

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:

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

**Explain "Change of Status" if necessary**

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

**Date of Termination:** \_\_\_\_\_

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

**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"/> U Status Recipient <input type="checkbox"/> Trafficking Victim <input type="checkbox"/> Special Immigrant Juvenile (SIJ) <input type="checkbox"/> Other _____				
9. Has a safety plan been developed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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:				
<i>Last</i>		<i>First</i>		<i>Middle</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:		
12. Father of URM:				
<i>Last</i>		<i>First</i>		<i>Middle</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:		

**Section III: Immigration/ Eligibility Data and Immigration Assistance**

1. Immigration/ Eligibility Data		<input type="checkbox"/> U Status Recipient
<input type="checkbox"/> Refugee	<input type="checkbox"/> Asylee	<input type="checkbox"/> Cuban/Haitian Entrant-No immigration status
<input type="checkbox"/> SIJ (I-360 approval)	<input type="checkbox"/> Amerasian	<input type="checkbox"/> Parole
<input type="checkbox"/> Victim of Trafficking-No immigration status	<input type="checkbox"/> Victim of Trafficking with T Status	<input type="checkbox"/> U.S. Citizen
<input type="checkbox"/> Victim of Trafficking with U Status	<input type="checkbox"/> Legal Permanent Resident	<input type="checkbox"/> Ordered Removal
<input type="checkbox"/> Legal Permanent Resident		<input type="checkbox"/> Relief under Convention Against Torture
		<input type="checkbox"/> Deferred Action
		<input type="checkbox"/> Revocation of Trafficking Eligibility Letter
		<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:		2. Placement Cost: \$ _____ (average daily rate)	
<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 youth living independently in Sec. IV: IL Residence and Services) <input type="checkbox"/> Other _____			
3. Caregiver Residence		4. Provider Agency for Placement:	
Name: _____		Name: _____	
Relation if caregiver: _____		Address: _____	
Address: _____		City: _____	
City: _____		State: _____ Zip: _____	
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>
<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>		