OMB Control Number 0970-0490
Expiration Date: Xx/XX/XXXX

Refugee Career Pathways Performance Data Indicator Form

Name of Grantee:

Grant No:

Reporting Period:

No. of participants newly enrolled in the program		
No. of participants currently enrolled in the program		
No. of enrolled participants by sex	M:	F:
Average income of enrolled participants		
No. of participants developing personlized career development plans		
No. of participants enrolling in degree and/or certification programs		
No. of participants enrolling in apprenticeship and/or on-the-job training programs		
No. of participants earning college credits		
No. of participants who obtained a new credential or recognition of an existing credential		
No. of participants who obtained a new credential or recognition of an existing credential by sex	M:	F:
No. of participants obtaining employment in a professional/skilled career field		
No. of participants obtaining employment in a professional/skilled career field by sex	M:	F:
No. of training hours the program provided to participants in English language programs related to preparation for a particular vocation or job-related training program:		
No. of training hours the program provided to participants in developing job readiness skills such as resume writing, interviewing, and expectations for the professional workplace:		
Average income of participants who obtained employment		

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13)

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STATEMENT OF PUBLIC BURDEN: Through this information collection, ACF is gathering data on your grant program to understand the design and effectiveness of the program and to inform technical assistance needs. 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 collection of information is required to obtain a benefit (HHS-2018-ACF-ORR-ZM-1224). 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 number and expiration date for this information collection are OMB #: 0970-0490; expiration date: XX/XX/XXXX. If you have any comments on this collection of information, please contact Ryan Foster, Office of Refugee Resettlement, by email at ryan.foster@acf.hhs.gov.