

## ORR-6 PERFORMANCE REPORT INSTRUCTIONS

### General Overview

**Regulatory Authority:**

The [Immigration and Nationality Act, section 412 (b) (specifically, 8 U.S.C. § 1522(b)(7)(A)) authorizes the Office of Refugee Resettlement (ORR) to require that states and state Replacement Designees submit performance reports for refugee assistance and services provided to eligible populations. In addition, 45 CFR § 400.28(b) states, “A state must submit statistical or programmatic information that the Director determines to be required to fulfill his or her responsibility under the Act on refugees who receive assistance and services which are provided....”

**Purpose and Use:**

The ORR-6 Performance Report solicits participation and performance data for the following benefits and assistance programs:

- Refugee Cash Assistance (RCA),
- Refugee Medical Assistance (RMA) and Medical Screening,
- Unaccompanied Refugee Minors (URM), and
- Refugee Support Services (RSS), including set-asides: Refugee School Impact (RSI), Services to Older Refugees (SOR), Youth Mentoring (YM), Refugee Health Promotion (RHP), as well as RSS and RSS set-aside programming funded by the Afghanistan Supplemental Appropriations (ASA) Act, 2022 and the Additional Afghanistan Supplemental Appropriations Act, 2022 (hereinafter “ASA”) and Additional Ukraine Supplemental Appropriations Act, 2022 (hereinafter “AUSAA”) AUSAA-funded RSS, AUSAA-funded RSI, and AUSAA-funded RHP.

ORR uses state-by-state RCA, RMA, Medical Screening, and URM utilization rates derived from the ORR-6 to formulate program initiatives, priorities, standards, budget requests, and assistance policies. Medical Screening data is also used to monitor the performance of the domestic Medical Screening program including coordination and services. In addition, RSS, and RSS Set-Aside data as well as URM data are used to monitor performance and inform program initiatives and priorities. The ORR-6 may be used to report on future priorities as identified by the Director.

**Report Components:**

The ORR-6 has two main components: general performance report schedules that are tracked either semi-annually or annually and an Annual Service Plan (ASP) which is a separate component of the ORR-6 and only collected on an annual basis.

**Submission Guidelines and Due Dates:**

ORR uses the web-based Refugee Arrival Data System (RADS) to collect the ORR-6. Schedules A (Narrative), B (RCA), C (Employability), D (RSS Set-Asides), and E (URM) are semi-annual reports, while Schedule F (RMA and Medical Screening) and the ASP are annual reports.

<u>Report</u>	<u>Frequency</u>	<u>Due Date</u>	<u>Reporting Period</u>
Schedules A, B, C, D, and E	Semi-annual	May 31	October 1–March 31
		November 30	April 1–September 30
Annual Service Plan	Annual	November 30	October 1–September 30
Schedule F	Annual	January 31	October 1–September 30

**Populations Served:**

ORR populations eligible<sup>1</sup> for benefits and services includes refugees, Cuban and Haitian entrants, asylees, certain Amerasians from Vietnam who are admitted to the U.S as immigrants, certain Amerasians from Vietnam who are U.S. citizens, Iraqi and Afghan Special Immigrant Visa holders, Afghan SI/SQ Parolees, Afghan Special Immigrant Conditional Permanent Residents, Afghan Humanitarian Parolees, Ukrainian Humanitarian Parolees, non-Ukrainian individual who last habitually resided in Ukraine and received humanitarian parole, and victims of a severe form of human trafficking who have received certification or eligibility letters from HHS. Hereafter the term “refugee” is used to encompass all eligible persons participating in ORR refugee program services. Eligibility for the Unaccompanied Refugee Minors (URM) Program includes refugees, as defined here, U status recipients, and certain Special Immigrant Juveniles who were in ORR’s Unaccompanied Children’s (UC) Program or were receiving services as Cuban or Haitian entrants when they became dependent on a juvenile or family court.

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<sup>1</sup> For more information regarding populations eligible for ORR benefits and services, including the URM program, see 45 C.F.R. § 400.43, [ORR Policy Letter \(PL\) 16-01](#), its *Documentation Guide*, *FAQ*, *ORR PL 22-02*, and *PL 22-13*

## ORR-6 PERFORMANCE REPORT INSTRUCTIONS

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## Performance Report Instructions

**Schedule A** collects information related to the coordination and management of the refugee resettlement program. Specifically, it collects narrative information for the Refugee Cash Assistance (**RCA**), Refugee Medical Assistance (**RMA**), Medical Screening, Refugee Support Services (**RSS**), Refugee School Impact (**RSI**), Services for Older Refugees (**SOR**), Youth Mentoring (**YM**), and Refugee Health Promotion (**RHP**) programs, as well as RSS and RSS set-aside programming funded by the Afghanistan Supplemental Appropriations (ASA) Act 2022 and the Additional Afghanistan Supplemental Appropriations Act, 2022 (hereinafter “ASA”), and Additional Ukraine Supplemental Appropriations Act, 2022 (hereinafter “AUSAA”) funded RSS, AUSAA-funded RSI, and AUSAA-funded RHP.

**Do not report Unaccompanied Refugee Minors (URM) information on Schedule A;** provide narrative reporting for the URM program on Schedule E.

The **Schedule A Program Narrative** includes the following sections:

- |  |                                     |
|--|-------------------------------------|
| A. Activities/Accomplishments/Challenges | D. Monitoring Activities            |
| B. Quarterly Consultations               | E. Corrective Actions               |
| C. Performance Measures                  | F. Optional: Client Success Stories |

Narrative reporting on trends or anomalies in data and outcomes for these programs is found on Schedule B (RCA), Schedule C (Employability), Schedule D (RSS set-asides), and Schedule F (RMA and Medical Screening). **Utilize Schedule A to report on broader programmatic trends, accomplishments, challenges, and other program management and coordination activities. Data and outcome trends and anomalies can be reported in the other schedules.**

**Note:** Do not include any Personally Identifiable Information (PII) (e.g., client name, Alien Number, country of origin, date of birth) in any section of Schedule A. Use general categorical information (e.g., use “refugee,” instead of a client’s name).

**General Information:** Enter the following information at the top of the report:

Item	Data Element	Instructions
1.	Reporting Period	Enter “1” for the first semi-annual report. Enter “2” for the second semi-annual report.
2.	Fiscal Year	Enter the federal fiscal year represented in the report.
3.	State/Grantee	Enter the name of the state or grantee that is providing the data.
4.	Date	Enter the date the form is completed.

## Schedule A: Program Narrative

**Section A:** Please complete each part according to the provided instructions. These sections are intended to a concise summary and analysis of programs, activities and topics.

In the narrative for each ASA-funded program component (ASA RSS and each ASA set-asides), please report the number of Afghans received ASA-funded services and percentage of total served by each program area. If unable to provide a specific number, please report, to the best of your ability, the percentage received ASA-funded services in comparison to the total served for each program. Systemic programming and capacity building efforts funded by ARSI S2S should be reported in this section. In the ASA-funded RSS section, please report the number of Afghans received housing assistance and immigration-related legal assistance.

In the narrative for each AUSAA-funded program component, please report AUSAA-funded YM (UYM) and AUSAA-funded SOR (USOR) under AUSAA-funded RSS (URSS) section; report AUSAA-funded Early RSI and AUSAA-funded S2S under AUSAA-funded RSI (URSI) section. In the narrative for each AUSAA-funded program component (AUSAA RSS and each AUSAA set-asides), please report the number of Ukrainians received AUSAA-funded services and percentage of total served by each program area. If unable to provide a specific number, please report, to the best of your ability, the percentage received AUSAA-funded services in comparison to the total served for each program.

**1. Program:** When reporting on program(s), including priority component(s) and initiative(s), for Sections A, utilize the following list:

• RCA
• RMA
• Medical Screening
• RSS
• RSI
• SOR
• YM
• RHP
• ASA-funded RSS (ASA RSS)
• ASA-funded RSI (ARSI)
• ASA-funded SOR (ASOR)
• ASA-funded YM (AYM)
• ASA-funded RHP (ARHP)
• ASA-funded RSI S2S (ARSI S2S)
• AUSAA-funded RSS (URSS)
• AUSAA-funded RSI (URSI)
• AUSAA-funded RHP (URHP)

**2. Activities:** When reporting on activities for each program in Section A, utilize the following list of sample topics. More than one activity may be reported on for each program<sup>2</sup>.

Activities - Section A	Activity Definition
Community Resources for Clients	Community Resources for Clients refers to the accessibility and linkage to non-ORR services or programs for clients
Documentation/Records Management	Documentation/Records Management refers to the maintenance and organization of case and program-level documentation (e.g., case files, database, confidentiality, etc.)
Eligibility	Eligibility refers to the determination or documentation of eligibility for ORR programs and

<sup>2</sup> For ARSI S2S, within these activity areas, please be sure to include infrastructure, staffing, and other administrative supports that were funded.

	services
Financial Administration	Financial Administration refers to the financial responsibilities related to administering refugee assistance programs (e.g., benefits oversight, budget, donations, allocations to sub-grantees, etc.)
Program Administration	Program Administration refers to broad and overarching activities related to the administration of refugee assistance programs by states/grantees (e.g., policies, program coordination, staffing, consultations, etc.)
Program Development	Program Development refers to building capacity and support for refugee assistance programs (e.g., outreach/education, partnerships, out-migration, etc.)
Reporting	Reporting refers to the reporting requirements related to refugee assistance programs (e.g., programmatic reporting and financial reporting to ORR, monitoring, etc.)
Services	Services refer to the services and benefits specific to refugee assistance programs (e.g., health, employment, social, case management, housing, etc.)
Other	Other is used to document accomplishments, challenges, and promising practices that do not specifically relate to the above-mentioned topics

**3. Accomplishments and New Initiatives:** Report any accomplishments in the administration or implementation of the refugee program, including those related to the annual outcome goals and objectives that the state/grantee has proposed. Also include accomplishments that focus on activities undertaken towards aiding refugees in attaining self-sufficiency and integration.

**4. Challenges and Emerging Issues:** Report any challenges or emerging issues in the administration or implementation of the refugee program, including those related to the annual outcome goals and objectives that the state/grantee has proposed. Challenges should focus on emerging issues and barriers refugees may be facing in achieving self-sufficiency and integration, plans to address said challenges, and updates on challenges previously shared.

**Section B: Quarterly Consultations:** ORR regulations require states to convene quarterly consultations with local stakeholders. In this section, report details related to the quarterly consultations conducted during the reporting period.

Item	Data Element	Instructions
B. 1.	Number of consultations in the state during the reporting period	Provide the total number of all consultations that were held during the reporting period; include all consultations whether they were statewide, regional, or local.
B. 2.	List of cities/dates where consultations were held	Provide the name of each city where the consultation occurred and the date(s); if multiple consultations occurred in the same city, list all dates associated with that city.
B. 3.	General description of stakeholders who attended consultations	Include a general description of positions and/or agencies represented (e.g., Refugee Health Coordinator, federal agencies, state/local government, resettlement agencies, and other local stakeholders from the education, public health, safety, housing, and social service sectors, etc.)
B. 4.	Main issues discussed in the consultations	Provide a general description of issues and/or topics discussed in various consultations, such as arrival patterns, demographics, health, local capacity, resettlement barriers, etc.

**Section C: Performance Measures:** Describe what outcome measures the state/grantee uses to measure performance among vendors, such as performance targets, performance improvement measures, etc. Provide a general description of performance measures used by the state/grantee for any of the ORR funded programs (RCA,

RMA, Medical Screening, RSS, each RSS set-aside, ASA-funded RSS, each ASA-funded RSS set-aside, AUSAA-funded RSS, AUSAA-funded RSI, and AUSAA-funded RHP or other refugee service program). These performance measures are aside from the annual outcome goals and objectives that the state/grantee has already proposed. Update this section only when you have updated, modified, or changed performance measures.

**Section D: Monitoring Activities:** List monitoring activities undertaken during the reporting period of the state's or grantee's sub-grantees for the RCA, RMA, Medical Screening, RSS, RSS set-aside programs, ASA RSS, ASA-funded RSS set-aside programs, URSS, URSI, and URHP. Indicate the following:

Item	Data Element	Instructions
D. 1.	Agency Name	Indicate the name of the agency that was monitored
D. 2.	Program	Indicate the program(s) that were monitored (RCA, RMA, Medical Screening, RSS, RSI, SOR, YM, RHP, ASA RSS, ASA-funded RSS set-aside programs, URSS, URSI, and URHP)
D. 3.	Location	Indicate the city/state of agency/program that was monitored
D. 4.	Date	Indicate the date(s) of the monitoring
D. 5.	Purpose	Indicate the purpose of the monitoring (regularly scheduled monitoring, corrective action follow-up, new director, etc.)
D. 6.	Corrective Action Identified? (Yes/No)	Indicate if any corrective action(s) were identified during the monitoring trip (Yes/No). <b>Attach to Schedule A any monitoring reports from this reporting period that include corrective actions (Corrective Action Identified = Yes).</b> Monitoring reports from the reporting period that did not include corrective action do not need to be submitted to ORR.

**Section E: Corrective Actions:** Discuss the results of follow-up to corrective action plans identified by the state/grantee in its monitoring of sub-grantees in previous reporting periods.

**Section F: Optional: Client Success Stories:** In detailed narrative, provide a success story or stories of refugees who received service in RCA, RMA, Medical Screening, RSS, RSI, SOR, YM, RHP, ASA RSS, ARSI, ASOR, AYM, ARHP, ARSI S2S, URSS, URSI, and URHP during this reporting period. **This is an optional question** and information collected in this question may be used by ORR communications or reporting. If used, ORR will be in touch to obtain more information, and necessary permissions, if applicable. As a reminder, please do not include any PII.

**ORR-6 Schedule B: Refugee Cash Assistance (RCA)  
Performance Report Instructions**

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Schedule B: Refugee Cash Assistance

**Schedule B** is used to report utilization of Refugee Cash Assistance (45 CFR 400 Subpart E) funded by ORR to eligible populations, regardless of the type of program operated in the state (State Administered, Replacement Designee or Public-Private Partnership).

**General Information:** Enter the following information at the top of the report:

Item	Data Element	Instructions
1.	Reporting Period	Enter "1" for the first semi-annual report. Enter "2" for the second semi-annual report.
2.	Fiscal Year	Enter the federal fiscal year represented in the report
3.	State/Grantee	Enter the name of the state or grantee that is providing the data
4.	Date	Enter the date the form is completed

**Commonly Used Terms:**

**Case** includes the members of a family or household that are used to determine cash assistance eligibility in your state.

**RCA recipient** includes any case that receives RCA funds. Therefore, both RCA-type clients and TANF-type clients are RCA recipients.

**RCA-type recipient** comprises someone, or more than one, who does not meet TANF eligibility and therefore, receives RCA for their cash assistance.

**TANF-type case** pertains to those clients who are:

- Recipients who are categorically eligible for TANF in their respective state and are receiving an RCA differential payment; or
- Recipients in states that require that cases be temporarily put on RCA who would otherwise be eligible for TANF; or
- Recipients in states where a client is categorically eligible for TANF, but does not meet the state's financial eligibility requirements but does meet the state's RCA financial eligibility requirements

**Sections A-D:** Please note that data requested in these sections include requests for unduplicated numbers.

**A. Refugee Cash Assistance Participation**

In this section, ORR is seeking information on the number of RCA recipients enrolled during the reporting period. Report on all members of a case/family unit in the sections below. Please note for Sections A 4, 5 and 6, this requires Year to Date data. Therefore, for RP2, these sections will include cumulative, unduplicated data.

Item	Data Element	Instructions
A. 1.	Previous RCA recipients still enrolled in this reporting period	Enter the unduplicated number of cases and the number of persons within those cases who were reported as RCA recipients in the previous reporting period and are still receiving RCA in this reporting period, even for a portion of the reporting period.



		For example, if a family comprised of 2 adults and 3 minor children are deemed eligible for RCA based on your state's regulations, you would note 1 case and 5 'persons'.
A. 2.	New RCA recipients during this reporting period	Enter the unduplicated number of persons by the type of enrollment (new arrivals, or others) added to RCA during this reporting period who were not reported in the previous reporting period. Also, enter the total number of new RCA cases. Report as 'other' anyone who is enrolling in RCA for the first time in the state (other than new arrivals, or newly granted asylees) and who have previously received any other form of federal cash assistance, including secondary migrants who received RCA in another state or cases transitioning from MG to RCA.
A. 3.	Total number of RCA cases during this reporting period	Provide the breakdown of the number of cases for each case size (1 - 4) who were on RCA at any time during this reporting period. If there are case sizes over 4 people, when multiplied by case size the numbers of persons in A.3. may not match the numbers in A.1. plus A.2. however, the number of cases should match A.1. plus A.2. except when cases are split between A.1 and A.2. (joining family members arriving at different times).  For example, if you have: 3 cases of 1, enter 3 in 3.a. 4 cases of 2, enter 4 in 3.b. 1 case of 3, enter 1 in 3.c. 2 cases of 4, add 2 to 3.d. 1 case of 5, also add this to 3.d.
A. 4.	Total unduplicated number of TANF-type recipients (including differential) Federal Fiscal Year To Date	For programs that are approved to provide RCA payment and/or differential for TANF eligible refugees provide total unduplicated number of TANF-type recipients (including those receiving differential payments) who received RCA Federal Fiscal Year-To-Date.  For states operating a PPP program, this may include RCA clients where the client is categorically eligible for TANF but does not meet the state's financial eligibility requirements but meets the state's RCA financial eligibility requirements.
A. 5.	Total Unduplicated number of RCA-type recipients Federal Fiscal Year To Date	Provide total unduplicated number of RCA-type recipients Federal Fiscal Year To Date. Refer to the definition of RCA-type.
A. 6.	Total Unduplicated number of RCA recipients Federal Fiscal Year To Date	The total will auto-calculate unduplicated TANF-type recipients (A. 4.) and RCA-type recipients (A. 5.).

**B. Exemptions**

In this section, document the number of persons exempted from registration for employment services (§400.76) from RCA recipients reported during this period (A.3). Please ensure that the exemptions you are noting are in line with the exemptions outlined in your State Plan.

Item	Data Element	Instructions
B. 1.	Reasons for Exemption	State the exemption reasons (1 - 6). Be concise if there are more than 5 types of exemptions report under "other".
B. 2.	Total Number of Exemptions	Enter total number of individuals who are exempt under each category. If an individual has

		more than one exemption, please select one category.
B. 3.	Total Exemptions from employment services	The report will automatically calculate total number of exemptions reported.

**C. Refugee Cash Assistance Efficiency**

Information provided in this section should include unduplicated information. In this section, you will be focusing on reporting RCA recipients ages 18-65 who are not exempt.

Item	Data Element	Instructions
C. 1.	Number of RCA recipients who reached the time-eligibility limit	Enter the total number of RCA recipients who received RCA at any point during the time-eligibility period since arrival (regardless when and how long they received RCA), who are between 18 and 65, and who are not exempt under §400.76 and who reached the time-eligibility limit since arrival during this reporting period. Furthermore, the RCA recipient does not have to be a recipient of RCA at the end of the time-eligibility limit, but the recipient has to have received RCA during the time-eligibility period after arrival. The length of RCA receipt (1 day, 1 week, or 1 month) is irrelevant.
C. 2.	Number of RCA terminations due to income from employment prior to the time-eligibility limit	Enter the total number of RCA terminations due to income from employment for those RCA recipients <i>reported under C.1.</i> , regardless if termination occurred in the reporting period or at any point earlier. Do not include any other termination, such as sanction, out-migration, time expiration, etc. Since refugees reach the time-eligibility limit once, this data should be unduplicated throughout the fiscal year. If a refugee has obtained a job in the last month before the time-eligibility limit, but has already received RCA payment for that month, then the refugee would not be counted for this report area. A grant termination is defined as the closing of a cash assistance case due to earned income from employment in an amount that exceeds the state's eligibility standard for the case based on family size, rendering the case over-income for cash assistance.
C. 3.	RCA termination Rate	Report will automatically calculate termination rates. The maximum rate is 100% (only if all RCA recipients reported under C.1. were reported as terminated under C.2.

**D. Trends**

Provide narrative analysis on the data reported in sections A, B, and C, including overall observations in data trends, an explanation for any anomalies in data, or other local factors.

**ORR-6 Schedule C: Refugee Support Services (RSS), Employability Services Performance Report Instructions** [Back to top page](#)

**Schedule C** is used to report outcomes from employability services (45 CFR § 400.154) funded by ORR to eligible populations. This report includes RSS, ASA RSS, and AUSAA RSS funded employment services outcomes that are directly related to job placements (e.g... direct services provided in accordance with employability plans to enable an individual to obtain employment).

Entered Employment is defined as the entry of an active employment services participant into unsubsidized employment for at least one day during the period. States/grantees should report only one entered employment during the reporting period

in this item for each active employment services participant. Include those active participants who were placed directly by a service provider through a documented referral, those who obtained employment on their own, and those who entered unsubsidized employment as a result of On-the-Job Training (OJT). An individual participating in OJT may not be counted in “entered employment” until the period of subsidized employment is completed, and the employer has agreed to retain the individual in an unsubsidized permanent position. Unsubsidized job placements that occur while an active participant is enrolled in English Language Instruction (ELI) or when an active participant completes Vocational Training (VT) are counted as entered employments in the reporting period in which they occur.

**Note:** At the time an active employment services participant is placed in employment, verification of the individual's cash assistance status is required. The state/grantee may count only one placement per reporting period for any client, but the state/grantee may enter another placement for the client in a subsequent period.

**General Information:** Prior to completing Sections A-C, enter the following information at the top of the report:

Item	Data Element	Instructions
1.	Reporting Period	Enter “1” for the first semi-annual report. Enter “2” for the second semi-annual report.
2.	Fiscal Year	Enter the Federal fiscal year represented in the report.
3.	State/Grantee	Enter the name of the state or grantee that is providing the data.
4.	Date	Enter the date the form is completed.
5.	Grant Name	Enter the ORR grant name.

**Commonly Used Terms:**

**Active participant** is defined as a person with whom the provider has direct, regular contact for the purpose of providing services.

**Core Employability Services** are the services listed below. More information can be found at 45 CFR 400 154. ORR reports on these services in the annual report to Congress so completeness and accuracy are key.

- a. Employment Services
- c. On-the-job training
- d. English language instruction
- e. Vocational training

**Entered Employment** is defined as the entry of an active employment services participant into unsubsidized employment for at least one day during the period.

**Schedule C: Employability Services**

**Sections A–C:** Please fill out each section according to the provided instructions noting the required data components that request unduplicated numbers. For more information on Employability Services, see 45 CFR § 400.154.

**A. Participation Totals and Core Employability Services**

For specifics on core employability services, see 45 CFR 400.154 (a)(c)(d) and (e).

Item	Data Element	Instructions
A. 1.–4.	Employability Services	Enter the total unduplicated number of participants (1-4) served in these employability services during the reporting period: Employment services, On-the-job Training, English Language Instruction, and Vocational training. [45 CFR § 400.154 (a) (c) (d) and (e)]. If the same participant receives more than one of these services, report them under each service

		received and ensure unduplicated count for each service. Individuals reported in this section should be employable adults; 18-65 with a goal to achieve employment within one year or retaining a job.
A. 5.	Total Reporting Period Unduplicated	Count individuals for each of the services provided in A.1. – A.4. For the total, only include the count of refugees served, not the number of services that the refugee may have accessed.  For example, a refugee may have accessed ELI, OJT, and VT. In sections A.1. – A.4., you would count the refugee in each of those services, but in A.5., only count them once.  This reporting element is tracking progress of caseload participation toward projected annual outcome goals and objectives.

### B. Employment Services

In this section, provide unduplicated data on employment service participants distinguished by the type of cash assistance they receive: RCA, TANF, or No Federal Cash Assistance. Participants should be reported by the cash assistance status that they were receiving at the end of reporting period or at the time of job placement. Participants include those who are receiving services specified under 400.154 (a) and who are 16 and older.

- **RCA clients** - include the number of employment service participants receiving RCA assistance.
- **TANF clients** -include the number of employment service participants receiving TANF assistance.
- **No federal cash assistance** is used to distinguish refugees who enter employment before receipt of cash assistance. This includes the following:
  - o Refugees in their first month after arrival prior to receiving benefit approval
  - o Refugees who are no longer eligible for assistance such as working clients who receive a job upgrade
  - o Refugees who follow their spouses into the workforce after benefits are terminated
  - o Refugees who do not find work until after termination of assistance.

Item	Data Element	Instructions
B. 1. a.–1. c.	Total Number	Enter the total unduplicated number of employment services participants for each B. a., B. b., and B. c. The sum of B. a. through B. c. should total in line B. d. The caseload consists of active employment services participants as defined in 45 CFR § 400.154 (a) ONLY. An active participant is defined as a person with whom the provider has direct, regular contact for the purpose of providing these employment services (45 CFR § 400.154 (a)) Information on Matching Grant Program clients should not be reported in the total employment caseload count (B.1.).
B. 2.	Full-Time Employment	Enter the number of full-time job placements during the reporting period by cash assistance status (RCA, TANF, and No Federal Cash Assistance) at the time of job placement. Full-time is defined as 35 hours or more per week.
B. 3.	Part-Time Employment	Enter the number of part-time job placements during the reporting period by cash assistance status (RCA, TANF, and No Federal Cash Assistance) at the time of job placement. Part-time employment is defined as fewer than 35 hours per week.
B. 4.	Grant Terminations	Enter the number of grant terminations by cash assistance type. A grant termination is defined as the closing of a cash assistance case due to earned income from employment in an amount that exceeds the state's eligibility standard for the case based on family size, rendering the case over-income for cash assistance. If the net earned income exceeds the eligibility standard, the case should be considered a grant termination.

		<b>The grant termination caseload should include terminations based on full-time and part-time employment.</b>
B. e. (2.-3.)	Average Hourly Wage at Employment Entry	<p>Enter the average hourly wage at the time employment begins for all full-time and part-time individuals entering employment in the reporting period.</p> <p>To calculate this wage, add the hourly wage for all individuals placed in full-time, unsubsidized employment as reported in the Total for Item B.2., and divide the sum by the total number of individuals who entered full-time employment as reported in Item B.2. Use the same methodology to calculate average hourly part-time wages using the data reported in the Total for Item B.3. (Part-time).</p> <p>Note: If the refugee is placed in multiple jobs during the reporting period, you may use the highest wage earned. Hourly wages may be converted from monthly wages or from piece rates or a combination of both. If piece rates are used, determine the expected number of items to be produced in an hour and multiply it by the piece rate quoted by the employer at the time of placement.</p>
B. f. 2.	Health Benefits Available	<p>Enter the number of refugees entering full-time employment where health benefits are offered. This is not a measure of how many individuals elect to enroll in health benefits, but rather how many jobs offer this option, either at placement or within 6 months of placement. Benefits should be considered available if self-only coverage is available to the employee even if coverage is not extended to the employee's family members. Benefits are considered available without regard to whether the employee must contribute to the premium.</p> <p>Note: If the refugee is placed in multiple jobs during the reporting period, you may count any employment opportunity that offered health benefits.</p>
B. g. (2.-3.)	Employed 90 Days Later	<p>Enter the number of individuals by category of employment (full- or part-time), who were employed on the 90th day after entering employment. This includes anyone who entered employment in the previous reporting period and reaches the 90 days in the following reporting period.</p> <p>This item is a measure of continued participation in the labor market, not retention of a specific job. "Employed 90 Days Later" means that an individual is working for wages on the 90th day after having entered employment at any unsubsidized job. Where there have been multiple placements with the same individual within the same reporting period, the date of the first employment entry is the start date for calculating the 90-day follow-up. An individual who is on strike on the 90th day is considered employed. An individual who has been laid off and does not anticipate returning to the same employer within 30 days is considered unemployed.</p>

### C. Trends

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

**ORR-6 Schedule D: Refugee Support Services (RSS) Set-Asides** [Back to top page](#)  
***Refugee School Impact (RSI), Services to Older Refugees (SOR), Youth Mentoring (YM), Refugee Health Promotion (RHP), and Afghan Refugee School Impact Support to Schools (ARSI S2S)***  
**Performance Report Instructions**

**Schedule D** is a cumulative semi-annual report used to collect recipient and performance data for services provided through each RSS set-aside program (including one or more ASA and AUSAA-funded RSS set-aside programs). Schedule D is composed of five parts: Part I: Refugee School Impact (RSI), Part II: Services to Older Refugees (SOR), Part III: Youth Mentoring (YM), Part IV: Refugee Health Promotion (RHP), and Part V: Afghan Refugee School Impact Support to Schools (ARSI S2S).

Schedule D must be submitted by states/grantees that receive RSS set-aside program funding, as determined by ORR set-aside formula allocations. States/grantees must complete the Part(s) of Schedule D that correspond with the set-aside program funds received. For example, a state/grantee that receives funding for RSI and SOR but does not receive YM or RHP funding should complete only Part I: Refugee School Impact (RSI) and Part II: Services to Older Refugees (SOR).

**Note:** Schedule D is a cumulative report. The second semi-annual report submission should account for all served in the federal fiscal year (FFY). For example, a client who participated in a particular service during both reporting periods would be counted as 1 participant in the first semi-annual report and 1 participant in the second semi-annual report. A client who participated in a particular service during only the first reporting period would be counted as 1 participant in the first semi-

annual report and 1 participant in the second semi-annual report. For RSI, SOR, YM, and ARSI S2S, the same “other” completions should be tracked and reported throughout the year, do not report under “other” different completions in two reporting periods. For RHP, an “other activity” reported in the first semi-annual report should also be reported in the second semi-annual report, even if no new clients/providers participated in the service(s) during the second half of the FFY.

**General Information:** Prior to completing Parts I-V, enter the following information:

Item	Data Element	Instructions
1.	Program Name	Enter the name of the set-aside program (e.g., RSI, SOR, etc.) that corresponds to the program represented in the report.
2.	Reporting Period	Enter “1” for the first semi-annual report. Enter “2” for the second semi-annual report.
3.	Fiscal Year	Enter the federal fiscal year represented in the report.
4.	State/Grantee	Enter the name of the state or grantee that is providing the data.
5.	Date	Enter the date the form is completed.

**Part I: Refugee School Impact (RSI)**

**Sections A–B:** Complete unduplicated year-to-date participation in applicable services and provide breakdown by type of participant and service provider. Report in Sections A and B all participants served throughout the reporting period. Enter the number of participants. Use “other” for type of service provider and/or completion as appropriate.

Item	Data Element	Instructions
A. 1.– 2.	Type of the Participant	Enter the unduplicated number of participants by the type of program participant 1.–2. (Student or parent). If a state subcontracts RSI, ARSI funding to a local education agency (LEA) or state education agency (SEA), it should report any Afghan clients under Part V ARSI S2S, <i>not</i> in Part I, to avoid duplication. If the state does not subcontract any RSI or ARSI funds to a LEA or SEA, then it should report Afghan clients served through RSI (here, in Part I), and Afghan clients served through schools funded by ARSI S2S (in Part V).
B. 1.– 7.	Primary Contracted Service Provider	Enter the total unduplicated number of participants who received services from the contracted service providers. The same participant could be served by one or more contracted service providers, report under each when appropriate. For the School Impact program, if the provider is other than a school or Resettlement Agency, provide the name under “Other Local Agency” and report number of served participants. <u>School:</u> Enter the total unduplicated number of youth and/or their parents or guardians who received services through schools (public or private) in the appropriate school service provider category, by their respective grade (K-5, 6-8, and 9-12). During the summer months when school is off, report under next grade to attend. Same student could be served by both, the school and Resettlement Agency, report under each if appropriate. <u>Resettlement Agency:</u> Enter the total unduplicated number of youth and/or their parents or guardians who received services through a Resettlement Agency. <u>Other:</u> Please add other types of agencies. Totals will auto calculate for each type of service provider.

**Section C:** For each category under this section, report the total number of completions during the reporting period for each participant.

C. 1.	Parent/Student	Enter the number of students and/or their parents and guardians who completed a formal
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	Orientation	orientation hosted by one of the identified service providers during the reporting period. This item should include those who successfully completed the orientation and not those that registered but did not attend or did not complete the orientation during the reporting period. Report both students and parents.
C. 2.	Grade Promotion	Enter the number of youth program participants who were successfully promoted to the next grade at the end of the school year that falls within the current reporting period.
C. 3.–5.	Other	Enter the number of program participants who completed any other service (provide the name of each service under C. 3.–5.)

**D: Trends**

Analyze and reflect on the data reported in sections A, B, and C. Report overall observations in data trends and explain any anomalies in data, including trends based on new program components and/or initiatives.

**Part II: Services to Older Refugees (SOR)**

**Sections A–B:** In these sections, complete unduplicated year-to-date participation in applicable services and provide breakdown by the type of service provider. Report in Sections A and B all participants served throughout the reporting period. Enter the number of participants. Use “other” for type of service provider and/or completion as appropriate.

Item	Data Element	Instructions
A.1.	Type of the Participant	Enter the unduplicated number of participants (older refugee).
B. 1.–5.	Primary Contracted Service Provider	Enter the total unduplicated number of participants who received services from the contracted service providers. The same participant could be served by one or more contracted service providers; report under each when appropriate. <u>Resettlement Agency:</u> Enter the total unduplicated number of participants who received services through a Resettlement Agency. <u>Area Agency on Aging:</u> Enter the total unduplicated number of older refugees served by contracted Area Agencies on Aging and/or Resettlement Agency and/or other contracted local service providers (provide the name under “Other Local Agency” and report number of served participants). <u>Other:</u> Please add other types of agencies.

**Section C:** For each category under this section, report the total number of completions during the reporting period for each participant.

C. 1.	SSI	Enter the number of program participants who were assisted to apply for Supplemental Security Income (SSI) and successfully approved for SSI as a result of ORR-funded provider services during the reporting period.
C. 2.	Citizenship	Enter the number of program participants who passed U.S. Citizenship test as a result of ORR-funded provider services during the reporting period.
C. 3.–5.	Other	Enter the number of program participants who completed any other service (provide the name of each service under C.3.–5.)

**D: Trends**

Analyze and reflect on the data reported in sections A, B, and C. Report overall observations in data trends and explain any anomalies in data, including trends based on new program components and/or initiatives.

**Part III: Youth Mentoring (YM)**



**Sections A–B:** In these sections, complete unduplicated year-to-date participation in applicable services and provide breakdown by type of service provider. Report in Sections A and B all participants served throughout the reporting period. Enter the number of participants. Use “other” for type of service provider and/or completion as appropriate.

Item	Data Element	Instructions
A. 1.	Type of the Participant	Enter the unduplicated number of participants (Youth Mentoring). This should only be for eligible youth enrolled in the YM program and not mentors.
B. 1.–5.	Primary Contracted Service Provider	Enter the total unduplicated number of participants who received services from the contracted service providers. The same participant could be served by one or more contracted service providers, report under each when appropriate. <u>School:</u> Enter the total unduplicated number of youth and/or their parents or guardians who received services through schools (public or private) in the appropriate school service provider category. The same student could be served by both, the school and Resettlement Agency, report under each if appropriate. <u>Resettlement Agency:</u> Enter the total unduplicated number of youth and/or their parents or guardians who received services through a Resettlement Agency. <u>Other:</u> Please add other types of agencies.

**Section C:** For each category under this section, report the total number of completions during the reporting period for each participant.

C. 1.	Parent/Student Orientation	Enter the number of students and/or their parents and guardians who completed a formal orientation hosted by one of the identified service providers during the reporting period. This item should include those who successfully completed the orientation and not those that registered but did not attend or did not complete the orientation during the reporting period. Report both students and parents.
C. 2.	Grade Promotion	Enter the number of youth program participants who were successfully promoted to the next grade at the end of the school year that falls within the current reporting period.
C. 3.–5.	Other	Enter the number of program participants who completed any other service (provide the name of each service under C. 3.–5.)

**D: Trends**

Analyze and reflect on the data reported in sections A, B, and C. Report overall observations in data trends and explain any anomalies in data, including trends based on new program components and/or initiatives.

**Part IV: Refugee Health Promotion (RHP)**

**Sections A–E:** Please complete each section according to the provided instructions.

The second semi-annual report submission should account for all served within the federal fiscal year (FFY).

Participants may be counted more than once across program activities (Sections B–E) if they received multiple services, but the participant total for each individual service (i.e., each Item/row in a given Section) must be unduplicated. For example, a client who participates in group health education classes and receives mental health case management is counted once in Item B.2. and once in Item C.4., respectively. A client who participates in multiple group health education classes is counted only once in Item B.2.

**A. RHP Participants**

Report unduplicated year-to-date ORR-eligible individuals' participation for all RHP services offered by the state or grantee.

Item	Data Element	Instructions
A. 1.	Total RHP Participants	<p>Enter the total unduplicated year-to-date number of ORR-eligible individuals who received RHP services within the federal fiscal year (FFY).</p> <p>Total includes the <b>unduplicated</b> number of ORR-eligible individuals who participated in RHP services reported in Sections B, C, D, and E. Do not duplicate counts (i.e., add up/sum) across services or service areas. For example, an individual who participated in group education classes and received mental health case management and is reported in both Section B and Section C, respectively, would only be counted once in Section A.</p> <p><b>Note:</b> Only ORR-eligible individuals, not providers, should be included from Section E.</p>

### B. Health Education and Outreach

Indicate which, if any, health education and outreach components (i.e., group health education classes and individual targeted health outreach) were part of the RHP program by the end of the reporting period. Complete unduplicated year-to-date client participation and outcome measure information for each applicable health literacy/education service.

**Note:** Any health education and outreach program component reported in the first semi-annual report should also be reported in the second semi-annual report, even if no new clients participated in the service(s) during the second half of the FFY, given the report is cumulative.

“Group health education classes” include single or a series of classes, trainings, and webinars. Do not include trainings for service providers in this section or trainings that may involve a mix of service providers and ORR-eligible individuals. For example, do not include Mental Health First Aid (MHFA) trainings here; instead, report all MHFA trainings in Section E.

“Targeted individual health outreach” includes creating and disseminating health materials (e.g., developing or translating diabetes prevention materials, etc.) to individuals.

Item	Data Element	Instructions
B. 1.	Health Education and Outreach Services	<p>Select one of the following options from the drop-down menu to indicate which, if any, RHP-funded health education/outreach service(s) for ORR-eligible individuals were included in this program during the FFY:</p> <ul style="list-style-type: none"> <li>• <b>Yes – Classes Only</b> Select this option if group health education classes were the only health education/outreach service included in the program.</li> <li>• <b>Yes – Individual Outreach Only</b> Select this option if individual targeted health outreach was the only health education/outreach service included in the program.</li> <li>• <b>Yes – Both Classes and Outreach</b> Select this option if both group health education classes and individual targeted health outreach services were included in the program.</li> <li>• <b>No</b> Select this option if no health education/outreach services were included in the program.</li> </ul>
B. 2.	Health Education Class Participants	Enter the total unduplicated year-to-date number of ORR-eligible individuals who attended group health education classes during the FFY.
B. 3.	Health	Enter the total unduplicated year-to-date number of ORR-eligible individuals who

	Education Class Participants with Increased Knowledge	demonstrated increased knowledge due to attending group health education classes during the FFY.  “Increased knowledge” is defined as improved in one or more assessment/area from baseline. For example, if a program offers a three-class series on nutrition, and pre- and post-tests are administered during each class, a client who demonstrates increased knowledge on one of the three post-tests should be reported as 1; a client who demonstrates increased knowledge on all three post-tests should be reported as 1.
B. 4.	Health Outreach Participants	Enter the total unduplicated year-to-date number of ORR-eligible individuals who received individual targeted health outreach services during the FFY.
B. 5.	Health Education and Outreach Data Explanation	Provide an explanation for any data discrepancies or anomalies reported in Items B.1.– B.4.  For example, selecting “Yes – Classes Only” for Item B. 1., but reporting “0” clients attended classes (Item B.2.), or if reporting “0” clients increased their knowledge (Item B.3.).

**C. Health Care Navigation and Support**

Indicate which, if any, health care navigation/support components (i.e., medical and mental health) were part of the RHP program. Complete unduplicated year-to-date ORR-eligible population participation and outcome measure information for each applicable health care coordination service.

**Note:** Any health care navigation/support program component reported in the first semi-annual report should also be reported in the second semi-annual report, even if no new clients participated in the service(s) during the second half of the FFY, given the report is cumulative.

“Medical navigation/support” includes coordinating health services and medical case management for non-mental health conditions. For example, assisting clients in understanding and adhering to medication regimens, arranging interpreter services for medical appointments, or scheduling appointments with primary care providers.

“Mental health navigation/support” includes coordinating mental health services and providing mental health case management. For example, identifying culturally-sensitive counseling services including virtual options, referring clients to psychiatric care, or assistance locating affordable mental health care providers.

**Note:** Do not include data on facilitating support groups in Section C.; support group activities should be reported in Section D. Wellness Groups.

Item	Data Element	Instructions
C. 1.	Health Care Navigation/Support Services	Select one of the following options from the drop-down menu to indicate which, if any, RHP-funded health care navigation/support service(s) for ORR-eligible individuals were included in this program during the FFY: <ul style="list-style-type: none"> <li>• <b>Yes – Medical Only</b> Select this option if medical navigation/support were the only health care coordination services included in the program.</li> <li>• <b>Yes – Mental Health Only</b> Select this option if mental health navigation/support were the only health care coordination services included in the program.</li> <li>• <b>Yes – Both Medical and Mental Health</b> Select this option if both medical and mental health care navigation/support services were included in the program.</li> <li>• <b>No</b></li> </ul>

		Select this option if no health care navigation/support services were included in the program.
C. 2.	Medical Navigation/Support Participants	Enter the total unduplicated year-to-date number of ORR-eligible individuals who received medical navigation/support services during the FFY.
C. 3.	Medical Navigation/Support Participants who Completed their Plan of Care	Enter the total unduplicated year-to-date number of ORR-eligible individuals who completed their established RHP plan of care (POC) due to receiving medical navigation/support services during the FFY.  "Completion" is defined as accomplishing all medical-related activities within the timeframe of the RHP POC.
C. 4.	Mental Health Navigation/Support Participants	Enter the total unduplicated year-to-date number of ORR-eligible individuals who received mental health navigation/support services during the FFY.
C. 5.	Mental Health Navigation/Support Participants who Completed their Plan of Care	Enter the total unduplicated year-to-date number of ORR-eligible individuals who completed their established RHP plan of care due to receiving mental health navigation/support services during the FFY.  "Completion" is defined as accomplishing all mental health-related activities within the timeframe of the RHP POC.
C. 6.	Health Care Navigation/Support Data Explanation	Provide an explanation for any data discrepancies or anomalies reported in Items C.1.–C.5.  For example, selecting "Yes – Medical Only" for Item C. 1., but reporting "0" clients received medical navigation/support services (Item C.2.) or "0" clients completed their plan of care (Item C.3.).

#### D. Wellness Groups

Indicate if any wellness group components are part of the RHP program. Complete unduplicated year-to-date client participation and outcome measure information for applicable wellness group services.

**Note:** A wellness group program component reported in the first semi-annual report should also be reported in the second semi-annual report, even if no new clients participated in the service(s) during the second half of the FFY, given the report is cumulative.

"Wellness groups" include adjustment groups, skill-building networks, and peer support meetings.

Item	Data Element	Instructions
D. 1.	Wellness Group Services	Select one of the following options from the drop-down menu to indicate if any RHP-funded wellness groups service(s) for ORR-eligible individuals were included in this program during the FFY: <ul style="list-style-type: none"> <li>• <b>Yes</b> Select this option if wellness groups services were included in the program.</li> <li>• <b>No</b> Select this option if wellness groups services were not included in the program.</li> </ul>
D. 2.	Wellness Group Participants	Enter the total unduplicated year-to-date number of ORR-eligible individuals who attended wellness groups during the FFY.
D. 3.	Wellness Group	Enter the total unduplicated year-to-date number of ORR-eligible individuals who

	Participants who Progressed	demonstrated improvement in their well-being due to attending wellness groups during the FFY.
D. 4.	Wellness Group Data Explanation	Provide an explanation for any data discrepancies or anomalies reported in Items D.1.–D.3.  For example, selecting “Yes” for Item D.1., but reporting “0” clients who attended wellness groups (Item D.2.).

### E. Other Activity

Indicate if any “other activities” are part of the RHP program. Report the following unduplicated year-to-date information for **each** “other activity.” If there is more than one distinct “other activity,” add a new Section E for each “other activity” and populate.

Trainings for service providers or trainings involving a mix of service providers and ORR-eligible populations should be reported in this section, rather than Section B. For example, Mental Health First Aid (MHFA) trainings—whether the class is composed of service providers only or a mix of ORR-eligible individuals and service providers—should be counted in this section (not Section B).

**Note:** An “other activity” reported in the first semi-annual report should also be reported in the second semi-annual report, even if no new clients/providers participated in the service(s) during the second half of the FFY, given the report is cumulative.

Item	Data Element	Instructions
E. 1.	Other Activity	Select one of the following options from the drop-down menu to indicate if an RHP-funded “other activity” was included in this program during the FFY: <ul style="list-style-type: none"> <li>• <b>Yes</b> Select this option if the program included an “other activity.”</li> <li>• <b>No</b> Select this option if the program did not include an “other activity.”</li> </ul>
E. 2. a.	Activity Title	Provide a short, descriptive title for the “other activity.”  The title should be about 2–6 words.
E. 2. b.	Related Scope of Service	Select one of the following options from the dropdown menu to identify which category the “other activity” relates to within the RHP scope of services: <ul style="list-style-type: none"> <li>• <b>Health Literacy</b></li> <li>• <b>Health Care Coordination</b></li> <li>• <b>Wellness Groups</b></li> </ul>
E. 2. c.	Number of Other Activity Participants: ORR-eligible Individuals	Enter the total year-to-date number of ORR-eligible individuals who engaged in the “other activity” services.
E. 2. d.	Number of Other Activity Participants: Service Providers	Enter the total year-to-date number of service providers who engaged in the “other activity” services.  “Service providers” may include paid staff, volunteers, and/or community leaders.
E. 2. e.	Outcomes Met	Select one of the following options from the drop-down menu to indicate the extent to which outcomes for the “other activity” have been met during the FFY: <ul style="list-style-type: none"> <li>• <b>All outcomes met</b></li> </ul>

		<ul style="list-style-type: none"> <li>• <b>Some outcomes met</b></li> <li>• <b>No outcomes met</b></li> </ul>
E. 2. f.	Other Activity Data Explanation	Provide an explanation of outcomes and any data discrepancies or anomalies reported in Items E.1.–E.2.d.

**Part V: Afghan Refugee School Impact Support to Schools (ARSI S2S)**

**Sections A–B:** Complete unduplicated year-to-date participation in applicable services and provide breakdown by type of participant and service provider. Report in Sections A and B all participants served throughout the reporting period. Enter the number of participants. Use “other” for type of service provider and/or completion as appropriate.

As ARSI S2S funding is unique, participants will be collected as Afghan children enrolled in schools funded by ARSI S2S. Although schools do not collect immigration status, they do collect languages spoken and school enrollment dates which may be used to inform this report.

Item	Data Element	Instructions
A. 1. – 2.	Type of the Participant	For direct services to individual clients, enter the unduplicated number of participants by the type of program participant 1.– 2. (Student or parent). If a state subcontracts RSI or ARSI funding to a local education agency (LEA) or state education agency (SEA), it should report all Afghan clients here, <i>not</i> under Part I RSI, to avoid duplication. If the state does not subcontract any RSI or ARSI funds to a LEA or SEA, then it should report Afghan clients served through RSI (in Part I), and Afghan clients served through schools funded by ARSI S2S (here in Part V).
B. 1. – 3.	Primary Contracted Service Provider	For direct services to individual clients, enter the total unduplicated number of youth and/or their parents or guardians who were enrolled/attended a school funded by ARSI S2S, by their respective grade (K-5, 6-8, and 9-12). During the summer months when school is off, report under next grade to attend.

**Section C:** For each category under this section, report the total number of completions during the reporting period for each participant.

C. 1.	Parent/Student Orientation	Enter the number of students and/or their parents and guardians who completed a formal orientation hosted by one of the identified service providers during the reporting period. This item should include those who successfully completed the orientation and not those that registered but did not attend or did not complete the orientation during the reporting period. Report both students and parents.
C. 2.	Grade Promotion	Enter the number of students who were successfully promoted to the next grade at the end of the school year that falls within the current reporting period.
C. 3-5.	Other	Enter the number of program participants who completed any other service (provide the name of each service under C. 3-5.)

**D: Trends**

Analyze and reflect on the data reported in sections A, B, and C. Report overall observations in data trends and explain any anomalies in data, including trends based on new program components and/or initiatives.

**ORR-6 Schedule E: Unaccompanied Refugee Minors (URM) Program** [Back to top page](#)  
**Performance Report Instructions**

**Schedule E** is used to collect performance data related to placements and services provided to eligible clients of the Unaccompanied Refugee Minors (URM) program. Schedule E must be completed and submitted by states that operate a URM program that has been approved via their current State Plan pursuant to 45 CFR 400.5(e).

Schedule E must be completed and submitted per location (i.e. city) where URM services are provided. If a URM provider has a sub-office location in another part of the state, a distinct Schedule E must be submitted separately from the main

office location. Schedule E must include URM clients only who are receiving ORR-funded placement and/or services, including stipend(s) or Education and Training Vouchers (ETVs) for transition to adulthood. Schedule E must not include non-URM children/youth for which the state receives Title IV-E reimbursement or unaccompanied children (UC) currently in federal custody.

Schedule E is a two-part report that includes a data report and a narrative report. The Schedule E **URM Program Data** has four sections: A. Snapshot of Caseload, B. New Enrollments by Eligibility, C. Major Outcomes for Terminated Clients, and D. Placements and Capacity Development. The Schedule E **URM Program Narrative** has six sections: A. Activities, B. Accomplishments / New Initiatives, C. Challenges / Emerging Issues, D. Trends / Clarifications in Data, E. Monitoring / State Licensing Reviews, and F. Client Success Story or Promising Practice.

**Notes:** Do not include any Personally Identifiable Information (PII) such as client name, A #, country of origin, or date of birth in any section of the Schedule E. Submit an unduplicated client count per report; do not double count clients who terminate and re-enter the program for placement and/or services in the same reporting period.

**General Information:** Enter the following information at the top of the URM Program Data and URM Program Narrative reports:

Item	Data Element	Instructions
1.	State/Grantee	Enter the name of the state or grantee that is providing the data.
2.	Fiscal Year	Enter the federal fiscal year represented in the report.
3.	Reporting Period	Enter "1" for the first semi-annual report. Enter "2" for the second semi-annual report.
4.	Provider	Enter the name of the URM provider agency.
5.	Location	Enter the city where the URM services were provided.

**Sections A–D:** Please complete each section according to the provided instructions.

### A. Snapshot of Caseload

Item	Data Element	Instructions
A. 1.	Clients at the Beginning of Reporting Period	Enter the number of clients receiving ORR-funded placement and/or services in this location at the beginning of the reporting period. <ul style="list-style-type: none"> <li>• Include any client that is in a licensed placement (e.g., foster family home, group home);</li> <li>• Include any client that has aged out of placement services but is receiving <b>ORR-funded</b> services/benefits only such as Education and Training Vouchers (ETVs); and</li> </ul> Include any client that is absent from placement services but for whom legal responsibility is retained (e.g., a client under the age of 18 who ran away).
A. 2.	Newly Enrolled	Enter the number of clients who were newly enrolled in this location in the reporting period. Include unaccompanied refugee minors who arrived from overseas, and other eligible populations approved for URM placement and services by ORR.
A. 3.	Re-entered Placement	Enter the number of clients who re-entered for foster care <u>placement</u> in the reporting period after termination in a previous reporting period.



		<ul style="list-style-type: none"> <li>Do not include clients who both terminated and re-entered for placement in the reporting period. These clients have already been captured in A.1. <i>Clients at the Beginning of Reporting Period.</i></li> </ul>
A. 4.	Re-entered for ORR-funded Services/Benefits only	<p>Enter the number of clients who re-entered in the reporting period to receive <b>ORR-funded services/benefits only</b> (e.g., living stipend, ETV) after termination in a previous reporting period.</p> <p>Do not include clients who both terminated and re-entered for services in the reporting period. These clients have already been captured in A.1. <i>Clients at the Beginning of Reporting Period.</i></p>
A. 5.	Terminated from ORR-funded Placement and Services	<p>Enter the number of clients who were terminated from <u>all</u> ORR-funded placement and services in the reporting period and did not re-enter the program in the reporting period.</p> <ul style="list-style-type: none"> <li>Do not include clients who emancipated from placement but are receiving ORR-funded services/benefits (e.g., living stipend, ETV.)</li> </ul> <p>Do not include clients who both terminated and then re-entered in the reporting period.</p>
A. 6.	Total Clients at the End of Reporting Period	<p>Do not enter any number in this field. Once A.1. – A.5. are completed, the total in A.6. will auto-calculate.</p> <ul style="list-style-type: none"> <li><b>Note:</b> The number of <i>Total Clients at the End of Reporting Period</i> in the Reporting Period 1 report should match the number of <i>Clients at the Beginning of Reporting Period</i> in the Reporting Period 2 report.</li> </ul> <p>If the number does not match, provide a written explanation in <b>URM Program Narrative</b>, section D. Trends / Clarifications in Data.</p>
<p><b>Note:</b> For reporting intrastate or interstate transfers, please contact ORR/URM for assistance.</p>		

### B. New Enrollments by Eligibility<sup>3</sup>

In Section B enter the data per URM provider location as previously instructed.

Item	Data Element	Instructions
B. a.	This Period	Enter the number of newly enrolled clients by eligibility type in this location in the reporting period.
B. 1. a.	Asylee	Enter the number of newly enrolled clients in the reporting period that have an asylum letter from the U.S. Citizenship and Immigration Services (USCIS) or an immigration judge's order granting asylum.
B. 2. a.	Cuban/Haitian Entrant	Enter the number of newly enrolled clients in the reporting period that have an I-94, parole, Notice to Appear or other document establishing him/ her as a Cuban/Haitian Entrant.
B. 3. a.	Refugee	Enter the number of newly enrolled clients in the reporting period that have an I-94 documenting refugee status.
B. 4. a.	Special Immigrant Juvenile	Enter the number of newly enrolled clients in the reporting period that have documentation of USCIS approval of an I-360 petition.

<sup>3</sup> For more information regarding populations eligible for the URM program, see section 1.1 of the URM Program Policy Guide, [ORR Policy Letter \(PL\) 16-01](#), its Documentation Guide, FAQ, and ORR PL 22-02.

B. 5. a.	Victim of Human Trafficking	Enter the number of newly enrolled clients in the reporting period that have a letter of eligibility issued by the Office of Trafficking in Persons (OTIP) or a T-visa.
B. 6. a.	U-status Recipient	Enter the number of newly enrolled clients in the reporting period that have received documentation of U status from USCIS or U-visa.
B. 7. a.	Afghan Humanitarian Parolee	Enter the number of newly enrolled clients in the reporting period that have a Form I-94 or a foreign passport with admission stamp with any of the following notations: "OAR," "OAW," "DT," or "INA section 212(d)(5)(A)."
B. 8. a.	Ukrainian Humanitarian Parolee	Enter the number of newly enrolled clients in the reporting period that have a Form I-94 or a foreign passport with admission stamp with any of the following notations: "DT," "U4U," "UHP," or "INA section 212(d)(5)."
B. 9. a.	Other	Enter the number of newly enrolled clients in the reporting period that do not fall into one of the above eligibility categories (e.g. Afghan SIV derivatives).
B. 10. a.	Total Enrolled	Do not enter any number in this field. Once fields B.1.a. – B.8.a. are completed for each report period, the total will auto-calculate.
B. b.	Year-to-Date	Enter the number of newly enrolled clients by eligibility type in this location in the fiscal year, during both reporting period 1 and 2. <ul style="list-style-type: none"> <li>• For Reporting Period 1 report, numbers of newly enrolled clients by eligibility entered in the <i>Year-to-Date</i> column should match the numbers entered in the <i>This Period</i> column.</li> <li>• For Reporting Period 2 report, the numbers entered in the <i>Year-to-Date</i> column should represent a cumulative, unduplicated count of all clients newly enrolled in the fiscal year.</li> </ul>
B. 1. b.	Asylee	Enter the number of newly enrolled clients in the fiscal year that have an asylum letter from the U.S. Citizenship and Immigration Services (USCIS) or an immigration judge's order granting asylum.
B. 2. b.	Cuban/Haitian Entrant	Enter the number of newly enrolled clients in the fiscal year that have an I-94, parole, Notice to Appear or other document establishing him/ her as a Cuban/Haitian Entrant.
B. 3. b.	Refugee	Enter the number of newly enrolled clients in the fiscal year that have an I-94 documenting refugee status.
B. 4. b.	Special Immigrant Juvenile	Enter the number of newly enrolled clients in the fiscal year that have documentation of USCIS approval of an I-360 petition.
B. 5. b.	Victim of Human Trafficking	Enter the number of newly enrolled clients in the fiscal year that have a letter of eligibility issued by the Office of Trafficking in Persons (OTIP) or a T-visa.
B. 6. b.	U-status Recipient	Enter the number of newly enrolled clients in the fiscal year that have received documentation of U status from USCIS or U-visa.
B. 7. b.	Afghan Humanitarian Parolee	Enter the number of newly enrolled clients in the fiscal year that have a Form I-94 or a foreign passport with admission stamp with any of the following notations: "OAR," "OAW," "DT," or "INA section 212(d)(5)(A)."

B. 8. b.	Ukrainian Humanitarian Parolee	Enter the number of newly enrolled clients in the reporting period that have a Form I-94 or a foreign passport with admission stamp with any of the following notations: "DT," "U4U," "UHP," or "INA section 212(d)(5)."
B. 9. b.	Other	Enter the number of newly enrolled clients in the reporting period that do not fall into one of the above eligibility categories (e.g. Afghan SIV derivatives).
B. 10. b.	Total Enrolled	Do not enter any number in this field. Once fields B.1.b. – B.8.b. are completed for the fiscal year, the total will auto-calculate.

**C. Major Outcomes for Terminated Clients**

In Section C, record major outcomes for each client who terminated from all ORR-funded placements or services/benefits in this location in the reporting period. There should be the same number of rows as the number of terminated URM clients.

- For a terminated youth with no major outcome, enter "0" for all categories.
- For clients who have achieved multiple outcomes at the point of termination, enter "1" for all applicable categories.

Item	Data Element	Instructions
C. 1.	Eligibility Type	Enter eligibility type for each terminated client using the following acronyms: <ul style="list-style-type: none"> <li>• <b>A</b> for Asylee</li> <li>• <b>SIJ</b> for Special Immigrant Juvenile</li> <li>• <b>CH</b> for Cuban/Haitian Entrant</li> <li>• <b>T</b> for Victim of Human Trafficking</li> <li>• <b>R</b> for Refugee</li> <li>• <b>U</b> for U-status Recipient</li> <li>• <b>AHP</b> for Afghan Humanitarian Parolee</li> <li>• <b>UHP</b> for Ukrainian Humanitarian Parolee</li> <li>• <b>O</b> for Other</li> </ul>
C. 2.	GED completion	Enter "1" if terminated client passed General Education Development (GED) test and holds a GED certificate.
C. 3.	HS Diploma	Enter "1" if terminated client earned a high school diploma.
C. 4.	2-Year College	Enter "1" if terminated client enrolled in or graduated from a 2-year college.
C. 5.	4-Year College	Enter "1" if terminated client enrolled in or graduated from a 4-year college.
C. 6.	Vocational Certificate	Enter "1" if terminated client earned any vocational certificate (e.g. auto mechanics, hair stylist).
C. 7.	Job Corps/Other	Enter "1" if terminated client enrolled in or completed Job Corps or other similar job training program.
C. 8.	Part-Time Employment	Enter "1" if terminated client is employed on a part-time basis (i.e. less than 35 hours per week.)
C. 9.	Full-Time Employment	Enter "1" if terminated client is employed on a full-time basis (i.e. more than 35 hours per week.)
C. 10.	Family Reunification/	Enter "1" if terminated client was reunified with a parent or unified with other relatives.
C. 11.	Adoption	Enter "1" if terminated client was adopted or adoption is in the process.
C. 12.	Total Outcomes	Once fields C.2. – C.11. are completed, the totals will auto-calculate.

**D. Placements and Capacity Development**

In Section D enter the data per URM provider location as previously instructed.

Item	Data Element	Instructions
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D. 1.	Client Placements at End of Reporting Period	Enter the number of clients in ORR-funded placements, per placement category, at the end of the reporting period. <ul style="list-style-type: none"> <li>If a client had been in more than one placement during the reporting period, only count the placement that the client was in on the last day of the reporting period.</li> </ul>
D. 1. a.	Foster Family Home	Enter the number of clients who were placed in a foster family home including a relative foster home (e.g., kinship care) at the end of the reporting period.
D. 1. b.	Therapeutic Foster Home	Enter the number of clients who were placed in a therapeutic foster home at the end of the reporting period.
D. 1. c.	Supervised Independent Living	Enter the number of clients who were placed in supervised independent living at the end of the reporting period. <ul style="list-style-type: none"> <li>Include clients living under a supervised arrangement that is paid for or provided by the state, county or URM provider agency.</li> <li>Include clients receiving adult supervision, but not 24 hours a day.</li> </ul>
D. 1. d.	Group Home	Enter the number of clients who were placed in group home at the end of the reporting period.
D. 1. e.	Residential Treatment	Enter the number of clients who were placed in a residential treatment center at the end of the reporting period. <ul style="list-style-type: none"> <li>Include clients who were hospitalized long term for either physical or mental health reasons.</li> </ul>
D. 1. f.	Living Independently	Enter the number of clients living independently and receiving ORR-funded services/benefits only at the end of the reporting period. <ul style="list-style-type: none"> <li>Include clients who are no longer eligible for placement or those who have opted not to receive placement services at some point after reaching the age of majority.</li> <li>Include clients managing their own living arrangement with or without financial support from the URM program, and do not receive any formal adult supervision.</li> <li>Note: Clients living independently may or may not be receiving an ORR-funded living allowance or stipend. In addition, clients living independently may only be receiving an ORR-funded ETV, without a stipend specifically for living expenses.</li> </ul>
D. 2.	Newly Developed Capacity	Enter the number of newly developed placements by type that became available in the reporting period but have not yet been used in placing a client. <ul style="list-style-type: none"> <li>Examples include newly licensed foster homes, or group homes made available through sub- contract agreements.</li> <li>Note: Do not enter a number in D.2.f. Living Independently as it is not applicable to newly developed capacity.</li> </ul>
D. 2. a.	Foster Family Home	Enter the number of newly developed foster family home placements that became available in the reporting period but have not yet been used in placing a client.
D. 2. b.	Therapeutic Foster Home	Enter the number of newly developed therapeutic foster home placements that became available in the reporting period but have not yet been used in placing a client.
D. 2. c.	Supervised Independent Living	Enter the number of newly developed supervised independent living placements that became available in the reporting period but have not yet been used in placing a client.

D. 2. d.	Group Home	Enter the number of newly developed group home placements that became available in the reporting period but have not yet been used in placing a client.
D. 2. e.	Residential Treatment	Enter the number of newly developed residential treatment placements that became available in the reporting period but have not yet been used in placing a client.
D. 3.	Capacity in Development	Enter the number of placements in development by type which may become available to place clients in the next reporting period. Examples include number of families who are actively participating in pre-service training and may become licensed foster homes, or group home placements that may become available in the next reporting period. Report on capacity development activities for which prospects are not yet known in the URM Program Narrative. Note: Do not enter a number in D.3.f. Living Independently as it is not applicable to capacity in development.
D. 3. a.	Foster Family Home	Enter the number of foster family home placements in development which may become available to place clients in the next reporting period.
D. 3. b.	Therapeutic Foster Home	Enter the number of therapeutic foster home placements in development which may become available to place clients in the next reporting period.
D. 3. c.	Supervised Independent Living	Enter the number of supervised independent living placements in development which may become available to place clients in the next reporting period.
D. 3. d.	Group Home	Enter the number of group home placements in development which may become available to place clients in the next reporting period.
D. 3. e.	Residential Treatment	Enter the number of residential treatment placements in development which may become available to place clients in the next reporting period.

**ORR-6 Schedule E: URM Program Narrative**

**Sections A–F:** Please complete each section according to the provided instructions.

Utilize the following list of topic areas when completing Sections A. Activities, B. Accomplishments/New Initiatives, C. Challenges/Emerging Issues. More than one topic may be applicable for each section.

<b>Topic Areas for Sections A-C</b>	<b>Topic Definition</b>
Client Caseload	Client Caseload refers to the make-up of the clients being served by the URM provider (e.g., increases or decreases in certain eligibility types, diversification of client caseload, trends in terminations, etc.)
Documentation/Records Management	Documentation/Records Management refers to the maintenance and organization of case and program level documentation (e.g., case files, database, confidentiality, etc.)
Financial Administration	Financial Administration refers to the financial responsibilities related to administering the URM program (e.g., budgets, expenditure tracking, reimbursement to URM providers, monitoring cost effectiveness of program, etc.)

Program Administration	Program Administration refers to categories related to the administration of the URM program by states or state-alternative agencies (e.g. policies/protocols, program coordination, program structure, staffing, consultations, monitoring/oversight activities, ETV administration, etc.)
Program Development	Program Development refers to categories related to the development of the URM program (e.g., increased placement capacity, diversification of placements, training of URM provider staff and foster parents, outreach/education to stakeholders, building new partnerships, etc.)
Reporting	Reporting refers to the reporting requirements related to the URM program (e.g., case, programmatic, and financial reporting to ORR; response to ORR monitoring; reporting for state licensing, etc.)
Services / Benefits	<p>Services / Benefits refer to the provision of services and benefits to URM clients (e.g., foster placements, medical, mental health, education, vocational, transition to adulthood services, Education and Training Vouchers, social, preservation of heritage culture and religion, etc.)</p> <ul style="list-style-type: none"> <li>• Include availability and accessibility of non-ORR services and programs for URM clients.</li> </ul>

Item	Data Element	Instructions
A.	Activities	<p>Report any activities in the administration or implementation of the Unaccompanied Refugee Minors Program, in any of the topics areas noted above.</p> <p><i>Example: In the area of Services/Benefits, URM provider coordinated a holiday cultural celebration for URM clients and their foster families in December. At the event URM youth showcased food, music, and traditional clothing from their heritage cultures. Approximately 100 youth and foster families attended the celebration.</i></p>
B.	Accomplishments / New Initiatives	<p>Report any accomplishments or new initiatives in the administration or implementation of the Unaccompanied Refugee Minors Program, in any of the topic areas noted above. Include any outcome or impact of the accomplishment or new initiative.</p> <p><b>Example:</b> <i>In the area of Program Development, URM provider executed a Memorandum of Understanding with Happy Day Therapeutic Group Home. Two URM clients in need of therapeutic group care were placed in the Happy Day Group Home in the reporting period. After meeting treatment goals in the group home, one of the clients was moved back to his foster home placement.</i></p>

C.	Challenges / Emerging Issues	<p>Report any challenges or emerging issues in the administration or implementation of the Unaccompanied Refugee Minors Program, in any of the topic areas noted above. Include any actions taken, resolutions achieved, or plan to address the challenge or emerging issue.</p> <p><b>Example:</b> <i>In the area of Reporting, late submission of ORR-3 initial placement (IP) reports by the URM provider to the state has been a challenge. State is working with URM provider to develop a new protocol for ORR-3 IP reports to ensure state has adequate time to review and approve before submission to ORR, and to ensure compliance with ORR-required timeframes.</i></p>
D.	Trends or Clarifications in Data	Report any trends or clarifications in data submitted in Schedule E URM Program Data report around client caseload, new enrollments, outcomes for terminated clients, placements, and capacity development.
E.	Monitoring / State Licensing Reviews	Report any monitoring and/or state licensing reviews that occurred during the reporting period. Do <b>not</b> include monitoring conducted by ORR of the URM program.
E. 1.	Monitoring Agency	Indicate the name of the agency that monitored or reviewed the URM provider.
E. 2.	Date	Indicate the date(s) of the monitoring and/or licensing review(s).
E. 3.	Purpose	Indicate the purpose of the monitoring (e.g. regularly scheduled monitoring by SRC office, corrective action follow-up, annual state licensing review, etc.)
E. 4.	Corrective Actions Identified	<p>Indicate if any corrective action(s) were identified during the monitoring trip by entering "Yes" or "No."</p> <p>Attach to Schedule E any monitoring reports from this reporting period that include corrective actions. Monitoring reports from the reporting period that did not include corrective actions do not need to be submitted to ORR.</p>
F.	<b>Optional:</b> Client Success Story or Promising Practice	<p>Describe a success story of a URM client who received services during the reporting period; or, a promising practice that could be shared with other URM providers or states administering a URM program.</p> <p>If describing a success story, do not include any PII.</p>

**ORR-6 Schedule F: Refugee Medical Assistance (RMA) and Medical Screening Programs  
Performance Report Instructions**

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**Schedule F** is an **annual report** used to collect recipient and performance data related to benefits and services provided to clients of the Refugee Medical Assistance (RMA) and Medical Screening programs. Schedule F must be completed and submitted by states/grantees that operate an RMA and/or Medical Screening program(s). If states/grantees only operate one of these programs, please indicate “N/A” for the program they do not administer. Schedule F is composed of four parts: Part I: Refugee Medical Assistance Recipients and Benefits; Part II: Medical Screening Recipients; Part III: Medical Screening Services; and Part IV: Data Explanations and Trends.

**Note:** Do not include any Personally Identifiable Information (PII) such as client name, Alien Number, country of origin, and date of birth. Do not include any Personal Health Information (PHI) such as medical screening results connected to an individual; only report aggregate data.

**General Information:** Prior to completing Parts I–IV, enter the following information at the top of the report:

Item	Data Element	Instructions
1.	Annual Report, Fiscal Year	Enter the federal fiscal year represented in the annual report for the period October 1–September 30.
2.	Date	Enter the date the form is completed.
3.	State/Grantee	Enter the name of the state or grantee that is providing the data.

**Part I: Refugee Medical Assistance Recipients and Benefits**

**Sections A–C:** Please fill out each section according to the provided instructions. If a state/grantee does not administer RMA, please indicate “N/A”.

**A. RMA Enrollment Caseload**

Provide the breakdown of the total RMA enrollment caseload.

- The caseload is capturing recipients enrolled in the RMA health coverage program.
- Recipients who are getting a medical screening but who are not enrolled in the RMA health coverage program should **not** be counted.

Item	Data Element	Instructions
A. 1.	Previous RMA recipients enrolled in this reporting period	Enter the number of recipients who were reported as RMA recipients in the previous reporting period and who are enrolled in RMA during this reporting period, including <ul style="list-style-type: none"> <li>• Previous recipients who are still enrolled in RMA at the end of this reporting period; and</li> <li>• Previous recipients who were enrolled at some point during this reporting period, but are no longer enrolled at the end of the reporting period.</li> </ul>
A. 2.	New RMA recipients enrolled during this reporting period	Enter the number of recipients newly enrolled in RMA during this reporting period.
A. 3.	Total number of RMA recipients	Once items A.1 and A.2 are completed, item A.3 will auto calculate (total =



	enrolled during this reporting period	A.1 + A.2).
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### B. RMA Termination Reason

Provide the breakdown of the total number of RMA terminations by the termination reasons listed below. A refugee is terminated from RMA when they are no longer enrolled in the RMA program.

Item	Data Element	Instructions
B. 1.	Reached time-eligibility limit	Enter the number of recipients in this reporting period who reached the time-eligibility limit.
B. 2.	Transitioned to Medicaid	Enter the number of recipients in this reporting period who became eligible for and transitioned to Medicaid before the end of the time-eligibility limit (e.g., SSI pending cases, recipients who become pregnant and qualify for Medicaid).
B. 3.	Out-migrated	Enter the number of recipients in this reporting period who out-migrated to a different state.
B. 4.	Other	Enter the number of recipients in this reporting period who were terminated from the RMA program for any other reason.
B. 5.	Total number of RMA terminations	Once items B.1 through B.4 are completed, item B.5 will auto calculate (total = B.1 + B.2 + B.3 + B.4).

### C. RMA Recipient Use by Cost Range

Report RMA recipients' healthcare-associated costs reimbursed in this reporting period by the cost ranges below.

- The ranges are capturing the costs of recipients enrolled in the RMA health coverage program.
- Include the costs of monthly premiums, if applicable, as well as additional claims/encounters.
- If medical screening costs are billed through the RMA health coverage program as a covered benefit, include those costs here.
- If medical screening costs are billed separately from the RMA health coverage program as an uncovered benefit, do **not** include those costs here.

Item	Data Element	Instructions
C. 1.	No costs incurred	Enter the number of recipients enrolled in RMA who did not incur any costs in this reporting period.
C. 2.	\$1–\$10,000	Enter the number of recipients enrolled in RMA who incurred a total cost between \$1 and \$10,000 in this reporting period.
C. 3.	\$10,001–\$150,000	Enter the number of recipients enrolled in RMA who incurred a total cost between \$10,001 and \$150,000 in this reporting period.
C. 4.	\$150,001–\$350,000	Enter the number of recipients enrolled in RMA who incurred a total cost between \$150,001 and \$350,000 in this reporting period.
C. 5.	Over \$350,000	Enter the number of recipients enrolled in RMA who incurred a total cost over \$350,000 in this reporting period.

## Part II: Medical Screening Recipients

**Sections A–E:** Please fill out each section according to the provided instructions. If a state/grantee does not administer or coordinate the domestic Medical Screening program, please indicate “N/A”.

**A. Timeliness of Medical Screenings**

Provide the breakdown of the total number of medical screening recipients who completed a domestic medical screening in this reporting period by the time ranges below.

- Medical screening completion is defined as a recipient completing the screening services offered in a state’s approved State Plan or grantee’s approved plan if not a state.
- Include primary and secondary refugee arrivals, URM’s, and other ORR-eligible populations listed in Part II.D, including asylee derivatives.
- “Days from the date of eligibility for ORR benefits” means days from:
  - o the date of arrival in the United States for refugees,
  - o the date asylum was granted for asylees,
  - o the date of certification for trafficking victims,
  - o the date of eligibility for Cuban/Haitian entrants, as delineated in ORR PL 16-01 and its Documentation Guide and FAQ,
  - o the date of eligibility for Afghans who arrived in the United States on or after July 31, 2021, as delineated in ORR PL 16-01, its Documentation Guide and FAQ, and ORR PL 22-02,
  - o the date of eligibility for Ukrainians who arrived in the United States on or after May 21, 2022, as delineated in PL 22-13, and
  - o the date of eligibility for other ORR-eligible populations, such as SIV holders, survivors of torture, and Amerasians, as delineated in ORR PL 16-01, its Documentation Guide and FAQ, and ORR PL 22-02.

Item	Data Element	Instructions
A. 1.	Recipients who completed a medical screening within 30 days from the date of eligibility for ORR benefits	Enter the number of recipients completing medical screenings within 30 days from the date of eligibility for ORR benefits. <ul style="list-style-type: none"> <li>• Include secondary arrivals who initiated their screening in the primary state and have completed their screening in your state.</li> <li>• Do not include clients who initiated their screening, but still have pending follow-up screening appointments.</li> </ul>
A. 2.	Recipients who completed a medical screening within 31–90 days from the date of eligibility for ORR benefits	Enter the number of recipients completing medical screenings within 31-90 days from the date of eligibility for ORR benefits. <ul style="list-style-type: none"> <li>• Include secondary arrivals who initiated their screening in the primary state and have completed their screening in your state.</li> <li>• Do not include clients who initiated their screening, but still have pending follow-up screening appointments.</li> </ul>
A. 3.	Recipients who completed a medical screening beyond 90 days from the date of eligibility for ORR benefits	Enter the number of recipients completing medical screenings beyond 90 days from the date of eligibility for ORR benefits. <ul style="list-style-type: none"> <li>• Include secondary arrivals who initiated their screening in the primary state and have completed the screening in your state.</li> <li>• Do not include clients who initiated the screening, but still have pending follow-up screening appointments.</li> </ul>
A. 4.	Total recipients who completed a medical screening in this reporting period	Once items A.1 through A.3 are completed, item A.4 will auto calculate (total = A.1 + A.2 + A.3). Generally, Part II.A.4 should total the number reported in Part II.C.3.

**B. Class A and Class B Tuberculosis (TB) Cases Domestic Medical Screening Completions**

Provide the breakdown of the total number of Class A and Class B TB cases who completed a domestic medical screening in this reporting period.

- Medical screening completion is defined as a recipient completing the screening services offered in a state’s approved State Plan or grantee’s approved plan if not a state.
- Include primary and secondary refugee arrivals and URM’s as well as other populations eligible for ORR benefits reported in the Electronic Disease Notification system (EDN). Do not include populations ineligible for ORR benefits reported in the EDN.

Item	Data Element	Instructions
B. 1.	Class A and Class B TB cases arrived	Enter the number of recipients who arrived in the state with Class A and Class B TB conditions during the reporting period.
B. 2.	Class A and Class B TB cases who completed a domestic medical screening	Enter the number of recipients with Class A and Class B TB conditions who completed a domestic medical screening during the reporting period, regardless of when they arrived. <ul style="list-style-type: none"> <li>• Do not include clients who initiated the domestic medical screening, but still have pending follow-up screening appointments.</li> </ul>
B. 3.	Class A and Class B TB domestic medical screening completion rate	Once items B.1 and B.2 are completed, item B.3 will auto calculate (completion rate = B.2 divided by B.1).

**C. Funding Source of Medical Screening Completions**

Provide the breakdown of the total number of recipients who completed a domestic medical screening in this reporting period by the categories below.

- Medical screening completion is defined as a recipient completing the screening services offered in a state’s approved State Plan or grantee’s approved plan if not a state.
- Include primary and secondary refugee arrivals and URM’s as well as other populations eligible for ORR benefits listed in Part II.D, including asylee derivatives.
- Do not include clients who initiated the screening but still have pending follow-up screening appointments.

Item	Data Element	Instructions
C. 1.	Recipients who completed a medical screening funded ONLY by CMA	Enter the total number of recipients who completed medical screenings during the reporting period that were completely funded by Cash and Medical Assistance (CMA). For example, an adult refugee whose labs, medications, vaccinations, and physical exam were covered solely by CMA. <ul style="list-style-type: none"> <li>• Include children whose vaccines were funded through Vaccines for Children (VFC), but the rest of the screening was funded by CMA.</li> <li>• Include recipients enrolled in the RMA health coverage program and recipients only receiving a medical screening paid for by CMA funding.</li> </ul>
C. 2.	Recipients who completed a medical screening partially funded by CMA	Enter the total number of recipients who completed a medical screening during the reporting period that was partially funded by CMA. For example, a Medicaid-eligible adult refugee whose labs, medications, and vaccinations were covered by Medicaid, but

		the physical exam was billed to CMA. <ul style="list-style-type: none"> <li>Do not include interpretation and transportation costs.</li> </ul>
C. 3.	Total recipients who completed a medical screening in this reporting period	Enter the total number of recipients who completed a medical screening during the reporting period regardless of funding source. Depending on a state's medical screening reimbursement model, items C.1 and C.2 may not add up to item C.3. Ideally, item C.3 should generally total the number reported in Part II.A.4.

**D. Medical Screening Recipient Completions by Eligibility Status**

Provide the breakdown of the total number of recipients who completed a domestic medical screening in this reporting period by eligibility status. The total of all eligibility types should equal the number of screening recipients reported in Part II.C.3. NOTE: Report URM medical screening completions under the appropriate status. For example, a URM who is a refugee should be counted as part of item D.1 and a URM who is a victim of trafficking should be counted as part of item D.7.

Item	Data Element	Instructions
D. 1.	Refugee	Enter the total number of refugees who completed a medical screening in this reporting period, including derivatives (V-93).
D. 2.	Asylee	Enter the total number of asylees who completed a medical screening in this reporting period, including derivatives (V-92).
D. 3.	SIV Holders (including SI/SQ Parolees and Conditional Permanent Residents)	Enter the total number of Special Immigrant Visa (SIV) holders from Iraq and Afghanistan, Afghan SI/SQ Parolees, and Afghan Special Immigrant Conditional Permanent Residents who completed a medical screening in this reporting period.
D. 4.	Cuban/Haitian Entrant	Enter the total number of Cuban/Haitian Entrants who completed a medical screening in this reporting period.
D. 5.	Afghan Humanitarian Parolee	Enter the total number of Afghan Humanitarian Parolees (including Afghan unaccompanied minors) who completed a medical screening in this reporting period.
D. 6.	Ukrainian Humanitarian Parolees	Enter the total number of Ukrainian Humanitarian Parolees (including Ukrainian unaccompanied minors) who completed a medical screening in this reporting period.
D. 7.	Victims of Trafficking	Enter the total number of Victims of Trafficking who completed a medical screening in this reporting period.
D. 8.	Other	Enter the total number of other recipients (e.g. Amerasians) who completed a medical screening in this reporting period.

**E. Medical Screening Recipient Completions by Age**

Provide the breakdown of the total number of recipients who completed a domestic medical screening in this reporting period by age group. The total (items E.1 and E.2) should equal the number of screening recipients reported in Part II.C.3.

Item	Data Element	Instructions
E. 1.	Child < 18 years	Enter the total number of child recipients who completed a medical screening in this reporting period. A child is defined as someone who was younger than 18 years of age at the time of screening completion.
E. 2.	Adult ≥ 18 years	Enter the total number of adult recipients who completed a medical screening in this reporting period. An adult is defined as someone who was 18 years or older at the time

		of screening completion.
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**Part III: Medical Screening Services**

**Sections A–L:** Please fill out each section according to the provided instructions. If a states/grantee does not administer or coordinate the domestic Medical Screening program, please indicate “N/A”.

- This part captures specific services for recipients who have completed a domestic medical screening.
- The data reported here should be a subset of the total number of medical screening completions reported in Part II.A.4 and/or Part II.C.3.
- **Enter "0" if a state/grantee provides the service but no one was screened within the reporting period. Enter "N/A" if a state/grantee does not provide the service as part of the medical screening program.**
- Do not include any PII or PHI.

**A. Lead Screening**

Item	Data Element	Instructions
A. 1.	Recipients tested for lead (first test)	Enter the number of recipients tested for lead; include only the first test (capillary or venous).

**B. Domestic Mental Health Screening**

Item	Data Element	Instructions
B. 1.	Recipients provided a domestic mental health screening	Enter the number of recipients provided domestic mental health screenings, including use of <ul style="list-style-type: none"> <li>• Standard tools (e.g., RHS-15, Harvard Trauma Questionnaire, Hopkins Symptoms Checklist, PTSD Checklist, etc.); and</li> <li>• State-specific or clinic-developed tools.</li> </ul>
a.	Recipients referred for further evaluation or counseling	Enter the number of recipients domestically screened and referred for further evaluation and counseling with a mental health specialist (psychiatrist, psychologist, licensed clinical social worker, licensed professional counselor, etc.). Do not include primary care referrals.

**C. Parasite Screening**

Provide the testing data for intestinal parasitic infections and malaria.

Item	Data Element	Instructions
C. 1.	Recipients who completed tests for parasitic infections	Enter the number of recipients who completed tests for parasitic infections. Tests may include <ul style="list-style-type: none"> <li>• Serology tests (for strongyloidiasis, schistosomiasis);</li> <li>• Stool ova and parasite (O&amp;P) tests (for soil-based helminths/worms); and</li> <li>• Rapid Diagnostic Tests (RDT) or blood smears (for malaria).</li> </ul>
a.	Recipients tested for strongyloidiasis	Enter the number of recipients who completed a serology test for strongyloidiasis.
b.	Recipients tested for schistosomiasis	Enter the number of recipients who completed a serology test for schistosomiasis.
c.	Recipients tested for soil-transmitted	Enter the number of recipients who completed stool ova and parasite (O&P) tests for soil-transmitted helminths (e.g., hookworm, ascariasis, and whipworm).

	helminths	
d.	Recipients tested for malaria	Enter the number of recipients who completed tests for malaria.

#### D. Domestic Presumptive Treatment

Provide the following domestic presumptive treatment data.

- Presumptive treatment is defined here as either providing a prescription for a patient to fill or providing medications directly to the patient *without* testing, based on a review of their overseas medical records and risk factors per CDC guidelines. It does not necessarily mean tracking completion of the medication regimen.
- Only include domestic presumptive treatment provided by the screening clinic; do not include presumptive treatment provided overseas.

Item	Data Element	Instructions
D. 1.	Recipients presumptively treated domestically	Enter the number of recipients who received domestic presumptive treatment by the screening clinic. Part III.D.1 sub-items a–d may not add up to Part III.D.1 due to multiple domestic presumptive treatments.
a.	Recipients presumptively treated for strongyloidiasis domestically	Enter the number of recipients who received domestic presumptive treatment by the screening clinic for strongyloidiasis.
b.	Recipients presumptively treated for schistosomiasis domestically	Enter the number of recipients who received domestic presumptive treatment by the screening clinic for schistosomiasis.
c.	Recipients presumptively treated for soil-transmitted helminths domestically	Enter the number of recipients who received domestic presumptive treatment by the screening clinic for soil-transmitted helminths (e.g., hookworm, <i>Ascaris</i> , whipworm/trichuriasis).
d.	Recipients presumptively treated for malaria domestically	Enter the number of recipients who received domestic presumptive treatment by the screening clinic treated for malaria.

#### E. HIV Screening

Item	Data Element	Instructions
E. 1.	Recipients tested for HIV	Enter the number of recipients tested for HIV, including <ul style="list-style-type: none"> <li>• Newly tested recipients;</li> <li>• Known HIV cases from overseas who are retested; and</li> <li>• Known HIV cases for clients already in the U.S. (e.g., asylee, trafficking victims) who are retested.</li> </ul>

#### F. Domestic Tuberculosis (TB) Screening

Item	Data Element	Instructions
F. 1.	Recipients who completed a TST domestically	Enter the number of recipients who completed a domestic tuberculin skin test (TST). Completion is defined as having the skin test reaction read within 48–72 hours of

		administration.
F. 2.	Recipients tested with IGRA domestically	Enter the number of recipients provided a domestic Interferon-Gamma Release Assay (IGRA) blood test. QuantiFERON-TB Gold Plus and T-SPOT.TB are approved IGRA tests.

### G. Domestic Hepatitis B Screening

Item	Data Element	Instructions
G. 1.	Recipients tested for hepatitis B (surface antigen) domestically	Enter the number of recipients domestically tested for hepatitis B with the hepatitis B surface <i>antigen</i> test.

### H. Hepatitis C Screening

Item	Data Element	Instructions
H. 1.	Recipients tested for hepatitis C (HCV antibody test)	Enter the number of recipients tested for hepatitis C with the HCV antibody test.

### I. Domestic Syphilis Screening

Item	Data Element	Instructions
I. 1.	Recipients tested for syphilis (VDRL/RPR) domestically	Enter the number of recipients domestically tested for syphilis with the VDRL/RPR test. <ul style="list-style-type: none"> <li>Clinics using the reverse screening algorithm (initial screening with a treponemal test such as EIA) should report recipients with positive results who received a follow-up VDRL/RPR test here.</li> </ul>

### J. Chlamydia Screening

Item	Data Element	Instructions
J. 1.	Recipients tested for chlamydia	Enter the number of recipients tested for chlamydia.

### K. Domestic Gonorrhea Screening

Item	Data Element	Instructions
K. 1.	Recipients tested for gonorrhea domestically	Enter the number of recipients domestically tested for gonorrhea.

### L. Primary Care Referrals

Item	Data Element	Instructions
L. 1.	Recipients referred to primary care	Enter the number of recipients who completed a medical screening and were referred to primary care, including <ul style="list-style-type: none"> <li>Recipients referred to primary care for follow up of specific health conditions identified during the screening;</li> <li>Recipients referred to establish a medical home regardless of any health conditions identified; and</li> </ul>

		<ul style="list-style-type: none"><li>• Recipients who remain with the screening clinic as their medical home for on-going care.</li></ul> Referral is defined here as active (e.g., making the appointment for the refugee) or passive (e.g., simply providing the refugee with referral options). NOTE: Primary care specialties are pediatrics, internal medicine, and family medicine.
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Part IV: Data Explanations and Trends

**Sections A–B:** Please fill out each section according to the provided instructions.

**A. Explain Anomalies in Parts I, II, and III**

Explain any data anomalies reported in Parts I–III (e.g., missing data due to reporting issues, numbers that do not add up the way they are expected to, or significant increases or decreases in numbers).

**B. Report Emerging Health Trends**

Report any emerging health trends (e.g., new or increasing cases of certain health conditions).

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