

ACF Office of Refugee Resettlement Services for Survivors of Torture Program Data Points Form

Agency: Administration for Children and Families (ACF)/Office of Refugee Resettlement (ORR) Form: Survivors of Torture – Program Data Points (SOT-PDP)	Grantee Name: Grant Number: Point of Contact:	Reporting Period From: MM/DD/YYYY To: MM/DD/YYYY	
Reporting: Submit annual program data with the second semi-annual report each year of the project period. Please use the narrative report to explain or highlight key program indicators and illustrate changes in outcome indicators. See Program Data Points User Guide for more information.			
PROGRAM INDICATORS¹			
Data Point	Description	Indicators	No. of Clients Served
01	Client count during reporting period	New primary New secondary Continuing primary Continuing secondary Clients exiting the program	_____ _____ _____ _____ _____
02	Age when first subjected to torture (primary survivors only)	Under 5 years 5 – 17 years 18 – 44 years 45 – 64 years 65 years and over	_____ _____ _____ _____ _____
03	Type(s) of torture suffered (primary survivors only)	Asphyxiation Beating Burning Deprivation Electrical Forced postures Kidnapping and disappearances Rape and sexual torture Sensory stress Severe humiliation Threats and psychological torture Witnessing torture of others Wounding/maiming Other: Please specify _____	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____

¹ Refer to the Program Data Points User Guide for all definitions

Data Point	Description	Indicators	No. of Clients Served
04	Reason(s) for torture (primary survivors only)	Ethnicity Nationality Political reasons Religion Social activism Social group (e.g., clan, gender, sexual orientation) Other: Please specify _____	_____ _____ _____ _____ _____ _____ _____
05	Country where torture occurred (primary survivors only)	Country 1: Country 2: Country 3: Country 4: ... (report all countries)	_____ _____ _____ _____
06	Client goal(s) at intake	Emotional/psychological Interpersonal/social Legal Occupational Physical/medical Substance abuse	_____ _____ _____ _____ _____ _____
07	Gender	Female Male Other	_____ _____ _____
8	Immigration category/status at intake	Asylum seeker Asylee (include derivatives) Refugee (include derivatives) Special Immigrant Visa Holder Lawful Permanent Resident Former refugee (include derivatives) Former asylee (include derivatives) Other former: Please specify _____ U.S. Citizen Former refugee (include derivatives) Former asylee (include derivatives) Other former: Please specify _____ Other at intake: Please specify _____	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____

Data Point	Description	Indicators	No. of Clients Served
09	Age at intake	Under 5 years 5 – 17 years 18 – 44 years 45 – 64 years 65 years and over	_____ _____ _____ _____ _____
10	Education prior to arrival (for clients \geq 18 years of age at intake)	Less than 1 year 1-4 years 5-8 years 9-12 years 13-16 years More than 16 years	_____ _____ _____ _____ _____ _____
11	Employment in the U.S at intake (for clients \geq 18 years of age at intake)	No work authorization Unemployed and not seeking employment (e.g., students, elderly, disabled, and primary caregivers) Unemployed, work authorized, and seeking employment Employed with work authorization (PT/FT)	_____ _____ _____ _____
12	Length of time in the U.S. at intake	Less than one year 1- 5 years More than 5 years	_____ _____ _____
13	Country of origin	Country 1: Country 2: Country 3: Country 4: (report all countries)	_____ _____ _____ _____
14	Ethnicity	Ethnicity 1: Ethnicity 2: Ethnicity 3: Ethnicity 4: (report all ethnicities)	_____ _____ _____ _____

Data Point	Description	Indicators	No. of Clients Served
15	Religion	Buddhists Christians Hindus Jews Muslims None Other: Please specify _____	_____ _____ _____ _____ _____ _____
16	Languages used	Language 1: Language 2: Language 3: Language 4: ... (report all languages used)	_____ _____ _____ _____ _____
17	Clients served by service category	Emotional/psychological Interpersonal/social Legal Occupational Physical/medical Substance abuse	_____ _____ _____ _____ _____
18	People trained by profession	Community Education Interpreters/translators Law enforcement Legal Medical Mental health Social Other: Please specify _____	_____ _____ _____ _____ _____ _____ _____
19	Hours contributed by pro bono service	Administrative, managerial, and other professional services Financial and grant writing Information technology and research Interpreters/translators Legal Medical Mental health Social Other: Please specify _____	Number of hours _____ _____ _____ _____ _____ _____ _____

OUTCOME INDICATORS²

- Indicate the tool from which you have derived the client-level data you are reporting here in the aggregate: SOT-PWI-S ____ Our Program Tool ____ Case File Review ____ Other: Please specify _____
- Complete all of the boxes for each data point below to show aggregate changes in the level of need.

Data Point	Description	Level of Need	END				
			1 In Crisis	2 Vulnerable	3 Stable	4 Safe	
20.a New Clients	Legal- immigration	S T A R T	1 In Crisis N=				
			2 Vulnerable N=				
			3 Stable N=				
			4 Safe N=				
Data Point	Description	Level of Need	END				
20.b Continuing Clients	Legal- immigration	S T A R T	1 In Crisis N=				
			2 Vulnerable N=				
			3 Stable N=				
			4 Safe N=				

² Use the Survivor of Torture Psychosocial Well-being Index (Short Version) (SOT-PWI-S) © 2016 Hodges-Wu & Zajicek-Farber to aggregate the data for these indicators. (See User Guide, Appendix A)

Data Point	Description	Level of Need		END			
				1 In Crisis	2 Vulnerable	3 Stable	4 Safe
21.a New Clients	Housing	S T A R T	1 In Crisis N=				
			2 Vulnerable N=				
			3 Stable N=				
			4 Safe N=				
Data Point	Description	Level of Need		END			
				1 In Crisis	2 Vulnerable	3 Stable	4 Safe
21.b Continuing Clients	Housing	S T A R T	1 In Crisis N=				
			2 Vulnerable N=				
			3 Stable N=				
			4 Safe N=				

Data Point	Description	Level of Need		END			
				1 In Crisis	2 Vulnerable	3 Stable	4 Safe
22.a New Clients	Physical health	S T A R T	1 In Crisis N=				
			2 Vulnerable N=				
			3 Stable N=				
			4 Safe N=				
22.b Continuing Clients	Physical health	Level of Need		END			
				1 In Crisis	2 Vulnerable	3 Stable	4 Safe
		S T A R T	1 In Crisis N=				
			2 Vulnerable N=				
3 Stable N=							
4 Safe N=							

Data Point	Description	Level of Need		END			
				1 In Crisis	2 Vulnerable	3 Stable	4 Safe
23.a New Clients	Mental Health	S T A R T	1 In Crisis N=				
			2 Vulnerable N=				
			3 Stable N=				
			4 Safe N=				
23.b Continuing Clients	Mental Health	Level of Need		END			
				1 In Crisis	2 Vulnerable	3 Stable	4 Safe
		S T A R T	1 In Crisis N=				
			2 Vulnerable N=				
3 Stable N=							
4 Safe N=							

Data Point	Description	Level of Need		END			
				1 In Crisis	2 Vulnerable	3 Stable	4 Safe
24.a New Clients	Access to community resources	S T A R T	1 In Crisis N=				
			2 Vulnerable N=				
			3 Stable N=				
			4 Safe N=				
24.b Continuing Clients	Access to community resources	Level of Need		END			
				1 In Crisis	2 Vulnerable	3 Stable	4 Safe
		S T A R T	1 In Crisis N=				
			2 Vulnerable N=				
3 Stable N=							
		4 Safe N=					

Data Point	Description	Level of Need		END			
				1 In Crisis	2 Vulnerable	3 Stable	4 Safe
25.a New Clients	Support System in the U.S.	S T A R T	1 In Crisis N=				
			2 Vulnerable N=				
			3 Stable N=				
			4 Safe N=				
25.b Continuing Clients	Support system in the U.S.	Level of Need		END			
				1 In Crisis	2 Vulnerable	3 Stable	4 Safe
		S T A R T	1 In Crisis N=				
			2 Vulnerable N=				
3 Stable N=							
		4 Safe N=					

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

The purpose of this information collection is to collect demographic, programmatic, and outcome data in order to learn more about the population being served, the types of services they receive, and the effectiveness of those services. Public reporting burden for this collection of information is estimated to average 6 hours 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 (Funding Announcement: HHS-2018-ACF-ORR-ZT-1356). This collection of information is required to retain a benefit (Torture Victims Relief Act

of 1998, Pub. L. 105-320). If you have any comments on this collection of information, please contact the Administration for Children and Families, Office of Refugee Resettlement, Division of Refugee Health, 330 C Street, SW, 5th Floor, Washington, DC 20201. 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.