Voluntary Agencies Matching Grant Program Data Submission

1	2	3	4	5	6	7	8	9	10
Alien Number	Corrected Alien Number	First Name	Middle Name	Last Name	DOB	Immigration Status	Sex	Nationality	Street Address
					_				

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 demographics, services utilized, and the outcomes achieved by the population served. The data will be used to inform evidence-based policy making. Public reporting burden for this collection of information is estimated to average 252 hours per grantee in the initial year and 192 hours per year in subsequent years. This includes 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. The OMB # is 0970-0264 and the expiration date is 02/28/2027.If you have any comments on this collection of information, please contact MatchingGrant@acf.hhs.gov.

In immediate response to priorities of the current administration, this form has been updated with the following changes prior to approval by the Office of Management and Budget (OMB), as required by the Paperwork Reduction Act (PRA) of 1995 (44. USC. 3501 et seq.). The PRA requires that agencies obtain OMB approval before requesting information from the public, and OMB review and approval for most changes to an approved information. ACF is working to process these changes through OMB to come into compliance with the PRA but has implemented changes to the OMB-approved form to ensure compliance with the following Executive Orders: Executive Order(s) 14168 and/or 14151, 14173, 14224. Other than these changes, this form is approved under OMB #: 0970-0624.

								Indi
11	12	13	14	15	16	17	18	19
Zip Code	City	State	County	Email	Phone Number	Eligibility Date	Entry Date	EAD Application Submitted

vidual Information	ridual Information Form								
20	21	22	23	24	25	26	27		
EAD Application Submitted Date	EAD Received	EAD Received Date	Social Security Card Application Submitted	Social Security Card Application Submitted Date	Social Security Card Received	Social Security Card Received Date	SNAP Application Submitted		

OMB #: 0970-0624

Expiration Date: 02/28/2027

28	29	30	31	32	33	34	35
SNAP Application Submitted Date	SNAP Approval	SNAP Approval Date	Temporary Housing	Temporary Housing Type	Temporary Housing Date	Long-term Housing	Long-term Housing Date

Voluntary Agencies Matching Grant Program Data Submission

				Matching Gran	t Enrollment Form		
1	2	3	4	5	6	7	8
Alien Number	First Name	Middle Name	Last Name	DOB	MG Case ID	Principal Applicant (PA) Alien Number	Relationship to PA

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 demographics, services utilized, and the outcomes achieved by the population served. The data will be used to inform evidence-based policy making. Public reporting burden for this collection of information is estimated to average 252 hours per grantee in the initial year and 192 hours per year in subsequent years. This includes 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. The OMB # is 0970-0624 and the expiration date is 02/28/2027. If you have any comments on this collection of information, please contact DRSPrograms@acf.hhs.gov.

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OMB #: 0970-0624

Expiration Date: 02/28/2027

9	10	11
Affiliate Code	MG Enrollment Date	Employable

Voluntary Agencies Matching Grant Program Data Submission

1	2	3	4	5	6	7
Alien Number	Affiliate Code	MG Case ID	Case Status	Case Status Date	180 Day Status	180 Day Status Date

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8	9	10	11	12	13
180 Day Status Comments	240 Day Status	240 Day Status Date	240 Day Status Comments	Current Employment Status	Occupation Categories

	Matching Grant Status Form								
14	15	16	17	18	19				
Has Benefits	Hourly Wage	Hours Per Week	Job Start Date	Job End Date	Employment Status - Job 2				

20	21	22	23	24	25
Occupation Categories	Has Benefits	Hourly Wage	Hours Per Week	Job Start Date	Job End Date

Expiration Date: 02/28/2027

26	27	28	29	30	31	32
Employment Status - Job 3	Occupation Categories	Has Benefits	Hourly Wage	Hours Per Week	Job Start Date	Job End Date