UNITED STATES DEPARTMENT OF LABOR

Division of Older Worker Programs

SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM (SCSEP) DATA VALIDATION HANDBOOK

Revision 11 (December 2017)

CONTENTS

Chapter **Page**

I. INTRODUCTION 1
A. TIMING OF DATA VALIDATION 2
B. OVERVIEW OF HANDBOOK 3
II. OVERVIEW OF SCSEP DATA VALIDATION 4
A. SELECTING DATA ELEMENTS TO VALIDATE 5
B. SELECTING SAMPLES OF PARTICIPANT RECORDS TO VALIDATE 6
1. Eligibility Sample 6
2. Performance Sample 6
3. Records Sampled without Regard to Sub-grantee 6
4. Sample Sizes Vary by Grantee Size 7
5. Sample Drawn by Enrollment 7
6. Excluding Records from a retired Sub-grantee 9
7. Sample Drawn on Frozen Data 9
8. A Note on Final Performance 9
C. SUMMARY OF SCSEP DV PROCESS 11
D. PREPARING FOR DV 12
III. SCSEP DATA VALIDATION PROCEDURES 14
A. VIEWING THE SCSEP DV PAGES AND DV SAMPLES 14
1. Summary DV Worksheet Column Descriptions 16
2. Other Field Descriptions 18
B. CONDUCTING DV OF INDIVIDUAL RECORDS IN DV SAMPLES 20
1. Individual DV Worksheet Column Descriptions 22
2. Other Field Descriptions 23
C. ENTERING COMMENTS FOR THE SAMPLE 29
D. VIEWING SUMMARY AND ANALYTICAL REPORT 30
1. Summary and Analytical Report Column Descriptions 33
2. Other Field Descriptions 33
E. SCSEP DV PROCESS AT-A-GLANCE 35
IV. SCSEP DATA VALIDATION INSTRUCTIONS 37
A. VALIDATION RULES 39
B. SOURCE DOCUMENTATION 40
1. Official Documents or Business Records 40
2. Confirmation of Signature and Dates 41
3. Detailed Case Notes 41
4. Participant or Third-Party Signed Attestation 42
C. VALUES AND RECORDS NOT VALIDATED 43
GLOSSARY 75
APPENDIX 78

LIST OF TABLES

Tables **Page**

TABLE I.1 TIMING OF SCSEP ELIGIBILITY VALIDATION 2

TABLE I.2 TIMING OF SCSEP PERFORMANCE VALIDATION 2

TABLE II.1 ELIGIBILITY SAMPLE SIZES PER GRANTEE 8

TABLE II.2 PERFORMANCE SAMPLE SIZES PER GRANTEE 8

TABLE II.3 PREPARING FOR DV 13

TABLE IV.1 ELIGIBILITY SAMPLE VALIDATION INSTRUCTIONS 44

TABLE IV.2 PERFORMANCE SAMPLE VALIDATION INSTRUCTIONS 59

LIST OF FIGURES

Figures **Page**

FIGURE II.1 FINAL PERFORMANCE (FU3) DURING PROGRAM YEAR 10

FIGURE III.1 MAIN SPARQ HOMEPAGE 14

FIGURE III.2 SCSEP DV PAGE TO SELECT SAMPLE TYPE AND Program Year 15

FIGURE III.3 SCSEP DV PAGE TO SELECT SUB-GRANTEE 15

FIGURE III.4 SUMMARY DV WORKSHEET PAGE..... 16

FIGURE III.5 ALL PRINTABLE WORKSHEET..... 19

FIGURE III.6 SELECTING INDIVIDUAL RECORD IN SAMPLE 20

FIGURE III.7 INDIVIDUAL DV WORKSHEET PAGE 21

FIGURE III.8 TOGGLE BAR WARNING MESSAGE..... 22

FIGURE III.9 CASE FILE MISSING SELECTION WARNING MESSAGE 24

FIGURE III.10 INVALID RECORD SELECTION WARNING MESSAGE 24

FIGURE III.11 COMMENT WARNING MESSAGE..... 25

FIGURE III.12 CHANGING TO NO RECORD EXCLUSION WARNING MESSAGE..... 25

FIGURE III.13 VIEW DATA COMMENTS FOR AN ELIGIBILITY RECORD..... 26

FIGURE III.14 VIEW DATA COMMENTS FOR A PERFORMANCE RECORD 26

FIGURE III.15 COMMENTS FOR INDIVIDUAL RECORD IN THE SAMPLE..... 28

FIGURE III.16 COMMENTS FOR THE SAMPLE 29

FIGURE III.17 SUMMARY AND ANALYTICAL REPORT..... 32

FIGURE III.18 PRINTED SUMMARY AND ANALYTICAL REPORT..... 34

FIGURE III.19 COMMENTS IN PRINTED SUMMARY AND ANALYTICAL REPORT..... 34

FIGURE III.20 SCSEP DV AT-A-GLANCE 36

I. INTRODUCTION

In December 2007, data validation (DV) functionality was added to the SCSEP Performance And Results QPR (SPARQ). This functionality supports the ETA's DV initiative for SCSEP. This initiative requires that all grantees validate the information that is used to establish participant eligibility and to measure grantee performance.

The Data Validation Handbook contains an overview of the data validation process, describes the procedures for data validation, and provides detailed instructions for the validation of each element. DV sets forth the minimum standards for validation. In addition, grantees can set their own, higher standards, in order to simplify the choices for case workers and/or improve the quality of the data or service to participants. While the DV process does not validate "negative" values, it is important for grantees to establish policies to help case workers document/support a negative value. For example, if an applicant does not claim a waiver factor, the case worker would still have done the work necessary to support a "no" in SPARQ. It is advisable that case workers would indicate, in a case note, that the waiver was explored with the client and then indicate how the "no" determination was made.

The DV Handbook will generally not suffice as the only authority for validators. In the Source Document section of the chapter on DV Instructions, reference is made to regulatory definitions, for which validators will need to consult the Data Collection (DC) Handbook. Validators will also want to refer to the regulations and TEGLs themselves. Finally, they will need access to the grantee's own policies for certain items.

In the limited situations where DV requirements change after data are collected but before validation is conducted, validators are instructed to use the requirements in effect on the date they do the validation. This will not be an issue for the PY16 validation of the PY15 data. The data elements and source documentation requirements have largely remained unchanged since PY13.

This revision of the DV Handbook provides clarification on the requirements for two data elements (details provided in Section IV on page 38).

A. TIMING OF DATA VALIDATION

SCSEP DV will begin each year after the Program Year data are finalized and the final QPR is calculated for each grantee. Table I.1 and Table I.2 provide additional details on the timing of the SCSEP DV eligibility and performance samples for this year and subsequent years.

TABLE I.1

TIMING OF SCSEP ELIGIBILITY VALIDATION

If Initial Assignment Date is between	Record could be in Eligibility Sample for PY	Which is Validated during PY
7/1/2016 and 6/30/2017	2016	2017
7/1/2017 and 6/30/2018	2017	2018
7/1/2018 and 6/30/2019	2018	2019

TABLE I.2

TIMING OF SCSEP PERFORMANCE VALIDATION

If Exit Date is between	Record could be in Eligibility Sample for PY	Which is Validated during PY
7/1/2015 and 6/30/2016	2016	2017
7/1/2016 and 6/30/2017	2017	2018
7/1/2017 and 6/30/2018	2018	2019

B. OVERVIEW OF HANDBOOK

The Handbook proceeds as follows:

- Chapter II provides an overview of DV, describes how the samples are drawn, and explains the validation preparation responsibilities of key grantee staff.
- Chapter III describes step-by-step instructions that grantees need to access and use the DV utility within SPARQ; how to obtain the necessary source documentation; and how to complete each worksheet.
- Chapter IV provides details for every data element to be validated, including the validation rules and definitions of source documents.

After reviewing this Handbook, grantees should email any policy questions to their Federal Project Officer and copy their National Office Liaison.

For technical questions about the DV process, please contact SCSEP Help at help@scsep-help.com.

II. OVERVIEW OF SCSEP DATA VALIDATION

SCSEP DV is an efficient method for monitoring sub-grantee and local area data collection, reporting, and performance. By having all SCSEP grantees perform a standardized DV methodology, ETA is able to confirm the quality of the information used to assess the effectiveness of the SCSEP program. More specifically, DV is designed to accomplish the following goals:

1. Provide tools that help grantees analyze participant eligibility and the causes of performance successes and failures.
2. Match data elements against source documents to verify compliance with federal definitions, which provides grantees the opportunity to correct any identified problems.
3. By calculating an error rate for each data element validated, DV helps to ensure that critical eligibility and performance data used to meet ETA's Government Performance and Results Act (GPRA) responsibilities and grantees' Congressionally-mandated performance goals are reasonably accurate
4. Minimize the burden on grantees by providing a web-based DV system that displays individual participant records by grantees or sub-grantees and provides built in random samples, validation worksheets, and automated validation reports.
5. Further minimize the burden on grantees by selecting the smallest possible validation samples necessary to calculate valid error rates.

In the limited situations where DV requirements change after data in the performance sample was collected, validators are required to use the requirements in effect on the date when they do the validation. This will enable grantees to see where there needs to be changes in practice or additional training in order to comply with the current rules.

A. SELECTING DATA ELEMENTS TO VALIDATE

DV assesses the accuracy of key data elements in SPARQ used to calculate the SCSEP QPRs by examining a sample of participant records. When a participant record is selected for validation, grantee staff compare specified data elements in SPARQ to source documentation located in case files for that participant.

DV results in an error rate for each data element selected for validation. Data elements are selected for validation based on two factors:

1. Feasibility—ETA can validate data elements only when it is practical and efficient to locate and examine supporting evidence within the grantee case files. Therefore, data elements such as race, ethnicity, and gender are not validated because these elements are self-reported by participants and it is not practical to locate the participants to verify these characteristics.

2. Importance—Data elements are selected for validation based primarily on their importance to the integrity of the individual participant records, for generating performance outcomes and calculating the QPRs. All data elements selected for validation are used to determine program eligibility or to calculate grantee performance in the QPRs.

The complete list of data elements to be validated for the eligibility sample and the performance sample are included in Chapter IV.

B. SELECTING SAMPLES OF PARTICIPANT RECORDS TO VALIDATE

DV is designed to measure grantee data accuracy in a timely fashion. Validation of performance cannot be conducted until the retention rates have been finalized in SPARQ, which is up to seven (7) quarters after a participant exits the program. Consequently, it would be impossible to develop timely validation results for the data elements used to support program eligibility if a single sample of participants were drawn for validation. In that case, the eligibility data might have been captured several years before the validation would be done. Therefore, the SPARQ DV process selects two separate samples of participant records, both of which are validated at the same time.

1. Eligibility Sample

The eligibility sample is a simple random sample. It validates those data elements used to demonstrate program eligibility for a sample of participants who enrolled in SCSEP during the PY being validated. In order to ensure timely feedback to the grantee on data quality and to limit the number of community service assignments (CSA) to be validated, all CSA data that can be collected during the first year of an enrollment will be validated as part of the eligibility sample. Enrollments that were transferred between grantees are not sampled.

2. Performance Sample

The performance sample is a stratified sample. It validates those data elements used in the performance calculations for a sample of participants whose final performance was included in the QPR for the PY being validated. Data collected at re-certification and for waiver of durational limits is also validated in this sample since those data are more likely to be included in the records of the performance sample than of the eligibility sample. The stratified nature of the performance sample is similar to a simple random sample, except for the fact that each record is assigned a weight and records are selected based upon their weight. For example, a participant who has an unsubsidized employment (UE) record with wages in each of the three quarters after exit is assigned a weight of 3; a participant who has a UE record with wages in the first quarter after exit, but not all three quarters is assigned a weight of 2; and, all other participants whose final performance is included in the QPR for the PY are assigned a weight of 1. Enrollments that were transferred between grantees are not sampled.

3. Records Sampled without Regard to Sub-grantee

Participant records are randomly sampled at the grantee level, without regard to the sub-grantee. The process for selecting eligibility samples and performance samples is completely separate. Therefore, it is likely that many sub-grantees may not have any records sampled and that some sub-grantees may have performance samples but not eligibility samples or vice versa. For these reasons, DV samples are valid at the grantee level but not at the sub-grantee level. Although it is not possible to generalize the DV results to the entire sub-grantee database, DV can nonetheless be extremely useful at the sub-grantee level, for example, to identify training needs.

4. Sample Sizes Vary by Grantee Size

The sampling process is designed to select the smallest random sample that will produce valid results. Sample sizes for both eligibility and performance will vary by grantee size. Grantees with fewer enrollees or exiters will have smaller sample sizes but will validate a higher proportion of cases than larger grantees. This is because, as the number of records in the population increases, the proportion that must be reviewed to obtain valid estimates of error rates decreases. To reduce this relative burden, ETA requires less precision for the validation results for smaller grantees.

For smaller grantees, the validation results will be within plus or minus 4 percent of the actual error rates. For larger grantees, the validation results will be within plus or minus 3.5 percent of the actual error rates.[1] To further limit the potential burden on grantees, ETA has set a maximum sample size for the performance sample at 250 records.[2] In addition, grantees will never validate the same data element twice even if the same participant is selected in the two samples in different years because there are different data elements being validated in the two samples.

As shown in Table II.1, the eligibility sample size is based on the number of participants who were enrolled in the program during the PY. For example, if a grantee has 399 participants who enrolled in the program during the PY, SPARQ selects an eligibility sample of 89 records to validate in order to provide a level of precision of 4 percent. If a grantee has 1,000 participants who were enrolled in the program during the PY, SPARQ selects an eligibility sample of 130 records to validate in order to provide a level of precision of 3.5 percent.

Similarly, as shown in Table II.2, the performance sample size is also based on the number of participants whose final performance was reported during the PY. For example, if a grantee has 100 participants whose final performance was reported during the PY, SPARQ selects a performance sample of 70 records to validate in order to provide a level of precision of 4 percent. If a grantee has 500 participants whose final performance was reported during the PY, SPARQ selects a performance sample of 187 records to validate to provide a level of precision of 3.5 percent.

5. Sample Drawn by Enrollment

The sample is drawn at the enrollment level, not at the participant level. Therefore, it is possible for a participant who has had more than one enrollment to appear twice in the sample. The same participant could also be selected in the eligibility sample one year and in the performance sample in a subsequent year. The application date in the header of the Individual Worksheet identifies the enrollment that needs to be validated.

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[1] The level of precision is stated as the half-width of the confidence interval with 95 percent certainty. Therefore, we can be 95 percent certain that if the measured error rate for a large grantee is 5 percent, then the real error rate is +/- 3.5 percent, which is between 1.5 percent and 8.5 percent.

[2] An artificial maximum sample size is not needed for the eligibility measures because the nature of the sample (e.g. simple random sample) and the calculation to determine its size will produce, at most, 149 records.

TABLE II.1

ELIGIBILITY SAMPLE SIZES PER GRANTEE

Number of Participants Enrolled During PY	Sample Size	Level of Precision
1 – 99	1 – 53	4.0%
100 – 199	54 – 73	4.0%
200 – 299	73 – 83	4.0%
300 – 399	83 – 89	4.0%
400 – 549	109 – 118	3.5%
550 – 699	118 – 123	3.5%
700 – 849	123 – 127	3.5%
850 – 999	127 – 130	3.5%
1,000 – 1,999	130 – 139	3.5%
2,000 – 4,999	139 – 145	3.5%
5,000 +	145 – 149	3.5%

TABLE II.2

PERFORMANCE SAMPLE SIZES PER GRANTEE

Number of Exiters with Final Performance Reported During PY	Sample Size	Level of Precision
1 – 99	1 – 70	4.0 %
100 – 199	70 – 107	4.0 %
200 – 299	107 – 130	4.0 %
300 – 399	130 – 146	4.0 %
400 – 499	146 – 157	4.0 %
500 – 749	187 – 214	3.5%
750 – 999	214 – 230	3.5%
1,000 – 1,250	230 – 241	3.5%
1,251 – 1,516	241 – 249	3.5%
1,517 +	250	3.5%

6. Excluding Records from a retired Sub-grantee

Whenever a sub-grantee is no longer being used by a grantee and all of the participants in that sub-grantee have been moved to a different sub-grantee, the grantee should contact SCSEP HELP at help@scsep-help.com, which will mark the former sub-grantee as retired in SPARQ. Records in any sub-grantee marked as retired will not be included in the pool from which future DV samples are drawn. However, records moved to a new sub-grantee will be included in the pool for the eligibility sample if the initial assignment date is within the program year of the data being validated. Similarly, records moved to a new sub-grantee will be included in the pool for the performance sample if the exit date is within the program year of the data being validated.

7. Sample Drawn on Frozen Data

The sample is drawn from the data that were in SPARQ as of the end of the PY. If the data have been changed since that time, the value that appears in the worksheets may differ from the value that appears in SPARQ at the time validation is conducted. The determination of "Pass" or "Fail" must be made based on the data displayed in the worksheets, including when a fail is due to a data entry error. The validator may add a comment that the sub-grantee corrected or updated the data prior to the validation in order to acknowledge that the sub-grantee is aware of and has addressed the issue. If data entry errors are discovered during data validation, the data can and should be corrected in the Web Data Collection System (WDCS).

8. A Note on Final Performance

The performance sample is based on the number of records where final performance was reported during the PY. Figure II.1 identifies four groups of participants who all exited during the previous PY, yet whose last follow-up occurred during the PY being validated. For example, a participant in the **Exiters 2** cohort exits the program during the second quarter of the previous PY. A grantee is required to perform only the first follow-up (**FU1**) with that participant by the end of that PY. That grantee would be required to perform the second follow-up (**FU2**) and the third follow-up (**FU3**), which constitutes final performance, before the end of the PY being validated. Similarly, a participant in the **Exiters 4** cohort exits the program during the fourth quarter of the previous PY. In this scenario, however, a grantee is required to perform all three follow-ups with that participant by the end of the PY being validated.

FIGURE II.1
FINAL PERFORMANCE (FU3) DURING PROGRAM YEAR

	Previous Program Year				Program Year Being Validated			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Exiters 1	EXIT	Entered Employment			Retention Average Earnings			
Exiters 2		EXIT	Entered Employment			Retention Average Earnings		
Exiters 3			EXIT	Entered Employment			Retention Average Earnings	
Exiters 4				EXIT	Entered Employment			Retention Average Earnings

C. SUMMARY OF SCSEP DV PROCESS

All data to be validated will be displayed on summary and individual worksheets, which are accessed through SPARQ using the usual login procedures. Only those users with a validator role will have access to the worksheets. The official grantee contact person must assign a validator role to the account(s) of grantee staff involved in the validation process. To ensure the integrity of the validation process, the following persons may not be granted a validator role:

- sub-grantee staff,
- local project staff, or
- personnel at any level who are involved in the collection or data entry of participant data or the determination of eligibility.

Grantee validation staff will validate each data element on the worksheet by reviewing source documents to verify compliance with federal definitions. Again, sub-grantee staff are not permitted to participate in the validation effort. Grantee validation staff will then indicate the results by marking "Pass" or "Fail" for each of the data elements. The worksheets in SPARQ will display the data submitted to SPARQ by the grantee for the participant. The online worksheet will clearly indicate which data elements need to be validated.

Validation can be conducted on-site or at a central location, although on-site reviews allow better access to information and better communication with the sub-grantee and local project staff responsible for the data. Some grantees validate each sub-grantee, one at a time, as part of an annual monitoring and evaluation visit; others do all the validation over the same period.

Communication with the sub-grantee and local project staff should not include discussions as to whether an element should pass or fail and should only occur after all validation for that sub-grantee is complete. Sub-grantees should also be informed that the sample is NOT valid at the sub-grantee level. While the sub-grantee may learn something important from the review of the individual records in the sample, it will not be possible to generalize from those records to the entire sub-grantee database.

In cases where DV reveals systematic errors in the data for an element, the grantee and/or sub-grantee should not make corrections to the data in SPARQ until all validation is complete. The data in the DV worksheets are the data that were in SPARQ when the final QPR for the program year was frozen. If the sub-grantee has made a correction to the data in SPARQ between the time that the final QPR was frozen and the time that the data are validated, the element must be marked as "Fail." A comment may be entered indicating that the sub-grantee had already detected and corrected the error. If an error in the data of an exited participant is corrected after validation is complete, the grantee should use the SPARQ Home Participant Search to find out if the participant has been reenrolled with any other grantees. If so, the grantee should contact SCSEP HELP at help@scsep-help.com, which will notify the other grantee(s) if necessary.

Grantees should notify sub-grantee and local project staff of when the validation will occur to ensure that local staff are available to assist in the validation when validation is conducted on-site. The grantee should apply the rule of reason when deciding how much notice, if any, to give. In most cases, notice of approximately five business days will balance the need of making the review more efficient, while minimizing the likelihood that changes can be made to the files. In some

cases, however, the grantee may find it necessary to provide less notice (or even no notice) when the sub-grantee is small.

Case files must be copied and shipped to the grantee validator when validation is conducted at a central location. Copies of the files should be sent to a specifically named individual, via a traceable delivery method, such as a private overnight delivery carrier or the US Postal Service's certified mail. It is not efficient or secure to email or fax the documentation.

It is acceptable to collect only the documents in the file pertaining to all activities prior to exit for records included in the eligibility sample, and all the documents in the file pertaining to exit and all subsequent follow up activities for records included in the performance sample. It is NOT acceptable to collect less than the complete set of documents pertaining to either the eligibility or performance sample.

Note that when the documentation involves medical records, which are required to be kept in secure files separate from other participant records, it will be necessary for the validator and the sub-grantee administrator to make special arrangements to preserve the confidentiality of those records.

At the end of the DV process, SPARQ will generate a Summary and Analytical report with the error rate for each data element. All supporting documentation must be maintained for three program years after the program year in which the validation is completed to allow for auditing of the results by ETA and DOL's Office of the Inspector General. Documentation includes all case files and all worksheets for sampled records, not just the records that failed. The grantees may store documentation in whatever manner they deem to be safest and most efficient.

D. PREPARING FOR DV

Chapter III of this handbook describes the steps that grantees should follow to complete DV. Responsibility for completing these steps will be divided among various staff.

The official grantee contact person is responsible for assigning the validator role to one or more grantee staff or other personnel not involved in the collection or entry of participant data.

Grantee Administrators are responsible for assuring that validators have the resources needed to complete the validation on time, as required by ETA.

Validators conduct DV once the random samples have been selected. Validators must be grantee staff or other personnel who are independent of the data collection process so that an independent analysis can be obtained. Users with a validator role and no other role will only have access to the DV utilities and My User Info in SPARQ. In other words, local project staff cannot validate their own data. To preserve the integrity of the DV process, the following persons may not be granted a validator role:

- sub-grantee staff,
- local project staff, or

- personnel at any level who are involved in the collection or data entry of participant data or the determination of eligibility.[3]

Table II.3 summarizes the preparation tasks that grantees should complete before embarking on the validation effort, as well as the staff who will likely be responsible for completing each preparation task. All parties should be thoroughly familiar with these tasks so that the grantee can maximize the time available to validate its eligibility and performance samples.

TABLE II.3

PREPARING FOR DV

Preparation Activity	Responsible Staff	Handbook Reference
Assemble validation team	Grantee administrator	Not applicable
Assign validator role to appropriate accounts	Official grantee contact person	
Review handbook	Validators	All chapters
Develop a DV schedule and make staff assignments	Grantee administrator, validators	Chapter II
Review DV steps. Confirm case files contain source documentation.	Validators	Chapter III

[3] Participant staff assigned to the grantee office who are not involved in data collection or data entry may be designated as validators

III. SCSEP DATA VALIDATION PROCEDURES

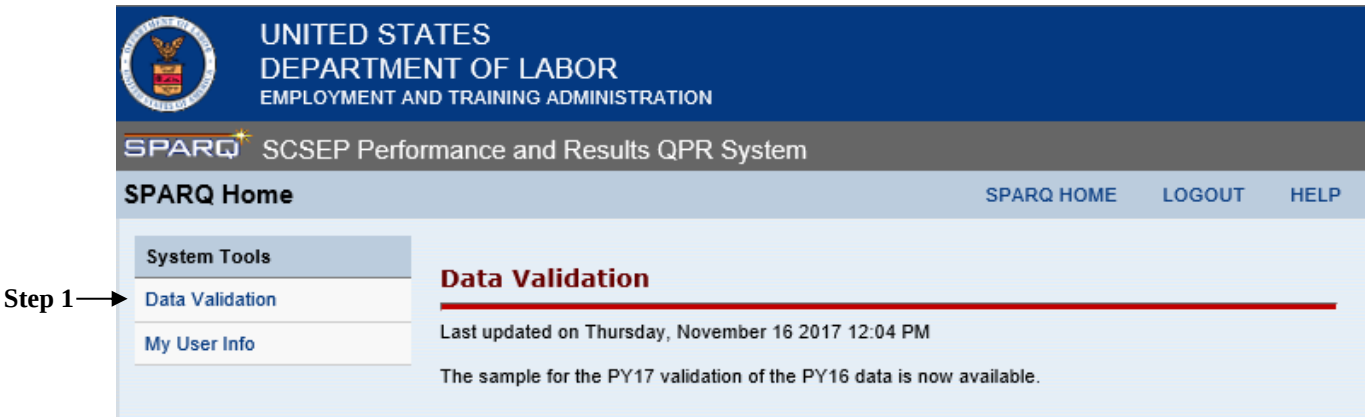
This chapter provides a step-by-step description of how to view the SCSEP DV pages within SPARQ, select the eligibility and performance samples, display the data elements to be validated, and enter the validation results. It also gives an overview of the six key steps that must be followed by validators as they validate SCSEP data, and includes a flowchart that illustrates those six fundamental steps in the DV process.

A. VIEWING THE SCSEP DV PAGES AND DV SAMPLES

Validators can access the SCSEP DV pages within SPARQ (www.sparq.doleta.gov) using normal SPARQ user login procedures.

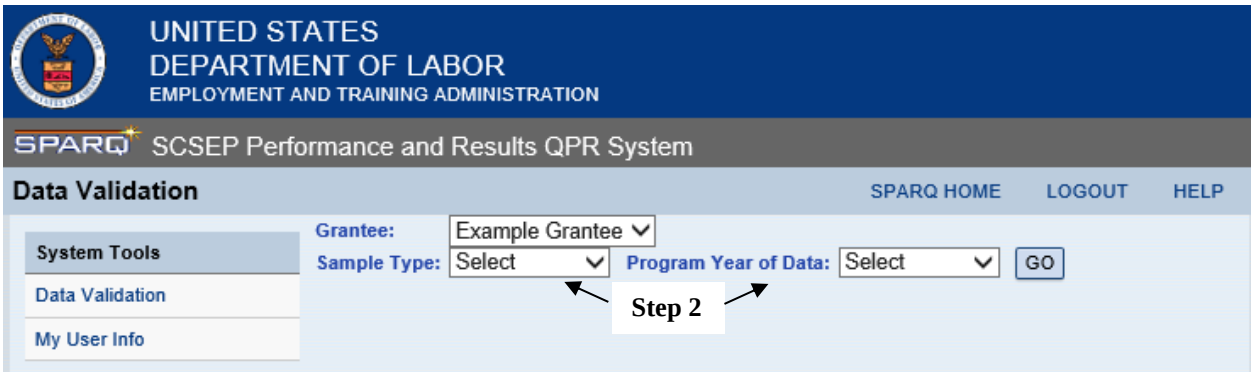
Step 1: Select **Data Validation** under the System Tools section (Figure III.1).

FIGURE III.1
MAIN SPARQ HOMEPAGE



Step 2: On the SCSEP DV page (Figure III.2), select the **Sample Type** and **Program Year**.

FIGURE III.2
SCSEP DV PAGE TO SELECT SAMPLE TYPE AND PROGRAM YEAR

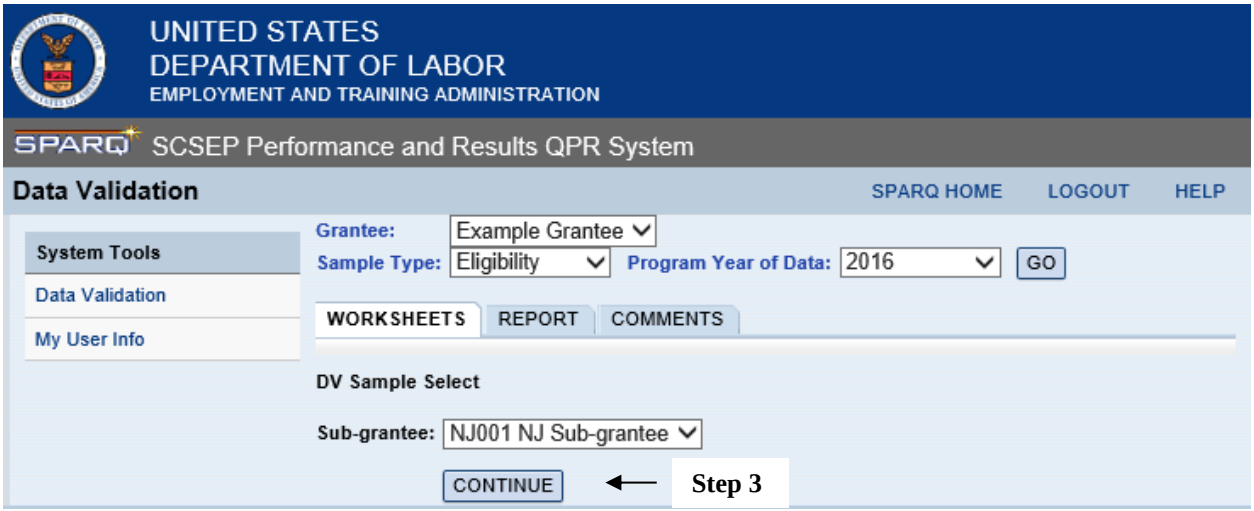


Click on the **Sample Type** drop-down menu to select either the eligibility sample or the performance sample. (Please refer to Chapter II of this handbook for a detailed discussion of both types of SCSEP DV samples, including selection criteria and sample sizes).

Select the applicable **Program Year of Data**. For the validation done during PY 2017, select PY 2016. Click **GO**.

Step 3: Click on the **Sub-grantee** drop-down menu and select a specific sub-grantee or all sub-grantees to view the records included in the specified DV sample. Selecting all sub-grantees will display a list of all of the participants included in the sample. Selecting a specific sub-grantee will display a list of participants for only the specific sub-grantee selected. If validators choose to select specific sub-grantees, they must ensure that they separately select each of the sub-grantees from the drop-down list to ensure that all sampled records are validated (Figure III.3).

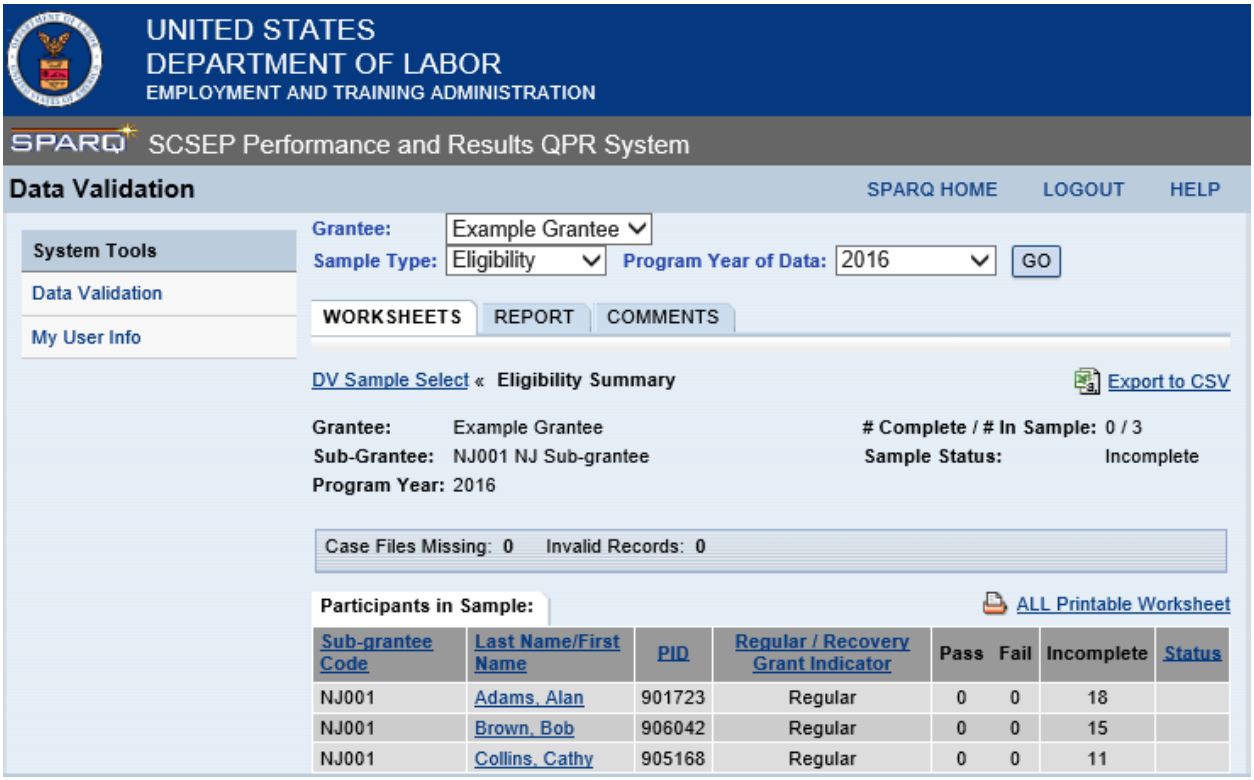
FIGURE III.3
SCSEP DV PAGE TO SELECT SUB-GRANTEE



Click **Continue** after making a sub-grantee selection.

Step 4: Depending on the sample type chosen in Step 2, either the **Eligibility Summary** or the **Performance Summary** worksheet page for the selected sub-grantee will be displayed. Both of these summary worksheets have three tabs. They are: **Worksheets**, **Report**, and **Comments** (Figure III.4.)

FIGURE III.4
SUMMARY DV WORKSHEET PAGE



The **Worksheets** tab displays a summary worksheet with a list of **Participants in Sample** for a specific sub-grantee, or for all the sub-grantees of a specific grantee (depending on the choice selected in Step 3), and the validation status for each participant record in the selected sample. The **Report** and **Comments** tabs will be discussed later in this chapter.

1. Summary DV Worksheet Column Descriptions

As shown in Figure III.4, the summary DV worksheet includes eight columns: Sub-grantee Code, Last Name/First Name, PID, Pass, Fail, Incomplete, and Status. The columns are the same for both the eligibility sample and the performance sample.

- The **Sub-grantee Code** column shows the codes of the selected sub-grantee(s) in the sample. This column can be sorted alphabetically by clicking on the column header. This is useful when all sub-grantees are selected in Step 3.

- The **Last Name/First Name** column lists the names of the participants included in the sample. This column can be sorted alphabetically by clicking on the column header. Clicking on a specific name will open the individual validation worksheet for that record. (The individual validation worksheet will be discussed in more detail in Section B of this chapter.)

- The **PID** column displays the seven-digit Participant ID of each participant included in the sample. This column can be sorted numerically by clicking on the column header.

- The **Grant Indicator** column displays the words "Regular" for each participant record in both samples. In previous years, the column could have displayed the words "Regular" or "Recovery," depending upon whether the participant was funded with SCSEP annual grant funds (regular) or ARRA funds (recovery). We are retaining this column as confirmation to the validators that the records are only being drawn from the regular grant.

- The **Pass** column shows the number of elements within a record that have passed DV. (Section B of this chapter provides instructions on when to select "Pass" for an element.)

- The **Fail** column shows the number of elements within a record that have failed DV. (Section B of this chapter provides instructions on when to select "Fail" for an element.)

- The **Incomplete** column shows the number of elements within a record that have not yet been validated (i.e., have not passed or failed DV yet). When no element in the sample has passed or failed DV, the number in the Incomplete column equals the total number of elements to be validated for that record. For example, the first record in Figure III.4 has 0 in both the Pass and Fail columns, and 7 in the Incomplete column, indicating that there are 7 elements to be validated for that record, and none of them have been validated yet. If the validator selects "Pass" for one element and "Fail" for another element, then the numbers will change to 1 in both the Pass and Fail columns, and 5 in the Incomplete column. Each record in the eligibility sample has 25 elements, and each record in the performance sample has 17 elements (see Table IV.1 and Table IV.2 at the end of Chapter IV for a complete list of data elements in both samples). However, the number of elements that need to be validated will not equal 25 (eligibility sample) or 17 (performance sample) when there is a null (blank field) or a "negative value" for a given data element because it is not feasible to validate either nulls or negative values. When a data element is not validatable due to a null or a negative value, there will be no Pass, Fail, or Incomplete radio buttons to select in the individual validation worksheet for that data element.

- The **Status** column shows whether a record has been completely validated (i.e. all validatable elements have passed or failed and there are no unvalidated elements in the Incomplete column). A green check mark will appear in the Status column when a record is completely validated.

2. Other Field Descriptions

- The **# Complete/# in Sample** field shows the number of records that have been completely validated and the total number of records in the sample.
- The **Sample Status** field shows the sample's validation status. Once all records in the sample have been completely validated, the Sample Status will be "Complete"; otherwise, it will be "Incomplete."
- The **Case File Missing** field shows the total number of records in the sample that are missing case files and thus cannot be validated. There is an option for "Case File Missing" in the Record Exclusion drop-down menu in the individual validation worksheet of each record, as discussed in more detail in Section B of this chapter.
- The **Invalid Records** field shows the total number of records in the sample that are invalid and thus cannot be validated. There is an option for "Invalid Record" in the Record Exclusion drop-down menu in the individual validation worksheet of each record, as discussed in more detail in Section B of this chapter.
- The **Export to CSV** link is a function that creates a .csv file for analytical purposes. When this link is selected, a spreadsheet is created where the rows of the file are all data elements of each of the records displayed on the summary worksheet, and the columns are the Grantee Name, Program Year, Sample Type, Sub-Grantee Code, Last Name/First Name, PID, Form#, Data Element Name, Reported Value, Validatable?, Pass/Fail, and Validation Date.
- The **ALL Printable Worksheet** link is a function that opens a new browser window with a printer-friendly version of the validation worksheets for all of the records of either all sub-grantees or a specific sub-grantee, depending on the option chosen in Step 3 (Figure III.5). Elements that are not validatable due to nulls (blanks) or negative values are marked as N/A in the Pass/Fail column. Elements that are validatable, but have not been validated, are blank in the Pass/Fail column. Elements that have been validated are marked as "Pass" or "Fail" in the Pass/Fail column. The Sample Status and Worksheet Status are also shown at the top of each worksheet.

FIGURE III.5
ALL PRINTABLE WORKSHEET

Data Validation Worksheet - Eligibility

Grantee: Example Grantee
Sub-Grantee: NJ001
Program Year: 2016
 # Complete / # In Sample: 0 / 3
Sample Status: Incomplete
Worksheet Status: Incomplete

Last Name, First: Adams, Alan **PID:** 901723 **Application Date:** 02/01/2017
City: Anytown
Zip Code: 08888
Assignment Date: 02/01/2017 **Break Start Date:**
Grant Indicator: Regular

Case File Missing? **Invalid Record?**

Participant Worksheet Elements:

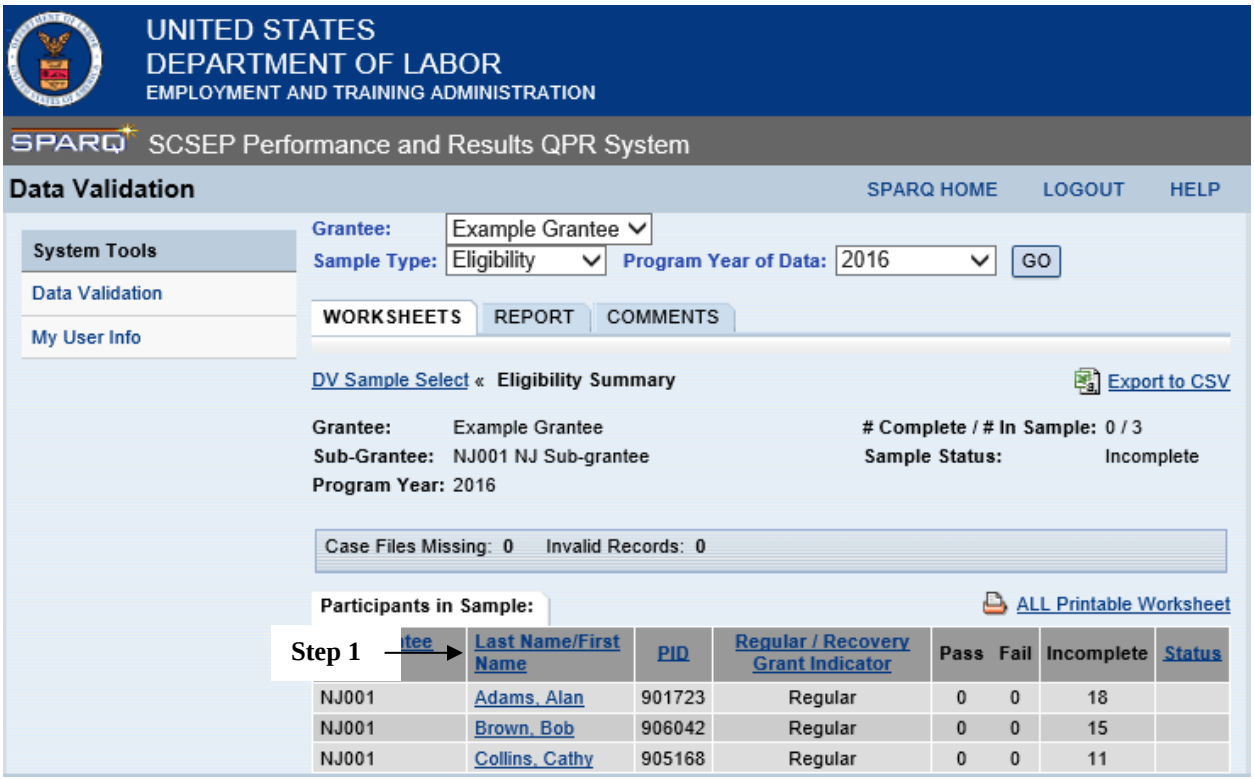
No.	Form#	Data Element Name	Reported Value	Pass/Fail
1	P7 / P6.c	State of Residence / State of Mailing Address	NJ	
2	P8	Homeless	Y	
3	P8a	Urban/rural	Rural	
4	P10	Date of birth	01-JAN-51	
5	P11	Number in family	1	
6	P13	Employed prior to participation?	003_Not employed	
7	P14	Total includable family income (12-month or 6 month annualized)	5000.00	
8	P22	Limited English Proficiency	Y	
9	P24	Low literacy skills?	N	n/a
10	P25	Veteran (or eligible spouse of veteran)?	a_Veteran	
11	P26	Disability?	Y_DOC	
12	P27	At risk of homelessness?	N	n/a

B. CONDUCTING DV OF INDIVIDUAL RECORDS IN DV SAMPLES

Based on the Sample Type, Program Year, and Sub-grantee selected, SPARQ will display the sample of records and their respective data elements to be validated.

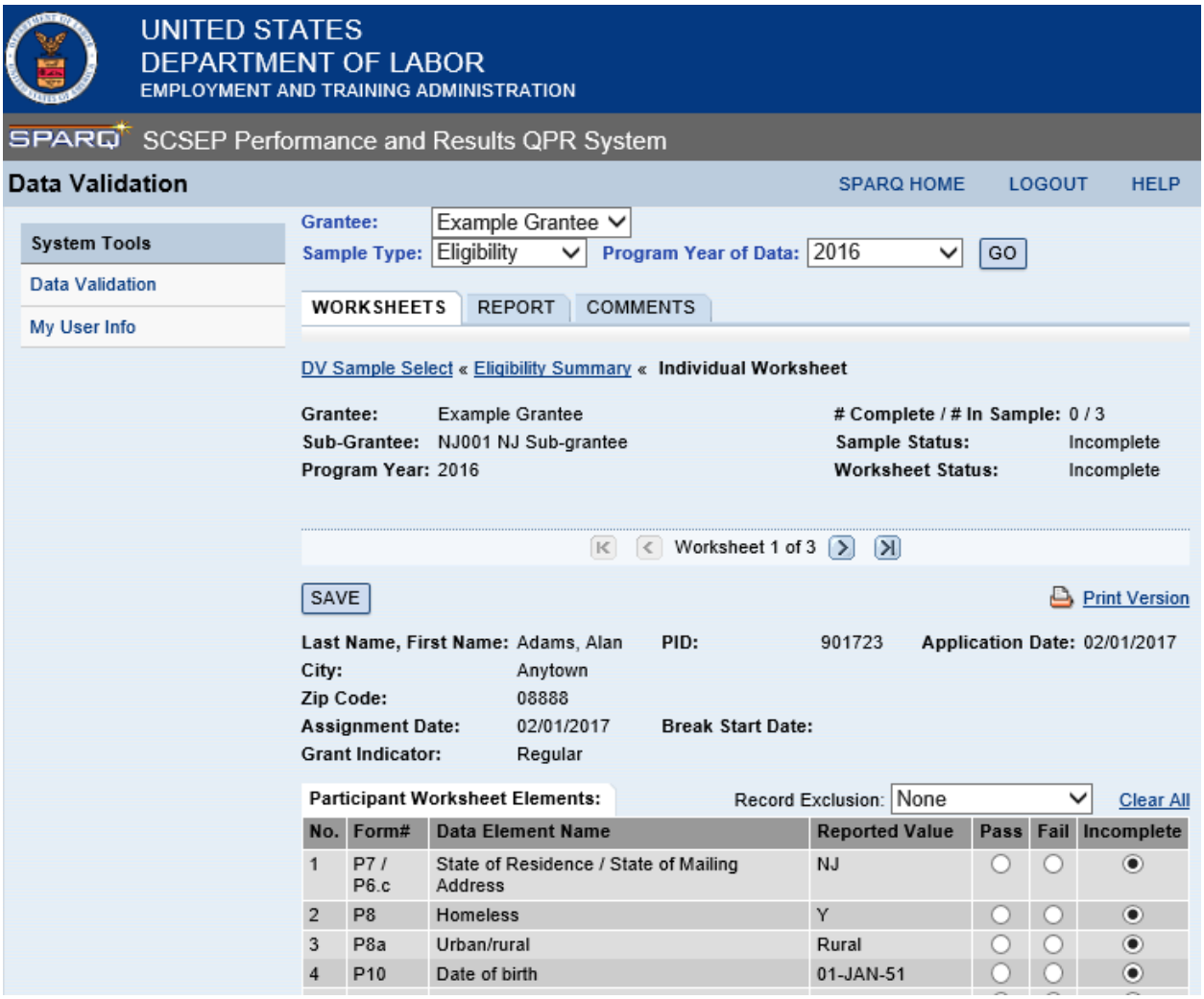
Step 1: Click on the name of the individual record (in the Last Name/First Name column) in the summary worksheet (Figure III.6).

FIGURE III.6
SELECTING INDIVIDUAL RECORD IN SAMPLE



Step 2: This will open the individual worksheet page that lists all data elements to be validated for the selected record (Figure III.7).

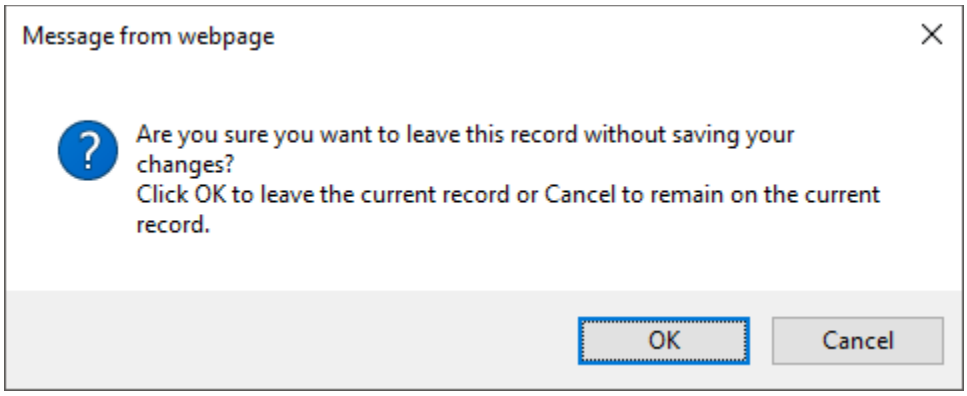
FIGURE III.7
INDIVIDUAL DV WORKSHEET PAGE



The top part of the screen shows the Sample Type, Program Year, Grantee name, Sub-grantee name, # Complete/# In Sample, and Sample Status, (the same fields are on the summary DV page shown in Figure III.4). The individual DV worksheet page also has a **Worksheet Status** field that shows whether all validatable data elements for this record have been completely validated (Complete) or not (Incomplete).

To toggle between records, use the arrows that appear in the center of the screen. The arrows on the far left and right navigate to the first and last record in the sample, respectively. The middle arrows allow navigation to the record immediately before and immediately after the record currently selected. In between the middle arrows is displayed the number of the worksheet currently selected of the total number of worksheets in the sample. This toggle bar also appears at the bottom of the screen. If validators make any changes to the record currently displayed on the screen, and use the toggle bar, a box will appear asking if validators want to save the changes (Figure III.8). Make the appropriate selection before navigating to the next screen.

FIGURE III.8
TOGGLE BAR WARNING MESSAGE



Under the arrows used for toggling between records, the participant's last name, first name, and the seven-digit PID are displayed. In addition, for records in the eligibility sample, the Application Date, Assignment Date, and Break Start Date (if available) are also shown; for records in the performance sample, the Start Date is also shown.

1. Individual DV Worksheet Column Descriptions

As shown in Figure III.7, the individual DV worksheet includes seven columns: No., Form#, Data Element Name, Reported Value, Pass, Fail, and Incomplete. These columns are the same for both the eligibility sample and the performance sample.

- The **No.** column shows the sequential numbers of the data elements in the record.
- The **Form#** column shows the corresponding form numbers of the data elements in the record.
- The **Data Element Name** column shows the names of the data elements in the record.
- The **Waiver Field Last Updated Date** column appears only in the performance sample, and displays a value for four elements, all of which appear in that sample. Those elements are

  P51, Severe Disability?
  P52, Frail?
  P53, Old enough for but not receiving SS Title II?
  P54, Severely limited employment prospects in area of persistent unemployment?

  For each of those elements, the date on which the field was last updated in SPARQ will be displayed.

- The **Reported Value** column shows the values that the sub-grantee reported for the data elements.
- The **Pass, Fail** and **Incomplete** columns contain radio buttons to select for each data element that needs to be validated. Only one of these buttons can be selected for a particular data element. If the wrong button was selected, select the correct button instead. This will remove the incorrect mark and correct the error. As discussed in Section A of this chapter, data elements that are not validatable due to null (blanks) or negative values will not have radio buttons in the Pass, Fail, or Incomplete columns.

2. Other Field Descriptions

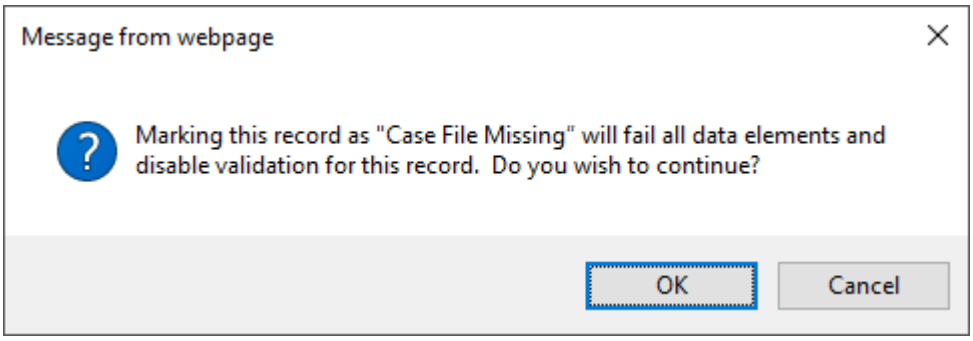
- Click on the **DV Sample Select** link to return to the sub-grantee selection screen.
- Click on the **Eligibility Summary** or **Performance Summary** link to return to the summary DV worksheet for the selected sample.
- The **Save** button saves all of the entered validation values. It appears at both the top and bottom sections of the worksheet. After the Save button is clicked, a message "The validation data has been updated for this record" will appear in the top section of the screen above the Save button.

  It is imperative that validators click the Save button before leaving an individual worksheet that has been updated. Failing to do so will result in the loss of all changes made to that worksheet.

- The **Print Version** link opens a new browser window with a printer-friendly version of the validation results for all data elements of the selected record. It works the same way as the ALL Printable Worksheet function of the summary DV worksheet and has the same layout (Figure III.4), except that it only contains data for the one record currently being validated, instead of all the records in the summary worksheet.
- The **Record Exclusion** drop-down menu has three choices: None, Case File Missing, and Invalid Record. By default, it is set to "None" for all records, which activates the Pass, Fail, or Incomplete radio buttons and allows them to be selected.

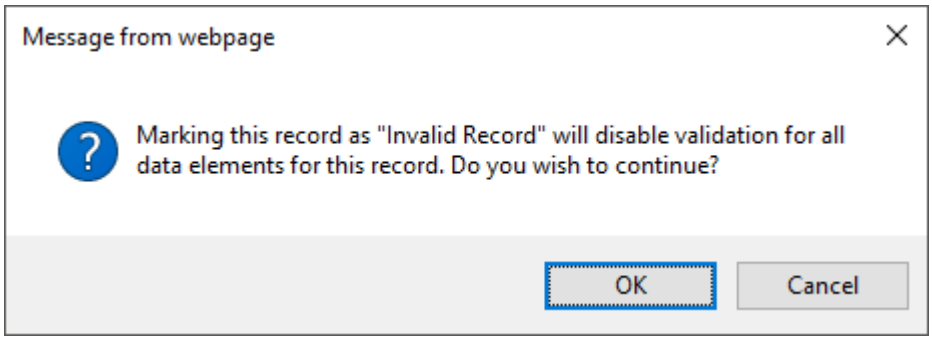
  When the case file for a record cannot be located, "Case File Missing" should be selected. When "Case File Missing" is selected, all of the data elements in the worksheet will be set to "Fail," and the Pass and Incomplete radio buttons will be grayed out. A message box will appear asking for confirmation (Figure III.9). Make the appropriate selection before navigating to the next screen.

FIGURE III.9
CASE FILE MISSING SELECTION WARNING MESSAGE



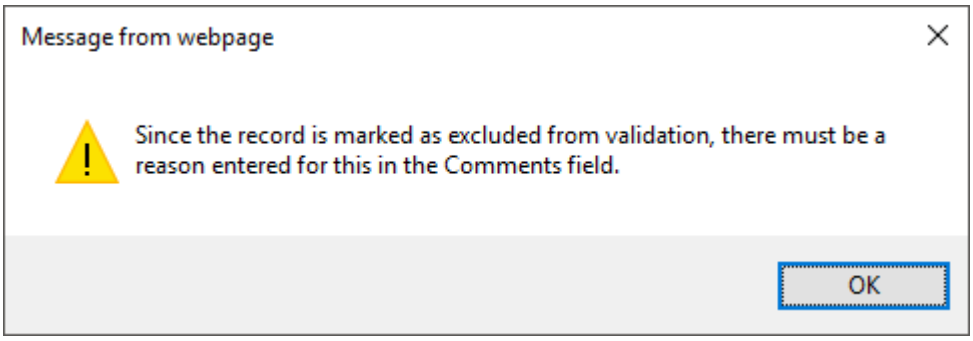
When a record is invalid, “Invalid Record” should be selected. When “Invalid Record” is selected, all elements in the worksheet that have radio buttons will automatically be nullified and grayed-out, indicating that the record is excluded from validation. A message box will appear asking for confirmation (Figure III.10). Make the appropriate selection before navigating to the next screen. When the “Invalid Record” option is selected, SPARQ will send an automatic email to help@scsep-help.com including the record’s Grantee, Sub-grantee, Program Year (of sample), Sample Type, Last Name, PID, and a message saying “This record has been marked as an ‘Invalid Record’ in Data Validation.” SCSEP Help will verify whether the record has been properly marked as invalid. If the record is not actually invalid, SCSEP Help will reset Record Exclusion to “None” and notify the grantee administrator.

FIGURE III.10
INVALID RECORD SELECTION WARNING MESSAGE



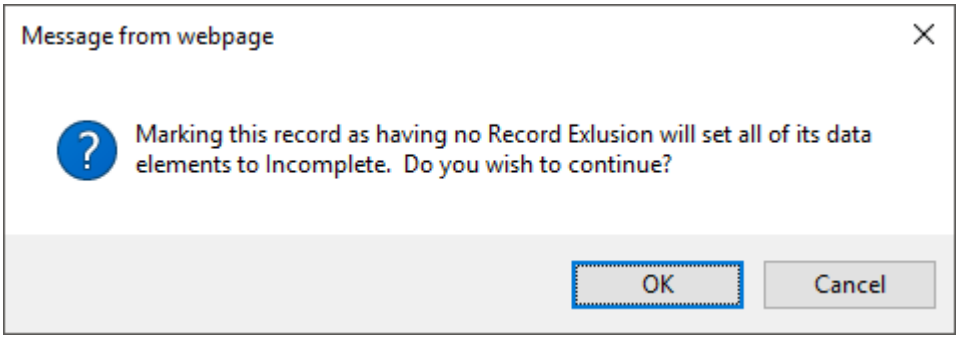
If either the “Case File Missing” or the “Invalid Record” option is selected, a reason must be provided for the selection in the Comments field before saving the validation result of the record. If no comment is entered for such a record, a message box warning will appear when the save button is clicked (Figure III.11).

FIGURE III.11
COMMENT WARNING MESSAGE



If the case file for the record is located later, or if a record is marked as invalid by mistake, select "None" in the Record Exclusion drop-down menu. This will reset the selected individual worksheet to the default of Incomplete for all data elements. A message box will appear to confirm the change (Figure III.12). Make the appropriate selection. If OK is clicked, validators will be able to select "Pass" or "Fail" for each of the data elements of the record.

FIGURE III.12
CHANGING TO NO RECORD EXCLUSION WARNING MESSAGE



- The **Clear All** link removes all of entries of "Pass" or "Fail" and returns the selected individual worksheet to the default of Incomplete for all data elements.
- When the **View data comments for this record** link is clicked, the worksheet page is refreshed and the comments on the record from SPARQ are displayed. Validators can view these comments for the record to help them with validation. For records in the eligibility sample, the comments displayed include personal characteristics comments, enrollment comments, and community service assignment comments (Figure III.13). For records in the performance sample, the comments displayed include recertification/waiver comments, exit comments, unsubsidized employment comments, and follow-up comments (Figure III.14). Click on the "Hide data comments for this record" link to hide these comments. Note that the comments

displayed are those that were in the data when the final QPR for the program year was frozen.

FIGURE III.13
VIEW DATA COMMENTS FOR AN ELIGIBILITY RECORD

Data Comments	
Personal characteristics comments:	Cannot hear well.
Enrollment comments:	On wait list till Aug 22.
Community service assignment comments:	Connie said they may want to hire her.

FIGURE III.14
VIEW DATA COMMENTS FOR A PERFORMANCE RECORD

Data Comments	
Recertification/waiver comments:	No changes - see paperwork.
Exit comments:	Will come in to sign soon.
Unsubsidized employment comments:	Called employer on 4/1. Mary is doing well. Anne Poole.
Follow-up comments:	Called 7/1 - still employed - A Poole

Step 3: Assemble all of the supporting documentation and complete the validation of each data element of the selected record. There are two options for where to conduct the validation:

Option 1: Go to the sub-grantee's office and review all of the case files on-site; this may be preferable when there are few sub-grantees that have a large number of cases to be validated. In this case, validators may choose to select specific sub-grantees in the DV Sample Select step, and print the validation worksheets for each selected sub-grantee.

Option 2: Have all of the case files that need to be validated sent to the grantee's office; this may be preferable when there are numerous sub-grantees with a small number of cases in order to avoid having to make many short duration trips. In this case, validators may choose to select All sub-grantees in the DV Sample Select step, and print the validation worksheets for all sub-grantees.

Step 4: Enter validation results for each data element of each record. There are three options to do this:

Option 1: Print out all of the worksheets that need to be validated and record the results on paper while reviewing the files. The results then need to be entered separately into the relevant online SPARQ DV worksheet page.

Option 2: Export all of the worksheets to a CSV file and record the results in a spreadsheet while reviewing the files. The results then need to be entered separately into the relevant online SPARQ DV worksheet page.

Option 3: Enter the results online while validation is being conducted using the SPARQ DV page, which is available wherever there is an Internet connection.

The validation process itself involves comparing the sub-grantee reported information to the participant case files. This process includes the following steps:

1. Use the participant's name given on the validation worksheet to locate his/her case file.
2. Go through the list of data elements on the worksheet and compare the reported value with the information contained in the case file. Using the source documentation (see Chapter IV) to make a decision, determine if the information contained in the case file meets the specifications for the reported value.
3. If the information included in the participant's file supports/matches the value for the data element, then select "Pass." However, if the source documents do not support/match the data element, then select "Fail." For example, the participant's date of birth is one element that requires validation. If the reported date on the individual worksheet is 06/06/1930 and the source document within the case file says 06/06/1930, then the data element is valid and "Pass" should be selected. However, if the date on the source document within the case file shows any other date, then "Fail" should be selected. If no source document with a date of birth can be located in the case file, "Fail" must be selected for that data element. A green check mark will appear in the Status column on the Summary page when all data elements for a record are completely validated.

   In situations where DV requirements have changed since data in the performance sample was collected, validators must use the requirements in effect on the date they do the validation. If a record lacks the documentation presently required, it must be marked "Fail." No grantee will be put at a competitive disadvantage because of this change in requirement, nor will any grantee suffer adverse consequences. Grantees may enter a comment noting that the requirement was not in effect at the time of the recertification.

   Note: Due to the manner in which data are stored in SPARQ, for date and money fields, validators may come across differences in how the values display. For example, a date field may be displayed as either 01/01/2008 or 01-JAN-2008, and a money field that contains whole dollars may be displayed either with two decimals

(5.00) or with no decimals (5). Regardless of the format, the substance of the values in SPARQ must match the source documentation.

If an entire case file cannot be located, or if the record is invalid, "Case File Missing" or "Invalid Record" from the Record Exclusion drop-down list in the worksheet must be selected. In this case, all elements of the worksheet with radio buttons will automatically be nullified and grayed-out. If the file is located later, or an invalid record is later considered valid, the "Case File Missing" or "Invalid Record" selection can be changed to "None" and the appropriate "Pass" or "Fail" values may be entered. When a case file is missing or a record is invalid, explanatory notes must be entered in the Comments field at the bottom of the individual worksheet.

4. Repeat this process for every data element on each individual worksheet. Some data elements do not need to be validated and have no Pass, Fail, or Incomplete buttons. This occurs when the reported values of those elements are null (blank) or negative values, which cannot be validated.

5. Make copies of relevant source documents when selecting "Fail" for a data element. The copied materials will help support that a discrepancy exists between the reported value for a data element and the documentation in the case file. The copied materials can also be used to discuss the discrepancy with sub-grantee staff, which will help them correct the errors and prevent the same types of errors from recurring in the future.

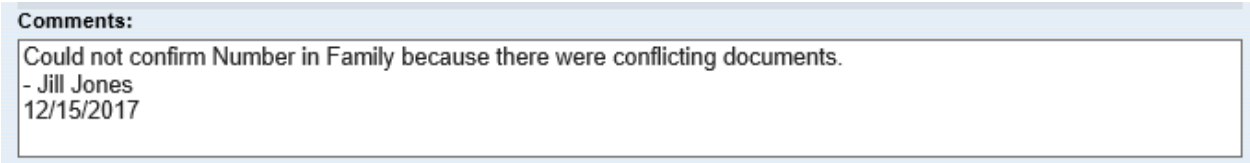
   Also make copies of relevant source documents when there is a question as to whether the information in the case file supports the reported values for the data elements. This can be especially helpful when validation is conducted on-site but a final decision will not be made until a later date.

6. Before navigating to another webpage or worksheet, click the Save button. If changes to the worksheet are not saved, then all of the radio buttons will return to the position they were in when the worksheet was last saved.

   To avoid the potential loss of validation results, click the Save button before leaving a worksheet.

Step 5: Enter relevant comments for the individual record being validated (Figure III. 15). The **Comments** box is located at the bottom of the individual worksheet, and up to 1,000 characters may be entered. Comments can include the reason why a data element failed. Comments are mandatory for case file missing records and invalid records (see Step 2 of this section). Always click the **Save** button after comments have been entered.

FIGURE III.15
COMMENTS FOR INDIVIDUAL RECORD IN THE SAMPLE

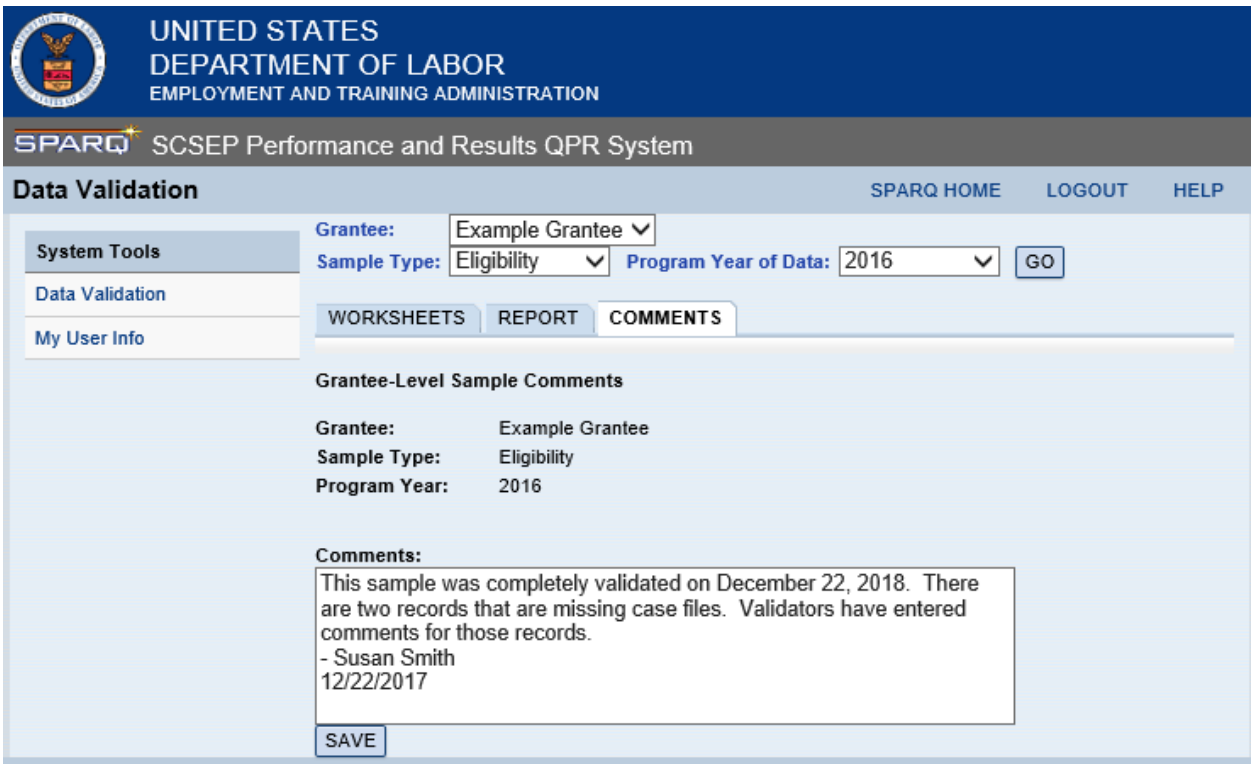


C. ENTERING COMMENTS FOR THE SAMPLE

Validators may enter comments for the entire sample being validated by clicking on the **Comments** tab after the Worksheet and Report tabs at the top of the screen (Figure III.16). This opens the comments box for the entire sample. Up to 1,000 characters may be entered here. Comments can describe the validation results for the entire sample, explain why multiple case files are missing for a single reason, or some other sample-specific message. Click the **Save** button after comments have been entered.

Comments can be printed along with the Summary and Analytical Report, which is described in Section D of this chapter.

FIGURE III.16
COMMENTS FOR THE SAMPLE



D. VIEWING SUMMARY AND ANALYTICAL REPORT

SPARQ generates a **Summary and Analytical Report** that shows the number of errors and the error rates for each validated data element. This report is used for grantee and ETA staff to analyze the accuracy of the data elements submitted to SPARQ.

Three types of error rates[4]—**Running Error Rate**, **Overall Error Rate,** and **Reported Error Rate**—are calculated using the information entered on the worksheets by validators. For each data element, the rates are calculated as follows:

- The Running Error Rate is the total number of records in which that particular data element has been marked as "Fail" divided by the total number of records in which that data element *has been validated*. This measure reflects how well that data element has done relative to how many times it has been validated. This error rate starts at 0 percent and increases only when an element fails.
- The Overall Error Rate is the total number of records in which that data element is in error divided by the total number of records *sampled* that are not Invalid. A data element can be "in error" in one of two ways: it is marked as "Fail," or it could be validated but is not validated. This measure reflects how well that data element has done relative to the entire sample. Because elements that are not validated are treated as if they were marked as "Fail," this error rate starts at 100 percent and decreases each time the element passes[5].
- The Reported Error Rate is the total number of records in which that data element is in error divided by the total number of records in which that data element *can be validated*. A data element can be "in error" in one of two ways: it is marked as "Fail," or it could be validated but is not validated. This measure reflects how well that data element has done but takes into account the fact that values may not be present for every data element in each record sampled. This error rate starts at 100 percent for those elements that are validatable in every record sampled and decreases each time the element passes.

[4] Because the Performance sample is a stratified sample based on the weights of individual records (see discussion in Section II.B above), the performance sample error rates must necessarily include the weights in their calculations.

[5] In certain circumstances the overall error rate may be less than 100 percent due to invalid records calculations.

To illustrate the three types of Error Rates, assume we have an element with these counts:

# records in sample:	20 (none of them are Invalid)
# values that *can be* validated:	15
# values that *have been* validated:	10
# values that Passed:	8
# values that Failed:	2

Then, the Error Rates for this element in this sample would be:

Running:	2 / 10 = 20%
Overall:	(2 + (15-10)) / 20 = 7 / 20 = 35%
Reported:	(2 + (15-10)) / 15 = 7 / 15 = 46.67%

After validation is complete[6]—meaning that all the elements that can be validated are actually validated (Pass or Fail)—the Running Error Rate and the Reported Error Rate will be the same.

Since records marked as Invalid are by definition treated as if they should not be in the sample at all, they are excluded from *all* Error Rate calculations.

The Summary and Analytical Report can be viewed while validation is in progress but the results should not be considered final until validation for all data elements in all of the sampled records has been completed. The Overall Error Rate and the Reported Error Rate are only valid at the grantee level. These error rates are not calculated for specific sub-grantees and the relevant columns will appear blank when reviewing the results at the sub-grantee level. However, because the Running Error Rate is simply a real-time tally of validation and not a statistically valid indication of performance, it can be viewed at the grantee and sub-grantee level.

Following the close of each DV cycle, nationwide results are analyzed and a report is provided to all grantees. Although ETA has not developed data quality standards for data element validation, grantees may compare the estimate of their error rates in the SPARQ Summary and Analytical Report to the results presented in the nationwide report. However, it should be noted that the error rates presented in the nationwide report only provide estimates of the error rates, not the "actual" error rates. Since some data elements are not validated for some sampled records and, for the performance sample, the probability of selecting a record is proportional to the size (i.e. weight) of the record, it is not possible to determine the precision of these estimates. To estimate the precision of the error rates it would be necessary to calculate the standard error for the sample and for the relevant population.

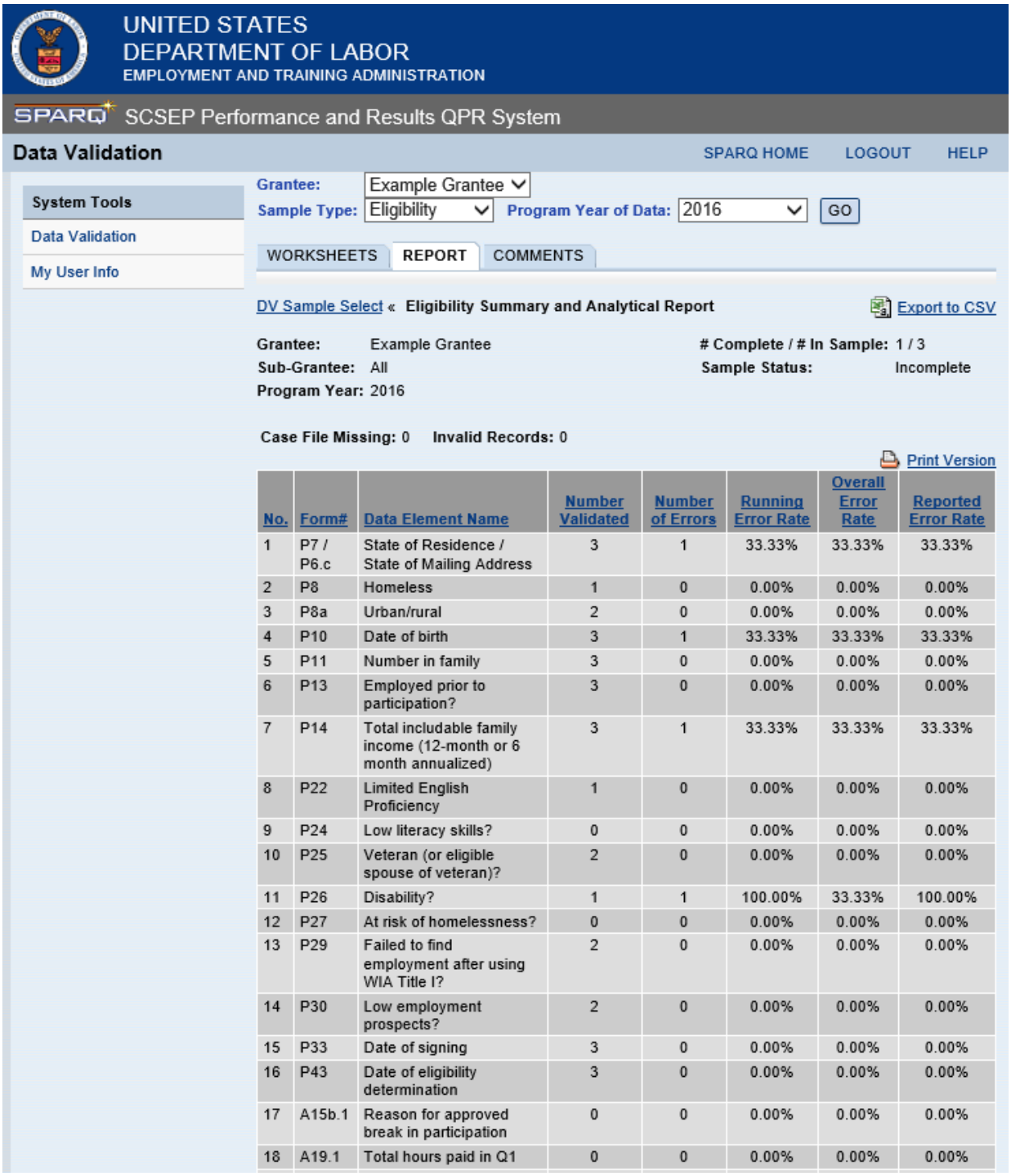
Validators should follow these steps to access the Summary and Analytical Report.

Step 1: Click on the **Report** tab on the top of the worksheet to open the Summary and Analytical Report.

[6] If a grantee has ended its validation efforts but a data element is marked as Incomplete, the Running Error Rate and the Reported Error Rate may not be the same.

Step 2: The Summary and Analytical Report page of the selected sample will be displayed (Figure III.17).

FIGURE III.17
SUMMARY AND ANALYTICAL REPORT



No.	Form#	Data Element Name	Number Validated	Number of Errors	Running Error Rate	Overall Error Rate	Reported Error Rate
1	P7 / P6.c	State of Residence / State of Mailing Address	3	1	33.33%	33.33%	33.33%
2	P8	Homeless	1	0	0.00%	0.00%	0.00%
3	P8a	Urban/rural	2	0	0.00%	0.00%	0.00%
4	P10	Date of birth	3	1	33.33%	33.33%	33.33%
5	P11	Number in family	3	0	0.00%	0.00%	0.00%
6	P13	Employed prior to participation?	3	0	0.00%	0.00%	0.00%
7	P14	Total includable family income (12-month or 6 month annualized)	3	1	33.33%	33.33%	33.33%
8	P22	Limited English Proficiency	1	0	0.00%	0.00%	0.00%
9	P24	Low literacy skills?	0	0	0.00%	0.00%	0.00%
10	P25	Veteran (or eligible spouse of veteran)?	2	0	0.00%	0.00%	0.00%
11	P26	Disability?	1	1	100.00%	33.33%	100.00%
12	P27	At risk of homelessness?	0	0	0.00%	0.00%	0.00%
13	P29	Failed to find employment after using WIA Title I?	2	0	0.00%	0.00%	0.00%
14	P30	Low employment prospects?	2	0	0.00%	0.00%	0.00%
15	P33	Date of signing	3	0	0.00%	0.00%	0.00%
16	P43	Date of eligibility determination	3	0	0.00%	0.00%	0.00%
17	A15b.1	Reason for approved break in participation	0	0	0.00%	0.00%	0.00%
18	A19.1	Total hours paid in Q1	0	0	0.00%	0.00%	0.00%

1. Summary and Analytical Report Column Descriptions

As shown in Figure III.17, the Summary and Analytical Report includes eight columns: No., Data Element Name, Form#, Number Validated, Number of Errors, Running Error Rate, Overall Error Rate, and Reported Error Rate.

- The **No.** column shows the sequential numbers of the data elements.
- The **Form#** column displays the corresponding form number of each data element.
- The **Data Element Name** column displays the names of the data elements validated for the selected sample. These elements are the same as the ones in the corresponding individual validation worksheets.
- The **Number Validated** column shows the total number of each data element that has been validated (has either passed or failed validation) in the selected sample.
- The **Number of Errors** column shows the number of each data element that has failed validation in the selected sample.
- The **Running Error Rate** column calculates the running error rate for each data element in the selected sample.
- The **Overall Error Rate** column calculates the overall error rate for each data element in the selected sample. Because the overall error rate is valid only at the grantee level, this column will be blank when viewing the results for a specific sub-grantee.
- The **Reported Error Rate** column calculates the reported error rate for each data element in the selected sample. Because the reported error rate is valid only at the grantee level, this column will be blank when viewing the results for a specific sub-grantee.

2. Other Field Descriptions

- The fields at the top of the screen are Grantee, Sub-Grantee, Program Year, # Complete/# In Sample, Sample Status, Case File Missing, and Invalid Records, which are similar to the fields in the summary and individual validation worksheets.
- The **Export to CSV** link creates a .csv file for analytical purposes. The columns of the file are Grantee Name, Program Year, Sample Type, Sub-Grantee Code, No. (of data element), Form Number, Data Element Name, Number Validated, Number of Errors, Overall Error Rate, and Reported Error Rate.
- The **Printable Version** link opens a new browser window with a printer-friendly version of the Summary and Analytical Report (Figure III.18). The printed version is similar to the online version, except that comments for the entire sample are displayed at the bottom of the page (Figure III.19). See Section C of this chapter for instructions on how to enter comments for a sample.

FIGURE III.18
PRINTED SUMMARY AND ANALYTICAL REPORT

Eligibility Summary and Analytical Report

Grantee: Example Grantee
Sub-Grantee: All
Program Year: 2016
Case File Missing: 0 **Invalid Records:** 0
 # Complete / # In Sample: 1 / 3
Sample Status: Incomplete

No.	Form#	Data Element Name	Number Validated	Number of Errors	Running Error Rate	Overall Error Rate	Reported Error Rate
1	P7 / P6.c	State of Residence / State of Mailing Address	3	1	33.33%	33.33%	33.33%
2	P8	Homeless	1	0	0.00%	0.00%	0.00%
3	P8a	Urban/rural	2	0	0.00%	0.00%	0.00%
4	P10	Date of birth	3	1	33.33%	33.33%	33.33%
5	P11	Number in family	3	0	0.00%	0.00%	0.00%
6	P13	Employed prior to participation?	3	0	0.00%	0.00%	0.00%
7	P14	Total includable family income (12-month or 6 month annualized)	3	1	33.33%	33.33%	33.33%
8	P22	Limited English Proficiency	1	0	0.00%	0.00%	0.00%
9	P24	Low literacy skills?	0	0	0.00%	0.00%	0.00%
10	P25	Veteran (or eligible spouse of veteran)?	2	0	0.00%	0.00%	0.00%
11	P26	Disability?	1	1	100.00%	33.33%	100.00%
12	P27	At risk of homelessness?	0	0	0.00%	0.00%	0.00%
13	P29	Failed to find employment after using WIA Title I?	2	0	0.00%	0.00%	0.00%
14	P30	Low employment prospects?	2	0	0.00%	0.00%	0.00%

FIGURE III.19
COMMENTS IN PRINTED SUMMARY AND ANALYTICAL REPORT

18	A19.1	Total hours paid in Q1	0	0	0.00%	0.00%	0.00%
19	A19.2	Total hours paid in Q2	0	0	0.00%	0.00%	0.00%
20	A19.3	Total hours paid in Q3	3	1	33.33%	33.33%	33.33%
21	A19.4	Total hours paid in Q4	3	1	33.33%	33.33%	33.33%
22	A21.1	Total hours of paid training received in Q1	0	0	0.00%	0.00%	0.00%
23	A21.2	Total hours of paid training received in Q2	0	0	0.00%	0.00%	0.00%
24	A21.3	Total hours of paid training received in Q3	1	0	0.00%	66.67%	66.67%
25	A21.4	Total hours of paid training received in Q4	1	0	0.00%	66.67%	66.67%

Comments: This sample was completely validated on December 22, 2017. There are two records that are missing case files. Validators have entered comments for those records. -Susan Smith 12/22/2017

E. SCSEP DV PROCESS AT-A-GLANCE

Another way to conceive of the SCSEP DV process is to view it graphically. Figure III.20 is a flowchart that summarizes the six key steps in the validation process for both the eligibility and the performance samples. The six key steps are:

Step 1: Access the DV worksheets for either the eligibility sample or the performance sample and retrieve the case files corresponding to those records. After obtaining the case file for a sampled record, use the validation worksheet to locate the first relevant data element that must be validated. Fields that are null (blank) or contain a "negative value" are not validated, and the applicable row on the worksheet will not display a radio button in the Pass, Fail, or Incomplete columns. The negative values for each data element, if any, are listed in Table IV.1 and Table IV.2 at the end of Chapter IV.

Step 2: For elements where data are present, use the validation instructions in Chapter IV to determine whether the data element meets the validation criteria based on the information in the source documents.

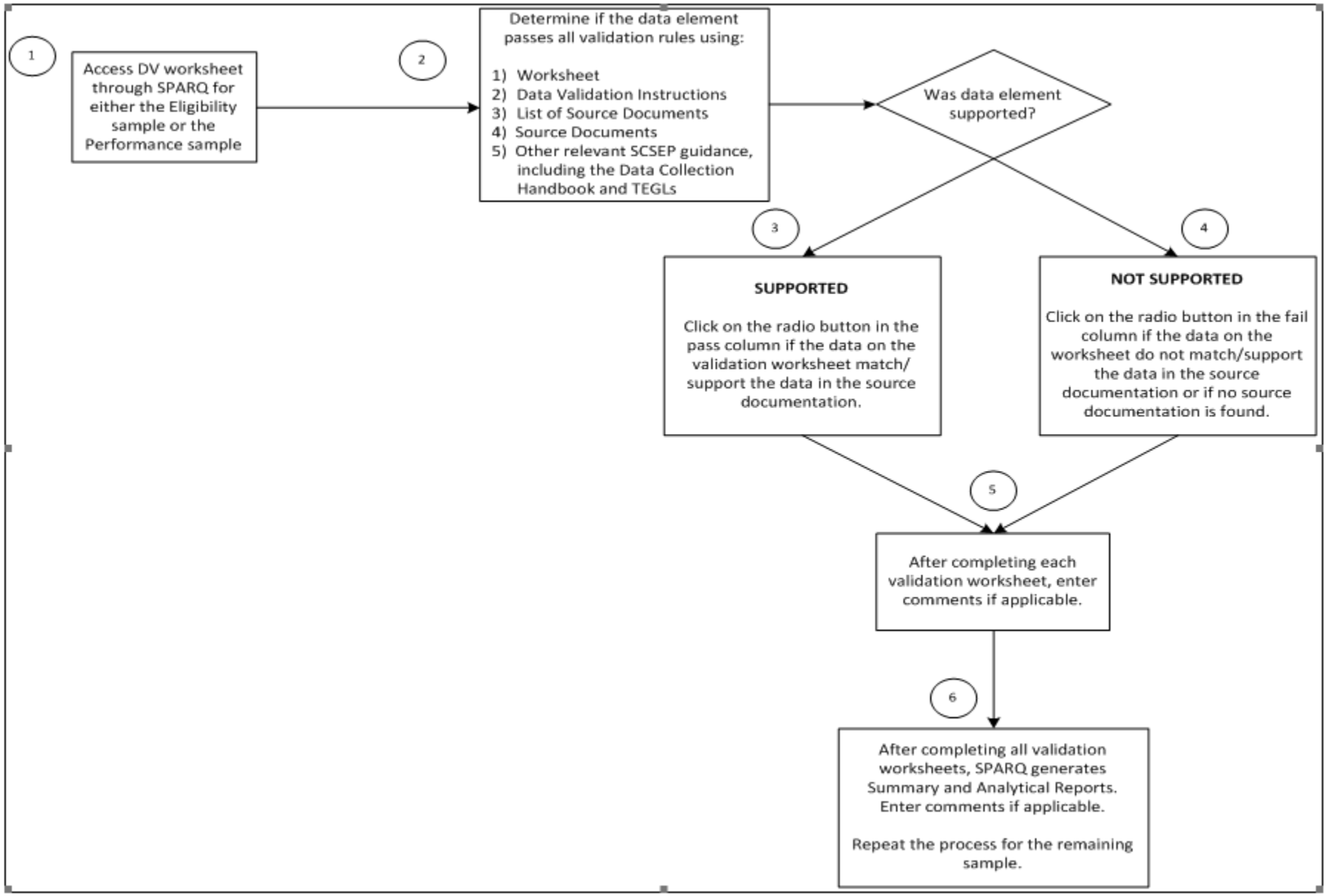
Step 3: If the source documentation supports/matches the data element, click on the radio button in the Pass column of the worksheet.

Step 4: If the source documentation does not support/match the data element (or there is no source documentation for the element), click on the radio button in the Fail column of the worksheet. If the case file for a particular record is missing from the sub-grantee's office where it is supposed to be kept, or if a record is invalid, select "Case File Missing" or "Invalid Record" in the Record Exclusion drop-down menu on the individual validation worksheet for that record, and provide an explanation in the Comments field.

Step 5: Proceed through each data element for each sampled record in the same manner. The Comments section of the worksheet can be used to record notes or to document issues for a specific record that may be helpful for future validations.

Step 6: After each data element has been validated for every sampled record, review the Summary and Analytical Report generated by SPARQ. The Comments tab can be used to provide additional information relevant to the validation of the entire sample.

FIGURE III.20
SCSEP DV AT-A-GLANCE



IV. SCSEP DATA VALIDATION INSTRUCTIONS

This section presents the list of data elements that require data validation in the eligibility sample and the performance sample, along with their associated Form Number, Field Name, Valid Values, Negative Values, Source Documentation Requirements, and Validation Instructions. (See Table IV.1 and Table IV.2, respectively, at the end of this chapter.)

The DV Handbook is not designed to provide validators with all the authority they need to conduct DV. The Source Document section below references regulatory definitions which validators will need to consult in the Data Collection Handbook. Validators are also encouraged to refer to the regulations and TEGLs themselves, and to review the grantee's own policies for certain items. These additional sources will provide the validators with the standards that may be needed to make an accurate DV determination.

Grantees will be required to validate one, and only one, assignment per enrollment in the eligibility sample. That is, if a new enrollee has more than one assignment during the PY being validated, the SPARQ DV software will select the assignment that has the earliest assignment date. All other CSA data elements (i.e. Start Assignment Date, End Assignment Date, Total Hours Paid, Reason for Approved Break, etc.) will be driven by the selection of that earliest assignment.

Similarly, grantees will be required to validate one, and only one, placement per exiter in the performance sample. That is, if an exiter whose final performance was reported during the PY being validated has more than one placement, SPARQ DV will select the placement that has the most recent start date. All other data elements in the performance sample (i.e. End Placement Date, Wages, and Earnings) will be driven by the selection of that most recent placement.

The following changes have been made to the SPARQ DV instructions since Revision 8 of this handbook was released in December 2014:

Source Documentation Requirements

Clarification has been made to the requirements for the following elements:

- P8a Urban/Rural
  - In November 2014, updated RUCA tables based on the 2010 census were made available. Records with application dates before November 25, 2014, still were validated using the old tables. Records that old are no longer included in the sample, so the reference to the old table has been removed.

- E6b Date of termination letter
  - Termination letters are only required for involuntary exits; they should not be entered for voluntary exits.

A. VALIDATION RULES

Validators conducting SCSEP DV will apply one of two basic types of validation rules for each data element:

1. If the validation instruction cell says **MATCH**: Click on the radio button in the pass column if the data on the validation worksheet match the data in the source documentation. Click on the radio button in the Fail column if the data on the worksheet do not match the data in the source documentation or if no source documentation is found for this element.

   To match, the data on the worksheet must be the same as the data in the source documentation. For example, if the worksheet says a participant's date of birth is 07/01/1942, then the source documentation must also have July 1, 1942 as the birth date. For income, earnings, and hours fields (listed below), no variance is allowed. If the difference is small, this can be noted in comments.

   P14, Total includable family income
   P45, Recert: Total includable family income
   A19.1, Total hours paid in Q1
   A19.2, Total hours paid in Q2
   A19.3, Total hours paid in Q3
   A19.4, Total hours paid in Q4
   A21.1, Total hours of paid training received in Q1
   A21.2, Total hours of paid training received in Q2
   A21.3, Total hours of paid training received in Q3
   A21.4, Total hours of paid training received in Q4
   U29d, Earnings for second quarter after exit quarter
   U29f, Earnings for third quarter after exit quarter

2. If the validation instruction cell says **SUPPORT**: Click on the radio button in the pass column if the data on the validation worksheet are supported by the data in the source documentation. Click on the radio button in the Fail column if the data on the worksheet are not supported by the data in the source documentation or if no source documentation is found. To support, the data on the worksheet must be similar to the data in the source documentation. This instruction is used when information must be interpreted or processed before it can be applied to the participant's records. For example, source documentation can support low literacy skills in different ways: by self-attestation, by results of literacy testing, or case notes from observation of participant.

B. SOURCE DOCUMENTATION

There are four categories of source documentation requirements:

- Official Documents or Business Records
- Confirmation of Signature and Dates
- Detailed Case Notes
- Participant or Third-Party Signed Attestation

1. Official Documents or Business Records

Official Documents or Business Records include the following four subcategories:

- **Government records** – includes Social Security Administration records; immigration records; driver's license; federal, state, or local government identification card; Veteran's Administration records; Department of Defense records.
- **Medical records** – includes actual medical records; physician's statement; psychologists' diagnosis; rehabilitation evaluation; certification from a medical professional; disability records; worker's compensation records; vocational rehabilitation letter.
- **Grantee, sub-grantee, or host-agency business records** – a broad category of documents meant to include records created in the normal course of business. This subcategory would include, but is not limited to: time-sheets, payroll records, written communications (letters, memos, faxes, email) to an external entity (for example, a letter from sub-grantee to host agency or vice versa; an email from host agency to participant; or a fax from host-agency to sub-grantee).
- **Other official or third-party business records** – a broad category of documents meant to provide flexibility for grantees to use documents received from external entities (e.g. bank statements, payroll records, letters from employers) not explicitly listed above, yet that could clearly establish the facts being considered. Such documents could be received from the external entity directly or delivered from the participant or a third party. These documents are prepared by a disinterested party, are generally used by the entity in the course of its business, and are presumed to be reliable. This category also includes religious records, such as baptismal certificates or other religious documents that provide evidentiary information, such as date of birth.

Examples of Official Documents or Business Records that are listed for the data elements in Table IV.1 and Table IV.2 below are meant to be illustrative. Validators should use the guidance above to determine whether particular sources meet the standards of proof. For example, if a document is not on the list, but the type of information contained in the unlisted document and the circumstances under which the document was prepared are the same as those

which are present on the documents that are listed, then such a document may be acceptable. Official documents and business records, however, do not automatically constitute sufficient support for a data element; **they must be relevant and must encompass the specific requirements of the element at issue**. For example:

- A disability sticker issued by the Department of Motor Vehicles is an official document, but it does not support a determination that a participant is disabled unless the state DMV uses the SCSEP definition of disability.
- You can use official documents to establish family size to the extent that the documents are relevant. A determination of a state or federal agency to award benefits to a SCSEP applicant is unlikely to be relevant to the issue of family size for SCSEP eligibility purposes unless the other agency uses the same definition of family that SCSEP uses. In most cases, you are more likely to use the facts found by the other agency, e.g., that the applicant is married and lives with his or her spouse and no other persons, than the legal conclusion the agency drew, because most programs have their own definitions of family and includable income. Even when you can use the facts from another agency's determination, you may have to determine that those facts remain true at the time you make your eligibility determination.

Since copies of documentation are acceptable (except when there is reasonable doubt as to their authenticity), it does not matter whether the copies are produced mechanically or electronically. Therefore, faxed or scanned documents are allowed. See note on electronic documentation at the end of this section for more information.

2. Confirmation of Signature and Dates

Confirmation of Signature and Dates is the simplest form of support. Validators will simply confirm that the relevant signature exists on the application and/or participant's recertification form and that the date in SPARQ matches the date on the form.

Signatures that are produced from electronic signature pads are acceptable as long as there is a clear policy governing their use. See note on electronic documentation at the end of this section for more information.

3. Detailed Case Notes

Detailed Case Notes consist of the case worker's own documentation of his or her activities. Case notes can be based on information derived in person or by telephone. Every case note used to validate data must include the following three foundation elements along with the specific facts being documented:

- Case notes must include the name of the person who is the source of the information, his or her phone number, and the person's organization and title or relationship to the participant, whichever is appropriate. Depending on the circumstances, this could be an individual associated with the grantee, the employer, the host agency, or some other party.

- Case notes must include the name or initials of the person making the note.

- Case notes must contain all relevant dates:
  - the date on which the event occurred, where applicable,
  - the date on which the information was obtained, and
  - the date on which it was recorded, if different.

Initials next to changed data on eligibility or attestation forms do not constitute case notes.

Case notes can be stored in any format, including hand-written notes, standardized forms, or electronic records (see note on electronic documentation at the end of this section for more information). No particular format is required as long as the information listed above is present. The term "detailed" does not correlate to length or amount of information, but instead recognizes that the case notes need to provide sufficient information so that a reasonable person could make a determination as to specific events or decisions.

4. Participant or Third-Party Signed Attestation

Participant or Third-Party Signed Attestation is used when information is obtained directly from the participant or, when appropriate, a knowledgeable third party. DOL has provided a form that can be used for all items for which signed attestation is permitted. Please note that the applicant's signature on the participation form does not constitute self-attestation. Signed attestation suffices ONLY IF there is no evidence in the case file that contradicts the statements made through attestation.

Important notes: Except where specifically stated, when more than one category of source documentation requirement is listed for a data element, grantees and sub-grantees only have to provide a source document from <u>one</u> category. In addition, grantees and sub-grantees do not have to provide all the specific documents listed under the official documents and business records category. Instead, grantees and sub-grantees should provide the documents necessary to establish that the program requirements for the data element have been met; in some cases, one document will suffice; in other cases, more than one document will be needed.

Although the DV rules permit the use of multiple data sources, a grantee is free to set higher standards or to otherwise limit the sources that its sub-grantee may use to fewer than those permitted in the Handbook. A grantee may wish to limit documentation to the most reliable sources feasible in order to ensure consistency among all sub-grantees or to simplify the process of documentation for sub-grantee staff. If the grantee does establish higher standards, it should follow the rules in the Handbook for determining which elements pass or fail the official validation. It will have to keep separate notes to record when a sub-grantee has not complied with the grantee's standards.

Electronic documentation

When a sub-grantee uses electronic forms and signatures, the grantee must have a written procedure that describes the process for entering the data and the required signatures. The grantee must either issue its own policy or adopt the sub-grantee's policy in writing and provide both the policy and the adoption to the validator. Each year, the lead validator should check with the grantee administrator to obtain an updated procedure or confirm in writing the continuing validity of the existing procedure. The written procedure must specifically detail how and where in the case file

a validator can determine that the electronic signatures and dates are valid. There must be a documentation trail or a process document to establish the validity of signatures.

C. VALUES AND RECORDS NOT VALIDATED

The DV process does not validate negative values. For each data element, the **Negative Values** column in Table IV.1 and Table IV.2 identifies which values, if any, of the possible valid values are not validated. When the negative value is present for the relevant data element, there are no radio buttons for the validator to select "Pass," "Fail," or "Incomplete," as discussed in Chapter III. In general, validating negative values would be difficult, if not impossible, because the validator would be searching the case file to confirm that something was not present or an event did not occur. Similarly, blanks are not validated because the validator would be searching the entire case file to confirm that there was no valid value with which to populate that particular data element.

SCSEP DV provides for two exclusions, Case File Missing and Invalid Record, as discussed in Chapter III. Case File Missing means that a record's case file cannot be located and, if selected, all the data elements for that record will be set to "Fail." Invalid record means that a particular participant's record is included in a grantee's database in error. When a validator has compelling reason to believe that a record has been included in error, the "Invalid Record" option should be selected. In such cases, SPARQ will send an automatic email to help@scsep-help.com for confirmation. If it is determined that the record was legitimately included, the record will be reset to incomplete, and the grantee administrator(s) will be notified by email.

TABLE IV.1

ELIGIBILITY SAMPLE VALIDATION INSTRUCTIONS

#	Form Number	Field Name	Validatable Values	Negative Values	Source Documentation Requirements	Instructions
1	P6.c/P7	State of Mailing address/ State of residence	State abbreviation		*NOTE: Validation of this data element is a two-step process:* *(1) validate State of mailing address/State of residence if different from mailing address; and* *(2) validate consistency with program requirements, i.e., participant must have documentable proof of in-state residence, or there must exist a cross-border agreement between the participant's state of residence and the state in which the grantee operates; or the participant must be homeless, and this has been validated in element P8.* *Both requirements must be met for a "Pass."* **OFFICIAL DOCUMENTS AND BUSINESS RECORDS:** Official records that substantiate the participant's state of residence, including but not limited to: Approved cross-border or multi-state agreements; valid driver's license or State, Federal or Tribal ID Card; current (e.g., within the last 3 months) home utility bill or other billing statement providing documentation of residence or mailing address (if different than address on license or ID); document from a public or private institution (independent living housing, CBRF or AL) or housing authority; official government mail dated within the last 30 days; current bank statement; current Social Security Statement; current rental agreement; homeowners or rental insurance policy or statement; valid voter registration card. *NOTES:* *(1) The address to be verified is that which was in effect at the time the DV sample was drawn.* *(2) A homeless individual is considered a resident of the state in which he or she applied.*	Match

#	Form Number	Field Name	Validatable Values	Negative Values	Source Documentation Requirements	Instructions
2	P8	Homeless	Y	N	**OFFICIAL DOCUMENTS OR BUSINESS RECORDS:** Official records that establish that the regulatory definition as explained in the DC Handbook has been met are acceptable, including but not limited to: Letter or written statement from director of shelter or institution providing temporary living accommodations; written statement from an individual providing temporary residence; statement from a Social Service agency; statement from a Veteran's hospital/rehab center. ***OR*** **DETAILED CASE NOTES:** In addition to the standard requirements for all case notes, must also detail: (1) how the participant's living condition meets the regulatory definition as explained in the DC Handbook, and (2) how that determination was made. ***OR*** **SIGNED ATTESTATION:** Participant signed self-attestation is acceptable. Signed attestation from a third-party who has knowledge of the participant's living condition is acceptable. *NOTE: A homeless individual is considered a resident of the state in which he or she applied.*	Support
3	P8a (revised)	Urban/ Rural	Rural	Urban	**OFFICIAL DOCUMENTS OR BUSINESS RECORDS:** Enter zip code in the Rural Urban Commuting Area (RUCA) look-up table in SPARQ. Alternatively, use the census track look-up provided in SPARQ to determine if the participant's residence is considered rural. If the census track is used, grantees must document steps taken to make that determination. Note: The RUCA tables are available • in SPARQ, in the SPARQ Home Participant Search and in the enrollment record in the WDCS, • on the Older Workers Community of Practice at https://olderworkers.workforce3one.org/page/resources/1001433762029873206, and • on the SCSEP Help website at http://www.scsep-help.com/Documentation/DataValidation.aspx.	Support
4	P10	Date of birth	Date Format MM/DD/YYYY >= 1/1/1900		**OFFICIAL DOCUMENTS OR BUSINESS RECORDS:** Official government record that verifies the participant's date of birth, including but not limited to: birth certificate; DD-214, Report of Separation; driver's license; marriage license or divorce decree; Federal, state or local identification card; passport; hospital record of birth; public assistance/social service records; school records or ID card; work permit; cross match with Department of Vital Statistics; tribal records; Social Security award letter; baptismal record.	Match

5	P11	Number in family	Integer > 0		***A. For all cases, to establish the number in family at time of application the following are acceptable:*** **OFFICIAL DOCUMENTS OR BUSINESS RECORDS:** **O**fficial government records or other official records are acceptable, including: A HUD form; a lease; beneficiary forms (to substantiate a spouse for a family size of 2) *NOTE: TEGL 12-06 requires that the record of documents must be jointly signed by applicant and grantee interviewer.* ***OR*** **DETAILED CASE NOTES:** In addition to the standard requirements for all case notes, **to establish the number in family at the time of application,** case notes must also detail: (1) the number in family as defined by TEGL 12-06, and (2) the rationale for accepting information from that individual without a signature. *NOTE: Case notes are not acceptable for establishing family-of-one is due to disability* ***OR*** **SIGNED ATTESTATION:** **S**igned attestation from a third-party who has knowledge of the participant's number in family and reflects the living situation at time of application. *NOTE: Participant signed self-attestation is prohibited by the eligibility TEGL.* ***B. In addition, to establish a family-of-one due to disability the following are required:*** **OFFICIAL DOCUMENTS OR BUSINESS RECORDS:** Official government or other official records are acceptable, including but not limited to: Receipt of Social Security Disability Insurance (SSDI), other Social Security Administration records; school records; sheltered workshop certification; social service records or referrals Alternatively, certification from a medical professional or medical records that establish specific facts that meet the regulatory definition as explained in the DC Handbook are acceptable, including but not limited to: Letter from Drug or Alcohol rehabilitation agency; medical records; physician's statement; psychologist's diagnosis; rehabilitation evaluation; disability records; Veteran's medical records; vocational rehabilitation letter; worker's compensation record; Assessment results; verification from an aging, information and referral assistance (I&A or I&R)/case management program; Aging and Disability Resource Center (ADRC); Independent Living Center (ILC); certification from a medical professional *NOTES:* *(1) A 'Disability Identification Card' issued by the State is only acceptable if there is documentation that the medical standards used to issue the card meet the regulatory* definition as explained in the DC Handbook. (2) Case notes and signed attestation are prohibited. Signed attestation from a third-party *(as opposed to a medical professional) is not acceptable in establishing family-of-one is due to disability.*	Match

#	Form Number	Field Name	Validatable Values	Negative Values	Source Documentation Requirements	Instructions
6	P13	Employed prior to participation?	003_Not employed	001_Employed 002_Employed-but-with-notice-of-termination	*NOTE: Validation of this data element is a two-step process:* *(1) validate applicant's employment status prior to participation; and* *(2) validate consistency with program requirements, i.e., that the applicant was unemployed at the point of enrollment.* *Both requirements must be met for a "Pass.".* **OFFICIAL DOCUMENTS OR BUSINESS RECORDS:** Government records or other official records are acceptable to establish no employment at time of application, including but not limited to: Record indicating firm date of separation from military service, unemployment insurance documents, notice of termination from employer. ***OR*** **DETAILED CASE NOTES:** In addition to the standard requirements for all case notes, must also detail no employment at time of application. ***OR*** **SIGNED ATTESTATION:** Participant signed self-attestation or signed attestation from a third-party who has knowledge of the participant's employment status prior to participation is acceptable to establish no employment at time of application.	Support

#	Form Number	Field Name	Validatable Values	Negative Values	Source Documentation Requirements	Instructions
7	P14	Total includable family income (12-month or 6-month annualized	Number with 2 decimal places between 0.00 and 100000.00		*NOTE: Validation of this data element is a two-step process:* *(1) validate that total includable family income was correctly calculated in accordance with TEGL12-06, including the verification of* *a. which amount (6-month annualized or 12-month) was used,* *b. that all appropriate income was included (all sources of income must be documented and identified as includable or excludable; the amount of includable income must be documented, the amount of excludable income does not need to be documented), and* *c. the accuracy of calculations; and* *(2) validate consistency with program requirements which stipulate that in order for a participant to be eligible, his or her family income must be less than or equal to 125% of the federal poverty limit for the appropriate family size in effect at the time of the determination.* *Both requirements must be met for a "Pass."* **OFFICIAL DOCUMENTS OR BUSINESS RECORDS:** Validation requires that both: (1) official documents and business records establish includable income, and (2) attestation establishes that no other includable income exists. Government records or other official records that establish the amount of income for the 6-month or 12-month look-back period are acceptable, including but not limited to: Pay stubs; Social Security Award letters; earning statements from employers; pension statements; bank statements showing interest. *NOTES:* *(1) TEGL 12-06 requires that there be a record or listing of all documents used to establish income and that this record be signed by the applicant and the interviewer. If the record contains a statement that the documents listed are the only sources of income for the applicant, the record satisfies the requirement for certification that the applicant has no other sources of income.* *(2) Income tax returns can often be a helpful part of the documentation but they will rarely be sufficient in themselves to establish the amount of income for the 6-month or 12-month look-back period because they cover a complete calendar year. Additional documentation will usually be required to establish includable income for the entire look-back period.* *(3) Participants can obtain Social Security Award letters by contacting their local SSA office, either in person or by phone, or on the SSA website. Information is available at https://faq.ssa.gov/link/portal/34011/34019/Article/3705/How-can-I-get-a-benefit-verification-letter.* **CONTINUED ON NEXT PAGE**	Match

#	Form Number	Field Name	Validatable Values	Negative Values	Source Documentation Requirements	Instructions
7	P14	Total includable family income (12-month or 6-month annualized	Number with 2 decimal places between 0.00 and 100000.00		**CONTINUED FROM PREVIOUS PAGE** ***OR*** **DETAILED CASE NOTES: (For Claims of Zero Income Only)** Case notes based on information from a knowledgeable third-party are acceptable to (1) explain how participant supported self if zero income is claimed, or (2) document that no other includable income exists. In addition to the standard requirements for all case notes, those case notes must also: (1) confirm zero income and/or that no other family income exists, (2) explain how participant supported self, and (3) detail how that confirmation was made. ***OR*** **SIGNED ATTESTATION: (For Claims of Zero Income Only)** If zero income is claimed, participant signed self-attestation or signed third-party attestation that explains how participant supported self is required. **Beyond establishing total includable family income through official documents and business records,** participant signed self-attestation is also required to document that no other includable family income exists.	Match

#	Form Number	Field Name	Validatable Values	Negative Values	Source Documentation Requirements	Instructions
8	P22	Limited English Proficiency	Y	N	*NOTES FOR SCSEP VALIDATORS:* • *Documentation for this element must be dated as of the time of enrollment. If there is documentation of limited English proficiency as of a later date, it may be used for waiver purposes but not for validating the priority of service.* • *The field for low literacy skills does not apply to participants who are LEP. If both P22 and P24 are "Y," then P24 must be marked as "Fail."* **OFFICIAL DOCUMENTS OR BUSINESS RECORDS:** Official records that establish limited English proficiency are acceptable, including but not limited to: Results of standardized test results. ***OR*** **DETAILED CASE NOTES:** In addition to the standard requirements for all case notes, must also explain: (1) that the participant has limited English proficiency, (2) how assessment was made, e.g., participant appeared with an interpreter or directly communicated to case worker that she does not speak English, and (3) the date that assessment was made. ***OR*** **SIGNED ATTESTATION:** *Participant signed self-attestation* or signed third-party attestation.	Support

#	Form Number	Field Name	Validatable Values	Negative Values	Source Documentation Requirements	Instructions
9	P24	Low literacy skills?	Y	N	*NOTES FOR SCSEP VALIDATORS:* • *Documentation for this element must be dated as of the time of enrollment. If there is documentation of low literary skills as of a later date, it may be used for waiver purposes but not for validating the priority of service.* • *The field for low literacy skills does not apply to participants who are LEP. If both P22 and P24 are "Y," then P24 must be marked as "Fail."* **OFFICIAL DOCUMENTS OR BUSINESS RECORDS:** Official records that establish low literacy skills are acceptable, including but not limited to: Literacy testing; standardized test results. ***OR*** **DETAILED CASE NOTES:** In addition to the standard requirements for all case notes, must also explain: (1) that the participant has low literacy skills, (2) how that assessment was made, and (3) the date that assessment was made. ***OR*** **SIGNED ATTESTATION:** *Participant signed self-attestation* or signed third-party attestation	Support

#	Form Number	Field Name	Validatable Values	Negative Values	Source Documentation Requirements	Instructions
10	P25	Veteran (or eligible spouse of veteran)?	a_Veteran b_Eligible_ spouse_ of_ veteran	c_Non-covered _ person	**OFFICIAL DOCUMENTS OR BUSINESS RECORDS:** Official government document that verifies veteran status, such as: Military discharge papers; DD-214; cross-match with Veteran's Database. Veterans who do not have a DD-214 can provide a copy of military identification or other formal documentation provided by the Department of Veterans Affairs. ***OR*** **DETAILED CASE NOTES:** For veterans discharged prior to 1950, case notes are acceptable in all cases. For more recent veterans, if official documentation cannot be attained, other evidence of military service along with self-attestation may be accepted. In addition to the standard requirements for all case notes, must detail (1) the veteran status of the participant, including the branch served in and the approximate dates of service, and (2) how that determination was made. ***OR*** **SIGNED ATTESTATION:** For veterans discharged prior to 1950, participant signed self-attestation is acceptable in all cases. For more recent veterans, if official documentation cannot be attained, other evidence of military service along with self-attestation may be accepted.	Support

#	Form Number	Field Name	Validatable Values	Negative Values	Source Documentation Requirements	Instructions
11	P26	Disability?	Y_DOC	Y SELF N DNVR	**OFFICIAL DOCUMENTS OR BUSINESS RECORDS:** Documentation should be an official government record or other official record that indicates that (1) a medical professional made a determination of disability and (2) describe how the determination of disability meets the SCSEP regulatory definition as explained in the DC Handbook, including but not limited to: Receipt of Social Security Disability Insurance (SSDI), other Social Security Administration records; school records; sheltered workshop certification; social service records or referrals; community-based aging and disability organizations; social service agency record or referral; independent Living Center statement; letter from Group Home administrator. Note: Not all official documents will suffice to establish disability. For example, a state disabled parking placard and registration are an official document, but they do not establish disability for SCSEP purposes unless the state employs the SCSEP definition and standard of disability. Alternatively, certification from a medical professional or medical records that establish specific facts that meet the regulatory definition as explained in the DC Handbook are acceptable, including but not limited to: Letter from Drug or Alcohol rehabilitation agency; medical records; physician's statement; psychologist's diagnosis; rehabilitation evaluation; disability records; Veteran's medical records; vocational rehabilitation letter; worker's compensation record. The letters following a Social Security or Medicare number that appear on a recent check stub or letter may be acceptable for participants under age 65. However, benefit determination letters should always be obtained in questionable cases. Participants can obtain Social Security Award letters by contacting their local SSA office, either in person or by phone, or on the SSA website. Information is available at https://faq.ssa.gov/link/portal/34011/34019/Article/3705/How-can-I-get-a-benefit-verification-letter.	Support

#	Form Number	Field Name	Validatable Values	Negative Values	Source Documentation Requirements	Instructions
12	P27	At risk of homelessness?	Y	N	**OFFICIAL DOCUMENTS OR BUSINESS RECORDS:** Records that establish the participant is “at risk” for homelessness, including but not limited to: Eviction notice, letter from official at homeless shelter. ***OR*** **DETAILED CASE NOTES:** In addition to the standard requirements for all case notes, must also detail that the participant meets the definition of “at risk” for homelessness. For example, rent/mortgage unpaid or overdue; often borrows to pay rent/mortgage; real estate taxes unpaid or overdue; temporarily sharing space with family or friend; involuntarily moved several times in last year; credit history or background disqualifies from most rental/lease agreements; cannot pay rent/mortgage most months; frequently has unpaid or overdue electric/gas/water bills; evicted from a residence in the last 12 months; lived in a shelter during the past 12 months. ***OR*** **SIGNED ATTESTATION:** Participant signed self-attestation. Or, signed attestation from a third-party who has knowledge of the participant’s living situation.	Support

#	Form Number	Field Name	Validatable Values	Negative Values	Source Documentation Requirements	Instructions
13	P29	Failed to find employment after using WIA Title I?	Y	N	*NOTES:* *(1) Participants receiving only core services may be included or excluded based on enrollment rules of WIA program in your area. It is essential that the one-stop office confirm whether the participant was officially enrolled in WIA.* *(2) Validation of this data element is a two-step process:* *(a) validate with the WIA provider that the participant was <u>enrolled in</u> WIA Title I (adult services), and* *(b) validate that the participant was not employed subsequent to the WIA enrollment.* *Unless there is documentation of enrollment in WIA, the element must be marked FAIL.* **OFFICIAL DOCUMENTS OR BUSINESS RECORDS:** **To establish WIA Title I enrollment**, official government records are acceptable, such as: WIA correspondence with participant, written crosscheck request, or other program related document. ***OR*** **DETAILED CASE NOTES:** In addition to the standard requirements for all case notes, **to establish WIA Title I enrollment**, case notes must also detail: (1) that a crosscheck against WIA enrollment data was made, and (2) how it was made (e.g., phone call). ***OR*** **SIGNED ATTESTATION:** **To establish no employment at time of application**, participant signed self-attestation is acceptable. *NOTE: WIA enrollment **cannot** be confirmed by self-attestation. It must be documented by an official document or case notes.*	Support

#	Form Number	Field Name	Validatable Values	Negative Values	Source Documentation Requirements	Instructions
14	P30	Low employment prospects?	Y	N	*NOTE FOR SCSEP VALIDATORS:* *The following barriers may already have been successfully validated (i.e. PASS):* ***P8 – Homeless**,* ***P22 – Limited English proficiency**,* ***P24 – Low literacy skills?*** ***P26 – Disability?*** *If any were successfully validated, the validator would be able to automatically check PASS for this data element IF the case file establishes that one of these barriers was relied on to establish low employment prospects.* *For all other barriers that are relied upon for this element, any of the following sources may be used. Regardless of the source used, the documentation must explain how the barrier results in the participant having low employment prospects. Not all possible barriers will meet this standard. At risk of homelessness by itself does not meet the definition of the kinds of barriers that count for this factor. However, the underlying facts may support another barrier.* **OFFICIAL DOCUMENTS OR BUSINESS RECORDS:** Official government records, medical records, or other official records that establish one of more significant barrier to employment exist, including but not limited to: Receipt of Social Security Disability Insurance (SSDI), other Social Security Administration records, school records, sheltered workshop certification, social service records or referrals; Letter from director of shelter or institution providing temporary living accommodations, results of literacy testing, standardized test results; certification from a medical professional or actual medical records. ***OR*** **DETAILED CASE NOTES:** In addition to the standard requirements for all case notes, must also detail: (1) participant has one or more significant barrier to employment; (2) how the determination was made that the condition described in the official case notes or attestation form contributes to low employment , (3) the source of the information, (4) the contact at the source, and (5) the date that information was obtained. ***OR*** **SIGNED ATTESTATION:** Participant self-attestation that establishes one or more significant barrier to employment exists is acceptable, except for disability, severe disability and frail, which require a higher level of documentation. Information on the attestation form should include identification of the situation itself and specific information which explains why the attester's situation can be considered a significant employment barrier.	Support

#	Form Number	Field Name	Validatable Values	Negative Values	Source Documentation Requirements	Instructions
15	P33	Date of signing	Date Format MM/DD/YYYY >= 1/1/1973		*NOTE: Validation of this data element is a two-step process:* *(1) confirmation of the presence of the participant's signature in field P32, and* *(2) matching the date in field P33 with the date entered in SPARQ.* *Both requirements must be met for a "Pass."* **CONFIRMATION OF SIGNATURE OR DATE:** Confirm date that applicant signed and presence of signature on eligibility determination.	Match
16	P43	Date of eligibility determination	Date Format MM/DD/YYYY >= 1/1/1973		*NOTE: Validation of this data element is a two-step process:* *(1) confirmation of the presence of the signature of an authorized project official in field P42, and* *(2) matching the date in field P43 with the date entered in SPARQ.* *Both requirements must be met for a "Pass."* **CONFIRMATION OF SIGNATURE OR DATE:** Confirm date that director or authorized representative signed and presence of signature on participant form. *NOTE: The validator should be provided with a list of project officials who are authorized to make final eligibility determinations.*	Match
17	A15b.1	Reason for approved break in participation	i_Family/ health ii_Personal iii_Administrative iv_Other		*NOTE: Validation of this data element is a three-step process:* *(1) verification of the existence of a written grantee policy regarding breaks in participation. Without evidence of such a policy, no break in participation will pass validation.* *Once the existence of a policy regarding breaks in participation is verified, validation of this data element requires two additional steps:* *(2) valid entry for A 15 (start date) and A15c (end date) if applicable, and* *(3) confirmation that the reason entered is within the policy of the grantee concerning breaks in participation.* *All three requirements must be met for a "Pass."* **OFFICIAL DOCUMENTS OR BUSINESS RECORDS:** Official grantee or sub-grantee records that establish the reason for the break in participation and that the break was authorized pursuant to the grantee's written policy. ***OR*** **DETAILED CASE NOTES:** In addition to the standard requirements for all case notes, must also detail: (1) the reason for the break in participation, (2) the start date and (if applicable) end date of the break in participation, and (3) that the break was authorized pursuant to the grantee's written policy.	Support

#	Form Number	Field Name	Validatable Values	Negative Values	Source Documentation Requirements	Instructions
18	A19.1	Total hours paid in Q1	Integer between 1 and 560	0	**OFFICIAL DOCUMENTS OR BUSINESS RECORDS:** Official grantee, sub-grantee, or host-agency records that establish hours paid during the quarter, either payroll records or time records showing quarterly hours, as long as grantee uses the same method consistently for all participants in all quarters. If you use the payroll method, you must include all paychecks issued during the quarter even if they cover some hours worked in the prior quarter or exclude some hours worked in the current quarter. *NOTES:* (1) Grantees are required to validate one, and only one, assignment per enrollment. If there is more than one assignment, the fields being validated apply to the assignment with the earliest assignment date. The hours to be validated must match the documented number of hours for that assignment. (2) The total hours paid in the quarter must equal the number of paid community service hours plus paid training hours in the quarter (field 21). Training hours are a subset of total hours	Match
19	A19.2	Total hours paid in Q2	Integer between 1 and 560	0		Match
20	A19.3	Total hours paid in Q3	Integer between 1and 560	0		Match
21	A19.4	Total hours paid in Q4	Integer between 1 and 560	0		Match
22	A21.1	Total hours of paid training received in Q1	Integer between 1 and 560	0	**OFFICIAL DOCUMENTS OR BUSINESS RECORDS:** Official grantee, sub-grantee, or host-agency records or other official records that establish the number of hours of paid training during the quarter, including but not limited to: Payroll or time records showing quarterly hours; records from training provider; reports and print-outs from web-based tools ***OR*** **DETAILED CASE NOTES:** In addition to the standard requirements for all case notes, must also detail: (1) the number of hours of paid training, (2) when the training was provided, and (3) who provided the training	Match
23	A21.2	Total hours of paid training received in Q2	Integer between 1 and 560	0		Match
24	A21.3	Total hours of paid training received in Q3	Integer between 1 and 560	0		Match
25	A21.4	Total hours of paid training received in Q4	Integer between 1 and 560	0		Match

TABLE IV.2

PERFORMANCE SAMPLE VALIDATION INSTRUCTIONS

#	Form Number	Field Name	Validatable Values	Negative Values	Source Documentation Requirements	Instructions
1	P40c	Date of last IEP	Date Format MM/DD/YYYY >= 1/1/1973		*NOTE: Validation of this data element is a three-step process:* *(1) verification of the existence and date of the most recent IEP that had been completed at the time the DV sample was drawn;* *(2) verification of the existence and date of the assessment on which the IEP is based; and* *(3) confirmation that the content of the assessment and IEP meet the grantee's standards.* *All three requirements must be met for a "Pass."* **OFFICIAL DOCUMENTS OR BUSINESS RECORDS:** Official grantee or sub-grantee records that establish the existence of the assessment and last IEP and the dates on which they were conducted.	Support

#	Form Number	Field Name	Validatable Values	Negative Values	Source Documentation Requirements	Instructions
2	P44	Recert: Number in family	Integer > 0		**OFFICIAL DOCUMENTS OR BUSINESS RECORDS:** **To establish the number in family at the time of recertification**, official government records or other official records are acceptable, including but not limited to: A HUD form, or a lease. **To establish a family-of-one is due to disability**, official government or other official records are acceptable, including but not limited to: Receipt of Social Security Disability Insurance (SSDI), other Social Security Administration records; school records; sheltered workshop certification; social service records or referrals. Alternatively, certification from a medical professional or medical records that establish specific facts that meet the regulatory definition as explained in the DC Handbook are acceptable, including but not limited to: Letter from Drug or Alcohol rehabilitation agency; medical records; physician's statement; psychologist's diagnosis; rehabilitation evaluation; disability records; Veteran's medical records; vocational rehabilitation letter; worker's compensation record. *NOTES:* *(1) TEGL 12-06 requires that the record of documents must be jointly signed by participant and grantee interviewer.* *(2) A 'Disability Identification Card' issued by the State is not acceptable unless there is documentation that the medical standards used to issue the card meet the regulatory definition* as explained in the DC Handbook. ***OR*** **DETAILED CASE NOTES:** In addition to the standard requirements for all case notes, **to establish the number in family at the time of application,** case notes must also detail: (1) the number in family as defined by TEGL 12-06, and (2) the rationale for accepting information without a signature. *NOTE: Case notes are not acceptable for establishing family-of-one is due to disability.* ***OR*** **SIGNED ATTESTATION:** **To establish the number in family at the time of recertification**, signed attestation from a third-party who has knowledge of the number in family and reflects the living situation at time of recertification. *NOTE: Participant self-attestation is prohibited.*	Match

#	Form Number	Field Name	Validatable Values	Negative Values	Source Documentation Requirements	Instructions
3	P45	Recert: Total includable family income (12-month or 6 month annualized)	Number with 2 decimal places between 0.00 and 100000.00		*Validation of this data element is a two-step process:* *(1) validate that total includable family income was correctly calculated in accordance with TEGL12-06, including verification of* *a. which amount (6-month annualized or 12-month) was used,* *b. that all appropriate income was included (all sources of income must be documented and identified as includable or excludable; the amount of includable income must be documented, the amount of excludable income does <u>not</u> need to be documented), and* *c. the accuracy of calculations; and* *(2) validate consistency with program requirements which stipulate that in order for a participant to be eligible, his or her family income must be less than or equal to 125% of the federal poverty limit for the appropriate family size in effect at the time of the determination.* *Both requirements must be met for a "Pass."* **OFFICIAL DOCUMENTS OR BUSINESS RECORDS:** Validation requires that both: (1) official documents and business records establish includable income, and (2) signed attestation establishes that no other includable income exists. Government records or other official records that establish the amount of income for the 6-month or 12-month look-back period are acceptable, including but not limited to: Pay stubs; Social Security Award letters; earning statements from employers; pension statements; bank statements showing interest. *NOTES:* *(1) TEGL 12-06 requires that there be a record or listing of all documents used to establish income and that this record be signed by the applicant and the interviewer. If the record contains a statement that the documents listed are the only sources of income for the applicant, the record satisfies the requirement for certification that the applicant has no other sources of income.* *(2) Income tax returns can often be a helpful part of the documentation but they will rarely be sufficient in themselves to establish the amount of income for the 6-month or 12-month look-back period because they cover a complete calendar year. Additional documentation will usually be required to establish includable income for the entire look-back period.* *(3) Participants can obtain Social Security Award letters by contacting their local SSA office, either in person or by phone, or on the SSA website. Information is available at https://faq.ssa.gov/link/portal/34011/34019/Article/3705/How-can-I-get-a-benefit-verification-letter.* **CONTINUED ON NEXT PAGE**	Match

#	Form Number	Field Name	Validatable Values	Negative Values	Source Documentation Requirements	Instructions
3	P45	Recert: Total includable family income (12-month or 6 month annualized)	Number with 2 decimal places between 0.00 and 100000.00		**CONTINUED FROM PREVIOUS PAGE** ***OR*** **DETAILED CASE NOTES: (For Claims of Zero Income Only)** Case notes based on information from a knowledgeable third-party are acceptable to (1) explain how participant supported self if zero income is claimed or (2) to document that no other includable income exists. In addition to the standard requirements for all case notes, must also: (1) contain confirmation of zero income and/or that no other family income exists, (2) explain how participant supported self, and (3) how that confirmation was made. ***OR*** **SIGNED ATTESTATION: (For Claims of Zero Income Only)** If zero income is claimed, participant signed self-attestation or signed third-party attestation that explains how participant supported self is required. **Beyond establishing total includable family income through official documents and business records,** participant signed self-attestation is also required to document that no other includable family income exists.	Match

#	Form Number	Field Name	Validatable Values	Negative Values	Source Documentation Requirements	Instructions
4	P46	Recert: Signature of participant	Y	N	**CONFIRMATION OF SIGNATURE OR DATE:** Confirm participant signature.	Support
5	P50	Recert: Date of recertification determination	Date Format MM/DD/YYYY >= 1/1/1973		*NOTE: Validation of this data element is a two-step process:* *(1) confirmation of the presence of the signature of an authorized project official in field P49, and* *(2) matching the date in field P50 with the date entered in SPARQ.* *Both requirements must be met for a "Pass."* **CONFIRMATION OF SIGNATURE OR DATE:** Confirm date that director or authorized representative signed and presence of signature on eligibility determination. *Note: The validator should be provided with a list of project officials who are authorized to make final eligibility determinations.*	Match

#	Form Number	Field Name	Validatable Values	Negative Values	Source Documentation Requirements	Instructions
6	P51	Severe Disability?	Y	N	**OFFICIAL DOCUMENTS OR BUSINESS RECORDS:** **When a medical certification or statement is used as support**, related documentation should be an official government record or other official record that (1) indicates that a medical professional made a determination of disability and (2) describes how the disability meets the regulatory definition as explained in the DC Handbook, including but is not limited to: medical records; certification from a medical professional; physician's statement; psychologist's diagnosis; rehabilitation evaluation; disability records; Veteran's medical records; vocational rehabilitation letter; worker's compensation record. **When a specific medical certification or statement is not used as support**, official government or other official records may still be used as long as they establish how the disability meets the regulatory definition as explained in the DC Handbook, including but not limited to: Social Security Administration records; school records; sheltered workshop certification; social service records or referrals; community-based aging and disability organizations; social service; agency record or referral; Independent Living Center statement; letter from group home administrator; referral from Vocational Rehabilitation *NOTES:* *(1) Medical professional certifications or statements must not merely conclude that a severe disability exists. Rather, they must clearly establish specific facts that meet the regulatory definition* as explained in the DC Handbook. *(2) Receipt of SSDI is NOT sufficient to document severe disability.* *SPECIFIC WAIVER FACTOR ELEMENT INFORMATION* *Waiver factor elements (P51, P52, P53 and P54) should be marked "Pass" in the Data Validation worksheets in SPARQ only if the reported value for the element has been updated in the program year for which the performance sample was drawn. The Validation screens will display the date that each of the waiver factor elements was last updated. Validators should mark the element as "Pass" only if :* • *the date supported by the documentation corresponds to a date on or before the date entered into SPARQ, and* • *the date is during the program year in which the waiver factor is claimed.* *The waiver factor displayed is the factor from the program year in which the participant exited. The documentation MUST relate to the waiver factor for that program year. Documentation from a prior program year is not sufficient.*	Support

#	Form Number	Field Name	Validatable Values	Negative Values	Source Documentation Requirements	Instructions
7	P52	Frail?	Y	N	**OFFICIAL DOCUMENTS OR BUSINESS RECORDS:** **When a qualified medical or professional certification or statement is used as support**, related documentation should be an official government or other official record that (1) indicates that a qualified professional made a determination of frailty and (2) describes how the disability meets the regulatory definition as explained in the DC Handbook, including but is not limited to: medical records; certification from a qualified professional; physician's statement; psychologist's diagnosis; rehabilitation evaluation; disability records; Veteran's medical records; vocational rehabilitation letter; worker's compensation record. **When a specific professional certification or statement is not used as support**, official government or other official records may still be used as long as they establish how the frailty meets the regulatory definition as explained in the DC Handbook, including but not limited to: Social Security Administration records; school records; sheltered workshop certification; social service records; document from a rehabilitation agency/organization to include a recent evaluation; social service agency record or referral; community-based aging and disability organizations; Independent Living Center statement; letter from group home administrator. *NOTE: Receipt of SSDI is NOT sufficient to document frailty.* *SPECIFIC WAIVER FACTOR ELEMENT INFORMATION* *Waiver factor elements (P51, P52, P53 and P54) should be marked "Pass" in the Data Validation worksheets in SPARQ only if the reported value for the element has been updated in the program year for which the performance sample was drawn. The Validation screens will display the date that each of the waiver factor elements was last updated. Validators should mark the element as "Pass" only if :* • *the date supported by the documentation corresponds to a date on or before the date entered into SPARQ, and* • *the date is during the program year in which the waiver factor is claimed.* *The waiver factor displayed is the factor from the program year in which the participant exited. The documentation MUST relate to the waiver factor for that program year. Documentation from a prior program year is not sufficient.*	Support

#	Form Number	Field Name	Validatable Values	Negative Values	Source Documentation Requirements	Instructions
8	P53	Old enough for but not receiving SS Title II? (Insufficient wage credits to qualify).	Y	N	**OFFICIAL DOCUMENTS OR BUSINESS RECORDS:** Official government document that establishes that the participant has not worked in the U.S. for 40 quarters, including but not limited to: Social Security Administration documents (e.g. Social Security Statement) or immigration records that show that participant has not been in the U.S. for 40 quarters. If immigration records are used, the relevance to this element must be established. *SPECIFIC WAIVER FACTOR ELEMENT INFORMATION* *Waiver factor elements (P51, P52, P53 and P54) should be marked "Pass" in the Data Validation worksheets in SPARQ only if the reported value for the element has been updated in the program year for which the performance sample was drawn. The Validation screens will display the date that each of the waiver factor elements was last updated. Validators should mark the element as "Pass" only if :* • *the date supported by the documentation corresponds to a date on or before the date entered into SPARQ, and* • *the date is during the program year in which the waiver factor is claimed.* *The waiver factor displayed is the factor from the program year in which the participant exited. The documentation MUST relate to the waiver factor for that program year. Documentation from a prior program year is not sufficient.*	Support

#	Form Number	Field Name	Validatable Values	Negative Values	Source Documentation Requirements	Instructions

9	P54	Severely limited employment prospects in area of persistent unemployment?	Y	N	*NOTE: Validation of this data element is a two-step process:*
					(1) validate severely limited employment prospects;
					(2) validate area of persistent employment.
					Both requirements must be met for a "Pass."
					
					OFFICIAL DOCUMENTS OR BUSINESS RECORDS:
					To establish that *more than one* significant barrier to employment exists, official government document, certification from a medical professional, actual medical record, or other official record is acceptable.
					
					NOTE: P8, Homeless, P22, Limited English proficiency, P24, Low literacy skills?, and P26, Disability? *are barriers which count towards this element if they can be successfully validated. Validators should refer to the documentation requirements for these elements.* At risk of homelessness by itself does not meet the definition of the kinds of barriers that count for this factor. However, the underlying facts may support another barrier.
					
					To establish area of persistent unemployment, check county lookup table in SPARQ. If city is used rather than county, documentation from authoritative source, such as the state Labor Market Information office, must establish that the city had an unemployment rate at least 20% higher than the national average for 2 of the last three years.
					
					OR
					
					DETAILED CASE NOTES:
					In addition to the standard requirements for all case notes,
					• **to establish that *more than one* significant barrier to employment exists**, case notes must also detail:
					  ○ description of each of the significant barriers claimed, and
					  ○ how it was determined that those barriers exist.
					• **to establish area of persistent unemployment**, case notes must explain how the area of persistent unemployment was determined.
					
					OR
					
					SIGNED ATTESTATION *(for the validation of severely limited employment prospects only)*:
					Participant signed self-attestation that establishes more than one barrier to employment exists, except for disability, severe disability and frail, which require a higher level of documentation.
					
					CONTINUED ON NEXT PAGE
						Support

#	Form Number	Field Name	Validatable Values	Negative Values	Source Documentation Requirements	Instructions
9	P54	Severely limited employment prospects in area of persistent unemployment?	Y	N	**CONTINUED FROM PREVIOUS PAGE** *SPECIFIC WAIVER FACTOR ELEMENT INFORMATION* *The tables for persistent unemployment are updated in April of each year. For each program year for which a sample is drawn, there will be two valid tables in existence: one for July 1-December 31, and one for January 1-June 30. This part of persistent unemployment can be validated if either table documents that the participant lived in an area of persistent unemployment at any time during the program year at issue.* *Waiver factor elements (P51, P52, P53 and P54) should be marked "Pass" in the Data Validation worksheets in SPARQ only if the reported value for the element has been updated in the program year for which the performance sample was drawn. The Validation screens will display the date that each of the waiver factor elements was last updated. Validators should mark the element as "Pass" only if :* • *the date supported by the documentation corresponds to a date on or before the date entered into SPARQ, and* • *the date is during the program year in which the waiver factor is claimed.* *The waiver factor displayed is the factor from the program year in which the participant exited. The documentation MUST relate to the waiver factor for that program year. Documentation from a prior program year is not sufficient.*	
10	A20.c	Types of training received OJE	Y		*NOTE: Validation of this data element is a three-step process:* *(1) verification that the grantee has approval for OJEs in its grant (see OWB 04-04 for the detailed requirements for this type of specialized training);* *(2) verification there is a signed contract with the employer/training provider; and* *(3) verification that the employer/training provider is not a host agency* *All three requirements must be met for a "Pass."* **OFFICIAL DOCUMENTS OR BUSINESS RECORDS:** Official grantee or sub-grantee records that establish the approval for OJEs and the existence of a signed contract.	Support

#	Form Number	Field Name	Validatable Values	Negative Values	Source Documentation Requirements	Instructions
11	E6	If exit is not due to unsubsidized employment, other reason for exit	7_Deceased 8_Health/medical 9_Family_care 10_Institutionalized	1_Moved_from_area 2_For_cause 3_Voluntary 4_Non-income_eligible 5_Durational_limit 6_Administrative_reasons	**OFFICIAL DOCUMENTS OR BUSINESS RECORDS:** **To establish an exclusion for deceased**, an official government document or other official record is acceptable, including but not limited to: Death record or certification, or death notices published through the Internet, in newspapers, and local funeral homes. **To establish an exclusion for health/medical, family care, or institutionalized**, medical records or other official records are acceptable, including but not limited to: Actual medical records; physician's statement or other certification from a medical professional; letter from official at medical facility or institution; psychologist's diagnosis; rehabilitation evaluation; disability records; Veteran's medical records; vocational rehabilitation letter; worker's compensation record. ***OR*** **DETAILED CASE NOTES:** In addition to the standard requirements for all case notes, **to establish an exclusion for institutionalized**, case notes must also detail that the participant is receiving 24-hour care in a facility like a prison or hospital and is expected to remain there for at least 90 days. A disabled person residing in a facility is not considered institutionalized. Case notes are also allowed to establish an exclusion for deceased. *NOTE: Case notes are not accepted as support for validating health/medical, or family care.* ***OR*** **SIGNED ATTESTATION:** **To establish an exclusion for deceased**, signed attestation from a knowledgeable third-party is acceptable. **To establish an exclusion for health/medical, family care, or institutionalized**, a participant signed self-attestation or signed attestation from a knowledgeable third-party is acceptable only if the attestation contains all of the required elements. *NOTE: Please see the participant signed self-attestation and third-party signed attestation forms in the Appendix for specific examples of the language required as source documentation*	Support

#	Form Number	Field Name	Validatable Values	Negative Values	Source Documentation Requirements	Instructions
12	E6b (revised)	Date of termination letter	Date Format MM/DD/YYYY		*NOTE: Validation of this data element is a four-step process:* *(1) verification that there is a signed termination letter in all cases involving involuntary exit; and* *(2) verification of the date of issuance of the letter; and* *(3) verification that the date of termination listed in the letter is at least 30 days before the date of exit in SPARQ; and,* *(4) verification that there is not a signed termination letter in any cases not involving an involuntary exit (except if the exit reason changed after the issuance of the letter, in which case there should be documentation to explain the inconsistency between the exit reason and the issuance of the termination letter).* *All four requirements must be met for a "Pass."* **OFFICIAL DOCUMENTS OR BUSINESS RECORDS:** Official sub-grantee records that establish the existence and date of a proper termination letter.	Support
13	E7	Date of exit or other closing of record	Date Format MM/DD/YYYY >= 7/1/2004		**OFFICIAL DOCUMENTS OR BUSINESS RECORDS:** Sub-grantee records, including payroll records. If participant has signed Exit waiver of confidentiality, confirm signature on the Exit Form where the date of signing is on or within three days of the date listed for this data element. ***OR*** **DETAILED CASE NOTES:** In addition to the standard requirements for all case notes, must also detail the date of exit. For example, a dated exit interview documented either by a dated form or by a detailed case note is acceptable.	Match

#	Form Number	Field Name	Validatable Values	Negative Values	Source Documentation Requirements	Instructions
14	E9a	Exclusion discovered after exit	1_Deceased 2_Health/medical 3_Family_care 4_Institutionalized		**OFFICIAL DOCUMENTS OR BUSINESS RECORDS:** **To establish an exclusion for deceased**, an official government document or other official record is acceptable, including but not limited to: Death record or certification, or death notices published through the internet, in newspapers, and local funeral homes. **To establish an exclusion for health/medical, family care, or institutionalized**, medical records or other official records are acceptable, including but not limited to: Actual medical records; physician's statement or other certification from a medical professional; letter from official at medical facility or institution; psychologist's diagnosis; rehabilitation evaluation; disability records; Veteran's medical records; vocational rehabilitation letter; worker's compensation record. ***OR*** **DETAILED CASE NOTES:** In addition to the standard requirements for all case notes, **to establish an exclusion for institutionalized**, case notes must also detail that the participant is receiving 24-hour care in a facility like a prison, skilled nursing facility or hospital and is expected to remain there for at least 90 days. Person with a disability residing in a community-based residential facility with or without long term care supports is not considered institutionalized. Case notes are also allowed to establish an exclusion for deceased. *NOTE: Case notes are not accepted as support for validating health/medical, or family care.* ***OR*** **SIGNED ATTESTATION:** **To establish an exclusion for deceased**, signed attestation from a knowledgeable third-party is acceptable. **To establish an exclusion for health/medical, family care, or institutionalized**, a participant signed self-attestation or signed attestation from a knowledgeable third-party is acceptable only if the attestation contains all of the required elements. *NOTE: Please see the participant signed self-attestation and third-party signed attestation forms in the Appendix for specific examples of the language required as source documentation*	Support

#	Form Number	Field Name	Validatable Values	Negative Values	Source Documentation Requirements	Instructions
15	U8	Did employer provide an OJE training site for this participant?	Y		*NOTE: Validation of this data element is a four-step process:* *(1) verification that the grantee has approval for OJEs in its grant;* *(2) verification that there is a signed contract with the employer/training provider;* *(3) verification that the employer/training provider is not a host agency; and* *(4) verification that the employer is the same organization as the employer/training provider.* *All four requirements must be met for a "Pass."* **OFFICIAL DOCUMENTS OR BUSINESS RECORDS:** Official grantee or sub-grantee records that establish the approval for OJEs and the existence of a signed contract.	Support

#	Form Number	Field Name	Validatable Values	Negative Values	Source Documentation Requirements	Instructions
16	U28c	Any wages for first quarter after exit quarter?	vi_Yes_ supplemental viii_Excluded	i_No_wages vii_Unable	**OFFICIAL DOCUMENTS OR BUSINESS RECORDS:** Official records that establish that any wages were earned by the participant, including but not limited to: Written statement of earnings from employer; or pay stubs. **To establish an exclusion for deceased**, an official government document or other official record is acceptable, including but not limited to: Death record or certification, or a notice from the paper death notices published through the internet, in newspapers, and by local funeral homes. **To establish an exclusion for health/medical, family care, or institutionalized**, medical records or other official records are acceptable, including but not limited to: Actual medical records; physician's statement or other certification from a medical professional; letter from official at medical facility or institution; psychologist's diagnosis; rehabilitation evaluation; disability records; Veteran's medical records; vocational rehabilitation letter; worker's compensation record. ***OR*** **DETAILED CASE NOTES:** In addition to the standard requirements for all case notes, must also detail wages were earned in quarter: *NOTE: Given that follow-ups are an integral part of case management, the documented observations by the case manager of the participant at work would be sufficient to show that wages were received by the participant in the applicable quarter. Also, a call to the employer documented by a detailed case note is acceptable.* **To establish an exclusion for institutionalized**, case notes must also detail that the participant is receiving 24-hour care in a facility like a prison or hospital and is expected to remain there for at least 90 days. A disabled person residing in a facility is not considered institutionalized. Case notes are also allowed to establish an exclusion for deceased. *NOTE: Case notes are not acceptable as support for validating health/medical, or family care.* ***OR*** **SIGNED ATTESTATION:** If employer has not provided information on wages after reasonable efforts (e.g. 3 unanswered calls or messages) were made by sub-grantee to obtain this information, participant signed self-attestation or third-party attestation will be acceptable. *NOTE: If participant signed self-attestation or third-party attestation is used, case notes must also document the sub-grantee's efforts to obtain the required information from the employer.* **To establish an exclusion for deceased**, signed attestation from a knowledgeable third-party is acceptable. **To establish an exclusion for health/medical, family care, or institutionalized**, a participant signed self-attestation or signed attestation from a knowledgeable third-party is acceptable. *NOTE: Please see the participant signed self-attestation and third-party signed attestation forms in the Appendix for specific examples of the language required as source documentation.*	Support
17	U29c	Any wages for second quarter after exit quarter?				
18	U29e	Any wages for third quarter after exit quarter?				
19	U30c	Any wages for fourth quarter after exit quarter?				

#	Form Number	Field Name	Validatable Values	Negative Values	Source Documentation Requirements	Instructions
20	U29d	Earnings for second quarter after exit quarter	Number with 2 decimal places between 0.01 and 50000.00	0	*NOTE: Documentation of actual earnings is required for every pay period claimed. That is, proof of earnings for a single week* ***cannot*** *be multiplied by 13 weeks in order to obtain earnings for an entire quarter.* **OFFICIAL DOCUMENTS AND BUSINESS RECORDS:** Other official record that establishes the earnings in second and/or third quarter after the quarter of exit, including but not limited to: Written statement of earnings from employer or pay stubs. The documentation of the amount of all earnings claimed must come directly or indirectly from the employer. ***OR*** **DETAILED CASE NOTES:** In addition to the standard requirements for all case notes, must also detail actual earnings for each increment claimed. The information must come from the employer. For example, a call to the employer documented by a detailed case note is acceptable. *NOTE: These fields should be blank in cases where the individual is self-employed. Lists will be provided to grantee administrators identifying records where these fields are valued for self-employed individuals. Validators should obtain these lists from the grantee administrator, and may mark these elements as "pass" for those records without performing validation. However, the sub-grantee should be advised that the entry was unnecessary, and comments should be entered to indicate that the sub-grantee has been advised.*	Match
21	U29f	Earnings for third quarter after exit quarter				

GLOSSARY

Case File Missing: A record's case file cannot be located.

Data Validation (DV): The SCSEP DV initiative requires that all grantees validate the information that is used to establish participant eligibility and measure grantee performance. DV confirms the accuracy of key data elements in SPARQ used to establish eligibility and to calculate the SCSEP QPRs by examining a sample of participants' records. The DV process selects two separate samples (eligibility and performance) of participant records. When a record is selected for validation, validators compare specified data elements in SPARQ to source documentation (case files) for that participant. DV results in an estimate of the error rate for each data element selected for validation. By having all SCSEP grantees perform a standardized DV methodology, DOL is able to monitor sub-grantee and local area data collection, reporting, and performance, and to support the quality of the information used to assess the effectiveness of the SCSEP program. The DV webpage is accessed through SPARQ www.sparq.doleta.gov.

Eligibility Sample: The eligibility sample is a simple random sample and validates those data elements used to demonstrate program eligibility and most in need barriers for a sample of participants who enrolled in SCSEP during the program year being validated.

Government Performance and Results Act (GPRA): Established in 1993, this Act holds federal agencies accountable for using resources wisely and achieving program results. GPRA requires agencies to develop plans for what they intend to accomplish, measure how well they are doing, make appropriate decisions based on the information they have gathered, and communicate information about their performance to Congress and to the public. One goal of SCSEP DV is to ensure that critical eligibility and performance data used to meet DOL ETA's GPRA responsibilities and the grantees' Congressionally-mandated performance goals are reasonably accurate by calculating an error rate for each data element validated.

Grantee Administrator: Grantee administrators are responsible for assigning the validator role to one or more grantee staff or other personnel not involved in the collection or entry of participant data or the determination of eligibility. They are also responsible for assuring that validators have the resources needed to complete the validation as required by DOL and for keeping the validation effort on schedule. Grantee administrators themselves have access to the DV utilities in SPARQ.

Invalid Record: A particular participant's record is included in a grantee's sample in error. These records are excluded from *all* Error Rate calculations on the Summary and Analytical report.

Negative Value: Negative values are those values for a particular data element that are not validated. When that negative value is present for the relevant data element, the applicable row on the worksheet is grayed out and the validator will not be able to click on a radio button. In general, validating negative values would be difficult, if not impossible, because the validator would be searching the case file to confirm that something was not present or an event did not occur.

Overall Error Rate: The Overall Error Rate is the total number of records in which that data element is in error divided by the total number of records *sampled* that are not Invalid. A data element can be "in error" in one of two ways: it is marked as "Fail," or it could be validated but is not validated. This measure reflects how well that data element has done relative to the entire sample. Because elements that are not validated are treated as if they were marked as "Fail," this error rate starts at 100 percent and decreases each time the element passes. In certain circumstances the overall error rate may be less than 100 percent due to invalid records calculations.

Performance Sample: The performance sample is a stratified sample and validates only those data elements used in performance calculations for a sample of participants whose final performance was included in the QPR for the program year being validated. The stratified nature of the performance sample is similar to a simple random sample, except that each record is assigned a weight and records are selected based upon their weight.

Quarterly Performance Reports (QPRs): QPRs are generated to monitor SCSEP program progress. They are generated at the sub-grantee, grantee, and nationwide levels, based on the data submitted by SCSEP grantees and their sub-grantees on their SCSEP program participants.

Recovery Act Grant: The grant which is funded by the American Recovery and Reinvestment Act of 2009.

Regular Grant: The grant which is funded with money from ETA's regular annual budget.

Reported Error Rate: The Reported Error Rate is the total number of records in which that data element is in error divided by the total number of records in which that data element *can be validated*. A data element can be "in error" in one of two ways: it is marked as "Fail," or it could be validated but is not validated. This measure reflects how well that data element has done but takes into account the fact that values may not be present for every data element in each record sampled. This error rate starts at 100 percent for those elements that are validatable in every record sampled and decreases each time the element passes.

Running Error Rate: The Running Error Rate is the total number of records in which that particular data element has been marked as "Fail" divided by the total number of records in which that data element has been validated. This measure reflects how well that data element has done relative to how many times it has been validated. This error rate starts at 0 percent and increases only when an element fails.

SCSEP Performance And Results QPR (SPARQ) System: SPARQ is the national repository of SCSEP data. It is used as a case management system by SCSEP grantees and sub-grantees. It produces quarterly progress reports used by DOL, grantees and sub-grantees.

Senior Community Service Employment Program (SCSEP): SCSEP is a part-time community service and employment training program for low-income individuals aged 55 and over. Overseen by the U.S. Department of Labor (DOL)'s Employment and Training Administration (ETA), Division of Adult Services (DAS), the SCSEP program is run by grantees and their sub-grantees. It is authorized under Title V of the Older Americans Act of 1965, as amended.

Source Document/Documentation: When a record is selected for validation, validators compare specified data elements in SPARQ to source documentation (case files) for that participant to verify compliance with federal definitions and data collection requirements. Using the source documentation to make the decision, validators determine if the information contained in the case file meets the specifications for the reported value. If the value for the data element supports/matches the source documents included in participant's file, then validators select "Pass;" if the source documents do not support/match the data element, then validators select "Fail."

Summary and Analytical Report: The Summary and Analytical report is a report generated in the DV process that shows the number of errors and the error rates for each data element validated. This report is used by grantee and ETA staff to analyze the accuracy of the data elements submitted to SPARQ.

Validator: Validators are the people who actually conduct the DV once the random samples have been selected. Validators must be grantee staff or other personnel who are independent of the data collection process. Users with a validator role and no other role will only have access to the DV utilities and My User Info in SPARQ. Local project staff and sub-grantees cannot be validators.

APPENDIX

ATTESTATION FORMS

SCSEP DATA VALIDATION
SELF-ATTESTATION SIGNATURE FORMS

Instructions for SCSEP program personnel

The forms below may be used by SCSEP personnel to allow applicants or participants to attest to information related to data elements that are validated by the SCSEP program. There is a separate form for each of the 14 data elements that accept signed self-attestation as a form of source documentation. This enables SCSEP personnel to print out only the form(s) that are needed in a given situation.

NOTE 1: These forms are not meant to replace the Data Collection Handbook or the Data Validation Handbook. SCSEP personnel must refer to those sources for complete rules on the information needed to establish each element and the allowable documentation.

NOTE 2: SCSEP personnel should be aware that participants who are able to present official source documents that contain all of the information needed to validate any of the data elements listed below have no need to use the relevant attestation form for that element. Official source documents, if they contain the required elements, are, by themselves, sufficient to validate any individual piece of information below.

Similarly, case notes and third-party attestation may be used to validate the information for certain elements. Please refer to the DV handbook for exact instructions on when these other types of validation are acceptable.

***NOTE* 3**: The following data elements accept self-attestation in whole or in part:

P8 – Homeless
P13 – Employed prior to participation?
P14 – Total Includable Family Income (12 Month or 6 Month Annualized) *(for claims of zero income only)*
P22 – Limited English proficiency?
P24 – Low literacy skills?
P25 – Veteran (or eligible spouse of veteran)? *(for veterans discharged prior to 1950)*
P27 – At risk of homelessness
P29 – Failed to find employment after using WIA Title I? *(to establish no employment at time of application only)*
P30 – Low employment prospects?
P45 – Recertification: Total includable family income (12 month or 6 month annualized)
P54 – Severely limited employment prospects in area of persistent unemployment? *(for the validation of severely limited employment prospects only)*
E6 – If exit is not due to unsubsidized employment, other reason for exit *(to establish an exclusion for reasons other than deceased only)*
E9a – Exclusion discovered after exit *(to establish an exclusion for reasons other than deceased only)*

U28c – Any wages for the first quarter after exit quarter? *(to establish an exclusion for reasons other than deceased; to establish existence of wages only if the employer of the participant has not provided information on wages after reasonable efforts (e.g. 3 attempts) were made by the sub-grantee to obtain this information)*

U29c – Any wages for the second quarter after exit quarter? *(to establish an exclusion for reasons other than deceased; to establish existence of wages only if the employer of the participant has not provided information on wages after reasonable efforts (e.g. 3 attempts) were made by the sub-grantee to obtain this information)*

U29e – Any wages for the third quarter after exit quarter? *(to establish an exclusion for reasons other than deceased; to establish existence of wages only if the employer of the participant has not provided information on wages after reasonable efforts (e.g. 3 attempts) were made by the sub-grantee to obtain this information)*

U30c – Any wages for the fourth quarter after exit quarter? *(to establish an exclusion for reasons other than deceased; to establish existence of wages only if the employer of the participant has not provided information on wages after reasonable efforts (e.g. 3 attempts) were made by the sub-grantee to obtain this information)*

NOTE 4: For the following data element, case workers must also confirm that the participant was actually enrolled in WIA prior to being enrolled in SCSEP

P29 – Failed to find employment after using WIA Title I?

NOTE 5: The following data elements require a case note explaining why the condition to which the applicant has attested makes it unlikely that the applicant will fail to find employment without the help of SCSEP or some other employment and training program.

P30 – Low employment prospects?

P54 – Severely limited employment prospects in area of persistent unemployment?

Self-Attestation Form for Item P8
Homeless

On this date, I, _____ *(Name of Applicant)*, certify that I am homeless, that is:

1. I lack a fixed, regular, and adequate nighttime residence; **or**
2. I have a primary nighttime residence that is:

_____ a supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill);

_____ *(Name of Shelter)*

_____ an institution that provides a temporary residence for individuals intended to be institutionalized; or

_____ *(Name of Institution)*

_____ another public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

_____ *(Specify Place)*

_____ _____
(Signature of Applicant) *(Date)*

Self-Attestation Form for Item P13
Employed prior to participation?

On this date, I, _____ *(Name of Applicant)*, certify that I am not employed, that is:

1. I do not do any work at all as a paid employee; **and**

2. I do not do any work at all in my own business, profession, or farm; **and**

3. I do not work 15 hours or more as an unpaid worker in an enterprise operated by a member of my family; **and**

4. I do not have a job or business from which I was temporarily absent because of illness, bad weather, vacation, labor-management dispute, or personal reasons.

_____ _____
(Signature of Applicant) *(Date)*

Self-Attestation Form for Item P14
Total includable family income (12 month or 6 month annualized)

On this date, I, _____ *(Name of Applicant)*, certify that my "family income" (the combined income of my current family members, including my parent, guardian, husband, wife, and/or dependent children, if applicable) was zero for the past

( ) six months ( ) twelve months

I have supported myself during this period of time as follows:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____ _____
(Signature of Applicant) *(Date)*

Self-Attestation Form for Item P22
Limited English Proficiency (LEP)

On this date, I attest that I, _____ *(Name of Applicant)* have limited English proficiency, that is:

1. I do not speak English as my primary language; **and**
2. I have a limited ability to read, speak, write, or understand English.
3. My primary language is _____.

_____ _____
(Signature of Applicant) *(Date)*

Self-Attestation Form for Item P24
Low literacy skills?

On this date, I attest that I, _____ *(Name of Applicant)* have low literacy skills, that is:

_____ I compute or solve problems, read, write, or speak at or below the 8th grade level; or

_____ I am unable to compute or solve problems, read, write, or speak at a level necessary to function on the job, in my family, or in society.

_____ _____

(Signature of Applicant) *(Date)*

Self-Attestation Form for Item P25
Veteran (or spouse of veteran)?

On this date, I, _____ *(Name of Applicant)*, certify that I am a veteran, or a spouse of a veteran, as defined by ***one*** of the following statements:

_____ I served in the active _____ (Name of Branch of Military) and was discharged or released from such service under conditions other than dishonorable, or

_____ I was on full-time duty in the National Guard or a Reserve component, other than full-time duty for training purposes, and was released from such duty with other than a dishonorable discharge, or

_____ I am the spouse of a person who died on active duty or of a service-connected disability, or

_____ I am the spouse of a member of the Armed Forces serving on active duty who at the time of application for assistance under this part, is listed in one or more of the following categories:

_____ missing in action;
_____ captured in the line of duty by a hostile force; or
_____ forcibly detained or interned in the line of duty by a foreign government or power; or

_____ I am the spouse of a person who has a total disability permanent in nature resulting from a service-connected disability as determined by the VA; or

_____ I am the spouse of a veteran who died while a disability so evaluated was in existence.

Additionally, I attest that I or my spouse served and was discharged from active duty as defined above on _____
(Date)

_____ _____
(Signature of Applicant) *(Date)*

Self-Attestation Form for Item P27
At risk of homelessness?

Homelessness here is defined according to element P8 – Homeless, which states that a participant is homeless if he or she:

1. lacks a fixed, regular, and adequate nighttime residence; **or**
2. has a primary nighttime residence that is:
   a. a supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill); or
   b. an institution that provides a temporary residence for individuals intended to be institutionalized; or
   c. a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

On this date, I, _____ *(Name of Applicant)*, certify that the specific conditions which place me at real and imminent risk of homelessness are:

_____My rent/mortgage is unpaid or overdue;
_____I often borrow to pay my rent/mortgage;
_____My real estate taxes are unpaid or overdue;
_____I am temporarily sharing space with a family member or friend;
_____I have involuntarily moved several times in the last year;
_____My credit history or background disqualifies me from most rental/lease agreements;
_____I cannot pay my rent/mortgage most months;
_____I frequently have unpaid or overdue electric, gas, or water bills;
_____I have been evicted from a residence in the last 12 months;
_____I have lived in a shelter during the past 12 months.

_____Or other specific conditions which place me at risk of homelessness *(Specify Below)*

_____

_____

_____

_____ _____
(Signature of Applicant) *(Date)*

Self-Attestation Form for Item P29
Failed to find employment after using WIA Title I?

On this date, I, _____ *(Name of Applicant)*, certify that I have been unable to find employment after last being enrolled in WIA Title I services on ___ / ___ / _____.

I have not been employed since ___ / ___ / _____.

_____ _____
(Signature of Applicant) *(Date)*

Self-Attestation Form for Item P30
Low employment prospects?

On this date, I, _____ *(Name of Applicant)*, certify that I have a significant barrier to employment as described below:

(Check all conditions below which apply to you. Additional information explaining why your situation could be considered a significant barrier to potential employment must be included along with the identification of the condition.)

____ I lack a substantial employment history as described below:

_____

_____

____I lack a high school diploma or the equivalent

_____

_____

____ I have a disability (Requires additional higher level documentation. See the SCSEP Data Validation Handbook Instructions for element P26)

____ I am homeless (Further information required on the attestation from for element P8)

____ I have other significant barrier(s), as described below:

_____

_____

_____ _____

(Signature of Applicant) *(Date)*

Self-Attestation Form for Item P45
Total includable family income (12 month or 6 month annualized) at recertification

On this date, I, _____ *(Name of Participant)*, certify that my "family income"(the combined income of my current family members, including my parent, guardian, husband, wife, and/or dependent children, if applicable) was zero for the past

( ) six months ( ) twelve months

I have supported myself during this period of time, as described below:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____ _____
(Signature of Applicant) *(Date)*

Self-Attestation Form for Item P54
Severely limited employment prospects in area of persistent unemployment?

On this date, I, _____ *(Name of Applicant)*, certify that I have at least two significant barriers to employment as described below:

(Check all conditions below which apply to you. Additional information explaining why your situation could be considered a significant barrier to potential employment must be included along with the identification of the condition.)

_____I lack a substantial employment history as described below:

_____

_____

____ I lack a high school diploma or the equivalent

_____

_____

____ I have a disability (Requires additional higher level documentation, see the SCSEP Data Validation Handbook Instructions for element P26)

____ I am homeless (Further information required on the attestation from for element P8)

____ I have other significant barrier(s), as described below:

_____

_____

_____ _____

(Signature of Applicant) *(Date)*

Self-Attestation Form for Item E6
If exit is not due to unsubsidized employment, other reason for exit

On this date, I, _____*(Name of Participant)*, certify that I am unable to continue participating in the SCSEP program and unable to work based on one of the following:

_____ I have a documented health/medical exclusion, that is:

1. I am in the care of Dr. _____ *(Name of Doctor)*, **and**
2. I have been informed by Dr. _____ *(Name of Doctor)*, that
   a. my medical condition is expected to last at least 90 days, **and**
   b. my medical condition prevents me from continued participation in the SCSEP program or from working.

_____ I have a documented family care exclusion, that is:

1. I am providing care for my family member,_____ *(Name of Relative and Relationship to Participant)*,
2. My family member is in the care of Dr. _____ *(Name of Doctor)*,
3. I have been informed by Dr. _____ *(Name of Doctor)*, that the medical condition is expected to last at least 90 days, **and**
4. My family member requires a level of care which prevents me from continued participation in the SCSEP program or from working.

_____ I am institutionalized, that is:

1. I am receiving 24-hour care at _____ *(Name of Facility)*, which is a facility such as a prison or a hospital, **and**
2. I have been informed by _____ *(Name and Position)* that I am expected to remain at this facility for at least 90 days, which prevents me from continued participation in the SCSEP program or from working.

_____ _____
(Signature of Applicant) *(Date)*

Self-Attestation Form for Item E9a
Exclusion discovered after exit

On this date, I, _____*(Name of Participant)*, certify that I am unable to continue participating in the SCSEP program and unable to work based on one of the following:

_____ I have a documented health/medical exclusion, that is:

1. I am in the care of Dr. _____ *(Name of Doctor)*, **and**
2. I have been informed by Dr. _____ *(Name of Doctor)*, that
   a. my medical condition is expected to last at least 90 days, **and**
   b. my medical condition prevents me from continued participation in the SCSEP program or from working.

_____ I have a documented family care exclusion, that is:

1. I am providing care for my family member,_____ *(Name of Relative and Relationship to Participant)*,
2. My family member is in the care of Dr. _____ *(Name of Doctor)*,
3. I have been informed by Dr. _____ *(Name of Doctor)*, that the medical condition is expected to last at least 90 days, **and**
4. My family member requires a level of care which prevents me from continued participation in the SCSEP program or from working.

_____ I am institutionalized, that is:

1. I am receiving 24-hour care at _____ *(Name of Facility)*, which is a facility such as a prison or a hospital, **and**
2. I have been informed by _____ *(Name and Position)* that I am expected to remain at this facility for at least 90 days, which prevents me from continued participation in the SCSEP program or from working.

_____ _____
(Signature of Applicant) *(Date)*

Self-Attestation Form for Items U28c/U29c/U29e/U30c
Any wages for first/second/third/fourth quarter after exit quarter?

On this date, I, _____ *(Name of Exited Participant)*, certify that I received wages from ___ / ___ / _____ to ___ / ___ / _____ , which is after I exited from the SCSEP program.
These wages were compensation for working at *(Employer Name)* _____
Located at *(Address of Employer)* _____
Where I reported directly to *(Name of Supervisor)* _____

---------- **OR** ----------

On this date, I, _____ *(Name of Exited Participant)*, certify that I am unable to continue participating in the SCSEP program and unable to work based on one of the following:

_____ I have a documented health/medical exclusion, that is:

1. I am in the care of Dr. _____ *(Name of Doctor)*, **and**
2. I have been informed by Dr. _____ *(Name of Doctor)* that
   a. my medical condition is expected to last at least 90 days, **and**
   b. my medical condition prevents me from continued participation in the SCSEP program or from working.

_____ I have a documented family care exclusion, that is:

1. I am providing care for my family member,_____ *(Name of Relative and Relationship to Participant)*,
2. My family member is in the care of Dr. _____ *(Name of Doctor)*, **and**
3. I have been informed by Dr. _____ *(Name of Doctor)* that the medical condition is expected to last at least 90 days, **and**
4. My family member requires a level of care which prevents me from continued participation in the SCSEP program or from working.

_____ I am institutionalized, that is:

1. I am receiving 24-hour care at _____ *(Name of Facility)*, which is a facility such as a prison or a hospital, **and**
2. I have been informed by _____ *(Name and Position)* that I am expected to remain at this facility for at least 90 days, which prevents me from continued participation in the SCSEP program or from working.

_____ _____
(Signature of Applicant) *(Date)*

SCSEP DATA VALIDATION
THIRD-PARTY ATTESTATION SIGNATURE FORMS

Instructions for SCSEP program personnel

The forms below are to be used by SCSEP personnel to allow third parties who have a relationship with a SCSEP applicant or participant to attest to information related to data elements that are validated by the SCSEP program. There is a separate form for each of the 14 data elements that accept signed third-party attestation as a form of source documentation. This enables SCSEP personnel to print out only the form(s) that are needed in a given situation.

The information attested to by third parties should amount to more than what the applicant or participant told the third party. On each form, then, the attester will be asked to provide specific information about his or her relationship to the applicant/participant, as well as an explanation of how he or she is in a knowledgeable position to attest to the facts cited.

NOTE 1: These forms are not meant to replace the Data Collection Handbook or the Data Validation Handbook. SCSEP personnel must refer to those sources for complete rules on allowable documentation.

NOTE 2: SCSEP personnel should be aware that participants who are able to present documentation that can be used to validate any of the data elements listed below have no need to rely on third parties to attest to the specific facts or use the relevant attestation form for that element. Relevant official source documentation can be sufficient, by itself, to validate any individual piece of information below.

Similarly, case notes and self-attestation may be used to validate the information for certain elements. Please refer to the DV handbook for exact instructions on when these other forms of validation are acceptable.

NOTE 3: The following data elements accept third-party attestation in whole or in part:

P8 – Homeless

P11– Number in family *(signed third-party attestation, as opposed to a medical professional, is not acceptable in establishing family-of-one is due to disability)*

P13 – Employed prior to participation

P14 – Total Includable Family Income (12 Month or 6 Month Annualized) *(for claims of zero income only)*

P22 – Limited English proficiency?

P24 – Low literacy skills?

P27 – At Risk of Homelessness

P44 – Recertification - Number in family

P45 – Recertification: Total Includable Family Income (12 month or 6 month annualized)

E6 – If exit is not due to unsubsidized employment, other reason for exit *(to establish an exclusion only)*

E9a – Exclusion discovered after exit *(to establish an exclusion only)*

U28c – Any wages for the first quarter after exit quarter? *(to establish an exclusion; to establish existence of wages only if the employer of the participant has not provided information on wages after reasonable efforts (e.g. 3 attempts) were made by the sub-grantee to obtain this information) and the grantee is unable to obtain the information from the participant*

U29c – Any wages for the second quarter after exit quarter? *(to establish an exclusion; to establish existence of wages only if the employer of the participant has not provided information on wages after reasonable efforts (e.g. 3 attempts) were made by the sub-grantee to obtain this information) and the grantee is unable to obtain the information from the participant*

U29e – Any wages for the third quarter after exit quarter? *(to establish an exclusion; to establish existence of wages only if the employer of the participant has not provided information on wages after reasonable efforts (e.g. 3 attempts) were made by the sub-grantee to obtain this information) and the grantee is unable to obtain the information from the participant)*

U30c – Any wages for the fourth quarter after exit quarter? *(to establish an exclusion; to establish existence of wages only if the employer of the participant has not provided information on wages after reasonable efforts (e.g. 3 attempts) were made by the sub-grantee to obtain this information) and the grantee is unable to obtain the information from the participant*

Third-Party Attestation Form for Item P8
Homeless

On this date, I attest that _____ *(Name of Applicant)*
is homeless, that is
1. he/she lacks a fixed, regular, and adequate nighttime residence; **or**
2. he/she has a primary nighttime residence that is:

_____ a supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill);

_____ *(Name of Shelter)*

_____ an institution that provides a temporary residence for individuals intended to be institutionalized; or

_____ *(Name of Institution)*

_____ another public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

_____ *(Specify place)*

Specific information about your relationship to the applicant and an explanation of how you are in a knowledgeable position to attest to the fact(s) cited above is required. (Note: Use the back of this form if additional space is needed):

_____

_____

_____

_____

_____

_____ _____
(Name of Attesting Individual) *(Relationship of Attesting Individual to Applicant)*

_____ _____
(Signature of Attesting Individual) *(Date)*

Third-Party Attestation Form for Item P11
Number in family

On this date, I attest that the household of _____ *(Name of Applicant)* has a total of _____ people living together as part of a family, including the applicant.

Specific information about your relationship to the applicant and an explanation of how you are in a knowledgeable position to attest to the fact(s) cited above is required. (Note: Use the back of this form if additional space is needed):

_____

_____

_____

_____

_____

_____

_____ _____
(Name of Attesting Individual) *(Relationship of Attesting Individual to Applicant)*

_____ _____
(Signature of Attesting Individual) *(Date)*

Third-Party Attestation Form for Item P13
Employed prior to participation?

On this date, I attest that _____ *(Name of Applicant)*
is not employed at the time of application, that is:

1. he/she does not do any work at all as a paid employee; **and**
2. he/she does not do any work at all in his/her own business, profession, or farm; **and**
3. he/she does not work 15 hours or more as an unpaid worker in an enterprise operated by a member of his/her family; **and**
4. he/she does not have a job or business from which he/she was temporarily absent because of illness, bad weather, vacation, labor-management dispute, or personal reasons.

Specific information about your relationship to the applicant and an explanation of how you are in a knowledgeable position to attest to the facts cited above is required. Please provide this information below (Note: Use the back of this form if additional space is needed):

_____

_____

_____

_____

_____

_____

_____

_____ _____
(Name of Attesting Individual) *(Relationship of Attesting Individual to Applicant)*

_____ _____
(Signature of Attesting Individual) *(Date)*

Third-Party Attestation Form for Item P14
Total includable family income (12 month or 6 month annualized)

On this date, I attest that _____ *(Name of Applicant)* had a "family income" (the combined income of his/her current family members, including parent, guardian, husband, wife, and/or dependent children, if applicable) of zero for the past

( ) six months ( ) twelve months

He/she has supported himself or herself during this period of time as follows:

_____

_____

_____

_____

_____

_____

Specific information about your relationship to the applicant and an explanation of how you are in a knowledgeable position to attest to the facts cited above is required. Please provide this information below (Note: Use the back of this form if additional space is needed):

_____

_____

_____

_____

_____

_____ _____
(Name of Attesting Individual) *(Relationship of Attesting Individual to Applicant)*

_____ _____
(Signature of Attesting Individual) *(Date)*

Third-Party Attestation Form for Item P22
Limited English Proficiency (LEP)

On this date, I attest that _____ *(Name of Applicant)* has limited English proficiency, that is:

1. the applicant does not speak English as his or her primary language; **and**
2. the applicant has a limited ability to read, speak, write, or understand English.

Specific information about your relationship to the applicant and an explanation of how you are in a knowledgeable position to attest to the facts cited above is required. Please provide this information below (Note: Use the back of this form if additional space is needed):

_____

_____

_____

_____

_____

_____ _____
(Name of Attesting Individual) *(Relationship of Attesting Individual to Applicant)*

_____ _____
(Signature of Attesting Individual) *(Date)*

Third-Party Attestation Form for Item P24
Low literacy skills?

On this date, I attest that _____ *(Name of Applicant)* has low literacy skills, that is:

_____ the applicant computes or solves problems, reads, writes, or speaks at or below the 8th grade level; or

_____ the applicant is unable to compute or solve problems, read, write, or speak at a level necessary to function on the job, in the individual's family, or in society.

Specific information about your relationship to the applicant and an explanation of how you are in a knowledgeable position to attest to the facts cited above is required. Please provide this information below (Note: Use the back of this form if additional space is needed):

_____

_____

_____

_____

_____

_____ _____
(Name of Attesting Individual) *(Relationship of Attesting Individual to Applicant)*

_____ _____
(Signature of Attesting Individual) *(Date)*

Third-Party Attestation Form for Item P27
At risk of homelessness?

Homelessness here is defined according to element P8 – Homeless, which states that participant is homeless if he or she:

1. lacks a fixed, regular, and adequate nighttime residence; **or**
2. has a primary nighttime residence that is:
   a. a supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill);
   b. an institution that provides a temporary residence for individuals intended to be institutionalized; or
   c. a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

On this date, I attest that the following specific conditions place _____ *(Name of Applicant)* at risk of homelessness:

_____His or her rent/mortgage is unpaid or overdue;
_____She / he often borrows to pay rent/mortgage;
_____His / her real estate taxes are unpaid or overdue;
_____She/he is temporarily sharing space with a family or friend;
_____He/she has involuntarily moved several times in last year;
_____Her/his credit history or background disqualifies her/him from most rental/lease agreements;
_____He/she cannot pay rent/mortgage most months;
_____She /he frequently has unpaid or overdue electric/gas/water bills;
_____He/she has been evicted from a residence in the last 12 months;
_____She/he has lived in a shelter during the past 12 months

Specific information about your relationship to the applicant and an explanation of how you are in a knowledgeable position to attest to the facts cited above is required. Please provide this information below (Note: Use the back of this form if additional space is needed):

_____

_____

_____

_____

_____ _____
(Name of Attesting Individual) *(Relationship of Attesting Individual to Applicant)*

_____ _____
(Signature of Attesting Individual) *(Date)*

Third-Party Attestation Form for Item P44
Number in family at recertification

On this date, I attest that _____ *(Name of Participant)*

has _____ people living with him/her as part of his/her family.

Specific information about your relationship to the applicant and an explanation of how you are in a knowledgeable position to attest to the facts cited above is required. Please provide this information below (Note: Use the back of this form if additional space is needed):

_____

_____

_____

_____

_____

_____

_____

_____ _____
(Name of Attesting Individual) *(Relationship of Attesting Individual to Participant)*

_____ _____
(Signature of Attesting Individual) *(Date)*

Third-Party Attestation Form for Item P45
Total includable family income (12 month or 6 month annualized) at recertification

On this date, I attest that _____ *(Name of Participant)* had a "family income" (the combined income of his/her current family members, including parent, guardian, husband, wife, and/or dependent children, if applicable) of zero for the past

( ) six months ( ) twelve months

He/she has supported his or her self during this period of time as follows:

_____

_____

_____

_____

Specific information about your relationship to the applicant and an explanation of how you are in a knowledgeable position to attest to the facts cited above is required. Please provide this information below (Note: Use the back of this form if additional space is needed):

_____

_____

_____

_____

_____ _____
(Name of Attesting Individual) *(Relationship of Attesting Individual to Participant)*

_____ _____
(Signature of Attesting Individual) *(Date)*

Third-Party Attestation Form for Item E6
If exit is not due to unsubsidized employment, other reason for exit

On this date, I attest that _____ *(Name of Participant)*

_____ is deceased.
_____ is unable to continue participating in the SCSEP program and unable to work based on one of the following:

_____ He/She has a documented health/medical exclusion, that is:

1. he/she is in the care of Dr. _____ *(Name of Doctor)*, **and**
2. I have been informed by Dr. _____ *(Name of Doctor)* that
   a. his/her medical condition is expected to last at least 90 days, and
   b. his/her medical condition prevents him/her from continued participation in the SCSEP program and from working.

_____ He/She has a documented family care exclusion, that is:

1. he/she is providing care for _____ *(Name of Relative and Relationship to Participant)* , who is a member of his/her family, and
2. the family member is in the care of Dr. _____ *(Name of Doctor)*, **and**
3. I have been informed by Dr. _____ *(Name of Doctor)* that the medical condition is expected to last at least 90 days, and
4. the family member requires a level of care which prevents me from continued participation in the SCSEP program or from working.

_____ He/She is institutionalized, that is:

1. he/she is receiving 24-hour care at _____ *(Name of Facility)*, which is a facility such as a prison or a hospital, **and**
2. I have been informed by _____ *(Name and Position)* that he/she is expected to remain at this facility for at least 90 days, which prevents him/her from continued participation in the SCSEP program and from working.

Specific information about your relationship to the applicant and an explanation of how you are in a knowledgeable position to attest to the facts cited above is required. Please provide this information below (Note: Use the back of this form if additional space is needed):

_____

_____

_____ _____
(Name of Attesting Individual) *(Relationship of Attesting Individual to Participant)*

_____ _____
(Signature of Attesting Individual) *(Date)*

Third-Party Attestation Form for Item E9
Exclusion discovered after exit

On this date, I attest that _____ *(Name of Participant)*

_____ is deceased.
_____ is unable to continue participating in the SCSEP program and unable to work based on one of the following:

_____ He/She has a documented health/medical exclusion, that is:

1. he/she is in the care of Dr. _____ *(Name of Doctor)*, **and**
2. I have been informed by Dr. _____ *(Name of Doctor)* that
   a. his/her medical condition is expected to last at least 90 days, and
   b. his/her medical condition prevents him/her from continued participation in the SCSEP program and from working.

_____ He/She has a documented family care exclusion, that is:

1. he/she is providing care for _____ *(Name of Relative and Relationship to Participant)* , who is a member of his/her family, and
2. the family member is in the care of Dr. _____ *(Name of Doctor)*, **and**
3. I have been informed by Dr. _____ *(Name of Doctor)* that the medical condition is expected to last at least 90 days, and
4. the family member requires a level of care which prevents me from continued participation in the SCSEP program or from working.

_____ He/She is institutionalized, that is:

1. he/she is receiving 24-hour care at _____ *(Name of Facility)*, which is a facility such as a prison or a hospital, **and**
2. I have been informed by _____ *(Name and Position)* that he/she is expected to remain at this facility for at least 90 days, which prevents him/her from continued participation in the SCSEP program and from working.

Specific information about your relationship to the applicant and an explanation of how you are in a knowledgeable position to attest to the facts cited above is required. Please provide this information below (Note: Use the back of this form if additional space is needed):

_____

_____

_____ _____
(Name of Attesting Individual) *(Relationship of Attesting Individual to Participant)*

_____ _____
(Signature of Attesting Individual) *(Date)*

Third-Party Attestation Form for Item U28c/U29c/U29e/U30c
Any wages for first/second/third/fourth quarter after exit quarter?

On this date, I attest that _____ *(Name of Participant)* received wages from ___ / ___ / _____ to ___ / ___ / _____, which is after he/she exited from the SCSEP program.

---------- **OR** ----------

On this date, I attest that _____ *(Name of Participant)*

_____ is deceased.

_____ is unable to continue participating in the SCSEP program and unable to work based on one of the following:

_____ He/She has a documented health/medical exclusion, that is:

1. he/she is in the care of Dr. _____ *(Name of Doctor)*, **and**
2. I have has been informed by Dr. _____ *(Name of Doctor)* that
   a. his/her medical condition is expected to last at least 90 days, **and**
   b. his/her medical condition prevents him/her from continued participation in the SCSEP program and from working.

_____ He/She has a documented family care exclusion, that is:

1. he/she is providing care for _____ *(Name of Relative and Relationship to Participant)*, who is a member of his/her family, **and**
2. the family member is in the care of Dr. _____ *(Name of Doctor)*, **and**
3. I have been informed by Dr. _____ *(Name of Doctor)* that the medical condition is expected to last at least 90 days, **and**
4. the family member requires a level of care which prevents me from continued participation in the SCSEP program or from working.

_____ He/She is institutionalized, that is:

1. he/she is receiving 24-hour care at _____ *(Name of Facility)*, which is a facility such as a prison or a hospital, **and**
2. I have been informed by _____ *(Name and Position)* that he/she is expected to remain at this facility for at least 90 days, which prevents him/her from continued participation in the SCSEP program and from working.

Specific information about your relationship to the applicant and an explanation of how you are in a knowledgeable position to attest to the facts cited above is required. Please provide this information below (Note: Use the back of this form if additional space is needed):

_____

_____

_____

_____ _____

(Name of Attesting Individual) *(Relationship of Attesting Individual to Participant)*

_____ _____

(Signature of Attesting Individual) *(Date)*