

Release Request (Form R-4)

Data Entry Window

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

New Entry: Release Request

Requester Information

* Status	<input type="text"/>	* Type of Release	--None--
* Requester Name	<input type="text" value="Search People..."/>	Internal Comments	<input type="text"/>
Entry ID		Entry Record Type	Release Request
Entry Owner		A#	<input type="text"/>
Profile Name	<input type="text" value="Search Profiles..."/>		

Release Request Routing

Case Manager	<input type="text" value="Search People..."/>	Direct Operations Coordinator	<input type="text" value="Search People..."/>
Lead Case Manager	<input type="text" value="Search People..."/>	CFS	<input type="text" value="Search People..."/>
Program / Facility	<input type="text" value="Search Entities..."/>	FFS	<input type="text" value="Search People..."/>
Case Coordinator	<input type="text" value="Search People..."/>	FFS Centralized Box Queue	--None--
Case Coordinator Assignment Queue	--None--	FFS Supervisor	<input type="text" value="Search People..."/>

Child Advocate

Is Child Advocate * assigned?	--None--	Child Advocate Recommendation	<input type="text"/>
-------------------------------	----------	-------------------------------	----------------------

Medical

* Medical Coordinator	<input type="text" value="Search People..."/>	Alert DHUC	--None--
-----------------------	---	------------	----------

Legal

OTIP Status	--None--	Outcome of Referral	--None--
Is the UAC a material witness?	--None--	Is there a removal order for UAC?	--None--
Is this a MPP Case?	--None--	Parental / Legal Guardian Separation	--None--
Is there attorney of record?	--None--	Comment	<input type="text"/>

Program Information

Program Name	<input type="text" value="Search Entities..."/>	URM Program Requirement Eligibility	
		Available	Chosen
		I-360	
		I-485	
		OTIP Eligibility Letter	
		T-Visa	
		Asylum Approval Letter	
		Stamped I-94	
		I-862	
		I-94	
		Other	
If Yes, Type of License	<input type="text"/>	Date the Eligibility was obtained	<input type="text"/>
		Program accepts Guardianship?	--None--
		Program Agreed to Condition of Release?	--None--

How/Why Program was identified?

Date of Referral to the Program

Date of Acceptance

Program Comment

Sponsor Information

Sponsor

Sponsor Comment

Parent Entry

Case Manager Recommendation

Case Manager * Recommendation

Case Manager Recommendation-HS

Case Manager Recommendation Date

Case Manager Recommendation Date-HS

PRS Services

Available	Chosen
Placement Stability and Safety	
Immigration Proceeding	
Guardianship	
Legal Services	
Education	
Medical Services	
Individual Mental Health Servi...	
Family Stabilization/Counseling	
Substance Use	
Other Services	

Case remain with * local FFS?

If Applicable, Cancellation Reason:

Is a safety plan *recommended?

Case Manager Recommendation Comment

Case Coordinator Recommendation

Pending Information

Reason for Pending Information

View all dependencies

Case Coordinator Recommendation

View all dependencies

Case Coordinator Recommendation-HS

Case Coordinator Recommendation Date

Case Coordinator Recommendation Date-HS

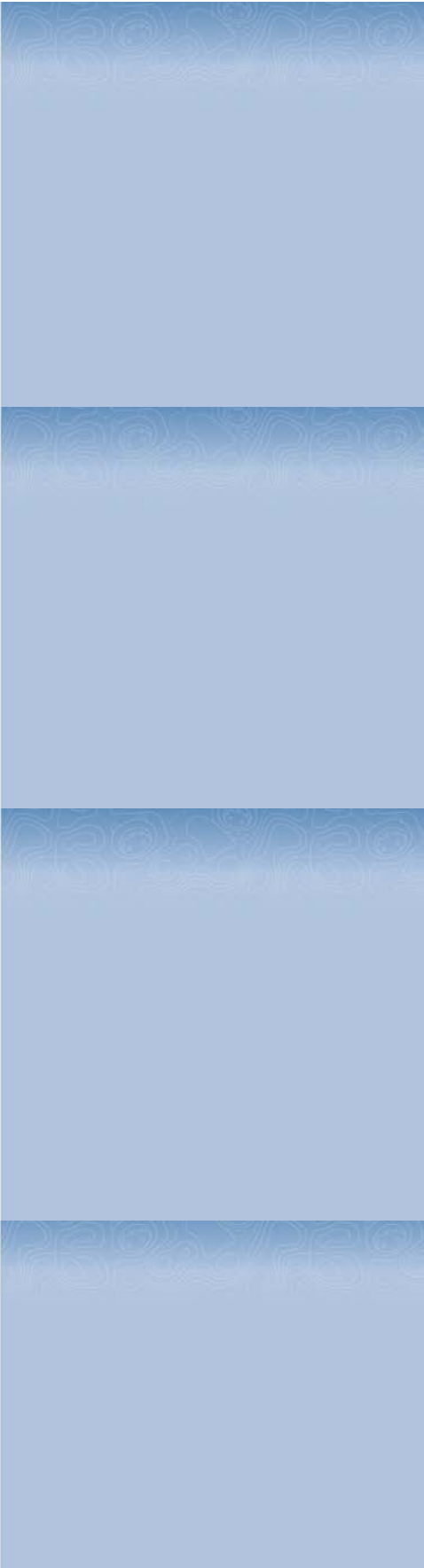
Case Coordinator Recommendation Comment

Is this a MPP Case?		Parental/Legal Guardian Separation	
Is there attorney of record?		Comment	
Program Information			
Program Name		URM Program	
Program Address		URM Program Requirement Eligibility	
Program Primary Contact		Date the Eligibility was obtained	
Primary Contact Email		Program accepts Guardianship?	
Phone		Program Agreed to Condition of Release?	
Is Program Licensed?		How/Why Program was identified?	
If Yes, Type of License		Date of Referral to the Program	
		Date of Acceptance	
		Program Comment	
Sponsor Information			
Sponsor		Date of Birth	
Sponsor A#		Current Age	
Legal Status		COB	
Sponsor Category		Sponsor Comment	
Relationship to UAC		Parent Entry	
Case Manager Recommendation			
Case Manager Recommendation			
Case Manager Recommendation-HS			
Case Manager Recommendation Date		Case Manager Recommendation Date-HS	
PRS Services			
Case remain with local FFS?		If Applicable, Cancellation Reason:	
Is a safety plan recommended?			
Case Manager Recommendation Comment			
Case Coordinator Recommendation			
Pending Information		Reason for Pending Information	
Case Coordinator Recommendation			
Case Coordinator Recommendation-HS			
Case Coordinator Recommendation Date		Case Coordinator Recommendation Date-HS	
		Case Coordinator Recommendation Comment	
ORR Decision			
Remand for Further Information		Outcome of Home Study	
ORR Decision			
ORR Decision-HS			
Home Study Addendum?		Court Ordered Release	
ORR Final Decision Date		Reason for Denial	
Waive Third Party Review		ORR Comment	
System Information			
Entry Origin		Priority	
Last Modified By		Web Email	
Subject		Description	

UAC Children in Care (0)



Related Entries (0)



Entry Team (0)
Add Member

Documents (0)
Refresh

Upload Files Or drop files

HS/PRS Referral Assessment (0)
Refresh

Entry History (3)

Date	Field	User	Original Value	New Value

[View All](#)

OMB 0970-0552 [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 process recommendations and decisions for release of a UAC from ORR custody. Public reporting burden for this collection of information is estimated to average 0.42 hours per grantee case manager and 0.33 hours per contractor case coordinator (a total of 0.75 hours), 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-4 [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



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

Administration for Children & Families
Office of Refugee Resettlement

Release Request

UAC Details

UAC Name:

A#:

Requestor Information

Entry #:

Type of Release:

Requester Name:

Requester Email:

Requester Title:

Requester Phone:

Internal Comment:

Child Advocate

Is Child Advocate Assigned:

Child Advocate Recommendation:

Medical

Assigned Clinician:

Alert DHUC:

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to process recommendations and decisions for release of a UAC from ORR custody. Public reporting burden for this collection of information is estimated to average 0.42 hours per grantee case manager and 0.33 hours per contractor case coordinator (a total of 0.75 hours), 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.



Release Request Office of Refugee Resettlement

Legal

OTIP Status:

Outcome of OTIP Referral:

Parental/Legal Guardian Separation:

Is this a MPP Case:

Is the UAC a Material Witness:

Is there Attorney of Record:

Is there a removal order for UAC?

Comment:

Program Information

Program Name:

URM Program Requirement Eligibility:

Program Address:

Date the Eligibility was Obtained:

Primary Contact Name:

Program Accepts Guardianship:

Primary Contact Email:

Program Agreed to Condition of Release:

Phone:

How/Why Program was Identified:

Is Program Licensed:

Date of Referral to the Program:

URM Program:

Date of Acceptance:

Type of License:

Program Comment:



Release Request Office of Refugee Resettlement

Sponsor Information

Sponsor:	Date of Birth:
Sponsor A#:	Current Age:
Legal Status:	Country of Birth:
Sponsor Category:	Relationship to UAC:
JAC)	
Sponsor Comment:	

Case Manager Recommendation

Case Manager Recommendation:

Case Manager Recommendation - HS:

CM Recommendation Date:

CM Recommendation Date-HS:

Case Remain with Local FFS:

Is a Safety Plan Recommended:

If Applicable, Cancellation Reason:

PRS Services:

Comment:

Case Coordinator Recommendation

Case Coordinator Recommendation:

Case Coordinator Recommendation-HS:

CC Recommendation Date:

CC Recommendation Date-HS:

Pending Information:



Release Request Office of Refugee Resettlement

Reason for Pending Information:

Comment:

ORR Decision

ORR Decision:

ORR Decision-HS:

Home Study Addendum?

Outcome of Home Study:

Reason for Denial:

ORR Final Decision Date:

Remand for Further Information:

Waive Third Party Review:

Court Ordered Release:

ORR Comment: