## **SOAR Demonstration Grant Program Background**

The SOAR (Stop, Observe, Ask, Respond) to Health and Wellness Training (SOAR) Demonstration Grant Program was devel response to the Trafficking Victims Protection Act of 2000 (Public Law 106-386), § 106(b), as amended (22 U.S.C. 7104(b)(27105(b)(1)(B), which calls on agencies to "increase public awareness of the dangers of trafficking and the protections that victims of trafficking" and provide "services to assist potential victims of severe forms of trafficking in persons." The program the implementation of SOAR trainings and capacity building efforts to identify, treat, and respond to patients or client experienced severe forms of human trafficking as defined by the Trafficking Victims Protection Act (TVPA) of 2000, as ame their patient or client population. SOAR is a nationally recognized, accredited training program delivered by OTIP's Nation Trafficking Training and Technical Assistance Center (NHTTAC) and designed to help target audiences identify and respondare at risk of, are currently experiencing, or have experienced trafficking and connect them with needed resources. This point indicator information collection will enable OTIP to measure grant project performance, provide technical assistance to grassess program outcomes, inform program evaluation, respond to congressional inquiries and mandated reports, including contributions to the annual Attorney General's Annual Report to Congress on U.S. Government Activities to Combat Traffic

The OMB Number, Expiration Date, and PRA statement below should be clearly visible on all data collection forms for clied

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As required by the Paperwork Reduction Act (PRA) of 1995, 44 U.S.C. § 3501-3521, the public reporting burden for the foll performance indicators is estimated to average XX hour per response, including the time for reviewing instructions, gathe maintaining the data needed, and reviewing the collection of information. This form is approved under the Office of Mana Budget (OMB) control number OMB No: 0970-0609, expiration date is 05/31/2026. An agency may not conduct or sponso is not required to respond to, a collection of information unless it displays a currently valid OMB control number.



## How to Use This Workbook

The main purpose of this information collection is to improve OTIP's monitoring of grant recipients providing services to individuals who have experienced or are at risk of experiencing human trafficking, and to assess the extent to which grant recipients are meeting required program activities to:

- 1. 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; 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.
- 2. Build the capacity of organizational staff to identify patients or clients who are experiencing human trafficking and provi with coordinated, age-appropriate, culturally responsive, trauma-informed, patient-centered, and evidence-based care an services through ongoing training and engagement.
- 3. Serve patients or clients who are experiencing human trafficking in a coordinated, age-appropriate, culturally responsiv trauma-informed, person-centered, and evidence-based way and establish a continuum of care by entering into memorar understanding (MOUs) with local direct service providers and multidisciplinary stakeholders willing to receive referrals and provide aftercare services that are beyond scope of the prime's capacity or mission to support patients or clients who are experiencing human trafficking.
- 4. Develop, implement, and evaluate the effectiveness of the Human Trafficking Response Protocol (HTRP) and correspond policies and procedures that include best practices for working with law enforcement and making referrals when serving propertients in service settings who have experienced human trafficking to further refine and enhance project implementation HTRP must comply with federal, state, local, and tribal laws, including legal privacy and confidentiality requirements for clapatients and health care and social services providers.

The information collection captures information on organizations enrolled in each grant recipient's multidisciplinary network providers serving individuals who have experienced, or are at-risk of experiencing, a severe form of trafficking in persons, clients served by providers within these networks. Data elements capture information about organizational providers (e.g. number of individuals trained to identify and respond to trafficking, types and number of trainings offered, types of service provided, number of clients enrolled in services, organizational barriers to service delivery and implementation, and total spent by category of assistance) and client demographics (e.g., total number of clients enrolled in services by providers wirecipient's multidisciplinary network by client age, race/ethnicity, sex, gender identity, sexual orientation, disability status preferred language).

SOAR Demonstration Grant Program award recipients must provide the program performance indicator data on each tab workbook to OTIP on a quarterly and annual basis, as indicated. <u>The prime recipient is expected to aggregate data from</u> subrecipients and providers within the multidisciplinary network for submission to OTIP.

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OMB Control Number: 0970-0609 Expiration Date: 05/31/2026

As required by the Paperwork Reduction Act (PRA) of 1999, 46 U.S.C. § 3201-3221, the public reporting burden for the following performance indicators is cellstated to average 1 hour per response, including the time for reviewing instructions of performance indicators in cellstated to a previously the collection of information. This has to approve did not been approved under the performance of the performance

See pages 2-5 of the SOAR Demonstration Grant Program Reporting Reference Guide to populate the Training Reporting

| Training Reporting Summary                                              | Q1         | Q     | 2          | Q3 | Q4 |
|-------------------------------------------------------------------------|------------|-------|------------|----|----|
| Total HT 101 Trainings                                                  |            | 0     | 0          | 0  |    |
| Total Trauma Informed Care Trainings                                    |            | 0     | 0          | 0  |    |
| Total Partnership Building Trainings                                    |            | 0     | 0          | 0  |    |
| Total Providers Trained                                                 |            | 0     | 0          | 0  |    |
| *Do not edit data in the table above. Counts will automatically update. | Total Trai | nings | Delivered: |    |    |
|                                                                         | Total Pro  | iders | Trained:   |    |    |

|                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                   | number | number | number | number |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|--------|--------|--------|
|                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                   | Q1     | Q2     | QS     | Q-     |
|                                                                                                                                                                                                                                                                              | Federal definition of severe forms of trafficking in persons                                                                                                                                                                      |        |        |        |        |
| Funan Träfficking 101:<br>ehintion, Types, Javy,<br>and Indicators  Approaches, Strategies,<br>Comiderations for<br>Working with Victima<br>lear. Trauma Informed<br>Care)  Building a Community<br>Rederral Network and<br>Trattership Building  Provider Type              | 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<br>and/or retention tactics used by traffickers; indicators that a person may be experiencing human<br>trafficking                      |        |        |        |        |
|                                                                                                                                                                                                                                                                              | Case studies of individuals who have experienced human trafficking                                                                                                                                                                |        |        |        |        |
| Approaches, Strategies, Considerations Tradicions, Types, Laws, and Indicators and Indicators.  Approaches, Strategies, Considerations for Working with Victims (e.g., Talman Informed Care)  Building a Community Referral Network and Partnership Building a Provider Type | Safety protocols for those in direct contact with individuals potentially experiencing human<br>trafficking                                                                                                                       |        |        |        |        |
|                                                                                                                                                                                                                                                                              | Services and benefits available for individuals who have experienced human trafficking                                                                                                                                            |        |        |        |        |
|                                                                                                                                                                                                                                                                              | Special considerations for both domestic and foreign national minors experiencing human<br>trafficking, which may include relevant legal and social welfare systems, such as juvenile justice,<br>immigration, and child welfare. |        |        |        |        |
|                                                                                                                                                                                                                                                                              | How to deliver person-centered, trauma-informed services and assistance to individuals who<br>have experienced human trafficking                                                                                                  |        |        |        |        |
| curcy                                                                                                                                                                                                                                                                        | Housing and employment needs of individuals who have experienced human trafficking                                                                                                                                                |        |        |        |        |
|                                                                                                                                                                                                                                                                              | Intersectionality between race and human trafficking                                                                                                                                                                              |        |        |        |        |
|                                                                                                                                                                                                                                                                              | Intersectionality between individuals with disabilities and human trafficking                                                                                                                                                     |        |        |        |        |
|                                                                                                                                                                                                                                                                              | Intersectionality between human trafficking and forced criminality                                                                                                                                                                |        |        |        |        |
|                                                                                                                                                                                                                                                                              | Referral protocols within a continuum of care for aftercare and ongoing service needs                                                                                                                                             |        |        |        |        |
| Approaches, Strategies, and Indicators and Indicators strategies, Strategies, Considerations for Working with Victims (e.g. Trauma Informed Care)  Building a Community Referral Network and Partnership Building                                                            | Information about local continuums of care or multidisciplinary anti-trafficking task forces                                                                                                                                      |        |        |        |        |
|                                                                                                                                                                                                                                                                              | Processes by which organizational partnerships are developed and maintained                                                                                                                                                       |        |        |        |        |
|                                                                                                                                                                                                                                                                              | Post-identification reporting and referral protocols                                                                                                                                                                              |        |        |        |        |
| Partnership Building Provider Type                                                                                                                                                                                                                                           | Individuals Trained by Prime Recipient Providers                                                                                                                                                                                  |        |        |        |        |
|                                                                                                                                                                                                                                                                              | Individuals Trained by Subrecipient Providers                                                                                                                                                                                     |        |        |        |        |
|                                                                                                                                                                                                                                                                              | Individuals Trained by Partner Organization Providers                                                                                                                                                                             |        |        | 1      | I      |



OMB Control Number: 0970-0609 Expiration Date: 05/31/2026

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: I how per response, including the time for reviewing instructions, gathering and maintaining the data eneeded, and reviewing the collection of information. This form as popular under the Office of Management and Budget (CMB) control number OMB Not 0770-6097, exploitation date in 0.05 s17,020. As agreen, may not conduct or sponsor, and a parents in not required to exposite or parents in other required to the regional to, an other in displays a currently side OMB (control number of the other or parents in other required to the regional to an other indicators are required to the other other or parents in other required to the regional to an other indicators are required to the other or the other

e pages <u>6-8</u> of the SOAR Demonstration Grant Program <u>Reporting Reference Guide</u> to populate the Training Reporting table.

| Client Demographi   | cs                                                                                                                                            |                     |             |        |        |  |  |  |  |  |
|---------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-------------|--------|--------|--|--|--|--|--|
|                     |                                                                                                                                               | Q1                  |             |        | Q      |  |  |  |  |  |
|                     |                                                                                                                                               |                     | number      | number | number |  |  |  |  |  |
|                     | Number of clients enrolled in services by providers within the recipient's multidisciplinary network by <u>cli</u>                            | ent age             |             |        |        |  |  |  |  |  |
|                     | Adult                                                                                                                                         |                     |             |        |        |  |  |  |  |  |
|                     | Minor                                                                                                                                         |                     |             |        |        |  |  |  |  |  |
|                     | Total number of clients enrolled in services by providers within the recipient's multidisciplinary network                                    | by <u>client ra</u> | ce/ethnicit | Y      |        |  |  |  |  |  |
|                     | American Indian or Alaska Native (AIAN)                                                                                                       |                     |             |        |        |  |  |  |  |  |
|                     | Asian                                                                                                                                         |                     |             |        |        |  |  |  |  |  |
|                     | Black or African American                                                                                                                     |                     |             |        |        |  |  |  |  |  |
|                     | Native Hawaiian or Other Pacific Islander                                                                                                     |                     |             |        |        |  |  |  |  |  |
|                     | White                                                                                                                                         |                     |             |        |        |  |  |  |  |  |
|                     | Hispanic or Latino                                                                                                                            |                     |             |        |        |  |  |  |  |  |
|                     | Other                                                                                                                                         |                     |             |        |        |  |  |  |  |  |
|                     | Not Reported                                                                                                                                  |                     |             |        |        |  |  |  |  |  |
|                     | Total number of clients enrolled in services by providers within the recipient's multidisciplinary network by client sex                      |                     |             |        |        |  |  |  |  |  |
| Client Demographics | Female                                                                                                                                        |                     |             |        |        |  |  |  |  |  |
| (All Providers)     | Male                                                                                                                                          |                     |             |        |        |  |  |  |  |  |
|                     | Not Reported                                                                                                                                  |                     |             |        |        |  |  |  |  |  |
|                     | Total number of clients enrolled in services by providers within the recipient's multidisciplinary network by <u>client disability status</u> |                     |             |        |        |  |  |  |  |  |
|                     | Ambulatory Difficulty                                                                                                                         |                     |             |        |        |  |  |  |  |  |
|                     | Cognitive Difficulty                                                                                                                          |                     |             |        |        |  |  |  |  |  |
|                     | Bisexual                                                                                                                                      |                     |             |        |        |  |  |  |  |  |
|                     | Hearing Difficulty                                                                                                                            |                     |             |        |        |  |  |  |  |  |
|                     | Independent Living Difficulty                                                                                                                 |                     |             |        |        |  |  |  |  |  |
|                     | Self-Care Difficulty                                                                                                                          |                     |             |        |        |  |  |  |  |  |
|                     | Vision Difficulty                                                                                                                             |                     |             |        |        |  |  |  |  |  |
|                     | Not Reported                                                                                                                                  |                     |             |        |        |  |  |  |  |  |
|                     | Total number of clients enrolled in services by providers within the recipient's multidisciplinary network                                    | by client pro       | eferred lan | guage  |        |  |  |  |  |  |
|                     | Prefer to be served in English                                                                                                                |                     |             |        |        |  |  |  |  |  |
|                     | Prefer to be served in a language other than English                                                                                          |                     |             |        |        |  |  |  |  |  |



| Will automatically popu | late when recipient is selected |
|-------------------------|---------------------------------|
| Quarterly               |                                 |
| O3 (4/1/2023 - 6/30/20  | 23)                             |

OMB Control Number: 0970-066

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 2.5 hours per response, including the time for reviewing instructions, gathering and multilating the data exceeds, and reviewing the collection of information. This form is apported under the CIRC or Abragement and studges (CARI) control number CARI 600 Nbs. 0970-0667; exprision date is 05/31/2026, An appect, may not conduct or sponsor, and a person is not required to respons a to collection of information services displays a currently and Gel control number.

See pages 9-11 of the SOAR Demonstration Grant Program Reporting Reference Guide to populate the Training Reporting table.

| Human Trafficking Response Protocol (HTRP) |                                                                                                                                                                                             |        |        |        |        |  |  |  |  |
|--------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|--------|--------|--------|--|--|--|--|
|                                            |                                                                                                                                                                                             | Q      | Q2     | Q3     | Q4     |  |  |  |  |
|                                            |                                                                                                                                                                                             | number | number | number | number |  |  |  |  |
|                                            | Total number of providers coordinating care within the recipient's multidisciplinary network                                                                                                |        |        |        |        |  |  |  |  |
|                                            | Number of clients screened by providers within multidisciplinary network                                                                                                                    |        |        |        |        |  |  |  |  |
|                                            | Number of <u>clients identified as potential victims of HT based on screening</u> conducted by providers within recipient's<br>multidisciplinary network by type of trafficking experienced |        |        |        |        |  |  |  |  |
|                                            | Sex                                                                                                                                                                                         |        |        |        |        |  |  |  |  |
|                                            | Labor                                                                                                                                                                                       |        |        |        |        |  |  |  |  |
|                                            | Sex and Labor                                                                                                                                                                               |        |        |        |        |  |  |  |  |
| Implementation Summary                     | Not Reported                                                                                                                                                                                |        |        |        |        |  |  |  |  |
| Implementation summary                     | Number of <u>clients enrolled in services</u> 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                                                                                         |        |        |        |        |  |  |  |  |

|                                  |                                                                                               |    | dark all that |    |    |
|----------------------------------|-----------------------------------------------------------------------------------------------|----|---------------|----|----|
|                                  |                                                                                               | Q1 | Q2            | Q: | Q. |
|                                  | Client/Patient Constraints                                                                    |    |               |    |    |
|                                  | Affordability                                                                                 |    |               |    | _  |
|                                  | Accommodation                                                                                 |    |               |    | _  |
|                                  | Availability                                                                                  | -  |               |    | _  |
|                                  | Accessibility                                                                                 |    |               |    |    |
|                                  | Acceptability                                                                                 |    |               |    |    |
|                                  | Not Specified                                                                                 |    |               |    | -  |
|                                  | Safety Concerns                                                                               |    |               |    | _  |
|                                  | Feelings of No Support and Isolation                                                          |    |               |    |    |
|                                  | Excluded from key decision-making opportunities                                               |    |               |    |    |
|                                  | Experiences of bias or discrimination as it pertains to [insert leadership, practice, policy] |    |               |    |    |
|                                  | Feeling undervalued or not perceived as a leader in my organization                           |    |               |    |    |
|                                  | Lack of authority to use new skills in current position                                       |    |               |    |    |
|                                  | Ineffective Coordination with Agencies and Providers                                          |    |               |    |    |
|                                  | Difficulty coordinating with benefits-issuing agencies                                        |    |               |    |    |
|                                  | Difficulty establishing/maintaining multidisciplinary team (MDT)                              |    |               |    |    |
|                                  | Lack of data sharing among organizations                                                      |    |               |    |    |
| Barriers to Service Delivery and | Lack of shared responsibility across organizational collaborators                             |    |               |    |    |
| Implementation                   | Need for partnership building with other orgs                                                 |    |               |    |    |
|                                  | Variation in mission/regulatory frameworks when partnering with other organizations           |    |               |    |    |
|                                  | Lack of Adequate Funding                                                                      |    |               |    |    |
|                                  | 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                                         |    |               |    |    |
|                                  | Lack of Formal Rules and Regulations                                                          |    |               |    |    |
|                                  | Lack of Procedures                                                                            |    |               |    |    |
|                                  | Lack of Knowledge of Victims' Rights                                                          |    |               |    |    |
|                                  | Public Health Concerns                                                                        |    |               |    |    |



OMB Control Number: 0970-0609 Expiration Date: 05/31/2026

As required by the Paperwork Reduction Act (PRA) of 1999, 44 U.S.C. § 3501-3521, the public reporting burden for the following performance indicators is estimated to average 0.5 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 (DMB) control in number OMB No. 0797-06079, expiration date in 0.53 /12/2006. An agency may not conduct or approxim, and a person in not required to respond to, o collection of information unless displays a currently wide Office control number.

See pages 12-13 of the SOAR Demonstration Grant Program Reporting Reference Guide to populate the Training Reporting table.

| post to (7N goars tat goar | Multidisciplinary Network | Providers                                         |                        |                         |                                         |                                          |        |                                         |                                                                  |                    |            |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |                                                   | open text              | open text               | open text, refer to field value options | open text                                | number | open text, refer to field value options | open text                                                        | mm/dd/yyyy         | mm/dd/yyyy |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           | Is the partner<br>organization a<br>subrecipient? | Organization<br>(City) | Organization<br>(State) |                                         | If Type of Organization 'Other', Specify |        |                                         | If Services Provided by Partner<br>Organization 'Other', Specify | Enrollment<br>Date | Exit Date  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | SampleOrg                 | Y                                                 | Washington             | DC                      | Advocacy                                |                                          | 3      | Legal Advocacy and Services             | Immigration Relief                                               | 9/29/2020          |            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |                                                   |                        |                         |                                         |                                          |        |                                         |                                                                  |                    |            |
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SOAR Demonstration Grant Program recipients are required to implement SOAR trainings, including SOAI divisions, including at a minimum frontline and support staff most likely to encounter an individual who has for approving changes in policies and protocols and resources to support implementation; and staff who ove organization. The SOAR Demonstration Program has three implementation phases. The first phase requires training provided by the Office on Trafficking in Persons' National Human Trafficking Training and Techni recipients to leverage the SOAR foundational training content and staff knowledge to develop and implemer identify and serve individuals impacted by human trafficking and begin providing comprehensive case mana final phase of the program, prime recipients must develop the capacity to assess and evaluate the effectivene serving clients or patients in clinical settings who have experienced human trafficking and plan for the overa providing trauma-informed, person-centered, culturally and linguistically appropriate services, and referring continuum of care.

**SOAR training feedback from prime recipient staff (trained during the first implementation phase) w Number: 0970-0519).** Likewise, if SOAR Demonstration Grant Program award recipients elect to train subto NHTTAC, feedback from those participants will also be obtained through the NHTTAC Evaluation Package permitted to develop their own specialized SOAR-trainings specific to their local context to build and streng NHTTAC. **Should the prime recipient elect to develop and implement their own specialized SOAR trainfeedback data to OTIP. Otherwise, information will be collected by NHTTAC.** Prime recipients should for specialized SOAR trainings, and to discuss the most effective way to collect, aggregate, and report partic

R Online and SOAR for Organizations, for staff at relevant levels and experienced trafficking; mid-level and senior management responsible rsee procurement and external partners, across the prime's prime recipient staff to complete and participate in relevant SOAR cal Assistance Center (NHTTAC). The second phase requires prime it plans for increasing organizational and community capacity to igement services to clients in-house and/or through subrecipients. In the ss of human trafficking protocols, policies, and procedures when ill organizational sustainability to continue improving identification, clients or patients to case management services with the community

**ill be obtained through the NHTTAC Evaluation Package (OMB** recipients and external partners (third implementation phase) through recipients and external partners (third implementation phase) through recipients are then strategic partnerships and may conduct these trainings external to **inings, they will be expected to report aggregate participant** coordinate with their Project Officer to obtain the requisite approvals ipant feedback to OTIP.

## **SOAR Demonstration Grant Program Data**

**Grant Recipient:** (Specify Organization Name)

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 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 OMB No: 0970-0609, expiration date is 05/31/2026. 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.

| Case Management Categories of Assistance         | Number of Clients | Total Fu | nds 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!             |
| Medical Services                                 |                   |          |           |                     |
| 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: 09/30/2024

Reporting Period End Date: 09/29/2025

Total Program Administration Spending Total Grant Recipient Budget

\$

\$