

Special Immigrant Juvenile (SIJ) Application for Placement in the Unaccompanied Refugee Minor Program (URM)

Please submit this application electronically to: urmprogram@acf.hhs.gov

Section I: Information about the Application and the Requestor	
Date of Application:	_____
Submission by:	<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p style="margin: 0;">Name _____</p> <p style="margin: 0;">Title _____</p> <p style="margin: 0;">Organization _____</p> <p style="margin: 0;">Address _____</p> <p style="margin: 0;">Telephone _____</p> <p style="margin: 0;">Facsimile _____</p> <p style="margin: 0;">Email _____</p> </div> <div style="width: 35%; border-left: 1px solid black; padding-left: 5px;"> <p style="margin: 0;">_____</p> </div> </div>
Case Priority:	<input type="checkbox"/> Normal <input type="checkbox"/> URGENT If the case is urgent, explain here (or attach explanation): _____

Section II: Information about the Child	
Full Name	_____
Alias	_____
Alien Number	_____
Date of Birth	_____ <i>Attach copy of birth certificate, if available.</i>
Country of Birth	_____
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male

Current Address and Caregiver (e.g., ORR facility or other program)	_____ _____ _____ _____
Dates in ORR Custody	_____ <i>Provide entry day/month/year and exit, if applicable.</i>
Cuban and Haitian Entrants	<p>Was this child receiving Cuban and Haitian entrant services at the time dependency was granted?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, provide dates child received services and attach proof of Cuban and Haitian entrant status: _____</p> <p>(See ORR State Letters 00-17 and 10-03 for the definition of “Cuban and Haitian entrant” and a list of acceptable documents.)</p>
Scheduled State or Immigration Court Hearing(S) Relevant to Request	<p>Provide type of hearing, date, city, and state:</p> <p>_____ _____ _____ _____</p>

Section III: Information about Special Immigrant Juvenile Status	
Dependency	<p>Date of Dependency Order: _____</p> <p>Copy of Dependency order (and any auxiliary order) must be submitted with this application. (Note: If subsequent orders are issued, they must be sent to ORR to update this application.)</p>
Special Immigrant Juvenile Status	<p>Check appropriate box(es):</p> <p><input type="checkbox"/> Approved I-360 petition <input type="checkbox"/> Approved I-485 application</p> <p>Proof of I-360 and/or I-485 approval must be submitted with this application. (Note: Only an I-360 approved petition is required for receipt of URM services.)</p>

Time of Grant	<p>Check appropriate box:</p> <p><input type="checkbox"/> Child was in HHS custody at time dependency was granted.</p> <p><input type="checkbox"/> Child was receiving services pursuant to 8 U.S.C. 1522 note at time dependency was granted.</p>
---------------	--

Section IV: Additional Information about the Case

Legal Responsibility	<p>Can legal responsibility be established by the State, local public child welfare agency or licensed non-public agency prior to the child's 18th birthday?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Note: A child is ineligible for foster care and independent living services if legal responsibility is not established prior to 18. _____</p>
Family Members	<p>Does the child have family members in the United States?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, note their location and basic biographical information and explain whether these family members are unable, unwilling or not suitable to provide care at this time (or attach explanation) and attach supporting documentation; or, if the family member wishes to be considered as a URM foster parent under a State's foster care rules related to family foster parents, explain why this option would be in the child's best interest: _____</p> <p>(If a family member is in a jurisdiction where a URM program operates, and it is determined that a child may be safely and permanently placed with this family member given additional supports, ORR may recommend that the URM program facilitate licensing the family member in parity with the state's applicable foster care regulations. Given that this process will take time, the child may be placed in an established licensed URM foster home pending licensing of the family member.)</p>

Others with Legal Responsibility	<p>Has any organization or person other than the parent ever established legal responsibility for this child in the United States?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, explain why that organization or individual is unable, unwilling or not suitable to provide care for the child at this time (or attach explanation) and attach supporting documentation: _____</p>
Marriage	<p>Is this child married?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, this child is not eligible for the URM program unless ORR receives verifiable information that an appropriate court will be able to establish legal responsibility for the child. (Attach explanation and relevant documents, if applicable.) _____</p>
Health	<p>Does this child have physical or mental health issues that will need to be addressed by the URM program?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, explain the health issues here (or attach explanation) and provide necessary documentation: _____</p>
Other Information	<p>If there is other information about the child's case that is relevant to making a best interest determination, or information that is relevant to the care and services a child will need, explain it here (or attach an explanation) and provide relevant documentation, if available: _____</p>

Section V: Next Steps

1. Submit this form and supporting documentation to: urmprogram@acf.hhs.gov. At the top of all supporting documents, reference the Section of this application that the document addresses. If the child will turn 18 in 31 calendar days or less from submission of this application, mark URGENT in the email subject line. Include a G-28, EOIR-28, EOIR-29, or other form of authorization to act on behalf of the child. Attorneys and others, such as, but not limited to, social workers, may submit this application.
2. ORR will acknowledge receipt of the application within two business days.
3. ORR may request and gather additional information.
4. If the ORR Director approves the application, ORR will send a letter to the State Refugee Coordinator and the requestor listed on this form indicating that placement in the URM program has been approved and is effective per the date of the ORR Director's letter; after which the child may transfer to the URM program.
5. The State will initiate procedures for establishing legal responsibility for the child with an appropriate court within 30 days after the child arrives at the URM program.
6. Other URM guidelines and regulations, where applicable, govern the care of the child and the requirements for States and agencies providing URM services. For detailed information about the URM program, go to the ORR website at <http://www.acf.hhs.gov/programs/orr>.
7. If the ORR Director does not approve the application, the requestor listed on this form will have 30 business days from the date on the notice of the denial to submit a request for reconsideration of the ORR Director's decision. The request for reconsideration should be sent to: Assistant Secretary, Administration for Children and Families (ACF), 370 L'Enfant Promenade, S.W., 6th Floor, Washington, D.C. 20447,

ATTENTION: URM (SIJ) Reconsideration. The ACF Assistant Secretary will send his/her decision on the reconsideration to the requestor within fifteen business days from the date of the receipt of the reconsideration request. This will be considered a final administrative decision.

8. If a child declines placement in the URM program, the attorney or requestor listed on this form is responsible for notifying ORR at urmprogram@acf.hhs.gov within five business days of receiving the ORR Director's approval letter. The attorney or requestor must submit the attached form "Decision to Decline Placement."

Signature

Print Name

--	--

For inquiries about the completion of this form or the status of an application, please contact the URM program team at urmprogram@acf.hhs.gov.