



Office on Trafficking In Persons (OTIP)
TVAP Grantee Reporting Reference Guide:
Data Elements, Definitions, and Guidance

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Victim Assistance Reporting

Key Performance Measures:

- Increase the number of victims of trafficking served by a network of grantees

Definitions:

Disability¹ is defined as the product of interactions among individuals' bodies; their physical, emotional, and mental health; and the physical and social environment in which they live, work, or play. Disability exists where this interaction results in limitations of activities and restrictions to full participation at school, at work, at home, or in the community (Institute of Medicine and International Classification of Functioning, Disability, and Health).

Hearing difficulty is being deaf or having serious difficulty hearing (DEAR).

Vision difficulty is being blind or having serious difficulty seeing, even when wearing glasses (DEYE).

Cognitive difficulty is having difficulty remembering, concentrating, or making decisions because of a physical, mental, or emotional problem (DREM).

Ambulatory difficulty is having serious difficulty walking or climbing stairs (DPHY).

Self-care difficulty is having difficulty bathing or dressing (DDRS).

Independent living difficulty is having difficulty doing errands alone such as visiting a doctor's office or shopping because of a physical, mental, or emotional problem (DOUT).

Permanent Housing² is community-based housing with no time limit on how long an individual can reside in the housing or receive housing assistance, living as independently as possible. This includes Permanent Supportive Housing as well as housing owned or rented by the client.

¹ Disability - American Community Survey (ACS) - People and Households - U.S. Census Bureau . (2016). Census.gov. Retrieved 20 November 2016, from <http://www.census.gov/people/disability/methodology/acs.html>

² Department of Housing and Urban Development. HMIS Data Standards, <https://www.hudexchange.info/resources/documents/HMIS-Data-Standards-Manual.pdf>



Transitional Housing is designed to provide homeless individuals and families with the interim stability and support to successfully move to and maintain permanent housing. Transitional housing is time limited with clients staying up to 24 months in the housing, typically with accompanying supportive services. Individuals must have a lease (or sublease) or occupancy agreement in place when residing in transitional housing.

Institutional Housing³ is any facility whose primary purpose is to provide 24-hour care, treatment, and/or supervision. This includes psychiatric treatment facilities, juvenile detention centers, jails, prisons, foster care home settings, substance abuse treatment facilities, detox centers, long-term care facilities, and nursing homes.

Emergency Housing is any facility whose primary purpose is to provide temporary or transitional shelter for the homeless in general or for specific populations of the homeless (e.g. domestic violence shelters, human trafficking shelters, etc.); also referred to as Short-Term or Temporary Housing.

Basic Necessities are encounters between a client and service provider in which a client is provided directly with items needed for daily living or with funds to purchase said items. This includes providing clients with personal care items such as shampoo, conditioner, soap, lotion, clothing, feminine hygiene products, and food.

Case Management is an encounter between a case management provider and a client during which services are provided that assist clients in the management of their health and social needs, including client needs assessments, the establishment of service plans, and the maintenance of referral, tracking, and follow-up systems. This also includes assisting clients in understanding their rights and advocating on their behalf with referral partners.

Crisis Intervention⁴ includes encounters in which a client or potential client in crisis receives interventions and services. This includes assistance or referrals provided for client emergencies as well as the provision of intervention techniques by a service provider aimed at alleviating emotional distress.

Education Services are encounters in which a client accesses educational courses in an informal, traditional, or online setting. This includes English as a Second Language (ESL) courses, General Education courses, GED test preparation, and enrollment in higher education. These courses can be directly provided by the grantee or through a referral.

³ Department of Health and Human Services. Administration for Children and Families. Children's Bureau. AFCARS Data Elements, <https://www.gpo.gov/fdsys/pkg/FR-2015-02-09/pdf/2015-02354.pdf>

⁴ Department of Justice. OVC TIMS Online Service Provision Terms and Units of Measurement.



Employment Assistance includes encounters between a client and service provider in which they receive assistance in finding and securing employment. This may include interview preparation, assistance in job hunting or resume building, or engagement in job placement programs. This can be directly provided by the grantee or through a referral.

Family Reunification are encounters between a client and service provider or on behalf of a client (with their consent) in which efforts are made to reunify the client with their family members in the United States. This may include making phone calls to arrange family reunification, holding meetings to prepare for family reunification, and assisting clients in obtaining and completing any necessary reunification paperwork.

Financial Planning Services are encounters between a client and service provider to assist the client in managing their available and future financial resources. This may include creating budgets, repaying debts or applying for debt relief, saving money in Escrow, and other forms of financial counseling.

Housing/Shelter Services are encounters between a client and service provider to assist the client in securing and maintaining housing. This may include full or partial payment of a client's rent or utilities, enrollment in housing programs or housing units, completion of housing related paperwork, and assistance with the client's housing search.

Language Services are encounters between a translator or interpreter and client to assess service needs and/or to provide services to a client. This includes the use of language lines for interpretation services.

Legal Services are generally encounters between a client and an attorney or paralegal to discuss the client's rights and legal options or to follow through on legal remedies. This may include expunging criminal records as a result of the trafficking experience or assistance with civil or family court issues. This may also include using program funds to provide 'know your rights' presentations to facilitate legal representation by private attorneys willing to act on behalf of clients pro bono. However, program funding cannot be used for criminal defense attorney services.

Life Skills are encounters between a client and service provider to develop skills necessary for full participation in everyday life. This includes assisting clients in learning how to do laundry, navigate public transportation, maintain personal hygiene, develop healthy relationships, enact conflict resolution, and cook healthy and balanced meals.

Mental Health Services are encounters between a licensed mental health provider (psychiatrist, psychologist, LCSW, and certain other Masters Prepared mental health providers licensed by specific states,) or an unlicensed mental health provider



credentialed by the center, and a client, during which mental health services (i.e., services of a psychiatric, psychological, psychosocial, or crisis intervention nature) are provided. Clinicians and Hospitals use diagnostic codes from the DSM-5 for insurance purposes.

Medical/Dental Services are encounters between a client and a physician, physician assistant, nurse practitioner, physician assistant, or nurse for the purpose of assessing or treating a medical problem. This includes encounters between a dentist or dental hygienist and a patient for the purpose of prevention, assessment, or treatment of a dental problem, including restoration.

Safety Planning is an encounter between a client and service provider in which they develop a practical plan to avoid and react to dangerous situations. This plan should be based on the specific needs of each client.

Substance Use Assessment/Treatment Services are encounters between a substance abuse provider (e.g., credentialed substance abuse counselor, rehabilitation therapist, psychologist) and a client during which alcohol or drug abuse services (i.e., assessment and diagnosis, treatment, aftercare) are provided.

Transportation Services are encounters in which a service provider provides a client with the necessary resources to access transportation which enables clients to access services. This includes providing clients with bus/rail passes, cabs/cab vouchers, or gas assistance. This may occur with the service provider purchasing transportation on behalf of the client, providing clients with gifts cards to the same purpose, or providing clients with cash to purchase transportation themselves.

Victim Advocacy is an encounter between a client and service provider in which the client is provided information and support to help them understand and exercise their rights as a victim of crime within the criminal justice process.

Other Services are encounters between a provider, other than those listed above, and a client during which other forms of services are provided.

Section 8 is the Housing Choice Voucher Program which assists low-income families, the elderly, and the disabled to afford safe housing in the private market.

Medicaid is health insurance available to low-income individuals and families.

SNAP is the Supplemental Nutrition Assistance Program, formerly known as SNAP, which provides food-purchasing assistance to individuals and families.



SSI is Supplemental Security Income, a type of financial assistance provided to low-income people who are aged 65 or older, blind, or disabled.

SSDI is Social Security Disability Insurance, a type of financial assistance provided to workers who become disabled before reaching retirement age.

TANF is the Temporary Assistance to Needy Families program, formerly known as welfare, which provides financial assistance to pregnant women and families with one or more dependent children.

WIC is the Special Supplemental Nutrition Program for Women, Infants, and Children, which provides nutrition assistance to low-income pregnant women, breastfeeding women, infants, and children under the age of five.

The following victim assistance reporting forms were developed from the research and evaluation package created for the Domestic Victims of Human Trafficking Demonstration Grant Evaluation and Final Report⁵.

⁵ Hardison Walters, J. L., Krieger, K., Kluckman, M., Feinberg, R., Orme, S., Asefnia, N., and Gibbs, D. A. (2017). Evaluation of Domestic Victims of Human Trafficking Demonstration Projects: Final Report from the First Cohort of Projects. Report # 2017-57, Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.



Victim Assistance—Client Characteristics and Program Entry

Definitions:

Potential Victim of Human Trafficking is any individual who is reported or suspected as being a victim of trafficking as defined in the Trafficking Victims Protection Act.

Clients are those individuals enrolled in OTIP funded programs such as the Trafficking Victim Assistance Program or Domestic Victims of Human Trafficking Program.

Identified Victims are those individuals who have been identified by law enforcement as having been subjected to a severe form of trafficking in persons or have been screened by victim assistance providers trained on human trafficking and found to be a victim of trafficking.

Pre-Certified Foreign National is a victim of human trafficking who is not a United States citizen and has not received a letter of HHS Certification or Eligibility.

Certified Foreign National is a victim of human trafficking who is not a United States citizen and has received a letter of HHS Certification or Eligibility.

Reporting Expectations:

The grantee is expected to collect the following data elements on a rolling basis during the first three months after an individual is enrolled into the Trafficking Victim Assistance Program.



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Data Element	Response Options	Operational Guidance
Grantee	(text)	Record name of the organization submitting the grant report.
Reporting Period Start Date	mm/dd/yyyy	Record month, day, and year of the first day in the reporting period.
Reporting Period End Date	mm/dd/yyyy	Record month, day, and year of the last day in the reporting period.
Report Type	<ul style="list-style-type: none"> • Quarterly • Semi-Annual • Annual 	Select type of report based upon frequency of submission.
Client Identifier	Alpha-numeric code.	Generated by system.
Type of Intake	<ul style="list-style-type: none"> • New Intake • Reopened 	<p>Select one which best describes the intake.</p> <p>New intakes should be understood as clients who have never enrolled in TVAP. Reopened cases are fiscal year specific.</p> <p>For example, if a client left the program but re-enrolled within the same fiscal year due to COVID-19 destabilization, they should be logged as a reopened case.</p>
Intake Date	mm/dd/yyyy	Record the TVAP enrollment date.
Was client matched to a service provider within 48 hours of referral?	<ul style="list-style-type: none"> • Yes • No 	<p>Select one to describe how long it took to place a client with a service provider.</p> <p>This is intended to capture if the client has been enrolled/determined eligible to begin receiving services with a provider even if they have not yet begun receiving those services.</p>



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Referral Date	mm/dd/yyyy	Record date service agency received referral.
Referral Source	<ul style="list-style-type: none"> • Child Protective Services/Child Welfare • Court • DA/State's Attorney/Victim Assistance • Defense Attorney/Public Defender/Legal Aid • Domestic Violence Agency/Shelter • Educator/Teacher/School • Employer • Family Member/Guardian • Friend/Peer/Acquaintance • Health Care Provider • Homeless Agency/Shelter • Juvenile Justice • Law Enforcement • Look Beneath the Surface Grantee • Mental Hospital/Psychiatric Treatment Facility • National Human Trafficking Hotline (NHTH) • Other National Hotline • State/Local Hotline • Religious Organization • Self • Other (specify) 	Select one which best describes the entity or individual referring the client for services.
Does client have family members receiving services from grantee?	<ul style="list-style-type: none"> • Yes • No 	Select one which best describes the household being served.
Relationship to Victim	<ul style="list-style-type: none"> • Parent _____ • Sibling _____ • Spouse _____ • Child(ren) < 18 _____ • Child(ren) 18 or older _____ 	Record the number of each type of family member being served as part of the household in the program.
Service Eligibility Status	<ul style="list-style-type: none"> • Pre-Certified Foreign National • Certified Foreign National • U.S. Citizen/Lawful Permanent Resident 	Select one as identified by client.
Date of Birth	mm/yyyy	Record month and year of client's birthdate.
Age	01-99	Record age of client at intake.
Gender Identity	<ul style="list-style-type: none"> • Male • Female • Transgender Male • Transgender Female • Genderqueer/Gender Non-Conforming • Unknown • Not Reported 	Record the client's gender identity as reported by the client.
Does client identify as LGBTQ2S+?	<ul style="list-style-type: none"> • Yes • No 	Select whether client identifies as lesbian,



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	<ul style="list-style-type: none"> • Unknown 	gay, bisexual, transgender, queer, questioning, Two-Spirit, or another gender, sexual, or romantic minority.
Race/Ethnicity	<ul style="list-style-type: none"> • American Indian or Alaska Native • Asian • Black or African American • Native Hawaiian or Other Pacific Islander • White • Hispanic or Latino • Other (specify) • Unknown 	Select one or more as identified by client.
Does the victim have a disability?	<ul style="list-style-type: none"> • Hearing Difficulty • Vision Difficulty • Cognitive Difficulty • Ambulatory Difficulty • Self-Care Difficulty 	Select one or more as identified by the victim or diagnosed by a clinician.
Location of Origin	Country	Record country where client is from.
Current Living Situation	<ul style="list-style-type: none"> • Permanent Housing • Transitional Housing • Institutional Housing • Emergency Housing • No Housing/Place not meant for habitation • Unknown 	Select one which best describes the current living situation of the client. See definitions.
If client is a minor, are they enrolled in school?	<ul style="list-style-type: none"> • No • Yes 	Select one as known at time of intake.
Services ^{6 7} Requested/Needed	<ul style="list-style-type: none"> • Basic Necessities • Child Care • Crisis Intervention • Dental Health Services • Education Assistance • Employment Assistance • Family Reunification • Financial Assistance • Housing/Shelter Services • Interpreter/Translator • Legal Advocacy and Services • Life Skills • Mental/Behavioral Health Services 	Select one or more services requested by the client or assessed as being a need by the service provider.

⁶ Adapted from HRSA Bureau of Primary Health Uniform Data System Manual, <http://bphc.hrsa.gov/datareporting/reporting/2015udsmanual.pdf>

⁷ Adapted from Department of Justice Office of Victims of Crimes Trafficking Information Management System Manual.



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	<ul style="list-style-type: none"> • Medical Services • Safety Planning Services • Substance Use Assessment/Treatment • Transportation • Victim Advocacy • Other Services (specify) • None • Unknown 	
Public Benefits Requested/Needed	<ul style="list-style-type: none"> • Child Care Subsidy • SNAP (Food Stamps) • General Assistance • Section 8/Permanent Housing Assistance • Medicaid • ORR Match Grant • ORR Targeted Assistance Grant (TAG) • ORR Wilson/Fish Program • Refugee Cash Assistance • Refugee Medical Assistance • Refugee Social Services • State-specific Health Benefits • Social Security Disability (SSI or SSDI) • Temporary Assistance for Needy Families • Unaccompanied Alien Children Program • Unemployment Insurance • WIC • Other (specify) • None • Unknown 	Select one or more benefits needed by the client.
Location of Services	County/Parish, State/Territory, Tribal Land/Reservation	Record location of organization that will be providing services to the client
Type of Trafficking	<ul style="list-style-type: none"> • Sex • Labor • Sex & Labor • Unknown 	Select one which best describes the potential trafficking situation.
Relationship to Trafficker ⁸	<ul style="list-style-type: none"> • Acquaintance/Person Briefly Known • Coworker • Current or Former Spouse • Current or Former Intimate Partner • Employer • Family or Household Member • Family Friend 	Select one as best describes the relationship between client and the potential trafficker. Mark unknown if relationship is unclear or not disclosed.

⁸ Saltzman LE, Fanslow JL, McMahon PM, Shelley GA. Intimate Partner Violence Surveillance: Uniform definitions and recommended data elements, Version 1.0. Atlanta (GA): National Center for Injury Prevention and Control, Centers for Disease Control and Prevention; 1999.



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	<ul style="list-style-type: none"> • Friend • Gang Member • Spiritual Advisor • None • Other • Unknown 	
Exploitation Industry ⁹	<ul style="list-style-type: none"> • Agriculture/Field Labor • Arts/Entertainment • Bar/Cantina/Nightclub • Begging/Peddling • Carnival • Cartel/Gang • Commercial Cleaning • Construction • Domestic Work • Elder Care • Escort Services • Factories/Manufacturing • Fishing • Forced Criminal/Illicit Activities • Forestry/Logging • Herding/Livestock • Health/Beauty • Health Care • Hotel/Hospitality • Illicit Massage/Health/Beauty • Landscaping • Mining/Quarrying • Pornography/Remote Interactive Sexual Acts • Prostitution/Outdoor Solicitation • Prostitution/Residential • Recreation/Sports • Religious Institution • Restaurant/Food Service • Retail Sales • Sexual Servitude • Stripping/Exotic Dancing • Traveling Sales Crew • Transportation • Other (specify) • Unknown 	Select one or more as best describes the potential trafficking situation. Mark unknown if information was not disclosed by client.
Location of Trafficking	County/Parish, State/Territory, Country	If known, record the location of the trafficking incident.

⁹ Polaris. The Typology of Modern Slavery. Defining Sex and Labor Trafficking in the United States. March 2017.



Victim Assistance—Barriers to Service Delivery and Monitoring

Definitions:

Lack of Adequate Resources¹⁰ indicates that the organization needs housing/shelter, staff, transportation for victims, contacts in home countries, and infrastructure designated for the population being served.

Lack of Adequate Funding indicates the organization needs sources of funding, especially during a foreign-national client's pre-certification period.

Lack of Adequate Training indicates that the organization needs training at all levels including on confidentiality, outreach methods, cultural/religious competency, methods to identify victims, etc.

Ineffective Coordination with Federal Agencies indicates a need to share information, poor reporting and prosecution, delays in certification, and a lack of specialized units/agencies for victims of human trafficking.

Ineffective Coordination with Local Agencies indicates ineffective communication at the State level, including ineffective coordination with local police.

Language Concerns include the inability to readily provide interpreters for all languages/dialects

Safety Concerns indicate a lack of safety for victims and staff from abusers.

Lack of Knowledge of Victims' Rights include a lack of knowledge or understanding of the relevant trafficking legislation or the issue in general.

Lack of Formal Rules and Regulations include inadequate rules, need for legislative advocacy, inadequate victim assistance laws, or restrictive eligibility requirements.

Victims' Legal Status is a barrier in which status renders the victim ineligible for social services funding (e.g. pre-certification period issues, prior criminal histories, etc.).

Feelings of No Support and Isolation indicate the organization's lack of knowledge of which service providers understand human trafficking and serve victims of trafficking or difficulties in collaborating within a local network of service providers.

Lack of In-House Procedures indicates the organization does not have effective protocols or has an inadequate data management system.

¹⁰ Clawson, H.J., Small, K.M., Go, E.S., & Myles, B.W. (2003). *Needs Assessment for Service Providers and Trafficking Victims* (U.S. DOJ Report 202469). Retrieved from <https://www.ncjrs.gov/pdffiles1/nij/grants/202469.pdf>



Lack of Cooperation of Client indicates the victim's lack of interest in receiving services or inability to comply with the case coordination plan.

Remote Case Management occurs when the grantee or subrecipient is providing case management or care coordination services for a client who does not live in the service area of the provider.

Reporting Expectations:

The grantee is expected to submit data on the barriers experienced during the course of service delivery on a quarterly and annual schedule. The annual submission should reflect barriers experienced throughout the entire reporting period from October 1st to September 30th.



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Data Element	Response Options	Operational Guidance
Grantee	(text)	Record name of the organization submitting the grant report.
Reporting Period Start Date	mm/dd/yyyy	Record month, day, and year of the first day in the reporting period.
Reporting Period End Date	mm/dd/yyyy	Record month, day, and year of the last day in the reporting period.
Report Type	<ul style="list-style-type: none"> • Quarterly • Semi-Annual • Annual 	Select type of report based upon frequency of submission.
Barriers to Service Delivery	<ul style="list-style-type: none"> • Lack of Adequate Resources • Lack of Adequate Funding • Lack of Adequate Training • Ineffective Coordination with Federal Agencies • Ineffective Coordination with Local Agencies • Language Concerns • Safety Concerns • Lack of Knowledge of Victims' Rights • Lack of Formal Rules and Regulations • Lack of Cooperation of Client • Victims' Legal Status • Feelings of No Support and Isolation • Lack of In-House Procedures • Other Services (specify) • None 	Select all barriers to service delivery that were encountered during the reporting period.
Desk Audits	(number)	Record number of desk audits conducted by grantee during reporting period.
Monitoring Visits	(number)	Record number of on-site monitoring visits conducted by grantee during reporting period.
Active Subrecipients	(number)	Record the total number of subrecipients that provided services during reporting period.
Remote Case Management	(number)	Record the total number of clients who received remote case management during reporting period.



Victim Assistance—Client Case Closure Reporting

Definitions:

Exit or disenrollment occurs when a client separates from the program and is no longer receiving comprehensive case management services. This may occur as a result of the client completing the program or for a variety of other reasons.

Enrollment occurs when a victim of human trafficking is entered into the program to receive comprehensive case management services. This includes occasions when a victim reconnects to the program after a period of absence, often referred to as re-enrollment.

Reporting Expectations:

The grantee is expected to collect the following data elements on a rolling basis as clients exit the Trafficking Victim Assistance Program.



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Data Element	Response Options	Operational Guidance
Grantee	(text)	Record name of the organization submitting the grant report.
Reporting Period Start Date	mm/dd/yyyy	Record month, day, and year of the first day in the reporting period.
Reporting Period End Date	mm/dd/yyyy	Record month, day, and year of the last day in the reporting period.
Report Type	<ul style="list-style-type: none"> • Quarterly • Semi-Annual • Annual 	Select type of report based upon frequency of submission.
Client Identifier	Alpha-numeric code.	Generated by system.
Case Closure Date	mm/dd/yyyy	Record the month, day, and year the client's case was closed.
Reason for Case Closing	<ul style="list-style-type: none"> • No longer in need of services • Lost contact • Incarcerated and out of contact with program • Client relocated • Time limitations of the program • Transfer to another service program • Determined not eligible • Client unable to meet program expectations • Other (specify) 	Select one or more reasons for client's case closing as known at the time of exit.
Employment Status upon Case Closing	<ul style="list-style-type: none"> • Employed, Full-time • Employed, Part-time • Employed, Seasonal/sporadic • Enrolled in Job Training • Unemployed, Looking for work • Unemployed, Unable to work • Unemployed, Not looking for work • Unknown 	Select one or more as known at time of client's exit from the program to describe their employment status.
Living Situation upon Case Closing	<ul style="list-style-type: none"> • Permanent Housing • Transitional Housing • Institutional Housing • Emergency Housing • No Housing/Place not meant for habitation • Unknown 	Select one which best describes the current living situation of the client at time of exit from program. See definitions.
Did the client obtain Continued Presence or a T-Visa?	<ul style="list-style-type: none"> • Continued Presence • T-Visa • None 	Select the type of immigration remedy the client received.
Did the client obtain HHS Certification or Eligibility?	<ul style="list-style-type: none"> • Yes • No 	Select whether the client received a certification letter while in the program.



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Did the client receive a referral for continued case management services?	<ul style="list-style-type: none">• Yes• No	Select whether the client received a referral to continue receiving services.
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Victim Assistance—Client Service Use and Delivery Reporting

Definitions:

Certification Letters indicate a victim's eligibility for federally funded benefits and services. It contains a Certification date; eligibility for benefits and services begins on the date of Certification. Certification letters do not expire, but many benefits and services are time sensitive. Derivatives and Certification Derivatives (family members of a victim) do not receive Certification Letters; however, Derivative T visa holders are eligible for benefits and services to the same extent as a refugee. For an individual who is already present in the United States on the date the DHS issues the Derivative T status, the period of eligibility begins on the date that DHS grants T status, as indicated on the Notice Date on the I-797, the Notice of Action of approval of the individual's Derivative T status. For the individual who enters the United States on the basis of a Derivative T visa, the period of eligibility begins on the date that the individual is admitted to the United States, as indicated by the date stamped on the individual's passport or I-94 Arrival Record.

Reporting Expectations:

The grantee is expected to submit data on all of the services and public benefits the client accessed during the reporting period annually with the fourth quarter report, due on October 30.



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Data Element	Response Options	Operational Guidance
Grantee	(text)	Record name of the organization submitting the grant report.
Reporting Period Start Date	mm/dd/yyyy	Record month, day, and year of the first day in the reporting period.
Reporting Period End Date	mm/dd/yyyy	Record month, day, and year of the last day in the reporting period.
Report Type	<ul style="list-style-type: none"> • Quarterly • Semi-Annual • Annual 	Select type of report based upon frequency of submission.
Client Identifier	Alpha-numeric code.	Generated by system.
Services Received	<ul style="list-style-type: none"> • Basic Necessities • Child Care • Crisis Intervention • Dental Health Services • Education Assistance • Employment Assistance • Family Reunification • Financial Assistance • Housing/Shelter Services • Interpreter/Translator • Legal Advocacy and Services • Life Skills • Mental/Behavioral Health Services • Medical Services • Safety Planning Services • Substance Use Assessment/Treatment • Transportation • Victim Advocacy • Other Services (specify) • None 	Select one or more services that the client received either directly by the organization or through a referral. Do not include referrals that did not result in the client accessing the service or benefit.
Benefits Received	<ul style="list-style-type: none"> • Child Care Subsidy • SNAP (Food Stamps) • General Assistance • Section 8/Permanent Housing Assistance • Medicaid • ORR Match Grant • ORR Targeted Assistance Grant (TAG) • ORR Wilson/Fish Program • Refugee Cash Assistance • Refugee Medical Assistance • Refugee Social Services • State-specific Health Benefits • Social Security Disability (SSI or SSDI) • Temporary Assistance for Needy Families 	Select one or more benefits that the client received either directly by the organization or through a referral. Do not include referrals that did not result in the client accessing the service or benefit.



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	<ul style="list-style-type: none"> • Unaccompanied Alien Children Program • Unemployment Insurance • WIC • Other (specify) • None • Unknown 	
Did client apply for HHS Certification or Eligibility?	<ul style="list-style-type: none"> • Yes • No • Not Applicable (U.S. citizen or LPR) 	Select whether the client applied for HHS Certification or Eligibility.
Did client receive HHS Certification or Eligibility?	<ul style="list-style-type: none"> • Yes • No • Not Applicable (U.S. citizen or LPR) 	Select whether the client received HHS Certification or Eligibility.



Training Reporting

Key Performance Measures:

- Increase the number of professionals trained to identify, treat, and respond to human trafficking

Reporting Expectations:

The grantee will submit training data on a quarterly basis using the following schedule:

- Quarter 1 Reporting Period: October 1 – December 31 (due January 30)
- Quarter 2 Reporting Period: January 1 – March 31 (due April 30)
- Quarter 3 Reporting Period: April 1 – June 30 (due July 30), and
- Quarter 4 Reporting Period: July 1 – September 31 (due October 30).

Definitions:

Training¹¹ is the planning, development, delivery and evaluation of activities designed to achieve specific learning objectives for participants. The learning objectives may be achieved using a variety of instructional strategies such as lecture, group discussion, demonstration role play, and other methods of group and individual integration. Training may include onsite instruction, classroom training, webinars, online or virtual training, self-directed learning, and workshops.

Formal Partnerships are those relationships between the grantee and an agency or organization in which there is a formal agreement, like a letter of support or Memorandum of Understanding (MOU) documenting the partnership.

Informal Partnerships are those relationships between the grantee and an agency or organization with which the grantee works regularly without a formal agreement or MOU documenting the partnership.

¹¹ Department of Justice. Office of Victims of Crimes Training and Technical Assistance Center. <https://www.ovcttac.gov/views/TrainingMaterials/dspTrainingByRequest.cfm?tab=3>



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Data Element	Response Options	Operational Guidance
Grantee	(text)	Record name of the organization submitting the grant report.
Reporting Period Start Date	mm/dd/yyyy	Record month, day, and year of the first day in the reporting period.
Reporting Period End Date	mm/dd/yyyy	Record month, day, and year of the last day in the reporting period.
Report Type	<ul style="list-style-type: none"> • Quarterly • Semi-Annual • Annual 	Select type of report based upon frequency of submission.
Total Trainings	(number)	Record the total number of trainings provided during the reporting period.
Topic	<p>Grant Management Topics:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Building a Community Referral Network and Partnership Building <input type="checkbox"/> Data Collection, Management, and Reporting <input type="checkbox"/> Introduction to Grant Program and Onboarding <input type="checkbox"/> Outreach Strategies <input type="checkbox"/> Program Policy, Protocol, and Administration <p>Service Delivery and Access Topics:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Approaches, Strategies, and Special Considerations for Working with Victims (e.g. Trauma Informed Care) <input type="checkbox"/> Available Services/Benefits and Strategies for Self Sufficiency <input type="checkbox"/> HHS Certification, Eligibility, and Other HHS Resources <input type="checkbox"/> Human Trafficking 101: Definition, Types, Laws, and Indicators <input type="checkbox"/> How to Access Legal Services and Remedies <input type="checkbox"/> Other 	<p>Record the number of occasions each topic was covered during the trainings provided during the reporting period.</p> <p>If one training reasonably covers multiple topics, the training may be double-counted.</p>
Audience	<ul style="list-style-type: none"> <input type="checkbox"/> Behavioral Health <input type="checkbox"/> Child Welfare <input type="checkbox"/> Education <input type="checkbox"/> Faith-Based <input type="checkbox"/> Government <input type="checkbox"/> Health Care <input type="checkbox"/> Housing <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Legal <input type="checkbox"/> Private Sector <input type="checkbox"/> Public Health 	<p>Record the number of professionals who attended trainings offered during the reporting period.</p> <p>Please provide counts by the audience type that best describes the individuals. For example, if a training was</p>



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	<ul style="list-style-type: none"><input type="checkbox"/> Social Services<input type="checkbox"/> Students (Higher Education)<input type="checkbox"/> Tribal<input type="checkbox"/> Other	conducted for 30 private sector public health professionals, please record as Public Health: 30.
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Partnership Development and Expansion Reporting

Key Performance Measures:

- Increase the diversity of services available to victims of trafficking

Reporting Expectations:

The grantee is expected to collect partnership development data elements **only** on subrecipients enrolled into the grantee's network on a rolling basis.

Definitions:

Partnership Development¹² is the process by which individuals or organizations identify and recruit representatives of communities or organizations to enter into referral, information sharing, or joint service programming partnerships for the purposes of: increasing their capacity to identify and/or serve victims, increasing their clients' access to a range of services, increasing awareness of the issue of human trafficking, and/or increasing the sharing of professional expertise. This includes efforts to develop relationships with representatives that culminate in formal or informal partnerships that may be one-way or reciprocal in nature.

Types of Partnerships:

Referral Partnerships are a type of relationship between at least two organizations in which one organization, or more, has agreed to serve clients from another organization.

Information Sharing Partnerships are a type of relationship between at least two organizations in which one organization, or more, has agreed to share its professional expertise. This may take place through training or technical assistance.

Joint Service Programming Partnerships are a type of relationship between at least two organizations in which one organization, or more, has agreed to share its financial resources to conduct a program with another organization (e.g. subrecipients).

¹² Bunker, A. C., Doogan, N. J., & Cao, Y. (2014). Building Service Delivery Networks: Partnership Evolution Among Children's Behavioral Health Agencies in Response to New Funding. *Journal of the Society for Social Work and Research*, 5(4), 513–538. <http://doi.org/10.1086/679224>



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Data Element	Response Options	Operational Guidance
Grantee	(text)	Record name of the organization submitting the grant report.
Reporting Period Start Date	mm/dd/yyyy	Record month, day, and year of the first day in the reporting period.
Reporting Period End Date	mm/dd/yyyy	Record month, day, and year of the last day in the reporting period.
Report Type	<ul style="list-style-type: none"> • Quarterly • Semi-Annual • Annual 	Select type of report based upon frequency of submission.
Name of Organization	(text)	Record name of partnering organization.
Location of Organization	City, State	Record location of organization.
Type of Organization	<ul style="list-style-type: none"> • Advocacy • Child Welfare • Education • Faith Based • Health Care • Law Enforcement • Other Criminal Justice • Public Health • Service Provider <ul style="list-style-type: none"> • Behavioral Health • Community Member • Employment • Government • Housing • Legal • Private Sector • School (K-12) • Other (specify) 	Select the sector that best describes the type of organization entering into the partnership.
Service Sites	(number)	Record the total number of service site locations of the partner.
Goal of Partnership	<ul style="list-style-type: none"> • Increase Grantee's Capacity to Identify/Serve Victims • Increase Clients' Access to a Range of Services • Increase Awareness of the Issue of Trafficking • Increase Sharing of Professional Expertise 	Select one or more of the listed goals of the partnership.
Type of Partnership	<ul style="list-style-type: none"> • Referral Partnerships • Information Sharing Partnerships • Joint Service Programming Partnerships 	Select one or more of the options to describe the type of partnership. See definitions.
Services Provided by Subrecipient (in-house)	<ul style="list-style-type: none"> • Basic Necessities • Child Care • Dental Health Services • Education Assistance • Employment Assistance • Family Reunification • Financial Assistance • Housing/Shelter Services • Interpreter/Translator 	Select one or more services that are provided through the partnership.



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	<ul style="list-style-type: none"> • Legal Advocacy and Services • Life Skills Training • Mental/Behavioral Health Services • Medical Services • Safety Planning Services • Substance Use Assessment/Treatment • Transportation • Victim Advocacy • Other Services (specify) • None 	
Services Provided through Referral	<ul style="list-style-type: none"> • Basic Necessities • Child Care • Dental Health Services • Education Assistance • Employment Assistance • Family Reunification • Financial Assistance • Housing/Shelter Services • Interpreter/Translator • Legal Advocacy and Services • Life Skills Training • Mental/Behavioral Health Services • Medical Services • Safety Planning Services • Substance Use Assessment/Treatment • Transportation • Victim Advocacy • Other Services (specify) • None 	Select one or more services that are provided through the partnership.
Enrollment Date	mm/dd/yyyy	Record month, day, and year when entity partnered with grantee network.
Exit Date	mm/dd/yyyy	Record month, day, and year when entity ended their partnership with grantee network.