

Name of Youth			Alien Registration No.	HHS Tracking No.
Last	First	Middle		

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

State Agency	
Agency Name:	
Street Address:	
City:	
State:	Zip

URM Provider Agency	
Agency Name:	
Street Address:	
City:	
State:	Zip:

National Voluntary Agency	<input type="checkbox"/>	USCCB	<input type="checkbox"/>	LIRS
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Section I: Report Action

1. Initial Placement - Must be submitted within 30 days of placement

	Date of Action(M/D/Y)
<input type="checkbox"/> Establishing/changing legal responsibility	
<input type="checkbox"/> Transfer to/from another URM Program	
<input type="checkbox"/> Change in placement	
<input type="checkbox"/> Change in placement cost	
<input type="checkbox"/> Change in immigration/eligibility data	
<input type="checkbox"/> Change in biological parent's location	
<input type="checkbox"/> Absent from program but legal custody retained	
<input type="checkbox"/> Emancipated from placement services but receiving ORR-funded IL/education services	
<input type="checkbox"/> Became a parent	
<input type="checkbox"/> Change in identifying data, e.g., age redetermination, name, received A#, or development of a safety plan.	

Explain "Change of Status" if necessary

3. Termination of ORR-funded services/Final Report:

Date of Termination: _____

- | | |
|---|---|
| <input type="checkbox"/> Reunified with Parents: | <input type="checkbox"/> Dismissed from Program |
| <input type="checkbox"/> within the US | <input type="checkbox"/> Ran Away |
| <input type="checkbox"/> Overseas | <input type="checkbox"/> Departure from US: |
| <input type="checkbox"/> Unification with | <input type="checkbox"/> Removal |
| <input type="checkbox"/> Relative Granted Legal Responsibility | <input type="checkbox"/> Voluntary Departure |
| <input type="checkbox"/> Non-relative Granted Legal Responsibility | <input type="checkbox"/> Citizenship |
| <input type="checkbox"/> Adoption | <input type="checkbox"/> Loss of Eligibility |
| <input type="checkbox"/> Emancipation | <input type="checkbox"/> Immigration Detention |
| <input type="checkbox"/> with state/Chafee-funded IL/Education services | <input type="checkbox"/> Incarcerated |
| <input type="checkbox"/> Conclusion of ORR-funded IL/Education services | <input type="checkbox"/> Deceased |
| <input type="checkbox"/> Voluntary Termination | <input type="checkbox"/> Other |

Explain destination/current situation at case closure.

4. Re-entered ORR-funded placement and/or services

- URM Placement Independent Living Services

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Section II: Identifying/ Basic Data

1. Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	2. Date of Birth	3. Date of Eligibility	4. Date of Initial Placement
5a. Est. Emancipation from Placement		5b. Est. Date of Termination from ORR-funded IL/Edu. Services	
6a. Country of Origin:		6b. Ethnic Group:	
7a. Language of Origin:		7b. Other Language(s):	

8. Eligibility Type:

<input type="checkbox"/> Refugee	<input type="checkbox"/> Asylee	<input type="checkbox"/> Entrant
<input type="checkbox"/> Trafficking Victim	<input type="checkbox"/> Special Immigrant Juvenile (SIJ)	<input type="checkbox"/> Other _____

9. Has a safety plan been developed? Yes No Not applicable

10. URM's Children in Care:	Name(s)	DOB	Citizenship/Immigration Status
<input type="checkbox"/> 1 child			
<input type="checkbox"/> 2 children			
<input type="checkbox"/> 3 children			

11. Mother of URM:

Last	First	Middle
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:		

12. Father of URM:

Last	First	Middle
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:		

Section III: Immigration/ Eligibility Data and Immigration Assistance

1. Immigration/ Eligibility Data

<input type="checkbox"/> Refugee	<input type="checkbox"/> Cuban/Haitian Entrant-No immigration status
<input type="checkbox"/> Asylee	<input type="checkbox"/> Parole
<input type="checkbox"/> SIJ (I-360 approval)	<input type="checkbox"/> U.S. Citizen
<input type="checkbox"/> Amerasian	<input type="checkbox"/> Ordered Removed
<input type="checkbox"/> Victim of Trafficking-No immigration status	<input type="checkbox"/> Relief under Convention Against Torture
<input type="checkbox"/> Victim of Trafficking with T-Visa	<input type="checkbox"/> Deferred Action
<input type="checkbox"/> Victim of Trafficking with U-Visa	<input type="checkbox"/> Revocation of Trafficking Eligibility Letter
<input type="checkbox"/> Legal Permanent Resident	<input type="checkbox"/> with Immigration Status
	<input type="checkbox"/> Other _____

2. Is youth receiving immigration assistance?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
<input type="checkbox"/> Pro bono attorney		
<input type="checkbox"/> Pro bono accredited representative		
<input type="checkbox"/> Social or legal service agency		

* Change in immigration/eligibility data may render a child no longer eligible for URM, particularly for Cuban/Haitian Entrants. Consult ORR.
* URM's who become U.S. citizens are no longer eligible for URM.

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Other: _____

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Section IV: Placement Data

1. Placement Type: <input type="checkbox"/> Relative Foster Care <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"/> Residential Treatment <input type="checkbox"/> Inpatient psychiatric hospital <input type="checkbox"/> No Placement (enter Sec. IV: IL Residence and Services) <input type="checkbox"/> Other _____		2. Placement Cost: \$ _____ (average daily rate)	
3. Caregiver Residence Name: _____ Relation if caregiver: _____ Address: _____ City: _____ State: _____ Zip: _____		4. Provider Agency for Placement: Name: _____ Address: _____ City: _____ State: _____ Zip: _____	

Section V: Legal Responsibility Data

1. Court with Jurisdiction:		Date Petition Filed:	Date Legal Responsibility Est.:
Name: _____			
Address: _____			
City: _____		State: _____	Zip Code: _____
2. Agency to Whom Legal Responsibility Assigned:			
Name: _____			
Address: _____			
City: _____		State: _____	Zip Code: _____
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 Residence and Services

1. Youth residence:				
Address: _____				
City: _____		State: _____	Zip Code: _____	
2. Independent Living - URM placement has ended		<input type="checkbox"/> Yes	Stipend Amount (monthly rate): \$ _____	
3. Independent Living Services:			Select Funding Source	
			ORR	State/Chafee
a. Educational benefits (Ed)			<input type="checkbox"/>	<input type="checkbox"/>
b. Independent living (IL)			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

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Section VII: Form Submission Authority

1. Unaccompanied Refugee Minor (URM) Provider Agency:

Agency Name: 0

Address: 0

City: 0 State: 0 Zip Code: 00000

<i>Name</i>	<i>Title</i>	<i>Date</i>

Phone: Email:

2. State Agency:

Agency Name: 0

Address: 0

City: 0 State: 0 Zip Code: 00000

<i>Name</i>	<i>Title</i>	<i>Date</i>

Phone: Email: