



OMB 0970-#### [Valid through MM/DD/2020]  
Office of Refugee Resettlement

U.S. Department of Health and Human Service

Care Provider Checklist for Transfers to an Influx Care Facility, Rev. 09/20/2016

**OFFICE OF REFUGEE RESETTLEMENT**

**Division of Children's Services**

**CARE PROVIDER CHECKLIST FOR TRANSFERS TO AN INFLUX CARE FACILITY**

**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 ensure that all criteria for transfer of a UAC to an influx care facility have been met. 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](mailto:UACPolicy@acf.hhs.gov).

IDENTIFYING INFORMATION		
UC's Name: _____ A#: _____ UC's Date of Birth: _____ UC's Date of Admission to ORR: _____ UC's Date of Transfer: _____	Receiving Influx Care Facility: _____ Referring Care Provider: _____ UC Case Manager's Name: _____ UC Clinician's Name: _____ ORR Reviewer's Name: _____	
ASSESSMENTS <i>(initial completion within 5 days of admission)</i>		
	<b>Fully Completed in UAC Portal</b>	<b>Completion Date</b>
Initial Intakes Assessment <i>(within 24 hours of admission)</i>	<input type="checkbox"/>	
UC Assessment <i>(within 5 days of admission)</i>	<input type="checkbox"/>	
Assessment for Risk <i>(within 72 hours of admission)</i>	<input type="checkbox"/>	
Individual Service Plan <i>(within 5 to 6 days of admission)</i>	<input type="checkbox"/>	
LEGAL SERVICES		
	<b>Completed and Uploaded to UAC Portal</b>	<b>Completion Date</b>
Legal Representation List <i>(signed acknowledgement within 48 hours of admission)</i>	<input type="checkbox"/>	
Know Your Rights <i>(presentation and signed acknowledgement with 14 days of admission or video and signed acknowledgement within 7 days of admission)</i>	<input type="checkbox"/>	
Legal Screening <i>(within 7 to 10 days of admission)</i>	<input type="checkbox"/>	
MEDICAL SERVICES		
	<b>Completed and Uploaded to UAC Portal</b>	<b>Completion Date</b>
Initial Medical Exam Form	<input type="checkbox"/>	
TB Screening <ul style="list-style-type: none"> <li>• Ages 13-14: PPD <b>or</b> IGRA</li> <li>• Ages 15-17: PPD <b>or</b> IGRA; <b>and</b> Chest X-ray</li> </ul>	<input type="checkbox"/>	
HIV Testing <i>(document if UC opts out of testing)</i>	<input type="checkbox"/>	
Pregnancy Testing for Eligible Females <i>(test prior to administration of vaccines; defer live vaccines during pregnancy)</i>	<input type="checkbox"/>	
Immunizations for 13-17 Year Olds <i>(according to the ACIP catch-up schedule, administered at least 72 hours prior to physical transfer)</i> <ul style="list-style-type: none"> <li>• Tdap <i>(tetanus, diphtheria, pertussis)</i></li> <li>• Hepatitis A</li> <li>• Hepatitis B</li> <li>• Varicella <i>(chickenpox)</i></li> <li>• IPV <i>(inactivated poliovirus vaccine)</i></li> <li>• MMR or MMRV <i>(measles, mumps, rubella)</i></li> <li>• MCV4 <i>(meningococcal disease)</i></li> <li>• HPV <i>(human papillomavirus)</i></li> <li>• Flu <i>(when seasonably available – generally, September through June)</i></li> </ul>	<input type="checkbox"/>	
Follow-up laboratory tests and consultations completed <i>(as indicated)</i>	<input type="checkbox"/>	
Medical Checklist for Influx Transfers completed <i>(Medical Coordinator Initials: _____)</i>	<input type="checkbox"/>	
	<b>Confirmed</b>	<b>Date Confirmed</b>
Child clear of all contagious conditions <i>(includes scabies and lice)</i>	<input type="checkbox"/>	
No known medical, dental, or mental health issues requiring additional evaluation, treatment, or monitoring by a healthcare provider	<input type="checkbox"/>	

<b>TRANSFER REQUEST</b>		
	Completed in UAC Portal	Completion Date
Transfer Request	<input type="checkbox"/>	
Program Exit	<input type="checkbox"/>	
<b>TRANSFER DOCUMENTATION AND ITEMS <i>(ensure the following documentation and items accompany each UC at the time of transfer in a secure manner)</i></b>		
	Confirmed at Time of Physical Transfer	
UC's personal belongings including clothing, money, valuables, and items obtained during the UC's stay at the referring care provider	<input type="checkbox"/>	
Thirty (30) day medication supply	<input type="checkbox"/>	
Care Provider Family Reunification Checklist	<input type="checkbox"/>	
Care Provider Checklist for Transfers to Influx Care Facilities	<input type="checkbox"/>	
Transfer Request and Tracking Form	<input type="checkbox"/>	
Transfer Manifest	<input type="checkbox"/>	
DHS Form I-862 Notice to Appear (NTA), if available	<input type="checkbox"/>	
Copy of sponsor's birth certificate	<input type="checkbox"/>	
Copy of medical and vaccination documents	<input type="checkbox"/>	
All original documents (e.g., birth certificates)	<input type="checkbox"/>	
List any food allergies:		
<b>FINAL MEDICAL CHECKS <i>(done at time of physical transfer)</i></b>		
	Confirmed at Time of Physical Transfer	
UC checked and determined to be clear of lice and rash <i>(within 24 hours of physical transport)</i>	<input type="checkbox"/>	
UC's temperature checked and found not to be elevated <i>(immediately before the UC boards the transport vehicle)</i>	<input type="checkbox"/>	
<b>CASE MANAGER AFFIRMATION <i>(done at time of physical transfer)</i></b>		
<p>I declare and affirm that the information contained in this checklist is true and accurate to the best of my knowledge. I attest that all assessments, legal services, medical services, and transfer request documentation have been fully and accurately completed and that they have been save in or uploaded to the UAC Portal. I attest that all transfer documentation and items have been physically provided to the UC in a secure manner. I attest that the UC was checked for lice and determined to be clear of lice within 24 hours of physical transport and that the UC did not present with an elevated temperature at the time they boarded the transport vehicle. I have noted below and given an acceptable explanation for any instances in which documentation has not been fully completed or documentation and/or items were not physically provided to the UC.</p> <p>List required documentation and/or items not available and explanation:</p> <p>SIGNATURE OF CASE MANAGER: _____ DATE: _____</p>		