

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

**UNACCOMPANIED REFUGEE MINOR
OUTCOMES REPORT
FORM ORR-4**

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

Check the box below to indicate the type of report supported by the Form ORR-4:

Standard annual progress report

Report for youth age 21 and above in receipt of ORR-funded services consistent with State title IV-b or IV-E plan

Follow-up annual outcomes report for youth age 17 to 21 who are no longer receiving services

Report comprising only sections I, V, and VI for youth age 17 and above within 30 days of initial placement and in conjunction with Form ORR-3 initial placement report.

Section I. Identifying Data			
1. Date of Birth		2. National Voluntary Agency	
3. URM Provider:			
Agency Name			
Street Address			
City	State	Zip Code	
Phone	Email		

Section II. Personal Functioning of the Youth			
1. Education Information			
a. Indicate the youth's current school grade level: _____			
b. Check the appropriate box to indicate current school level and any additional curricula as appropriate:			
<input type="checkbox"/> Elementary	Provide additional curricular information:		
<input type="checkbox"/> Regular school program			
<input type="checkbox"/> Specialized school program			
<input type="checkbox"/> Secondary			
<input type="checkbox"/> College bound			
<input type="checkbox"/> Vocational			
<input type="checkbox"/> Business			
<input type="checkbox"/> Postsecondary	Type of Degree	Program:	Estimated Completion Date:
<input type="checkbox"/> Not in school			
c. Has the youth required and received any educational remedial services during the reporting period?			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please specify.	
d. For all youth age 16 and younger, indicate if the youth has obtained any educational or vocational skills, certificates or diplomas (including GED) since the last reporting period. <u>For youth age 17 and above, complete Section V. Independent Living Outcomes.</u>			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please specify.	

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2. Caseworker/Provider Assessment			
Assess the youth's functioning in the following four areas where <i>Adequate</i> means functioning at an age-appropriate level. Provide an explanation if selecting <i>Not Adequate</i> .			
	Adequate	Not Adequate	Explanation
English Language Skill	<input type="checkbox"/>	<input type="checkbox"/>	
Education (other than English)	<input type="checkbox"/>	<input type="checkbox"/>	
Social Adjustment	<input type="checkbox"/>	<input type="checkbox"/>	
Health Condition	<input type="checkbox"/>	<input type="checkbox"/>	

Section III. Family Reunification Activity				
Family reunification data for either parental or relative reunification. Describe current efforts to reunify the youth with his or her parents. Include any, even partial, family reunification information such as names, addresses, phone numbers, etc.				
1. Date of the most recent permanency plan review:	Month	Day	Year	
2. Describe efforts to locate and assess parents and potential relative caregivers in the U.S. for possible reunification, including name, address and phone number. If relatives have been located and reunification has been ruled out at this point in time for a youth under the age of 18, explain why.				
3. Describe efforts to locate or trace parents or other potential relative caregivers who are overseas, including name, address and phone number, and the status of any efforts to support the relative to obtain immigration status in the U.S.				
4. Describe efforts to connect URM's with siblings or other relatives too young to serve as caregivers, including name, relation and phone number.				

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Section IV: Independent Living Services

1. Youth residence:

Street Address

City State Zip Code

Phone

		Select funding source		
2. Service Type:		ORR	State/ Chafe e	Private
a. Foster care status - services				
<input type="checkbox"/> i. Adjudicated delinquent				
<input type="checkbox"/> ii. Educational level <input type="text"/> (up to grade 12, post-secondary, or college)				
<input type="checkbox"/> iii. Special education				
<input type="checkbox"/> iv. Independent living needs assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> v. Academic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> vi. Post-secondary educational support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> vii. Career preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> viii. Employment programs/vocational training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> ix. Budget and financial management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> x. Housing education /home management training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> xi. Health education & risk prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> xii. Family support & healthy marriage education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> xiii. Mentoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> xiv. Supervised independent living	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> xv. Room & board financial assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> xvi. Education financial assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> xvii. Other financial assistance	Type:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

b. For all ORR-funded services, list provider:

(#)	Agency Name:	Contact Information:

Section V: Independent Living Outcomes

Data Element	Question to youth and response options			
1. Outcomes reporting status:				
<input type="checkbox"/> a. Youth participated				
<input type="checkbox"/> b. Youth declined				
<input type="checkbox"/> c. Incapacitated				
<input type="checkbox"/> d. Incarcerated				
<input type="checkbox"/> e. Runaway/missing				
<input type="checkbox"/> f. Unable to locate/invite				
<input type="checkbox"/> g. Death				
2. Date of outcome data collection:	Month	Day	Year	

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3. Foster care status - outcomes: Youth remains in foster care	Queries	Responses				
		Yes	No	Declined	NA	Don't Know
4. Current full-time employment	Are you currently employed full-time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5. Current part-time employment	Are you currently employed part-time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6. Employment-related skills	In the past year, did you complete an apprenticeship, internship or other on the job training, either paid or unpaid?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7. Social Security	Are you currently receiving SSI, Disability or other dependents' payments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8. Educational aid	Are you currently using a scholarship, grant, stipend, student loan, voucher or other education financial aid to cover educational expenses?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
9. Public financial assistance	Are you currently receiving ongoing welfare [State TANF] payments to support your basic needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Public food assistance	Are you currently receiving public food assistance [SNAP or community program]?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Public housing assistance	Are you currently receiving any sort of public housing assistance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Other financial support	Are you currently receiving any periodic and/or significant financial resources or support from another source not previously indicated and excluding paid employment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
13. Highest educational certification received	What is the highest educational degree or certification that you have received?					
a. GED		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
b. high school diploma		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
c. vocational certificate		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
d. vocational license		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
e. associate's degree		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
f. bachelor's degree		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
g. higher degree		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
h. none of the above		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
14. Current enrollment and attendance	Are you currently enrolled in and attending high school, GED classes, post-high school vocational training or college?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
15. Connection to adult	Is there currently at least one adult in your life, other than your caseworker to whom you can go for advice or emotional support?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
16. Homelessness	Have you ever been homeless at any time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
17. Substance abuse referral	Have you ever referred yourself or has someone else referred you for an alcohol or drug abuse assessment or counseling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Office of Refugee Resettlement

Form Approved
OMB No. 0970-0034

Name of Youth:			Alien No.	HHS Tracking No.
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18. Incarceration	<i>Have you ever been confined in a jail or other correctional facility or juvenile detention in connection with allegedly committing a crime?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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	Queries	Responses				
		Yes	No	Declined	NA	Don't Know
19. Children	Have you ever given birth or fathered any children that were born?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
20. Marriage at child's birth	If yes, were you married to the child's other parent at the time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21. Medicaid	Are you currently on Medicaid [or use the name of the State's medical assistance program under title XIX]?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
22. Other health insurance coverage	Do you currently have health insurance other than Medicaid?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Health insurance type: Medical	Does your health insurance include coverage for medical services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Health insurance type: Mental health	Does your health insurance include coverage for mental health services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Health insurance type: Prescription drugs	Does your health insurance include coverage for prescription drugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Health insurance type: Other	Does your health insurance include coverage for other services, e.g., dental or vision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other type of coverage:						

Section VI: Form Submission Authority			
1. 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:			