

Discharge Notification (Form R-2)

Data Entry Window

OMB 0970-0552 [valid through MM/DD/YYYY]

New Entry: Discharge Notification

UAC Information

| | | | |
|--------------|----------------------|-------------------|---|
| Profile Name | <input type="text"/> | Program/Facility | <input type="text"/> |
| A# | <input type="text"/> | Admitted DateTime | Date <input type="text"/> Time <input type="text"/> |

Discharge Details

| | | | |
|-------------------------------|---|---------------------|----------------------|
| ORR Decision Date | Date <input type="text"/> Time <input type="text"/> | * Status | <input type="text"/> |
| Date/Time of Discharge | Date <input type="text"/> Time <input type="text"/> | * Type of Discharge | <input type="text"/> |
| * Release Scheduled Date/Time | Date <input type="text"/> Time <input type="text"/> | UAC Parent Name | <input type="text"/> |

| | | | |
|------------------------------------|---|-------------------------------------|----------------------|
| Next Immigration Hearing Date | Date <input type="text"/> Time <input type="text"/> | Discharge Delay | <input type="text"/> |
| Governmental Agency | <input type="text"/> | DHS Age Out Plan | <input type="text"/> |
| Name of Government Agency | <input type="text"/> | Granted Voluntary Departure Date | <input type="text"/> |
| Program Name | <input type="text"/> | Referral to Services in COO | <input type="text"/> |
| Parental/Legal Guardian Separation | <input type="text"/> | Completed Referral Services COO? | <input type="text"/> |
| Is this a MPP Case? | <input type="text"/> | Date Travel Document Requested | <input type="text"/> |
| | | Date of Issuance of Travel Document | <input type="text"/> |
| | | Address | <input type="text"/> |
| | | City | <input type="text"/> |
| | | State | <input type="text"/> |
| | | Zip Code | <input type="text"/> |
| | | Phone | <input type="text"/> |
| | | Comment | <input type="text"/> |

Transportation Details

| | | | |
|---------------------------|----------------------|---|----------------------|
| Method of Transportation | <input type="text"/> | Type of Escort | <input type="text"/> |
| Does the UAC need escort? | <input type="text"/> | Transport fees paid by ORR? | <input type="text"/> |
| Name of Escort | <input type="text"/> | Gestational Period Week (If applicable) | <input type="text"/> |
| Escort Contact Number | <input type="text"/> | | |

Assign using active assignment rule

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 to notify stakeholders of the transfer of a UAC to another care provider facility or the release of a UAC from ORR custody. 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.

UAC-R-2 [Rev. MM/DD/YYYY]

Discharge Notification Page


Entry
Entry-00001405

[+ Follow](#)
[Edit](#)
[Delete](#)
[New Note](#)
[Generate Verification of Release](#)
[Generate Form](#)

Entry Record Type: Discharge Notification
 Profile Name: _____
 Status: _____
 Last Modified By: _____

[PHOTO]

Details

UAC Information


| | | | |
|--------------|----------------------|-------------------|----------------------|
| Profile Name | <input type="text"/> | Program/Facility | <input type="text"/> |
| AKA | <input type="text"/> | Admitted DateTime | <input type="text"/> |
| DOB | <input type="text"/> | LOS | <input type="text"/> |
| Az | <input type="text"/> | Returning UAC | <input type="text"/> |
| Age | <input type="text"/> | Gender | <input type="text"/> |
| COB | <input type="text"/> | | |


Discharge Details

| | | | |
|------------------------------------|----------------------|-------------------------------------|----------------------|
| ORR Decision | <input type="text"/> | Status | <input type="text"/> |
| ORR Decision Date | <input type="text"/> | Type of Discharge | <input type="text"/> |
| Date/Time of Discharge | <input type="text"/> | UAC Parent Name | <input type="text"/> |
| Release Scheduled Date/Time | <input type="text"/> | Discharge Delay | <input type="text"/> |
| Next Immigration Hearing Date | <input type="text"/> | DHS Age Out Plan | <input type="text"/> |
| Sponsor Name | <input type="text"/> | Granted Voluntary Departure Date | <input type="text"/> |
| Sponsor DOB | <input type="text"/> | Referral to Services in COO | <input type="text"/> |
| Sponsor Category | <input type="text"/> | Completed Referral Services COO? | <input type="text"/> |
| Relationship to UAC | <input type="text"/> | Date Travel Document Requested | <input type="text"/> |
| Governmental Agency | <input type="text"/> | Date of Issuance of Travel Document | <input type="text"/> |
| Name of Government Agency | <input type="text"/> | Address | <input type="text"/> |
| Program Name | <input type="text"/> | City | <input type="text"/> |
| Parental/Legal Guardian Separation | <input type="text"/> | Zip Code | <input type="text"/> |
| Is this a MPP Case? | <input type="text"/> | Phone | <input type="text"/> |
| | | Comment | <input type="text"/> |

Transportation Details

| | | | |
|---------------------------|----------------------|---|----------------------|
| Method of Transportation | <input type="text"/> | Type of Escort | <input type="text"/> |
| Does the UAC need escort? | <input type="text"/> | Transport fees paid by ORR? | <input type="text"/> |
| Name of Escort | <input type="text"/> | Gestational Period Week (If applicable) | <input type="text"/> |
| Escort Contact Number | <input type="text"/> | | |


Entry Team (0)
[Add Member](#)


Documents (2)

[Refresh](#)
[Add Documents](#)

| Title ↑ | Original ... ↓ | Record T... ↓ | Other Do... ↓ | Descripti... ↓ | Date Rec... ↓ | Created By ↓ | Created ... ↓ |
|-------------------------|----------------|---------------|---------------|----------------|---------------|--------------|---------------|
| Discharge Notification | 435435353 | 1 | 1212020 | 104836 | AM.pdf | | |
| Verification of Release | 435435353 | 2 | 11202020 | 82541 | AM.pdf | | |

| Entry History (5) | | | | |
|-------------------|-------|------|----------------|-----------|
| Date | Field | User | Original Value | New Value |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
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| | | | | |
| | | | | |
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[View All](#)

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UAC-R-2 [Rev. MM/DD/YYYY]

Entry Team Data Entry Window

Search for and add member

* User

* Role

Documents Data Entry Window

Add File Details

Record Type

* Title

Verified by Government Agency/Consulate

* Document Type

Entry

Date Document Issued (if applicable)

Individual

Date Received

Adult Contact Relationship

Expiration Date

Description

File 1 of 1



Discharge Notification

UAC Information

| | |
|--|---|
| [PHOTO] | <p>UAC Name: <<Case_Contact>></p> <p>AKA: <<Case_UAC_dischargeAKA>></p> <p>DOB: <<Case_UAC_dob_d>></p> <p>A#: <<Contact_UAC_A>></p> <p>Age: <<Case_UAC_age>></p> <p>Gender: <<Case_UAC_gender>></p> <p>Country of Birth: <<Case_UAC_countryOfBirth>></p> <p>Entry #: <<>></p> |
| <p>Length of Stay: <<Case_UAC_LOS>></p> <p>Program/Facility: <<Case_UAC_programFacility>></p> <p>Date/Time Admitted: <<Case_UAC_admittedDateTime_a>></p> <p>Returning UAC: <<Case_UAC_returningUAC>></p> | |

Discharge Details

| | |
|--|---|
| <p>ORR Decision: <<Case_UAC_dischargeORRDecision>></p> <p>ORR Final Decision Date: <<Case_UAC_disORRFinalDecisionDateDischarge_a>></p> <p>Date/Time of Discharge: <<Case_UAC_dateTimeOfDischarge>></p> <p>Next Immigration Hearing Date: <<Case_UAC_nextImmigrationHearingDate>></p> <p>Sponsor: <<Parent_UAC_sponsor>></p> <p>Sponsor DOB: <<Case_UAC_dischargeSponsorDOB_d>></p> | <p>Status: <<Case_Status>></p> <p>Type of Discharge: <<Case_UAC_typeOfDischarge>></p> <p>Type of Age Out: <<Case_UAC_typeOfAgeOut>></p> <p>Granted Voluntary Departure Date: <<Case_UAC_grantedVoluntaryDepartureDate_a>></p> <p>Sponsor Category: <<Case_UAC_sponsorCategory>></p> <p>Relationship to UAC: <<Case_UAC_dischargeRelationshiptoUAC>></p> |
|--|---|

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Discharge Notification Office of Refugee Resettlement

Governmental Agency:

<<Case_UAC_governmentalAgency>>

Name of Government Agency:

<<Case_UAC_nameOfGovernmentAgency>>

Program Name:

<<Case_UAC_dischargeProgramName>>

Program Type:

<<Case_UAC_dischargeProgramType>>

Parental/Legal Guardian Separation

<<Case_UAC_parentalLegalGuardianSeparation>>

Is this a MPP Case:

<<Case_UAC_isThisAMppCase>>

Address:

<<Case_UAC_dischargeAddress>>

City:

<<Case_UAC_dischargeCity>>

State:

<<Case_UAC_dischargeState>>

Zip:

<<Case_UAC_dischargeZipCode>>

Phone:

<<Case_UAC_dischargePhone>>

UAC Parent Name:

<<Case_UAC_parentName>>