

**Schedule F: Refugee Medical Assistance (RMA) and Medical Screening Programs**

ORR-6  
OMB Control No.  
0970-0036  
Expires  
XXXXXXXXXX

|                                |  |          |
|--------------------------------|--|----------|
| 1. Annual Report, Fiscal Year: |  | 2. Date: |
| 3. State/Grantee:              |  |          |

| Part I: Refugee Medical Assistance Recipients and Benefits              |       |                                    |       |
|---|-------|------------------------------------|-------|
| A. RMA Enrollment Caseload  | Total | C. RMA Recipient Use by Cost Range | Total |
| 1. Previous RMA recipients enrolled in this reporting period            |       | 1. No costs incurred               |       |
| 2. New RMA recipients enrolled during this reporting period             |       | 2. \$1-\$10,000                    |       |
| 3. Total number of RMA recipients enrolled during this reporting period | 0     | 3. \$10,001-\$150,000              |       |
| B. RMA Termination Reason   | Total | 4. \$150,001-\$350,000             |       |
| 1. Reached time-eligibility limit                                       |       | 5. Over \$350,000                  |       |
| 2. Transitioned to Medicaid   |       |                                    |       |
| 3. Out-migrated   |       |                                    |       |
| 4. Other  |       |                                    |       |
| 5. Total number of RMA terminations                                     | 0     |                                    |       |

| Part II: Medical Screening Recipients   |         |  |       |
|---|---------|--|-------|
| A. Timeliness of Medical Screenings   | Total   | C. Funding Source of Medical Screening Completions                             | Total |
| 1. Recipients who completed a medical screening within 30 days from the date of eligibility for ORR benefits    |         | 1. Recipients who completed a medical screening funded ONLY by CMA             |       |
| 2. Recipients who completed a medical screening within 31-90 days from the date of eligibility for ORR benefits |         | 2. Recipients who completed a medical screening partially funded by CMA        |       |
| 3. Recipients who completed a medical screening beyond 90 days from the date of eligibility for ORR benefits    |         | 3. Total recipients who completed a medical screening in this reporting period |       |
| 4. Total recipients who completed a medical screening in this reporting period                                  | 0       | D. Medical Screening Recipient Completions by Eligibility Status               | Total |
| B. Class A and Class B Tuberculosis (TB) Cases Domestic Medical Screening Completions                           | Total   | 1. Refugee   |       |
| 1. Class A and Class B TB cases arrived   |         | 2. Asylee  |       |
| 2. Class A and Class B TB cases who completed a domestic medical screening                                      |         | 3. SIV Holders (including SI/SQ Parolees and Conditional Permanent Residents)  |       |
| 3. Class A and Class B TB domestic medical screening completion rate  | #DIV/0! | 4. Cuban/Haitian Entrant   |       |
|   |         | 5. Afghan Humanitarian Parolee   |       |
|   |         | 6. Ukrainian Humanitarian Parolee  |       |
|   |         | 7. Victims of Trafficking  |       |
|   |         | 6. Other   |       |
|   |         | E. Medical Screening Recipient Completions by Age                              | Total |
|   |         | 1. Child < 18 years  |       |
|   |         | 2. Adult ≥ 18 years  |       |

| Part III: Medical Screening Services  |              |   |              |
|---|--------------|---|--------------|
| <b>A. Lead Screening</b>  | <b>Total</b> | <b>E. HIV Screening</b>   | <b>Total</b> |
| 1. Recipients tested for lead (first test)                                      |              | 1. Recipients tested for HIV  |              |
| <b>B. Domestic Mental Health Screening</b>                                      | <b>Total</b> | <b>F. Domestic Tuberculosis Screening</b>                           | <b>Total</b> |
| 1. Recipients provided a domestic mental health screening                       |              | 1. Recipients who completed a TST domestically                      |              |
| a. Recipients referred for further evaluation and counseling                    |              | 2. Recipients tested with IGRA domestically                         |              |
| <b>C. Parasite Screening</b>  | <b>Total</b> | <b>G. Domestic Hepatitis B Screening</b>                            | <b>Total</b> |
| 1. Recipients who completed tests for parasitic infections                      |              | 1. Recipients tested for hepatitis B (surface antigen) domestically |              |
| a. Recipients tested for strongyloidiasis                                       |              | <b>H. Hepatitis C Screening</b>                                     | <b>Total</b> |
| b. Recipients tested for schistosomiasis  |              | 1. Recipients tested for hepatitis C (HCV antibody test)            |              |
| c. Recipients tested for soil-transmitted helminths                             |              | <b>I. Domestic Syphilis Screening</b>                               | <b>Total</b> |
| d. Recipients tested for malaria  |              | 1. Recipients tested for syphilis (VDRL/RPR) domestically           |              |
| <b>D. Domestic Presumptive Treatment</b>  | <b>Total</b> | <b>J. Chlamydia Screening</b>                                       | <b>Total</b> |
| 1. Recipients presumptively treated domestically                                |              | 1. Recipients tested for chlamydia                                  |              |
| a. Recipients presumptively treated for strongyloidiasis domestically           |              | <b>K. Domestic Gonorrhea Screening</b>                              | <b>Total</b> |
| b. Recipients presumptively treated for schistosomiasis domestically            |              | 1. Recipients tested for gonorrhea domestically                     |              |
| c. Recipients presumptively treated for soil-transmitted helminths domestically |              | <b>L. Primary Care Referrals</b>                                    | <b>Total</b> |
| d. Recipients presumptively treated for malaria domestically                    |              | 1. Recipients referred to primary care                              |              |

| Part IV: Data Explanations and Trends  |
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| <b>A. Explain Anomalies in Parts I, II, and III (e.g., missing data due to reporting issues)</b>     |
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| <b>B. Report Emerging Health Trends (e.g., new or increasing cases of certain health conditions)</b> |
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