



UNACCOMPANIED REFUGEE MINOR (URM) HIGHER LEVEL OF CARE FUNDING REQUEST

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF REFUGEE SERVICES
SFN 1085 (9-2024)

This form is completed by the URM program for youth in need of Treatment Foster Care (TFC), Supervised Independent Living (SILP), or Qualified Residential Treatment Program (QRTP). The funding request is submitted to the HHS Office of Refugee Services URM Administrator for review and response.

Youth Name	Date of Birth
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TFC Level	Current Daily Rate
<input type="checkbox"/> Treatment Foster Care (TFC)	
<input type="checkbox"/> Emergency Placement	
<input type="checkbox"/> Base	

SILP Level	Current Daily Rate
<input type="checkbox"/> Supported	
<input type="checkbox"/> Accommodated	

QRTP Level

Location

Dakota Boys Ranch Association - Minot Campus Home on the Range

Payment Rate	Current Daily Rate
<input type="checkbox"/> Base Level	
<input type="checkbox"/> Level 2	
<input type="checkbox"/> Level 3	
<input type="checkbox"/> Emergency Rate	
<input type="checkbox"/> Aftercare Respite Rate	

Rationale for Request

Include summary of needs requiring a higher level of care and how the higher level will meet the needs. Describe assessment tools or process utilized to determine need and summary of results.

Signatures

URM Case Manager	Date
Agassiz Valley HSZ Child Welfare Division Manager	Date

Distribution: Youth File HHS ORS URM Administrator