Texas Workforce Commission

Adult Education and Literacy

Enrollment Form Instructions

July 2026

Background

The Workforce Innovation and Opportunity Act requires all WIOA programs to capture certain demographic information on participants, known as the Participant Individual Record Layout (PIRL). These defined PIRL elements are outlined in the PIRL joint information collection OMB 1205-0521. Not all PIRL elements are required for AEFLA programs, but those which are "joint PIRL" elements are required to be captured by all WIOA programs to "ensure data consistency across core programs."[1] There are common (joint PIRL) data elements that are recorded prior to enrolling an individual into AEL services.

More information on the WIOA PIRL elements may be found on the Department of Labor's webpage at https://www.dol.gov/agencies/eta/performance/reporting

In addition to PIRL data elements, TWC requires additional data elements that support data matching efforts for tracking an AEL participant's outcomes during and after program exit.

AEL Grantees must include, at a minimum, all elements outlined in this document on enrollment forms and may add any additional elements.

AEL Enrollment Form Elements

Data elements with a number in parenthesis signifies a PIRL data element.

The Data Element Name is shown in Heading 2. A number in this name signifies the PIRL Data Element Number and a JP signal whether this is a Joint PIRL element. So, (JP202) Individual with a Disability means that Joint PIRL Element Number 202 and the Data Element Name is Individual with a Disability. The Definition/Instructions provides instructions for how this section must be completed, and instructions for PIRL Data Elements are outlined as they are in WIOA Guidance.

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1 Office of Career, Technical, and Adult Education Program Memorandum OCTAE 19-1, Guidance for Validating Jointly Required Performance Data Submitted under the Workforce Innovation and Opportunity Act (WIOA), https://www2.ed.gov/about/offices/list/ovae/pi/AdultEd/octae-program-memo-19-1.pdf

Additional information can be found in the AEL Guide.

Quick Link to Data Element Fields

Personal Identifying Information

Enrollment Date

Date that the individual is beginning service in the Adult Education and Literacy (AEL) program.

MM/DD/YYYY

Individual Name

Last name, first name, and middle initial or name of individual

Last name

First name

Middle initial or name

SSN or SSN not disclosed

SSN or indicator stating SSN was requested but not disclosed by the individual

User-entered number (preferred)

SSN/Did not disclose

Date SSN Was Collected (Collection Date)

Date SSN was collected, or attempted to be collected if not disclosed

Date

SSN Information Recorded by

Name of individual recording SSN information, even if SSN not disclosed

Staff person name

REAL ID Number

U.S. REAL ID – No substitute or regular ID. Limited Term REAL IDs are not permissible.

Number (required)

State (required)

Expiration Date (required)

No REAL ID (Did not disclose)

REAL ID Recorded By

Name of individual collecting REAL ID information

Staff person's name

REAL ID Information Collection Date

Date individual collected REAL ID information

MMDDYYYY

PRWORA Eligibility Verification

Type of document to verify eligibility, select one.

U.S. Birth Certificate

SAVE – DHS System Alien Verification for Entitlement (SAVE) program (No substitute)

REAL ID – No substitute or real ID. Limited TERM REAL IDs are not permissible.

DHS – Issued Documents – Verifying citizenship or immigration status showing lawful presence and eligibility to benefit from federally funded program.

Eligibility Verification Document Name

Enter the eligibility document name

Eligibility Verification Document Number

Enter the eligibility document number

Eligibility Verification Expiration Date

Enter the eligibility expiration date, if applicable

Eligibility Verified By

Name of individual collecting eligibility information

Staff person's name

Eligibility Verification Date

Date individual collecting eligibility information

MMDDYYYY

Upload Eligibility Document File

Optional upload file.

Work Authorization Eligibility Verification

Documentation verifying U.S. citizenship or work authorization and identify must comply with TWC AEL approved documentation. Learners must present valid documents for verification, and copies must be kept in their official records.

Type of document to verify eligibility, select either:

- One document from List A **or**
- One document from List B **AND** One document from List C

Eligibility Verification Document Name

Enter the eligibility document name.

List A

U.S. Passport or U.S. Passport Card

Permanent Resident Card or Alien Registration Receipt Card

Foreign Passport with temporary I-551

Employment Authorization Document (Form I-766)

Foreign Passport with Form I-94 or I-94A

FSM/RMI Passport with Form I-94 or I-94A

List B

Driver License or State ID Card

Federal, State, or Local Government ID Card

School ID Card with Photograph

Voter Registration Card

U.S. Military Card or Draft Record

Military Dependent's ID Card

U.S. Coast Guard Merchant Mariner Card

Native American Tribal Document

Canadian Driver License

School Record or Report Card (under 18 years old)

Clinic, Doctor, or Hospital Record (under 18 years old)

List C

U.S. Social Security Account Number Card

Certification of Report of Birth

Birth Certificate

Native American Tribal Document

U.S. Citizen ID Card

Resident Citizen ID Card

Employment Authorization Document Issued by DHS

UI Current Claim Status Screenprint

UI Award Letter

Expedited Eligibility through TAA

Expedited Eligibility through RESEA

Eligibility Verification Document Number

Enter the eligibility document number

Eligibility Verification Expiration Date

Enter the eligibility expiration date, if applicable

Eligibility Verified By

Name of individual collecting eligibility information

Staff person’s name

Eligibility Verification Date

Date individual collecting eligibility information

MMDDYYYY

Upload Eligibility Document File

Optional upload file.

Date of Birth

Record the participant's date of birth.

MMDDYYYY

*AUTOGENERATED Age

Age of individual

Sex

Record 1 if the participant indicates that he is male.

Record 2 if the participant indicates that she is female.

1 = Male

2 = Female

(JP210) Ethnicity: Hispanic/Latino

Record 1 if the participant indicates that he/she is a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture in origin, regardless of race.

Record 0 if the participant indicates that he/she does not meet any of these conditions.

1 = Yes (Hispanic/Latino)

0 = No (Not Hispanic/Latino)

Race (Check all that apply)

(JP211) American Indian or Alaskan Native

Check if the participant indicates that he/she is a member of an Indian tribe, band, nation, or other organized group or community, including any Alaska Native village or regional or village corporation as defined in or established pursuant to the Alaska Native Claims

Settlement Act (85 Stat. 688) [43 U.S.C. 1601 et seq.], which is recognized as eligible for the special programs and services provided by the United States to Indians because of their status as Indians.

(JP214) Native Hawaiian or Other Pacific Islander

Check if the participant indicates that he/she is a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

(JP212) Asian

Check if the participant indicates that he/she is a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent (e.g., India, Pakistan, Bangladesh, Sri Lanka, Nepal, Sikkim, and Bhutan). This area includes, for example, Cambodia, China, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

(JP215) White

Check if the participant indicates that he/she is a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

(JP212) Black/African American

Check if the participant indicates that he/she is a person having origins in any of the black racial groups of Africa.

Contact Information

Mailing Address

Individual's mailing address

Street

Required: City

State

Required: ZIP code

Phone Number

Mobile telephone number

Work telephone number

Home telephone number

Email Address

Email address

Comments (Optional)

Enter any comments about the individual.

Equal Opportunity Information

(JP202) Individual with a Disability

Record 1 if the participant indicates that he/she has any "disability", as defined in sec. 3(2)(a) of the Americans with Disabilities Act of 1990 (42 U.S.C. 12102). Under that definition, a "disability" is a physical or mental impairment that substantially limits one or more of the person's major life activities.

Record 0 if the participant indicates that he/she does not have a disability that meets the definition.

Record 9 if the participant did not self-identify.

1 = Yes

0 = No

9 = Participant did not self-identify

(203) Category of Disability

For those participants where Individual With A Disability (WIOA) = 1:

Record 1 if the impairment is primarily physical, due to a chronic health condition.

Record 2 if the impairment is primarily physical, including mobility.

Record 3 if, because of a mental illness, psychiatric disability, or emotional condition, the participant has serious difficulty concentrating, remembering, or making decisions.

Record 4 if the participant is blind or has serious difficulty seeing.

Record 5 if the participant is deaf or has serious difficulty hearing.

Record 6 if the participant has a learning disability.

Record 7 if the participant has a cognitive or intellectual disability.

Record 9 if the participant does not wish to disclose his/her category of disability.

Record 0 if the participant has no disability.

Record all that apply if the participant has more than one impairment.

1 = Physical/Chronic Health Condition

2 = Physical/Mobility Impairment

3 = Mental or Psychiatric Disability

4 = Vision-related disability

5 = Hearing-related disability

6 = Learning Disability

7 = Cognitive/Intellectual disability

9 = Participant did not disclose type of disability

0 = No disability

Veteran Characteristics

(300) Veteran Status

Record 1 if the participant is a person who served on active duty in the armed forces and who was discharged or released from such service under conditions other than dishonorable. Record 0 if the participant does not meet the condition described above.

Record 9 if participant does not disclose veteran status.

1 = Yes

0 = No

9 = Status not known

(301) Eligible Veteran Status

Record 1 if the participant is a person who served in the active U.S. military, naval, or air service for a period of less than or equal to 180 days, and who was discharged or released from such service under conditions other than dishonorable.

Record 2 if the participant served on active duty for a period of more than 180 days and was discharged or released with other than a dishonorable discharge; or was discharged or released because of a service connected disability; or as a member of a reserve component under an order to active duty pursuant to section 167(a), (d), or (g), 673 (a) of Title 10, U.S.C., served on active duty during a period of war or in a campaign or expedition for which a campaign badge is authorized and was discharged or released from such duty with other than a dishonorable discharge.

Record 3 if the participant is: (a) the spouse of any person who died on active duty or of a service connected disability, (b) the spouse of any member of the Armed Forces serving on active duty who at the time of application for assistance under this part, is listed, pursuant to 38 U.S.C 101 and the regulations issued there under, by the Secretary concerned, in one or more of the following categories and has been so listed for more than 90 days: (i) missing in action; (ii) captured in the line of duty by a hostile force; or (iii) forcibly detained or interned in the line of duty by a foreign government or power; or (c) the spouse of any person who has a total disability permanent in nature resulting from a service-connected disability or the spouse of a veteran who died while a disability so evaluated was in existence.

Record 0 if the participant does not meet any one of the conditions described above.

Leave “blank” if the data is not available.

1 = Yes, <=180 days.

2 = Yes, Eligible Veteran

3 = Yes, Other Eligible Person

0 = No

(303) Disabled Veteran

Record 1 if the participant is a veteran who served on active duty in the U.S. armed forces and who is entitled to compensation regardless of rating (including those rated at 0%); or who but for the receipt of military retirement pay would be entitled to compensation, under laws administered by the Department of Veterans Affairs (DVA); or was discharged or released from activity duty because of a service-connected disability.

Record 2 if the participant is a veteran who served on active duty in the U.S. armed forces and who is entitled to compensation (or who, but for the receipt of military retirement pay would be entitled to compensation) under laws administered by the DVA for a disability, (i) rated at 30 percent or more or, (ii) rated at 10 or 20 percent in the case of a veteran who has been determined by DVA to have a serious employment handicap.

Record 0 if the participant does not meet any one of the conditions described above.

Leave blank if data element does not apply to the participant.

1 = Yes

2 = Yes, special disabled

0 = No

Veteran Spouse

Record 1 if the participant is a spouse of a Veteran. Record 0 if the participant does not meet the conditions described.

1 = Yes

0 = No

(304) Date of Actual Military Separation

Record the date on which the participant separated from active duty with the U.S. armed forces. Leave blank if data element does not apply to the participant.

YYYYMMDD

Employment and Education Information

(JP400) Employment Status at Program Entry

Record 1 if the participant, at program entry, (a) is currently performing any work at all as a paid employee, (b) is currently performing any work at all in his or her own business, profession, or farm, (c) is currently performing any work as an unpaid worker in an enterprise operated by a member of the family, or (d) is one who is not working, but currently has a job or business from which he or she is temporarily absent because of illness, bad weather, vacation, labor-management dispute, or personal reasons, whether or not paid by the employer for time-off, and whether or not seeking another job.

Record 2 if the participant, at program entry, is a person who, although employed, either (a) has received a notice of termination of employment or the employer has issued a Worker Adjustment and Retraining Notification (WARN) or other notice that the facility or enterprise will close, or (b) is a transitioning service member (i.e., within 12 months of separation or 24 months of retirement).

Record 3 if the participant, at program entry, is not in the labor force (i.e., those who are not employed and are not actively looking for work, including those who are incarcerated).

Record 0 if the participant, at program entry, is not employed but is seeking employment, makes specific effort to find a job, and is available for work.

1 = Employed

2 = Employed, but Received Notice of Termination of Employment or Military Separation is pending

3 = Not in labor force

0 = Unemployed

(JP402) Long-Term Unemployed at Program Entry

Record 1 if the participant, at program entry, has been unemployed for 27 or more consecutive weeks.

Record 0 if the participant does not meet the condition described above.

1 = Yes, Unemployed ≥ 27 consecutive weeks

0 = No

Hours Employed per Week (if Employed)

If the individual has identified that he or she is employed or not unemployed, the number of hours per week that individual, on average, works

Enter number

Reason not Looking for Work (Not in labor force)

For individuals identified as "Not in the labor force," the reason the individual is not actively seeking employment

Full-time caregiver/parent

Disabled

Incarcerated

Ineligible to work

Dependent

Institutionalized

Other

Other reason not looking for work:

Type of Community

Whether the individual resides in a location with less than 2,500 inhabitants and located outside urbanized areas **(Select Rural.)**

Rural

Urban

(JP409) School Status at Program Entry

Record 1 if the participant, at program entry, has received a secondary school diploma or its recognized equivalent and is attending a postsecondary school or program (whether full or part-time), or is between school terms and is enrolled to return to school.

Record 2 if the participant, at program entry, is not within the age of compulsory school attendance; and is no longer attending any school and has not received a secondary school diploma or its recognized equivalent.

Record 3 if the participant, at program entry, is not attending any school and has either graduated from secondary school or has attained a secondary school equivalency.

Record 4 if the participant, at program entry, is within the age of compulsory school attendance, but is not attending school and has not received a secondary school diploma or its recognized equivalent.

1 = In-school, Postsecondary school.

2 = Not attending school or Secondary School Dropout

3 = Not attending school; secondary school graduate or has a recognized equivalent

4 = Not attending school; within age of compulsory school attendance

(JP407) Highest School Grade Completed at Program Entry

Use the appropriate code to record the highest school grade completed by the participant at program entry.

Record 1 – 12 for the number of school grades completed by the participant.

Record 0 if no school grades were completed.

1 – 12 = Number of school grades completed

0 = No school grades completed

(JP408) Highest Educational Level Completed

Use the appropriate code to record the highest educational level completed by the participant at program entry.

Record 1 if the participant attained a secondary school diploma.

Record 2 if the participant attained a secondary school equivalency.

Record 3 if the participant has a disability and attained a certificate of attendance/completion as a result of successfully completing an Individualized Education Program (IEP).

Record 4 if the participant completed one of more years of postsecondary education.

Record 5 if the participant attained a postsecondary certification, license, or educational certificate (non-degree).

Record 6 if the participant attained an Associate's degree.

Record 7 if the participant attained a Bachelor's degree.

Record 8 if the participant attained a degree beyond a Bachelor's degree.

Record 0 if no educational level was completed.

1 = Attained secondary school diploma

2 = Attained a secondary school equivalency

3 = The participant with a disability receives a certificate of attendance/completion as a result of successfully completing an Individualized Education Program (IEP)

4 = Completed one or more years of postsecondary education

5 = Attained a postsecondary technical or vocational certificate (non-degree)

6 = Attained an Associate's degree

7 = Attained a Bachelor's degree

8 = Attained a degree beyond a Bachelor's degree

0 = No Educational Level Completed

Location of Highest Education Level Completed

Location where the individual completed their highest level of education

In the US

Outside the US

Migrant and Seasonal Farmworker Characteristics

(JP808) Eligible Migrant and Seasonal Farmworker Status

Record 1 if the participant, at program entry, is a low-income individual (i) who for the 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.

Record 2 if the participant, at program entry, is a seasonal farmworker and 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.

Record 3 if the participant is a migrant farmworker or seasonal farmworker (as defined above) aged 14-24.

Record 4 if the participant is an adult program participant and a dependent (as defined in 20 CFR 685.110) of the individual described as a seasonal or migrant seasonal farmworker above.

Record 5 if the participant is a youth program participant and a dependent (as defined in 20 CFR 685.110) of the individual described as a seasonal or migrant seasonal farmworker above.

Record 0 if No

1 = Seasonal Farmworker Adult

2 = Migrant Farmworker Adult

3= MSFW Youth (NEW)

4= Dependent Adult

5= Dependent Youth

0 = No

Public Assistance Information

On Public Assistance

Whether the individual is receiving financial assistance from federal, state, or local government agencies, including Temporary Assistance for Needy Families (TANF) or equivalent general assistance, Supplemental Nutrition Assistance Program (SNAP) benefits, refugee cash assistance, old-age assistance, and aid to the blind or totally disabled. Social

Security benefits, unemployment insurance, and employment-funded disability are not included in this definition.

Yes

No

Did not disclose

(600) Expanded Eligibility for TANF

Whether the individual is eligible for TANF services

1 = Yes

0 = No

9 = Not Applicable

(JP601) Exhausting TANF Within 2 Years

Record 1 if the participant, at program entry, is within 2 years of exhausting lifetime eligibility under part A of Title IV of the Social Security Act (42 U.S.C. 601 et seq.), regardless of whether receiving these benefits at program entry.

Record 0 if the participant does not meet the condition described above.

Record 9 if the data element does not apply to the participant (i.e., the participant has never received TANF, or if the participant has already exhausted lifetime TANF eligibility).

1 = Yes

0 = No

9 = Not Applicable

Additional Youth Characteristics

(JP704) Foster Care Youth Status at Program Entry

Record 1 if the participant, at program entry, is a person aged 24 or under who is currently in foster care or has aged out of the foster care system.

Record 0 if the participant does not meet the conditions described above.

1 = Yes

0 = No

Additional Reportable Characteristics

(JP800) Homeless participant, Homeless Children and Youths, or Runaway Youth at Program Entry (WIOA)

Record 1 if the participant, at program entry:

(a) Lacks a fixed, regular, and adequate nighttime residence; this includes a participant who:

(i) is sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason;

(ii) is living in a motel, hotel, trailer park, or campground due to a lack of alternative adequate accommodations;

(iii) is living in an emergency or transitional shelter;

(iv) is abandoned in a hospital; or

(v) is awaiting foster care placement;

(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).

This definition does not include a participant imprisoned or detained under an Act of Congress or State law. A participant who may be sleeping in a temporary accommodation while away from home should not, as a result of that alone, be recorded as homeless.

Record 0 if the participant does not meet the conditions described above.

Note: WIOA youth who meet the definition of homeless as defined in WIOA section 681.210(c)(5) and 681.220(d)(4) are reported in this data element.

1 = Yes

0 = No

(JP802) Low Income Status at Program Entry

Record 1 if the participant, at program entry, is a person who:

(a) Receives, or in the 6 months prior to application to the program has received, or is a member of a family that is receiving or in the past 6 months prior to application to the program has received:

(i) Assistance through the supplemental nutrition assistance program (SNAP) under the Food and Nutrition Act of 2008 (7 USC 2011 et seq.);

(ii) Assistance through the temporary assistance for needy families program under part A of Title IV of the Social Security Act (42 USC 601 et seq.);

(iii) Assistance through the supplemental security income program under Title XVI of the Social Security Act (42 USC 1381); or

(iv) State or local income-based public 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 an individual who receives, or is eligible to receive a free or reduced-price lunch under the Richard B. Russell National School Lunch Act (42 USC 1751 et seq.);

(d) Is a foster child on behalf of whom State or local government payments are made;

(e) Is a 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 Data Element #800); or

(g) Is a youth living in a high-poverty area.

Record 0 if the participant does not meet the criteria presented above.

1 = Yes

0 = No

(JP803) English Language Learner at Program Entry

Record 1 if the participant, at program entry, is 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.

Record 0 if the participant does not meet the conditions described above.

1 = Yes

0 = No

(JP805) Cultural Barriers at Program Entry (WIOA)

Record 1 if the participant, at program entry, 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.

Record 0 if the participant does not meet the conditions described above.

Record 9 if the participant did not self-identify.

1 = Yes

0 = No

9 = Participant did not self-identify

Immigrant

Individual was not born in the United States, but currently resides within the country

Yes

No

Did not disclose

(JP807) Displaced Homemaker at Program Entry (WIOA)

Record 1 if the participant, at program entry, 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 (as defined in section 101(d)(1) of title 10, United States Code) and whose family income is significantly reduced because of a deployment (as defined in section 991(b) of title 10, United States Code, or pursuant to paragraph (4) of such section), a call or order to active duty pursuant to a provision of law referred to in section 101(a)(13)(B) of title 10, United States Code, a permanent change of station, or the service-connected (as defined in section 101(16) of title 38, United States Code) death or disability of the member; and

(B) is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment.

Record 0 if the participant does not meet the conditions described above.

1 = Yes

0 = No

(JP806) Single Parent at Program Entry (WIOA)

Record 1 if the participant, at program entry, 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).

Record 0 if the participant does not meet the condition described above.

Record 9 if the participant did not self-identify.

1 = Yes

0 = No

9 = Participant did not self-identify

Parent of Child(ren) ages 0–5

Parent of Child(ren) ages 0–5

Yes

No

Did not disclose

Parent of Child(ren) ages 6–10

Parent of Child(ren) ages 6–10

Yes

No

Did not disclose

Parent of Child(ren) ages 11–13

Parent of Child(ren) ages 11–13

Yes

No

Did not disclose

Parent of Child(ren) ages 14–18

Parent of Child(ren) ages 14–18

Yes

No

Did not disclose

(JP801) Ex-Offender Status at Program Entry (WIOA)

Record 1 if the participant, at program entry, is 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.

Record 0 if the participant does not meet any one of the conditions described above.

Record 9 if the participant did not disclose.

1 = Yes

0 = No

9 = Did not disclose

(JP2414) Date released from Incarceration

Record the date the participant was released from a correctional institution.

Leave blank if participant remains in a correctional institution at program exit.

YYYYMMDD

One Stop Center Program Participation Information

(JP903) WIOA Adult

Record 1 if the participant received services under WIOA section 133(b)(2)(A) as an individual who is not less than age 18 at the time of program entry.

Record 2 if the participant received services under WIOA section 133(a)(1).

Record 3 if the participant received services under WIOA sections 133(b)(2)(A) and 133(a)(1).

Record 4 if the individual has demonstrated an intent to use program services and meets one of the following criteria

(A) Individuals who provide identifying information;

(B) Individuals who only use the self-service system; or

(C) Individuals who only receive information-only services or activities.

Record 0 if the participant did not receive services under the condition described above

1 = Yes, Local Formula

2 = Yes, Statewide

3 = Yes, Both Local Formula and Statewide

4 = Reportable Individual

0 = No

(JP904) WIOA Dislocated Worker

Record 1 if the participant received services under WIOA Section 133(b)(2)(B) as a person who—

(A)(i) has been terminated or laid off, or who has received a notice of termination or layoff, from employment; (ii)(I) is eligible for or has exhausted entitlement to unemployment compensation; or (II) has been employed for a duration sufficient to demonstrate, to the appropriate entity at a one-stop center referred to in section 121(e), attachment to the workforce, but is not eligible for unemployment compensation due to insufficient earnings or having performed services for an employer that were not covered under a State unemployment compensation law; and (iii) is unlikely to return to a previous industry or occupation;

(B)(i) has been terminated or laid off, or has received a notice of termination or layoff, from employment as a result of any permanent closure of, or any substantial layoff at, a plant, facility, or enterprise; (ii) is employed at a facility at which the employer has made a general announcement that such facility will close within 180 days; or (iii) for purposes of eligibility to receive services other than training services described in WIOA Sec 134(c)(3), career services described in WIOA Sec 134(c)(2)(A)(xii), or supportive services, is employed at a facility at which the employer has made a general announcement that such facility will close;

(C) was self-employed (including employment as a farmer, a rancher, or a fisherman) but is unemployed as a result of general economic conditions in the community in which the participant resides or because of natural disasters;

(D) is a displaced homemaker; or

(E)(i) is the spouse of a member of the Armed Forces on active duty (as defined in section 101(d)(1) of title 10, United States Code), and who has experienced a loss of employment as a direct result of relocation to accommodate a permanent change in duty station of such member; or (ii) is the spouse of a member of the Armed Forces on active duty and who meets the criteria described in WIOA Section 3(16)(B).

Record 2 if the participant received services under WIOA section 133(a).

Record 3 if the participant received under WIOA sections 133(b)(2)(B) and 133(a).

1 = Yes, Local Formula

2 = Yes, Statewide

3 = Yes, Both Local Formula and Statewide

4 = Reportable Individual

0 = No

(JP905) WIOA Youth

Record 1 if the participant received services under WIOA section 128(b).

Record 2 if the participant received services under WIOA section 128(a).

Record 3 if the participant received services under WIOA sections 128(b) and 128(a).

Record 4 If the individual fail to complete the program requirements for eligibility or for participation.

Record 0 if the participant did not receive services under the conditions described above.

1 = Yes, Local Formula

2 = Yes, Statewide

3 = Yes, Both Local Formula and Statewide

4 = Youth Reportable Individual

0 = No

(JP910) Adult Education

Record 1 if the participant received services under WIOA Title II defined as academic instruction and education services below the postsecondary level that increases an individual's ability to

(A) read, write, and speak in English and perform mathematics or other activities necessary for the attainment of a secondary school diploma or its recognized equivalent;

(B) transition to postsecondary education and training; and

(C) obtain employment.

Record 0 if the participant did not receive any services under the conditions described above.

Record 9 if the grantee is unable to track enrollment in the program.

1 = Yes

0 = No

9 = Unknown

(JP 911) Job Corps (WIOA)

Record 1 if the participant received services under title I, chapter 4, subtitle C of WIOA.

Record 2 if the individual received reportable individual services (as defined in program specific guidance).

Record 0 if the individual did not receive any services under the conditions described above.

Record 9 if grantee is unable to track enrollment in the program.

1 = Yes

2 = Reportable Individual

0 = No

9 = Unknown

(JP917) Vocational Rehabilitation (WIOA)

Record 1 if the participant received services under parts A and B of title I of the Rehabilitation Act of 1973 (29 USC 720 et seq.), WIOA title IV, and Sec. 411(B)(15) defined as transition services for students with disabilities, that facilitate the transition from school to postsecondary life, such as achievement of an employment outcome in competitive integrated employment, or pre-employment transition services.

Record 2 if the participant received services from the Vocational Rehabilitation and Employment (VR&E) Program authorized by 38 USC Chapter 31.

Record 3 if the participant received services from both vocational rehabilitation programs.

Record 0 if the participant did not receive any services under the conditions described above.

Record 9 if unknown.

1 = Yes

2 = VR&E

3 = Both VR and VR&E

0 = No

9 = Unknown

(JP918) Wagner-Peyser Employment Service (WIOA)

Record 1 if the participant received services under the Wagner-Peyser Act (29 USC 49 et seq.)

Record 2 if the individual has demonstrated an intent to use program services and meets one of the following criteria---

(A) Individuals who provide identifying information;

(B) Individuals who only use the self-service system; or

(C) Individuals who only receive information-only services or activities.

Record 0 if the participant did not receive services under the Wagner-Peyser Act.

Record 9 if the grantee is unable to track enrollment in the program.

1 = Yes

2 = Reportable Individual

0 = No = Unknown

(JP919) YouthBuild (WIOA)

Record the 14 character grant number if the participant received services under the YouthBuild Program as authorized under WIOA section 171 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 (AA-12345-12-55-A-26). If the grant number is unknown, please enter all 9s.

Leave blank if the participant did not receive services funded by this program.

XXXXXXXXXXXXXX

For Corrections and Institutional Funded Program Participants Only

(JP2413: Incarcerated at Program Entry) In Correctional Facility

Whether the individual is incarcerated in a state or federal penal institution for criminal offenders. This includes prisons, jails, and other correctional detention centers.

Yes

No

In Community Corrections

Whether the individual is in a community-based rehabilitation facility or halfway

Yes

No

Other Institutionalized Setting

Whether the individual is in any other medical or special institution not included in previous categories

Yes

No

On Parole

Whether the individual is currently on parole

Yes

No

On Probation (Community Supervision)

Whether the individual is currently on probation

Yes

No

Special Program Type

Family Literacy participant

Yes

No

In Workplace Literacy Program(s)

Yes

No

Participant in Job & Training Program

Yes

No

Referral Type

One-Stop Center Referral

Whether the individual is a referral from a Workforce Solutions Office

Yes

No

Did not disclose

TANF Referral

Whether the individual is a referral from the designated TANF agency

Yes

No

Did not disclose

Referral from College

Whether the individual is a referral from a college or other eligible institution, placing into eligible levels based on the Texas Success Initiative (TSI) test.

Yes

No

Privacy: Participant Acknowledgement and Release of Information

Participant Acknowledgement and Release of Information[2]

The information provided is complete and correct to the best of my knowledge. I agree to abide by Adult Education Program policies, rules and regulations. I further understand the submission of false information is grounds for rejection of my application, withdrawal of acceptance, and cancellation of enrollment. My signature below shall constitute acknowledgement to statistical use of my records of enrollment, progress, credential obtainment, and transition to postsecondary enrollment or employment. My signature below also authorizes use of my personally identifiable information, including my employment and wage information pre-, during and post- enrollment for audit, study and evaluation of the Adult Education and Literacy program performance and other state and federally funded programs.

Such programs may include but are not limited to those under the laws administered by the Texas Education Agency and the Texas Higher Education Coordinating Board.

I acknowledge that the Adult Education and Literacy program and that TWC may release personal identifiable information to other local, state, federal, partners and/or stakeholders for verification of state and federal program requirements, performance reporting, audit, evaluation, study and to monitor the programs performance. Participants who are 17 and 18 years of age must have written parental permission or qualify for

2 Grantees must use the release of information TWC language, as found in the Texas AEL Guide, page 31: https://tcall.tamu.edu/docs/17-Texas-AEL-Guide-TWC.pdf

another exemption from compulsory attendance law. Additional information may be found at: http://www.twc.state.tx.us/twc-website-privacy-securityinformation#confidentiality

Participant Signature_____ Date

Parent/Guardian Signature_____ Date