Submitted by:      Date:

1st Trimester Report covers October, November, December,

2nd Trimester Report covers February, March, April, May

3rd Trimester Report covers June July, August, September

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| **Type of Beneficiary** | **Haitians****added this period** | **Haitians****Secondary Migrants** | **Haitians****Total active clients in program** | **Cubans****added this period** | **Cubans****Secondary Migrants** | **Cubans****Total active clients in program** | **Total clients served** **Cuban Haitian** |
| Refugee |      |      |      |      |      |      |            |
| Border Entrants |      |      |      |      |      |      |           |
| Parolees |      |      |      |      |      |      |            |
| Visa Lotto |      |      |       |      |      |      |           |
| Family Reunification |      |      |      |      |      |      |           |

| 1. **Total number of unduplicated Cuban/Haitian clients who received services this reporting period.**
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|   Intensive Case Management Cubans      Haitians      Employment Services Cubans      Haitians       Transitional Needs Cubans      Haitians      |
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| **1. Report on major activities undertaken in the following areas during the reporting period. Do not report on Reception & Placement (R&P) activities**  |
| **Employment** |
| **Area of Effort** | **Activity** | **Accomplishment** | **Challenge** |
| a) Employment trends and opportunities, employer based expansion updates including efforts toward job upgrades |  |  |  |
| b) Developments in extended/intensive services, such as trends and strategies for addressing needs including world of work and job orientation, job clubs, job workshops, job search, job placement and follow up |  |  |  |
| c) Mainstream community collaborations (child welfare, law enforcement, etc.) including meetings (and their outcomes), challenges encountered, and advocacy efforts |  |  |  |
| d) Coordination efforts with local MAA’s and CBO’s, specifically to address barriers to self-sufficiency |  |  |  |
| **New program initiatives: *Please include only those initiatives which pertain to the areas of effort outlined in (a) through (d) above.*** |
| **Case Management** |
| **Area of Effort** | **Activity** | **Accomplishment** | **Challenge** |
| a) Significant developments in the areas of referring and assisting clients with obtaining services and benefits (such as those for transitional assistance, supplemental income and support, legal resources, social adjustment services, emergency services, etc.)  |  |  |  |
| b) Referrals trends and collaborative efforts with other service providers related to client needs for specialized services that assist in enhancing the client’s social adjustment and self-sufficiency (such as parenting education, mental health care, family preservation) |  |  |  |
| **2. Please provide the total caseload for case management:** |  |
| **3. Caseload Breakdown** |
| **Age** | **Time in the US** |
|  | **Under 18**  | **18-50** | **51-65** | **Over 65** | **0 - 12 months** | **Over 12 Months** |
|  |  |  |  |  |  | **Adjusted to Status** | **Not Adjusted** |
| Male |  |  |  |  |  |  |  |
| Female |  |  |  |  |  |  |  |
| **New program initiatives:** *Please include only those initiatives which pertain to the areas of effort outlined in (a) and (b) above.* |
| **4. If your agency has been awarded funding for assisting targeted needs (e.g., school liaison, domestic violence coordinator, etc), please discuss current activities or significant outcomes related to your efforts.** |
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| **5. Discuss any significant changes in refugee employment or other service outcomes, specific to RCA/RMA. Reference Refugee Program service goals to explain increases or decreases in other outcomes as they relate to other assistance categories (e.g., TANF and No CA) from the previous reporting period.** |
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| **6. Please provide numerical breakdown of RCA enrollees during this reporting period:** |
| **New Arrivals** | **Secondary Migrants** | **Former Matching Grant Clients** | **Re-applicants** | **Total** |
|  |  |  |  |  |
|  |  |  |  |  |
| **7. Please provide the total number of Matching Grant**  |
| **Total Enrollees** | **Terminated Self-sufficient** | **Terminated Not Self-sufficient (RCA, TANF, No cash)** |
|  |  |  |
| **8. Provide the reason for and number of exemptions from registration for employment services by RCA recipients during this period.** |
| **\*Reason of exemption:** | **Total number** |
|  |  |
|  |
| **9. List top five (5) health issues for medical referrals (children and adults):** |
|  1.  |
|  2.  |
|  3.  |
|  4.  |
|  5.  |
| **10. Please provide the total number of secondary migrants served during this reporting period (including those that were RCA enrollees- referenced in item 6)** **a) Total number of secondary migrants:** **b) Provide, as an attachment, a status report which includes the alien number, full name, US arrival date, Arizona arrival date and the state from which the client out-migrated** |

*\*Reasons for exemption, may be based on the following: Outmigration, 100% sanction, Age Exemption, Caretaker of child under age one (1), Childcare not available, Disabled-Unable to Work (Temporary), Disabled-Unable to Work (Permanent), Employed/Self Employed- (30 + Hours), Employed/Self Employed- (40 + Hours), Needed as caretaker, Pregnant (3rd month or later), Student full-time (16 - 18 years old), Participating in Job Corps*