

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](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  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".**

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**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.**

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**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**

- |  |   |
|--|---|
| <input type="checkbox"/> Refugee                                     | <input type="checkbox"/> Victim of Trafficking-No immigration status (OTIP letter only) |
| <input type="checkbox"/> Asylee                                      | <input type="checkbox"/> U-Status Recipient   |
| <input type="checkbox"/> SJJ (I-360 approval)                        | <input type="checkbox"/> T-Status Recipient   |
| <input type="checkbox"/> Afghan Humanitarian Parolee                 | <input type="checkbox"/> Lawful Permanent Resident                                      |
| <input type="checkbox"/> Cuban/Haitian Entrant-No immigration status | <input type="checkbox"/> Other: _____   |

2. Youth is receiving immigration assistance.

- Yes  No

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

3. Youth has work authorization/Employment Authorization Document.

- Yes  No

\* 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.		
<input type="checkbox"/>	Yes, it was petitioned <i>within 30 days</i> of enrollment.	Date: _____
<input type="checkbox"/>	Yes, it was petitioned <i>past 30 days</i> of enrollment.	Date: _____
<input type="checkbox"/>	No, it hasn't been petitioned.	
2. Legal responsibility has been established in accordance with applicable State law.		
<input type="checkbox"/>	Yes	Date: _____ <input type="checkbox"/> No <input type="checkbox"/> Pending
2.a. In lieu of legal responsibility, youth has signed a Voluntary Placement Agreement.		
<input type="checkbox"/>	Yes	Date: _____ <input type="checkbox"/> No
3. Court name with jurisdiction: _____		
4. Agency name to whom legal responsibility assigned: _____ <input type="checkbox"/> Same as URM Provider		
5. Legal responsibility has ended.		Date Ended
<input type="checkbox"/>	Yes	<input type="checkbox"/> No

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