

Immigration Services Naturalization Application Assistance IS-NAT Quarterly Report

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ORGANIZATION / CONTRACTOR NAME	VERSION <input type="checkbox"/> INITIAL <input type="checkbox"/> REVISED	REPORT QTR		REPORT YEAR	
PART A. WORKSHOPS		Month 1	Month 2	Month 3	Quarter Total
1. Naturalization workshops held.....		1	2	3	4
PART B. APPLICATION ASSISTANCE		Month 1	Month 2	Month 3	Quarter Total
2. Naturalization applicants assisted (Sum of Items 2a through 2c).....		5	6	7	8
a. Naturalization applications completed (Simple Case/Workshop Service Model/Client handles follow-up on his/her own).....		9	10	11	12
b. Naturalization applications completed and submitted (Simple Case/Workshop Service Model with G-28 Filed).....		13	14	15	16
c. Naturalization applications completed and submitted (Complex Case/Direct Representation Model with G-28 Filed).....		17	18	19	20
3. Individuals provided assistance with appeals.....		21	22	23	24
4. Disability waivers filed.....		25	26	27	28
5. Fee waivers filed.....		29	30	31	32
6. Naturalization applicant's racial/ethnic identity <i>Count each applicant in one item only.</i>					Quarter Total
					33
a. American Indian or Alaska Native.....					34
b. Asian Indian.....					35
c. Black or African American (Hispanic or Latino).....					36
d. Black or African American (non-Hispanic or Latino).....					37
e. Cambodian.....					38
f. Chinese.....					39
g. Filipino.....					40
h. Guamanian.....					41
i. Hmong.....					42
j. Indigenous - Latin America (Specify the communities in the Item 6j Indigenous - Latin America Communities Explanation box).....					43
k. Japanese.....					44
l. Korean.....					45
m. Laotian.....					46
n. Native Hawaiian.....					47
o. Vietnamese.....					48
p. Other Asian.....					49
q. Samoan.....					50
r. White (Hispanic or Latino).....					51
s. White (non-Hispanic or Latino).....					52
t. Hispanic or Latino (any other race).....					53
u. More than one of the above.....					54
v. Other (Specify in Item 6v Other Race/Ethnicity Explanation box).....					54

		Quarter Total
7.	Language in which service was provided to naturalization applicant <i>Count each applicant in one item only.</i>	
	<i>(Sum of Items 7a through 7aq; automatically calculated for editing purposes)</i>	
a.	American Sign Language.....	55
b.	Amharic.....	56
c.	Arabic.....	57
d.	Armenian.....	58
e.	Assyrian.....	59
f.	Cambodian.....	60
g.	Cantonese.....	61
h.	English.....	62
i.	Farsi.....	63
j.	French.....	64
k.	Hebrew.....	65
l.	Hindi.....	66
m.	Hmong.....	67
n.	Ilocano.....	68
o.	Italian.....	69
p.	Japanese.....	70
q.	Kanjobal.....	71
r.	Korean.....	72
s.	Lao.....	73
t.	Mam.....	74
u.	Mandarin.....	75
v.	Mien.....	76
w.	Mixteco.....	77
x.	Pashtu.....	78
y.	Polish.....	79
z.	Portuguese.....	80
aa.	Punjabi.....	81
ab.	Romanian.....	82
ac.	Russian.....	83
ad.	Samoan.....	84
ae.	Spanish.....	85
af.	Tagalog.....	86
ag.	Thai.....	87
ah.	Tigrigna.....	88
ai.	Turkic.....	89
aj.	Turkish.....	90
ak.	Triqui.....	91
al.	Urdu.....	92
am.	Vietnamese.....	93
an.	Zapoteco.....	94
ao.	Other Chinese Languages (Specify in Item 7ao Other Chinese Languages Explanation box).....	95
ap.	Other Non-English (Specify in Item 7ap Other Non-English Explanation box).....	96
aq.	Other Sign Language (Specify in Item 7aq Other Sign Language Explanation box).....	97

8. Naturalization applicant's country of origin		Quarter Total
<i>Count each applicant in one item only.</i>		
<i>(Sum of Items 8a through 8ab; automatically calculated for editing purposes)</i>		
a. Afghanistan.....		98
b. Armenia.....		99
c. Bangladesh.....		100
d. Brazil.....		101
e. Cambodia.....		102
f. China, People's Republic.....		103
g. Colombia.....		104
h. Egypt.....		105
i. El Salvador.....		106
j. Ethiopia.....		107
k. Guatemala.....		108
l. India.....		109
m. Iran.....		110
n. Iraq.....		111
o. Korea, South.....		112
p. Laos.....		113
q. Mexico.....		114
r. Nicaragua.....		115
s. Pakistan.....		116
t. Peru.....		117
u. Philippines.....		118
v. Russia.....		119
w. Taiwan.....		120
x. Thailand.....		121
y. Ukraine.....		122
z. Vietnam.....		123
aa. Unknown.....		124
ab. Other (Specify in the Item 8ab Other Country of Origin Explanation box).....		125
9. Naturalization applicant's gender		Quarter Total
<i>Count each applicant in one item only.</i>		
<i>(Sum of Items 9a through 9d; automatically calculated for editing purposes)</i>		
a. Male.....		126
b. Female.....		127
c. Transgender.....		128
d. Do not identify as female, male or transgender.....		129
10. Naturalization applicant's age		Quarter Total
<i>Count each applicant in one item only.</i>		
<i>(Sum of Items 10a through 10c; automatically calculated for editing purposes)</i>		
a. Young Adults (18-30).....		130
b. Adults (31-49).....		131
c. Adults (50+).....		132
11. Naturalization applicant's highest level of educational attainment		Quarter Total
<i>Count each applicant in one item only.</i>		
<i>(Sum of Items 11a through 11f; automatically calculated for editing purposes)</i>		
a. None or did not complete primary school.....		133
b. Completed primary school.....		134
c. Completed secondary school.....		135
d. Some college.....		136
e. Completed college.....		137
f. Completed graduate school.....		138

		Quarter Total
12.	Naturalization applicant's county of residence	
	<i>Count each applicant in one item only.</i>	
	<i>(Sum of Items 12a through 12bf; automatically calculated for editing purposes)</i>	
a.	Alameda.....	139
b.	Alpine.....	140
c.	Amador.....	141
d.	Butte.....	142
e.	Calaveras.....	143
f.	Colusa.....	144
g.	Contra Costa.....	145
h.	Del Norte.....	146
i.	El Dorado.....	147
j.	Fresno.....	148
k.	Glenn.....	149
l.	Humboldt.....	150
m.	Imperial.....	151
n.	Inyo.....	152
o.	Kern.....	153
p.	Kings.....	154
q.	Lake.....	155
r.	Lassen.....	156
s.	Los Angeles.....	157
t.	Madera.....	158
u.	Marin.....	159
v.	Mariposa.....	160
w.	Mendocino.....	161
x.	Merced.....	162
y.	Modoc.....	163
z.	Mono.....	164
aa.	Monterey.....	165
ab.	Napa.....	166
ac.	Nevada.....	167
ad.	Orange.....	168
ae.	Placer.....	169
af.	Plumas.....	170
ag.	Riverside.....	171
ah.	Sacramento.....	172
ai.	San Benito.....	173
aj.	San Bernardino.....	174
ak.	San Diego.....	175
al.	San Francisco.....	176
am.	San Joaquin.....	177
an.	San Luis Obispo.....	178
ao.	San Mateo.....	179
ap.	Santa Barbara.....	180
aq.	Santa Clara.....	181
ar.	Santa Cruz.....	182
as.	Shasta.....	183
at.	Sierra.....	184
au.	Siskiyou.....	185
av.	Solano.....	186
aw.	Sonoma.....	187
ax.	Stanislaus.....	188
ay.	Sutter.....	189
az.	Tehama.....	190
ba.	Trinity.....	191
bb.	Tulare.....	192
bc.	Tuolumne.....	193
bd.	Ventura.....	194
be.	Yolo.....	195
bf.	Yuba.....	196

PART C. ORGANIZATIONAL PRACTICES

13. What challenges or barriers were discovered during the quarter?	197
14. What key lessons and/or promising practices emerged during the quarter?	198
15. Number of CDSS contractors that your organization collaborated with during the quarter <i>(Sum of Items 15a through 15o; automatically calculated for editing purposes. This total does not include any additional contractors entered in the Item 15 Additional CDSS Contractor Collaborations box in the Comments section.)</i>	
15a. If your organization collaborated with another CDSS contractor during the quarter, select contractor from drop-down menu and briefly describe the type of collaboration	199
15b. If your organization collaborated with an additional CDSS contractor during the quarter, select contractor from drop-down menu and briefly describe the type of collaboration	200
15c. If your organization collaborated with an additional CDSS contractor during the quarter, select contractor from drop-down menu and briefly describe the type of collaboration	201
15d. If your organization collaborated with an additional CDSS contractor during the quarter, select contractor from drop-down menu and briefly describe the type of collaboration	202
15e. If your organization collaborated with an additional CDSS contractor during the quarter, select contractor from drop-down menu and briefly describe the type of collaboration	203
15f. If your organization collaborated with an additional CDSS contractor during the quarter, select contractor from drop-down menu and briefly describe the type of collaboration	204
15g. If your organization collaborated with an additional CDSS contractor during the quarter, select contractor from drop-down menu and briefly describe the type of collaboration	205
15h. If your organization collaborated with an additional CDSS contractor during the quarter, select contractor from drop-down menu and briefly describe the type of collaboration	206
15i. If your organization collaborated with an additional CDSS contractor during the quarter, select contractor from drop-down menu and briefly describe the type of collaboration	207
15j. If your organization collaborated with an additional CDSS contractor during the quarter, select contractor from drop-down menu and briefly describe the type of collaboration	208
15k. If your organization collaborated with an additional CDSS contractor during the quarter, select contractor from drop-down menu and briefly describe the type of collaboration	209
15l. If your organization collaborated with an additional CDSS contractor during the quarter, select contractor from drop-down menu and briefly describe the type of collaboration	210
15m. If your organization collaborated with an additional CDSS contractor during the quarter, select contractor from drop-down menu and briefly describe the type of collaboration	211
15n. If your organization collaborated with an additional CDSS contractor during the quarter, select contractor from drop-down menu and briefly describe the type of collaboration	212
15o. If your organization collaborated with an additional CDSS contractor during the quarter, select contractor from drop-down menu and briefly describe the type of collaboration	213

COMMENTS

Item 6j Indigenous - Latin America Communities Explanation

If Item 6j (Cell 42) is not zero, this box must be completed. If Item 6j (Cell 42) is zero, this box must be blank.

Item 6v Other Race/Ethnicity Explanation

If Item 6v (Cell 54) is not zero, this box must be completed. If Item 6v (Cell 54) is zero, this box must be blank.

Item 7ao Other Chinese Languages Explanation

If Item 7ao (Cell 95) is not zero, this box must be completed. If Item 7ao (Cell 95) is zero, this box must be blank.

Item 7ap Other Non-English Explanation

If Item 7ap (Cell 96) is not zero this box must be completed. If Item 7ap (Cell 96) is zero, this box must be blank.

Item 7aq Other Sign Language Explanation

If Item 7aq (Cell 97) is not zero this box must be completed. If Item 7aq (Cell 97) is zero, this box must be blank.

Item 8ab Other Country of Origin Explanation

*If Item 8ab (Cell 125) is not zero this box must be completed. If Item 8ab (Cell 125) is zero, this box must be blank.*Item 15 Additional CDSS Contractor Collaborations Explanation *(Continuation of Items 15a - 15o if needed)**If your organization did not collaborate with 16 or more CDSS contractors, this box must be blank.*

General Comments

Revised Report Explanation

*If this is a Revised report, this box must be completed. If this is an Initial report, this box must be blank.***CONTACT INFORMATION****CERTIFICATION***I hereby certify that all information reported on this form during this period is consistent with the intent and provisions of the approved Agreement between CDSS and the above-named Contractor.*

CONTACT PERSON

TELEPHONE

EXTENSION

JOB TITLE/CLASSIFICATION

E-MAIL

DATE SUBMITTED

**IMMIGRATION SERVICES
NATURALIZATION APPLICATION ASSISTANCE
QUARTERLY REPORT
IS-NAT (1/16)**

INSTRUCTIONS

CONTENT

The quarterly IS-NAT report contains statistical information for the Immigration Services Funding - Naturalization Application Assistance service during the reporting quarter. The data requested refers to information about services to assist individuals with Naturalization applications including the number and type of application services received, workshops and demographic information. The report also collects qualitative data on contractor practices, referrals and organizational collaborations.

PURPOSE

The purpose of the IS-NAT report is for the California Department of Social Services (CDSS) contractors to provide information regarding their provision of Naturalization Application Assistance. Effective January 1, 2016, Naturalization Application Assistance is a component of the new Immigration Services Funding, which provides grants to nonprofit organizations meeting the criteria set forth in Senate Bill 79, Welfare & Institutions Code Sections 13302 - 13306 (Chapter 5.6, Statutes of 2015). This report provides the state with information needed for budgeting, staffing and program planning.

COMPLETION AND SUBMISSION

Each contractor is responsible for ensuring that this report is fully and accurately completed. If portions of the report are completed by more than one entity within the contracting organization, the contact person responsible for submitting the report to the state shall review the report for completeness and accuracy prior to submittal.

Quarter	Service Period	Report Due Date
Q1	January 1, 2016 – March 31, 2016	04/15/2016
Q2	April 1, 2016 – June 30, 2016	07/15/2016
Q3	July 1, 2016 – September 30, 2016	10/14/2016
Q4	October 1, 2016 – December 31, 2016	01/13/2017
Q5	January 1, 2017 – March 31, 2017	04/14/2017
Q6	April 1, 2017 – June 30, 2016	07/14/2017

Download an Excel version of the report form from <http://www.cdss.ca.gov/dssdb/>, complete the downloaded form and e-mail the form to CDSS, Data Systems and Survey Design Bureau (DSSDB) at admisnat@dss.ca.gov. The electronic submission process contains automatic computations of some cells and provides for the e-mail transmission of completed forms to DSSDB. The website contains specific instructions and guidance. If you have questions regarding the completion or submission of this report, contact DSSDB at (916) 651-8269.

REVISIONS AND SUBMISSION

If the contractor determines that a revision is needed to a previously submitted report, the contractor shall submit a revised report for the applicable quarter(s) **within 30 days of the reporting due date** and provide an explanation for the revision in the Revised Report Explanation box located at the end of the reporting form. For revisions to be submitted **after the 30 day limit**, contact the Immigration Branch at ImmigrationServices@dss.ca.gov to request approval for revision submission. Revisions received after 30 days will be accepted on a case-by-case basis and will be given further instruction.

GENERAL INSTRUCTIONS

Enter the contracting organization's name, version (Initial or Revised) and the report quarter and year in the boxes provided near the top of the form. Enter the **unique and unduplicated client counts** required for each item **at the time of application completion**. Enter "0" if there is nothing to report for an item. **Do not leave any items blank unless otherwise noted.**

As a reminder, the documents listed below are required to be maintained by the contractor. However, much of data required in this report can be found on the USCIS application. Per the Standard Agreement, Exhibit A - Terms and Conditions Part C, evidence of services performed includes, but is not limited to:

Intake forms, screening services, workshops, education and outreach event records, materials from webinars and in-person trainings. For application assistance services, contractor shall retain records of workshop participants, such as sign-in sheets and intake forms explaining the service provided. For direct representation services, contractor shall also maintain receipt notices for applications submitted to USCIS and copies of G-28 entry of appearance forms. For education and outreach, contractor shall retain records of education and outreach activities and people reached, such as event fliers, sign-in sheets, evaluation forms, referrals to application assistance providers, letters from host organizations confirming number of attendees, receipts for expenses related to venue and travel costs, social media announcements, media reports, etc.

Enter in the boxes at the bottom of the form the name, job title or classification, telephone number, extension and e-mail address of the person to contact if there are questions about the report. This contact person may or may not be the person who completed the report. Enter the date the report was submitted. This is the date when the report is e-mailed to DSSDB.

DEFINITIONS

The following definitions are to be used when completing the IS-Naturalization report form.

Complex Case: Direct representation that requires extensive legal analysis of qualifying criteria, resolution of complex barriers (such as disability waivers, criminal issues, long absences, complicated immigration history or other factors) or representation before the USCIS or in State Court solely as it pertains to Special Immigrant Juvenile Status (SIJS). Complex cases shall not include cases that are time consuming due to an applicant's language, literacy barriers, nor due to an applicant's trouble recalling information.

Contractor: An applicant selected to enter into an agreement with CDSS to provide services pursuant to the Request for Application (RFA) and to comply with the terms and conditions set forth in the Standard Agreement. The contractor shall be a nonprofit organization as specified in statutory requirements.

DEFINITIONS (Continued)

Direct Representation: Legal representation that is provided by a Board of Immigration Appeals (BIA) accredited representative or attorney for a complex case, defined above and not handled in a workshop setting.

Naturalization: Naturalization is the manner in which a person not born in the United States voluntarily becomes a U.S. citizen and is the process by which U.S. citizenship is granted to a foreign citizen or national after he or she fulfills the requirements established by Congress in the Immigration and Nationality Act (INA). Services under the naturalization service category include N-400 application assistance, related waivers and appeals that might arise under the process.

Workshops: Community events to assist individuals in a group setting with eligibility screening, document assembly and application assistance.

COLUMN INSTRUCTIONS

Column Month 1: Enter the data for the first month of the applicable quarter.

Column Month 2: Enter the data for the second month of the applicable quarter.

Column Month 3: Enter the data for the third month of the applicable quarter.

Column Quarter Total: It is the sum of Columns Month 1, Month 2 and Month 3.

ITEM INSTRUCTIONS

Direct service contractors often utilize a workshop model that begins with an informational workshop that offers legal information and an overview of the relevant immigration or naturalization application, followed by another workshop where individual application assistance is provided by qualified legal services providers. Part A captures the number of naturalization workshops held during the reporting period. Part B captures demographic data for naturalization workshop application assistance participants.

PART A. WORKSHOPS

For Part A provide the number of naturalization workshops held in the reporting period.

1. Naturalization workshops held: Enter the number of Naturalization workshops that were held in each month during the quarter. *The client counts for this section may be duplicated in Part B. **Cell 4 Quarter Total is automatically calculated.** [Cells 1-4]*

PART B. APPLICATION ASSISTANCE

Part B summarizes and captures demographic data for Naturalization applicants counted under Part B. Item 2 of the report form. For each individual, information on race/ethnicity, language in which service was provided, country of origin, gender, age, educational attainment and county of residence is reported. For each reporting demographic, enter the data for each individual at the time of application completion. The total client counts in Items 4 - 12 may differ from the total client counts in Part B, Items 2 - 3.

2. Naturalization applicants assisted (Sum of Items 2a through 2c): It is the sum of Items 2a, 2b and 2c. *The demographic data for individuals counted in this section will be reported in Part B, Items 10 -12. The client counts for this section may be duplicated in Part A. **Item 2 is automatically calculated.** [Cells 5-8]*

ITEM INSTRUCTIONS (Continued)

- a. Naturalization application completed (Simple Case/Workshop Service Model/Client handles follow-up on his/her own): Enter the unique and unduplicated number of naturalization applications that were completed for naturalization status as part of the Workshop Service Model in each month during the quarter. In the simple case/workshop context, application completion means that an individual applicant was assisted with eligibility screening, document assembly and final review by a qualified immigration service provider. This includes applicants handling the submission of the application on their own or being instructed not to submit an application due to lack of qualification or best interest. Keep records such as copies of intakes and sign-in sheets from workshops to document these services. **Cell 12 Quarter Total is automatically calculated.** [Cells 9-12]
- b. Naturalization applications completed and submitted (Simple Case/Workshop Service Model with G-28 filed): Enter the unique and unduplicated number of naturalization applications that were completed for naturalization status as part of the Workshop Service model where your program staff filed a G-28 entry of appearance as part of your practice. In the simple case/workshop context with a G-28 filed, application completion and submission means that an individual applicant was assisted with eligibility screening, document assembly and final review by a qualified immigration service provider and the provider submitted the application to USCIS along with a G-28 entry of appearance. Keep records such as copies of G-28 entry of appearance forms and receipt notices for monitoring purposes. **Cell 16 Quarter Total is automatically calculated.** [Cells 13-16]
- c. Naturalization application completed and submitted (Complex Case/Direct Representation Model with G-28 filed): Enter the unique and unduplicated number of naturalization applications that were completed and submitted to USCIS as part of the Direct Representation Model in each month during the quarter. In the complex case/direct representation context, application completion and submission means that an individual applicant was assisted with a complex case, as defined above, including assistance with eligibility screening, document assembly, final review and application submission to USCIS by a qualified immigration service provider. Keep records such as copies of G-28 entry of appearance forms and receipt notices for monitoring purposes. **Cell 20 Quarter Total is automatically calculated.** [Cells 17-20]
3. Individuals provided assistance with appeals: Enter the unique and unduplicated number of individuals who were provided assistance with appeals. **Cell 24 Quarter Total is automatically calculated.** [Cells 21-24]
4. Disability waivers filed: Enter the number of disability waivers filed. **Cell 28 Quarter Total is automatically calculated.** [Cells 25-28]
5. Fee waivers filed: Enter the unique and unduplicated number of fee waivers filed. **Cell 32 Quarter Total is automatically calculated.** [Cells 29-32]

ITEM INSTRUCTIONS (Continued)

6. Naturalization applicant's racial/ethnic identity: This is the sum of Items 6a through 6v. ***This sum is automatically calculated for editing purposes.*** [No cell]

6a – 6v.

Enter the unique and unduplicated number of naturalization applicants who identify with each of the racial/ethnic categories listed. Count each applicant in one item only. If any individuals are counted in the “Indigenous - Latin America” category (which includes but is not limited to: Mixteco, Triqui, Zapoteco, Mam and Kanjobal), specify the category and the number of individuals in the Item 6j Indigenous – Latin America Communities Explanation box near the bottom of the form. If any individuals are counted in the “Other” category, specify the category and the number of individuals in the Item 6v Other Race/Ethnicity Explanation box near the bottom of the form. This number is a quarterly total for all individuals served in months 1, 2 and 3. These categories are adapted from U.S. Census Bureau standards. [Cells 33-54]

7. Language in which service was provided to naturalization applicant: This is the sum of Items 7a through 7aq. ***This sum is automatically calculated for editing purposes.*** [No cell]

7a - 7aq.

Enter the unique and unduplicated number of naturalization applicants who were provided services in each of the language categories listed. Count each applicant in one item only. If any individuals are counted in any of the “Other” categories, specify the category and the number of individuals in the respective explanation box: Item 7ao Other Chinese Languages Explanation box, Item 7ap Other Non-English Explanation box or Item 7aq Other Sign Language Explanation box near the bottom of the form. This number is a quarterly total for all individuals served in months 1, 2 and 3. Language categories based on most common language(s) spoken in each country listed in Item 8 as identified by the Central Intelligence Agency's World Factbook (<https://www.cia.gov/library/publications/resources/the-world-factbook/>). [Cells 55-97]

8. Naturalization applicant's country of origin: This is the sum of Items 8a through 8ab. ***This sum is automatically calculated for editing purposes.*** [No cell]

8a - 8ab.

Enter the unique and unduplicated number of naturalization applicants from each of the countries listed. Count each applicant in one item only. If any individuals are counted in the “Other” category, list the applicable countries and the number of individuals in the Item 8ab Other Country of Origin Explanation box near the bottom of the form. This number is a quarterly total for all individuals served in months 1, 2 and 3. Country of origin categories based on California's most common sending countries as identified in the Department of Homeland Security's 2013 Yearbook of Immigration Statistics, Supplemental Table 1 (<http://www.dhs.gov/yearbook-immigration-statistics>). [Cells 98-125]

9. Naturalization applicant's gender: This is the sum of Items 9a through 9d. ***This sum is automatically calculated for editing purposes.*** [No cell]

9a - 9d.

Enter the unique and unduplicated number of naturalization applicants who identify with each of the gender categories listed. Count each applicant in one item only. This number is a quarterly total for all individuals served in months 1, 2 and 3. Gender categories adapted from UCLA Williams Institute's “Best Practices for Asking Questions to Identify Transgender and Other Gender Minority Respondents on Population-Based Surveys” (2014; <http://williamsinstitute.law.ucla.edu/research/census-lgbt-demographics-studies/geniuss-report-sept-2014/>). [Cells 126-129]

ITEM INSTRUCTIONS (Continued)

10. Naturalization applicant's age: This is the sum of Items 10a through 10c. ***This sum is automatically calculated for editing purposes.*** [No cell]

10a – 10c.

Enter the unique and unduplicated number of naturalization applicants who fall within each of the age ranges listed. Count each applicant in one item only. This number is a quarterly total for all individuals served in months 1, 2 and 3. [Cells 130-132]

11. Naturalization applicant's highest level of educational attainment: This is the sum of Items 11a through 11f. ***This sum is automatically calculated for editing purposes.*** [No cell]

11a - 11f.

Enter the unique and unduplicated number of naturalization applicants who fall within each of the educational attainment categories listed. Count each applicant in one item only. This number is a quarterly total for all individuals served in months 1, 2 and 3. [Cells 133-138]

12. Naturalization applicant's county of residence: This is the sum of Items 12a through 12bf. ***This sum is automatically calculated for editing purposes.*** [No cell]

12a -12bf.

Enter the unique and unduplicated number of naturalization applicants who were residing in each of the counties listed at the time services were provided to that individual. Count each applicant in one item only. This number is a quarterly total for all individuals served in months 1, 2 and 3. [Cells 139-196]

PART C. ORGANIZATIONAL PRACTICES

Part C captures qualitative information regarding organizational practices during the quarter. This includes challenges or barriers to providing services, key lessons learned and/or promising practices and collaborative efforts with other CDSS contractors.

13. What challenges or barriers were discovered during the quarter?: Enter brief descriptions of any challenges or barriers to providing services identified by your organization during the quarter. [Cell 197]
14. What key lessons and/or promising practices emerged during the quarter?: Enter brief descriptions of any key lessons learned and/or promising practices identified by your organization during the quarter. [Cell 198]
15. Number of CDSS contractors that your organization collaborated with during the quarter (Sum of Items 15a through 15o): ***This total is automatically calculated for editing purposes.*** This total does not include any additional contractors entered in the Item 15 Additional CDSS Contractor Collaborations box. [No cell]

15a - 15o.

If your organization collaborated with an additional CDSS contractor during the quarter, select contractor from drop-down menu and briefly describe the type of collaboration: If your organization collaborated with more than one other CDSS contractor during the quarter, use Items 15a - 15o to list each additional contractor and provide brief descriptions of the collaborative effort(s). If your organization collaborated with more than 15 CDSS contractors during the quarter, use the Item 15

Additional CDSS Contractor Collaborations Explanation box near the bottom of the form to list any additional contractors and provide accompanying descriptions. *[Cells 199-213]*

COMMENTS

Item 6j Indigenous – Latin America Communities Explanation: Use this box to specify if any individuals are counted in the “Indigenous - Latin America” category (which includes but is not limited to: Mixteco, Triqui, Zapoteco, Mam and Kanjobal) in Item 6.

Item 6v Other Race/Ethnicity Explanation: Use this box to specify if any individuals are counted in the “Other” category in Item 6.

Item 7ao Other Chinese Languages Explanation: Use this box to specify if any individuals are counted in the other Chinese languages category in Item 7.

Item 7ap Other Non-English Explanation: Use this box to specify if any individuals are counted in the other Non-English category in Item 7.

Item 7aq Other Sign Language Explanation: Use this box to specify if any individuals are counted in the other sign languages category in Item 7.

Item 8ab Other Country of Origin Explanation: Use this box to specify if any individuals are counted in the “Other” category in Item 8.

Item 15 Additional CDSS Contractor Collaborations Explanation: Use this box to list additional CDSS contractors if your organization collaborated with more than 15 contractors and describe the type of collaboration(s).

General Comments: Use this box to explain any major fluctuations in the data and provide any comments your organization determines necessary, including major changes in procedures, programming or staffing that have affected the data. This box may be left blank if there are no applicable comments for the report quarter.

Revised Report Explanation: Use this box to explain the reason for a revised report. If the report is an Initial report (the first report submitted for the report quarter) this box must be blank.

Immigration Services

Naturalization Application Assistance

IS-NAT Quarterly Report

VALIDATIONS

CELLS 1 – 213 Each data cell in this report must be a whole number equal to or greater than zero (0). Enter no decimals. Data cells should not be left blank except 199-213 (Item 15), if necessary.

Initial reports: If "Initial" is selected, the "Revised Report Explanation" box near the bottom of the report form must be left blank.

Revised reports: If "Revised" is selected, enter the reasons for the revision in the "Revised Report Explanation" box near the bottom of the report form.

PART A. WORKSHOPS

ITEM 1 Item 1 Quarter Total must be equal to (Month 1 plus Month 2 plus Month 3)

CELL 4 Cell 4 must be equal to (Cell 1 plus Cell 2 plus Cell 3)

PART B. APPLICATION ASSISTANCE

ITEM 2 Item 2 must be equal to (Item 2a plus 2b plus 2c)

CELL 5 Cell 5 must be equal to (Cell 9 plus Cell 13 plus Cell 17)

CELL 6 Cell 6 must be equal to (Cell 10 plus Cell 14 plus Cell 18)

CELL 7 Cell 7 must be equal to (Cell 11 plus Cell 15 plus Cell 19)

CELL 8 Cell 8 must be equal to (Cell 12 plus Cell 16 plus Cell 20)

ITEM 2a Item 2a Quarter Total must be equal to (Month 1 plus Month 2 plus Month 3)

CELL 12 Cell 12 must be equal to (Cell 9 plus Cell 10 plus Cell 11)

ITEM 2b Item 2b Quarter Total must be equal to (Month 1 plus Month 2 plus Month 3)

CELL 16 Cell 16 must be equal to (Cell 13 plus Cell 14 plus Cell 15)

ITEM 2c Item 2c Quarter Total must be equal to (Month 1 plus Month 2 plus Month 3)

CELL 20 Cell 20 must be equal to (Cell 17 plus Cell 18 plus Cell 19)

ITEM 3 Item 3 Quarter Total must be equal to (Month 1 plus Month 2 plus Month 3)

CELL 24 Cell 24 must be equal to (Cell 21 plus Cell 22 plus Cell 23)

ITEM 4 Item 4 Quarter Total must be equal to (Month 1 plus Month 2 plus Month 3)

CELL 28 Cell 28 must be equal to (Cell 25 plus Cell 26 plus Cell 27)

ITEM 5 Item 5 Quarter Total must be equal to (Month 1 plus Month 2 plus Month 3)

CELL 32 Cell 32 must be equal to (Cell 29 plus Cell 30 plus Cell 31)