

Data Outcomes	Due Date	Objective	Tasks	Documentation Requirements
ORR – 1 Refugee Cash Assistance (RCA) Log/Tracker (See <a href="#">Attachments A</a> )	August 15 <b>Annually</b>	<ul style="list-style-type: none"> <li>• Provide number of Refugee Cash Assistance (RCA) Recipients</li> <li>• Obtain refugee arrival estimates from the Department of State/PRM and local voluntary resettlement agencies for all projected NEW arrival numbers, sponsored cases, and formulate estimates for other populations expected to be served (asylees, entrants, trafficking victims) based on historical data for the federal fiscal year beginning</li> </ul>	<ul style="list-style-type: none"> <li>• The contractor will track the number of recipients receiving RCA between October 1<sup>st</sup> and August 1<sup>st</sup>.</li> <li>• Note the actual number of months that the recipient used RCA by noting a start date and end date.</li> <li>• Track the recipients that carried over from the previous year.</li> <li>• Note the case size from smallest to largest.</li> <li>• Provide a narrative noting if the number of recipients receiving RCA increased or decreased and factors that may have impacted either.</li> <li>• Note if there is an expected increase or decrease of arrivals.</li> </ul>	<ul style="list-style-type: none"> <li>• Use a client-loading chart to calculate average monthly numbers of recipients as they enter the RCA program.</li> <li>• Include the existing caseload anticipated to roll over from previous year.</li> <li>• Document the number of RCA recipients currently enrolled whose RCA eligibility will cross 2 federal fiscal years</li> </ul>

Data Outcome	Due Date	Objective	Tasks	Documentation Requirements
ORR – 2 Cash and Medical Assistance Program Quarterly Report on Expenditures and Obligations (See <b>Attachments B</b> )	January 30 April 30 July 30 October 30 <b>Quarterly</b>	<ul style="list-style-type: none"> <li>In order to receive quarterly grants for cash assistance, medical assistance, assistance for unaccompanied refugee minors, and related administrative costs (Cash and Medical Assistance: “CMA” grants), whether on a formula or discretionary basis, a state or state-replacement agency must submit quarterly reports on expenditures and obligations, no later than 30 days after the end of the quarter (45 C.F.R. §400.11(c)). Expenditures and obligations must be identified by the type of expense.</li> </ul>	<ul style="list-style-type: none"> <li>The contractor will track the number of recipients receiving MCA between October 1<sup>st</sup> and September 30<sup>th</sup>.</li> <li>Note the actual number of months that the recipient used MCA by noting a start date and end date.</li> <li>Track the recipients that carried over from the previous year.</li> <li>Provide a narrative noting if the specific recipients receiving MCA.</li> </ul>	<ul style="list-style-type: none"> <li>Use a spreadsheet to track the number of recipients receiving CMA.</li> </ul>

Data Outcome	Due Date	Objective	Tasks	Documentation Requirements
<p>ORR – 3 Unaccompanied Minors Placement (See <b>Attachments C</b>) <b>*Information currently provided by the URM contractor</b></p>	<p><b>Initial Placements:</b> Due within 30 days of initial placement in the URM program.</p> <p><b>Change of Status:</b> Due within 60 days of reportable changes.</p> <p><b>Termination from ORR-funded services:</b> Due within 60 days of case closure.</p> <p><b>Re-entry for ORR-funded services:</b> Due within 60 days of re-entry.</p>	<ul style="list-style-type: none"> <li>• Document initial placement, change of status, termination, or re-entry report for minors and youth in the URM Program.</li> <li>• Provide basic identifying data, as well as immigration, placement, and legal responsibility data.</li> <li>• Provide the Office of Refugee Resettlement (ORR) with the youth's current location and status, which meets requirements of the Immigration and Nationality Act (8 U.S.C. 1522(d)).</li> <li>• Document feedback related to the program's effectiveness and broader planning for the URM Program.</li> </ul>	<ul style="list-style-type: none"> <li>• The URM provider completes the report form in the URM module of ORR's Refugee Arrivals Data System (RADS).</li> <li>• Once the report form is completed, the URM provider submits it to the State Agency.</li> <li>• The State Agency then reviews the report and submits it to ORR.</li> </ul>	<p>Provide a spreadsheet that tracks all placement, status changes, termination, and re-entry. The following should also be captured in the spreadsheet:</p> <ul style="list-style-type: none"> <li>• Report Action</li> <li>• Identifying Data</li> <li>• Immigration Status</li> <li>• Placement</li> <li>• Legal Responsibility</li> <li>• Submission Authority</li> </ul>

Data Outcome	Due Date	Objective	Tasks	Documentation Requirements
ORR – 4 Unaccompanied Minors Progress Outcomes Report (See Attachments D) <b>*Information currently provided by the URM contractor</b>	<ul style="list-style-type: none"> <li>• <b>Annual Outcomes Report:</b> completed for current URM clients who are receiving ORR-funded services.</li> <li>• <b>Follow-up Annual Report:</b> completed for former URM clients who are 17 to 21 years old and who terminated all ORR-funded services and benefits after the age of 17.</li> <li>• <b>Both types of ORR-4 Reports are due annually:</b> On the anniversary of the initial placement date, up until the youth's 21st birthday.</li> </ul>	<ul style="list-style-type: none"> <li>• Document annual progress and outcome report for minors and youth in the URM Program.</li> <li>• Provide information on education, personal functioning of youth, and family reunification.</li> <li>• Provides information on transition to adulthood services and outcomes similar to information tracked on other foster youth and former foster youth, via the National Youth in Transition Database.</li> <li>• Aid the Office of Refugee Resettlement (ORR) to assess the youths' progress toward adulthood. Also meets reporting requirements of the Immigration and Nationality Act (8 U.S.C. 1522(d)).</li> <li>• Assists ORR in understanding program effectiveness and broader planning for the URM Program.</li> </ul>	<ul style="list-style-type: none"> <li>• The URM provider completes the report form in the URM module of ORR's Refugee Arrivals Data System (RADS).</li> <li>• Once the report form is completed, the URM provider submits it to the State Agency.</li> <li>• The State Agency then reviews the report and submits it to ORR.</li> </ul>	Provide a spreadsheet that tracks URM Progress and Outcomes. The following information should be captured: <ul style="list-style-type: none"> <li>• Report Action</li> <li>• Identifying Data</li> <li>• Education and Personal Functioning of the Youth</li> <li>• Family Reunification</li> <li>• Transition to Adulthood Services</li> <li>• Outcomes</li> <li>• Report Submission Authority</li> </ul>

Data Outcome	Due Date	Objective	Tasks	Documentation Requirements
<p>ORR – 5 Refugee Data Submission System for Formula Funds Allocations (See Attachments E)</p>	<p>January 1<sup>st</sup> – 15<sup>th</sup> <b>Annually</b></p>	<p>The purpose of these instructions is to describe the standardized process and format for data submission by states and replacement designees (hereinafter referred to as ‘states’), to the Office of Refugee Resettlement (ORR) for the Refugee Data Submission System for Formula Funds Allocations and Service Analysis (ORR-5) data collection. The ORR-5 data submission provides ORR invaluable data that helps establish resource allocation for the Refugee Support Services (RSS) grant, including set-asides; overall service information for Refugee Cash Assistance (RCA), Refugee Medical Assistance (RMA), Medical Screening, and RSS; and outcomes in the RSS program for clients and their family members with a Family Self-Sufficiency Plan (FSSP).<sup>1</sup> States are required to submit data to ORR through the ORR data collection website system, Refugee Arrivals Data System (RADS). Once data are submitted, ORR will match the data against federal sources of information, per an established procedure.</p>	<p>The contractor will complete Sections I &amp; II (see chart below)</p>	<p>Provide a spreadsheet that tracks Refugee Data ( see chart below)</p>

ORR-5 Section I: Basic Information		
Field	Data	Notes
1	Alien Number	6 to 9, or 15 digits
2	Principal Applicant (PA) Alien Number	6 to 9, or 15 digits, alien number of PA on case
3	Relationship to PA	Individual's relationship to principal applicant on case
4	First Name	First name of individual
5	Middle Name	Middle name of individual, if applicable
6	Last Name	Last name of individual
7	DOB	Date of birth, mm/dd/yyyy
8	Status or Category	Eligible immigration status or category of individual
9	Gender	Individual's gender identity
10	Nationality	Nationality or country of origin of individual
11	Zip Code	5-digit zip code where individual resides
12	City	City where individual resides
13	County	County where individual resides (if applicable)
14	Eligibility Date*	mm/dd/yyyy
15	Migration Status	In, out
16	Date of Migration	mm/dd/yyyy
17	Refugee Cash Assistance (RCA) Enrollment Date	mm/dd/yyyy
18	RCA Exit Date	mm/dd/yyyy
19	Refugee Medical Assistance (RMA) Enrollment Date	mm/dd/yyyy
20	RMA Exit Date	mm/dd/yyyy
21	Medical Screening Enrollment Date	mm/dd/yyyy
22	Medical Screening Exit Date	mm/dd/yyyy
23	Refugee Support Services (RSS) Enrollment Date	mm/dd/yyyy
24	RSS Exit Date	mm/dd/yyyy
ORR-5 Section II: RSS Family Self-Sufficiency Plan (FSSP) Initial Assessment and Referral		
25	RSS FSSP English Ability	Self-reported English proficiency level at the time of initial assessment (for individuals 16 years of age and older)
26	RSS FSSP Education Level	Self-reported highest education level completed at the time of initial assessment (for individuals 16 years of age and older)
27	RSS FSSP Initial Primary Goal (G1)	Individual's initial primary goal
28	RSS FSSP Initial Referral Relevant to G1	ORR or non-ORR-funded services/programs referred

Data Outcome	Due Date	Objective	Tasks	Documentation Requirements
<p>ORR – 6 Performance Report and Annual Service Plan (See Attachments F)</p>	<p>November 30 <b>Annually</b></p>	<p>In order to receive Refugee Support Services (RSS) grant funding, states and Replacement Designees must submit an Annual Services Plan (ASP) in accordance with 45 CFR § 400.11(b)(2). The information required to be reported includes the following:</p> <ul style="list-style-type: none"> <li>• Previous year participants (ORR-eligible populations).</li> <li>• The ORR grant for each category of services (categorized by RSS base or RSS set-asides, including RSS and RSS set-aside services funded by the Afghanistan Supplemental Appropriations Act, 2022 and the Additional Afghanistan Supplemental Appropriations Act, 2022 (hereinafter “ASA”), and Additional Ukraine Supplemental Appropriations Act, 2022 (hereinafter “AUSAA”).</li> <li>• The amount contracted for service provision only.</li> <li>• The target number of program participants for each service based on their time in the U.S.</li> <li>• The type of agency providing the services.</li> <li>• The percentage of funding to each type of agency for each category of service.</li> </ul>	<p>The contractor will complete a fiscal report that will capture the following.</p> <p><b>Part I:</b></p> <ul style="list-style-type: none"> <li>• Refugee Medical Assistance Recipients and Benefits</li> <li>• RMA caseload</li> <li>• RMA termination and reason</li> <li>• RMA Recipient use by cost range</li> </ul> <p><b>Part II:</b></p> <ul style="list-style-type: none"> <li>• Medical Screening Recipients</li> <li>• Timeliness of Medical Screenings</li> <li>• TB Screening Completions</li> <li>• Funding Source of Medical Completions</li> <li>• Medical Screening Recipients Completions by Eligibility Status</li> </ul> <p><b>Part III</b></p> <ul style="list-style-type: none"> <li>• Medical Screening Service</li> <li>• Lead Screening</li> <li>• Domestic Mental Health Screening</li> <li>• Parasite Screening</li> <li>• Domestic Presumptive Treatment</li> </ul>	<p>Provide a spreadsheet that tracks Refugee Medical Assistance and Medical Screening Programs</p>

			<ul style="list-style-type: none"><li>• HIV Screening</li><li>• Domestic TB Screening</li><li>• Domestic Hepatitis B &amp; C Screening</li><li>• Domestic Syphilis Screening</li><li>• Chlamydia Screening</li><li>• Domestic Gonorrhea Screening</li><li>• Primary Care Referrals</li></ul>	
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Data Outcome	Due Date	Objective	Tasks	Documentation Requirements
Annual Outcome Goal Plan (See Attachments G)	November 30 <b>Annually</b>	<p>When setting Goals, States/agencies should establish targets aimed at improving upon the previous year's Actuals while maintaining a realistic approach to possible outcomes based upon knowledge of your state's job market and economic environment. Other considerations include employability characteristics and/or limitations of the anticipated caseload for employment services and the various forces that impact a client's entering employment. A Final Completion Checklist is attached to these instructions for your convenience. This is a tool to assist you in ensuring proper completion of the Annual Outcome Goal Plan. It is for your use only and does not need to be submitted with your Annual Outcome Goal Plan: Performance Goals and Actuals and Performance Narrative. The completed Annual Outcome Goal Plan: Performance Goals and Actuals and Performance Narrative should be submitted to RADS database.</p>	<p>The contractor will complete a report that will capture the following information:</p> <ul style="list-style-type: none"> <li>• Caseload of active employable adults enrolled in employability services.</li> <li>• Date that employment was entered.</li> <li>• # of Refugees <b>terminating</b> federal cash assistance due to earnings from employment.</li> <li>• # of Refugees <b>reducing</b> federal cash assistance due to earnings from employment.</li> <li>• # of Refugees with full time employments where health benefits are offered within the first six months.</li> <li>• Average hourly Wage of Refugee with full-time employment.</li> <li>• # of Refugees with a 90-Day Retention Rate of Employment.</li> </ul>	Provide a spreadsheet that tracks the Annual Outcome Goals.

# Attachments A

## **Cash and Medical Assistance Program Estimates Instructions for ORR-1 and Justification Statement**

CMA grants 45 CFR 400.11(b) (1). For quarterly grants for cash assistance, medical assistance and related administrative costs, including assistance and services to unaccompanied minors ("CMA grants"), a State must submit to the Director, or designee, yearly estimates for reimbursable costs for the fiscal year, identified by type of expense, and a justification statement in support of the estimates no later than 45 days prior to the beginning of the fiscal year in accordance with guidelines prescribed by the Director. **Submission should be in compliance with State Letters # 12-09, # 12-13, and #13-03, including the guidance clarification chart for State Letter #12-13.**

**Due Date:** August 15 (annually)  
**Submit To:** OLDC

### **1. Refugee Cash Assistance (RCA)**

*The estimate that each State provides should be developed using the following procedures:*

#### **(a) RCA Recipient Costs**

1. Provide your State's rationale for estimating the number of Refugee Cash Assistance (RCA) Recipients using the following procedures to derive estimates:
  - a. Obtain refugee and SIV arrival estimates from the Department of State/PRM and local voluntary resettlement agencies (volags) for all projected NEW arrival numbers, sponsored cases, and formulate estimates for other populations expected to be served (asylees, entrants, trafficking victims) based on historical data for the federal fiscal year beginning 10/1;
  - b. Include all local resettlement agencies' Matching Grant program estimates for NEW enrollments and the historic self-sufficiency percentage at 120-180 days;
2. Consider using a client-loading chart to calculate average monthly numbers of recipients as they enter the RCA program and include the existing caseload anticipated to roll over from previous year:
  - a. From historical data, estimate the average case size. If RCA average case size is greater than 2 persons; provide an explanation in your narrative.
  - b. Enter the number of RCA recipients currently enrolled whose RCA eligibility will cross 2 federal fiscal years and then add those anticipated to enter each month in the new fiscal year, continuing to enter these numbers up to the estimated months of RCA utilization (if you are using an RCA utilization of less than 12 months), or up to 12 months if the State's data indicates that refugees are using the full 12 months of RCA;
  - c. Multiply the monthly number of cases receiving RCA by the Monthly Assistance Payment (MAP) amount per case size;

3. Calculate the average of total monthly costs for your Estimated Average Monthly Unit Cost (Column B).
4. Calculate the average of total monthly recipients for your Estimated Average Monthly Recipients/Users (Column C).
5. Annualized amount of estimated RCA costs will automatically multiply (Column D). If using OLDC, the ORR-1 will also automatically calculate your Estimated Fiscal Year Expenditures.

**(b) RCA Administration**

1. Distinguish line-item costs incurred by the State agency in coordinating the provision of RCA, i.e., public assistance bureaus, application intake centers and eligibility determination functions.
  - a. Include charges estimated for intake staff time allocation, case management, training and monitoring by supervisors, etc.
  - b. If the State is a public/private partnership, provide detail on contracted volag recipients and cost factors from which the estimated allocation of RCA funds derive including administrative costs estimated by the volag contractors.
2. Enter annual RCA Administration estimated cost (Column D).

**(c) Subtotal**

1. The sum of amounts in Column D rows (a) and (b) will automatically calculate a subtotal of your estimated Fiscal Year RCA expenditures. If using OLDC, the ORR-1 will also automatically calculate the subtotal.

**2. Refugee Medical Assistance (RMA)**

**(a) Refugee Medical Assistance Recipients**

1. Provide rationale for estimating the number of Refugee Medical Assistance (RMA) Recipients:
  - a. Include arrival estimates from Department of State PRM and local voluntary resettlement agencies (volags) for projected NEW arrival numbers, populations, sponsored cases for the federal fiscal year beginning 10/1;
2. Consider using a loading chart to calculate average monthly RMA recipients as they enter the program and include caseload anticipated to roll over from previous year:
  - a. From historical data, calculate the average number of months of usage per RMA recipient;
  - b. Enter the number of RMA recipients currently enrolled whose RMA eligibility will cross 2 federal fiscal years because their 12-month RCA time eligibility will expire in the next federal fiscal year; continuing to enter these numbers up to the estimated months of usage;

- c. Multiply the total monthly number of RMA recipients (new and carryover) by an historical monthly average amount of RMA claims expended for this population;
3. Calculate the average of total monthly costs for your Estimated Average Monthly Unit Cost (Column B).
4. Calculate the average of total monthly recipients for your Estimated Average Monthly Recipients/Users (Column C).
5. Annualized amount of estimated RMA costs will automatically multiply (Column D). If using OLDC, the ORR-1 will also automatically calculate your Estimated Fiscal Year Expenditures.

***(b) RMA Administration - See State Letter 12-13 for Detailed Clarification***

1. Distinguish line-item costs incurred by the State agency in coordinating the provision of RMA, i.e., public assistance bureaus, application intake centers and eligibility determination functions.
  - a. Include charges estimated for intake staff time allocation, training and monitoring by supervisors, etc.
2. Enter annual RMA Administration estimated cost (Column D).

***(c) Medical Screening Recipients***

1. Provide a breakdown of costs for each medical service provided to calculate an estimated "unit" Refugee Medical Screening cost, with justification that these services are not currently covered by Medicaid and/or State/local public health programs.
2. Consider using a client loading chart to calculate the average monthly refugee medical recipients and include recipients anticipated to roll over from previous year.
3. Indicate average length of time from refugee arrival to health screening. Enter the number of medical screening recipients currently enrolled whose medical screening eligibility will cross 2 federal fiscal years and those anticipated to be screened each month in the new year, continuing to enter these numbers up to the eligibility limitation, as appropriate.
4. Multiply by month the number of Refugee Medical Screening Recipients by the average "unit" cost (from 1. above);
5. Calculate the average of total monthly costs for your Estimated Average Monthly Unit Cost (Column B)
6. Calculate the average of the total monthly medical screening recipients for your Estimated Average Monthly Recipients/Users (Column C).
7. Annualized amount of estimated Medical Screening costs will automatically multiply (Column D). If using OLDC, the ORR-1 will also automatically calculate your Estimated Fiscal Year Expenditures.



***(d) Medical Screening Administration<sup>a</sup> - See State Letter 12-13 for Detailed Clarification***

1. Provide line item amounts and detail of how costs were derived for administering the Refugee Medical Screening program, including those incurred by the State agency receiving funds directly from ORR and by the State health department administering and monitoring contracts or reimbursement of medical screening services and their costs, as appropriate. Line items should include overhead, personnel costs based on FTE, and operational costs such as travel and supplies and must be supported by estimator factors;
2. Submit copies of formal agreements between the State agency and State health department, as appropriate, and contractual agreements with amounts for medical practitioners, i.e., local public health clinics or other health care providers in the community, anticipated to receive RMA funds for medical screening services. Indicate if the contracted amount is based on an aggregate “unit” cost reimbursable per client; cost per medical procedure/service provided, or a negotiated budget.
3. Enter annual Medical Screening Administration estimated cost (Column D).

***(e) Subtotal***

1. The sum of amounts in Column D rows (a) through (d) will automatically calculate a subtotal of your estimated Fiscal Year RMA expenditures. If using OLDC, the ORR-1 will also automatically calculate the subtotal.

**3. Unaccompanied Refugee Minors (URM)**

***(a) Services for URMs***

1. Provide detail of a “unit” URM cost to determine the average derived from various placement and service costs:
  - a. Services for URMs includes the costs of contracted URM service provider agencies, counties and states related to direct provision of foster care and independent living services, such as case work, case review, establishing legal responsibility, development/training/oversight of foster care homes and other placements, coordinating with legal and other service providers, medical and mental health services, interpretation, tutoring, maintenance payments, independent living stipends and payments, and education and training vouchers. Unit costs on services should be based on specific placement or service costs, e.g., foster care, group home, therapeutic care, independent living, education vouchers, etc., toward calculating an average “unit” service cost. Considerations should also be made for any additional costs related to providing parity under your state’s Title IV-B plan or Title IV-E plan. Line item detail with estimates, FTE amounts for direct service staffing, and calculation factors should be provided for the above categories and other direct expenses, including anticipated medical coverage/expenses not covered by Medicaid or state/county resources.

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<sup>a</sup> Only for State Refugee Programs with the ORR Director’s written approval to charge medical screening costs to RMA per 45 CFR 400.107.

2. Provide rationale for estimating the number of Unaccompanied Refugee Minors to be served in the fiscal year:
  - a. Include information from Department of State PRM, national and local voluntary resettlement agencies (volags) with placement responsibility, and input from ORR to determine projected arrival numbers, populations, care needs, etc.; Using this information, provide rationale for anticipated number of URM to be served in the fiscal year.
3. Consider using a client-loading chart of arrival information to calculate the monthly number of URM recipients as they enter the URM program, including caseload anticipated to roll over from previous year as well as estimated emancipations. Use information from your URM service provider to gather estimated numbers of URM to be served on a monthly basis:
  - a. Enter the number of URM enrolled from the previous year and those anticipated to be placed each month during the new fiscal year. Take into consideration the estimated numbers of arrivals your URM service provider expects to receive as well as the residual caseload, and the number of anticipated emancipations throughout the year.
  - b. Multiply the monthly number of URM by the average "unit" cost (from 1. above);
4. Calculate the average of total monthly costs for your Estimated Average Monthly Unit Cost (Column B)
5. Calculate the average of the total monthly URM for your Estimated Average Monthly Recipients/Users (Column C).
6. Annualized amount of estimated URM service costs will automatically multiply (Column D). If using OLDC, the ORR-1 will also automatically calculate your Estimated Fiscal Year Expenditures.

***(b) URM Administration – See State Letter 12-13 and its Guidance Clarification Chart (attached to State Letter 13-03) for Detailed Clarification***

1. *State Administration.* Includes State Refugee Coordinator or other State personnel/office administrative costs of overall management, planning and coordination, policy, program development, oversight, consultation, training, data collection, and direct management and monitoring of URM where applicable. Provide line item amounts and detail of how costs were derived for administering the URM program. Line items should include overhead, indirect expenses, personnel costs based on FTE, and operational costs such as travel and supplies.
2. *County Administration (if applicable).* Includes county administrative and oversight costs for providing planning, coordination, management, monitoring and data collection of URM care provision, separate from actual direct foster care and independent living service provision. Provide line item amounts and detail of how costs were derived for administering the URM program. Line items should include overhead, indirect expenses, personnel costs based on FTE.
3. *Contractor Administration.* Includes contracted URM service provider administrative and oversight costs for providing planning, coordination, management, monitoring and data collection of URM care provision, separate from actual direct foster care and independent living

service provision. Line items should include overhead, indirect expenses, personnel costs based on FTE.

4. In the **written justification for cost estimates**, break out the three types of administrative costs so that it is clear how much of the administrative costs are State costs and how much are county or contractor costs.
5. Submit copies of any formal agreement between the State agency and State Children's Administration, as appropriate, with amounts for state oversight and review of URM cases. Provide copies of contractual agreement(s) including amount for URM service provider(s) anticipated to receive URM funds.
6. Enter annual URM Administration estimated cost (Column D).

**(c) Subtotal**

1. Amounts in Column D rows (a) and (b) will automatically calculate a subtotal of your estimated Fiscal Year URM expenditures. If using OLDC, the ORR-1 will also automatically calculate the subtotal.

**4. Administration – Program Coordination and Planning<sup>b</sup>-See State Letter 12-13 and its Guidance Clarification Chart (attached to State Letter 13-03) for Detailed Clarification**

1. Present line-item costs incurred by the State agency in the overall management of the Refugee Program, including overhead, personnel costs, operational costs, out-of-state travel (e.g., ORR National Consultation) and in-state travel. Include other functions such as finance and contracts not covered by overhead allocated costs. Per State Letter 12-13 and its Guidance Clarification chart, note that all URM administrative costs should appear in line 3b, URM Administration (as opposed to line 4 for Program Coordination and Planning).
2. For each line item, provide justification and/or cost factors for deriving the estimated amount based on: cost allocation plans (overhead); staff FTE and function and benefits; travel costs justified by number of staff and travel purpose, e.g., Consultation, training, quarterly meetings, technical assistance and monitoring.
3. If your program is administered through contracts with non-State organizations, include the administrative costs of the non-State organizations. In the **written justification for cost estimates**, break out the two types of administrative costs so that it is clear what portion is State administrative costs and which portion is contractor administrative costs.
4. Enter the total Program Coordination and Planning administrative amount as your Estimated Fiscal Year expenditures (Column D).

**5. Total Administration**

1. The sum of rows 1(b), 2(b), 2(d), 3(b) and 4 in Column D will automatically calculate your estimated Total Administration Fiscal Year expenditures.

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<sup>b</sup> In accordance with 45 CFR 400.13c.



## 6. Total Estimate<sup>c</sup>

1. Your total estimated Fiscal Year expenditures are automatically calculated. When using the OLDC, the ORR-1 still requires the user to enter manually the Total Estimate based upon entries provided. If the OLDC detects an error in the math upon final submission, the user receives an error message and can check calculations and entries to correct the estimate.

### ***THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN:***

The purpose of this information collection is to serve as the application for grants under the Cash and Medical Assistance (CMA) program. Public reporting burden for this collection of information is estimated to average 0.6 hours per grantee, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This is a mandatory collection of information required by ORR program regulations at 45 CFR 400.11(b). 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 # is 0970-0030 and the expiration date is XX/XX/20XX. If you have any comments on this collection of information, please contact [draprograms@acf.hhs.gov](mailto:draprograms@acf.hhs.gov).

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<sup>c</sup> Total equals sum of lines 1(c), 2(e), 3(c), and 4 of Column D.

# Attachments B

**OFFICE OF REFUGEE RESETTLEMENT**  
**CASH AND MEDICAL ASSISTANCE PROGRAM**  
**QUARTERLY REPORT ON EXPENDITURES AND OBLIGATIONS (ORR-2)**

**INSTRUCTIONS**

**General Overview**

In order to receive quarterly grants for cash assistance, medical assistance, assistance for unaccompanied refugee minors, and related administrative costs (Cash and Medical Assistance: "CMA" grants), whether on a formula or discretionary basis, a state or state-replacement agency must submit quarterly reports on expenditures and obligations, no later than 30 days after the end of the quarter (45 C.F.R. §400.11(c)). Expenditures and obligations must be identified by the type of expense.

The submission must be in compliance with State Letters #12-09 and #12-13 and the guidance clarification chart included in State Letter #13-03.

**Due Dates:** January 30, April 30, July 30, and October 30 (quarterly)

**Submit To:** Formula Funds: GrantSolutions/OLDC

Discretionary Funds: GrantSolutions

**Definitions**

**Expenditures:** Per 2 C.F.R. §200.34, *Expenditures* means charges made by a non-Federal entity to a project or program for which a Federal award was received. Expenditures include cash disbursements for direct charges for goods and services, the amount of indirect expenses charged to the award, and the amount of payment made to subrecipients and contractors.

**Obligations:** Per 2 C.F.R. §200.71, *Obligations*, when used in connection with a non-Federal entity's utilization of funds under a Federal award, means orders placed for property and services, contracts and subawards made, and similar transactions during a given period that require payment by the non-Federal entity during the same or a future period.

**Unliquidated Obligations:** Per 2 C.F.R. §200.34, *unliquidated obligations* means, for financial reports prepared on a cash basis, obligations incurred by the non-Federal entity that have not been paid (liquidated). For reports prepared on an accrual expenditure basis, these are obligations incurred by the non-Federal entity for which an expenditure has not been recorded.

**Grantee Information**

<b>Data Element</b>	<b>Item</b>	<b>Instructions</b>
Federal Agency and Organization Element to Which Report is Submitted	1.	Enter "Administration for Children and Families"
Grant Document/Award Number	2.	Enter the number assigned to your grant by the Administration for Children and Families (ACF). This number can be found on the Notice of Award, as the Grant Document Number for formula awards and the Grant Award for discretionary awards.
EIN	3.	Enter the recipient organization's Employer Identification Number (EIN). This is also known as a federal tax identification number.
Grantee/Recipient Organization Name and Address	4.	Enter the name and complete address of the recipient organization.
Project/Grant Period Start and End Date	5. a., 5. b.	For formula awards, the Grant Period begins October 1 of the year during which CMA funds are awarded and extends until September 30 of the year following the year in which funds are awarded. CMA funds for Cash Assistance, Medical Assistance, Health Screening, and Program Administration are available throughout the entire two-year Grant Period for expenditures obligated during the first year of the Grant Period. CMA funds for services for Unaccompanied Refugee Minors are available throughout the entire two-year Grant Period for expenditures obligated during either year of the Grant Period. Obligations for all components must be liquidated (paid) by September 30 of the second year of the grant period.
		For discretionary awards, use the Budget Period (not the Grant Project Period) specified in the Notice of Award. Each year's award is available only for expenditures obligated and liquidated during the Budget Period specified in the Notice of Award.
Reporting Period Start and End Date	6. a., 6. b.	Report Period refers to the Federal Fiscal Year quarter on which you are reporting. The quarters of the Federal Fiscal Year, used for both CMA and WF awards, are: <ol style="list-style-type: none"> <li>1. October 1 to December 31</li> <li>2. January 1 to March 31</li> <li>3. April 1 to June 30</li> <li>4. July 1 to September 30</li> </ol> The Quarterly Report on Expenditures and Obligations is due 30 days after the end of each Federal Fiscal Year quarter during the grant period, except the final report as noted in Item 7. below.
Final Report?	7.	Check "Yes" only if this is the last report you will be submitting for this grant (for formula awards) or budget period (for discretionary awards). For formula awards, the final report is due no later than September 30 of the year following the year during which the funds were awarded. For discretionary awards, the final report is due 90 days after the end of the budget period.



### Reporting Expenditures and Obligations

In Sections 1 through 6, enter the cumulative amount of allowable expenditures and obligations incurred from the beginning of the award through the reporting period end date (see Items 6. a. and 6. b.). For each program component, include the amount incurred for benefits and services, the amount incurred for program administration, and the total for that component. Additional information on each column of Sections 1 through 6 follows.

Data Element	Item	Instructions
Cash and Medical Assistance Program Components	Column A	Do not alter the fields in this column, which contains the required components of the Cash and Medical Assistance Program, per 45 C.F.R. §400.11 (a) (1) and 400.11 (b) (1).
Total Cumulative Expenditures	Column B	<p>Enter total program expenditures for each program component.</p> <p>For reports prepared on a cash basis, expenditures are the sum of:</p> <ul style="list-style-type: none"> <li>a. cash disbursements for direct charges for goods and services,</li> <li>b. the amount of indirect expense charged, and</li> <li>c. the amount of cash advances and payments made to sub-grantees, contractors, and other sub-recipients.</li> </ul> <p>For reports prepared on an accrual basis, expenditures are the sum of:</p> <ul style="list-style-type: none"> <li>a. cash disbursements for direct charges for goods and services,</li> <li>b. the amount of indirect expense incurred, and</li> <li>c. net increase or decrease in the amounts owed by the grantee for: <ul style="list-style-type: none"> <li>i. goods and other property received,</li> <li>ii. services performed by employees, contractors, sub-grantees, and other payees, and</li> <li>iii. programs for which no current services or performance are required, such as annuities, insurance claims, or other benefit payments.</li> </ul> </li> </ul>
Total Cumulative Unliquidated Obligations	Column C	<p>Enter the total amount of unliquidated obligations, including unliquidated obligations to sub-grantees and contractors. Note that an obligation to a sub-grantee or contractor is unliquidated until it is (a) paid, after the benefits have been delivered and/or services rendered, for reports prepared on a cash basis; or (b) recorded, after the benefits have been delivered and/or services rendered, for reports prepared on an accrual basis.</p> <p>On the final report, there should be \$0 in all rows of Column C, indicating that there are no unliquidated obligations remaining for any program component.</p>
Total Expenditures and Unliquidated Obligations	Column D	Enter the sum of Columns B and C for each program component.
Federal Funds Authorized	Column E. (Section 6.)	<p>Enter the total Federal funds authorized as of the reporting end date.</p> <p>For formula awards, enter the total of all funds awarded for that year, including reauthorized funds.</p> <p>For discretionary awards, include the total of funds awarded for that year, including supplemental awards and funds off-set from the previous year.</p>
Unobligated Balance	Column F. (Section 6.)	<p>Enter the total Federal funds authorized (6. E.) minus Total Expenditures and Unliquidated Obligations (6. D.).</p> <p>For formula awards, if Total Expenditures and Unliquidated Obligations (6. D.) exceed total Federal Funds Authorized (6. E.), report a negative Unobligated Balance in (6. F.).</p> <p>For discretionary awards, Total Expenditures and Unliquidated Obligations (6. D.) cannot exceed total Federal Funds Authorized (6. E.).</p>
Remarks	7.	Enter any additional explanatory information that will clarify your entries in this

		report.
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### Certification

Data Element	Item	Instructions
Name and Title of Approving Official	8.	Enter the name of the authorized approving official.
		Enter the title of the authorized approving official.
Telephone Number	9.	Enter the telephone number of the authorized approving official.
Email Address	10.	Enter the email address of the authorized approving official.
Signature of Approving Official	11.	The authorized approving official must sign this section certifying that, to the best of his or her knowledge, this report is correct and complete, and that all expenditures and obligations reported in the form are for the purposes set forth in the grant award documents.
Date Report Submitted	12.	Enter the date the recipient submits the ORR-2 to ACF.
		For formula awards, the ORR-2 report should be submitted on ACF's Online Data Collection System (OLDC) housed within GrantSolutions.
		For discretionary awards, the ORR-2 report should be submitted through ACF's GrantSolutions database.
		For information on OLDC or GrantSolutions, contact your ORR Regional Office. You may also contact the help desk via email at <a href="mailto:help@grantsolutions.gov">help@grantsolutions.gov</a> or by phone at 1-866-577-0771 or 202-401-5282.

### **THE PAPERWORK REDUCTION ACT OF 1995 (Public Law 104-13)**

*Public reporting burden for this collection of information is estimated to average one and a half hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information.*

*An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.*

### **PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN:**

Through this information collection, ACF is gathering information on your grant program to collect expenditures and obligations data. The purpose of this information collection is to track program expenditures to anticipate any funding issues and to use data in estimating future costs of the program. Public reporting burden for this collection of information is estimated to average one and a half hours per grantee per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This is a mandatory collection of information (8 U.S.C. 1522 of the Immigration and Nationality Act (the Act) (Title IV, Sec. 412 of the Act) for each state agency requesting federal funding for refugee resettlement under 8 U.S.C. 524 (Title IV, Sec. 414 of the Act). This collection of information is required to retain a benefit (8 U.S.C. 1522 of the Immigration and Nationality Act (the Act) (Title IV, Sec. 412 of the Act) for each state agency requesting federal funding for refugee resettlement under 8 U.S.C. 524 (Title IV, Sec. 414 of the Act). 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 # is 0970-0407 and the expiration date is xx/xx/xxxx. If you have any comments on this collection of information, please contact ORR at [draprograms@acf.hhs.gov](mailto:draprograms@acf.hhs.gov).

A	B	C	D	E	F	G	H
OFFICE OF REFUGEE RESETTLEMENT CASH AND MEDICAL ASSISTANCE PROGRAM ORR-2 QUARTERLY REPORT ON EXPENDITURES AND OBLIGATIONS						OMB 0970-0407 Expires 02/28/2026	
1. Federal Agency and Organization Element to Which Report is Submitted				2. Grant Document/Award Number		3. EIN	
4. Grantee Recipient Organization Name and Address				Grantee Name 2			
Address Line 1				Address Line 2			
City				State	Zip Code	Zip Ext.	
5a. Project/Grant Period Start Date:		5b. Project/Grant Period End Date:		6a. Reporting Period Start Date:		6b. Reporting Period End Date:	
						7. Final Report? (Yes or No)	
Cash and Medical Assistance Program Components (Column A)		Total Cumulative Expenditures (Column B)	Total Cumulative Unliquidated Obligations (Column C)	Total Expenditures and Unliquidated Obligations (Column D)	Federal Funds Authorized (Column E)	Unobligated Balance (Column F)	
1. Refugee Cash Assistance (RCA)	(a) RCA Recipient Costs						
	(b) RCA Administration						
	(c) Subtotal						
2. Refugee Medical Assistance (RMA)	(a) RMA Recipient Costs						
	(b) RMA Administration						
	(c) Medical Screening						
	(d) Medical Screening Administration						
	(e) Subtotal						
3. Unaccompanied Refugee Minors (URM)	(a) Services for URM						
	(b) URM Program Administration						
	(c) Subtotal						
4. Administration - Planning and Coordination							
5. Total Administration							
6. Total							
7. Remarks:							
Certification: I certify that, to the best of my knowledge, all expenditures and obligations are for the purpose set forth in the award documents.							
8. Name and Title of Approving Official				9. Telephone Number			
10. Email Address							
11. Signature of Approving Official				12. Date Report Submitted			

# Attachments C



**ORR-3 Placement Report Form Instructions**  
**Unaccompanied Refugee Minors (URM) Program**  
**Office of Refugee Resettlement**

**What is the ORR-3 Report?**

- An initial placement, change of status, termination, or re-entry report for minors and youth in the URM Program.
- Provides basic identifying data, as well as immigration, placement, and legal responsibility data.
- Provides the Office of Refugee Resettlement (ORR) with the youth's current location and status, which meets requirements of the Immigration and Nationality Act (8 U.S.C. 1522(d)).
- Assists ORR in understanding program effectiveness and broader planning for the URM Program.

**Note 1:** Failure to provide these reports may result in delay, suspension, or termination of grant support.

**Note 2:** "URM," "minor," or "youth" in the ORR-3 Report Form and Instructions refers to both children under the age of 18 and youth over the age of 18 who are receiving or have received placement, services, and/or benefits funded by ORR.

**Who completes and submits the ORR-3 Report?**

- The URM provider completes the report form in the URM module of ORR's Refugee Arrivals Data System (RADS).
- Once the report form is completed, the URM provider submits it to the State Agency.
- The State Agency then reviews the report and submits it to ORR.

**How is the ORR-3 Report structured?** There are six sections in the report form.

- Section I: Report Action
- Section II: Identifying/Basic Data
- Section III: Immigration
- Section IV: Placement
- Section V: Legal Responsibility
- Section VI: Report Submission Authority

**When are the ORR-3 Reports due?**

- Initial Placement: due within 30 days of the initial placement into the URM Program.
- Change of Status: due within 60 days of the reportable change.
- Termination from ORR-funded services: due within 60 days of case closure.
- Re-entry for ORR-funded services: due within 60 days of re-entry.

PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: Through this information collection, the Administration for Children and Families (ACF) is gathering data on youth served through the Unaccompanied Refugee Minors Program including their location, status, and progress. Public reporting burden for this collection of information is estimated to average .25 hours for respondents from state agencies and .50 hours for respondents from provider agencies, including the time for reviewing instructions, gathering, and maintaining the data needed, and reviewing the collection of information. This is a mandatory collection of information (8 U.S.C. 1522(d)). 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 Office of Management and Budget (OMB) control number. The OMB # is 0970-0034 and the expiration date is 11/30/2026. If you have any comments on this collection of information, please contact Anne Mullooly at [Anne.Mullooly@acf.hhs.gov](mailto:Anne.Mullooly@acf.hhs.gov).

### How is a new URM case created in RADS?

ORR will create case records in RADS for youth who are in the U.S. at the time of referral to the URM Program. However, ORR will not have the case-specific information on a refugee youth who arrives directly to the URM Program from overseas. The URM provider must follow these steps to create a child information record in RADS for refugee youth:

- Under the URM menu, navigate to Cases, then select Add New. After clicking on Add New, a New URM Child Information screen will pop up.
- HHS Tracking No./Case ID and From UC program: These fields are not applicable for refugees who arrive to the URM Program directly from overseas.
- Alien No: Can be found on the I-94.
- Responsible State: Select state where the minor is placed.
- Date of Birth: Enter month, day, and year from an official document such as minor's I-94 or birth certificate.
- State Agency: Select name of the state agency (this will only populate after Responsible State is selected).
- Responsible Provider: Select local URM provider agency with whom the minor is placed.
- Name: Enter minor's full name including first, last, and middle (if applicable), as it appears on minor's I-94 or birth certificate. Include any Alias or Also Known As names.
- Gender: Select female, male, or X (unspecified or another gender).
- Eligibility Date: Enter the month, day, and year the minor became eligible for services. For refugees, the date of eligibility is the date that the minor arrived in the U.S. and can be found on the I-94. For non-refugee cases, do NOT change the eligibility date that was entered in the case record by ORR. The eligibility date for youth who are in the U.S. at the time of referral is the date the youth became eligible to apply for the URM Program (e.g., date of U.S. Department of Homeland Security (DHS)/U.S. Citizenship and Immigration Services (USCIS) adjudication of Special Immigrant Juvenile classification; date of Eligibility Letter from the Office on Trafficking in Persons; date of adjudication of asylum).
- Country of Origin: Enter the name of the minor's country of nationality, as found on the Bio data form issued by the U.S. Department of State, or birth certificate if available.
- National Placement Agency: Choose the name of the national resettlement agency that assisted in the placement of the youth.
- Add: Once all required information is filled out, click the Add button at the bottom to save the case. Please confirm all information was entered accurately **before** clicking Add.

### How do I begin a new ORR-3 Report in RADS?

- Log in to the URM database using your registered User ID and Password.
  - If you do not have a registered User ID and Password, please contact your state agency.
- Under the URM menu, navigate to Cases, then select "Search." Search for the case using youth's identifying criteria. ORR suggests searching by either Alien Number or Case ID, as there are often youth with the same or similar names in the database.
- Click "Edit", then select "ORR-3" at the bottom. Finally, select "New ORR-3 Form."
- Begin at Section I: Report Action. Follow instructions below.

#### **Reminders:**

- Consult the instructions when you are unsure of what information is to be reported. The instructions can be found in the URM Training Resources library under "General Help" in RADS.



- If you cannot find a youth that has been added by ORR, contact ORR immediately. Do not create a duplicate account. Also, do not change any information in the URM Child Information screen that was entered by ORR. If a change is needed to the data on the URM Child Information screen, contact ORR at [urmdatabase@acf.hhs.gov](mailto:urmdatabase@acf.hhs.gov).
- RADS uses controls and auto-population functions. Review data for accuracy prior to submitting to ORR.

## SECTION I: REPORT ACTION

1. **Initial Placement:** Select this option to indicate if a report is an Initial Placement report.
2. **Change of Status:** Select all related changes and enter date(s) of action(s). Multiple data elements can be selected. When completing the ORR-3 for a 'change of status,' only fill out *Section I*, the information that is new or changing, and *Section VI: Report Submission Authority*. That is, completing a change of status report does not require filling out the entire form but only the information that is changing. Due to auto-population of past data, it is best practice to review all parts of the form to verify all data is accurate, prior to submission.
  - **Transfer to/from another URM program:** Select if youth transfers to/from another URM program within the same state or a different state. Then, select either "Transfer to" or "Transfer from" followed by the date and name of State Agency and Provider Agency.
    - A transfer to/from will require direct communication with ORR followed by an ORR-3 change of status report for both intrastate and interstate transfers.
    - If a youth comes into your URM Program from another URM Program, you only need to submit a change of status report and do not need to submit an initial ORR-3 placement report again.
    - If it is a transfer to/from another state, the states' procedures<sup>1</sup> for interstate transfer apply.
    - **Note:** Transfers to/from another URM Program are to be reported to ORR as a change of status rather than termination and re-entry, since the youth remains in the URM Program.
  - **Change in identifying data:** Select if youth's identifying information needs to be changed, such as age/date of birth, name, alien number, eligibility date, or initial placement date.
    - **Change in age/date of birth.** ORR must concur with the age change that was authorized by a court before submission of the ORR-3 Report. Please follow ORR guidance in the online URM Program Policy Guide<sup>2</sup> on how to seek ORR concurrence with the age change.
    - ORR will make the changes in RADS upon receipt of the ORR-3 change of status report.
  - **Became a parent:** Select if youth became a parent through giving birth or fathering a child.
  - **Change in biological parent's location:** Select if youth's biological parents' location has changed.
  - **Change in immigration data:** Select if youth's immigration status has changed.
  - **Change in work authorization (i.e., Employment Authorization Document):** Select if youth received their Employment Authorization Document (EAD), or there is a change in work authorization (e.g., lost, expired and not renewed.)
  - **Change in placement type, placement cost, or youth's address:** Select if youth changes placement type, or if there is a change in placement cost or youth's address. This category includes youth under age 18 who have run away (i.e., absent from program) but legal custody is retained, as well as youth who have an approved absence for more than 30 days (e.g., traveling, visiting family).
    - **Note:** A change in placement cost, even if placement type or address remains the same, must be reported.
  - **Establishment of or change in legal responsibility:** Select if legal responsibility has been established, changed, or ended by an appropriate court.

<sup>1</sup> Per 45 CFR 400.119

<sup>2</sup> <https://www.acf.hhs.gov/orr/resource/orr-guide-to-eligibility-placement-and-services-for-unaccompanied-refugee-minors-urm>

- This does not apply to each permanency hearing review. ORR only wants a change of status report should the custodian change, etc.

Explain "Change of Status": Use the box to provide ORR with additional information if the change requires further explanation.

3. Termination: Provide Final Report for youth terminating URM services, including the date ORR-funded services ended, as well as an explanation of the youth's destination or current situation at case closure. Only complete *Section I* and *Section VI: Report Submission Authority* when submitting a termination report. Select only one reason for termination from the given options.
  - *Reunified with parents*: Select if youth is reunified with parents in the U.S. or overseas, regardless of age of youth.
  - *Unified with relatives*: Select if youth is unified with a relative or a non-relative, and custody or guardianship was obtained by the relative.
  - *Adopted*: Select if youth is legally adopted and, therefore, is no longer eligible to receive any ORR-funded services or benefits.
  - *Became a U.S. Citizen*: Select if youth attains citizenship status while in the program and, therefore, is no longer eligible to receive any ORR-funded services or benefits.
  - *Emancipated*: Select if youth exits the program due to reaching the maximum age for foster care according to state law and is no longer receiving any ORR-funded services.
    - **Note**: Select the "change in placement type or youth's address" option under *Change of Status*, above, if the youth emancipates from foster care and is no longer eligible to receive placement services but continues to receive ORR-funded transition to adulthood services, health coverage, and/or educational benefits. Then, update *Section IV: Placement*.
  - *Concluded ORR-funded services/benefits*: Select if youth has concluded all ORR-funded services including transition to adulthood services, health coverage, and/or Education and Training Voucher (ETV) benefits.
  - *Left program voluntarily*: Select if youth, although eligible to remain in foster care, leaves the program early prior to age of emancipation. This includes youth who unify with a relative but the relative does not obtain custody or guardianship.
  - *Not compliant with State/Program Requirements*: Select if youth was non-compliant of a voluntary agreement or program rules, or for other violations, which result in the youth's dismissal from the program.
  - *Ran away*: Select if youth has run away or AWOL from the program, is no longer receiving services, and legal custody is not retained.
  - *Departed from U.S. (Removal or Voluntary Departure)*: Select if youth is no longer residing in the U.S., either due to removal by the DHS or voluntary departure.
  - *Immigration detention*: Select if youth has been detained by an immigration authority and is no longer receiving placement and/or services under the URM Program.
  - *Incarcerated*: Select if youth has been incarcerated, whose custody is released, and is no longer receiving placement and/or services under the URM Program.
  - *Deceased*: Select if youth has died while in URM care.
  - *Other*: Any other reasons not identified that result in termination from the program.
4. Re-entered for ORR-funded placement or services: Select for youth re-entering the URM Program. Youth re-entering for URM placement and/or services is limited to youth who were previously enrolled as a URM and who are eligible to return to the program according to the State's Title IV-B plan. The submission of this report should follow the same 60-day reporting guidelines, as it is considered a change of status.



- **URM Placement:** Select if youth is re-entering placement. URM placement can include foster family home, therapeutic foster home, group home, supervised independent living, or residential treatment center. Provide date of re-entry.
  - Update *Section IV: Placement* and any other relevant sections of the report form.
- **Services/Benefits only:** Select if youth is re-entering to receive ORR-funded services or benefits only, such as transition to adulthood services, health coverage, and/or Education and Training Vouchers (ETVs). Provide date of re-entry.
  - Update *Sections III: Immigration* and *V: Legal Responsibility*, if necessary.

## SECTION II: IDENTIFYING/BASIC DATA

Complete requested information below. Please note that some of the information in this section will auto-populate from the URM Child Information screen.

1. **Gender:** Data is auto populated from the data entered when the case record was created.
2. **Date of Birth:** Data is auto populated from the data entered when the case record was created. **When a change in Date of Birth is needed**, follow instructions found in Section I above.
3. **Date of Eligibility:** Data is auto populated from the data entered when the case record was created. The date of eligibility signifies the date the youth becomes eligible for the URM program (i.e., date shown on eligibility document); however, it does not confer approval for the URM program. The date of eligibility is different from the date of URM approval (i.e., date shown on URM approval letter). In RADS, for UC to URM transfer cases, the date of eligibility is found on the child info screen and is entered by the ORR/URM case team once the youth has been approved to enter the program. For refugees, the date of eligibility is the date that the youth arrived in the U.S and can be found on the I-94 Arrival Document.
4. **Date of Initial Placement:** Enter the month, day, and year when URM placement and services commenced. For youth who transfer from the UC program and will remain in the same placement, use the date that the youth was discharged from the UC program. For youth who must travel to their URM placement, please use the date that the youth physically arrived and began receiving URM-funded services. For youth who are approved to enter URM care by ORR, the date of initial placement must never precede the date of URM approval.
5. a) **Country of Origin:** Data is auto populated from the data entered when the case record was created.  
 b) **Ethnic Group:** Enter the youth's ethnic group, if known. Consult the Reception and Placement Bio Data Form for refugees. If ethnic group is known and not listed as an option, contact ORR at [urmdatabase@acf.hhs.gov](mailto:urmdatabase@acf.hhs.gov).
6. a) **Language of Origin:** Enter the youth's native or first language.  
 b) **Other Language(s):** Enter other languages the youth has acquired.
7. **Eligibility Type:** Data is auto populated from the data entered when the case record was created.
8. **Caseworker/Provider Assessment on Personal Functioning of the Youth** (complete at **initial placement only**): Assess the youth's functioning in the following domains upon enrollment, using the 5-point scale provided. Provide an explanation, if necessary.

**Scale:** 1 for poor, 2 for below average, 3 for average, 4 for above average, 5 for excellent.

### Assessment domains:

- *English Language Skill*
- *Education (other than English)*
- *Health Condition*
  - Includes both medical and dental health.
- *Mental Health*
  - Youth's cognitive, behavioral, and emotional wellbeing that affect their daily life, relationships, and functioning.

**Note:** While URM youth come from a wide variety of cultural and educational backgrounds, assessment of URM youth should be based on the age-appropriate functioning level of their peers in the general population/community. ORR acknowledges the subjective nature of this assessment but is interested in the baseline functioning of each URM youth at the time of initial placement into the URM Program. **For additional guidance and examples on assessing youth functioning, please see Addendum at the end of these Instructions.**

9. URM's Children in Care: If the URM youth is a parent to a child or children with them *in care*, provide the name (First Name, Middle Name, Last Name), date of birth, and citizenship/immigration status for each child. Do not include information on dependent children of URM youth who does not reside with the URM in the program, and reside either in home country or in another location within the U.S.
10. Mother of URM: Provide the mother's last, first, and middle names.
  - a) Indicate "Yes," "No," or "Unknown" as to whether the mother of the youth is living.
  - b) Provide her last known address at the time the youth arrived in the U.S.
  - c) Provide the current address of mother, if different from above address.
11. Father of URM: Provide the father's last, first, and middle names.
  - a) Indicate "Yes," "No," or "Unknown" as to whether the father of the youth is living.
  - b) Provide his last known address at the time the youth arrived in the U.S.
  - c) Provide the current address of father, if different from above address.

### SECTION III: IMMIGRATION

1. Immigration: Select the youth's immigration status from the following options. Please reference Policy Letter 16-01<sup>3</sup>, PL 16-01 document guide<sup>4</sup>, PL 16-01 FAQ<sup>5</sup>, PL 22-02<sup>6</sup>, and PL 22-13<sup>7</sup> or the online URM Program Policy Guide<sup>8</sup> for additional guidance<sup>9</sup>.
  - Refugee: Select if youth has an I-94 documenting refugee status but is not yet a Lawful Permanent Resident. Other acceptable documentation includes Visa 93 on the Form I-94<sup>10</sup>, Form I-765 Employment Authorization Document receipt notice with the code A03, Form I-766 Employment Authorization Document with code A03, Form I-571 United States Refugee Travel Document<sup>11</sup>, Form I-730 Approval letter.
  - Asylee: Select if youth has a letter from USCIS, an Immigration Judge's order granting asylum, or a written decision from the Board of Immigration Appeals (BIA) but is not yet a Lawful Permanent Resident. Other acceptable documentation includes Form I-94 with code AS1, AS2 or AS3, Visa 93

<sup>3</sup> <https://www.acf.hhs.gov/orr/resource/policy-letter-16-01>

<sup>4</sup> <https://www.acf.hhs.gov/orr/policy-guidance/status-and-documentation-requirements-orr-refugee-resettlement-program>

<sup>5</sup> <https://www.acf.hhs.gov/orr/faq/pl-16-01-frequently-asked-questions>

<sup>6</sup> <https://www.acf.hhs.gov/sites/default/files/documents/orr/ORR-PL-22-02-Additional-ORR-Eligibility-Categories-and-Documentation-Requirements-for-Afghan-Nationals-Revised.pdf>

<sup>7</sup> <https://www.acf.hhs.gov/sites/default/files/documents/orr/PL-22-13-Ukrainian-Humanitarian-Parolees-Eligible-for-ORR-Benefits-and-Services.pdf>

<sup>8</sup> <https://www.acf.hhs.gov/orr/resource/orr-guide-to-eligibility-placement-and-services-for-unaccompanied-refugee-minors-urm-section-1#1.1>

<sup>9</sup> Please note that there may be periodic updates to the documentation policy letters. For more updated information, please refer to the policy letters.

<sup>10</sup> May be accompanied by the words "section 207"; typically issued when the individual is the spouse or child of a previously admitted refugee.

<sup>11</sup> The DHS Form I-571 United States Refugee Travel Document does not distinguish between refugees and asylees. An individual with a United States Refugee Travel Document may be a refugee or an asylee.



on the Form I-94<sup>12</sup>, Form I-571 United States Refugee Travel Document<sup>13</sup>, Form I-765 Employment Authorization Document receipt notice with the code A05, Form I-766 Employment Authorization Document with code A05, Form I-730 Approval letter.

- *SIJ (I-360 approval)*: Select if youth has documentation of USCIS approval of an I-360 petition but is not yet a Lawful Permanent Resident.
  - *Afghan Humanitarian Parolee*: Select if youth has a Form I-94, or a foreign passport with admission stamp with any of the following notations: "OAR," "OAW," "DT," "PAR," "PAROLED" or Humanitarian Parole per INA §212(d)(5). Other acceptable documentation includes Form I-765 Employment Authorization Document receipt notice with code C11 or Form I-766 Employment Authorization Document with code C11.
  - *Ukrainian Humanitarian Parolee*: Select if youth is a Ukrainian citizen or national who has a Form I-94, or a foreign passport with admission stamp with any of the following notations: "DT," "U4U," "UHP," or Humanitarian Parole per INA §212(d)(5). Other acceptable documentation includes Form I-765 Employment Authorization Document receipt notice with code C11 or Form I-766 Employment Authorization Document with code C11. Select also if youth is a non-Ukrainian individual who has any of the forms or stamps listed previously, and documentation of last habitual residence in Ukraine, including but not limited to original Ukrainian government-issued document, such as current driver's license or identification card.
  - *Cuban/Haitian Entrant-No immigration status*: Select if youth has an I-94, parole, Notice to Appear, or other document establishing them as a Cuban/Haitian Entrant, as long as no final, non-appealable and legally enforceable order of removal, deportation or exclusion has been entered.
  - *Victim of Trafficking-No Immigration Status (OTIP letter only)*: Select if youth has a Letter of Eligibility from the ACF Office on Trafficking in Persons (OTIP) and no other immigration status.
  - *U-Status Recipient*: Select if youth has received documentation of U Status from USCIS.
  - *T-Status Recipient*: Select if youth has received a documentation of T Status from USCIS.
  - *Lawful Permanent Resident*: Select if youth has adjusted status to lawful permanent residency and is in receipt of their green card. This could include refugees, asylees, or SIJs with an approved I-485 application.
  - *Other*: Select if youth has an immigration status not mentioned above. Describe immigration status in the text field provided.
2. Youth is receiving immigration assistance: Indicate if youth is receiving immigration assistance by selecting "Yes" or "No."
3. Youth has work authorization/Employment Authorization Document: Indicate if youth has work authorization/Employment Authorization Document by selecting "Yes" or "No." If youth is authorized to work because of their immigration status but does not have an EAD, select "No." Once the youth receives their EAD, a Change of Status report should be submitted reporting a change in work authorization.

**Note:** A change in immigration status may mean the youth is no longer eligible for the URM Program. Consult ORR immediately with any questions.

## SECTION IV: PLACEMENT

1. Placement Type: Select the appropriate option to indicate the type of placement for the youth.

<sup>12</sup> May be accompanied by the words "section 208"; typically issued when the individual is the spouse or child of a previously admitted asylee.

<sup>13</sup> The DHS Form I-571 United States Refugee Travel Document does not distinguish between refugees and asylees. An individual with a United States Refugee Travel Document may be a refugee or an asylee.

- *Foster Family Home*: Select if youth is placed in a conventional foster family home. In general, foster family homes meet the standards established for licensing or approval by the state and are provided a regular foster care maintenance rate. For completing the ORR-3, youth placed in foster family homes do not require the additional care or treatment provided by therapeutic foster homes.
  - May include relative/kinship foster care placements or agency-operated homes with foster parents who are employees of the URM provider agency.
- *Therapeutic Foster Home*: Select if youth is placed in a therapeutic foster home. Therapeutic foster homes are licensed at a therapeutic level by the state and/or meet criteria in the state's agreement with the URM provider as a therapeutic foster home. Therapeutic foster home parents have received additional training to meet the needs of youth with mental health or behavioral health needs, in a family setting. Youth placed in therapeutic foster homes require emotional or behavioral therapeutic interventions and a higher level of care than is provided in a conventional foster family home, but do not require placement in a more restrictive setting. Therapeutic foster homes typically receive higher maintenance rates than conventional foster family homes.
- *Group Home*: Select if youth is placed in a group home setting licensed or approved by the state. Settings can include therapeutic group homes or transitional group homes.
  - Therapeutic group homes provide on-site treatment planning and services in a non-secure setting for youth with significant emotional or behavioral problems who have the capacity to engage in community-based activities. Treatment services typically include individual and group therapy/counseling, behavior modification, recreational therapy, or skill building. Therapeutic group homes offer a less restrictive environment than residential treatment but are more restrictive than therapeutic foster homes. Therapeutic group homes are in the community where residents attend local schools and have around-the-clock staffing onsite.
  - Transitional group homes provide mostly independent living skill-building services that focus on transition to adulthood. Transitional group homes may or may not have around-the-clock staffing onsite.
- *Supervised Independent Living*: Select if youth is placed in supervised independent living. Supervised independent living may also be referred to as semi-independent living. For the purpose of completing the ORR-3, youth placed in supervised independent living may:
  - Not be supervised 24 hours a day, but an agency or adult is responsible and accountable for the youth's wellbeing and safety;
  - Continue to receive case management services;
  - Be given increased responsibilities for managing their own living arrangements (e.g., paying bills, assuming leases, and working with a landlord).
- *Residential Treatment*: Select if youth is placed in a residential treatment facility. For the purpose of completing the ORR-3, residential treatment:
  - Is a live-in health care facility that provides treatment/therapeutic services for mental illness, substance abuse, and/or behavioral issues in a secure and/or restrictive setting for youth who, because of the severity of their issues, are unable to adjust to other placements but do not require inpatient psychiatric hospitalization;
  - May include crisis stabilization, initial and continuing bio-psychosocial assessment, care management, medication management, therapy and mobilization of family support and community resources in the context of a comprehensive multidisciplinary treatment plan;
  - Develops a plan for the youth to step down into a lesser restrictive, non-secure setting once treatment goals are met.
- *Long-term hospitalization (more than 2 weeks)*: Select if youth has been hospitalized more than 2 weeks, for either medical or psychiatric reasons.



- *Absent from program but legal responsibility retained:* Select if a state, county, or program still retains legal custody of a minor under 18 who has run away or has been detained. There is no need to update any part of the form unless other changes have been indicated.
  - *Living independently but receiving ORR-funded services/benefits:* Select if youth is living independently (i.e., not receiving any placement services), but is still receiving ORR-funded services or benefits such as transition to adulthood services, Education and Training Vouchers (ETVs), and/or health coverage. Occasional minimal staff support can be provided on a case-by-case basis.
  - *Other:* Select if youth is placed in a setting other than the options provided and describe the placement setting.
2. Placement Cost: Enter the average daily rate in dollars related to placement type.
    - For youth in foster homes, enter the foster care maintenance rate provided to the licensed foster family.
    - For placements through a contract (e.g., group home, residential treatment), enter the per diem cost.
    - For youth categorized as "No Placement (but receiving ORR-funded services/benefits)," enter the stipend amount provided to the youth to help pay for their rent.
    - Do not include administrative costs (e.g., staffing) or other direct service costs (e.g., transportation, interpretation) in the average daily rate.
  3. Youth's Residence: Enter the name and relation of the caregiver, if relevant, in addition to the address of the youth.
  4. Provider Agency for Placement: If "Same as URM provider" is selected, this information will auto-populate from the first page. If different from the URM provider agency, then select "Placement via Subcontract."

**Note 1:** Do not report change in placement if youth is placed in respite care that is less than 30 days.

**Note 2:** Job Corps can be reported as either supervised independent living or living independently, depending on the state's discernment.

## SECTION V: LEGAL RESPONSIBILITY

1. Legal responsibility has been petitioned. Select from the following options:
  - *Yes, it was petitioned within 30 days of enrollment.* Select if procedures to establish legal responsibility for the minor were initiated with an appropriate court within 30 days of the minor's arrival at the URM Program. Enter the date the petition was filed.
  - *Yes, it was petitioned past 30 days of enrollment.* Select if procedures to establish legal responsibility for the minor were initiated with an appropriate court after 30 days of the minor's arrival at the URM Program. Enter the date the petition was filed.
  - *No, it hasn't been petitioned.* Select if procedures to establish legal responsibility for the minor have not yet been initiated with an appropriate court.
2. Legal responsibility has been established in accordance with applicable State law.
  - Check the appropriate box to indicate "Yes" or "No."
    - "Yes" indicates that legal responsibility was established for the minor in accordance with applicable State law. Enter the date that the court established legal responsibility.
    - "No" indicates that legal responsibility was not established for the minor in accordance with applicable State law.
  - Select "Pending" if procedures were initiated to establish legal responsibility for the minor in accordance with applicable State law, but legal responsibility has not yet been established.

- 2.a. In lieu of initial establishment of legal responsibility, youth has signed Voluntary Placement Agreement (VPA). Select "Yes" if the youth signed a VPA in lieu of initial establishment of legal responsibility. Enter the date youth signed the VPA. Select "No" if the youth did not sign a VPA.
- Note:** Currently, 2.a. (VPA signed in lieu of legal responsibility) is applicable to the state of Massachusetts only. Select "N/A" if not Massachusetts.
3. Court name with jurisdiction: Provide the name of the court that has jurisdiction over the youth.
4. Agency name to whom legal responsibility assigned: Provide the name of the agency with legal responsibility for the youth. If the same as URM provider, check corresponding box.
5. Legal responsibility has ended. Select "Yes" if the legal responsibility has ended (i.e., terminated by a court or per State law) and enter the date that legal responsibility has ended. Select "No" if legal responsibility is still intact (i.e., the youth still has a legal custodian/guardian per court rules or State law). If the youth exits the program at the maximum age for legal responsibility in the state, it is not necessary to submit a Change of Status to report the ending of legal responsibility; a final termination report will signal ending of legal responsibility.

## SECTION VI: REPORT SUBMISSION AUTHORITY

The agency information will auto-populate from the first page. Complete user information only.

- Provider Agency:
  - Provide the name, title, phone number, and email address of the person preparing the report and the date the report was approved to be submitted to the state. Include a secondary contact at the provider agency.
  - Do not backdate approval of reports.
- State/URD Agency:
  - Provide the name, title, phone number, and email address of the state official submitting the report, and the date the report was approved to be submitted to ORR.
  - Do not backdate approval of reports.
  - When returning reports for revisions to the URM provider agency, it is important to clearly identify the issue and explain corrective measures.
- ORR: Provide the name, title, and approval date. Enter any comments on the approval or denial of the report.

## ADDENDUM: Guidance for Caseworker/Provider Assessment of Youth Functioning for Section II.8.

Below are example criteria that can be used to help guide the ratings a caseworker selects. These are just examples to help provide some consistency; the examples should not be used as explicit criteria where youth must "check off" each element.

	Poor	Below Average	Average	Above Average	Excellent
<b>English Language Skill</b>	Client has no English skills.  Client is not enrolled in ESL classes.  Client requires interpretation.	Client has limited English conversational, reading and/or writing skills.  Client is enrolled in ESL classes or other language instruction.	Client speaks conversational with reading and writing skills.  Client no longer requires ESL classes.	Client communicates effectively in English through speaking, reading, and writing.  Client requires interpretation rarely, utilizes interpreter	Client is fully proficient in English.  Client can read and write in English.  Client does not require interpretation.

	Poor	Below Average	Average	Above Average	Excellent
		Client requires interpretation for most interactions.	Client requires interpretation for specialized services (e.g. medical and legal).	or technology resources when the need arises.	
<b>Education (other than English)</b>	<p>Client has no prior educational experiences or has a gap of several years in education.</p> <p>Client is not enrolled in school or refuses to attend school.</p>	<p>Client has gaps in prior educational experiences.</p> <p>Client unable to complete age-appropriate coursework without significant support.</p> <p>Client enrolled in school, has poor attendance.</p>	<p>Client completes age-appropriate coursework, receives age-appropriate supports such as tutoring.</p> <p>Client is enrolled and consistently attends school.</p> <p>Client is passing classes and advancing in their education.</p>	<p>Client completes age-appropriate coursework, with minimal or no educational supports.</p> <p>Client is enrolled and has consistent attendance at school.</p> <p>Client has passing or good grades, has a plan for future education or career goals.</p>	<p>Client excels in classes with age-appropriate peers.</p> <p>Client does not require educational supports, such as tutoring.</p> <p>Client receives good to excellent grades. Has completed, or is on track to complete, a high school education. Has a plan for future education or career goals.</p>
<b>Health Condition</b>	<p>Client has untreated or unaddressed medical needs.</p> <p>Client not receiving needed medical care for a chronic condition(s).</p>	<p>Client is inconsistent in managing health needs.</p> <p>Client has a present illness or physical health concern that is not stable.</p>	<p>Client has a medical condition, with proper treatment received.</p> <p>Client is stable in managing chronic health condition(s) with support.</p>	<p>Client reports mostly good health.</p> <p>Client does not have any new health concerns.</p> <p>Client is stable in managing chronic conditions with minimal support.</p>	<p>Client has no medical conditions and is in good health.</p> <p>Client has medical conditions that are well managed independently.</p>
<b>Mental Health</b>	<p>Client has mental health conditions unaddressed or untreated.</p> <p>Client demonstrates patterns of instability including plans to harm self or others.</p>	<p>Client has identified mental health concerns, bouts of instability, and/or refusing treatment.</p> <p>Client reports some ideation of harming self or others, but denies plan, intent, or means.</p>	<p>Client presents as mostly stable and mostly uses age-appropriate emotional regulation skills.</p> <p>Client is aware of mental health needs and is receiving regular treatment or support.</p>	<p>Client does not report, or does not demonstrate, behaviors indicating mental health concerns.</p> <p>Client is receiving treatment and effectively managing mental health needs with support.</p>	<p>Client does not report, or does not demonstrate, behaviors indicating mental health concerns.</p> <p>Client has mental health conditions that are well managed independently.</p>

# Attachments D



## **ORR-4 Outcomes Report Form Instructions Unaccompanied Refugee Minors (URM) Program Office of Refugee Resettlement**

### **What is the ORR-4 Report?**

- An annual progress and outcome report for minors and youth in the URM Program.
- Provides information on education, personal functioning of youth, and family reunification.
- Provides information on transition to adulthood services and outcomes similar to information tracked on other foster youth and former foster youth, via the National Youth in Transition Database.
- Aids the Office of Refugee Resettlement (ORR) to assess the youths' progress toward adulthood. Also meets reporting requirements of the Immigration and Nationality Act (8 U.S.C. 1522(d)).
- Assists ORR in understanding program effectiveness and broader planning for the URM Program.

**Note 1:** Failure to provide these reports may result in delay, suspension, or termination of grant support.

**Note 2:** "URM," "minor," or "youth" in the ORR-4 Report Form and Instructions refers to both children under the age of 18 and youth over the age of 18 who are receiving or have received placement, services, and/or benefits funded by ORR.

### **Who completes and submits the ORR-4 Report?**

- The URM provider completes the report form in the URM module of ORR's Refugee Arrivals Data System (RADS).
- Once the report form is completed, the URM provider submits it to the State Agency.
- The State Agency then reviews the report and submits it to ORR.

### **How is the ORR-4 Report structured?** There are seven sections in the report form.

- Section I: Report Action
- Section II: Identifying Data
- Section III: Education and Personal Functioning of the Youth
- Section IV: Family Reunification
- Section V: Transition to Adulthood Services
- Section VI: Outcomes
- Section VII: Report Submission Authority

### **What are the types of ORR-4 Reports and when are they due?**

- Annual Outcomes Report: completed for current URM clients who are receiving ORR-funded services.
- Follow-up Annual Report: completed for former URM clients who are 17 to 21 years old and who terminated all ORR-funded services and benefits after the age of 17.
- Both types of ORR-4 Reports are due annually on the anniversary of the initial placement date, up until the youth's 21st birthday.

PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: Through this information collection, the Administration for Children and Families (ACF) is gathering data on youth served through the Unaccompanied Refugee Minors Program including their location, status, and progress. Public reporting burden for this collection of information is estimated to average .5 hours for respondents from state agencies, 1 hour for respondents from provider agencies, and .5 hours for youth participants, including the time for reviewing instructions, gathering, and maintaining the data needed, and reviewing the collection of information. This is a mandatory collection of information (8 U.S.C. 1522(d)). 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

### How do I begin a new ORR-4 Report in RADS?

- Log in to the URM database using your registered User ID and Password.
  - If you do not have a registered User ID and Password, please contact your state agency.
- Under the URM menu, navigate to Cases, then select "Search." Search for the case using youth's identifying criteria. ORR suggests searching by either Alien Number or Case ID, as there are often youth with the same or similar names in the database.
- Click "Edit," then select "ORR-4" at the bottom. Finally, select "New ORR-4 Form."
- Begin at Section I: Report Action. Follow instructions below.

#### **Reminders:**

- Consult the instructions when you are unsure of what information is to be reported. The instructions can be found under the dropdown menu on the "Help" tab in RADS.
- If a change is needed to the data on the URM Child Information screen, contact ORR at [urmdatabase@acf.hhs.gov](mailto:urmdatabase@acf.hhs.gov).
- RADS uses controls and auto-population functions. Review data for accuracy prior to submitting to ORR.

### SECTION I: REPORT ACTION

Select the type of report:

1. Annual Outcomes Report. This report is submitted for all current clients that are receiving ORR-funded placement, services, and/or benefits. For URM's who are younger than 17, Sections I, II, III, IV, and VII are required. Sections V and VI are also required for URM's ages 17-21.
2. Follow-up Annual Report. This report is only for former URM clients who are 17 to 21 years old and who have terminated all ORR-funded services/benefits after age 17. Only Sections VI and VII are required.

Date data was collected: Enter the month, day, and year that the outcome data was collected from the youth for Section VI. The age will auto-populate based on the youth's date of birth.

### SECTION II: IDENTIFYING DATA

Date of Birth and Gender will auto-populate from the ORR-3 Initial Placement Report.

### SECTION III: EDUCATION and PERSONAL FUNCTIONING of the YOUTH

1. Education Information
  - a. Most Recent Education and Grade Level, if applicable.
    - *Regular Mainstream School*
      - Includes public, private, and charter schools.
      - Select the most recent education level completed by the youth that was assigned by the school.
      - Example: For a youth currently in the 11<sup>th</sup> grade, "10<sup>th</sup> grade" is the most recent grade level completed.
    - *Alternative to High School*
      - An educational establishment with non-mainstream curriculum and methods for students working towards a high school equivalent credential.

- Select the most recent education level completed by the youth that was assigned by the educational entity.
- *Dual-credit program*: Select if youth is working on high school completion while also enrolled as a community college student.

**Note:** If the youth completed mainstream or alternative high school in the reporting period and is now enrolled in a vocational or post-secondary educational program, do not complete the most recent education level completed. Rather, select from the remaining options in this section to report on the youth's most recent education in the reporting period.

- *GED program*: Select if the youth was enrolled, even if not completed yet.
  - General Educational Development, or GED, is offered either in person or online to obtain a certificate that indicates a level of knowledge equivalent to a high school graduate.
- *Trade/Vocational program*: Select if the youth was enrolled, even if not completed yet.
  - A specific skill, vocation, or technique-building program that offers a certificate when a youth completes the program.
  - Examples include electrician, massage therapy, culinary arts, cosmetology, auto mechanics, building trades, nursing, computer technician, and other current or emerging employment sectors.
- *Job Corps/Job Corps equivalent*: Select if the youth was enrolled, even if not completed yet.
  - Job Corps is a free or low-cost residential education and job training program for young adults ages 16–24.
  - Job Corps typically offers career planning, on-the-job training, job placement, residential housing, food service, driver's education, health and dental care, a basic living allowance, and clothing allowance.
- *Post-secondary education*: Select if youth has a high school diploma or GED certificate and has taken classes at a 2- or 4-year College or University.
- *Not in school*: Select if youth was not in school in the reporting period.

**Note:** Provide additional information about the youth's education/grade level in the text box, if necessary.

**b. Youth is receiving English Language Learner (ELL) support.**

- Check the appropriate box: "Yes" or "No."
- ELL can be provided by public schools, religious organizations, colleges, after-school programs, or private tutors.

**2. Caseworker/Provider Assessment**

Assess the youth's functioning in the following domains, using the 5-point scale provided. Provide explanation on any impediments to the youth's progressive development in the areas, or actions detailed in the youth's plan to support improvement in these areas.

**Scale:** 1 for poor, 2 for below average, 3 for average, 4 for above average, 5 for excellent.

**Assessment domains:**

- *English Language Skill*
- *Education (other than English)*
- *Social Adjustment*
  - Youth's ability and skills to cope with standards and values of American society.
- *Health Condition*
  - Includes both medical and dental health.
- *Mental Health*
  - Youth's cognitive, behavioral, and emotional wellbeing that affect their daily life, relationships, and functioning.
- *Preservation of Ethnic and Religious Heritage*



- Youth's preserving, valuing, and expressing of their culture, language, ethnic activities, or holidays.
- *Readiness to Live Independently*
  - Youth's ability and skills to provide for their needs and manage all aspects of their lives (e.g., school, job, finances, interpersonal relationships, self-care).

**Note:** While URM youth come from a wide variety of cultural and educational backgrounds, assessment of URM youth should be based on the age-appropriate functioning level of their peers in the general population/community. ORR acknowledges the subjective nature of this assessment but is interested in tracking how youth functioning progresses throughout their duration of care in the URM program. **For additional guidance and examples on assessing youth functioning, please see Addendum at the end of these Instructions.**

#### SECTION IV: FAMILY REUNIFICATION

1. The youth has a permanency plan. Indicate whether the youth has a permanency plan by selecting "Yes" or "No." Youth may not have a permanency plan if over the age of 18, or if emancipated from foster care and receiving only ORR-funded services or benefits. If response was "Yes", proceed to 1.a.
  - a. The youth's most recent primary permanency goal. Select primary permanency goal from the following options. When there are concurrent permanency goals, report only **primary** goal.
    - *Adoption*
    - *Guardianship*
    - *Reunification*
    - *Another Planned Permanent Living Arrangement (APPLA)*
    - *Permanent Placement with Fit and Willing Relative (PPFWR)*<sup>1</sup>
2. Family reunification efforts in the reporting period
  - a. Parents or relatives in the U.S. have been (re-)assessed for reunification. Indicate whether parents or relatives in the U.S. have been assessed, in the reporting period, for reunification by selecting "Yes" or "No."
  - b. There have been significant developments in reunification efforts. Indicate if there have been significant developments, in the reporting period, in family reunification efforts with parents or relatives in the U.S., by selecting "Yes" or "No." Describe efforts and significant developments in the reporting period.
    - Do not report on reunification efforts by the UC program, but report reunification assessment only after the youth has entered the URM program.
  - c. There has been a decision to not reunify the youth with a parent or relative. Indicate if there has been a decision, in the reporting period, to not reunify a youth with a parent or relative in the U.S., who has been assessed for reunification, by selecting "Yes" or "No." If "Yes," explain any decisions for not reunifying youth. If the youth has no relatives in the U.S. or relatives in the U.S. were not assessed as permanency resources in the past 12 months, select "No."
    - When providing information on relationships, please be specific if possible; for example, aunt, grandfather, cousin. If the relationship is not clear to the youth and URM provider agency, indicate 'female family member,' or 'male family member.'
3. There have been family tracing efforts with parents or relatives in other countries for the purpose of reunification. Indicate if there have been family tracing efforts with parents or relatives in other countries for the purpose of reunification, by selecting "Yes" or "No." If "Yes," please describe tracing efforts.
  - Include contact with siblings or relatives who are adults and could potentially serve as caregivers.

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<sup>1</sup> On rare occasions, if a youth is placed permanently with a fit and willing relative in the U.S.



- Youth's preserving, valuing, and expressing of their culture, language, ethnic activities, or holidays.
- *Readiness to Live Independently*
  - Youth's ability and skills to provide for their needs and manage all aspects of their lives (e.g., school, job, finances, interpersonal relationships, self-care).

**Note:** While URM youth come from a wide variety of cultural and educational backgrounds, assessment of URM youth should be based on the age-appropriate functioning level of their peers in the general population/community. ORR acknowledges the subjective nature of this assessment but is interested in tracking how youth functioning progresses throughout their duration of care in the URM program. **For additional guidance and examples on assessing youth functioning, please see Addendum at the end of these Instructions.**

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  - a. The youth's most recent primary permanency goal. Select primary permanency goal from the following options. When there are concurrent permanency goals, report only **primary** goal.
    - *Adoption*
    - *Guardianship*
    - *Reunification*
    - *Another Planned Permanent Living Arrangement (APPLA)*
    - *Permanent Placement with Fit and Willing Relative (PPFWR)*<sup>1</sup>
2. Family reunification efforts in the reporting period
  - a. Parents or relatives in the U.S. have been (re-)assessed for reunification. Indicate whether parents or relatives in the U.S. have been assessed, in the reporting period, for reunification by selecting "Yes" or "No."
  - b. There have been significant developments in reunification efforts. Indicate if there have been significant developments, in the reporting period, in family reunification efforts with parents or relatives in the U.S., by selecting "Yes" or "No." Describe efforts and significant developments in the reporting period.
    - Do not report on reunification efforts by the UC program, but report reunification assessment only after the youth has entered the URM program.
  - c. There has been a decision to not reunify the youth with a parent or relative. Indicate if there has been a decision, in the reporting period, to not reunify a youth with a parent or relative in the U.S., who has been assessed for reunification, by selecting "Yes" or "No." If "Yes," explain any decisions for not reunifying youth. If the youth has no relatives in the U.S. or relatives in the U.S. were not assessed as permanency resources in the past 12 months, select "No."
    - When providing information on relationships, please be specific if possible; for example, aunt, grandfather, cousin. If the relationship is not clear to the youth and URM provider agency, indicate 'female family member,' or 'male family member.'
3. There have been family tracing efforts with parents or relatives in other countries for the purpose of reunification. Indicate if there have been family tracing efforts with parents or relatives in other countries for the purpose of reunification, by selecting "Yes" or "No." If "Yes," please describe tracing efforts.
  - Include contact with siblings or relatives who are adults and could potentially serve as caregivers.

<sup>1</sup> On rare occasions, if a youth is placed permanently with a fit and willing relative in the U.S.

## SECTION V: TRANSITION TO ADULTHOOD SERVICES

This section must be completed for youth who are in care and are ages 17 or older. This section should be completed based on the URM provider agency's knowledge of services provided to the youth during the reporting period.

1. Youth's residence: Enter the address of the youth's residence.
2. Service Types: Select "Yes" or "No" reflective of youth receipt of each of the following services, a - g.
  - a. *Youth remains in foster care*
    - Indicate whether the youth was in foster care under the placement and care responsibility of the state, county, or URM provider agency.
    - Placement includes but is not limited to foster family homes, therapeutic foster homes, group homes, supervised-independent living, and residential treatment facilities.
  - b. *Post-adjudication juvenile probation*
    - Indicate whether the youth was found guilty by a judge of committing a delinquent act and is/was receiving post-adjudication juvenile probation services.
  - c. *Special education*
    - Services specifically designed to meet the unique needs of a child with a disability.
  - d. *Independent living needs assessment*
    - A systematic procedure to identify a youth's basic skills, emotional and social capabilities, strengths, and needs to match the youth with appropriate independent living services.
    - May also address knowledge of basic living skills, job readiness, money management abilities, decision-making skills, goal setting, task completion, and transitional living needs.
  - e. *Academic support*
    - Includes services designed to help a youth complete high school or obtain a General Educational Development (GED).
    - Examples: academic counseling; preparation for a GED, including assistance in applying for or studying for a GED exam; tutoring; study skills training; literacy training; and help accessing educational resources.
  - f. *Post-secondary educational support*
    - Includes services designed to help a youth enter or complete post-secondary education.
    - Examples: classes for test preparation; counseling about college; information about financial aid and scholarships; help completing college or loan applications; or tutoring while in college.
  - g. *Career preparation*
    - Includes services that focus on developing a youth's ability to find, apply for, and retain appropriate employment.
    - Examples:
      - Vocational and career assessment (e.g., career exploration and planning, guidance in setting and assessing vocational and career interests and skills, and help in matching interests and abilities with vocational goals)
      - Job seeking and job placement support (e.g., identifying potential employers, writing resumes, completing job applications, developing interview skills, job shadowing, receiving job referrals, using career resource libraries, understanding employee benefits coverage, and securing work permits)
      - Retention support and job coaching (e.g., learning how to work with employers and other employees, understanding workplace values such as timeliness and appearance, and understanding authority and customer relationships)



- h. *Employment programs/vocational training*
  - Includes apprenticeships, internships, occupational/trade programs, or summer employment programs.
  - Examples: electrician, massage therapy, culinary arts, cosmetology, auto mechanics, building trades, nursing, computer technician, and other current or emerging employment sectors.
  - Does not include summer or after-school jobs secured by the youth alone.
- i. *Budget & financial management*
  - Includes training and practice in the following areas: living within a budget; opening and using a checking and savings account; balancing a checkbook; developing consumer awareness and smart shopping skills; accessing information about credit, loans, and taxes; and filling out tax forms.
- j. *Housing education & home management training*
  - Housing education includes assistance or training in locating and maintaining housing (e.g., filling out a rental application and acquiring a lease, handling security deposits and utilities, understanding practices for keeping a healthy and safe home, understanding tenants' rights and responsibilities, and handling landlord complaints).
  - Home management includes instruction in food preparation, laundry, housekeeping, living cooperatively, meal planning, grocery shopping, and basic maintenance and repairs.
- k. *Health education & risk prevention*
  - Includes information about mental health and self-care, hygiene, nutrition, fitness and exercise, personal safety and situational awareness, emergency preparedness, and first aid; medical and dental care benefits, health care resources and insurance, prenatal care and maintaining personal medical records; education and information about sexual development and sexuality, pregnancy prevention and family planning, and prevention of sexually transmitted diseases and AIDS; substance abuse prevention and intervention.
  - Does not include the youth's actual receipt of direct medical care or substance abuse treatment.
- l. *Family support & healthy marriage education*
  - Includes education and information about safe and stable families, healthy marriages, spousal communication, parenting, responsible fatherhood, childcare skills, teen parenting, and domestic and family violence prevention.
- m. *Mentoring*
  - Refers to when youth has been matched with a screened and trained adult for a one-on-one relationship that involves the two meeting on a regular basis.
  - Can be short-term, but it may also support the development of a long-term relationship.
  - While youth often are connected to adult role models through school, work, or family, this service category only includes a mentor relationship that has been facilitated, paid for, or provided by the state or URM provider agency.
- n. *Supervised independent living*
  - May not be supervised 24 hours a day, but an agency or adult is responsible and accountable for the youth's wellbeing and safety.
  - May continue to receive case management services.
  - May be given increased responsibilities to manage own living arrangement (e.g., paying bills, assuming leases, working with a landlord).
- o. *Room & board financial assistance*
  - Includes payment that is paid for or provided by the state or URM provider agency for room and board, including rent deposits, utilities, and other assistance.
- p. *Education financial assistance*

- Includes assistance that is paid for or provided by the state or URM provider agency for education or training.
  - Examples: allowances to purchase textbooks, uniforms, computers, and other educational supplies; tuition assistance; scholarships; payment for educational preparation and support services (e.g., tutoring); payment for GED and other educational tests; and vouchers for vocational education.
- q. *Other financial assistance*
- Includes any other payments that are not mentioned above and made or provided by the state or URM provider agency to help the youth live independently. List type of financial assistance.

## SECTION VI: OUTCOMES

The questions in this section are designed to collection information on current and former URM clients ages 17 and older. This includes youth receiving placement services (e.g., foster care), youth receiving ORR-funded services/benefits only (e.g., Education and Training Vouchers), and youth who terminated from the program after age 17 and are no longer receiving any ORR-funded services/benefits. Responses are not based on the URM provider's assessment of the youth's outcomes. Rather, responses should be based on the perception and self-report of the youth when surveyed by the URM provider staff. To assist in accurate data collection, URM providers may tweak the questions in their conversations with youth based on how services and benefits are labeled or defined in their respective states. If the provider, based on their knowledge, believes the youth did not answer correctly or misunderstood the question, the provider may consider asking a follow-up clarifying question.

1. Outcomes reporting status. Select the most appropriate option that represents the youth's participation, or lack thereof, in the outcome data collection.
  - a. *Youth participated*. The youth participated in the outcome data collection, either fully or partially.
  - b. *Youth declined*. The youth was successfully located and invited to participate but declined to take part in the outcome data collection.
  - c. *Incapacitated*. The youth has a permanent or temporary mental or physical condition that prevented them from participating in the outcome data collection.
  - d. *Incarcerated*. The youth was unable to participate in the outcome data collection because of their incarceration.
  - e. *Runaway/missing*. The youth is known to have run away or is missing from their foster care placement.
  - f. *Unable to locate or invite*. The state or URM provider agency could not locate a youth who is not in foster care or otherwise invite such a youth's participation.
  - g. *Death*. The youth died prior to their participation in the outcome data collection.
2. Date of outcome data collection. Date will auto-populate from Section I.
3. Foster care status. Indicate whether the youth is in foster care under the placement and care responsibility of the state, county, or URM provider agency by selecting "Yes" or "No." Includes, but is not limited to, placement in foster family homes, group homes, and residential treatment facilities.

For items 4-26, select "Yes" if given outcome description is applicable, based on the youth's self-report. Otherwise, select "No." Additionally, select "Declined" if the youth declined to participate in the outcome data collection, or "Don't Know" (items 21-26 only) when the youth did not know an answer.

4. Current full-time employment
  - Select "Yes" if the youth is employed at least 35 hours per week in one or multiple jobs as of the date of the outcome data collection.



5. Current part-time employment
  - Select "Yes" if the youth is employed between 1 and 34 hours per week in one or multiple jobs as of the date of the outcome data collection.
6. Employment-related skills
  - Select "Yes" if the youth completed an apprenticeship, internship, or other on-the-job training, either paid or unpaid, in the past year.
  - The experience must help the youth acquire employment-related skills, e.g., specific trade skills such as carpentry or auto mechanics, or office skills such as word processing or use of office equipment.
7. Social Security
  - Select "Yes" if the youth is receiving Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI), either directly or as a dependent beneficiary as of the date of the outcome data collection.
  - SSI payments are made to eligible low-income persons with disabilities.
  - SSDI payments are made to persons with a certain amount of work history who become disabled.
8. Educational aid
  - Select "Yes" if the youth is using a scholarship, voucher (including Education or Training Vouchers pursuant to section 477(h)(2) of the Social Security Act), grant, stipend, student loan, or other type of educational financial aid to cover educational expenses as of the date of the outcome data collection.
  - Scholarships, grants, and stipends are funds awarded for spending on expenses related to gaining an education.
  - Student loan is a government-guaranteed, low-interest loan for students in post-secondary education.
9. Public financial assistance
  - Select "Yes" if the youth is receiving ongoing cash welfare payments from the government to cover some of their basic needs, as of the date of the outcome data collection.
  - Does not include government payments or subsidies for specific purposes, such as unemployment insurance, childcare subsidies, education assistance, food stamps, or housing assistance.
10. Public food assistance
  - Select "Yes" if the youth is receiving assistance in any form (e.g., government-sponsored checks, coupons, or debit cards) to buy eligible food at authorized stores, as of the date of the outcome data collection.
  - Includes public food assistance through the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) and Supplemental Nutrition Assistance Program (SNAP).
11. Public housing assistance
  - Select "Yes" if the youth is living in government-funded public housing or receiving a government-funded housing voucher to pay for part of their housing costs, as of the date of the outcome data collection.
  - Does not include room and board payments funded through the State Chafee Program.
12. Other financial support
  - Select "Yes" if youth is receiving any other periodic and/or significant financial resources or support from another source not listed in the elements described in elements 8-11 of this section, as of the date of outcome data collection.
  - Includes payments from a spouse or family member (biological, foster, or adoptive), child support that the youth receives, or funds from a legal settlement.
  - Does not include occasional gifts, such as birthday or graduation checks or small donations of food or personal incidentals, childcare subsidies, child support for a youth's child, or other financial support that does not benefit the youth directly in supporting himself or herself.
13. Highest educational certification received. Select only ONE from the following options:
  - a. A GED is a certificate a student receives if they have passed a high school equivalency test.

- b. A *high school diploma* is a diploma awarded for the completion of high school. This can include just high school completion, as well.
- c. A *vocational certificate* is a document stating that a person has received education or training that qualifies them for a particular job, e.g., auto mechanics or cosmetology.
- d. A *vocational license* is a document that indicates that the state or local government recognizes an individual as a qualified professional in a particular trade or business.
- e. An *associate's degree* is generally a 2-year degree from a community college.
- f. A *bachelor's degree* is a 4-year degree from a college or university.
- g. A *higher degree* indicates a graduate degree, such as a master's degree or a Juris Doctor (J.D.).
- h. *None of the above* means that the youth has not received any of the above educational certifications.

14. Current enrollment and attendance

- Select "Yes" if the youth is currently enrolled in and attending high school, GED classes, or post-secondary vocational training or college, as of the date of the outcome data collection.
- A youth is still considered enrolled in and attending school if the youth would otherwise be enrolled in and attending a school that is currently out of session (e.g., summer break.)

15. Connection to adult

- Select "Yes" if, as of the date of the outcome data collection, the youth knows an adult who they can go to for advice or guidance when there is a decision to make or a problem to solve, or for companionship when celebrating personal achievements.
- The adult must be easily accessible to the youth either by telephone or in person. This can include but is not limited to adult relatives, parents, or foster parents. The definition excludes spouses, partners, boyfriends or girlfriends, and current caseworkers.

16. Homelessness

- Select "Yes" if the youth had no regular or adequate place to live, in the past year.
- Examples: lived in a car or on the street or staying in a homeless or other temporary shelter.

17. Substance abuse referral

- Select "Yes" if the youth was referred for an alcohol or drug abuse assessment or counseling.
- Includes either a self-referral or referral by a social worker, school staff, physician, mental health worker, foster parent, or another adult.

18. Incarceration

- Select "Yes" if the youth was confined in a jail, prison, correctional facility, or juvenile or community detention facility in connection with allegedly committing a crime (misdemeanor or felony), in the past year.

19. Children

- Select "Yes" if the youth has given birth herself, or the youth has fathered any children who were born.
- This refers to biological parenthood only.

20. Marriage at child's birth

- Select "Yes" if the youth was married at the time of the child's birth.
- Do not include Common Law Marriages or customary marriages, which did not result in documentation of the marriage recognized by the state or country of residence at the time of the marriage.

21. Medicaid

- Select "Yes" if the youth is enrolled in Medicaid, a medical assistance program supported by the Federal and State government under title XIX of the Social Security Act, as of the date of the outcome data collection.

22. Other health insurance coverage



- Select "Yes" if the youth has a third-party payer (other than Medicaid) for all or part of the costs of medical care, mental health care, and/or prescription drugs.
  - Includes group coverage offered by employers, schools or associations, an individual health plan, self-employed plans, inclusion in a parent's insurance plan, or ORR-funded medical coverage.
  - Does not include medical or drug discount cards or plans.
23. Health insurance type: Medical
- Select "Yes" if the youth has health insurance coverage in the element described in 22 of this section, which pays for all or part of the costs for medical care services.
24. Health insurance type: Mental health
- Select "Yes" if the youth has health insurance coverage as described in 22 of this section, which pays for all or part of the costs for mental health services, such as counseling or therapy.
25. Health insurance type: Prescription drugs
- Select "Yes" if the youth has health insurance coverage as described in 22 of this section, which pays for all or part of the costs of prescription drugs.
26. Health insurance type: Other
- Select "Yes" if the youth has health insurance coverage as described in 22 of this section that pays for part of or all costs of other medical services, e.g., dental or vision. Enter the other type of coverage in the blank provided.

## SECTION VII: REPORT SUBMISSION AUTHORITY

Agency names will auto-populate from the first page of the report form.

1. Provider Agency
  - Provide the name, title, phone number, and email address of the person preparing the report and the date the report was prepared. Include a secondary contact at the provider agency.
  - Do not backdate submission date.
2. State/URD Agency
  - Provide the name, title, phone number, and email address of the state official submitting the report, and the date the report was submitted to ORR.
  - Do not backdate submission date.
  - When returning reports for revisions, it is important to clearly identify the issue and explain corrective measures.
3. ORR: Provide the name, title, and approval date. Enter any comments on the approval or denial of the report.

## ADDENDUM: Guidance for Caseworker/Provider Assessment of Youth Functioning for Section III.2.

Below are example criteria that can be used to help guide the ratings a caseworker selects. These are just examples to help provide some consistency; the examples should not be used as explicit criteria where youth must "check off" each element.

	Poor	Below Average	Average	Above Average	Excellent
<b>English Language Skill</b>	Client has no English skills.  Client is not enrolled in ESL classes.	Client has limited English conversational, reading and/or writing skills.	Client speaks conversational with reading and writing skills.	Client communicates effectively in English through speaking, reading, and writing.	Client is fully proficient in English.  Client can read and write in English.

	Poor	Below Average	Average	Above Average	Excellent
	Client requires interpretation.	Client is enrolled in ESL classes or other language instruction.  Client requires interpretation for most interactions.	Client no longer requires ESL classes.  Client requires interpretation for specialized services (e.g. medical and legal).	Client requires interpretation rarely, utilizes interpreter or technology resources when the need arises.	Client does not require interpretation.
<b>Education (other than English)</b>	Client has no prior educational experiences or has a gap of several years in education.  Client is not enrolled in school or refuses to attend school.	Client has gaps in prior educational experiences.  Client unable to complete age-appropriate coursework without significant support.  Client enrolled in school, has poor attendance.	Client completes age-appropriate coursework, receives age-appropriate supports such as tutoring.  Client is enrolled and consistently attends school.  Client is passing classes and advancing in their education.	Client completes age-appropriate coursework, with minimal or no educational supports.  Client is enrolled and has consistent attendance at school.  Client has passing or good grades, has a plan for future education or career goals.	Client excels in classes with age-appropriate peers.  Client does not require educational supports, such as tutoring.  Client receives good to excellent grades. Has completed, or is on track to complete, a high school education. Has a plan for future education or career goals.
<b>Health Condition</b>	Client has untreated or unaddressed medical needs.  Client not receiving needed medical care for a chronic condition(s).	Client is inconsistent in managing health needs.  Client has a present illness or physical health concern that is not stable.	Client has a medical condition, with proper treatment received.  Client is stable in managing chronic health condition(s) with support.	Client reports mostly good health.  Client does not have any new health concerns.  Client is stable in managing chronic conditions with minimal support.	Client has no medical conditions and is in good health.  Client has medical conditions that are well managed independently.
<b>Mental Health</b>	Client has mental health conditions unaddressed or untreated.  Client demonstrates patterns of instability including plans to harm self or others.	Client has identified mental health concerns, bouts of instability, and/or refusing treatment.  Client reports some ideation of harming self or others, but denies plan, intent, or means.	Client presents as mostly stable and mostly uses age-appropriate emotional regulation skills.  Client is aware of mental health needs and is receiving regular treatment or support.	Client does not report, or does not demonstrate, behaviors indicating mental health concerns.  Client is receiving treatment and effectively managing mental health needs with support.	Client does not report, or does not demonstrate, behaviors indicating mental health concerns.  Client has mental health conditions that are well managed independently.
<b>Social Adjustment</b>	Client demonstrates major challenges adjusting to life in the U.S., including adjusting to a different value	Client is inconsistent in adjusting to life in the U.S. and engaging with their community.	Client regularly demonstrates that they are adjusting to the U.S. and engaging in their community.	Client frequently demonstrates that they are adjusting to the U.S. and engaging in their community.	Client has fully adjusted to life in the U.S. and is an active member of the community.



	Poor	Below Average	Average	Above Average	Excellent
	<p>system, and engaging with their community.</p> <p>Client demonstrates no knowledge of coping skills.</p> <p>Client has no social connections including with peers, caregivers, or other trusted adults.</p>	<p>Client has knowledge of coping skills but does not apply them.</p> <p>Client has limited social connections with peers, caregivers, or other trusted adults.</p>	<p>Client demonstrates knowledge of coping skills and applies them with age-appropriate consistency.</p> <p>Client has regular social connects with peers, caregivers, or other trusted adults.</p>	<p>Client has coping skills that they consistently apply.</p> <p>Client has close connections to peers, caregivers, or other trusted adults.</p>	<p>Client has many coping skills that they consistently use independently.</p> <p>Client has strong, long-term connections to peers, caregivers, or other trusted adults.</p>
<b>Preservation of Ethnic and Religious Heritage</b>	<p>Client is not connected to their ethnic or religious community.</p> <p>Client does not participate in ethnic or religious community activities to retain a connection to their heritage.</p> <p>Client has no social connections to others from a similar background in the community.</p>	<p>Client is minimally connected to their ethnic or religious community.</p> <p>Client does not regularly participate in ethnic, or religious community activities to preserve a connection to their heritage.</p> <p>Client has limited social connections to others from a similar background in the community.</p>	<p>Client is connected to their ethnic or religious community.</p> <p>Client regularly participates in ethnic or religious community activities to preserve a connection to their heritage.</p> <p>Client has regular social connections to others from a similar background in the community.</p>	<p>Client has strong connections to their ethnic or religious community.</p> <p>Client frequently participates in ethnic or religious community activities to preserve a connection to their heritage.</p> <p>Client has close peer, mentor, or social connections to others from a similar background in the community.</p>	<p>Client has strong connections to their ethnic or religious community and demonstrates a healthy sense of pride in their heritage.</p> <p>Client frequently participates in ethnic or religious community activities and encourages peers and others in the community to remain connected to their heritage.</p> <p>Client has strong, long-term peer, mentor, or social connections to others from a similar background in the community.</p>
<b>Readiness to Live Independently</b>	<p>Client is far less prepared to live independently than their peers (of similar age) in the community.</p> <p>Client lacks necessary understanding of basic U.S. laws and customs.</p> <p>Client is unable to complete age-appropriate daily</p>	<p>Client has fewer independent living skills that their peers (of similar age) in the community.</p> <p>Client has a basic understanding of U.S. laws and customs.</p> <p>Client is able to care for most of their own age-appropriate daily living tasks with</p>	<p>Client demonstrates a level of readiness to live independently after age 18, that is at a similar level as their peers (of similar age) in the community.</p> <p>Client is familiar with U.S. laws and customs.</p> <p>Client is able to care for their own</p>	<p>Client demonstrates readiness to live independently after age 18, that is at a more advanced level than their peers (of similar age) in the community.</p> <p>Client utilizes their understanding of U.S. laws and customs to navigate the community.</p>	<p>Client lives independently in the community or demonstrates readiness to live independently.</p> <p>Client successfully navigates U.S. systems on their own.</p> <p>Client cares for all their own age-appropriate daily living tasks independently.</p>

	Poor	Below Average	Average	Above Average	Excellent
	living tasks without support	appropriate support though may need significant support with more advanced skills	age-appropriate daily living tasks. Based on age, some support may be needed with advanced skills.	Client cares for their own age-appropriate daily living tasks with minimal support.	

# Attachments E

**OFFICE OF REFUGEE RESETTLEMENT**

**Refugee Data Submission System for Formula Funds Allocations and Service Analysis  
(ORR-5)  
Instructions<sup>1</sup>**

**PURPOSE AND OVERVIEW:**

The purpose of these instructions is to describe the standardized process and format for data submission by states and replacement designees (hereinafter referred to as ‘states’), to the Office of Refugee Resettlement (ORR) for the Refugee Data Submission System for Formula Funds Allocations and Service Analysis (ORR-5) data collection. The ORR-5 data submission provides ORR invaluable data that helps establish resource allocation for the Refugee Support Services (RSS) grant, including set-asides; overall service information for Refugee Cash Assistance (RCA), Refugee Medical Assistance (RMA), Medical Screening, and RSS; and outcomes in the RSS program for clients and their family members with a Family Self-Sufficiency Plan (FSSP).<sup>2</sup> States are required to submit data to ORR through the ORR data collection website system, Refugee Arrivals Data System (RADS). Once data are submitted, ORR will match the data against federal sources of information, per an established procedure.

ORR will provide states access to reports that detail which records ORR did not use for allocation and service data analysis purposes and the reason for each record’s status.

**Required Populations Reported**

All populations who enrolled in a designated ORR service (RCA, RMA, Medical Screening, and RSS) must be included in Section I. Family members with an RSS FSSP are regarded as served under RSS and, thus, are required to be included in Section I, as well.

Sections II and III are required for a subset of individuals entered in Section I; specifically, individuals who are receiving employment-related services funded by RSS within one year of their

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1 PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: Through this information collection, the Office of Refugee Resettlement (ORR) is gathering data to better understand client goals, services utilized, and the outcomes achieved by the population served. The data will be used to inform evidence-based policy making, and data collected in Section I will guide resource allocation. Public reporting burden for this collection of information is estimated to average 140 hours per grantee, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This is a mandatory collection of information [Immigration and Nationality Act, section 412(a)(3)]. 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. If you have any comments on this collection of information, please contact [draprograms@acf.hhs.gov](mailto:draprograms@acf.hhs.gov).

2 ORR Policy Letter (PL) 21-06 provides guidance to grantees on the requirements of an FSSP. The FSSP is described in federal regulations under 45 C.F.R. 400 Subparts F and I. Pursuant to 45 C.F.R. § 400.71, an FSSP is “a plan that addresses the employment-related service needs of the employable members in a family for the purpose of enabling the family to become self-supporting through the employment of one or more family members.”



eligibility date and each individual member of the family in the household. Section II includes questions regarding primary goals and referrals, and Section III includes follow-up questions to be administered 12 months after the RSS FSSP initial enrollment with the provider. States will submit records for Section III one year after the initial Sections I and II form uploads, based on RADS-generated Case IDs, Individual IDs, and Alien Numbers. A file with auto-populated fields for Case IDs, Individual IDs, and Alien Numbers can be downloaded from RADS after the initial ORR-5 Sections I and II form is uploaded.

### Data Submission Timelines

The following chart provides a sample timeline of the submission process:

	FY 2022 Served Population	FY 2023 Served Population	FY 2024 Served Population
FY 2023 Submission (Dec 2022 to Jan 2023)	Sections I & II	N/A	N/A
FY 2024 Submission (Dec 2023 to Jan 2024)	Section III	Sections I & II	N/A
FY 2025 Submission (Dec 2024 to Jan 2025)	N/A	Section III	Sections I & II

Sample Submission Instructions (using the dates provided above):

- FY 2023 Submission: Section I for individuals served during FY 2022; Section II for individuals with an RSS FSSP who enrolled during FY 2022; no Section III submission.
- FY 2024 Submission: Sections I for individuals served during FY 2023; Section II for individuals with an RSS FSSP who enrolled during FY 2023; Section III for individuals with an RSS FSSP who enrolled during FY 2022 based on the previous year Section II submission.
- FY 2025 Submission: Sections I for individuals served during FY 2024; Section II for individuals with an RSS FSSP who enrolled during FY 2024; Section III for individuals with an RSS FSSP who enrolled during FY 2023 based on the previous year Section II submission.

### **INSTRUCTIONS:**

Each state must:

- Complete arrival information (fields 1-14), following the instructions below. If these fields are not completed, the file will be rejected and returned to the user to be corrected and re-

uploaded into RADS. Specify service enrollment dates (fields 17, 19, 21, and 23) for every service provided and for every individual record<sup>3</sup> submitted. Service exit dates must be provided if an individual exited a service during the reporting fiscal year(s).

- Review and become familiar with the ORR-5 Instructions Attachment. While these instructions discuss various examples of what states could enter into a field, the Instructions Attachment lists every possible answer that ORR will accept in various ORR-5 fields.
- Submit one file that includes ORR-5 Sections I & II, including initial enrollment and exit dates for all ORR populations: Refugees (REF), Asylees (ASY), Cuban/Haitian Entrants (CHE), Special Immigrant Visa holders (SIV), Afghan Humanitarian Parolees (AHP), Ukrainian Humanitarian Parolees (UHP), Victims of Human Trafficking (VOT), and Amerasian (AMR) who received services indicated on the ORR-5 form below during the reporting fiscal year(s).
- Note that the initial enrollment date may be outside of the reporting fiscal year window if an individual enrolled in a service prior to the reporting fiscal year(s) but continued receiving that same service during the reporting fiscal year(s). For example, if an individual enrolled in RCA on 07/01/2021 (FY 2021) and continued receiving RCA until 12/01/2021 (FY 2022), the initial enrollment date should be indicated as 07/01/2021. This rule applies to all Section I services (RCA, RMA, Medical Screening, and RSS).
- Report known secondary migration information on populations that migrated into or out of the state during the reporting fiscal year(s).
- Submit individual records for each family member if more than one member of a family received ORR services in the reporting fiscal year(s). Include the applicable service data for services received. For example, if a child received RSS set-aside program services, such as Refugee School Impact, in the reporting fiscal year(s), indicate the RSS enrollment and exit dates in his or her record.
- Submit data for U.S.-born children under 18 years of age receiving ORR benefits.
- Recall that a unique alien number for individuals must only occur on one record (i.e., no duplicate alien numbers across multiple records).
- Understand the system will allow for data correction for some errors on-line after the initial data is loaded. States will have the opportunity to revise and correct their previous years' report during the open submission period.
- Designate a valid Principal Applicant (PA) for each record. Specifically, ensure that at least one record exists in the file, or in a previously uploaded file, with the identified PA Alien Number reported as both the Alien Number (Field 1) and the PA Alien Number (Field 2), as well as the Relationship to PA (Field 3) as "Principal Applicant." This establishes the record in the RADS system as the PA of a case, allowing additional records to be identified as members of that case.

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<sup>3</sup> "Record" is defined as all of the data submitted for an individual on a unique row of the spreadsheet.

ORR-5 Section I: Basic Information		
Field	Data	Notes
1	Alien Number	6 to 9, or 15 digits
2	Principal Applicant (PA) Alien Number	6 to 9, or 15 digits, alien number of PA on case
3	Relationship to PA	Individual's relationship to principal applicant on case
4	First Name	First name of individual
5	Middle Name	Middle name of individual, if applicable
6	Last Name	Last name of individual
7	DOB	Date of birth, mm/dd/yyyy
8	Status or Category	Eligible immigration status or category of individual
9	Gender	Individual's gender identity
10	Nationality	Nationality or country of origin of individual
11	Zip Code	5-digit zip code where individual resides
12	City	City where individual resides
13	County	County where individual resides (if applicable)
14	Eligibility Date*	mm/dd/yyyy
15	Migration Status	In, out
16	Date of Migration	mm/dd/yyyy
17	Refugee Cash Assistance (RCA) Enrollment Date	mm/dd/yyyy
18	RCA Exit Date	mm/dd/yyyy
19	Refugee Medical Assistance (RMA) Enrollment Date	mm/dd/yyyy
20	RMA Exit Date	mm/dd/yyyy
21	Medical Screening Enrollment Date	mm/dd/yyyy
22	Medical Screening Exit Date	mm/dd/yyyy
23	Refugee Support Services (RSS) Enrollment Date	mm/dd/yyyy
24	RSS Exit Date	mm/dd/yyyy
ORR-5 Section II: RSS Family Self-Sufficiency Plan (FSSP) Initial Assessment and Referral		
25	RSS FSSP English Ability	Self-reported English proficiency level at the time of initial assessment (for individuals 16 years of age and older)
26	RSS FSSP Education Level	Self-reported highest education level completed at the time of initial assessment (for individuals 16 years of age and older)
27	RSS FSSP Initial Primary Goal (G1)	Individual's initial primary goal
28	RSS FSSP Initial Referral Relevant to G1	ORR or non-ORR-funded services/programs referred

*\*Eligibility Date: Date of admission to the U.S. in qualifying immigration status or category; or date of grant of qualifying status in accordance with ORR [PL 16-01](#), [PL 22-02](#), and [PL 22-13](#).*

## **Section I: Basic Information**

***For Arrival Data (fields 1-14): All arrival data for each record must be completed in order for the record to be accepted during the submission process of uploading to RADS.***

### **1. Alien Number**

- Mandatory: Yes
- Instruction: Enter a six- to nine-digit, or fifteen-digit number without any hyphens or spaces between the numbers. Do not enter an “A” at the beginning of the number.
  - i. For individuals who are eligible for ORR benefits and services but are not in possession of an Alien Number at the time of enrollment, states should create a 15-digit ORR alternative identifier in the format of “999xxxzzzzzzzzzz”. All ORR alternative identifiers must start with 999, which identifies the number as an ORR alternative identifier. The ORR alternative identifier then continues with the 3-digit state agency ID assigned to the state agency, represented by xxx here (for the 3-digit state agency ID, refer to the RADS Training Resource Library or the FIPS chart in the “ORR-5 Instruction Attachment” document). The ORR alternative identifier then continues with 9 digits (represented by zzzzzzzzz here) indicating the 9-digit incremental order of ORR eligible individuals without Alien Numbers served by the state. For example, in the 15-digit ORR alternative identifier “999021000000002”, “999” indicates that the number is an ORR alternative identifier; “021” identifies the state (Kentucky); and “000000002” indicates that this individual is the second ORR-eligible client without an Alien Number during enrollment reported by the state. Once the client’s Alien Number becomes available, the state must update the data in RADS. If a client receives services in subsequent years, the state should continue using the same ORR alternative identifier previously associated with the individual in question OR the actual Alien Number, if the case has been updated.
  - ii. For U.S.-born children under 18 years of age receiving ORR benefits, do not enter the child’s social security number or parent’s alien number in the Alien Number field. For these cases, states should list a 9-digit number in the format of “yyxxxzzzz”, where yy is the last 2-digit of fiscal year; xxx is the 3-digit agency ID which the state agency will be assigned; and zzzz corresponds to an incremental number based on the number of U.S.-born ORR recipient children served by the state. For example, for FY2022, state agency 123, if the state has three cases of U.S.-born children receiving ORR benefits, the alien numbers for the children, in sequence, should be 221230001, 221230002, and 221230003. In the immigration status or category field, enter the applicable code: U.S.-born REF, U.S.-born SIV, U.S.-born AHP, U.S.-born UHP, U.S.-born ASY, U.S.-born CHE, U.S.-born VOT, or U.S.-born AMR.



- Possible values: 111111...9999999999999999

2. *Principal Applicant (PA) Alien Number*

- Mandatory: Yes
- Instruction: Enter a six to nine, or fifteen digit number of the PA of the case without any hyphens or spaces between the numbers. In cases without a designated PA, the oldest individual receiving services in the family should be selected as the PA. Do not enter an A at the beginning of the number. "PA" is a term used for service purposes only, not for a legal status purpose.
- Possible values: 111111...9999999999999999

3. *Relationship to PA*

- Mandatory: Yes
- Instruction: Enter the individual's relationship to the PA of the case.
- Possible Values: Please refer to the list of valid relationships in the Instructions Attachment.

4. *First Name*

- Mandatory: Yes
- Instruction: Enter the first name of the individual.
- Possible values: N/A

5. *Middle Name*

- Mandatory: No
- Instruction: Enter the middle name of the individual, separated with a space. Do not use a comma, hyphen, or forward slash (/) between the middle names. Leave the cell blank if there is no middle name(s).
- Possible values: N/A

6. *Last Name*

- Mandatory: Yes
- Instruction: Enter the last name of the individual. If the last name is hyphenated, include a hyphen or if there are multiple last names include them and separate them with a space.
- Possible values: N/A

7. *DOB*

- Mandatory: Yes
- Instruction: Enter the individual's birth date in *mm/dd/yyyy* format.
- Possible values: Any valid date.

#### 8. *Status or Category*

- Mandatory: Yes
- Instruction: Enter the eligible immigration status or category of the individual: “REF” for Refugee; “SIV” for Special Immigrant Visa holder; “AHP” for Afghan Humanitarian Parolees; “UHP” for Ukrainian Humanitarian Parolees; “VOT” for Victim of Trafficking; “ASY” for Asylee; “CHE” for Cuban-Haitian Entrant; or “AMR” for Amerasian.
- Possible values: Please refer to the list of valid immigration status or category in the Instructions Attachment.

#### 9. *Gender*

- Mandatory: Yes
- Instruction: Enter the individual’s gender identity, regardless of sex assigned at birth. Enter “Unspecified or another gender identity” if client does not identify exclusively as male or female. A few examples of “Unknown” are if the client is unsure about the gender identity at the time of the initial assessment or if the case file record is incomplete. Enter “Refused” if client chooses not to disclose gender information.
- Possible values: Please refer to the list of valid options in the Instructions Attachment.

#### 10. *Nationality*

- Mandatory: Yes
- Instruction: Enter the individual’s nationality or country of origin.
- Possible values: Please refer to the list of valid country names in the Instructions Attachment. Submitted records of PA with a category (field 8) of “CHE” must have Cuba or Haiti as their nationality, otherwise the file will be rejected and returned to the user to be corrected and re-uploaded into RADS. Children of one ORR-eligible parent (in a single-parent family) or two ORR-eligible parents are eligible for ORR services. Report eligible children’s nationality, even if eligible children have a different nationality from their ORR-eligible parent(s). If the nationality is not listed in the Instructions Attachment, provide the nationality through “contact administrator” link of the RADS application (lower right corner) and ORR will add it to the list. An empty cell is not allowed.

#### 11. *Zip Code*

- Mandatory: Yes
- Instruction: Enter the zip code where the individual resides.
- Possible values: Any valid 5-digit zip code. An empty cell is not allowed.

## 12. City

- Mandatory: Yes
- Instruction: Enter the name of the city where the individual resides.
- Possible values: Please refer to the list of valid city names in the Instructions Attachment. If the city is not listed in the Instructions Attachment, enter the city within the closest proximity. An empty cell is not allowed.

## 13. County

- Mandatory: Yes
- Instruction: Enter the county where the individual resides.
- Possible values: Please refer to the list of valid county names in the Instructions Attachment. If the county is not listed in the Instructions Attachment, enter the county within the closest proximity. An empty cell is not allowed.

## 14. *Eligibility Date* (Date of admission to the U.S. in qualifying immigration status or category; or date of grant of qualifying status or category, in accordance with ORR PL 16-01, PL 22-02, and PL 22-13 based on immigration status or category in field 8.)

- Mandatory: Yes
- Instruction: Enter the date that the individual became eligible for ORR benefits and services, in *mm/dd/yyyy* format.<sup>4</sup>
  - For REF, most SIVs, and AMR: Date of arrival in the U.S. (see iii. for SIVs arriving under Operation Allies Welcome).
  - For CHE: Date of arrival in the U.S. or date of entry into the community, whichever is later.
  - For SIVs arriving under Operation Allies Welcome: Date of arrival in the U.S. or date of entry into the community, whichever is later.
  - For AHP: October 1, 2021 or the date of entry into the community, whichever is later.
  - For UHP: May 21, 2022, or the individual's date of humanitarian parole, whichever is later.
  - For ASY: Date of asylum grant or date of arrival in the U.S. for Visa 92 holders.
  - For VOT: Date of Certification or Eligibility Letter.
  - For U.S.-born children: Enter the more recent eligibility date of a parent(s) who qualifies for ORR services.
- Possible Values: Any valid date.

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<sup>4</sup> For additional information on how to determine the date of eligibility for an individual, please see ORR [PL 16-01](#), [PL 22-02](#), and [PL 22-13](#).

***For secondary migration data (fields 15-16): All known secondary migration data for each record should be completed for individuals who migrated into or out of the state, or who received services, during the reporting fiscal year(s).***

***15. Migration Status***

- Mandatory: No
- Instruction: Enter information on whether an individual migrated into or out of the state.
- Possible Values: Please refer to the list of valid migration statuses in the Instructions Attachment.
- Empty Cell: ORR will assume that the individual did not migrate into or out of the state. ORR will consider empty cells as “No Change.”

***16. Date of Migration***

- Mandatory: No
- Instruction: Enter the date that an individual migrated into or out of the state, in mm/dd/yyyy format.
- Possible Values: Any valid date in the reporting fiscal year(s).
- Empty Cell: ORR will assume that the individual did not migrate into or out of the state. ORR will consider empty cells as “No Change.”

***For service data (fields 17-24): At least one service enrollment date (field 17, 19, 21, or 23) must be completed.*** If clients have multiple enrollment and exit dates for the same service (this includes different set-asides within the RSS program) in the reporting fiscal year(s), please provide the earliest initial enrollment date and the latest exit date. If the last date that they received a service is after the end of the reporting fiscal year(s), then leave the exit date field blank (and only reflect an enrollment date). The end date should either be the last day the individual received the service before the end of the reporting fiscal year(s), or blank if they were still receiving the service as of the end of the reporting fiscal year(s). ***Fields marked “Mandatory: No” are not optional for states to report applicable service data. States must provide a service enrollment date for every service an individual received. States must also provide a service exit date, as applicable, if an individual exited a service before the end of the reporting fiscal year(s). “Mandatory: No” implies that empty cells are valid if the individual did not enroll in, or exit from, the applicable service, and at least one of the service enrollment dates is completed (see detailed interpretation of empty cell below).***

***17. Refugee Cash Assistance (RCA) Enrollment Date***

- Mandatory: No
- Instruction: Enter the date that the individual first enrolled in benefits under the RCA program, in mm/dd/yyyy format.
- Possible Values: Any valid date before the end of the reporting fiscal year(s).
- Empty Cell: An empty cell indicates that the individual did not receive RCA benefits.



#### *18. RCA Exit Date*

- Mandatory: No
- Instruction: Enter the date that the individual last received benefits under the RCA program, in *mm/dd/yyyy* format.
- Possible Values: Any valid date before the end of the reporting fiscal year(s).
- Empty Cell: An empty RCA Enrollment Date field indicates that the individual did not receive RCA benefits. If the RCA Enrollment Date field is not empty, and the RCA Exit date is empty, then ORR will assume that the individual is still receiving RCA benefits as of end of the reporting fiscal year(s). If the individual's exit date is after the end of the reporting fiscal year(s), leave the cell blank.

#### *19. Refugee Medical Assistance (RMA) Enrollment Date*

- Mandatory: No
- Instruction: Enter the date that the individual first enrolled in the RMA program, in *mm/dd/yyyy* format.
- Possible Values: Any valid date before the end of the reporting fiscal year(s).
- Empty Cell: An empty cell indicates that the individual did not receive RMA benefits.

#### *20. RMA Exit Date*

- Mandatory: No
- Instruction: Enter the date that the individual exited the RMA program, in *mm/dd/yyyy* format.
- Possible Values: Any valid date before the end of the reporting fiscal year(s).
- Empty Cell: An empty RMA Enrollment Date field indicates that the individual did not receive RMA benefits. If the RMA Enrollment Date field is not empty, and the RMA Exit date is empty, then ORR will assume that the individual is still receiving RMA benefits as of the end of the reporting fiscal year(s). If the individual's exit date is after the end of the reporting fiscal year(s), leave the cell blank.

#### *21. Medical Screening Enrollment Date*

- Mandatory: No
- Instruction: Enter the date that the medical screening was initiated, in *mm/dd/yyyy* format. This is the date the client participated in the first appointment of the medical screening process delineated in an approved state plan. For example, if the screening process in a state consists of three appointments, the first appointment is the Enrollment Date. If the medical screening process in a state consists of only one appointment, the same date should be entered for the Medical Screening Enrollment Date and the Medical Screening Exit Date fields.
- Possible Values: Any valid date before the end of the reporting fiscal year(s).
- Empty Cell: An empty cell indicates that the individual did not receive Medical Screening services.

## *22. Medical Screening Exit Date*

- Mandatory: No
- Instruction: Enter the date that the individual completed a medical screening, in *mm/dd/yyyy* format. This is the date that the client completed the screening services delineated in an approved state plan. For example, if the medical screening process in a state consists of three appointments, the third appointment is the exit date. In this scenario, if the client only completes the second appointment, leave the cell blank. If the medical screening process in a state consists of only one appointment, the same date should be entered for the Medical Screening Enrollment Date and the Medical Screening Exit Date fields.
- Possible Values: Any valid date before the end of the reporting fiscal year(s).
- Empty Cell: An empty Medical Screening Enrollment Date field indicates that the individual did not receive Medical Screening services. If the Medical Screening Enrollment Date field is not empty, and the Medical Screening Exit date is empty, then ORR will assume that the individual has not completed a medical screening as of the end of the reporting fiscal year(s). If the individual's exit date is after the end of the reporting fiscal year(s), leave the cell blank.

## *23. Refugee Support Services (RSS) Enrollment Date*

- Mandatory: No
- Instruction: Enter the date that the individual first enrolled in services under the RSS program, including set-asides, in *mm/dd/yyyy* format. For family members enrolled in RSS services solely because they are required to be included in an FSSP due to someone else in the family receiving employment-related services, use the enrollment date of the first recipient receiving employment-related services in the family.
- Possible Values: Any valid date within 60 months of the client's eligibility date for all services unless otherwise waived or indicated by ORR. Any date beyond 60 months is valid only for citizenship and naturalization preparation services and referral and interpreter services (unless otherwise waived by ORR). A valid date must also be before the end of the reporting fiscal year(s).
- Empty Cell: An empty cell indicates that the individual did not receive RSS services.

## *24. RSS Exit Date*

- Mandatory: No
- Instruction: Enter the date that the individual last received services under the RSS program, including set-asides, before the end of the reporting fiscal year(s), in *mm/dd/yyyy* format.
- Possible Values: Any valid date before the end of the reporting fiscal year(s).
- Empty Cell: If the RSS Enrollment Date field is also empty, ORR will assume that the individual did not receive RSS services. If the RSS Enrollment Date field is not empty, and the RSS Exit date is empty, then ORR will assume that the individual is still receiving RSS services as of the end of the reporting fiscal year(s). If the individual's exit date is after the end of the reporting fiscal year(s), leave the cell blank.

Section II: RSS Family Self-Sufficiency Plan (FSSP) Initial Assessment

***For RSS FSSP initial assessment data (fields 25-28): An RSS FSSP is required for individuals receiving employment-related services funded by RSS and must include each individual member of the family in the household. Reporting on initial assessments is required for individuals who are receiving employment-related services funded by RSS within one year of their Eligibility Date, and for each individual member of their family. Data entry for all fields in this section are mandatory; enter “RSS FSSP is not required” for individuals not required to have an FSSP as specified in ORR PL 21-06.***

25. *RSS FSSP English Ability*

- Mandatory: Yes
- Instruction: Enter “RSS FSSP is not required” if the individual is not required to have an FSSP as specified in ORR PL 21-06. Otherwise, enter the self-reported English ability at the time of the initial assessment for individuals 16 years of age and older. If the individual is under the age of 16, enter “N/A, individual under 16 years old.” An example of “Unable to provide information” is if the individual is required to have an FSSP, but their English ability has not been reported.
- Possible Values: Please refer to the list of valid English ability levels in the Instructions Attachment. An empty cell is not allowed.

26. *RSS FSSP Education Level*

- Mandatory: Yes
- Instruction: Enter “RSS FSSP is not required” if the individual is not required to have an FSSP as specified in ORR PL 21-06. Otherwise, enter the self-reported highest education level completed at the time of the initial assessment for individuals 16 years of age and older. “Lower secondary” refers to junior high school, middle school, or equivalent. “Upper secondary” refers to high school or equivalent, including college bound, vocational, and GED programs. “In camp” refers to education received when in a refugee camp or similar living experience that the client is unable to associate with the other education level categories. If the individual is under the age of 16, enter “N/A, individual under 16 years old.” An example of “Unable to provide information” is if the individual is required to have an FSSP, but their education level has not been recorded.
- Possible Values: Please refer to the list of valid education levels in the Instructions Attachment. An empty cell is not allowed.

27. *RSS FSSP Initial Primary Goal (G1)*

- Mandatory: Yes
- Instruction: Enter “RSS FSSP is not required” if the individual is not required to have an FSSP as specified in ORR PL 21-06. Otherwise, enter the RSS FSSP Initial G1 identified at the time of the initial assessment for each RSS FSSP eligible member of the family. The Initial G1 is defined as the goal that will address the most critical obstacle an individual needs to overcome by the end of 12 months in order to work towards longer-term self-sufficiency and integration. Enter “Other” if the initial G1 falls outside the list of goals. An example of “Unable to provide information” is when the individual is required to have an FSSP, but the initial G1 has not been identified.
- Possible Values: Please refer to the list of valid primary goals in the Instructions Attachment. An empty cell is not allowed.

28. *RSS FSSP Initial Referral Relevant to G1*

- Mandatory: Yes
- Instruction: Enter “RSS FSSP is not required” if the individual is not required to have an FSSP as specified in ORR PL 21-06. Enter the primary referral for service that was made related to the RSS FSSP Initial G1 entered for the individual in field 27. An example of “Unable to provide information” is when a primary referral relevant to G1 has not been made.
- Possible Values: Please refer to the list of valid initial referrals in the Instructions Attachment. An empty cell is not allowed.

ORR-5 Section III: RSS FSSP 12-Month Follow-Up		
Field	Data	Notes
29	Refugee Arrivals Data System (RADS) Case ID	Individual’s Case ID generated by RADS
30	RADS Individual ID	Individual’s Individual ID generated by RADS
31	Alien Number	6 to 9, or 15 digits generated by RADS
32	RSS FSSP Initial Primary Goal Met?	Status of whether the initial primary goal has been met
33	RSS FSSP Employment Status	Employment status
34a	RSS FSSP Total Number of Months Employed Full-Time	Total number of months employed full-time (for individuals 16 years of age and older)
34b	RSS FSSP Total Number of Months Employed Part-Time	Total number of months employed part-time (for individuals 16 years of age and older)
34c	RSS FSSP First Employment Date	mm/dd/yyyy
34d	RSS FSSP Best Hourly Wage	Highest hourly wage (for individuals 16 years of age and older)
35	RSS FSSP How Was 12-Month Follow-Up Information Collected?	Source of information collected

Section III: RSS FSSP 12-Month Follow-Up

***For RSS FSSP 12-month follow-up data (fields 29-35): 12-month follow-up is mandatory for individuals that completed an RSS FSSP Initial Assessment in Section II and reported it in the previous reporting fiscal year.***

*If the individual or family enrolls in RSS employment services in a second state within 12 months of their eligibility date, the second state is required to complete Sections I and II, upon secondary enrollment, and complete Section III, 12 months from the date of secondary enrollment.*

*Fields 34a, 34b, 34c, and 34d may include data from multiple jobs or employment.*

29. *Refugee Arrivals Data System (RADS) Case ID*

- Mandatory: Yes
- Instruction: Use the RADS Case ID as provided from RADS.
- Possible Values: String of digits.



30. *RADS Individual ID*

- Mandatory: Yes
- Instruction: Use the RADS Individual ID as provided from RADS.
- Possible Values: String of digits.

31. *Alien Number*

- Mandatory: Yes
- Instruction: Use the Alien Number as provided from RADS.
- Possible values: 111111...999999999

32. *RSS FSSP Initial Primary Goal Met?*

- Mandatory: Yes
- Instruction: Indicate whether each individual has met their initial primary goal (G1 identified in field 27) by the end of 12-months. An example of “Unable to provide information” is if an individual cannot be reached to determine their status relative to G1.
- Possible Values: Please refer to the list of valid responses in the Instructions Attachment. An empty cell is not allowed.

33. *RSS FSSP Employment Status*

- Mandatory: Yes
- Instruction: Employment status is required for individuals (16 years of age and older), regardless of the primary goal identified in the initial assessment. Enter “Employed” if the individual (16 years of age and older) has ever secured full-time or part-time employment *during* the first 12 months since the RSS FSSP enrollment date with the provider. If “Employed” is entered, fields 34a-d must be entered. Otherwise, leave fields 34a-d blank. If an individual is exempt from employment services under 45 C.F.R. § 400.76, select “Exempt.” An example of “Unable to provide information” is if an individual cannot be reached to determine their employment history.
- Possible Values: Please refer to the list of valid statuses in the Instructions Attachment. An empty cell is not allowed.

34. *RSS FSSP Total Number of Months Employed Full-Time*

- Mandatory: No
- Instruction: If the Employment Status “Employed” is entered (field 33), enter the total number of months that the individual (16 years of age and older) was employed full-time during the first 12 months since the RSS FSSP enrollment date with the provider. If Employment Status is *not* “Employed,” leave the cell blank.
- Possible Values: Whole numbers (with no fractions) from 0 to 12. If an individual was employed in full-time status for part of a month, round up to credit the full month. If the individual worked only part-time and not full-time, enter “0” in field 34a and also enter the number of months employed part-time in field 34b. If the individual worked both full-time and part-time, enter the total number of months of full-time employment in field 34a and also enter the number of months of part-time employment in field 34b.

34b. *RSS FSSP Total Number of Months Employed Part-Time*

- Mandatory: No
- Instruction: If the Employment Status “Employed” is entered (field 33), enter the total number of months that the individual (16 years of age and older) was employed part-time during the first 12 months since the RSS FSSP enrollment date with the provider. If Employment Status is *not* “Employed,” leave the cell blank.
- Possible Values: Whole numbers (with no fractions) from 0 to 12. If an individual was employed in part-time status for part of a month, round up to credit the full month. If the individual worked only full-time and not part-time, enter “0” in field 34b and also enter the number of months employed full-time in field 34a. If the individual worked both full-time and part-time employment, enter the total number of months of full-time employment in field 34a and also enter the number of months of part-time employment in field 34b.

34c. *RSS FSSP First Employment Date*

- Mandatory: No
- Instruction: If the Employment Status “Employed” is entered (field 33), enter the first date in *mm/dd/yyyy* format, that the individual (16 years of age and older) secured employment during the first 12 months since the RSS FSSP enrollment date with the provider. If Employment Status is *not* “Employed,” leave the cell blank.
- Possible Values: Any valid date before the end of the reporting fiscal year(s).

34d. *RSS FSSP Best Hourly Wage*

- Mandatory: No
- Instruction: If the Employment Status “Employed” is entered (field 33), enter the highest hourly wage that the individual (16 years of age and older) received during the first 12 months since the RSS FSSP enrollment date with the provider. If the Employment Status of “full-time employed” or “part-time employed” is entered (field 33), the Best Hourly Wage must also be entered. If Employment Status is *not* “Employed,” leave the cell blank.
- Possible Values: Any valid wage.

35. *RSS FSSP How Was 12-Month Follow-Up Information Collected?*

- Mandatory: Yes
- Instruction: Enter how the 12-month follow-up information was collected for the individual. A response of “12-month follow-up interview with client or family member” indicates that the 12-month follow-up was successfully conducted; “Unable to reach client and used exit interview prior to 12 months” indicates the individual ended RSS services prior to the 12-month follow-up, and information was collected in an exit interview, but the 12-month follow-up was not completed; “Unable to reach client and used case file documentation” indicates the individual was unable to be contacted for a 12-month follow-up or an exit interview, however, follow-up information was collected from case file documentation; “Unable to reach client and unable to provide information” indicates the individual was unable to be contacted and the required information was not available from the exit interview or in the case file.

- Possible Values: Please refer to the list of valid responses in the Instructions Attachment. An empty cell is not allowed.

# Attachments F



Schedule F: Refugee Medical Assistance (RMA) and Medical Screening Programs

UKK-6  
OMB Control No.  
0970-0036  
Expires  
12/31/2025

1. Annual Report, Fiscal Year:

2. Date:

3. State/Grantee:

Part I: Refugee Medical Assistance Recipients and Benefits

A. RMA Enrollment Caseload	Total	C. RMA Recipient Use by Cost Range	Total
1. Previous RMA recipients enrolled in this reporting period		1. No costs incurred	
2. New RMA recipients enrolled during this reporting period		2. \$1-\$10,000	
3. Total number of RMA recipients enrolled during this reporting period	0	3. \$10,001-\$150,000	
B. RMA Termination Reason	Total	4. \$150,001-\$350,000	
1. Reached time-eligibility limit		5. Over \$350,000	
2. Transitioned to Medicaid			
3. Out-migrated			
4. Other			
5. Total number of RMA terminations	0		

Part II: Medical Screening Recipients

A. Timeliness of Medical Screenings	Total	C. Funding Source of Medical Screening Completions	Total
1. Recipients who completed a medical screening within 30 days from the date of eligibility for ORR benefits		1. Recipients who completed a medical screening funded ONLY by CMA	
2. Recipients who completed a medical screening within 31-90 days from the date of eligibility for ORR benefits		2. Recipients who completed a medical screening partially funded by CMA	
3. Recipients who completed a medical screening beyond 90 days from the date of eligibility for ORR benefits		3. Total recipients who completed a medical screening in this reporting period	
4. Total recipients who completed a medical screening in this reporting period	0	D. Medical Screening Recipient Completions by Eligibility Status	Total
B. Class A and Class B Tuberculosis (TB) Cases Domestic Medical Screening Completions	Total	1. Refugee	
1. Class A and Class B TB cases arrived		2. Asylee	
2. Class A and Class B TB cases who completed a domestic medical screening		3. SIV Holders (including SI/SQ Parolees and Conditional Permanent Residents)	
3. Class A and Class B TB domestic medical screening completion rate	#DIV/0!	4. Cuban/Haitian Entrant	
		5. Afghan Humanitarian Parolee	
		6. Ukrainian Humanitarian Parolee	
		7. Victims of Trafficking	
		8. Other	
		E. Medical Screening Recipient Completions by Age	Total
		1. Child < 18 years	
		2. Adult ≥ 18 years	

Part III: Medical Screening Services			
<b>A. Lead Screening</b>	<b>Total</b>	<b>E. HIV Screening</b>	<b>Total</b>
1. Recipients tested for lead (first test)		1. Recipients tested for HIV	
<b>B. Domestic Mental Health Screening</b>	<b>Total</b>	<b>F. Domestic Tuberculosis Screening</b>	<b>Total</b>
1. Recipients provided a domestic mental health screening		1. Recipients who completed a TST domestically	
a. Recipients referred for further evaluation and counseling		2. Recipients tested with IGRA domestically	
<b>C. Parasite Screening</b>	<b>Total</b>	<b>G. Domestic Hepatitis B Screening</b>	<b>Total</b>
1. Recipients who completed tests for parasitic infections		1. Recipients tested for hepatitis B (surface antigen) domestically	
a. Recipients tested for strongyloidiasis		<b>H. Hepatitis C Screening</b>	<b>Total</b>
b. Recipients tested for schistosomiasis		1. Recipients tested for hepatitis C (HCV antibody test)	
c. Recipients tested for soil-transmitted helminths		<b>I. Domestic Syphilis Screening</b>	<b>Total</b>
d. Recipients tested for malaria		1. Recipients tested for syphilis (VDRL/RPR) domestically	
<b>D. Domestic Presumptive Treatment</b>	<b>Total</b>	<b>J. Chlamydia Screening</b>	<b>Total</b>
1. Recipients presumptively treated domestically		1. Recipients tested for chlamydia	
a. Recipients presumptively treated for strongyloidiasis domestically		<b>K. Domestic Gonorrhea Screening</b>	<b>Total</b>
b. Recipients presumptively treated for schistosomiasis domestically		1. Recipients tested for gonorrhea domestically	
c. Recipients presumptively treated for soil-transmitted helminths domestically		<b>L. Primary Care Referrals</b>	<b>Total</b>
d. Recipients presumptively treated for malaria domestically		1. Recipients referred to primary care	

Annual Service Plan						ORR-6 OMB Control No. 0970-0036 Expires 12/31/2025			
1. State/Grantee:		2. Fiscal Year:		3. Date:					
<b>4. Previous FFY Report (Program Participants)</b> <b>45 CFR §§ 400.154 and 45 CFR 400.155</b>						<b>Total FY Unduplicated</b>			
a) Employment									
b) Employability Assessment									
c) On-the-job Training									
d) English Language Instruction									
e) Vocational Training									
f) Skills Recertification									
g) Day Care for Children									
h) Transportation									
i) Translation and Interpreter Services									
j) Case Management									
k) EAD Assistance									
l) Information and Referral									
m) Outreach Services									
n) Social Adjustment									
o) Citizenship and Naturalization									
<b>ASA RSS services only</b>									
p) ASA housing									
q) ASA immigration-related legal assistance									
<b>5. Total Unduplicated</b>									
<b>6. Previous FFY Report Services Participation (45 CFR 400.154 and 45 CFR 400.155)</b>						<b>Total Number</b>			
a) Report number of service participants at the end of FFY who are 0-12 months since arrival in the US									
b) Report number of service participants at the end of FFY who are 13-60 months since arrival in the US									
<b>7. Previous FFY Set-Aside Programs Services Participation</b>				<b>RSI</b>	<b>SOR</b>	<b>YM</b>	<b>RHP</b>	<b>ARSI S2S</b>	<b>Other</b>
a) Report number of service participants at the end of FFY who are 0-12 months since arrival in the US									
b) Report number of service participants at the end of FFY who are 13-60 months since arrival in the US									

[illegible]



## ANNUAL SERVICE PLAN INSTRUCTIONS

### General Overview

#### I. Submission

In order to receive Refugee Support Services (RSS) grant funding, states and Replacement Designees must submit an Annual Services Plan (ASP) in accordance with 45 CFR § 400.11(b)(2).

The ASP is due **November 30** for the current Federal Fiscal Year (FFY) and is must be submitted via the online Refugee Arrival Data System (RADS). ***Please Note: A state/grantee's funding for RSS services will be contingent upon the submittal and approval of its ASP.***

#### II. Content

The information required to be reported includes the following:

- previous year participants (ORR-eligible populations),
- the ORR grant for each category of services (categorized by RSS base or RSS set-asides, including RSS and RSS set-aside services funded by the Afghanistan Supplemental Appropriations Act, 2022 and the Additional Afghanistan Supplemental Appropriations Act, 2022 (hereinafter "ASA"), and Additional Ukraine Supplemental Appropriations Act, 2022 (hereinafter "AUSAA")),
- the amount contracted for service provision only,
- the target number of program participants for each service based on their time in the U.S.,
- the type of agency providing the services, and
- the percentage of funding to each type of agency for each category of service.

Data included in this report will reflect two different time periods: the previous fiscal year participants and current fiscal year projections. This will be described in more detail in the relevant sections below.

#### III. Purpose and Use

ORR reviews the information for planning purposes and to see the extent to which funds are allocated to serve the newly arrived refugees (in the U.S. less than 12 months) who have priority for services based on 45 CFR § 400.147. Subsequent program information will be reviewed and compared to the ASP.

#### IV. Data Elements

Item	Data Elements	Instructions
1.	State/Grantee	Enter the name of the state or grantee that is providing the data. States that operate county or locally-administered programs must submit a separate ASP for each local jurisdiction receiving ORR funds from the RSS program. These states must also submit a consolidated ASP for the state.
2.	Fiscal Year	Enter the Federal Fiscal Year for which the ASP is being submitted. Due to differences in state contracting cycles, <b><i>ORR does not specify that the contract period coincide with the Federal Fiscal Year (FFY). Instead, this information is to reflect each state's 12-month period of services under contract effective at the beginning of a FFY, October 1, regardless of when that period begins and ends.</i></b>

		Contract modifications occurring after November 30 that change the amount of funding or number of program participants targeted for priority services must be reported to ORR as a revised ASP or in the Schedule A: Program Narrative of the subsequent ORR-6 Performance Report.
3.	Date	Enter the date that the report is completed.
4.	Previous FFY Report (Program Participants)	In this section, report the number of program participants by service type as provided in the previous FFY (October 1 – September 30) through RSS (including ASA-funded RSS (“ASA RSS”) and AUSAA-funded RSS (“URSS”)) funding under both 45 CFR §§ 400.154 and 400.155. This is intended to capture all participants, regardless of age, and regardless of plan to obtain or retain employment.  <b>Definitions of authorized services are described in 4.a. – 4.o. These descriptions come from 45 CFR 400.154 and 400.155.</b>
4.a.	Employment	Employment services are direct services provided in accordance with an employability plan that assist an employable adult in preparation for, development of, placement in, or maintenance of employment, as defined in 45 CFR § 400.154(a).
4.b.	Employment Assessment	Employment assessment services, including aptitude and skills testing.
4.c.	On-the-Job Training	Includes on-the-job training provided at the employment site and is expected to result in full-time, permanent, unsubsidized employment with the employer who is providing the training.
4.d.	English Language instruction	Includes English language instruction, with an emphasis on English as it relates to obtaining and retaining a job.
4.e.	Vocational Training	Vocation training should be short-term designed to teach refugees specific job-related skills that prepare them for a specific job or type of employment, such as driver education, nurse’s aide, electronic assembly, or power sewing.
4.f.	Skills Recertification	Skills recertification services provided when such training meets the criteria for appropriate training in 45 CFR §400.81(b).
4.g.	Day Care for Children	Day care for children received when necessary for participation in an employability service or for the acceptance or retention of employment; or when necessary for participation in a service other than employability.
4.h.	Transportation	Transportation services provided when necessary for participation in an employability services or for the acceptance/retention of employment; or when necessary for participation in a service other than an employability service.
4.i.	Translation and Interpreter Services	Translation and interpretation services provided to refugees in connection with employment or employability services; or when necessary for a purpose other than in connection with employment and as part of an employability plan.
4.j.	Case Management	Case management services defined as the determination of specific service(s) to which to refer a refugee; and, may be related to active participation as part of the individual employability plan, referral to such service(s), and tracking of the refugee’s participation in such services; or may be for a purpose other than in connection with employment or participation in employability services.
4.k.	EAD Assistance	Assistance in obtaining Employment Authorization Documents (EADs).
4.l.	Information and Referral	Includes information and referral to other services for participants. Report regardless if the referral is internal to ORR funded services, or external to an agency not funded by ORR.
4.m	Outreach Services	Includes activities designed to familiarize refugees with available services, to explain the purpose of these services, and facilitate access to these services. This pertains either to people who are currently being served (e.g., providing referrals or doing outreach on their behalf for services) or former clients who are still eligible for ORR services (i.e., outreach to reconnect with these clients).
4.n.	Social Adjustment	Social adjustment services include emergency services, health related services, and home management services.
4.o.	Citizenship and Naturalization	Preparation services for citizenship and naturalization, including English Language training and civics instruction to prepare refugees for citizenship, application assistance for adjustment to legal permanent resident status and citizenship status, assistance to disabled refugees in obtaining disability waivers from English and civics requirements for naturalization, and the provision of interpreter services for the citizenship interview.
		<b>Definitions of services authorized under ASA RSS only are as follows:</b>

4.p.	ASA Housing	Enter the number of participants receiving ASA RSS housing assistance.
4.q.	ASA Immigration-Related Legal Assistance	Enter the number of participants receiving ASA RSS immigration-related legal assistance.
5.	Total Unduplicated	Enter the unduplicated number of participants that received the appropriate services. The same participant could have received multiple services. In this section, provide unduplicated number of participants across all services.
6.	Previous FFY Report RSS Participation	In this section, provide total unduplicated number of all RSS (including ASA RSS and URSS) service participants (45 CFR §§ 400.154 and 400.155) by the length of time in the US at the end of FFY. This is a point in time measure on the number of service participants on the last day of the FYY (9/30).
6. a.	Previous FFY Report RSS Participation 0-12 Months	Enter the total unduplicated number of all RSS (including ASA RSS and URSS) service participants (45 CFR §§ 400.154 and 400.155) who are 0-12 months in the U.S. at the end of FFY.
6. b.	Previous FFY Report RSS Participation 13-60 Months	Enter the total unduplicated number of all RSS (including ASA RSS and URSS) service participants (45 CFR §§ 400.154 and 400.155) who are 13-60 months in the U.S. at the end of FFY.
7.	Previous FFY Report RSS Set-Asides Participation	In this section provide total unduplicated number of all RSS set-asides (including ASA-funded and AUSAA-funded) service participants by program and by the length of time in the US at the end of FFY. This is a point in time measure on the number of service participants on the last day of the FYY (9/30).
7. a.	Previous FFY Report RSS Set-Asides Participation 0-12 Months	Enter the total unduplicated number of all RSS set-asides (including ASA-funded and AUSAA-funded) service participants for each set-aside program: <ul style="list-style-type: none"> <li>• Refugee School Impact [RSI]: including Early RSI, ASA-funded RSI [ARSI], and AUSAA-funded RSI [URSI];</li> <li>• Services to Older Refugees [SOR] including ASA-funded SOR [ASOR];</li> <li>• Youth Mentoring [YM] including ASA-funded YM [AYM];</li> <li>• Refugee Health Promotion [RHP]: including Refugee Mental Health Initiative [ReMHI], ASA-funded RHP [ARHP], and AUSAA-funded RHP [URHP];</li> <li>• ASA-funded Support to Schools [ARSI S2S]<sup>5</sup>.</li> </ul> or any other future program, who are 0-12 months in the U.S. at the end of FFY.
7. b.	Previous FFY Report RSS Set-Asides Participation 13-60 Months	Enter the total unduplicated number of all RSS set-asides service participants for each set-aside program who are 13-60 months in the U.S. at the end of FFY.
8.	Description of State-Provided or Contracted Services	<p>The ASP includes the following priority services: Employment Services, English Language Instruction, On-the-Job Training, and Vocational Training. The ASP also includes the categories of ASA Housing, ASA Immigration-Related Legal Assistance, and Other Services, to capture additional services as described below. States do not report contracts individually on the ASP. Instead, all contracts for the same category of services including those services that are ASA-funded and AUSAA-funded, should be represented by one entry on the ASP.</p> <p><b>Definitions of the priority services are described below in 8.a. – 8.e.: These descriptions come from 45 CFR 400.154 and 400.155.</b></p>

<sup>5</sup> If a state subcontracts RSI or ARSI funding to a school district(s) or state education agency (SEA), it should report any Afghan clients under ARSI S2S, *not* under RSI, to avoid duplication. If the state does not subcontract any RSI or ARSI funds to a school district(s) or SEA, then it should report Afghan clients served through RSI, and Afghan clients served through schools funded by ARSI S2S, in the respective appropriate section.

8. a.	Employment Services	Employment services are direct services provided in accordance with an employability plan that assist an employable adult in preparation for, development of, placement in, or maintenance of employment, as defined in 45 CFR § 400.154(a) ONLY.						
8. b.	English Language Instruction	English language instruction for non-native English speakers is a course of instruction in English with an emphasis on acquisition of survival and employment-related reading, writing, listening, and speaking skills.						
8. c.	On-the-Job Training (OJT)	On-the-Job Training is placement of an employable adult refugee in subsidized employment, funded by ORR for a period of time not to exceed six months, after which the employer has agreed to hire the OJT trainee in permanent unsubsidized employment.						
8. d.	Vocational Training	Vocational training is training of a short-term duration designed to teach refugees specific job-related skills that prepare them for a specific job or type of employment, such as nurse's aide, electronic assembly, or power sewing.						
8.e	ASA Housing	ASA housing is emergency/short-term and long-term housing for Afghans who arrived under Operation Allies Refuge/Operation Allies Welcome (OAR/OAW) utilizing ASA RSS funds.						
8.f	ASA Immigration-Related Legal Assistance	ASA immigration-related legal assistance is immigration-related legal assistance to Afghans who arrived under OAR/OAW utilizing ASA RSS funding.						
8. g.	Other Services	Other Services includes RSS-funded (including ASA-funded and AUSAA-funded) employment-related services, such as interpretation/translation, transportation, or daycare. In addition, Other Services may include activities such as case management (the determination of which service[s] to refer a refugee to in accordance with an employability plan, referral to such service[s], and tracking of the refugee's participation in such services), and programming under RSI (including Early RSI, ARSI, and URSI), SOR (including ASOR), YM (including AYM), RHP (including ReMHI, ARHP, and URHP), and ARSI S2S. The Other category should be used if ORR provides specific funding for services in addition to those already listed under 8. g.						
9.	Grant	Enter the applicable funding source: RSS (base formula funding, including ASA RSS and URSS), RSI (including Early RSI, ARSI, and URSI), SOR (including ASOR), YM (including AYM), RHP (including ReMHI, ARHP, and URHP), ARSI S2S, or any other future program.						
10.	Contracted Amount by Funding Source	By category of service and then by funding source, enter the total amount of ORR funds (including ASA RSS, ASA-funded and AUSAA-funded RSS set-asides) used to fund all services or contracts in effect as of October 1 of the current year. For example, if a state has the following: <ul style="list-style-type: none"><li>• Two RSS-funded contracts and one ASA RSS-funded contract for employment services (\$100,000, \$100,000, and \$125,000),</li><li>• Two RSS-funded contracts for interpretation (\$50,000 and \$30,000),</li><li>• One RSS-funded contract for transportation (\$30,000), and</li><li>• One RSI-funded contract for teacher training (\$25,000) and one ARSI-funded contract for parent orientation (\$25,000),</li></ul> <u>Enter:</u> <table><tr><td>a. Employment Services RSS</td><td>\$325,000</td></tr><tr><td>e. Other Services (which includes interpretation/translation) RSS</td><td>\$110,000</td></tr><tr><td>e. Other Services RSS-RSI</td><td>\$50,000</td></tr></table>	a. Employment Services RSS	\$325,000	e. Other Services (which includes interpretation/translation) RSS	\$110,000	e. Other Services RSS-RSI	\$50,000
a. Employment Services RSS	\$325,000							
e. Other Services (which includes interpretation/translation) RSS	\$110,000							
e. Other Services RSS-RSI	\$50,000							
11.	Program Participants	<b>0 through 12 (0-12) months</b> By category of service, enter the target number of ORR-eligible participants in the U.S. less than a full 12 months projected to be served under existing contracts. <b>13 through 60 (13-60) months</b> By category of service, enter the target number of ORR-eligible participants in the U.S. from 13 to 60 months projected to be served under existing contracts. <b>Total Number</b>						



		This field will automatically calculate, by category of service, the total target number of ORR-eligible participants projected to be served under existing contracts.
12.	Type of Agency and Percent of Funds	<p>By category of service, indicate the type of agency providing the services and the percentage of the total contracted amount for each service allocated to that type of agency.</p> <p>For example, if a state has employment services contracts totaling \$325,000, of which</p> <ul style="list-style-type: none"> <li>• \$100,000 is contracted to a Mutual Assistance Association</li> <li>• \$125,000 to a Refugee Agency, and</li> <li>• \$100,000 to a Community College,</li> </ul> <p>Enter in the Type of Agency and Percent of Funds field in the row for Employment (8.a.):</p> <ul style="list-style-type: none"> <li>• B. Mutual Assistance Association      31%</li> <li>• C. Refugee Agency                              38%</li> <li>• D. Community College                              31%</li> <li>• J. Total (automatically calculated) 100%; should always be 100%.</li> </ul>

PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to inform CMA program policies, priorities, and budgets as well as to monitor RSS and URM program performance. Public reporting burden for this collection of information is estimated to average 15 hours per grantee, including the time for reviewing instructions, gathering, and maintaining the data needed, and reviewing the collection of information. This is a mandatory collection of information delineated at 45 CFR § 400.28(b). 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 # is 0970-0036 and the expiration date is 12/31/2025. If you have any comments on this collection of information, please contact [draprograms@acf.hhs.gov](mailto:draprograms@acf.hhs.gov).

# Attachments G

## OFFICE OF REFUGEE RESETTLEMENT

### ANNUAL OUTCOME GOAL PLAN

#### Instructions

##### **General Overview**

These instructions are intended to provide assistance in completing the *Annual Outcome Goal Plan: Performance Goals and Actuals* and *Performance Narrative*. For your convenience, individualized forms are provided to all State Refugee Coordinators each year with the *Goals* data entered by ORR from the previous year's approved Annual Outcome Goal Plan. For each data point, please review the entered information and make any necessary changes.

When setting Goals, States/agencies should establish targets aimed at improving upon the previous year's *Actuals* while maintaining a realistic approach to possible outcomes based upon knowledge of your state's job market and economic environment. Other considerations include employability characteristics and/or limitations of the anticipated caseload for employment services and the various forces that impact a client's entering employment.

A Final Completion Checklist is attached to these instructions for your convenience. This is a tool to assist you in ensuring proper completion of the Annual Outcome Goal Plan. It is for your use only and does not need to be submitted with your *Annual Outcome Goal Plan: Performance Goals and Actuals* and *Performance Narrative*.

The completed *Annual Outcome Goal Plan: Performance Goals and Actuals* and *Performance Narrative* should be submitted to [RADS](#) database, via email by **November 30 each year**.

If you need assistance, please contact your Regional Representative or Goran Debelnogich, at [goran.debelnogich@acf.hhs.gov](mailto:goran.debelnogich@acf.hhs.gov) or (330) 907-3480.

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##### **1. Caseload**

**In the available fields under FY [previous year] Actual, enter the *unduplicated* number of active, employable adults enrolled in employability services by category of assistance.** The form will automatically calculate the total caseload by adding the number of refugees in each category of assistance. Enrolled refugees receiving neither Temporary Assistance for Needy Families (TANF) nor Refugee Cash Assistance (RCA) should be included in the category No Federal Cash Assistance. Refugees receiving only state cash assistance should also be included in this category.



##### ***Match Grant Enrollees:***

States/Wilson Fish Agencies that provide English language instruction to Match Grant enrollees through their employment services *should not* count these participants in their caseload.

The caseload consists only of those refugees actively receiving employability services as defined under 45 CFR 400.154 (a) (c) (d) and (e). The full text of these sections can be found at [ecfr.gov](http://ecfr.gov).

**In the available fields under FY [current year] Goal, enter the proposed *unduplicated* number of active, employable adults to be enrolled in employability services by category of assistance.**

## 2. Entered Employment

**In the available fields under FY [previous year] Actual, enter the *unduplicated* number of refugees entered employment by category of assistance and employment type.** The form will automatically calculate the total number of refugees entered employment by adding the number of refugees in each category of assistance and employment type. Enrolled refugees receiving neither Temporary Assistance for Needy Families (TANF) nor Refugee Cash Assistance (RCA) should be included in the category No Federal Cash Assistance Entered Employment.



### **Full- vs. Part-time:**

Full-time employment is considered any job where a refugee works 35 hours per week or more. Part-time is any job less than 35 hours per week.

**In the available fields under FY [current year] Goal, enter the proposed number of refugees to enter employment by category of assistance and employment type.** As part of the Program Assessment Rating Tool (PART) reported to Congress, the Office of Refugee Resettlement has committed to specific increases based on a given program's performance for this measure. For State/Wilson Fish programs with previous FY Actual entered employment rates of less than 50%, the current FY Goal should reflect at least a 5% increase over the Actual. For programs with previous FY Actual of more than 50% but less than 85%, a 3% increase is acceptable.

## 3. Federal Cash Assistance Terminations

**In the available fields under FY [previous year] Actual, enter the *unduplicated* number of refugees terminating federal cash assistance due to earnings from employment by category of assistance.** The form will automatically calculate the total number of refugees terminating assistance by adding the number of refugees in each category of assistance.



### **Termination Rate:**

The termination rate is automatically calculated by dividing total federal cash assistance terminations by the total number of TANF and RCA recipients entered employment.

**In the available fields under FY [current year] Goal, enter the proposed *unduplicated* number of refugees to terminate federal cash assistance due to earnings from employment by category of assistance.**

## 4. Federal Cash Assistance Reductions

**In the available fields under FY [previous year] Actual, enter the *unduplicated* number of refugees reducing federal cash assistance due to earnings from employment by category of assistance.** The form will automatically calculate the total number of refugees reducing assistance by adding the number of refugees in each category of assistance.

**In the available fields under FY [current year] Goal, enter the proposed *unduplicated* number of refugees to reduce federal cash assistance due to earnings from employment by category of assistance.**



## 5. Entered Full Time Employment Offering Health Benefits

In the available fields under FY [previous year] Actual, by category of assistance, enter the *unduplicated* number of refugees entered *full-time* employment where health benefits are *offered* within the first six months of employment. The form will automatically calculate the total number of refugees entered full-time employment where health benefits are offered.

In the available fields under FY [current year] Goal, by category of assistance, enter the proposed *unduplicated* number of refugees to enter *full-time* employment where health benefits are *offered* within the first six months of employment.



### ***Offered vs. Accepted:***

Full-time jobs offering health benefits are counted regardless of whether or not the refugee chooses to accept the health coverage.

## 6. Average Hourly Wage of Refugees Entering Full Time Employment

In the available fields under FY [previous year] Actual, enter the average wage at placement for all refugees entered *full-time* employment.

In the available fields under FY [current year] Goal, enter the proposed average wage at placement for all refugees to enter full-time employment.



### ***Measuring Average:***

Average Wage at Employment is calculated as the sum of the hourly wages for the full time placements divided by the total number of individuals placed in employment by each state. ORR calculates the national aggregate average wage based on state averages and does not weight each particular state.

## 7. 90-Day Retention Rate

For the FY [previous year] Actual, in the available field titled "Unduplicated # of Entered Employments," enter the *unduplicated* number of entered employments counting from July of the previous Calendar Year (CY) through June of the current CY.

In the available field titled "Unduplicated # of Retentions," enter the *unduplicated* number of retentions for FY [previous year] Actual. The form will automatically calculate the previous FY's Actual 90-Day Retention Rate in the row above entitled "Percentage" by dividing the total retentions by the total entered employments from the 90-Day Retention Rate Calculator (7a).

In the available field under FY [current year] Goal, enter the proposed retention *percentage* goal.



### ***Measuring Retention:***

The retention rate is a measure of retention of employment – not necessarily retention of a specific job. As long as the refugee remains employed in a job a quarter after employment entry, it is considered a retention even if it is not the same job started during the previous baseline quarter.



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## 8. Office of Refugee Resettlement Funding

In the available fields, enter the total Office of Refugee Resettlement funds, for employment services as defined by CFR 400.154 (a) ONLY (“including development of a family self-sufficiency plan and an individual employability plan, world-of-work and job orientation, job clubs, job workshops, job development, referral to job opportunities, job search, and job placement follow up”) liquidated in FY [previous year], regardless of the year in which those funds were received. The form will automatically calculate the total funding expended in the previous FY and the cost per placement.



### **Reporting Funds:**

All RSS funds expended in FY that have employment outcomes should be included in RSS Funding line in Section 8: Office of Refugee Resettlement Funding. Those without employment outcomes should not be included.

In the available fields, enter the total Office of Refugee Resettlement funds for employment services as defined by CFR 400.154 (a) ONLY proposed to be liquidated in FY [current year]. The form will automatically calculate the total funding proposed to be expended in the current FY and the proposed cost per placement.

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## Agency Point of Contact

In the available fields, enter the name, title, and contact information of the agency staff person best equipped to respond to questions regarding your Annual Outcome Goal Plan submission.

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## Performance Narrative

Using the available fields in the attached *Performance Narrative*, respond to each of the ten questions as thoroughly as possible. Information provided in the Performance Narrative is important for understanding not only an individual program’s performance but in analyzing overall trends affecting programs nationwide.

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## Deadline

The completed *Annual Outcome Goal Plan: Performance Goals and Actuals* and *Performance Narrative* should be submitted to [RADS](#) database, by November 30 each year.

**ANNUAL OUTCOME GOAL PLAN**  
**FY 2024**  
**PERFORMANCE GOALS AND ACTUALS**

Agency/Organization

FY 2023 GOAL

FY 2023 ACTUAL

FY 2024 GOAL

**1. Caseload**

TANF Recipients

RCA Recipients

No Federal Cash Assistance

**Total**

**0**

**0**

**0**

**2. Entered Employment**

Full Time

0

0

0

Part Time

0

0

0

**Total**

**0**

**0**

**0**

**2a. TANF Recipients Entered Employment**

Full Time

0

0

0

Part Time

0

0

0

**Total**

**0**

**0**

**0**

**2b. RCA Recipients Entered Employment**

Full Time

0

0

0

Part Time

0

0

0

**Total**

**0**

**0**

**0**

**2c. No Federal Cash Assistance Entered Employment**

Full Time

0

0

0

Part Time

0

0

0

**Total**

**0**

**0**

**0**

**Cash Assistance Recipients Placed In Employment**

0

0

0

### 3. Federal Cash Assistance Terminations

TANF Recipients	0	▼	0	▼	0	▼
RCA Recipients	0	▼	0	▼	0	▼
<b>Total</b>	<b>0</b>	▼	<b>0</b>	▼	<b>0</b>	▼

### 4. Federal Cash Assistance Reductions

TANF Recipients	0	▼	0	▼	0	▼
RCA Recipients	0	▼	0	▼	0	▼
<b>Total</b>	<b>0</b>	▼	<b>0</b>	▼	<b>0</b>	▼

### 5. Entered Full Time Employment Offering Health Benefits

TANF Recipients	0	▼	0	▼	0	▼
RCA Recipients	0	▼	0	▼	0	▼
No Federal Cash Assistance	0	▼	0	▼	0	▼
<b>Total</b>	<b>0</b>	▼	<b>0</b>	▼	<b>0</b>	▼