

**Disability Employment Grant Program  
Participant Characteristic Report**

**U.S. Department of Labor**  
Employment and Training Administration



**G** Title III Only    **G** Total Grant

a. Grantee Name and Address	b. Fed. Agency	c. Report Period: From: To:
	d. Grant Number	

OMB Approval No. 1205-0416 Expires / /

I. Participant Characteristics				Cumulative
A. Male				
B. Female				
C. Age:	16 - 22	23 - 40	41 - 54	55 & Older
D. Highest Degree Earned:				
High School/GED		Two Year Degree or Certificate		Four Year Degree
E. Dislocated Worker				
F. Average Wage at Dislocation (for Title III Placements)				\$
G. SSI/DI Recipient				
H. Vocational Rehabilitation Client				
I. TANF Recipient				
J. Disability	Visual Impairment			
	Hearing			
	Speech			
	Mobility			
	HIV/AIDS			
	Mental Retardation			
	Psychiatric/Emotional			
	Seizure			
	Other Cognitive			
	Learning and/or ADD			
	Recovering Substance Abuse			
	Medical			
Other				
K. Demographics	American Indian or Alaska Native			
	Black or African American			
	Native Hawaiian or Other Pacific Islander			
	Asian			
	White			
L. Cultural	Hispanic or Latino			
	Limited English Proficiency			

**Certification:** I CERTIFY that to the best of my knowledge and belief that this report is CORRECT and COMPLETE for the purpose set forth in the GRANT AGREEMENT.

TYPED (Name and Title)	Phone Number	Signature	Date: (Month, Day, Year)
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ETA ( . 1998)

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