

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 .5 hours for respondents from state agencies, 1 hour for respondents from provider agencies, and .5 hours for youth participants, 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.

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

ORR-4 REPORT FORM
UNACCOMPANIED REFUGEE MINORS (URM) PROGRAM
OUTCOMES REPORT

State/ URD Agency	Provider Agency
Agency Name:	Agency Name:
Address:	Address:
City:	City:
State:	State:
Zip:	Zip:

Section I: Report Action	
<input type="checkbox"/>	1. Annual Outcomes Report
<input type="checkbox"/>	2. Follow-up Annual Report: Former URM clients who are 17 to 21 years old and have terminated all ORR-funded services. Proceed to Section VI. Outcomes.
Date data was collected	(mm/dd/yyyy)
Age	

Section II: Identifying Data	
1. Date of Birth	2. Sex <input type="checkbox"/> Female <input type="checkbox"/> Male

Section III: Education and Personal Functioning of the Youth	
1. Education Information:	
a. Most Recent Education and Grade Level, if applicable	
<input type="checkbox"/> Regular Mainstream School	<input type="checkbox"/> Alternative to High School
<input type="checkbox"/> Less than 6th grade	<input type="checkbox"/> 9th grade
<input type="checkbox"/> 6th grade	<input type="checkbox"/> 10th grade
<input type="checkbox"/> 7th grade	<input type="checkbox"/> 11th grade
<input type="checkbox"/> 8th grade	<input type="checkbox"/> 12th grade
<input type="checkbox"/> 9th grade	<input type="checkbox"/> Dual-credit program
<input type="checkbox"/> 10th grade	<input type="checkbox"/> No Grade Assigned
<input type="checkbox"/> 11th grade	<input type="checkbox"/> GED program
<input type="checkbox"/> 12th grade	<input type="checkbox"/> Trade/Vocational program
	<input type="checkbox"/> Job Corps/Job Corps equivalent
	<input type="checkbox"/> Post-secondary education
	<input type="checkbox"/> Not in school
Provide additional information.	
b. Youth is receiving English Language Learner (ELL) support. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Caseworker/Provider Assessment:						
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	
Social Adjustment	<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	
Preservation of Ethnic and Religious Heritage	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
Readiness to Live Independently	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	

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Section IV: Family Reunification				
1. The youth has a permanency plan. <input type="checkbox"/> Yes <input type="checkbox"/> No				
a. The youth's most recent primary permanency goal was:				
<input type="checkbox"/> Adoption <input type="checkbox"/> Guardianship <input type="checkbox"/> Reunification				
<input type="checkbox"/> Another Planned Permanent Living Arrangement (APPLA)				
<input type="checkbox"/> Permanent Placement with Fit and Willing Relative (PPFWR)				
2. Family reunification efforts in the reporting period				
a. Parents or relatives in the U.S. have been (re-)assessed for reunification. <input type="checkbox"/> Yes <input type="checkbox"/> No				
b. There have been significant developments in reunification efforts. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If Yes, describe efforts and significant developments:				
c. There has been a decision to <u>not</u> reunify the youth with a parent or relative. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If Yes, explain any such decisions; include relationship(s) and reason(s) for not reunifying youth.				
3. There have been family tracing efforts with parents or relatives in other countries for the purpose of reunification.				
<input type="checkbox"/> Yes <input type="checkbox"/> No				
If Yes, describe family tracing efforts.				

Section V: Transition to Adulthood Services			
1. Youth's residence:			
Address:			
City:		State:	Zip:
2. Service Type(s):			
a. Youth remains in foster care			<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Post-adjudication juvenile probation			<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Special education			<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Independent living needs assessment			<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Academic support			<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Post-secondary educational support			<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Career preparation			<input type="checkbox"/> Yes <input type="checkbox"/> No
h. Employment programs/vocational training			<input type="checkbox"/> Yes <input type="checkbox"/> No
i. Budget & financial management			<input type="checkbox"/> Yes <input type="checkbox"/> No
j. Housing education & home management training			<input type="checkbox"/> Yes <input type="checkbox"/> No
k. Health education & risk prevention			<input type="checkbox"/> Yes <input type="checkbox"/> No
l. Family support & healthy marriage education			<input type="checkbox"/> Yes <input type="checkbox"/> No
m. Mentoring			<input type="checkbox"/> Yes <input type="checkbox"/> No
n. Supervised independent living			<input type="checkbox"/> Yes <input type="checkbox"/> No
o. Room & board financial assistance			<input type="checkbox"/> Yes <input type="checkbox"/> No
p. Education financial assistance			<input type="checkbox"/> Yes <input type="checkbox"/> No
q. Other financial assistance Type:			<input type="checkbox"/> Yes <input type="checkbox"/> No

Section VI: Outcomes					
1. Outcomes reporting status:		2. Date of outcome data collection: (mm/dd/yyyy)			
<input type="checkbox"/> a. Youth participated					
<input type="checkbox"/> b. Youth declined					
<input type="checkbox"/> c. Incapacitated					
<input type="checkbox"/> d. Incarcerated					
<input type="checkbox"/> e. Runaway/missing					
<input type="checkbox"/> f. Unable to locate or invite					
<input type="checkbox"/> g. Death					
Data Elements	Queries	Responses			
		Yes	No	Declined	Don't Know
3. Foster care status	Youth remains in foster care	<input type="checkbox"/>	<input type="checkbox"/>		
4. Current full-time employment	Are you currently employed full-time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Current part-time employment	Are you currently employed part-time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Employment-related skills	In the past year, did you complete an apprenticeship, internship or other on the job training, either paid or unpaid?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Social Security	Are you currently receiving SSI, Disability or other dependents' payments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Educational aid	Are you currently using a scholarship, grant, stipend, student loan, voucher or other education financial aid to cover educational expenses?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Office of Refugee Resettlement

OMB No. 0970-0034
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9. Public financial assistance		Are you currently receiving ongoing welfare [State TANF] payments to support your basic needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Public food assistance		Are you currently receiving public food assistance [SNAP or community program]?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Public housing assistance		Are you currently receiving any sort of public housing assistance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Other financial support		Are you currently receiving any periodic and/or significant financial resources or support from another source not previously indicated and excluding paid employment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Highest educational certification received		What is the highest educational degree or certification that you have received?	<input type="checkbox"/>	a. GED	
			<input type="checkbox"/>	b. high school diploma	
			<input type="checkbox"/>	c. vocational certificate	
			<input type="checkbox"/>	d. vocational license	
			<input type="checkbox"/>	e. associate's degree	
			<input type="checkbox"/>	f. bachelor's degree	
			<input type="checkbox"/>	g. higher degree	
			<input type="checkbox"/>	h. none of the above	
			<input type="checkbox"/>	i. declined	
14. Current enrollment and attendance		Are you currently enrolled in and attending high school, GED classes, post-high school vocational training or college?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Connection to adult		Is there currently at least one adult in your life, other than your caseworker to whom you can go for advice or emotional support?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Homelessness		Have you ever been homeless at any time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Substance abuse referral		Have you ever referred yourself or has someone else referred you for an alcohol or drug abuse assessment or counseling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Incarceration		Have you ever been confined in a jail or other correctional facility or juvenile detention in connection with allegedly committing a crime?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Children		Have you ever given birth or fathered any children that were born?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Marriage at child's birth		If yes, were you married to the child's other parent at the time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Medicaid		Are you currently on Medicaid [or use the name of the State's medical assistance program under title XIX]?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Other health insurance coverage		Do you currently have health insurance other than Medicaid?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Health insurance type: Medical		Does your health insurance include coverage for medical services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Health insurance type: Mental health		Does your health insurance include coverage for mental health services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Health insurance type: Prescription drugs		Does your health insurance include coverage for prescription drugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Health insurance type: Other		Does your health insurance include coverage for other services, e.g., dental or vision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other type of coverage:					
Section VII: Report Submission Authority					
1. Provider Agency					
Agency Name:					
Address:					
City:		State:	Zip Code:		
User Name:		Title:		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:		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					

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If you have implemented changes to this form, approval from the OMB is required. If you have not, please check the box below. If you have, please provide a brief description of the changes in the space provided. Other than these changes, this form is approved under OMB #: 0970-0034.				