



ADMINISTRATION FOR  
**CHILDREN & FAMILIES**  
Office on Trafficking in Persons

**Domestic Victims of Human Trafficking Program Grantee**

**Client Service Use and Delivery Form**

**Grantee**

**Reporting Period Start Date**

**Reporting Period End Date**

**Report Type**

*Complete this form for every client by the end of the reporting period to describe benefits and services accessed.*

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**Client Identifier**

**What services did the client receive during the reporting period? (check all that apply)**

- |  |   |
|--|---|
| Basic Necessities                          | Child Care                                |
| Crisis Intervention                        | Dental Health Services                    |
| Education Assistance                       | Employment Assistance                     |
| Family Reunification                       | Financial Assistance                      |
| Housing and/or Shelter Services            | Interpreter and/or Translator             |
| Legal Advocacy and Services                | Life Skills                               |
| Mental and/or Behavioral Health Services   | Medical Services                          |
| Safety Planning Services                   | Substance Use Assessment and/or Treatment |
| Traditional Healing and Cultural Practices | Transportation                            |
| Victim Advocacy                            | Vision Care                               |
| None                                       | Unknown                                   |
| Other                                      |   |

**THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN:**

Through this information collection, ACF is gathering data on the grant program to assess program performance, inform evaluation, tailor technical assistance, report to stakeholders, and inform policy and program development. Public reporting burden for this collection of information is estimated to average .25 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This collection of information is required to retain a benefit (22 USC 7105, Trafficking Victims Protection Act). An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. If you have any comments on this collection of information, please contact Flavia Keenan-Guerra, Office on Trafficking in Persons, by email at [Flavia.Keenan-Guerra@acf.hhs.gov](mailto:Flavia.Keenan-Guerra@acf.hhs.gov).

**What public benefits did the client access during the reporting period? (check all that apply)**

Child Care Subsidy

General Assistance

Medicaid, Medicare, or SCHIP

Social Security Disability (SSDI or SSI)

Unaccompanied Alien Children Program

None

Other

Food Benefits (SNAP, WIC, Tribal Commodities)

Housing Subsidies (Section 8, HUD Vouchers)

State-Specific Health Benefits

Temporary Assistance for Needy Families (TANF)

Unemployment Insurance

Unknown