



U.S. Department of Health and Human Services

OMB Control No: 0970-XXXX  
Expiration date: XX/XX/XXXX

**OFFICE OF REFUGEE RESETTLEMENT  
Division of Unaccompanied Children’s Services**

The William Wilberforce Trafficking Victims Protection Reauthorization Act of 2008 section 235(c)(6) authorizes the Secretary of Health and Human Services to appoint “independent child advocates for child trafficking victims and other vulnerable unaccompanied children.” This appointment authority has been delegated to the Office of Refugee Resettlement (ORR). ORR will use this form to determine whether a Child Advocate shall be appointed and to document the Child Advocate’s appointment for UC in ORR/DCS care and custody.

**Section 1 (To be completed by the initial referrer)**

**A. UC information:**

Name of UC:	A#:
Date of birth:	Nationality:
Language(s) spoken by UC:	Current location:
Name of referrer:	Date of UC’s arrival at care provider:
Relationship of referrer to the UC:	Date of referral:

**B. Checklist (please check all that apply)**

- Is between the ages of 0-12
- Is placed in a residential treatment center or therapeutic facility
- Is pregnant or parenting
- Has a physical or mental disability
- Is a national from a country known to traffic children
- Has been identified as a possible child trafficking victim (Interim Assistance Letter, Eligibility Letter, etc.)
- Has a criminal or delinquency history and/or is placed in a staff secure care provider or secure care provider, and there are outstanding issues impacting the UC’s release or discharge plan
- Has been a victim of a crime
- Is not proficient in a language spoken by staff at the UC’s care provider, and for whom there is no accessible interpreter routinely available
- Will turn 18 in less than six (6) months of placement and for whom family reunification is unlikely
- Is identified as being eligible for legal relief
- Has a credible fear of returning to their country of origin and/or are seeking voluntary departure despite concerns about their safety in their home country
- Lacks appropriate legal representation, or for whom there is a good faith belief that the child’s legal representative has ties to child trafficking or criminal activity
- Is expected to have a protracted stay of over 120 days in ORR/DCS custody
- Whose potential sponsor is undergoing a home study
- Is unable to make an independent decision
- Any other case where the UC is considered to be exceptionally vulnerable. Explain here:

**Section 2 (To be completed by the child advocate program)**

**A. Does your program recommend that ORR appoint a Child Advocate, and is an individual Child Advocate available for this UC based on the criteria selected?**

- Yes.
- No. If no, explain here:
- More information needed. Explain here:

**B. Name of child advocate program official making the recommendation:**

(name) \_\_\_\_\_ (date) \_\_\_\_\_

**C. Name of the individual Child Advocate identified for assignment:**

**Section 3 (To be completed by ORR/DCS)**

**A. Is the recommendation for the appointment of a Child Advocate approved for the above named UC?:**

- Yes.
- No. If no explain here:

**B. Signature of ORR/DCS Division Director:**



\_\_\_\_\_ (date)