

REFUGEE UNACCOMPANIED MINOR PLACEMENT REPORT	Local Provider Agency Case No.
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TO: Office of Refugee Resettlement U.S. Department of Health and Human Services 370 l'Enfant Promenade, S.W. Washington, D.C. 20447	FROM: Name <hr/> Title: <hr/> Agency: <hr/> Address: <hr/>
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REPORT USAGE Check the appropriate box: <input type="checkbox"/> Initial Placement Report	Is initial placement also a reclassification? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Final Report - Action Taken: <input type="checkbox"/> Emancipation <input type="checkbox"/> Parent/Relative Reunification <input type="checkbox"/> AWOL/Jail <input type="checkbox"/> Change of Status Report - Action Taken: <input type="checkbox"/> Placement Change <input type="checkbox"/> Legal Responsibility <input type="checkbox"/> Change DOB/Name <input type="checkbox"/> Other _____
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Always complete Nos. 1,4 and 9 of Section I-A below, and other Sections as appropriate.

SECTION I - IDENTIFYING DATA

I-A	1. Name of minor (<i>Family - Middle - Given</i>)	2. Date of birth (<i>Mo. - Day - Year</i>)	3. Sex	4. Alien No./HHS Tracking No.
	5. Social Security No.	6. Date minor entered the U.S. (<i>From I-94 form</i>) or date on the ORR eligibility letter for trafficking minors, or from the Immigration Judge's Order, if granted asylum.		7. Estimated Date for emancipation (<i>Mo. - Year</i>)
	8. Country of Origin	9. Status <input type="checkbox"/> Refugee <input type="checkbox"/> Asylee <input type="checkbox"/> Entrant <input type="checkbox"/> Trafficking Victim		
I-B	10. Mother's Name (<i>Family - Middle - Given</i>)			Living <input type="checkbox"/> Yes <input type="checkbox"/> No
	Residence when Minor Arrived in U.S.	Current Address		
	11. Father's Name (<i>Family - Middle - Given</i>)			Living <input type="checkbox"/> Yes <input type="checkbox"/> No
	Residence when Minor Arrived in U.S.	Current Address		
12. National Voluntary Agency				

SECTION II - PLACEMENT DATA

1. Type of Placement <input type="checkbox"/> Relative <input type="checkbox"/> Independent Living <input type="checkbox"/> Inpatient Psych. Hosp. <input type="checkbox"/> Residential Treatment <input type="checkbox"/> Foster Care <input type="checkbox"/> Semi-Independent <input type="checkbox"/> Group Home	2. Date of this Placement	
3. If foster care, are foster parents of same ethnic group or same linguistic background as minor: <div style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div>		
4. If placed with relative, state relationship:	Name and Address	Phone No. <i>(Include Area Code)</i>

SECTION II - PLACEMENT DATA (Continued)		Alien No.
5.a Name and address of Foster Parent/s with whom minor was placed		Phone No. <i>(Include Area Code)</i>
5.b Name and address of Provider Agency with whom minor was placed		Phone No. <i>(Include Area Code)</i>
6. Name and address of Supervising State Child Welfare Agency		Phone No. <i>(Include Area Code)</i>

SECTION III - LEGAL RESPONSIBILITY DATA	
1. Name and address of Court having jurisdiction over minor	2. Date court established legal responsibility for minor
3. Name and address of person/agency to whom legal responsibility assigned	

SECTION IV - PROGRAM TERMINATION	
1. Reason for program termination	Date of termination
2. Court determination upon program termination	Date of court action
3. Destination (including address) of minor upon program termination	

SECTION V		
Name and Signature of person preparing form	Date of Signature	Phone No. <i>(Include Area Code)</i>
Title		

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Goldenrod – Originator; Pink – National Voluntary Agency