

APPENDIX G

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

ORR-3 FORM
UNACCOMPANIED REFUGEE MINOR
PLACEMENT REPORT

State Agency	
Agency Name:	
Address:	
City:	
State:	Zip:

URM Provider Agency	
Agency Name:	
Address:	
City:	
State:	Zip:

National Voluntary Agency	<input type="checkbox"/> USCCB	<input type="checkbox"/> LIRS
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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)

- Establishing/changing legal responsibility
- Transfer to/from another URM Program
- Change in placement type and address
- Change in placement cost
- Change in immigration/eligibility data
- Change in biological parent's location
- Absent from program but legal custody retained
- Emancipated from placement services but receiving ORR-funded IL/education services
- Became a parent
- Change in identifying data, e.g., age redetermination, name, received A#, or development of a safety plan.

Date of Action (M/D/Y)

Explain "Change of Status" if necessary

3. Termination of ORR-funded services/Final Report:

- Reunified with Parents:
 - within the US
 - Overseas
- Unification with
 - Relative
 - Non-relative
- Adoption
- Emancipation
 - with state / Chafee-funded IL / Education services
- Conclusion of ORR-funded IL / Education services
- Voluntary Termination

Date of Termination:

- Dismissed from Program
- Ran Away
- Departure from US:
 - Removal
 - Voluntary Departure
- Citizenship
- Loss of Eligibility
- Immigration Detention
- Incarcerated
- Deceased
- Other

Explain destination/current situation at case closure.

4. Re-entered ORR-funded placement and/or services

- URM Placement
- Independent Living Services

Date of Action (M/D/Y)

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Section II: Identifying/ Basic Data

1. Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male		2. Date of Birth	3. Date of Eligibility	4. Date of Initial Placement
		5a. Est. Emancipation from Placement		5b. Est. Date of Termination from ORR-funded IL / Edu. Services
6a. Country of Origin:			6b. Ethnic Group:	
7a. Language of Origin:			7b. Other Language(s):	
8. Eligibility Type: <input type="checkbox"/> Refugee <input type="checkbox"/> Asylee <input type="checkbox"/> Entrant <input type="checkbox"/> U Status Recipient <input type="checkbox"/> Trafficking Victim <input type="checkbox"/> Special Immigrant Juvenile (SIJ) <input type="checkbox"/> Other: _____				
9. Has a safety plan been developed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable				
10. URM's Children in Care:		Name(s)	DOB	Citizenship / Immigration Status
<input type="checkbox"/> 1 child				
<input type="checkbox"/> 2 children				
<input type="checkbox"/> 3 children				
11. Mother of URM:				
Last:		First:	Middle:	
a. Living: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		b. Mother's address when minor arrived in U.S.:		
		c. Current Address:		
12. Father of URM:				
Last:		First:	Middle:	
a. Living: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		b. Father's address when minor arrived in U.S.:		
		c. Current Address:		

Section III: Immigration/ Eligibility Data and Immigration Assistance

1. Immigration / Eligibility Data		<input type="checkbox"/> U Status Recipient
<input type="checkbox"/> Refugee	<input type="checkbox"/> Asylee	<input type="checkbox"/> Cuban/Haitian Entrant-No immigration status
<input type="checkbox"/> SIJ (I-360 approval)	<input type="checkbox"/> Amerasian	<input type="checkbox"/> Parole
<input type="checkbox"/> Victim of Trafficking-No immigration status	<input type="checkbox"/> Victim of Trafficking with T Status	<input type="checkbox"/> U.S. Citizen
<input type="checkbox"/> Victim of Trafficking with U Status	<input type="checkbox"/> Legal Permanent Resident	<input type="checkbox"/> Ordered Removal
		<input type="checkbox"/> Relief under Convention Against Torture
		<input type="checkbox"/> Deferred Action
		<input type="checkbox"/> Revocation of Trafficking Eligibility Letter
		<input type="checkbox"/> with Immigration Status
		<input type="checkbox"/> with No Immigration Status
2. Is youth receiving immigration assistance?		<input type="checkbox"/> Other: _____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
<input type="checkbox"/> Pro bono attorney	<input type="checkbox"/> Pro bono accredited representative	
<input type="checkbox"/> Social or legal service agency	<input type="checkbox"/> Other: _____	

* Change in immigration/eligibility data may render a child no longer eligible for URM, particularly for Cuban/Haitian Entrants. Consult ORR.

* URM's who become U.S. citizens are no longer eligible for URM.

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Section IV: Placement Data	
1. Placement Type: <input type="checkbox"/> Relative Foster Care <input type="checkbox"/> Foster Care <input type="checkbox"/> Therapeutic Foster Care <input type="checkbox"/> Group Home <input type="checkbox"/> Semi-Independent Living <input type="checkbox"/> Residential Treatment <input type="checkbox"/> Inpatient psychiatric hospital <input type="checkbox"/> No Placement (enter youth living independently in Sec. VI: IL Residence and Services) <input type="checkbox"/> Other _____	2. Placement Cost: \$ _____ (average daily rate)
3. Caregiver Residence Name: _____ Relation of caregiver: _____ Address: _____ City: _____ State: _____ Zip: _____	4. Provider Agency for Placement: Name: _____ Address: _____ City: _____ State: _____ Zip: _____

Section V: Legal Responsibility Data		
1. Court with Jurisdiction: Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____	Date Petition Filed: _____	Date Legal Responsibility Est.: _____
2. Agency to Whom Legal Responsibility Assigned: Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____		
3. Has Legal Responsibility Ended? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Ended	
4. Voluntary Placement Agreement: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Signed	

Section VI: Independent Living Residence and Services				
1. Youth residence: Address: _____ City: _____ State: _____ Zip Code: _____				
2. Independent Living - URM placement has ended		<input type="checkbox"/> Yes	Stipend Amount (monthly rate): \$ _____	
3. Independent Living Services:			Select Funding Source	
			ORR	State/Chafee
a. Educational benefits (Ed)			<input type="checkbox"/>	<input type="checkbox"/>
b. Independent living (IL)			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

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Section VII: Form Submission Authority		
1. Unaccompanied Refugee Minor (URM) Provider Agency:		
Agency Name:		
Address:		
City:	State:	Zip Code:
<i>Name</i>	<i>Title</i>	<i>Date</i>
<i>Phone:</i>	<i>Email:</i>	
2. State Agency:		
Agency Name:		
Address:		
City:	State:	Zip Code:
<i>Name</i>	<i>Title</i>	<i>Date</i>
<i>Phone:</i>	<i>Email:</i>	