

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

Form ORR-6

Reporting Period: 

|  |  |  |                     |
|--|--|--|---------------------|
|  |  |  | <b>Fiscal Year:</b> |
|--|--|--|---------------------|

State: 

|  |              |
|--|--------------|
|  | <b>Date:</b> |
|--|--------------|

| I. Refugee Cash Assistance  | Cases | Persons |
|---|-------|---------|
| A. Previous RCA recipients still active in this reporting period                    |       |         |
| B. New RCA recipients during this reporting period                                  |       |         |
| C. Total number of RCA recipients during this reporting period                      | 0     | 0       |
|   |       |         |
| II. Refugee Medical Assistance  |       | Persons |
| A. Previous RMA recipients still active in this reporting period                    |       |         |
| B. New RMA recipients during this reporting period                                  |       |         |
| C. Total number of RMA recipients during this reporting period                      |       | 0       |
|   |       |         |
| III. Refugee Medical Screening  |       | Persons |
| A. Total number of recipients of medical screenings during reporting period         |       |         |
| B. Number of recipients of medical screenings during reporting period funded by RMA |       |         |