

Notification of Concern (Form A-7)

Data Entry Window

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

New Entry: Notification of Concern

Released Child Information

* Profile Name

Date/Time of Discharge
Date Time

A#

Program/Facility

Event Details

* Event ID

Sponsor Information

Sponsor Address

City State

Flag Sponsor Zip Code

Caregiver Information (if different from Sponsor)

Caregiver Name Caregiver Address

Caregiver City Caregiver State

Caregiver Zip Code

Reporting Party

* Type * Reporter Name

* Date of Report Submission
Date Time

* Date of Incident
Date Time

Incident Information

* Notification of Concern Category

| Available | Chosen |
|-----------------------------------|--------|
| Abuse or Neglect | |
| Minor Behavior Incident w/saf... | |
| CPS Involvement | |
| Criminal Activity/Charges agai... | |
| Criminal Activity/Charges agai... | |
| Death of UAC | |
| Media Attention | |
| Placement Disruption w/safety... | |
| Potential Fraud | |
| Run Away | |
| Serious Medical Issue/Hospita... | |
| Substance Abuse/Substance A... | |
| Sponsor Declined Services | |
| Trafficking Concern | |
| UAC Abducted | |
| Lost Contact w/safety concerns | |

Category of Abuse or Neglect

| | |
|-----------------------|--------|
| Available | Chosen |
| Sexual Abuse | |
| Emotional Abuse | |
| Domestic Violence | |
| Physical Abuse | |
| Neglect or Abandon... | |
| Unknown | |

Type of Sexual Abuse

| | |
|----------------------------|--------|
| Available | Chosen |
| Sexual Abuse | |
| Sexual Harassment | |
| Inappropriate Sexual Be... | |

Potential Fraud

| | |
|-------------------------|--------|
| Available | Chosen |
| Confidence Scheme | |
| Document/Information... | |

CPS Involvement --None--

Notify PSA Team --None--

Alleged Perpetrator

| | |
|-----------------|--------|
| Available | Chosen |
| Program Staff | |
| UAC | |
| Non-UAC Child | |
| Non-Staff Adult | |
| Other | |

How was this UAC Involved? --None--

Summary of Incident

Case Worker Response and Intervention

Description of Addendum Changes

Priority Medium

Entry Origin --None--

Subject

Description

Web Email

System Information

Parent Entry Search Entries... Status Draft

Cancel Save & New Save

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Notification of Concern Page

Entry
Entry-00002150

+ Follow
Edit
Generate Form

Profile Name
Entry Record Type
UAC Status
Last Modified By

Details
Send NOC Email

Released Child Information

| | |
|------------------|------------------------|
| Profile Name | DOB |
| Age | Gender |
| A# | COB |
| 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) |

Sponsor Information

| | |
|---------------------|------------------|
| Sponsor | Sponsor Category |
| Relationship to UAC | Address |
| City | State |
| Flag Sponsor | Zip Code |

Caregiver Information (if different from Sponsor)

| | |
|--------------------|-------------------|
| Caregiver Name | Caregiver Address |
| Caregiver City | Caregiver State |
| Caregiver Zip Code | |

Reporting Party

| | |
|---------------------------|------------------|
| Type | Reporter Name |
| Date of Report Submission | Date of Incident |

Incident Information

| | |
|---------------------------------------|---------------------------------|
| Notification of Concern Category | Type of Sexual Abuse |
| Category of Abuse or Neglect | CPS Involvement |
| Potential Fraud | Alleged Perpetrator |
| Notify PSA Team | Summary of Incident |
| How was this UAC Involved? | Description of Addendum Changes |
| Case Worker Response and Intervention | |
| Priority | |
| Entry Origin | |
| Subject | |
| Description | |
| Web Email | |

System Information

| | |
|--------------|--------|
| Parent Entry | Status |
|--------------|--------|

Agencies Contacted (0)
New Agency Contacted

Documents (0)
Refresh

Upload Files
Or drop files

Entry History (9)

| Record Id | Date | Field | User | Original Value | New Value |
|-----------|------|-------|------|----------------|-----------|
| | | | | | |
| | | | | | |

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Agencies Contacted Data Entry Window

New Agencies Contacted: Agencies Contacted (NOC)

Information

| | | | |
|----------------------|---|--------------|----------------------|
| Record ID | | Badge Number | <input type="text"/> |
| * Agency/Title | <input type="text"/> | Case Number | <input type="text"/> |
| * Type of Agency | --None-- | Email | <input type="text"/> |
| Name | <input type="text"/> | Phone | <input type="text"/> |
| * Date/Time Reported | Date <input type="text"/> Time <input type="text"/> | State | --None-- |
| * Entry ID | <input type="text" value="Entry-00002150"/> | | |


Documents Data Entry Window

Add File Details

| | | | |
|--------------------------------------|----------------------|---|---|
| Record Type | <input type="text"/> | | |
| * Title | <input type="text"/> | Verified by Government Agency/Consulate | --None-- |
| * Document Type | --None-- | Entry | <input type="text" value="Search Entries..."/> |
| Date Document Issued (if applicable) | <input type="text"/> | Individual | <input type="text" value="Search Profiles..."/> |
| Date Received | <input type="text"/> | Adult Contact Relationship | <input type="text" value="Search Adult Contact Relationshi"/> |
| Expiration Date | <input type="text"/> | | |
| Description | <input type="text"/> | | |

File 1 of 1

Send NOC Email

 Entry
Entry-00002150+ Follow Edit Generate Form

| | | | |
|--------------|-------------------|------------|------------------|
| Profile Name | Entry Record Type | UAC Status | Last Modified By |
| - | | | |

Details Send NOC Email

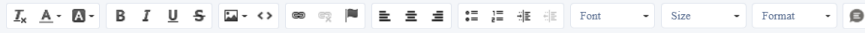
Notification Email

From:

To:

Bcc:

Subject:



Remember to download the PDF, encrypt it with a unique password, and upload it to the email prior to submission. The password must be sent in a separate email. You must also ensure that no PII is included in the subject line or body of the email, or in the name of the attached PDF.

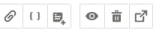
Please see attached NOC and advise if you have any questions, comments, or concerns.

Care Provider:

Event#:

Synopsis of Event:

Reporter:



Send

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



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: |
| Gender: | COB: |
| 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): |

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Notification of Concern
Office of Refugee Resettlement

Sponsor Information

| | |
|-----------------------------|--------------------------|
| 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

| | |
|-----------------------------------|--------------------------|
| Type: | 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 |
| | | | | |