

PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: Through this information collection, the Administration for Children and Families (ACF) is gathering data on youth served through the Unaccompanied Refugee Minors Program including their location, status, and progress. Public reporting burden for this collection of information is estimated to average .25 hours for respondents from state agencies and .50 hours for respondents from provider agencies, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This is a mandatory collection of information (8 U.S.C. 1522(d)). An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB # is 0970-0034 and the expiration date is 11/30/2026. If you have any comments on this collection of information, please contact Anne Mullooly at [Anne.Mullooly@acf.hhs.gov](mailto:Anne.Mullooly@acf.hhs.gov).

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 ☐ IS ☐ Not 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

☐ Transfer to ☐ Transfer from

Date of Action (mm/dd/yyyy)

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:**

☐ Unified with parents

☐ Unified with relatives

☐ Adopted

☐ Became a U.S. Citizen

☐ Emancipated

☐ Concluded ORR-funded services/benefits

☐ Left program voluntarily

Date of Termination:

☐ Not compliant with State/Program requirement(s)

☐ Moved away

☐ Expelled from U.S. (Removal or Voluntary Departure)

☐ Immigration detention

☐ Incarcerated

☐ Deceased

☐ Other

☐ Explain destination/current situation at case closure.

☐ **Re-entered for ORR-funded placement or services**

☐ M Placement ☐ Services/Benefits only

Date of Re-entry (mm/dd/yyyy)

**Section II: Identifying/ Basic Data**

1. Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	2. Date of Birth	3. Date of Eligibility	4. Date of Initial Placement
5a. Country of Origin:	5b. Ethnic Group:		
6a. Language of Origin:	6b. Other Language(s):		

Name of Youth			Alien Registration No.	HHS Tracking No.
Last	First	Middle		

7. Eligibility Type:

☐Refugee

☐Parolee

☐First Entrant

☐Status Recipient

☐Bainian Humanitarian Parolee

☐Special Immigrant Juvenile (SIJ)

☐Iranian Humanitarian Parolee

☐Trafficking Victim

☐Other:

Name of Youth			Alien Registration No.	HHS Tracking No.
Last	First	Middle		

### 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	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
Education (other than English)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
Health Condition	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
Mental Health	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	

### 9. URM's Children in Care:

	First Name, Middle Name, Last Name	Date of Birth	Citizenship / Immigration Status
<input type="checkbox"/> 1st child			
<input type="checkbox"/> 2nd child			
<input type="checkbox"/> 3rd child			

### 10. Mother of URM:

Last:		First:	Middle:
a. Living:	b. Mother's address when minor arrived in U.S.:		
<input type="checkbox"/> Yes			
<input type="checkbox"/> No	c. Current Address:		
<input type="checkbox"/> Unknown	<input type="checkbox"/> Same as b. above		

### 11. Father of URM:

Last:		First:	Middle:
a. Living:	b. Father's address when minor arrived in U.S.:		
<input type="checkbox"/> Yes			
<input type="checkbox"/> No	c. Current Address:		
<input type="checkbox"/> Unknown	<input type="checkbox"/> Same as b. above		

### Section III: Immigration

#### 1. Immigration

<input type="checkbox"/> Refugee <input type="checkbox"/> Asylee <input type="checkbox"/> VJ (I-360 approval) <input type="checkbox"/> Afghan Humanitarian Parolee <input type="checkbox"/> Cuban/Haitian Entrant-No immigration status <input type="checkbox"/> Ukrainian Humanitarian Parolee	<input type="checkbox"/> Victim of Trafficking-No immigration status (OTIP letter only) <input type="checkbox"/> I-1 Status Recipient <input type="checkbox"/> T-Status Recipient <input type="checkbox"/> Lawful Permanent Resident <input type="checkbox"/> Other: _____
2. Youth is receiving immigration assistance. <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Youth has work authorization/Employment Authorization Document. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

### Section IV: Placement

<b>1. Placement Type:</b> <input type="checkbox"/> Foster Family Home <input type="checkbox"/> Therapeutic Foster Home <input type="checkbox"/> Group Home <input type="checkbox"/> Supervised Independent Living <input type="checkbox"/> Residential Treatment <input type="checkbox"/> Long-term hospitalization (more than 2 weeks) <input type="checkbox"/> Absent from program but legal responsibility retained <input type="checkbox"/> Living independently but receiving ORR-funded services/benefits <input type="checkbox"/> Other: _____	<b>2. Placement Cost:</b> _____ (daily rate)
<b>3. Youth's Residence:</b> Name: _____ Relation of caregiver: _____ Address: _____ City: _____ State: _____ Zip: _____	<b>4. Provider Agency for Placement:</b> <input type="checkbox"/> Same as URM Provider <input type="checkbox"/> Placement via Subcontract

Name of Youth			Alien Registration No.	HHS Tracking No.
Last	First	Middle		

#### Section V: Legal Responsibility

1. Legal responsibility has been petitioned.

☐ s, it was petitioned within 30 days of enrollment. Date: \_\_\_\_\_

☐ s, it was petitioned past 30 days 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: \_\_\_\_\_ ☐ ne as URM Provider

5. Legal responsibility has ended.

☐ es ☐ N/A

Date Ended

#### 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:

In immediate response to priorities of the current administration, this form has been updated with the following changes prior to approval by the Office of Management and Budget (OMB), as required by the Paperwork Reduction Act (PRA) of 1995 (44 USC 3501 et seq.). The PRA requires that agencies obtain OMB approval before requesting information from the public, and OMB review and approval for most changes to an approved information. ACF is working to process these changes through OMB to come into compliance with the PRA but has implemented changes to the OMB-approved form to ensure compliance with the following Executive Orders: Executive Order(s) 14168 and/or 14151, 14173, 14224. Other than these changes, this form is approved under OMB #: 0970-0034.