

## Attachment B

This attachment is a sample of what each state's Veterans Retraining Assistance Program (VRAP) file will look like. Each state will receive a file with their state's VRAP participants (e.g. Florida will receive participants from Florida ONLY). This attachment will identify each data field shared with the states and a quick explanation of what the field is.

**First** – This is the First Name of the VRAP participant.

**Middle** – This is the Middle Name of the VRAP participant (if applicable).

**Last** – This is the Last Name of the VRAP participant.

**DOB** – This is the Date of Birth (DOB) of the VRAP participant (e.g. 1/1/1960).

**Email Address** – This is the email address provided by the VRAP participant on their application (*Note* – This is a required field to complete the application, so every participant should have an email address).

**Phone** – This is the phone number provided by the VRAP participant on their application.

**High Demand Occupation** – This is the occupation chosen by the VRAP participant in which he or she will receive training.

**Address Line 1** – This is the address provided by the VRAP participant on their application

**State** – This is the state of residence provided by the VRAP participant on their application.

**Zipcode** – This is the zip code provided by the VRAP participant on their application.

**Name of Facility** – This is the educational institution in which the VRAP participant received training.

**Course Name** – This is the educational program the VRAP participant was trained in (*Note* – This may be the course taken, the credential being pursued, or the program in which they are enrolled).

**Objective Name** – This is the educational credential the VRAP participant has completed or terminated from (*Note* – This can be an Associate's degree or other educational program).

**DOL-Unique ID** – This is a unique VRAP participant identifier (ID) established by the Department of Labor (DOL) (*Note* – It is not personally identifiable information).

**Employment Assistance** – This field will be blank when states receive the files, it is to be filled in by the American Job Center staff to document the outreach to VRAP participants (*Note* – Instructions on how to record outreach are provided in the Training and Employment Guidance Letter).

**VRAP Participant Information - Sample**

**Participant Tracking**

First	Middle	Last	DOB	Email Address	Phone	High Demand Occupation	ADDRESS	State	ZIPCODE	NAME OF FACILITY	COURSE NAME	OBJECTIVE NAME	DOL- Unique ID	Employment Assistance
John	James	Doe	1/1/1960	<a href="mailto:jdoe@email.com">jdoe@email.com</a>	5555555555	Computer Support Specialists	111 Any Rd., Anytown FL	FL	99999	College Community	Other Technologies	Associates in Science (Less than 4 Years)	11111111	

**Participant Tracking**

	Employment
DOL- Unique ID	Assistance
11111111	1