

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 02/29/2024. If you have any comments on this collection of information, please contact Anne Mullooly at 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 USCCB LIRS Not 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 Date of Action (mm/dd/yyyy)

Transfer to Transfer from _____

State Agency: _____

Provider Agency: _____

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

Explain "Change of Status".

3. Termination: Date of Termination: _____

Reunified with parents Not compliant with State/Program requirement(s)

Unified with relatives Ran away

Adopted Departed from U.S. (Removal or Voluntary Departure)

Became a U.S. Citizen Immigration detention

Emancipated Incarcerated

Concluded ORR-funded services/benefits Deceased

Left program voluntarily Other

Explain destination/current situation at case closure.

4. Re-entered for ORR-funded placement or services Date of Re-entry (mm/dd/yyyy)

URM Placement Services/Benefits only _____

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. Country of Origin:	5b. Ethnic Group:		
6a. Language of Origin:	6b. Other Language(s):		
7. Eligibility Type:			

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- | | | | | |
|---|--|--------------------------------------|---|---|
| <input type="checkbox"/> Refugee | <input type="checkbox"/> Asylee | <input type="checkbox"/> C/H Entrant | <input type="checkbox"/> U-Status Recipient | <input type="checkbox"/> Trafficking Victim |
| <input type="checkbox"/> Special Immigrant Juvenile (SIJ) | <input type="checkbox"/> Afghan Humanitarian Parolee | | <input type="checkbox"/> Other: | |

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

Asylee U-Status Recipient

SJJ (I-360 approval) T-Status Recipient

Afghan Humanitarian Parolee Lawful Permanent Resident

Cuban/Haitian Entrant-No immigration status Other: _____

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

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Section V: Legal Responsibility

1. Legal responsibility has been petitioned.

Yes, it was petitioned *within 30 days* of enrollment. Date: _____

Yes, it was petitioned *past 30 days* of enrollment. Date: _____

No, it hasn't been petitioned.

2. Legal responsibility has been established in accordance with applicable State law.

Yes Date: _____ No Pending

2.a. In lieu of legal responsibility, youth has signed a Voluntary Placement Agreement.

Yes Date: _____ No

3. Court name with jurisdiction: _____

4. Agency name to whom legal responsibility assigned: _____ Same as URM Provider

5. Legal responsibility has ended.

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date Ended

Section VI: Report Submission Authority

1. Provider Name

Address

City State Zip Code

User Name: Title: Agency Approval Date: (mm/dd/yyyy)

Phone: Email:

2. State/URD Agency

Agency Name

Address

City State Zip Code

User Name: Title: Agency Approval Date: (mm/dd/yyyy)

Phone: Email:

3. ORR

Name: Title: ORR Approval Date: (mm/dd/yyyy)

Approval/Denial Comments History: