



Care Provider Link

State	City	Program Name	Program Type (e.g. Shelter, TFC, LTFC)
<i>MD</i>	<i>Example</i>	<i>Olivia's House</i>	<i>TFC</i>
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PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: languages spoken by staff and languages spoken by the local community. This information support for placement of UC in programs with staff that speak the child's preferred language respondent, including the time for reviewing instructions, gathering and maintaining the d An agency may not conduct or sponsor, and a person is not required to respond to, a colle displays a currently valid OMB control number. The OMB # is 0970-0401 and the expiratio UCPolicy@acf.hhs.gov.

Administration for Children & Families
Office of Refugee Resettlement

linguistic Support Survey

Languages spoken by program staff (Please list one per row)	Available Community Services (e.g. a large population of certain language speakers in the local area)
<i>Spanish</i>	<i>Large Spanish, Mandarin, Cantonese, Amharic, and French speaking communities are in the area.</i>
<i>Haitian Creole</i>	
<i>French</i>	

The purpose of this information collection is to collect feedback from care provider programs on on n will be used to improve ORR’s ability to make informed decisions about and provide appropriate ege. Public reporting burden for this collection of information is estimated to average 0.17 hours per lata needed, and reviewing the collection of information. This is a voluntary collection of information. ection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it on date is 06/30/2024. If you have any comments on this collection of information please contact