**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.

|  |  |  |
| --- | --- | --- |
| **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.* |  |
| ­­  |  |
| ­­  |  |
|  ­­  |  |
| ­­  |  |
|   |  |
| 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 |  |

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| --- |
| **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.

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