

# Release Request (Form R-4)

## Data Entry Window

New Entry: Release Request

**Requester Information**

\*Status  \*Type of Release

\*Requester Name  Internal Comments

Entry ID  Entry Record Type **Release Request**

Entry Owner  A#

Profile Name

**Release Request Routing**

Case Manager  Direct Operations Coordinator

Lead Case Manager  CFS

Program/Facility  FFS

Case Coordinator  FFS Centralized Box Queue

Case Coordinator Assignment Queue  FFS Supervisor

**Child Advocate**

Is Child Advocate assigned?  Child Advocate Recommendation

**Medical**

\*Medical Coordinator  Alert DHUC

**Legal**

OTIP Status  Outcome of Referral

Is the UAC a material witness?  Is there a removal order for UAC?

Is this a MPP Case?  Parental/Legal Guardian Separation

Is there attorney of record?  Comment

**Program Information**

Program Name

**URM Program Requirement Eligibility**

Available	Chosen
I-360	
I-485	
OTIP Eligibility Letter	
T-Visa	
Asylum Approval Letter	
Stamped I-94	
I-862	
I-94	
Other	

If Yes, Type of License

Date the Eligibility was obtained

Program accepts Guardianship?

Program Agreed to Condition of Release?

- CM Initiated
- CM to Provider Further Information
- CC Review
- FFS Review
- HS Requested
- HS Completed – CM Review
- HS Completed – CC Review
- HS Completed – FFS Review
- ORR Initiated
- Case Consultation Process
- DNF Generated
- Inactive
- Completed

- Release to Sponsor
- Release to Program

- CC Weekend
- CC Influx

- Influx Centralized Box
- Centralized Box

- Yes
- No

- Yes
- No

- Yes
- No

- Final Eligibility
- Interim Eligibility
- Pending Notification
- Not Eligible

- Yes
- No

- Yes
- No

- Yes
- No

- Yes
- No

- Yes
- No

- Yes
- No

- Yes
- No

How/Why Program was identified?

Date of Referral to the Program

Date of Acceptance

Program Comment

**Sponsor Information**

Sponsor

Sponsor Comment

Parent Entry

**Case Manager Recommendation**

Case Manager Recommendation

Case Manager Recommendation- HS

Case Manager Recommendation Date

Case Manager Recommendation Date- HS

PRS Services

Available	Chosen
Placement Stability and Safety	
Immigration Proceeding	
Guardianship	
Legal Services	
Education	
Medical Services	
Individual Mental Health Servi...	
Family Stabilization/Counseling	
Substance Use	
Gang Prevention	
Other Services	

Case remain with local FFS?

If Applicable, Cancellation Reason:

Is a safety plan recommended?

Case Manager Recommendation Comment

- Approve Straight Release
- Approve with Post-Release Only Services
- Deny Release
- Conduct Home Study- TVPRA
- Conduct Home Study- ORR Mandated
- Conduct Home Study- Discretionary
- Approve Release Pending Completion of Condition
- Conduct Home Study

- Approve with Post-Release Services- After ORR Mandated
- Approve with Post-Release Services- After TVPRA
- Approve with Post-Release Services- After Discretionary
- Deny Release
- Approve with Post-Release Services
- Approve with Post-Release Services Pending Completion of Conditions
- Recommendation Pending- Additional Information Needed

- HHM Refused to Provide ID
- Sponsor Withdrawal- Household members unwilling to be fingerprinted
- Sponsor Withdrawal- Unwilling to reunify due to undocumented status
- Sponsor Withdrawal- Failed to pickup UC
- Sponsor Withdrawal- Lacks interest and no longer calls the UC (Did not formally inform staff of withdrawal)
- Sponsor Withdrawal- Not willing to complete home study/post-release service process
- Sponsor Withdrawal- Refused to travel to pickup UC
- Sponsor Withdrawal- Arrested after fingerprinting
- Sponsor- Arrested
- Sponsor- Deceased
- Sponsor Withdrawal- Other
- UC Discharge- Adult Status
- UC Discharge- Detained by local law enforcement
- UC Discharge- Detained by US Marshals
- UC Discharge- Ran Away
- UC Discharge- Adjustment of Legal Status
- UC Discharge- Removed
- UC Discharge- Transferred
- Other- Administrative directive
- Other- Sponsor detained on way to shelter
- Other- UC refused to reunify with sponsor

- Yes
- No

- Yes
- No

- Yes
- No

- Approve Straight Release
- Approve with Post-Release Only Services
- Deny Release
- Conduct Home Study- TVPRA
- Conduct Home Study- ORR Mandated
- Conduct Home Study- Discretionary
- Approve Release Pending Completion of Condition
- Conduct Home Study

**Case Coordinator Recommendation**

Pending Information

Reason for Pending Information

Case Coordinator Recommendation

Case Coordinator Recommendation- HS

Case Coordinator Recommendation Date

Case Coordinator Recommendation Date- HS

Case Coordinator Recommendation Comment

- Approve with Post-Release Services- After ORR Mandated
- Approve with Post-Release Services- After TVPRA
- Approve with Post-Release Services- After Discretionary
- Deny Release
- Approve with Post-Release Services
- Approve with Post-Release Services Pending Completion of Conditions
- Recommendation Pending- Additional Information Needed

- Criminal History
- Medical
- Care Plan Information for UC
- Case Information/Assessment/Documentation
- Rational for HS/PRS Recommendation
- Sponsor Assessment Information
- Prior Sponsorship
- Other

- Yes
- No

- Yes
- No

- Sponsor not willing or able to provide for child's physical or mental well-being
- Physical home environment presents risk to safety or well-being
- Release of child presents risk to self, sponsor, household, or community
- Sponsor's criminal history
- Household member's criminal history
- Sponsor's substantiated adverse child welfare findings
- Household member's substantiated adverse child welfare findings
- Flight Risk (removal imminent)
- Other

- Positive
- Negative

- Approve Straight Release
- Approve with Post-Release Only Services
- Deny Release
- Conduct Home Study- TVPRA
- Conduct Home Study- ORR Mandated
- Conduct Home Study- Discretionary
- Approve Release Pending Completion of Condition
- Conduct Home Study

- Approve with Post-Release Services- After ORR Mandated
- Approve with Post-Release Services- After TVPRA
- Approve with Post-Release Services- After Discretionary
- Deny Release
- Approve with Post-Release Services Pending Completion of Conditions
- Recommendation Pending- Additional Information Needed

ORR Decision

Remand for Further Information: --None--

Outcome of Home Study: --None--

ORR Decision: --None--

ORR Decision-HS: --None--

Home Study Addendum?: --None--

Court Ordered Release: --None--

ORR Final Decision Date: Date: [calendar icon] Time: [clock icon]

Reason for Denial: --None--

Waive Third Party Review: --None--

ORR Comment: [text area]

Assign using active assignment rule

Cancel Save & New Save

OMB 0970-0552 [valid through MM/DD/YYYY]

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to process recommendations and decisions for release of a UC from ORR custody. Public reporting burden for this collection of information is estimated to average 0.42 hours per grantee case manager and 0.33 hours per contractor case coordinator (a total of 0.75 hours), 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 (Homeland Security Act, 6 U.S.C. 279). 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. If you have any comments on this collection of information, please contact [UCPolicy@acf.hhs.gov](mailto:UCPolicy@acf.hhs.gov).

R-4 [Rev. MM/DD/YYYY]

## Release Request Page

Entry  
**Entry-00001780**

+ Follow Edit Delete Generate Form

Profile Name	A#	Status	Last Modified By
		ORR Initi...	

Status: ORR Initiated

ORR Initi... Case Con... DNF Gen... Closed

Submit Release Request

**Details**

Requester Information

Status	Requester Email
Requester Name	Requester Phone
Requester Title	Type of Release
Entry ID	Internal Comments
Entry Owner	Entry Record Type
Profile Name	A#

Release Request Routing

Case Manager	Direct Operations Coordinator
Lead Case Manager	CFS
Program / Facility	FFS
Case Coordinator	FFS Centralized Box Queue
Case Coordinator Assignment Queue	FFS Supervisor

Child Advocate

Is Child Advocate assigned?	Child Advocate Recommendation
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Medical

Medical Coordinator	Alert DHUC
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Legal

OTIP Status	Outcome of Referral
Is the UAC a material witness?	Is there a removal order for UAC?

Is this a MPP Case?	<input type="checkbox"/>	Parental/Legal Guardian Separation	<input type="checkbox"/>
Is there attorney of record?	<input type="checkbox"/>	Comment	<input type="checkbox"/>

**Program Information**

Program Name	<input type="checkbox"/>	URM Program	<input type="checkbox"/>
Program Address	<input type="checkbox"/>	URM Program Requirement Eligibility	<input type="checkbox"/>
Program Primary Contact	<input type="checkbox"/>	Date the Eligibility was obtained	<input type="checkbox"/>
Primary Contact Email	<input type="checkbox"/>	Program accepts Guardianship?	<input type="checkbox"/>
Phone	<input type="checkbox"/>	Program Agreed to Condition of Release?	<input type="checkbox"/>
Is Program Licensed?	<input type="checkbox"/>	How/Why Program was identified?	<input type="checkbox"/>
If Yes, Type of License	<input type="checkbox"/>	Date of Referral to the Program	<input type="checkbox"/>
		Date of Acceptance	<input type="checkbox"/>
		Program Comment	<input type="checkbox"/>

**Sponsor Information**

Sponsor	<input type="checkbox"/>	Date of Birth	<input type="checkbox"/>
Sponsor A#	<input type="checkbox"/>	Current Age	<input type="checkbox"/>
Legal Status	<input type="checkbox"/>	COB	<input type="checkbox"/>
Sponsor Category	<input type="checkbox"/>	Sponsor Comment	<input type="checkbox"/>
Relationship to UAC	<input type="checkbox"/>	Parent Entry	<input type="checkbox"/>

**Case Manager Recommendation**

Case Manager Recommendation	<input type="checkbox"/>		<input type="checkbox"/>
Case Manager Recommendation-HS	<input type="checkbox"/>		<input type="checkbox"/>
Case Manager Recommendation Date	<input type="checkbox"/>	Case Manager Recommendation Date-HS	<input type="checkbox"/>
PRS Services	<input type="checkbox"/>		<input type="checkbox"/>
Case remain with local FFS?	<input type="checkbox"/>	If Applicable, Cancellation Reason:	<input type="checkbox"/>
Is a safety plan recommended?	<input type="checkbox"/>		<input type="checkbox"/>
Case Manager Recommendation Comment	<input type="checkbox"/>		<input type="checkbox"/>

**Case Coordinator Recommendation**

Pending Information	<input type="checkbox"/>	Reason for Pending Information	<input type="checkbox"/>
Case Coordinator Recommendation	<input type="checkbox"/>		<input type="checkbox"/>
Case Coordinator Recommendation-HS	<input type="checkbox"/>		<input type="checkbox"/>
Case Coordinator Recommendation Date	<input type="checkbox"/>	Case Coordinator Recommendation Date-HS	<input type="checkbox"/>
		Case Coordinator Recommendation Comment	<input type="checkbox"/>

**ORR Decision**

Remand for Further Information	<input type="checkbox"/>	Outcome of Home Study	<input type="checkbox"/>
ORR Decision	<input type="checkbox"/>		<input type="checkbox"/>
ORR Decision-HS	<input type="checkbox"/>		<input type="checkbox"/>
Home Study Addendum?	<input type="checkbox"/>	Court Ordered Release	<input type="checkbox"/>
ORR Final Decision Date	<input type="checkbox"/>	Reason for Denial	<input type="checkbox"/>
Waive Third Party Review	<input type="checkbox"/>	ORR Comment	<input type="checkbox"/>

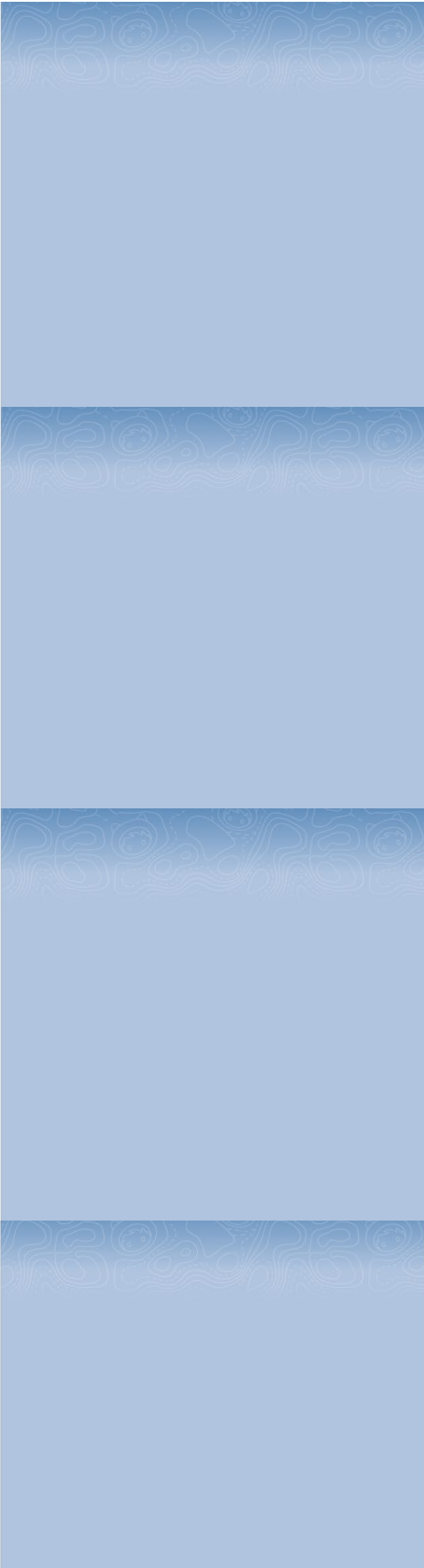
**System Information**

Entry Origin	<input type="checkbox"/>	Priority	<input type="checkbox"/>
Last Modified By	<input type="checkbox"/>	Web Email	<input type="checkbox"/>
Subject	<input type="checkbox"/>	Description	<input type="checkbox"/>

UAC Children in Care (0)



Related Entries (0)



Entry Team (0)
Add Member

Documents (0)
Refresh

Upload Files Or drop files

HS/PRS Referral Assessment (0)
Refresh

Date	Field	User	Original Value	New Value

[View All](#)

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## Entry Team Data Entry Window

Search for and add member

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\* User  
 Q

\* Role  
 ▼

- Assistant Lead Case Manager
- Assistant Lead Clinician
- Attorney
- Case Coordinator
- Case Manager
- Clinician
- Contractor Field Specialist
- Direct Care Worker
- Direct Operations Coordinator
- Federal Field Specialist
- Federal Field Specialist Supervisor
- HS/PRS Primary Provider
- HS/PRS Subcontractors
- Lead Case Manager
- Lead Clinician
- Medical Coordinator
- Program Support Staff
- Read Only
- -

## Documents Data Entry Window

Add File Details

Record Type

\* Title

\* Document Type  
 ▼

Date Document Issued (if applicable)  
 📅

Date Received  
 📅

Expiration Date  
 📅

Description

Verified by Government Agency/Consulate  
 ▼

Entry  
 Q

Individual  
 Q

Adult Contact Relationship  
 Q

File 1 of 1

See table below.

See table below.

- Yes
- No

## Dropdown options for “Record Type” and corresponding options for “Document Type”

Record Type	Document Type
Proof of Relationship	Birth Certificate – UC; Baptismal Certificate; Birth Certificate – Sponsor; Birth Certificate – Other; Consulate Written Affirmation of Relationship; Verified by Government Agency/Consulate; Court Order – Adoption; Court Order – Guardianship; Court Order – Other; Government Issued Photo ID; Government Issued Ration Card; Hospital Record; Interview Notes; Land Deeds – Sponsor and UC’s Family; Letter of Designation for Care of a Minor; Marriage Certificate; Passport (including stamps); Photographs; Remittance Receipts; School Record/Diploma; Social Media Posts; Genogram; Other
Background Check	FBI Criminal History and FBI Name Check
Case Coordination and Discharge	Verification of Release; Release Request; Discharge Notification; ORR Notice to ICE; and Notice of Transfer to ICE
Case Management	Verification of Release; Release Request; Discharge Notification; ORR Notice to ICE; New Placement Orientation; Safety Plan; Other; Medical Checklist; Transfer; Admission Assessment; Influx Transfer Facility Checklist; and LTFC Memo
Compliance Document	Other; ORR Closed Corrective Action; ORR Closed Monitoring Report; ORR Site Visit Report; Program Licensing Investigation; and PSA Audit
Compliance Forms	Privacy 101; ROB; and Cybersecurity
Education	Other, Initial Education Intake Assessment; ESL Assessment; Progress Report Card; and Educational Reassessment Report
FRP Forms	FRP 2 Authorization for Release of Information; FRP 3 Family Reunification Application; FRP 9 Letter of Designation for Care of a Minor; and FRP 10 Sponsor Declaration
Facility Document	Other; Facility Intake List; Program Brief; Program Lease; Signed Cooperative Agreement; State Licensure; Fire Inspection; Emergency/Evacuation Plan; and Facility Floor Plan
HS/PRS Document	Addendum; Other Supporting Documents; and Post Release Assessment Report
Health Documentation	Public Health Investigation Form; Hospital Discharge Instructions; Hospital Discharge Summary; Image Study Reading (TB); Image Study Reading (Non-TB); Immunization Record; Initial Medical Exam Form; Initial Dental Exam Form; Lab Results; Medications; Health Evaluation Form; Office Notes; Specialist Notes; Supplemental TB Screening Form; and Other Health Document
Legacy Document	<i>All “Document Type” options available under other Record Types are available for this Record Type</i>
Legal Document	Birth Certificate – UC; Court Order (Flores Bond); Court Order (Other); Court Order (Removal); Court Order (VD); Decision (Administrative Review); Decision (Appeal of ORR Decision); Decision (Flores Bond Letter); Decision (Specific Consent); DHS Document (I-213); DHS Document (NTA); DHS Document (Other); Form (Attorney of Record); Form (Authorization for Release of Information); Form (Change of Venue); Form (Flores Bond Hearing Motion); Form (Legal Resource Guide Part II – Admission); Form (Legal Resource Guide Part III – Release); Form (Notice of Placement); Form (Specific Consent); Other Legal Document; OTIP Eligibility Letter; OTIP Interim Assistance Letter; Placement Identification Document; Records (Court); Records (Criminal/Delinquency Records); and Post Legal Status Plan
Medical Document	DHS Docs and Medical Checklist
Mental Health Documentation	Clinical Notes; Progress Notes; Discharge Summary; Psychiatric Evaluation Report; Psychological Evaluation Report; RTC Recommendation Letter; Developmental Assessment Report; and Other Mental Health Document
Monitoring Visit	Behavior Management Plan; Care Provider Policies and Procedures; Community Partnerships/Services; Cost of Care; Education Documents; Emergency and Evacuation Plan; Fire and Safety Code Permits/Reports; Food Services; Foster Home Safety Checklist; Foster Parent Agreement; Foster Parent Files; Foster Parent Orientation Manual; Foster Parent Trainings; Full Staff List; Geographic Areas Served; Health/Sanitation Inspection Reports; Independent Living Resources; List of Current Foster Parents; List of Home Study Cases; Map of Facility; Memorandum of Understanding; Monitoring Schedule; Monitoring Tools and Instruments; Monitoring Visit Reports; Mosquito Control Inspection; Organizational Chart; Quality Assurance Resources; Respite and Retention Procedures; Site Visit Guide; Staff Trainings; Staffing Plan; State Licensing/CPS; UC Case Files; UC Orientation Packet; UC with G-28s; and Vehicle Inspections
Operational Document	Other; Grantee Daily Schedule; Internal SOPs; Staff Training Curriculum; Educational Curriculum; Vocational Curriculum; Food Menu; UC Handbook/Orientation; Prevention of Sexual Abuse/Harassment SOPs; and Organizational Chart
Other	DocGen; Placement Authorization; Medical Authorization; Notice of Placement; UC Assessments; New Placement Orientation; Other; and Manifest
Policy Guidance Documents	Policy Memo; Field Guidance; Interim Guidance; Form or Related Material; Frequently Asked Questions; Procedure Manual; Other Guidance; Resource Material; and Training
Profile Picture	Other
Proof of Address	Current Lease or Mortgage Statement; Notarized Letter from Landlord; Utility Bill, Bank Statement; Payroll Check Stub; Official Mail; Other Similar Document; and Letter/Code
Proof of Financial Stability	Proof of Financial Stability
Proof of Identity	US Passport; US Passport Card; Foreign Passport; Permanent Resident Card; Alien Registration Receipt Card; Employment Authorization Document; US Driver’s License or Identification Card; US Certificate of Naturalization; US Military Identification Card; Birth Certificate; Court Order for Name Change; Foreign National Identification Card; Consular Passport Renewal Receipt; Foreign Driver’s License; Foreign Voter Registration Card; Canadian Border Crossing Card; Mexican Border Crossing Card; Refugee Travel Documents; Other Similar Government Document; and Marriage Certificate
Proof of Immigration Status or U.S. Citizenship	US Passport; Valid Visa; Legal Permanent Resident Card; Notice to Appear; Other Federal Government Document Providing Immigration Status; US Birth Certificate; US Naturalization Papers; Court Order; and Other Government Issued Document Proving US Citizenship
Referral Documents	Birth Certificate – UC; Baptismal Certificate; DocGen; FRP 2 Authorization for Release of Information; FRP 3 Family Reunification Application; FRP 9 Letter of Designation for Care of a Minor; and FRP 10 Sponsor Declaration; US Passport; US Passport Card; Foreign Passport; Permanent Resident Card; Alien Registration Card

	<p>Receipt; Employment Authorization Document; US Driver's License or Identification Card; US Certificate of Naturalization; US Military Identification Card; Birth Certificate; Court Order for Name Change; Foreign National Identification Card; Consular Passport Renewal Receipt; Foreign Driver's License; Foreign Voter Registration Card; Canadian Border Crossing Card; Mexican Border Crossing Card; Refugee Travel Documents; Valid Visa; Legal Permanent Resident Card; Notice to Appear; Other Federal Government Document Providing Immigration Status; US Birth Certificate; US Naturalization Papers; Court Order; and Other Government Issued Document Proving US Citizenship; Birth Certificate – Sponsor; Birth Certificate – Other; Consulate Written Affirmation of Relationship; Verified by Government Agency/Consulate; Court Order – Adoption; Court Order – Guardianship; Court Order – Other; Death Certificate; Family Session Case Note; Government Issued Photo ID; Government Issued Ration Card; Hospital Record; Interview Notes; Land Deeds – Sponsor and UC's Family; Letter of Designation for Care of a Minor; Marriage Certificate; Passport (including stamps); Photographs; Remittance Receipts; School Record/Diploma; Social Media Posts; Genogram; Current Lease or Mortgage Statement; Notarized Letter from Landlord; Utility Bill, Bank Statement; Payroll Check Stub; Official Mail; Other Similar Document; Letter/Code; Proof of Financial Stability; Self-Disclosed Criminal History; Verification of Release; Release Request; Discharge Notification; ORR Notice to ICE; Referral Documents; and Other</p>
Release Request	<p>Best Interest Recommendation Letter; R-4 Release Request; ORR Denial Letter; Parent Denial Letter; Program Acceptance Letter; Recommendation to Deny Release; Referral Services COO; Safety Plan; Travel Document; Travel Itinerary; and Other</p>
SIR/PLE Report Document	<p>Police Report; State Licensing Documentation; Fraud Documentation; CPS Documentation; Significant Incident Report; PLE Report; Other; DOJ/FBI Documentations; and HHS OIG Documentation</p>
Self-Disclosed Criminal History	<p>Self-Disclosed Criminal History</p>
Sponsor Assessment	<p>Initial and Final</p>



OMB 0970-0552 [valid through MM/DD/YYYY]

**Administration for Children & Families**  
Office of Refugee Resettlement

## Release Request

### UAC Details

UAC Name:

A#:

### Requestor Information

Entry #:

Type of Release:

Requester Name:

Requester Email:

Requester Title:

Requester Phone:

Internal Comment:

### Child Advocate

Is Child Advocate Assigned:

Child Advocate Recommendation:

### Medical

Assigned Clinician:

Alert DHUC:

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## Release Request Office of Refugee Resettlement

### Legal

OTIP Status:

Outcome of OTIP Referral:

Parental/Legal Guardian Separation:

Is this a MPP Case:

Is the UAC a Material Witness:

Is there Attorney of Record:

Is there a removal order for UAC?

Comment:

### Program Information

Program Name:

URM Program Requirement Eligibility:

Program Address:

Date the Eligibility was Obtained:

Primary Contact Name:

Program Accepts Guardianship:

Primary Contact Email:

Program Agreed to Condition of Release:

Phone:

How/Why Program was Identified:

Is Program Licensed:

Date of Referral to the Program:

URM Program:

Date of Acceptance:

Type of License:

Program Comment:



**Release Request**  
**Office of Refugee Resettlement**

**Sponsor Information**

<b>Sponsor:</b>	<b>Date of Birth:</b>
<b>Sponsor A#:</b>	<b>Current Age:</b>
<b>Legal Status:</b>	<b>Country of Birth:</b>
<b>Sponsor Category:</b>	<b>Relationship to UAC:</b>
JAC)	
<b>Sponsor Comment:</b>	

**Case Manager Recommendation**

**Case Manager Recommendation:**

**Case Manager Recommendation - HS:**

**CM Recommendation Date:**

**CM Recommendation Date-HS:**

**Case Remain with Local FFS:**

**Is a Safety Plan Recommended:**

**If Applicable, Cancellation Reason:**

**PRS Services:**

**Comment:**

**Case Coordinator Recommendation**

**Case Coordinator Recommendation:**

**Case Coordinator Recommendation-HS:**

**CC Recommendation Date:**

**CC Recommendation Date-HS:**

**Pending Information:**



## Release Request Office of Refugee Resettlement

**Reason for Pending Information:**

**Comment:**

### ORR Decision

**ORR Decision:**

**ORR Decision-HS:**

**Home Study Addendum?**

**Outcome of Home Study:**

**Reason for Denial:**

**ORR Final Decision Date:**

**Remand for Further Information:**

**Waive Third Party Review:**

**Court Ordered Release:**

**ORR Comment:**