Administration for Children & Families
Office of Refugee Resettlement

Discharge Notification

UC Basic Information

Photo of Child [auto-populated]

First Name: *[auto-populated]*

Last Name: *[auto-populated]*

Date of Birth: *[auto-populated]*

A#: *[auto-populated]*

Country of Birth: *[auto-populated]*

Gender: *[auto-populated]*

AKA: *[auto-populated]*

Status: *[auto-populated]*

Admitted Date: *[auto-populated]*

Length of Stay: *[auto-populated]*

Current Program: *[auto-populated]*

Portal ID: *[auto-populated]*

Discharge Notification

Date of Discharge: *[date picker]*	Time of Discharge: *[text box]*
Discharge Type: *[dropdown]* *Reunified (Individual Sponsor)* *Reunified (Individual Sponsor) – Court-Ordered* *Reunified (Individual Sponsor) – Immigration Relief Granted* *Transfer of Placement* *Age Out* *Age Redetermination* *Voluntary Departure* *Child Deceased* *Determined to be U.S. Citizen* *Discharged to Program/Facility* *Discharged to Program/Facility – Court-Ordered* *Discharged to Program/Facility – Immigration Relief Granted* *Government Agency* *Joint Removal with Parent (VD Order for UC)* *Joint Removal with Parent (NTA Cancelled)* *Ordered Removed* *Ran Away from Facility* *Ran Away on Field Trip* *Referral Cancelled – OCONUS Age Out* *Referral Cancelled by Referring Agency* *UC Child Discharged with UC Parent* *U.S. Citizen Child Discharged with UC Parent* *Other*	Sponsor Name: *[dropdown]*
Sponsor DOB: *[auto-populated]*	Relationship to UC: *[auto-populated]*

Discharge Notification
Office of Refugee Resettlement

Address: *[auto-populated]*	City: *[auto-populated]*
State: *[auto-populated]*	Zip Code: *[auto-populated]*
Primary Phone: *[auto-populated]*	Backup Phone Number: *[auto-populated]*

ORR Decision from Latest Release Request

ORR Decision: *[auto-populated]*

ORR Decision after Home Study: *[auto-populated]*

Updated Date/Time: *[auto-populated]*

Transfer of Placement

Receiving Program Name: *[auto-populated]*

Address: *[auto-populated]*

State: *[auto-populated]*

Phone: *[text box]*

City: *[auto-populated]*

Zip Code: *[auto-populated]*

UC Legal Status: *[dropdown]*

NTA (in removal proceedings)
Without status
SIJS: I-360 approved
SIJS: I-485 approved
LPR derivative (of U.S. relative)
LPR other
Asylum: Immigration Judge Initial Order w/ 30-day appeal period
Asylum: Immigration Judge Final Order w/ 30-day appeal period waived or completed
Asylum: Appealed to federal court
Asylum: USCIS grant
U.S. Citizen
Temporary Protected Status
T-nonimmigrant status
U-nonimmigrant status
Other non-immigrant visa
F-1 student visa (non-immigrant status)
B-1/2 Tourist/business visa (non-immigrant status)
Continued Presence
Withholding of Removal
Humanitarian Parole
Final Order of Removal
Other

Other Type of Discharge

Discharged into Custody of: *[dropdown]* *Individual* *Program/Facility*	Individual or Program/Facility Name: *[text box]*
Address: *[text box]*	City: *[text box]*

State: *[text box]*	Zip Code: *[text box]*