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.		

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):*
    O   Under 5 years
    O   5 – 17 years
    O   18 – 24 years
    O   25 - 44 years
    O   45 – 64 years
    O   65 years and over

10. Sex (*Select one):*
    O   Female
    O   Male

11. Country of origin (select one):
    O   Country 1:
    O   Country 2:
    O   Country 3:
    O   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.

- o 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.
- o For adults (ages 18+): Enter the client's Mental Health, Relationship Safety, and Self-Efficacy score
- o 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*):

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

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

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

13b. Relationship Safety

Score at Intake (*select one*):

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

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

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

13c. Self-Efficacy – adults only

Score at Intake (*select one*):

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

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

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

Assessment Area 2: Capacity Building

Complete Assessment Area 2: Capacity Building data points 14-15using **aggregate** data for the reporting period.

14. Professional training areas for staff
   ___ Interpretation/translation
   ___ Mental health
   ___ Physical/Medical health
   ___ Social services
   ___ Family-specific interventions
   ___ Other: Specify_____

15. Community-facing trainings (by profession/audience type)
   ___ Community (general)
   ___ Educators
   ___ Interpreters/translators
   ___ Law enforcement
   ___ Medical providers
   ___ Mental health providers
   ___ Social workers (non-clinical)
   ___ Other: Please specify:_____