**REFUGEE HEALTH PROMOTION**

**Program Data Indicators**

The Program Data Points are reported **on an annual basis** and are to be submitted on September 14, along with the semi-annual Performance Progress Report (PPR) and Federal Financial Report (FFR).

For more detailed instruction of the below data points, see the **Refugee Health Promotion Program Data Indicators User Guide**. For more information about general program reporting requirements, please refer to the FOA that aligns with current funding.

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| --- | --- | --- | --- | --- | --- | --- |
| **Legal Organization Name** | | **DUNS Number** | | | **EIN** | |
|  | |  | | |  | |
| **Federal Grant Number** | **Project Period** | | | **Reporting Period** | | |
|  | Start Date: *(MM/DD/YYYY)* | | End Date: *(MM/DD/YYYY)* | Start Date: *(MM/DD/YYYY)* | | End Date: *(MM/DD/YYYY)* |
|  | |  |  | |  |
| **I. DEMOGRAPHICS & LOCALITIES SERVED** | | | | | | |
| *Where applicable, provide the number of unduplicated individual clients served for each demographic in the ‘Total’ column. Do not leave any blanks; indicate ‘0’ where applicable.* | | | | | | |
| **Data Indicator** | | |  | | | **Total** |
| **1. Total unduplicated number of clients served** | | | | | |  |
| **2. Number of unduplicated of clients served by immigration status** | | | | | |  |
| Refugee | | | | | |  |
| Asylee | | | | | |  |
| SIV | | | | | |  |
| Cuban or Haitian Entrant | | | | | |  |
| Trafficking Victim | | | | | |  |
| **3. Number of unduplicated clients served by country of origin** *List the top 5 countries.* | | | | | |  |
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| ­­ | | | | | |  |
| ­­ | | | | | |  |
| ­­ | | | | | |  |
|  | | | | | |  |
| All other countries (combined) | | | | | |  |
| **4. Number of organization(s) funded and location(s) served** | | | | | |  |
| Number of organization(s) funded by RHP | | | | | |  |
| Number of location(s) served | | | | | |  |
| **II. SERVICES** | | | | | | |
| *Provide the total number of recipients for each service in the ‘Total’ column and a description for each service in the space provided. Do not leave any blanks; indicate ‘0’ and ‘N/A’ where applicable.*  *\*For Pro Bono Services, provide the number of hours instead of the number of clients.* | | | | | | |
| **Data Indicator** | | | | | | **Total** |
| **1. Case management** *Includes medical and mental health case management and coordination of community resources for the provision of medically necessary health care services.* | | | | | | |
| Number of clients who received medical case management services | | | | | |  |
| Number of clients who received mental health case management services | | | | | |  |
| Total **unduplicated** number of clients receiving case management services | | | | | |  |
| **2. Adjustment or support groups** *Includes community adjustment groups, support groups, or other similar activities* | | | | | | |
| Number of clients that attended adjustment or support groups | | | | | |  |
| Number of Groups:  Frequency of Groups: | | | | | |  |
| **3. Health orientation and education** *Includes U.S. healthcare orientation workshops and other health education classes.* | | | | | |  |
| Number of clients who received initial health orientation services | | | | | |  |
| Number of clients who received additional health education services | | | | | |  |
| Number of clients who received mental health education/training | | | | | |  |
| **4. Service provider education** *Includes education on refugee health, mental health training, and National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care.* | | | | | |  |
| Number of service providers that received training | | | | | |  |
| **5. Interpretation services** | | | | | | |
| Number of hours of interpretation services provided | | | | | |  |
| **6. Translation services** | | | | | |  |
| Number of clients who received translated materials | | | | | |  |

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| --- | --- |
| **7. Pro Bono Services** *For each service area, indicate* ***the total number of pro-bono hours*** *contributed by providers and other volunteers during the reporting period.* | |
| Interpreters/translators |  |
| Medical |  |
| Mental health |  |
| Social |  |
| General volunteer hours |  |
| Other |  |
| Total hours contributed |  |

|  |  |
| --- | --- |
| **8. Please provide a breakdown by percentage of RHP grant activities:** | |
| Medical Case Management |  |
| Mental Health Case Management |  |
| Interpretation/Translation |  |
| Health Orientation/Education |  |
| Adjustment or Support Groups |  |
| Administrative |  |
| Other Activities |  |

**THE PAPERWORK REDUCTION ACT OF 1995** (Pub. L. 104-13)

Public reporting burden for this collection of information is estimated to average 3 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.