**OFFICE OF REFUGEE RESETTLEMENT**

**Services to Afghan Survivors Impacted by Combat**

**Program Data Points Form**

|  |  |  |
| --- | --- | --- |
| **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 years18 – 44 years 45 – 64 years 65 years and over | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 03 | Sex | FemaleMale | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 04 | Length of time in the U.S. at intake | ≤ 1 year>1 yearUnknown | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 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 combatSustained physical injuryPhysical violence Psychological violenceSexual violenceDeprivation of basic needsForced laborKidnapping or disappearances Environmental/community exposure to combat and traumaOther: Specify\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |  |
| --- | --- | --- | --- |
| **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 year1-4 years5-8 years9-12 years13-16 yearsMore than 16 years | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 08 | Immigration category/statusat intake | Afghan RefugeeAfghan Asylee Afghan Special Immigrant  Visa (SIV) holderAfghan Individuals with SI/SQ  Parole (aka Afghan Special  Immigrant Parolee)Afghan Individuals with Special  Immigrant Conditional  Permanent Residence (SI CPR)Afghan Humanitarian ParoleeUnknown StatusOther: 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-timeEmployed full timeStudent | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |  |
| --- | --- | --- | --- |
| **Data Point** | **Description** | **Indicators** | **No. of Clients Served** |
| 10 | Clients served by overall service category | Mental healthPhysical healthSocial services | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 11 | Service-related program activities  | Individual therapyFamily therapyGroup therapy Primary/specialty medical servicesCommunity supportEmployment servicesHousing servicesLanguage/Interpretation servicesVocational/education referralsOther: Specify\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 12a | Professional training areas for staff | Interpretation/translationMental healthMedical healthSocial servicesOther: Specify\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 12b | Professional training areas for community  | Interpretation/translationMental healthMedical healthSocial servicesOther: Specify\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| **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=) | 1In Crisis | 2Vulnerable | 3Stable | 4Safe |
| **START** | 1In Crisis |  |  |  |  |
| 2Vulnerable |  |  |  |  |
| 3Stable |  |  |  |  |
| 4Safe |  |  |  |  |
| **Data Point** | **Description** | **Risk Level** | **END** |
| 14 | Physical Health Services(N=) | 1In Crisis | 2Vulnerable | 3Stable | 4Safe |
| **START** | 1In Crisis |  |  |  |  |
| 2Vulnerable |  |  |  |  |
| 3Stable |  |  |  |  |
| 4Safe |  |  |  |  |
| **Data Point** | **Description** | **Risk Level** | **END** |
| 15 | Social Services(N=) | 1In Crisis | 2Vulnerable | 3Stable | 4Safe |
| **START** | 1In Crisis |  |  |  |  |
| 2Vulnerable |  |  |  |  |
| 3Stable |  |  |  |  |
| 4Safe |  |  |  |  |

PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to monitor SASIC grant recipients activities. Public reporting burden for this collection of information is estimated to average 5 hours per grantee, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This is a mandatory collection of information under INA § 412(c)(1)(A), 8 U.S.C. 1522(c)(1)(A). 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 0970-0490 and the expiration date is 03/31/2026. If you have any comments on this collection of information, please contact Francine White at francine.white@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 #: 0970-0490.