



## Office on Trafficking In Persons (OTIP)

### TVAP Grant Recipient Reporting Reference Guide:

### Data Elements and Operational Guidance

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The Trafficking Victim Assistance Program (TVAP) is inclusive of two distinct programs: the Trafficking Victim Assistance Program (TVAP) and the Aspire: Child Trafficking Victim Assistance Demonstration Program. The performance indicators and data collection instruments described within this reporting reference guide are applicable to both TVAP programs. TVAP award recipients must provide program performance indicator data to OTIP on a quarterly and annual basis, as indicated. Award recipients will be provided with the following information when requesting data:

*PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to gather data on the grant program to assess program performance, inform evaluation efforts, tailor technical assistance for recipients, respond to inquiries from stakeholders, and inform policy and program development. Public reporting burden for this collection of information is estimated to average XX hours per grant recipient, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This collection of information is required to retain a benefit (22 U.S.C. 7105, Trafficking Victims Protection Act). An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. The OMB # is 0970-0467 and the expiration date is X/XX/XXXX. If you have any comments on this collection of information, please contact Vera Soto, Office on Trafficking in Persons, by email at [Vera.Soto@acf.hhs.gov](mailto:Vera.Soto@acf.hhs.gov).*



## Client Services Reporting

### Key Performance Measures:

- Increase the number of victims of trafficking served by a network of grant recipients

## Client Services —Client Characteristics and Program Entry

### Reporting Expectations:

The grant recipient is expected to collect on the following data elements on a rolling basis during the first three months after an individual is enrolled into the Trafficking Victim Assistance Program. Aggregated information should be reported to OTIP on a quarterly basis:

- 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)

Client Services Client Characteristics and Program Entry		
Data Element	Response Options	Operational Guidance
Intake Date	mm/dd/yyyy	Record the TVAP enrollment date.
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>• District Attorney/State's Attorney/Victim Services</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>• Housing Assistance Agency/Shelter</li> <li>• Juvenile Justice</li> <li>• Law Enforcement</li> <li>• National Human Trafficking Hotline (NHTH)</li> <li>• Other National Hotline</li> <li>• Psychiatric Treatment Facility</li> <li>• State/Local Hotline</li> <li>• Religious Organization</li> <li>• Self</li> </ul>	Select one which best describes the entity or individual referring the client for services.



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	<ul style="list-style-type: none"> <li>• Other (specify)</li> </ul>	
Type of Trafficking	<ul style="list-style-type: none"> <li>• Sex</li> <li>• Labor</li> <li>• Sex and Labor</li> <li>• Unknown</li> </ul>	Select one which best describes the potential trafficking situation.
Does client have family members receiving services from grant recipient?	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>	Select one which best describes the household being served.
Service Eligibility Status	<ul style="list-style-type: none"> <li>• Pre-Certified Foreign National</li> <li>• Certified Foreign National</li> </ul>	Select one as identified by client.
Country of Origin	Country	Record country where client is from.
Age	01-99	Record age of client at intake.
Sex	<ul style="list-style-type: none"> <li>• Male</li> <li>• Female</li> <li>• Not Reported</li> </ul>	Select one as identified by the client.
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>• Hispanic or Latino</li> <li>• Middle Eastern or North African</li> <li>• Native Hawaiian or Other Pacific Islander</li> <li>• White</li> <li>• Unknown</li> </ul>	Select one or more as identified by client.
Living Situation at Intake	<ul style="list-style-type: none"> <li>• Emergency Housing</li> <li>• Institutional Housing</li> <li>• No Housing/Place not meant for habitation</li> <li>• Permanent Housing</li> <li>• Transitional Housing</li> <li>• Unknown</li> </ul>	Select one which best describes the current living situation of the client. See definitions.
If client is a minor, are they enrolled in school?	<ul style="list-style-type: none"> <li>• No</li> <li>• Yes</li> </ul>	Select one as known at time of intake.
Location of Services	State/Territory Remote	Record location of organization that will be providing services to the client
Location of Trafficking	State/Territory, Country	If known, record the location of the trafficking incident.
Exploitation Industry/Venue <sup>1</sup>	<ul style="list-style-type: none"> <li>• Agriculture/Field Labor</li> <li>• Auto-Mechanic/Auto-Shop/Car Repair</li> </ul>	Select one or more as best describes the potential



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	<ul style="list-style-type: none"> <li>• Arts/Entertainment</li> <li>• Bar/Cantina/Nightclub</li> <li>• Begging/Peddling</li> <li>• Carnival</li> <li>• Carpentry/Woodworking</li> <li>• Cobbling</li> <li>• Commercial Cleaning</li> <li>• Commercial Sex</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 Activities</li> <li>• Forestry/Logging</li> <li>• Garment/Textiles</li> <li>• Herding/Livestock</li> <li>• Health/Beauty</li> <li>• Health Care</li> <li>• Herding Livestock/Animal Husbandry</li> <li>• Hotel/Hospitality</li> <li>• Illicit Massage/Health</li> <li>• Landscaping</li> <li>• Mining/Quarrying</li> <li>• Other (specify)</li> <li>• Personal Sexual Servitude</li> <li>• Production of Child Sexual Abuse Material (CSAM)</li> <li>• Recreation/Sports</li> <li>• Religious Institution</li> <li>• Restaurant/Food Service</li> <li>• Retail Sales</li> <li>• Stripping/ Dancing</li> <li>• Transportation</li> <li>• Traveling Sales Crew</li> <li>• Waste Management/Recycling</li> <li>• Not Reported</li> </ul>	<p>trafficking situation. Mark unknown if information was not disclosed by client.</p>
<p>Commercial Sex Venue</p>	<ul style="list-style-type: none"> <li>• Commercial Space-Based</li> <li>• Institution-Based</li> <li>• Technology-Based</li> <li>• Outdoor/Street-Based</li> <li>• Residence-Based</li> <li>• Not Reported</li> </ul>	<p>Select one or more as best describes the potential trafficking situation. Mark unknown if information was not disclosed by client.</p>

<sup>1</sup> Polaris. The Typology of Modern Slavery. Defining Sex and Labor Trafficking in the United States. March 2017.



## Client Services —Client Case Closure

### Reporting Expectations:

The grant recipient is expected to collect the following data elements on a rolling basis as clients exit the Trafficking Victim Assistance Program. Aggregated information should be reported to OTIP on a quarterly basis:

- 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)

Client Services – Client Case Closure		
Data Element	Response Options	Operational Guidance
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>• Client relocated</li> <li>• Client unable to meet program expectations</li> <li>• Determined ineligible for services</li> <li>• Incarcerated and out of contact with program</li> <li>• Lost contact with client</li> <li>• No longer in need of services</li> <li>• Time limitations of the program</li> <li>• Transfer to another service program</li> <li>• Other (specify)</li> </ul>	Select one or more reasons for client's case closing as known at the time of exit.
Living Situation at Case Closure	<ul style="list-style-type: none"> <li>• Emergency Housing</li> <li>• Institutional Housing</li> <li>• No Housing/Place not meant for habitation</li> <li>• Permanent Housing</li> <li>• Transitional Housing</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 obtain Continued Presence or a T Visa?	<ul style="list-style-type: none"> <li>• Continued Presence</li> <li>• Bona Fide T Visa</li> <li>• T Visa</li> <li>• None</li> </ul>	Select the type of documentation the client received from the Department of Homeland Security (DHS).
Did the client obtain HHS Certification or Eligibility?	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>	Select whether the client received a certification letter while in the program.
Did the client receive a referral for continued case management	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>	Select whether the client received a referral to continue receiving services.



services?		
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## Client Services —Barriers to Service Delivery

### Reporting Expectations:

The grant recipient is expected to submit data on the barriers experienced during the course of service delivery on a quarterly basis:

- 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)

Client Services —Barriers to Service Delivery		
Data Element	Response Options	Operational Guidance
Barriers to Service Delivery	<ul style="list-style-type: none"> <li>• Feelings of No Support and Isolation</li> <li>• Ineffective Coordination with Federal Agencies</li> <li>• Ineffective Coordination with Local Agencies</li> <li>• Lack of Adequate Funding</li> <li>• Lack of Adequate Resources</li> <li>• Lack of Adequate Training</li> <li>• Lack of Cooperation of Client</li> <li>• Lack of Formal Rules and Regulations</li> <li>• Lack of Internal Procedures</li> <li>• Lack of Knowledge of Victims' Rights</li> <li>• Language Barriers</li> <li>• Public Health Concerns</li> <li>• Safety Concerns</li> <li>• Client Legal Status</li> <li>• Other Services (specify)</li> <li>• None</li> </ul>	Select all barriers to service delivery that were encountered during the reporting period.

## Client Services —Client Service Use and Delivery

### Reporting Expectations:

The grant recipient 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.

Client Services —Client Service Use and Delivery		
Data Element	Response Options	Operational Guidance
Services Received	<ul style="list-style-type: none"> <li>• Basic Necessities</li> <li>• Case Management</li> <li>• Child Care</li> <li>• Crisis Intervention</li> <li>• Education Assistance</li> </ul>	Select one or more services that the client received either directly by the organization or through a referral. Do not



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	<ul style="list-style-type: none"> <li>• Employment Assistance</li> <li>• Family Reunification</li> <li>• Financial Assistance</li> <li>• Healthcare</li> <li>• Housing/Shelter Services</li> <li>• Interpreter/Translator Services</li> <li>• Legal Advocacy and Services</li> <li>• Life Skills</li> <li>• Mental/Behavioral Health Services</li> <li>• Peer Support/Mentoring</li> <li>• Safety Planning Services</li> <li>• Substance Use Assessment/Treatment</li> <li>• Transportation</li> <li>• Victim Advocacy</li> <li>• Other (specify)</li> <li>• None</li> <li>• Unknown</li> </ul>	<p>include referrals that did not result in the client accessing the service or benefit.</p>
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>• ORR Match Grant</li> <li>• ORR Targeted Assistance Grant (TAG)</li> <li>• ORR Unaccompanied Children (UC) Program</li> <li>• ORR Unaccompanied Refugee Minors (URM) Program</li> <li>• ORR Wilson/Fish Program</li> <li>• Refugee Cash Assistance</li> <li>• Refugee Medical Assistance</li> <li>• Refugee Support Services</li> <li>• State-specific Health Benefits</li> <li>• Social Security Disability (SSI or SSDI)</li> <li>• Temporary Assistance for Needy Families</li> <li>• Unemployment Insurance</li> <li>• Other (specify)</li> <li>• None</li> </ul>	<p>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.</p>



## Client Outreach Reporting

### Key Performance Measures:

- Increase the number of victims of trafficking identified

### Reporting Expectations:

The grant recipient is expected to submit data on outreach activities and impact on a quarterly basis:

- 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)

Client Outreach Reporting		
Data Element	Response Options	Operational Guidance
Public Awareness Activities Conducted	(number)	Report the total number of public awareness activities conducted during the reporting period.
Outreach Activities Conducted	(number)	Report the total number of outreach activities conducted during the reporting period.
Outreach Settings	<ul style="list-style-type: none"> <li>• Agricultural Settings</li> <li>• Casinos</li> <li>• Commercial Establishments</li> <li>• Consulates</li> <li>• Court-Based Settings</li> <li>• Day Labor Settings</li> <li>• Detention Settings</li> <li>• Digital: Social Media</li> <li>• Digital: Other</li> <li>• Education Settings</li> <li>• Factories</li> <li>• Health Care Settings</li> <li>• Homeless Encampments</li> <li>• Hotel/Hospitality Settings</li> <li>• Massage Parlors</li> <li>• Shelter Settings</li> <li>• Street Settings</li> <li>• Strip Clubs</li> <li>• Youth Care Settings</li> <li>• Other (specify)</li> </ul>	Select the site or venue where outreach was conducted during the reporting period.
Number of Victims Identified	(number)	Record the number of victims identified by grant recipient through outreach activities, including funded partners.



## Subrecipient Enrollment Reporting

### Key Performance Measures:

- Increase the diversity of services available to victims of trafficking

### Reporting Expectations:

The grant recipient is expected to collect data elements **only** on subrecipients or entities/organizations with whom the grant recipient has a formal contractual relationship to provide services. This data should be updated as entities/organizations are enrolled into the grant recipient’s network on a rolling basis. Any updates are to be reported on a quarterly basis.

Subrecipient Enrollment Reporting		
Data Element	Response Options	Operational Guidance
Name of Subrecipient Organization	(text)	Record name of partnering organization.
Location of Subrecipient Organization	City, State	Record location of organization.
Type of Subrecipient Organization	<ul style="list-style-type: none"> <li>• Advocacy</li> <li>• Behavioral Health</li> <li>• Child Welfare</li> <li>• Education</li> <li>• Employment</li> <li>• Faith Based</li> <li>• Government</li> <li>• Health Care</li> <li>• Housing</li> <li>• Law Enforcement</li> <li>• Legal</li> <li>• Other Criminal Justice</li> <li>• Private Sector</li> <li>• Public Health</li> <li>• School (K-12)</li> <li>• Service Provider</li> <li>• Other (specify)</li> </ul>	Select the sector that best describes the type of organization entering into the partnership.
Subrecipient Service Sites	(number)	Record the total number of service site locations of the partner.
Services Provided by Subrecipient	<ul style="list-style-type: none"> <li>• Basic Necessities</li> <li>• Case Management</li> <li>• Child Care</li> <li>• Crisis Intervention</li> <li>• Education Assistance</li> <li>• Employment Assistance</li> </ul>	Select one or more services that are provided through the partnership.



	<ul style="list-style-type: none"> <li>• Family Reunification</li> <li>• Financial Assistance</li> <li>• Healthcare</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>• Peer Support/Mentoring</li> <li>• Safety Planning Services</li> <li>• Substance Use Assessment/Treatment</li> <li>• Transportation</li> <li>• Victim Advocacy</li> <li>• Other (specify)</li> <li>• None</li> <li>• Unknown</li> </ul>	
Enrollment Date	mm/dd/yyyy	Record month, day, and year when entity partnered with grant recipient network.
Exit Date	mm/dd/yyyy	Record month, day, and year when entity ended their partnership with grant recipient network.

## Client Service Costs Reporting

### Reporting Expectations:

The grant recipient is expected to submit data on the number of clients who received each type of service and the total dollars spent on each type of service during the reporting period annually with the fourth quarter report, due on October 30.

Client Service Costs Reporting		
Data Element	Response Options	Operational Guidance
Clients Served Per Client Service Type	(number)	Record the total number of clients who received each type of service during the reporting year.
Dollars Spent Per Service Type	(currency)	Record the total dollars spent on each type of service for all clients who received that service during the reporting year.
Percentage of	(number)	Record the percentage of



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<p>Budget Spent Per Service Type</p>		<p>the grant recipient's budget spent on each type of service for all clients who received that service during the reporting year.</p>
<p>Client Service Type</p>	<ul style="list-style-type: none"> <li>• Basic Necessities</li> <li>• Case Management</li> <li>• Child Care</li> <li>• Crisis Intervention</li> <li>• Education Assistance</li> <li>• Employment Assistance</li> <li>• Family Reunification</li> <li>• Financial Assistance</li> <li>• Healthcare</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>• Peer Support/Mentoring</li> <li>• Safety Planning Services</li> <li>• Substance Use Assessment/Treatment</li> <li>• Transportation</li> <li>• Victim Advocacy</li> <li>• Other</li> </ul>	<p>Record the requested information (number of clients served, dollars spent, and percentage of recipient budget spent) per service</p>