

Schedule C: Employability Services 45 CFR 400.154

ORR-6
OMB Control No. 0970-0036
Expires XX/XX/XXXX

1. Reporting Period:	2. Fiscal Year:
-----------------------------	------------------------

3. State/Grantee:	4. Date:
--------------------------	-----------------

5. Grant Name:	Refugee Support Services
-----------------------	--------------------------

A. Total number of participants served in these employability services: Employment services, On-the-job Training (OJT), English Language Instruction (ELI), and Vocational Training (VT). [45 CFR 400.154 (a) (c) (d) and (e)].	1. Employment	2. OJT	3. ELI	4. VT	5. Total Reporting Period Unduplicated

B. Employment Services	1. Total Number		2. Full-Time Employment	3. Part-Time Employment	4. Grant Terminations
Participants by type	0-12 months	13<60 months			
a. RCA					
b. TANF	0-12 months	13<60 months			
c. No Federal Cash Assistance	0-12 months	13<60 months			
d. TOTAL	0		0	0	0
e. Average Hourly Wage Employment Entry					
f. Health Benefits Available					
g. Employed 90 Days Later					

C. Trends
1. Analyze and reflect on the data reported in sections A-B. Report overall observations in data trends and explain any anomalies in data.