



Grant Recipient Name: \_\_\_\_\_  
 Grant Number: \_\_\_\_\_  
 Report Type: \_\_\_\_\_  
 Report Period: \_\_\_\_\_

DHHS Control Number: 0970-NEW  
 Expiration Date: XX/XX/XXXX

As required by the Paperwork Reduction Act (PRA) of 1995, 44 U.S.C. § 3501-3521, the public reporting burden for the following performance indicators is estimated to average 1 hour per reporting, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This form is approved under the Office of Management and Budget (OMB) control number OMB No. 0970-0004, expiration date is 06/30/2024. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

Please reference the Reporting Reference Guide (p.X-XX) to populate this table.

Training Reporting Summary	Q1	Q2	Q3	Q4
Total HT 101 Trainings	0	0	0	0
Total Trauma Informed Care Trainings	0	0	0	0
Total Partnership Building Trainings	0	0	0	0
<b>Total Trainings Delivered:</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total Providers Trained:</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

*\*Do not edit data in the table above. Counts will automatically update.*

Training Reporting		number	number	number	number
		Q1	Q2	Q3	Q4
<b>Human Trafficking 101: Definition, Types, Laws, and Indicators</b>	Federal definition of severe forms of trafficking in persons				
	State and tribal anti-trafficking laws and legal considerations for a specific geographic area				
	Information about human trafficking, including types of human trafficking and recruitment and/or retention tactics used by traffickers; indicators that a person may be experiencing human trafficking				
	Case studies of individuals who have experienced human trafficking				
<b>Approaches, Strategies, and Special Considerations for Working with Victims (e.g., Trauma Informed Care)</b>	Safety protocols for those in direct contact with individuals potentially experiencing human trafficking				
	Services and benefits available for individuals who have experienced human trafficking				
	Special considerations for both domestic and foreign national minors experiencing human trafficking, which may include relevant legal and social welfare systems, such as juvenile justice, immigration, and child welfare				
	Human Trafficking 101: Definition, Types, Laws, and Indicators				
	How to deliver person-centered, trauma-informed services and assistance to individuals who have experienced human trafficking				
	Housing and employment needs of individuals who have experienced human trafficking				
	Intersectionality between race and human trafficking				
	Intersectionality between sexual orientation, gender identity, and human trafficking				
	Intersectionality between individuals with disabilities and human trafficking				
	Intersectionality between human trafficking and forced criminality				
<b>Building a Community Referral Network and Partnership Building</b>	Referral protocols within a continuum of care for aftercare and ongoing service needs				
	Information about local continuums of care or multidisciplinary anti-trafficking task forces				
	Processes by which organizational partnerships are developed and maintained				
<b>Provider Type</b>	Post-identification reporting and referral protocols				
	Individuals Trained by Prime Recipient Providers				
	Individuals Trained by Subrecipients Providers				
	Individuals Trained by Partner Organization Providers				



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Please reference the Reporting Reference Guide (p. X-XX) to populate this table.

Client Demographics		Q1	Q2	Q3	Q4
		number	number	number	number
Client Demographics (All Providers)	<b>Number of clients enrolled in services by providers within the recipient's multidisciplinary network by client age</b>				
	Adult				
	Minor				
	<b>Total number of clients enrolled in services by providers within the recipient's multidisciplinary network by client race/ethnicity</b>				
	American Indian or Alaska Native (AIAN)				
	Asian				
	Black or African American				
	Native Hawaiian or Other Pacific Islander				
	White				
	Hispanic or Latino				
	Other				
	Not Reported				
	<b>Total number of clients enrolled in services by providers within the recipient's multidisciplinary network by client current gender identity</b>				
	Female				
	Male				
	Transgender				
	Two-Spirit				
	Different term				
	Don't know				
	Not Reported				
	<b>Total number of clients enrolled in services by providers within the recipient's multidisciplinary network by client sexual orientation</b>				
	Lesbian or gay				
	Straight, that is, not gay or lesbian				
	Bisexual				
	Two-Spirit				
	Different term				
	Don't know				
	Not Reported				
	<b>Total number of clients enrolled in services by providers within the recipient's multidisciplinary network by client disability status</b>				
	Ambulatory Difficulty				
	Cognitive Difficulty				
	Hearing Difficulty				
	Independent Living Difficulty				
	Self-Care Difficulty				
	Vision Difficulty				
	Not Reported				
	<b>Total number of clients enrolled in services by providers within the recipient's multidisciplinary network by client preferred language</b>				
	Prefer to be served in English				
	Prefer to be served in a language other than English				

NOTE: Award recipients will be required to obtain this information from clients/patients utilizing NASEM's recommended two-step question and to report information to OTIP in the aggregate. Write-in responses to "I use a different term; (free text)" will not be provided to OTIP. Rather, the recipients will report the total number of individuals who elected to write in an option. "Not Reported" will reflect the count of clients/patients who selected "Prefer not to answer". See Reporting Reference Guide for additional operational guidance.

NOTE: Award recipients will be required to obtain this information from clients/patients utilizing NASEM's recommended question and to report information to OTIP in the aggregate. Write-in responses to "I use a different term; (free text)" will not be provided to OTIP. Rather, the recipients will report the total number of individuals who elected to write in an option. "Not Reported" will reflect the count of clients/patients who selected "Prefer not to answer". See Reporting Reference Guide for additional operational guidance.



**ACF**  
 Department of Health and Human Services  
 Administration for Children and Families

Grant Recipient Name: \_\_\_\_\_  
 Grant Number: \_\_\_\_\_  
 Report Period: \_\_\_\_\_  
 Expiration Date: XXXX/XX/XX

As required by the Paperwork Reduction Act (PRA) of 1995, 44 U.S.C. § 3501-3521, the public reporting burden for this form is estimated to average 2.5 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This form is approved under the Office of Management and Budget (OMB) control number 0970-XXXX, expiration date is XX/XX/XXXX. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

Human Trafficking Response Protocol (HTRP)		Q1	Q2	Q3	Q4
		number	number	number	number
Implementation Summary	Total number of providers coordinating care within the recipient's multidisciplinary network				
	Number of clients screened by providers within multidisciplinary network				
	Number of clients identified as potential victims of HT based on screening conducted by providers within recipient's multidisciplinary network by type of trafficking experienced				
	Sex				
	Labor				
	Sex and Labor				
	Not Reported				
	Number of clients enrolled in services by providers within recipient's multidisciplinary network by type of trafficking experienced				
	Sex				
	Labor				
	Sex and Labor				
	Not Reported				
Total number of clients referred to providers within the recipient's multidisciplinary network					
Total number of clients referred to providers external to the recipient's multidisciplinary network					

		Check all that apply			
		Q1	Q2	Q3	Q4
Barriers to Service Delivery and Implementation	<b>Client/Patient Constraints</b>				
	Affordability				
	Accommodation				
	Availability				
	Accessibility				
	Acceptability				
	Not Specified				
	Safety Concerns				
	<b>Feelings of No Support and Isolation</b>				
	Excluded from key decision-making opportunities				
	Experiences of bias or discrimination as it pertains to (insert leadership, practice, policy) (e.g. gender, race, ethnicity, sexual orientation)				
	Feeling undervalued or not perceived as a leader in my organization				
	Lack of authority to use new skills in current position				
	<b>Ineffective Coordination with Agencies and Providers</b>				
	Difficulty coordinating with benefits-issuing agencies				
	Difficulty establishing/maintaining multidisciplinary team (MDT)				
	Lack of data sharing among organizations				
	Lack of shared responsibility across organizational collaborators				
	Need for partnership building with other orgs				
	Variation in mission/regulatory frameworks when partnering with other organizations				
	<b>Lack of Adequate Funding</b>				
	Lack of Adequate Resources				
	Competing priorities				
	Frequent staff turnover				
	Lack of senior leadership support				
	Lack of support/accountability from frontline staff				
	Lack of time to implement changes				
	Lack of urgency				
	Shortage of key personnel (including clinician shortage issues)				
	Lack of Adequate Training				
Lack of accessible research/information					
Lack of training for staff on how to implement change					
<b>Lack of Formal Rules and Regulations</b>					
Lack of Procedures					
Lack of Knowledge of Victims' Rights					
Public Health Concerns					



Separate PDF based form; obtained through SOAR/NHTTAC implementation  
 See TAB F: SOAR Demonstration Grant Participant Training Feedback Form  
 Average Burden Hours per Response: 0.75 hours

OMB Number: 0970-XXXX  
 Expiration Date: XX/XX/XXXX

SOAR Demonstration Grant Program recipients are required to implement SOAR trainings, including SOAR Online and SOAR for Organizations, for staff at relevant levels and divisions, including at a minimum frontline and support staff most likely to encounter an individual who has experienced trafficking; mid-level and senior management responsible for approving changes in policies and protocols and resources to support implementation; and staff who oversee procurement and external partners, across the prime's organization.

The SOAR Demonstration Program has three implementation phases. The first phase requires prime recipient staff to complete and participate in relevant SOAR training provided by the Office on Trafficking in Persons' National Human Trafficking Training and Technical Assistance Center (NHTTAC). The second phase requires prime recipients to leverage the SOAR foundational training content and staff knowledge to develop and implement plans for increasing organizational and community capacity to identify and serve individuals impacted by human trafficking and begin providing comprehensive case management services to clients in-house and/or through subrecipients. In the final phase of the program, prime recipients must develop the capacity to assess and evaluate the effectiveness of human trafficking protocols, policies, and procedures when serving clients or patients in clinical settings who have experienced human trafficking and plan for the overall organizational sustainability to continue improving identification, providing trauma-informed, person-centered, culturally and linguistically appropriate services, and referring clients or patients to case management services with the community continuum of care.

SOAR training feedback from prime recipient staff (trained during the first implementation phase) will be obtained through the NHTTAC Evaluation Package (OMB Number: OMB: 0970-0519). Likewise, if SOAR Demonstration Grant Program award recipients elect to train subrecipients and external partners (third implementation phase) through NHTTAC, feedback from those participants will also be obtained through the NHTTAC Evaluation Package. However, SOAR Demonstration Grant Program recipients are permitted to develop their own specialized SOAR-trainings specific to their local context to build and strengthen strategic partnerships and may conduct these trainings external to NHTTAC. Post-training feedback from these participants will be obtained through this collection form.

*The questions in this form are intended to gauge participants' perceptions of the SOAR training content.*

*In order to help the Office on Trafficking in Persons better serve the field, we are reaching out to obtain your feedback. We will protect the privacy of your information in accordance with the Federal Privacy Act, and we will protect the confidentiality of your responses using procedures we have in place, including reporting all information in aggregate to avoid identifying information. If you have any questions about this survey or the evaluation, please contact [insert].*

**Please rate the level of ability to apply skills for each of the following SOAR Online core competencies.**

**Importance of competencies:**

- **None:** I am not aware of the competency and/or it is not applicable/important to my professional role.
- **Very Low:** This competency is important in very few aspects of my professional role.
- **Low:** This competency is important in some aspects of my work but not in most aspects of my professional role.
- **Medium:** This competency is important in many aspects of my professional role but not all aspects.
- **High:** This competency is important in nearly all aspects of my professional role.

**Knowledge of competencies:**

- **None:** I am not aware of the competency and/or have no knowledge of the competency.
- **Very Low:** I am aware of the competency, but I have little knowledge of the competency.
- **Low:** I understand some components of the competency but do not have a full understanding of most components.
- **Medium:** I understand most components of the competency.
- **High:** I have a full understanding of the competency.

**Ability to apply skills related to competencies:**

- **None:** I am not aware of the competency and/or is
- **Very Low:** I am aware of the competency, but I have
- **Low:** I can apply the competency in simple situations
- **Medium:** I can apply the competency in somewhat
- **High:** I can apply the competency in considerably

**CORE COMPETENCIES**

**(Pre- and Post-Implementation)**

**Level of Importance and Knowledge of Competency**

*[Insert Learning Objective/Core Competency/Guiding Principle]*

*Level of Importance*

*Knowledge of*

**Ability to Apply This Skill**

Apply a trauma-informed approach to working with individuals who have experienced trafficking

Apply Culturally and Linguistically Appropriate Services (CLAS) standards and exhibit cultural awareness when interacting with individuals who have experienced trafficking

Assess the needs of individuals who are at risk of trafficking or who may have experienced trafficking and coordinate services within a multidisciplinary network of service providers

Screen and identify individuals who may have experienced trafficking

**OVERALL OBJECTIVES**

**(Post-Implementation)**

Confidence in your ability to identify and respond to human trafficking after receiving SOAR to Health and Wellness training

*Thank you for taking the time to complete this survey.*

PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: Through this information collection, ACF is gathering data on your grant program to understand the extent to which you meet required program activities, the design and effectiveness of the program, and to inform technical assistance needs. Public reporting burden for this collection of information is estimated to average X hours per grant recipient, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This collection of information is required to retain a benefit (Pub. L. 115-425). 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 Vera Soto, ACF Office on Trafficking in Persons, by email at Vera.Soto@acf.hhs.gov.

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ve no ability to apply the competency.  
 ve little experience applying it in my professional role.  
 ns and require frequent guidance.  
 t difficult situations and require occasional guidance.  
 difficult situations and generally require little or no guidance.

None	Very Low	Low	Medium	High
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5

Very Low	Low	High	Very High
1	2	3	4
1	2	3	4
1	2	3	4
1	2	3	4
1	2	3	4
1	2	3	4

te this form and helping to improve SOAR activities.

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## SOAR Demonstration Grant Program Data

Grant Recipient: (Name of Organization)

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Case Management Categories of Assistance	Number of Clients	Total Funds Spent	% of Project Budget
Basic Necessities		\$ -	#DIV/0!
Case Management		\$ -	#DIV/0!
Child Care		\$ -	#DIV/0!
Coordination with Benefit Issuing Agencies		\$ -	#DIV/0!
Coordination with Child Welfare/Child Protective Services		\$ -	#DIV/0!
Coordination with Migrant Health Programs		\$ -	#DIV/0!
Crisis Intervention		\$ -	#DIV/0!
Education Assistance		\$ -	#DIV/0!
Employment Assistance		\$ -	#DIV/0!
Family Reunification		\$ -	#DIV/0!
Financial Assistance		\$ -	#DIV/0!
Healthcare		\$ -	#DIV/0!
Housing/Shelter Services		\$ -	#DIV/0!
Interpreter/Translator		\$ -	#DIV/0!
Legal Advocacy and Services		\$ -	#DIV/0!
Life Skills		\$ -	#DIV/0!
Mental/Behavioral Health Services		\$ -	#DIV/0!
Other Services (specify)		\$ -	#DIV/0!
Peer-to-Peer Support/Mentoring		\$ -	#DIV/0!
Safety Planning Services		\$ -	#DIV/0!
Substance Use Assessment/Treatment		\$ -	#DIV/0!
Transportation		\$ -	#DIV/0!
Victim Advocacy		\$ -	#DIV/0!
Total Direct Services Spending		\$ -	
Total Case Management Spending		\$ -	

Reporting Period Start Date: XX/XX/XXXX

Reporting Period End Date: XX/XX/XXXX

Total Program Administration Spending	\$	-
Total Grant Recipient Budget	\$	-