

UAC Basic Information



First Name: **Status:**
Last Name: **AKA:**
Date of Birth: **Gender:**
A No.: **LOS:**
Age: **Current Program:**
Child's Country of Birth: **Admitted Date:**

Sponsor Information

First Name: **Last Name:**
SSN: **A #:**
Date of Birth: **Country of Birth:**
Does anyone in the Household have a Serious, Contagious Disease? (If yes, please explain in Comments) : Yes No **Sponsor Flag:** **P Counter:** **A Counter:**
Do any of the Occupants Have Criminal Convictions or Charges, Other Than Minor Traffic Violations? (If yes, please explain in Comments): Yes No **Flag Note:**
Legal Status: **Country of Residency:**
Marriage Statue: **Gender:**

Affidavits of Support:

> | Add New Row

Annual Income	Proof of Income	EMP. Name	EMP. Address	EMP. City	EMP. State	EMP. Zip Code	Doc. to Sponsor	EMP. Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="text"/>

Sponsor's Relationship to UAC:

Sponsor Category

Query ID:
Address:
State:
Home Phone:
Email:
Address Flag:
Flag Address Note:
Comments:
Primary Sponsor?: Yes No

Household Information:

> | Add New Row

First Name	Last Name	D.O.B	Gender	Current Age	Relationship to Sponsor	Dependent to Sponsor Income	Query ID	Clearance
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> Partial <input type="radio"/> No	<input type="text"/>	<input type="button" value="Background Check"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> Partial <input type="radio"/> No	<input type="text"/>	<input type="button" value="Background Check"/>

(First Name, Last Name, and Gender are required fields to save Household Information.)

> | Save Sponsor > | Reset

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 assign a potential sponsor to a UAC in its database and track certain information related to the potential sponsor for safety and suitability assessment purposes. Public reporting burden for this collection of information is estimated to average 0.33 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, and Trafficking Victims Protection Reauthorization Act, 8 U.S.C. 1232). 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.

Background Check Type	Check Required in All Cases?	Check Requested?	Date Requested	Date Results Received	Results
		<input type="checkbox"/>			--Select Result-- ▾
		<input type="checkbox"/>			--Select Result-- ▾
		<input type="checkbox"/>			--Select Result-- ▾
		<input type="checkbox"/>			--Select Result-- ▾
		<input type="checkbox"/>			--Select Result-- ▾
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		<input type="checkbox"/>			--Select Result-- ▾
		<input type="checkbox"/>			--Select Result-- ▾
		<input type="checkbox"/>			--Select Result-- ▾

> | Save