OFFICE OF REFUGEE RESETTLEMENT

PLACEMENT AND COORDINATION PROGRAM GUIDELINES

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Overview

The Placement and Coordination (PC) Program consists of two components – the Program of Initial Resettlement (PIR) and Intensive Case Management (ICM). Each component provides services for specific populations.

Program of Initial Resettlement

PIR services are the first step in the domestic resettlement process for certain ORR-eligible populations (see Eligible Participants section below). PIR providers arrange for the placement of refugee cases, reception of new arrivals, and provision of initial resettlement services. PIR service provision must occur in close coordination with mainstream community programs, with the goal of assisting refugees to achieve economic self-sufficiency through employment as soon as possible after their arrival in the United States.

These initial resettlement services must be provided to each client for a minimum of 30 days and may continue for up to 90 days following the client's arrival at their final destination in the United States, or upon approval for cases approved for PIR services after arrival in the United States. PIR services include pre-arrival planning, airport reception, needs assessment and service planning, material needs support, resettlement services, direct assistance, and the documentation of provided services. Additional activities for certain refugee minor children are also required.

Clients may be concurrently enrolled in longer-term ORR services such as Refugee Support Services, Refugee Cash and Medical Assistance, and Matching Grant. They may also be subsequently enrolled in intensive case management (ICM) services after PIR services conclude, if determined eligible. Service providers must ensure a seamless transition to longer-term ORR and community-based services as needed.

Intensive Case Management

While most refugees and other ORR-eligible populations establish a path to economic self-sufficiency through traditional services, individuals with certain vulnerabilities may struggle to do so without additional intensive support. The PC program offers ICM services to assist clients to overcome barriers to assimilation and self-sufficiency.

Through ICM, service providers will assess each client in areas related to self-sufficiency and work to create a strengths-based self-sufficiency plan. Providers must assign each client a case manager who is responsible for supporting the client to reduce barriers to assimilation and self-sufficiency and connect them with services addressing their specific vulnerabilities.

For purposes of the ICM component, a client is considered to achieve self-sufficiency when they have attained stability in the areas of life impacted by their vulnerability and can meet daily needs without ICM support. This ICM component-specific definition of self-sufficiency reflects the holistic approach of ICM services, which emphasize comprehensive refugee assimilation and overall well-being.

When appropriate, providers may use group-based activities to deliver ICM services. Group-based activities are intended for clients who can make sustained progress toward self-sufficiency without individual support. Providers must monitor clients enrolled in group-only services and enroll them in standard individualized ICM if they do not demonstrate progress toward self-sufficiency through group-based services.

Definitions

- **"Class A Medical Condition",** noted in 42 CFR 34.2(d), is distinction noted by the Centers for Disease Control and Prevention, Department of Health and Human Services, or an authorized representative acting on its behalf during the overseas medical exam and for the purposes of PIR, provides guidance to LRPs to support and ensure timely access to medical care upon arrival.
- **"Initial Resettlement Provider" (IRP)** means a public entity or a private nonprofit organization, registered as such with the Internal Revenue Service under 26 U.S.C. 501(c)(3), having a cooperative agreement with ORR to provide PC services. An IRP can provide services directly or through an LRP.
- **"Local Resettlement Provider" (LRP)** means a regional office of an IRP or a public entity or a private nonprofit legal entity which has accepted in a written agreement with an IRP responsibility to provide, or ensure the provision of, PC services to certain refugees sponsored by an IRP.
- **"Mainstream Community Programs"** refers to any publicly available benefit, service, or program that may be available in the community and accessible to refugees. Examples may include state-administered Temporary Assistance to Needy Families (TANF), food assistance offered by a local pantry, a Head Start, pre-k, or local early intervention program.
- **"Placement Confirmation"** means a written commitment submitted by the IRP to provide all required PIR services for the refugee(s) named on the Sponsorship Confirmation form.
- **"PIR Service Period"** means an initial 30-day service period that can be extended up to 90 days after arrival when additional time is required to complete PIR requirements.
- **"ICM Service Period**" means six to 12 months or, in the case of an individual who is disabled or chronically ill, 12 to 24 months.
- **"Refugee"** means a person admitted to the United States under section 207(c) of the Immigration and Nationality Act, as amended, or a person to whom eligibility for the resettlement assistance available to individuals admitted under section 207(c) has been extended by statute.

- **"U.S. Tie"** refers to an individual identified by the refugee prior to arrival as a family member or friend who is currently living in the United States.
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Post-Award Requirements

Eligible Participants

LRPs implementing the PC program will need to verify and document the eligibility of each individual enrolled in services. The list below describes eligibility for general ORR services including ICM. Only individuals admitted as Refugees, Amerasians, SIVs, or other individuals made eligible by law (marked with an * in the list below) who are within 90 days of arrival in the United States are eligible for PIR services. ORR will assign and approve all cases individually for PIR.

PC program participants must be eligible for ORR Refugee Resettlement program benefits and services through either their immigration status or category as one of the following:

- Refugee* (Individuals admitted under § 207(c) of the INA or paroled as a refugee under § 212(d)(5) of the INA)
- Asylee
- Cuban or Haitian entrant
- Iraqi or Afghan Special Immigrant (SIV)*
- Amerasian*
- Victim of human trafficking
- Another individual made eligible by law*
- Lawful permanent residents provided the individual previously held one of the above statuses

For additional information regarding eligibility for ORR services, refer to the following:

- ORR Policy Letter 16-01
- Status and Documentation Requirements for the ORR Refugee Resettlement Program
- ORR Policy Letter 22-01
- ORR Policy Letter 22-02
- ORR Policy Letter 22-13

Individuals must also meet the following criteria:

- Not U.S. citizens
- Eligible for ORR services for five years or less at the time of enrollment

LRPs s must keep a record of eligibility documentation for each participant and make available such records for ORR staff review upon request. Options for maintaining records include:

- Keeping a copy of eligibility documents in the client's case file.
- Recording details of the document the client used to confirm eligibility (along with any codes or markings that show eligibility), the date of arrival in the United States or initial date of ORR eligibility, and the name of the staff member who reviewed the documents.

Any changes to eligibility, including the addition of new populations eligible by law will be communicated through an ORR-issued policy letter.

For additional clarification on eligibility contact refugeeeligibility@acf.hhs.gov.

IRPs and LRPs must comply with applicable civil rights laws to ensure that ORR-eligible populations receive fair treatment, access, and opportunities to participate in ORR-funded programs without discrimination based on age, disability, ethnicity, race, color, religion, nationality, sex, or political opinion.

Program Service Area

The PC service area is defined as the area within a 100-mile radius from each service delivery site, within the same state. Clients who live more than 100 miles from an approved LRP may be served through virtual PIR and ICM services. The IRP must request written approval from ORR to enroll a client outside the service area. Requests must verify that the client does not live within the service area of any other LRP and that the site can provide effective services at this distance.

Enrollment in Other Programs

Per Policy Letter 25-02, PC participants may enroll in other ORR-supported or non-ORR-supported programs if those programs provide different services from those provided through the PC program.

Funding Policies

ACF does not allow the following costs under this program:

- Construction
- Purchase of real estate property
- Major renovation
- Pre-award costs

See 45 CFR 200.420 – 200.475 for information on costs that are always unallowable or have restrictions.

Indirect Costs

Indirect costs are expenses incurred for a common or joint purpose across multiple projects that cannot be readily assigned to a specific project.
IRPs may charge indirect costs using one of the following two methods:

Method 1 — Approved rate. The IRP may apply its current Negotiated Indirect Cost Rate as approved by its cognizant federal agency.

Method 2 — *De minimis* rate. In accordance with 45 CFR 200.414(f), an IRP that has never received a negotiated indirect cost rate may elect to charge the *de minimis* rate. An IRP awaiting approval of an indirect cost proposal may also use the *de minimis* rate. When this method is used, costs included in the indirect cost pool may not be charged as direct costs. The *de minimis* rate is 15% of modified total direct costs (MTDC), as defined in 45 CFR 200.414(f). This rate may be used indefinitely.

Additional information is available at 45 CFR 200.414, Indirect Costs.

Program Metrics and Outcomes

For PIR Programs

There are four desired outcomes that form the foundation of the PIR program. By the end of the PIR service period, the program aims to achieve the following:

- The refugee is in a safe, stable environment,
- The refugee can navigate appropriate and relevant systems,
- The refugee is connected to means of ongoing support for themselves and their family, and
- The refugee understands their surroundings and situation.

All PIR services and supports must be designed with these goals in mind. PIR providers must work with each case to create a Self-Sufficiency Plan (SSP) within seven business days of arrival. The SSP serves as a tool to assess, orient, plan, coordinate, and track the delivery of initial resettlement services. The SSP is intended to be a living document developed jointly by the case manager and adult case members. It must be used by LRP staff to coordinate and track key services and document the specific needs of each refugee in the case, including minors.

Upon completion of the PIR service period, the LRP must conduct an exit interview with each adult client (clients on the same case may be interviewed together) to assess the status of the SSP and overall progress toward the four PIR goals. Using information gathered in the exit interview, the LRP must complete a 90-day report that reflects PIR outcomes as of the end of the PIR service period for each client. As part of the SSP review at case closure, the LRP must also ensure that the needs of minor case members have been addressed or referred to appropriate ongoing

services. This review must be conducted with the parent or caregiver and must not involve a direct assessment of the child unless appropriate and agreed upon by the family. Additional program activities and reporting requirements are required for certain minors enrolled in PIR. See "Program Requirements: Local Resettlement Provider Responsibilities" section below.

The grantee's Program Officer for PIR will provide technical assistance to implementing partners needing additional support, training, or program development.

For ICM Programs

By the end of the ICM program period, clients should attain stability in areas of life impacted by their vulnerability. LRP staff are required to assess clients across several domains according to the assessment criteria specified in the ICM Client Assessment Indicators. Assessments must take place upon enrollment and every 180 days thereafter. Following the initial assessment, LRPs will work with each client to create an SSP with clear, actionable steps to overcome barriers to self-sufficiency related to the client's vulnerability.

IRPs and LRPs will develop their own tools for assessing client needs. IRPs must report client assessment data and progress in the ORR Refugee Arrival Data System (RADS).

Interpretation

LRPs must communicate all information about PC services either through interpretation to the client or in any language mutually understood by staff and the new arrival or their adult family members, to ensure full comprehension and informed decision-making. "Mutually understood language" may include situations where an adult family member shares a language with the caseworker and can accurately relay information to the client. Interpretation may be provided by staff, independently paid or volunteer interpreters, or by adult family members or U.S. ties. While flexibility is permitted, the LRP must ensure that the mode of communication supports accuracy and timeliness, confidentiality, and the client's ability to make informed decisions. In its provision of medical case planning and access to health services, LRPs must take reasonable steps to provide meaningful access to its clients with limited English proficiency.

Individuals with Disabilities

LRPs must provide clients with disabilities an equal opportunity to participate in and benefit from LRPs' programs. LRPs who serve individuals who are blind or low vision, or are deaf and hard of hearing, must take appropriate steps to ensure that communications with those clients are as effective as communications with others. This may require furnishing of appropriate auxiliary aids and services to afford an equal opportunity to participate in, and enjoy the benefits of, LRP's programs.

For individuals who are deaf or hard of hearing, this may require provision of written materials, exchange of written notes, qualified interpreters on-site or through video remoting interpreting, or accessible electronic and information technology. For individuals who are blind or have low vision, this may require qualified readers, provision of audio recordings, or accessible electronic and information technology.

In addition, individuals with mobility impairments may not, because a recipient's facilities are inaccessible or unusable, be excluded from participation or be denied the benefits of LRP's programs.

Reporting Requirements

Recipients must submit narrative performance reports to ORR twice a year. The reporting periods are:

- September 30-March 30
  - Due date: April 30

- March 31-September 29
  - Due date: October 30

IRPs must submit annual reports covering the full budget period by November 30 of each year and a final report covering the full program period 120 days following the conclusion of the program period.

IRPs must inform their program officer if they expect to submit a report late.

Semi-annual and annual narrative and performance reports must include the SF-PPR form. IRPs are encouraged to prepare a separate document for the narrative rather than placing the narrative in the PPR form, since space is limited.

Reports must be submitted through the reporting tab in GrantSolutions. If the feature is not functioning, recipients may submit reports through Grant Notes.

In addition to program level reporting, ORR requires reporting on LRP level activities including services provided, monitoring, local coordination, and trends.

For PIR: In addition, LRPs must submit the following information on each case:

PIR performance reporting must include:

- A discussion of initial resettlement activities;
- A summary of monitoring visits to LRP offices, including the number of PIR clients reviewed, key trends, findings, and recommendations;

- Corrective actions taken in response to IRP or ORR monitoring findings;
- Notable or emerging trends identified across the LRP network;
- An assessment of network outmigration trends;
- A summary of IRP plans/interventions, if any, in response to monitoring and outmigration trends; and
- Notable best practices, success stories, and ongoing challenges across the network.

In addition to the annual report required under the broader PC award, submit a PIR annual report for each fiscal year no later than March 31st, covering arrivals for the previous fiscal year for submission to Congress as required by law. The report must include:

- The number of refugees placed by county;
- Total expenditures incurred during the year, including the proportion used for national administration and for provision of services (LRPs and direct financial assistance);
- To the extent information is available, IRPs will make their best efforts to determine the proportion of refugees placed during the reporting period who, as of the last day of the reporting period, are receiving cash or medical assistance;
- The IRP's plan to monitor placement data and sub-recipient activities;
- The efforts of the IRP and its LRPs to coordinate with local service providers to avoid duplication of services;
- The efforts of the IRP and its LRPs to notify public welfare offices of refugees offered employment and to provide documentation to public welfare offices where refugees apply for cash assistance regarding resources directly provided;
- The efforts of the IRP and its LRPs to inform appropriate public health agencies of refugees arriving with medical conditions of public-health concern; and any other information ORR deems necessary for monitoring agency performance.

Individual PIR Case Reports:

- Conduct an exit interview and submit a corresponding 90-day report for each case via ORR RADS within 30 calendar days of the close of the PIR service period.
- Submit a Situation Report upon becoming aware of a concern identified on the ORR PIR Situation Report Form involving a newly arrived case.
- For cases with minors coded M2-M7, submit required reports according to the guidelines listed in the "Program Requirements: Local Resettlement Provider Responsibilities" section below. This includes:
    - Suitability determinations for all minors coded M2-M7,
    - A 7-Day Well-Being Report for any minor whose Suitability Determination was conducted prior to their arrival in the United States,
    - A 45-Day Well-Being Report for all minors coded M2-M7, and
    - A 120-Day Well-Being Report for all minors coded M2-M7

For ICM: All client-level data, including intake and assessment forms, must be submitted via ORR RADS. Recipients must submit client-level data by the semi-annual due date, although uploads may be made at any time.

For information on submitting financial reports, recipients should contact their grants specialist at the ACF Office of Grants Management.

Monitoring and Technical Assistance

ORR will regularly monitor IRPs to ensure compliance with all federal and program-specific regulations and requirements as well as effectiveness of program implementation. ORR may conduct monitoring either through a site visit or desk audit. ORR may monitor the IRP directly or an LRP in coordination with the IRP. IRPs must respond promptly to all requests for information and coordination prior to monitoring. ORR may also conduct site visits to IRPs and LRPs to provide technical assistance when required.

Subawards

The prime recipient is required to maintain a substantive role in the project. ORR defines a substantive role as conducting funded activities and providing services that are necessary and integral to completing the project and includes ensuring the timely provisions of services, coordination and capacity building, training and technical assistance, reporting, and overall program compliance. Monitoring subrecipient activities alone does not constitute a substantive role. See 45 CFR 200.332 for information on subrecipient monitoring.

ORR does not fund awards in which the applicant's primary role is to serve as a conduit for passing funds to other organizations, unless such an arrangement is authorized by statute. **For more on IRP responsibilities, see the "Program Requirements: Initial Resettlement Provider Responsibilities" Section below.**

Subrecipients are required to meet the eligibility requirements outlined in the funding opportunity.

Opening and Closure Procedures for Local Resettlement Providers

Proposing New LRPs

IRPs must provide a statement of rationale for each proposed new LRP, as well as proposed PIR and ICM capacity for the fiscal year of proposed operation. The rationale must be accompanied by:

- A letter of support from the local organization's governing entity
- Evidence of consultation with the State Refugee Coordinator (SRC)
- Explanation of the proposed management structure at the new location
- Timeline for the opening of the proposed LRP and implementation of program activities
- A detailed training plan for staff

ORR may request additional information.

LRP Closing Procedures

IRPs must inform ORR and the relevant SRC in writing at least thirty calendar days before the planned closure of an established LRP. The written notification to the IRP's designated ORR program officer must include:

- A plan for completing services for all active cases
- A list of all confirmed cases that have not arrived, including pre-case ID numbers and anchor contact information; and whether each case will be transferred or returned for reassignment
- A plan for the disposition of all records and case files (which must be retained for three years unless extended pursuant to 2 CFR 200.334), including a plan for transferring files to the LRP designated to receive active cases
- A copy of the IRP's notice of closure letter to the SRC

As a part of the closure process, ORR must approve in advance the IRP's plan for transferring or returning all confirmed cases with U.S. ties. If a confirmed case has a U.S. tie in a location where only one other IRP operates, the closure plan may propose transferring that case directly to the other IRP. All other confirmed cases with U.S. ties must be returned to ORR for reassignment.

The IRP must also ensure that the closing LRP provides written notification of the closure to all active cases.

ORR Policy Letters

Recipients must comply with all policies communicated through ORR policy letters, including policy letters issued during and prior to the project period.

Statutory Authority

This program is authorized by the Immigration and Nationality Act **]§412(b)(1), 8 U.S.C. § 1522(b)(1) and § 412(c)(1)(A), 8 U.S.C. § 1522(c)(1)(A).**

Program of Initial Resettlement

Program Requirements: Initial Resettlement

Provider Responsibilities

- Provide training for both new and existing IRP and LRP staff on ORR policies and requirements, as well as relevant legislative requirements and changes that affect refugee resettlement.
- Use feedback and local capacity updates from PIR placement sites (i.e., communities where LRPs and/or virtual PIR programs place new arrivals) to inform national planning efforts, including submissions to ORR such as the PIR Capacity Plan and Program Performance Reports, to ensure they accurately reflect current field conditions and service capabilities.
- Coordinate closely with SRCs and State Refugee Health Coordinators (SRHCs) in each state within the IRP's service area prior to establishing or augmenting PIR capacity.
- Establish a strategy for managing placement of assigned cases throughout the IRP's network. That strategy must incorporate, at minimum, factors such as the presence (or lack) of U.S. ties, current local capacity and field conditions, local language capacity, employment outcomes, availability of appropriate, affordable housing, health care access, and available programming to support known client needs.
- Use RADS as the primary tool for managing and sharing arrivals data for the PIR program.
- Manage pre-arrival activities in accordance with ORR policies and procedures including case assignments, confirmations, and transfers, as well as coordinating refugee travel and initial airport reception with the U.S. Department of State and the International Organization for Migration (IOM), as directed by ORR. Ensure all case information updates (such as biodata, medical forms, U.S. tie information, or any other updates) received prior to arrival are promptly reviewed by LRP staff, so that IRPs may flag as soon as possible any concerns or issues that may impact case placement or travel/arrival.
- Manage the process of SIV walk-in approvals according to ORR-issued guidelines. SIVs who self-travel may be approved for PIR benefits if they present to an LRP office and request benefits within 90 days of arrival at a port of entry.
- Submit visa foils and the DS-0234 form to ORR via RADS for review and approval.
- Review and approve LRP policies related to the use of flexible direct assistance and pocket money funds to ensure consistency with program expectations.
- Ensure policies exist at the IRP and LRP level for clients to report grievances and ensure timely and thorough follow-up and documentation of all grievances received.
- Assess compliance with ORR program guidance and requirements across LRPs through oversight, documentation, and quality assurance practices. This includes completing follow-up actions to address identified weaknesses, corrective actions, and

recommendations in accordance with ORR's Corrective Action and Recommendation Plan (CARP) guidelines.

- Develop and implement an ORR-approved monitoring plan to oversee the LRP network's performance, financial management, and compliance. Reviews must include monitoring activities such as case file reviews and home visits.
- Comply with ORR monitoring requests.
- Ensure appropriate corrective action is undertaken by LRPs in response to monitoring recommendations made by ORR as well as corrective actions and recommendations resulting from IRP monitoring. Maintain records of follow-up as needed to resolve each corrective action and recommendation.
- Establish agreements with IOM to share data files, which may include refugee Social Security Numbers, addresses, and contact information, to facilitate the repayment of travel loans.
- Report to ORR any significant medical conditions not identified in overseas medical exams and any deaths occurring during the PIR period.
- Report to ORR any suspected instances of fraud or other serious concerns.
- Reconcile PIR arrivals data monthly in accordance with ORR-issued procedures.
- Comply with all reporting requirements outlined in the reporting section above.

Virtual PIR Services

IRPs may only provide virtual PIR services if they have been approved to do so by ORR. Interested IRPs must propose establishing virtual PIR services either via their annual PC proposal or via a proposed amendment to the scope of their existing PC amendment. Proposals must meet all requirements detailed in the NOFO for the relevant program period. For IRPs that have been approved by ORR to manage a Virtual PIR program, the IRP may only provide virtual PIR services for clients joining U.S. ties in locations more than 100 miles away from the nearest LRP, provided the U.S. tie can provide critical in-person support.

IRPs approved to implement virtual IRP services must:

- Establish, train, and oversee a centrally managed virtual case management team.
- Liaise with SRCs and SRHCs to understand local resettlement context and to ensure appropriate linkages to state benefits and services. Participate virtually in local consultations if and where the SRC confirms such participation would be useful.
- Before submitting a placement confirmation, evaluate and confirm the U.S. tie's capacity to provide in-person support, including arranging airport reception, securing initial housing and food, and providing transportation as needed. Whenever possible, confirmation of these commitments must be provided in writing (e.g., email confirmation from the U.S. tie, screenshots of text messages, signed forms). If the IRP determines that the U.S tie is unable to provide required in-person support, the IRP should not submit a placement confirmation for virtual PIR services.

- Ensure that the client receives the required direct assistance. This assistance may be provided entirely in cash, depending on the needs and circumstances of the case. If cash is provided, it must be delivered securely to ensure funds are protected and reach the client as intended. The case file must include documentation confirming receipt.
- Provide all required and recommended PIR services through virtual case management, maintaining the same service standards and documentation requirements as applicable to in-person delivery. In the event of a U.S. tie breakdown, ensure continuity of services and supports, and notify and coordinate with both the SRC and ORR.
- Comply with all other requirements outlined in these guidelines.

Note: If a case is flagged for potential placement through Virtual PIR but includes a minor who is traveling and/or resettling with a caregiver other than a biological or legally adoptive parent (i.e., any minor coded M2-M7), the IRP must coordinate closely with ORR's Division of Refugee Children Services (ORRrefugeechildren@acf.hhs.gov) before submitting a placement confirmation in order to assess whether and how virtual PIR services may be used, and what adjustments may be necessary to ensure the minor's safety and well-being.

Direct Assistance and Local Administrative Funding

Direct Assistance

- IRPs must provide each client with a minimum of $2,000 in direct assistance to help meet identified needs. This assistance may be provided for purchases made on behalf of the client (e.g. rent, utilities, or essential items) and/or as cash disbursements. ORR provides $2,500 per client to fund this assistance. Of that amount, up to $500 may be allocated to a flexible fund to be used by the IRP or LRP to support PIR arrivals with additional financial needs.
- IRPs must provide pocket money to clients for incidental expenses. Pocket money counts toward the $2,000 minimum direct assistance requirement.
- In instances where PIR arrivals out-migrate before the minimum 30-day service period, LRPs may fulfill the minimum direct assistance requirement through a lump sum payment to the client.

Local Administrative Funding

ORR allows local administrative funding to be administered flexibly within each IRP's network. This funding must be used to support administrative expenses associated with the provision of PIR services and fulfillment of PIR program requirements. To support stable reception capacity,

LRPs may use administrative funding to cover allowable costs incurred in preparation for arrivals, even if those arrivals do not occur. This includes cases that:

1. Refuse to travel to their assigned resettlement location ("sit-down" cases);
2. Decide not to depart or not to pursue resettlement in the United States; or
3. Experience arrival delays or cancellations by the Department of State.

This ensures programs are not penalized for costs incurred in good-faith preparation for expected arrivals.

Administrative funding may also be used to secure and retain unoccupied housing in advance of arrivals, as well as for temporary housing to be used on an ongoing or rotating use.

Program Requirements: Local Resettlement Provider Responsibilities

IRPs must ensure that LRPs meet all requirements outlined in this section.

Local Capacity Coordination and Consultation

- Conduct all PIR activities in close cooperation and coordination with state and local governments.
- Participate in quarterly consultations on refugee projections, distribution, and placement, including sharing placement projections and information about the services provided through PIR. (Reference: ORR Policy Letter 25-03).
- Capture feedback from SRCs and SRHCs and relay it to the relevant IRPs to support informed capacity planning and coordination with ORR.
- Maintain ongoing communication and coordination with SRCs, SRHCs, local governments and agencies, police departments, school districts, health care providers, local Social Security Administration (SSA) offices, public benefits offices, community-based organizations, and other relevant stakeholders to improve collaboration and services and support successful resettlement outcomes.
- Maintain the ability to refer refugees to services beyond the initial resettlement period, including both ORR-funded and mainstream community programs , as needed to support self-sufficiency.

Pre-Arrival Case Planning

- Receive assigned cases through RADS. Confirm placement for cases assigned to the IRP and prepare for client arrival. Contact U.S. ties, when applicable, to confirm their desire to reunite with the client and assess their capacity and willingness to assist.

- Promptly review any updated biographic or medical information provided by the IRP and immediately notify the IRP if such updates affect the ability to receive the case as planned.
- Promptly review all travel notifications and updates received from the IRP and/or IOM, and coordinate with U.S. ties as appropriate regarding any planned service-provision support (e.g., airport reception, securing and preparing initial housing). Notify the IRP immediately if travel must be rescheduled and/or cancelled. Note that ORR and/or the Department of State will only approve requests for travel changes that align with ORR-issued pre-arrival standard operating procedures.
- When and as directed by ORR, coordinate with state and local health agencies to facilitate the waiver process for refugees with a Class A medical condition. While rare, Class A medical conditions are generally flagged for ORR by the Department of State during the case distribution process and cannot receive final United States Citizenship and Immigration Services (USCIS) approval until they have an approved waiver given that Class A medical conditions otherwise result in USCIS deeming the refugee inadmissible to the United States. Class A waivers are based heavily on confirmed plans for post-arrival medical care, and as such often require substantial engagement between domestic and overseas providers, as coordinated by ORR.

Client Agreement

With guidance from the IRP, LRPs must develop a standard client agreement that outlines the roles and responsibilities of clients and the LRP, the process for submitting grievances, the consequences of clients not complying with outlined responsibilities and client confidentiality and release of information. Client Agreements must be signed by all adult clients on the case.

Housing

Upon arrival and for a minimum of 30 calendar days thereafter, LRPs are responsible for ensuring that refugees under their care receive, or, in the case of those resettled through Virtual PIR are advised, regarding housing that meets local, state, and federal standards for decency, safety, and sanitation. Standards for appropriate refugee housing include:

1. The immediate surroundings must be free, to the extent reasonably possible, from known or visible criminal or vice-related activities (e.g., drug trafficking, prostitution, or other activities that may pose safety risks). LRPs must exercise due diligence in assessing neighborhood conditions and counsel refugees and U.S. ties accordingly to promote a safe living environment.
2. All interior and exterior areas and components of the housing must be free of visible health and safety hazards and in good repair, including no visible bare wiring, no peeling or flaking interior paint in dwellings built before 1978, no visible mold, and no dangerous or unsanitary odors.

3. Identified and accessible emergency escape route(s); fire extinguishers in accessible locations where required; working locks on all windows and exterior doors; an appropriate number of working smoke detectors; functioning windows; adequate heat, ventilation, lighting, and hot and cold running water; and electrical fixtures in good repair.
4. Minimum habitable area for each occupant, including an appropriate number of bedrooms or sleeping areas.
5. Stove, oven, refrigerator, sink, flushing toilet, and shower or bath in good repair. If refugees are in temporary housing for more than three calendar days, temporary housing must include appliances sufficient for refugees to store and prepare food.
6. Easily accessible garbage storage or disposal facility.
7. Free of rodent and insect infestation (e.g. recurring droppings, nesting material, or clusters of insects).
8. For refugees with disabilities, housing must be free of, or allow removal of, architectural barriers and accommodate known disabilities to the extent required by law.
9. Allow the family, to the extent possible, to assume rent payments at the end of the PIR period while retaining sufficient resources for other essential expenses.

LRPs must ensure refugees receive essential items, whether directly or, in the case of Virtual PIR, through counseling U.S. ties on adequate housing requirements. Items do not need to be new, but must be clean, functional, and in good condition.

The following must be provided and/or present upon arrival:

- Beds appropriate for the age and sex composition of the family; one pillow per person; and sufficient seasonally appropriate linens. While family members may choose their own sleeping arrangements, the provider must ensure that the household has an adequate number of age- and gender-appropriate beds. Only married couples or young children of the same sex must be expected to share beds;
- Personal hygiene items, including bath towels, toiletry items, and sanitary napkins;
- Kitchen items to meet the family's basic needs, including cookware and cooking and eating utensils; and
- Baby items, including diapers, as needed.

LRPs must ensure that the following items are provided and/or present, as needed, within 30 days of moving into permanent housing:

- A set of drawers, closet shelves, or other unit appropriate for storage of clothing;
- One kitchen table per family and one kitchen chair per person;
- One couch, or equivalent seating, per family, in addition to kitchen chairs;
- One lamp per room, unless installed lighting is present and adequate, and light bulbs; and
- Household cleaning supplies.

Resettlement Services

LRPs must provide all clients with the following services:

- Meet new refugee arrivals at the airport of final destination or ensure U.S. ties do so and transport them to furnished housing.
- Assist with emergency health needs upon arrival, as needed.
- Conduct an in-person home visit as soon as possible, but no later than 72 hours after case arrival to assess living conditions and needs of the refugee(s). Under the following circumstances, the initial home visit must be conducted on the next calendar day after arrival:
  - a U.S. tie meets the refugee(s) at the airport without the presence of an LRP staff member or volunteer, or
  - none of the case members have immediate access to a phone in case of an emergency, or the case includes a minor unaccompanied by parents and seeking to be united with relatives or other caretakers, including parents (codes M2, M3, M5, M6).
- On the day of arrival, provide an initial orientation on personal safety, emergency contacts and procedures, and basic instructions on how to use features of the home such as appliances, locks, and utilities.
- Conduct at least one additional home visit within 30 calendar days of arrival. If the refugee moves from temporary housing to permanent housing within their PIR period, conduct an additional home visit to assess welfare and living conditions.
- Assist clients to apply within seven business days to ongoing ORR-supported and mainstream community programs including, but not limited to:
  - cash and medical assistance
  - English language training
  - employment and social services
  - other mainstream community programs and specialized services, such as Supplemental Security Income, and Special Supplemental Nutrition Program for Women, Infants and Children, as appropriate and eligible
  - Note in the client's case file any benefit applications that are delayed due to circumstances outside of the control of the provider (for example, pending receipt of a social security number).
- Contact the local Social Security Field Office if Social Security Cards (SSCs) are not received within three weeks of arrival to determine whether a new application is necessary. If a new application is required, assist the refugee with submitting it as instructed by the local Social Security Field Office. Note that some refugee follow-to-join (FTJ) cases are processed through U.S. embassies rather than through Resettlement Support Center (RSC) assistance and may not have applied for an SSC upon arrival at a U.S. port of entry. For all FTJ cases, the LRP must check the USCIS Employment Authorization Document (EAD)

Receipt Notice to verify whether an SSC was requested. If it was not, the LRP must assist the refugee in scheduling an appointment at the local Social Security Field Office.

- If EADs are not received within four weeks of arrival, elevate to the IRP who will raise with ORR.
- Orient refugees to the following requirements (as applicable) and assist with submitting any required documentation:
    - AR-11 Change of Address within 10 calendar days of arrival
    - Selective Service registration within 30 calendar days of arrival
    - Steps required to obtain a driver's license or state ID
- Assist with transportation to job interviews and job training.
- Assist with school enrollment for all school-aged children as soon as possible, and no later than 30 calendar days from the date of arrival when schools are in session. If schools are closed for summer or holiday break, the LRP must complete all preparatory steps and ensure enrollment is submitted or scheduled as soon as the school reopens.
- Orient clients to their new community and life in the United States, covering topics such as employment, housing, U.S. laws, public education, transportation, English language learning, financial management, and healthcare access. Resources are available through Switchboard and SettleIn.
- Connect each member of the case to additional services (e.g., case management) based on identified needs, including both ORR-funded programs and other community resources.

Material Resettlement Support *(to be provided for a minimum of 30 days after arrival)*

- Ensure clients have essential goods such as critical medications, groceries, weather-appropriate clothing, diapers, formula, car seats, hygiene products, basic home furnishings, and reliable access to a phone for communication and service coordination for a minimum of 30 days after arrival.
- Provide culturally appropriate, ready-to-eat food on the day of arrival, as well as culturally appropriate food and seasonal clothing as necessary to meet immediate needs prior to receiving their first home visit.
- Ensure the refugee has access to food or food allowance until receipt of establishment of benefits or other assistance sufficient to cover purchase of food or until the individual or family can otherwise provide food for themselves.

Initial Self-Sufficiency and Service Planning

- Develop an initial SSP with each case within seven business days of arrival. This plan is intended to be developed in collaboration with the arriving refugees to establish a strong foundation for achieving early self-sufficiency by including initial needs, barriers, and

resettlement goals for each member of the case. While IRPs and/or LRPs may use their own templates, the plan must include action steps with timelines, referrals and services, follow-up plans, and client acknowledgement confirming they have reviewed and agreed to the plan.

- Upon completion of the PIR service period, conduct an exit interview with each adult client (clients on the same case may be interviewed together) to assess the status of the SSP and general progress against PIR goals. As part of the SSP review at case closure, the LRP must also ensure that the needs of minor case members have been addressed or referred to appropriate ongoing services. This review must be conducted with the parent or legal guardian and must not involve a direct assessment of the child unless appropriate and agreed upon by the family. The exit interview must also be used to identify any services that are outstanding and/or which may be needed after the PIR service period, as well as to provide additional counseling and orientation to refugees as needed. Using the information gathered in the exit interview, the LRP must then complete a 90-day report according to ORR-issued instructions.

Medical Case Planning and Access to Health Services

- Share relevant pre-arrival medical information with SRHC and appropriate local healthcare providers for cases with known medical needs.
- Coordinate with the SRHC and/or local health care providers to ensure that refugees requiring medical care upon arrival can access appropriate medical services.
- Ensure that refugees with acute health care requirements receive appropriate and timely medical attention.
- Coordinate with the SRHC to ensure that refugees with medical conditions affecting public health and requiring treatment are reported to the appropriate county or local health agency as required by law.
- Help clients schedule and obtain a domestic medical screening as outlined by the Centers for Disease Control and Prevention's Guidance for the U.S. Domestic Medical Examination for Newly Arriving Refugees, including tuberculosis screenings and any required vaccines as soon as possible but no later than 90 days from the date of arrival.
- Encourage and assist refugees as soon as possible after arrival to obtain or complete immunizations as required for adjustment to permanent resident alien status one year after arrival.
- Orient refugees to available health care services, as needed, during the PIR service period. Assist clients with accessing healthcare services as needed.
- Assist refugees in accessing appropriate providers of continued therapy or preventive treatment for health conditions affecting public health.
- For Class A Medical Cases:

- Assist refugees with Class A physical disorders affecting the public health (as designated by the Public Health Service) to report within seven calendar days of arrival to the official public health agency in the resettlement area; request the local health provider (by telephone or in person) to give refugees with Class A health conditions an appointment date within seven calendar days of their arrival; and document in the case file the dates of such requests including the name of the individual contacted.
- Assist refugees with Class A mental disorders to receive within 30 calendar days of arrival an initial evaluation by the health care provider who supplied a written commitment prior to the granting of a waiver for admission; request the health care provider to provide a copy of the initial evaluation to Refugee Activity, Division of Quarantine, Centers for Disease Control and Prevention, Atlanta, Georgia 30333; make reasonable efforts to ensure that such refugee receives assistance in seeking medical treatment, education, and training that any previously identified mental disorder may require; and document in the case file the dates of such assistance and requests including the name of the individual contacted.

Requirements for Cases Including Minor Children

All refugee minor children will be assigned a minor code while still overseas and prior to PIR case placement according to the following definitions:

Minor Code	Definition
M1	Minors attached to, traveling with, and resettling with biological or legally adoptive parents
M2	Minors attached to, traveling with and resettling with blood relatives other than biological or legally adoptive parents
M3	Minors attached to, traveling with, and resettling with non-relatives and minors traveling alone to join non-relatives
M4	Minors destined for foster care via the Unaccompanied Refugee Minors (URM) Program
M5	Minors traveling apart from but destined to join biological or legally adoptive parent(s). This includes minors traveling alone to joining parent(s) in the U.S., minors traveling with relatives other than parents to join parent(s) in the U.S., and minors traveling with non-relatives to join parent(s) in the U.S.

M6	Minors traveling apart from blood relatives (other than parents) they are destined to join. This includes minors traveling alone to join a relative (not parent) in the U.S. and minors traveling with non-relatives to join a relative (not parent) in the U.S.
M7	Minors who are married regardless of their traveling companions or U.S.-based relatives.

Requirements for all cases with minor children, regardless of minor code:

- LRP staff must receive training regarding and are expected to follow all state and local child abuse and neglect mandatory reporting laws.
- Ensure that refugee children are considered during the service planning process with considerations for infants, toddlers, and pre-school aged children, school-aged children, and for older youth
- Ensure that material resettlement support reflects age-specific needs of all minors included on the case (i.e. diapers, car seats, school supplies)

Requirements for refugee minors coded M2-M7 are as follows:

- Ensure that case files pertaining to minors coded M2–M7 are easily identifiable and separable and include a copy of the Best Interest Determination (BID), if available.
- Complete suitability determinations before case placement assurance for minors joining caregivers, including relatives and parents, already in the U.S. (i.e. codes M3, M5, M6) and within seven calendar days of arrival for minors traveling with relatives or other caregivers (M2, M3). Each report must include an assessment of:
    1. The caregiver(s) and child's relationship history (before and after arrival)
    2. The caregiver's ability and willingness to care for the child
    3. The caregiver's understanding of legal custody or guardianship requirements and
    4. Any relevant state legal requirements (i.e., licensing, custody).
- If placement is unsuitable immediately notify ORR and report to local child welfare authorities if necessary.
- Provide written and translated information on legal responsibilities (guardianship, custody, or foster licensing) for caregivers of M2, M3 or M6 cases, have caregivers sign the acknowledgment, and keep a copy in the case file. Assist caregivers in accessing support in seeking legal responsibility, as appropriate and available.
- For M2, M3, M5, M6 and M7 cases:
    1. Maintain regular contact with the minor for 90 days following arrival
    2. Conduct at least one home visit per month during the first three months of resettlement, ensuring direct engagement with the minor(s) at each visit to observe the minor's physical, mental and emotional well-being; and

3. Complete and submit required Well-Being Reports using the standardized reporting formats provided by ORR. Reports must reflect information obtained through all relevant points of contact, including home visits, assessments, caregiver engagement, referrals, and other PIR activities conducted during the reporting period. Well-Being Reports must also include an assessment of the caregiver's and family's capacity and willingness to provide ongoing care and support, and, when applicable, information regarding plans to pursue legal responsibility for the minor under state law.
    - A 7-Day Well-Being Report for any minor whose Suitability Determination was conducted prior to their arrival in the United States.
    - A 45-Day Well-Being Report for all minors coded M2-M7.
    - A 120-Day Well-Being Report for all minors coded M2-M7. Note: this Well-Being Report must also address continuity of services and support following the PIR period, including the coordination of longer-term services with SRCs, state agencies, community partners, and other service providers, as appropriate.

2. Unaccompanied Refugee Minors (M4)
   Minors coded M4 are served exclusively through ORR's URM Program. Because the URM Program operates under a separate placement, service delivery, case management, and reporting framework, post-arrival PIR service requirements generally do not apply following placement into the URM Program unless otherwise specifically required by ORR. Under ORR's direction and with ORR's approval, some IRPs may engage in pre-arrival planning and placement coordination activities to support placement of M4 cases into the URM Program.

Participant Service Period

PIR services are time-limited and intended to assist clients during their initial resettlement period and link them to ongoing ORR-funded or community-based supports. LRPs must provide services to eligible clients for a minimum of 30 days and a maximum of 90 days following the client's arrival at their final destination in the United States, or upon approval for SIV walk-in cases.

Case File and Documentation Requirements

Service Documentation

In the RADS system, maintain a single case file for each case encompassing the Principal Applicant (PA) and all other family members receiving services. Each file must document all services, referrals, and assistance provided, and also include:

- A case note log documenting the date, mode, and content of all contact with the refugee during the PIR service period (e.g., home visit details, orientation updates, etc.),
- A self-sufficiency plan for each case.
- A copy of the client agreement signed by all adults on the case.
- For cases with minors coded M2-M7, copies of suitability determinations for placement of refugee minors, Well-Being Reports (7-Day, 45-Day, and 120-Day), signed statements concerning responsibilities and legal obligations in the state of residence, and a copy of the Best Interest Determination (BID) for the child, as applicable and available. Case note logs must reflect regular contact with the minor throughout the PIR service period.
- Documentation of all direct assistance expenditures, including disbursement of flexible funds and pocket money, to ensure compliance with internal policies and accountability for the use of ORR funds. Clients must acknowledge receipt of assistance and LRPs must maintain records in the case file.

Situation Reports

Recipients must submit a Situation Report whenever they become aware of a concern identified on the ORR PIR Situation Report Form involving a newly arrived case.

Situation Reports must summarize the circumstances of the event or concern, actions taken, referrals made, and any required notifications or reports provided to appropriate authorities.

Recipients must submit a Situation Report and any required supporting documentation to the ORR PIR Program Officer within three business days of learning about the situation. In the event of a participant death during the PIR period, recipients must notify ORR by email within 48 hours in addition to submitting a Situation Report. Other situations to report may include but are not limited to concerns regarding a U.S. tie, suspected fraud or exploitation, child safety and stability, medical information not noted, encounters with law enforcement, or repatriation during the PIR period.

Case Closure

When a client exits PIR services, the LRP must document the date of closure, the reason for early closure (if fewer than 30 days) and any referrals to related programs. At case closure, the LRP must conduct an exit interview with each adult client (clients on the same case may be interviewed together) to assess the status of their SSP and general progress against PIR goals. The exit interview must also be used to identify any services that are outstanding and/or which may be needed after the PIR service period, as well as to provide additional counseling and orientation to refugees as needed. Using the information gathered in the exit interview, the LRP must then complete a 90-day report according to ORR-issued instructions.

The LRP must provide the client with a formal letter certifying case closure and keep a copy in the case file. The letter will contain, at minimum:

- A description of PIR services provided and the relevant outcome/s;
- A reminder to adjust immigration status to that of lawful permanent resident (LPR) after one year from the date of grant of the immigration status that made the individual eligible for ORR services if applicable, and a reminder that failure to do so may result in loss of eligibility for certain benefits;
- A reminder that upon moving to a new address, the client must complete and submit a Change of Address Form AR-11 to USCIS and a Change of Address Form with the United States Postal Service (USPS);
- Notification that ORR-eligible populations are eligible for ORR-funded state-administered social services for up to five years and a list of ORR-funded and other resources and services available in the area; and
- LRP contact information for client use as needed.

An LRP is not expected to continue services if (1) the refugee does not remain in the general geographic area where initially placed and cannot be transferred; or (2) the refugee refuses to receive services from or to cooperate with the LRP. In cases when non-cooperation by the refugee makes compliance impossible, the LRP must ensure that the refugee is counseled and that such counseling and result is noted in the case file. Any other barriers to full compliance that are beyond the control of the LRP must be documented in the case notes.

LRPs must allow ORR staff to review case files upon request. Case files must be secured so that only authorized staff can access them. LRPs must ensure that all staff adhere to the plan for protecting personally identifiable information and personal health information submitted in the application for funding. If staff use an electronic system, they must restrict access to authorized users and use encryption to protect participant information. If staff use a paper case file system, files must be kept confidential and stored in a locked file cabinet that can only be accessed by authorized staff.

Intensive Case Management

Program Requirements

Participant Service Period

LRPs must serve clients enrolled in ICM services for a minimum of six months and a maximum of 12 months. For clients identified as disabled or chronically ill, the service period must extend from at least 12 months to no more than 24 months.

Clients identified as unanticipated refugee arrivals in underserved locations must receive ICM services for a minimum of three months and up to 12 months.

Clients may participate in group-only ICM for no more than six months. If, after six months, a client still requires support, they may continue receiving services through individual ICM for the remainder of their ICM service period.

If a client demonstrates a need for continued services following the conclusion of their service period, the IRP may request approval from ORR for re-enrollment. Exception requests should be sent to orrpcexceptionrequest@acf.hhs.gov and must include an explanation of the need for continued services. If approved, clients may receive up to an additional 12 months of ICM services. Clients identified as disabled or chronically ill may receive up to an additional 24 months of services. A client may not be re-enrolled in ICM services more than once.

Case File and Documentation Requirements

LRPs must maintain case files documenting ICM services provided through the PC program. Unlike PIR, LRPs will not use RADS for case file documentation. LRPs may develop their own process for creating and storing required case information.

Each ICM client's case file will document the following:

1. Client Intake and Eligibility: Intake information must include the following:
    - Name
    - Date of eligibility
    - Date of enrollment
    - Documentation of the client's eligibility for services
    - Alien number
    - Birth date
    - Current address
    - Nationality

- Native language(s)
- Primary vulnerability to be addressed in ICM
- Secondary vulnerabilities if applicable
- Current self-sufficiency status.

2. Notification of Pending Enrollment: LRPs must establish a process to confirm that the client is not currently enrolled in ICM services at another site.
3. Client Agreement Form: Provide each client with a form describing the ICM program, the service period, the roles and responsibilities of staff and the client, grievance process, grounds for termination from the program, and client confidentiality and release of information that specifies the scope of the information to be released and timeframe in which it may be released. LRPs must obtain the client's signature and date on the form.
4. Case Management Self-Sufficiency Plan: Include a signed SSP detailing the following:
    - Barriers to self-sufficiency, focusing on the self-sufficiency evaluation elements for which the client is currently rated as "at-risk" and describing how the client's primary vulnerability contributes to or interacts with challenges in that specific area. For example:
        - *Transportation:* Client does not own a car and has no reliable means of transportation, which makes it difficult to attend medical appointments to address their chronic illness.
    - Services the case manager will provide and frequency of service
    - Services that will be provided through external referrals
    - Action items for the client including timeframes for completion
    - Expectations for self-sufficiency at the end of the service period

    LRPs must fully engage the client in self-sufficiency planning so that they are empowered to address their needs as independently as possible. LRPs must fully personalize the SSP for each client even if multiple clients are receiving similar services. If the client is a minor, LRPs must engage a parent or adult caregiver in development of the SSP as appropriate.

    Note that ORR requires development of a new individualized SSP upon enrollment in ICM services, including for individuals SSPs created through PIR services.

    1. Childcare: Include information on arrangements for childcare, if needed, to allow clients to participate in services.
    2. Emergency Financial Assistance: IRPs must develop policies stating in what circumstances clients may receive direct financial assistance and ensure that LRPs adhere to these policies. Document information on any financial assistance provided using PC funds.
    3. Referrals: Document referrals to external services supporting the client's SSP.
    4. Staff-Client Interaction: Include documentation of regular contact with the client with summary notes that include the date, format (e.g., in person,

phone, email), purpose, and outcomes of each contact. The frequency of contact is to be based on client needs but must take place at least once per month.

5. Service Documentation: Document all client contact and service provision, including services delivered by external providers.
6. Orientation and Group Therapy: If an ICM client is enrolled in a cultural orientation program or group/individual therapy, document the date, type, intended duration, expected outcomes, and provider.
7. Self-Sufficiency Status: LRPs must document the client's rating in each Client Assessment Indicator at intake and every 180 days after the date of enrollment, as well as at case closure if the closure date does not correspond with the periodic assessment. For PC program purposes, ORR defines a client as self-sufficient when they achieve a rating of "stable" or "thriving" in all assessment elements.

LRPs must provide all documents requiring client signature in a language the client can understand and document provision of translation or interpretation services with the client's signature or initials.

Case Closure

When a client exits ICM services, LRPs must document the date of closure, the client's self-sufficiency status at closure, and any referrals to programs that will provide ongoing support related to client vulnerability or vulnerabilities.

LRPs must specifically note whether the reason for closure is:

- Completion of service period (achieved stability in all assessment elements)
- Completion of service period (did not achieve stability in all assessment elements)
- Voluntary withdrawal
- Transfer to another LRP
- Termination
- Other reason (describe)

LRPs must provide the client with a formal letter certifying case closure and keep a copy in the case file. The letter will contain, at minimum:

- A description of ICM services provided and the relevant outcomes;
- A reminder to apply for adjustment of status to lawful permanent resident (LPR) one year after receiving the immigration status that established eligibility for ORR services if applicable, and that failure to do so may result in the loss of certain benefits;
- A reminder that upon moving to a new address, the client must complete and submit a Change of Address Form AR-11 to USCIS and a Change of Address Form with the United States Postal Service (USPS);

- Notification that ORR-eligible populations are eligible for ORR-funded state-administered social services for up to five years and a list of ORR-funded and other resources and services available in the area; and
- Contact information for the LRP for use by the client as needed.

LRPs must allow ORR staff to review case files upon request. When not in use, all files must be secured so that only authorized staff have access. Electronic case files must be access-restricted and protected with encryption to safeguard client information. Paper case files must be stored in a locked file cabinet accessible only to authorized staff.

Client Transfer

If an enrolled client relocates to a location not served through their current LRP's ICM program, the LRP must provide the client with contact information for a LRP that serves the new location. If the LRP is not certain which providers operate in that area, the applicable IRP should contact ORR for information. ORR expects all LRPs to accept transfers of eligible ICM clients following relocation if they have capacity to do so. If a client in need of ICM services relocates to an area not covered by any LRP, the IRP must notify the ORR PC program officer.

Required Program Activities

ICM is intended for eligible individuals with significant vulnerabilities that may create barriers to assimilation and self-sufficiency. The purpose of ICM services is to address these vulnerabilities through case management and connection to supplementary support services.

Vulnerability Categories

Vulnerabilities that may make a client eligible for ICM services include:

1. Disability or chronic illness
2. Significant medical needs
3. Significant psychosocial condition
4. Significant issues related to social adjustment or isolation
5. Single head of household
6. Advanced age with associated risk factors
7. Caregiver needing additional support
8. Young adult without family support
9. Survivor of torture and/or trauma
10. Unaccompanied minor
11. Resident of underserved area
12. Family destabilization

ORR may define additional vulnerabilities as needed.

Upon enrollment, LRPs must identify one primary vulnerability for each client and may identify one or more secondary vulnerabilities as appropriate. Staff should recognize that clients may not initially self-identify with certain vulnerabilities, and that these may become clearer over time as staff establish trust with the client. ORR encourages LRPs to use an open-minded, comprehensive, and compassionate approach when assessing vulnerabilities.

Client Assessment Indicators

Before enrolling a client in ICM, LRPs must assess the severity of their needs and determine what level and type of services are required. The assessment must examine how the client's vulnerabilities contribute to or interact with the specific areas of self-sufficiency listed below. For example, a client with serious medical issues must be evaluated on their ability to access transportation specifically as it relates to accessing medical care.

LRPs must evaluate each client in each of the following Client Assessment Indicators:

1. Access to stable housing
2. Health and mental health needs
3. Food security
4. Financial stability
5. Financial management
6. Access to health care
7. Access to transportation
8. Access to available public benefits
9. Social adjustment and assimilation
10. Family wellness

For each element, LRPs must assign one of the following ratings:

Thriving – The client's vulnerability does not create notable hardship related to this element and they can meet related needs without ICM support.

Stable – The client's vulnerability creates limited hardship related to this element, but they can generally address related needs with little or no ICM support.

At-Risk – The client's vulnerability creates significant hardship related to this element, posing an active threat to self-sufficiency or well-being.

Orientation

LRPs must provide all ICM clients with comprehensive orientation about the ICM program to ensure they are informed of the nature of the program, its goals, and the specific services offered.

Case Management

LRPs must provide each participant with a case manager who schedules regular consultations to track progress toward goals. The case manager must identify and share appropriate training, education, and certification opportunities with the client. The case manager must maintain substantial interactions with the client at a frequency determined by the client's needs and at least once every 30 days, beginning upon enrollment and continuing regularly throughout the service period.

Customized Self-Sufficiency Plan

Upon enrollment, LRPs must ensure that each ICM client develops a customized SSP in collaboration with the case manager. The SSP must include:

- Components of self-sufficiency, with emphasis on areas where the client is currently evaluated as "at-risk" and any related barriers to stability
- Specific and achievable goals supported by ICM activities
- Projected timeframes and corresponding action steps
- Strategies to address and remove identified barriers

LRPs must develop the SSP using a strengths-based approach. The case manager must clearly explain to the client the purpose of the SSP and how it will be used to connect the client to appropriate services. IRPs must provide clear guidance and/or a standard SSP template to subrecipients to ensure all SSPs meet program standards. The SSP must also document client understanding of and agreement to any subsequent changes to the plan.

Connection with Appropriate Services

LRPs must provide or connect each participant with services that address their specific area of vulnerability. Associated services include, but are not limited to the following:

1. Disability or Chronic Illness/Significant Medical Needs

LRPs must help clients manage their healthcare and access appropriate medical providers. LRPs must ensure that clients can obtain necessary health and medical services.

Services for the clients should include, as needed:

- Connecting clients with domestic medical screenings if they were not previously linked to screening services through PIR or other programs. These costs are typically covered by Refugee Medical Assistance (RMA) or Medicaid.
- Assisting uninsured clients with enrolling in healthcare coverage, including RMA, Medicaid, federal marketplace plans, and other state or local coverage options.

- Coordinating with medical providers to arrange interpretation and transportation, develop a service plan, and support the client's medical needs, such as disease management or medication education.
- Facilitating access to confidential medical and support services for adults living with HIV/AIDS, including HIV education, prevention, counseling, testing, and referrals. LRPs must also help connect clients with appropriate social support networks and HIV/AIDS service organizations.
- Supporting access to other health-related services, such as accessible housing assistance, and assisting clients in navigating large institutions like state Health and Human Services agencies and the SSA.

2. *Significant Psychosocial Condition*

LRPs must ensure clients receive appropriate, culturally informed care to treat and manage psychosocial conditions.

Services for the clients should include, as needed:

- Case management
- Counseling and emotional support
- Psychiatric evaluation, treatment, and medication monitoring, as needed
- Opportunities to participate in peer support groups

3. *Significant Issues Related to Social Adjustment or Isolation*

Some new arrivals may struggle to adjust to their new community while feeling disconnected from their home country and culture. These individuals may face discrimination and encounter social or economic challenges.

Services for these clients should focus on social adjustment, which may include extended cultural orientation, behavioral health counseling, and support in forming appropriate and supportive community connections.

4. *Single Head of Household*

Single heads of household often carry multiple responsibilities, including caregiving, income generation, and navigating systems without additional adult support. These pressures may create barriers to stability, safety, and long-term self-sufficiency.

Services for these clients should include, as needed:

- Assistance accessing childcare and family support services
- Enhanced employment, financial, and benefits navigation support

- Connection to parenting resources and community programs
- Safety planning and referrals when concerns about domestic violence or family safety arise
- Expanded language access and interpretation support to reduce isolation and improve system navigation

5. *Advanced Age with Associated Risk Factors*

Older adults may experience greater difficulty with social adjustment due to isolation and limited mobility. Vulnerabilities may be heightened by factors such as disability or limited English language proficiency. LRPs should prioritize the use of volunteers and in-home services. ORR also encourages LRPs to partner with Home Nursing Services to ensure home-bound clients can access needed care.

Services for these clients should include, as needed:

- English language training
- Assistance learning to use public transportation
- Connection to the Area Agency on Aging for additional support resources
- Support in obtaining accessible housing, particularly for individuals with mobility challenges
- Home health services
- Connection to qualified legal providers (attorneys or Department of Justice-accredited representatives) for naturalization assistance
- Support in forming connections with community organizations offering social and spiritual support

6. *Caregiver Needing Additional Support*

Some clients serve as caregivers for children, older adults, or family members with disabilities or complex needs. Caregiving responsibilities may limit a client's ability to work, attend appointments, or participate fully in resettlement services. These challenges may be particularly pronounced when children are residing with relatives other than their biological or legally adoptive parents, or with non-relative caregivers. When concerns are identified, recipients should provide or coordinate services that strengthen caregiver-child relationships, support caregiving stability, and promote the well-being of both children and caregivers.

Services for these individuals should include, as needed:

- Assistance accessing respite care or caregiver-support programs
- Education and support for caregivers on child development, trauma-informed caregiving, and
- navigating changing caregiving roles and family dynamics.

- Connection to disability-related services, home health supports, or early childhood programs
- Help coordinating medical, educational, or social services for the care recipient
- Strength-based coaching and counseling to reduce stress and prevent caregiver burnout
- Support with benefits applications and public programs that may reduce financial strain

LRPs are encouraged to use a caregiver-centered and child-focused approach that recognizes the diverse caregiving arrangements in which children may reside. Services should promote stable, supportive caregiving relationships and positive child outcomes while supporting participant safety, permanency, and well-being.

7. *Young Adult Without Family Support*

Young adults arriving without family support may struggle with independent living, employment, and navigating complex systems. Limited support networks can increase vulnerability to exploitation, housing instability, and mental health challenges.

Services for these clients should include, as needed:

- Support in obtaining stable housing, education, and employment
- Life-skills coaching (budgeting, transportation, health system navigation)
- Connection to mentoring programs and supportive peer networks
- Access to mental health, behavioral health, and adjustment supports
- Referrals to youth-serving community organizations and volunteering and recreation programs
- Support for maintaining healthy family connections with minor siblings in the URM Program, when applicable.

8. *Survivor of Torture and/or Trauma*

Many refugees have experienced torture before fleeing their home countries or during transit. These survivors are particularly vulnerable upon arrival in the United States. A 2015 report estimated that approximately 44 percent of refugees and asylees have experienced torture and that as many as 1.3 million survivors may live in the United States.

LRPs should connect survivors of torture and/or trauma to services that are strengths-based, trauma-informed, and culturally and linguistically appropriate. These services may include physical, psychological, social, and legal support.

ORR funds several service providers specifically focused on survivors of torture. LRPs should refer eligible clients to these providers and make use of resources they have developed, including those that focus on specific refugee populations.

9. *Unaccompanied Minor*

Unaccompanied minors face unique risks due to their separation from parents or customary caregivers. They may require specialized support related to legal status, guardianship, education, and emotional well-being.

Services for these clients should include, as needed:

- Coordination with child-welfare systems, legal guardians, and school districts
- Trauma-informed counseling and youth-appropriate mental health supports
- Assistance accessing education, tutoring, and language learning programs
- Support with navigating immigration requirements and documentation
- Connection to community-based youth programs, mentoring, and recreational activities

10. *Resident of Underserved Area*

New arrivals generally resettle in areas with adequate and accessible services. However, some individuals may relocate to areas with limited services, which can create barriers to well-being and self-sufficiency. In other cases, an unexpectedly large influx of arrivals to an area may strain existing services. In these situations, LRPs should focus on helping clients access available service networks and build community connections that reduce barriers to self-sufficiency.

11. *Family Destabilization*

Some refugee families may experience instability during resettlement due to financial hardship, housing insecurity, unemployment or underemployment, family conflict, domestic violence, social isolation, mental health concerns, or difficulty accessing essential services. These challenges may be intensified by prior trauma, displacement, language barriers, shifting family roles, intergenerational differences in acculturation, and limited support networks.

Services for the clients should include, as needed:

- Safety planning and referrals for domestic violence services
- Increased housing, financial, and employment support
- Mental health and family strengthening services
- Expanded interpretation and language access services
- Connection with specialized community-based organizations

Partnerships

IRPs and LRPs must establish formal partnerships with appropriate organizations as needed by signing a memorandum of understanding (MOU) or memorandum of agreement (MOA). These agreements help ensure comprehensive service delivery and prevent duplication of services.

Program Standards

ICM services must conform to the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (National CLAS Standards).

Optional Program Activities

Group-Based Programming

Some individuals may benefit from group-based ICM programming including extended cultural orientation and support groups. If a client participating only in group programming does not improve to stable in all assessment criteria within six months of enrollment, the LRP must refer them to individual ICM services rather than group-only services.

Note that all documentation and service requirements for ICM apply to clients enrolled in group-based ICM services as well.

Remote Intensive Case Management

In exceptional cases, LRPs may provide remote ICM services to clients residing outside a 100-mile service radius, but the LRP must obtain ORR approval prior to enrollment or continuing services at a remote location. LRPs must also notify the SRC in the state where services are taking place and include their response and any noted concerns in your request to ORR.

Outreach and Gap Services

IRPs may focus on outreach and coordinate communications with stakeholders to identify gaps in services and develop responses to meet unmet needs of vulnerable refugees.

LRPs may provide additional services to participants during their five-year period of ORR eligibility through the ICM component that address client self-sufficiency and well-being. Examples include, but are not limited to, housing assistance, medical assistance, and referral to qualified legal assistance for support in complete documentation related to maintaining immigration status and applying for permanent residency. LRPs may provide eligible individuals with such services regardless of whether they are enrolled in ICM services. At minimum, LRPs must maintain case notes and a self-sufficiency plan that explains the client's current barriers to self-sufficiency and how additional services will address these barriers. If a client requires only a one-time service, a self-sufficiency plan is not required, but the LRP must note in the client's case file how the service

will address a barrier to self-sufficiency. If the client returns for ongoing services, the LRP must create a self-sufficiency plan.

Other Activities

IRPs and LRPs may carry out other activities that support the goals of the PC program if they are approved in your application for funding or a change-of-scope amendment.