OMB 0970-0552 [valid through MM/DD/YYYY]

Administration for Children & Families

Office of Refugee Resettlement

Program Exit Processing

Child Basic Information

Photo of Child [auto-populated]

First Name: *[auto-populated]*

Last Name: *[auto-populated]*

Date of Birth: *[auto-populated]*

A#: *[auto-populated]*

Country of Birth: *[auto-populated]*

Sex: *[auto-populated]*

AKA: *[auto-populated]*

Status: *[auto-populated]*

Admitted Date: *[auto-populated]*

Length of Stay: *[auto-populated]*

Current Program: *[auto-populated]*

Portal ID: *[auto-populated]*

Exit Processing Basic Information

Discharge Type: *[dropdown]*

Reunified (Individual Sponsor)
Reunified (Individual Sponsor) – Court-Ordered
Reunified (Individual Sponsor) – Immigration Relief Granted
Transfer of Placement
Age Out
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

Status: *[dropdown]*

Cancelled
Discharge – Initiated
Discharge – On Hold
Discharge – In Transit
Discharge – Completed

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

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]*

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

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

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 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]*

State: *[text box]*	Zip Code: *[text box]*

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

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]*

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

Bus
Flight
Train
Sponsor Pick-Up
DHS Transport
Other

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

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

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

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

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]*