

Refugee and SIV Verifications

Migration & Refugee Services
Processing Operations

March 24, 2022



**Migration and
Refugee Services**

Renewing Hope. Seeking Justice.

UNITED STATES CONFERENCE OF CATHOLIC BISHOPS

Introduction

Hussain Kazimi
Processing Operations
Coordinator
is your facilitator today!



Zoom Features

1

Chat

2

Q&A

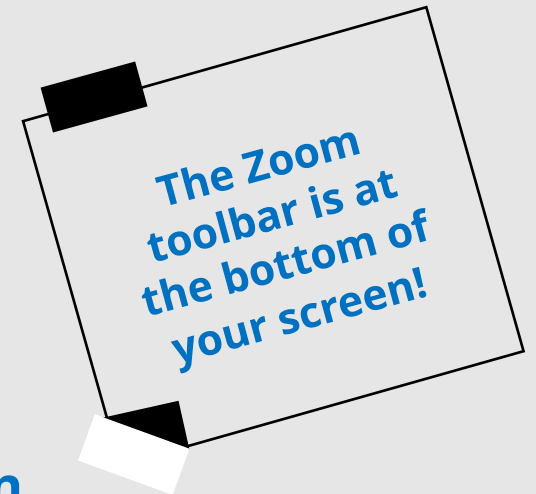
3

Raise Hand

Interact with presenters and attendees by:

- Typing into the chat box
- Asking questions in the Q&A
- Raising your hand

Questions will be answered at the end, during the Q&A session



Today's Agenda

1

Key Terms in Processing

2

Verification Basics

5

How to Update US Tie Information

3

Special Circumstances

4

Urgency Levels & Due Dates

6

Reminders

Learning Objectives

By the end of this webinar, you will be able to:

1

Explain how to review a case's bio and what information to look for

2

Discuss when to contact the US Tie and how to verify the US Tie's information

3

Describe how to update a US Tie's address and contact information when verifying a case

4

Explain what to do when a US Tie has relocated to a different city

5

Explain the difference between new verification and re-verification, urgency levels and due dates

Key Terms We Use in Processing Operations

- **Resettlement Support Centers (RSCs)**: overseas entities that process refugee cases for resettlement in the U.S.
- **Refugee Processing Center (RPC)**: domestic contractor with the State Department that provides technical support and coordinates between domestic and overseas partners; manages allocations process
- **No U.S. Tie (No UST) case**: case who does not list a friend/family member in U.S. with whom they wish to reunite
- **U.S. Tie (UST) case**: case who provides contact information for friend/family member in the U.S. with whom they wish to reunite
- **Cross-reference**: a link between two or more separate cases who want to resettle to the same final destination. They must be resettled by the same RA in almost all situations
- **Verification**: your affiliate's acceptance or rejection of a case
- **Assurance**: USCCB's processing and sending of your accepted verification to RPC/RSC
- **Same City Request**: cases that must resettle together, but don't necessarily have to travel together
- **Same Household Request**: cases that must travel and resettle together

Verification vs. Assurance



- **Verification**

Affiliate → National office

- **Assurance**

National Office → RPC → RSC/IOM

(These two terms are often used interchangeably)

Verification Basics

US Tie
Verification

No US Tie
Verification

Your Role in The Verification Process

Four Main Questions to Ask When Verifying a Case:

- Is it a US Tie or a No US Tie Case?
- When is the Case's Verification Due Date?
- Is it a New Verification or Re-verification?
- Does the Case Have Any Special Verification Requirements?



Verification of US Tie Cases

US Tie
Verification

Between you and MRS

- You must confirm the US Tie relationship and willingness to reunite
- Determine with the US Tie the role that he/she will play in the resettlement of the case
- **What if we cannot locate the US Tie?**
 - Inform your Pre-Arrival Case Manager
 - PACM will request updated US Tie contact info from the RSC
 - Inform your PACM if you are unable to verify a case by the due date



Verification of US Tie Cases – Cont'd

US Tie
Verification

Some important points:

- ❑ The Reception and Placement program **#1** priority is family reunification. A US Tie's inability to assist in the case's resettlement is not a valid reason to reject a case.
- ❑ In other words, it is the responsibility of the *affiliate* (not the US Tie) to provide the refugee with the required resettlement services as outlined in the Cooperative Agreement.
- ❑ Affiliates are expected to accept US Tie cases regardless of specifications in placement assessment



Verification of No US Tie Cases:

No US Tie
Verification

Your Role:

Please ensure that your site has the below areas of capacity:

- Case Size Capacity
 - Primary Language
 - Nationality and Ethnicity Capacity
 - Medical and Mental
-
- **Placement Assessments can be updated by an affiliate at any time**
 - Placement decisions are made based upon that information



Verification of No US Tie Cases:

No US Tie
Verification

Some Important Points:

Some Valid Reasons for Rejecting No US Tie cases

- Affiliate is at capacity
- Has no case load capacity
- Lack of language/nationality capacity
- Has no medical capacity



PACMs review biodata forms to ensure US Tie cases and No US Tie cases with assured/arrived cross-references are placed with the right affiliate

What Should I Review On a New Case?



- Urgency
- Nationality & Ethnicity
- Case composition
- Language
- Cross-references

General Health

- Comments
- Condition
- Special Needs
- Medical Forms

| Bio Data Acceptance Form | | | | | |
|------------------------------|-----------------|-----------------------------|-------------|--------------------|----|
| Case Number | RW-123456 | Registration Date | 23 Mar 2012 | | |
| Location | Rwanda | USCIS Approval Date | | | |
| Priority | P1 | UNHCR Case # (NON WRAPS ID) | 999999999 | | |
| Urgency | NOR | Case Size | 2 | | |
| Country Fled | Dem. Rep. Congo | Case Type | Free | | |
| Fled Date | 01 Jan 2000 | | | | |
| Projected Arrival Date Range | | | | | |
| Case Members | | | | | |
| Last Name | Doe | | | | |
| Second Last Name | | | | | |
| First Name | Jane | | | | |
| Middle Name | | | | | |
| Gender | F | Alien Number | 99999999 | Ethnicity | HU |
| Marital Status | W | Date of Birth | 01 Jan 1969 | Date of Birth Est. | |
| Rel/PA | PA | Country of Birth | CG | Religion | PR |
| Minor Code | | Citizenship | CG | Nationality | CG |
| Member Number | 1 | Refugee Location | RW | | |
| Marriages | 1 | Maiden Name | | | |
| | | State/Province of Birth | | | |
| Country | ??? | Passport | | | |

| GENERAL HEALTH | | | |
|--|-----------|---------|---|
| Condition | Treatment | Urgency | Comment |
| HY | Followup | 4-6W | *From DS2054* HBsAg(21-Nov-2016): Negative; Hypertension stage 1 *From DS3026* Follow Up: within 1 month Continuing Medication (list type and dosage) family physician HBsAg(21-Nov-2016): Negative; Pregnancy Test(21-Nov-2016): Negative Class B other: hypertension, mild; stage 1 BP 142/94 |
| MI | NONE | NONE | |
| MI | Followup | IMM | |
| Follow Up: within 1 week _____ | | | |
| _____ Continuing Medication (list type and dosage) Psychiatrist _____ | | | |
| HBsAg(22 Nov 2016): Negative;Pregnancy Test(14 Mar 2018): Negative;Chlamydia Test(14 Mar 2018): Negative; | | | |
| B OTHER Psychiatrist review 26-Mar-2018 Diagnosis: Schizoaffective disorder, depressive type F25.1 In 2000, following DRC war and conflicts, her and family fled their country and her husband was later on murdered. She stated manifesting the following symptoms: | | | |

Two Examples of Biodata Comments:

| EMPLOYMENT / SKILLS | | | | | |
|---------------------|------------|------------------------|----------|-------------|-------------|
| Employment / Skill | Occupation | Organization / Company | Location | Start Date | End Date |
| E | Accountant | Ministry of Ind... | IZ | 01 Jan 1991 | 01 Jan 1996 |

Minor Questionnaire

Comments

Survivor of violence and torture Anchor Pref#9 added(travelled to the US ON 19 MAR 2008).

PETS

| Type of Pet | Pet Special Handling |
|-------------|----------------------|
| | |

Cross Reference

| Type | Case Number | Case Size | PA Name | Reason | Relationship to PA |
|------|-------------|-----------|---------|--------|--------------------|
| | | | | | |

| Language | Read | Write | Speak | Native |
|----------|------|-------|-------|--------|
| AR | G | G | G | Y |
| ENG | S | S | N | N |

EDUCATION

| School Type | School Name | Location | Course of Study | Degree/Cert. | End Date |
|-------------|------------------|----------|-------------------|--------------|----------|
| S | Al Rowad Seco... | | Secondary- opt... | NC | |

EMPLOYMENT / SKILLS

| Employment / Skill | Occupation | Organization / Company | Location | Start Date | End Date |
|--------------------|------------|------------------------|----------|------------|----------|
| | | | | | |

Minor Questionnaire

Comments

LGBTI

Reviewing Medical Forms

Significant Medical Conditions (SMC) Forms

1. Classification (Check all boxes that apply):

☐ No apparent defect, disease, or disability (See Worksheets DS-3025, DS-3026 and DS-3030)

☐ Class A Conditions (See Worksheets DS-3025, DS-3026, DS-3030)

- | | |
|--|---|
| <input type="checkbox"/> Tuberculosis disease | <input type="checkbox"/> Hansen's disease, untreated multibacillary or paucibacillary |
| <input type="checkbox"/> Syphilis, untreated | <input type="checkbox"/> Addiction or abuse of specific* substance on the CSA |
| <input type="checkbox"/> Chancroid, untreated | <input type="checkbox"/> Any physical or mental disorder (including other substance-related disorder) with harmful behavior or history of such behavior likely to recur |
| <input type="checkbox"/> Gonorrhea, untreated | <input type="checkbox"/> Immigrant visa applicant refuses vaccinations |
| <input type="checkbox"/> Granuloma inguinale, untreated | |
| <input type="checkbox"/> Lymphogranuloma venereum, untreated | |

☒ Class B Conditions (See Worksheets DS-3025, DS-3026, DS-3030)

- | | |
|--|--|
| <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Syphilis treated within the last year |
| <input type="checkbox"/> B1 TB, Pulmonary | <input type="checkbox"/> Any physical or mental disorder (excluding addiction or abuse of specific substance on the CSA but including other substance-related disorder) without harmful behavior or history of such behavior unlikely to recur |
| <input type="checkbox"/> B1 TB, Extrapulmonary | <input type="checkbox"/> Sustained, full remission of addiction or abuse of specific substance on the CSA |
| <input type="checkbox"/> B2 TB, LTBI Evaluation | |
| <input type="checkbox"/> B3 TB, Contact Evaluation | |
| <input type="checkbox"/> Hansen's Disease | |
| <input type="checkbox"/> Multibacillary, treated | |
| <input type="checkbox"/> Paucibacillary, treated | |

☒ Class B Other (Specify or give details from worksheets)

HBsAg(21-Nov-2016): Negative;
Hypertension stage 1

NOTE: This form is to be used only for Significant Medical Conditions. If there is no apparent disease, serious medical condition, or need for follow-up care, please do not complete this form.

Significant Medical Conditions Form

IVMIS EXAM ID: #34.29595

Date: 06-05-2017 Case No: TU-123456 Refugee Name: DOE, John
Location (transit station): Language(s): ARABIC, KURDISH Recommend expedite process on medical ground: ☒ No ☐ Yes
Alien No: A99999999 Gender: ☐ M ☒ F Date of birth: 06-19-1967

Significant Medical Conditions:

- | | | | |
|-----------------------------|--|--|---|
| 1. Hearing: | <input checked="" type="checkbox"/> Normal | <input type="checkbox"/> Impaired (needs hearing aid) | <input type="checkbox"/> Deaf |
| 2. Vision: | <input checked="" type="checkbox"/> Normal | <input type="checkbox"/> Impaired (best corrected < 20/100) | <input type="checkbox"/> Blind |
| 3. Learning/Development: | <input checked="" type="checkbox"/> Normal | <input type="checkbox"/> Needs special attention | <input type="checkbox"/> Not able/Dependent |
| 4. Communicating: | <input checked="" type="checkbox"/> Normal | <input type="checkbox"/> Can be understood with difficulties | <input type="checkbox"/> Not able/Dependent |
| 5. Mobility: | <input checked="" type="checkbox"/> Normal | <input type="checkbox"/> Can move with difficulties | <input type="checkbox"/> Not able/Dependent |
| 6. Trauma/Injury: | <input checked="" type="checkbox"/> Normal | <input type="checkbox"/> Assistance required | <input type="checkbox"/> Not able/Dependent |
| 7. Mental Health Condition: | <input checked="" type="checkbox"/> Normal | <input type="checkbox"/> Assistance required | <input type="checkbox"/> Not able/Dependent |
| 8. | | <input type="checkbox"/> Assistance required | <input type="checkbox"/> Not able/Dependent |
| 9. | | <input type="checkbox"/> Assistance required | <input type="checkbox"/> Not able/Dependent |

Assistance Required for Personal Care and Housing Requirements:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Fully independent, no assistance required | <input type="checkbox"/> Mobility problems, accommodation without stairs |
| <input type="checkbox"/> Minimal supervision for self-care required | <input type="checkbox"/> Wheelchair access needed |
| <input type="checkbox"/> Mobile/Assistance of 1 person required <input type="checkbox"/> Part-time <input type="checkbox"/> Full time | Schooling/employment needs: |
| <input type="checkbox"/> Immobile/Assistance of 2 or more persons required | <input checked="" type="checkbox"/> Can attend school/hold a job |
| <input type="checkbox"/> Other adaptation/employment/educational needs, specify: | <input type="checkbox"/> Needs special schooling/job arrangements |
| | <input type="checkbox"/> Unlikely to be able to attend school/hold a job |

Medical Follow up After Arrival: ☐ NO ☒ YES

- | | | | | |
|----------------|--|---|---|--|
| Urgency: | <input type="checkbox"/> Immediately | <input checked="" type="checkbox"/> In one week | <input type="checkbox"/> In one month | <input type="checkbox"/> In six months |
| Care Provider: | <input checked="" type="checkbox"/> Family physician | <input type="checkbox"/> Counseling/Psychotherapy | <input type="checkbox"/> Specialist, specify: | |
| Duration: | <input type="checkbox"/> Initial only | <input checked="" type="checkbox"/> Ongoing (specify if necessary): | | |

Medication Needs: ☐ NO ☒ YES, non injectables ☐ Yes, Medication Alert (injectables)

| Current Medications: Please indicate both brand and generic names: | Dose | Recommended supply upon arrival: Should not finish before the f/up medical appointment |
|---|------|---|
| 1. CANDESARTAN/ HCTZ 16/12.5 MG | QD | <input type="checkbox"/> 2 wks <input type="checkbox"/> 4 wks <input type="checkbox"/> 8 wks <input checked="" type="checkbox"/> 12 wks |
| 2. METFORMIN 100MG | BID | <input type="checkbox"/> 2 wks <input type="checkbox"/> 4 wks <input type="checkbox"/> 8 wks <input checked="" type="checkbox"/> 12 wks |
| 3. | | <input type="checkbox"/> 2 wks <input type="checkbox"/> 4 wks <input type="checkbox"/> 8 wks <input type="checkbox"/> 12 wks |
| 4. | | <input type="checkbox"/> 2 wks <input type="checkbox"/> 4 wks <input type="checkbox"/> 8 wks <input type="checkbox"/> 12 wks |

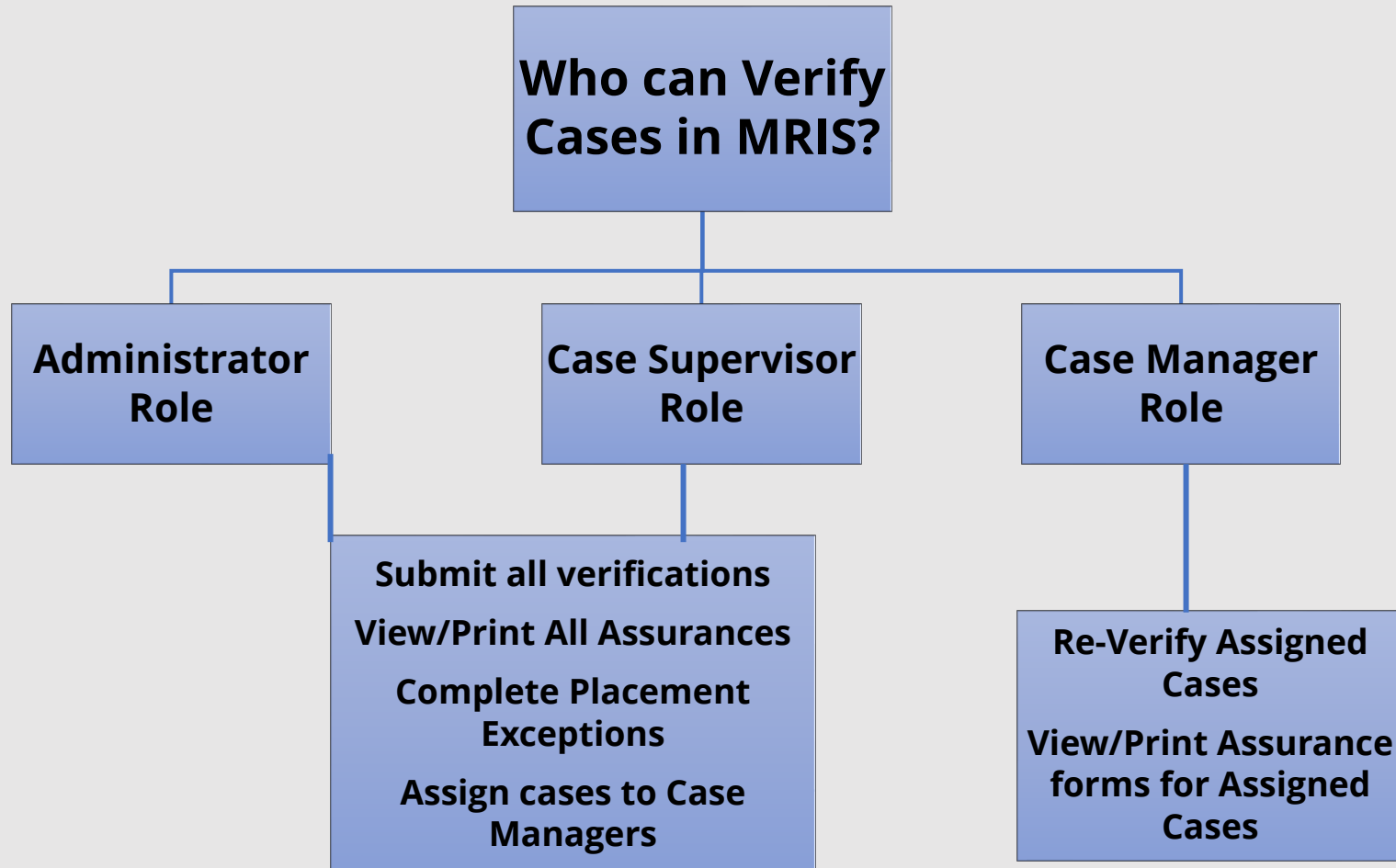
Comments:

Medical Requirements upon arrival to Final Destination: ☒ NO ☐ YES

- | | | | | | | |
|---|--|------------------------------------|----------------------------------|----------------------------------|------------------------------------|--|
| <input type="checkbox"/> Ambulance (at the airport) | <input type="checkbox"/> Hospitalization | <input type="checkbox"/> Immediate | <input type="checkbox"/> Planned | <input type="checkbox"/> Surgery | <input type="checkbox"/> Extensive | <input type="checkbox"/> Non-extensive |
| Other, Specify: | | | | | | |

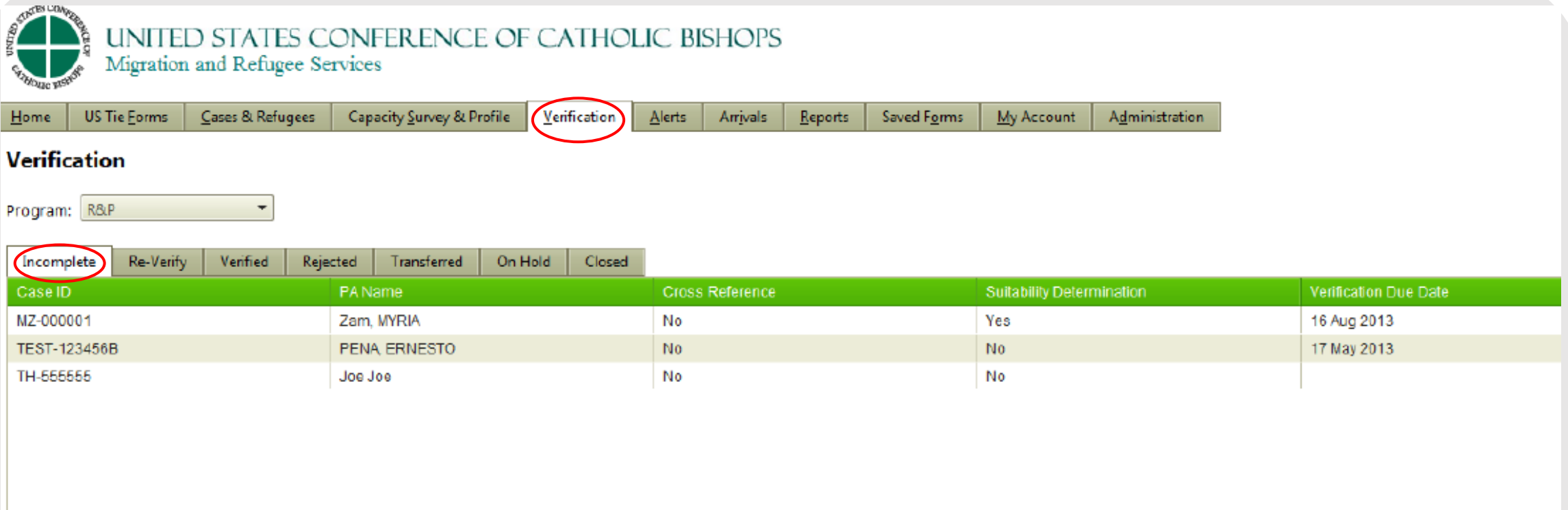
Comments:

User Roles



Portal Side Verification (what you see in MRIS)

Verification Requests Can be Found in The Alerts or Verification Tab



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Migration and Refugee Services

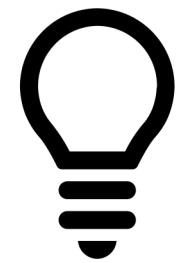
Home US Tie Forms Cases & Refugees Capacity Survey & Profile **Verification** Alerts Arrivals Reports Saved Forms My Account Administration

Verification

Program: R&P

| Incomplete | Re-Verify | Verified | Rejected | Transferred | On Hold | Closed |
|--------------|---------------|-----------------|---------------------------|-----------------------|---------|--------|
| Case ID | PA Name | Cross Reference | Suitability Determination | Verification Due Date | | |
| MZ-000001 | Zam, MYRIA | No | Yes | 16 Aug 2013 | | |
| TEST-123456B | PENA, ERNESTO | No | No | 17 May 2013 | | |
| TH-555555 | Joe Joe | No | No | | | |

Verification Layers on Portal Side



Verifications include several “layers” that must be submitted before the final verification “package” can be submitted. These may include:

- Biodata (always)
- Suitability Determination (for certain attached minors)
- Placement Exceptions (rare, but possible)
- Addendums for Class A conditions

Ensure that correct US Tie is selected.

If you attempt to select a US Tie that is outside of your resettlement area it will trigger a request for placement exception.

Before submitting the biodata verification, be sure to **correct any inaccurate US Tie information**. If any US Tie information is changed please note any changes in the Acceptance/Rejection Comments.

Portal Side Verification – Cont'd.

If you were unable to locate the UST but would like to accept the case as free, please do the following:

| | |
|---|--|
| Comment | |
| <input type="button" value="Insert item"/> | |
| Acceptance | |
| Will you accept this case? | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| Acceptance / Rejection Comments | UST unlocatable. Case accepted as free. |
| Airport of Final Destination: | DFW - DALLAS/FORT WORTH INT'L |
| US Tie Selected (If Applicable) | |
| Would you accept this case as a free case? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| <input type="button" value="Save for Later"/> <input type="button" value="Submit"/> | |

If you will be rejecting the case, you will be required to identify the primary reason for doing so.

| | |
|--|--|
| Acceptance | |
| Will you accept this case? | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| Additional Comments: Case T Code: Geo | |
| Airport of Final Destination: | |
| US Tie Selected (If Applicable) | |
| Would you accept this case as a free case? | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| Please select a primary reason for rejecting the case: | |
| <div>Select...</div> <div>US Tie not locatable</div> <div>US Tie not interested in reunification</div> <div>No capacity for health issue</div> <div>No capacity for mental health issue</div> <div>No capacity for language</div> <div>Pipeline capacity issues</div> <div>Other</div> | |

Where to Find Verification Attachments?

Medical files will take a day or two to upload on a typical week, after the case is placed with your program, as this is done manually.

Once a case is opened, look for relevant attachments under “Attached Documents.”

Attachments can be saved or printed for case files.



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Migration and Refugee Services

Home US Tie Forms Cases & Refugees Capacity Survey & Profile **Verification** Alerts Arrivals Reports Saved Forms My Account Administration

Verification Information Screen

* Don't forget to submit verification

Case #: **TH-555555**
Primary Applicant: **Joe Joe**

Attached Documents:

| Note | File Name |
|----------------|--------------------------|
| test | attachment101.bt |
| This is a test | attachment102.bt |
| Test | attachment KE-548313.pdf |

Submitted Forms:

| Form Name | Status | Submitted Date |
|--|-----------|-----------------------|
| Bio Data Acceptance / Rejection form | Submitted | 12/23/2013 4:39:00 PM |
| Addendum to assurance for refugees with class A conditions | Submitted | 12/23/2013 4:40:20 PM |

The Final Step is Submit the Verification Package as a Whole

Verification Information Screen

*** Don't forget to submit verification**

Case # [REDACTED]
Primary Applicant: [REDACTED]

Attached Documents:

| Note | File Name |
|---------------------------------------|---|
| Email Regarding Children's Name Order | attachment_email_Re Verification [REDACTED].msg |

Submitted Forms:

| Form Name | Status | Submitted Date | Comments |
|---|-----------|----------------------|----------|
| Bio Data Acceptance / Rejection form | Submitted | 9/11/2015 2:09:23 PM | |
| Suitability determination for attached minors | Submitted | 9/11/2015 2:19:08 PM | |
| Suitability determination for attached minors | Submitted | 9/11/2015 2:19:38 PM | |
| Suitability determination for attached minors | Submitted | 9/11/2015 2:21:43 PM | |
| Suitability determination for attached minors | Submitted | 9/11/2015 2:22:29 PM | |

Submitting Verification: Step 1:
Submit each required form individually.

Submitting Verification Step 2:
Click Submit Verification
This will send the verification to USCCB for review.

Submit Verification

Amended Assurance Request

- A request for an amended assurance will trigger a request for re verification from your office, which can be found in the “Re-verify” tab.
- Amended assurances are due 1 week after they are requested

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Migration and Refugee Services

Home US Tie Forms Cases & Refugees Capacity Survey & Profile **Verification** Alerts Arrivals Reports Saved Forms My Account Administration

Tutorial Video R&P Budget Tutorial MG Budget Tutorial DOW Tutorial Help Skin: Default

Verification Information Screen

Case #: TH-555555
Primary Applicant: Joe Joe

| Form Name | Status | Submitted Date | Comments |
|--|--------|----------------|--|
| Bio Data Acceptance / Rejection form | | | Reason for amended assurance: reason for amended assurance goes here |
| Addendum to assurance for refugees with class A conditions | | | |

Amended Assurance Request – Cont'd

Some Important Points:

US Tie verification and re-verification is an acknowledgment that you have contacted the US Tie

- The US tie is still living within your resettlement area
- You have confirmed the US Tie relationship and willingness to reunite
- You have determined with the US Tie the role that he/she will play in the resettlement of the case

Contact your PACM ASAP if you learn an anchor has moved outside your resettlement area so we can initiate a transfer

Next step: Assurance

You, RPC, RSC, and IOM all receive a copy of assurance form

Assurance is valid for 1 year. After expiration, amended assurance is requested.

Assurance is typically the last step before a case is ready for travel, although it does not ensure that a case is ready for travel. The case cannot travel without an assurance.



Reception and Placement Program Assurance Form

United States Conference of Catholic Bishops
Migration and Refugee Services
3211 4th Street NE, Washington, DC 20017-1194
(202) 541-3170

Date 1/29/2014 File ID Number SU-123456 Present Location COP000

The following persons have been accepted for resettlement under our auspices:

| Name | Alien No. | DOB | MC | Sex | POB |
|-------------|-----------|-----------|----|-----|-----|
| 1 - Pa NAME | 212345678 | 6/11/1977 | | M | SU |

Affiliate
OHUSCC03
Terence Flanagan
CLV - Migration & Ref Svcs
7800 Detroit Ave
Cleveland, OH 44102-2814

U.S. Tie
WI
NAME, Petitioner's
Street Address
CLEVELAND, OH 44102
216-123-4569

Airport of Final Destination: CLE - HOPKINS INT'L

Placement Location: CLEVELAND, OH

Special Instructions: US Tie (WI) is Located and Honored: NAME, Petitioner's

The affiliate has an agreement with the national agency to provide or ensure the provision of, reception and placement services to the above named refugee(s) in accordance with the U.S. Department of State Cooperation Agreement.

Signature
Authorized Agency Representative

Special Assurance Criteria

Visa 93 Cases

- Case must be placed with I-730 petitioner (US Tie) only
- Assurance contains name, address, and phone number of petitioner

Suitability Determinations

- A request for suitability determination will appear if a case member is a minor categorized as a M5 or M6, and in some instances M3
- Email (MRSRefugeeMinors@usccb.org) For all questions related to Attached Refugee Minor (ARM) cases and their cross-references with any ARM questions or concerns

Special Assurance Criteria – Cont'd

Placement Exceptions

- Required when US Tie is located beyond a 100-mile radius of your office
- Must outline an acceptable plan for provision of R&P services for the case by your office
- This has become more rare to see because of the Remote Placement Program and Community Partners

Class A Medicals

- These conditions preclude the refugee from entry to the US without an approved I-602 Waiver
- RPC notifies PRM of all Class A medical cases
- Non-expedited Class A cases are allocated at weekly meetings
- PRM personally assigns each expedited Class A medical case directly to an (RA)
- The completed medical addendum must be submitted to RPC prior to allocation

Printing Assurances

- Assurances will be available on the portal side, for viewing and printing, **72** hours after it was submitted
- Locate the case under the “Cases & Refugees” tab in MRIS
- Click on “Assurance Report” button to view and print assurance
- Contact your PACM if the Assurance Form is not showing

Reception and Placement Program Assurance Form

United States Conference of Catholic Bishops
Migration and Refugee Services
3211 4th Street NE, Washington, DC 20017-1194
(202) 541-3170

Date File ID Number EG-123456 Present Location CAI000

The following persons have been accepted for resettlement under our auspices:

| Name | Alien No. | DOB | MC | Sex | POB |
|------------------|-----------|----------|----|-----|-----|
| 1 – Refugee NAME | 123456789 | 1/1/1991 | | M | SO |

Affiliate

MNUSCC01

Director's Name

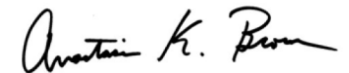
STP-Catholic Charities of the Archdiocese
of St. Paul & Minneapolis
1276 University Ave W
Saint Paul, MN 55104

Airport of Final Destination: MSP - MINNEAPOLIS/ST.
PAUL INT'L

Placement Location: Eden Prairie, MN

Special Instructions: US Tie (DR) is Located and Honored: NAME , UST, EG-456789 [Soft] , EG-345678[Soft] , EG-234567 [Soft] , EG-125252[Soft]

The affiliate has an agreement with the national agency to provide or ensure the provision of, reception and placement services to the above named refugee(s) in accordance with the U.S. Department of State Cooperation Agreement.



Signature
Authorized Agency Representative

Urgency Codes



Overdue cases are monitored by Department of State. ***A pattern of delayed assurances can result in a reduction in agency's share of cases.***

(That being said, our top priority is proper placement of cases.)

We continue to work and do our best in order to submit assurance within a timely manner

Expedited Assurances: limited to cases with serious protection and/or health concerns

NOR

Due 2
weeks
after
allocation

LV2

Due 1 week
after
allocation

Also, most
SIVs are LV2

LV1

Due in 24
hrs (received
directly from
RPC)
Some SIVs
also
allocated as
LV1

Editing Affiliate Information

Changes can be made in the Administration section, within the “Contact Information” tab in the portal side.

The screenshot displays the web portal for the United States Conference of Catholic Bishops Migration and Refugee Services. The top navigation bar includes links for Home, Cases & Refugees, Capacity Statement / Profile, Verification, Alerts, Arrivals, Reports, Saved Forms, My Account, Administration (highlighted with a red circle), and Resources. The Administration section is active, showing sub-tabs for Users, Site Visit, Email Notifications, Administrative Budget, Contact Information (highlighted with a red circle), Quarterly Reports, MRS AD Forms, and OFA Financial Questionnaire Forms. The Contact Information tab contains three sections: Sub-Recipient Address, Executive Director/Program Director Contact Information, and three Emergency Contact Information sections. Each section has input fields for Name, Email Address, and Phone Number. The top right corner shows the user is logged in as 'Demo User (Administrator)' with a 'Log Out' link and a 'test.com' domain. A 'Skin' dropdown menu is set to 'Default'.

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Migration and Refugee Services

Demo User (Administrator) Log Out
test.com

Skin: Default

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Administration

Users Site Visit Email Notifications Administrative Budget Contact Information Quarterly Reports MRS AD Forms OFA Financial Questionnaire Forms

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Emergency Contact Information 2

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Phone Number

Phone Number 2

Phone Number 3

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Phone Number

Reminders!!!



- Contact your PACM for cases on ABN with expired medicals
 - Your PACM can follow up with the RSC/RPC to receive the updated medical forms
 - We do not receive medicals for walk-in SIVs, Visa-93 and certain Amerasian cases
- USCCB is unable to check the status of unallocated cases
- USCCB is also unable to request transfer, if a case has not been allocated yet
 - Affiliates may follow up with their designated PACM to check whether a case has been allocated
 - Visa 93 cases (I-730 beneficiaries) are allocated like any US Tie case
- Always contact your PACM to determine if (pre/post) arrival transfer is possible
- P3 AOR, Lautenberg, and cases with cross-references already assured by an RA will automatically be allocated to the appropriate RA

MRS Processing Operations Team

| | | |
|--|--|--|
| <p>Colleen Tighe Director, Processing Operations CTighe@usccb.org (202) 541-3464</p> | <p>Hussain Kazimi Processing Operations Coordinator HKazimi@usccb.org (202) 541-3462</p> | <p>Austin Hamling Pre-arrival Case Manager Medical Lead AHamling@usccb.org (202) 541-3463</p> |
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Thank you!

Ok, did we not cover anything?

Questions?

Comments



Ideas

