Survey of Afghan Arrivals Who Received ORR Benefits and Services

OMB #: 0970-0531
Expiration Date: 09/30/2028

Consent Notice

The Office of Refugee Resettlement, or ORR, in the Administration for Children and Families, U.S. Department of Health and Human Services, invites you to take this survey. ORR wants to better understand the needs of Afghan arrivals who received ORR benefits and services. This includes understanding your current immigration status, assessing your current needs, evaluating your access to benefits and services, and identifying any needs for immigration status assistance.

ORR is authorized to conduct this survey under the Refugee Act of 1980 (8 U.S.C. 1522(a)(3)).

This survey is voluntary and should take about **30 minutes**. Please answer each question to the best of your ability and comfort. You may stop the survey at any point if you no longer wish to participate. Your answers will be used to help ORR understand service needs and improve programs.

The data collected will be retained for 15 years and will conform with the U.S. Department of Health and Human Services Administrative, Technical and Physical Safeguards. Access is strictly limited to authorized personnel who official duties require such access.[i]

Privacy
ORR will handle all information in accordance with applicable Federal privacy laws and requirements. This survey is **not anonymous**.

How Your Information Will Be Used

ORR will use this information to identify common challenges experienced by communities, assess whether additional resources are needed to provide support, facilitate possible connection to services, and better understand how to systematically support eligible clients.

Risks and Benefits

There are minimal risks to participating in this survey. Some questions ask about challenges or difficult experiences, which may feel uncomfortable. You may skip any question you prefer not to answer.

By indicating you agree to participate in the survey, you agree to have your information used as described in the "How Your Information Will Be Used section".

- Agree
- I do not agree

Skip logic: If the respondent **indicates "I do not agree,"** end the survey.

Section 1: Household and Location

(Q1) How many people currently live in your household, including yourself? **(**Household includes people living together in one dwelling)

Value type: Numerical value

Enter exact number: ___

Programmer note: Collect a precise number rather than a capped drop-down. Allow at least 1–99 and flag very high values (over 11) for confirmation.

(Q2) Are the people currently living in your household related to you? Select one.

Value type: Dropdown / select one

- All household members are relatives
- Some household members are relatives and some are not relatives
- No household members are relatives
- I do not know

- Prefer not to answer

(Q3a) Are there children under 18 who live in your household?

- **Yes**
- **No**

Skip logic: Ask Q3b only if Q3a is yes. If Q3a is no, skip to Q6.

(Q3b) How many children under age 18 live in your household?

Value type: Numerical value

Enter exact number: ___

Programmer note: Collect a precise number. Allow 0–99 and flag values greater than Q1 for correction.

(Q4a) Are there school-aged children, ages 5-18 living in your household

- **Yes**
- **No**

Skip logic: Ask Q4b only if Q4a is yes. If Q4a is no, skip to Q6.

(Q4b) How many school-aged children, ages 5–18, live in your household?

Value type: Numerical value

Enter exact number: ___

(Q5) Are all school-aged children in your household currently enrolled in school?

Value type: Dropdown / select one

- Yes
- No

- I do not know
- Prefer not to answer

(Q6) What is your current address?

Value type: Mixed fields

- **Street address, optional:** Free text
- **City:** Free text
- **State/territory:** Dropdown list of states, District of Columbia, and territories
- **ZIP code, optional:** Free text

Interviewer prompt for full address:
To help facilitate possible connection with local services, may we also collect your full street address? Providing a full address is optional.

Section 2: Assimilation and Integration

(Q7) How well do you feel you have adjusted to life in the United States? Select one.

Value type: Dropdown / select one

- Very well
- Somewhat well
- Somewhat poorly
- Very poorly
- Prefer not to answer

Section 3: Employment

(Q8) How many people age 18 or older in your household are currently working for pay, including yourself?

Value type: Numerical value

Enter exact number: ___

(Q9) How many people age 18 or older in your household are currently working full time, meaning at least 35 hours per week, for pay, including yourself?

Value type: Numerical value

Enter exact number: ___

(Q10) How many people age 18 or older in your household are currently working part time, meaning less than 35 hours per week, for pay, including yourself?

Value type: Numerical value

Enter exact number: ___

(Q11a) Are people age 18 or older in your household currently not working for pay, including yourself?

- **Yes**
- **No**

Skip logic: Ask 11b only if Q11a is yes. If Q11a is no, skip to Q13.

(Q11b) How many people age 18 or older in your household are currently not working for pay, including yourself?

Value type: Numerical value

Enter exact number: ___

(Q12) Why are household members age 18 or older not currently working for pay? Select all that apply.

Value type: Dropdown / multi-select

- Looking for work
- Full-time student
- Caring for children or another family member
- Unable to work due to disability or health condition
- Retired
- Transportation
- Language
- Prefer not to answer

Section 4: Current Needs, Access to Benefits and Services, Immigration Status

Interviewer script:
Now we will ask a few questions about immigration status and service needs for everyone in your household, including yourself. Your responses help ORR understand household members' circumstances and whether anyone in your household may qualify for certain services or benefits, if available. Please answer each question as best as you can and only share information you are comfortable providing.

(Q13) What is the current immigration status for each household member, including yourself?

Value type: Table / mixed fields

If you or anyone in your household may need additional support and may be eligible for services and benefits, please provide that person's alien number, if available.

Implementation note: This table may collect identifying information, including names, dates of birth, and alien numbers.

Household Member Number	Relationship to Principal Applicant	Name	Date of Birth	Service Needed	Immigration Status	Alien Number
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

Q13 Field Types

Field	Value Type	Format / Notes
Household Member Number	Numerical value	1–15
Relationship to Principal Applicant	Dropdown	See values below
Name	Text box	Free text
Date of Birth	Date	DD/MM/YYYY
Service Needed	Dropdown / multi-select	See values below
Immigration Status	Dropdown	See values below
Alien Number	Numerical value	7–9 digits

Q13 Relationship to Principal Applicant — Dropdown Values

- Principal Applicant
- Spouse
- Child
- Parent
- Grandchild
- Other relative
- Friend
- Other

Q13 Service Needed — Dropdown / Multi-Select Values

- Food
- Housing, rent, or housing stability
- Utilities
- Immigration-related legal assistance or status adjustment help

- Employment, job search, or job training assistance
- English language classes
- Adult education, school, GED, college, or training
- School enrollment for children
- Childcare
- Transportation
- Medical care
- Mental health care
- Public benefits or cash assistance
- Other — specify

Q13 Immigration Status Progress — Dropdown Values

- Afghan humanitarian parolee (including re-parole)
- Afghan Special Immigrant Parolees
- Special Immigrant Visa, or SIV, holder
- Special Immigrant Conditional Permanent Residence
- Refugee
- Asylee
- Asylum application pending
- Lawful permanent residency (green card) application pending
- Lawful permanent resident, also called green card holder
- U.S. citizen pending
- U.S. citizen
- Other — specify
- Do not know

- Prefer not to answer

(Q14) Cut

(Q15) For each service need selected in Q13, who is currently helping the household with these issues? Select all that apply for each need.

Value type: Matrix / multi-select

Use a matrix or repeated item for each service need selected in Q13.

Response options:

- State or local government
- Resettlement agency
- Community-based organization
- Legal service provider
- Religious institution
- School
- Employer
- Friend
- Family member
- Volunteer
- No one is currently helping
- Do not know
- Other — specify: [Open Text]
- Prefer not to answer

(Q16) In the past 30 days, did your household have difficulty getting needed services, benefits, or resources?

Value type: Dropdown / select one

- Yes
- No
- I do not know
- Prefer not to answer

Skip logic: Ask Q17 only if Q16 = Yes. If Q16 = No, I do not know, or Prefer not to answer, skip to Q18.

(Q17) What made it difficult to get services, benefits, or resources? Select all that apply.

Value type: Dropdown / multi-select

- Did not know where to go or who to contact
- Not eligible for assistance
- Cost was too high
- Transportation or distance
- Language barrier
- Appointments or services were not available soon enough
- Childcare or family responsibilities
- Work schedule
- Technology or internet access
- Other — specify
- Prefer not to answer

Optional Follow-Up Contact

ORR or a service provider may want to follow up to better understand needs. If you are willing to be contacted, you may provide a phone number or email address. This is optional. Ask this only after the respondent agrees to possible follow-up.

(Q18) Additional contact information for possible follow-up.

Value type: Mixed contact fields

- **Phone number:** [phone number] _____
- **Email address:** [text value] _____
- **Preferred language for follow-up:** [dropdown] _____
- **Best times to contact you:** [text value] _____
- I do not want to provide contact information

Q18 Preferred Language for Follow-Up — Dropdown Values

- Dari
- Pashto
- Urdu
- Farsi
- English
- Other

Note: If contact information is collected, responses should be treated as private but not fully anonymous, because contact information could identify the respondent. Apply the same private-but-not-anonymous notice if A-numbers, names, dates of birth, or full street addresses are collected.

Paperwork Reduction Act Statement

PAPERWORK REDUCTION ACT OF 1995 STATEMENT OF PUBLIC BURDEN:

The purpose of this information collection is to help the Office of Refugee Resettlement understand the needs of Afghan arrivals who received ORR benefits and services, including needs related to immigration status adjustment, food, employment, job assistance, and housing. Public reporting burden for this collection of information is estimated to average 3**0 minutes per respondent**, including the time needed to review instructions and answer the questions.

This is a voluntary collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the Paperwork Reduction Act of 1995 unless it displays a currently valid OMB control number.

The OMB number is **0970-0531** and the expiration date is **09/30/2028**.

If you have comments on this collection of information, please contact: **[Mikayla Deemy. 202.875.0015]**

[i] Additional References on HHS Safeguards: Administrative, technical, and physical safeguards: Safeguards conform to the HHS Information Security Program, *http://www.hhs.gov/ocio/securityprivacy/index.html*.

- *Authorized Users:* Access is strictly limited to authorized personnel whose official duties require such access (*i.e.,* valid business need to know).
- *Administrative Safeguards:* Controls to ensure proper protection of information and information technology systems include, but are not limited to, the completion of a Security Assessment and Authorization (SA&A) package and a Privacy Impact Assessment and mandatory completion of annual Information Security and Privacy Awareness training. The SA&A package consists of a Security Categorization, e-Authentication Risk Assessment, System Security Plan, evidence of Security Control Testing, Plan of Action and Milestones (if applicable), Contingency Plan, and evidence of Contingency Plan Testing. When the design, development, or operation of a system of records is performed by a contractor to accomplish an agency function, the applicable Privacy Act Federal Acquisition Regulation clauses are inserted in solicitations and contracts.
- *Technical Safeguards:* Controls that are generally executed by the computer system and are employed to minimize the possibility of unauthorized access, use, or dissemination of the data in the system include, but are not limited to, user identification, password protection, firewalls, virtual private network, encryption, intrusion detection system, common access cards, smart cards, biometrics, and public key infrastructure.
- *Physical Safeguards:* Controls to secure the data and protect paper and electronic records, buildings, and related infrastructure against threats associated with their physical environment include, but are not limited to, the use of the HHS Employee ID and/or badge number and key cards, security guards, cipher locks, biometrics, and closed-circuit TV. Electronic media are kept on secure servers or computer systems.