

Add/Edit UAC

**First Name:**  **Status:**

**Last Name:**  **AKA:**

**Middle Name:**  **Gender:**

**DOB:**  **A Number:**

**Country of Birth:**  **Immigration Status at Referral:**

**Health Concerns?:**  No  Yes **Criminal Charges?:**  No  Yes

**Foot Guide?:**  No  Yes **Separated from Parents/Legal Guardian:**  No  Yes

**Related to Other UAC(s)?:**  No  Yes  Reviewed by ORR

UAC Apprehension Information

Additional Information:  Family Group:  Flag UAC:  -- Select Color --

Relationship Group ID:  >| Add New Row

Name	Age	A No.	Relationship to UAC
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="-- Select Relationship --"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="-- Select Relationship --"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="-- Select Relationship --"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="-- Select Relationship --"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="-- Select Relationship --"/>

Apprehension and Transfer Information

**Referring Agency:**  **Referral Date/Time:**

**Referring Sector:**  **ORR Placement Date/Time:**

**Manner of Entry:**  **Processing POC:**

**Email(s):**  **Phone:**

**Entry:**  **State:**  **Date/Time:**

**Apprehension:**  **State:**

**Current Location:**

Parent/Relative Information >| Add New Row

Name	Alien No.	Phone No.	Relationship to UAC	Address
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="-- Select Relationship --"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="-- Select Relationship --"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="-- Select Relationship --"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="-- Select Relationship --"/>	<input type="text"/>

Referral Notes

**Notes:**

ORR Placement Information

**Program Type:**  **Enroll in Program:**

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to allow ORR to receive a referral from a Federal agency and place the UAC in an ORR care provider facility. Public reporting burden for this collection of information is estimated to average 0.25 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This is a mandatory collection of information (Homeland Security Act, 6 U.S.C. 279). An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. If you have any comments on this collection of information please contact UACPolicy@acf.hhs.gov.