



# Discharge Notification

## Office of Refugee Resettlement

Date of Discharge: *[date picker]*

Time of Discharge: *[text box]*

Is there a delay in discharging the child? *[dropdown - Yes/No]*

Discharge Delay Reason: *[dropdown - only appears if Is there a delay in discharging the child? = Yes]*

Flight Delayed/Cancelled  
Health - New disease exposure resulting in quarantine  
Health - Sudden Onset of medical/mental health issue (with or without isolation)  
Natural Disaster at Destination  
Sibling/Relative Group  
Sponsor Detained  
Sponsor Lost ID  
Sponsor Scheduling Issues  
Travel - Program Delay  
Travel - Transportation Contractor Delay  
Travel - Weather Delay  
Travel - Non-Weather Delay  
U.S. Newborn Pending BC/Medical Insurance  
Other

If Other, specify: *[text box - only appears if Other selected]*

Date Delay Reported: *[date picker - only appears if Is there a delay in discharging the child? = Yes]*

Date Delay Resolved: *[date picker - only appears if Is there a delay in discharging the child? = Yes]*

Discharge Delay Comments: *[text box - only appears if Is there a delay in discharging the child? = Yes]*

UC Parent Discharge Type: *[dropdown - only appears if Discharge Type = UC Child Discharged with UC Parent or U.S. Citizen Child Discharged with UC Parent]*

Age Out  
Age Redetermination  
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  
Reunified (Individual Sponsor)  
Reunified (Individual Sponsor) - Court-Ordered  
Reunified (Individual Sponsor) - Immigration Relief Granted  
Voluntary Departure  
Other

UC Parent Name: *[text box - only appears if Discharge Type = UC Child Discharged with UC Parent or U.S. Citizen Child Discharged with UC Parent]*

If Other, specify: *[text box - only appears if Other selected]*

UC Parent A#: *[text box - only appears if Discharge Type = UC Child Discharged with UC Parent or U.S. Citizen Child Discharged with UC Parent]*

### Exit Processing Details

*[Fields appearing in this section depend upon the Discharge Type selected. This section does not appear at all if Discharge Type = Ran Away from Facility, Ran Away on Field Trip, Referral Cancelled - OCONUS Age Out, Referral Cancelled by Referring Agency, or Other]*

**1** *[Below fields appear if the Discharge Type = any of the Reunified (Individual Sponsor) options; or if Discharge Type = UC Child*

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*Discharged with UC Parent and UC Parent Discharge Type = any of the Reunified (Individual Sponsor) options]*

ORR Decision: *[auto-populated]*

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

Sponsor Name: *[auto-populated]*

Sponsor Date of Birth: *[auto-populated]*

Address: *[auto-populated]*

City: *[auto-populated]*

State: *[auto-populated]*

Zip Code: *[auto-populated]*

Primary Phone: *[auto-populated]*

Backup Phone Number: *[auto-populated]*

Relationship to UC: *[auto-populated]*

**2** *[Below fields appear if the Discharge Type = any of the Discharged to Program/Facility options; or if Discharge Type = UC Child Discharged with UC Parent and UC Parent Discharge Type = any of the Discharged to Program/Facility options]*

Program Name: *[auto-populated]*

Program Type: *[auto-populated]*

Address: *[auto-populated]*

City: *[auto-populated]*

State: *[auto-populated]*

Zip Code: *[auto-populated]*

**3** *[Below fields appear if the Discharge Type = Transfer]*

Receiving Program Name: *[auto-populated]*

Receiving Program Type: *[auto-populated]*

Address: *[auto-populated]*

City: *[auto-populated]*

State: *[auto-populated]*

Zip Code: *[auto-populated]*

**4** *[Below fields appear if the Discharge Type = Government Agency, Joint Removal with Parent (VD Order for UC), or Ordered Removed; or if Discharge Type = UC Child Discharged with UC Parent and UC Parent Discharge Type = Government Agency, Joint Removal with Parent (VD Order for UC), or Ordered Removed]*

Government Agency Name: *[text box]*

Government Agency Type: *[dropdown]*

*Child Protective Services  
DHS Family Shelter  
ICE ERO  
Local Law Enforcement  
Marshal's Service*

Address: *[text box]*

City: *[text box]*

State: *[text box]*

Zip Code: *[text box]*

**5** *[Below fields appear if the Discharge Type = Voluntary Departure or Joint Removal with Parent (VD order for UC); or if Discharge Type = UC Child Discharged with UC Parent and UC Parent Discharge Type = Voluntary Departure or Joint Removal with Parent (VD order for UC)]*

Date Granted Voluntary Departure: *[date picker]*

Date Travel Document Requested: *[date picker]*

Referral to Services in Country of Origin: *[dropdown]*

Date Travel Document Issued: *[date picker]*

If Other, specify: *[text box - only appears if Other Services]*

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*selected]*

Options:

KIND CMRRP

ISS International Social Services

Other Services

Not Applicable

Completed Referral to Services in Country of

Origin: *[dropdown - Yes/No/Not Applicable]*

## 6 *[Below fields appear if the Discharge Type = Age Out or Age Redetermination]*

DHS Age Out/Age Redetermination Plan: *[dropdown]*

*DHS Release on Own Recognizance*

*DHS Approved Post-18 Plan*

*Discharge to ICE Custody*

*ICE Young Adult Case Management Program (YACMP) (if applicable)*

*Unknown*

Type of Post-18 Discharge Plan: *[dropdown - only appears if DHS Age Out/Age Redetermination Plan = Approved Post-18 Plan]*

*Potential Sponsor (did not complete sponsorship process)*

*Other Family Member*

*Shelter/Facility*

Address: *[text box]*

City: *[text box]*

State: *[text box]*

Zip Code: *[text box]*

## 7 *[Below fields appear if the Discharge Type = Determined to be U.S. Citizen]*

Discharged into Custody of: *[dropdown]*

*Individual*

*Program/Facility*

Name: *[text box]*

Address: *[text box]*

City: *[text box]*

State: *[text box]*

Zip Code: *[text box]*

## 8 *[Below fields appear if the Discharge Type = U.S. Citizen Child Discharged with UC Parent]*

UC Parent Discharged into Custody of: *[dropdown]*

*Individual Sponsor*

*Program/Facility*

Name: *[text box]*

Address: *[text box]*

City: *[text box]*

State: *[text box]*

Zip Code: *[text box]*

## Transportation Details

*[Below fields will appear in case management system but will not appear in generated PDF generated that is shared with external stakeholders]*

Method of Transportation: *[dropdown]*

Transport Fees Paid by ORR: *[dropdown - Yes/No]*

If Other, specify: *[text box - only appears if Other selected]*

*Bus*

*Flight*

*Train*

*Sponsor Pick-Up*

*DHS Transport*

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Other

Did the program medical coordinator (or designated staff) certify that the child is medically fit to travel? *[dropdown - Yes/No]*

Does the UC need an escort? *[dropdown - Yes/No]*

Name of Escort: *[text box]*

Are any health-related travel restrictions/accommodations needed (e.g., cannot travel longer than 3 hours at a time, requires a wheelchair)?

Type of Escort: *[dropdown]*

Care Provider Escort to Offsite Location  
Travel via Airline

Escort Contact Number: *[text box]*

## Child Legal and Immigration Information

Parent/Legal Guardian Separation: *[auto-populated from R-4]*

Next Scheduled Court Appearance (EOIR): *[date picker]*

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

If Other, specify: *[text box - only appears if Other selected]*

Reason for less than 48 hours' advance notice of discharge to Immigration and Customs Enforcement (if applicable): *[text box]*

MPP Case: *[auto-populated from R-4]*

Next Scheduled Court Appearance (non-EOIR): *[date picker]*

Date sponsor notified that they must inform EOIR directly of any further changes of address: *[date picker]*