**OFFICE OF REFUGEE RESETTLEMENT**

**Refugee Data Submission System for Formula Funds Allocations (ORR-5)**

**Instructions[[1]](#footnote-1)**

**PURPOSE AND OVERVIEW:**

The purpose of these instructions is to describe the standardized process and format for data submission by states and replacement designees (RDs) (hereafter referred to as ‘states’), to ORR for the ORR-5 data collection.

States should submit one data file, as described in this document, to ORR through the ORR data collection website system, Refugee Arrivals Data System (RADS). Once data are submitted, ORR will match the file against RADS per an established procedure.

Arrival fields in the instructions below must be completed. If an arrival field is not completed, the file will be rejected and returned to the user to be corrected and re-uploaded into RADS. Service enrollment dates must be provided for every service received. Service exit dates must be provided if an individual exited a service during the reporting fiscal year.

For initial arrival Refugees and Special Immigrant Visa holders (SIVs), as well as Victims of Human Trafficking (VOT), ORR will use only arrival data from federal sources for Refugee Support Services (RSS) allocations. Arrival and service records submitted for these populations in the ORR-5 form are still required, so that ORR is able to use them for service data analysis.

Service enrollment dates, in addition to all arrival data, must be included in each Cuban/Haitian (C/H) Entrant, Asylee, and Secondary Migrant record in order for ORR to validate the record during the processing of data for allocation purposes. Cuban/Haitian Entrant, Asylee, and Secondary Migrant records without service dates will not be rejected during the submission process when uploading into RADS. However, those records will not be used for allocation purposes.

**INSTRUCTIONS:**

Each state must:

* Use current ORR-5 form for reporting through 9/30/2021 (FY 2021) and use the new ORR-5 form for reporting starting 10/1/2021 (FY 2022)[[2]](#footnote-2).
* Submit one file that includes initial enrollment and exit dates for all ORR populations (Refugees, Asylees, C/H Entrants, SIVs, and VOTs) who **received services indicated on the ORR-5 form below during the reporting fiscal year**. The initial enrollment date may be outside of the reporting fiscal year window if an individual enrolled in a service prior to the reporting fiscal year but continued receiving that same service during the reporting fiscal year. For example, if an individual enrolled in Refugee Cash Assistance (RCA) on 07/01/2018 and continued receiving RCA into FY 2019 until 12/01/2018, the initial enrollment date should be indicated as 07/01/2018.
* All states should report secondary migration information containing data on Refugees, Asylees, C/H Entrants, SIVs, and VOTs who they served **during the reporting fiscal year.**
* If more than one member of a family received ORR services in the reporting fiscal year, submit individual records for each family member. Include the applicable service data for services received. For example, if a child received Refugee School Impact (RSI) services in the reporting fiscal year, indicate the RSS enrollment start and end dates in his or her record, as applicable.
* When submitting data for U.S.-born children receiving ORR benefits, do not enter the child’s social security number or parent’s alien number in the Alien Number field. For these cases, states should list the 9-digit number “201900xxx,” where “2019” is the reporting fiscal year and where xxx corresponds to an incremental number based on the number of cases of U.S.-born ORR recipient children served by the state. For example, if a state has three cases of U.S.-born children receiving ORR benefits, the alien numbers for the children, in sequence, should be 201900001, 201900002, and 201900003. In the status field, enter the applicable status code: U.S. born Refugee, U.S. born SIV, U.S. born Asylee, U.S. born Entrant, or U.S. born VOT.
* States should report foreign-born children that do not have an alien number but are receiving ORR services on the ORR-5 form. When submitting data on foreign-born children receiving ORR-benefits, states should list the 9-digit number “201901xxx,” where “2019” is the reporting fiscal year and where xxx corresponds to an incremental number based on the number of cases of foreign-born children who do not yet have an alien number. For example, if a state has three cases of foreign-born children receiving ORR benefits, but do not have an alien number, the alien number on the ORR-5 should be 201901000, 201901001, and 201901002. In the status field, enter the applicable status code: Refugee baby with no alien number, SIV baby with no alien number, Asylee baby with no alien number, Entrant baby with no alien number, or VOT baby with no alien number.
* Service enrollment dates for every service provided must be specified for every record submitted.
* An alien number must only occur on one record (i.e., no duplicate alien numbers).
* Data must be submitted during the period of **December 2nd to January 15th**. During this time period, the website will be open 24 hours a day, 7 days a week.
* **States should submit only one data file to ORR through the RADS website.** ORR will match the submitted data against data from federal sources. This will be the only opportunity to submit data for formula RSS allocations**.**

**DATA FORMAT:**

States are to submit only one data file in an Excel spreadsheet format. Submit no more than one spreadsheet per Excel workbook. Only one Excel workbook will be accepted from any single state. If a second workbook is uploaded, it will overwrite the previously uploaded workbook. Column headers must not be modified and must be submitted in the same order listed on the following page.

**File Naming Convention**

Use the file naming convention as follows: (Fiscalyear\_state\_org). For example:

* FYXXXX\_TX\_USCCB where USCCB is a Texas Replacement Designee
* FYXXXX\_TX\_YMCA where YMCA is a Texas Replacement Designee
* FYXXXX\_PA where that state is submitting directly without a replacement designee

**Data Field Requirements**

Column headings must be in Row 1 of the Excel spreadsheet and must be exactly as specified. If data are not submitted in the correct format or if certain fields are missing, files will be rejected and states will need to resubmit corrected files.

|  |  |
| --- | --- |
| **ORR-5 Data** | **Instructions Notes** |
| Alien Number | 8 or 9 digits |
| Status | Refugee, SIV, VOT, Asylee, Entrant, U.S. born Refugee, U.S. born SIV, U.S. born Asylee, U.S. born Entrant, U.S. born VOT, Refugee baby with no alien number, SIV baby with no alien number, Asylee baby with no alien number, Entrant baby with no alien number, VOT baby with no alien number |
| Name | Last, First, Middle |
| Date of Birth | mm/dd/yyyy |
| Gender | M, F, or U for Unknown |
| State | State code |
| County | County name |
| Nationality | Nationality or country of citizenship |
| Organization providing the support | State Name or Replacement Designee Name |
| Date eligible for ORR benefits | mm/dd/yyyy |
| Medical Screening Initial Enrollment Date | mm/dd/yyyy or null if not enrolled |
| Medical Screening Exit Date | mm/dd/yyyy or null if not enrolled or still active |
| Social Services Program Initial Enrollment Date | mm/dd/yyyy or null if not enrolled |
| Social Services Program Exit Date | mm/dd/yyyy or null if not enrolled or still active |
| RCA Initial Enrollment Date | mm/dd/yyyy or null if not enrolled |
| RCA Exit Date | mm/dd/yyyy or null if not enrolled or still active |
| RMA Initial Enrollment Date | mm/dd/yyyy or null if not enrolled |
| RMA Exit Date | mm/dd/yyyy or null if not enrolled or still active |
| Migration Status | In, out, or no change |
| Date of Migration | In/out date based on migration status |

*\*Date eligible for ORR benefits: Date of Arrival in Qualifying Status, Date of Grant of Qualifying Status, Date of Certification based on field “Status”.*

***Arrival Fields***

***For Arrival Data Fields: All arrival data for each record must be completed in order for the record to be accepted during the submission process of uploading to RADS.***

* **Alien Number**
  + Mandatory: Yes
  + Instruction: Enter an eight or nine digit number without any hyphens or spaces between the numbers. Do not enter an A at the beginning of the number. Do not enter any extra or leading zeroes.
  + Possible values: 11111111…999999999
* **Status**
  + Mandatory: Yes
  + Instruction: Enter the eligible status of the individual.
  + Possible values:
    1. Refugee
    2. SIV
    3. VOT
    4. Asylee
    5. Entrant
    6. U.S. born Refugee
    7. U.S. born SIV
    8. U.S. born Asylee
    9. U.S. born Entrant
    10. U.S. born VOT
    11. Refugee baby with no alien number
    12. SIV baby with no alien number
    13. Asylee baby with no alien number
    14. Entrant baby with no alien number
    15. VOT baby with no alien number
* **Name**
  + Mandatory: Yes
  + Instruction: Enter name of individual, using one field for the entire name. Enter the full name of the individual without any commas. Enter the last name (space) first name (space) middle name. The file can accommodate up to as many middle names as needed, separated with a space. If the last name is hyphenated, use a hyphen. Do not use a comma, hyphen, or forward slash (/) between the last and first names.
  + Possible values: N/A
* **Date of Birth**
  + Mandatory: Yes
  + Instruction: Enter the individual’s birth date in *mm/dd/yyyy* format.
  + Possible values: N/A
* **Gender**
  + Mandatory: Yes
  + Instruction: Enter the individual’s gender.
  + Possible values:
    1. M
    2. F
    3. U
* **State** 
  + Mandatory: Yes
  + Instruction: Enter the state code for the state in which the individual accessed services.
  + Possible values: Any valid state code (Examples: VA, NY, TX).
* **County**
  + Mandatory: Yes
  + Instruction: Enter the complete name of the county where the individual resides as indicated on the list of valid county names attached. Do not include word “county” in the field. Examples: Maricopa, Sacramento, or Denver**.** Note to Florida: please use Miami-Dade for county instead of Miami.
  + Possible values: Any valid county name.
* **Nationality**
  + Mandatory: Yes
  + Instruction: Enter the individual’s nationality or country of citizenship.
  + Possible values: Any valid country name.
* **Organization providing the support** 
  + Mandatory: Yes
  + Instruction: Enter the name of the entity submitting the data (state name or replacement designee).
  + Possible values: Any valid state name or replacement designee name.
* **Date eligible for ORR benefits** (date of arrival in qualifying status, date of grant of qualifying status, date of certification based on field “Status”)
  + Mandatory: Yes
  + Instruction: Enter the date that the individual became eligible for ORR benefits, in *mm/dd/yyyy* format.
    1. For Refugees, C/H Entrants, and SIVs: date of arrival
    2. For Asylees: date of asylum grant or date of arrival for visa 92 holders
    3. For VOT: date of certification
    4. For U.S. born children: enter the more recent eligibility date of either parent who qualifies for ORR services.
  + Possible Values: Any valid date.

***Service Data Fields***

***For Service Data: At least one service enrollment date must be completed.*** If clients have multiple enrollment and exit dates for the same service in the reporting fiscal year, please provide the earliest initial enrollment date and latest exit date. If the last date that they received a service is after September 30 of the reporting fiscal year, then leave the exit date field blank (and only reflect an enrollment date). The end date should either be the last day the individual received the service before September 30 of the reporting fiscal year, or blank if they were still receiving the service as of the end of the reporting period. ***Service enrollment dates must be provided for every service received. Service exit dates must be provided if an individual exited service during the reporting fiscal year.***

* **Medical Screening Initial Enrollment Date** 
  + Mandatory: No[[3]](#footnote-3)
  + Instruction: Enter the date that the medical screening was initiated, in *mm/dd/yyyy* format. This is the date the client participated in the first appointment of the medical screening process delineated in an approved state plan. For example, if the screening process in a state consists of three appointments, the first appointment is the initial enrollment date. If the medical screening process in a state consists of only one appointment, the same date should be entered for the Medical Screening Initial Enrollment Date and the Medical Screening Exit Date fields.
  + Possible Values: Any valid date.
  + Empty Cell: ORR will assume that the individual did not receive Medical Screening services.
* **Medical Screening Exit Date**
  + Mandatory: No
  + Instruction: Enter the date that the individual completed a medical screening, in *mm/dd/yyyy* format. This is the date that the client completed the screening services delineated in an approved state plan. For example, if the screening process in a state consists of three appointments, the third appointment is the exit date. In this scenario, if the client only completes the second appointment, leave the cell blank. If the medical screening process in a state consists of only one appointment, the same date should be entered for the Medical Screening Initial Enrollment Date and the Medical Screening Exit Date fields.
  + Possible Values: Any valid date.
  + Empty Cell: If the Medical Screening Initial Enrollment Date field is also empty, ORR will assume that the individual did not receive Medical Screening services. If the Medical Screening Initial Enrollment Date field is not empty, then ORR will assume that the individual has not completed a medical screening as of the end of the reporting fiscal year. If the individual’s exit date is after the end of the reporting fiscal year, leave the cell blank.
* **Social Services Program Initial Enrollment Date**
  + Mandatory: No2
  + Instruction: Enter the date that the individual first enrolled in services under the RSS program including set-asides, in *mm/dd/yyyy* format.
  + Possible Values: Any valid date within 60 months of the client’s eligibility date for all services except citizenship and naturalization preparation services, referral, and interpreter services, unless otherwise waived or indicated by ORR.
  + Empty Cell: ORR will assume that the individual did not receive RSS services.
* **Social Services Program Exit Date**
  + Mandatory: No
  + Instruction: Enter the date that the individual last received services under RSS program including set-aside, in *mm/dd/yyyy* format.
  + Possible Values: Any valid date.
  + Empty Cell: If RSS Initial Enrollment Date is also empty, assumption is that individual did not receive RSS services. If RSS Initial Enrollment Date is not empty, then ORR will assume that the individual is still receiving RSS services as of September 30 of the reporting fiscal year. If the individual’s exit date is after September 30 of the reporting fiscal year, leave the cell blank. RSS for a family should reflect enrollment dates for the primary applicant and the same dates for the rest of the family members – unless more specific individual enrollment or exit dates are known per their Family Self-Sufficiency Plan.
* **RCA Initial Enrollment Date**
  + Mandatory: No2
  + Instruction: Enter the date that the individual first enrolled in benefits under the RCA program, in *mm/dd/yyyy* format.
  + Possible Values: Any valid date.
  + Empty Cell: ORR will assume that the individual did not receive RCA benefits.

* **RCA Exit Date**
  + Mandatory: No
  + Instruction: Enter the date that the individual last received benefits under the RCA program, in *mm/dd/yyyy* format.
  + Possible Values: Any valid date.
  + Empty Cell: If the RCA Initial Enrollment Date field is also empty, ORR will assume that individual did not receive RCA benefits. If the RCA Initial Enrollment Date field is not empty, then ORR will assume that individual is still receiving RCA benefits as of September 30 of the reporting fiscal year. If the individual’s exit date is after September 30 of the reporting fiscal year, leave the cell blank.
* **RMA Initial Enrollment Date**
  + Mandatory: No2
  + Instruction: Enter the date that the individual first enrolled in benefits under the RMA program, in *mm/dd/yyyy* format.
  + Possible Values: Any valid date.
  + Empty Cell: ORR will assume that individual did not receive RMA benefits.
* **RMA Exit Date**
  + Mandatory: No
  + Instruction: Enter the date that the individual was terminated from the RMA program, in *mm/dd/yyyy* format.
  + Possible Values: Any valid date.
  + Empty Cell: If the RMA Initial Enrollment Date field is also empty, ORR will assume that individual did not receive RMA benefits. If the RMA Initial Enrollment Date field is not empty, ORR will assume that individual is still receiving RMA benefits as of September 30 of the reporting fiscal year. If the individual’s exit date is after September 30 of the reporting fiscal year, leave the cell blank.

***Migration Fields***

***For Migration Fields: For secondary migrants, states must submit records for all ORR-eligible populations.***

* **Migration Status**
  + Mandatory: No
  + Instruction: Enter information on whether an individual migrated into or out of the state.
  + Possible Values:
    1. In
    2. Out
    3. No Change
  + Empty Cell: ORR will assume the individual did not migrate into or out of the state. ORR will consider empty cells as “No Change”.
* **Date of Migration**
  + Mandatory: No
  + Instruction: Enter the date that an individual migrated into or out of the state, in *mm/dd/yyyy* format.
  + Possible Values: Any valid date in the reporting fiscal year.
  + Empty Cell: Overrides Migration Status field to “No Change”.
  + Note: All states should report secondary migration information data on Refugees, Asylees, C/H Entrants, SIVs, and VOTs who were **served in the U.S. during the reporting fiscal year.**

1. PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: Through this information collection, ACF is gathering information to inform evidence-based policy making and guide resource allocation. Public reporting burden for this collection of information is estimated to average 90 hours per grantee, 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 [INA, Section 412 (a) (3)]. 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 draprograms@acf.hhs.gov. [↑](#footnote-ref-1)
2. (Add link to OMB approved new ORR-5 form) [↑](#footnote-ref-2)
3. For the purposes of technical submission of records into RADS the service initial enrollment date fields are not mandatory. Records can be submitted to RADS with only arrival data fields completed. However, ORR will review all records and not accept records as valid if they do not contain at least one service initial enrollment date. [↑](#footnote-ref-3)