

**OFFICE OF REFUGEE RESETTLEMENT**  
**Division of Children's Services**  
**TRANSFER REQUEST AND TRACKING FORM**

**Minor's Profile**

| Alien Number | FINS Number       | Last Name | First Name | AKA | Date of Placement in Current Facility |
|--------------|-------------------|-----------|------------|-----|---------------------------------------|
|              |                   |           |            |     |                                       |
| Height       | Weight            | DOB       | Age        | COB | Date of Initial Placement             |
|              |                   |           |            |     |                                       |
| Eye Color    | Identifying Marks |           |            |     |                                       |
|              |                   |           |            |     |                                       |

**Current Care Provider Facility**

| Current Program | Program Type |       | Case Worker |       |  |
|-----------------|--------------|-------|-------------|-------|--|
|                 |              |       |             |       |  |
| Address         | City         | State | Zip         | Phone |  |
|                 |              |       |             |       |  |

| Care Provider Transfer Recommendation |                   |           |              | Has the minor's attorney been contacted? ** |       |
|---------------------------------------|-------------------|-----------|--------------|---|-------|
|                                       |                   |           |              |   |       |
| Type of Facility Requested            | Proposed Facility | Requestor | Request Date | Attorney of Record                          | Phone |
|                                       |                   |           |              |   |       |

**ORR Transfer Decision**

| Name of ORR Decision Maker | Designated Care Provider Facility | Type of Care Provider Facility |
|----------------------------|-----------------------------------|--------------------------------|
|                            |                                   |                                |

**New Care Provider Facility**

| New Program | Program Type |       |     |       |
|-------------|--------------|-------|-----|-------|
|             | Secure       |       |     |       |
| Address     | City         | State | Zip | Phone |
|             |              |       |     |       |

**Transfer Packet (for each minor)**

|  |  |
|--|--|
| <b>Please follow checklist in the Transfer Procedures when completing minor's transfer packet, check box to indicate the packet is completed</b> |  |
| <b>List of Minor's Belongings (be sure to include medication)</b>  |  |
|  |  |

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 track the physical transfer of the UAC and their belongings. Public reporting burden for this collection of information is estimated to average 0.17 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.

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**Departure/Arrival Information**

| Departure   | Date | Time | Transportating Staff | Name | Title |
|---|------|------|----------------------|------|-------|
|   |      |      |                      |      |       |
| By signing below, I affirm that:<br>1) I have read the minor's Case Summary and Individual Service Plan (ISP) and am aware of all documented special needs.<br>2) The list of the minor's personal belongings is complete and accurate. |      |      |                      |      |       |
| Signature _____   |      |      | Date _____           |      |       |

| Arrival  | Date | Time | Receiving Staff | Name | Title |
|--|------|------|-----------------|------|-------|
|  |      |      |                 |      |       |
| By signing below, I affirm that:<br>1) I have read the minor's Case File Summary and Individual Service Plan (ISP) and am aware of all documented special needs.<br>2) The list of the minor's personal belongings is complete and accurate. |      |      |                 |      |       |
| Signature _____  |      |      | Date _____      |      |       |

Distribution of this form is restricted to ORR staff, grantees and contractors (including voluntary agencies, Child Advocates, and legal service providers); UAC attorneys of record; the U.S. Department of Homeland Security; and the Executive Office for Immigration Review. This form may not be distributed to any other party without the written authorization of ORR/DCS.