## PART A. ENROLLMENT DATA

<table>
<thead>
<tr>
<th>COUNTY NAME</th>
<th>43 Santa Clara</th>
<th>VERSION</th>
<th>Initial</th>
<th>REPORT MONTH AND YEAR</th>
<th>2016</th>
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<th>DURING REPORT MONTH</th>
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<tbody>
<tr>
<td></td>
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<td></td>
<td>ALL (OTHER) FAMILIES</td>
<td>(A)</td>
<td>REFERRED (B)</td>
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<tr>
<td>1. Enrollees</td>
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<td>1</td>
<td>1,878</td>
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<td>2. Exemptions</td>
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<td>1,009</td>
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<td>3. Removed from the Assistance Unit</td>
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<tr>
<td>a. WTW sanctions</td>
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<td>b. Terminations due to time limits</td>
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<td>4. Entered employment</td>
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<td>5. Terminations due to employment</td>
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## PART B. ACTIVITIES

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<tr>
<td>6. Appraisal</td>
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<td>7. Assessment</td>
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<td>8. Reappraisal</td>
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<tr>
<td>9. Job search &amp; job readiness assistance</td>
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<tr>
<td>10. Unsubsidized employment</td>
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<tr>
<td>11. Self-employment</td>
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<td>20</td>
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<td>12. Subsidized private sector employment</td>
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<td>13. Subsidized public sector employment</td>
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<td>14. On-the-job training (OJT)</td>
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<tr>
<td>15. Grant-based on-the-job training (OJT)</td>
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<td>16. Work-study</td>
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<tr>
<td>17. Supported work or transitional employment</td>
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<tr>
<td>18. Work experience</td>
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<td>19. Community service</td>
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<td>20. Job skills training directly related to employment</td>
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<td>21. Vocational education training</td>
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<td>22. Education directly related to employment</td>
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<td>23. Adult basic education</td>
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<td>24. Satisfactory progress in a secondary school</td>
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<td>25. Other activities</td>
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<td>26. Providing childcare to community services participants</td>
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<td>27. Mental health services</td>
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<td>28. Substance abuse services</td>
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<td>29. Domestic abuse services</td>
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<td>30. Number of individuals 6-29 (Unduplicated)</td>
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<tr>
<td>a. Self-initiated programs (SIPS) (Unduplicated subset of 30)</td>
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<td>31. Noncompliance</td>
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<td>32. Good cause for not participating in WTW</td>
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## PART C. NONPARTICIPATION STATUS

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<td>33. Transportation</td>
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<td>34. Ancillary services</td>
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## PART E. POST-EMPLOYMENT/JOB-RETENTION SERVICES

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<td>35. Post-employment/Job-retention services</td>
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## COMMENTS (type in gray area)

Revised Report Explanation (If Revised is selected)

<table>
<thead>
<tr>
<th>CONTACT PERSON</th>
<th>TELEPHONE</th>
<th>EXTENSION</th>
<th>FAX</th>
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<tbody>
<tr>
<td>Leanne Lam</td>
<td>(408)755-7532</td>
<td></td>
<td></td>
<td>06/16/16</td>
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Decision Support and Research Manager Leanne.Lam@ssa.sccgov.org