



**Office on Trafficking In Persons (OTIP)**  
**DVHT Grantee Reporting Reference Guide:**  
**Data Elements, Definitions, and Guidance**

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The Domestic Victims of Human Trafficking (DVHT) Program is inclusive of three distinct programs: the Domestic Victims of Human Trafficking and Services Outreach Program, Demonstration Grants to Strengthen the Response to Victims of Human Trafficking in Native Communities Program, and the Strengthen the Health Care Response for Victims of Human Trafficking Program grants. The data collection instruments are intended to collect information for all three DVHT programs.



## Partnership Development and Expansion Reporting

### Key Performance Measures:

- Increase the diversity of services available to victims of trafficking

### Reporting Expectations:

The grantee is expected to collect partnership development data elements **only** on subrecipients enrolled into the grantee's network on a rolling basis.

### Definitions:

**Partnership Development<sup>1</sup>** is the process by which individuals or organizations identify and recruit representatives of communities or organizations to enter into referral, information sharing, or joint service programming partnerships for the purposes of: increasing their capacity to identify and/or serve victims, increasing their clients' access to a range of services, increasing awareness of the issue of human trafficking, and/or increasing the sharing of professional expertise. This includes efforts to develop relationships with representatives that culminate in formal or informal partnerships that may be one-way or reciprocal in nature.

#### Types of Partnerships:

**Referral Partnerships** are a type of relationship between at least two organizations in which one organization, or more, has agreed to serve clients from another organization.

**Information Sharing Partnerships** are a type of relationship between at least two organizations in which one organization, or more, has agreed to share its professional expertise. This may take place through training or technical assistance.

**Joint Service Programming Partnerships** are a type of relationship between at least two organizations in which one organization, or more, has agreed to share its financial resources to conduct a program with another organization (e.g. subrecipients).

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<sup>1</sup> Bunger, A. C., Doogan, N. J., & Cao, Y. (2014). Building Service Delivery Networks: Partnership Evolution Among Children's Behavioral Health Agencies in Response to New Funding. *Journal of the Society for Social Work and Research*, 5(4), 513–538. <http://doi.org/10.1086/679224>



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| Data Element                                 | Response Options                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Operational Guidance                                                                          |
|----------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| Grantee                                      | (text)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Record name of the organization submitting the grant report.                                  |
| Reporting Period Start Date                  | mm/dd/yyyy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Record month, day, and year of the first day in the reporting period.                         |
| Reporting Period End Date                    | mm/dd/yyyy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Record month, day, and year of the last day in the reporting period.                          |
| Report Type                                  | <ul style="list-style-type: none"> <li>• Quarterly</li> <li>• Semi-Annual</li> <li>• Annual</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                            | Select type of report based upon frequency of submission.                                     |
| Name of Organization                         | (text)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Record name of partnering organization.                                                       |
| Location of Organization                     | City, State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Record location of organization.                                                              |
| Type of Organization                         | <ul style="list-style-type: none"> <li>• Advocacy</li> <li>• Child Welfare</li> <li>• Education</li> <li>• Faith Based</li> <li>• Health Care</li> <li>• Law Enforcement</li> <li>• Other Criminal Justice</li> <li>• Public Health</li> <li>• Service Provider</li> <li>• Behavioral Health</li> <li>• Community Member</li> <li>• Employment</li> <li>• Government</li> <li>• Housing</li> <li>• Legal</li> <li>• Private Sector</li> <li>• School (K-12)</li> <li>• Other (specify)</li> </ul> | Select the sector that best describes the type of organization entering into the partnership. |
| Goal of Partnership                          | <ul style="list-style-type: none"> <li>• Increase Grantee's Capacity to Identify/Serve Victims</li> <li>• Increase Clients' Access to a Range of Services</li> <li>• Increase Awareness of the Issue of Trafficking</li> <li>• Increase Sharing of Professional Expertise</li> </ul>                                                                                                                                                                                                              | Select one or more of the listed goals of the partnership.                                    |
| Type of Partnership                          | <ul style="list-style-type: none"> <li>• Referral Partnerships</li> <li>• Information Sharing Partnerships</li> <li>• Joint Service Programming Partnerships</li> </ul>                                                                                                                                                                                                                                                                                                                           | Select one or more of the options to describe the type of partnership. See definitions.       |
| Services Provided by Subrecipient (in-house) | <ul style="list-style-type: none"> <li>• Basic Necessities</li> <li>• Child Care</li> <li>• Crisis Intervention</li> <li>• Dental Health Services</li> <li>• Education Assistance</li> <li>• Employment Assistance</li> <li>• Family Reunification</li> <li>• Financial Assistance</li> <li>• Housing/Shelter Services</li> <li>• Interpreter/Translator</li> <li>• Legal Advocacy and Services</li> <li>• Life Skills Training</li> </ul>                                                        |                                                                                               |



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|                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                       |
|------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
|                                    | <ul style="list-style-type: none"> <li>• Mental/Behavioral Health Services</li> <li>• Medical Services</li> <li>• Safety Planning Services</li> <li>• Substance Use Assessment/Treatment</li> <li>• Traditional Healing and Cultural Practices</li> <li>• Transportation</li> <li>• Victim Advocacy</li> <li>• Other Services (specify)</li> <li>• None</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                       |
| Services Provided through Referral | <ul style="list-style-type: none"> <li>• Basic Necessities</li> <li>• Child Care</li> <li>• Crisis Intervention</li> <li>• Dental Health Services</li> <li>• Education Assistance</li> <li>• Employment Assistance</li> <li>• Family Reunification</li> <li>• Financial Assistance</li> <li>• Housing/Shelter Services</li> <li>• Interpreter/Translator</li> <li>• Legal Advocacy and Services</li> <li>• Life Skills Training</li> <li>• Mental/Behavioral Health Services</li> <li>• Medical Services</li> <li>• Safety Planning Services</li> <li>• Substance Use Assessment/Treatment</li> <li>• Traditional Healing and Cultural Practices</li> <li>• Transportation</li> <li>• Victim Advocacy</li> <li>• Other Services (specify)</li> <li>• None</li> </ul> |                                                                                       |
| Enrollment Date                    | mm/dd/yyyy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Record month, day, and year when entity partnered with grantee network.               |
| Service Sites                      | (number)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Record the total number of service site locations of the partner.                     |
| Exit Date                          | mm/dd/yyyy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Record month, day, and year when entity ended their partnership with grantee network. |



## Training Reporting

### Key Performance Measures:

- Increase the number of professionals trained to identify, treat, and respond to human trafficking

### Reporting Expectations:

The grantee will submit training data on a quarterly basis using the following schedule:

- Quarter 1 Reporting Period: October 1 – December 31 (due January 30)
- Quarter 2 Reporting Period: January 1 – March 31 (due April 30)
- Quarter 3 Reporting Period: April 1 – June 30 (due July 30), and
- Quarter 4 Reporting Period: July 1 – September 31 (due October 30).

### Definitions:

**Training**<sup>2</sup> is the planning, development, delivery and evaluation of activities designed to achieve specific learning objectives for participants. The learning objectives may be achieved using a variety of instructional strategies such as lecture, group discussion, demonstration role play, and other methods of group and individual integration. Training may include onsite instruction, classroom training, webinars, online or virtual training, self-directed learning, and workshops.

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<sup>2</sup> Department of Justice. Office of Victims of Crimes Training and Technical Assistance Center. <https://www.ovcttac.gov/views/TrainingMaterials/dspTrainingByRequest.cfm?tab=3>



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| Data Element                | Response Options                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Operational Guidance                                                                                             |
|-----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|
| Grantee                     | (text)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Record name of the organization submitting the grant report.                                                     |
| Reporting Period Start Date | mm/dd/yyyy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Record month, day, and year of the first day in the reporting period.                                            |
| Reporting Period End Date   | mm/dd/yyyy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Record month, day, and year of the last day in the reporting period.                                             |
| Report Type                 | <ul style="list-style-type: none"> <li>• Quarterly</li> <li>• Semi-Annual</li> <li>• Annual</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Select type of report based upon frequency of submission.                                                        |
| Total Trainings             | (number)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Record the total number of trainings provided during the reporting period.                                       |
| Topic                       | <p><b>Grant Management Training Topics:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Building a Community Referral Network and Partnership Building</li> <li><input type="checkbox"/> Introduction to Grant Program and Onboarding</li> <li><input type="checkbox"/> Program Policy, Protocol, and Administration</li> <li><input type="checkbox"/> Outreach Strategies</li> </ul> <p><b>Service Delivery and Access Training Topics:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Approaches, Strategies, and Special Considerations for Working with Victims (e.g. Trauma Informed Care)</li> <li><input type="checkbox"/> Available Services/Benefits and Strategies for Self Sufficiency</li> <li><input type="checkbox"/> Cultural Responsiveness</li> <li><input type="checkbox"/> How to Access Legal Services and Remedies</li> <li><input type="checkbox"/> Human Trafficking 101: Definition, Types, Laws, and Indicators</li> <li><input type="checkbox"/> Other (Specify)</li> </ul> | Record the number of occasions each topic was covered during the trainings provided during the reporting period. |
| Audience                    | <ul style="list-style-type: none"> <li><input type="checkbox"/> Behavioral Health</li> <li><input type="checkbox"/> Child Welfare</li> <li><input type="checkbox"/> Education</li> <li><input type="checkbox"/> Faith-Based</li> <li><input type="checkbox"/> Government</li> <li><input type="checkbox"/> Health Care</li> <li><input type="checkbox"/> Housing</li> <li><input type="checkbox"/> Law Enforcement</li> <li><input type="checkbox"/> Legal</li> <li><input type="checkbox"/> Private Sector</li> <li><input type="checkbox"/> Public Health</li> <li><input type="checkbox"/> Social Services</li> <li><input type="checkbox"/> Students (Higher Education)</li> </ul>                                                                                                                                                                                                                                                                                                                                                                 | Record the number of professionals who attended trainings offered during the reporting period.                   |



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|  |                                                                   |  |
|--|-------------------------------------------------------------------|--|
|  | <input type="checkbox"/> Tribal<br><input type="checkbox"/> Other |  |
|--|-------------------------------------------------------------------|--|

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## Victim Outreach Reporting

### Key Performance Measures:

- Increase the number of victims of trafficking identified

### Definitions:

**Outreach** is an organized activity directed toward individuals and populations vulnerable to human trafficking, as opposed to professionals or the general public, which provides information about the dangers of trafficking, and protections available with the explicit intent of identifying victims of human trafficking.

### Reporting Expectations:

The grantee is expected to submit data on outreach activities and impact on a quarterly schedule.





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| Data Element                 | Response Options                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Operational Guidance                                                                           |
|------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| Grantee                      | (text)                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Record name of the organization submitting the grant report.                                   |
| Reporting Period Start Date  | mm/dd/ccyy                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Record month, day, and year of the first day in the reporting period.                          |
| Reporting Period End Date    | mm/dd/ccyy                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Record month, day, and year of the last day in the reporting period.                           |
| Report Type                  | <ul style="list-style-type: none"> <li>• Quarterly</li> <li>• Semi-Annual</li> <li>• Annual</li> </ul>                                                                                                                                                                                                                                                                                                                                                                       | Select type of report based upon frequency of submission.                                      |
| Outreach Settings            | <ul style="list-style-type: none"> <li>• Agricultural Settings</li> <li>• Commercial Establishments</li> <li>• Consulates</li> <li>• Court-Based Settings</li> <li>• Day Labor Settings</li> <li>• Detention Settings</li> <li>• Education Settings</li> <li>• Health Care Settings</li> <li>• Hotel/Hospitality Settings</li> <li>• Massage Parlors</li> <li>• Shelter Settings</li> <li>• Strip Clubs</li> <li>• Youth Care Settings</li> <li>• Other (specify)</li> </ul> | Select the types of sites or venues where outreach was conducted during the reporting period.  |
| Target Population            | (text)                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Record the types of groups targeted, such as day laborers.                                     |
| Number of Victims Identified | (number)                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Record the number of victims identified by grantee, including funded partners.                 |
| Type of Screening Tool       | (text)                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Describe the type of screening tool used to identify trafficking victims (i.e., name of tool). |



## Victim Assistance Reporting

### Key Performance Measures:

- Increase the number of victims of trafficking served by a network of grantees

### Definitions:

**Disability**<sup>3</sup> is defined as the product of interactions among individuals' bodies; their physical, emotional, and mental health; and the physical and social environment in which they live, work, or play. Disability exists where this interaction results in limitations of activities and restrictions to full participation at school, at work, at home, or in the community (Institute of Medicine and International Classification of Functioning, Disability, and Health).

**Hearing difficulty** is being deaf or having serious difficulty hearing (DEAR).

**Vision difficulty** is being blind or having serious difficulty seeing, even when wearing glasses (DEYE).

**Cognitive difficulty** is having difficulty remembering, concentrating, or making decisions because of a physical, mental, or emotional problem (DREM).

**Ambulatory difficulty** is having serious difficulty walking or climbing stairs (DPHY).

**Self-care difficulty** is having difficulty bathing or dressing (DDRS).

**Independent living difficulty** is having difficulty doing errands alone such as visiting a doctor's office or shopping because of a physical, mental, or emotional problem (DOUT).

**Permanent Housing**<sup>4</sup> is community-based housing with no time limit on how long an individual can reside in the housing or receive housing assistance, living as independently as possible. This includes Permanent Supportive Housing as well as housing owned or rented by the client.

**Transitional Housing** is designed to provide homeless individuals and families with the interim stability and support to successfully move to and maintain permanent housing. Transitional housing is time limited with clients staying up to 24 months in the housing,

<sup>3</sup> Disability - American Community Survey (ACS) - People and Households - U.S. Census Bureau . (2016). Census.gov. Retrieved 20 November 2016, from <http://www.census.gov/people/disability/methodology/acs.html>

<sup>4</sup> Department of Housing and Urban Development. HMIS Data Standards, <https://www.hudexchange.info/resources/documents/HMIS-Data-Standards-Manual.pdf>



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typically with accompanying supportive services. Individuals must have a lease (or sublease) or occupancy agreement in place when residing in transitional housing.

**Institutional Housing**<sup>5</sup> is any facility whose primary purpose is to provide 24-hour care, treatment, and/or supervision. This includes psychiatric treatment facilities, juvenile detention centers, jails, prisons, foster care home settings, substance abuse treatment facilities, detox centers, long-term care facilities, and nursing homes.

**Emergency Housing** is any facility whose primary purpose is to provide temporary or transitional shelter for the homeless in general or for specific populations of the homeless (e.g. domestic violence shelters, human trafficking shelters, etc.); also referred to as Short-Term or Temporary Housing.

**Basic Necessities** are encounters between a client and service provider in which a client is provided directly with items needed for daily living or with funds to purchase said items. This includes providing clients with personal care items such as shampoo, conditioner, soap, lotion, clothing, feminine hygiene products, and food.

**Case Management** is an encounter between a case management provider and a client during which services are provided that assist clients in the management of their health and social needs, including client needs assessments, the establishment of service plans, and the maintenance of referral, tracking, and follow-up systems. This also includes assisting clients in understanding their rights and advocating on their behalf with referral partners.

**Crisis Intervention**<sup>6</sup> includes encounters in which a client or potential client in crisis receives interventions and services. This includes assistance or referrals provided for client emergencies as well as the provision of intervention techniques by a service provider aimed at alleviating emotional distress.

**Education Services** are encounters in which a client accesses educational courses in an informal, traditional, or online setting. This includes English as a Second Language (ESL) courses, General Education courses, GED test preparation, and enrollment in higher education. These courses can be directly provided by the grantee or through a referral.

**Employment Assistance** includes encounters between a client and service provider in which they receive assistance in finding and securing employment. This may include interview preparation, assistance in job hunting or resume building, or engagement in

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<sup>5</sup> Department of Health and Human Services. Administration for Children and Families. Children's Bureau. AFCARS Data Elements, <https://www.gpo.gov/fdsys/pkg/FR-2015-02-09/pdf/2015-02354.pdf>

<sup>6</sup> Department of Justice. OVC TIMS Online Service Provision Terms and Units of Measurement.



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job placement programs. This can be directly provided by the grantee or through a referral.

**Family Reunification** are encounters between a client and service provider or on behalf of a client (with their consent) in which efforts are made to reunify the client with their family members in the United States. This may include making phone calls to arrange family reunification, holding meetings to prepare for family reunification, and assisting clients in obtaining and completing any necessary reunification paperwork.

**Financial Planning Services** are encounters between a client and service provider to assist the client in managing their available and future financial resources. This may include creating budgets, repaying debts or applying for debt relief, saving money in Escrow, and other forms of financial counseling.

**Housing/Shelter Services** are encounters between a client and service provider to assist the client in securing and maintaining housing. This may include full or partial payment of a client's rent or utilities, enrollment in housing programs or housing units, completion of housing related paperwork, and assistance with the client's housing search.

**Language Services** are encounters between a translator or interpreter and client to assess service needs and/or to provide services to a client. This includes the use of language lines for interpretation services.

**Legal Services** are generally encounters between a client and an attorney or paralegal to discuss the client's rights and legal options or to follow through on legal remedies. This may include expunging criminal records as a result of the trafficking experience or assistance with civil or family court issues. This may also include using program funds to provide 'know your rights' presentations to facilitate legal representation by private attorneys willing to act on behalf of clients pro bono. However, program funding cannot be used for criminal defense attorney services.

**Life Skills** are encounters between a client and service provider to develop skills necessary for full participation in everyday life. This includes assisting clients in learning how to do laundry, navigate public transportation, maintain personal hygiene, develop healthy relationships, enact conflict resolution, and cook healthy and balanced meals.

**Mental Health Services** are encounters between a licensed mental health provider (psychiatrist, psychologist, LCSW, and certain other Masters Prepared mental health providers licensed by specific states,) or an unlicensed mental health provider credentialed by the center, and a client, during which mental health services (i.e., services of a psychiatric, psychological, psychosocial, or crisis intervention nature) are



provided. Clinicians and Hospitals use diagnostic codes from the DSM-5 for insurance purposes.

**Medical/Dental Services** are encounters between a client and a physician, physician assistant, nurse practitioner, physician assistant, or nurse for the purpose of assessing or treating a medical problem. This includes encounters between a dentist or dental hygienist and a patient for the purpose of prevention, assessment, or treatment of a dental problem, including restoration.

**Safety Planning** is an encounter between a client and service provider in which they develop a practical plan to avoid and react to dangerous situations. This plan should be based on the specific needs of each client.

**Substance Use Assessment/Treatment Services** are encounters between a substance abuse provider (e.g., credentialed substance abuse counselor, rehabilitation therapist, psychologist) and a client during which alcohol or drug abuse services (i.e., assessment and diagnosis, treatment, aftercare) are provided.

**Traditional Healing** is identified by the National Institutes of Health/National Center for Complementary and Alternative Medicine (NCCAM) as a whole medical system that encompasses a range of holistic treatments used by indigenous healers for a multitude of acute and chronic conditions or to promote health and wellbeing<sup>7</sup>.

**Transportation Services** are encounters in which a service provider provides a client with the necessary resources to access transportation which enables clients to access services. This includes providing clients with bus/rail passes, cabs/cab vouchers, or gas assistance. This may occur with the service provider purchasing transportation on behalf of the client, providing clients with gifts cards to the same purpose, or providing clients with cash to purchase transportation themselves.

**Victim Advocacy** is an encounter between a client and service provider in which the client is provided information and support to help them understand and exercise their rights as a victim of crime within the criminal justice process.

**Other Services** are encounters between a provider, other than those listed above, and a client during which other forms of services are provided.

**Section 8** is the Housing Choice Voucher Program which assists low-income families, the elderly, and the disabled to afford safe housing in the private market.

**Medicaid** is health insurance available to low-income individuals and families.

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<sup>7</sup> NIH National Center for Complementary and Alternative Medicine. CAM Basics. Publication 347. Available at: <http://nccam.nih.gov/health/whatisacam/>



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**SNAP** is the Supplemental Nutrition Assistance Program, formerly known as SNAP, which provides food-purchasing assistance to individuals and families.

**SSI** is Supplemental Security Income, a type of financial assistance provided to low-income people who are aged 65 or older, blind, or disabled.

**SSDI** is Social Security Disability Insurance, a type of financial assistance provided to workers who become disabled before reaching retirement age.

**TANF** is the Temporary Assistance to Needy Families program, formerly known as welfare, which provides financial assistance to pregnant women and families with one or more dependent children.

**WIC** is the Special Supplemental Nutrition Program for Women, Infants, and Children, which provides nutrition assistance to low-income pregnant women, breastfeeding women, infants, and children under the age of five.

*The following victim assistance reporting forms were developed from the research and evaluation package created for the Domestic Victims of Human Trafficking Demonstration Grant Evaluation and Final Report<sup>8</sup>.*

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<sup>8</sup> Hardison Walters, J. L., Krieger, K., Kluckman, M., Feinberg, R., Orme, S., Asefnia, N., and Gibbs, D. A. (2017). Evaluation of Domestic Victims of Human Trafficking Demonstration Projects: Final Report from the First Cohort of Projects. Report # 2017-57, Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.





## Victim Assistance—Client Characteristics and Program Entry

### Definitions:

**Potential Victim of Human Trafficking** is any individual who is reported or suspected as being a victim of trafficking as defined in the Trafficking Victims Protection Act.

**Clients** are those individuals enrolled in OTIP funded programs such as the Trafficking Victim Assistance Program or Domestic Victims of Human Trafficking Program.

**Identified Victims** are those individuals who have been identified by law enforcement as having been subjected to a severe form of trafficking in persons, or have been screened victim assistance providers trained on human trafficking and found to be a victim of trafficking.

### Reporting Expectations:

The grantee is expected to collect the following data elements on a rolling basis during the first three months after an individual is enrolled into the Domestic Victims of Human Trafficking Program.



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| Data Element                                        | Response Options                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Operational Guidance                                                                        |
|-----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| Grantee                                             | (text)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Record name of the organization submitting the grant report.                                |
| Reporting Period Start Date                         | mm/dd/yyyy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Record month, day, and year of the first day in the reporting period.                       |
| Reporting Period End Date                           | mm/dd/yyyy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Record month, day, and year of the last day in the reporting period.                        |
| Report Type                                         | <ul style="list-style-type: none"> <li>• Quarterly</li> <li>• Semi-Annual</li> <li>• Annual</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Select type of report based upon frequency of submission.                                   |
| Client Identifier                                   | Alpha-numeric code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Generated by system.                                                                        |
| Type of Intake                                      | <ul style="list-style-type: none"> <li>• New Intake</li> <li>• Reopened</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Select one which best describes the intake.                                                 |
| Intake Date                                         | mm/dd/yyyy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Record date of intake.                                                                      |
| Referral Date                                       | mm/dd/yyyy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Record date service agency received referral.                                               |
| Referral Source                                     | <ul style="list-style-type: none"> <li>• Child Protective Services/Child Welfare</li> <li>• Court</li> <li>• DA/State's Attorney/Victim Assistance</li> <li>• Defense Attorney/Public Defender/ Legal Aid</li> <li>• Domestic Violence Agency/Shelter</li> <li>• Educator/Teacher/School</li> <li>• Employer</li> <li>• Family Member/Guardian</li> <li>• Friend/Peer/Acquaintance</li> <li>• Health Care Provider</li> <li>• Homeless Agency/Shelter</li> <li>• Juvenile Justice</li> <li>• Law Enforcement</li> <li>• Look Beneath the Surface Grantee</li> <li>• Mental Hospital/Psychiatric Treatment Facility</li> <li>• National Human Trafficking Hotline (NHTH)</li> <li>• Other National Hotline</li> <li>• State/Local Hotline</li> <li>• Religious Organization</li> <li>• Self</li> <li>• Other (specify)</li> </ul> | Select one which best describes the entity or individual referring the client for services. |
| Does client have family members receiving services? | <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Select one which best describes the household being served.                                 |
| Relationship to Victim                              | <ul style="list-style-type: none"> <li>• Parent/Guardian ____</li> <li>• Sibling ____</li> <li>• Spouse ____</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Record the number of each type of family member being served                                |





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|                                                                                               | <ul style="list-style-type: none"> <li>• Child &lt; 18 _____</li> <li>• Child 18 or older _____</li> <li>• Other Household Member _____</li> </ul>                                                                                                                                                                                                                                                                | as part of the household in the program.                                                                                                                              |
| Service Eligibility Status                                                                    | <ul style="list-style-type: none"> <li>• Pre-Certified Foreign National</li> <li>• Certified Foreign National</li> <li>• U.S. Citizen/Lawful Permanent Resident</li> </ul>                                                                                                                                                                                                                                        | Select one as identified by client.                                                                                                                                   |
| Was client enrolled in the DVHT program?                                                      | <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>                                                                                                                                                                                                                                                                                                                                             | Select whether client received a referral or enrolled in case management services.                                                                                    |
| If no, select the primary reason why the client did not enroll into the program.              | <ul style="list-style-type: none"> <li>• Client not interested in services at this time</li> <li>• Lack of reliable transportation</li> <li>• Program lost contact with client</li> <li>• Program at capacity</li> <li>• Referred elsewhere – at client request</li> <li>• Referred elsewhere – higher level of care needed</li> <li>• Referred elsewhere – safety concerns</li> <li>• Other (specify)</li> </ul> | Select reason that best describes why the client did not enroll into the DVHT program upon identification.                                                            |
| Date of Birth                                                                                 | mm/yyyy                                                                                                                                                                                                                                                                                                                                                                                                           | Record month and year of client's birthdate.                                                                                                                          |
| Age                                                                                           | 01-99                                                                                                                                                                                                                                                                                                                                                                                                             | Record age of client at intake.                                                                                                                                       |
| Sex                                                                                           | <ul style="list-style-type: none"> <li>• Male</li> <li>• Female</li> <li>• Unknown</li> </ul>                                                                                                                                                                                                                                                                                                                     | Record victim's sex.                                                                                                                                                  |
| Does client identify as LGBTQ?                                                                | <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• Unknown</li> </ul>                                                                                                                                                                                                                                                                                                                          | Select whether client identifies as lesbian, gay, bisexual, transgender, queer, or questioning.                                                                       |
| Race/Ethnicity                                                                                | <ul style="list-style-type: none"> <li>• American Indian or Alaska Native</li> <li>• Asian</li> <li>• Black or African American</li> <li>• Native Hawaiian or Other Pacific Islander</li> <li>• White</li> <li>• Hispanic or Latino</li> <li>• Other (specify)</li> <li>• Unknown</li> </ul>                                                                                                                      | Select one or more as identified by client.                                                                                                                           |
| If client identifies as an American Indian or Alaska Native, in what Tribe are they enrolled? | (text)                                                                                                                                                                                                                                                                                                                                                                                                            | Record the Tribe in which client is enrolled as identified by the client. If client is unsure then mark unknown. If client is not enrolled in a Tribe then mark none. |
| Does the victim have a disability?                                                            | <ul style="list-style-type: none"> <li>• Hearing Difficulty</li> <li>• Vision Difficulty</li> </ul>                                                                                                                                                                                                                                                                                                               | Select one or more as identified by the victim                                                                                                                        |



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|                                                    | <ul style="list-style-type: none"> <li>• Cognitive Difficulty</li> <li>• Ambulatory Difficulty</li> <li>• Self-Care Difficulty</li> </ul>                                                                                                                                                                                                                                                                  | or diagnosed by a clinician.                                                                                                  |
| Location of Origin                                 | Country                                                                                                                                                                                                                                                                                                                                                                                                    | Record location where client is from. If unclear then record unknown.                                                         |
| If client is a minor, are they enrolled in school? | <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>                                                                                                                                                                                                                                                                                                                                      | Select one which best describes the client's current school enrollment status, if they are a minor at the time of enrollment. |
| Current Living Situation                           | <ul style="list-style-type: none"> <li>• Permanent Housing</li> <li>• Transitional Housing</li> <li>• Institutional Housing</li> <li>• Emergency Housing</li> <li>• No Housing/Place not meant for habitation</li> <li>• Unknown</li> </ul>                                                                                                                                                                | Select one which best describes the current living situation of the client. See definitions.                                  |
| Employment Status                                  | <ul style="list-style-type: none"> <li>• No</li> <li>• Yes</li> <li>• Unknown</li> </ul>                                                                                                                                                                                                                                                                                                                   | Select one as known at time of intake.                                                                                        |
| Type of Employment                                 | <ul style="list-style-type: none"> <li>• Full-time</li> <li>• Part-time</li> <li>• Seasonal/sporadic (including day labor)</li> <li>• Unknown</li> </ul>                                                                                                                                                                                                                                                   | If client is employed, select one as known at time of intake.                                                                 |
| Response to Unemployment                           | <ul style="list-style-type: none"> <li>• Looking for work</li> <li>• Unable to work</li> <li>• Not looking for work</li> <li>• Unknown</li> </ul>                                                                                                                                                                                                                                                          | If client is unemployed, select one as known at time of intake.                                                               |
| Job Training Enrollment                            | <ul style="list-style-type: none"> <li>• No</li> <li>• Yes</li> <li>• Unknown</li> </ul>                                                                                                                                                                                                                                                                                                                   | Select one as known at time of intake.                                                                                        |
| Services <sup>9 10</sup> Requested/Needed          | <ul style="list-style-type: none"> <li>• Basic Necessities</li> <li>• Child Care</li> <li>• Crisis Intervention</li> <li>• Dental Health Services</li> <li>• Education Assistance</li> <li>• Employment Assistance</li> <li>• Family Reunification</li> <li>• Financial Assistance</li> <li>• Housing/Shelter Services</li> <li>• Interpreter/Translator</li> <li>• Legal Advocacy and Services</li> </ul> | Select one or more services requested by the client or assessed as being a need by the service provider.                      |

<sup>9</sup> Adapted from HRSA Bureau of Primary Health Uniform Data System Manual, <http://bphc.hrsa.gov/datareporting/reporting/2015udsmanual.pdf>

<sup>10</sup> Adapted from Department of Justice Office of Victims of Crimes Trafficking Information Management System Manual.



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|                                          | <ul style="list-style-type: none"> <li>• Life Skills</li> <li>• Mental/Behavioral Health Services</li> <li>• Medical Services</li> <li>• Safety Planning Services</li> <li>• Substance Use Assessment/Treatment</li> <li>• Traditional Healing/Cultural Practices</li> <li>• Transportation</li> <li>• Victim Advocacy</li> <li>• Other Services (specify)</li> <li>• None</li> <li>• Unknown</li> </ul>                                                                                                                                                      |                                                                                            |
| Public Benefits Requested/Needed         | <ul style="list-style-type: none"> <li>• Child Care Subsidy</li> <li>• Food Benefits (SNAP, WIC, Tribal Commodities)</li> <li>• General Assistance</li> <li>• Housing Subsidies (Section 8, HUD Vouchers)</li> <li>• Medicaid, Medicare, or SCHIP</li> <li>• State-Specific Health Benefits</li> <li>• Social Security Disability (SSI or SSDI)</li> <li>• Temporary Assistance for Needy Families</li> <li>• Unaccompanied Alien Children Program</li> <li>• Unemployment Insurance</li> <li>• Other (specify)</li> <li>• None</li> <li>• Unknown</li> </ul> | Select one or more benefits needed by the client.                                          |
| Location of Services                     | County/Parish, State/Territory, Tribal Land/Reservation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Record location where client is receiving services.                                        |
| Type of Trafficking                      | <ul style="list-style-type: none"> <li>• Sex</li> <li>• Labor</li> <li>• Sex &amp; Labor</li> <li>• Unknown</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                        | Select one which best describes the potential trafficking situation.                       |
| Relationship to Trafficker <sup>11</sup> | <ul style="list-style-type: none"> <li>• Acquaintance/Person Briefly Known</li> <li>• Coworker</li> <li>• Current or Former Spouse</li> <li>• Current or Former Intimate Partner</li> <li>• Employer</li> <li>• Family or Household Member</li> <li>• Family Friend</li> <li>• Friend</li> <li>• Gang Member</li> <li>• Spiritual Advisor</li> <li>• Other</li> <li>• None</li> </ul>                                                                                                                                                                         | Select one as best describes the relationship between client and the potential trafficker. |

<sup>11</sup> Saltzman LE, Fanslow JL, McMahon PM, Shelley GA. Intimate Partner Violence Surveillance: Uniform definitions and recommended data elements, Version 1.0. Atlanta (GA): National Center for Injury Prevention and Control, Centers for Disease Control and Prevention; 1999.



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|-------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| Exploitation Industry <sup>12</sup> | <ul style="list-style-type: none"> <li>• Unknown</li> <li>• Agriculture/Field Labor</li> <li>• Arts/Entertainment</li> <li>• Bar/Cantina/Nightclub</li> <li>• Begging/Peddling</li> <li>• Carnival</li> <li>• Cartel/Gang</li> <li>• Commercial Cleaning</li> <li>• Construction</li> <li>• Domestic Work</li> <li>• Elder Care</li> <li>• Escort Services</li> <li>• Factories/Manufacturing</li> <li>• Fishing</li> <li>• Forced Criminal/Illicit Activities</li> <li>• Forestry/Logging</li> <li>• Herding/Livestock</li> <li>• Health/Beauty</li> <li>• Health Care</li> <li>• Hotel/Hospitality</li> <li>• Illicit Massage/Health/Beauty</li> <li>• Landscaping</li> <li>• Mining/Quarrying/Fracking</li> <li>• Pornography/Remote Interactive Sexual Acts</li> <li>• Prostitution/Outdoor Solicitation</li> <li>• Prostitution/Residential</li> <li>• Recreation/Sports</li> <li>• Religious Institution</li> <li>• Restaurant/Food Service</li> <li>• Retail Sales</li> <li>• Sexual Servitude</li> <li>• Stripping/Exotic Dancing</li> <li>• Traveling Sales Crew</li> <li>• Transportation</li> <li>• Other (specify)</li> <li>• Unknown</li> </ul> | Select one or more as best describes the potential trafficking situation. |
| Location of Trafficking             | County/Parish, State/Territory, Country, Tribal Land/Reservation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | If known, record the location of the most recent trafficking incident.    |

<sup>12</sup> Polaris. The Typology of Modern Slavery. Defining Sex and Labor Trafficking in the United States. March 2017.



## **Victim Assistance—Client Service Use and Delivery Reporting**

### Reporting Expectations:

The grantee is expected to submit data on all of the services and public benefits the client accessed during the reporting period annually with the fourth quarter report, due on October 30.

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| Data Element                | Response Options                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Operational Guidance                                                                                                                                                                                         |
|-----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Grantee                     | (text)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Record name of the organization submitting the grant report.                                                                                                                                                 |
| Reporting Period Start Date | mm/dd/yyyy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Record month, day, and year of the first day in the reporting period.                                                                                                                                        |
| Reporting Period End Date   | mm/dd/yyyy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Record month, day, and year of the last day in the reporting period.                                                                                                                                         |
| Report Type                 | <ul style="list-style-type: none"> <li>• Quarterly</li> <li>• Semi-Annual</li> <li>• Annual</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Select type of report based upon frequency of submission.                                                                                                                                                    |
| Client Identifier           | Alpha-numeric code.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Generated by system.                                                                                                                                                                                         |
| Services Received           | <ul style="list-style-type: none"> <li>• Basic Necessities</li> <li>• Child Care</li> <li>• Crisis Intervention</li> <li>• Dental Health Services</li> <li>• Education Assistance</li> <li>• Employment Assistance</li> <li>• Family Reunification</li> <li>• Financial Assistance</li> <li>• Housing/Shelter Services</li> <li>• Interpreter/Translator</li> <li>• Legal Advocacy and Services</li> <li>• Life Skills</li> <li>• Mental/Behavioral Health Services</li> <li>• Medical Services</li> <li>• Safety Planning Services</li> <li>• Substance Use Assessment/Treatment</li> <li>• Traditional Healing/Cultural Practices</li> <li>• Transportation</li> <li>• Victim Advocacy</li> <li>• Other Services (specify)</li> <li>• None</li> </ul> | Select one or more services that the client received either directly by the organization or through a referral. Do not include referrals that did not result in the client accessing the service or benefit. |
| Benefits Received           | <ul style="list-style-type: none"> <li>• Child Care Subsidy</li> <li>• Food Benefits (SNAP, WIC, Tribal Commodities)</li> <li>• General Assistance</li> <li>• Housing Subsidies (Section 8, HUD Vouchers)</li> <li>• Medicaid, Medicare, or SCHIP</li> <li>• State-specific Health Benefits</li> <li>• Social Security Disability (SSI or SSDI)</li> <li>• Temporary Assistance for Needy Families</li> <li>• Unaccompanied Alien Children Program</li> <li>• Unemployment Insurance</li> <li>• Other (specify)</li> <li>• None</li> </ul>                                                                                                                                                                                                              | Select one or more benefits that the client received either directly by the organization or through a referral. Do not include referrals that did not result in the client accessing the service or benefit. |



## Victim Assistance—Barriers to Service Delivery Reporting

### Definitions:

**Lack of Adequate Resources**<sup>13</sup> indicates that the organization needs housing/shelter, staff, transportation for victims, contacts in home countries, and infrastructure designated for the population being served.

**Lack of Adequate Funding** indicates the organization needs sources of funding, especially during a foreign-national client's pre-certification period.

**Lack of Adequate Training** indicates that the organization needs training at all levels including on confidentiality, outreach methods, cultural/religious competency, methods to identify victims, etc.

**Ineffective Coordination with Federal Agencies** indicates a need to share information, poor reporting and prosecution, delays in certification, and a lack of specialized units/agencies for victims of human trafficking.

**Ineffective Coordination with Local Agencies** indicates ineffective communication at the State level, including ineffective coordination with local police.

**Language Concerns** include the inability to readily provide interpreters for all languages/dialects

**Safety Concerns** indicate a lack of safety for victims and staff from abusers.

**Lack of Knowledge of Victims' Rights** include a lack of knowledge or understanding of the relevant trafficking legislation or the issue in general.

**Lack of Formal Rules and Regulations** include inadequate rules, need for legislative advocacy, inadequate victim assistance laws, or restrictive eligibility requirements.

**Victims' Legal Status** is a barrier in which status renders the victim ineligible for social services funding (e.g. pre-certification period issues, prior criminal histories, etc.).

**Feelings of No Support and Isolation** indicate the organization's lack of knowledge of which service providers understand human trafficking and serve victims of trafficking or difficulties in collaborating within a local network of service providers.

**Lack of In-House Procedures** indicates the organization does not have effective protocols or has an inadequate data management system.

**Lack of Cooperation of Client** indicates the victim's lack of interest in receiving services or inability to comply with the case coordination plan.

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<sup>13</sup> Clawson, H.J., Small, K.M., Go, E.S., & Myles, B.W. (2003). *Needs Assessment for Service Providers and Trafficking Victims* (U.S. DOJ Report 202469). Retrieved from <https://www.ncjrs.gov/pdffiles1/nij/grants/202469.pdf>





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Reporting Expectations:

The grantee is expected to submit data on the barriers experienced during the course of service delivery on a quarterly and annual schedule. The annual submission should reflect barriers experienced throughout the entire reporting period from October 1<sup>st</sup> to September 30<sup>th</sup>.

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| Data Element                 | Response Options                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Operational Guidance                                                                       |
|------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| Grantee                      | (text)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Record name of the organization submitting the grant report.                               |
| Reporting Period Start Date  | mm/dd/yyyy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Record month, day, and year of the first day in the reporting period.                      |
| Reporting Period End Date    | mm/dd/yyyy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Record month, day, and year of the last day in the reporting period.                       |
| Report Type                  | <ul style="list-style-type: none"> <li>• Quarterly</li> <li>• Semi-Annual</li> <li>• Annual</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Select type of report based upon frequency of submission.                                  |
| Barriers to Service Delivery | <ul style="list-style-type: none"> <li>• Lack of Adequate Resources</li> <li>• Lack of Adequate Funding</li> <li>• Lack of Adequate Training</li> <li>• Ineffective Coordination with Federal Agencies</li> <li>• Ineffective Coordination with Local Agencies</li> <li>• Language Concerns</li> <li>• Safety Concerns</li> <li>• Lack of Knowledge of Victims' Rights</li> <li>• Lack of Formal Rules and Regulations</li> <li>• Victims' Legal Status</li> <li>• Feelings of No Support and Isolation</li> <li>• Lack of In-House Procedures</li> <li>• Lack of Cooperation or Interest from Client</li> <li>• Other Services (specify)</li> <li>• None</li> </ul> | Select all barriers to service delivery that were encountered during the reporting period. |



## Victim Assistance—Client Case Closure Reporting

### Definitions:

**Exit** or disenrollment occurs when a client separates from the program and is no longer receiving comprehensive case management services. This may occur as a result of the client completing the program or for a variety of other reasons.

**Enrollment** occurs when a victim of human trafficking is entered into the program to receive comprehensive case management services. This includes occasions when a victim reconnects to the program after a period of absence, often referred to as re-enrollment.

### Reporting Expectations:

The grantee is expected to collect the following data elements on a rolling basis as clients exit the Domestic Victims of Human Trafficking Program.



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| Data Element                                                              | Response Options                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Operational Guidance                                                                                                      |
|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| Grantee                                                                   | (text)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Record name of the organization submitting the grant report.                                                              |
| Reporting Period Start Date                                               | mm/dd/yyyy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Record month, day, and year of the first day in the reporting period.                                                     |
| Reporting Period End Date                                                 | mm/dd/yyyy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Record month, day, and year of the last day in the reporting period.                                                      |
| Report Type                                                               | <ul style="list-style-type: none"> <li>• Quarterly</li> <li>• Semi-Annual</li> <li>• Annual</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                         | Select type of report based upon frequency of submission.                                                                 |
| Client Identifier                                                         | Alpha-numeric code.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Generated by system.                                                                                                      |
| Case Closure Date                                                         | mm/dd/yyyy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Record the month, day, and year the client's case was closed.                                                             |
| Reason for Case Closing                                                   | <ul style="list-style-type: none"> <li>• No longer in need of services</li> <li>• Lost contact, missing person report filed</li> <li>• Lost contact, no missing person report filed</li> <li>• Incarcerated and out of contact with program</li> <li>• Client relocated</li> <li>• Time limitations of the program</li> <li>• Transfer to another service program</li> <li>• Determined not eligible</li> <li>• Client unable to meet program expectations</li> <li>• Client is deceased</li> <li>• Other (specify)</li> </ul> | Select one or more reasons for client's case closing as known at the time of exit.                                        |
| Employment Status upon Case Closing                                       | <ul style="list-style-type: none"> <li>• Employed, Full-time</li> <li>• Employed, Part-time</li> <li>• Employed, Seasonal/sporadic</li> <li>• Enrolled in Job Training</li> <li>• Unemployed, Looking for work</li> <li>• Unemployed, Unable to work</li> <li>• Unemployed, Not looking for work</li> <li>• Unknown</li> </ul>                                                                                                                                                                                                 | Select one or more as known at time of client's exit from the program to describe their employment status.                |
| Living Situation upon Case Closing                                        | <ul style="list-style-type: none"> <li>• Permanent Housing</li> <li>• Transitional Housing</li> <li>• Institutional Housing</li> <li>• Emergency Housing</li> <li>• No Housing/Place not meant for habitation</li> <li>• Unknown</li> </ul>                                                                                                                                                                                                                                                                                    | Select one which best describes the current living situation of the client at time of exit from program. See definitions. |
| Did the client receive a referral for continued case management services? | <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Select whether client received referral for additional services upon exiting DVHT program.                                |



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