King County

Developmental Disabilities & Early Childhood Supports Division
Department of Community & Human Services

CORE Data Dictionary for DDECS Adult Services Providers

King County's Department of Community and Human Services (DCHS) uses the Client Outcomes Reporting Engine (CORE) as a way for providers to submit data about the clients they serve to DCHS. In CORE, data for the Developmental Disabilities and Early Childhood Supports (DDECS) Division Adult Services providers is reported monthly on *reporting spreadsheets* downloaded from the CORE web portal. This data dictionary document does the following:

- Includes the data elements that providers will need to collect for monthly reporting and billing submitted via *reporting spreadsheets* in CORE;
- Defines each data element and their response options for CORE;
- Indicates which data elements are pre-filled in *reporting spreadsheets* and which data elements need to be reported by providers.

Please note, CORE will be tested throughout 2020 and while we will work to limit changes, **all data elements and response options listed here are subject to change.**

The following sections list and define the data elements required for each program. Data elements are listed in the order they will appear in the reporting spreadsheet used for submissions.

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Demographics

The following demographic data elements will be included on *all* the client-level reporting spreadsheets in CORE. For S2W, much of this data will be pre-populated for all clients that appear on your reporting spreadsheet based on information that DDECS Program Managers will enter into the system. For all other programs, much of this data will be pre-populated for clients that are authorized for services via DDA at the time that the reporting spreadsheet is downloaded. Data that will typically be pre-populated in highlighted in grey below and indicated in the "reported by" column.

*IMPORTANT NOTE: For all programs except S2W, if you need to add a client to the spreadsheet (i.e., they are not included in the reporting spreadsheet, but you did serve them during that reporting period), you will need to enter **all required** demographic data elements in order for CORE to accept the upload. Select "Unknown" for fields that you do not have information for. When/if clients you add to the spreadsheet become authorized by DDA, the demographic information you submitted previously will be replaced in the system by data from DDA. For S2W, if you do not see a client on the reporting spreadsheet that you expect to be there, call your DDECS Program Manager to discuss.

Category	CORE Data Element	CORE Options	Reported by?
Demographics	**Agency Client ID** *Required*	Please provide the number your agency uses to keep track of the client in your data systems. This number **cannot** be the same as the client's ADSA ID. It needs to be unique to the clients and should never change, even if the client shifts to other programs. DCHS can provide TA for generating random IDs if needed. No restrictions. Can accept text, numbers, spaces, symbols, etc.	Provider
	ADSAClient Id	The ADSA Client ID from DSHS DDA. Numeric	CORE or Provider*
	Client First Name *Required*	Text, 50 characters	CORE or Provider*
	Client Last Name *Required*	Text, 50 characters	CORE or Provider*
	Date of Birth *Required*	Date: MM/DD/YYYY	CORE or Provider*

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Category	CORE Data Element	CORE Options	Reported by?
	American Indian/Alaska Native *Required*	List: Yes, No	CORE or Provider*
	Asian/Asian-American *Required*	List: Yes, No	CORE or Provider*
	Black/African-American/African *Required*	List: Yes, No	CORE or Provider*
	Native Hawaiian/Pacific Islander *Required*	List: Yes, No	CORE or Provider*
	White *Required*	List: Yes, No	CORE or Provider*
	Race Unknown *Required*	List: Yes, No	CORE or Provider*
	Hispanic Ethnicity *Required*	List: Yes, No, Prefer not to say, Unknown	CORE or Provider*
	Gender Identity *Required*	List: Female, Male, Self-describes in another way, Prefer not to say, Unknown	CORE or Provider*
	Zip Code *Required*	Numeric, 5 digits	CORE or Provider*
	City *Required*	List of King County cities (see **Appendix A**)	CORE or Provider*
	Residence County ID	Client's county of residence as per their CSA. List of county IDs (see **Appendix B**)	CORE or Provider*
	Preferred Language *Required*	List: American Sign Language Amharic Arabic Chinese-Cantonese Chinese-Mandarin English Korean Russian Somali Spanish	CORE or Provider*

Category	CORE Data Element	CORE Options	Reported by?
		Ukrainian Vietnamese Other Prefer not to say Unknown	
	Acuity *Required*	List: High, Medium, Low, Unknown	CORE or Provider*

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School-to-Work

The following data elements will be included on the client-level reporting spreadsheets for School-to-Work in CORE, immediately following the demographic data elements listed above. Some of the data elements included on the spreadsheet will automatically populate via information contained in CORE. Data that is pre-populated on reporting spreadsheets and therefore does not need to be reported by providers is highlighted in grey below and indicated in the "reported by" column.

Category	CORE Data Element	CORE Options	Reported by?
School Details	**Transition Fund Year**	*Pre-filled.* Year client is expected to transition out of school. YYYY	CORE
	School District	*Pre-filled.* Client's school district. List (see **Appendix C**)	CORE
Service Data	**S2W Model**	*Pre-filled.* Field to reflect the School-to-Work program model that client is enrolled in. **LIST OPTIONS** **DEFINITION** **S2W_PS** Project Search **S2W_GM** General **S2W_ACH** ACHIEVE **S2W_CM** Collaboration **S2W_DM** District	CORE
	Enrollment Date	*Pre-filled.* School-to-Work start date with your agency. MM/DD/YYYY	CORE
	Assessment Completion Date	Date that assessment activities (from SDOP) were completed and the assessment report was written. MM/DD/YYYY	Provider
	Job Type Goal	Enter job type goal for client. List (see **Appendix D**)	Provider

Category	CORE Data Element	CORE Options	Reported by?
		*This field can and should change over time as the client's goals change.	
	Weekly Hour Goal	Enter weekly work hour goal for client. Numeric *This field can and should change over time as the client's goal change.	Provider
Provider Hours	**Job Prep** *Required*	Enter total number of phase one intake, discovery, assessment, and/or job prep hours. For definitions and examples of activities in this phase, see "AWA Billing Instructions" document on the County Best Practices website for DSHS DDA. Numeric, can be zero. Only whole numbers or quarter hours are acceptable. Can include additional service hours that are not being billed for.	Provider
	Job Development *Required*	Enter total number of phase two marketing and job development hours. For definitions and examples of activities in this phase, see "AWA Billing Instructions" document on the County Best Practices website for DSHS DDA. Numeric, can be zero. Only whole numbers or quarter hours are acceptable. Can include additional service hours that are not being billed for.	Provider
	Job Coaching *Required*	Enter total number of phase three job support and job coaching hours. For definitions and examples of activities in this phase, see "AWA Billing Instructions" document on the County Best Practices website for DSHS DDA. Numeric, can be zero unless "Client Hours Paid" for at least one active job is >0. Only whole numbers or quarter hours are acceptable. Can include additional service hours that are not being billed for.	Provider
Client Hours	**Number of Jobs** *Required*	Insert total number of jobs client has currently. Do not include jobs that have ended/terminated.	Provider

Category	CORE Data Element	CORE Options	Reported by?
		Numeric, can be zero if client is unemployed.	
	Job 1 Client Hours Paid *Required if client has job "Job 1 Employment Start Date" and no job loss date*	Enter the total number of hours the client spent in paid community employment (including hours for vacation, sick or holiday) during the service month for the job associated with **"Job 1 Employment Start Date"**. Numeric, can be zero	Provider
	Job 1 Hourly Wage *Required if client has job "Job 1 Employment Start Date" and no job loss date*	Enter the hourly wage the client received during the service month for the job associated with **"Job 1 Employment Start Date"**. Must be equal to or greater than state **minimum wage**. Currency	Provider
	Job 2 Client Hours Paid *Required if client has job "Job 2 Employment Start Date" and no job loss date*	Enter the total number of hours the client spent in paid community employment (including hours for vacation, sick or holiday) during the service month for the job associated with **"Job 2 Employment Start Date"**. Numeric, can be zero	Provider
	Job 2 Hourly Wage *Required if client has job "Job 2 Employment Start Date" and no job loss date*	Enter the hourly wage the client received during the service month for the job associated with **"Job 2 Employment Start Date"**. Must be equal to or greater than state minimum wage. Currency	Provider
	Job 3 Client Hours Paid *Required if client has job "Job 3 Employment Start Date" and no job loss date*	Enter the total number of hours the client spent in paid community employment (including hours for vacation, sick or holiday) during the service month for the job associated with **"Job 3 Employment Start Date"**. Numeric, can be zero	Provider
	Job 3 Hourly Wage *Required if client has job "Job 3 Employment Start Date" and no job loss date*	Enter the hourly wage the client received during the service month for the job associated with **"Job 3 Employment Start Date"**. Must be equal to or greater than state minimum wage.	Provider

Category	CORE Data Element	CORE Options	Reported by?
		Currency	
Employment Outcome Data	**Other Reported Outcomes** *Required*	Select primary additional outcome for client in current reporting period. List: Post-secondary education Additional job(s) Volunteering Paid Internship Unpaid Internship Employment Services (Seeking Paid Employment) Health condition preventing work DVR Services None known	Provider
	Job 1 Employment Start Date	Enter client's job start date for their first reported job. If they have an additional job, put that information into the data elements starting with "Job 2…" or "Job 3…" MM/DD/YYYY	Provider
	Job 1 Employer Name *Required if client has job "Job 1 Employment Start Date"*	Enter employer name for the job associated with **"Job 1 Employment Start Date"**. Text	Provider
	Job 1 Employer City *Required if client has job "Job 1 Employment Start Date"*	Enter primary city where client is working for the job associated with **"Job 1 Employment Start Date"**. List (see **Appendix A**)	Provider
	Job 1 Employer Zip Code *Required if client has job "Job 1 Employment Start Date"*	Enter primary zip code where client is working for the job associated with **"Job 1 Employment Start Date"**. Numeric, 5 digits	Provider

Category	CORE Data Element	CORE Options	Reported by?
	Job 1 Job Title *Required if client has job "Job 1 Employment Start Date"*	Enter client's job title for the job associated with **"Job 1 Employment Start Date"**. Text	Provider
	Job 1 Job Type *Required if client has job "Job 1 Employment Start Date"*	Enter job type for client's current job for the job associated with **"Job 1 Employment Start Date"**. List (see **Appendix D**)	Provider
	Job 1 Stabilization Date	Enter date of job stabilization for the job associated with **"Job 1 Employment Start Date"**. MM/DD/YYYY	Provider
	Job 1 Job Loss Date	Enter date of client's job loss for the job associated with **"Job 1 Employment Start Date"**. MM/DD/YYYY	Provider
	Job 1 Job Loss Reason *Required if job loss is reported for Job 1*	Enter reason for client's job loss for the job associated with **"Job 1 Employment Start Date"**. List (see **Appendix E**)	Provider
	Job 1 Dental Insurance *Required if client has job "Job 1 Employment Start Date"*	Select whether job associated with **"Job 1 Employment Start Date"** includes dental insurance. List: Yes, No	Provider
	Job 1 Medical Insurance *Required if client has job "Job 1 Employment Start Date"*	Select whether job associated with **"Job 1 Employment Start Date"** includes medical insurance. List: Yes, No	Provider
	Job 1 Paid Leave Benefits *Required if client has job "Job 1 Employment Start Date"*	Select whether job associated with **"Job 1 Employment Start Date"** includes paid leave benefits. List: Yes, No	Provider

Category	CORE Data Element	CORE Options	Reported by?
	Job 1 Retirement Benefits *Required if client has job "Job 1 Employment Start Date"*	Select whether job associated with **"Job 1 Employment Start Date"** includes retirement benefits. List: Yes, No	Provider
	Job 2 Employment Start Date	Enter client's job start date for their second reported job. If they have an additional job, put that information into the data elements starting with "Job 1…" or "Job 3…" MM/DD/YYYY	Provider
	Job 2 Employer Name *Required if client has job "Job 2 Employment Start Date"*	Enter employer name for the job associated with **"Job 2 Employment Start Date"**. Text	Provider
	Job 2 Employer City *Required if client has job "Job 2 Employment Start Date"*	Enter primary city where client is working for the job associated with **"Job 2 Employment Start Date"**. List (see **Appendix A**)	Provider
	Job 2 Employer Zip Code *Required if client has job "Job 2 Employment Start Date"*	Enter primary zip code where client is working for the job associated with **"Job 2 Employment Start Date"**. Numeric, 5 digits	Provider
	Job 2 Job Title *Required if client has job "Job 2 Employment Start Date"*	Enter client's job title for the job associated with **"Job 2 Employment Start Date"**. Text	Provider
	Job 2 Job Type *Required if client has job "Job 2 Employment Start Date"*	Enter job type for client's current job for the job associated with **"Job 2 Employment Start Date"**. List (see **Appendix D**)	Provider
	Job 2 Stabilization Date	Enter date of job stabilization for the job associated with **"Job 2 Employment Start Date"**. MM/DD/YYYY	Provider

Category	CORE Data Element	CORE Options	Reported by?
	Job 2 Job Loss Date	Enter date of client's job loss for the job associated with **"Job 2 Employment Start Date"**. MM/DD/YYYY	Provider
	Job 2 Job Loss Reason *Required if job loss is reported for Job 2*	Enter reason for client's job loss for the job associated with **"Job 2 Employment Start Date"**. List (see **Appendix E**)	Provider
	Job 2 Dental Insurance *Required if client has job "Job 2 Employment Start Date"*	Select whether job associated with **"Job 2 Employment Start Date"** includes dental insurance. List: Yes, No	Provider
	Job 2 Medical Insurance *Required if client has job "Job 2 Employment Start Date"*	Select whether job associated with **"Job 2 Employment Start Date"** includes medical insurance. List: Yes, No	Provider
	Job 2 Paid Leave Benefits *Required if client has job "Job 2 Employment Start Date"*	Select whether job associated with **"Job 2 Employment Start Date"** includes paid leave benefits. List: Yes, No	Provider
	Job 2 Retirement Benefits *Required if client has job "Job 2 Employment Start Date"*	Select whether job associated with **"Job 2 Employment Start Date"** includes retirement benefits. List: Yes, No	Provider
	Job 3 Employment Start Date	Enter client's job start date for their third reported job. If they have an additional job, put that information into the data elements starting with "Job 1…" or "Job 2…" MM/DD/YYYY	Provider
	Job 3 Employer Name *Required if client has job "Job 3 Employment Start Date"*	Enter employer name for the job associated with **"Job 3 Employment Start Date"**. Text	Provider

Category	CORE Data Element	CORE Options	Reported by?
	Job 3 Employer City *Required if client has job "Job 3 Employment Start Date"*	Enter primary city where client is working for the job associated with **"Job 3 Employment Start Date"**. List (see **Appendix A**)	Provider
	Job 3 Employer Zip Code *Required if client has job "Job 3 Employment Start Date"*	Enter primary zip code where client is working for the job associated with **"Job 3 Employment Start Date"**. Numeric, 5 digits	Provider
	Job 3 Job Title *Required if client has job "Job 3 Employment Start Date"*	Enter client's job title for the job associated with **"Job 3 Employment Start Date"**. Text	Provider
	Job 3 Job Type *Required if client has job "Job 3 Employment Start Date"*	Enter job type for client's current job for the job associated with **"Job 3 Employment Start Date"**. List (see **Appendix D**)	Provider
	Job 3 Job Stabilization Date	Enter date of job stabilization for the job associated with **"Job 3 Employment Start Date"**. MM/DD/YYYY	Provider
	Job 3 Job Loss Date	Enter date of client's job loss for the job associated with **"Job 3 Employment Start Date"**. MM/DD/YYYY	Provider
	Job 3 Job Loss Reason *Required if job loss is reported for Job 3*	Enter reason for client's job loss for the job associated with **"Job 3 Employment Start Date"**. List (see **Appendix E**)	Provider
	Job 3 Dental Insurance *Required if client has job "Job 3 Employment Start Date"*	Select whether job associated with **"Job 3 Employment Start Date"** includes dental insurance. List: Yes, No	Provider

Category	CORE Data Element	CORE Options	Reported by?
	Job 3 Medical Insurance *Required if client has job "Job 3 Employment Start Date"*	Select whether job associated with **"Job 3 Employment Start Date"** includes medical insurance. List: Yes, No	Provider
	Job 3 Paid Leave Benefits *Required if client has job "Job 3 Employment Start Date"*	Select whether job associated with **"Job 3 Employment Start Date"** includes paid leave benefits. List: Yes, No	Provider
	Job 3 Retirement Benefits *Required if client has job "Job 3 Employment Start Date"*	Select whether job associated with **"Job 3 Employment Start Date"** includes retirement benefits. List: Yes, No	Provider
	Notes	Enter any notes relevant to the billing data submitted for this client that you want to share with the Program Manager. Text, unlimited characters	Provider

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Individual Employment

The following data elements will be included on the client-level reporting spreadsheets for Individual Employment in CORE, immediately following the demographic data elements listed above. Some of the data elements included on the spreadsheet will automatically populate via information contained in CORE, i.e., DDA authorization information. Data that is pre-populated on reporting spreadsheets and therefore does not need to be reported by providers is highlighted in grey below and indicated in the "reported by" column.

Category	CORE Data Element	CORE Options	Reported by?
Service Data	**Service To Date**	Pre-filled. End date for current CSA. MM/DD/YYYY	CORE
	Maximum Authorized Hours	Pre-filled. Maximum service hours authorized for client for current reporting period. Numeric	CORE
	Planned Rate Start Date	Pre-filled. Start date for Maximum Authorized Hours. MM/DD/YYYY	CORE
	RAC	Pre-filled Recipient Aid Category (RAC) showing the waiver or funding source for the client via DDA. Text, 1-5 characters	CORE
	Next PCSP Date	Pre-filled. Date of next Person Centered Service Plan (PCSP). Formally called "Next ISP Date." MM/DD/YYYY	CORE
	Enrollment Date *Required*	This is intended to be the enrollment date with the current agency. Enter date client enrolled or entered services for IE with your agency. MM/DD/YYYY	Provider
	Exit Date	Enter date client terminated or left IE services with your agency. MM/DD/YYYY	Provider
	Service Termination Reason *Required if client has exited services*	Enter reason client terminated services with your agency. List (see **Appendix F**)	Provider

Category	CORE Data Element	CORE Options	Reported by?
	Funding Source *Required*	Select the expected funding source for the client. If you know the client will be funded via Service Gap County Funds, select "SGCF." Only select this option with prior approval from DDECS program staff. If you know the client will be funded via Fircrest, select "Fircrest." For all other cases, select "DDA." CORE will use this field to assign clients to the proper funding source for IE, checking DDA Authorization first, which will always take precedence. List: DDA, SGCF, Fircrest	Provider
	ETR / Prior Approval *Required*	Select "Yes" if you have an approved ETR or prior approval for this client or you plan to request one. If you enter "No," the system will not recheck any additional provider hours for future authorization and payment. List: Yes, No	Provider
	Funding Entity *Required*	Enter current funder(s) for client. List: King County, DVR, King County & DVR	Provider
	Job Type Goal *Required if client is employed*	Enter job type goal for client. List (see **Appendix D**)	Provider
	Weekly Hour Goal *Required if client is employed*	Enter weekly work hour goal for client. Numeric	Provider
Provider Hours	**Job Prep** *Required*	Enter total number of phase one intake, discovery, assessment, and/or job prep hours. For definitions and examples of activities in this phase, see "AWA Billing Instructions" document on the County Best Practices website for DSHS DDA. Numeric, can be zero. Only whole numbers or quarter hours are acceptable. Can include additional service hours that are not being billed for.	Provider

Category	CORE Data Element	CORE Options	Reported by?
	Job Development *Required*	Enter total number of phase two marketing and job development hours. For definitions and examples of activities in this phase, see "AWA Billing Instructions" document on the County Best Practices website for DSHS DDA. Numeric, can be zero. Only whole numbers or quarter hours are acceptable. Can include additional service hours that are not being billed for.	Provider
	Job Coaching *Required*	Enter total number of phase three job support and job coaching hours. For definitions and examples of activities in this phase, see "AWA Billing Instructions" document on the County Best Practices website for DSHS DDA. Numeric, can be zero unless "Client Hours Paid" for at least one active job is >0. Only whole numbers or quarter hours are acceptable. Can include additional service hours that are not being billed for.	Provider
	Record Keeping *Required*	Enter total number of phase four record keeping hours. For definitions and examples of activities in this phase, see "AWA Billing Instructions" document on the County Best Practices website for DSHS DDA. Numeric, can be zero. Only whole numbers or quarter hours are acceptable. Warning will be initiated if over 3 hours. Can include additional service hours that are not being billed for.	Provider
Client Hours	**Number of Jobs** *Required*	Insert total number of jobs client has currently. Do not include jobs that have ended/terminated. Numeric, can be zero if client is unemployed.	Provider
	Job 1 Client Hours Paid *Required if client has job "Job 1 Employment Start Date" and no job loss date*	Enter the total number of hours the client spent in paid community employment (including hours for vacation, sick or holiday) during the service month for the job associated with **"Job 1 Employment Start Date"**. Numeric, can be zero	Provider

Category	CORE Data Element	CORE Options	Reported by?
	Job 1 Hourly Wage *Required if client has job "Job 1 Employment Start Date" and no job loss date*	Enter the hourly wage the client received during the service month for the job associated with **"Job 1 Employment Start Date"**. Must be equal to or greater than state minimum wage, unless "Job 1 Job Type" is "Self Employed." Currency	Provider
	Job 2 Client Hours Paid *Required if client has job "Job 2 Employment Start Date" and no job loss date*	Enter the total number of hours the client spent in paid community employment (including hours for vacation, sick or holiday) during the service month for the job associated with **"Job 2 Employment Start Date"**. Numeric, can be zero	Provider
	Job 2 Hourly Wage *Required if client has job "Job 2 Employment Start Date" and no job loss date*	Enter the hourly wage the client received during the service month for the job associated with **"Job 2 Employment Start Date"**. Must be equal to or greater than state minimum wage, unless "Job 2 Job Type" is "Self Employed." Currency	Provider
	Job 3 Client Hours Paid *Required if client has job "Job 3 Employment Start Date" and no job loss date*	Enter the total number of hours the client spent in paid community employment (including hours for vacation, sick or holiday) during the service month for the job associated with **"Job 3 Employment Start Date"**. Numeric, can be zero	Provider
	Job 3 Hourly Wage *Required if client has job "Job 3 Employment Start Date" and no job loss date*	Enter the hourly wage the client received during the service month for the job associated with **"Job 3 Employment Start Date"**. Must be equal to or greater than state minimum wage, unless "Job 3 Job Type" is "Self Employed." Currency	Provider
	Client Community Assessment Hours	Enter the total number of hours the client spent in non-paid community assessment activities during the service month in non-segregated community activities designed to build skills and broaden	Provider

Category	CORE Data Element	CORE Options	Reported by?
		awareness of job opportunities. Do not include hours reported under "Client Pathway Hours Other." Do not report time spent supporting client. Numeric, can be zero	
	Client Pathway Hours Other	Enter the total number of hours the client spent in Other activities during the service month in non-segregated community activities designed to build skills and broaden awareness of job opportunities without staff. Do not include lunchtime or hours reported in "Client Hours Paid," or provider hours in phase 1-4. Numeric	Provider
Employment Outcome Data	**Job 1 Employment Start Date**	Enter client's job start date for their first reported job. If they have an additional job, put that information into the data elements starting with "Job 2…" or "Job 3…" MM/DD/YYYY	Provider
	Job 1 Employer Name *Required if client has job "Job 1 Employment Start Date"*	Enter employer name for the job associated with **"Job 1 Employment Start Date"**. Text	Provider
	Job 1 Employer City *Required if client has job "Job 1 Employment Start Date"*	Enter primary city where client is working for the job associated with **"Job 1 Employment Start Date"**. List (see **Appendix A**)	Provider
	Job 1 Employer Zip Code *Required if client has job "Job 1 Employment Start Date"*	Enter primary zip code where client is working for the job associated with **"Job 1 Employment Start Date"**. Numeric, 5 digits	Provider
	Job 1 Job Type *Required if client has job "Job 1 Employment Start Date"*	Enter job type for client's current job for the job associated with **"Job 1 Employment Start Date"**. List (see **Appendix D**)	Provider

Category	CORE Data Element	CORE Options	Reported by?
	Job 1 Job Loss Date	Enter date of client's job loss for the job associated with **"Job 1 Employment Start Date"**. MM/DD/YYYY	Provider
	Job 1 Job Loss Reason *Required if job loss is reported for Job 1*	Enter reason for client's job loss for the job associated with **"Job 1 Employment Start Date"**. List (see **Appendix E**)	Provider
	Job 1 Dental Insurance *Required if client has job "Job 1 Employment Start Date"*	Select whether job associated with **"Job 1 Employment Start Date"** includes dental insurance. List: Yes, No	Provider
	Job 1 Medical Insurance *Required if client has job "Job 1 Employment Start Date"*	Select whether job associated with **"Job 1 Employment Start Date"** includes medical insurance. List: Yes, No	Provider
	Job 1 Paid Leave Benefits *Required if client has job "Job 1 Employment Start Date"*	Select whether job associated with **"Job 1 Employment Start Date"** includes paid leave benefits. List: Yes, No	Provider
	Job 1 Retirement Benefits *Required if client has job "Job 1 Employment Start Date"*	Select whether job associated with **"Job 1 Employment Start Date"** includes retirement benefits. List: Yes, No	Provider
	Job 2 Employment Start Date	Enter client's job start date for their second reported job. If they have an additional job, put that information into the data elements starting with "Job 1…" or "Job 3…" MM/DD/YYYY	Provider

Category	CORE Data Element	CORE Options	Reported by?
	Job 2 Employer Name *Required if client has job "Job 2 Employment Start Date"*	Enter employer name for the job associated with **"Job 2 Employment Start Date"**. Text	Provider
	Job 2 Employer City *Required if client has job "Job 2 Employment Start Date"*	Enter primary city where client is working for the job associated with **"Job 2 Employment Start Date"**. List (see **Appendix A**)	Provider
	Job 2 Employer Zip Code *Required if client has job "Job 2 Employment Start Date"*	Enter primary zip code where client is working for the job associated with **"Job 2 Employment Start Date"**. Numeric, 5 digits	Provider
	Job 2 Job Type *Required if client has job "Job 2 Employment Start Date"*	Enter job type for client's current job for the job associated with **"Job 2 Employment Start Date"**. List (see **Appendix D**)	Provider
	Job 2 Job Loss Date	Enter date of client's job loss for the job associated with **"Job 2 Employment Start Date"**. MM/DD/YYYY	Provider
	Job 2 Job Loss Reason *Required if job loss is reported for Job 2*	Enter reason for client's job loss for the job associated with **"Job 2 Employment Start Date"**. List (see **Appendix E**)	Provider
	Job 2 Dental Insurance *Required if client has job "Job 2 Employment Start Date"*	Select whether job associated with **"Job 2 Employment Start Date"** includes dental insurance. List: Yes, No	Provider
	Job 2 Medical Insurance *Required if client has job "Job 2 Employment Start Date"*	Select whether job associated with **"Job 2 Employment Start Date"** includes medical insurance.	Provider

Category	CORE Data Element	CORE Options	Reported by?
		List: Yes, No	
	Job 2 Paid Leave Benefits *Required if client has job "Job 2 Employment Start Date"*	Select whether job associated with **"Job 2 Employment Start Date"** includes paid leave benefits. List: Yes, No	Provider
	Job 2 Retirement Benefits *Required if client has job "Job 2 Employment Start Date"*	Select whether job associated with **"Job 2 Employment Start Date"** includes retirement benefits. List: Yes, No	Provider
	Job 3 Employment Start Date	Enter client's job start date for their third reported job. If they have an additional job, put that information into the data elements starting with "Job 1…" or "Job 2…" MM/DD/YYYY	Provider
	Job 3 Employer Name *Required if client has job "Job 3 Employment Start Date"*	Enter employer name for the job associated with **"Job 3 Employment Start Date"**. Text	Provider
	Job 3 Employer City *Required if client has job "Job 3 Employment Start Date"*	Enter primary city where client is working for the job associated with **"Job 3 Employment Start Date"**. List (see **Appendix A**)	Provider
	Job 3 Employer Zip Code *Required if client has job "Job 3 Employment Start Date"*	Enter primary zip code where client is working for the job associated with **"Job 3 Employment Start Date"**. Numeric, 5 digits	Provider
	Job 3 Job Type	Enter job type for client's current job for the job associated with **"Job 3 Employment Start Date"**.	Provider

Category	CORE Data Element	CORE Options	Reported by?
	Required if client has job "Job 3 Employment Start Date"	List (see **Appendix D**)	
	Job 3 Job Loss Date	Enter date of client's job loss for the job associated with **"Job 3 Employment Start Date"**. MM/DD/YYYY	Provider
	Job 3 Job Loss Reason *Required if job loss is reported for Job 3*	Enter reason for client's job loss for the job associated with **"Job 3 Employment Start Date"**. List (see **Appendix E**)	Provider
	Job 3 Dental Insurance *Required if client has job "Job 3 Employment Start Date"*	Select whether job associated with **"Job 3 Employment Start Date"** includes dental insurance. List: Yes, No	Provider
	Job 3 Medical Insurance *Required if client has job "Job 3 Employment Start Date"*	Select whether job associated with **"Job 3 Employment Start Date"** includes medical insurance. List: Yes, No	Provider
	Job 3 Paid Leave Benefits *Required if client has job "Job 3 Employment Start Date"*	Select whether job associated with **"Job 3 Employment Start Date"** includes paid leave benefits. List: Yes, No	Provider
	Job 3 Retirement Benefits *Required if client has job "Job 3 Employment Start Date"*	Select whether job associated with **"Job 3 Employment Start Date"** includes retirement benefits. List: Yes, No	Provider
	Notes	Enter any notes relevant to the billing data submitted for this client that you want to share with the Program Manager. Text, unlimited characters	Provider

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Group Supported Employment

The following data elements will be included on the client-level reporting spreadsheets for Group Supported Employment in CORE, immediately following the demographic data elements listed above. Some of the data elements included on the spreadsheet will automatically populate via information contained in CORE, i.e., DDA authorization information. Data that is pre-populated on reporting spreadsheets and therefore does not need to be reported by providers is highlighted in grey below and indicated in the "reported by" column.

Category	CORE Data Element	CORE Options	Reported by?
Service Data	**Service To Date**	Pre-filled. End date for current CSA. MM/DD/YYYY	CORE
	RAC	Pre-filled Recipient Aid Category (RAC) showing the waiver or funding source for the client via DDA. Text, 1-5 characters	CORE
	Next PCSP Date	Pre-filled. Date of next Person Centered Service Plan (PCSP). Formally called "Next ISP Date." MM/DD/YYYY	CORE
	Maximum Authorized Hours	Pre-filled. Maximum service hours authorized for client for current reporting period. Numeric	CORE
	Planned Rate Start Date	Pre-filled. Start date for Maximum Authorized Hours. MM/DD/YYYY	CORE
	Enrollment Date *Required*	This is intended to be the enrollment date with the current agency. Enter date client enrolled or entered services for GSE with your agency. MM/DD/YYYY	Provider
	Exit Date	Enter date client terminated or left GSE services with your agency. MM/DD/YYYY	Provider

Category	CORE Data Element	CORE Options	Reported by?
	Service Termination Reason *Required if client has exited services*	Enter reason client terminated or exited services with your agency. List (see **Appendix F**)	Provider
	Funding Source *Required*	Select the expected funding source for the client. If you know the client will be funded via Service Gap County Funds, select "SGCF." Only select this option with prior approval from DDECS program staff. If you know the client will be funded via Fircrest, select "Fircrest." For all other cases, select "DDA." CORE will use this field to assign clients to the proper funding source for IE, checking DDA Authorization first, which will always take precedence. List: DDA, SGCF, Fircrest	Provider
	ETR / Prior Approval *Required*	Select "Yes" if you have an approved ETR or prior approval for this client or you plan to request one. If you enter "No," the system will not recheck any additional provider hours for future authorization and payment. List: Yes, No	Provider
	Job Type Goal *Required if client is employed*	Enter job type goal for client. List (see **Appendix D**)	Provider
	Weekly Hour Goal *Required if client is employed*	Enter weekly work hour goal for client. Numeric	Provider
Provider Hours	**Received Community Hours** *Required*	Indicate if client received one-on-one community hours toward an individual job. List: Yes, No	Provider
	Job Prep *Required*	Enter total number of phase one intake, discovery, assessment, and/or job prep hours. For definitions and examples of activities in this phase, see "AWA Billing Instructions" document on the County Best Practices website for DSHS DDA.	Provider

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Category	CORE Data Element	CORE Options	Reported by?
		Numeric, can be zero. Only whole numbers or quarter hours are acceptable. Can include additional service hours that are not being billed for.	
	Job Development *Required*	Enter total number of phase two marketing and job development hours. For definitions and examples of activities in this phase, see "AWA Billing Instructions" document on the County Best Practices website for DSHS DDA. Numeric, can be zero. Only whole numbers or quarter hours are acceptable. Can include additional service hours that are not being billed for.	Provider
	Job Coaching *Required*	Enter total number of phase three job support and job coaching hours. For definitions and examples of activities in this phase, see "AWA Billing Instructions" document on the County Best Practices website for DSHS DDA. Numeric, can be zero unless "Client Hours Paid" for at least one active job is >0. Only whole numbers or quarter hours are acceptable. Can include additional service hours that are not being billed for.	Provider
	Record Keeping *Required*	Enter total number of phase four record keeping hours. For definitions and examples of activities in this phase, see "AWA Billing Instructions" document on the County Best Practices website for DSHS DDA. Numeric, can be zero. Only whole numbers or quarter hours are acceptable. Warning will be initiated if over 3 hours. Can include additional service hours that are not being billed for.	Provider
Client Hours	**Job 1 Client Hours Paid** *Required if client has job "Job 1 Employment Start Date" and no job loss date*	*For the purposes of GSE, "Job 1..." is the client's GSE position.* Enter the total number of hours the client spent in paid group supported employment (including hours for vacation, sick or holiday) during the service month for the job associated with **"Job 1 Employment Start Date"**. Numeric, can be zero	Provider

Category	CORE Data Element	CORE Options	Reported by?
	Job 1 Hourly Wage *Required if client has job "Job 1 Employment Start Date" and no job loss date*	*For the purposes of GSE, "Job 1…" is the client's GSE position.* Enter the hourly wage the client received during the service month for the job associated with **"Job 1 Employment Start Date"**. Must be equal to or greater than state minimum wage, unless "Job 1 Job Type" is "Self Employed." Currency	Provider
	Job 2 Client Hours Paid *Required if client has job "Job 2 Employment Start Date" and no job loss date*	Enter the total number of hours the client spent in paid individual employment in the community (including hours for vacation, sick or holiday) during the service month for the job associated with **"Job 2 Employment Start Date"**. *This would be uncommon in GSE.* Numeric, can be zero	Provider
	Job 2 Hourly Wage *Required if client has job "Job 2 Employment Start Date" and no job loss date*	Enter the hourly wage the client received during the service month for the job associated with **"Job 2 Employment Start Date"** (paid individual employment community job in the case of GSE, if client has one). Must be equal to or greater than state minimum wage, unless "Job 2 Job Type" is "Self Employed." Currency	Provider
	Site Hours *Required*	Enter the total number of hours the client participated in site hours during report month. Do not include lunch time. Numeric, can be zero	Provider
	Client Community Assessment Hours	Enter the total number of hours the client spent in non-paid community assessment activities during the service month in non-segregated community activities designed to build skills and broaden awareness of job opportunities. Do not include hours reported under "Client Pathway Hours Other." Do not report time spent supporting client. Numeric, can be zero	Provider

Category	CORE Data Element	CORE Options	Reported by?
	Client Pathway Hours Other	Enter the total number of hours the client spent in Other activities during the service month in non-segregated community activities designed to build skills and broaden awareness of job opportunities without staff. Do not include lunchtime or hours reported in "Client Hours Paid," "Client Hours Volunteer," or provider hours in phase I-IV. Numeric	Provider
Employment Outcome Data	Job 1 Employment Start Date	*For the purposes of GSE, "Job 1…" is the client's GSE position.* Enter client's employment start date. MM/DD/YYYY	Provider
	Job 1 Employer Name *Required if client has job "Job 1 Employment Start Date"*	*For the purposes of GSE, "Job 1…" is the client's GSE position.* Enter employer name for the job associated with **"Job 1 Employment Start Date"**. Text	Provider
	Job 1 Employer City *Required if client has job "Job 1 Employment Start Date"*	*For the purposes of GSE, "Job 1…" is the client's GSE position.* Enter primary city where client is working for the job associated with **"Job 1 Employment Start Date"**. List (see **Appendix A**)	Provider
	Job 1 Employer Zip Code *Required if client has job "Job 1 Employment Start Date"*	*For the purposes of GSE, "Job 1…" is the client's GSE position.* Enter primary zip code where client is working for the job associated with **"Job 1 Employment Start Date"**. Numeric, 5 digits	Provider
	Job 1 Job Type *Required if client has job "Job 1 Employment Start Date"*	*For the purposes of GSE, "Job 1…" is the client's GSE position.* Enter job type for client's current job for the job associated with **"Job 1 Employment Start Date"**. List (see **Appendix D**)	Provider

Category	CORE Data Element	CORE Options	Reported by?
	Job 2 Employment Start Date	Enter client's job start date for their second reported job. In the case of GSE, this would be uncommon, but would be a paid individual employment job the client has in the community. MM/DD/YYYY	Provider
	Job 2 Employer Name *Required if client has job "Job 2 Employment Start Date"*	Enter employer name for the job associated with **"Job 2 Employment Start Date"**. In the case of GSE, this would be uncommon, but would be a paid individual employment job the client has in the community. Text	Provider
	Job 2 Employer City *Required if client has job "Job 2 Employment Start Date"*	Enter primary city where client is working for the job associated with **"Job 2 Employment Start Date"**. In the case of GSE, this would be uncommon, but would be a paid individual employment job the client has in the community. List (see **Appendix A**)	Provider
	Job 2 Employer Zip Code *Required if client has job "Job 2 Employment Start Date"*	Enter primary zip code where client is working for the job associated with **"Job 2 Employment Start Date"**. In the case of GSE, this would be uncommon, but would be a paid individual employment job the client has in the community. Numeric, 5 digits	Provider
	Job 2 Job Type *Required if client has job "Job 2 Employment Start Date"*	Enter job type for client's current job for the job associated with **"Job 2 Employment Start Date"**. In the case of GSE, this would be uncommon, but would be a paid individual employment job the client has in the community. List (see **Appendix D**)	Provider
	Job 2 Job Loss Date	Enter date of client's job loss for the job associated with **"Job 2 Employment Start Date"**. In the case of GSE, this would be uncommon, but would be a paid individual employment job the client has in the community. MM/DD/YYYY	Provider

Category	CORE Data Element	CORE Options	Reported by?
	Job 2 Job Loss Reason *Required if job loss is reported for Job 2*	Enter reason for client's job loss for the job associated with **"Job 2 Employment Start Date"**. In the case of GSE, this would be uncommon, but would be a paid individual employment job the client has in the community. List (see **Appendix E**)	Provider
	Job 2 Dental Insurance *Required if client has job "Job 2 Employment Start Date"*	Select whether job associated with **"Job 2 Employment Start Date"** includes dental insurance. In the case of GSE, this would be uncommon, but would be a paid individual employment job the client has in the community. List: Yes, No	Provider
	Job 2 Medical Insurance *Required if client has job "Job 2 Employment Start Date"*	Select whether job associated with **"Job 2 Employment Start Date"** includes medical insurance. In the case of GSE, this would be uncommon, but would be a paid individual employment job the client has in the community. List: Yes, No	Provider
	Job 2 Paid Leave Benefits *Required if client has job "Job 2 Employment Start Date"*	Select whether job associated with **"Job 2 Employment Start Date"** includes paid leave benefits. In the case of GSE, this would be uncommon, but would be a paid individual employment job the client has in the community. List: Yes, No	Provider
	Job 2 Retirement Benefits *Required if client has job "Job 2 Employment Start Date"*	Select whether job associated with **"Job 2 Employment Start Date"** includes retirement benefits. In the case of GSE, this would be uncommon, but would be a paid individual employment job the client has in the community. List: Yes, No	Provider
	Notes	Enter any notes relevant to the billing data submitted for this client that you want to share with the Program Manager. Text, unlimited characters	Provider

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Community Inclusion

The following data elements will be included on the client-level reporting spreadsheets for Community Inclusion in CORE, immediately following the demographic data elements listed above. Some of the data elements included on the spreadsheet will automatically populate via information contained in CORE, i.e., DDA authorization information. Data that is pre-populated on reporting spreadsheets and therefore does not need to be reported by providers is highlighted in grey below and indicated in the "reported by" column.

Category	CORE Data Element	CORE Options	Reported by?
Service Data	**Maximum Authorized Hours**	Pre-filled. Maximum service hours authorized for client for current reporting period. Numeric	CORE
	Planned Rate Start Date	Pre-filled. Start date for Maximum Authorized Hours. MM/DD/YYYY	CORE
	RAC	Pre-filled Recipient Aid Category (RAC) showing the waiver or funding source for the client via DDA. Text, 1-5 characters	CORE
	Next PCSP Date	Pre-filled. Date of next Person Centered Service Plan (PCSP). Formally called "Next ISP Date." MM/DD/YYYY	CORE
	Enrollment Date *Required*	This is intended to be the enrollment date with the current agency. Enter date client enrolled or entered services for Community Inclusion services with your agency. MM/DD/YYYY	Provider
	Exit Date	Enter date client terminated or left Community Inclusion services. MM/DD/YYYY	Provider

Category	CORE Data Element	CORE Options	Reported by?
	Service Termination Reason *Required if client has exited services*	Enter reason client terminated services with your agency. List (see **Appendix F**)	Provider
Provider Hours	**Intake** *Required*	Enter total number of phase one intake hours. For definition and examples of activities in this phase for Community Inclusion, see "Community Inclusion Billable Activities" document on the County Best Practices website for DSHS DDA. Numeric, can be zero. Only whole numbers or quarter hours are acceptable. Can include additional service hours that are not being billed for.	Provider
	Discovery *Required*	Enter total number of phase two discovery hours. For definition and examples of activities in this phase for Community Inclusion, see "Community Inclusion Billable Activities" document on the County Best Practices website for DSHS DDA. Numeric, can be zero. Only whole numbers or quarter hours are acceptable. Can include additional service hours that are not being billed for.	Provider
	Community Participation and Skill Building *Required*	Enter total number of phase three community participation and skill development hours. For definition and examples of activities in this phase for Community Inclusion, see "Community Inclusion Billable Activities" document on the County Best Practices website for DSHS DDA. Numeric, can be zero. Only whole numbers or quarter hours are acceptable. Can include additional service hours that are not being billed for.	Provider
	Record Keeping *Required*	Enter total number of phase four record keeping hours. For definition and examples of activities in this phase for Community Inclusion, see "Community Inclusion Billable Activities" document on the County Best Practices website for DSHS DDA.	Provider

Category	CORE Data Element	CORE Options	Reported by?
		Numeric, can be zero. Only whole numbers or quarter hours are acceptable. Can include additional service hours that are not being billed for.	
Customer Hours	**Client Hours Volunteer**	Enter the total number of hours the client spent in non-paid Volunteer activity during the service month. Do not include hours reported below under "Client Hours Other." Numeric	Provider
	Client Hours Other	Enter the total number of hours the client spent in other activities during the service month. Do not include hours reported under "Client Hours Volunteer." Numeric	Provider
	Notes	Enter any notes relevant to the billing data submitted for this client that you want to share with the Program Manager. Text, unlimited characters	Provider

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Individualized Technical Assistance

The following data elements will be included on the client-level reporting spreadsheets for Individualized Technical Assistance in CORE, immediately following the demographic data elements listed above. Some of the data elements included on the spreadsheet will automatically populate via information contained in CORE, i.e., DDA authorization information. Data that is pre-populated on reporting spreadsheets and therefore does not need to be reported by providers is highlighted in grey below and indicated in the "reported by" column.

Category	CORE Data Element	CORE Options	Reported by?
Service Data	**Service To Date**	Pre-filled. End date for current CSA. MM/DD/YYYY	CORE
	Maximum Authorized Hours	Pre-filled. Maximum service hours authorized for client for current reporting period. Numeric	CORE
	Planned Rate Start Date	Pre-filled. Start date for Maximum Authorized Hours. MM/DD/YYYY	CORE
	RAC	Pre-filled Recipient Aid Category (RAC) showing the waiver or funding source for the client via DDA. Text, 1-5 characters	CORE
	Next PCSP Date	Pre-filled. Date of next Person Centered Service Plan (PCSP). Formally called "Next ISP Date." MM/DD/YYYY	CORE
	Enrollment Date *Required*	This is intended to be the enrollment date with the current agency. Enter date client enrolled or entered services for ITA with your agency. MM/DD/YYYY	Provider
	Exit Date	Enter date client terminated or left ITA services with your agency. MM/DD/YYYY	Provider

Category	CORE Data Element	CORE Options	Reported by?
	Service Termination Reason *Required if client has exited services*	Enter reason client terminated or exited services with your agency. List (see **Appendix F**)	Provider
Provider Hours	**Job Prep** *Required*	Enter total number of phase one intake, discovery, assessment, and/or job prep hours. For definitions and examples of activities in this phase, see "AWA Billing Instructions" document on the County Best Practices website for DSHS DDA. Numeric, can be zero. Can include additional service hours that are not being billed for.	Provider
	Job Development *Required*	Enter total number of phase two marketing and job development hours. For definitions and examples of activities in this phase, see "AWA Billing Instructions" document on the County Best Practices website for DSHS DDA. Numeric, can be zero. Can include additional service hours that are not being billed for.	Provider
	Job Coaching *Required*	Enter total number of phase three job support and job coaching hours. For definitions and examples of activities in this phase, see "AWA Billing Instructions" document on the County Best Practices website for DSHS DDA. Numeric, can be zero. Only whole numbers or quarter hours are acceptable. Can include additional service hours that are not being billed for.	Provider
	Record Keeping *Required*	Enter total number of phase four record keeping hours. For definitions and examples of activities in this phase, see "AWA Billing Instructions" document on the County Best Practices website for DSHS DDA. Numeric, can be zero. Warning will be initiated if over 3 hours. Can include additional service hours that are not being billed for.	Provider
	Personal Agent Hours	Enter the hours spent with a personal agent. Numeric	Provider

Category	CORE Data Element	CORE Options	Reported by?
	Personal Agent Cost	Enter the cost of the personal agent for this client for this reporting period. Currency	Provider
	Notes	Enter any notes relevant to the billing data submitted for this client that you want to share with the Program Manager. Text, unlimited characters	Provider

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Appendices

Appendix A –City List

List options for cities within CORE:

Algona

Auburn

Bear Creek/Sammamish (Unincorporated)

Beaux Arts

Bellevue

Black Diamond

Bothell

Burien

Carnation

Clyde Hill

Covington

Des Moines

Duvall

East Federal Way (Unincorporated)

East Renton (Unincorporated)

Enumclaw

Federal Way

Hunts Point

Issaquah

Kenmore

Kent

Kirkland

Lake Forest Park

Maple Valley

Mercer Island

Milton

Newcastle

Normandy Park

North Bend

North Highline (Unincorporated)

Pacific

Redmond

Renton

Sammamish

SeaTac

Seattle

Shoreline

Skykomish

Snoqualmie

Snoqualmie Valley/Northeast King County (Unincorporated)

Southeast King County (Unincorporated)

Tukwila

Unincorporated King County Other (includes any community not otherwise listed)

Vashon/Maury Island

West Hill (Unincorporated)

Woodinville

Yarrow Point

Other King County City Not Listed

Washington State (outside of King County)

Outside of Washington State

Prefer not to say

Unknown

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Appendix B –County List

List options for counties within CORE are numeric. See below for response options and associated county name:

01 Adams	15 Island	29 Skagit
02 Asotin	16 Jefferson	30 Skamania
03 Benton	17 King	31 Snohomish
04 Chelan	18 Kitsap	32 Spokane
05 Clallam	19 Kittitas	33 Stevens
06 Clark	20 Klickitat	34 Thurston
07 Columbia	21 Lewis	35 Wahkiakum
08 Cowlitz	22 Lincoln	36 Walla Walla
09 Douglas	23 Mason	37 Whatcom
10 Ferry	24 Okanogan	38 Whitman
11 Franklin	25 Pacific	39 Yakima
12 Garfield	26 Pend Oreille	
13 Grant	27 Pierce	
14 Grays Harbor	28 San Juan	

Appendix C –School District List

List options for school district within CORE:

Auburn School District
Bellevue School District
Enumclaw School District
Federal Way School District
Fife School District
Highline School District
Issaquah School District
Kent School District
New Horizon
Lake Washington School District
Mercer Island School District
Northshore School District
Renton School District
Riverview School District
Seattle Public Schools
Shoreline School District
Snoqualmie Valley School District
Tahoma School District
Tukwila School District
Skykomish School District
Vashon Island School District
Other King County School District
Other School District Outside King County

Appendix D –Job Type List

List options for job type within CORE:

Clerical
Labor
Management
Self Employed
Service
Administrative Support Occupations
Animal Husbandry, Agriculture and Related Occupations
Education Occupations
Food Services Occupations
Lodging, Building and Related Occupations
Machine Trade Occupations
Manufacturing, Construction and Related Occupations
Medical/Health Care Occupations
Personal Service Occupations
Physical Sciences and Laboratory Technology Occupations
Professional and Support Specialists
Social Service Occupations
Wholesale/Retail Trade Occupations
Other Occupations

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Appendix E –Job Loss Reason List

List options for job type within CORE:

Attendance issues
Career advancement
Dissatisfied with job
Economic reasons
Health-related reasons
Inappropriate social behavior
Mental health reasons
Moved
New job
Potential loss of benefits
Retirement
Scheduling issues
Temporary or seasonal employment
Transportation issues
Unlawful behavior
Work performance issues
Other

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Appendix F –Service Termination Reason List

List options for service termination reason within CORE:

Behavioral issue
Deceased
Desires service vendor does not provide
Health related
Ineligible
Insufficient funding
Moved
No longer wants employment
Retirement
Transfer to another agency
Unhappy with services
Other
Completed program
Exited school

*Note that "Completed program" and "Exited school" are intended to be S2W reasons only, though ITA providers may find "Completed program" to be useful as well. Providers do not need to report service termination reasons for S2W clients in CORE; that is done by DDECS program managers, though they also use this same list.