

## Crosswalk Management System

Report	REPORT CROSSWALK TO STATE
Filename	adobe pdf
Run by	OPS\$PCUMMING
Report Date	09-APR-08 12:47

# Crosswalk Report

Status : FN                      Substance Abuse and Mental Health Services Administration

Media ID : CalOMS - CA                      Office of Applied Studies  
 Start Date : 01-JAN-06  
 End Date :  
 Follow-up :

CaLOMS - Currents TEDS Crosswalk for CA  
 Version : 1

K = Key Field

**System**

California

Item No	Treatment Episode Data Set	Item	Value	State System Data
<b>1</b>	<b>System Transaction Type</b>	~		<b>System Transaction Type</b>
	A    Add		1	Admission
	C    Change		2	Resubmission of admission to CalOMS ( If there is a history of changes)
	A    Add		2	Resubmission of admission to CalOMS (NC) (If there is no history of changes)
	D    Delete		3	Deletion of Admission

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<b>K 2</b>	<b>State Code</b>	<b>CA</b>	<b>FIPS State Code</b>
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<b>3</b>	<b>Reporting Date</b>	~	<b>Month and year data file submitted</b>
	MMYYYY		

# Crosswalk Report

CaLOMS - Currents TEDS Crosswalk for CA  
Version : 1

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**Minimum**

California

Item No	Treatment Episode Data Set	Item	Value	State System Data
<b>K 1</b>	<b>Provider Identifier</b> Left Justified and filled with trailing blank spaces	~		<b>Provider's Participant ID</b>
<b>K 2</b>	<b>Client Identifier (Admission)</b> Left Justified and filled with trailing blank spaces	~		<b>Unique Participant ID</b>
<b>K 3</b>	<b>Co-Dependent/Collateral</b>	~		<b>Not Collected</b>
	2    No		2    No	
<b>K 4</b>	<b>Client Transaction Type</b>	~		<b>Admission Transaction Type</b>
	A    Admission		1    Initial Admission	
	T    Transfer/Change in Service		2    Transfer or Change in Service	
<b>K 5</b>	<b>Date of Admission</b> MMDDYYYY	~		<b>Admission Date</b>

# Crosswalk Report

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**Minimum**

California

Item No	Treatment Episode Data Set	Item	Value	State System Data
<b>6</b>	<b>Number of Prior Treatment Episodes</b>	<b>~</b>	<b>Number of prior episodes</b>	
0	0 Previous Episodes		0	0 Previous Episodes
1	1 Previous Episodes		1	1 Previous Episode
2	2 Previous Episodes		2	2 Previous Episodes
3	3 Previous Episodes		3	3 Previous Episodes
4	4 Previous Episodes		4	4 Previous Episodes
5	5 Or More Previous Episodes		5	5-99 or more Previous episodes
7	Unknown		99900	Client declined to state
7	Unknown		99901	Unknown/Don't Know
7	Unknown		99904	Client unable to answer

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Item No	Treatment Episode Data Set	Item	Value	State System Data
<b>7</b>	<b>Principal Source of Referral</b>	~		<b>Principal source of referral</b>
01	Individual (includes self-referral)	1		Individual, self referral
07	Court/Criminal Justice/DUI/DWI	10		State Drug Court Partnership
07	Court/Criminal Justice/DUI/DWI	11		Comprehensive Drug Court Implemenation
07	Court/Criminal Justice/DUI/DWI	12		Non SACPA Court/Criminal Justice
06	Other Community Referral	13		Other Community Referral
07	Court/Criminal Justice/DUI/DWI	14		Dependency Court/CPS
02	Alcohol/Drug Abuse Provider	2		Alcohol/Drug Abuse Program
03	Other Health Care Provider	3		Other health Care Provider
04	School (Educational)	4		School/Educational
05	Employer/EAP	5		Employer/EAP
06	Other Community Referral	6		12 Step Mutual Aid
07	Court/Criminal Justice/DUI/DWI	7		SACPA Court/Probation
07	Court/Criminal Justice/DUI/DWI	8		SACPA Parole
07	Court/Criminal Justice/DUI/DWI	9		DUI/DWI

**8 Date of Birth**  
MMDDYYYY

~ **Date of Birth**

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Item No	Treatment Episode Data Set	Item	Value	State System Data
<b>9</b>	<b>Sex</b>	<b>~</b>	<b>Gender</b>	
1	Male		1	Male
2	Female		2	Female
7	Unknown		99903	Other

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Item No	Treatment Episode Data Set	Item	Value	State System Data
<b>10</b>	<b>Race</b>	~	<b>Race</b>	
05	White	01	White	
04	Black or African American	02	Black/African American	
02	American Indian ( Other than Alaskan Native)	03	American Indian	
01	Alaska Native (Aleut, Eskimo, Indian)	04	Alaskan Native	
13	Asian	05	Asian Indian	
13	Asian	06	Cambodian	
13	Asian	07	Chinese	
13	Asian	08	Filipino	
23	Native Hawaiians or Other Pacific Islanders	09	Guamanian	
23	Native Hawaiians or Other Pacific Islanders	10	Hawaiian	
03	Asian or Pacific Islander	12	Korean	
03	Asian or Pacific Islander	13	Laotian	
23	Native Hawaiians or Other Pacific Islanders	14	Samoan	
03	Asian or Pacific Islander	15	Vietnamese	
03	Asian or Pacific Islander	16	Other Asian	
20	Other Single Race	17	Other Race	
21	Two or More Races	18	Multi-Racial	

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Item No	Treatment Episode Data Set	Item	Value	State System Data
<b>11</b>	<b>Ethnicity</b>	~	<b>Ethnicity</b>	
05	Not of Hispanic Origin		1	Not Hispanic
02	Mexican		2	Mexican/Mexican American
03	Cuban		3	Cuban
01	Puerto Rican		4	Puerto Rican
04	Other Specific Hispanic		5	Other Hispanic/Latino
<b>12</b>	<b>Education</b>	~	<b>Education</b>	
01-25	Years of School(Highest Grade) (General Equivalency Degree, use 12)		0-30	Years Completed
00	Less Than One Grade Completed		0-30	Years Completed
97	Unknown		99900	Client declined to answer
97	Unknown		99904	Client unable to answer
<b>13</b>	<b>Employment Status</b>	~	<b>Employment Status</b>	
01	Full Time		1	Employed Full time - 35 hrs or more
02	Part Time		2	Part time - less than 35 hrs
03	Unemployed		3	Unemployed looking for work
04	Not in Labor Force		4	Unemployed not in labor force
04	Not in Labor Force		5	Not in labor force - not seeking

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Item No	Treatment Episode Data Set	Item	Value	State System Data
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Item No	Treatment Episode Data Set	Item	Value	State System Data
<b>14</b>	<b>Substance Problem Codes ( Primary-14A,Secondary-14B, Tertiar-14C)</b>	~		<b>Substance Problem ( Primary, Secondary and Tertiary)</b>
01	None		0	None
05	Heroin		1	Heroine
08	PCP		10	PCP
09	Other Hallucinogens		11	Other Hallucingens
13	Benzodiazepines		12	Tranquilers - Benzodiazepine
14	Other Non-Benzodiazapine Tranquilizers		13	Other Tranquilers
06	Non-Prescription Methadone		14	Non-Prescription Methadone
07	Other Opiates and Synthetics		15	OxyCondone/OxyContin
07	Other Opiates and Synthetics		16	Other Opiates and Synthetics
17	Inhalants		17	Inhalants
18	Over-the-Counter		18	Over the Counter
11	Other Amphetamines		19	Ecstasy
02	Alcohol		2	Alcohol
20	Other		20	Other Club Drugs
15	Barbiturates		3	Barbiturates
16	Other Non-Barbituate Sedatives or Hypnotics		4	Other Stimulants ot Hypnotics
10	Methamphetamine		5	Methamphetamine
11	Other Amphetamines		6	Other Amphetamines

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Item No	Treatment Episode Data Set	Item	Value	State System Data
<b>14</b>	<b>Substance Problem Codes ( Primary-14A,Secondary-14B, Tertiar-14C)</b>	~		<b>Substance Problem ( Primary, Secondary and Tertiary)</b>
12	Other Stimulants		7	Other Stimulants
03	Cocaine, Crack		8	Cocaine, Crack
04	Marijuana, Hashish ( includesTHC and other Cannabis Sativa preparations)		9	Marijuana, Hashish
98	Not Collected		98	Do not Collect Tertiary
20	Other		99901	Unknown
20	Other		99903	Other ( free form field text)
<b>15</b>	<b>Usual Route of Administration ( Primary-15A, Secondary-15B, Tertiar-15C)</b>	~		<b>Usual Route of Administration</b>
01	Oral		1	Oral
02	Smoking		2	Smoking
03	Inhalation		3	Inhalation
04	Injection (IV or intramuscular)		4	Injection
98	Not Collected		98	Do not collect tertiary drug
96	Not Applicable		99902	None or not applicable for secondary substance only
20	Other		99903	Other

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Item No	Treatment Episode Data Set	Item	Value	State System Data
<b>16</b>	<b>Frequency of Use ( Primary-16A, Secondary-16B, Tertiary-16C)</b>	~		<b>Frequency of Use, Primary, Secondary (Tertiary not collected)</b>
01	No use in the past month		0	No use in the past month
02	1-3 times in past month		1-3	1-3 days in the past month
04	3-6 times per week		11-28	11-28 days in the past month
05	Daily		29-30	29-30 days in the past month
03	1-2 times per week		4-10	4-10 days in the past month
98	Not Collected		98	Do not collect tertiary drug
96	Not Applicable		99902	None or not applicable for secondary substances only
<b>17</b>	<b>Age of First Use (Primary-17A, Secondary-17B, Tertiary-17C)</b>	~		<b>Age of First Use</b>
01-95	Indicates The Age at First Use		05-95	Age at First Use
01-95	Indicates The Age at First Use		96-105	Age at First Use
98	Not Collected		98	Do not collect tertiary drug
97	Unknown		99904	Unknown
00	Indicates a Newborn with a substance dependency problem			

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Item No	Treatment Episode Data Set	Item	Value	State System Data
<b>K 18</b>	<b>Type of Services</b>	~		<b>Type of Service</b>
07	Ambulatory - Non-Intensive Outpatient	1		Non-residentail/Outpatient Recovery
06	Ambulatory - Intensive Outpatient	2		Non-residentail/Outpatient Day Program, Intensive
08	Ambulatory Detoxification	3		Non-residentail/Outpatient Detox
01	Detoxification - Hospital Inpatient ( Detox, 24 hour Service)	4		Residential Detox Hospital
02	Detoxification Free-standing Residential ( Detox, 24 hour Service)	5		Residential Detox non-Hospital
04	Rehabilitation/Residential - Short-term, ( 30 days or fewer)	6		Residential Treatment - 30 days or less
05	Rehabilitation/Residential - Long-term, ( more than 30 days)	7		Residential Treatment - 31 days or more
03	Rehabilitation/Residential - Hospital (other than detox)			
<b>19</b>	<b>Opioid Replacement Therapy (Planned/ Actual)Was -Use of Methadone Planned/Actual</b>	~		<b>Opioid Replacement</b>
2	No	1		None
1	Yes	2		Methadone
1	Yes	3		LAAM
1	Yes	4		Buprenorphine-Subutex
1	Yes	5		Buprenorphine-Suboxone
7	Unknown	99903		Other

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**Optional**

California

Item No	Treatment Episode Data Set	Item	Value	State System Data
<b>1</b>	<b>Detail Drug Code, Primary</b>	~	<b>Not Collected</b>	
<b>2</b>	<b>Detail Drug Code, Secondary</b>	~	<b>Not Collected</b>	
<b>3</b>	<b>Detail Drug Code, Tertiary</b>	~	<b>Not Collected</b>	
<b>4</b>	<b>DSM Diagnosis</b>	~	<b>Not Collected</b>	
<b>5</b>	<b>Psychiatric Problem in Addition to Alcohol or Drug Problem</b>	~	<b>Psych Problem in Addition to Alcohol or Drug</b>	
	If multiple disabilities are reported and one of the disabilities reported is 6 (Mental) then =>1, otherwise =>2			
2	No		1	None
2	No		2	Visual Disability
2	No		3	Hearing Disability
2	No		4	Speech Disability
2	No		5	Mobility Disability
1	Yes		6	Mental Disability
2	No		7	Developmentally Disabled
2	No		8	Other Disability - Not AOD
7	Unknown		99900	Client Declined to state
7	Unknown		99904	Client unable to answer

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California

Item No	Treatment Episode Data Set	Item	Value	State System Data
<b>6</b>	<b>Pregnant at Time of Admission</b>	~	<b>Pregnant</b>	
2	No		0	No
1	Yes		1	Yes
7	Unknown		99901	Not Sure/Don't know
<b>7</b>	<b>Veteran Status</b>	~	<b>Veteran</b>	
2	No		0	No
1	Yes		1	Yes
7	Unknown		99900	Client declined to state
7	Unknown		99904	Client unable to answer
<b>8</b>	<b>Living Arrangements</b>	~	<b>Living arrangement</b>	
01	Homeless		1	Homeless
02	Dependent Living		2	Dependent Living
03	Independent Living		3	Independent Living
<b>9</b>	<b>Source of Income/Support</b>	~	<b>Not Collected</b>	
98	Not Collected		98	Not collected

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**Optional**

California

Item No	Treatment Episode Data Set	Item	Value	State System Data
<b>10</b>	<b>Health Insurance</b>	~	<b>Not Collected</b>	
98	Not Collected		98	Not collected
<b>11</b>	<b>Expected/Actual Primary Source of Payment</b>	~	<b>Not Collected</b>	
98	Not Collected		98	Not collected
<b>12</b>	<b>Detailed Not in Labor Force</b>	~	<b>Not Collected</b>	
98	Not Collected		98	Not collected
<b>13</b>	<b>Detailed Criminal Justice Referral Categories</b>	~	<b>Detailed criminal justice referral</b>	
01	State/Federal Court		10	State Drug Court Partnership
02	Other Court ( Not State or Federal)		11	Comprehensive Drug Court Implentation
08	Other		12	Non-SCAPA Court/Criminal Justice
03	Probation/Parole		7	SACPA Court/Probation
03	Probation/Parole		8	SACPA Parole
07	DUI/DWI		9	DUI/DWI
<b>14</b>	<b>Marital Status</b>	~	<b>Not Collected</b>	
98	Not Collected		98	Not collected

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**Optional**

California

Item No	Treatment Episode Data Set	Item	Value	State System Data
<b>15</b>	<b>Days Waiting to Enter Treatment</b>	~		<b>Days Waiting to enter treatment</b>
	000- Days 996		0-996	Number of Days
	000- Days 996		997- 999	Number of Days
	997 Unknown		99901	Unknown
	997 Unknown		99904	Unable to answer
<b>16</b>	<b>Number of Arrests in the 30 Days Prior to Admission</b>	~		<b>Arrests in 30 days prior to admission</b>
	00- Number of Arrests 96		0	None
	00- Number of Arrests 96		1-30	1-30 Number of Arrests
	97 Unknown		99904	Unable to answer

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**Discharge/NOMS**

California

Item No	Treatment Episode Data Set	Item	Value	State System Data
<b>1</b>	<b>System Transaction at Discharge</b>	~		<b>System Transaction Type</b>
	A Add		4	Discharge
	A Add		5	Resubmission of Discharge CalOMS ( if there is no history of changes) =>A (Add)
	C Change		5	Resubmission of Discharge CalOMS ( if there is history of changes) =>C (Change)
	D Delete		6	Deletion of Discharge
<b>2</b>	<b>State Code at Discharge</b>	CA		<b>FIPS State Code</b>
<b>3</b>	<b>Reporting Date at Discharge</b> MMYYYY	~		<b>Month and year data file submitted</b>
<b>4</b>	<b>Provider Identifier at Discharge</b> 15 Characters, left justified and filled with trailing blank spaces	~		<b>Provider's Participant ID</b>
<b>5</b>	<b>Client Identifier at Discharge</b> 15 Characters, left justified and filled with trailing blank spaces	~		<b>Unique Participant ID</b>
<b>6</b>	<b>Co-Dependent/Collateral at Discharge</b>	~		<b>Not Collected</b>
	2 No		2	No

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**Discharge/NOMS**

California

Item No	Treatment Episode Data Set	Item	Value	State System Data
<b>7</b>	<b>Type of Service at Discharge</b>	~		<b>Type of Service</b>
07	Ambulatory -Non Intensive - Outpatient		1	Non-residentail/Outpatient Recovery
06	Ambulatory - Intensive - Outpatient		2	Non-residentail/Outpatient Day Program, Intensive
08	Ambulatory Detoxification		3	Non-residentail/Outpatient Detox
01	Detoxification, 24-Hour Service, Hospital Inpatient		4	Residential Detox Hospital
02	Detoxification, 24-Hour Service, Free Standing Residential		5	Residential Detox non-Hospital
04	Rehabilitation/Residential - Short Term (30 Days or Fewer)		6	Residential Treatment - 30 days or less
05	Rehabilitation/Residential - Long Term (More than 30 Days)		7	Residential Treatment - 31 days or more
<b>8</b>	<b>Date of Last Contact</b>	~		<b>Not Collected</b>
<b>9</b>	<b>Date of Discharge</b>	~		<b>Date of Discharge</b>
	MMDDYYYY			

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**Discharge/NOMS**

California

Item No	Treatment Episode Data Set	Item	Value	State System Data
<b>10</b>	<b>Reason for Discharge, Transfer, or Discontinuance of Treatment</b>	~		<b>Reason for Discharge</b>
01	Treatment Completed		1	Completed Treatment/Referred
01	Treatment Completed		2	Completed Treatment/Not Referred
04	Transferred to Another Substance Abuse Treatment Program or Facility		3	Left Before Completion/Satisfactory/Referred
02	Left Against Professional Advice		4	Left Before Completion/Satisfactory/Not Referred
04	Transferred to Another Substance Abuse Treatment Program or Facility		5	Left Before Completion/Unsatisfactory/Referred
02	Left Against Professional Advice		6	Left Before Completion/Unsatisfactory/Not Referred
06	Death		7	Death
05	Incarerated		8	Incarceration
<b>11</b>	<b>Provider Identifier at Admission</b>	~		<b>Provider's Participant ID</b>
-	Comes from admission file			
<b>12</b>	<b>Client Identifier at Admission</b>	~		<b>Unique Participant ID</b>
-	Comes from admission file			
<b>13</b>	<b>Co-Depentent/Collateral at Admission</b>	~		<b>Not Collected</b>
-	Comes from admission file			

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**Discharge/NOMS**

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Item No	Treatment Episode Data Set	Item	Value	State System Data
<b>14</b>	<b>Client Transaction Type.</b>	~	<b>Admission Transaction Type</b>	
	-		Comes from admission file	
<b>15</b>	<b>Date of Admission.</b>	~	<b>Admission Date</b>	
	-		Comes from admission file	
<b>16</b>	<b>Type of Service at Admission</b>	~	<b>Type of Service</b>	
	-		Comes from admission file	
<b>17</b>	<b>Date of Birth.</b>	~	<b>Date of Birth</b>	
	-		Comes from admission file	
<b>18</b>	<b>Sex.</b>	~	<b>Gender</b>	
	-		Comes from admission file	
<b>19</b>	<b>Race.</b>	~	<b>Race</b>	
	-		Comes from admission file	
<b>20</b>	<b>Ethnicity.</b>	~	<b>Ethnicity</b>	
	-		Comes from admission file	

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**Discharge/NOMS**

California

Item No Treatment Episode Data Set

Item

Value

State System Data

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**Discharge/NOMS**

California

Item No	Treatment Episode Data Set	Item	Value	State System Data
<b>21</b>	<b>Substance Problem At Discharge, (Primary, Secondary, Tertiary)</b>	~		<b>Substance Problem ( Primary, Secondary and Tertiary)</b>
01	None		0	None
05	Heroin		1	Heroine
08	PCP		10	PCP
09	Other Hallucinogens		11	Other Hallucingens
13	Benzodiazepines		12	Tranquilers - Benzodiazepine
14	Other Non-Benzodiazepine Tranquilizer		13	Other Tranquilers
06	Non-Prescription Methadone		14	Non-Prescription Methadone
07	Other Opiates and Synthetics		15	OxyCondone/OxyContin
07	Other Opiates and Synthetics		16	Other Opiates and Synthetics
17	Inhalants		17	Inhalants
18	Over-The-Counter		18	Over the Counter
11	Other Amphetamines		19	Ecstasy
02	Alcohol		2	Alcohol
20	Other		20	Other Club Drugs
15	Barbiturates		3	Barbiturates
16	Other Non- Barbiturate Sedatives or Hyponotics		4	Other Stimulants ot Hypnotics
10	Methamphetamine		5	Methamphetamine
11	Other Amphetamines		6	Other Amphetamines

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Item No	Treatment Episode Data Set	Item	Value	State System Data
<b>21</b>	<b>Substance Problem At Discharge, (Primary, Secondary, Tertiary)</b>	~		<b>Substance Problem ( Primary, Secondary and Tertiary)</b>
12	Other Stimulants		7	Other Stimulants
03	Cocaine/Crack		8	Cocaine, Crack
04	Marijuana/Hashish		9	Marijuana, Hashish
97	Unknown		99901	Unknown
20	Other		99903	Other ( free form field text)
<b>22</b>	<b>Frequency of Use at Discharge (Primary, Secondary, Tertiary)</b>	~		<b>Frequency of Use, Primary, Secondary (Tertiary not collected)</b>
01	No Use in the Past Month		0	No use in the past month
02	1-3 Times in the Past Month		1-3	1-3 days in the past month
04	3-6 Times in the Past Week		11-28	11-28 days in the past month
05	Daily		29-30	29-30 days in the past month
03	1-2 Times in the Past Week		4-10	4-10 days in the past month
96	Not Applicable		99902	None or not applicable for secondary substances only
<b>23</b>	<b>Living Arrangements at Discharge</b>	~		<b>Living arrangement</b>
01	Homeless		1	Homeless
02	Dependent Living		2	Dependent Living
03	Independent Living		3	Independent Living

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**Discharge/NOMS**

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Item No	Treatment Episode Data Set	Item	Value	State System Data
<b>24</b>	<b>Employment at Discharge</b>	~		<b>Employment Status</b>
01	Full Time		1	Employed Full time - 35 hrs or more
02	Part Time		2	Part time - less than 35 hrs
03	Unemployed		3	Unemployed looking for work
04	Not in Labor Force		4	Unemployed not in labor force
04	Not in Labor Force		5	Not in labor force - not seeking
<b>25</b>	<b>Detailed Not In Labor Force at Discharge</b>	~		<b>Not Collected</b>
<b>26</b>	<b>Number of Arrests in 30 Days Prior to Discharge</b>	~		<b>Arrests in 30 days prior to discharge</b>
00-96	Number of Arrests		0	None
00-96	Number of Arrests		1-30	1-30 Number of arrests
997	Unknown		99904	Unable to answer

Crosswalk Management System

REPORT CROSSWALK TO STATE

End of Report