## 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.

**DUNS Number** 

EIN

**Legal Organization Name** 

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	
Total unduplicated number of clients served     Number of unduplicated of clients served by immigration status						
2. Number of unduplicated of clients	served by	immigrat	non status	Defere		
				Refugee		
				Asylee		
SIV Cuban or Haitian Entrant						
Trafficking Victim						
3. Number of unduplicated clients served by country of origin List the top 5 countries.						
3. Number of unduplicated chefits served by country of origin list the top 3 countries.						
All other countries (combined)						
4. Number of organization(s) funded and location(s) served						
				on(s) funded by RHP	)	
			Number o	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	
<b>1. Case management</b> Includes medical and mental health case management and coordination of community resources for the provision of medically necessary health care services.						
Number o	of clients w	ho receiv	ed medical case m	anagement services	;	
Number of clien	;					
Total <b>unduplicat</b>	ed numbe	er of clien	ts receiving case m	anagement services	;	
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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					
<b>7. Pro Bono Services</b> For each service area, indicate <b>the total number of pro-bono hours</b> 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.

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