**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**.*

| 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** |  |