

Program Data Points (PDP) Form
OFFICE OF REFUGEE RESETTLEMENT
Division of Refugee Health
Support for Trauma-Affected Refugees (STAR)

Agency: Administration for Children and Families (ACF)/Office of Refugee Resettlement (ORR) Form: Support for Trauma-Affected Refugees (STAR)	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 (PPR) each year of the project period. Please use the narrative portion of the PPR to explain or highlight key program indicators and illustrate trends in outcome indicators. Please see the PDP User Guide for more information.		

PAPERWORK REDUCTION ACT (PRA) OF 1995 (Public Law 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to measure how the STAR program is achieving the goal of sustained psychosocial well-being of ORR-eligible clients whose experience of trauma is impeding their ability to function effectively at home, school, work and/or in social settings. Public reporting burden for this collection of information is estimated to average 15 hours per grantee, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This collection of information is required to retain a benefit (Immigration and Nationality Act (INA)). 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 PRA of 1995, unless it displays a currently valid OMB control number. If you have any comments on this collection of information, please contact Maggie Barnard at Margaret.Barnard@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.

Assessment Area 1: Core Service Delivery

Section 1: Aggregate Client Demographics

Enter **aggregate** data for indicators 1-7 for all new and continuing clients served during the reporting period.

1a. Client count

- ☐ New client
- ☐ Continuing client
- ☐ Closed client

1b. Family composition (*aggregate*):

- ☐ Family unit enrolled in STAR
- ☐ Single enrollment from a family unit
- ☐ Single

2. Client language of preference (*aggregate*):

- ☐ Language 1:
- ☐ Language 2:
- ☐ Language 3:
- ☐ Language 4: ...

3. Employment status in the U.S. at intake (*aggregate*):

- ☐ Unemployed and not seeking employment
- ☐ Unemployed and seeking employment
- ☐ Employed part-time
- ☐ Employed full-time

4. Immigration category/status at intake (*aggregate*):

- ☐ Afghan Humanitarian Parolee
- ☐ Afghan Individual with SI/SQ Parole (aka Afghan Special Immigrant Parolee)
- ☐ Afghan Individual with Special Immigrant Conditional Permanent Residence (SI CPR)

- ☐ Amerasian
- ☐ Asylee
- ☐ Cuban and Haitian Entrant
- ☐ Iraqi and Afghan Special Immigrant Visa Holder (SIV)
- ☐ Legal Permanent Resident (LPR)
- ☐ Refugee
- ☐ Special Immigrant Juvenile (SIJ)
- ☐ Ukrainian Humanitarian Parolee
- ☐ Victim of human trafficking
- ☐ Other at intake:
Please specify _____

5. Length of time in the U.S. at intake:

- ☐ <1 year
- ☐ 1-2 years
- ☐ 3-5 years

6. Type of trauma exposure (*aggregate - include all that apply*):

- ☐ Physical violence
- ☐ Psychological violence
- ☐ Sexual violence
- ☐ Deprivation of basic needs
- ☐ Forced labor
- ☐ Domestic violence/abuse
- ☐ Harm, or threats to harm, committed against a person(s) based on actual or perceived sex, or other related characteristics
- ☐ Threats
- ☐ Kidnapping or disappearances
- ☐ Environmental/community exposure
- ☐ Other

Section 2: Individual Client Demographics and Outcomes

Complete data points 7-13 for EACH enrolled client

7. Date client enrolled in STAR Program: _____

8. Date client case closed (if applicable): _____

9. Age at intake (*Select one*):

- ☐ Under 5 years
- ☐ 5 – 17 years
- ☐ 18 – 24 years
- ☐ 25 - 44 years
- ☐ 45 – 64 years
- ☐ 65 years and over

10. Sex (*Select one*):

- ☐ Female
- ☐ Male

11. Country of origin (select one):

- ☐ Country 1:
- ☐ Country 2:
- ☐ Country 3:
- ☐ Country 4:

12. Activities/services client received to date (*select all that apply*):

MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT

- Individual therapy
- Family therapy
- Group therapy
- Family-strengthening interventions
- Support groups
- Other: Specify _____

PHYSICAL HEALTH

- Medical services
- Other: Specify_____

SOCIOECONOMIC

- Childcare services
- Emergency assistance
- Employment services
- Housing services
- Vocation/education
- Other: Specify_____

Section 2: Individual Client Demographics and Outcomes (cont.): Safety & Wellness Benchmarks

ORR requires quarterly assessments of each client using the Safety & Wellness Benchmarks. Enter the score for EACH client in the following categories.

- Indicate the client's Safety & Wellness Benchmarks score at intake and during their most recent assessment. If the client has not been enrolled long enough to receive a second assessment, please leave 'most recent score' blank. For continuing clients, use their intake score from when they entered the program, and their most recent score during this reporting period. Assess all enrolled clients quarterly and/or at case closure, whichever is sooner.
- For adults (ages 18+): Enter the client's Mental Health, Relationship Safety, and Self-Efficacy score
- For children and youth (under age 18): Enter the client's Mental Health and Relationship Safety score

13a. Mental Health

Score at Intake (select one):

○ 1 ○ 1.5 ○ 2 ○ 2.5 ○ 3 ○ 3.5 ○ 4 ○ Not enough information

Most Recent Score (most recent quarter or case closure – select one):

○ 1 ○ 1.5 ○ 2 ○ 2.5 ○ 3 ○ 3.5 ○ 4 ○ Not enough information

13b. Relationship Safety

Score at Intake (select one):

<input type="radio"/> 1	<input type="radio"/> 1.5	<input type="radio"/> 2	<input type="radio"/> 2.5	<input type="radio"/> 3	<input type="radio"/> 3.5	<input type="radio"/> 4	<input type="radio"/> Not enough information
Most Recent Score (<i>most recent quarter or case closure – select one</i>):							
<input type="radio"/> 1	<input type="radio"/> 1.5	<input type="radio"/> 2	<input type="radio"/> 2.5	<input type="radio"/> 3	<input type="radio"/> 3.5	<input type="radio"/> 4	<input type="radio"/> Not enough information
13c. Self-Efficacy – adults only							
Score at Intake (<i>select one</i>):							
<input type="radio"/> 1	<input type="radio"/> 1.5	<input type="radio"/> 2	<input type="radio"/> 2.5	<input type="radio"/> 3	<input type="radio"/> 3.5	<input type="radio"/> 4	<input type="radio"/> Not enough information
Most Recent Score (<i>most recent quarter or case closure – select one</i>):							
<input type="radio"/> 1	<input type="radio"/> 1.5	<input type="radio"/> 2	<input type="radio"/> 2.5	<input type="radio"/> 3	<input type="radio"/> 3.5	<input type="radio"/> 4	<input type="radio"/> Not enough information

Assessment Area 2: Capacity Building

Complete Assessment Area 2: Capacity Building data points 14-15 using aggregate data for the reporting period.	
14. Professional training areas for staff	
<input type="checkbox"/> Interpretation/translation	
<input type="checkbox"/> Mental health	
<input type="checkbox"/> Physical/Medical health	
<input type="checkbox"/> Social services	
<input type="checkbox"/> Family-specific interventions	
<input type="checkbox"/> Other: Specify _____	
15. Community-facing trainings (by profession/audience type)	
<input type="checkbox"/> Community (general)	
<input type="checkbox"/> Educators	
<input type="checkbox"/> Interpreters/translators	
<input type="checkbox"/> Law enforcement	
<input type="checkbox"/> Medical providers	
<input type="checkbox"/> Mental health providers	
<input type="checkbox"/> Social workers (non-clinical)	
<input type="checkbox"/> Other: Please specify: _____	

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