OMB NO: 0970-0490 EXPIRATION DATE: 1/31/2023

ACF Office of Refugee Resettlement Services for Survivors of Torture Program Data Points Form

Agency: Administration for Children and	Grantee Name:	Reporting Period
Families (ACF)/Office of Refugee Resettlement		From:
(ORR)	Grant Number:	MM/DD/YYYY
		To:
Form: Survivors of Torture – Program Data	Point of Contact:	MM/DD/YYYY
Points (SOT-PDP)		

Reporting: Submit annual program data with the second semi-annual report each year of the project period. Please use the narrative report to explain or highlight key program indicators and illustrate changes in outcome indicators. See Program Data Points User Guide for more information.

PROGRAM INDICATORS1 Data No. of Clients **Description Indicators Point** Served New primary New secondary 01 Client count during reporting period Continuing primary Continuing secondary Clients exiting the program Under 5 years 5 - 17 years Age when first subjected to torture 18 - 44 years 02 45 - 64 years 65 years and over (primary survivors only) Asphyxiation **Beating** Burning Deprivation Electrical Forced postures Kidnapping and disappearances 03 Type(s) of torture suffered Rape and sexual torture Sensory stress Severe humiliation Threats and psychological torture Witnessing torture of others (primary survivors only) Wounding/maiming Other: Please specify_

¹ Refer to the Program Data Points User Guide for all definitions

Data Point	Description	Indicators	No. of Clients Served
04	Reason(s) for torture (primary survivors only)	Ethnicity Nationality Political reasons Religion Social activism Social group (e.g., clan, gender, sexual orientation) Other: Please specify	
05	Country where torture occurred (primary survivors only)	Country 1: Country 2: Country 3: Country 4: (report all countries)	
06	Client goal(s) at intake	Emotional/psychological Interpersonal/social Legal Occupational Physical/medical Substance abuse	
07	Gender	Female Male Other	
8	Immigration category/status at intake	Asylum seeker Asylee (include derivatives) Refugee (include derivatives) Special Immigrant Visa Holder Lawful Permanent Resident Former refugee (include derivatives) Former asylee (include derivatives) Other former: Please specify U.S. Citizen Former refugee (include derivatives) Former asylee (include derivatives) Other former: Please specify Other at intake: Please specify	

Data Point	Description	Indicators	No. of Clients Served
09	Age at intake	Under 5 years 5 – 17 years 18 – 44 years 45 – 64 years 65 years and over	
10	Education prior to arrival $ (\text{for clients} \geq 18 \text{ years of age at intake}) $	Less than 1 year 1-4 years 5-8 years 9-12 years 13-16 years More than 16 years	
11	Employment in the U.S at intake (for clients \geq 18 years of age at intake)	No work authorization Unemployed and not seeking employment (e.g., students, elderly, disabled, and primary caregivers) Unemployed, work authorized, and seeking employment Employed with work authorization (PT/FT)	
12	Length of time in the U.S. at intake	Less than one year 1- 5 years More than 5 years	
13	Country of origin	Country 1: Country 2: Country 3: Country 4: (report all countries)	
14	Ethnicity	Ethnicity 1: Ethnicity 2: Ethnicity 3: Ethnicity 4: (report all ethnicities)	

Data Point	Description	Indicators	No. of Clients Served
15	Religion	Buddhists Christians Hindus Jews Muslims None Other: Please specify	
16	Languages used	Language 1: Language 2: Language 3: Language 4: (report all languages used)	
17	Clients served by service category	Emotional/psychological Interpersonal/social Legal Occupational Physical/medical Substance abuse	
18	People trained by profession	Community Education Interpreters/translators Law enforcement Legal Medical Mental health Social Other: Please specify	
19	Hours contributed by pro bono service	Administrative, managerial, and other professional services Financial and grant writing Information technology and research Interpreters/translators Legal Medical Mental health Social Other: Please specify	Number of hours

OUTCOME INDICATORS ²										
• Indicate how many clients included in this section have been receiving services by length of time:										
 6 months 6-12 months >12 months Indicate the tool from which you have derived the client-level data you are reporting here in the aggregate: 										
		-				~	e aggregate:			
		_			Other: Plea					
• Complet	e all of the boxe	s for ea	ach data point b	elow to show ag	gregate changes	in the level of n	ieed.			
END										
Data Point	Description	Le	vel of Need	1	2	3	4			
				In Crisis	Vulnerable	Stable	Safe			
			1							
			In Crisis							
			N=							
			2							
			Vulnerable							
20.a	Legal-	S	N=							
New	immigration	T	3							
Clients		A R	Stable							
		T	N=							
		_	4							
			Safe							
			N=							
					EN	ND				
Data Point	Description	Le	vel of Need	1	2	3	4			
				In Crisis	Vulnerable	Stable	Safe			
		S	1							
		T	In Crisis							
		A								
		R T	N= 2							
		1	Vulnerable							
20.b Continuing	Legal- immigration		N=							
Clients	IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII		3							
			Stable							
			N=							

 $^{^2}$ Use the Survivor of Torture Psychosocial Well-being Index (Short Version) (SOT-PWI-S) © 2016 Hodges-Wu & Zajicek-Farber to aggregate the data for these indicators. (See User Guide, Appendix A)

4		
Safe		
N=		
14-		

				END			
Data Point	Description	Le	evel of Need	1 In Crisis	2 Vulnerable	3 Stable	4 Safe
21.a New Clients	Housing	S T A R T	1 In Crisis N= 2 Vulnerable N= 3 Stable N= 4 Safe N=				
				END			
Data Point	Description	Level of Need		1 In Crisis	2 Vulnerable	3 Stable	4 Safe
21.b Continuing Clients	Housing	S T A R T	1 In Crisis N= 2 Vulnerable N= 3 Stable N= 4 Safe N=				

	.				Ei	ND	
Data Point	Description	Le	vel of Need	1 In Crisis	2 Vulnerable	3 Stable	4 Safe
22.a New Clients	Physical health	S T A R T	1 In Crisis N= 2 Vulnerable N= 3 Stable N= 4 Safe N=				
				END			
		Level of Need		1 In Crisis	2 Vulnerable	3 Stable	4 Safe
22.b Continuing Clients	Physical health	S T A R T	1 In Crisis N= 2 Vulnerable N= 3 Stable N= 4 Safe N=				

					END			
Data Point	Description	Level of Need		1 In Crisis	2 Vulnerable	3 Stable	4 Safe	
23.a New Clients	Mental Health	S T A R T	1 In Crisis N= 2 Vulnerable N= 3 Stable N= 4 Safe N=					
	Mental Health	Level of Need		1	EN	ND 3	4	
				In Crisis	Vulnerable	Stable	Safe	
23.b Continuing Clients		S T A R T	1 In Crisis N= 2 Vulnerable N= 3 Stable N=					
			4 Safe N=					

					END				
Data Point	Description	Level of Need		1 In Crisis	2 Vulnerable	3 Stable	4 Safe		
24.a New Clients	Access to community resources	S T A R T	1 In Crisis N= 2 Vulnerable N= 3 Stable N= 4 Safe N=						
	Access to community resources	Level of Need		END					
				1 In Crisis	2 Vulnerable	3 Stable	4 Safe		
24.b Continuing Clients		S T A R T	1 In Crisis N= 2 Vulnerable N= 3 Stable N= 4 Safe N=						

				END			
Data Point	Description	Le	vel of Need	1 In Crisis	2 Vulnerable	3 Stable	4 Safe
25.a New Clients	Support System in the U.S.	S T A R T	1 In Crisis N= 2 Vulnerable N= 3 Stable N= 4 Safe N=				
		,		END			
	Support system in the U.S.	Le	vel of Need	1 In Crisis	2 Vulnerable	3 Stable	4 Safe
25.b Continuing Clients		S T A R T	1 In Crisis N= 2 Vulnerable N= 3 Stable N=				
			4 Safe N=				

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

The purpose of this information collection is to collect demographic, programmatic, and outcome data in order to learn more about the population being served, the types of services they receive, and the effectiveness of those services. Public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This is a mandatory collection of information (Funding Announcement: HHS-2018-ACF-ORR-ZT-1356). This collection of information is required to retain a benefit (Torture Victims Relief Act of 1998, Pub. L. 105-320). If you have any comments on this collection of information, please contact the Administration for Children and Families, Office of Refugee Resettlement, Division of Refugee Health, 330 C Street, SW, 5 Floor, thWashington, DC 20201. 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.