

State Plan Template for Grants to States and Replacement Designees for Refugee Resettlement

In order to receive refugee resettlement assistance, a state or Replacement Designee (RD) must submit a State Plan that is signed by the Governor, the Governor's designee, or, in the case of an RD, by the RD's authorized representative, and that is approved by ORR. The State Plan should outline detailed plans for a state's and RD's implementation of the required components. This template outlines the required components and mandatory sequence of a State Plan. A state or RD may include additional information either at the end of the relevant section (e.g., additional information about medical screening after D.4) or as a separate attachment to the State Plan.

I. ADMINISTRATION

A. Organization - 45 CFR Parts 75 and 400 Subpart C, 45 CFR § 400.5¹, and Policy Letter (PL) 16-01²

1. Designate the state agency or RD responsible for developing and administering or supervising the administration of the State Plan.
2. Provide the name and title of the State Refugee Coordinator (SRC) designated by the Governor or the Governor's designee. Provide copies of the signed documentation showing the chain of designation from the Governor, through the Governor's designee, if applicable, to the SRC. For an RD, provide the name and title of the Statewide or Regional Refugee Coordinator (as applicable) and indicate whether the person is responsible for administering the entire Refugee Resettlement Program (RRP) or a specific element of it.
3. Provide the name, title, and agency of the Refugee Health Coordinator (RHC), as applicable.
4. Describe the organizational structure and functions of the state agency or RD.
5. Describe the state's or RD's process for convening quarterly meetings of state and local governments and private stakeholders in localities where refugees are resettled, including the proposed invitees for each meeting.
6. Describe program and fiscal oversight for the overall RRP delineating individual components as applicable (Refugee Cash Assistance, Refugee Medical Assistance and Medical Screening, and Refugee Support Services (RSS), and RSS Set-Aside programs). Include a detailed description of the state's or RD's protocol to monitor and evaluate subrecipient operations.

¹ Applicable citations for the entirety of the section will be provided at the beginning of each section. An additional citation(s) may be provided after a subitem (e.g., B.7), if the subitem requires an additional reference.

² Citations may include ORR PLs or other guidance documents, which are subject to revision or being superseded by later guidance. If this occurs, ORR will notify states and RDs that the revised or subsequent guidance applies to the relevant section or item within this template.

7. Describe the procedures the state or RD uses to verify client immigration status or category to ensure initial and continued client eligibility for ORR funded refugee assistance and services.
8. Describe the procedures the state or RD uses to safeguard the disclosure of client information.
9. Describe data systems used by the state or RD to collect and maintain records necessary for federal monitoring and how the state or RD reviews data to ensure accurate and timely submission of reports, including, but not limited to, the ORR-5 and ORR-6.
10. Provide the location of the state or RD headquarters. For RDs, provide the location of both in-state and out-of-state headquarters, as applicable.
11. Describe how the state's or RD's procurement process to acquire services supports a transparent (1) merit-based selection of subrecipients, and (2) distribution of funding between subrecipients based upon objective factors.

RDs should address items #12 and #13, per PL 18-03.

12. Briefly describe the RD's written code of conduct to ensure that administrative decisions, including the monitoring of a provider that is part of the same 501(c)(3) organizational structure as the RD, do not result in a conflict of interest that unduly benefits the RD.
13. Briefly describe the RD's policy for resolving disputes that may arise between the RD and subrecipient agencies, as well as between the RD, providers that are part of the same 501(c)(3) as the RD, and clients.

B. Assurances - 45 CFR § 400.5

Provide an assurance the state or RD will:

1. Comply with the provisions of Title IV, Chapter 2 of the Refugee Act (8 U.S.C. § 1522), and official issuances of the ORR Director (Director).
2. Meet the requirements in 45 CFR Part 400.
3. Comply with all other applicable federal statutes and regulations in effect during the time that it is receiving grant funding.
4. Amend the State Plan (as needed) to comply with ORR standards, goals, and priorities established by the Director.
5. Provide all ORR-eligible populations with the assistance and services described in the State Plan without regard to race, religion, nationality, membership in a particular social group, sex, or political opinion.
6. Convene, not less often than quarterly, meetings where representatives of local resettlement agencies, local community service agencies, and other agencies that serve refugees meet with representatives of state and local governments to coordinate the appropriate services for refugees in advance of the refugees'

arrival. Such meetings shall include outreach and invitation to, at a minimum, public school officials, public health officials, welfare and social service agency officials, and police or other law enforcement officials, for jurisdictions in which refugees resettle.

7. Act in accordance with 45 CFR §§ 75.351-75.360 and 400.22(b) (2) with regard to subrecipient monitoring and management.
8. Act in accordance with 45 CFR §§ 75.371-75.380 for remedies for subrecipient noncompliance.

II. ASSISTANCE AND SERVICES

A. Coordination and Access - 45 CFR § 400.5

1. Describe how the state or RD will coordinate Cash and Medical Assistance (CMA) with support services to promote employment and encourage economic self-sufficiency for ORR-eligible populations.
2. Describe how assistance and services will be coordinated among resettlement agencies, state and county agencies, and service providers in the community, and how the state or RD will communicate with subrecipients.
3. Describe how ORR-eligible populations residing in the state or applicable region will have reasonable access to ORR cash assistance and services, including access to remote services.
4. Describe how ORR-eligible populations will have access to other programs in the community, such as child care, older adult services, and other support programs for working families and individuals.
5. Describe how the state or RD will ensure that language training and employment services are made available to ORR-eligible populations, including efforts to actively encourage registration for employment services.
6. Describe how the state or RD will prepare itself and subrecipients to continue services to the highest level possible in an emergency, including plans for collaboration with state emergency response agencies to ensure refugees' ongoing access to mainstream services during emergencies.

B. Refugee Cash Assistance (RCA) and Employment Services - 45 CFR 400 Subparts E and F

1. Indicate whether RCA is publicly administered or is administered through an ORR-approved public/private partnership (PPP) program.
2. If RCA is administered differently across the state, list the geographic service areas in which RCA is publicly administered and the geographic service areas in which RCA is administered under the PPP program.

3. Describe how the state or RD will ensure that RCA participants are informed about the program in a language they understand.
4. Describe how the state Temporary Assistance for Needy Families (TANF) program considers the State Department's Reception and Placement cash assistance when determining eligibility for TANF and payment levels.
5. Describe how the state or RD will follow the mediation and fair hearing standards and procedures outlined at 45 CFR § 400.83.
6. Describe the criteria for an exemption from registration for employment services, participation in employability service programs, and acceptance of appropriate offers of employment.

States and RDs that operate a publicly administered RCA program should address items #7 and #8.

7. Eligibility and payment levels
 - a. Provide a brief description of the provisions of the state's TANF program that will be used in the RCA program.
 - b. If not addressed within item a., above, describe the state's or RD's policy and procedures regarding the beginning of RCA eligibility, the timing and frequency of RCA payments throughout the client's eligibility period, the method of distribution of RCA payments (e.g., check mailed, electronic benefits transfer, direct deposit), and the (optional) use of proration.
 - c. Provide the RCA and TANF payment standards for case sizes 1-5.
 - d. Provide an assurance that the state or RD will consider resources and income as outlined in 45 CFR § 400.66(b)-(d).
8. Notification to local resettlement agency
 - a. Describe how the state or RD will promptly notify the local resettlement agency whenever an individual applies for RCA.
 - b. Describe how the state or RD will contact an applicant's sponsor or local resettlement agency concerning offers of employment.

States and RDs that operate an ORR-approved PPP program should address item #9.

9. Eligibility and payment levels - 45 CFR §§ 400.56-400.63 and ORR's Guidance for Public-Private RCA Programs
 - a. Describe how the state or RD will determine initial eligibility for RCA, and the program's process for determining continued eligibility each month, on the basis of compliance with the client's Family Self-Sufficiency Plan and on the basis of the client's income from employment.

- b. Indicate and justify the income eligibility standard established by the state or RD after consultation with local resettlement agencies in the state. Describe how the standard meets the RCA program objective of economic self-sufficiency, indicate how the standard compares to the state TANF income eligibility standard, and whether the income eligibility standard will disqualify ORR-eligible populations for other means-tested benefit programs (e.g., SNAP, Medicaid). If the income eligibility standard will disqualify ORR-eligible populations for other means-tested benefit programs, thoroughly describe how the establishment of the standard represents the effective coordination of public and private resources in refugee resettlement in the state (45 CFR § 400.5(d)) and how the disadvantages to clients of being disqualified from those other means-tested benefit programs will be outweighed by the advantages of the proposed income eligibility standard.
- c. Provide the RCA and TANF payment standards for case sizes 1-5.
- d. Provide an assurance that the state or RD will follow public/private RCA program requirements related to financial eligibility and consideration of resources and income.
- e. If the PPP program received prior approval from ORR to provide a differential RCA payment to TANF clients, describe how the state or RD will administer the differential program.
- f. Describe the state's or RD's policy and procedures regarding the beginning of RCA eligibility, the timing and frequency of RCA payments throughout the client's eligibility period, how payment levels will be structured (including whether incentive payments and/or income disregards will be used), types of payment (e.g., direct cash, vendor payments), the method of distribution of RCA payments (e.g., check mailed, electronic benefits transfer, direct deposit), and the (optional) use of proration.
- g. Describe the systems that ensure the state or RD does not exceed prescribed client cash assistance levels and eligibility timeframes.
- h. Describe the monitoring timeframes for regular review and the reconciliation of RCA payments found not to be in compliance.
- i. List the geographic service area(s) of the state that PPP-administered RCA service providers cover. If RCA is administered differently across the state, disregard this question, as states and RDs will already have provided this response to II.B.2.

States that operate a publicly administered RCA program, and states and RDs that operate a PPP program, should address item #10.

10. RCA program administration - 45 CFR § 400.13

- a. Indicate which agency is responsible for determining RCA eligibility (e.g., state TANF office, private resettlement agency).
- b. If eligibility determinations occur at the state level, describe how staff is allocated between TANF and RCA.
- c. Indicate which agency is responsible for distributing RCA benefits (e.g., state TANF office, private resettlement agency).
- d. Describe how many full-time equivalents are allocated to RCA administration (e.g., RCA eligibility determinations, RCA distribution).
- e. If the agency is charging indirect costs to CMA, provide the rate and describe how the rate is determined, what it covers, and if HHS is the cognizant agency.

C. Refugee Medical Assistance (RMA) - 45 CFR 400 Subpart G

RDs that collaborate with ORR's Medical Replacement Designee (MRD) for the provision of RMA should skip to and address item #5.

1. Describe the administration of the RMA program (e.g., agency responsible for RMA administration and distribution of benefits, SRC and/or RHC responsibilities).
2. Applications, eligibility determinations, and furnishing medical assistance
 - a. Describe the process for determining eligibility for Medicaid and CHIP.
 - b. Describe how new arrivals apply for RMA. Include a description of any procedural or programmatic changes to the administration of RMA that resulted from changes in federal, state, or local laws, regulations, or policies.
3. Eligibility for RMA
 - a. Describe the income standard and income methodology used to determine RMA eligibility. Income standard is the maximum income one can make and still qualify for RMA. Income methodology is the method used to count income (e.g., Aid to Families with Dependent Children (AFDC), Modified Adjusted Gross Income (MAGI)).
 - b. Provide an assurance that the state or RD will consider income and resources as outlined at 45 CFR § 400.102.
 - c. Provide an assurance that the state or RD will provide continued coverage of recipients as required by 45 CFR § 400.104.
4. Scope of medical services

- a. Provide an assurance that RMA will cover at least the same services in the same manner and to the same extent as Medicaid.
- b. Describe the RMA health insurance delivery system (e.g., managed care, fee-for-service). Describe direct services provided through RMA that are non-medical (e.g., interpretation, transportation). Do not include actual cost estimates.
- c. Describe any additional medical services and justify the need to provide such services. If the service is provided as part of the medical screening program, describe it in the Refugee Medical Screening section of the State Plan.

RDs that collaborate with ORR's Medical Replacement Designee (MRD) for the provision of RMA should address item #5.

5. RD collaboration with the MRD for the provision of RMA
 - a. Describe the process to determine eligibility for Medicaid and CHIP.
 - b. Provide assurance that the RD will subcontract with local resettlement agencies for initial RMA eligibility determinations and monitor subcontract activities to ensure adherence with federal and MRD policies and procedures pertaining to RMA.
 - c. Provide an assurance that the RD will coordinate with the MRD regarding RMA policies and procedures to ensure refugees are enrolled in RMA in a timely manner, including establishing a process to identify refugees who are categorically ineligible for Medicaid.
 - d. Provide assurance that RMA eligibility determinations will be conducted in accordance with 45 CFR §§ 400.100-400.104, as applicable, and PL #16-01.

D. Refugee Medical Screening (RMS) - 45 CFR §§ 400.5(f), 400.107

1. Coordination of RMS program
 - a. Describe the administration of the medical screening program (e.g., RHC responsibilities).
 - b. Describe the procedure for identifying new arrivals in need of medical screenings and/or immediate medical care. Describe the procedure established to monitor any necessary treatment, observation, or follow-up care.
 - c. Describe the access that the state or RD and clinic(s) have to the Centers for Disease Control and Prevention's Electronic Disease Notification (EDN) system and how this information is used during medical screening.

- d. Describe the state's or RD's coordination of medical screenings with screening providers (e.g., contracts with providers). Describe any coordination that is provided to facilitate the medical screenings and how the coordination is funded.
 - e. Provide a description of medical screening providers, by location, categorized by type (e.g., FQHC, private clinics, local public health departments).
2. Indicate if the state or RD is requesting to operate a medical screening program with RMA funding pursuant to 45 CFR § 400.107. This may either be a request to continue operating a medical screening program or a first-time request to use RMA funding.
3. Scope of RMS services - 45 CFR § 400.107
 - a. Provide an assurance that the RMS program is operated in accordance with the requirements prescribed by the Director.
 - b. Provide an assurance that medical screening costs are reasonable (e.g., comparable to Medicaid rates).
 - c. Describe the medical screening payment model (e.g., flat rate, fee-for-service).
 - d. Describe how the state or RD will ensure that medical screenings will be completed in the first 90 days after initial date of entry or eligibility, if any part of the screening is billed to RMA.
 - e. Describe medical screening services outlined in ORR's medical screening checklist that are covered by Medicaid. Include a description of services provided based on age and risk factors. The medical screening protocol must be provided as an attachment.
 - f. Describe services outlined in ORR's medical screening checklist that are not covered by or billed to Medicaid. Include a description of services provided based on age and risk factors. Describe why Medicaid is not paying for these services, if known.
 - g. Describe direct services provided through RMS that are non-medical (e.g., interpretation, transportation). Do not include actual cost estimates.
 - h. Describe additional services beyond those outlined in ORR's medical screening checklist, and justify the need to provide such services.

E. Refugee Support Services (RSS) - 45 CFR 400 Subpart I

1. List and describe the support services the state or RD provides. List services outlined in 45 CFR § 400.154, 45 CFR § 400.155, or PL 16-07, then any support

services that are not outlined in policy. For all services, outline the strategy for service delivery, addressing program structure, procurement timeframes, the roles of contracted providers, geographic service areas projected, target population(s), and activities.

2. Describe the plan for ensuring the completion and use of a Family Self-Sufficiency Plan (FSSP) for all refugees receiving RSS-funded employment-related services (and their family members living in the same household) to include initial assessment, referral, and follow-up, as delineated in ORR PL 19-07.
3. If the state or RD receives RSS set-aside funding for specific services or populations (e.g., Refugee School Impact, Services to Older Refugees, Youth Mentoring and Refugee Health Promotion), describe those services, as outlined at 45 CFR § 400.155 and in the relevant policy letter(s) (e.g., ORR PLs 19-01, 19-02, 19-03, 20-05, or any subsequent policy letter pertaining to an RSS set-aside). Describe each set-aside's program structure, procurement timeframes, the roles of contracted providers, geographic service areas projected, target population(s), and services. Describe how these set-aside services complement services provided under RSS base funding.

F. Unaccompanied Refugee Minors (URM) Program - 45 CFR 400 Subpart H, ORR Guide to Eligibility, Placement, and Services for Unaccompanied Refugee Minors (URM)

States and URM Replacement Designees (URDs) receiving funding to operate a URM program must address all items in this section, as applicable.

1. Administrative structure and state oversight - 45 CFR §§ 400.28, 400.117, 400.120
 - a. Describe administrative arrangements for the URM program in the state. Identify key state, county, URM provider agencies, and other private entities with which the state or URD coordinates to ensure proper administration of the URM program. (Provide a high-level description here. States and URDs can use cross-references to the legal responsibility, placement, and services sections below, where additional details are required.)
 - i. Briefly describe the roles of each agency identified;
 - ii. Indicate if the state or URD maintains a formal agreement with each agency identified, and if the agreement includes a budget that must be negotiated; and

- iii. Identify the location(s) of URM provider agencies, including sub-office locations, under agreement with the state or its designee (e.g., county).
- b. If a URD, describe coordination with any other RDs in the state, with a focus on how URM activities will be coordinated.
- c. Provide an assurance that the state or URD will assume accountability for all aspects of the program, including fiscal and program reporting.
- d. Provide an assurance that the state or URD has a procedure for ensuring, on an ongoing basis, that URM provider agencies are licensed according to state requirements.
- e. Describe how URM provider agencies are assessed for compliance with state foster care standards.
- f. Describe program and fiscal oversight for the URM program. Include a detailed description of the state's or URD's protocol to monitor and evaluate subrecipient operations and compliance with ORR regulations and policy at least annually.
- g. Provide an assurance that the state or URD consults with URM provider agencies and other key stakeholders annually, regarding each URM site or sub-site on:
 - i. Alignment between proposed and actual caseload (average per month, new arrivals, and types of cases) and capacity (placement options and numbers) in the past year;
 - ii. Trends in referrals not accepted/assured;
 - iii. The process in the state for reviewing referrals and placing new URM cases, including efficiency and timeliness of responses to ORR referrals;
 - iv. Alignment between proposed and actual services and benefits in the past year;
 - v. Changes in capacity and/or program development needed to meet ORR's priorities and ensure that all populations eligible for the URM program can benefit from placement and services in the state; and
 - vi. Projections for average monthly caseload, types of cases, anticipated terminations, and the number of new cases to be served in the next fiscal year.
- h. Describe how the state or URD exercises oversight responsibility for the care of URMs.
- i. Describe the state's or URD's quality review process for the data URM provider agencies submit via URM placement (ORR-3) and outcome (ORR-4) reports, to ensure accuracy and timely submission to ORR.

- j. Indicate the frequency with which the state or URD conducts case-specific oversight activities for the care of URM clients. Respond with a 1, 2, or 3, based on the following scale:
1. State or URD engages in case-specific oversight activities on an *ad hoc* basis, as issues arise and generally less often than once a month.
 2. State or URD routinely engages in multiple case-specific oversight activities on a monthly basis.
 3. State or URD routinely engages in multiple case-specific oversight activities on a weekly basis, or more frequently.

Examples of case-specific oversight activities may include, but are not limited to, participating in case staffings, providing input on placement decisions or access to services or benefits, reviewing case/service plans or reports, approving client-specific cost requests (e.g., maintenance rates, stipends, additional service costs), and providing technical assistance or coordinating with public agencies to resolve client needs (e.g., medical coverage, education and training vouchers, Interstate Compact for the Placement of Children, etc.). *Exclude ORR-3 and ORR-4 reporting from consideration for this scale.*

2. Legal responsibility - 45 CFR § 400.115
 - a. Describe state's or URD's procedures for initiating, within 30 days of a minor's arrival, the process of establishing legal responsibility. Include the:
 - i. Roles of individuals and/or entities involved in the process and the name of the entity that assumes legal responsibility of URM cases (e.g., state, county, private agency);
 - ii. The type(s) of legal authority allowed by the state or URD (e.g., custody, guardianship, conservatorship) for URM enrollment;
 - iii. Name(s) of court(s); and
 - iv. Typical range of time to establish legal responsibility for URM cases.
 - b. If the state or URD allows an alternative process for children to enter into foster care (e.g., option to continue providing care through a voluntary placement agreement for a child without proper guardianship), describe the process.
 - c. Describe ongoing court oversight and supervision of URM cases after legal responsibility has been established.
 - d. Indicate the maximum age at which legal responsibility and/or court oversight ends for URM in the state, and identify factors that determine

case-specific decisions for terminating legal responsibility and/or court oversight.

3. URM services - 45 CFR §§ 400.113, 400.116, 400.118
 - a. General URM Assurances
 - i. Provide an assurance that the state or URD will offer URM the same range of benefits and services as available to other foster children in the state, including benefits and services identified under the state's Title IV-B and IV-E plans.
 - ii. Provide an assurance that the state or URD will address the following elements in case plans: family reunification, placement, health screening and treatment, mental health needs, social adjustment, education/training, English language training, career planning, preparation for independent living and the transition to adulthood, and preservation of ethnic and religious heritage.
 - iii. Provide an assurance that the state or URD will cease providing services and benefits to a URM child or youth, in the event the child or youth loses eligibility for the program. Specifically, that the child or youth:
 1. No longer has an eligible immigration status or category (e.g., the youth has acquired U.S. citizenship);
 2. Has reached the maximum age for all ORR-funded URM services and benefits indicated in the state plan;
 3. Has reunited with a parent;
 4. Has been adopted; and/or
 5. Has united with a non-parental adult through legal custody or guardianship under state law.
 - b. Placement
 - i. Describe the roles of the state or URD, subrecipients, and other stakeholders in reviewing and responding to case referrals from ORR, identifying available capacity, deciding on the most appropriate initial placement available for URM applicants, and providing a timely assurance of placement. Include any alternative process for urgent cases.
 - ii. Describe placement options available to URM in the state following the placement type prompts below (items 1-5). For each placement type, describe options provided by the state or URD and its subrecipients (e.g., URM provider agencies). Also describe placement options that are routinely available to URM via agreements with other child-placing or supervised independent

living agencies in the state, including any congregate setting where more than 50 percent of the capacity is supported by ORR through the CMA grant. Name the agencies which provide the identified placements. As applicable, such as for group care and supervised independent living, identify the focus and/or target population (e.g., behavioral therapy, medical needs, substance abuse treatment, trafficking victims, parenting teens, transition to independence) and licensing or other restrictions (e.g., age, history of assault) for each placement option.

1. Foster Family Home
2. Therapeutic Foster Home
3. Group Home
4. Supervised Independent Living
5. Residential Treatment

iii. Describe the process for extending foster care beyond the age of 18 years old, and case-specific access to supervised independent living, as follows:

1. Describe state criteria and procedures for youth to access extended foster care and/or supervised independent living. Include the maximum age for access to extended foster care and/or supervised independent living.
2. Describe any provisions in the state that allow a youth who has left extended foster care and/or supervised independent living to return to placement.
3. Provide an assurance that extended foster care and/or supervised independent living will be administered in accordance with state criteria and procedures, with the exception of variances approved by ORR.
4. Identify any proposed variances from the state's criteria and procedures for extended foster care and/or supervised independent living, for review by ORR.
5. Describe the state or URD's plan for administering or overseeing the administration of extended foster care and/or supervised independent living.

c. Health Coverage

- i. Describe how medical assistance is provided to URM, including the process to determine eligibility for Medicaid and CHIP. Identify any known gaps in Medicaid or CHIP coverage for URM youth, specifying eligibility type and age parameters. Include the state's or URD's arrangements for providing medical assistance to

- URM youth who are ineligible for Medicaid or CHIP in accordance with ORR policy.
- ii. For states and URDs that collaborate with ORR’s Medical Replacement Designee (MRD) for the provision of medical assistance, provide assurances that:
 - 1. Eligibility for Medicaid/CHIP and ORR-funded medical assistance is determined for all URMs in accordance with ORR regulations and policies;
 - 2. Written agreements hold URM provider agencies responsible for conducting initial eligibility determinations for ORR-funded medical assistance;
 - 3. The state or URD monitors URM provider agency activities to ensure adherence with federal and MRD policies and procedures pertaining to medical assistance for URMs; and
 - 4. The state or URD coordinates with the MRD regarding policies and procedures for ORR-funded medical assistance to ensure URMs are enrolled in a timely manner.
 - d. Transition to Adulthood Services
 - i. Select the option which best applies:
 - 1. URMs have access to services and benefits provided through the state’s Chafee Foster Care Program for a Successful Transition to Adulthood, including education and training vouchers (ETVs), and the state does not use ORR funding for such services and benefits;
 - 2. URMs are eligible for the state’s Chafee Program, but due to documented funding barriers, the state anticipates using ORR funding to provide some of the services and benefits; or
 - 3. URMs are not eligible for the state’s Chafee Program; therefore, comparable services and benefits, including ETVs, are provided with the use of ORR funding.

States which select option 1 under i. should indicate that items iii. and iv. below are not applicable, when responding to said items.
 - ii. Describe the array of services and benefits to support a successful transition to adulthood available in the state, including ETVs. Identify which services and benefits are funded by ORR. Indicate the maximum age for the availability of each of the indicated services and benefits, and other key criteria. *(A description is required for ORR-funded services and encouraged for Chafee-funded services.)*

- iii. Provide an assurance that any ORR-funded URM services and benefits to support a successful transition to adulthood, including ETVs, will be administered in accordance with state criteria and procedures, with the exception of variances approved by ORR.
 - iv. Identify any proposed variances from the state's Chafee and ETV criteria and procedures, for review by ORR.
 - v. Describe the state's or URD's plan for administering or overseeing the administration of ORR-funded services/benefits and ETVs, if applicable, or how the state ensures that URM's have access to the state's Chafee Program and ETVs.
 - e. Additional information (*optional*)
 - i. Provide additional information on benefits and services available to URM's in the state.
- 4. Case review - 45 CFR § 400.118
 - a. Provide an assurance that each URM case is reviewed every 6 months, at a minimum, to assess the continuing appropriateness of the URM's placement and services.
 - b. Describe the state's or URD's arrangements for permanency plan reviews that address the full range of permanency options, including but not limited to adoption.
- 5. Interstate movement - 45 CFR § 400.119
 - a. Describe procedures in the state for the movement of a URM to another state, after an initial placement and the establishment of legal responsibility.

PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to ensure that a state or Replacement Designee administering an ORR-funded refugee assistance program has prepared a plan that meets the requirements of title IV, Chapter 2, of the Immigration and Nationality Act and of 45 CFR 400 Subpart B – Grants to States for Refugee Resettlement.

Public reporting burden for this collection of information is estimated to average 18 hours per grantee, 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, per 45 CFR § 400.4(a).

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 OMB control number. The OMB # is 0970-0351 and the expiration date is XX/XX/XXX. If you have any comments on this collection of information, please contact draprograms@acf.hhs.gov.