



ADMINISTRATION FOR
CHILDREN & FAMILIES

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Office of Refugee Resettlement (ORR)
Frequently Asked Questions (FAQ) #2 on Unaccompanied Afghan Minors (UAM)
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This FAQ document is intended for use by ORR staff, Unaccompanied Children (UC) Program care providers, Unaccompanied Refugee Minor (URM) programs, and resettlement agencies that provide Afghan Placement Assistance (APA) services to UAM.

The FAQ covers the following topics:

- UAM Lawful Status
- Significant Incident Reporting
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- Family Reunification with an Overseas Primary Caregiver
- Referrals to Refugee Resettlement Agencies
 - Referrals for UAM who have Aged Out
- School Enrollment for UAM Who have been Discharged from the UC Program
- URM Program

UAM Lawful Status

Q: What is the difference between Afghan Humanitarian Parole and a Special Immigrant Visa (SIV)? How will we know who falls under which classification?

A: Both SIVs and Humanitarian Parolees are eligible for benefits and services to the same extent as a refugee (and therefore are eligible for ORR refugee and mainstream public benefits).

Afghan Humanitarian Parole is not a lawful immigration status, although it does confer lawful presence in the United States. Certain Afghan individuals have been or will be granted humanitarian parole by the U.S. Department of Homeland Security (DHS), in response to their

need for rapid evacuation and relocation under Operation Allies Refuge/Operation Allies Welcome.

For more information on Afghan Humanitarian Parole, please visit:

<https://www.acf.hhs.gov/sites/default/files/documents/orr/Benefits-for-Afghan-Humanitarian-Parolees.pdf>

The SIV program authorizes the issuance of SIVs to Afghan nationals, as well as to their derivatives, who meet certain requirements and who were employed in Afghanistan by or on behalf of the U.S. government, (e.g., interpreters for the U.S. military) or by the International Security Assistance Force or a successor mission in certain capacities.

Please visit the U.S. Department of State (DOS) website for information on this program:

<https://travel.state.gov/content/travel/en/us-visas/immigrate/special-immig-visa-afghans-employed-us-gov.html>.

ORR also has an SIV fact sheet:

<https://www.acf.hhs.gov/sites/default/files/documents/orr/Benefits-for-SIVs-Fact-Sheet.pdf>

Humanitarian Parolees should have a parole card from DHS, and SIV holders will have a visa from U.S. Citizenship and Immigration Services (USCIS).

Significant Incident Reporting

Q: What types of Significant Incident Reports (SIR) for UAM need to be reported to the U.S. Immigration and Customs Enforcement (ICE)?

A: UC care providers should continue to follow all reporting requirements under the ORR Policy Guide, as well as state and licensing reporting requirements following a behavioral incident. SIRs related to abuse in DHS custody and any reports of UAM trafficking are reported to ICE. SIRs reporting sexual abuse, harassment, and inappropriate sexual behavior involving UAM and occurring in DHS custody also get reported to ICE. There is no need to report other types of SIRs solely involving UAM to DHS.

UC Care Provider Personnel

Q: Are we able to hire a youth care worker who speaks Dari or Pashto who completed high school but because it was completed in a foreign country is unable to provide documentation?

A: Ultimately decisions on waiving requirements from the Cooperative Agreement must be made by the ORR Project Officer. Note that youth care worker positions do not require pre-approval by ORR.

Minimum Required Services

Q: Where are required program services located for UAM?

A: For policy related to minimum required services, please see [ORR Policy Guide § 3.1 Summary of Services](#) and [ORR Policy § 3.3 Care Provider Required Services](#) and UC MAP 3.1 and 3.3 (3.3.1-3.3.19). ORR encourages care providers to go above these minimum requirements in order to provide quality care for all children, including UAM.

Medical and Dental Services

Q: Should UAM be enrolled in Point Comfort Underwriters (PCU) or Medicaid?

A: PCU remains the primary medical, dental, and behavioral health coverage for UAM in the UC Program. Occasionally, grantees may encounter challenges identifying medical providers in the community willing to contract with PCU, which can lead to challenges accessing care. In these scenarios, secondary coverage may be helpful in ensuring the delivery of timely and appropriate health services. As Afghan Humanitarian Parolees, UAM are eligible for Medicaid in most states and as such, it may be advisable for UC care providers to enroll UAM in their state's respective Medicaid program upon admission to care. Should a UAM be unified with a sponsor or transferred to a UC care provider in another state, UC care providers must remember to disenroll the UAM from their state's Medicaid and should communicate with the sponsor or other program that the UAM will need new coverage.

ORR program staff should engage with State Medicaid offices in their jurisdiction to ensure UAM remaining in their state after family reunification do not have any lapse in benefits and sponsors are fully educated regarding any administrative actions they must take to secure future benefits.

Q: If a UAM has serious medical concerns, who do I reach out to at ORR?

A: In general, UC care providers should reach out promptly to the Division of Health for Unaccompanied Children (DHUC) with medical questions, including questions on mental health, communicable diseases, and concerns regarding children with special health care needs or complex cases. Email the medical resource mailbox at DCSMedical@acf.hhs.gov to elevate the specific issues. This resource mailbox is monitored seven days/week by DHUC staff. Depending on the nature of the matter, the inquiry will be promptly fielded by the appropriate DHUC team member from either the Quality Assurance Specialists (QAS), Mental and Behavioral Health Services Team (MBHST), Medical Services Team (MST), or Communicable Disease Surveillance and Response Team (CDSRT).

As a reminder, direct emails to DHUC should not replace the usual requirements for communication. UC care providers should follow UC Portal documentation guidance which details how programs should report to DHUC for children who are hospitalized, diagnosed with a reportable disease, or isolated or quarantined, among other issues.

Q: How do I facilitate a DNA sampling? How do I complete and submit the Treatment Authorization Request (TAR) for DNA sampling?

A: If DNA sampling is needed to establish proof of relationship, please refer to the attached PCU DNA testing information sheet for additional information on DNA testing and TAR submission.

All UAM 14 years of age and younger should be sampled as a proactive step toward reunification efforts. Competent UAM aged 14 or over must voluntarily consent to DNA submissions. ORR will presume consent for children under the age of 14 for purposes of DNA submissions to establish relationship.

Q: If a UAM has trouble accessing dental services, are there alternatives to dental coverage?

A: UAM may access dental services via the DenteMax network of providers, a nationwide network of dentists and dental specialists who provide discounted services to children in Federal care. If a UC care provider is unable to identify a DenteMax provider willing to evaluate and treat a child, please reach out to PCU via email at clinical@pointcomfort.com and the provider relations team will work with your program to identify possible alternatives. If the child has been enrolled in Medicaid, then this would be another mechanism to identify dental providers. In certain situations, there may also be pro-bono/charitable dental services available in a UC care provider's region.

Please refer to the attached PCU Dental FAQ document for additional information.

If you have any other questions related to medical services for UAM, please reach out to DHUC at DCSMedical@acf.hhs.gov.

COVID Quarantine

Q: What additional outside time is allowed for children in COVID quarantine and all UC in general?

A: The one hour a day of daily outdoor activity is a *minimum* for all children in ORR care, including UAM. If possible, please provide additional time for the children to be outside, including additional playtime. See [ORR Policy Guide § 3.3 Care Provider Required Services](#). UC care providers must provide "Activities according to a recreation and leisure time plan that include daily outdoor activity, weather permitting, with *at least* one hour per day of large muscle activity and one hour per day of structured leisure time activities (that should not include time spent watching television)."

Weather permitting, other services and activities such as educational services, are encouraged to be outside as well. UC care providers should work with their assigned Project Officer regarding any adjustment to education schedules that may be needed.

Q: What additional screen time is allowed for children in COVID quarantine?

A: Additional screen time may be permitted for all children in ORR care, including UAM, from a policy perspective *as long as* the screen time is not counted into the child's required recreational

and leisure time (it would be counted *in addition* to it.) See [ORR Policy Guide § 3.3 Care Provider Required Services](#). UC care providers must provide “Activities according to a recreation and leisure time plan that include daily outdoor activity, weather permitting, with at least one hour per day of large muscle activity and one hour per day of structured leisure time activities (that should not include time spent watching television). Activities should be increased to a total of three hours on days when school is not in session.” The Flores and policy provision are intended to apply to screen time generally (where not connected to service delivery, such as virtual schooling or virtual clinical appointments) and not just television.

Mental Health Services

Q: What are some ways that ORR is supporting the mental health of UAM?

A: When a child enters the UC Program, ORR aims to put children safely in contact with their parents, guardians, relatives, or a sponsor in the United States as soon as possible. ORR also ensures that children are able to talk with their loved ones back in their home countries. We recognize the difficult situation of many UAM and UC who are in ORR care without current sponsorship options and are working to place these children in the most appropriate foster care settings for them, including through transitional foster care (TFC), long term foster care (LTFC), and the URM program.

ORR currently hosts weekly calls with UC care providers serving UAM to discuss processes and best practices for caring for UAM. With the help of the Afghan American community, ORR has and is continuing to develop trainings for the UC care provider network on how to provide culturally competent mental health services for UAM.

UC care providers are accustomed to providing trauma-informed medical services for children in care based on their extensive experience working with Central American UC. In order to address the unique needs of Afghan children, UC care providers and medical contractors who are caring for UAM have been provided with cultural sensitivity training materials developed by Afghan medical and mental health professionals to inform their clinical care. Additionally, UC care providers have been connected to Afghan medical professional societies who are able to provide medical translation services to assist with the Initial Medical Exams (IME) and medical appointments.

Please refer to the [ORR Policy Guide § 3.1 Summary of Services](#) which describes services in the UC program. UC care providers must provide at least one individual counseling session per week conducted by trained social worker with the specific objective of reviewing the child’s progress, establishing new short-term objectives, and addressing both the developmental and crisis-related needs of each child. UC care providers must also provide group counseling sessions at least twice a week; however, they may replace one of those sessions with a house meeting.

With the help of Afghan American community-based organizations, ORR developed trainings for the UC care provider network on how to provide culturally competent mental health services for UAM. For example, ORR hosted a training titled *Afghan Culture: Understanding Cultural Values*,

Attitudes, and Approaches to Mental Health, which was held in October 2021 with the assistance of medical professionals and educators from Afghan American and refugee communities. This training focused on mental health, family relationships, and safety issues; provided a comprehensive understanding of cultural values and attitudes inherent in Afghan culture; and taught providers how to integrate cultural sensitivity into clinical practice. ORR also hosted a training titled *Culturally Responsive and Trauma-Informed Approaches to Addressing the Needs of Afghan Unaccompanied Youth* along with The National Child Traumatic Stress Network in February 2022. ORR will be hosting a training for Ramadan and Eid-al-Fitr for UC care provider staff as well.

Q: What should UC care providers do to report behavioral incidents?

A: UC care providers should continue to follow all reporting requirements required of the ORR Policy Guide, as well as state and licensing reporting requirements following a behavioral incident. In managing behavior of youth, ORR has policies in place to use strength-based behavior management techniques (see [ORR Policy Guide § 3.3.13 Behavior Management](#) and ORR Cooperative Agreement Section IV, D. Code of Conduct and E. Training). UC care provider policies on behavior management must use strength based and trauma informed care approaches, such as using conflict resolution; problem solving skills; using rewards and consequences and de-escalation techniques; and helping children and youth learn accountability and self-control.

Religious Services

Q: Do UAM require a prayer room to pray? How can I make prayer more comfortable for UAM?

A: UC care providers must have a prayer room available for UAM to participate in communal prayer sessions. If UAM choose to pray in private, they may also pray in their rooms. UC care providers should work with Afghan American leaders and organizations to provide education on religious practices for UAM. Please note that these accommodations are in adherence to Flores standards as implemented under [ORR Policy Guide § 3.3.7 Services Related to Culture, Language, and Religious Observation](#).

Q: How do you balance Friday prayers and school?

A: Because Friday prayers occur in the afternoon, it may be necessary to extend school hours that day (or another day) to make up for that time. UC care providers should work with their assigned Project Officer regarding any adjustment to a UAM's education schedule that may be needed.

Q: What if a student refuses to attend class with the opposite gender?

A: Please work with a religious leader in the community (such as a Mosque's Imam) to have a conversation with the youth to help them become comfortable with the setup.

Legal Services

Q: Are care providers required to provide state-specific legal resources for UAM as they do for all other UC while UAM are in the UC Program?

A: Yes. Even though UAM are not in active removal proceedings, they may be eligible for forms of legal immigration relief. UAM are entitled to ORR mandated legal services, specifically Know-Your-Rights presentations, individual legal screenings, and legal representation. Legal counsel may be able to assist UAM with obtaining legal relief (e.g., asylum), or other legal matters. Because Humanitarian Parole is a temporary status, UAM will need immigration legal help to apply for permanent status, such as asylum, if they wish to remain in the United States.

Please refer to ORR's legal resource guide located here:

<https://www.acf.hhs.gov/orr/policy-guidance/unaccompanied-children-program#legal>

Q: What elements of the Flores Settlement Agreement apply to UAM in care?

A: Please reference [Field Guidance #19](#), page 2: Once a child is transferred to the UC care provider network, ORR continues to apply the Flores minimum standards as they relate to care, services, and release. In such cases, ORR may modify its standard forms and assessments to address the individual needs of the UAM population, their caregivers, and sponsors.

Employment Authorization

Q: Are UAM eligible to receive a social security number (SSN) and/or an Employment Authorization Document (EAD)?

A: Yes, UAM are eligible to receive a social security number and an EAD. The UAM will need a copy of the EAD to apply for a social security card, so it would be more efficient to apply for both the EAD and the social security card in one step using the I-765 application.

The UAM FAQ #1 that was released on November 17, 2021, stated that the case manager should help UAM fill out the I-765 application. However, the new updated guidance is that the case manager should ensure that the legal service provider assists UAM in filling out the I-765 application, which will allow them to receive both their EAD and social security card.

If the UAM has received an EAD but not the social security card, a care provider case manager can apply for a UAM's social security number by following the instructions at www.ssa.gov/ssnumber/.

Home Studies

Q: Where are the home study requirements for UAM located?

A: ORR may determine a home study is necessary, prior to releasing a UAM to a caregiver when there are child welfare concerns related to the release and where the home study is likely to provide additional information on whether the caregiver is able to provide for the child's health, safety, and well-being. (Please see [Field Guidance #19](#).)

Because UAM caregivers are not mandated by the Trafficking Victims Protection Act (TVPA) to be subject to a home study, any decision to perform a home study prior to release is

discretionary. ORR considers trafficking concerns, red flags, and other standards following [ORR Policy Guide, §2.4.2 Home Study Requirement](#) when making a decision on whether to perform a home study. All UAM are referred for post-release services.

UAM with Runaway Risk

Q: Must UAM who have runaway or are deemed an escape-risk stay on premises for 30-days (and be barred from outings)?

A: [ORR Policy § 3.3.4 Safety Planning](#) emphasizes the need to assess a child's run-risk and then balance that risk with their best interest. The assessment should be the determining factor as to whether a child should be able to participate in a leisure outing or field trip.

If a UC care provider has assessed that a child should not participate in outings because they assess the child to have an active run-risk, the child still must be provided with all required minimum services under the Flores Settlement Agreement (see [ORR Policy Guide § 3.3 Care Provider Services](#)). For example, if provision of minimum services necessitates an off-site visit from the care provider facility (e.g., a medical appointment), the UC care provider must facilitate the off-site visit and consider appropriate safety precautions for the child and staff.

Family Reunification with an Overseas Primary Caregiver

Q: Can ORR assist with reunifying UAM with their primary caregiver who is not in the United States?

A: For UAM in ORR care who have a primary caregiver located in another country, ORR is actively working to potentially reunify the UAM with their primary caregiver. Depending on the primary caregiver's circumstances, reunification may occur in another country, by sending that UAM to the other country, or reunification may occur in the United States.

For UAM who have been discharged from ORR care, ORR is actively working to assist with potential reunifications in the United States by bringing primary caregivers from Afghanistan to the United States. For UAM who have been discharged, ORR cannot assist in reunifying the discharged UAM with a primary caregiver *in another country* if the discharged UAM wishes to move there.

If you have any information that would be helpful for this effort, please immediately contact the UAM resource mailbox at UAM@acf.hhs.gov.

Safety and Well-Being Follow-Up Calls must be made for all youth released from ORR care to a sponsor. The purpose of the Safety and Well-Being Follow-Up Call is to determine whether the child is still residing with the sponsor, is enrolled in or attending school (unless the child is 18 years old at the time of the call), is aware of upcoming court dates, and is safe. See UC Map 2.8.4 Safety and Well-Being Follow-Up Call for more information. Safety and Well-Being Follow-Up

Calls for UAM will include asking about parents, legal guardians, or other primary caregivers in Afghanistan.

Q: In a situation where a UAM is reunified abroad, who escorts the child to their parent?

A: In the case of international reunification for UAM in care, each case is carefully coordinated by ORR staff. Depending on an agreed upon method of release between ORR and the government of the country where the child will be reunified, ORR will make final travel and release arrangements. Individuals transporting a UAM to another country may include federal staff, consular officials, UC care providers, and/or a contracted transportation company.

Q: In a situation where a parent or legal guardian comes to the United States to take custody of their child, how are those arrangements made?

A: When a parent, legal guardian, or other primary caregiver enters the United States to take custody of an UAM in ORR care, ORR coordinates with DOS and DHS in advance of the date of release. All necessary details will need to be worked out in advance and instructions will be provided to the UC care provider or transportation contractor about how to assist.

Referrals to Refugee Resettlement Agencies

Q: Who should I contact to give information (regarding APA benefits, a state-by-state list of refugee resettlement agencies, etc.) to UAM and their sponsors?

A: UC care providers should email UAM@acf.hhs.gov for this information.

Q: What are some general resources for UAM who will be discharged from the ORR UC Program?

A: Please see resources regarding benefits for Afghan Humanitarian Parolees:
<https://www.acf.hhs.gov/orr/programs/refugees/afghan-assistance-resources>

Here is more information from USCIS for Afghan Humanitarian Parolees:

<https://www.uscis.gov/humanitarian/information-for-afghans>

A list of state refugee coordinators is located at:

<https://www.acf.hhs.gov/orr/grant-funding/key-state-contacts>

A list of refugee resettlement agencies by state is located at:

<https://www.acf.hhs.gov/orr/map/find-resources-and-contacts-your-state>

Q: Can UAM access both APA and Reception and Placement (R&P) services?

A: UAM who are released from ORR custody (either through release to a sponsor or an age out) are eligible for APA services specifically. Note that APA and R&P services are equivalent. APA services are available for select populations of Afghans only and confined to Afghans who do not arrive as refugees or SIV recipients. R&P is not available to Afghan parolees, including UAM, and is only available to refugees and SIV recipients. APA services are available to Afghan

parolees, including UAM, and can begin on the day that UAM are assured for services, rather than on the day UAM are discharged from ORR care.

More information about APA services can be found at: <https://www.wrapsnet.org/afghans-granted-humanitarian-parole/>

Referrals for UAM Who Have Aged Out

Q: How can UC care providers help to facilitate a hand-off with a refugee resettlement agency for UAM who are aging out of the UC Program?

A: Please note that the below guidance is temporary.

The UC care provider case manager will facilitate referrals for UAM to refugee resettlement agencies, also called APA affiliates. If a specific placement location is not readily identified, the UC care provider staff should reach out to their Federal Field Specialist (FFS). Once the location has been identified, the UC care provider staff can connect directly with the refugee resettlement agency that provides APA services to facilitate the placement.

Here is the link to resources and contacts in each state that care providers can use to reach out to assist in placing a Post-18 youth to access APA services:

<https://www.acf.hhs.gov/orr/map/find-resources-and-contacts-your-state>.

Please see resources regarding benefits for Afghan Humanitarian Parolees:

<https://www.acf.hhs.gov/orr/programs/refugees/afghan-assistance-resources>

Here is more information from USCIS for Afghan Humanitarian Parolees:

<https://www.uscis.gov/humanitarian/information-for-afghans>

If you are aware that a UAM is aging out, please alert your FFS and the UAM resource inbox: UAM@acf.hhs.gov.

Guidance for FFS: Please reach out to state refugee coordinators of a state where a Post-18 UAM will be arriving before the UAM leaves the care provider to ensure that they know that the Post-18 UAM will be arriving in their state. FFSs can reach out to UAM@acf.hhs.gov for any additional questions or support.

A list of state refugee coordinators is located at:

<https://www.acf.hhs.gov/orr/grant-funding/key-state-contacts>

School Enrollment for UAM who have been Discharged from the UC Program

Q: How do I register a UAM, who has been discharged from the UC Program, for school?

A: For those UAM who are assured to a refugee resettlement agency, school enrollment will be facilitated through APA services.

For UAM who are reunited with sponsors, guardianship papers and/or a verification of release may not be needed to enroll a child in some school districts. In some cases, UAM may be living with sponsors other than their parents or legal guardians. While the U.S. Department of Health and Human Services cannot offer definitive opinions on state laws, our understanding is that 17 states (California, Connecticut, Delaware, Hawaii, Kentucky, Louisiana, Maryland, Missouri, Montana, New Jersey, New Mexico, North Carolina, Ohio, Oklahoma, Oregon, South Carolina, and Virginia) have consent laws which allow relative caregivers to enroll children in school. Other states do not have these laws but allow enrollment by caregivers (including non-relative caregivers). However, some school districts may ask for proof of guardianship or legal custody, which can have the effect of preventing a child from enrolling in school. In these situations, sponsors may work with schools to determine whether the school would accept an affidavit or other assurance of the relationship between the child and sponsor. Furthermore, some parents or legal guardians may have also executed a Power of Attorney giving sponsors specific and limited parental rights, which may facilitate the enrollment process. Additionally, school districts may not bar a student from enrolling simply because the individual lacks a birth certificate.

Bridging Refugee Youth and Children's Services offers several resources for enrolling refugee youth in school:

- <https://brycs.org/schools/enrolling-refugee-children-in-u-s-schools/>
- <https://brycs.org/schools/school-enrollment-faq/>
- <https://brycs.org/wp-content/uploads/2018/08/tool1.pdf>

Here is more information on the rights of UC to enroll in school:

- <https://www2.ed.gov/about/overview/focus/rights-unaccompanied-children-enroll-school.pdf>
- <https://www2.ed.gov/about/offices/list/ocr/docs/qa-201405.pdf>

Here is a resource on student access to public school enrollment for families and educators:

- <https://www2.ed.gov/about/offices/list/ocr/docs/confronting-discrimination-national-origin-immigration-status>

Here is a newcomer toolkit produced by the National Center for English Language Acquisition (NCELA):

- <https://www2.ed.gov/about/offices/list/oela/newcomers-toolkit/ncomertoolkit.pdf>

Unaccompanied Refugee Minors Program

Q: Are clear age and identify documentation needed for UAM to be eligible for the URM Program?

A: Yes, clear evidence of the minor's identity and that the UAM is a minor are needed for the URM program to establish legal custody of the UAM. This is not due to an ORR imposed restriction, but due to requirements in local courts. Additionally, discrepancies in documents can

cause delays or barriers to enrollment in benefits while in the URM Program and can also impede the UAM's immigration case when applying for relief or adjustment of status.

Some acceptable forms of age/identity documentation for UAM include: an identity card from home country, birth documents with a clear translation, and/or a signed statement from a parent, legal guardian, or other primary caregiver that has a professional translation without discrepancies. Some other acceptable forms of age identification are a school ID card, vaccine records, or medical assessments. See [URM Policy Guide § 1.4.1 Questions about Age During the Application Process](#). Some examples of deficient age/identity documents are: I-94 card and a stamped "transit visa" or birth document without a translation. Please note that this list is not exhaustive and if you have any technical or detailed questions, please contact URMprogram@acf.hhs.gov.

If there is a case with an age discrepancy in documentation (where a case has multiple documents showing several different dates of birth), the Contract Field Specialist (CFS) must alert the FFS that the case requires an age determination memo.

The FFS and CFS must review the age and/or identity documents in the UCPortal for all UAM in their portfolio. If there are no age and/or identity documents present in the UCPortal for a UAM case, the FFS and CFS should work with UC provider on obtaining alternative documentation of the minor's age (e.g., attestations from family, if necessary, ensuring professional translations are obtained.) The FFS and CFS should work with the UC care providers on getting documents properly translated, if not already. If there are documents with multiple ages, the FFS should write an age determination memo based on the totality of the circumstances.

For any additional questions, please email the ORR UC Policy resource mailbox at UCPolicy@acf.hhs.gov and the UAM resource mailbox at UAM@acf.hhs.gov.