YOUNG CENTER FOR IMMIGRANT CHILDREN'S RIGHTS

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December 2, 2025

Submitted via infocollection@acf.hhs.gov.

Mary C. Jones, ACF/OPRE Certifying Officer.
Office of Refugee Resettlement
Administration for Children and Families
Department of Health and Human Services

Re: Young Center Comment on Proposed Information Collection Activity: Unaccompanied Refugee Minors Program Application (OMB Control No. 0970-0550)

Dear Ms. Jones,

The Young Center for Immigrant Children's Rights (Young Center) serves as the federally-appointed independent Child Advocate, akin to a best interests *guardian ad litem*, for trafficking victims and other vulnerable unaccompanied immigrant children in government custody, as authorized by the Trafficking Victims Protection Reauthorization Act (TVPRA).[1] The Young Center is authorized by ORR to advocate for the best interests of children in its custody.

On April 9, 2026, ORR published a proposed information collection request in the Federal Register for the Unaccompanied Refugee Minors (URM) Program Application form (FR Document 2026-06805). The URM Program provides refugee foster care, case management, and other benefits and services to eligible immigrant youth who do not have parents or close family in the United States able to care for them. The application form is central to determining which children may access these vital protections. The Young Center submits these comments to urge ORR to revise the proposed application form to better protect children's rights, prevent disability discrimination, and ensure that placement determinations are made in each child's best interests.

I. The proposed application form will further discrimination based on disability and lead to violations of Section 504 of the Rehabilitation Act.

The Young Center has long seen unaccompanied children with disabilities face unjust denials of placement by URM programs. In our experience, decisions about placement often fail to take into account federal legal protections, the context of a child's behavior as it relates to trauma and disability, and reasonable modifications or additional services and supports that could enable community placement; and instead have been influenced by implicit bias, paternalism, and ableism.

As written, the proposed form essentially invites ORR and URM providers to continue this kind

[1] William Wilberforce Trafficking Victims Protection Reauthorization Act of 2008 (TVPRA), 8 U.S.C. § 1232(c)(6)(A). Congress passed the TVPRA in 2008 with strong bipartisan support and, as discussed below, recognizes that immigrant children's welfare and safety should be paramount considerations.

of discriminatory decision-making, in violation of federal disability law. The form is overly focused on risk assessment and past behavior, with insufficient weight given to a child's rights, developmental needs, health, and long-term wellbeing.

Section 504 of the Rehabilitation Act provides that no child "shall, solely by reason of (their) disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program . . . conducted by any Executive agency." 29 U.S.C. § 794. Section 504's implementing regulations require that "a public entity shall administer services, programs, and activities in the most integrated setting appropriate to the needs of qualified individuals with disabilities." 29 C.F.R. § 32.3 (b)(1)(ii); 28 C.F.R. § 35.130(d); 29 U.S.C. § 70. Section 504 also requires that federally funded entities provide reasonable accommodations that would allow children with disabilities to succeed in an integrated setting. 34 C.F.R. § 104.4(b)(2). Children with disabilities are "qualified" for the URM program if they meet "the essential eligibility requirements[2] for participation in, or receipt of benefits from, that program or activity." 45 C.F.R. § 85.3. The regulations applicable to recipients of HHS funding make clear that an individual is qualified if they can meet the "essential eligibility requirements" with "reasonable modifications to rules, policies, or practices, the removal of architectural, communication, or transportation barriers, or the provision of auxiliary aids and services." 45 C.F.R. § 84.10.

Moreover, under federal regulations, programs cannot impose eligibility criteria that are essentially proxies for disability discrimination. 45 C.F.R. § 85.21(b)(3); *see also* 45 C.F.R. § 84.86(b)(8) (prohibiting eligibility criteria that tends to screen out individuals with disabilities); 45 C.F.R. § 84.60(a)(2)(ii) (prohibiting decisions in child welfare programs "based on speculation, stereotypes, or generalizations about a child with a disability.").

Finally, federal regulations prohibit ORR from discriminating against children with disabilities "directly or through contractual, licensing, or other arrangements." 45 C.F.R. § 85.21(b)(1). ORR is legally responsible for arranging placements for eligible children. 8 U.S.C. § 1522(d)(2)(B)(ii). ORR funds the URM program and chooses to manage placements through its arrangements with LIRS and USCCB and their affiliated care providers. *See* 45 C.F.R. § 85.21(b)(1); *see also* 45 C.F.R. § 85.21(b)(3) (prohibiting discriminatory methods of administration). ORR cannot avoid responsibility for ensuring that unaccompanied children with disabilities have equal access to URM programs.

Thus, as an overarching matter, the form should be rewritten to ensure that ORR is complying with Section 504 in the URM placement process. The detailed behavioral and health information the form collects should be considered only after the child is accepted into URM and only so far as it is relevant to placement type and needed supports and services.

At the very least, the form should include a very clear reminder to staff about disability

[2] States are required to provide the same range of benefits and services to children in the URM program as children in their own child welfare systems. See 45 C.F.R. § 400.112(a); 45 C.F.R. § 400.116(a). States care for children with disabilities in their domestic foster care systems, so it is unreasonable to deem unaccompanied children with higher needs ineligible for URM; they can meet the essential eligibility requirements that lead to placement of children with disabilities in the state child welfare systems. Children applying for URM placement should not be required to meet behavioral or other requirements that are not imposed as a condition of entry to state child welfare systems.

discrimination provisions: that ORR staff cannot make decisions based on speculation, stereotypes, or generalizations about a child's disability; that historical trauma, mental health history, and other information captured in assessments cannot be used to categorically screen out children with disabilities or higher support needs from the URM Program; and that a child with a disability cannot be denied access to the URM Program without first considering what reasonable accommodations would allow the child to meet the program's essential eligibility requirements.

II. Specific Recommended Changes

a. Section 2

Under Section 2 of the application, ORR requests that assisters upload the minor's most recent UAC Assessment and Case Review for minors in ORR custody. According to ORR's Policy Guide § 3.3.1, the UAC assessment covers biographic, family, legal/migration, medical, substance use, and mental health history.[3] However, the application does not explain how the UAC assessment is being factored into its determination of a minor's suitability for the URM Program. The form should clarify the purpose of the assessment in this context.

b. Section 4

Section 4 addresses placement information. On Page 8, the application states that "[e]ligible minors are referred to all URM Program placement locations and placement types, unless there is a reason not to." The Young Center recommends that the form:

- **Provide examples of permissible reasons for non-referral.** ORR should explain—or link to publicly available ORR guidance explaining—what reasons may justify not referring an eligible minor to particular URM placement locations or placement types.
- **Restore the "Minor's Preferences" subsection.** The proposed application has deleted the "Minor's Preferences" subsection that was included in the prior version of this form. This subsection should be reinstated. Federal law requires that placement decisions account for children's best interests, which includes their expressed preferences.[4]
- **Add a subsection for legal service providers' input.** We recommend adding a subsection allowing legal service providers or other advocates to submit recommendations regarding placement locations. Children in the URM pipeline are often represented by attorneys or have advocates who have direct knowledge of the child's immigration case, family ties, and community connections. This input is essential to ensuring placements are consistent with children's best interests.[5]

c. Section 7

Section 7 collects behavioral, mental health, and physical health information through a series of

[3] ORR Policy Guide § 3.3.1 ("UAC Assessment and Case Review").
[4] 8 U.S.C. § 1232(c)(2)(A).
[5] This would be consistent with current ORR policy regarding Long-Term Foster Care Placements. 8 U.S.C. § 1232(c)(2)(A); ORR Policy Guide 1.2.6.

checkboxes. This section raises the most serious legal and child welfare concerns in the proposed application.

i. Behavioral and Mental Health History Checkboxes (Page 13)

The application currently instructs assisters to "[c]heck all that apply for this minor for behavioral and mental health history" and to "[c]heck the box even if it was a one-time incident." The Young Center recommends that the form:

- **Clarify that behavioral history informs placement type, not eligibility.** The application should make clear that behavioral and mental health history is being considered to determine appropriate placement type—not to determine whether the minor may participate in the URM Program at all.
- **Reframe checkboxes to require individualized assessment.** The checkboxes—particularly those asking whether the minor has "ever" experienced suicidal ideation, self-harm, or suicide attempts—invite ORR staff to make placement decisions based on historical events rather than current, individualized assessment. Federal regulations require that where a potential direct threat is at issue, the assessment must be *individualized*, based on current medical knowledge or the best available objective evidence, and must consider the nature, duration, and severity of the risk; the probability that the potential injury will actually occur; and whether reasonable modifications or auxiliary aids could mitigate the risk.[6] Rather than presenting these as yes-or-no checkboxes that do not account for context or mitigating factors, the application should rewrite each checkbox as a question asking how the URM placement can provide appropriate care to ensure the minor is adequately supported.

ii. Current Health Information Checkboxes (Page 13)

The application instructs assisters to "[c]heck all that apply for this minor for current health information," including checkboxes relating to mental health diagnoses, physical health needs, prescription medications, and disability accommodations. The Young Center recommends the following changes:

- **Remove certain checkboxes from the initial application.** Information about a minor's current mental health diagnosis, physical health needs (including minor needs such as wearing glasses, having braces, or having a food allergy), and current prescription medications should not be included in the initial application. This information should only be requested after the URM Program has accepted a child, to inform appropriate service planning. Requesting it during the eligibility process creates an impermissible risk that children will be screened out on disability-related grounds.
- **If retained, clarify purpose.** To the extent ORR decides to keep these questions, the application should clearly state that current health information is used to determine appropriate placement type and ensure adequate therapeutic supports after program entry—not to assess eligibility. The application should additionally remind ORR staff

[6] 45 C.F.R. § 84.75.

that these questions are asked to better understand what supports the minor should receive upon entering the Program.

- **Reframe checkboxes to require individualized assessment.** As with the behavioral and mental health history checkboxes, these questions should be rewritten to ask how the URM placement can provide the minor with appropriate supports. For example, the checkbox asking about reasonable accommodations could instead read: "In order to ensure that the minor receives an appropriate level of care at the URM program placement, please explain what accommodations the minor needs."[7]
- **Separate "danger to self" and "danger to others."** The checkbox currently asks whether the minor is "currently a danger to self or others, as determined by a clinician or other qualified evaluator." These should be separated into two distinct questions, as they implicate different legal considerations and require different responses from the program.

iii. Significant Incident Reports (Page 14)

The application requires upload of all Child Level Events or Significant Incident Reports (SIRs) for the child. As with the behavioral history checkboxes, the application should clarify that a child's SIRs are being factored into placement type—not into the initial eligibility determination. This clarification is essential to prevent SIRs from being used, in effect, as a bar to participation for children who have experienced behavioral challenges during their time in ORR care. Children with trauma-based and/or cognitive disabilities, such as Post-Traumatic Stress Disorder (PTSD), Autism Spectrum Disorder (ASD), Oppositional Defiance Disorder (ODD), or Attention-Deficit Hyperactivity Disorder (ADHD), can struggle with impulse control, emotional regulation, and difficulty following shelter rules.[8] Such challenges often contribute to conflicts with peers and staff. It is also well-documented that separation from family and prolonged time in federal custody exacerbates and may even cause such conditions.[9] Thus it is especially important that SIRs be considered in their broader context.

iv. Recommended Therapeutic Supports (Page 14)

The application currently includes the optional question: "Explain any recommended therapeutic supports that the minor should receive if he/she enters the URM Program." The Young Center recommends two changes:

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[7] 45 C.F.R. § 400.116(a); see also 45 C.F.R. § 400.112(a).

[8] Complex Trauma in Children and Adolescents, National Child Traumatic Stress Network (NCTSN); Christoffersen MN, Thorup AAE. Post-traumatic Stress Disorder in School-age Children: A Nationwide Prospective Birth Cohort Study. J Child Adolesc. Trauma. 2024 Feb 22;17(2):139-157. doi: 10.1007/s40653-024-00611-y. PMID: 38938938; PMCID: PMC11199452.

[9] Teicher MH., *Childhood trauma and the enduring consequences of forcibly separating children from parents at the United States border.* BMC Med. 2018 Aug 22;16(1):146. doi: 10.1186/s12916-018-1147-y. PMID: 30131056; PMCID: PMC6103973. ("Clinically, evidence from studies of unaccompanied minors seeking asylum reveals that forced detention is associated with a high risk of posttraumatic stress disorder, anxiety disorder, depression, aggression, psychosomatic complaints, and suicidal ideation."; "These consequences will be magnified in youths forcibly separated from their parents, particularly younger children who depend on attachment bonds for self-regulation and resilience.").

- **Make this question mandatory.** Given that the question immediately preceding it—asking about the minor's history of significant trauma and impactful life events—is marked mandatory, the recommended therapeutic supports question should also be mandatory. Without this information, ORR cannot ensure that placement type and service planning are appropriate to the child's needs.
- **Revise the question's framing.** The question should be revised to read: "Explain any recommended therapeutic supports that the minor should receive if he/she enters the URM Program, *in order to ensure that the minor can participate in the Program*." This framing reinforces that the purpose of collecting this information is to support the child's participation and success, not to screen the child out.

d. Child Advocate and Legal Service Provider Best Interest Input

The Young Center recommends adding a subsection allowing the Child Advocate and/or legal service provider to upload recommendations explaining the context of the child's experience. Child Advocates and attorneys can have detailed, case-specific knowledge that is directly relevant to ensuring a placement in the child's best interests.[10]

III. Conclusion

The Young Center appreciates the opportunity to comment on the proposed URM Program Application. The URM Program provides a critical opportunity to children in ORR custody, and the application form plays a central role in determining who can access its protections. The revisions recommended in this comment would better protect children's rights, ensure compliance with federal disability law, and produce placement decisions that genuinely reflect each child's best interests and individualized needs. We urge ORR to implement these changes before finalizing the application form.

Sincerely,

Anne Kelsey

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Young Center for Immigrant Children's Rights

[10] 8 U.S.C. § 1232(c)(2)(A); see also ORR Policy Guide 1.2.6.