

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

**ORR-3 REPORT FORM  
UNACCOMPANIED REFUGEE MINORS (URM) PROGRAM  
PLACEMENT REPORT**

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

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

<b>National Voluntary Agency</b>	<input type="checkbox"/>	<b>USCCB</b>	<input type="checkbox"/>	<b>LIRS</b>	<input type="checkbox"/>	<b>Not Applicable</b>
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**Section I: Report Action**

- 1. Initial Placement - Must be submitted within 30 days of placement**
- 2. Change of Status - Action Taken (check all that apply) - Must be submitted within 60 days of the change**

- Establishing/changing legal responsibility
- Transfer to/from another URM Program\*\*
- Change in placement type and address
- Change in placement cost
- Change in immigration/eligibility data
- Change in biological parent's location
- Absent from program but legal custody retained
- Emancipated from placement services but receiving ORR-funded IL/education services
- Became a parent
- Change in identifying data, e.g., age redetermination, name, received A#, or development of a safety plan.

Date of Action (mm/dd/yyyy)


\*\* Please note which State Provider youth is transferring to/from in the explanation box below

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

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**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.**

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

Date of Re-entry (mm/dd/yyyy)

- 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:
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7a. Language of Origin:	7b. Other Language(s):
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8. Eligibility Type:

Refugee       Asylee       Entrant       U Status Recipient  
 Trafficking Victim       Special Immigrant Juvenile (SIJ)       Other: \_\_\_\_\_

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

10. URM's Children in Care:	First Name, Second Name, Last Name	DOB	Citizenship / Immigration Status
<input type="checkbox"/> 1st child			
<input type="checkbox"/> 2nd child			
<input type="checkbox"/> 3rd child			

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: <input type="checkbox"/> Same as b. above

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: <input type="checkbox"/> Same as b. above

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

1. Immigration / Eligibility Data	<input type="checkbox"/> U Status Recipient <input type="checkbox"/> Cuban/Haitian Entrant-No immigration status <input type="checkbox"/> Parole <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Ordered Removed <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"/> without Immigration Status <input type="checkbox"/> Other: _____
<input type="checkbox"/> Refugee <input type="checkbox"/> Asylee <input type="checkbox"/> SIJ (I-360 approval) <input type="checkbox"/> Amerasian <input type="checkbox"/> Victim of Trafficking-No immigration status <input type="checkbox"/> Victim of Trafficking with T-Visa <input type="checkbox"/> Victim of Trafficking with U-Visa <input type="checkbox"/> Legal Permanent Resident	

2. Is youth receiving immigration assistance?

Yes       No       NA  
 Pro bono attorney  
 Pro bono accredited representative  
 Social or legal service agency  
 Other: \_\_\_\_\_

\* 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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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 youth living independently in Sec. VI: IL Residence and Services) <input type="checkbox"/> Other _____		2. Placement Cost: \$ _____ (average daily rate)	
3. Caregiver Residence Name: _____ Relation of caregiver: _____ Address: _____ City: _____ State: _____ Zip: _____		4. Provider Agency for Placement: <input type="checkbox"/> Same as placement agency Name: _____ Address: _____ City: _____ State: _____ Zip: _____	

Section V: Legal Responsibility Data			
1. Court with Jurisdiction: Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____		Date Petition Filed: _____	Date Legal Responsibility Est.: _____ <input type="checkbox"/> Pending
2. Agency to Whom Legal Responsibility Assigned: Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____			
3. Has Legal Responsibility Ended? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date Ended	
4. Voluntary Placement Agreement: <input type="checkbox"/> Yes <input type="checkbox"/> No		Date Signed	

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): \$ _____ Stipend Amount (avg. daily rate): \$ _____			
3. Independent Living Services:			Select Funding Source			
			ORR	State/Chafee	Private	Other
a. Educational benefits (Ed)			<input type="checkbox"/>	<input type="checkbox"/>	<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: Report Submission Authority		
1. Unaccompanied Refugee Minors (URM) Provider Agency:		
Agency Name:		
Address:		
City:	State:	Zip Code:
<i>Name</i>	<i>Title</i>	<i>Agent Approval Date</i> (mm/dd/yyyy)
<i>Phone:</i>	<i>Email:</i>	
2. State Agency:		
Agency Name:		
Address:		
City:	State:	Zip Code:
<i>Name</i>	<i>Title</i>	<i>Agent Approval Date</i> (mm/dd/yyyy)
<i>Phone:</i>	<i>Email:</i>	
<i>Approval/Denial Comments:</i>		