

PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: Through this information collection, the Administration for Children and Families (ACF) is gathering data on youth served through the Unaccompanied Refugee Minors Program including their location, status, and progress. Public reporting burden for this collection of information is estimated to average .25 hours for respondents from state agencies and .50 hours for respondents from provider agencies, 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 (8 U.S.C. 1522(d)). 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 Office of Management and Budget (OMB) control number. The OMB # is 0970-0034 and the expiration date is 11/30/2026. If you have any comments on this collection of information, please contact Anne Mullooly at Anne.Mullooly@acf.hhs.gov.

Name of Youth			Alien Registration No.	HHS Tracking No.
Last	First	Middle		

ORR-3 REPORT FORM
UNACCOMPANIED REFUGEE MINORS (URM) PROGRAM
PLACEMENT REPORT

State/URD Agency	Provider Agency
Agency Name:	Agency Name:
Address:	Address:
City:	City:
State:	State:
Zip:	Zip:

National Voluntary Agency	☐ USCCB	☐ LIRS	☐ Not Applicable
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Section I: Report Action

- ☐ **1. Initial Placement - Must be submitted within 30 days of placement**
- ☐ **2. Change of Status - Action Taken (check all that apply) - Must be submitted within 60 days of the change**
- ☐ Transfer to/from another URM Program Date of Action (mm/dd/yyyy)
- ☐ Transfer to ☐ Transfer from []
- State Agency: []
- Provider Agency: []
- ☐ Change in identifying data (e.g., age, name, or A#)
- ☐ Became a parent
- ☐ Change in biological parent's location
- ☐ Change in immigration data
- ☐ Change in work authorization (i.e., Employment Authorization Document)
- ☐ Change in placement type, placement cost, or youth's address
- ☐ Establishment of or change in legal responsibility

Explain "Change of Status".

- ☐ **3. Termination:** Date of Termination: []
- ☐ Reunified with parents
- ☐ Unified with relatives
- ☐ Adopted
- ☐ Became a U.S. Citizen
- ☐ Emancipated
- ☐ Concluded ORR-funded services/benefits
- ☐ Left program voluntarily
- ☐ Not compliant with State/Program requirement(s)
- ☐ Ran away
- ☐ Departed from U.S. (Removal or Voluntary Departure)
- ☐ Immigration detention
- ☐ Incarcerated
- ☐ Deceased
- ☐ Other

Explain destination/current situation at case closure.

- ☐ **4. Re-entered for ORR-funded placement or services** Date of Re-entry (mm/dd/yyyy)
- ☐ URM Placement ☐ Services/Benefits only []

Section II: Identifying/ Basic Data

1. Sex:	2. Date of Birth	3. Date of Eligibility	4. Date of Initial Placement
☐ Female ☐ Male			
5a. Country of Origin:	5b. Ethnic Group:		
6a. Language of Origin:	6b. Other Language(s):		

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7. Eligibility Type:				
☐ Refugee	☐ Asylee	☐ C/H Entrant	☐ U-Status Recipient	☐ Ukrainian Humanitarian Parolee
☐ Special Immigrant Juvenile (SIJ)	☐ Afghan Humanitarian Parolee	☐ Trafficking Victim	☐ Other:	

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8. Caseworker/Provider Assessment on Personal Functioning of the Youth (complete at initial placement only):

Assess the youth's functioning in the following areas at an age-appropriate level on a scale of 1 through 5, as indicated below. Provide an explanation if necessary.

	Poor	Below Average	Average	Above Average	Excellent	Explain
English Language Skill	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	
Education (other than English)	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	
Health Condition	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	
Mental Health	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	

9. URM's Children in Care:

	First Name, Middle Name, Last Name	Date of Birth	Citizenship / Immigration Status
☐ 1st child			
☐ 2nd child			
☐ 3rd child			

10. Mother of URM:

Last:		First:	Middle:
a. Living:	b. Mother's address when minor arrived in U.S.:		
☐ Yes			
☐ No	c. Current Address:		
☐ Unknown	☐ Same as b. above		

11. Father of URM:

Last:		First:	Middle:
a. Living:	b. Father's address when minor arrived in U.S.:		
☐ Yes			
☐ No	c. Current Address:		
☐ Unknown	☐ Same as b. above		

Section III: Immigration

1. Immigration

☐ Refugee ☐ Asylee ☐ SIJ (I-360 approval) ☐ Afghan Humanitarian Parolee ☐ Cuban/Haitian Entrant-No immigration status ☐ Ukrainian Humanitarian Parolee	☐ Victim of Trafficking-No immigration status (OTIP letter only) ☐ U-Status Recipient ☐ T-Status Recipient ☐ Lawful Permanent Resident ☐ Other: _____
2. Youth is receiving immigration assistance. ☐ Yes ☐ No	
3. Youth has work authorization/Employment Authorization Document. ☐ Yes ☐ No	

* Change in immigration status may render a child no longer eligible for URM. Consult ORR immediately with questions.

Section IV: Placement

1. Placement Type:

2. Placement Cost: _____ (daily rate)

- ☐ Foster Family Home
☐ Therapeutic Foster Home
☐ Group Home
☐ Supervised Independent Living
☐ Residential Treatment
☐ Long-term hospitalization (more than 2 weeks)
☐ Absent from program but legal responsibility retained
☐ Living independently but receiving ORR-funded services/benefits
☐ Other: _____

3. Youth's Residence:

Name:
Relation of caregiver:
Address:
City:
State:
Zip:

4. Provider Agency for Placement:

- ☐ Same as URM Provider
☐ Placement via Subcontract

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Section V: Legal Responsibility

1. Legal responsibility has been petitioned.

☐ Yes, it was petitioned within 30 days of enrollment. Date: _____
☐ Yes, it was petitioned past 30 days of enrollment. Date: _____
☐ No, it hasn't been petitioned.

2. Legal responsibility has been established in accordance with applicable State law.

☐ Yes Date: _____ ☐ No ☐ Pending

2.a. In lieu of legal responsibility, youth has signed a Voluntary Placement Agreement.

☐ Yes Date: _____ ☐ No ☐ N/A

3. Court name with jurisdiction: _____

4. Agency name to whom legal responsibility assigned: _____ ☐ Same as URM Provider

5. Legal responsibility has ended.

☐ Yes ☐ No	Date Ended

Section VI: Report Submission Authority

1. Provider Name

Address

City State Zip Code

User Name: Title: Agency Approval Date: (mm/dd/yyyy)

Phone: Email:

Secondary contact: Title:

Phone: Email:

2. State/URD Agency

Agency Name

Address

City State Zip Code

User Name: Title: Agency Approval Date: (mm/dd/yyyy)

Phone: Email:

3. ORR

Name: Title: ORR Approval Date: (mm/dd/yyyy)

Approval/Denial Comments History:

In immediate response to priorities of the current administration, this form has been updated with the following changes prior to approval by the Office of Management and Budget (OMB), as required by the Paperwork Reduction Act (PRA) of 1995 (44. USC. 3501 et seq.). The PRA requires that agencies obtain OMB approval before requesting information from the public, and OMB review and approval for most changes to an approved information. ACF is working to process these changes through OMB to come into compliance with the PRA but has implemented changes to the OMB-approved form to ensure compliance with the following Executive Orders: Executive Order(s) 14168 and/or 14151, 14173, 14224. Other than these changes, this form is approved under OMB #: 0970-0034.