

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 .5 hours for respondents from state agencies, 1 hour for respondents from provider agencies, and .5 hours for youth participants, 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 Anne Mullooly at [Anne.Mullooly@acf.hhs.gov](mailto:Anne.Mullooly@acf.hhs.gov).

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

**ORR-4 REPORT FORM  
UNACCOMPANIED REFUGEE MINORS (URM) PROGRAM  
OUTCOMES REPORT**

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

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

Section I: Report Action	
<input type="checkbox"/> 1. Annual Outcomes Report <input type="checkbox"/> 2. Follow-up Annual Report: Former URM clients who are 17 to 21 years old and have terminated all ORR-funded services. Proceed to Section VI. Outcomes.	
Date data was collected	(mm/dd/yyyy)
Age	

Section II: Identifying Data	
1. Date of Birth	2. Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> X

Section III: Education and Personal Functioning of the Youth	
1. Education Information:	
a. Most Recent Education and Grade Level, if applicable	
<input type="checkbox"/> <b>Regular Mainstream School</b> <input type="checkbox"/> Less than 6th grade <input type="checkbox"/> 6th grade <input type="checkbox"/> 7th grade <input type="checkbox"/> 8th grade <input type="checkbox"/> 9th grade <input type="checkbox"/> 10th grade <input type="checkbox"/> 11th grade <input type="checkbox"/> 12th grade	<input type="checkbox"/> <b>Alternative to High School</b> <input type="checkbox"/> 9th grade <input type="checkbox"/> 10th grade <input type="checkbox"/> 11th grade <input type="checkbox"/> 12th grade <input type="checkbox"/> Dual-credit program <input type="checkbox"/> No Grade Assigned <input type="checkbox"/> GED program <input type="checkbox"/> Trade/Vocational program <input type="checkbox"/> Job Corps/Job Corps equivalent <input type="checkbox"/> Post-secondary education <input type="checkbox"/> Not in school
Provide additional information.	
b. Youth is receiving English Language Learner (ELL) support. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Caseworker/Provider Assessment:  
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	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
Education (other than English)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
Social Adjustment	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
Health Condition	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
Mental Health	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
Preservation of Ethnic and Religious Heritage	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
Readiness to Live Independently	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	

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**Section IV: Family Reunification**

1. The youth has a permanency plan.  Yes  No

a. The youth's most recent primary permanency goal was:

Adoption  Guardianship  Reunification

Another Planned Permanent Living Arrangement (APPLA)

Permanent Placement with Fit and Willing Relative (PPFWR)

2. Family reunification efforts in the reporting period

a. Parents or relatives in the U.S. have been (re-)assessed for reunification.  Yes  No

b. There have been significant developments in reunification efforts.  Yes  No

If Yes, describe efforts and significant developments:

c. There has been a decision to not reunify the youth with a parent or relative.  Yes  No

If Yes, explain any such decisions; include relationship(s) and reason(s) for not reunifying youth.

3. There have been family tracing efforts with parents or relatives in other countries for the purpose of reunification.

Yes  No

If Yes, describe family tracing efforts.

**Section V: Transition to Adulthood Services**

1. Youth's residence:

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

2. Service Type(s):

	Yes	No
a. Youth remains in foster care	<input type="checkbox"/>	<input type="checkbox"/>
b. Post-adjudication juvenile probation	<input type="checkbox"/>	<input type="checkbox"/>
c. Special education	<input type="checkbox"/>	<input type="checkbox"/>
d. Independent living needs assessment	<input type="checkbox"/>	<input type="checkbox"/>
e. Academic support	<input type="checkbox"/>	<input type="checkbox"/>
f. Post-secondary educational support	<input type="checkbox"/>	<input type="checkbox"/>
g. Career preparation	<input type="checkbox"/>	<input type="checkbox"/>
h. Employment programs/vocational training	<input type="checkbox"/>	<input type="checkbox"/>
i. Budget & financial management	<input type="checkbox"/>	<input type="checkbox"/>
j. Housing education & home management training	<input type="checkbox"/>	<input type="checkbox"/>
k. Health education & risk prevention	<input type="checkbox"/>	<input type="checkbox"/>
l. Family support & healthy marriage education	<input type="checkbox"/>	<input type="checkbox"/>
m. Mentoring	<input type="checkbox"/>	<input type="checkbox"/>
n. Supervised independent living	<input type="checkbox"/>	<input type="checkbox"/>
o. Room & board financial assistance	<input type="checkbox"/>	<input type="checkbox"/>
p. Education financial assistance	<input type="checkbox"/>	<input type="checkbox"/>
q. Other financial assistance	<input type="checkbox"/>	<input type="checkbox"/>

Type: \_\_\_\_\_

**Section VI: Outcomes**

1. Outcomes reporting status:

a. Youth participated

b. Youth declined

c. Incapacitated

d. Incarcerated

e. Runaway/missing

f. Unable to locate or invite

g. Death

2. Date of outcome data collection: \_\_\_\_\_ (mm/dd/yyyy)

Data Elements	Queries	Responses			
		Yes	No	Declined	Don't Know
3. Foster care status	Youth remains in foster care	<input type="checkbox"/>	<input type="checkbox"/>		
4. Current full-time employment	Are you currently employed full-time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Current part-time employment	Are you currently employed part-time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Employment-related skills	In the past year, did you complete an apprenticeship, internship or other on the job training, either paid or unpaid?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Social Security	Are you currently receiving SSI, Disability or other dependents' payments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Educational aid	Are you currently using a scholarship, grant, stipend, student loan, voucher or other education financial aid to cover educational expenses?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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9. Public financial assistance	Are you currently receiving ongoing welfare [State TANF] payments to support your basic needs?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Public food assistance	Are you currently receiving public food assistance [SNAP or community program]?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Public housing assistance	Are you currently receiving any sort of public housing assistance?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Other financial support	Are you currently receiving any periodic and/or significant financial resources or support from another source not previously indicated and excluding paid employment?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Highest educational certification received	What is the highest educational degree or certification that you have received?		<input type="checkbox"/>	a. GED	
			<input type="checkbox"/>	b. high school diploma	
			<input type="checkbox"/>	c. vocational certificate	
			<input type="checkbox"/>	d. vocational license	
			<input type="checkbox"/>	e. associate's degree	
			<input type="checkbox"/>	f. bachelor's degree	
			<input type="checkbox"/>	g. higher degree	
			<input type="checkbox"/>	h. none of the above	
			<input type="checkbox"/>	i. declined	
14. Current enrollment and attendance	Are you currently enrolled in and attending high school, GED classes, post-high school vocational training or college?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Homelessness	Have you ever been homeless at any time?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Substance abuse referral	Have you ever referred yourself or has someone else referred you for an alcohol or drug abuse assessment or counseling?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Incarceration	Have you ever been confined in a jail or other correctional facility or juvenile detention in connection with allegedly committing a crime?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Children	Have you ever given birth or fathered any children that were born?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Marriage at child's birth	If yes, were you married to the child's other parent at the time?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Medicaid	Are you currently on Medicaid [or use the name of the State's medical assistance program under title XIX]?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Other health insurance coverage	Do you currently have health insurance other than Medicaid?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Health insurance type: Medical	Does your health insurance include coverage for medical services?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Health insurance type: Mental health	Does your health insurance include coverage for mental health services?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Health insurance type: Prescription drugs	Does your health insurance include coverage for prescription drugs?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Health insurance type: Other	Does your health insurance include coverage for other services, e.g., dental or vision		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other type of coverage:					
<b>Section VII: Report Submission Authority</b>					
1. Provider Agency					
Agency Name:					
Address:					
City:		State:		Zip Code:	
User Name:		Title:		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:		Date: (mm/dd/yyyy)	
Phone:		Email:			
3. ORR					
Name:			Title:		ORR Approval Date:
					(mm/dd/yyyy)
Approval/Denial Comments History:					