## Schedule B: Cash and Medical Assistance, Medical Screening, and Unaccompanied Refugee Minors

State: \_\_\_\_\_ Period: 1 2 3 FY: 20\_\_\_\_ Date: \_\_\_\_\_

I. Refugee Cash Assistance		:					
	Persons_	<u>Cases</u>					
A. New RCA enrollees at the end of the previous reporting period							
B. Recipients at end of this reporting period							
C. New RCA enrollees during this reporting period							
II. Refugee Medical Assistance	Pe	ersons					
A. Number of persons enrolled in RMA at end of reporting period	_						
III. Medical Screening							
A. Total recipients of medical screenings during reporting period	۱						
B. Recipients of medical screenings during reporting period funded by RMA							
IV. Unaccompanied Refugee Minors Program							
A. Minors in care at end of previous reporting period							
B. Entered care	_						
C. Left care							
D. Minors in care at end of this reporting period	—						
Form ODD 6 (09/21/2010)							

Form ORR-6 (08/31/2010)

## OMB Control No. 0970-0036 Form ORR-6

## Schedule C: Services Report Page 1: Employment Services 45 CFR 400.154 (a)

State/Grantee: \_\_\_\_\_ Period: 1 2 3 FY 20\_\_\_\_\_

Grant # and Name: \_\_\_\_\_ Date: \_\_\_\_\_

				М	F				
A. To	otal Caseload	for E	mployment Services						
B. Entered Employment				1. Fu	1. Full Time		rt Time	3. Grant	
Cash	Assistance	Tim	e in U.S.	М	F	м	F	Termination	
Status	6								
a.	RCA	1.	0-4 mos						
		2.	5 - 8 mos						
b.	TANF	1.	0 - 12 mos						
		2.	> 12 mos						
C.	Other CA	1.	0 - 12 mos						
		2.	> 12 mos						
d.	No CA	1.	0 - 12 mos						
		2.	> 12 mos						
			Total						
C. Avg. Hourly Wage Employment Entry			1.		2.				
D. Health Benefits Available			1.						
E. Employed 90 Days Later		1.		2.					
a)	RCA at entered employment								
b)	TANF at entered employment								
c)	Other CA at entered employment								
d)	No CA at en	tered	employment						
			Tota						

Form ORR-6 (08/31/2010)

OMB Control No. 0970-0036 Form ORR-6

Schedule C: Services Report Page 2: Employability Services 45 CFR 400.154 (b) – (k)

State: \_\_\_\_\_ Period: 1 2 3 FY: 20\_\_\_\_

Grant # and Name: \_\_\_\_\_ Date: \_\_\_\_\_

			М	F
1.	ELT			•
	Α.	Total active participants this reporting period		
		0 - 12 mos in U.S.		
		> 12 mos in U.S.		
2.	OJT			
	Α.	Total active participants this reporting period		
		0 - 12 mos in U.S.		
		> 12 mos in U.S.		
	В.	Completions (unduplicated)		
3.	Skills	Training		-
	Α.	Total active participants this reporting period		
		> 12 mos in U.S.		
		0 - 12 mos in U.S.		
	В.	Completions (unduplicated)		
4.	Case	Management		
	A.	Total active participants this reporting period		
		> 12 mos in U.S.		
		0 - 12 mos in U.S.		
5.	Other	Employability Services		
	A.	Total active participants this reporting period		
	<i>,</i>	0 - 12 mos in U.S.		
		> 12 mos in U.S.		

3