



ADMINISTRATION FOR
CHILDREN & FAMILIES

Office of Refugee Resettlement | 330 C Street, S.W., Washington, DC 20201
www.acf.hhs.gov/programs/orr

OMB Control No: 0970-0550
Expiration date: XX/XX/XXXX

Withdrawal of Unaccompanied Refugee Minors (URM) Program Application

Instructions to Assister: Below is a statement the minor should sign if they would like to withdraw their application for the URM program. A withdrawal means that the minor is no longer interested in entering the URM program. Please provide the minor with assistance in completing the below statement. Please use an interpreter, if necessary.

Information to be filled in by assister:

Today's Date: _____

Minor's Full Name: _____

Minor's A# or HHS Tracking Number: _____

Assister's Full Name: _____

Statement to be completed by minor, with assistance from assister and interpreter (if needed):

My name is _____. My application for the Unaccompanied Refugee

Minors (URM) program was submitted on _____ (DATE). The URM program was explained to me

by _____ (NAME) on _____ (DATE) in _____ (LANGUAGE).

I understand the program, its services, and my potential rights and responsibilities. I choose to withdraw my application to the URM program. I understand I may not be able to enter the program at a later date.

Minor's signature

Assister's signature

If interpreter was used, interpreter please complete the following:

I read this withdrawal statement to the minor listed above on _____ (DATE). The minor stated that they understood the form and the consequences of withdrawing their URM application at this time.

Interpreter's signature: _____



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Declination of Unaccompanied Refugee Minors (URM) Program Placement

Instructions to Assister: Below is a statement the minor should sign if they would like to decline a URM placement that was offered to them. A declination means that the minor is still interested in entering the URM program but would not like to go to the placement that was identified for them. Please provide the minor with assistance in completing the below statement. Please use an interpreter, if necessary.

Information to be filled in by assister:

Today's Date: _____

Minor's Full Name: _____

Minor's A# or HHS Tracking Number: _____

Assister's Full Name: _____

Statement to be completed by minor, with assistance from assister and interpreter (if needed):

My name is _____. My application for the Unaccompanied Refugee Minors (URM) program was submitted on _____ (DATE). A placement in the URM program was found for me with _____ (NAME OF AGENCY OFFERING PLACEMENT). I had a phone call with this URM program on _____ (DATE). I decline going to this URM placement. I would like ORR to try to find another placement for me. I understand that by declining this placement, ORR may not be able to find me another placement and I may not be able to enter the URM program at a later date.

Minor's signature

Assister's signature

If interpreter was used, interpreter please complete the following:

I read this declination statement to the minor listed above on _____ (DATE). The minor stated that they understood the form and the consequences of declining their URM placement at this time.

Interpreter's signature: _____