	ORR-6 OMB Control No.					
1. State/Grantee:		2. Fiscal Year:		3. Date:		0970-0036 Expires XX/XX/XXXX

4. Previous FFY Report (Program Participants) 45 CFR §§ 400.154 and 45 CFR 400.155	Total FY Unduplicated
a) Employment	
b) Employability Assessment	
c) On-the-job Training	
d) English Language Instruction	
e) Vocational Training	
f) Skills Recertfication	
g) Day Care for Children	
h) Transportation	
i) Translation and Interpreter Services	
j) Case Management	
k) EAD Assistance	
I) Information and Referral	
m) Outreach Services	
n) Social Adjustment	
o) Citizenship and Naturalization	
ASA RSS services only	
p) ASA housing	
q) ASA immigration-related legal assistance	
5. Total Unduplicated	

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١	7. Previous FFY Set-Aside Programs Services Participation	RSI	SOR	YM	RHP	ARSI S2S	Other
ı	a) Report number of service participants at the end of FFY who are 0-12 months since arrival in the US						
ı	b) Report number of service participants at the end of FFY who are 13-60 months since arrival in the US						

Plan for upcoming FY	9. Grant	10. Contracted Amount by Funding Source	cted Program Participants Type of Agency and Percent of Funds It by Ing												
8. Description of State-provided or Contracted Services		Source	0-12 Month	13-60 Month	Total Number	A. State or County	B. Mutual Assistance Association	C. Refugee Agency	D. Community College	E. Adult Basic Education	F. Non Profit Organization	G. School District	H. Area Agency on Aging	I. Other	J. Total
a. Employment Services	RSS				0										0%
b. English Language Instruction	RSS				0										0%
c. On-the-Job Training	RSS				0										0%
d. Vocational Training	RSS				0										0%
e. ASA Housing	RSS				0										0%
f. ASA Immigration- Related Legal Assistance	RSS				0										0%
	RSS				0										0%
	RSS-RSI				0										0%
	RSS-SOR				0										0%
g. Other Services	RSS-YM				0										0%
	RSS-RHP				0										0%
	RSS-ARSI S2S				0										0%

Other		0					0%