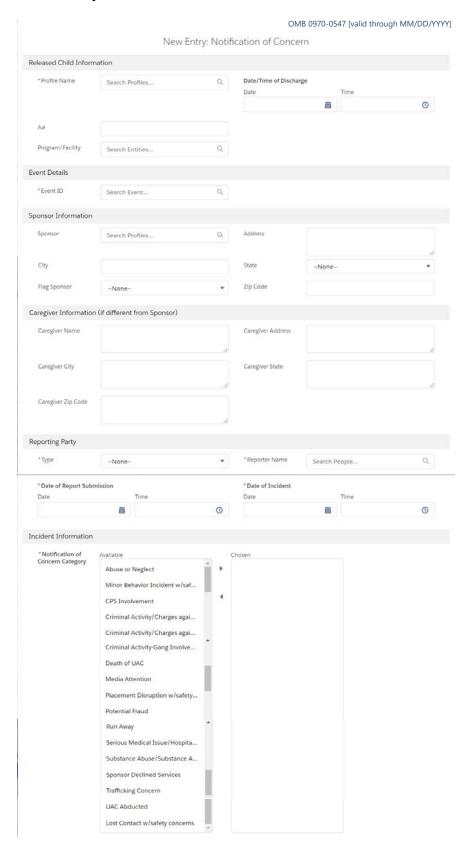
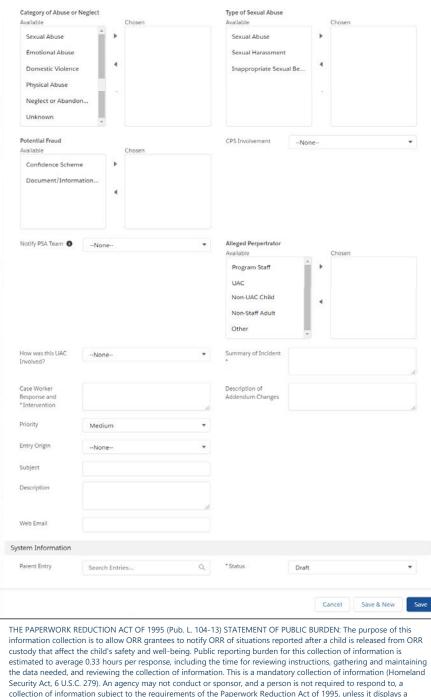
Notification of Concern (Form A-7)

Data Entry Window

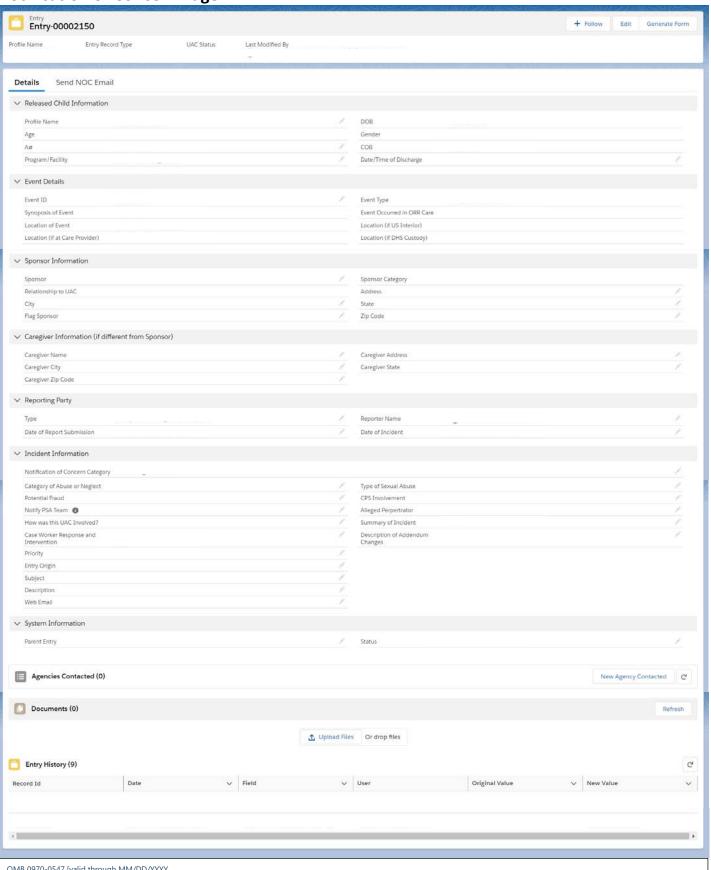




collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. If you have any comments on this collection of information please contact UACPolicy@acf.hhs.gov.

UAC-A-7 [Rev. MM/DD/YYYY]

Notification of Concern Page

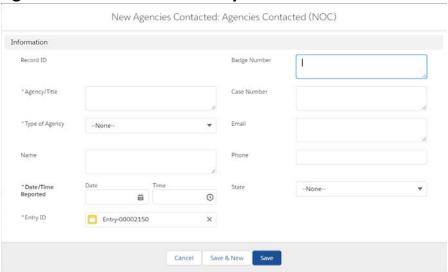


OMB 0970-0547 [valid through MM/DD/YYYY

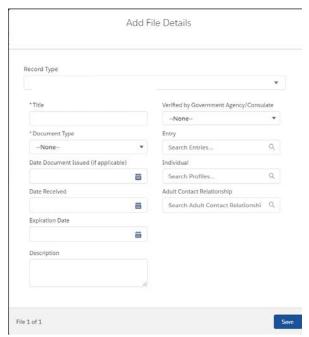
THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to allow ORR grantees to notify ORR of situations reported after a child is released from ORR custody that affect the child's safety and well-being. Public reporting burden for 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). 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 <u>UACPolicy@acf.hhs.gov</u>.

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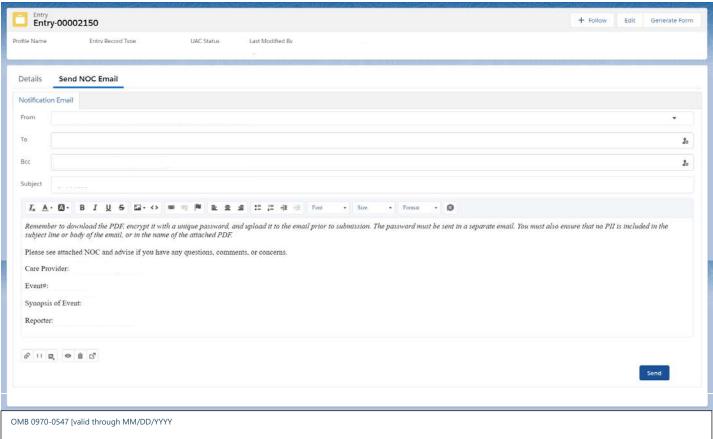
Agencies Contacted Data Entry Window



Documents Data Entry Window



Send NOC Email



THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to allow ORR grantees to notify ORR of situations reported after a child is released from ORR custody that affect the child's safety and well-being. 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). 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 <u>UACPolicy@acf.hhs.gov</u>.

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OMB 0970-0547 [valid through MM/DD/YYYY]

Administration for Children & Families Office of Refugee Resettlement

Notification of Concern

UAC Details		
UAC Name:	A#:	
Age:	DOB:	
195		
Condon	COB:	
Gender:	сов:	
Program/Facility:	Date/Time of Discharge:	

Event Details			
Event ID:	Event Type:		
Synopsis of Event:	Event Occurred in ORR Care:		
Location of Event:	Location (if US Interior):		
Location (if at Care Provider):	Location (if DHS Custody):		

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to allow ORR grantees to notify ORR of situations reported after a child is released from ORR custody that affect the child's safety and well-being. 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). 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 UACPolice@acf.hhs.gov.

Notification of Concern

Office of Refugee Resettlement

Sponsor Ir	nformation
Sponsor:	Sponsor Category:
Relationship to UAC:	Address:
City:	State:
Zip code:	Flag Sponsor:

Caregiver Information (if different from Sponsor)			
Caregiver Name:	Caregiver Address:		
Caregiver City:	Caregiver State:		
Caregiver Zip Code:			

Reporting Party		
Туре:	Reporter Name:	
Date of Report Submission:	Date of Incident:	

Notification of Concern

Office of Refugee Resettlement

Incident Information		
Status:	Notification of Concern Category:	
Category of Abuse or Neglect:	Type of Sexual Abuse:	
Potential Fraud:	CPS Involvement:	
Notify PSA Team:	Alleged Perpetrator:	
How was this UAC Involved?:		
Summary of Incident:		
Case Worker Response and Intervention:		
Description of Addendum Changes:		

Persons/Agencies Contacted				
Agency/Title	Type of Agency	Date/Time Reported	Case Number	State