

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 .20 hours for respondents from state/replacement designee agencies and .40 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 XX/XX/XXXX. If you have any comments on this collection of information, please contact the ORR URM Program at urmprogram@acf.hhs.gov.

ORR-3 Report Form

Unaccompanied Refugee Minors (URM) Program

Name of Youth			Alien No.	HHS Tracking No.
Last: (auto populates-not editable)	First: (auto populates-not editable)	Middle: (auto populates-not editable)	(auto populates-not editable)	(auto populates-not editable)

State/URD Agency				URM Provider Agency			
Agency Name:		(auto populates-not editable)		Agency Name:		(auto populates-not editable)	
Address:		(auto populates-not editable)		Address:		(auto populates-not editable)	
City:		(auto populates-not editable)		City:		(auto populates-not editable)	
State :	(auto populates-not editable)	Zip:	(auto populates-not editable)	State:	(auto populates-not editable)	Zip :	(auto populates-not editable)

The ORR-3 supplemental instructions should be consulted while completing this form. The supplemental instructions are available on ORR's website: <https://acf.gov/orr/form/report-forms>.

SECTION I: REPORT ACTION

- o 1. Initial Placement - Must be submitted to ORR within 30 calendar days of initial placement

o 2. Change of Status – Must be submitted to ORR within 60 calendar days of the change

<u>Select all changes being reported.</u> Multiple types of changes can be selected.	<u>Instructions</u>	<u>Date of Action (mm/dd/yyyy)</u>
☐ Transfer to/from another URM provider - o Transfer To - o Transfer From State/URD _____ Agency: _____ Provider Agency: _____	See the ORR-3 supplemental instructions for details on transfer to/from URM provider reports.	(calendar field)
☐ Change in identifying data (e.g., date of birth, name)	Date of action should be the date the court or other U.S. government agency approved the change. ORR must approve the change prior modifying a youth's information in RADS. Contact urmdatabase@acf.hhs.gov or the assigned ORR/Division of Refugee Children Services team member prior to submitting a change in identifying data report to receive individualized technical assistance.	(calendar field)
☐ Change in provider agency location serving youth	Date of action should be the date a new provider location began overseeing the case. Updates must also be made to Section II, Question 10.	(calendar field)
☐ Change in placement type or youth's address	Date of action should be the date youth began residing in new placement type or new address. Updates must also be made to Section III, Questions 1 and/or 2. See ORR-3 supplemental instructions for more details on what changes need to be reported.	(calendar field)
☐ Establishment of or change in legal responsibility	Date of action should be the effective date of the legal responsibility change. Updates must also be made in Section IV.	(calendar field)

Placement Disruption: If reporting a change in placement type or youth's address, is this change due to a placement disruption? A "placement disruption" is when a youth is unexpectedly moved to a new living arrangement before the anticipated end date of the previous placement. Placement disruptions are unplanned, due to placement breakdowns or removals, and may cause emotional instability and/or impediments to a youth's permanency. Placement disruptions may be initiated at the request of the foster parents, custodian, or youth, or at the provider's discretion. See the supplemental instructions for examples.

- ☐ Yes
- ☐ No

Explain "Change of Status"

o 3. Termination: Must be submitted to ORR within 60 calendar days of termination

Select the termination reason that best describes the overall reason the youth's case has been closed. For termination date, enter the date that all services/benefits funded by ORR/URM concluded, including administrative services. See the ORR-3 supplemental instructions for additional guidance on when a youth should be reported as terminated from the URM Program. Expand the definitions of each termination reason below.

- ☐ Adopted
- ☐ Became a U.S. Citizen
- ☐ Deceased
- ☐ Left program prior to maximum age either voluntarily or due to inability to meet requirements
- ☐ No longer resides in the United States
- ☐ Ran away under age 18
- ☐ Reunified with parents and/or legal custodian/guardian under age 18
- ☐ Reached maximum age for all ORR/URM-funded services/benefits
- ☐ Other

+ Expand Termination Reason Definitions

Reason	Definition
Adopted	Youth was legally adopted.
Became a U.S. Citizen	Youth obtained U.S. citizenship.
Deceased	Youth died while enrolled in the URM Program.

Left program prior to maximum age either voluntarily or due to inability to meet requirements	Youth left the program prior to reaching the maximum age for all ORR/URM-funded services or benefits, either voluntarily or due to being unable to meet state/program requirements. This includes, but is not limited to: - Youth left upon emancipation from foster care placement in states where other ORR/URM-funded services and benefits remain available - Youth unified with a relative at age 18 or older and is no longer receiving URM services or benefits - Youth was non-compliant with a voluntary agreement or program rules - Youth had other violations that resulted in dismissal from the program - Youth ran away from the program at age 18 or older - Youth was incarcerated or was detained by immigration authorities
No longer resides in the United States	Youth is no longer residing in the United States either due to removal by DHS or voluntary departure.
Ran away under age 18	Youth has run away from the program while under age 18.
Reunified with parents and/or legal custodian/guardian under age 18	Youth reunified with parents and/or another legal custodian/guardian while under age 18.
Reached maximum age for all ORR/URM-funded services/benefits	Youth reached the maximum age to receive all ORR/URM-funded services or benefits (including foster placement, transition to adulthood services, aftercare coordination, ORR-funded Medical Assistance, and/or Education and Training Voucher (ETV) benefits).
Other	Any other reason not identified that results in termination from the program. This should be used rarely.

Date of Termination:

Explain termination.

o 4. Re-entry: Must be submitted to ORR within 60 calendar days of re-entry

Date of Re-entry (mm/dd/yyyy)

SECTION II: IDENTIFYING/BASIC DATA

1. Sex:	2. Date of Birth:	3. Date of URM Program Approval:	4. Date of Initial Placement:
(auto populates-not editable)	(auto populates-not editable)	(auto populates-not editable)	(calendar field)
5. Country of Origin:	6. Ethnicity:	7. Primary Language:	8. Religion:
(auto populates-not editable)	(drop down list)	(drop down list)	(drop down list)

9. Eligibility Type: (auto populates-not editable)

- ☐ Refugee
- ☐ Asylee
- ☐ Cuban/Haitian Entrant
- ☐ U-Status Recipient
- ☐ Ukrainian Humanitarian Parolee
- ☐ Special Immigrant Juvenile (SIJ)
- ☐ Afghan Humanitarian Parolee
- ☐ Trafficking Victim
- ☐ Other: _____

10. Provider Agency Location: Select the location of the provider agency overseeing the case.
(Drop down with options that dynamically update based on provider agency currently serving youth)

SECTION III: PLACEMENT

1. Placement Type:

- ☐ Foster Family Home
- ☐ Therapeutic Foster Home
- ☐ Group Home
- ☐ Supervised Independent Living
- ☐ Residential Treatment
- ☐ Absent from program
- ☐ Living independently but receiving ORR/URM-funded services/benefits
- ☐ Other: _____

+Expand Placement Type Definitions

The selected placement type must align with ORR's definitions. Due to variation of placement types across states, ORR's placement type definitions may differ from your state/county's licensing standards.

See pages 5&6 of the ORR-3 Supplemental Instructions for additional guidance on placement types and reporting placement changes.

For full definitions of the most common placement types, see the ORR Guide to Eligibility, Placement, and Services for URM: <https://acf.gov/orr/policy-guidance/orr-guide-eligibility-placement-and-services-urm-section-2#2.3.4>

Placement type	Definition
Foster Family Home	Youth is placed in a licensed foster home and receives basic foster care services. This may include relative/kinship placements.
Therapeutic Foster Home	Youth is placed in a licensed foster home and receives specialized services to meet an identified need. Therapeutic foster homes typically receive higher maintenance rates than basic foster homes.
Group Home	Youth is placed in a licensed group home.
Supervised Independent Living	Youth is placed in supervised independent living. This may also be referred to as semi-independent living. Youth may not be supervised 24 hours a day, but an agency or adult is responsible and accountable for the youth's well-being and safety. Youth may be given increased responsibilities for managing their own living arrangements (e.g., paying bills, assuming leases, and working with a landlord).
Residential Treatment	Youth is placed in a residential treatment center. Residential treatment centers are medical facilities where trained staff provide 24-hour psychiatric care and supervision. Residential treatment centers are not emergency care, crisis stabilization, or long-term hospitalization.
Absent from program	Youth is physically absent from the program but remains enrolled. For example, the youth has run away or been detained, but administrative services are continuing. Absences shorter than 1 week do not need to be reported to ORR.
Living independently but receiving ORR/URM-funded services/benefits	Youth is living independently but is still receiving ORR/URM-funded benefits or services, such as transition to adulthood services, Education and Training Vouchers (ETVs), and/or ORR-funded Medical Assistance. Occasional minimal staff support may be provided on a case-by-case basis.
Other	Youth is placed in a setting other than the options provided. This is rare and you must explain. Before selecting this option, re-read definitions of other options.

2. Youth's Address:

Address:			
City:			
State:		Zip:	

SECTION IV: LEGAL RESPONSIBILITY

1. Legal responsibility has been petitioned.

☐ Yes, it was petitioned

Date Petitioned:

- ☐ No, it hasn't been petitioned

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

This question can only be answered if you have reported that legal responsibility was petitioned. Legal responsibility cannot be established if it hasn't been petitioned.

- ☐ Yes Date Established:
- ☐ No
- ☐ Pending

2a. Massachusetts only: In lieu of court action, youth has signed a Voluntary Placement Agreement.

- ☐ Yes Date Signed:
- ☐ No

3. Legal responsibility has ended.

This question can only be answered if you have reported that legal responsibility was established. Legal responsibility cannot be ended if it was never established.

- ☐ Yes Date Ended:
- ☐ No

SECTION V: INITIAL PLACEMENT BASELINE MEASURES

Information in this section is completed only on the Initial Placement report. This section should be completed based on the provider agency's knowledge of the youth's outcomes and personal functioning at the time of initial placement into the URM Program. This information cannot be edited or updated via subsequent ORR-3 reports.

1. Parent/Custodian of Youth:

Last Name(s)		First Name(s)		Middle Name(s)	
a. Living at the time of youth's entry into the URM Program?		☐ Yes ☐ No ☐ Unknown			
b. Location at the time of youth's entry into the URM Program?		(dropdown list of countries + unknown), skip pattern so it is not asked if living is 'no' or 'unknown'			

2. Parent/Custodian of Youth:

Last Name(s)		First Name(s)		Middle Name(s)	
a. Living at the time of youth's entry into the URM Program?			☐ Yes ☐ No ☐ Unknown		
b. Location at the time of youth's entry into the URM Program?			(dropdown list of countries + unknown), skip pattern so it is not asked if living is 'no' or 'unknown'		

English Language Skills

3. English Interpretation Needs: Does the youth require an interpreter for conversations in English?
 - ☐ Yes, all conversations
 - ☐ Yes, only complex or technical conversations
 - ☐ No
4. English Translation Needs: Does the youth require translation for documents written in English?
 - ☐ Yes, all documents
 - ☐ Yes, only complex or technical documents
 - ☐ No

Education & Employment

5. Education Completed within the United States: Select the highest level of education the youth has completed *within the United States*:
 - ☐ Never completed any formal education in the United States
 - ☐ Preschool-5th grade
 - ☐ 6th-8th grade
 - ☐ 9th-11th grade
 - ☐ High school diploma (completed 12th grade) or GED
 - ☐ Post-secondary vocational/trade/certificate program
 - ☐ Associate's degree
 - ☐ Bachelor's degree
 - ☐ Master's degree
 - ☐ Doctorate
6. Education Enrollment: Select the youth's current level of educational enrollment.
For reporting purposes, a youth is still considered enrolled in school even if that school is currently on break; select the grade the youth will be enrolled in when school resumes after break.
 - ☐ Not enrolled in school
 - ☐ Preschool-5th grade
 - ☐ 6th-8th grade
 - ☐ 9th-12th grade

- o GED program
 - o Post-secondary vocational/trade/certificate program
 - o Associate's degree program
 - o Bachelor's degree program
 - o Master's degree program
 - o Doctoral program
7. Social Security Card: Select whether the youth has been issued a social security card.
- o Yes
 - o No
8. Work Authorization: Select whether the youth is legally authorized to work in the United States. *Select "Yes" or "No" based on if the youth is legally authorized to work in the United States. Some youth have work authorization incident to their immigration status and may not have a physical Employment Authorization Document (EAD). Answer the question based on whether the youth is legally authorized to work, not if the youth has a physical EAD card.*
- o Yes
 - o No
9. Employment Status: Select the youth's employment status.
- o Employed full time (at least 35 hours/week)
 - o Employed less than full time
 - o Not employed

Health

10. Health Insurance: Select if the youth has health insurance. "Health Insurance" includes public- (government) or private-funded health coverage, such as Medicaid, CHIP, ORR-funded Medical Assistance, public option, or private insurance.
- Note: ORR-funded Medical Assistance is health coverage paid for by ORR/URM funds, regardless of the vehicle (e.g., Medical Replacement Designee, Marketplace, state workaround, or any other public/private option).*
- o Yes, through ORR-funded Medical Assistance
 - o Yes, through a source other than ORR-funded Medical Assistance (e.g., Medicaid, CHIP, public option, private insurance, etc.)
 - o No

How well can the youth independently manage and navigate his/her...

	Definition	1: Never able	2: Rarely able	3: Sometimes able	4: Frequently able	5: Always able
11. Physical health needs	Youth's ability to schedule and attend necessary doctor appointments, fill prescription medication, take medication as prescribed, know what to	☐	☐	☐	☐	☐

	do in event of medical emergency, etc. to meet his/her individual physical health needs.					
12. Mental health needs	Youth's ability to schedule and attend mental health appointments, fill psychotropic medications, take medication as prescribed, know what to do in event of a psychiatric crisis/emergency, etc. to meet his/her individual mental health needs.	☐	☐	☐	☐	☐

Social and Family Connections

13. Children: Does the youth have any children?

- ☐ Yes
- ☐ No

13a. If yes, enter the number of children, based on where the child(ren) reside:

- ☐ Number of children who do not reside with the URM youth: ____
- ☐ Number of children who reside with the URM youth: ____

13b: For each child who resides with the URM youth, provide the child's information below:

Dependent's First Name, Middle Name, Last Name	Dependent's Date of Birth (calendar field)	Dependent's Citizenship Status	If not citizen: Dependent's Alien Number
		• U.S. Citizen • Not U.S. Citizen	

14. Family Contact: Does the youth currently have contact with at least one family member?

- ☐ Yes
- ☐ No
- ☐ Unknown

15. Adult Connection: Is there currently at least one adult in the youth's life, other than his/her case worker, to whom the youth can go for advice or emotional support?

- ☐ Yes
- ☐ No
- ☐ Unknown

16. Peer Connection: Is there currently at least one peer of appropriate age in the youth's life to whom the youth can go for advice or emotional support?

- ☐ Yes
- ☐ No

Financial, Housing, and Transportation

How well can the youth independently manage and navigate his/her...

	Definition	1: Never able	2: Rarely able	3: Sometimes able	4: Frequently able	5: Always able
17. Financial needs	Youth's ability to manage his/her finances, including budgeting, banking, credit, loans, taxes, knowledge of available financial assistance, and enrolling in eligible financial assistance, etc. to meet his/her individual financial needs.	☐	☐	☐	☐	☐
18. Housing needs	Youth's ability to manage his/her housing needs, including finding and keeping housing, maintaining a safe home, knowledge of housing available housing assistance, and enrolling in eligible assistance to meet his/her individual housing needs.	☐	☐	☐	☐	☐
19. Transportation needs	Youth's ability to manage his/her transportation needs including accessing and navigating transportation, purchasing and maintaining transportation methods, knowledge of driving or other transportation skills, and staying safe to meet his/her	☐	☐	☐	☐	☐

	individual transportation needs.					
--	-------------------------------------	--	--	--	--	--

Immigration

20. Immigration Status/Classification: Select the youth's immigration status/classification:

- ☐ Lawful Permanent Resident
- ☐ Refugee
- ☐ Asylee
- ☐ U-Status Recipient
- ☐ T-Status Recipient
- ☐ Afghan Humanitarian Parolee
- ☐ Ukrainian Humanitarian Parolee
- ☐ Special Immigrant Juvenile classification (I-360 approval)
- ☐ Cuban/Haitian Entrant-No immigration status
- ☐ Victim of Trafficking-No immigration status (OTIP letter only)
- ☐ Other: _____

SECTION VI: REPORT SUBMISSION AUTHORITY

1. Provider Agency

Agency Name:	(auto populates-not editable)	State:	(auto populates-not editable)
Address:	(auto populates-not editable)	Zip Code:	(auto populates-not editable)
City:	(auto populates-not editable)		

Name:		Title:	
Phone:		Email:	
Secondary Contact:		Title:	
Phone:		Email:	

2. State/ URD Agency

Agency Name:	(auto populates-not editable)	State:	(auto populates-not editable)
Address:	(auto populates-not editable)	Zip Code:	(auto populates-not editable)
City:	(auto populates-not editable)		

Name:		Title:	
Phone:		Email:	

3. ORR

Name:		Title:	
-------	--	--------	--

Approval/Denial Comments History:

(Display of report submission and approval dates automatically generated from system.)