

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Office of Refugee Resettlement

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

ORR-4 FORM
UNACCOMPANIED REFUGEE MINOR
OUTCOMES REPORT

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

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

Section I: Report Action

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

1. Annual Outcomes Report
 2. Baseline Report--*Youth 17 and above and submitted in conjunction with an initial ORR-3 placement report*
 3. Follow-up Annual Report--*Former URM clients who are 17 to 21 years old and have terminated all ORR-funded services*

Section II: Identifying Data

1. Date of Birth	2. Sex <input type="checkbox"/> Female <input type="checkbox"/> Male
------------------	--

Section III: Education, Medical Coverage and 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:

- Primary*
 Regular school program
 Specialized school program
 Middle
 Regular school program
 Specialized school program
 Secondary
 College bound
 Vocational
 GED

Provide additional curricular information:

- Postsecondary* Type of Degree Program: _____ Estimated Completion Date: _____
 Not in school Explain: _____

c. Has the youth required and received any educational remedial services during the reporting period?

- Yes 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. For youth age 17 and above, complete Section V. Independent Living Outcomes.

- Yes No

If yes, please specify.

2. Medical Coverage:

- Medicaid* *ORR Funded Medical Coverage* *Other* *None*

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Office of Refugee Resettlement

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

3. Caseworker/Provider Assessment:

Assess the youth's functioning in the following areas at an age-appropriate level on a scale of 1 through 5, as indicated below. Provide an explanation if necessary.

	Poor	Below Average	Average	Above Average	Excellent	Explain if rating is Poor or Excellent
English Language Skill	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
Education (other than English)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
Social Adjustment	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
Health	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
Mental Health	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
Preservation of Ethnic and Religious Heritage	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
Youth's Adherence to Safety Plan	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	

Section IV: Family Reunification Activity

1. Does the youth have a current permanency plan? Yes No Emancipated
Provide the date of the most recent permanency plan review.

Month	Day	Year

2. Family reunification efforts in the U.S.
a. Are any parents or relatives in the U.S. being assessed for reunification? Yes No
If Yes, provide the following:

Name: _____	Relationship: _____	Location: _____
Name: _____	Relationship: _____	Location: _____
Name: _____	Relationship: _____	Location: _____

b. Have there been any significant developments? Yes No
If Yes, describe efforts and significant developments:

c. Has there been an explicit decision, in the past year, to *not* reunify a youth under 18 with:
a parent in the U.S.? Yes No a relative in the U.S.? Yes No
Explain any such decisions; include name(s), relationship(s), and reason(s) for not reunifying youth.

3. Family tracing and reunification with relatives in other countries

a. Are any parents or relatives in other countries being assessed for reunification? Yes No
If Yes, provide the following:

Name: _____	Relationship: _____	Location: _____
Name: _____	Relationship: _____	Location: _____
Name: _____	Relationship: _____	Location: _____

Have there been any significant developments? Yes No
b. If Yes, describe efforts and significant developments:

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
Office of Refugee Resettlement**

Name of Youth			Alien Registration No.	HHS Tracking No.
Last	First	Middle		
<p>c. Has there been an explicit decision, in the past year, to <u>not</u> reunify a youth under 18 with:</p> <p>A parent in another country? <input type="checkbox"/> Yes <input type="checkbox"/> No A relative in another country? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Explain any such decisions; include name(s), relationship(s), and reason(s) for not reunifying youth. _____</p> <p>_____</p>				
4. Communication with family members				
<p>Is youth in communication with parents or relatives, in the U.S. or other countries, with whom reunification is not feasible or appropriate point in time? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>If Yes, provide the following, and include siblings or other relatives too young to serve as caregivers:</i></p>				
Name: _____	Relationship: _____	Location: _____	Frequency: _____	
Name: _____	Relationship: _____	Location: _____	Frequency: _____	
Name: _____	Relationship: _____	Location: _____	Frequency: _____	
Name: _____	Relationship: _____	Location: _____	Frequency: _____	
Name: _____	Relationship: _____	Location: _____	Frequency: _____	
Name: _____	Relationship: _____	Location: _____	Frequency: _____	

Section V: Independent Living Services			
1. Youth residence:			
Address: _____			
City: _____		State: _____	Zip: _____
2. Service Type(s):			
	Select funding source		
	ORR	State/ Chafee	Private
a. Youth remains in foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Adjudicated delinquent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Special education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Independent living needs assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Academic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Post-secondary educational support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Career preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Employment programs/vocational training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Budget and financial management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Housing education /home management training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Health education & risk prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Family support & healthy marriage education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Mentoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Supervised independent living	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Room & board financial assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Education financial assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. Other financial assistance Type: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section VI: Independent Living Outcomes				
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	
	_____	_____	_____	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Office of Refugee Resettlement

Name of Youth			Alien Registration No.	HHS Tracking No.			
Last	First	Middle					
Data Elements		Queries	Responses				
			Yes	No	Declined	NA	Don't Know
3. Foster care status - outcomes: <i>Youth remains in foster care</i>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4. Current full-time employment	<i>Are you currently employed full-time?</i>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5. Current part-time employment	<i>Are you currently employed part-time?</i>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6. Employment-related skills	<i>In the past year, did you complete an apprenticeship, internship or other on the job training, either paid or unpaid?</i>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7. Social Security	<i>Are you currently receiving SSI, Disability or other dependents' payments?</i>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8. Educational aid	<i>Are you currently using a scholarship, grant, stipend, student loan, voucher or other education financial aid to cover educational expenses?</i>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
9. Public financial assistance	<i>Are you currently receiving ongoing welfare [State TANF] payments to support your basic needs?</i>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Public food assistance	<i>Are you currently receiving public food assistance [SNAP or community program]?</i>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Public housing assistance	<i>Are you currently receiving any sort of public housing assistance?</i>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Other financial support	<i>Are you currently receiving any periodic and/or significant financial resources or support from another source not previously indicated and excluding paid employment?</i>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
13. Highest educational certification received	<i>What is the highest educational degree or certification that you have received?</i>						
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	<i>Are you currently enrolled in and attending high school, GED classes, post-high school vocational training or college?</i>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
15. Connection to adult	<i>Is there currently at least one adult in your life, other than your caseworker to whom you can go for advice or emotional support?</i>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
16. Homelessness	<i>Have you ever been homeless at any time?</i>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
17. Substance abuse referral	<i>Have you ever referred yourself or has someone else referred you for an alcohol or drug abuse assessment or counseling?</i>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
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"/>		
19. Children	<i>Have you ever given birth or fathered any children that were born?</i>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
20. Marriage at child's birth	<i>If yes, were you married to the child's other parent at the time?</i>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21. Medicaid	<i>Are you currently on Medicaid [or use the name of the State's medical assistance program under title XIX]?</i>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Other health insurance coverage	<i>Do you currently have health insurance other than Medicaid?</i>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Health insurance type: Medical	<i>Does your health insurance include coverage for medical services?</i>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Health insurance type: Mental health	<i>Does your health insurance include coverage for mental health services?</i>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Health insurance type: Prescription drugs	<i>Does your health insurance include coverage for prescription drugs?</i>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Health insurance type: Other	<i>Does your health insurance include coverage for other services, e.g., dental or vision</i>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<i>Other type of coverage:</i> _____				

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Office of Refugee Resettlement

Name of Youth			Alien Registration No.	HHS Tracking No.
<i>Last</i>	<i>First</i>	<i>Middle</i>		

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>	
<i>Phone:</i>		<i>Email:</i>	
2. State Agency:			
Agency Name: 0			
Address: 0			
City: 0	State: 0	Zip Code: 00000	
<i>Name</i>	<i>Title</i>	<i>Date</i>	
<i>Phone:</i>		<i>Email:</i>	