

REFUGEE UNACCOMPANIED MINOR PLACEMENT REPORT		Local Provider Agency Case No.
TO: Office of Refugee Resettlement U.S. Department of Health and Human Services 370 l'Enfant Promenade, S.W. Washington, D.C. 20447	FROM: Name <hr/> Title: <hr/> Agency: <hr/> Address: <hr/>	
REPORT USAGE Check the appropriate box: <input type="checkbox"/> Initial Placement Report	<input type="checkbox"/> Final Report - Action Taken: <input type="checkbox"/> Emancipation <input type="checkbox"/> Parent Reunification <input type="checkbox"/> Relative Reunification	
<input type="checkbox"/> Change of Status Report - Action Taken: <input type="checkbox"/> Reclassification <input type="checkbox"/> Other <input type="checkbox"/> Placement Change <input type="checkbox"/> Legal Responsibility		

Always complete Nos. 1,4 and 9 of Section I-A below, and other Sections as appropriate.

SECTION I - IDENTIFYING DATA

I-A	1. Name of child (<i>Family - Middle - Given</i>)	2. Birthdate (<i>Mo. - Day - Year</i>)	3. Sex	4. Alien No.
	5. Social Security No.	6. Date child entered the U.S. (<i>From I-94 form</i>)		7. Estimated Date for Emancipation (<i>Mo. - Year</i>)
	8. Country of Origin	9. Status <input type="checkbox"/> Refugee <input type="checkbox"/> Entrant		
I-B	10. Mother's Name (<i>Family - Middle - Given</i>)			Living <input type="checkbox"/> Yes <input type="checkbox"/> No
	Residence when Minor Arrived in U.S.	Current Address		
	11. Father's Name (<i>Family - Middle - Given</i>)			Living <input type="checkbox"/> Yes <input type="checkbox"/> No
	Residence when Minor Arrived in U.S.	Current Address		
	12. National Voluntary Agency			

SECTION II - PLACEMENT DATA

1. Type of Placement <input type="checkbox"/> Foster Care <input type="checkbox"/> Institution <input type="checkbox"/> Independent Living <input type="checkbox"/> Semi-Independent <input type="checkbox"/> Group Home <input type="checkbox"/> Relative <input type="checkbox"/> Residential Treatment	2. Date of this Placement
3. If foster care, are foster parents of same ethnic group as child: <input type="checkbox"/> Yes <input type="checkbox"/> No	
4. If place with relative, state relationship:	Name and Address Phone No. (<i>Include Area Code</i>)

SECTION II - PLACEMENT DATA (Continued)	Alien No.
5.a Name and address of Foster Parent/s with whom child placed	Phone No. <i>(Include Area Code)</i>
5.b Name and address of Provider Agency with whom child placed	Phone No. <i>(Include Area Code)</i>
6. Name and address of Supervising State Child Welfare Agency	Phone No. <i>(Include Area Code)</i>

SECTION III - LEGAL RESPONSIBILITY DATA

1. Name and address of Court having jurisdiction over child	2. Date court established legal responsibility for child
3. Name and address of person/agency to whom legal responsibility assigned	

SECTION IV - PROGRAM TERMINATION

1. Reason for program termination	Date of termination
2. Court determination upon program termination	Date of court action
3. Destination (including address) of child upon program termination	

SECTION V

Name and Signature of person preparing form	Date of Signature	Phone No. <i>(Include Area Code)</i>
Title		

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF REFUGEE RESETTLEMENT**

**INSTRUCTIONS FOR REFUGEE UNACCOMPANIED MINOR PLACEMENT REPORT
FORM ORR-3**

The Refugee Unaccompanied Minor Placement Report, which replaces ICPC-100B (the Interstate Compact on the Placement of Children Initial Placement Form) is an adaptation of that placement report.

The report is to be used for both refugee and entrant unaccompanied minors.

When Form is to be Filed

The Refugee Unaccompanied Minor Placement Report is to be used for the following reporting situations:

- (1) Initial Placement;
- (2) Change of Status (e.g., change of placement, change of legal responsibility, reunification with adult relatives, or reclassification*); and
- (3) Termination from the program (e.g., emancipation or parental reunification).

*Refer to 45 CFR 400.111 Definition.

Instructions for Filling Out Form

The following instructions address each section for the report. Check the box in the center of page one to indicate whether the report is: *Initial Placement, Change of Status, or Final*; and check the box for the *Action Taken* where necessary. Provide the child's alien number where indicated on page one and in the upper right corner of page two. Also, provide local provider case number on top of page one.

Note the distribution:

To: Self-explanatory

From: The signature and title of either the State Child Welfare Agency representative or provider agency representative is required. Also, provide the address of the agency.

Always complete Nos. 1, 4 and 9 of SECTION I-A. *Complete other SECTIONS as appropriate.*

SECTION I -- IDENTIFYING DATA

I-A

1. *Name of Child*: Self-explanatory
2. *Birthdate*: Include month, day, and year from I-94.
3. *Sex*: Self-explanatory
4. *Alien Number*: Self-explanatory; copy from I-94 form.
5. *Social Security Number*: Self-explanatory
6. *Date Child Entered the U.S.*: Enter the month, day, and year the minor arrived in the United States, from I-94 form.
7. *Estimated Date for Emancipation*: Enter the estimated month and year the minor is expected to emancipate from the program.
8. *Country of Origin*: Enter the name of the minor's country of citizenship.
9. *Refugee Status or Entrant Status*: Indicate with a check mark the appropriate status.

I-B

10. *Mother's Name*: Provide the name (Family, Middle and Given), and if living, the last known address of the mother at the time the minor arrived in the U.S. Provide current address of mother, if different from above address. Indicate "Yes" or "No" in the blank as to whether or not the mother of the minor is living. Otherwise, enter "Uncertain."
11. *Father's Name*: Provide the name (Family, Middle and Given), and if living, the last known address of the father at the time the minor arrived in the U.S. Provide current address of father, if different from above address. Indicate "Yes" or "No" in the blank as to whether or not the father of the minor is living. Otherwise, enter "Uncertain."

12. *National Voluntary Agency*: The voluntary agency which sponsored the child or assisted in the placement of the child.

SECTION II -- PLACEMENT DATA

1. *Type of Placement*: Check the appropriate box for the type of placement for the minor.
2. *Date*: Indicate the actual date of the placement.
3. *Foster Parents/Ethnic Group*: Check "Yes" or "No" in the box to indicate whether the foster parents are of the same ethnic group as the minor.
4. *Relative Placement*: If placed with a relative, state the relationship of the relative to the minor. Also, provide the name, address, and phone number, including the area code, of the relative.
5. *Foster Parent/Agency with Whom the Child Placed*: (a) Indicate the name, address, and phone number, including area code, of the foster parent/s. (b) Indicate the name, address, and phone number, including area code, of the provider agency supervising the care of the minor.
6. *Supervising State Agency*: Provide the name, address, and phone number including area code, of the supervising State agency.

SECTION III -- LEGAL RESPONSIBILITY DATA

1. Provide the name and address of the court having jurisdiction over the child.
2. Provide the date that the court established legal responsibility for the child.
3. Provide the name and address of the person and/or agency to whom legal responsibility was assigned.

SECTION IV -- PROGRAM TERMINATION*

1. Provide the reason for program termination. Also provide the date of termination.
2. Provide court determination upon program termination. Also provide the date of this court action.
3. Provide information on the destination of the child upon program termination, including address.

*Refer to 45 CFR 400.113

SECTION V -- This section requires the signature of the person preparing the report including name and title as well as phone number including the area code. Provide the date of the signature.

DISTRIBUTION OF REPORT:

Appropriate State Agency representative should send the original and copies of such reports to:

- (1) Office of Refugee Resettlement, Department of Health and Human Services;
- (2) ORR Regional Office, Department of Health and Human Services;
- (3) State Agency;
- (4) National Voluntary Agency which was the sending agency listed on the ICPC-100A 9 preliminary Interstate Compact Form used for seeking approval for bringing child into the State);
- (5) Originator (Local Public or Private Agency).

REFUGEE AND ENTRANT UNACCOMPANIED MINOR
PROGRESS REPORT

SECTION I - IDENTIFYING DATA

1. Name of the Child (<i>Family - Middle - Given</i>)	2. Birthdate (<i>Mo. - Day - Year</i>)	3. Sex	4. Alien No.
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SECTION II - PERSONAL FUNCTIONING OF THE CHILD

5. Date Child Entered the U.S. (Form I-94)	6. Local Provider Agency Case No.
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1. Education Information
a. Indicate the minor's current grade level at school →

b. Check the appropriate box below for the current grade level of schooling and provide the requested information.

<input type="checkbox"/> Elementary	Is the minor in a regular school program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Secondary	In which kind of program is the minor enrolled?	<input type="checkbox"/> College bound	<input type="checkbox"/> Vocational
<input type="checkbox"/> Postsecondary	Indicate estimate date and type of degree	<input type="checkbox"/> Business	

Not in school

c. Has the minor required and received any educational remedial services during the reporting period? Yes No If "Yes" specify

d. For those children 14 years and older: Has the minor obtained any educational or vocational skills, certificates, or diplomas (including GED) since the last reporting period? Yes No If "Yes" specify

2. Caseworker/Provider Assessment

Assess the minor's functioning in the following four areas. For purposes of this item, adequate is defined as functioning at the minimal level considered normal for a child's age group and which, if continued, should lead to full adjustment and self-sufficient emancipation.

	Better Than Adequate	Adequate	Not Adequate
English Language Skill			
Education (<i>Other than English</i>)			
Social Adjustment			
Health Condition			

SECTION III - FAMILY REUNIFICATION DATA

Family reunification data for either parental or relative reunification. Describe current efforts to reunify the minor with his or her Parents. Include any, even partial, family reunification information, such as names, addresses, phone numbers, etc.

SECTION IV - FORM COMPLETION INFORMATION

Form completed by - Name	Title	Phone No. (<i>Include Area Code</i>)
Agency	Address	

The signature of either the supervising State Child Welfare Agency representative or provider agency representative is required.

Signature	Date
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
Office of Refugee Resettlement

**INSTRUCTIONS FOR REFUGEE AND ENTRANT
UNACCOMPANIED MINOR PROGRESS REPORT**

FORM ORR-4

When Form is to be Filed

The Refugee and Entrant Unaccompanied Minor Progress Report is required annually (approximately 12 months from the initial date of placement of a minor in a foster care setting and then every 12 months thereafter) to provide information on the status and progress of minors. This information will be used to assess the progress of minors and to meet reporting requirements in the Refugee Act of 1980. Failure to provide these reports may result in delay, suspension, or termination of grant support.

Distribution of Report Copies

Send the original report to Office of Refugee Resettlement, Department of Health and Human Services, 370 L'ENFANT PROMENADE, S.W. Washington, D.C. 20447, and a copy of the report to the State Agency.

SECTION I. IDENTIFYING DATA

Self-explanatory

SECTION II. PERSONAL FUNCTIONING OF THE CHILD

1. Educational Information
 - a. Provide the minor's school grade level in the available space. If the minor is not currently in school, give most recent grade level.

- b. Check the appropriate box.
- c. Remedial services are additional educational services, including such services as special testing, tutorial, bilingual or translation services, etc.

Check the appropriate box. If the response is yes, specify the services received by the minor during this reporting period.

- d. Check the appropriate box. If the response is yes, specify any educational or vocational skills, certificates, diplomas, or GED received during this reporting period for those minors aged 14 years and older.

2. Caseworker/Provider Assessment

Check the appropriate box (Better Than Adequate; Adequate; or Not Adequate) in the following four areas (English Language Skill; Education -- other than English; Social Adjustment; and Health Condition) which indicates the assessment of the minor's functioning.

SECTION III. FAMILY REUNIFICATION DATA

Self-explanatory

SECTION IV. FORM COMPLETION INFORMATION

Self-explanatory