Washington State Department of Social & Health Services

DIVISION OF REFUGEE ASSISTANCE (DORA)

PARTICIPANT PERFORMANCE REPORTING

PLEASE PRINT NEATLY.

DIVISION OF REFUGEE ASSISTANCE
MAILSTOP: 5420
PO BOX 45420
OLYMPIA WA 98504-5420

1. REPORT DATE YY MM DD	2. JOBS AUTOMATED SYSTEM (JAS) NUMBER	3. ALIEN NUMBER A

CLIENT ADD (CA19-S3)

4. SOCIAL SECURITY NUMBER	5. CASE NUMBER	6. CLIENT'S LAST NAME FIRST MI

7. ETHNICITY/GENDER	8. BIRTHDATE YY MM DD	9. TELEPHONE NUMBER AREA CODE ( )

10. RESIDENCE ADDRESS	11. MAILING ADDRESS
STREET ADDRESS	STREET ADDRESS OR POST OFFICE BOX
CITY STATE ZIP CODE	CITY STATE ZIP CODE

CASE OPEN (CA01)

12. DATE COMPLETED YY MM DD	13. JOBS STATUS	14. EDUCATION GRADE	15. EDUCATION YEAR	16. TARGET GROUP

17. TARGET GROUP DATE YY MM DD	18. LITERACY LEVEL	19. WORKER NUMBER	20. JOBS CLOSE CODE	21. JOBS CLOSE DATE YY MM DD

COMPONENT OPEN/CHANGE (CA03)

	22. COMPONENT CODE	23. START DATE (YY MM DD))	24. SCHEDULED HOURS	25. WORKER NUMBER	END DATE (YY MM DD) 26. SCHEDULED	27. ACTUAL	28. COMPLETION CODE	29. RATE
A								$.
B								$.
C								$.

EMPLOYMENT OPEN/CHANGE (CA05)

30. WORKER NUMBER	31. EMPLOYMENT START DATE YY MM DD	32. SUBSIDIZED CODE	33. EMPLOYMENT CODE	34. HOURLY WAGE .	35. HOURS PER WEEK	36. JOB CODE

37. EMPLOYER'S NAME
38. EMPLOYER STREET ADDRESS CITY STATE ZIP CODE

39. CONTACT PERSON	40. CONTACT TELEPHONE NUMBER AREA CODE ( )

41. INSURANCE CODE	42. TERMINATION CODE	43. EFFECTIVE DATE YY MM DD	44. TERMINATION DATE YY MM DD

45. CONTRACTOR	46. CODE	47. CONTACT TELEPHONE NUMBER AREA CODE ( )

DISTRIBUTION: ☐ Original - DORA Headquarters ☐ Case Record ☐ Other (specify): _____