

**Schedule B: Cash and Medical Assistance and Medical Screening**

Form ORR-6

Reporting Period:		Fiscal Year:	
State:			Date:
<b>I. Refugee Cash Assistance</b>		<b>Cases</b>	<b>Persons</b>
A. Previous RCA enrollees still active in this reporting period			
B. New RCA enrollees during this reporting period			
C. Total number of RCA recipients during this reporting period		0	0
<b>II. Refugee Medical Assistance</b>			<b>Persons</b>
A. Previous RMA enrollees still active in this reporting period			
B. New RMA enrollees during this reporting period			
C. Total number of RMA recipients during this reporting period			0
<b>III. Refugee Medical Screening</b>			<b>Persons</b>
A. Total recipients of medical screenings during reporting period			
B. Recipients of medical screenings during reporting period funded by RMA			

**Schedule C: Services Report: Employment Services 45 CFR 400.154 (a)**

Reporting Period:		Fiscal Year:	
State:			Date:
Grant #:	Grant Name:		
<b>A. RCA Employment Data:</b> Number of refugees <b>between 18 and 65 who are not exempt under §400.76</b> and who reached the eight month time limit for RCA this trimester		1. Total Number	2. Grant Terminations due to income from employment prior to the eight month limit
<b>B. Entered Employment and Cash Assistance Status</b>		<b>Time in U.S.</b>	<b>2. FT</b>
<b>Participants by type</b>			<b>3. PT</b>
<b>1. Total Number</b>			<b>4. Grant Terminations</b>
a. RCA	1	0 - 4 months	
	2	5 - 8 months	
b. TANF	1	0 - 12 months	
	2	> 12 months	
c. Other CA	1	0 - 12 months	
	2	> 12 months	
d. No CA	1	0 - 12 months	
	2	> 12 months	
<b>e. Total Caseload for Employment Services</b>	<b>0</b>	<b>TOTAL</b>	<b>0</b>
<b>C. Average Hourly Wage Employment Entry</b>			
<b>D. Health Benefits Available</b>			
<b>E. Employed 90 Days Later</b>			
a) RCA at entered employment			
b) TANF at entered employment			
c) Other CA at entered employment			
d) No CA at entered employment			

Total



**Schedule C: Services Report: Employability Services, 45 CFR 400.154 (b) – (k)**

Form ORR-6

Reporting Period:				Fiscal Year:	
State:				Date:	
Grant #:		Grant Name:			

1. Active participants this period	Total	AGE		SERVICES		
		18-50	51-65	Beginner	Intermediate	Other
1. English Language Training						
0 - 12 mos in U.S.						
> 12 mos in U.S.						

2. On the Job Training	Total	AGE		SERVICES		
		18-50	51-65	0-30 days training	> 1 month training	> 3 months training
0 - 12 mos in U.S.						
> 12 mos in U.S.						
A. Completions (unduplicated)						

3. Skills Training	Total	AGE		SERVICES		
		18-50	51-65	0-30 days training	> 1 month training	> 3 months training
> 12 mos in U.S.						
0 - 12 mos in U.S.						
A. Completions (unduplicated)						

4. Case Management	Total	AGE		SERVICES		
		18-50	51-65	New case	Follow-up	Referred
> 12 mos in U.S.						
0 - 12 mos in U.S.						

5. Other Employability Services	Total	SERVICES				
		Employability assessment	Child Care	Transportation	Interpreting & translation	EAD assistance
0 - 12 mos in U.S.						
> 12 mos in U.S.						

### Schedule D: Unaccompanied Refugee Minors Program

Reporting Period:				Fiscal Year:	
State:				Date:	

I. Current Population:	
1. Minors in care at end of previous reporting period	
2. Entered care	
3. Left care	
4. Minors in care at end of this reporting period	
<b>TOTAL</b>	<b>0</b>

II. Placement Capacity Chart	Location 1:				Location 2:			Total
	Foster Homes	Therapeutic Foster Homes	Group Homes	Semi Independent Living	Independent Living	Residential Treatment Centers	Other	
	1. Minors currently in care							
2. Available placements							0	
3. Placements in development							0	

**Comments:**

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III. Expenditures	Trimester Expenditures (col. 1)	Cumulative Expenditures for FFY (col. 2)
1. Services for minors		
2. Program Administration		
3. State Administration		
4. Total	<b>0</b>	<b>0</b>

**Comments:**

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