

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Office of Refugee Resettlement

Form Approved
OMB No. 0970-0034

Name of Youth:			Alien No.	HHS Tracking No.
Family	Middle	Given		

**UNACCOMPANIED REFUGEE MINOR
PLACEMENT REPORT
FORM ORR-3**

State Agency			
Agency Name			
Street Address			
City	State	Zip Code	
Phone	Email		

Section I. Report Action	
<input type="checkbox"/> <i>Initial placement - Must be submitted within 30 days</i> <input type="checkbox"/> <i>UAC transfer</i> <input type="checkbox"/> <i>Change of Status - Action Taken (check all that apply) - Must be submitted within 60 days of the change</i> <input type="checkbox"/> <i>Establishing/changing legal responsibility</i> <input type="checkbox"/> <i>Placement change/change in address</i> <input type="checkbox"/> <i>Change in placement cost</i> <input type="checkbox"/> <i>Change in immigration status</i> <input type="checkbox"/> <i>Change in identifying data, e.g., name, age redetermination, received A#</i> <input type="checkbox"/> <i>Change in parents' location</i> <input type="checkbox"/> <i>Emancipated from foster care but receiving ORR-funded IL/education services</i> <input type="checkbox"/> <i>Became a parent</i> <input type="checkbox"/> <i>Termination of ORR-funded services/Final Report:</i> <input type="checkbox"/> <i>Reunification with parent</i> <input type="checkbox"/> <i>Unification with:</i> <input type="checkbox"/> <i>Relative granted legal responsibility</i> <input type="checkbox"/> <i>Non-relative with legal responsibility</i> <input type="checkbox"/> <i>Adoption</i> <input type="checkbox"/> <i>Emancipation</i> <input type="checkbox"/> <i>Voluntary termination</i> <input type="checkbox"/> <i>Citizenship</i> <input type="checkbox"/> <i>Ran away</i> <input type="checkbox"/> <i>Loss of eligibility</i> <input type="checkbox"/> <i>Immigration detention</i> <input type="checkbox"/> <i>Incarcerated</i> <input type="checkbox"/> <i>Deceased</i> <input type="checkbox"/> <i>Other</i>	<input type="checkbox"/> <i>Re-entered ORR-funded services</i> <input type="checkbox"/> <i>Foster care</i> <input type="checkbox"/> <i>Independent Living</i>
Explain destination/current situation at case closure.	
(Empty space for explanation)	

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Section II: Identifying Data				
1. Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male		2. Date of Birth	3. Date of Eligibility	
		4. Date of Initial Placement	5. Estimated Date of Emancipation:	
6a. Country of origin:			7a. Language of origin:	
6b. Ethnic group:			7b. Other language(s):	
8. Eligibility Type: <input type="checkbox"/> <i>Refugee</i> <input type="checkbox"/> <i>Asylee</i> <input type="checkbox"/> <i>Entrant</i> <input type="checkbox"/> <i>Trafficking Victim</i> <input type="checkbox"/> <i>Special Immigrant Juvenile (SIJ)</i> <input type="checkbox"/> <i>Other</i>			9. Placement Type: <input type="checkbox"/> <i>Overseas</i>	
10. National Voluntary Agency	11. Parent of child	Name(s)	DOB	Citizen/Immigration status
	<input type="checkbox"/> <i>1 child</i>			
	<input type="checkbox"/> <i>2 children</i>			
<i>Agency name</i>	<input type="checkbox"/> <i>3 children</i>			
12. Mother's Name:				
<i>Family</i>		<i>Middle</i>	<i>Given</i>	
a. Living: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	b. Mother's address when minor arrived in U.S.:			
	c. Current Address:			
13. Father's Name:				
<i>Family</i>		<i>Middle</i>	<i>Given</i>	
a. Living: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	b. Father's address when minor arrived in U.S.:			
	c. Current Address:			

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Section III: Immigration Status Data	
Current Immigration Status/Situation	New Immigration Status/Situation
<input type="checkbox"/> Refugee <input type="checkbox"/> Asylee <input type="checkbox"/> SIJ (I-360 approval) <input type="checkbox"/> SIJS(I-485 approval) <input type="checkbox"/> Amerasian <input type="checkbox"/> Victim of Trafficking-No immigration status <input type="checkbox"/> Victim of Trafficking with T-Visa <input type="checkbox"/> Victim of Trafficking with U-Visa <input type="checkbox"/> Cuban/Haitian Entrant-No immigration status <input type="checkbox"/> Lawful Permanent Resident <input type="checkbox"/> Parole <input type="checkbox"/> Other	<input type="checkbox"/> Lawful Permanent Resident <input type="checkbox"/> Asylee <input type="checkbox"/> T-Visa <input type="checkbox"/> U-Visa <input type="checkbox"/> Ordered Removed <input type="checkbox"/> Relief under Convention Against Torture <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> SIJS (I-485 approval) <input type="checkbox"/> Parole <input type="checkbox"/> Revocation of trafficking eligibility letter <input type="checkbox"/> Other
<p><i>Change in immigration status may render a child no longer eligible for URM, particularly for Cuban/Haitian Entrants. Consult ORR. U.S. citizens are no longer eligible for URM.</i></p>	

Section IV: Foster Care Placement Data	
1. Placement Type:	2. Placement Date:
<input type="checkbox"/> Relative <input type="checkbox"/> Foster Care <input type="checkbox"/> Therapeutic Foster Care <input type="checkbox"/> Group Home <input type="checkbox"/> Semi-Independent Living <input type="checkbox"/> Independent Living <input type="checkbox"/> Residential Treatment <input type="checkbox"/> Inpatient psychiatric hospital <input type="checkbox"/> Other	
	3. Placement Cost:
	\$ (average daily rate)
4. Foster Parents/Youth's Relative:	Relation
Name:	Phone Number:
Address	
5. Provider Agency for Placement:	
Agency name	Phone Number:
Address	
6. Medical Coverage:	
<input type="checkbox"/> Medicaid <input type="checkbox"/> RMA <input type="checkbox"/> Other	If Other coverage provide name:

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Section V: Legal Responsibility Data			
1. Court with jurisdiction:		Date petition filed:	Date legal responsibility established:
Name			
Address			
2. Agency to whom legal responsibility assigned:			
Name			
Address			
3. Has legal responsibility ended?		Date ended:	
<input type="checkbox"/> Yes			
<input type="checkbox"/> No			
4. Voluntary Placement Agreement:		Date signed:	
<input type="checkbox"/> Yes			
<input type="checkbox"/> No			

Section VI: Independent Living Data			
1. Youth residence:			
Street Address			
City	State	Zip Code	
Phone			
2. Service Type:			Select funding source
			ORR State/ Chafee Private
<input type="checkbox"/> a. Educational benefits (Ed)			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> b. Independent living (IL)			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3. For all ORR-funded services, list provider:			
Agency Name:		Contact Information:	
a. Ed			
b. IL			

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Section VII: Form Submission Authority				
1. Unaccompanied Refugee Minor (URM) Provider Agency:				
Agency Name				
Street Address				
City		State	Zip Code	
Phone		Email		
Signature of Person Preparing Form:			Date of signature:	
Name				
Title				
2. State Agency:				
Agency Name				
Street Address				
City		State	Zip Code	
Phone		Email		
Signature of State Official Submitting Form:			Date of signature:	
Name				
Title				