**Schedule E: Unaccompanied Refugee Minors (URM) Program Narrative**

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| **1. State/Grantee:** |  | | |
| **2. Fiscal Year:** |  | **3. Reporting Period:** |  |
| **4. Provider:** |  | **5. Location:** |  |

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| 1. **Activities:** Report any activities in the administration or implementation of the URM Program, in any of the following areas: client caseload, documentation/records management, financial administration, program administration, program development, reporting, services/benefits, or other. | | | |
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| **B. Accomplishments / New Initiatives:** Reportany accomplishments or new initiatives in the administration or implementation of the URM Program, in any of the following areas: client caseload, documentation/records management, financial administration, program administration, program development, reporting, services/benefits, or other. Include any outcome or impact of the accomplishment or new initiative. | | | |
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| **C. Challenges / Emerging Issues:** Reportany challenges or emerging issues in the administration or implementation of the URM Program, in any of the following areas: client caseload, documentation/records management, financial administration, program administration, program development, reporting, services/benefits, or other. Include any actions taken, resolutions achieved, or plan to address the challenge or emerging issue. | | | |
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| **D. Trends / Clarifications in Data:**  Report any trends or clarifications in data submitted in Schedule E URM Program Data report around client caseload, new enrollments, outcomes for terminated clients, placements and capacity development. | | | |
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| **E. Monitoring / State Licensing Reviews:** Report any monitoring and/or state licensing reviews that occurred during the reporting period, including the name of the agency that monitored or reviewed the URM provider, the date of the monitoring, purpose, and whether any corrective actions were identified. | | | |
| 1. **Monitoring Agency** | 1. **Date** | 1. **Purpose** | 1. **Corrective Actions** |
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| **F. *Optional*: Client Success Story or Promising Practice:** Describe a success story of a URM client who received services during the reporting period; or, a promising practice that could be shared with other URM providers or states administering a URM program. | | | |
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