OMB Control Number: 0970-0490
Expiration date: 03/31/2026

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 3 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.

Assessment Area 1: Core Service Delivery

Section 1: Client Demographics

Enter **aggregate** data for indicators 1-15 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: Client Demographics and Outcomes

7. Age at intake:
___Under 5 years
___5 – 17 years

___18 – 24 years
___25 - 44 years
___45 – 64 years
___65 years and over

8. Sex:
___Female
___Male

9. Country of origin (select one):
___Country 1:
___Country 2:
___Country 3:
___Country 4:

10. Activities/services client received to date:

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 average score across all enrolled clients.

- Indicate clients average Safety & Wellness Benchmarks score at intake and most recent assessment. If the client has not been enrolled long enough to receive a second assessment, please do not add a score for them. 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+): Include Mental Health, Relationship Safety, and Self-Efficacy score
- For children and youth (under age 18): Include Mental Health and Relationship Safety score
- Calculate the 'average score change' by calculating each individual's score change, then averaging the sum.

11a. Mental Health

Score at Intake:___

Most Recent Score (*most recent quarter or case closure*): ___

Average score change from Intake to Most Recent Score____

11b. Relationship Safety

Score at Intake :___

Most Recent Score (*most recent quarter or case closure*): ___

Average score change from Intake to Most Recent Score____

11c. Self-Efficacy – adults only

Score at Intake :___

Most Recent Score: ___

Average score change from Intake to Most Recent Score____

Assessment Area 2: Capacity Building

Complete Assessment Area 2: Capacity Building data points 12-13 using **aggregate** data for the reporting period.
12. Professional training areas for staff ___ Interpretation/translation ___ Mental health ___ Physical/Medical health ___ Social services ___ Family-specific interventions ___ Other: Specify_____
13. 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:_____