**NOTICE OF SECONDARY MIGRATION**

**ATTACHED PAROLEE MINOR CASE - APA**

*To be completed by the original resettlement agency whenever a minor of M Codes M2, M3, M5, M6, or M7 moves to a second resettlement agency within the first 90 days after arrival to the final destination. Complete and submit this form through MRIS. Follow up with USCCB/MRS’s Refugee Child Protection Coordinator at* [*MRSRefugeeMinors@USCCB.org*](mailto:MRSRefugeeMinors@USCCB.org)*.*

| Agency |  | | | | | | *Caseworker* | |  | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *Caseworker Phone* | | | |  | | | *Caseworker Email* | |  | |
| **The following minor case has out-migrated:** | | | | | | | | | | |
| Case No. | |  | | |  | | Minor Code | |  | |
| Minor Name | |  | | |  | | Date of Arrival at Final Destination | |  | |
| Date of Birth | |  | | | Gender |  | Parole/Eligibility Date | |  | |
|  | |  | | |  |  | Date of out-migration | |  | |
| **To the best of our knowledge, the minor’s new address is:** | | | | | | | | | | |
| Responsible Adult | | |  | | | | Relationship to Minor | |  | |
| Address | |  | | | | |  | |  | |
| Telephone No. | |  | | | | | Other Phone No. | |  | |
| **Is the Responsible Adult the same person the minor was original placed with?** | | | | | | | | | | ☐ Yes ☐ No |
| **If not,** what is this Responsible Adult’s relationship to the minor? | | | | | | | | |  | |
| ☐ **We were unable to get information about where the minor now resides** | | | | | | | | | *(check the box)* | |
| **Comments** *Please include any information you have about reasons for the move, any change in Responsible Adult, or any other relevant information.* | | | | | | | | | | |
|  | | | | | | | | | | |
| **I have reviewed this form, and I believe this resettlement office has made a reasonable effort to determine the minor’s new address and has provided all necessary and appropriate services to the above-named minor.** | | | | | | | | | | |
| **Resettlement Director’s Name**  (or Authorized Resettlement Approver) | | | | |  | | | | | |
| **Signature** |  | | | | | | **Date** |  | | |