

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES Office of Refugee Resettlement

Form Approved OMB No. 0970-0034

<b>证书外表表表表</b> 。	Name of You	th as a second		OMB No. 0970-0034
Last	First	Middle	Alien Registration No.	HHS Tracking No.
		OPP 4 FORM		

# ORR-4 FORM UNACCOMPANIED REFUGEE MINOR

Agency Name:  Address:  City:  URM Provider Agency  Agency Name:  Address:		State Age	епсу	Service Service	65,550	Chapter	Market and the second	
Address:   State   Zip:   Zip:   State   Zip:   Zip:   State   Zip:   Zip:   Zip:   State   Zip:   Zip:	Agency Name:		10 4 20 19	SET HICKORY SET AND THE	147 (617)	州 中原 斯州	<b>URM Provider A</b>	gency
Addres:   City:   State:   Zip:	Address:				Agenc	v Name:		A CAMPAGE STREET, STRE
State: Zip:   State: Zip: Zip: Zip: Zip: Zip: Zip: Zip: Zip	City:				Addres	SS:		
Section I: Report Action  Check the box below to indicate the type of report supported by the Form ORR-4:    1. Annual Outcomes Report	State:		-			5-344		
College bound   Specialized school program   Specialized school program			Zip:		State:			7.
Check the box below to indicate the type of report supported by the Form ORR-4:    1. Annual Outcomes Report	Section I: Report	Action	PORCHAR SECTION OF THE SEC.					Zip:
Date of Birth	☐ 2. Baselin	e ReportYouth 17	and at-		R-4:	===	750	led services
Date of Birth	ection II: Identif	ving Data	Production and					od dervices
ection III: Education, Medical Coverage and Personal Functioning of the Youth  Education Information:  a. Indicate the youth's current school grade level:  b. Check the appropriate box to indicate current school level and any additional curricula as appropriate:    Primary		,g Data	<b>"是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个</b>	<b>化原用图图图图图</b>	W. M.	THE REPORT OF THE	(III) AND AND SERVICE AND	Straft and 1-1
Education Information: a. Indicate the youth's current school grade level: b. Check the appropriate box to indicate current school level and any additional curricula as appropriate:    Primary	Date of Birth			2 0		A 10 TO 10 T	11. (Selly) (St. 196.) 16.	天。"我们的自己是自己的。" 第一
a. Indicate the youth's current school grade level:  b. Check the appropriate box to indicate current school level and any additional curricula as appropriate:    Primary					-		☐ Male	
a. Indicate the youth's current school grade level:  b. Check the appropriate box to indicate current school level and any additional curricula as appropriate:    Primary	ection III: Educat	ion. Medical Covo						
a. Indicate the youth's current school grade level:  b. Check the appropriate box to indicate current school level and any additional curricula as appropriate:    Primary	Education Let		age and Person	al Functioning of th	e Youth	The same	Color of the second	Self-Self-Centional Conf.
d. For all youth age 16 and younger, indicate if the youth has obtained any educational or vocational skills, certificates or diplomas (including GED) since the last reporting period. For youth age 17 and above, complete Section V. Independent Living Outcomes.    Yes	☐ Mid	Regular school Specialized so ddle Regular school Specialized so condary College bound Vocational GED stsecondary in school	ol program chool program chool program chool program f	Provide additiona	l curricul	ar information:	mated Completion I	Date:
d. For all youth age 16 and younger, indicate if the youth has obtained any educational or vocational skills, certificates or diplomas (including GED) since the last reporting period. For youth age 17 and above, complete Section V. Independent Living Outcomes.     Yes	☐ Yes		No	If was places and	during ti	ne reporting pe	riod?	
Yes No If yes, please specify.	d. For all youth GED) since t	age 16 and younge he last reporting per	r indicato if the			onal or vocatio	nal skills, certificate	es or diplomas (including
If yes, please specify.		. 5,70				tion V. Indeper	ndent Living Outcor	nes.
edical Coverage:	□ /es		No	If yes, please spec	ify.			
	edical Coverage:							

# DEPARTMENT OF HEALTH AND HUMAN SERVICES Office of Refugee Resettlement

· · · · · · · · · · · · · · · · · · ·	Name of Yo	uth		<b>ODE</b>		T. 151.46	Alien	Registration	No.	HHS	Trackir	g No.
Last	First			Middle								
-												
3. Caseworker/Provider Assessmer	nt:											
Assess the youth's functioning in explanation if necessary.	the following are	eas at a	an age-a	ppropriat	e level o	on a sca	le of 1	through 5, a	s ind	icated be	elow. Pr	ovide an
		Poor	Below Average	Average	Above Average	Excellent		Explain if rat	ing is	Poor or	Exceller	<u>t</u>
English Language Skill		1	2	3	4	5						
Education (other than English)		1	2	3	4	5						
Social Adjustment		1_	2	3	4	5		_				
Health		1	2	3	4	5				30a (Kiro) - 6.59C.3		
Mental Health		1	2	3	4	5			00 OC 1800			
Preservation of Ethnic and Religiou	ıs Heritage	1	2	3	4	5			713			
Youth's Adherence to Safety Plan		1	2	3	4	5						
Does the youth have a current p  Provide the date of the most re	ecent permanenc	y plan n		Yes		No		Emancipate (M/D/\			NO. SERVE SEE FLOOR	
Family reunification efforts in the a. Are any parents or relatives in If Yes, provide the follow Name:	e U.S. the U.S. being as ving:	sessed			70 Mg 7 P N 10 1 440	te is a comment		Yes Location:		No	99-92 (1987) - 17-98 (198	K. B. B. S.
Name:	Rela	tionship	:				_	Location:				
b. Have there been any significant fees, describe efforts and significant fees.	nt developments?		:		Yes		No	Location:				
	,											
c. Has there been an explicit decis a parent in the U.S.?   Explain any such decision	Yes	No				a re				Yes		No
		MENTERAN	cathelius sale			Mark Control					extratation.	NICES SERVICE
Family tracing and reunification     Are any parents or relatives in     If Yes, provide the following	other countries b			or reunific	ation?			Yes		No		
Name:	Rela	tionship	):				_	Location:	-			
Name:	Rela	tionship	o:				-	Location:				
b. Have there been any significant If Yes, describe efforts an	t developments?	onamp			Yes			No No				
					Yes			No				

## DEPARTMENT OF HEALTH AND HUMAN SERVICES Office of Refugee Resettlement

Form Approved OMB No. 0970-0034

c. Has there been an explicit decision, in the past year, to not reunity a youth under 18 with:  a parent in another country?   Yes   No a relative in another country in youth   Yes   No a relative in another country in youth   Yes   No a relative in another country in youth   Yes   No a relative in another country in youth   Yes   No a relative in another country in youth   Yes   No a relative in another country in youth   Yes   No a relative in another country   Yes	11	Name of Youth	· · · · · · · · · · · · · · · · · · ·	Alien Registrati	of A Property Control		
A. Communication with family members is youth in communication with parents or relatives, in the U.S. or other countries, with whom reunification is not feasible or appropriate at this fire. Provide the following, and include siblings or other relatives too young to serve as caregivers:    A. Communication with family members   Yes   No   No   No   No   No   No   No   N			Middle		NO.	HHS Track	ing
A. Communication with family members is youth in communication with parents or relatives, in the U.S. or other countries, with whom reunification is not feasible or appropriate at this fire. Provide the following, and include siblings or other relatives too young to serve as caregivers:    A. Communication with family members   Yes   No   No   No   No   No   No   No   N	C Has there !				1		
A. Communication with family members is youth in communication with parents or relatives, in the U.S. or other countries, with whom reunification is not feasible or appropriate at this fire. Provide the following, and include siblings or other relatives too young to serve as caregivers:    A. Communication with family members   Yes   No   No   No   No   No   No   No   N	c. rias there been an ex	xplicit decision, in the past year to r	201 16				
A. Communication with family members is youth in communication with parents or relatives, in the U.S. or other countries, with whom reunification is not feasible or appropriate at this fire. Provide the following, and include siblings or other relatives too young to serve as caregivers:    A. Communication with family members   Yes   No   No   No   No   No   No   No   N	a parent in another	r country?	No reunity a youth under 18 with:				
4. Communication with family members is youth in communication with parents or relatives, in the U.S. or other countries, with whom reunification is not feasible or appropriate at this in your property of the following, and include siblings or other relatives too young to serve as caregivers:    Name:	Explain any suc	ch decisions; include name(s) relation	a relative in a	nother country?			
4. Communication with family members is youth in communication with parents or relatives, in the U.S. or other countries, with whom reunification is not feasible or appropriate at this in your property of the following, and include siblings or other relatives too young to serve as caregivers:    Name:		Telatic	onsnip(s), and reason(s) for not reuni	fying youth	⊔ Yes		٨
Doint in time? Yes   No   No   No   No   No   No   No   N				0,7-1,11			_
Doint in time? Yes   No   No   No   No   No   No   No   N							
Doint in time? Yes   No   No   No   No   No   No   No   N	1 0-						
Doint in time? Yes   No   No   No   No   No   No   No   N	4. Communication with f	amily members	and the second s		No. of Concession, Name of		
Name: Relationship: Location: Frequency: Name: Relationship: Location: Frequency: Name: Relationship: Location: Frequency: Frequency: Relationship: Location: Frequency: Frequency: Frequency: Relationship: Location: Frequency: Frequency: Frequency: Frequency: Relationship: Location: Frequency: Freque	noint in time 2	on with parents or relatives, in the LL	S		The state of the s	The board of the same of the same of	-
Name: Relationship: Location: Frequency: Name: Relationship: Location: Frequency: Name: Relationship: Location: Frequency: Frequency: Relationship: Location: Frequency: Frequency: Frequency: Relationship: Location: Frequency: Frequency: Frequency: Frequency: Relationship: Location: Frequency: Freque	oomt in time?	Yes \( \sum \ No	<ol><li>or other countries, with whom reu</li></ol>	nification is not feed	ible or an		
Name: Relationship: Location: Frequency: Name: Relationship: Location: Frequency: Name: Relationship: Location: Frequency: Frequency: Relationship: Location: Frequency: Frequency: Frequency: Relationship: Location: Frequency: Frequency: Frequency: Frequency: Relationship: Location: Frequency: Freque	If Yes, provide th	he following, and include siblings or	-46	io not leas	sible of ap	propriate at	this
Relationship: Location: Frequency: Name: Relationship: Location: Frequency: Frequency: Freq	Name:	- John ga Of C	other relatives too young to serve as	caregivers:			
Name: Relationship: Location: Frequency: Frequency: Relationship: Location: Frequency: Frequency: Frequency: Relationship: Location: Frequency:	ranie.		Location:	g., 0.0.			
Name: Relationship: Location: Frequency: Frequency: Relationship: Location: Frequency: Frequency: Relationship: Location: Frequency:	Name:	Relationship:			Frequenc	cy:	
Name: Relationship: Location: Frequency: Relationship: Location: Frequency: Frequency: Relationship: Location: Frequency:	Name:	Relationship:			Frequenc	cy:	
Name: Relationship: Location: Frequency: Fre	Name:	Relationship:			Frequenc	cy:	
Prequency: Frequency:	Name:	Relationship:			Frequenc	cy:	
Pection V: Independent Living Services  Youth residence:  Idress:		Relationship:			Frequenc	y:	- 60-00
State: Zip:  State: Zip:  Service Type(s):    a. Youth remains in foster care					Frequenc	y:	
Idress:    Service Type(s):   A. Youth remains in foster care	ection V: Index						_
Idress:    Service Type(s):   A. Youth remains in foster care	Vaul	Living Services	Charles House Williams				
Service Type(s):    a. Youth remains in foster care	residence.	33.110.10	八 等 中 不 化 化 化 表 是 是 是 實 情 有 的	軍事事就能是否	O MINISTER OF SERVICE	BILLION BUT LOW TOWN	and the co
State: Zip:  Service Type(s):  a. Youth remains in foster care b. Adjudicated delinquent c. Special education CRR State/Chafee c. Academic support c. Academic support c. Post-secondary educational support g. Career preparation h. Employment programs/vocational training i. Budget and financial management j. Housing education Ahome management training k. Health education & risk prevention l. Family support & healthy marriage education m. Mentoning n. Supervised independent living o. Room & board financial assistance g. Education financial assistance g. Other financial assistance f. Family support of the above the support of the su	ddress:				SAMPLE SERVICE SERVICE SERVICES	THE PARTY OF	Gar.
Service Type(s):    a. Youth remains in foster care	ty:						
Service Type(s):    a. Youth remains in foster care	Marine Marine & The St.		State:				
a. Youth remains in foster care b. Adjudicated delinquent c. Special education d. Independent living needs assessment e. Academic support g. Career preparation h. Employment programs/vocational training i. Budget and financial management j. Housing education /home management training k. Health education /home management training n. Support & healthy marriage education m. Mentoring n. Support & healthy marriage education m. Mentoring n. Supervised independent living o. Room & board financial assistance p. Education financial assistance q. Other financial assistance Type:	。 联系统统 (1) 10 · 10 · 10 · 10 · 10 · 10 · 10 · 10	A DE LA DESCRIPTION DE LA COMPANSION DE	PV SERVICES AND THE WAY TO SERVE STATE OF THE SERVICES AND THE SERVICES AN	Zip:			
a. Youth remains in foster care  b. Adjudicated definquent  c. Special education  ORR State/ Chafee Private  d. Independent living needs assessment  e. Academic support  f. Post-secondary educational support  g. Career preparation  h. Employment programs/vocational training  i. Budget and financial management training  k. Health education home management training  k. Health education & risk prevention  I. Family support & healthy marriage education  m. Mentoring  o. Room & board financial assistance  p. Education financial assistance  q. Other financial assistance  Type:  on VI: Independent Living Outcomes  tecomes reporting status:  a. Youth participated  d. Incarcerated  g. Death	Service Typo(a):	and the second s	ESTATION OF THE PROPERTY OF TH	of percentage and an artist and an artist and an artist and artist artist and artist and artist artist and artist artist and artist artist and artist art	CONTRACTOR OF STREET		_
Select funding source  C. Special education ORR State/ Chafee  d. Independent living needs assessment e. Academic support f. Post-secondary educational support g. Career preparation h. Employment programs/vocational training i. Budget and financial management j. Housing education home management training k. Health education & risk prevention l. Family support & healthy marriage education m. Mentoring n. Supervised independent living o. Room & board financial assistance p. Education financial assistance q. Other financial assistance Type:  con VI: Independent Living Outcomes  tcomes reporting status: a. Youth participated b. Youth declined c. Incapacitated d. Incarcerated e. Runaway/missing f. Unable to locate/invite g. Death	Gervice Type(s):		The Control of the Co	Sport William St. March		等 网络	1000
Select funding source  C. Special education ORR State/ Chafee  d. Independent living needs assessment e. Academic support f. Post-secondary educational support g. Career preparation h. Employment programs/vocational training i. Budget and financial management j. Housing education home management training k. Health education & risk prevention l. Family support & healthy marriage education m. Mentoring n. Supervised independent living o. Room & board financial assistance p. Education financial assistance q. Other financial assistance Type:  con VI: Independent Living Outcomes  tcomes reporting status: a. Youth participated b. Youth declined c. Incapacitated d. Incarcerated e. Runaway/missing f. Unable to locate/invite g. Death	a. Youth remains in	n footes					
C. Special education  Independent living needs assessment  I. Post-secondary educational support  I. Post-secondary educational support  I. Post-secondary educational training  I. Budget and financial management  I. Housing education /home management training  I. Housing education /home management training  I. Family support & healthy marriage education  I. Family support & healthy marriage education  I. Supervised independent living  I. Room & board financial assistance  I. Education financial assistance  I. I. Education financial assistance  I. Education financial assistance  I. Education financial assistance  I. Education financial assistance  I. I. Education financial assistance  I. Education financial	b. Adjudicated deli	noster care	The second second second second	an i Manufrontia fonde e seur		2	
d. Independent living needs assessment e. Academic support e. Academic support g. Career preparation h. Employment programs/vocational training i. Budget and financial management j. Housing education /home management training k. Health education /home management training k. Health education & risk prevention l. Family support & healthy marriage education m. Mentoring n. Supervised independent living o. Room & board financial assistance p. Education financial assistance q. Other financial assistance Type:	C. Special education	nquent		Sele	ct funding	source	
e. Academic support f. Post-secondary educational support g. Career preparation h. Employment programs/vocational training i. Budget and financial management j. Housing education /home management training k. Health education & risk prevention l. Family support & healthy marriage education m. Mentoring n. Supervised independent living o. Room & board financial assistance p. Education financial assistance q. Other financial assistance Type:	d. Independent livis		A P A P P A P A P A P A P A P A P A P A	ORR	State/	Dei	
f. Post-secondary educational support g. Career preparation h. Employment programs/vocational training i. Budget and financial management j. Housing education /home management training k. Health education & risk prevention I. Family support & healthy marriage education m. Mentoring n. Supervised independent living o. Room & board financial assistance p. Education financial assistance q. Other financial assistance Type:  on VI: Independent Living Outcomes  tcomes reporting status: a. Youth participated b. Youth declined c. Incarpacitated d. Incarcerated d. Incarcerated e. Runaway/missing f. Unable to locate/invite g. Death	a portacin livil	ig needs assessment		NEW COLUMN STATE	Chafee	Private	
g. Career preparation h. Employment programs/vocational training i. Budget and financial management j. Housing education /home management training k. Health education & risk prevention l. Family support & healthy marriage education m. Mentoring n. Supervised independent living o. Room & board financial assistance p. Education financial assistance q. Other financial assistance Type:	e. Academic suppo						
h. Employment programs/vocational training i. Budget and financial management j. Housing education / home management training k. Health education & risk prevention I. Family support & healthy marriage education m. Mentoring n. Supervised independent living o. Room & board financial assistance p. Education financial assistance q. Other financial assistance Type:  on VI: Independent Living Outcomes  tcomes reporting status: a. Youth participated b. Youth declined c. Incapacitated d. Incarcerated e. Runaway/missing f. Unable to locate/invite g. Death	- Academic Suppo	rt -					
i. Subget and financial management j. Housing education /home management training k. Health education & risk prevention I. Family support & healthy marriage education m. Mentoring n. Supervised independent living o. Room & board financial assistance p. Education financial assistance q. Other financial assistance Type:  on VI: Independent Living Outcomes  tcomes reporting status: a. Youth participated b. Youth declined c. Incapacitated d. Incarcerated e. Runaway/missing f. Unable to locate/invite g. Death	f. Post-secondary e	educational support					100
k. Health education & risk prevention  l. Family support & healthy marriage education  m. Mentoring  n. Supervised independent living  o. Room & board financial assistance  p. Education financial assistance  q. Other financial assistance  Type:  on VI: Independent Living Outcomes  tcomes reporting status:  a. Youth participated  b. Youth declined  c. Incapacitated  d. Incarcerated  e. Runaway/missing  f. Unable to locate/invite  g. Death	f. Post-secondary e g. Career preparation	educational support				7.0	
I. Family support & healthy marriage education  m. Mentoring n. Supervised independent living o. Room & board financial assistance p. Education financial assistance q. Other financial assistance  Type:  on VI: Independent Living Outcomes  tcomes reporting status: a. Youth participated b. Youth declined c. Incapacitated d. Incarcerated e. Runaway/missing f. Unable to locate/invite g. Death	f. Post-secondary e g. Career preparation h. Employment production	educational support					
I. Family support & healthy marriage education  m. Mentoring n. Supervised independent living o. Room & board financial assistance p. Education financial assistance q. Other financial assistance  Type:  on VI: Independent Living Outcomes  tcomes reporting status: a. Youth participated b. Youth declined c. Incapacitated d. Incarcerated e. Runaway/missing f. Unable to locate/invite g. Death	f. Post-secondary e g. Career preparation h. Employment prog i. Budget and finance	educational support on grams/vocational training					
n. Supervised independent living o. Room & board financial assistance p. Education financial assistance q. Other financial assistance Type:  on VI: Independent Living Outcomes  tcomes reporting status: a. Youth participated b. Youth declined c. Incapacitated d. Incarcerated e. Runaway/missing f. Unable to locate/invite g. Death	f. Post-secondary e g. Career preparatic h. Employment prog i. Budget and financ j. Housing education	ort educational support on grams/vocational training oial management					
n. Supervised independent living o. Room & board financial assistance p. Education financial assistance q. Other financial assistance Type:  on VI: Independent Living Outcomes  tcomes reporting status: a. Youth participated b. Youth declined c. Incapacitated d. Incarcerated e. Runaway/missing f. Unable to locate/invite g. Death	f. Post-secondary e g. Career preparation h. Employment prog i. Budget and finance j. Housing education k. Health education	ort educational support on grams/vocational training oial management on/home management training					
o. Room & board financial assistance  p. Education financial assistance  q. Other financial assistance  Type:  on VI: Independent Living Outcomes  tcomes reporting status:  a. Youth participated  b. Youth declined  c. Incapacitated  d. Incarcerated  d. Incarcerated  e. Runaway/missing  f. Unable to locate/invite  g. Death	f. Post-secondary e g. Career preparation h. Employment prog i. Budget and finance j. Housing education k. Health education I. Family support & f	ort educational support on grams/vocational training oial management on/home management training					
o. Room & board financial assistance  p. Education financial assistance  q. Other financial assistance  Type:  on VI: Independent Living Outcomes  tcomes reporting status:  a. Youth participated  b. Youth declined  c. Incapacitated  d. Incarcerated  d. Incarcerated  e. Runaway/missing  f. Unable to locate/invite  g. Death	f. Post-secondary e g. Career preparation h. Employment prog i. Budget and finance j. Housing education k. Health education l. Family support & h m. Mentoring	ort  Inducational support  Inducational supp					
p. Education financial assistance q. Other financial assistance Type:  on VI: Independent Living Outcomes  tcomes reporting status: a. Youth participated b. Youth declined c. Incapacitated d. Incarcerated e. Runaway/missing f. Unable to locate/invite g. Death	f. Post-secondary e g. Career preparation h. Employment prog i. Budget and finance j. Housing education k. Health education l. Family support & h m. Mentoring n. Supervised indepe	ort concluded and support concluded and supp					
tcomes reporting status: a. Youth participated b. Youth declined c. Incapacitated d. Incarcerated e. Runaway/missing f. Unable to locate/invite g. Death	f. Post-secondary e g. Career preparation h. Employment prog i. Budget and finance j. Housing education k. Health education l. Family support & h m. Mentoring n. Supervised independents o. Room & board fine	orducational support con grams/vocational training cial management or /home management training & risk prevention healthy marriage education endent living ancial assistance					
tcomes reporting status: a. Youth participated b. Youth declined c. Incapacitated d. Incarcerated e. Runaway/missing f. Unable to locate/invite g. Death	f. Post-secondary e g. Career preparation h. Employment prog i. Budget and finance j. Housing education k. Health education l. Family support & h m. Mentoring n. Supervised independence o. Room & board finance p. Education financia	and and a support on a support of the su					
a. Youth participated b. Youth declined c. Incapacitated d. Incarcerated e. Runaway/missing f. Unable to locate/invite g. Death	f. Post-secondary e g. Career preparation h. Employment prog i. Budget and finance j. Housing education k. Health education l. Family support & h m. Mentoring n. Supervised independence o. Room & board finance p. Education financia	educational support con grams/vocational training cial management n /home management training & risk prevention nealthy marriage education eendent living ancial assistance					
a. Youth participated b. Youth declined c. Incapacitated d. Incarcerated e. Runaway/missing f. Unable to locate/invite g. Death	f. Post-secondary e g. Career preparation h. Employment prog i. Budget and finance j. Housing education k. Health education l. Family support & h m. Mentoring n. Supervised independence o. Room & board finance p. Education financia	educational support con grams/vocational training cial management n /home management training & risk prevention nealthy marriage education eendent living ancial assistance					
a. Youth participated b. Youth declined c. Incapacitated d. Incarcerated e. Runaway/missing f. Unable to locate/invite g. Death	f. Post-secondary e g. Career preparation h. Employment prog i. Budget and finance j. Housing education k. Health education l. Family support & h m. Mentoring n. Supervised independence o. Room & board finance p. Education financia	educational support con grams/vocational training cial management n /home management training & risk prevention nealthy marriage education eendent living ancial assistance	);				
a. Youth participated b. Youth declined c. Incapacitated d. Incarcerated e. Runaway/missing f. Unable to locate/invite g. Death	f. Post-secondary e g. Career preparation h. Employment prog i. Budget and financi j. Housing education k. Health education l. Family support & h m. Mentoring n. Supervised independence o. Room & board financi q. Other financial ass	orducational support con grams/vocational training cial management n /home management training & risk prevention nealthy marriage education endent living ancial assistance al assistance sistance Type	y;				
a. Youth participated b. Youth declined c. Incapacitated d. Incarcerated e. Runaway/missing f. Unable to locate/invite g. Death	f. Post-secondary e g. Career preparation h. Employment prog i. Budget and financial j. Housing education k. Health education l. Family support & h m. Mentoring n. Supervised independent p. Education financial q. Other financial ass	orducational support con grams/vocational training cial management n /home management training & risk prevention nealthy marriage education endent living ancial assistance al assistance sistance Type	»;				
b. Youth declined c. Incapacitated d. Incarcerated e. Runaway/missing f. Unable to locate/invite g. Death	f. Post-secondary e g. Career preparation h. Employment prog i. Budget and finance j. Housing education k. Health education l. Family support & h m. Mentoring n. Supervised independent p. Education financial q. Other financial ass	and an arrangement training stall management training stall management training & risk prevention training training to the province of the pro					
c. Incapacitated d. Incarcerated e. Runaway/missing f. Unable to locate/invite g. Death	f. Post-secondary e g. Career preparation h. Employment prog i. Budget and finance j. Housing education k. Health education l. Family support & h m. Mentoring n. Supervised indepe o. Room & board financial p. Education financial q. Other financial ass fron VI: Independent Livitomes reporting status:	and an arrangement training sial management training sial management training & risk prevention the althy marriage education the althy marriage education to the assistance and assistance sistance training train					
d. Incarcerated e. Runaway/missing f. Unable to locate/invite g. Death	f. Post-secondary e g. Career preparation h. Employment prog i. Budget and finance j. Housing education k. Health education l. Family support & h m. Mentoring n. Supervised indepe o. Room & board financial p. Education financial q. Other financial ass son VI: Independent Live tcomes reporting status: a. Youth participated	and an arrangement training sial management training sial management training & risk prevention the althy marriage education the althy marriage education to the assistance and assistance sistance training train					
e. Runaway/missing f. Unable to locate/invite g. Death	f. Post-secondary e g. Career preparation h. Employment prog i. Budget and financial j. Housing education k. Health education l. Family support & h m. Mentoring n. Supervised independent p. Education financial q. Other financial ass son VI: Independent Live tcomes reporting status: a. Youth participated b. Youth declined	and an arrangement training sial management training sial management training & risk prevention the althy marriage education the althy marriage education to the assistance and assistance sistance training train					
f. Unable to locate/invite g. Death	f. Post-secondary e g. Career preparation h. Employment prog i. Budget and finance j. Housing education k. Health education l. Family support & h m. Mentoring n. Supervised indepe o. Room & board financia g. Other financial ass ton VI: Independent Live tcomes reporting status: a. Youth participated b. Youth declined c. Incapacitated	and an arrangement training sial management training sial management training & risk prevention the althy marriage education the althy marriage education to the assistance and assistance sistance training train					
g. Death	f. Post-secondary e g. Career preparation h. Employment prog i. Budget and finance j. Housing education k. Health education l. Family support & h m. Mentoring n. Supervised indepe o. Room & board financial p. Education financial q. Other financial ass  ton VI: Independent Livit tcomes reporting status: a. Youth participated b. Youth declined c. Incapacitated d. Incarcerated	and an arrangement training sial management training sial management training & risk prevention the althy marriage education the althy marriage education to the assistance and assistance sistance training train					
	f. Post-secondary e g. Career preparation h. Employment prog i. Budget and finance j. Housing education k. Health education l. Family support & h m. Mentoring n. Supervised indepe o. Room & board financial p. Education financial q. Other financial ass  tom VI: Independent Livit tcomes reporting status: a. Youth participated b. Youth declined c. Incapacitated d. Incarcerated e. Runaway/missing	and an enderthal support on a grams/vocational training of the sial management of the management training and the sial management training and the sial management training and the sial management living and assistance of the sistance of t					
of outcome data collection: (M/D/Y)	f. Post-secondary e g. Career preparatio h. Employment prog i. Budget and financ j. Housing education k. Health education l. Family support & h m. Mentoring n. Supervised indepe o. Room & board fina p. Education financial q. Other financial ass  ton VI: Independent Liv tcomes reporting status: a. Youth participated b. Youth declined c. Incapacitated d. Incarcerated e. Runaway/missing f. Unable to locate/invi	and an enderthal support on a grams/vocational training of the sial management of the management training and the sial management training and the sial management training and the sial management living and assistance of the sistance of t					
	f. Post-secondary e g. Career preparation h. Employment prog i. Budget and finance j. Housing education k. Health education l. Family support & h m. Mentoring n. Supervised independent p. Education financial q. Other financial ass ston VI: Independent Livitomes reporting status: a. Youth participated b. Youth declined c. Incapacitated d. Incarcerated e. Runaway/missing f. Unable to locate/invi g. Death	and an enducational support on a grams/vocational training or an enducational training or an enducation of the enducatio					

Form Approved OMB No. 0970-0034

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

Data Elements Queries		Responses					
3. Foster care status - outcomes:		Yes	No	Declined	NA	Don't Know	
Youth remains in foster care				1000	MA PRINCIP	A Party	
Current full-time employment	Are you currently employed full-time?						
Current part-time employment	Are you currently employed part-time?						
Employment-related skills	In the past year, did you complete an apprenticeship,						
o. Employment related skins	internship or other on the job training, either paid or unpaid?						
7. Social Security	Are you currently receiving SSI, Disability or other dependents' payments?						
8. Educational aid	Are you currently using a scholarship, grant, stipend, student loan, voucher or other education financial aid to cover educational expenses?						
9. Public financial assistance	Are you currently receiving ongoing welfare [State TANF] payments to support your basic needs?						
10. Public food assistance	Are you currently receiving public food assistance [SNAP or community program]?						
11. Public housing assistance	Are you currently receiving any sort of public housing assistance?						
	Are you currently receiving any periodic and/or significant					100	
12. Other financial support	financial resources or support from another source not		П				
	previously indicated and excluding paid employment?						
13. Highest educational certification received	What is the highest educational degree or certification that you have received?						
a. GED							
b. high school diploma							
c. vocational certificate							
d. vocational license							
e. associate's degree					Collection		
f. bachelor's degree							
g. higher degree							
h. none of the above							
14. Current enrollment and attendance	Are you currently enrolled in and attending high school, GED classes, post-high school vocational training or college?					e de la composition La composition de la composition de la La composition de la	
15. Connection to adult	Is there currently at least one adult in your life, other than your caseworker to whom you can go for advice or emotional support?						
16. Homelessness	Have you ever been homeless at any time?						
17. Substance abuse referral	Have you ever referred yourself or has someone else referred you for an alcohol or drug abuse assessment or counseling?						
18. Incarceration	Have you ever been confined in a jail or other correctional facility or juvenile detention in connection with allegedly committing a crime?						
19. Children	Have you ever given birth or fathered any children that were born?						
20. Marriage at child's birth	If yes, were you married to the child's other parent at the time?						
21. Medicaid	Are you currently on Medicaid [or use the name of the State's medical assistance program under title XIX]?						
22. Other health insurance coverage	Do you currently have health insurance other than Medicaid?						
23. Health insurance type: Medical	Does your health insurance include coverage for medical services?						
24. Health insurance type: Mental health	Does your health insurance include coverage for mental health services?						
25. Health insurance type: Prescription drugs	Does your health insurance include coverage for prescription drugs?						
26. Health insurance type: Other	Does your health insurance include coverage for other services, e.g., dental or vision						
	Other type of coverage:						

### DEPARTMENT OF HEALTH AND HUMAN SERVICES Office of Refugee Resettlement

Form Approved OMB No. 0970-0034

Last	Name of You	the marriag sattless that the		OMB No. 0970-0034
Last	First	Middle	Alien Registration No.	HHS Tracking No.

Zip Code:	
Zin Code:	
Zin Code:	
Zin Codo:	
Zip Code:	
Title	Date
Email:	
STARTISTICS.	95.427645454536745
	- Armonia specificação de la compansión de
Zin Code:	
Zip Code:	and To Agents toward of
Title	Date
mail:	
	Email:  Zip Code:  Title