DEPARTMENT OF HEALTH AND HUMAN SERVICES
Office of Refugee Resettlement

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   ☐ CCB   ☐ :S   ☐ t Applicable

Section I: Report Action

☐ **Initial Placement** - *Must be submitted within 30 days of placement*

☐ **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)
    ☐ ansfer to   ☐ ansfer 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".

☐ **Termination:**   **Date of Termination:** [   ]

  ☐ unified with parents   ☐ compliant with State/Program requirement(s)
  ☐ fied with relatives   ☐ away
  ☐ Adopted   ☐ parted from U.S. (Removal or Voluntary Departure)
  ☐ came a U.S. Citizen   ☐ Immigration detention
  ☐ ancipated   ☐ incarcerated
  ☐ oncluded ORR-funded services/benefits   ☐ Deceased
  ☐ t program voluntarily   ☐ other

Explain destination/current situation at case closure.

☐ Re-entered for ORR-funded placement or services   **Date of Re-entry** (mm/dd/yyyy)
  ☐ M Placement   ☐ vices/Benefits only   [   ]

Section II: Identifying/ Basic Data

1. Sex:	2. Date of Birth	3. Date of Eligibility	4. Date of Initial Placement
☐ Female ☐ Male			

5a. Country of Origin:		5b. Ethnic Group:	
6a. Language of Origin:		**6b. Other Language(s):**	

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7. Eligibility Type:

☐ efugee	☐ /lee	☐ 4 Entrant	☐ Status Recipient	☐ ainian Humanitarian Parolee
☐ pecial Immigrant Juvenile (SIJ)	☐ han Humanitarian Parolee	☐ fficking Victim	☐ ier:	

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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	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	
Education (other than English)	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	
Health Condition	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	
Mental Health	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	

9. URM's Children in Care:

	First Name, Middle Name, Last Name	Date of Birth	Citizenship / Immigration Status
☐ 1st child			
☐ 2nd child			
☐ 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

☐ Refugee
☐ Asylee
☐ SIJ (I-360 approval)
☐ Afghan Humanitarian Parolee
☐ Cuban/Haitian Entrant-No immigration status
☐ Ukrainian Humanitarian Parolee

☐ *Victim of Trafficking-No immigration status (OTIP letter only)*
☐ *U-Status Recipient*
☐ *T-Status Recipient*
☐ *Lawful Permanent Resident*
☐ *Other:* _____

2. Youth is receiving immigration assistance.
☐ Yes   ☐ No

3. Youth has work authorization/Employment Authorization Document.
☐ Yes   ☐ No

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

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.

☐ s, it was petitioned <u>within 30 days</u> of enrollment. Date:

☐ s, it was petitioned <u>past 30 days</u> of enrollment. Date:

☐ , it hasn't been petitioned.

2. Legal responsibility has been established in accordance with applicable State law.

☐ s Date: _____ ☐ ☐ *Pending*

2.a. In lieu of legal responsibility, youth has signed a Voluntary Placement Agreement.

☐ s Date: _____ ☐ ☐ *N/A*

3. Court name with jurisdiction: _____

4. Agency name to whom legal responsibility assigned: _____ ☐ me as URM Provider

5. Legal responsibility has ended.		Date Ended	
☐ es	☐ No		

Section VI: Report Submission Authority

1. Provider Name
Address
City State Zip Code

User Name:	*Title:*	*Agency Approval Date:*
		(mm/dd/yyyy)
Phone:	Email:	

Secondary contact:	*Title:*	
Phone:	Email:	

2. State/URD Agency
Agency Name
Address
City State Zip Code

User Name:	*Title:*	*Agency Approval Date:*
		(mm/dd/yyyy)
Phone:	Email:	

3. ORR

Name:	*Title:*	*ORR Approval Date:*
		(mm/dd/yyyy)

Approval/Denial Comments History: