



Administration for Children & Families

Office of Refugee Resettlement

Program Exit Processing

Child Basic Information

Photo of Child [auto-populated]	First Name: [auto-populated]	AKA: [auto-populated]
	Last Name: [auto-populated]	Status: [auto-populated]
	Date of Birth: [auto-populated]	Admitted Date: [auto-populated]
	A#: [auto-populated]	Length of Stay: [auto-populated]
	Country of Birth: [auto-populated]	Current Program: [auto-populated]
	Sex: [auto-populated]	Portal ID: [auto-populated]

Exit Processing Basic Information

Discharge Type: [dropdown]	Status: [dropdown]
Reunified (Individual Sponsor)	Cancelled
Reunified (Individual Sponsor) – Court-Ordered	Discharge – Initiated
Reunified (Individual Sponsor) – Immigration Relief Granted	Discharge – On Hold
Transfer of Placement	Discharge – In Transit
Age Out	Discharge – Completed
Age Redetermination	
Voluntary Departure	
Child Deceased	
Determined to be U.S. Citizen	
Discharged to Program/Facility	
Discharged to Program/Facility – Court-Ordered	
Discharged to Program/Facility – Immigration Relief Granted	
Government Agency	
Joint Removal with Parent (VD Order for UAC)	
Joint Removal with Parent (NTA Cancelled)	
Ordered Removed	
Ran Away from Facility	
Ran Away on Field Trip	
Referral Cancelled – OCONUS Age Out	
Referral Cancelled by Referring Agency	

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to allow ORR to process the physical discharge of a child from a care provider program when the child has been approved for release/discharge from ORR custody or for transfer within the ORR provider network. Public reporting burden for this collection of information is estimated to average 0.25 hours per response, 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 (Homeland Security Act, 6 U.S.C. 279). 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. If you have any comments on this collection of information please contact UACPolicy@acf.hhs.gov.

Discharge Notification

Office of Refugee Resettlement

UAC Child Discharged with UAC Parent
U.S. Citizen Child Discharged with UAC Parent
Other

If Other, specify: *[text box – only appears if Other selected]*

Scheduled Date of Discharge: *[date picker]*

Date of Discharge: *[date picker]*

Time of Discharge: *[text box]*

Is there a delay in discharging the child? *[dropdown – Yes/No]*

Discharge Delay Reason: *[dropdown – only appears if Is there a delay in discharging the child? = Yes]*

Flight Delayed/Cancelled
Health – New disease exposure resulting in quarantine
Health – Sudden Onset of medical/mental health issue (with or without isolation)
Natural Disaster at Destination
Sibling/Relative Group
Sponsor Detained
Sponsor Lost ID
Sponsor Scheduling Issues
Travel – Program Delay
Travel – Transportation Contractor Delay
Travel – Weather Delay
Travel – Non-Weather Delay
U.S. Newborn Pending BC/Medical Insurance
Other

If Other, specify: *[text box – only appears if Other selected]*

Date Delay Reported: *[date picker – only appears if Is there a delay in discharging the child? = Yes]*

Date Delay Resolved: *[date picker – only appears if Is there a delay in discharging the child? = Yes]*

Discharge Delay Comments: *[text box – only appears if Is there a delay in discharging the child? = Yes]*

UAC Parent Discharge Type: *[dropdown – only appears if Discharge Type = UAC Child Discharged with UAC Parent or U.S. Citizen Child Discharged with UAC Parent]*

Age Out
Age Redetermination
Discharged to Program/Facility
Discharged to Program/Facility – Court-Ordered
Discharged to Program/Facility – Immigration Relief Granted
Government Agency
Joint Removal with Parent (VD Order for UAC)
Joint Removal with Parent (NTA Cancelled)
Ordered Removed
Reunified (Individual Sponsor)
Reunified (Individual Sponsor) – Court-Ordered
Reunified (Individual Sponsor) – Immigration Relief Granted
Voluntary Departure
Other

If Other, specify: *[text box – only appears if Other selected]*

UAC Parent Name: *[text box – only appears if Discharge Type = UAC Child Discharged with UAC Parent or U.S. Citizen Child Discharged with UAC Parent]*

UAC Parent A#: *[text box – only appears if Discharge Type = UAC]*

Discharge Notification

Office of Refugee Resettlement

Child Discharged with UAC Parent or U.S. Citizen Child Discharged with UAC Parent]

Exit Processing Details

[Fields appearing in this section depend upon the Discharge Type selected. This section does not appear at all if Discharge Type = Ran Away from Facility, Ran Away on Field Trip, Referral Cancelled – OCONUS Age Out, Referral Cancelled by Referring Agency, or Other]

1 *[Below fields appear if the Discharge Type = any of the Reunified (Individual Sponsor) options; or if Discharge Type = UAC Child Discharged with UAC Parent and UAC Parent Discharge Type = any of the Reunified (Individual Sponsor) options]*

ORR Decision: *[auto-populated]*

Last Updated Date/Time: *[auto-populated]*

Sponsor Name: *[auto-populated]*

Sponsor Date of Birth: *[auto-populated]*

Address: *[auto-populated]*

City: *[auto-populated]*

State: *[auto-populated]*

Zip Code: *[auto-populated]*

Primary Phone: *[auto-populated]*

Backup Phone Number: *[auto-populated]*

Relationship to UAC: *[auto-populated]*

2 *[Below fields appear if the Discharge Type = any of the Discharged to Program/Facility options; or if Discharge Type = UAC Child Discharged with UAC Parent and UAC Parent Discharge Type = any of the Discharged to Program/Facility options]*

Program Name: *[auto-populated]*

Program Type: *[auto-populated]*

Address: *[auto-populated]*

City: *[auto-populated]*

State: *[auto-populated]*

Zip Code: *[auto-populated]*

3 *[Below fields appear if the Discharge Type = Transfer]*

Receiving Program Name: *[auto-populated]*

Receiving Program Type: *[auto-populated]*

Address: *[auto-populated]*

City: *[auto-populated]*

State: *[auto-populated]*

Zip Code: *[auto-populated]*

4 *[Below fields appear if the Discharge Type = Government Agency, Joint Removal with Parent (VD Order for UAC), or Ordered Removed; or if*

Discharge Notification

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Discharge Type = UAC Child Discharged with UAC Parent and UAC Parent Discharge Type = Government Agency, Joint Removal with Parent (VD Order for UAC), or Ordered Removed]

Government Agency Name: [text box]

Government Agency Type: [dropdown]

Child Protective Services

DHS Family Shelter

ICE ERO

Local Law Enforcement

Marshal's Service

Address: [text box]

City: [text box]

State: [text box]

Zip Code: [text box]

5 [Below fields appear if the Discharge Type = Voluntary Departure or Joint Removal with Parent (VD order for UAC); or if Discharge Type = UAC Child Discharged with UAC Parent and UAC Parent Discharge Type = Voluntary Departure or Joint Removal with Parent (VD order for UAC)]

Date Granted Voluntary Departure: [date picker]

Date Travel Document Requested: [date picker]

Referral to Services in Country of Origin: [dropdown]

Date Travel Document Issued: [date picker]

If Other, specify: [text box – only appears if Other Services selected]

Options:

KIND CMRRP

ISS International Social Services

Other Services

Not Applicable

Completed Referral to Services in Country of Origin:

[dropdown – Yes/No/Not Applicable]

6 [Below fields appear if the Discharge Type = Age Out or Age Redetermination]

DHS Age Out/Age Redetermination Plan: [dropdown]

DHS Release on Own Recognizance

DHS Approved Post-18 Plan

Discharge to ICE Custody

ICE Young Adult Case Management Program (YACMP) (if applicable)

Unknown

Type of Post-18 Discharge Plan: [dropdown – only appears if DHS Age Out/Age Redetermination Plan = Approved Post-18 Plan]

Potential Sponsor (did not complete sponsorship process)

Other Family Member

Shelter/Facility

Address: [text box]

City: [text box]

State: [text box]

Zip Code: [text box]

7 [Below fields appear if the Discharge Type = Determined to be U.S. Citizen]

Discharged into Custody of: [dropdown]

Individual

Program/Facility

Name: [text box]

Address: [text box]

City: [text box]

Discharge Notification

Office of Refugee Resettlement

State: <i>[text box]</i>	Zip Code: <i>[text box]</i>
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8 <i>[Below fields appear if the Discharge Type = U.S. Citizen Child Discharged with UAC Parent]</i>	
UAC Parent Discharged into Custody of: <i>[dropdown]</i> <i>Individual Sponsor</i> <i>Program/Facility</i>	Name: <i>[text box]</i>
Address: <i>[text box]</i>	City: <i>[text box]</i>
State: <i>[text box]</i>	Zip Code: <i>[text box]</i>

Transportation Details

[Below fields will appear in case management system but will not appear in generated PDF generated that is shared with external stakeholders]

Method of Transportation: *[dropdown]*

Transport Fees Paid by ORR: *[dropdown – Yes/No]*

If Other, specify: *[text box – only appears if Other selected]*

Bus
Flight
Train
Sponsor Pick-Up
DHS Transport
Other

Did the program medical coordinator (or designated staff) certify that the child is medically fit to travel?

[dropdown – Yes/No]

Are any health-related travel restrictions/accommodations needed (e.g., cannot travel longer than 3 hours at a time, requires a wheelchair)?

Does the UAC need an escort? *[dropdown – Yes/No]*

Type of Escort: *[dropdown]*

Care Provider Escort to Offsite Location
Travel via Airline

Name of Escort: *[text box]*

Escort Contact Number: *[text box]*

Child Legal and Immigration Information

Parent/Legal Guardian Separation: *[auto-populated from R-4]*

MPP Case: *[auto-populated from R-4]*

Next Scheduled Court Appearance (EOIR): *[date picker]*

Next Scheduled Court Appearance (non-EOIR): *[date picker]*

UAC Legal Status: *[dropdown]*

Date sponsor notified that they must inform EOIR

Discharge Notification

Office of Refugee Resettlement

NTA (in removal proceedings)

Without status

SIJS: I-360 approved

SIJS: I-485 approved

LPR derivative (of U.S. relative)

LPR other

Asylum: Immigration Judge Initial Order w/ 30-day appeal period

*Asylum: Immigration Judge Final Order w/ 30-day appeal period waived
or completed*

Asylum: Appealed to federal court

Asylum: USCIS grant

U.S. Citizen

Temporary Protected Status

T-nonimmigrant status

U-nonimmigrant status

Other non-immigrant visa

F-1 student visa (non-immigrant status)

B-1/2 Tourist/business visa (non-immigrant status)

Continued Presence

Withholding of Removal

Humanitarian Parole

Final Order of Removal

Other

If Other, specify: *[text box – only appears if Other selected]*

Reason for less than 48 hours' advance notice of discharge to Immigration and Customs Enforcement (if applicable): *[text box]*

directly of any further changes of address: *[date picker]*