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UNACCOMPANIED REFUGEE MINORS (URM) PROGRAM APPLICATION

Save Changes

INSTRUCTIONS

As you complete this URM Program application, please remember the following:

- There is an online policy guide for the URM Program which includes policy on which minors are eligible. Please review the policy guide prior to submitting a URM Program application: https://acf.gov/orr/policy-guidance/orr-guide-eligibility-placement-and-services-unaccompanied-refugee-minors-urm-0.
- There is also more information on the URM Program, including services and locations, available at: https://acf.gov/orr/programs/refugees/urm.
- There are resources available on RADS to help you complete the application. To access these resources, please go to “Training Resources” at the bottom of the screen.
- Some of the questions in the application form will prompt you to upload a document. If you have additional documents to upload, you can do so after submitting the application. You will be able to do this via the “Documents” tab on the submitted application.
- ORR recommends that case managers or others who are completing the application consult with other appropriate individuals to ensure that the information in the application is accurate and complete. This could include but is not limited to clinicians, medical providers, educators, legal service providers, or child advocates.
- ORR/Division of Refugee Children Services (DRCS) will review the application to determine if the child is eligible for the URM Program and can be referred out for placement. Please be aware that even if a child is determined to be eligible for the URM Program and referred out for a placement, placement is not guaranteed.
- For any general questions about eligibility for the URM Program or how to complete this form, please email ORR/DRCS at urmprogram@acf.hhs.gov.
- Once the application is submitted, the best way to ask questions about the application is to post a comment to the application. All submitted applications have a “Comments” tab at the top. The ORR/DRCS team prefers to communicate via the Comments section instead of through emails. If a ORR/DRCS team member posts a comment on an application, you will receive an email notification stating that a new comment has been added to the application. Please log in to RADS promptly to review and respond to the comment that was added.

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SECTION 1: ASSISTER INFORMATION

Complete the following if you are assisting a minor with this application.

First Name(s):

Last Name(s):

Agency Name:

Agency Address:

City:

State:

Zip:

Phone Number:

Email:

In the event that the assister cannot be reached, please provide the name, phone number, and email address for a back-up point of contact:

Back-up contact name: *

Back-up contact phone number: *

Back-up contact email address: *

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SECTION 2: MINOR'S BIOGRAPHICAL INFORMATION

First Name: *

Middle Name:

Last Name: *

All Other Names Used:

Sex: *

- ☐ Female
- ☐ Male

Country of Origin: *

Date of Birth (mm/dd/yyyy): *

Age:

Use the field below to upload documentation that verifies the minor's age and identity. Preferred documentation is from the minor's country of origin, such as a birth certificate. See URM Program policy for a list of acceptable age and identity documents: https://acf.gov/orr/policy-guidance/orr-guide-eligibility-placement-and-services-unaccompanied-refugee-minors-urm#1.4 : *

Choose file

HHS Tracking Number (this is only applicable to minors who have received an OTIP eligibility letter; the HHS tracking number can be found on the minor's OTIP eligibility letter): *

Alien Number : *

Use the field below to upload documentation that verifies the minor's Alien Number. Acceptable documents include a Notice to Appear or another document issued by Department of Homeland Security (DHS) that includes the minor's name and A#. Documents issued by ORR do not serve as proof of a minor's A#. If you do not have any documents issued by DHS that can serve as proof, please email urmprogram@acf.hhs.gov for technical assistance: *

Choose file

Are there any discrepancies in the minor's age, date of birth, A#, or spelling of their name across documents? *

Yes	No

If yes, please explain how you mitigated/resolved the discrepancies: *

Eligibility Type *

- ☐ Refugee
- ☐ Asylee

Verification Documents(s)— *

- ☐ I-94
- ☐ Asylee Letter
- ☐ Other
- ☐ I-94
- ☐ Other

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☐ Cuban/Haitian Entrant	☐ I-862	☐ I-94	☐ Other
☐ Victim of Human Trafficking	☐ Eligibility Letter	☐ T-visa	☐ Other
☐ Special Immigrant Juvenile	☐ I-360 Approval Notice	☐ I-485 Approval Notice	☐ Other
☐ U Status Recipient	☐ U-Visa	☐ I-797	☐ Other
☐ Afghan Humanitarian Parolee	☐ I-94	☐ Foreign passport with required stamp	☐ Other
☐ Ukrainian Humanitarian Parolee	☐ I-94	☐ Foreign passport with required stamp	☐ Other
☐ Other	☐ Other		

Eligibility Type Other (Please describe):

If “Other” is selected as a Verification Document, please describe document(s) below:

Upload the eligibility verification document here. See URM Program policy for a list of which documents are acceptable for each eligibility category: https://acf.gov/orr/policy-guidance/orr-guide-eligibility-placement-and-services-unaccompanied-refugee-minors-urm#1.1 *

Choose file

Is this minor currently in ORR custody? *

Yes | No

If yes, provide the date the minor first entered ORR custody (mm/dd/yyyy): *

Marital Status: *

- ☐ Single
- ☐ Married
- ☐ Divorced

Primary Language: *

(Drop down list of languages)

All other languages spoken:

Does the minor require an interpreter for conversations in English?: *

- ☐ Yes, for all conversations
- ☐ Yes, but only for complex or technical conversations
- ☐ No

Does the minor have any children? : *

Yes | No

If yes, provide the following information on each of his/her children: *

Child’s name	**Child’s date of birth**	**Child’s country of origin**	**Child’s current location**	**Current or last known location of child’s other biological parent**	**Would this child be entering the URM Program with his/her parent?**
Text field	Calendar field	Drop down of countries & unknown	Drop down of countries, plus deceased &	Drop down of countries, plus deceased &	• Yes • No

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			unknown	unknown	

Add additional row

For any child who will enter the URM Program with his/her parent, upload the dependent child's birth certificate, if available:

Choose file

Does the minor have any relatives who also have a pending URM Program application? *

- ☐ Yes
- ☐ No
- ☐ Unsure

Does the minor have any relatives who are already in the URM Program? *

- ☐ Yes
- ☐ No
- ☐ Unsure

Does the minor have any relatives in ORR custody who are not currently eligible for the URM Program? *

- ☐ Yes
- ☐ No
- ☐ Unsure

For minors in ORR custody, upload the minor's most recent UAC Assessment and Case Review: *

UAC Assessment:

Choose file

Case Review:

Choose file

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SECTION 3: CONSENT & ASSISTER ATTESTATION

Minors must agree to apply for the URM Program. You must explain the URM Program to the minor in an age and developmentally appropriate way. The following resources can help explain the URM Program:

- https://acf.gov/orr/programs/refugees/urm
- https://acf.gov/orr/fact-sheet/urm-program-101
- https://acf.gov/orr/fact-sheet/urm-program-roles-expectations

Printing and Signing Directions:

After Sections 1 and 2 of the URM Program application are fully filled in, hit “Save Changes.” You will then see a button in the top right that says, “Print Signature Form.” ORR/DRCS requires actual physical signatures on the form; typed names are not acceptable. Once signed, upload the form using the field below.

- **For minors aged 13 or older:** Both the minor and assister must sign the form.
- **For minors aged 12 or younger:** Only the assister should sign the form. ORR/DRCS will reach out after application submission for an additional consent process for these children.

Consent Statement:

I know what the Unaccompanied Refugee Minors (URM) Program is. I know the placements and services the URM Program has. I know that I might be eligible for the URM Program. I agree to my application being submitted to the URM Program. ORR will determine if I am eligible. ORR will communicate with the adults I work with about my URM Program application. ORR will tell them if I am eligible. ORR will tell them if a URM Program placement is found for me. I am signing below to show I understand.

Signature of Minor:

Assister Attestation:

I attest that I have explained the URM Program to the minor in an age and developmentally appropriate way and that the minor was interested in applying for the Program. I attest that I believe the minor is eligible for the URM Program. I attest that to my best knowledge, all information in the application is complete and accurate.

Signature of Assister:

Upload Physically Signed Form:

Use the field below to upload the signed signature page: *

Choose file

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SECTION 4: PLACEMENT INFORMATION

Current Placement

Current caregiver:

Current placement city: *

Current placement state: *

Dropdown of all states/territories

For minors in ORR custody, please provide the date the minor entered his/her current placement (mm/dd/yyyy):

Date field

For minors in ORR custody, select the minor's current level of care and placement type. NOTE: If the minor is currently placed in an out-of-network setting, select "Other" and describe the arrangement. *

- ☐ Shelter Care
- ☐ Transitional Foster Care (TFC)

Select placement type within TFC:

- ☐ Basic Foster Home
- ☐ Therapeutic Foster Home
- ☐ Regular Group Home
- ☐ Therapeutic Group Home

- ☐ Long-Term Foster Care (LTFC)

Select placement type within LTFC:

- ☐ Basic Foster Home
- ☐ Therapeutic Foster Home
- ☐ Regular Group Home
- ☐ Therapeutic Group Home

- ☐ Staff Secure Care
- ☐ Secure Care
- ☐ Residential Treatment Center
- ☐ Influx or Other Emergency Intake Facility
- ☐ Other (describe): _____

For minors not in ORR custody, explain the minor's current living arrangement (e.g., couch surfing, non-relative's home, relative's home, homeless shelter, etc.) and why continuing there is not possible or is not in the minor's best interest:

For minors in ORR custody, is the minor in care at a UAC program that has a co-located URM program operated by the same agency? *

Yes	No

If yes, is the co-located URM program planning to place this minor, if approved (i.e., is this case 'straight assured')? *

Yes	No

If yes, please upload the URM placement assurance memo

Choose file

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Placement in URM Program:

Eligible minors are referred to all URM Program placement locations and placement types, unless there is a reason not to. The list of locations is available on the ORR website: https://acf.gov/orr/programs/refugees/urm. Placement types available at each location vary. Some possible placement types include foster homes, group homes, or supervised independent living placements. Even if the minor is found eligible for the URM Program, there is no guarantee that ORR will be able to find a placement for the minor. ORR also cannot guarantee a specific placement type or location.

Explain any considerations for where this minor is referred or the types of placements the minor is offered, including the minor's preferences or any recommendations from the current care provider team, child advocate, or legal service provider.

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SECTION 5: CUSTODY INFORMATION

Does an entity or individual in the U.S., other than ORR, have legal responsibility (dependency, guardianship, custody, etc.) for the minor? *

Yes	No

If yes, upload the relevant court order (such as a dependency order, letters of guardianship, etc.):

Is there a Special Immigrant Juvenile (SIJ) findings order for this minor? *

Yes	No

If yes, upload a copy of the SIJ findings order:

Choose file

Upload any other court documents related to legal responsibility or filing for SIJ (such as a SIJ petition receipt). Do not include immigration court or Master Calendar Hearing appointment notices, as this is asked in Section 9.:

Choose file

Choose file

Choose file

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SECTION 6: FAMILY REUNIFICATION/SPONSOR INFORMATION

Below are questions related to the minor's biological mother, biological father, other legal guardians, and other adult relatives or possible sponsors in the United States. If any of the information in this section of the application changes after you submit the application, please notify the ORR/DRCS team immediately by posting a comment on the submitted application. In particular, if the minor's biological mother, biological father, or other legal guardians arrive in the United States sometime after this application is submitted, please immediately notify the ORR/DRCS team by posting a comment on the application.

Mother

Provide the following information on the minor's biological mother. Enter/select "Unknown" if any information is not known:

Name *	Open text field
Current or last known location (select deceased, if mother is deceased) *	Country list, deceased, & unknown
Approximate date of last contact *	Date field

If mother is deceased, upload death certificate, if available:

Choose file

If the mother's current or last known location is in the United States:

Mother's current or last known city *	Open text field
Mother's current or last known state *	Drop down list of states, territories, & unknown
Date mother was last determined to be unable/unwilling/unsuitable to care for the minor (including if the mother withdrew) *	Date field
Reasons the mother was determined to be unable/unwilling/unsuitable to care for the minor *	Open text field
Does the mother wish to reunify with the minor? *	• Yes • No
Does the minor wish to reunify with the mother? *	• Yes • No
Was a home study conducted? * If yes, provide the report below.	• Yes • No
Was the mother formally issued a denial letter by ORR? * If yes, provide a copy below.	• Yes • No

Upload home study report:

Choose file

Upload ORR parent denial letter:

Choose file

Father

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Provide the following information on the minor's biological father. Enter/select "Unknown" if any information is not known:

Name *	Open text field
Current or last known location (select deceased, if father is deceased) *	Country list, deceased, & unknown
Approximate date of last contact *	Date field

If father is deceased, upload death certificate, if available:

Choose file

If the father's current or last known location is in the United States:

Father's current or last known city *	Open text field
Father's current or last known state *	Drop down list of states, territories, & unknown
Date father was last determined to be unable/unwilling/unsuitable to care for the minor (including if the father withdrew) *	Date field
Reasons the father was determined to be unable/unwilling/unsuitable to care for the minor *	Open text field
Does the father wish to reunify with the minor? *	• Yes • No
Does the minor wish to reunify with the father? *	• Yes • No
Was a home study conducted? * If yes, provide the report below.	• Yes • No
Was the father formally issued a denial letter by ORR? * If yes, provide a copy below.	• Yes • No

Upload home study report:

Choose file

Upload ORR parent denial letter:

Choose file

Other Legal Guardian(s)

Does the minor have any other legal guardians? *

- ☐ Yes
- ☐ No
- ☐ Unknown

If yes, please provide the name(s), current location(s) or last known location(s), and date(s) of last contact for each guardian:

Other Sponsors

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List all other adult relatives or unrelated sponsors living in the United States who have been determined to be unable/unwilling/unsuitable to care for the minor. **Include sponsors who were ruled out while the minor was in care with other UAC providers.**

Sponsor Name	Sponsor Relation to Minor	Current or Last Known Location	Date sponsor was last determined to be unable/unwilling/unsuitable to care for the minor	Reasons sponsor was ruled out
Open text field	• Sibling • Stepparent • Grandparent • Aunt/Uncle • First Cousin • Other Relative • Non-relative	Drop down of states, territories, and unknown	Date field	Open text field

⊕Add additional row

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SECTION 7: PHYSICAL, BEHAVIORAL, AND MENTAL HEALTH INFORMATION

The below information supports ORR and URM providers in determining the most appropriate placement for the minor, including necessary supports, accommodations, and services.

Check all that apply for this minor, even if it was a one-time incident. *

- ☐ Minor has ever been arrested or charged with a crime in the United States
- ☐ Minor has a criminal history outside the United States
- ☐ None of the above apply

Check all that apply for this minor for behavioral and mental health history. Check the box even if it was a one-time incident and regardless of where events occurred (i.e., home country, travelling, or within the United States): *

- ☐ Minor has ever used a substance
- ☐ Minor has ever destroyed property
- ☐ Minor has ever used physical aggression toward others
- ☐ Minor has ever had unauthorized absences, AWOL, or other run behaviors
- ☐ Minor has ever self-harmed
- ☐ Minor has ever experienced suicidal ideation
- ☐ Minor has ever attempted suicide
- ☐ Minor has ever been transported to the ER, hospitalized, or received residential treatment for a *mental health reason*.

  List start and end dates for each ER visit, hospitalization, or residential treatment:

  _____
- ☐ Minor has ever had any other safety or security concerns
- ☐ None of the above apply

Explain each item that was checked:

Check all that apply for this minor for current health information.

- ☐ Minor *currently* has a diagnosis for a mental health condition.

  List diagnoses from clinical documentation: _____
- ☐ Minor *currently* has physical health needs (including needs that only require occasional medical care such as using glasses, having braces, or a food allergy).

  List all physical health needs: _____
- ☐ Minor *currently* requires accommodations for a disability.

  List required accommodations: _____
- ☐ Minor *currently* takes prescription medication (for any reason)

  List medications from clinical documentation: _____
- ☐ Minor is *currently* on 1-to-1 supervision

  List date 1-to-1 supervision began:_____
- ☐ Minor is *currently* a run risk, as determined by a clinician or other qualified evaluator
- ☐ Minor is *currently* a danger to self, as determined by a clinician or other qualified evaluator
- ☐ Minor is *currently* a danger to others, as determined by a clinician or other qualified evaluator
- ☐ None of the above apply

Explain each item that was checked:

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Upload all Child Level Events or Significant Incident Reports for the minor:
For minors in ORR custody, reports are needed from the minor's *entire time* in ORR care, including previous placements. For reports with addendums, only the final addended version is needed. Upload all reports in one PDF in chronological order.

Choose file

Upload any additional documentation to support items checked above, such as mental health assessments, clinical notes, hospital discharge packets, or medical notes.

Select document type	Choose file
Select document type	Choose file
Select document type	Choose file
Select document type	Choose file

From your experience working with the minor and case documentation, please summarize the minor's history of significant trauma and/or impactful life events: *

Explain any recommended therapeutic supports that the minor should receive if he/she enters the URM Program, to ensure the minor will have the support necessary for success: *

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SECTION 8: EDUCATION AND EMPLOYMENT INFORMATION

Is the minor currently enrolled in public school?

Yes	No

If yes, select the grade the minor is currently enrolled in:

- ☐ Pre-K
- ☐ Kindergarten
- ☐ 1st grade
- ☐ 2nd grade
- ☐ 3rd grade
- ☐ 4th grade
- ☐ 5th grade
- ☐ 6th grade
- ☐ 7th grade
- ☐ 8th grade
- ☐ 9th grade
- ☐ 10th grade
- ☐ 11th grade
- ☐ 12th grade
- ☐ Other: _____

If no, explain the highest education level the minor has completed and where:

Does the minor need any educational accommodations or have an individualized education plan (IEP)?

Yes	No

If yes, upload the most recent IEP:

Choose file

Please describe the minor's educational goals:

Please describe the minor's employment goals:

Is the minor currently authorized to work in the United States? *

Yes	No

If yes, upload the minor’s Employment Authorization Document (EAD):

Choose file

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SECTION 9: IMMIGRATION INFORMATION

Does the minor have an attorney of record or an accredited representative? *

Yes	No

If yes, provide:
Attorney/Representative's Name: _____
Attorney/Representative's Email Address: _____
Attorney/Representative's Phone Number: _____

Does the minor have a Child Advocate? *

Yes	No

If yes, provide:
Child Advocate's Name: _____
Child Advocate's Email Address: _____
Child Advocate's Phone Number: _____

If yes, if the Child Advocate has written a URM Program best interest determination/recommendation, upload here:

Choose file

If the minor has an upcoming immigration or Master Calendar hearing, upload the notice here:

Choose file

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SECTION 10: ADDITIONAL COMMENTS OR INFORMATION

Please provide a strengths-based summary of the minor, such as their accomplishments, interests, and overall life goals. Also highlight any age-appropriate independent living skills that the youth has demonstrated (e.g., use of public transit, ability to do laundry and dishes, ability to maintain hygiene, etc.)*

Please use this space to provide any additional comments or information: