apprenticeship Training, Service Provided by Comparable Services and Benefits Providers	INT 1	No	No		Training Services Data Elements	Upon Occurrence	Yes	Leave blank if service was not provided by comparable services and benefits providers.	1 = Service was provided in whole or part by comparable services and benefits providers
169	Registered Apprenticeship Training, Comparable Services and Benefits Provider Type	VARCHAR 8	Yes	Modified list of choices		Training Services Data Elements	Upon Occurrence	Yes	Report up to three codes, separated by semicolons, that best describes the service providers who provided the individual with a comparable service or benefit. Leave blank if service was not provided by a comparable services and benefits provider.	See Appendix 5 for a list of comparable services and benefits providers
170	Basic Academic Remedial or Literacy Training, Service Provided by VR Agency Staff (in-house)	INT 1	No	No		Training Services Data Elements	Upon Occurrence	Yes	Literacy training or training provided to remediate basic academic skills that are needed to function on the job in the competitive labor market. Report at the time the service is provided. Leave blank if service was not provided by VR agency staff.	1 = Service was provided in whole or part by VR agency staff

Attachment II: Case Service Report (RSA-911)

Element Number	Element Name	Data Type	Multiple Values Allowed	Change	PIRL Element	Report at	Report	Updateable (Y/N) after initial reporting	Definitions or Instructions	Code Values
171	Basic Academic Remedial or Literacy Training, Service Provided through VR Agency Purchase	INT 1	No	No		Training Services Data Elements	Upon Occurrence	Yes	Literacy training or training provided to remediate basic academic skills that are needed to function on the job in the competitive labor market. Report at the time the service is provided. Leave blank if service was not provided through purchase by VR agency.	1 = Service was provided in whole or part through purchase by the VR agency
172	Basic Academic Remedial or Literacy Training, Purchased Service Provider Type	INT 1	No	No		Training Services Data Elements	Upon Occurrence	Yes	If the service was provided in whole or part through purchase by the VR agency, the Purchased Service Provider Type must be reported. For each service category, report the code value that best describes the primary service provider. Leave blank if service was not provided through purchase by VR agency.	1 = Public Community Rehabilitation Program (CRP) 2 = Private CRP 3 = Other Public Service Provider 4 = Other Private Service Provider
173	Basic Academic Remedial or Literacy Training, Amount of VR Funds Expended for Service (Title I)	INT 6	No	No		Training Services Data Elements	Upon Occurrence	Yes	Report the quarterly VR program expenditures for the purchased service. Expenditures may include non-Federal share and VR program Federal funds, including program income, used to purchase the service. Expenditures do not include unliquidated obligations or encumbrances. Report at the time the expenditure is paid. Leave blank if service was not provided through purchase by VR agency.	XXXXXX
175	Basic Academic Remedial or Literacy Training, Service Provided by Comparable Services and Benefits Providers	INT 1	No	No		Training Services Data Elements	Upon Occurrence	Yes	Leave blank if service was not provided by comparable services and benefits providers.	1 = Service was provided in whole or part by comparable services and benefits providers
176	Basic Academic Remedial or Literacy Training, Comparable Services and Benefits Provider Type	VARCHAR 8	Yes	Modified list of choices		Training Services Data Elements	Upon Occurrence	Yes	Report up to three codes, separated by semicolons, that best describes the service providers who provided the individual with a comparable service or benefit. Leave blank if service was not provided by a comparable services and benefits provider.	See Appendix 5 for a list of comparable services and benefits providers
177	Job Readiness Training, Service, Provided by VR Agency Staff (in-house)	INT 1	No	No		Training Services Data Elements	Upon Occurrence	Yes	Training provided to prepare an individual for work (e.g., work behaviors, interpersonal communication skills, increasing productivity, etc.). Report at the time the service is provided. Leave blank if service was not provided by VR agency staff.	1 = Service was provided in whole or part by VR agency staff
178	Job Readiness Training, Service Provided through VR Agency Purchase	INT 1	No	No		Training Services Data Elements	Upon Occurrence	Yes	Training provided to prepare an individual for work (e.g., work behaviors, interpersonal communication skills, increasing productivity, etc.). Report at the time the service is provided. Leave blank if service was not provided through purchase by VR agency.	1 = Service was provided in whole or part through purchase by the VR agency
179	Job Readiness Training, Service, Purchased Service Provider Type	INT 1	No	No		Training Services Data Elements	Upon Occurrence	Yes	If the service was provided in whole or part through purchase by the VR agency, the Purchased Service Provider Type must be reported. For each service category, report the code value that best describes the primary service provider. Leave blank if service was not provided through purchase by VR agency.	1 = Public Community Rehabilitation Program (CRP) 2 = Private CRP 3 = Other Public Service Provider 4 = Other Private Service Provider

Attachment II: Case Service Report (RSA-911)

Element Number	Element Name	Data Type	Multiple Values Allowed	Change	PIRL Element	Report at	Report	Updateable (Y/N) after initial reporting	Definitions or Instructions	Code Values
180	Job Readiness Training, Service, Amount of VR Funds Expended for Service (Title I)	INT 6	No	No		Training Services Data Elements	Upon Occurrence	Yes	Report the quarterly VR program expenditures for the purchased service. Expenditures may include non-Federal share and VR program Federal funds, including program income, used to purchase the service. Expenditures do not include unliquidated obligations or encumbrances. Report at the time the expenditure is paid. Leave blank if service was not provided through purchase by VR agency.	XXXXXX
182	Job Readiness Training, Service Provided by Comparable Services and Benefits Providers	INT 1	No	No		Training Services Data Elements	Upon Occurrence	Yes	Leave blank if service was not provided by comparable services and benefits providers.	1 = Service was provided in whole or part by comparable services and benefits providers
183	Job Readiness Training, Comparable Services and Benefits Provider Type	VARCHAR 8	Yes	Modified list of choices		Training Services Data Elements	Upon Occurrence	Yes	Report up to three codes, separated by semicolons, that best describes the service providers who provided the individual with a comparable services and benefits.	See Appendix 5 for a list of comparable benefits providers
184	Disability Related Skills Training, Service Provided by VR Agency Staff (in-house)	INT 1	No	No		Training Services Data Elements	Upon Occurrence	Yes	Disability-related augmentative skills training includes but is not limited to: orientation and mobility; rehabilitation teaching; training in the use of low vision aids; braille; speech reading; sign language; and cognitive training/retraining. Report at the time the service is provided. Leave blank if service was not provided by VR agency staff.	1 = Service was provided in whole or part by VR agency staff
185	Disability Related Skills Training, Service Provided through VR Agency Purchase	INT 1	No	No		Training Services Data Elements	Upon Occurrence	Yes	Disability-related augmentative skills training includes but is not limited to: orientation and mobility; rehabilitation teaching; training in the use of low vision aids; braille; speech reading; sign language; and cognitive training/retraining. Report at the time the service is provided. Leave blank if service was not provided through purchase by VR agency.	1 = Service was provided in whole or part through purchase by the VR agency
186	Disability Related Skills Training, Purchased Service Provider Type	INT 1	No	No		Training Services Data Elements	Upon Occurrence	Yes	If the service was provided in whole or part through purchase by the VR agency, the Purchased Service Provider Type must be reported. For each service category, report the code value that best describes the primary service provider. Leave blank if service was not provided through purchase by VR agency.	1 = Public Community Rehabilitation Program (CRP) 2 = Private CRP 3 = Other Public Service Provider 4 = Other Private Service Provider
187	Disability Related Skills Training, Amount of VR Funds Expended for Service (Title I)	INT 6	No	No		Training Services Data Elements	Upon Occurrence	Yes	Report the quarterly VR program expenditures for the purchased service. Expenditures may include non-Federal share and VR program Federal funds, including program income, used to purchase the service. Expenditures do not include unliquidated obligations or encumbrances. Report at the time the expenditure is paid. Leave blank if service was not provided through purchase by VR agency.	XXXXXX
189	Disability Related Skills Training, Service Provided by Comparable Services and Benefits Providers	INT 1	No	No		Training Services Data Elements	Upon Occurrence	Yes	Leave blank if service was not provided by comparable services and benefits providers.	1 = Service was provided in whole or part by comparable services and benefits providers
190	Disability Related Skills Training, Comparable Services and Benefits Provider Type	VARCHAR 8	Yes	Modified list of choices		Training Services Data Elements	Upon Occurrence	Yes	Report up to three codes, separated by semicolons, that best describes the service providers who provided the individual with a comparable service or benefit. Leave blank if service was not provided by a comparable services and benefits provider.	See Appendix 5 for a list of comparable services and benefits providers

Attachment II: Case Service Report (RSA-911)

Element Number	Element Name	Data Type	Multiple Values Allowed	Change	PIRL Element	Report at	Report	Updateable (Y/N) after initial reporting	Definitions or Instructions	Code Values
191	Miscellaneous Training, Service Provided by VR Agency Staff (in-house)	INT 1	No	No		Training Services Data Elements	Upon Occurrence	Yes	Any training not included in one of the other categories listed, including GED or secondary school training leading to a diploma, or courses taken at four-year, junior or community colleges not leading to a certificate or diploma. Report at the time the service is provided. Leave blank if service was not provided by VR agency staff.	1 = Service was provided in whole or part by VR agency staff
192	Miscellaneous Training, Service Provided through VR Agency Purchase	INT 1	No	No		Training Services Data Elements	Upon Occurrence	Yes	Any training not included in one of the other categories listed, including GED or secondary school training leading to a diploma, or courses taken at four-year, junior or community colleges not leading to a certificate or diploma. Report at the time the service is provided. Leave blank if service was not provided through purchase by VR agency.	1 = Service was provided in whole or part through purchase by the VR agency
193	Miscellaneous Training, Purchased Service Provider Type	INT 1	No	No		Training Services Data Elements	Upon Occurrence	Yes	If the service was provided in whole or part through purchase by the VR agency, the Purchased Service Provider Type must be reported. For each service category, report the code value that best describes the primary service provider. Leave blank if service was not provided through purchase by VR agency.	1 = Public Community Rehabilitation Program (CRP) 2 = Private CRP 3 = Other Public Service Provider 4 = Other Private Service Provider
194	Miscellaneous Training, Amount of VR Funds Expended for Service (Title I)	INT 6	No	No		Training Services Data Elements	Upon Occurrence	Yes	Report the quarterly VR program expenditures for the purchased service. Expenditures may include non-Federal share and VR program Federal funds, including program income, used to purchase the service. Expenditures do not include unliquidated obligations or encumbrances. Report at the time the expenditure is paid. Leave blank if service was not provided through purchase by VR agency.	XXXXXX
196	Miscellaneous Training, Service Provided by Comparable Services and Benefits Providers	INT 1	No	No		Training Services Data Elements	Upon Occurrence	Yes	Leave blank if service was not provided by comparable services and benefits providers.	1 = Service was provided in whole or part by comparable services and benefits providers
197	Miscellaneous Training, Comparable Services and Benefits Provider Type	VARCHAR 8	Yes	Modified list of choices		Training Services Data Elements	Upon Occurrence	Yes	Report up to three codes, separated by semicolons, that best describes the service providers who provided the individual with a comparable service or benefit. Leave blank if service was not provided by a comparable services and benefits provider.	See Appendix 5 for a list of comparable services and benefits providers
198	Randolph-Sheppard Entrepreneurial Training, Service Provided by VR Agency Staff (in-house)	INT 1	No	No		Training Services Data Elements	Upon Occurrence	Yes	Training for establishing a small business or individualized training through the Randolph-Sheppard program and included on the IPE. Report at the time the service is provided. Leave blank if service was not provided by VR agency staff.	1 = Service was provided in whole or part by VR agency staff
199	Randolph-Sheppard Entrepreneurial Training, Service Provided through VR Agency Purchase	INT 1	No	No		Training Services Data Elements	Upon Occurrence	Yes	Training for establishing a small business or individualized training through the Randolph-Sheppard program and included on the IPE. Report at the time the service is provided. Leave blank if service was not provided through purchase by VR agency.	1 = Service was provided in whole or part through purchase by the VR agency

Attachment II: Case Service Report (RSA-911)

Element Number	Element Name	Data Type	Multiple Values Allowed	Change	PIRL Element	Report at	Report	Updateable (Y/N) after initial reporting	Definitions or Instructions	Code Values
200	Randolph-Sheppard Entrepreneurial Training, Purchased Service Provider Type	INT 1	No	No		Training Services Data Elements	Upon Occurrence	Yes	If the service was provided in whole or part through purchase by the VR agency, the Purchased Service Provider Type must be reported. For each service category, report the code value that best describes the primary service provider. Leave blank if service was not provided through purchase by VR agency.	1 = Public Community Rehabilitation Program (CRP) 2 = Private CRP 3 = Other Public Service Provider 4 = Other Private Service Provider
201	Randolph-Sheppard Entrepreneurial Training, Amount of VR Funds Expended for Service (Title I)	INT 6	No	No		Training Services Data Elements	Upon Occurrence	Yes	Report the quarterly VR program expenditures for the purchased service. Expenditures may include non-Federal share and VR program Federal funds, including program income, used to purchase the service. Expenditures do not include unliquidated obligations or encumbrances. Report at the time the expenditure is paid. Leave blank if service was not provided through purchase by VR agency.	XXXXXX
203	Randolph-Sheppard Entrepreneurial Training, Service Provided by Comparable Services and Benefits Providers	INT 1	No	No		Training Services Data Elements	Upon Occurrence	Yes	Leave blank if service was not provided by comparable services and benefits providers.	1 = Service was provided in whole or part by comparable services and benefits providers
204	Randolph-Sheppard Entrepreneurial Training, Comparable Services and Benefits Provider Type	VARCHAR 8	Yes	Modified list of choices		Training Services Data Elements	Upon Occurrence	Yes	Report up to three codes, separated by semicolons, that best describes the service providers who provided the individual with a comparable service or benefit. Leave blank if service was not provided by a comparable services and benefits provider.	See Appendix 5 for a list of comparable services and benefits providers
205	Customized Training, Service Provided by VR Agency Staff (in-house)	INT 1	No	No		Training Services Data Elements	Upon Occurrence	Yes	A training program designed to meet the special requirements of an employer who has entered into an agreement with a service delivery area to hire individuals who are trained to the employer's specifications. Report at the time the service is provided. Leave blank if service was not provided by VR agency staff.	1 = Service was provided in whole or part by VR agency staff
206	Customized Training, Service Provided through VR Agency Purchase	INT 1	No	No		Training Services Data Elements	Upon Occurrence	Yes	A training program designed to meet the special requirements of an employer who has entered into an agreement with a service delivery area to hire individuals who are trained to the employer's specifications. Report at the time the service is provided. Leave blank if service was not provided through purchase by VR agency.	1 = Service was provided in whole or part through purchase by the VR agency
207	Customized Training, Purchased Service Provider Type	INT 1	No	No		Training Services Data Elements	Upon Occurrence	Yes	If the service was provided in whole or part through purchase by the VR agency, the Purchased Service Provider Type must be reported. For each service category, report the code value that best describes the primary service provider. Leave blank if service was not provided through purchase by VR agency.	1 = Public Community Rehabilitation Program (CRP) 2 = Private CRP 3 = Other Public Service Provider 4 = Other Private Service Provider
208	Customized Training, Amount of VR Funds Expended for Service (Title I)	INT 6	No	No		Training Services Data Elements	Upon Occurrence	Yes	Report the quarterly VR program expenditures for the purchased service. Expenditures may include non-Federal share and VR program Federal funds, including program income, used to purchase the service. Expenditures do not include unliquidated obligations or encumbrances. Report at the time the expenditure is paid. Leave blank if service was not provided through purchase by VR agency.	XXXXXX

Attachment II: Case Service Report (RSA-911)

Element Number	Element Name	Data Type	Multiple Values Allowed	Change	PIRL Element	Report at	Report	Updateable (Y/N) after initial reporting	Definitions or Instructions	Code Values
210	Customized Training, Service Provided by Comparable Services and Benefits Providers	INT 1	No	No		Training Services Data Elements	Upon Occurrence	Yes	Leave blank if service was not provided by comparable services and benefits providers.	1 = Service was provided in whole or part by comparable services and benefits providers
211	Customized Training, Comparable Services and Benefits Provider Type	VARCHAR 8	Yes	Modified list of choices		Training Services Data Elements	Upon Occurrence	Yes	Report up to three codes, separated by semicolons, that best describes the service providers who provided the individual with a comparable service or benefit. Leave blank if service was not provided by a comparable services and benefits provider.	See Appendix 5 for a list of comparable services and benefits providers
212	Assessment, Service Provided by VR Agency Staff (in-house)	INT 1	No	No		Career Services Data Elements	Upon Occurrence	Yes	Assessment means services provided and activities performed to determine an individual's eligibility for VR services, to assign an individual to a priority category of a VR program that operates under an order of selection, and/or to determine the nature and scope of VR services to be included in the IPE. It also includes trial work experiences. Report at the time the service is provided. Leave blank if service was not provided by VR agency staff.	1 = Service was provided in whole or part by VR agency staff
213	Assessment, Service Provided through VR Agency Purchase	INT 1	No	No		Career Services Data Elements	Upon Occurrence	Yes	Assessment means services provided and activities performed to determine an individual's eligibility for VR services, to assign an individual to a priority category of a VR program that operates under an order of selection, and/or to determine the nature and scope of VR services to be included in the IPE. It also includes trial work experiences. Report at the time the service is provided. Leave blank if service was not provided through purchase by VR agency.	1 = Service was provided in whole or part through purchase by the VR agency
214	Assessment, Purchased Service Provider Type	INT 1	No	No		Career Services Data Elements	Upon Occurrence	Yes	If the service was provided in whole or part through purchase by the VR agency, the Purchased Service Provider Type must be reported. For each service category, report the code value that best describes the primary service provider. Leave blank if service was not provided through purchase by VR agency.	1 = Public Community Rehabilitation Program (CRP) 2 = Private CRP 3 = Other Public Service Provider 4 = Other Private Service Provider
215	Assessment, Amount of VR Funds Expended for Service (Title I)	INT 6	No	No		Career Services Data Elements	Upon Occurrence	Yes	Report the quarterly VR program expenditures for the purchased service. Expenditures may include non-Federal share and VR program Federal funds, including program income, used to purchase the service. Expenditures do not include unliquidated obligations or encumbrances. Report at the time the expenditure is paid. Leave blank if service was not provided through purchase by VR agency.	XXXXXX
217	Assessment, Service Provided by Comparable Services and Benefits Providers	INT 1	No	No		Career Services Data Elements	Upon Occurrence	Yes	Report up to three codes, separated by semicolons, that best describes the service providers who provided the individual with a comparable service or benefit.	1 = Service was provided in whole or part by comparable services and benefits providers
218	Assessment, Comparable Services and Benefits Provider Type	VARCHAR 8	Yes	Modified list of choices		Career Services Data Elements	Upon Occurrence	Yes	Report up to three codes, separated by semicolons, that best describes the service providers who provided the individual with a comparable service or benefit. Leave blank if service was not provided by a comparable services and benefits provider.	See Appendix 5 for a list of comparable services and benefits providers

Attachment II: Case Service Report (RSA-911)

Element Number	Element Name	Data Type	Multiple Values Allowed	Change	PIRL Element	Report at	Report	Updateable (Y/N) after initial reporting	Definitions or Instructions	Code Values
219	Diagnosis and Treatment of Impairments, Service Provided by VR Agency Staff (in-house)	INT 1	No	No		Career Services Data Elements	Upon Occurrence	Yes	<p>Corrective surgery or therapeutic treatment, diagnosis and treatment of mental and emotional disorders, dentistry, nursing services, necessary hospitalization, drugs and supplies, prosthetics, eye glasses, podiatry, physical therapy, occupation therapy, speech or hearing therapy, mental health services, treatment of acute or chronic medical complications, other medical or medically related rehabilitation services.</p> <p>Report at the time the service is provided.</p> <p>Leave blank if service was not provided by VR agency staff.</p>	1 = Service was provided in whole or part by VR agency staff
220	Diagnosis and Treatment of Impairments, Service Provided through VR Agency Purchase	INT 1	No	No		Career Services Data Elements	Upon Occurrence	Yes	<p>Corrective surgery or therapeutic treatment, diagnosis and treatment of mental and emotional disorders, dentistry, nursing services, necessary hospitalization, drugs and supplies, prosthetics, eye glasses, podiatry, physical therapy, occupation therapy, speech or hearing therapy, mental health services, treatment of acute or chronic medical complications, other medical or medically related rehabilitation services.</p> <p>Report at the time the service is provided.</p> <p>Leave blank if service was not provided through purchase by VR agency.</p>	1 = Service was provided in whole or part through purchase by the VR agency
221	Diagnosis and Treatment of Impairments, Purchased Service Provider Type	INT 1	No	No		Career Services Data Elements	Upon Occurrence	Yes	<p>If the service was provided in whole or part through purchase by the VR agency, the Purchased Service Provider Type must be reported. For each service category, report the code value that best describes the primary service provider.</p> <p>Leave blank if service was not provided through purchase by VR agency.</p>	1 = Public Community Rehabilitation Program (CRP) 2 = Private CRP 3 =Other Public Service Provider 4 =Other Private Service Provider
222	Diagnosis and Treatment of Impairments, Amount of VR Funds Expended for Service (Title I)	INT 6	No	No		Career Services Data Elements	Upon Occurrence	Yes	<p>Report the quarterly VR program expenditures for the purchased service. Expenditures may include non-Federal share and VR program Federal funds, including program income, used to purchase the service. Expenditures do not include unliquidated obligations or encumbrances. Report at the time the expenditure is paid. Leave blank if service was not provided through purchase by VR agency.</p>	XXXXXX
224	Diagnosis and Treatment of Impairments, Service Provided by Comparable Services and Benefits Providers	INT 1	No	No		Career Services Data Elements	Upon Occurrence	Yes	<p>Leave blank if service was not provided by comparable services and benefits providers.</p>	1 = Service was provided in whole or part by comparable services and benefits providers
225	Diagnosis and Treatment of Impairments, Comparable Services and Benefits Provider Type	VARCHAR 8	Yes	Modified list of choices		Career Services Data Elements	Upon Occurrence	Yes	<p>Report up to three codes, separated by semicolons, that best describes the service providers who provided the individual with a comparable service or benefit.</p> <p>Leave blank if service was not provided by a comparable services and benefits provider.</p>	See Appendix 5 for a list of comparable benefits providers
226	Vocational Rehabilitation Counseling and Guidance, Service Provided by VR Agency Staff (in-house)	INT 1	No	No		Career Services Data Elements	Upon Occurrence	Yes	<p>Vocational rehabilitation counseling and guidance includes information and support services to assist an individual in exercising informed choice.</p> <p>Report at the time the service is provided.</p> <p>Leave blank if service was not provided by VR agency staff.</p>	1 = Service was provided in whole or part by VR agency staff

Attachment II: Case Service Report (RSA-911)

Element Number	Element Name	Data Type	Multiple Values Allowed	Change	PIRL Element	Report at	Report	Updateable (Y/N) after initial reporting	Definitions or Instructions	Code Values
227	Vocational Rehabilitation Counseling and Guidance, Service Provided by through VR Agency Purchase	INT 1	No	No		Career Services Data Elements	Upon Occurrence	Yes	Vocational rehabilitation counseling and guidance includes information and support services to assist an individual in exercising informed choice. Report at the time the service is provided. Leave blank if service was not provided through purchase by VR agency.	1 = Service was provided in whole or part through purchase by the VR agency
228	Vocational Rehabilitation Counseling and Guidance, Purchased Service Provider Type	INT 1	No	No		Career Services Data Elements	Upon Occurrence	Yes	If the service was provided in whole or part through purchase by the VR agency, the Purchased Service Provider Type must be reported. For each service category, report the code value that best describes the primary service provider. Leave blank if service was not provided through purchase by VR agency.	1 = Public Community Rehabilitation Program (CRP)2 = Private CRP3 = Other Public Service Provider4 = Other Private Service Provider
229	Vocational Rehabilitation Counseling and Guidance, Amount of VR Funds Expended for Service (Title I)	INT 6	No	No		Career Services Data Elements	Upon Occurrence	Yes	Report the quarterly VR program expenditures for the purchased service. Expenditures may include non-Federal share and VR program Federal funds, including program income, used to purchase the service. Expenditures do not include unliquidated obligations or encumbrances. Report at the time the expenditure is paid. Leave blank if service was not provided through purchase by VR agency.	XXXXXX
231	Vocational Rehabilitation Counseling and Guidance, Service Provided by Comparable Services and Benefits Providers	INT 1	No	No		Career Services Data Elements	Upon Occurrence	Yes	Leave blank if service was not provided by comparable services and benefits providers.	1 = Service was provided in whole or part by comparable services and benefits providers
232	Vocational Rehabilitation Counseling and Guidance, Comparable Services and Benefits Provider Type	VARCHAR 8	Yes	Modified list of choices		Career Services Data Elements	Upon Occurrence	Yes	Report up to three codes, separated by semicolons, that best describes the service providers who provided the individual with a comparable service or benefit. Leave blank if service was not provided by a comparable service or benefit	See Appendix 5 for a list of comparable services and benefits providers
233	Job Search Assistance, Service Provided by VR Agency Staff (in-house)	INT 1	No	No		Career Services Data Elements	Upon Occurrence	Yes	Job search activities support and assist an individual in searching for an appropriate job. Job search assistance may include help in resume preparation, identifying appropriate job opportunities, developing interview skills, and making contacts with companies on behalf of the consumer. Report at the time the service is provided. Leave blank if service was not provided by VR agency staff.	1 = Service was provided in whole or part by VR agency staff
234	Job Search Assistance, Service Provided through VR Agency Purchase	INT 1	No	No		Career Services Data Elements	Upon Occurrence	Yes	Job search activities support and assist an individual in searching for an appropriate job. Job search assistance may include help in resume preparation, identifying appropriate job opportunities, developing interview skills, and making contacts with companies on behalf of the consumer. Report at the time the service is provided. Leave blank if service was not provided through purchase by VR agency.	1 = Service was provided in whole or part through purchase by the VR agency
235	Job Search Assistance, Purchased Service Provider Type	INT 1	No	No		Career Services Data Elements	Upon Occurrence	Yes	If the service was provided in whole or part through purchase by the VR agency, the Purchased Service Provider Type must be reported. For each service category, report the code value that best describes the primary service provider. Leave blank if service was not provided through purchase by VR agency.	1 = Public Community Rehabilitation Program (CRP)2 = Private CRP3 = Other Public Service Provider4 = Other Private Service Provider

Attachment II: Case Service Report (RSA-911)

Element Number	Element Name	Data Type	Multiple Values Allowed	Change	PIRL Element	Report at	Report	Updateable (Y/N) after initial reporting	Definitions or Instructions	Code Values
236	Job Search Assistance, Amount of VR Funds Expended for Service (Title I)	INT 6	No	No		Career Services Data Elements	Upon Occurrence	Yes	Report the quarterly VR program expenditures for the purchased service. Expenditures may include non-Federal share and VR program Federal funds, including program income, used to purchase the service. Expenditures do not include unliquidated obligations or encumbrances. Report at the time the expenditure is paid. Leave blank if service was not provided through purchase by VR agency.	XXXXXX
238	Job Search Assistance, Service Provided by Comparable Services and Benefits Providers	INT 1	No	No		Career Services Data Elements	Upon Occurrence	Yes	Leave blank if service was not provided by comparable services and benefits providers.	1 = Service was provided in whole or part by comparable services and benefits providers
239	Job Search Assistance, Comparable Services and Benefits Provider Type	VARCHAR 8	Yes	Modified list of choices		Career Services Data Elements	Upon Occurrence	Yes	Report up to three codes, separated by semicolons, that best describes the service providers who provided the individual with a comparable service or benefit. Leave blank if service was not provided by a comparable services and benefits provider.	See Appendix 5 for a list of comparable services and benefits providers
240	Job Placement Assistance, Service Provided by VR Job Placement Assistance, Agency Staff (in-house)	INT 1	No	No		Career Services Data Elements	Upon Occurrence	Yes	Job placement assistance is a referral to a specific job resulting in an interview, regardless of whether or not the individual obtained the job. Report at the time the service is provided. Leave blank if service was not provided by VR agency staff.	1 = Service was provided in whole or part by VR agency staff
241	Job Placement Assistance, Service Provided through VR Agency Purchase	INT 1	No	No		Career Services Data Elements	Upon Occurrence	Yes	Job placement assistance is a referral to a specific job resulting in an interview, regardless of whether or not the individual obtained the job. Report at the time the service is provided. Leave blank if service was not provided through purchase by VR agency.	1 = Service was provided in whole or part through purchase by the VR agency
242	Job Placement Assistance, Purchased Service Provider Type	INT 1	No	No		Career Services Data Elements	Upon Occurrence	Yes	If the service was provided in whole or part through purchase by the VR agency, the Purchased Service Provider Type must be reported. For each service category, report the code value that best describes the primary service provider. Leave blank if service was not provided through purchase by VR agency.	1 = Public Community Rehabilitation Program (CRP) 2 = Private CRP 3 = Other Public Service Provider 4 = Other Private Service Provider
243	Job Placement Assistance, Amount of VR Funds Expended for Service (Title I)	INT 6	No	No		Career Services Data Elements	Upon Occurrence	Yes	Report the quarterly VR program expenditures for the purchased service. Expenditures may include non-Federal share and VR program Federal funds, including program income, used to purchase the service. Expenditures do not include unliquidated obligations or encumbrances. Report at the time the expenditure is paid. Leave blank if service was not provided through purchase by VR agency.	XXXXXX
245	Job Placement Assistance, Service Provided by Comparable Services and Benefits Providers	INT 1	No	No		Career Services Data Elements	Upon Occurrence	Yes	Leave blank if service was not provided by comparable services and benefits providers.	1 = Service was provided in whole or part by comparable services and benefits providers
246	Job Placement Assistance, Comparable Services and Benefits Provider Type	VARCHAR 8	Yes	Modified list of choices		Career Services Data Elements	Upon Occurrence	Yes	Report up to three codes, separated by semicolons, that best describes the service providers who provided the individual with a comparable service or benefit. Leave blank if service was not provided by a comparable services and benefits provider.	See Appendix 5 for a list of comparable services and benefits providers

Attachment II: Case Service Report (RSA-911)

Element Number	Element Name	Data Type	Multiple Values Allowed	Change	PIRL Element	Report at	Report	Updateable (Y/N) after initial reporting	Definitions or Instructions	Code Values
247	Short Term Job Supports, Service Provided by VR Agency Staff (in-house)	INT 1	No	No		Career Services Data Elements	Upon Occurrence	Yes	Support services provided to an individual who has been placed in employment in order to stabilize the placement and enhance job retention. Report at the time the service is provided. Leave blank if service was not provided by VR agency staff.	1 = Service was provided in whole or part by VR agency staff
248	Short Term Job Supports, Service Provided through VR Agency Purchase	INT 1	No	No		Career Services Data Elements	Upon Occurrence	Yes	Support services provided to an individual who has been placed in employment in order to stabilize the placement and enhance job retention. Report at the time the service is provided. Leave blank if service was not provided through purchase by VR agency.	1 = Service was provided in whole or part through purchase by the VR agency
249	Short Term Job Supports, Purchased Service Provider Type	INT 1	No	No		Career Services Data Elements	Upon Occurrence	Yes	If the service was provided in whole or part through purchase by the VR agency, the Purchased Service Provider Type must be reported. For each service category, report the code value that best describes the primary service provider. Leave blank if service was not provided through purchase by VR agency.	1 = Public Community Rehabilitation Program (CRP) 2 = Private CRP 3 = Other Public Service Provider 4 = Other Private Service Provider
250	Short Term Job Supports, Amount of VR Funds Expended for Service (Title I)	INT 6	No	No		Career Services Data Elements	Upon Occurrence	Yes	Report the quarterly VR program expenditures for the purchased service. Expenditures may include non-Federal share and VR program Federal funds, including program income, used to purchase the service. Expenditures do not include unliquidated obligations or encumbrances. Report at the time the expenditure is paid. Leave blank if service was not provided through purchase by VR agency.	XXXXXX
252	Short Term Job Supports, Service Provided by Comparable Services and Benefits Providers	INT 1	No	No		Career Services Data Elements	Upon Occurrence	Yes	Leave blank if service was not provided by comparable services and benefits providers.	1 = Service was provided in whole or part by comparable services and benefits providers
253	Short Term Job Supports, Comparable Services and Benefits Provider Type	VARCHAR 8	Yes	Modified list of choices		Career Services Data Elements	Upon Occurrence	Yes	Report up to three codes, separated by semicolons, that best describes the service providers who provided the individual with a comparable service or benefit. Leave blank if service was not provided by a comparable services and benefits provider.	See Appendix 5 for a list of comparable services and benefits providers
254	Supported Employment Services, Service Provided by VR Agency Staff (in-house)	INT 1	No	No		Career Services Data Elements	Upon Occurrence	Yes	Supported employment services are ongoing support services, including customized employment, and other appropriate services needed to support an individual with a most significant disability in maintaining supported employment. Report at the time the service is provided. Leave blank if service was not provided by VR agency staff.	1 = Service was provided in whole or part by VR agency staff
255	Supported Employment Services, Service Provided through VR Agency Purchase	INT 1	No	No		Career Services Data Elements	Upon Occurrence	Yes	Supported employment services are ongoing support services, including customized employment, and other appropriate services needed to support an individual with a most significant disability in maintaining supported employment. Report at the time the service is provided. Leave blank if service was not provided through purchase by VR agency.	1 = Service was provided in whole or part through purchase by the VR agency

Attachment II: Case Service Report (RSA-911)

Element Number	Element Name	Data Type	Multiple Values Allowed	Change	PIRL Element	Report at	Report	Updateable (Y/N) after initial reporting	Definitions or Instructions	Code Values
256	Supported Employment Services, Purchased Service Provider Type	INT 1	No	No		Career Services Data Elements	Upon Occurrence	Yes	If the service was provided in whole or part through purchase by the VR agency, the Purchased Service Provider Type must be reported. For each service category, report the code value that best describes the primary service provider. Leave blank if service was not provided through purchase by VR agency.	1 = Public Community Rehabilitation Program (CRP) 2 = Private CRP 3 = Other Public Service Provider 4 = Other Private Service Provider
257	Supported Employment Services, Amount of VR Funds Expended for Service (Title I)	INT 6	No	No		Career Services Data Elements	Upon Occurrence	Yes	Report the quarterly VR program expenditures for the purchased service. Expenditures may include non-Federal share and VR program Federal funds, including program income, used to purchase the service. Expenditures do not include unliquidated obligations or encumbrances. Report at the time the expenditure is paid. Leave blank if service was not provided through purchase by VR agency.	XXXXXX
258	Supported Employment Services, Amount of SE Funds Expended for Service (Title VI)	INT 6	No	No		Career Services Data Elements	Upon Occurrence	Yes	Report the quarterly Supported Employment Services program expenditures for the purchased service. Recipients of these funds must have a supported employment goal in their IPEs and have already been placed in an employment setting. Report at the time the expenditure is paid. Leave blank if service was not provided through purchase by VR agency.	XXXXXX
259	Supported Employment Services, Service Provided by Comparable Services and Benefits Providers	INT 1	No	No		Career Services Data Elements	Upon Occurrence	Yes	Leave blank if service was not provided by comparable services and benefits providers.	1 = Service was provided in whole or part by comparable services and benefits providers
260	Supported Employment Services, Comparable Services and Benefits Provider Type	VARCHAR 8	Yes	Modified list of choices		Career Services Data Elements	Upon Occurrence	Yes	Report up to three codes, separated by semicolons, that best describes the service providers who provided the individual with a comparable service or benefit. Leave blank if service was not provided by a comparable services and benefits provider.	See Appendix 5 for a list of comparable services and benefits providers
261	Information and Referral Services, Service Provided by VR Agency Staff (in-house)	INT 1	No	No		Career Services Data Elements	Upon Occurrence	Yes	Information and referral services are provided to individuals who need services from other agencies Report at the time the service is provided. Leave blank if service was not provided by VR agency staff.	1 = Service was provided in whole or part by VR agency staff
262	Information and Referral Services, Service Provided through VR Agency Purchase	INT 1	No	No		Career Services Data Elements	Upon Occurrence	Yes	Information and referral services are provided to individuals who need services from other agencies Report at the time the service is provided. Leave blank if service was not provided through purchase by VR agency.	1 = Service was provided in whole or part through purchase by the VR agency
263	Information and Referral Services, Purchased Service Provider Type	INT 1	No	No		Career Services Data Elements	Upon Occurrence	Yes	If the service was provided in whole or part through purchase by the VR agency, the Purchased Service Provider Type must be reported. For each service category, report the code value that best describes the primary service provider. Leave blank if service was not provided through purchase by VR agency.	1 = Public Community Rehabilitation Program (CRP) 2 = Private CRP 3 = Other Public Service Provider 4 = Other Private Service Provider

Attachment II: Case Service Report (RSA-911)

Element Number	Element Name	Data Type	Multiple Values Allowed	Change	PIRL Element	Report at	Report	Updateable (Y/N) after initial reporting	Definitions or Instructions	Code Values
264	Information and Referral Services, Amount of VR Funds Expended for Service (Title I)	INT 6	No	No		Career Services Data Elements	Upon Occurrence	Yes	Report the quarterly VR program expenditures for the purchased service. Expenditures may include non-Federal share and VR program Federal funds, including program income, used to purchase the service. Expenditures do not include unliquidated obligations or encumbrances. Report at the time the expenditure is paid. Leave blank if service was not provided through purchase by VR agency.	XXXXXX
266	Information and Referral Services, Service Provided by Comparable Services and Benefits Providers	INT 1	No	No		Career Services Data Elements	Upon Occurrence	Yes	Leave blank if service was not provided by comparable services and benefits providers.	1 = Service was provided in whole or part by comparable services and benefits providers
267	Information and Referral Services, Comparable Services and Benefits Provider Type	VARCHAR 8	Yes	Modified list of choices		Career Services Data Elements	Upon Occurrence	Yes	Report up to three codes, separated by semicolons, that best describes the service providers who provided the individual with a comparable service or benefit. Leave blank if service was not provided by a comparable services and benefits provider.	See Appendix 5 for a list of comparable services and benefits providers
268	Benefits Counseling, Service Provided by VR Agency Staff (in-house)	INT 1	No	No		Career Services Data Elements	Upon Occurrence	Yes	Assistance provided to an individual who is interested in becoming employed, but is uncertain of the impact work income may have on any disability benefits and entitlements being received, and/or is not aware of benefits, such as access to healthcare, that might be available to support employment efforts. Report at the time the service is provided. Leave blank if service was not provided by VR agency staff.	1 = Service was provided in whole or part by VR agency staff
269	Benefits Counseling, Service Provided through VR Agency Purchase	INT 1	No	No		Career Services Data Elements	Upon Occurrence	Yes	Assistance provided to an individual who is interested in becoming employed, but is uncertain of the impact work income may have on any disability benefits and entitlements being received, and/or is not aware of benefits, such as access to healthcare, that might be available to support employment efforts. Report at the time the service is provided. Leave blank if service was not provided through purchase by VR agency.	1 = Service was provided in whole or part through purchase by the VR agency
270	Benefits Counseling, Purchased Service Provider Type	INT 1	No	No		Career Services Data Elements	Upon Occurrence	Yes	If the service was provided in whole or part through purchase by the VR agency, the Purchased Service Provider Type must be reported. For each service category, report the code value that best describes the primary service provider. Leave blank if service was not provided through purchase by VR agency.	1 = Public Community Rehabilitation Program (CRP) 2 = Private CRP 3 = Other Public Service Provider 4 = Other Private Service Provider
271	Benefits Counseling, Amount of VR Funds Expended for Service (Title I)	INT 6	No	No		Career Services Data Elements	Upon Occurrence	Yes	Report the quarterly VR program expenditures for the purchased service. Expenditures may include non-Federal share and VR program Federal funds, including program income, used to purchase the service. Expenditures do not include unliquidated obligations or encumbrances. Report at the time the expenditure is paid. Leave blank if service was not provided through purchase by VR agency.	XXXXXX
273	Benefits Counseling, Service Provided by Comparable Services and Benefits Providers	INT 1	No	No		Career Services Data Elements	Upon Occurrence	Yes	Leave blank if service was not provided by comparable services and benefits providers.	1 = Service was provided in whole or part by comparable services and benefits providers

Attachment II: Case Service Report (RSA-911)

Element Number	Element Name	Data Type	Multiple Values Allowed	Change	PIRL Element	Report at	Report	Updateable (Y/N) after initial reporting	Definitions or Instructions	Code Values
274	Benefits Counseling, Comparable Services and Benefits Provider Type	VARCHAR 8	Yes	Modified list of choices		Career Services Data Elements	Upon Occurrence	Yes	Report up to three codes, separated by semicolons, that best describes the service providers who provided the individual with a comparable service or benefit. Leave blank if service was not provided by a comparable services and benefits provider.	See Appendix 5 for a list of comparable services and benefits providers
275	Customized Employment Services, Service Provided by VR Agency Staff (in-house)	INT 1	No	No		Career Services Data Elements	Upon Occurrence	Yes	Designed to meet the specific abilities of the individual with a significant disability and the business needs of the employer; and carried out through flexible strategies such as job exploration. Report at the time the service is provided. Leave blank if service was not provided by VR agency staff.	1 = Service was provided in whole or part by VR agency staff
276	Customized Employment Services, Service Provided through VR Agency Purchase	INT 1	No	No		Career Services Data Elements	Upon Occurrence	Yes	Designed to meet the specific abilities of the individual with a significant disability and the business needs of the employer; and carried out through flexible strategies such as job exploration. Report at the time the service is provided. Leave blank if service was not provided through purchase by VR agency.	1 = Service was provided in whole or part through purchase by the VR agency
277	Customized Employment Services, Purchased Service Provider Type	INT 1	No	No		Career Services Data Elements	Upon Occurrence	Yes	If the service was provided in whole or part through purchase by the VR agency, the Purchased Service Provider Type must be reported. For each service category, report the code value that best describes the primary service provider. Leave blank if service was not provided through purchase by VR agency.	1 = Public Community Rehabilitation Program (CRP) 2 = Private CRP 3 = Other Public Service Provider 4 = Other Private Service Provider
278	Customized Employment Services, Amount of VR Funds Expended for Service (Title I)	INT 6	No	No		Career Services Data Elements	Upon Occurrence	Yes	Report the quarterly VR program expenditures for the purchased service. Expenditures may include non-Federal share and VR program Federal funds, including program income, used to purchase the service. Expenditures do not include unliquidated obligations or encumbrances. Report at the time the expenditure is paid. Leave blank if service was not provided through purchase by VR agency.	XXXXXX
279	Customized Employment Services, Amount of SE Funds Expended for Service (Title VI)	INT 6	No	No		Career Services Data Elements	Upon Occurrence	Yes	Report the quarterly Supported Employment Services program expenditures for the purchased service. Recipients of these funds must have a supported employment goal in their IPEs and have already been placed in an employment setting. Report at the time the expenditure is paid. Leave blank if service was not provided through purchase by VR agency.	XXXXXX
280	Customized Employment Services, Service Provided by Comparable Services and Benefits Providers	INT 1	No	No		Career Services Data Elements	Upon Occurrence	Yes	Leave blank if service was not provided by comparable services and benefits providers.	1 = Service was provided in whole or part by comparable services and benefits providers
281	Customized Employment Services, Comparable Services and Benefits Provider Type	VARCHAR 8	Yes	Modified list of choices		Career Services Data Elements	Upon Occurrence	Yes	Report up to three codes, separated by semicolons, that best describes the service providers who provided the individual with a comparable service or benefit. Leave blank if service was not provided by a comparable services and benefits provider.	See Appendix 5 for a list of comparable services and benefits providers

Attachment II: Case Service Report (RSA-911)

Element Number	Element Name	Data Type	Multiple Values Allowed	Change	PIRL Element	Report at	Report	Updateable (Y/N) after initial reporting	Definitions or Instructions	Code Values
282	Extended Services, Service Provided by VR Agency Staff (in-house)	INT 1	No	Modified definition		Career Services Data Elements	Upon Occurrence	Yes	Ongoing support services and other appropriate services that are needed to support and maintain a youth with a most significant disability. Report at the time the service is provided. Leave blank if service was not provided by VR agency staff.	1 = Service was provided in whole or part by VR agency staff
283	Extended Services, Service Provided through VR Agency Purchase	INT 1	No	Modified definition		Career Services Data Elements	Upon Occurrence	Yes	Ongoing support services and other appropriate services that are needed to support and maintain a youth with a most significant disability. Report at the time the service is provided. Leave blank if service was not provided through purchase by VR agency.	1 = Service was provided in whole or part through purchase by the VR agency
284	Extended Services, Purchased Service Provider Type	INT 1	No	Modified definition		Career Services Data Elements	Upon Occurrence	Yes	If the service was provided to a youth with a most significant disability in whole or part through purchase by the VR agency, the Purchased Service Provider Type must be reported. For each service category, report the code value that best describes the primary service provider. Leave blank if service was not provided through purchase by VR agency.	1 = Public Community Rehabilitation Program (CRP) 2 = Private CRP 3 = Other Public Service Provider 4 = Other Private Service Provider
285	Extended Services, Amount of VR Funds Expended for Service (Title I)	INT 6	No	Modified definition		Career Services Data Elements	Upon Occurrence	Yes	Report the quarterly VR program expenditures for the purchased service. Expenditures may include non-Federal share and VR program Federal funds, including program income, used to purchase the service for a youth with a most significant disability. Expenditures do not include unliquidated obligations or encumbrances. Report at the time the expenditure is paid. Leave blank if service was not provided through purchase by VR agency.	XXXXXX
286	Extended Services, Amount of SE Funds Expended for Service (Title VI)	INT 6	No	Modified definition		Career Services Data Elements	Upon Occurrence	Yes	Report the quarterly Supported Employment Services program expenditures for the purchased service for a youth with a most significant disability. Recipients of these funds must have a supported employment goal in their IPEs and have already been placed in an employment setting. Report at the time the expenditure is paid. Leave blank if service was not provided through purchase by VR agency.	XXXXXX
287	Transportation Data Elements, Service Provided by VR Agency Staff (in-house)	INT 1	No	No		Other Service Data Elements	Upon Occurrence	Yes	Travel and related expenses that are necessary to enable an applicant or eligible individual to participate in a VR service, including expenses for training in the use of public transportation vehicles and systems. Report at the time the service is provided. Leave blank if service was not provided by VR agency staff.	1 = Service was provided in whole or part by VR agency staff
288	Transportation Data Elements, Service Provided through VR Agency Purchase	INT 1	No	No		Other Service Data Elements	Upon Occurrence	Yes	Travel and related expenses that are necessary to enable an applicant or eligible individual to participate in a VR service, including expenses for training in the use of public transportation vehicles and systems. Report at the time the service is provided. Leave blank if service was not provided through purchase by VR agency.	1 = Service was provided in whole or part through purchase by the VR agency

Attachment II: Case Service Report (RSA-911)

Element Number	Element Name	Data Type	Multiple Values Allowed	Change	PIRL Element	Report at	Report	Updateable (Y/N) after initial reporting	Definitions or Instructions	Code Values
289	Transportation Data Elements, Purchased Service Provider Type	INT 1	No	No		Other Service Data Elements	Upon Occurrence	Yes	If the service was provided in whole or part through purchase by the VR agency, the Purchased Service Provider Type must be reported. For each service category, report the code value that best describes the primary service provider. Leave blank if service was not provided through purchase by VR agency.	1 = Public Community Rehabilitation Program (CRP)2 = Private CRP3 = Other Public Service Provider4 = Other Private Service Provider
290	Transportation Data Elements, Amount of VR Funds Expended for Service (Title I)	INT 6	No	No		Other Service Data Elements	Upon Occurrence	Yes	Report the quarterly VR program expenditures for the purchased service. Expenditures may include non-Federal share and VR program Federal funds, including program income, used to purchase the service. Expenditures do not include unliquidated obligations or encumbrances. Report at the time the expenditure is paid. Leave blank if service was not provided through purchase by VR agency.	XXXXXX
292	Transportation Data Elements, Service Provided by Comparable Services and Benefits Providers	INT 1	No	No		Other Service Data Elements	Upon Occurrence	Yes	Leave blank if service was not provided by comparable services and benefits providers.	1 = Service was provided in whole or part by comparable services and benefits providers
293	Transportation Data Elements, Comparable Services and Benefits Provider Type	VARCHAR 8	Yes	Modified list of choices		Other Service Data Elements	Upon Occurrence	Yes	Report up to three codes, separated by semicolons, that best describes the service providers who provided the individual with a comparable service or benefit. Leave blank if service was not provided by a comparable services and benefits provider.	See Appendix 5 for a list of comparable services and benefits providers
294	Maintenance, Service Provided by VR Agency Staff (in-house)	INT 1	No	No		Other Service Data Elements	Upon Occurrence	Yes	Monetary support provided for living expenses such as food, shelter and clothing that are in excess of the normal expenses of the individual. Report at the time the service is provided. Leave blank if service was not provided by VR agency staff.	1 = Service was provided in whole or part by VR agency staff
295	Maintenance, Service Provided through VR Agency Purchase	INT 1	No	No		Other Service Data Elements	Upon Occurrence	Yes	Monetary support provided for living expenses such as food, shelter and clothing that are in excess of the normal expenses of the individual. Report at the time the service is provided. Leave blank if service was not provided through purchase by VR agency.	1 = Service was provided in whole or part through purchase by the VR agency
296	Maintenance, Purchased Service Provider Type	INT 1	No	No		Other Service Data Elements	Upon Occurrence	Yes	If the service was provided in whole or part through purchase by the VR agency, the Purchased Service Provider Type must be reported. For each service category, report the code value that best describes the primary service provider. Leave blank if service was not provided through purchase by VR agency.	1 = Public Community Rehabilitation Program (CRP) 2 = Private CRP 3 = Other Public Service Provider 4 = Other Private Service Provider
297	Maintenance, Amount of VR Funds Expended for Service (Title I)	INT 6	No	No		Other Service Data Elements	Upon Occurrence	Yes	Report the quarterly VR program expenditures for the purchased service. Expenditures may include non-Federal share and VR program Federal funds, including program income, used to purchase the service. Expenditures do not include unliquidated obligations or encumbrances. Report at the time the expenditure is paid. Leave blank if service was not provided through purchase by VR agency.	XXXXXX
299	Maintenance, Service Provided by Comparable Services and Benefits Providers	INT 1	No	No		Other Service Data Elements	Upon Occurrence	Yes	Leave blank if service was not provided by comparable services and benefits providers.	1 = Service was provided in whole or part by comparable services and benefits providers

Attachment II: Case Service Report (RSA-911)

Element Number	Element Name	Data Type	Multiple Values Allowed	Change	PIRL Element	Report at	Report	Updateable (Y/N) after initial reporting	Definitions or Instructions	Code Values
300	Maintenance, Comparable Services and Benefits Provider Type	VARCHAR 8	Yes	Modified list of choices		Other Service Data Elements	Upon Occurrence	Yes	Report up to three codes, separated by semicolons, that best describes the service providers who provided the individual with a comparable service or benefit. Leave blank if service was not provided by a comparable services and benefits provider.	See Appendix 5 for a list of comparable services and benefits providers
301	Rehabilitation Technology, Service Provided by VR Agency Staff (in-house)	INT 1	No	No		Other Service Data Elements	Upon Occurrence	Yes	Systematic application of technologies, engineering methodologies, or scientific principles to meet the needs of, and address the barriers confronted by, individuals with disabilities. Report at the time the service is provided. Leave blank if service was not provided by VR agency staff.	1 = Service was provided in whole or part by VR agency staff
302	Rehabilitation Technology, Service Provided through VR Agency Purchase	INT 1	No	No		Other Service Data Elements	Upon Occurrence	Yes	Systematic application of technologies, engineering methodologies, or scientific principles to meet the needs of, and address the barriers confronted by, individuals with disabilities. Report at the time the service is provided. Leave blank if service was not provided through purchase by VR agency.	1 = Service was provided in whole or part through purchase by the VR agency
303	Rehabilitation Technology, Purchased Service Provider Type	INT 1	No	No		Other Service Data Elements	Upon Occurrence	Yes	If the service was provided in whole or part through purchase by the VR agency, the Purchased Service Provider Type must be reported. For each service category, report the code value that best describes the primary service provider. Leave blank if service was not provided through purchase by VR agency.	1 = Public Community Rehabilitation Program (CRP) 2 = Private CRP 3 = Other Public Service Provider 4 = Other Private Service Provider
304	Rehabilitation Technology, Amount of VR Funds Expended for Service (Title I)	INT 6	No	No		Other Service Data Elements	Upon Occurrence	Yes	Report the quarterly VR program expenditures for the purchased service. Expenditures may include non-Federal share and VR program Federal funds, including program income, used to purchase the service. Expenditures do not include unliquidated obligations or encumbrances. Report at the time the expenditure is paid. Leave blank if service was not provided through purchase by VR agency.	XXXXXX
306	Rehabilitation Technology, Service Provided by Comparable Services and Benefits Providers	INT 1	No	No		Other Service Data Elements	Upon Occurrence	Yes	Leave blank if service was not provided by comparable services and benefits providers.	1 = Service was provided in whole or part by comparable services and benefits providers
307	Rehabilitation Technology, Comparable Services and Benefits Provider Type	VARCHAR 8	Yes	Modified list of choices		Other Service Data Elements	Upon Occurrence	Yes	Report up to three codes, separated by semicolons, that best describes the service providers who provided the individual with a comparable service or benefit. Leave blank if service was not provided by a comparable services and benefits provider.	See Appendix 5 for a list of comparable services and benefits providers
308	Personal Assistance Services, Service Provided by VR Agency Staff (in-house)	INT 1	No	No		Other Service Data Elements	Upon Occurrence	Yes	Services designed to assist an individual with a disability perform daily living activities, increase control in life and ability to perform routine tasks, provided in conjunction with other VR services, and are necessary for achieving an employment outcome. Report at the time the service is provided. Leave blank if service was not provided by VR agency staff.	1 = Service was provided in whole or part by VR agency staff

Attachment II: Case Service Report (RSA-911)

Element Number	Element Name	Data Type	Multiple Values Allowed	Change	PIRL Element	Report at	Report	Updateable (Y/N) after initial reporting	Definitions or Instructions	Code Values
309	Personal Assistance Services, Service Provided through VR Agency Purchase	INT 1	No	No		Other Service Data Elements	Upon Occurrence	Yes	<p>Services designed to assist an individual with a disability perform daily living activities, increase control in life and ability to perform routine tasks, provided in conjunction with other VR services, and are necessary for achieving an employment outcome.</p> <p>Report at the time the service is provided.</p> <p>Leave blank if service was not provided through purchase by VR agency.</p>	1 = Service was provided in whole or part through purchase by the VR agency
310	Personal Assistance Services, Purchased Service Provider Type	INT 1	No	No		Other Service Data Elements	Upon Occurrence	Yes	<p>If the service was provided in whole or part through purchase by the VR agency, the Purchased Service Provider Type must be reported. For each service category, report the code value that best describes the primary service provider.</p> <p>Leave blank if service was not provided through purchase by VR agency.</p>	1 = Public Community Rehabilitation Program (CRP) 2 = Private CRP 3 = Other Public Service Provider 4 = Other Private Service Provider
311	Personal Assistance Services, Amount of VR Funds Expended for Service (Title I)	INT 6	No	No		Other Service Data Elements	Upon Occurrence	Yes	<p>Report the quarterly VR program expenditures for the purchased service. Expenditures may include non-Federal share and VR program Federal funds, including program income, used to purchase the service. Expenditures do not include unliquidated obligations or encumbrances. Report at the time the expenditure is paid. Leave blank if service was not provided through purchase by VR agency.</p>	XXXXXX
313	Personal Assistance Services, Service Provided by Comparable Services and Benefits Providers	INT 1	No	No		Other Service Data Elements	Upon Occurrence	Yes	<p>Leave blank if service was not provided by comparable services and benefits providers.</p>	1 = Service was provided in whole or part by comparable services and benefits providers
314	Personal Assistance Services, Comparable Services and Benefits Provider Type	VARCHAR 8	Yes	Modified list of choices		Other Service Data Elements	Upon Occurrence	Yes	<p>Report up to three codes, separated by semicolons, that best describes the service providers who provided the individual with a comparable service or benefit.</p> <p>Leave blank if service was not provided by a comparable services and benefits provider.</p>	See Appendix 5 for a list of comparable services and benefits providers
315	Technical Assistance Services Including Self-Employment, Service Provided by VR Agency Staff (in-house)	INT 1	No	No		Other Service Data Elements	Upon Occurrence	Yes	<p>Consultation and other services provided to conduct market analyses, to develop business plans, and to provide resources to individuals in the pursuit of self-employment, telecommuting and small business operation outcomes.</p> <p>Report at the time the service is provided.</p> <p>Leave blank if service was not provided by VR agency staff.</p>	1 = Service was provided in whole or part by VR agency staff
316	Technical Assistance Services Including Self-Employment, Service Provided through VR Agency Purchase	INT 1	No	No		Other Service Data Elements	Upon Occurrence	Yes	<p>Consultation and other services provided to conduct market analyses, to develop business plans, and to provide resources to individuals in the pursuit of self-employment, telecommuting and small business operation outcomes.</p> <p>Report at the time the service is provided.</p> <p>Leave blank if service was not provided through purchase by VR agency.</p>	1 = Service was provided in whole or part through purchase by the VR agency
317	Technical Assistance Services Including Self-Employment, Purchased Service Provider Type	INT 1	No	No		Other Service Data Elements	Upon Occurrence	Yes	<p>If the service was provided in whole or part through purchase by the VR agency, the Purchased Service Provider Type must be reported. For each service category, report the code value that best describes the primary service provider. Leave blank if service was not provided through purchase by VR agency.</p>	1 = Public Community Rehabilitation Program (CRP) 2 = Private CRP 3 = Other Public Service Provider 4 = Other Private Service Provider

Attachment II: Case Service Report (RSA-911)

Element Number	Element Name	Data Type	Multiple Values Allowed	Change	PIRL Element	Report at	Report	Updateable (Y/N) after initial reporting	Definitions or Instructions	Code Values
318	Technical Assistance Services Including Self-Employment, Amount of VR Funds Expended for Service (Title I)	INT 6	No	No		Other Service Data Elements	Upon Occurrence	Yes	Report the quarterly VR program expenditures for the purchased service. Expenditures may include non-Federal share and VR program Federal funds, including program income, used to purchase the service. Expenditures do not include unliquidated obligations or encumbrances. Report at the time the expenditure is paid. Leave blank if service was not provided through purchase by VR agency.	XXXXXX
320	Technical Assistance Services Including Self-Employment, Service Provided by Comparable Services and Benefits Providers	INT 1	No	No		Other Service Data Elements	Upon Occurrence	Yes	Leave blank if service was not provided by comparable services and benefits providers.	1 = Service was provided in whole or part by comparable services and benefits providers
321	Technical Assistance Services Including Self-Employment, Comparable Services and Benefits Provider Type	VARCHAR 8	Yes	Modified list of choices		Other Service Data Elements	Upon Occurrence	Yes	Report up to three codes, separated by semicolons, that best describes the service providers who provided the individual with a comparable service or benefit. Leave blank if service was not provided by a comparable services and benefits provider.	See Appendix 5 for a list of comparable services and benefits providers
322	Reader Services, Service Provided by VR Agency Staff (in-house)	INT 1	No	No		Other Service Data Elements	Upon Occurrence	Yes	Services for individuals who cannot read print because of blindness which include: reading aloud, transcription of printed information into braille, or sound recordings if the individual requests such transcription. Report at the time the service is provided. Leave blank if service was not provided by VR agency staff.	1 = Service was provided in whole or part by VR agency staff
323	Reader Services, Service Provided through VR Agency Purchase	INT 1	No	No		Other Service Data Elements	Upon Occurrence	Yes	Services for individuals who cannot read print because of blindness which include: reading aloud, transcription of printed information into braille, or sound recordings if the individual requests such transcription. Report at the time the service is provided. Leave blank if service was not provided through purchase by VR agency.	1 = Service was provided in whole or part through purchase by the VR agency
324	Reader Services, Purchased Service Provider Type	INT 1	No	No		Other Service Data Elements	Upon Occurrence	Yes	If the service was provided in whole or part through purchase by the VR agency, the Purchased Service Provider Type must be reported. For each service category, report the code value that best describes the primary service provider. Leave blank if service was not provided through purchase by VR agency.	1 = Public Community Rehabilitation Program (CRP) 2 = Private CRP 3 = Other Public Service Provider 4 = Other Private Service Provider
325	Reader Services, Amount of VR Funds Expended for Service (Title I)	INT 6	No	No		Other Service Data Elements	Upon Occurrence	Yes	Report the quarterly VR program expenditures for the purchased service. Expenditures may include non-Federal share and VR program Federal funds, including program income, used to purchase the service. Expenditures do not include unliquidated obligations or encumbrances. Report at the time the expenditure is paid. Leave blank if service was not provided through purchase by VR agency.	XXXXXX
327	Reader Services, Service Provided by Comparable Services and Benefits Providers	INT 1	No	No		Other Service Data Elements	Upon Occurrence	Yes	Leave blank if service was not provided by comparable services and benefits providers.	1 = Service was provided in whole or part by comparable services and benefits providers

Attachment II: Case Service Report (RSA-911)

Element Number	Element Name	Data Type	Multiple Values Allowed	Change	PIRL Element	Report at	Report	Updateable (Y/N) after initial reporting	Definitions or Instructions	Code Values
328	Reader Services, Comparable Services and Benefits Provider Type	VARCHAR 8	Yes	Modified list of choices		Other Service Data Elements	Upon Occurrence	Yes	Report up to three codes, separated by semicolons, that best describes the service providers who provided the individual with a comparable service or benefit. Leave blank if service was not provided by a comparable services and benefits provider.	See Appendix 5 for a list of comparable services and benefits providers
329	Interpreter Services, Service Provided by VR Agency Staff (in-house)	INT 1	No	No		Other Service Data Elements	Upon Occurrence	Yes	Sign language or oral interpretation services for individuals who are deaf or hard of hearing and tactile interpretation services for individuals who are deaf-blind. Report at the time the service is provided. Leave blank if service was not provided by VR agency staff.	1 = Service was provided in whole or part by VR agency staff
330	Interpreter Services, Service Provided through VR Agency Purchase	INT 1	No	No		Other Service Data Elements	Upon Occurrence	Yes	Sign language or oral interpretation services for individuals who are deaf or hard of hearing and tactile interpretation services for individuals who are deaf-blind. Report at the time the service is provided. Leave blank if service was not provided through purchase by VR agency.	1 = Service was provided in whole or part through purchase by the VR agency
331	Interpreter Services, Purchased Service Provider Type	INT 1	No	No		Other Service Data Elements	Upon Occurrence	Yes	If the service was provided in whole or part through purchase by the VR agency, the Purchased Service Provider Type must be reported. For each service category, report the code value that best describes the primary service provider. Leave blank if service was not provided through purchase by VR agency.	1 = Public Community Rehabilitation Program (CRP) 2 = Private CRP 3 = Other Public Service Provider 4 = Other Private Service Provider
332	Interpreter Services, Amount of VR Funds Expended for Service (Title I)	INT 6	No	No		Other Service Data Elements	Upon Occurrence	Yes	Report the quarterly VR program expenditures for the purchased service. Expenditures may include non-Federal share and VR program Federal funds, including program income, used to purchase the service. Expenditures do not include unliquidated obligations or encumbrances. Report at the time the expenditure is paid. Leave blank if service was not provided through purchase by VR agency.	XXXXXX
334	Interpreter Services, Service Provided by Comparable Services and Benefits Providers	INT 1	No	No		Other Service Data Elements	Upon Occurrence	Yes	Leave blank if service was not provided by comparable services and benefits providers.	1 = Service was provided in whole or part by comparable services and benefits providers
335	Interpreter Services, Comparable Services and Benefits Provider Type	VARCHAR 8	Yes	Modified list of choices		Other Service Data Elements	Upon Occurrence	Yes	Report up to three codes, separated by semicolons, that best describes the service providers who provided the individual with a comparable service or benefit. Leave blank if service was not provided by a comparable services and benefits provider.	See Appendix 5 for a list of comparable services and benefits providers
336	Other Services, Service Provided by VR Agency Staff (in-house)	INT 1	No	No		Other Service Data Elements	Upon Occurrence	Yes	Use this category ONLY for other VR services that cannot be recorded elsewhere. Include in this category such services as the provision of funds for occupational licenses, tools and equipment, initial stocks and supplies. Report at the time the service is provided. Leave blank if service was not provided by VR agency staff.	1 = Service was provided in whole or part by VR agency staff
337	Other Services, Service Provided through VR Agency Purchase	INT 1	No	No		Other Service Data Elements	Upon Occurrence	Yes	Use this category ONLY for other VR services that cannot be recorded elsewhere. Include in this category such services as the provision of funds for occupational licenses, tools and equipment, initial stocks and supplies. Report at the time the service is provided. Leave blank if service was not provided through purchase by VR agency.	1 = Service was provided in whole or part through purchase by the VR agency

Attachment II: Case Service Report (RSA-911)

Element Number	Element Name	Data Type	Multiple Values Allowed	Change	PIRL Element	Report at	Report	Updateable (Y/N) after initial reporting	Definitions or Instructions	Code Values
338	Other Services, Purchased Service Provider Type	INT 1	No	No		Other Service Data Elements	Upon Occurrence	Yes	<p>If the service was provided in whole or part through purchase by the VR agency, the Purchased Service Provider Type must be reported. For each service category, report the code value that best describes the primary service provider.</p> <p>Leave blank if service was not provided through purchase by VR agency.</p>	<p>1 = Public Community Rehabilitation Program (CRP) 2 = Private CRP 3 =Other Public Service Provider 4 =Other Private Service Provider</p>
339	Other Services, Amount of VR Funds Expended for Service (Title I)	INT 6	No	No		Other Service Data Elements	Upon Occurrence	Yes	<p>Report the quarterly VR program expenditures for the purchased service. Expenditures may include non-Federal share and VR program Federal funds, including program income, used to purchase the service. Expenditures do not include unliquidated obligations or encumbrances.</p> <p>Report at the time the expenditure is paid.</p> <p>Leave blank if service was not provided through purchase by VR agency.</p>	XXXXXX
341	Other Services, Service Provided by Comparable Services and Benefits Providers	INT 1	No	No		Other Service Data Elements	Upon Occurrence	Yes	<p>Leave blank if service was not provided by comparable services and benefits providers.</p>	1 = Service was provided in whole or part by comparable services and benefits providers
342	Other Services, Comparable Services and Benefits Provider Type	VARCHAR 8	Yes	Modified list of choices		Other Service Data Elements	Upon Occurrence	Yes	<p>Report up to three codes, separated by semicolons, that best describes the service providers who provided the individual with a comparable service or benefit.</p> <p>Leave blank if service was not provided by a comparable services and benefits provider.</p>	See Appendix 5 for a list of comparable services and benefits providers
343	Measurable Skill Gains: Educational Functional Level (EFL)	DATE	No	No	1806	Measurable Skill Gains Data Elements	Upon Occurrence	Yes	<p>Record the most recent date the participant, who received instruction below the postsecondary education level, achieved at least one EFL.</p> <p>The date must be verifiable through supporting documentation</p> <p>Leave blank if this data element does not apply to the participant.</p>	YYYYMMDD
344	Measurable Skill Gains: Secondary	DATE	No	Modified reporting instructions	1808	Measurable Skill Gains Data Elements	Upon Occurrence	Yes	<p>Report the date that the individual attained a secondary school diploma or its recognized equivalent. The date must be verifiable through supporting documentation. Leave blank if this data element does not apply to the individual.</p>	YYYYMMDD
345	Measurable Skill Gains: Secondary or Postsecondary Transcript/Report Card	DATE	No	Modified name and reporting instructions	1807	Measurable Skill Gains Data Elements	Upon Occurrence	Yes	<p>Secondary: Report the most recent date of the individual's transcript or report card showing the individual is achieving the policies for academic standards.</p> <p>Postsecondary: Report the date of the individual's transcript or report card showing a sufficient number of credit hours have been completed and the individual is achieving the policies for academic standards.</p> <p>The date must be verifiable through supporting documentation.</p> <p>Leave blank if this data element does not apply to the individual.</p>	YYYYMMDD

Attachment II: Case Service Report (RSA-911)

Element Number	Element Name	Data Type	Multiple Values Allowed	Change	PIRL Element	Report at	Report	Updateable (Y/N) after initial reporting	Definitions or Instructions	Code Values
346	Measurable Skill Gains: Training Milestone	DATE	No	No	1809	Measurable Skill Gains Data Elements	Upon Occurrence	Yes	Record the most recent date that the individual achieved a satisfactory or better progress report toward established milestones from an employer/training provider who is providing training (e.g., completion of on-the-job training (OJT), completion of one year of a registered apprenticeship program, etc.).The date must be verifiable through supporting documentationLeave blank if this data element does not apply to the individual.	YYYYMMDD
347	Measurable Skill Gains: Skills Progression	DATE	No	No	1810	Measurable Skill Gains Data Elements	Upon Occurrence	Yes	Record the most recent date the individual successfully completed an exam that is required for a particular occupation, or progress in attaining technical or occupational skills as evidenced by trade-related benchmarks such as knowledge-based exams. The date must be verifiable through supporting documentation Leave blank if this data element does not apply to the individual.	YYYYMMDD
350	Start Date of Employment in Primary Occupation	DATE	No	No		Employment Outcome	Upon Occurrence	Yes	Report the date when the individual started in the occupation related to his or her IPE goal. The date must be verifiable through supporting documentation	YYYYMMDD
353	Date of Exit	DATE	No	No	901	Exit Data Elements	Upon Occurrence	No	Report the date the individual exited from the VR or SE program consistent with the requirements in the regulations. Leave blank if this data element does not apply to the individual. The date must be verifiable through supporting documentation.	YYYYMMDD
354	Type of Exit	INT 1	No	Modified list of choices		Exit Data Elements	Upon Occurrence	No	Report from which stage in the VR process an individual exited the program.	1 = Individual exited during or after a trial work experience 2 = Individual exited after eligibility, but from an order of selection waiting list 3 = Individual exited after eligibility, but prior to a signed IPE 4 = Individual exited after a signed IPE without an employment outcome 5 = Individual exited after a signed IPE in noncompetitive and/or nonintegrated employment 6 = Individual exited after a signed IPE in competitive and integrated employment or supported employment 7 = Individual exited as an applicant after being determined ineligible for VR services 0 = Individual exited as an applicant, prior to eligibility determination or trial work
355	Reason for Program Exit	INT 2	No	Modified list of choices	923	Exit Data Elements	Upon Occurrence	No	Report the code that identifies the reason the individual exited. Data are reported in the same quarter as the Date of Exit (353) occurs.	See Appendix 6 for reasons for exit

Attachment II: Case Service Report (RSA-911)

Element Number	Element Name	Data Type	Multiple Values Allowed	Change	PIRL Element	Report at	Report	Updateable (Y/N) after initial reporting	Definitions or Instructions	Code Values
356	Employment Outcome at Exit	INT 1	No	Modified list of choices		Exit Data Elements	Upon Occurrence	No	Report the code that identifies the type of employment outcome at exit. Data are reported in the same quarter as the Date of Exit (353) occurs.	1 = Competitive Integrated Employment 2 = Self-Employment 3 = Randolph-Sheppard BEP 4 = State Agency Managed BEP 5 = Supported Employment in Competitive Integrated Employment 7 = Homemaker
357	Primary Occupation at Exit	INT 6	No	Modified reporting instructions		Exit Data Elements	Upon Occurrence	No	For an individual who is employed, enter the current 2018 Standard Occupational Classification (SOC) code that best describes the individual's occupation from which he/she derives the majority of his/her hourly earnings. Special Codes for Randolph-Sheppard Participants: 899999 Randolph-Sheppard Vending Facility Clerk: Refers to persons employed as clerks, sales persons, or helpers in a vending facility operated under the Randolph-Sheppard Vending Facility Program. Use this special code even though these occupations are classifiable. 999999 Randolph-Sheppard Vending Facility Operator: Refers to individuals employed as operators or managers of vending facilities operated under the Randolph-Sheppard Vending Facility Program. Use this special code even though these occupations are classifiable.	XXXXXX
359	Hourly Wage at Exit	DECIMAL 5, 2	No	Modified reporting instructions		Exit Data Elements	Upon Occurrence	No	Report individual's hourly wage (rounded to the nearest cent) earned at the time of exit. The data must be verifiable through supporting documentation. Report 0 if individual had no earnings at the time of exit.	XX.XX
360	Hours Worked in a Week at Exit	INT 2	No	Modified reporting instructions		Exit Data Elements	Upon Occurrence	No	Report the number of hours the individual worked for earnings in a typical week at the time of exit. Report 0 if individual was unemployed.	XX
376	Date Enrolled in Post-Exit Education or Training Program Leading to a Recognized Postsecondary Credential	DATE	No	No	1406	Post-Exit Data Elements	Upon Occurrence	No	This element only applies to participants who exited secondary education and obtained a secondary school diploma or its equivalency. Leave blank if this data element does not apply to individual.	YYYYMMDD
377	Date of Attainment of Post-Exit Recognized Credential	DATE	No	Yes		Post-Exit Data Elements	Upon Occurrence	No	Report the post-exit date on which the individual attained a recognized credential. The date must be verifiable through supporting documentation. Leave blank if this data element does not apply to individual.	YYYYMMDD
378	Type of Recognized Credential Attained Post-Exit	INT 1	No	Yes		Post-Exit Data Elements	Upon Occurrence	No	Report the type of recognized diploma, degree, or credential. Leave blank if this data element does not apply to individual.	1 = Secondary Diploma or Equivalency 2 = Associates Diploma/Degree 3 = Bachelors Diploma/Degree 4 = Graduate/Post Graduate Degree 5 = Occupational Licensure 6 = Occupational Certificate 7 = Occupational Certification 8 = Other Recognized Credential

Attachment II: Case Service Report (RSA-911)

Element Number	Element Name	Data Type	Multiple Values Allowed	Change	PIRL Element	Report at	Report	Updateable (Y/N) after initial reporting	Definitions or Instructions	Code Values
379	Employment - First Quarter After Exit Quarter	INT 1	No	Yes	1600	Post-Exit Data Elements	Upon Occurrence	Yes	<p>The employment data for the first completed quarter after exit is ONLY required when necessary to document credential measure attainment for students who attained a secondary education credential.</p> <p>Employment must be verifiable through supporting documentation.</p>	<p>1 = Individual is in unsubsidized employment, not including Registered Apprenticeship, the military, or competitive integrated employment under VR</p> <p>2 = Individual is in a Registered Apprenticeship</p> <p>3 = Individual is in the military</p> <p>4 = Individual is in competitive integrated employment (VR only)</p> <p>9 = Individual has exited but employment information is not yet available</p> <p>0 = Individual not employed in the first quarter after exit quarter</p>
383	Employment - Second Quarter After Exit Quarter	INT 1	No	Modified reporting instructions	1602	Post-Exit Data Elements	Upon Occurrence	Yes	<p>Employment must be verifiable through supporting documentation.</p>	<p>1 = Individual is in unsubsidized employment, not including Registered Apprenticeship, the military, or competitive integrated employment under VR</p> <p>2 = Individual is in a Registered Apprenticeship</p> <p>3 = Individual is in the military</p> <p>4 = Individual is in competitive integrated employment (VR only)</p> <p>9 = Individual has exited but employment information is not yet available</p> <p>0 = Individual not employed in the first quarter after exit quarter</p>
385	Quarterly Wages - Second Quarter After Exit Quarter	DECIMAL 8, 2	No	Yes	1704	Post-Exit Data Elements	Upon Occurrence	Yes	<p>Record the total wages, including cents, earned, from the employment outcome consistent with the employment goal on an individual's IPE at the time the individual exited, during the second quarter after the quarter of exit. These earnings are before payroll deductions of Federal, State and local income taxes and Social Security payroll tax.</p> <p>Wages must be verifiable through supporting documentation.</p>	XXXXXX.XX
386	Employment - Third Quarter After Exit Quarter	INT 1	No	Modified reporting instructions	1604	Post-Exit Data Elements	Upon Occurrence	Yes	<p>The employment data for the third completed quarter after exit is ONLY required when necessary to document credential measure attainment for students who attained a secondary education credential. Employment must be verifiable through supporting documentation.</p>	<p>1 = Individual is in unsubsidized employment, not including Registered Apprenticeship, the military, or competitive integrated employment under VR. 2 = Individual is in a Registered Apprenticeship. 3 = Individual is in the military. 4 = Individual is in competitive integrated employment (VR only). 9 = Individual has exited but employment information is not yet available. 0 = Individual not employed in the first quarter after exit</p>

Attachment II: Case Service Report (RSA-911)

Element Number	Element Name	Data Type	Multiple Values Allowed	Change	PIRL Element	Report at	Report	Updateable (Y/N) after initial reporting	Definitions or Instructions	Code Values
389	Employment - Fourth Quarter After Exit Quarter	INT 1	No	Modified reporting instructions	1606	Post-Exit Data Elements	Upon Occurrence	Yes	Employment must be verifiable through supporting documentation.	1 = Individual is in unsubsidized employment, not including Registered Apprenticeship, the military, or competitive integrated employment under VR. 2 = Individual is in a Registered Apprenticeship. 3 = Individual is in the military. 4 = Individual is in competitive integrated employment (VR only). 9 = Individual has exited but employment information is not yet available. 0 = Individual not employed in the first quarter after exit
392	Retention with the Same Employer in the Second Quarter and the Fourth Quarter – Fourth Quarter After Exit Quarter	INT 1	No	No	1618	Post-Exit Data Elements	Upon Occurrence	No		1 = Individual's employer in the second quarter after exit matches the employer in the fourth quarter after exit. 0 = Individual is not employed in the second or fourth quarters after exit, or the employer in the second quarter after exit does not match the employer in the fourth quarter after exit.
394	Monthly Public Support at Application	VARCHAR 7	Yes	New element number		Application Data Elements	Quarterly	No	Report the individual's public support at application. If the individual receives more than one type of public support, use a semicolon between each type.	0 = Individual does not receive public support 1 = Individual receives Social Security Disability Insurance (SSDI) 2 = Individual receives Supplemental Security Income (SSI) 3 = Individual receives Temporary Assistance for Needy Families (TANF) 4 = Individual receives other public support from another source
395	Medical Insurance Coverage at Application	VARCHAR 5	Yes	New element number		Application Data Elements	Quarterly	No	Report the individual's medical insurance coverage at application. If the individual has more than one type of medical insurance, use a semicolon between each type. A limit of three types of insurance may be provided	0 = Applicant does not have medical insurance coverage 1 = Applicant has Medicaid 2 = Applicant has Medicare 3 = Applicant is receiving benefits through the State or Federal Affordable Care Act Exchange at the time of application 4 = Applicant has public insurance outside of Medicare, Medicaid, or the Affordable Care Act exchange 5 = Applicant has private insurance through employer 6 = Applicant is not eligible for private insurance through a current employer, but will be eligible for private insurance after a certain period of employment 7 = Applicant has private insurance through other means

Attachment II: Case Service Report (RSA-911)

Element Number	Element Name	Data Type	Multiple Values Allowed	Change	PIRL Element	Report at	Report	Updateable (Y/N) after initial reporting	Definitions or Instructions	Code Values
396	Monthly Public Support at Exit	VARCHAR 7	Yes	New element number		Exit Data Elements	Upon Occurrence	No	Report the individual's monthly public support at exit. If the individual receives more than one type of public support, use a semicolon between each type.	0 = Individual does not receive public support 1 = Individual receives Social Security Disability Insurance (SSDI) 2 = Individual receives Supplemental Security Income (SSI) 3 = Individual receives Temporary Assistance for Needy Families (TANF) 4 = Individual receives other public support from another source
397	Medical Insurance Coverage at Exit	VARCHAR 5	Yes	New element number		Exit Data Elements	Upon Occurrence	No	Report the individual's medical insurance coverage at exit. If the individual has more than one type of medical insurance, use a semicolon between each type. A limit of three types of insurance may be provided	0 = Applicant does not have medical insurance coverage 1 = Applicant has Medicaid 2 = Applicant has Medicare 3 = Applicant is receiving benefits through the State or Federal Affordable Care Act Exchange at the time of application 4 = Applicant has public insurance outside of Medicare, Medicaid, or the Affordable Care Act exchange 5 = Applicant has private insurance through employer 6 = Applicant is not eligible for private insurance through a current employer, but will be eligible for private insurance after a certain period of employment 7 = Applicant has private insurance through other means
398	Date of Initial IPE	DATE	No	New element number		Individualized Plan for Employment (IPE) Data Elements	Quarterly	No	Report the date on which the initial IPE was signed by both the VR Counselor and the individual. The date must be verifiable through supporting documentation.	YYYYMMDD
399	IPE Development Extension	DATE	No	New		Individualized Plan for Employment (IPE) Data Elements	Quarterly	No	This data element reports whether the eligible individual and counselor mutually agreed upon an extension (of time) for the development of the IPE within 90 days of the individual's eligibility determination for VR services. The extension must be verifiable through supporting documentation.	YYYYMMDD
400	Enrolled in a Recognized Secondary School Equivalency Program	INT 1	No	New element number		Individualized Plan for Employment (IPE) Data Elements	Quarterly	Yes	This data element is reported if the individual was either already enrolled in a recognized secondary equivalency program at the time of program entry or became enrolled in a recognized secondary equivalency program at the 9th grade level at any point while participating in the program.	1 = Individual is enrolled in a recognized secondary equivalency program at or above the 9th grade level 0 = Individual is not enrolled in a recognized secondary equivalency program at or above the 9th grade level

Attachment II: Case Service Report (RSA-911)

Element Number	Element Name	Data Type	Multiple Values Allowed	Change	PIRL Element	Report at	Report	Updateable (Y/N) after initial reporting	Definitions or Instructions	Code Values
401	Date Completed During Program Participation in an Education or Training Program Leading to a Recognized Postsecondary Credential or Employment	DATE	No	Yes	1813	Individualized Plan for Employment (IPE) Data Elements	Quarterly	Yes	Report the date the participant completed, after initial IPE development, an education or training program that leads to a recognized postsecondary credential or employment as defined by the core program in which the participant participates. Agencies may use this coding value if the individual completed an education or training after the time of the initial IPE development or completed an education or training at any point after the initial IPE development. This data element applies to the MSG indicator and will be used to calculate the denominator. Leave blank if the data element does not apply to the individual.	YYYYMMDD
402	Work Based Learning Experience, Service Provided by VR Agency Staff (in-house)	INT 1	No	New		Training Services Data Elements	Upon Occurrence	Yes	Includes apprenticeships, internships, short-term employment, and other work-based learning experiences not elsewhere classified. These opportunities are provided in an integrated environment in the community to the maximum extent possible and may be paid or unpaid. Report registered apprenticeships in data elements 164-169 and on the job training in data elements 158-163. Report at the time the service is provided. Leave blank if service was not provided by VR agency staff.	1 = Service was provided in whole or part by VR agency staff
403	Work Based Learning Experience, Service Provided through VR Agency Purchase	INT 1	No	New		Training Services Data Elements	Upon Occurrence	Yes	Includes apprenticeships, internships, short-term employment, and other work-based learning experiences not elsewhere classified. These opportunities are provided in an integrated environment in the community to the maximum extent possible and may be paid or unpaid. Report registered apprenticeships in data elements 164-169 and on the job training in elements 158-163. Report at the time the service is provided. Leave blank if service was not provided through purchase by VR agency.	1 = Service was provided in whole or part through purchase by the VR agency
404	Work Based Learning Experience, Purchased Service Provider Type	INT 1	No	New		Training Services Data Elements	Upon Occurrence	Yes	If the service was provided in whole or part through purchase by the VR agency, the Purchased Service Provider Type must be reported. For each service category, report the code value that best describes the primary service provider. Leave blank if service was not provided through purchase by VR agency.	1 = Public Community Rehabilitation Program (CRP) 2 = Private CRP 3 = Other Public Service Provider 4 = Other Private Service Provider
405	Work Based Learning Experience, Amount of VR Funds Expended for Service (Title I)	INT 1	No	New		Training Services Data Elements	Upon Occurrence	Yes	Report the quarterly VR program expenditures for the purchased service. Expenditures may include non-Federal share and VR program Federal funds, including program income, used to purchase the service. Expenditures do not include unliquidated obligations or encumbrances. Report at the time the expenditure is paid. Leave blank if service was not provided through purchase by VR agency.	XXXXXX
406	Work Based Learning Experience, Service Provided by Comparable Services and Benefits Providers	INT 1	No	New		Training Services Data Elements	Upon Occurrence	Yes	Leave blank if service was not provided by comparable services and benefits providers.	1 = Service was provided in whole or part by comparable services and benefits providers

Attachment II: Case Service Report (RSA-911)

Element Number	Element Name	Data Type	Multiple Values Allowed	Change	PIRL Element	Report at	Report	Updateable (Y/N) after initial reporting	Definitions or Instructions	Code Values
407	Work Based Learning Experience, Comparable Services and Benefits Provider Type	VARCHAR 8	Yes	Modified list of choices		Training Services Data Elements	Upon Occurrence	Yes	Report up to three codes, separated by semicolons, that best describes the service providers who provided the individual with a comparable service or benefit. Leave blank if service was not provided by a comparable services and benefits provider.	See Appendix 5 for a list of comparable services and benefits providers

Attachment II: Case Service Report (RSA-911)

Appendix 1: State Abbreviations and Agency Codes

State or Territory	Abbreviation	General/ Combined Code	Blind Code
Alabama	AL	001	057
Alaska	AK	002	058
American Samoa	AS	003	059
Arizona	AZ	004	060
Arkansas	AR	005	061
California	CA	006	062
Colorado	CO	007	063
Connecticut	CT	008	064
Delaware	DE	009	065
District of Columbia	DC	010	066
Florida	FL	011	067
Georgia	GA	012	068
Guam	GU	013	069
Hawaii	HI	014	070
Idaho	ID	015	071
Illinois	IL	016	072
Indiana	IN	017	073
Iowa	IA	018	074
Kansas	KS	019	075
Kentucky	KY	020	076
Louisiana	LA	021	077
Maine	ME	022	078
Maryland	MD	023	079
Massachusetts	MA	024	080
Michigan	MI	025	081
Minnesota	MN	026	082
Mississippi	MS	027	083
Missouri	MO	028	084
Montana	MT	029	085
Nebraska	NE	030	086
Nevada	NV	031	087
New Hampshire	NH	032	088
New Jersey	NJ	033	089
New Mexico	NM	034	090
New York	NY	035	091
North Carolina	NC	036	092
North Dakota	ND	037	093
Northern Marianas	MP	038	094
Ohio	OH	039	095
Oklahoma	OK	040	096
Oregon	OR	041	097
Pennsylvania	PA	042	098
Puerto Rico	PR	043	099
Rhode Island	RI	044	100
South Carolina	SC	045	101
South Dakota	SD	046	102
Tennessee	TN	047	103
Texas	TX	048	104
Utah	UT	049	105
Vermont	VT	050	106
Virginia	VA	051	107
Virgin Islands	VI	052	108
Washington	WA	053	109
West Virginia	WV	054	110
Wisconsin	WI	055	111
Wyoming	WY	056	112

Attachment II: Case Service Report (RSA-911)

Appendix 2: Source of Referral

Code	Source of Referral
01	14(c) Certificate Holders
02	Adult Education and Family Literacy Act Program (Title II of WIOA)
03	American Indian VR Services Program (AIVRS)
04	Centers for Independent Living
06	Service Providers
08	Adult, Dislocated Worker, and Youth Programs (Title I of WIOA)
09	Elementary and Secondary Schools
10	Post-secondary Education Institutions
11	Employers
12	Extended Employment Providers
15	Intellectual and Developmental Disability Agencies
16	Medical Health Providers
17	Mental Health Providers
19	Self-referral, friends, family
20	Social Security Administration
22	Temporary Assistance for Needy Families (TANF)
23	Veteran's Benefits or Health Administration
25	Wagner-Peyser Act Employment Service Program (Title III of WIOA)
27	Worker's Compensation
29	Other Sources
32	Other American Job Center or Workforce Development Programs

Attachment II: Case Service Report (RSA-911)

Appendix 3: Type of Disability

Code	Type of Disability	Classification
00	No Disability	No Disability
01	Blindness	Visual Disability
02	Other Visual Disabilities	Visual Disability
03	Deafness, Primary Communication Visual	Auditory/Communicative Disabilities
04	Deafness, Primary Communication Auditory	Auditory/Communicative Disabilities
05	Hearing Loss, Primary Communication Visual	Auditory/Communicative Disabilities
06	Hearing Loss, Primary Communication Auditory	Auditory/Communicative Disabilities
07	Other Hearing Disabilities (Tinnitus, Meniere's Disease, hyperacusis, etc.)	Auditory/Communicative Disabilities
08	Deaf-Blindness	Visual Disability
09	Communicative Disabilities (expressive/receptive)	Auditory/Communicative Disabilities
10	Mobility Orthopedic/Neurological Disabilities	Physical Disabilities
11	Manipulation/Dexterity Orthopedic/Neurological Disabilities	Physical Disabilities
12	Both Mobility and Manipulation/Dexterity Orthopedic/Neurological Disabilities	Physical Disabilities
13	Other Orthopedic Disabilities (e.g., limited range of motion)	Physical Disabilities
14	Respiratory Disabilities	Physical Disabilities
15	General Physical Debilitation (e.g., fatigue, weakness, pain, etc.)	Physical Disabilities
16	Other Physical Disabilities (not listed above)	Physical Disabilities
17	Cognitive Disabilities (e.g., Disabilities involving learning, thinking, processing information and concentration)	Intellectual and Learning Disability
18	Psychosocial Disabilities (e.g., interpersonal and behavioral Disabilities, difficulty coping)	Psychological/Psychosocial Disability
19	Other Mental Disabilities	Psychological/Psychosocial Disability

Appendix 4: Source of Disability

Code	Source of Disability
00	Cause Unknown
01	Accident/Injury (other than TBI or SCI)
02	Alcohol Abuse or Dependence
03	Amputations
04	Anxiety Disorders
05	Arthritis and Rheumatism
06	Asthma and Other Allergies
07	Attention-Deficit Hyperactivity Disorder (ADHD)
08	Autism
09	Blood Disorders
10	Cancer
11	Cardiac and Other Conditions of the Circulatory System
12	Cerebral Palsy
13	Congenital Condition or Birth Injury
14	Cystic Fibrosis
15	Depressive and Other Mood Disorders
16	Diabetes Mellitus
17	Digestive
18	Drug Abuse or Dependence (other than alcohol)
19	Eating Disorders (e.g., anorexia, bulimia, or compulsive overeating)
20	End-Stage Renal Disease and Other Genitourinary System Disorders
21	Epilepsy
22	HIV or AIDS
23	Immune Deficiencies Excluding HIV or AIDS
24	Mental Illness (not listed elsewhere)
25	Intellectual Disability
26	Multiple Sclerosis
27	Muscular Dystrophy
28	Parkinson's Disease and Other Neurological Disorders
29	Personality Disorders
30	Physical Disorders/Conditions (not listed elsewhere)
31	Polio
32	Respiratory Disorders Other than Cystic Fibrosis or Asthma
33	Schizophrenia and Other Psychotic Disorders
34	Specific Learning Disabilities
35	Spinal Cord Injury (SCI)
36	Stroke
37	Traumatic Brain Injury (TBI)

Attachment II: Case Service Report (RSA-911)

Appendix 5: Classification Options for Comparable Services and Benefits Providers

Code	Comparable Services and Benefits Provider Type
01	Adult Education and Family Literacy Act program (Title II of WIOA)
02	Adult, Dislocated Worker and Youth programs (Title I of WIOA)
03	American Indian VR Services Program
04	Centers for Independent Living
06	Public Rehabilitation Program
07	Employer Provided Benefits
08	Public Educational Institution (elementary/secondary)
09	Public Educational Institution (postsecondary)
11	Federal Student Aid (e.g., Pell grants, Supplemental Educational Opportunity Grant, work study, etc.)
12	Intellectual and Developmental Disabilities Agency (Public)
13	Medical Health Provider (Public)
14	Mental Health Provider (Public)
15	American Job Center Partner (not listed separately)
18	State Department of Correction/Juvenile Justice
20	Veteran's Benefits or Health Administration (which includes VA Vocational Rehabilitation, VA hospital system, as well as the VA transitional living, transitional employment, and compensated work therapy programs)
22	Wagner-Peyser Act Employment Service program (Title III of WIOA)
23	Public Assistance Not Otherwise Listed
24	Other
25	Temporary Assistance for Needy Families (TANF)

Attachment II: Case Service Report (RSA-911)

Appendix 6: Reason for Exit

Code	Reason for Exit
02	<u>Health/Medical</u> : Individual is hospitalized or receiving medical treatment that is expected to last longer than 90 days and precludes entry into competitive integrated employment or continued participation in the program.
03	<u>Death of the Individual</u>
04	<u>Reserve Forces Called to Active Duty</u> : Individual is a member of the National Guard or other reserve military unit of the armed forces and is called to active duty for at least 90 days.
06	<u>Ineligible</u> : The individual was determined eligible for the VR program; however, the individual was no longer eligible because he or she no longer wished to seek competitive integrated employment or the individual's disability prevented the individual's ability to seek competitive integrated employment.
07	<u>Criminal Offender</u> : Individual entered a correctional institution (e.g., prison, jail, reformatory, work farm, detention center) or other institution designed for confinement or rehabilitation of criminal offenders (section 225 of WIOA).
08	<u>Ineligible</u> : The individual was found to have no disabling condition, no impediment to employment, or did not require VR services to prepare for, secure, retain, advance in, or regain competitive integrated employment.
13	<u>Transferred to Another Agency</u> : Individual needs services that are more appropriately obtained elsewhere. Transfer to another agency indicates that appropriate referral information is forwarded to the other agency so that agency may provide services more effectively. Include individuals transferred to other VR agencies.
14	<u>Achieved Competitive Integrated Employment Outcome</u> : Applicable only to Type of Exit code value 6 (Individual exited after an IPE in competitive and integrated employment, or supported employment).
15	<u>Extended Employment</u> : Individuals who received services and were placed in a non-integrated or sheltered setting for a public or private nonprofit agency or organization that provides compensation in accordance with the Fair Labor Standards Act (34 CFR 361.5(c)(18)).
16	<u>Extended Services Not Available</u> : Individual has received VR services but requires long term extended services for which no long term source of funding is available. This code is used only for individuals who have received VR services.
17	<u>Unable to Locate or Contact</u> : Individual has relocated or left the State without a forwarding address, or when individual has not responded to repeated attempts to contact the individual by mail, telephone, text, or email.
18	<u>No Longer Interested in Receiving Services or Further Services</u> : Individual actively chose not to participate or continue in the VR program. Also use this code to indicate when an individual's actions make it impossible to begin or continue a VR program. Examples would include repeated failures to keep appointments for assessment, counseling, or other services.
19	<u>All Other Reasons</u> : This code is used for all other reasons not included in other code values.
20	<u>Short Term Basis Period</u> : The individual achieved supported employment in integrated employment, but did not earn a competitive wage after exhausting the short-term basis period.
21	<u>Ineligible</u> : The individual applied for VR services pursuant to section 511 of the Rehabilitation Act and was determined ineligible because he or she did not wish to pursue competitive integrated employment.
22	<u>Ineligible</u> : Following Trial Work Experience(s), the individual was determined ineligible because the individual was unable to benefit due to the severity of his or her disability.