

## **OFFICE OF REFUGEE RESETTLEMENT**

### **Refugee Data Submission System for Formula Funds Allocations and Service Analysis (ORR-5) Instructions<sup>1</sup>**

#### **PURPOSE AND OVERVIEW:**

The purpose of these instructions is to describe the standardized process and format for data submission by states and replacement designees (hereinafter referred to as ‘states’), to the Office of Refugee Resettlement (ORR) for the Refugee Data Submission System for Formula Funds Allocations and Service Analysis (ORR-5) data collection. The ORR-5 data submission provides ORR invaluable data that helps establish resource allocation for the Refugee Support Services (RSS) grant, including set-asides; overall service information for Refugee Cash Assistance (RCA), Refugee Medical Assistance (RMA), Medical Screening, and RSS; and outcomes in the RSS program for clients and their family members with a Family Self-Sufficiency Plan (FSSP).<sup>2</sup> States are required to submit data to ORR through the ORR data collection website system, Refugee Arrivals Data System (RADS). Once data are submitted, ORR will match the data against federal sources of information, per an established procedure.

ORR will provide states access to reports that detail which records ORR did not use for allocation and service data analysis purposes and the reason for each record’s status.

#### **Required Populations Reported**

All populations who enrolled in a designated ORR service (RCA, RMA, Medical Screening, and RSS) must be included in Section I. Family members with an RSS FSSP are regarded as served under RSS and, thus, are required to be included in Section I, as well.

Sections II and III are required for a subset of individuals entered in Section I; specifically, individuals who are receiving employment-related services funded by RSS within one year of

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<sup>1</sup> PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: Through this information collection, the Office of Refugee Resettlement (ORR) is gathering data to better understand client goals, services utilized, and the outcomes achieved by the population served. The data will be used to inform evidence-based policy making, and data collected in Section I will guide resource allocation. Public reporting burden for this collection of information is estimated to average 140 hours per grantee, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This is a mandatory collection of information [Immigration and Nationality Act, section 412(a)(3)]. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. If you have any comments on this collection of information, please contact [draprograms@acf.hhs.gov](mailto:draprograms@acf.hhs.gov).

<sup>2</sup> ORR Policy Letter (PL) 21-06 provides guidance to grantees on the requirements of an FSSP. The FSSP is described in federal regulations under 45 C.F.R. 400 Subparts F and I. Pursuant to 45 C.F.R. § 400.71, an FSSP is “a plan that addresses the employment-related service needs of the employable members in a family for the purpose of enabling the family to become self-supporting through the employment of one or more family members.”

their eligibility date and each individual member of the family in the household. Section II includes questions regarding primary goals and referrals, and Section III includes follow-up questions to be administered 12 months after the RSS FSSP initial enrollment with the provider. States will submit records for Section III one year after the initial Sections I and II form uploads, based on RADS-generated Case IDs, Individual IDs, and Alien Numbers. A file with auto-populated fields for Case IDs, Individual IDs, and Alien Numbers can be downloaded from RADS after the initial ORR-5 Sections I and II form is uploaded.

Data Submission Timelines

The following chart provides a sample timeline of the submission process:

|  | FY 2022<br>Served Population | FY 2023<br>Served Population | FY 2024<br>Served Population |
|--|------------------------------|------------------------------|------------------------------|
| FY 2023 Submission<br>(Dec 2022 to Jan 2023) | Sections I & II              | N/A                          | N/A                          |
| FY 2024 Submission<br>(Dec 2023 to Jan 2024) | Section III                  | Sections I & II              | N/A                          |
| FY 2025 Submission<br>(Dec 2024 to Jan 2025) | N/A                          | Section III                  | Sections I & II              |

Sample Submission Instructions (using the dates provided above):

- FY 2023 Submission: Section I for individuals served during FY 2022; Section II for individuals with an RSS FSSP who enrolled during FY 2022; no Section III submission.
- FY 2024 Submission: Sections I for individuals served during FY 2023; Section II for individuals with an RSS FSSP who enrolled during FY 2023; Section III for individuals with an RSS FSSP who enrolled during FY 2022 based on the previous year Section II submission.
- FY 2025 Submission: Sections I for individuals served during FY 2024; Section II for individuals with an RSS FSSP who enrolled during FY 2024; Section III for individuals with an RSS FSSP who enrolled during FY 2023 based on the previous year Section II submission.

**INSTRUCTIONS:**

Each state must:

- Complete arrival information (fields 1-14), following the instructions below. If these fields are not completed, the file will be rejected and returned to the user to be corrected and re-uploaded into RADS. Specify service enrollment dates (fields 17, 19, 21, and 23)

for every service provided and for every individual record<sup>3</sup> submitted. Service exit dates must be provided if an individual exited a service during the reporting fiscal year(s).

- Review and become familiar with the ORR-5 Instructions Attachment. While these instructions discuss various examples of what states could enter into a field, the Instructions Attachment lists every possible answer that ORR will accept in various ORR-5 fields.
- Submit one file that includes ORR-5 Sections I & II, including initial enrollment and exit dates for all ORR populations: Refugees (REF), Asylees (ASY), Cuban/Haitian Entrants (CHE), Special Immigrant Visa holders (SIV), Afghan Humanitarian Parolees (AHP), Ukrainian Humanitarian Parolees (UHP), Victims of Human Trafficking (VOT), and Amerasian (AMR) who received services indicated on the ORR-5 form below during the reporting fiscal year(s).
- Note that the initial enrollment date may be outside of the reporting fiscal year window if an individual enrolled in a service prior to the reporting fiscal year(s) but continued receiving that same service during the reporting fiscal year(s). For example, if an individual enrolled in RCA on 07/01/2021 (FY 2021) and continued receiving RCA until 12/01/2021 (FY 2022), the initial enrollment date should be indicated as 07/01/2021. This rule applies to all Section I services (RCA, RMA, Medical Screening, and RSS).
- Report known secondary migration information on populations that migrated into or out of the state during the reporting fiscal year(s).
- Submit individual records for each family member if more than one member of a family received ORR services in the reporting fiscal year(s). Include the applicable service data for services received. For example, if a child received RSS set-aside program services, such as Refugee School Impact, in the reporting fiscal year(s), indicate the RSS enrollment and exit dates in his or her record.
- Submit data for U.S.-born children under 18 years of age receiving ORR benefits.
- Recall that a unique alien number for individuals must only occur on one record (i.e., no duplicate alien numbers across multiple records).
- Understand the system will allow for data correction for some errors on-line after the initial data is loaded. States will have the opportunity to revise and correct their previous years' report during the open submission period.
- Designate a valid Principal Applicant (PA) for each record. Specifically, ensure that at least one record exists in the file, or in a previously uploaded file, with the identified PA Alien Number reported as both the Alien Number (Field 1) and the PA Alien Number (Field 2), as well as the Relationship to PA (Field 3) as "Principal Applicant." This establishes the record in the RADS system as the PA of a case, allowing additional records to be identified as members of that case.

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<sup>3</sup> "Record" is defined as all of the data submitted for an individual on a unique row of the spreadsheet.

| ORR-5 Section I: Basic Information  |   |   |
|---|---|---|
| Field   | Data  | Notes   |
| 1   | Alien Number  | 6 to 9, or 15 digits  |
| 2   | Principal Applicant (PA) Alien Number               | 6 to 9, or 15 digits, alien number of PA on case  |
| 3   | Relationship to PA                                  | Individual's relationship to principal applicant on case  |
| 4   | First Name  | First name of individual  |
| 5   | Middle Name   | Middle name of individual, if applicable  |
| 6   | Last Name   | Last name of individual   |
| 7   | DOB   | Date of birth, mm/dd/yyyy   |
| 8   | Status or Category                                  | Eligible immigration status or category of individual   |
| 9   | Gender  | Individual's gender identity  |
| 10  | Nationality   | Nationality or country of origin of individual  |
| 11  | Zip Code  | 5-digit zip code where individual resides   |
| 12  | City  | City where individual resides   |
| 13  | County  | County where individual resides (if applicable)   |
| 14  | Eligibility Date*                                   | mm/dd/yyyy  |
| 15  | Migration Status                                    | In, out   |
| 16  | Date of Migration                                   | mm/dd/yyyy  |
| 17  | Refugee Cash Assistance (RCA)<br>Enrollment Date    | mm/dd/yyyy  |
| 18  | RCA Exit Date                                       | mm/dd/yyyy  |
| 19  | Refugee Medical Assistance (RMA)<br>Enrollment Date | mm/dd/yyyy  |
| 20  | RMA Exit Date                                       | mm/dd/yyyy  |
| 21  | Medical Screening Enrollment Date                   | mm/dd/yyyy  |
| 22  | Medical Screening Exit Date                         | mm/dd/yyyy  |
| 23  | Refugee Support Services (RSS)<br>Enrollment Date   | mm/dd/yyyy  |
| 24  | RSS Exit Date                                       | mm/dd/yyyy  |
| ORR-5 Section II: RSS Family Self-Sufficiency Plan (FSSP) Initial Assessment and Referral |   |   |
| 25  | RSS FSSP English Ability                            | Self-reported English proficiency level at the time of initial assessment (for individuals 16 years of age and older)         |
| 26  | RSS FSSP Education Level                            | Self-reported highest education level completed at the time of initial assessment (for individuals 16 years of age and older) |
| 27  | RSS FSSP Initial Primary Goal (G1)                  | Individual's initial primary goal   |
| 28  | RSS FSSP Initial Referral Relevant to G1            | ORR or non-ORR-funded services/programs referred  |

*\*Eligibility Date: Date of admission to the U.S. in qualifying immigration status or category; or date of grant of qualifying status in accordance with ORR [PL 16-01](#), [PL 22-02](#), and [PL 22-13](#).*

## **Section I: Basic Information**

***For Arrival Data (fields 1-14): All arrival data for each record must be completed in order for the record to be accepted during the submission process of uploading to RADS.***

### **1. Alien Number**

- Mandatory: Yes
- Instruction: Enter a six- to nine-digit, or fifteen-digit number without any hyphens or spaces between the numbers. Do not enter an “A” at the beginning of the number.
  - i. For individuals who are eligible for ORR benefits and services but are not in possession of an Alien Number at the time of enrollment, states should create a 15-digit ORR alternative identifier in the format of “999xxxzzzzzzzzz”. All ORR alternative identifiers must start with 999, which identifies the number as an ORR alternative identifier. The ORR alternative identifier then continues with the 3-digit state agency ID assigned to the state agency, represented by xxx here (for the 3-digit state agency ID, refer to the RADS Training Resource Library or the FIPS chart in the “ORR-5 Instruction Attachment” document). The ORR alternative identifier then continues with 9 digits (represented by zzzzzzzzz here) indicating the 9-digit incremental order of ORR eligible individuals without Alien Numbers served by the state. For example, in the 15-digit ORR alternative identifier “999021000000002”, “999” indicates that the number is an ORR alternative identifier; “021” identifies the state (Kentucky); and “000000002” indicates that this individual is the second ORR-eligible client without an Alien Number during enrollment reported by the state. Once the client’s Alien Number becomes available, the state must update the data in RADS. If a client receives services in subsequent years, the state should continue using the same ORR alternative identifier previously associated with the individual in question OR the actual Alien Number, if the case has been updated.
  - ii. For U.S.-born children under 18 years of age receiving ORR benefits, do not enter the child’s social security number or parent’s alien number in the Alien Number field. For these cases, states should list a 9-digit number in the format of “yyxxxzzzz”, where yy is the last 2-digit of fiscal year; xxx is the 3-digit agency ID which the state agency will be assigned; and zzzz corresponds to an incremental number based on the number of U.S.-born ORR recipient children served by the state. For example, for FY2022, state agency 123, if the state has three cases of U.S.-born children receiving ORR benefits, the alien numbers for the children, in sequence, should be 221230001, 221230002, and 221230003. In the immigration status or category field, enter the applicable code: U.S.-born REF, U.S.-born SIV, U.S.-born AHP, U.S.-born UHP, U.S.-born ASY, U.S.-born CHE, U.S.-born VOT, or U.S.-born AMR.
    - Possible values: 111111...999999999999999

### **2. Principal Applicant (PA) Alien Number**

- Mandatory: Yes
- Instruction: Enter a six to nine, or fifteen digit number of the PA of the case without any hyphens or spaces between the numbers. In cases without a designated PA, the oldest individual receiving services in the family should be selected as the PA. Do not enter an A at the beginning of the number. “PA” is a term used for service purposes only, not for a legal status purpose.
- Possible values: 111111...9999999999999999

### **3. Relationship to PA**

- Mandatory: Yes
- Instruction: Enter the individual’s relationship to the PA of the case.
- Possible Values: Please refer to the list of valid relationships in the Instructions Attachment.

### **4. First Name**

- Mandatory: Yes
- Instruction: Enter the first name of the individual.
- Possible values: N/A

### **5. Middle Name**

- Mandatory: No
- Instruction: Enter the middle name of the individual, separated with a space. Do not use a comma, hyphen, or forward slash (/) between the middle names. Leave the cell blank if there is no middle name(s).
- Possible values: N/A

### **6. Last Name**

- Mandatory: Yes
- Instruction: Enter the last name of the individual. If the last name is hyphenated, include a hyphen or if there are multiple last names include them and separate them with a space.
- Possible values: N/A

### **7. DOB**

- Mandatory: Yes
- Instruction: Enter the individual’s birth date in *mm/dd/yyyy* format.
- Possible values: Any valid date.

### **8. Status or Category**

- Mandatory: Yes
- Instruction: Enter the eligible immigration status or category of the individual: “REF” for Refugee; “SIV” for Special Immigrant Visa holder; “AHP” for Afghan Humanitarian Parolees; “UHP” for Ukrainian Humanitarian Parolees; “VOT” for

Victim of Trafficking; “ASY” for Asylee; “CHE” for Cuban-Haitian Entrant; or “AMR” for Amerasian.

- Possible values: Please refer to the list of valid immigration status or category in the Instructions Attachment.

## **9. Gender**

- Mandatory: Yes
- Instruction: Enter the individual’s gender identity, regardless of sex assigned at birth. Enter “Unspecified or another gender identity” if client does not identify exclusively as male or female. A few examples of “Unknown” are if the client is unsure about the gender identity at the time of the initial assessment or if the case file record is incomplete. Enter “Refused” if client chooses not to disclose gender information.
- Possible values: Please refer to the list of valid options in the Instructions Attachment.

## **10. Nationality**

- Mandatory: Yes
- Instruction: Enter the individual’s nationality or country of origin.
- Possible values: Please refer to the list of valid country names in the Instructions Attachment. Submitted records of PA with a category (field 8) of “CHE” must have Cuba or Haiti as their nationality, otherwise the file will be rejected and returned to the user to be corrected and re-uploaded into RADS. Children of one ORR-eligible parent (in a single-parent family) or two ORR-eligible parents are eligible for ORR services. Report eligible children’s nationality, even if eligible children have a different nationality from their ORR-eligible parent(s). If the nationality is not listed in the Instructions Attachment, provide the nationality through “contact administrator” link of the RADS application (lower right corner) and ORR will add it to the list. An empty cell is not allowed.

## **11. Zip Code**

- Mandatory: Yes
- Instruction: Enter the zip code where the individual resides.
- Possible values: Any valid 5-digit zip code. An empty cell is not allowed.

## **12. City**

- Mandatory: Yes
- Instruction: Enter the name of the city where the individual resides.
- Possible values: Please refer to the list of valid city names in the Instructions Attachment. If the city is not listed in the Instructions Attachment, enter the city within the closest proximity. An empty cell is not allowed.

## **13. County**

- Mandatory: Yes
- Instruction: Enter the county where the individual resides.
- Possible values: Please refer to the list of valid county names in the Instructions Attachment. If the county is not listed in the Instructions Attachment, enter the county within the closest proximity. An empty cell is not allowed.

**14. Eligibility Date** (Date of admission to the U.S. in qualifying immigration status or category; or date of grant of qualifying status or category, in accordance with ORR [PL 16-01](#), [PL 22-02](#), and [PL 22-13](#) based on immigration status or category in field 8.)

- Mandatory: Yes
- Instruction: Enter the date that the individual became eligible for ORR benefits and services, in *mm/dd/yyyy* format.<sup>4</sup>
  - i. For REF, most SIVs, and AMR: Date of arrival in the U.S. (see iii. for SIVs arriving under Operation Allies Welcome).
  - ii. For CHE: Date of arrival in the U.S. or date of entry into the community, whichever is later.
  - iii. For SIVs arriving under Operation Allies Welcome: Date of arrival in the U.S. or date of entry into the community, whichever is later.
  - iv. For AHP: October 1, 2021 or the date of entry into the community, *whichever is later*.
  - v. For UHP: May 21, 2022, or the individual’s date of humanitarian parole, whichever is later.
  - vi. For ASY: Date of asylum grant or date of arrival in the U.S. for Visa 92 holders.
  - vii. For VOT: Date of Certification or Eligibility Letter.
  - viii. For U.S.-born children: Enter the more recent eligibility date of a parent(s) who qualifies for ORR services.
- Possible Values: Any valid date.

***For secondary migration data (fields 15-16): All known secondary migration data for each record should be completed for individuals who migrated into or out of the state, or who received services, during the reporting fiscal year(s).***

**15. Migration Status**

- Mandatory: No
- Instruction: Enter information on whether an individual migrated into or out of the state.
- Possible Values: Please refer to the list of valid migration statuses in the Instructions Attachment.
- Empty Cell: ORR will assume that the individual did not migrate into or out of the state. ORR will consider empty cells as “No Change.”

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<sup>4</sup> For additional information on how to determine the date of eligibility for an individual, please see ORR [PL 16-01](#), [PL 22-02](#), and [PL 22-13](#).



## 16. Date of Migration

- Mandatory: No
- Instruction: Enter the date that an individual migrated into or out of the state, in *mm/dd/yyyy* format.
- Possible Values: Any valid date in the reporting fiscal year(s).
- Empty Cell: ORR will assume that the individual did not migrate into or out of the state. ORR will consider empty cells as “No Change.”

***For service data (fields 17-24): At least one service enrollment date (field 17, 19, 21, or 23) must be completed.*** If clients have multiple enrollment and exit dates for the same service (this includes different set-asides within the RSS program) in the reporting fiscal year(s), please provide the earliest initial enrollment date and the latest exit date. If the last date that they received a service is after the end of the reporting fiscal year(s), then leave the exit date field blank (and only reflect an enrollment date). The end date should either be the last day the individual received the service before the end of the reporting fiscal year(s), or blank if they were still receiving the service as of the end of the reporting fiscal year(s). ***Fields marked “Mandatory: No” are not optional for states to report applicable service data. States must provide a service enrollment date for every service an individual received. States must also provide a service exit date, as applicable, if an individual exited a service before the end of the reporting fiscal year(s). “Mandatory: No” implies that empty cells are valid if the individual did not enroll in, or exit from, the applicable service, and at least one of the service enrollment dates is completed (see detailed interpretation of empty cell below).***

## 17. Refugee Cash Assistance (RCA) Enrollment Date

- Mandatory: No
- Instruction: Enter the date that the individual first enrolled in benefits under the RCA program, in *mm/dd/yyyy* format.
- Possible Values: Any valid date before the end of the reporting fiscal year(s).
- Empty Cell: An empty cell indicates that the individual did not receive RCA benefits.

## 18. RCA Exit Date

- Mandatory: No
- Instruction: Enter the date that the individual last received benefits under the RCA program, in *mm/dd/yyyy* format.
- Possible Values: Any valid date before the end of the reporting fiscal year(s).
- Empty Cell: An empty RCA Enrollment Date field indicates that the individual did not receive RCA benefits. If the RCA Enrollment Date field is not empty, and the RCA Exit date is empty, then ORR will assume that the individual is still receiving RCA benefits as of end of the reporting fiscal year(s). If the individual’s exit date is after the end of the reporting fiscal year(s), leave the cell blank.

## **19. Refugee Medical Assistance (RMA) Enrollment Date**

- Mandatory: No
- Instruction: Enter the date that the individual first enrolled in the RMA program, in *mm/dd/yyyy* format.
- Possible Values: Any valid date before the end of the reporting fiscal year(s).
- Empty Cell: An empty cell indicates that the individual did not receive RMA benefits.

## **20. RMA Exit Date**

- Mandatory: No
- Instruction: Enter the date that the individual exited the RMA program, in *mm/dd/yyyy* format.
- Possible Values: Any valid date before the end of the reporting fiscal year(s).
- Empty Cell: An empty RMA Enrollment Date field indicates that the individual did not receive RMA benefits. If the RMA Enrollment Date field is not empty, and the RMA Exit date is empty, then ORR will assume that the individual is still receiving RMA benefits as of the end of the reporting fiscal year(s). If the individual's exit date is after the end of the reporting fiscal year(s), leave the cell blank.

## **21. Medical Screening Enrollment Date**

- Mandatory: No
- Instruction: Enter the date that the medical screening was initiated, in *mm/dd/yyyy* format. This is the date the client participated in the first appointment of the medical screening process delineated in an approved state plan. For example, if the screening process in a state consists of three appointments, the first appointment is the Enrollment Date. If the medical screening process in a state consists of only one appointment, the same date should be entered for the Medical Screening Enrollment Date and the Medical Screening Exit Date fields.
- Possible Values: Any valid date before the end of the reporting fiscal year(s).
- Empty Cell: An empty cell indicates that the individual did not receive Medical Screening services.

## **22. Medical Screening Exit Date**

- Mandatory: No
- Instruction: Enter the date that the individual completed a medical screening, in *mm/dd/yyyy* format. This is the date that the client completed the screening services delineated in an approved state plan. For example, if the medical screening process in a state consists of three appointments, the third appointment is the exit date. In this scenario, if the client only completes the second appointment, leave the cell blank. If the medical screening process in a state

consists of only one appointment, the same date should be entered for the Medical Screening Enrollment Date and the Medical Screening Exit Date fields.

- Possible Values: Any valid date before the end of the reporting fiscal year(s).
- Empty Cell: An empty Medical Screening Enrollment Date field indicates that the individual did not receive Medical Screening services. If the Medical Screening Enrollment Date field is not empty, and the Medical Screening Exit date is empty, then ORR will assume that the individual has not completed a medical screening as of the end of the reporting fiscal year(s). If the individual's exit date is after the end of the reporting fiscal year(s), leave the cell blank.

### **23. Refugee Support Services (RSS) Enrollment Date**

- Mandatory: No
- Instruction: Enter the date that the individual first enrolled in services under the RSS program, including set-asides, in *mm/dd/yyyy* format. For family members enrolled in RSS services solely because they are required to be included in an FSSP due to someone else in the family receiving employment-related services, use the enrollment date of the first recipient receiving employment-related services in the family.
- Possible Values: Any valid date within 60 months of the client's eligibility date for all services unless otherwise waived or indicated by ORR. Any date beyond 60 months is valid only for citizenship and naturalization preparation services and referral and interpreter services (unless otherwise waived by ORR). A valid date must also be before the end of the reporting fiscal year(s).
- Empty Cell: An empty cell indicates that the individual did not receive RSS services.

### **24. RSS Exit Date**

- Mandatory: No
- Instruction: Enter the date that the individual last received services under the RSS program, including set-asides, before the end of the reporting fiscal year(s), in *mm/dd/yyyy* format.
- Possible Values: Any valid date before the end of the reporting fiscal year(s).
- Empty Cell: If the RSS Enrollment Date field is also empty, ORR will assume that the individual did not receive RSS services. If the RSS Enrollment Date field is not empty, and the RSS Exit date is empty, then ORR will assume that the individual is still receiving RSS services as of the end of the reporting fiscal year(s). If the individual's exit date is after the end of the reporting fiscal year(s), leave the cell blank.

## **Section II: RSS Family Self-Sufficiency Plan (FSSP) Initial Assessment**

***For RSS FSSP initial assessment data (fields 25-28): An RSS FSSP is required for individuals receiving employment-related services funded by RSS and must include each individual member of the family in the household. Reporting on initial assessments is required for individuals who are receiving employment-related services funded by RSS within one year of their Eligibility Date, and for each individual member of their family. Data entry for all fields in this section are mandatory; enter “RSS FSSP is not required” for individuals not required to have an FSSP as specified in ORR [PL 21-06](#).***

#### **25. RSS FSSP English Ability**

- Mandatory: Yes
- Instruction: Enter “RSS FSSP is not required” if the individual is not required to have an FSSP as specified in ORR [PL 21-06](#). Otherwise, enter the self-reported English ability at the time of the initial assessment for individuals 16 years of age and older. If the individual is under the age of 16, enter “N/A, individual under 16 years old.” An example of “Unable to provide information” is if the individual is required to have an FSSP, but their English ability has not been reported.
- Possible Values: Please refer to the list of valid English ability levels in the Instructions Attachment. An empty cell is not allowed.

#### **26. RSS FSSP Education Level**

- Mandatory: Yes
- Instruction: Enter “RSS FSSP is not required” if the individual is not required to have an FSSP as specified in ORR [PL 21-06](#). Otherwise, enter the self-reported highest education level completed at the time of the initial assessment for individuals 16 years of age and older. “Lower secondary” refers to junior high school, middle school, or equivalent. “Upper secondary” refers to high school or equivalent, including college bound, vocational, and GED programs. “In camp” refers to education received when in a refugee camp or similar living experience that the client is unable to associate with the other education level categories. If the individual is under the age of 16, enter “N/A, individual under 16 years old.” An example of “Unable to provide information” is if the individual is required to have an FSSP, but their education level has not been recorded.
- Possible Values: Please refer to the list of valid education levels in the Instructions Attachment. An empty cell is not allowed.

#### **27. RSS FSSP Initial Primary Goal (G1)**

- Mandatory: Yes
- Instruction: Enter “RSS FSSP is not required” if the individual is not required to have an FSSP as specified in ORR [PL 21-06](#). Otherwise, enter the RSS FSSP Initial G1 identified at the time of the initial assessment for each RSS FSSP eligible member of the family. The Initial G1 is defined as the goal that will address the most critical obstacle an individual needs to overcome by the end of 12 months in order to work towards longer-term self-sufficiency and integration.

Enter “Other” if the initial G1 falls outside the list of goals. An example of “Unable to provide information” is when the individual is required to have an FSSP, but the initial G1 has not been identified.

- Possible Values: Please refer to the list of valid primary goals in the Instructions Attachment. An empty cell is not allowed.

**28. RSS FSSP Initial Referral Relevant to G1**

- Mandatory: Yes
- Instruction: Enter “RSS FSSP is not required” if the individual is not required to have an FSSP as specified in ORR [PL 21-06](#). Enter the primary referral for service that was made related to the RSS FSSP Initial G1 entered for the individual in field 27. An example of “Unable to provide information” is when a primary referral relevant to G1 has not been made.
- Possible Values: Please refer to the list of valid initial referrals in the Instructions Attachment. An empty cell is not allowed.

| ORR-5 Section III: RSS FSSP 12-Month Follow-Up |  |   |
|--|--|---|
| Field  | Data   | Notes   |
| 29   | Refugee Arrivals Data System (RADS) Case ID                | Individual’s Case ID generated by RADS  |
| 30   | RADS Individual ID   | Individual’s Individual ID generated by RADS  |
| 31   | Alien Number   | 6 to 9, or 15 digits generated by RADS  |
| 32   | RSS FSSP Initial Primary Goal Met?                         | Status of whether the initial primary goal has been met                               |
| 33   | RSS FSSP Employment Status                                 | Employment status   |
| 34a  | RSS FSSP Total Number of Months Employed Full-Time         | Total number of months employed full-time (for individuals 16 years of age and older) |
| 34b  | RSS FSSP Total Number of Months Employed Part-Time         | Total number of months employed part-time (for individuals 16 years of age and older) |
| 34c  | RSS FSSP First Employment Date                             | mm/dd/yyyy  |
| 34d  | RSS FSSP Best Hourly Wage                                  | Highest hourly wage (for individuals 16 years of age and older)                       |
| 35   | RSS FSSP How Was 12-Month Follow-Up Information Collected? | Source of information collected   |

**Section III: RSS FSSP 12-Month Follow-Up**

***For RSS FSSP 12-month follow-up data (fields 29-35): 12-month follow-up is mandatory for individuals that completed an RSS FSSP Initial Assessment in Section II and reported it in the previous reporting fiscal year.***

*If the individual or family enrolls in RSS employment services in a second state within 12 months of their eligibility date, the second state is required to complete Sections I and II, upon*

*secondary enrollment, and complete Section III, 12 months from the date of secondary enrollment.*

*Fields 34a, 34b, 34c, and 34d may include data from multiple jobs or employment.*

**29. Refugee Arrivals Data System (RADS) Case ID**

- Mandatory: Yes
- Instruction: Use the RADS Case ID as provided from RADS.
- Possible Values: String of digits.

**30. RADS Individual ID**

- Mandatory: Yes
- Instruction: Use the RADS Individual ID as provided from RADS.
- Possible Values: String of digits.

**31. Alien Number**

- Mandatory: Yes
- Instruction: Use the Alien Number as provided from RADS.
- Possible values: 111111...999999999

**32. RSS FSSP Initial Primary Goal Met?**

- Mandatory: Yes
- Instruction: Indicate whether each individual has met their initial primary goal (G1 identified in field 27) by the end of 12-months. An example of “Unable to provide information” is if an individual cannot be reached to determine their status relative to G1.
- Possible Values: Please refer to the list of valid responses in the Instructions Attachment. An empty cell is not allowed.

**33. RSS FSSP Employment Status**

- Mandatory: Yes
- Instruction: Employment status is required for individuals (16 years of age and older), regardless of the primary goal identified in the initial assessment. Enter “Employed” if the individual (16 years of age and older) has ever secured full-time or part-time employment *during* the first 12 months since the RSS FSSP enrollment date with the provider. If “Employed” is entered, fields 34a-d must be entered. Otherwise, leave fields 34a-d blank. If an individual is exempt from employment services under 45 C.F.R. § 400.76, select “Exempt.” An example of “Unable to provide information” is if an individual cannot be reached to determine their employment history.
- Possible Values: Please refer to the list of valid statuses in the Instructions Attachment. An empty cell is not allowed.

### **34a. RSS FSSP Total Number of Months Employed Full-Time**

- Mandatory: No
- Instruction: If the Employment Status “Employed” is entered (field 33), enter the total number of months that the individual (16 years of age and older) was employed full-time during the first 12 months since the RSS FSSP enrollment date with the provider. If Employment Status is *not* “Employed,” leave the cell blank.
- Possible Values: Whole numbers (with no fractions) from 0 to 12. If an individual was employed in full-time status for part of a month, round up to credit the full month. If the individual worked only part-time and not full-time, enter “0” in field 34a and also enter the number of months employed part-time in field 34b. If the individual worked both full-time and part-time, enter the total number of months of full-time employment in field 34a and also enter the number of months of part-time employment in field 34b.

### **34b. RSS FSSP Total Number of Months Employed Part-Time**

- Mandatory: No
- Instruction: If the Employment Status “Employed” is entered (field 33), enter the total number of months that the individual (16 years of age and older) was employed part-time during the first 12 months since the RSS FSSP enrollment date with the provider. If Employment Status is *not* “Employed,” leave the cell blank.
- Possible Values: Whole numbers (with no fractions) from 0 to 12. If an individual was employed in part-time status for part of a month, round up to credit the full month. If the individual worked only full-time and not part-time, enter “0” in field 34b and also enter the number of months employed full-time in field 34a. If the individual worked both full-time and part-time employment, enter the total number of months of full-time employment in field 34a and also enter the number of months of part-time employment in field 34b.

### **34c. RSS FSSP First Employment Date**

- Mandatory: No
- Instruction: If the Employment Status “Employed” is entered (field 33), enter the first date in *mm/dd/yyyy* format, that the individual (16 years of age and older) secured employment during the first 12 months since the RSS FSSP enrollment date with the provider. If Employment Status is *not* “Employed,” leave the cell blank.
- Possible Values: Any valid date before the end of the reporting fiscal year(s).

### **34d. RSS FSSP Best Hourly Wage**

- Mandatory: No
- Instruction: If the Employment Status “Employed” is entered (field 33), enter the highest hourly wage that the individual (16 years of age and older) received

during the first 12 months since the RSS FSSP enrollment date with the provider. If the Employment Status of “full-time employed” or “part-time employed” is entered (field 33), the Best Hourly Wage must also be entered. If Employment Status is *not* “Employed,” leave the cell blank.

- Possible Values: Any valid wage.

### **35. RSS FSSP How Was 12-Month Follow-Up Information Collected?**

- Mandatory: Yes
- Instruction: Enter how the 12-month follow-up information was collected for the individual. A response of “12-month follow-up interview with client or family member” indicates that the 12-month follow-up was successfully conducted; “Unable to reach client and used exit interview prior to 12 months” indicates the individual ended RSS services prior to the 12-month follow-up, and information was collected in an exit interview, but the 12-month follow-up was not completed; “Unable to reach client and used case file documentation” indicates the individual was unable to be contacted for a 12-month follow-up or an exit interview, however, follow-up information was collected from case file documentation; “Unable to reach client and unable to provide information” indicates the individual was unable to be contacted and the required information was not available from the exit interview or in the case file.
- Possible Values: Please refer to the list of valid responses in the Instructions Attachment. An empty cell is not allowed.