

PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: Through this information collection, the Administration for Children and Families (ACF) is gathering data on youth served through the Unaccompanied Refugee Minors Program including their location, status, and progress. Public reporting burden for this collection of information is estimated to average .25 hours for respondents from state agencies and .50 hours for respondents from provider agencies, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This is a mandatory collection of information (8 U.S.C. 1522(d)). An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB # is 0970-0034 and the expiration date is XX/XX/XXXX. If you have any comments on this collection of information, please contact Anne Mullooly at [Anne.Mullooly@acf.hhs.gov](mailto:Anne.Mullooly@acf.hhs.gov).

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

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

State/URD Agency		Provider Agency	
Agency Name:		Agency Name:	
Address:		Address:	
City:		City:	
State:	Zip:	State:	Zip:

National Voluntary Agency  CCB  IS  Applicable

**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**
- transfer to/from another URM Program
    - transfer to
    - transfer from
  - Change in identifying data (e.g., age, name, or A#)
  - Became a parent
  - Change in biological parent's location
  - Change in immigration data
  - Change in work authorization (i.e., Employment Authorization Document)
  - Change in placement type, placement cost, or youth's address
  - Establishment of or change in legal responsibility
- Date of Action (mm/dd/yyyy)
- State Agency:
- Provider Agency:

Explain "Change of Status".

- Termination:** Date of Termination:
- Unified with parents
  - Unified with relatives
  - Adopted
  - Became a U.S. Citizen
  - Anticipated
  - Concluded ORR-funded services/benefits
  - Left program voluntarily
  - Not compliant with State/Program requirement(s)
  - Run away
  - Expelled from U.S. (Removal or Voluntary Departure)
  - Immigration detention
  - Incarcerated
  - Deceased
  - Other

Explain destination/current situation at case closure.

- Re-entered for ORR-funded placement or services** Date of Re-entry (mm/dd/yyyy)
- Full Placement
  - Services/Benefits only

**Section II: Identifying/ Basic Data**

1. Sex: <input type="checkbox"/> male <input type="checkbox"/> female	2. Date of Birth	3. Date of Eligibility	4. Date of Initial Placement
5a. Country of Origin:	5b. Ethnic Group:		
6a. Language of Origin:	6b. Other Language(s):		
7. Eligibility Type:			

mandatory collection of information (8 U.S.C. 1522(d)). An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB # is 0970-0034 and the expiration date is **XXXX/XXXX**. If you have any comments on this collection of information, please contact Anne Mullooly at [Anne.Mullooly@acf.hhs.gov](mailto:Anne.Mullooly@acf.hhs.gov).

Name of Youth			Alien Registration No.	HHS Tracking No.
<i>Last</i>	<i>First</i>	<i>Middle</i>		
<input type="checkbox"/> <i>fugee</i> <input type="checkbox"/> <i>lee</i> <input type="checkbox"/> <i>i Entrant</i> <input type="checkbox"/> <i>Status Recipient</i>				
<input type="checkbox"/> <i>fficking Victim</i> <input type="checkbox"/> <i>pecial Immigrant Juvenile (SIJ)</i> <input type="checkbox"/> <i>ier:</i> _____				

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

**8. Caseworker/Provider Assessment on Personal Functioning of the Youth** (complete at initial placement only):

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
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	
Health Condition	<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	

**9. URM's Children in Care:**

	First Name, Middle Name, Last Name	Date of Birth	Citizenship / Immigration Status
<input type="checkbox"/> 1st child			
<input type="checkbox"/> 2nd child			
<input type="checkbox"/> 3rd child			

**10. Mother of URM:**

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

a. Living:  Yes  No  Unknown

b. Mother's address when minor arrived in U.S.: \_\_\_\_\_

c. Current Address:  Same as b. above

**11. Father of URM:**

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

a. Living:  Yes  No  Unknown

b. Father's address when minor arrived in U.S.: \_\_\_\_\_

c. Current Address:  Same as b. above

**Section III: Immigration**

**1. Immigration**

Refugee  U-Status Recipient

Asylee  T-Status Recipient

CIA (I-360 approval)  Lawful Permanent Resident

Cuban/Haitian Entrant-No immigration status  Other: \_\_\_\_\_

Victim of Trafficking-No immigration status (OTIP letter only)

2. Youth is receiving immigration assistance.  Yes  No

3. Youth has work authorization/Employment Authorization Document.  Yes  No

\* Change in immigration status may render a child no longer eligible for URM. Consult ORR immediately with questions.

\* URM's who receive U.S. citizenship are no longer eligible for URM benefits and services. They need to be terminated from the program.

**Section IV: Placement**

**1. Placement Type:**

Foster Family Home

Therapeutic Foster Home

Group Home

Supervised Independent Living

Residential Treatment

Long-term hospitalization (more than 2 weeks)

Absent from program but legal responsibility retained

Living independently but receiving ORR-funded services/benefits

Other: \_\_\_\_\_

**2. Placement Cost:** \_\_\_\_\_ (daily rate)

**3. Youth's Residence:**

Name: \_\_\_\_\_

Relation of caregiver: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

**4. Provider Agency for Placement:**

Same as URM Provider

Placement via Subcontract

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

Section V: Legal Responsibility		
1. Legal responsibility has been petitioned.		
<input type="checkbox"/>	s, it was petitioned <u>within 30 days</u> of enrollment.	Date: _____
<input type="checkbox"/>	s, it was petitioned <u>past 30 days</u> of enrollment.	Date: _____
<input type="checkbox"/>	, it hasn't been petitioned.	
2. Legal responsibility has been established in accordance with applicable State law.		
<input type="checkbox"/>	s	Date: _____ <input type="checkbox"/> Pending
2.a. In lieu of legal responsibility, youth has signed a Voluntary Placement Agreement.		
<input type="checkbox"/>	s	Date: _____ <input type="checkbox"/>
3. Court name with jurisdiction: _____		
4. Agency name to whom legal responsibility assigned: _____ <input type="checkbox"/> me as URM Provider		
5. Legal responsibility has ended.		Date Ended
<input type="checkbox"/>	s	<input type="checkbox"/> <i>NA</i>

Section VI: Report Submission Authority		
1. Provider Name		
Address		
City	State	Zip Code
<i>User Name:</i>	<i>Title:</i>	<i>Agency Approval Date:</i>
		(mm/dd/yyyy)
<i>Phone:</i>	<i>Email:</i>	
2. State/URD Agency		
Agency Name		
Address		
City	State	Zip Code
<i>User Name:</i>	<i>Title:</i>	<i>Agency Approval Date:</i>
		(mm/dd/yyyy)
<i>Phone:</i>	<i>Email:</i>	
3. ORR		
<i>Name:</i>	<i>Title:</i>	<i>ORR Approval Date:</i>
		(mm/dd/yyyy)
<i>Approval/Denial Comments History:</i>		