OMB Control Number: 0970-XXXX Expiration Date: XX/XX/XXXX



## **Domestic Victims of Human Trafficking Grantee Victim Outreach Reporting Form**

Complete all of the following sections for the outreach activities conducted during the reporting period.

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Reporting Period Start Date	Reporting Period End Date	Report Type

Select all of the settings where grantee conducted outreach during the reporting period.

## **Outreach Settings**

Commercial Establishments Agricultural Settings Consulates

**Court-Based Settings** Day Labor Settings **Detention Settings** 

**Education Settings** Health Care Settings Hotel/Hospitality Settings

Massage Parlors Shelter Settings Strip Clubs

Youth Care Settings

Other

**Populations Targeted during the Reporting Period** 

What screening tool was used?

How many victims of trafficking were identified?

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN:

Through this information collection, ACF is gathering data on the grant program to assess program performance, inform evaluation, tailor technical assistance, report to stakeholders, and inform policy and program development. Public reporting burden for this collection of information is estimated to average .3 hours per response, 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 USC 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. If you have any comments on this collection of information, please contact Flavia Keenan-Guerra, Office on Trafficking in Persons, by email at Flavia.Keenan-Guerra@acf.hhs.gov.