**OFFICE OF REFUGEE RESETTLEMENT**

**Services to Afghan Survivors Impacted by Combat**

**Program Data Points Form**

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| **Agency:** Administration for Children and Families (ACF)/Office of Refugee Resettlement (ORR)  Form: Services to Afghan Survivors Impacted by Combat – Program Data Points (SASIC-PDP) | | **Grant Recipient Name**:  **Grant Number**:  Point of Contact: | | **Reporting Period**  **from**:  MM/DD/YYYY  **to**:  MM/DD/YYYY |
| Reporting: Submit annual program data with the second semi-annual report each year of the project period. Please use the narrative report to explain or highlight key program indicators and illustrate changes in outcome indicators. | | | | |
| **PROGRAM INDICATORS** | | | | |
| **Data Point** | **Description** | | **Indicators** | **No. of Clients Served** |
| 01 | Client count during reporting period | | Total active client count   * New clients * Continuing clients   Clients who exited the program | \_\_\_\_  \_\_\_\_  \_\_\_\_  \_\_\_\_ |
| 02 | Age at intake | | Under 5 years  5 – 17 years  18 – 44 years  45 – 64 years  65 years and over | \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_ |
| 03 | Sex | | Female  Male | \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_ |
| 04 | Length of time in the U.S. at intake | | ≤ 1 year  >1 year  Unknown | \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_ |
| 05a | Type of combat exposure/ experience of trauma  (Primary survivors only)  (**Primary survivors:** Individuals who directly experienced or were directly affected by a traumatic event/s). | | Participated in combat  Sustained physical injury  Physical violence  Psychological violence  Sexual violence  Deprivation of basic needs  Forced labor  Kidnapping or disappearances  Environmental/community exposure to combat and trauma  Other: Specify\_\_\_\_\_ | \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_ |

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| **Data Point** | **Description** | **Indicators** | **No. of Clients Served** |
| 05b | Type of combat exposure/experience of trauma  (Secondary survivors only)  (**Secondary survivors:** Individuals indirectly affected by a traumatic event(s) because of their close relationship with primary survivors) | Spouse  Child  Caregiver  Parent  Other: Specify\_\_\_\_\_ | \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_ |
| 06 | Self-report of either prior service with the Afghan military or provision of support to the U.S. or Afghan government  (Primary survivors only) | Served with the Afghan military    Supported the U.S. or Afghan government  Other: Specify\_\_\_\_\_ | \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_ |
| 07 | Education prior to arrival  (For clients > 18 years of age at intake) | Less than 1 year  1-4 years  5-8 years  9-12 years  13-16 years  More than 16 years | \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_ |
| 08 | Immigration category/status  at intake | Afghan Refugee  Afghan Asylee  Afghan Special Immigrant  Visa (SIV) holder  Afghan Individuals with SI/SQ  Parole (aka Afghan Special  Immigrant Parolee)  Afghan Individuals with Special  Immigrant Conditional  Permanent Residence (SI CPR)  Afghan Humanitarian Parolee  Unknown Status  Other: Specify\_\_\_\_\_ | \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_ |
| 09 | Employment in the U.S. at intake  (For clients > 18 years of age at intake) | Unemployed and not seeking employment (e.g., older adult, disabled, and primary caregivers)  Employed part-time  Employed full time  Student | \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_ |

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| **Data Point** | **Description** | **Indicators** | **No. of Clients Served** |
| 10 | Clients served by overall service category | Mental health  Physical health  Social services | \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_ |
| 11 | Service-related program activities | Individual therapy  Family therapy  Group therapy  Primary/specialty medical services  Community support  Employment services  Housing services  Language/Interpretation services  Vocational/education referrals  Other: Specify\_\_\_\_\_ | \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_ |
| 12a | Professional training areas for staff | Interpretation/translation  Mental health  Medical health  Social services  Other: Specify\_\_\_\_\_ | \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_ |
| 12b | Professional training areas for community | Interpretation/translation  Mental health  Medical health  Social services  Other: Specify\_\_\_\_\_ | \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_ |

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| **OUTCOME INDICATORS**   * Complete data points 13 14 and 15 below for each service your program offers to show aggregate change in the level of risk. * Please specify the duration of services for clients included in this section:   -------1 year -------2 years ------3 years   * Please provide the number of clients served in the following categories:   + Clients who were enrolled in the previous program year ---------   + Clients who were enrolled in the current program year ---------- | | | | | | | |
| **Data Point** | **Description** | **Risk Level** | | **END** | | | |
| 13 | Mental Health Services  (N=) | 1  In Crisis | 2  Vulnerable | 3  Stable | 4  Safe |
| **START** | 1  In Crisis |  |  |  |  |
| 2  Vulnerable |  |  |  |  |
| 3  Stable |  |  |  |  |
| 4  Safe |  |  |  |  |
| **Data Point** | **Description** | **Risk Level** | | **END** | | | |
| 14 | Physical Health Services  (N=) | 1  In Crisis | 2  Vulnerable | 3  Stable | 4  Safe |
| **START** | 1  In Crisis |  |  |  |  |
| 2  Vulnerable |  |  |  |  |
| 3  Stable |  |  |  |  |
| 4  Safe |  |  |  |  |
| **Data Point** | **Description** | **Risk Level** | | **END** | | | |
| 15 | Social Services  (N=) | 1  In Crisis | 2  Vulnerable | 3  Stable | 4  Safe |
| **START** | 1  In Crisis |  |  |  |  |
| 2  Vulnerable |  |  |  |  |
| 3  Stable |  |  |  |  |
| 4  Safe |  |  |  |  |

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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 #: 0970-0490.