



# UNACCOMPANIED REFUGEE MINORS (URM) PROGRAM APPLICATION U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS) OFFICE OF REFUGEE RESETTLEMENT (ORR)

Please complete all sections of this application. Send any questions to [URMprogram@acf.hhs.gov](mailto:URMprogram@acf.hhs.gov). Use the "Submit" button at the end of this form to send the application via e-mail to [URMprogram@acf.hhs.gov](mailto:URMprogram@acf.hhs.gov)

### Please Check if:

Resubmission of an application (Describe in Section 4.7)

Application is URGENT (Applicant will turn 18 years of age within 45 calendar days or less from the submission date of this application.)

Date of Application \_\_\_\_\_

### Section 1—Assister Information

Complete the following if you are assisting a minor with this application.

First Name(s) \_\_\_\_\_ Last Name(s) \_\_\_\_\_

Title(s) \_\_\_\_\_ Agency Name \_\_\_\_\_

Agency Address \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Signature of Assister(s) \_\_\_\_\_

*Provide digital signature. Or print page 1, sign and e-mail as an attachment with this form.*

Relationship to minor    Attorney    Authorized Representative    Case Manager

Other (please describe) \_\_\_\_\_

### Section 2—Minor's Consent

*If the minor is 12 years of age or older, please complete the consent form below.*

**By signing below, I consent to the submission of my application to the Unaccompanied Refugee Minors (URM) program. I have been advised and understand the information about the URM program, placement and services that I may be eligible to receive. I also understand that ORR will review my application for eligibility and submit a decision to the adult(s) and/or agency named above.**

Signature of Minor \_\_\_\_\_

*Provide digital signature. Or print page 1, sign and e-mail as an attachment with this form.*

Signature of Witness \_\_\_\_\_

*(different from assister) Provide digital signature. Or print page 1, sign and e-mail as an attachment with this form.*

### Section 3—Minor’s Biographical Information

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

All Other Names Used \_\_\_\_\_

Gender Female Male  Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Country of Birth \_\_\_\_\_

Alien Number (if applicable) ENGLISH Primary Language \_\_\_\_\_

PROFICIENCY	Conversational	MARITAL STATUS	Single
	Requires an Interpreter		Married
	Tested Proficient		Divorced

Date First Entered ORR Custody (if applicable) \_\_\_\_\_

Attach each document used to verify the age and identity of minor

Birth Certificate	Forensic Dental Scan	DOJ/DHS Immigration Doc	Bone Density Scan
UNHCR BID Report	Other (please describe below)		

Does the minor have children in the U.S.? Yes No

If yes, please provide the name(s) and date(s) of birth

Eligibility Type	Verification document(s) (check attached document(s))		
Refugee	I-94		Other
Asylee	Asylum Letter	I-94	Other
Cuban/Haitian Entrant	I-862	I-94	Other
Victim of Human Trafficking	Eligibility Letter	T-visa	Other
Special Immigrant Juvenile	I-360 Approval Notice	I-485 Approval Notice	Other
U Status Recipient	U-Visa	I-797	Other
Afghan Humanitarian Parolee	I-94	Foreign passport with required stamp	Other
Ukrainian Humanitarian Parolee	I-94	Foreign passport with required stamp	Other
Other	Other		

If “Other” is selected as the Eligibility Type and/or Verification document, please describe below:

### Section 4—Placement Information

#### Current Placement

Current caregiver \_\_\_\_\_

Placement contact information \_\_\_\_\_

If the minor is in ORR custody, please provide the date the minor entered their current placement \_\_\_\_\_

If the minor is not in ORR custody, please describe why continuing with their current caregiver is not possible or is not in the minor's best interest:

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*Current placement type:*

Relative	Basic Foster Home	Regular Group Home
Residential Treatment	Secure Care	Shelter Care
Sponsor (non-relative)	Staff Secure	Therapeutic Foster Home
Therapeutic Group Home		Other

If relative is selected, please provide more details:

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If the minor is in ORR custody and the agency also provides URM placements:

Is there a recommendation, if approved for the URM program, that the minor remain in their current placement or another placement provided by the same agency?      Yes      No      Not Applicable

If yes, please include a placement assurance memo. The placement memo should:

Describe the placement.

Provide sufficient information for ORR to verify that the placement being offered is a URM placement with the same agency. For example, include a name, location, and/or other information which demonstrates that the recommendation and offered placement are the same, or that a new placement has been identified.

Include a point of contact (including title) with authority to determine placements within the agency.

Provide any details necessary to ensure that legal responsibility can be established.

*Preferred Placement:*

Does the minor have a preferred location and/or placement type within the URM program?      Yes      No

If yes, please indicate the location and/or placement type(s):

Basic foster home	Therapeutic foster home	Regular group home
Therapeutic group home	Semi-independent living	Other

If other, please describe:

Please provide the reason for this selection(s):

Does the assister have a recommended location and/or placement type within the URM program?      Yes      No

If yes, please indicate location and/or placement type(s):

Basic foster home	Therapeutic foster home	Regular group home
Therapeutic group home	Semi-independent living	Other

If other, please describe:

Please provide the reason for this selection(s):

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**Section 4.1—Custody Information**

Does an entity or individual in the U.S., other than ORR, have legal responsibility for the minor?      Yes      No

If yes, please explain and provide a copy of the relevant court order:

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Are there known barriers which could prevent or delay a state’s ability to arrange legal responsibility for the minor?

Yes      No

If yes, please describe:

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Is there a state or local court hearing pending for this applicant?      Yes      No

If yes, please explain (provide date, type and city/state) and attach a copy of the hearing notice, if available:

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Is there a dependency or SIJ findings order for this minor?      Yes      No

If yes, please indicate the date and court of jurisdiction and attach a copy of the order:

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**Section 4.2—Family Reunification/Sponsor Information**

Please provide the location of the minor’s biological parent(s) or legal guardian(s) and evidence, if any, that each is unwilling/unable/unsuitable to care for the minor. Attach the following, if the minor is in ORR custody and if applicable: Home studies, third party recommendations, reunification denial letters, and denied Release Request Worksheets.

**Mother:**

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**Father:**

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**Other:**

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Does the minor know of a non-parental relative or unrelated adult residing in the U.S.?                      Yes              No

Describe such relatives or unrelated adults, include relationships to child, provide location(s) in the U.S and describe evidence, if any, that the relative(s) or unrelated adult(s) is/are unwilling/unable/unsuitable to care for the minor:

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**Section 4.3—Behavioral Health Information**

Does the minor have a history of juvenile delinquency?                      Yes              No

If yes, please explain and attach documentation, if available:

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Does the minor's placement history include incident reports, such as ORR Significant Incident Reports (SIRs)?

Yes              No

If yes, please explain and attach the reports:

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Does the minor have a history of substance use?      Yes      No

If yes, please explain and attach documentation, if available:

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Does the minor have a history of being destructive with property?      Yes      No

If yes, please explain and attach documentation, if available:

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Is the minor a danger to themselves or others?      Yes      No

If yes, please explain and attach documentation, if available:

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If the minor is in ORR custody, is a copy of the UC Assessment and Case Review attached to this application?

Not Applicable      Yes      No If no, please explain:

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Are there any other safety or security risks?      Yes      No

If yes, please explain and provide recommendations for safety planning:

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#### Section 4.4—Physical Health and Mental Health Information

Does the minor have a diagnosis for a mental health condition?      Yes      No

If yes, please explain:

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Has the minor been hospitalized or received residential treatment for a mental health reason?      Yes      No

If yes, please explain and attach documentation, if available:

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Does the minor have a history of receiving mental health services?      Yes      No

If yes, please explain and attach documentation, if available:

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Does the minor take prescription medications for physical or mental health issues?      Yes      No

If yes, please explain:

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Does the application include a copy of the minor's most recent clinical assessment?      Yes      No

If yes, please identify the document:

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If no, please explain:

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Does the minor self-report a history of significant trauma?      Yes      No

If yes, please explain:

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Does the minor have any medical concerns that could impact placement?      Yes      No

If yes, please explain:

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Does the minor require accommodations for a disability?      Yes      No

If yes, please explain:

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### Section 4.5 — Educational and Employment Information

Is the minor currently enrolled in an educational program?      Yes      No

If no, please explain:

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What is the highest educational level completed by the minor?

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Please describe the minor's educational goals:

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Please describe the minor's employment goals:

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Is the minor currently authorized to work in the U.S.?      Yes      No

## Section 4.6—Immigration Information

If the minor is a refugee, is a UNHCR BID report, BioData Form, Minor’s Questionnaire, and Anomaly Report (if applicable) attached to this application?      Not Applicable      Yes      No      If no, please explain:

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Does the minor have an attorney of record or an accredited representative?      Yes      No

If yes, please provide the name and contact information, if not the same as the assister information provided in Section 1 of this application:

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Is the minor currently receiving any other type of immigration support or services?      Yes      No

If yes, please explain:

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Is there a pending immigration hearing relevant to this applicant?      Yes      No

If yes, please explain (provide date, type and city/state) and attach a copy of the hearing notice, if available:

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**Section 4.7—Additional Comments or Information**

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**Please ensure the following documents are submitted to [URMprogram@acf.hhs.gov](mailto:URMprogram@acf.hhs.gov) with the application. Multiple e-mail messages may be required.**

**Page 1 with signatures, if not digitally signed (see Sections 1 and 2)**

**Document(s) used to verify age and identity (see Section 3)**

**Document, such as Notice to Appear, used to verify alien number if the minor is in ORR custody. (see Section 3)**

**Document(s) used to verify eligibility (see Section 3)**

**Placement memo (if required in Section 4)**

**Court order of legal responsibility (if required in Section 4.1)**

**State or local hearing notice (if required in Section 4.1)**

**Dependency or SIJ findings order (if required in Section 4.1)**

**Home studies, third party recommendations, reunification denial letters and denied Release Request Worksheets, if the minor is in ORR custody (see Section 4.2)**

**Documentation referenced in Section 4.3, if applicable**

**Incident reports (or SIRs, if applicable) (if required in Section 4.3)**

**UC Assessment and Case Review (if required in Section 4.3)**

**Documentation referenced in Section 4.4, if applicable**

**Clinical assessment (if required in Section 4.4)**

**UNHCR BID report, BioData Form, Minor's Questionnaire, and Anomaly Report if the applicant is a refugee (see Section 4.6)**