## Schedule C: Employability Services 45 CFR 400.154

ORR-6 OMB Control No. 0970-0036 Expires XX/XX/XXXX

1. Reporting Period:						2. Fiscal Year:	
3. State/Grantee:						4. Date:	
5. Grant Name: Refugee Support Services							
A. Total number of participants served in these employability services: Employment services, On-the-job Training (OJT), English Language Instruction (ELI), and Vocational Training (VT). [45 CFR 400.154 (a) (c) (d) and (e)].			2. OJT	3. ELI	4. VT	5. Total Reporting Period Unduplicated	
B. Employment Services  1. Total Number					2. Full-Time	3. Part-Time	4. Grant
Participants by type	Total Number				Employment	Employment	Terminations
a. RCA							
b. TANF	0-12 months		13<60 months				
c. No Federal Cash Assistance	0-12 months		13<60 months				
d. TOTAL		(			0	0	0
e. Average Hourly Wage Employment Entry							
f. Health Benefits Available							
g. Employed 90 Days Later							
C. Trends  1. Analyze and reflect on the data	reported in section	ns A-B. Report o	verall observation	is in data trends a	and explain any a	nomalies in data.	