

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
<ul style="list-style-type: none"> Sexual Abuse Emotional Abuse Domestic Violence Physical Abuse Neglect or Abandon... Unknown 	

Type of Sexual Abuse

Available	Chosen
<ul style="list-style-type: none"> Sexual Abuse Sexual Harassment Inappropriate Sexual Be... 	

Potential Fraud

Available	Chosen
<ul style="list-style-type: none"> Confidence Scheme Document/Information... 	

CPS Involvement --None--

Notify PSA Team --None--

Alleged Perpetrator

Available	Chosen
<ul style="list-style-type: none"> 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

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 UCPolicy@acf.hhs.gov.

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
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Agencies Contacted (0)

New Agency Contacted

Documents (0)

Refresh

Upload Files Or drop files

Entry History (9)

Refresh

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

I **A** **A-** **B** **I** **U** **S**        Font Size Format 

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):

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 UACPolicy@acf.hhs.gov.

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