

Safety and Well-Being Call Report (Form R-6)

Data Entry Window

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

New Entry: SWB

UAC Basic Information

Profile Name	<input type="text" value="Search Profiles..."/>	Admitted DateTime	Date	Time
	<input type="text"/>		<input type="text"/>	<input type="text"/>
		Date/Time of Discharge	Date	Time
			<input type="text"/>	<input type="text"/>
		Admission	<input type="text" value="Search Entries..."/>	

Case Information

Sponsor	<input type="text" value="Search Profiles..."/>	Type of Discharge	<input type="text"/>	
Phone	<input type="text"/>	Court hearing date?	Date	Time
			<input type="text"/>	<input type="text"/>
Court hearing set per ECIR Hotline?	<input type="text" value="--None--"/>			

Sponsor Interview

Phone disconnected?	<input type="text" value="--None--"/>	Contact made with Sponsor?	<input type="text" value="--None--"/>
If no, provide details:	<input type="text"/>		
Still have access to the UAC's VRF?	<input type="text" value="--None--"/>	Additional sponsor contact attempts?	<input type="text"/>

Sponsor Address Confirmation

Sponsor still resides at address on VRF?	<input type="text" value="--None--"/>	Did sponsor file COA/COV forms?	<input type="text" value="--None--"/>
Updated Address (if applicable)	<input type="text"/>	Did sponsor file a change of address?	<input type="text" value="--None--"/>

UAC currently residing with sponsor? Provide Details:

Sponsor Questions

UAC demonstrates behavioral issues? Provide Details:

UAC had any medical concerns? Provide Details:

UAC currently enrolled in school? Provide Details:

Sponsor aware of upcoming court date? Provide Details:

UAC attended scheduled court hearing? Reason for not attending hearing:

Provide Details:

Did sponsor notify UAC of court date? Provide Details:

Sponsor attended LOPC presentation? Provide Details:

Asked for money related to UAC release? If Yes, Provide Details:

If PRS case, PRS provider made contact?

UAC Interview

Case Manager made contact with UAC? Additional UAC contact attempts?

Contact details: UAC still has access to VRF?

UAC Address Confirmation

Whereabouts of UAC? Provide Details:

UAC still resides at address on VRF? Did UAC file COA/COV forms?

Enter Updated Address if applicable: Did UAC file a change of address?

ORR notified of UAC's address change?

UAC Questions

Does the UAC feel safe?	--None--	Provide Details:	
UAC's needs provided for? 1	--None--	If no, provide details:	
UAC currently enrolled in school? 1	--None--	Provide Details:	
UAC aware of upcoming court dates? 1	--None--	Provide Details:	
UAC contacted for money to be released? 1	--None--	Provide Details:	
UAC aware of anyone contacted for money? 1	--None--	Provide Details:	
If PRS case, PRS provider made contact? 1	--None--	Now required to financially contribute? 1	--None--
		Provide Details:	
UAC forced to work/work without pay? 1	--None--	Provide Details:	
Is UAC forced to pay money? 1	--None--	Provide Details:	

Case Manager Observation and Action Follow-Up

Referred to National Call Center?	--None--	Reported to FFS?	--None--
Reported to CPS/Law Enforcement?	--None--	Referred to Sexual Abuse Hotline?	--None--
Immediate Safety Concern	--None--	Reason Case Elevated	--None--

UAC May Be In Immediate Danger

UAC may be in immediate danger 1	--None--	Provide Details:	
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UAC May Be Unsafe

UAC feels unsafe? 1	--None--	Provide Details:	
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UAC May Have Been Sexually Abused or Harassed While In ORR Care

Indication UAC may be sexually abused? --None-- Provide Details:

Additional Support Services or LOPC Appointment

UAC/Sponsor would benefit from services? --None-- LOPC Appointment support required? --None--

Case Manager Certification

Verify and Submit

* Status --None--

Staff Signature:

Staff Title:

Date/Time:

Date Time

Translator's Name:

Language:

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: This information collection allows ORR to document the outcome of calls made to UAC and their sponsors after release to ensure the child is safe and refer the sponsor to additional resources as needed. Public reporting burden for this collection of information is estimated to average 0.75 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 (8 U.S.C. § 1232). 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 infocollection@acf.hhs.gov.

UAC-R-6 [Rev. MM/DD/YYYY]

Safety and Well-Being Call Report Page

Enrv
+ Follow Edit Delete

A#	Status	Last Modified By														
<div style="display: flex;"> <div style="flex: 1;"> <p>UAC Basic Information</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Profile Name</td><td>DOB</td></tr> <tr><td>Age</td><td>Gender</td></tr> <tr><td>Gender Other</td><td>A#</td></tr> <tr><td>Program Facility Name</td><td>Admitted DateTime</td></tr> <tr><td>COB</td><td>Date/Time of Discharge</td></tr> <tr><td>LOS</td><td>LOC</td></tr> <tr><td>Status</td><td>Admission</td></tr> </table> </div> <div style="flex: 1; padding-left: 10px;"> <p>Post <input type="text"/></p> <p>Share an update... <input type="button" value="Share"/></p> <p>Activity <input type="text"/></p> <p>Search this feed... <input type="button" value="🔍"/> <input type="button" value="🔍"/></p> <p>Just now</p> </div> </div>			Profile Name	DOB	Age	Gender	Gender Other	A#	Program Facility Name	Admitted DateTime	COB	Date/Time of Discharge	LOS	LOC	Status	Admission
Profile Name	DOB															
Age	Gender															
Gender Other	A#															
Program Facility Name	Admitted DateTime															
COB	Date/Time of Discharge															
LOS	LOC															
Status	Admission															

Case Information

Table with 2 columns: Question, Answer. Rows include Sponsor, Phone, Relationship to UAC, Court hearing set per EOIR Hotline?, Sponsor DOB, Sponsor Category, Type of Discharge, Court hearing date?

Sponsor Interview

Table with 2 columns: Question, Answer. Rows include Phone disconnected?, If no, provide details: Still have access to the UAC's VRF?, Contact made with Sponsor?, Additional sponsor contact attempts?

Sponsor Address Confirmation

Table with 2 columns: Question, Answer. Rows include Sponsor still resides at address on VRF?, Updated Address (if applicable), UAC currently residing with sponsor?, Did sponsor file COA/COV forms?, Did sponsor file a change of address?, Provide Details:

Sponsor Questions

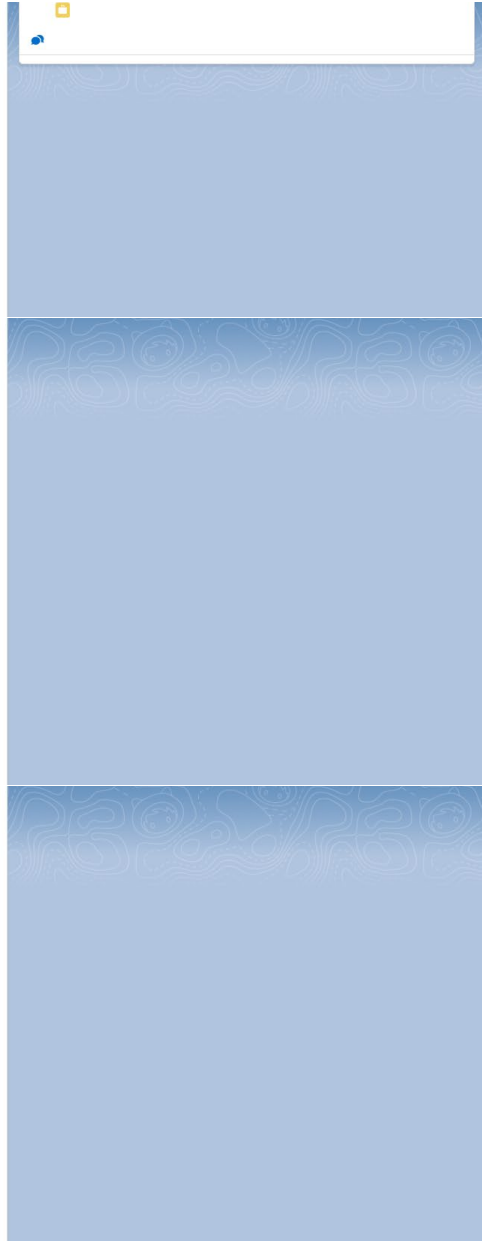
Table with 2 columns: Question, Answer. Rows include UAC demonstrates behavioral issues?, UAC had any medical concerns?, UAC currently enrolled in school?, Sponsor aware of upcoming court date?, UAC attended scheduled court hearing?, Did sponsor notify UAC of court date?, Sponsor attended LOPC presentation?, Asked for money related to UAC release?, If PRS case, PRS provider made contact?, Provide Details:

UAC Interview

Table with 2 columns: Question, Answer. Rows include Case Manager made contact with UAC?, Contact details:, Additional UAC contact attempts?, UAC still has access to VRF?

UAC Address Confirmation

Table with 2 columns: Question, Answer. Rows include Whereabouts of UAC, UAC still resides at address on VRF?, Enter Updated Address if applicable:, Provide Details:, Did UAC file COA/COV forms?, Did UAC file a change of address?



ORR notified of UAC's address change? ⓘ

UAC Questions

Does the UAC feel safe? ⓘ

Provide Details: ⓘ

UAC's needs provided for? ⓘ

If no, provide details: ⓘ

UAC currently enrolled in school? ⓘ

Provide Details: ⓘ

UAC aware of upcoming court dates? ⓘ

Provide Details: ⓘ

UAC contacted for money to be released? ⓘ

Provide Details: ⓘ

UAC aware of anyone contacted for money? ⓘ

Provide Details: ⓘ

If PRS case, PRS provider made contact? ⓘ

Now required to financially contribute? ⓘ

Provide Details: ⓘ

Provide Details: ⓘ

UAC forced to work/work without pay? ⓘ

Provide Details: ⓘ

Is UAC forced to pay money? ⓘ

Provide Details: ⓘ

Case Manager Observation and Action Follow-Up

Referred to National Call Center? ⓘ

Reported to FFS? ⓘ

Reported to CPS/Law Enforcement? ⓘ

Referred to Sexual Abuse Hotline? ⓘ

Immediate Safety Concern ⓘ

Reason Case Elevated ⓘ

UAC May Be In Immediate Danger

UAC may be in immediate danger ⓘ

Provide Details: ⓘ

UAC May Be Unsafe

UAC feels unsafe? ⓘ

Provide Details: ⓘ

UAC May Have Been Sexually Abused or Harassed While In ORR Care

Indication UAC may be sexually abused? ⓘ

Provide Details: ⓘ

Additional Support Services or LOPC Appointment

UAC/Sponsor would benefit from services? ⓘ

LOPC Appointment support required? ⓘ

Case Manager Certification

Verify and Submit ⓘ

Status ⓘ

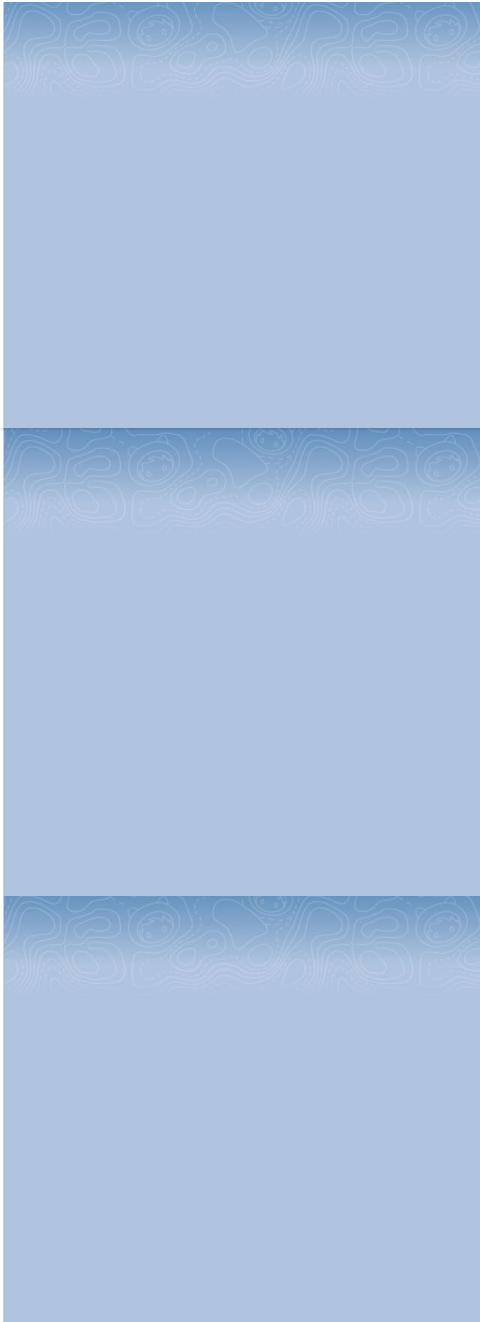
Staff Signature: ⓘ

Staff Title: ⓘ

Date/Time: ⓘ

Translator's Name: ⓘ

Language: ⓘ



Call Attempts for Sponsor/UAC (0) New					
HS/PRS Referrals (0) New ↻					
NOC (11) New ↻					
Entry ID	Status	Event ID	Program/Facility	Type	Notification of C...
<input type="checkbox"/>					
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Call Attempts for Sponsor/UAC Data Entry Window

New Call Attempts: Call Attempts

Information

Call Attempts Name Type --None--

Attempt # Attempt Date/Time Date Time

Attempt --None-- Contact Details/Summary

* Entry ID

Cancel Save & New Save