

Data Dictionary for E2L Flat File, FFY 2007

| Field Name | Question | Page | Data Type | Edit |
|---------------------|--|------|-----------|--|
| SAMPLE_YEAR | n/a | | Text (4) | Do not modify |
| SAMPLE_MONTH | n/a | | Text (2) | Do not modify |
| COUNTY_NUM | n/a | | Integer | Do not modify |
| CASE_NUM | n/a | | Text (7) | Do not modify |
| FBU_NUM | n/a | | Text (1) | Do not modify |
| AID_CODE | n/a | | Text(2) | Do not modify |
| REVIEW_NUM | n/a | | Text(8) | Do not modify |
| EW_DISTRICT0 | n/a | | Text(3) | Do not modify |
| TP_CASE | Was this case designated as a two-parent case in the review month? | 1 | Boolean | T/F |
| RCVD_GRANT | Did this assistance unit receive a CalWORKs grant in the review month? | 2 | Boolean | T/F |
| GRANT_AMT | Enter the total amount of the grant the AU received in the review month | 3 | Integer | 0-1835 |
| FS_ALLOT | Enter the total amount of the Food Stamp allotment the AU received in the review month. | 4 | Integer | 0-2000 |
| AIDED_CHILD_DOB | Enter the date of birth for the youngest aided or unaided child of the head of household or other caretaker relative in the household. | 5 | Date | 1/1/1900 to Last Day of the month of the sample; 99/99/9999 for unborn child |
| HOH_FED_DISREGARD | Was this Head of Household eligible for the federal work disregard for a single custodial parent with a child under 12 months? | 6 | Boolean | T/F |
| FED_FUNDED | Did this two parent family receive federally funded child care during the review month? | 7 | Boolean | T/F |
| HOH_WORK_ELIG | Was the head of household a work-eligible member of this CalWORKs AU in the review month? | 8 | Boolean | T/F |
| CF_DISABLED_FAM | Was the head of household caring for a disabled family member in the home? | 9 | Boolean | T/F |
| HOH_AIDED | Was the head of household aided in the review month? | 10 | Boolean | T/F |
| A1_REASON_NOT_AIDED | Was this individual not aided in the review month due to a CalWORKs WTW or child support sanction? | 11 | Boolean | T/F |
| SFM_3MONTHS | Has this individual been sanctioned less than three months in the twelve month period? | 12 | Boolean | T/F |

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| HOH_DOB | Enter the birth date for the aided adult. | 13 | Date | 1/1/1900 to Last Day of the month of the sample |
| HOH_VERIFY_EXEMPT | Is this head of household verifiably exempt from participation in CalWORKs welfare-to-work activities for the review month? | 14 | Boolean | T/F |
| A1_PART_STATUS | Did the head of household participate in any work activities during the review month? If yes, enter the average number of hours per week of participation during the review month on the following screen. If no, enter, "No." | 15 | Boolean | T/F |
| A1_UNSUB_EMPLOY_HRS | Unsubsidized Employment | 16 | Integer | Between 0 and 168 (inclusive) |
| A1_SUB_PRIVATE_EMPLOY_HRS | Subsidized Private Sector Employment | 16 | Integer | Between 0 and 168 (inclusive) |
| A1_SUB_PUBLIC_EMPLOY_HRS | Subsidized Public Sector Employment | 16 | Integer | Between 0 and 168 (inclusive) |
| A1_WORK_EXP_HRS | Work Experience | 16 | Integer | Between 0 and 168 (inclusive) |
| A1_ON_JOB_TRAINING_HRS | On-The-Job Training | 16 | Integer | Between 0 and 168 (inclusive) |
| A1_JOB_SEARCH_HRS | Job Search and Job Readiness Assistance | 16 | Integer | Between 0 and 168 (inclusive) |
| A1_MENTAL_HRS | Of the hours reported in #21, how many hours of participation were in Mental Health Services: | 16 | Integer | Between 0 and A1_Job_Search_Hours (inclusive) |
| A1_SUBST_HRS | Of the hours reported in #21, how many hours of participation were in Substance Abuse Services: | 16 | Integer | Between 0 and A1_Job_Search_Hours (inclusive) |
| A1_DOMESTIC_HRS | Of the hours reported in #21, how many hours of participation were in Domestic Violence Services: | 16 | Integer | Between 0 and A1_Job_Search_Hours (inclusive) |
| A1_COMM_SRVC_HRS | Community Service | 16 | Integer | Between 0 and 168 (inclusive) |
| A1_VOC_ED_HRS | Vocational Educational Training: | 16 | Integer | Between 0 and 168 |

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| | | | | (inclusive) |
| A1_JOB_SKILL_HRS | Job Skills Training Directly Related to Employment: | 16 | Integer | Between 0 and 168 (inclusive) |
| A1_ED_HRS | Education Directly Related to Employment (for Heads of Households with no High School diploma or certificate of High School Equivalency): | 16 | Integer | Between 0 and 168 (inclusive) |
| A1_SCHOOL_HRS | Satisfactory School Attendance (for heads of household with no High School diploma or certificate of High School Equivalency): | 16 | Integer | Between 0 and 168 (inclusive) |
| A1_CHILD_CARE_HRS | Child Care for an individual(s) participating in community service: | 16 | Integer | Between 0 and 168 (inclusive) |
| A1_OTHER_HRS | Work Activities Other Than Those Specified Above: | 16 | Integer | Between 0 and 168 (inclusive) |
| A1_OTHER_SRC | Enter the verifiable source of the hours of participation for each activity for which hours were reported or enter the reason why participation hours are not countable hours. | 17 | Text | Free form |
| ADULT2_WEINHOME | Was there another adult in the household who is a work-eligible member of this CalWORKs assistance unit? | 18 | Boolean | T/F |
| CF_DISABLED_FAM2 | Was this adult caring for a disabled family member in the home? | 19 | Boolean | T/F |
| ADULT2_AIDED | Is there another aided adult in the household who is a member of this CalWORKs assistance program? | 20 | Boolean | T/F |
| A2_REASON_NOT_AIDED | Was this individual not aided in the review month due to a CalWORKs WTW or child support sanction? | 21 | Boolean | T/F |
| A2_SFM_3months | Has this individual been sanctioned less than three months in the twelve month period? | 22 | Boolean | T/F |
| Adult2_DOB | Enter the birth date for the aided adult. | 23 | Date | 1/1/1900 to Last Day of the month of the sample |
| A2_Exempt_Review | Is this adult verifiably exempt from participation in CalWORKs welfare to work activities for the review month? | 24 | Boolean | T/F |
| Adult2_Part_Status | Did the other aided adult participate in any work | 25 | Boolean | T/F |

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| | activities during the review month? If yes, enter the average number of hours per week of participation during the review month on the following screen. If no, enter No. | | | |
| A2_Unsub_Employ_Hrs | Unsubsidized Employment: | 26 | Integer | Between 0 and 168 (inclusive) |
| A2_Sub_Private_Employ_Hrs | Subsidized Private Sector Employment: | 26 | Integer | Between 0 and 168 (inclusive) |
| A2_Sub_Public_Employ_Hrs | Subsidized Public Sector Employment: | 26 | Integer | Between 0 and 168 (inclusive) |
| A2_Work_Exp_Hrs | Work Experience: | 26 | Integer | Between 0 and 168 (inclusive) |
| A2_On_Job_Training_Hrs | On-The-Job Training: | 26 | Integer | Between 0 and 168 (inclusive) |
| A2_Job_Search_Hrs | Job Search and Job Readiness Assistance: | 26 | Integer | Between 0 and 168 (inclusive) |
| A2_Mental_Hrs | Of the hours reported in #46, how many hours of participation were in Mental Health Services: | 26 | Integer | Between 0 and 168 (inclusive) |
| A2_Subst_Hrs | Of the hours reported in #46, how many hours of participation were in Substance Abuse Services: | 26 | Integer | Between 0 and A2_Job_Search_Hours (inclusive) |
| A2_Domestic_Hrs | Of the hours reported in #46, how many hours of participation were in Domestic Violence Services: | 26 | Integer | Between 0 and A2_Job_Search_Hours (inclusive) |
| A2_Comm_Srvc_Hrs | Community Service: | 26 | Integer | Between 0 and A2_Job_Search_Hours (inclusive) |
| A2_Voc_Ed_Hrs | Vocational Educational Training: | 26 | Integer | Between 0 and 168 (inclusive) |
| A2_Job_Skill_Hrs | Job Skills Training Directly Related to Employment: | 26 | Integer | Between 0 and 168 (inclusive) |
| A2_Ed_Hrs | Education Directly Related to Employment (for individuals with no High School diploma or certificate of High School equivalency): | 26 | Integer | Between 0 and 168 (inclusive) |
| A2_School_Hrs | Satisfactory School Attendance (for individuals with no | 26 | Integer | Between 0 and 168 |

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| | High School diploma or certificate of High School Equivalency): | | | (inclusive) |
| A2_Child_Care_Hrs | Child Care for individuals participating in community service: | 26 | Integer | Between 0 and 168 (inclusive) |
| A2_Other_Hrs | Work Activities Other Than Those Specified Above: | 26 | Integer | Between 0 and 168 (inclusive) |
| A2_Other_Src | Enter the verifiable source of the hours of participation for each activity for which hours were reported or enter the reason why participation hours are not countable hours. | 27 | Text | Free form |