

APPENDIX E

SCHEDULE A: PROGRAM NARRATIVE

1. Report on major activities undertaken during the reporting period, specifically activities intended to accomplish the annual outcome goals and objectives that the State has proposed as well as any interim objectives achieved within the reporting period.

Activity	Accomplishment	Challenge

2. New program initiatives:

3. Discuss any significant changes in refugee employment or other service outcomes, in regards to the numbers of refugees accessing RCA/RMA.				
4. Please provide numerical breakdown of new RCA enrollees during this reporting period:				
New arrivals	Secondary migrants	Former Matching Grant clients	RCA re-applicants	Total
5. Provide the reason and number of exemptions from registration for employment services by RCA recipients during this period.				
Reason of exemption:				Total number
6. Discuss any results in medical screening and health assessments (e.g. timeliness, best practices and innovative methods and procedures). Respondents should include (in both the narrative and on supplemental charts) additional information about initial health assessments, medical screenings, treatments, follow up and other information that profiles the health and medical conditions, including behavioral health of the refugee population as well as any plans to address medical and health-related concerns.				
			M	F
Number of refugees screened in 30 days from arrival				
Number of refugees screened 31-90 days from arrival				
Number of refugees not screened in 90 days				
Describe main reasons for refugees not being screened: (e.g. out-migrated, patient refused, etc.)				
Number of adult refugees referred to:				
Primary care				
Mental Health Services				
Dental Care				
Vision Care				
Disability Services				
High Public Concern Services (i.e. infectious diseases, HIV, suicide, etc)				

Number of children (under 18) referred to primary care: (non-URM)		
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List top five (5) health issues for all referrals (children and adults):

Report any high cost of medical events covered by RMA (over \$10,000)

Type of event	Cost	Care to continue or event completed	Recipient's ethnicity and/or country of origin

Based on refugee health issues and costs, describe the programs and policies that the State will maintain, modify, or change to address specific health issues and improve health services to refugees (e.g. training, new procedures and protocols, etc.)

7. Discuss any planning and preparation activities for emergency operations and continuity of operations in the event of a pandemic influenza or other disaster.

Date of your most recent plan or update of the plan?	
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List activities in this reporting period:

8. Indicate what outcome measures the State uses to measure performance among vendors, such as performance targets, performance improvement measures, etc.

9. List monitoring activities (RSS, TAG, RMA, RMS) undertaken during the reporting period in the following chart and attach the required reports.

Agency Name	Program	Location	Date	Purpose	Report Attached (Yes/No)

10. Discuss results of corrective action plans implemented during previous reporting period:

Schedule B : Cash and Medical Assistance and Medical Screening

Reporting Period:

						Fiscal Year:	
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State:

		Date:	
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I. Refugee Cash Assistance	Cases	Persons
A. Previous RCA recipients still active in this reporting period		
B. New RCA recipients during this reporting period		
C. Total number of RCA recipients during this reporting period	0	0
II. Refugee Medical Assistance		Persons
A. Previous RMA recipients still active in this reporting period		
B. New RMA recipients during this reporting period		
C. Total number of RMA recipients during this reporting period		0
III. Refugee Medical Screening		Persons
A. Total number of recipients of medical screenings during reporting period		
B. Number of recipients of medical screenings during reporting period funded by RMA		

Schedule C: Services Report: Employment Services 45 CFR 400.154 (a)

ORR-6
OMB Control No.
0970-0036
Expires 10/31/2018

Reporting Period:

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 Fiscal Year:

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State:

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 Date:

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Grant #:

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 Grant Name:

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A. RCA Employment Data: Number of refugees between 18 and 65 who are not exempt under §400.76 and who reached the eight month time limit for RCA this trimester			1. Total Number	2. Grant Terminations due to income from employment prior to the eight month limit		
B. Entered Employment and Cash Assistance Status			Time in U.S.	2. FT	3. PT	4. Grant Terminations
Participants by type		1. Total Number				
a. RCA	1.		0 - 4 months			
	2.		5 - 8 months			
b. TANF	1.		0 - 12 months			
	2.		> 12 months			
c. Other CA	1.		0 - 12 months			
	2.		> 12 months			
d. No CA	1.		0 - 12 months			
	2.		> 12 months			
e. Total Caseload for Employment Services		0	TOTAL	0	0	0
C. Average Hourly Wage Employment Entry						
D. Health Benefits Available						
E. Employed 90 Days Later						
a) RCA at entered employment						
b) TANF at entered employment						
c) Other CA at entered employment						
d) No CA at entered employment						
			Total	0	0	

Schedule C: Services Report: Employability Services, 45 CFR 400.154 (b) – (k)

ORR-6
OMB Control No.
0970-0036
Expires 10/31/2018

Reporting Period:				Fiscal Year:	
State:				Date:	
Grant #:			Grant Name:		

A. Active participants this period	Total	AGE		SERVICES		
1. English Language Training	0	18-50	51 and over	Beginner	Intermediate	Other
0 - 12 mos in U.S.						
> 12 mos in U.S.						

2. On the Job Training	0	18-50	51 and over	0-30 days training	> 1 month training	> 3 months training
0 - 12 mos in U.S.						
> 12 mos in U.S.						
B. Completions (unduplicated)						

3. Skills Training	0	18-50	51 and over	0-30 days training	> 1 month training	> 3 months training
0 - 12 mos in U.S.						
> 12 mos in U.S.						
B. Completions (unduplicated)						

4. Case Management	0	18-50	51 and over	New case	Follow-up	Referred
0 - 12 mos in U.S.						
> 12 mos in U.S.						

5. Other Employability Services	0	Employability assessment	Child Care	Transportation	Interpreting & translation	EAD assistance
0 - 12 mos in U.S.						
> 12 mos in U.S.						

III. Narrative

<p>1. Discuss data elements reported in Section I of Schedule D (Current Population) that warrant an explanation. Provide detail by program location. Include noticeable increases or decreases from previous periods. State the number of youth who, at the end of the reporting period, were no longer receiving placement services but only independent living benefits and/or services funded by ORR, such as education and training benefits. Indicate if the following occurred during this period: 1) a youth left a URM program but the case remains open because state, county or agency must retain legal responsibility, or 2) a youth re-entered care after a prior termination. Additionally, regarding youth who left care, have they left care for reasons other than permanency or emancipation? If so, discuss emerging trends (i.e. lack of employment opportunities, no vocational programs, etc.).</p>
<p>2. Discuss data elements reported in Section II of Schedule D (Placement Capacity Chart) that warrant an explanation, including any numbers placed in the "other" column. Provide detail by program location. Discuss recent progress or obstacles in developing placement capacity (i.e. diversifying placement types, recruiting foster families, networking or developing memoranda of understanding with new service providers, etc.). Describe recent efforts to add therapeutic or specialized group home placements, and to recruit foster homes reflective of the ethnicities, religions, cultures and languages of the youth being referred to the URM program. Describe languages and cultures represented among existing foster families. Describe administrative and other constraints to using open and available placements (i.e. a cap in the agency's contract or child-placing license, budget limitations, insufficient staff to meet required staff to child ratios, foster family schedules or preferences, etc). Explain how such constraints affect the number of URM youth that can be served in the near future, and describe any efforts to remove constraints and facilitate placement of URM youth.</p>
<p>3. Discuss significant developments in the administration of your program (i.e. program staff turnover, administrative changes in counties, the local courts ability to establish legal responsibility, changes in state child welfare law, amendments to the State's Title IV-B plan, etc.). Discuss significant increases or decreases in program expenditures, as well as trends contributing to these changes. Provide detail by program location.</p>
<p>4. Discuss program initiatives and accomplishments in the reporting period (i.e., establishing a youth council, developing an administrative review system for children in private custody, securing relevant training for staff or foster parents). Provide detail by program location. Include success stories of youth in the program.</p>
<p>5. Discuss emerging problems or challenges that affect the operation of the URM program (i.e. enrolling URM youth in school; lack of access to interpreters, culturally appropriate mental health service providers, pro-bono attorneys, etc.). Describe ideas or plans for addressing challenges, as well as barriers to resolution on the state or program level. Provide detail by program location.</p>

III. Narrative

<p>6. List monitoring and/or licensing activities occurring during the reporting period including the date, monitoring agency's name, location and purpose. Attach summaries or copies of monitoring reports and any corrective action plans required by the State or county.</p>			
Date	Monitoring Agency	Program Location	Purpose
<p>Discuss recent results of corrective actions implemented during previous periods; provide detail by program location. If applicable, attach documentation of license renewal.</p>			