## SCHEDULE A: PROGRAM NARRATIVE

intended to accomplish the an	ndertaken during the reporting nual outcome goals and object m objectives achieved within th	tives that the State has		
Activity	Accomplishment	Challenge		
2. New program initiatives:				
3. Discuss any significant changes in refugee employment or other service outcomes, in regards to the numbers of refugees accessing RCA/RMA.				

4. Please provide	numerical breakdov	vn of new RCA enro	ollees during this	reporting period:	
New arrivals	Secondary migrants	Former Matching Grant clients	RCA re-applicants	Total	
	son and number of during this period.	exemptions from re	gistration for emp	oloyment services	
	Reason of e	exemption:		Total number	
6. Discuss any results in medical screening and health assessments (e.g. timeliness, best practices and innovative methods and procedures). Respondents should include (in both the narrative and on supplemental charts) additional information about initial health assessments, medical screenings, treatments, follow up and other information that profiles the health and medical conditions, including behavioral health of the refugee population as well as any plans to address medical and health-related concerns.					
			M	F	
	es screened in 30 d				
Number of refugees screened 31-90 days from arrival					
Number of refugees not screened in 90 days					
Describe main reas	ons for refugees not	being screened: (e.g	j. out-migrated, pat	ient refused, etc.)	
Number of adult re	efugees referred to:				
Primary care					
Mental Health Services					
	Dental Care				
	Vision Care				
	Disability Services				
	n Services (i.e. infec suicide, etc)				
Number of childre (non-URM)	n (under 18) referre	ed to primary care:			

List top five (5) health issues for all referrals (children and adults):					
Report any high cost o	f medical events cove	ered by RMA (	over \$10,00	00)	
Type of event	Cost	Care to co		Recipient's ethnicity and/or country of origin	
will maintain, modify, o services to refugees (e	or change to address	specific healt	h issues an		
7. Discuss any planning and preparation activities for emergency operations and continuity of operations in the event of a pandemic influenza or other disaster.					
Date of your most recent plan or update of the plan?					
List activities in this reporting period:					
8. Indicate what outcome measures the State uses to measure performance among vendors, such as performance targets, performance improvement measures, etc.					

9. List monitoring activithe following chart and			rtaken during th	ne reporting	period in	
Agency Name	Program	Location	Date	Purpose	Report Attached (Yes/No)	
10. Discuss results of corrective action plans implemented during previous reporting period:						