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



Information to be filled in by assister:

## 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.

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 assistar	nce from assister and interprete	r (if needed):
My name is	My application for the Unaccompanied Refugee	
Minors (URM) program was submitted on	(DATE). The URM progra	am was explained to me
by(NAME) on	(DATE) in	(LANGUAGE)
I understand the program, its services, and my potentia	al rights and responsibilities. I cho	ose to withdraw my
application to the URM program. I understand I may r	oot be able to enter the program a	t a later date.
 Minor's signature	 Assister's signat	ure
If interpreter was used, interpreter please complete	· ·	
I read this withdrawal statement to the minor listed abo	ove on (DATE). T	he minor stated that
they understood the form and the consequences of wi	thdrawing their URM application a	t this time.
Interpreter's signature:		

PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to provide written notice that an unaccompanied minor is no longer interested in participating in the Unaccompanied Refugee Minors Program. Public reporting burden for this collection of information is estimated to average .20 hour per grantee, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This is a voluntary collection of information. 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 OMB control number. The OMB # is 0970-0550 and the expiration date is XX/XX/XXXX. If you have any comments on this collection of information, please contact Anne Mullooly in the Office of Refugee Resettlement at Anne.Mullooly@acf.hhs.gov.

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



Information to be filled in by assister:

## **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.

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 assistan	ce 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 place	ement for me. I understand that by declining this		
placement, ORR may not be able to find me another pl	acement 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 abo	ve on (DATE). The minor stated that		
they understood the form and the consequences of dec	clining their URM placement at this time.		
Interpreter's signature:			

PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to provide written notice that an unaccompanied minor is no longer interested in participating in the Unaccompanied Refugee Minors Program. Public reporting burden for this collection of information is estimated to average .20 hour per grantee, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This is a voluntary collection of information. 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 OMB control number. The OMB # is 0970-0550 and the expiration date is XX/XX/XXXXX. If you have any comments on this collection of information, please contact Anne Mullooly in the Office of Refugee Resettlement at Anne.Mullooly@acf.hhs.gov.