Migration & Refugee Services

Afghan Placement and Assistance

Community Partner Questionnaire

In order to determine the services provided by your agency are suitable to support the Afghan Placement and Assistance program, please answer the following questions.

Name of Organization: _____

Organization Address: _____

_____

1. **Please briefly describe your organization along with its mission and goals.**

2. **What are the services offered that make your organization a good fit for the provision of initial relocation support services to vulnerable Afghans under the APA program?**

3. **Understanding that this plan may be modified to meet the needs of individual cases, please briefly describe your organization's general plan for the provision of basic needs and core services for cases served under the APA program?**

4. **How many individuals does your organization have capacity to resettle under this program?**

Please return this document to apapartners@usccb.org with a signed MOU, Financial Risk Assessment, and AAP materials.