

Row Number	ORR5 Data	Format
1	Alien Number	8 or 9 digits
2	Status	Refugee, SIV, VOT, Asylee, C/H Entrant
3	Name	Last, First, Middle
4	Date of Birth	mm/dd/yyyy
5	Gender	M, F, or U for Unknown
6	State	State Code
7	County	County Name
8	Nationality	Country Name
9	Organization providing the support	State Name or Replacement Designee Name
10	Date eligible for ORR benefits	mm/dd/yyyy
11	Medical Screening Initial Enrollment Date	mm/dd/yyyy or Null if not enrolled
12	Medical Screening Exit Date	mm/dd/yyyy or Null if not enrolled or still active
13	Social Services Program Initial Enrollment Date	mm/dd/yyyy or Null if not enrolled
14	Social Services Program Exit Date	mm/dd/yyyy or Null if not enrolled or still active
15	RCA Initial Enrollment Date	mm/dd/yyyy or Null if not enrolled
16	RCA Exit Date	mm/dd/yyyy or Null if not enrolled or still active
17	RMA Initial Enrollment Date	mm/dd/yyyy or Null if not enrolled
18	RMA Exit Date	mm/dd/yyyy or Null if not enrolled or still active
19	Migration Status	In, Out, or No change
20	Date of Migration	mm/dd/yyyy - In/Out date based on Migration Status