Safety and Well-Being Follow-Up Call Report

GENERAL INSTRUCTIONS	
Completion Overview	In addition to documenting the safety and well-being follow-up in case management notes, the care provider is also responsible for documenting data points for all calls in this report. The care provider submits the completed *SWB Follow-Up Call Report* to its assigned FFS, CFS, and the designated CFS Report Compiler for its region **no later than 2:00pm EST on the 8th of every month** for UAC released two months earlier (e.g., if the report is due October 8th, it would include entries for all UAC who were release in August). If the 8th falls on a weekend or holiday, the report will be due the next business day.
Data Integrity	The care provider must ensure that every field of this report is completed per the data entry instructions below and accurately reflects the outcome of each follow-up call.

DATA ENTRY	
Release Month	Select the month in which the UAC were released from the dropdown.
Release Year	Enter the year in which the UAC were released.
Care Provider Name	Select the care provider facility's name from the dropdown.
Total Follow-Up Calls	FORMULA - Counts the number of SWB call records entered in the spreadsheet.
Total UAC Released to Sponsors	Enter the total number of UAC released to individual sponsors.
UAC Last Name	Enter the full last name of the UAC. This entry should match how the UAC's name is entered in the UAC Portal. Do not enter aliases.
UAC First Name	Enter the full first and middle name of the UAC. This entry should match how the UAC's name is entered in the UAC Portal. Do not enter any aliases.
UAC Alien Number	Enter the UAC's alien number with no spaces.
Sponsor Last Name	Enter the full last name of the sponsor. This entry should match how the sponsor's name is entered in the UAC Portal. Do not enter aliases.
Sponsor First Name	Enter the full first and middle name of the sponsor. This entry should match how the sponsor's name is entered in the UAC Portal. Do not enter any aliases.
Sponsor Date of Birth	Enter the sponsor's date of birth.
Date of Release from ORR Care	Enter the date the UAC was released from ORR care. This entry should match the date of release in the UAC Portal.
Date of Initial Call	Enter the date the first attempt was made to contact the sponsor and UAC for the follow-up call.
Sponsor Category	• **1** - Parent or legal guardian (This includes qualifying step-parents that have legal or joint custody of the child or teen) • **2** - An immediate relative - a brother, sister, aunt, uncle, grandparent or first cousin. (This includes biological relatives, relatives through legal marriage, and half-siblings) • **3** - Other sponsor, such as distant relatives and unrelated adult individuals
Phone Disconnected	• **Yes** - the sponsor's phone number has been disconnected and is no longer in service. • **No** - calls appear to be ringing through to the sponsor's phone.
Sponsor Participation	• **Reached and Participated** - you spoke to the sponsor and they chose to participate in the follow-up call. • **Reached and Declined to Participate** - you spoke to the sponsor and they chose not to participate in the follow-up call. • **Not Reached** - you did not speak to the sponsor.
UAC Participation	• **Reached and Participated** - you spoke to the UAC and they chose to participate in the follow-up call. • **Reached and Declined to Participate** - you spoke to the UAC and they chose not to participate in the follow-up call. • **Not Reached** - you did not speak to the UAC.
Total Attempts	• **1** - you reached the sponsor and UAC in one call or the sponsor's phone was disconnected. • **2** - you reached the sponsor and UAC in two calls. • **3** - you reached the sponsor and UAC in three calls or you reached the mandatory minimum of three attempts and did not make further calls. • **4+** - you made four or more attempts to reach the sponsor and UAC, which may or may not have been successful.
Referred to National Call Center	• **Yes** - you spoke to the sponsor and/or UAC and you referred them to the ORR National Call Center. • **No** - you spoke to the sponsor and/or UAC and you did not refer them to the ORR National Call Center. • **N/A** - you did not speak to the sponsor and UAC.
Reported to FFS	• **Yes** - you spoke to the sponsor and/or UAC and you sent an email notification to the FFS. • **No** - you spoke to the sponsor and/or UAC and you did not send an email notification to the FFS. • **N/A** - you did not speak to the sponsor and UAC.
Reported to CPS/Law Enforcement	• **Yes** - you spoke to the sponsor and/or UAC and you made a report to CPS or law enforcement. • **No** - you spoke to the sponsor and/or UAC and you did not make a report to CPS or law enforcement. • **N/A** - you did not speak to the sponsor or UAC.
Referred to Sexual Abuse Hotline	• **Yes** - you spoke to the sponsor and/or UAC and you referred them to the Sexual Abuse Hotline. • **No** - you spoke to the sponsor and/or UAC and you did not refer them to the Sexual Abuse Hotline. • **N/A** - you did not speak to the sponsor and UAC.
Immediate Safety Concern	• **Yes** - you spoke to the sponsor and/or UAC and you felt that the UAC was in **imminent danger of serious harm**. • **No** - you spoke to the sponsor and/or UAC and you did not feel that the UAC was in **imminent danger of serious harm**. • **N/A** - you did not speak to the sponsor and UAC.
Reason Case Elevated	*****Only select a reason under this column if you selected "Yes" under Reported to CPS/Law Enforcement, Referred to Sexual Abuse Hotline, and/or Immediate Safety Concern***** • **Human Trafficking -** there are indicators that the UAC was previously or is currently being trafficked (sex trafficking and/or labor trafficking). • **Neglect/Abandonment -** the sponsor neglected and/or abandoned the UAC. • **Physical Abuse** - the UAC is being physically abused. • **Sexual Abuse** - the UAC is being sexually abused and/or harassed or the UAC reported past sexual abuse and/or harassment occurring at an ORR care provider facility. • **Sponsor Criminal Activity** - the sponsor was arrested or he/she is participating in criminal activity (excluding human trafficking). • **UAC and Sponsor Criminal Activity** - both the sponsor and UAC were arrested or they are participating in criminal activity (excluding human trafficking). • **UAC Criminal Activity** - the UAC was arrested or he/she is participating in criminal activity (excluding human trafficking). • **UAC Death** - the UAC died. • **UAC Medical/Mental Health Issue** - the UAC is experiencing a major medical or mental health issue. • **Fraud Against Sponsor** - the sponsor and/or UAC report that someone contacted them and asked the sponsor to pay money or otherwise attempted to take advantage of the sponsor and/or UAC as it relates to the reunification process. • **Fraudulent Sponsor** - the follow-up call revealed that the sponsor may have committed fraud during the family reunification process (stolen identity, altered or forged documents, etc.) • **N/A** - you did not make a report to CPS/law enforcement or make a referral to the Sexual Abuse hotline and there was no immediate safety concern.
Whereabouts of UAC	• **Runaway** - the UAC ran away from the sponsor. • **UAC Arrested** - the UAC was arrested. • **UAC Death** - the UAC died. • **UAC Deported/Returned to COO** - the UAC was deported or returned to country of origin. • **UAC Relocation with Non-Sponsor** - the UAC now resides with someone who is not the original sponsor in the United States. Only select this option if none of the other possible reasons apply, such as runaway or UAC arrested/criminal activity. • **Residing with Sponsor** - the UAC is still residing with the sponsor. • **N/A** - location of the UAC is unknown.
Care Provider Name	FORMULA - Care Provider Name will auto populate from the care provider name selected at the top of the report.

OMB 0970-#### [valid through MM/DD/2020]

ORR Unaccompanied Alien Children Program
Safety and Well-Being Follow-Up Call Report

Release Month	Select Release Month
Release Year	####
Care Provider Name	Select Care Provider Name

	UAC Last Name (as listed in UAC Portal; no aliases)	UAC First Name (as listed in UAC Portal; no aliases)
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THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: This information collection allows ORR to document the outcome of calls made to UAC and their sponsors after release to ensure the child is safe and refer the sponsor to additional resources as needed. Public reporting burden for this collection of information is estimated to average 0.5 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 (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 infocollection@acf.hhs.gov.

Total Follow-Up Calls	
Total UAC Released to Sponsors	

UAC Alien Number (No Spaces)	Sponsor Last Name (as listed in UAC Portal; no aliases)

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Sponsor First Name (as listed in UAC Portal; no aliases)	Sponsor Date of Birth	Date of Release from ORR Care	Date of Initial Call

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e entered does not match release month in D4.

Sponsor Category	Phone Disconnected	Sponsor Participated

and the Completion Instructions.

UAC Participated	Total Attempts	Referred to National Call Canter	Reported to FFS

Reported to CPS/Law Enforcement	Referred to Sexual Abuse Hotline	Immediate Safety Concern	Reason Case Elevated

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Whereabouts of UAC	Care Provider Name	Sponsor Category
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Phone Disconnected	Sponsor Participated	UAC Participated	Total Attempts	Referred to National Call Canter	Reported to FFS	Reported to CPS/Law Enforcement	Referred to Sexual Abuse Hotline	Immediate Safety Concern	Reason Case Elevated

Whereabouts of UAC

ORR Unaccompanied Alien Children Program
Safety and Well-Being Follow-Up Call Summary Report

Select Care Provider Name
Select Release Month

Sponsor Participated	Cat. 1	Cat. 2	Cat. 3	Total
Not Reached	0	0	0	0
Reached and Participated	0	0	0	0
Reached and Declined to Participate	0	0	0	0
Total	**0**	**0**	**0**	**0**

UC Participated	Cat. 1	Cat. 2	Cat. 3	Total
Not Reached	0	0	0	0
Reached and Participated	0	0	0	0
Reached and Declined to Participate	0	0	0	0
Total	**0**	**0**	**0**	**0**

Total Attempts	Cat. 1	Cat. 2	Cat. 3	Total
1	0	0	0	0
2	0	0	0	0
3	0	0	0	0
4+	0	0	0	0
Total	**0**	**0**	**0**	**0**

Referred to National Call Center	Cat. 1	Cat. 2	Cat. 3	Total
Yes	0	0	0	0
No	0	0	0	0
N/A	0	0	0	0
Total	**0**	**0**	**0**	**0**

Reported to FFS	Cat. 1	Cat. 2	Cat. 3	Total
Yes	0	0	0	0
No	0	0	0	0
N/A	0	0	0	0
Total	**0**	**0**	**0**	**0**

Whereabouts of UAC	Cat. 1	Cat. 2	Cat. 3	Total
Runaway	0	0	0	0
UAC Arrested	0	0	0	0
UAC Death	0	0	0	0
UAC Deported/Returned to COO	0	0	0	0
UAC Relocation with Non-Sponsor	0	0	0	0
Residing with Sponsor	0	0	0	0
N/A	0	0	0	0
Total	**0**	**0**	**0**	**0**

Reported to CPS/Law Enforcement	Cat. 1	Cat. 2	Cat. 3	Total
Yes	0	0	0	0
No	0	0	0	0
N/A	0	0	0	0
Total	**0**	**0**	**0**	**0**

Referred to Sexual Abuse Hotline	Cat. 1	Cat. 2	Cat. 3	Total
Yes	0	0	0	0
No	0	0	0	0
N/A	0	0	0	0
Total	**0**	**0**	**0**	**0**

Immediate Safety Concern	Cat. 1	Cat. 2	Cat. 3	Total
Yes	0	0	0	0
No	0	0	0	0
N/A	0	0	0	0
Total	**0**	**0**	**0**	**0**

Reason Case Elevated	Cat. 1	Cat. 2	Cat. 3	Total
Human Trafficking	0	0	0	0
Neglect/Abandonment	0	0	0	0
Physical Abuse	0	0	0	0
Sexual Abuse/Harassment	0	0	0	0
Sponsor Criminal Activity	0	0	0	0
UAC and Sponsor Criminal Activity	0	0	0	0
UAC Criminal Activity	0	0	0	0
UAC Death	0	0	0	0
UAC Medical/Mental Health Issue	0	0	0	0
Fraud Against Sponsor	0	0	0	0
Fraudulent Sponsor	0	0	0	0
N/A	0	0	0	0
Total	**0**	**0**	**0**	**0**

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