OMB Control Number: 0970-0490
Expiration Date: 3/31/2026

Ethnic Community Self-Help (ECSH) Program Data Indicators
Reporting Instructions
Office of Refugee Resettlement (ORR)

The purpose of the ECSH Data Indicators is to collect information on recipients' performance of the ECSH Program on a semi-annual basis. The data will be used to help ORR assess the progress of the ECSH Program in terms of the Program's three main objectives. Submission of the ECSH Data Indicators is required in the ECSH Program Notice of Funding Opportunity.

Item	Data Elements	Instructions
1.	**Recipient Name**	Enter the name of recipient organization.
2.	**Grant Number**	Enter the grant number contained in the award document (it will begin with 90RE).
3.	**Reporting Period End Date**	Enter the ending date of the reporting period. The following end dates shall be used: 3/31 and 9/29.
4.	**Number of New Enrollments**	Enter the number of new individuals that the recipient has enrolled in the past 6 months. "Enrolled" means that the recipient has conducted intake with the individual and is tracking their progress throughout their service period.
5.	**Number of Clients Served**	Enter the number of individuals who have been active for any point during the past six months, regardless of if they are "new" enrollments or not. "Active" means that the recipient has provided a client with at least one service in the past six months.
6.	**Number of Clients Served According to Sex**	Using the number listed in Item 5 (Number of Clients Served), break out the total by sex. The total listed for Items 6a-6b should match the number in Item 5.
6a.	**Female**	• Enter the number of individuals served who identify as female
6b.	**Male**	• Enter the number of individuals served who identify as male
7.	**Number of Clients Served According to Status**	Using the number listed in Item 5 (Number of Clients Served), break out the total by status. The total listed for Items 7a-7h should match the number in Item 5.
7a.	**Refugee**	• Enter the number of refugees served
7b.	**Asylee**	• Enter the number of asylees served
7c.	**Cuban/Haitian Entrants**	• Enter the number of Cuban/Haitian entrants served
7d.	**Special Immigrants Visa Holders**	• Enter the number of Special Immigrant Visa (SIV) holders (including SI/SQ Parolees)
7e.	**Afghan Humanitarian Parolees**	• Enter the number of Afghan Humanitarian Parolees served
7f.	**Amerasians**	• Enter the number of Amerasians served
7g.	**Victims of Human Trafficking**	• Enter the number of victims of a severe form of trafficking in persons served
7h.	**Ukraine Humanitarian Parolees**	• Enter the number of Ukrainian Humanitarian Parolees and eligible non-Ukrainian individuals displaced from Ukraine served
8.	**Types of Services Provided**	Indicate which types of services the recipient provided at least once to any active clients in the past six months. In Items 8a to 8n, select either 'Yes' or 'No'.
8a.	**Navigation Services**	• Assisting a client to access a service (i.e. accompanying a client to his first medical appointment or helping a client register her child in school)
8b.	**Cultural/community orientation**	• This includes orienting clients to life in the US (i.e. educating them about cultural norms, etc.) and orienting clients to their specific community (i.e. showing them where the grocery store is located, where the school is, etc.)
8c.	**Health-related services**	• Clinical services related to physical and/or mental health, including providing access to these services.
8d.	**Home management services**	• Any services related to housing. This can include providing education on home safety, proper food storage, lease information, tenant's rights, budgeting for home expenses (groceries, rent, utilities, etc.).
8e.	**Transportation**	• Assisting a client to reach a certain destination. This could include providing a ride to a medical appointment, showing clients how to ride the bus to attend English class, etc.
8f.	**Translation and interpretation**	• This includes providing interpretation to clients, translating materials/resources

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	services	for clients, and connecting clients to these services as needed.
8g.	**Case management services**	• Assisting and tracking clients to access services based on a client's needs.
8h.	**English language training**	• Activities that help clients gain English language skills. This includes conducting/referring clients to English classes, conducting/referring to English conversation groups or tutors, etc.
8i.	**Employability services**	• Activities that help clients gain employment or skills to make them more employable. This includes job search activities, resume writing, conducting mock job interviews, holding job fairs, etc.
8j.	**Academic enrichment/college preparation**	• Services that assist youth/adults prepare for college, including financial aid, academic mentoring, college tours, etc.
8k.	**Emotional wellness services**	• This includes facilitating or referring clients to non-clinical services and activities such as support groups, yoga classes, meditation, and gardening.
8l.	**Referral services**	• Any services that a recipient refers clients to that are offered outside of their organization, or outside of their ECSH project.
8m.	**Citizenship preparation/civic engagement**	• Activities that help clients prepare for their US Citizenship test and learn more about how to actively play a role in community/public life.
8n.	**Other services**	• Use this space to list services that the recipient provided to clients, but that were not included in Items 8a – 8m. Also, include any one-time or unique activities that were conducted, such as community workshops, health fairs, etc.
9.	**Number of New Partnerships Developed**	Enter the total number of new partnerships developed at any time during the past 6 months. Include only those partnerships that align with the recipient's ECSH project.
10.	**Type of New Partnerships Developed**	Using the number entered in Item 9, break out the total by type of partnership in 10a – 10e.
10a.	**Educational organization**	• Partnerships with schools, universities, etc.
10b.	**Local/state government entity**	• Partnerships with state health and human services agencies, etc.
10c.	**Medical service provider**	• Partnerships with clinics, hospitals, etc.
10d.	**Legal service provider**	• Partnerships with organizations providing free legal aid, etc.
10e.	**Faith-based group**	• Partnerships with churches, mosques, temples, etc. (for non-devotional purposes)
10f.	**Other (list)**	• Use this space to list any type of partnership that was developed, but not included in Items 10a – 10e.
11.	**Types of Training Provided to Staff**	Indicate which types of training the recipient provided to its staff at least once during the past six months. In Items 11a to 11i, select either 'Yes' or 'No'
11a.	**Case management**	• Training on case management, such as trauma-informed case management, etc.
11b.	**Case documentation**	• Training on case documentation, such as writing effective case notes, etc.
11c.	**Interpretation**	• Training on interpretation, such as the ethics of interpretation, etc.
11d.	**Cultural sensitivity and awareness**	• Training on cultural sensitivity and awareness, such as learning about the cultural backgrounds of clients, etc.
11e.	**Self-case**	• Training on self-care, such as self-care practices, etc.
11f.	**Cultural orientation provision**	• Training on cultural orientation provision, such as how to effectively deliver cultural orientation on time management, etc.
11g.	**Public benefits**	• Training on public benefits, such as how to help a client properly fill out an application for benefits, etc.
11h.	**Health services and systems**	• Training on health services and systems, such as how to communicate effectively with hospital and clinic staff, etc.
11i.	**Non-profit management**	• Training on non-profit management, such as board development, etc.
11j.	**Other (list)**	• Include any additional training that was provided to staff, but not included in Items 11a – 11i. Please note that any training listed on this form must be in line with the recipient's ECSH project and program guidelines.
12.	**Types of Community Engagement Activities Conducted**	Enter any type of community engagement activities conducted during the past six months. Community engagement involves any type of bridge-building activities between refugee communities and/or between receiving communities. This could include World Refugee Day, service events (neighborhood clean-up), and informational workshops, among others.
13.	**Logic Model Outputs Progress**	List all planned outputs from the recipient's approved logic model and identify the progress made towards each output in the past six months.

14.	**Logic Model Outcomes Progress**	List all planned outcomes from the recipient's approved logic model and identify the progress made towards each outcome in the past six months.