


UAC Basic Information		
 <p>Photo of Minor</p>	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: --Select a country --
Does anyone in the Household have a Serious, Contagious Disease? (If yes, please explain in Comments) : <input type="radio"/> Yes <input checked="" type="radio"/> 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): <input type="radio"/> Yes <input checked="" type="radio"/> No	Flag Note:
Legal Status: -- Select Legal Status --	Country of Residency: --Select a country --
Marriage Statue: Married	Gender: -- Select Gender --

Affidavits of Support: <span style="float: right;">&gt;  Add New Row</span>								
Annual Income	Proof of Income	EMP. Name	EMP. Address	EMP. City	EMP. State	EMP. Zip Code	Doc. to Sponsor	EMP. Phone
					-- Select State --		<input type="radio"/> Yes <input checked="" type="radio"/> No	
					-- Select State --		<input type="radio"/> Yes <input checked="" type="radio"/> No	
					-- Select State --		<input type="radio"/> Yes <input checked="" type="radio"/> No	
					-- Select State --		<input type="radio"/> Yes <input checked="" type="radio"/> No	

Sponsor's Relationship to UAC: -- Select Relationship --	<input type="button" value="Background Check"/>	Sponsor Category
Query ID:		Type:
Address:		City:
State: -- Select State --		Zip Code:
Home Phone:		(If Zip Code is unknown, then enter "00000".)
Email:		Work Phone:
Address Flag: <input type="checkbox"/>		Fax:
Flag Address Note:		
Comments:		
Primary Sponsor?: <input checked="" type="radio"/> Yes <input type="radio"/> No		

Household Information: <span style="float: right;">&gt;  Add New Row</span>								
First Name	Last Name	D.O.B	Gender	Current Age	Relationship to Sponsor	Dependent to Sponsor Income	Query ID	Clearance
			-- Select Gender -		-- Select Relationship --	<input type="radio"/> Yes <input type="radio"/> Partial <input type="radio"/> No		<input type="button" value="Background Check"/>
			-- Select Gender -		-- Select Relationship --	<input type="radio"/> Yes <input type="radio"/> Partial <input type="radio"/> No		<input type="button" value="Background Check"/>

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

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-- ▾
		<input type="checkbox"/>			--Select Result-- ▾
		<input type="checkbox"/>			--Select Result-- ▾
		<input type="checkbox"/>			--Select Result-- ▾
		<input type="checkbox"/>			--Select Result-- ▾

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