

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

Data Entry Window

New Entry: SWB

UAC Basic Information

Profile Name

Admitted DateTime

Date

Date/Time of Discharge

Admission

Case Information

Sponsor

Phone

Type of Discharge

Court hearing date?

Court hearing set per * EOIR Hotline?

Sponsor Interview

Phone disconnected?

If no, provide details:

Contact made with Sponsor?

Still have access to the UAC's VRF?

Additional sponsor contact attempts?

Sponsor Address Confirmation

Sponsor still resides at address on VRF?

Updated Address (if applicable)

Did sponsor file COA/COV forms?

Did sponsor file a change of address?

• Yes
• No
• NA

• Yes
• No

• Yes
• No
• NA

• Yes
• No
• NA

• Yes
• No
• NA

- Yes
- No

UAC currently residing with sponsor? --None--

Provide Details:

- Yes
- No

Sponsor Questions

Sponsor in need of additional support to care for UC? --None--

Provide Details:

- Yes
- No

UAC had any medical concerns? --None--

Provide Details:

- Yes
- No

UAC currently enrolled in school? --None--

Provide Details:

- Yes
- No

Sponsor aware of upcoming court date? --None--

Provide Details:

- Yes
- No

UAC attended scheduled court hearing? --None--

Reason for not attending hearing: --None--

Provide Details:

- UC no longer resides with Sponsor
- Sponsor overlooked hearing
- UC turned 18
- Sponsor non-compliant with ORR condition of release
- Sponsor unable to UC to hearing due to unforeseen circumstances
- Future court hearing pending
- Court hearing date not set

- Yes
- No

Did sponsor notify UAC of court date? --None--

Provide Details:

- Yes
- No

Sponsor attended LOPC presentation? --None--

Provide Details:

- Yes
- No

Asked for money related to UAC release? --None--

If Yes, Provide Details:

- Yes
- No
- NA

If PRS case, PRS provider made contact? --None--

UAC Interview

- Yes
- No

Case Manager made contact with UAC? --None--

Additional UAC contact attempts? --None--

- Yes
- No

Contact details:

UAC still has access to VRF? --None--

- Yes
- No

UAC Address Confirmation

- UC residing with sponsor
- UC aged out/moved out
- UC runaway
- UC relocation with non-sponsor
- UC arrested
- UC death
- UC deported/returned to COB
- UC location unknown

Whereabouts of UAC? --None--

Provide Details:

- Yes
- No
- NA

UAC still resides at address on VRF? --None--

Did UAC file COA/COV forms? --None--

- Yes
- No
- NA

Enter Updated Address if applicable:

Did UAC file a change of address? --None--

- Yes
- No

ORR notified of UAC's address change? --None--

- Yes
- No
- NA

- Yes
- No
- NA

- Yes
- No
- NA

- Yes
- No
- NA

- Yes
- No
- NA

- Yes
- No
- NA

- Yes
- No
- NA

- Yes
- No
- NA

- Yes
- No
- NA

- Yes
- No
- NA

- Yes
- No
- NA

- Yes
- No
- NA

- Yes
- No
- NA

- Yes
- No
- NA

- Yes
- No
- NA

- Yes
- No
- NA

UAC Questions

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

- Yes
- No
- NA

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--

- Yes
- No
- NA

- Yes
- No
- NA

UAC May Be In Immediate Danger

UAC may be in immediate danger?	--None--	Provide Details:	
---------------------------------	----------	------------------	--

- Human Trafficking
- Neglect/Abandonment
- Physical Abuse
- Sexual Abuse/Harassment
- Sponsor Criminal Activity
- UC and Sponsor Criminal Activity
- UC Criminal Activity
- UC Death
- UC Medical/Mental Health Issue
- Fraud Against Sponsor
- Fraudulent Sponsor
- N/A

UAC May Be Unsafe

UAC feels unsafe?	--None--	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:

Date Time

Translator's Name:

Language:

- Yes
- No
- NA

- Yes
- No

- Draft
- Submitted

- Yes
- No

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

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 UC 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 UCPolicy@acf.hhs.gov.

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

Safety and Well-Being Call Report Page

Entrv

A#	Status	Last Modified By
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>UAC Basic Information</p> <p>Profile Name <input type="text"/></p> <p>Age <input type="text"/></p> <p>Gender Other <input type="text"/></p> <p>Program Facility Name <input type="text"/></p> <p>COB <input type="text"/></p> <p>LOS <input type="text"/></p> <p>Status <input type="text"/></p> </div> <div style="width: 45%;"> <p>DOB <input type="text"/></p> <p>Gender <input type="text"/></p> <p>A# <input type="text"/></p> <p>Admitted DateTime <input type="text"/></p> <p>Date/Time of Discharge <input type="text"/></p> <p>LOC <input type="text"/></p> <p>Admission <input type="text"/></p> </div> </div>		
<p>Post <input type="text" value="Share an update..."/> <input type="button" value="Share"/></p> <p>Activity <input type="text" value="Search this feed..."/> <input type="button" value="🔍"/> <input type="button" value="🗑️"/></p> <p>Just now</p>		

Case Information

Sponsor	/	Sponsor DOB	
Phone	/	Sponsor Category	
Relationship to UAC		Type of Discharge	/
Court hearing set per EOIR Hotline?	/	Court hearing date?	/

Sponsor Interview

Phone disconnected?	/	Contact made with Sponsor?	1 /
If no, provide details:	/		
Still have access to the UAC's VRF?	/	Additional sponsor contact attempts?	1 /

Sponsor Address Confirmation

Sponsor still resides at address on VRF?	/	Did sponsor file COA/COV forms?	/
Updated Address (if applicable)	/	Did sponsor file a change of address?	/
UAC currently residing with sponsor?	/	Provide Details: 1	/

Sponsor Questions

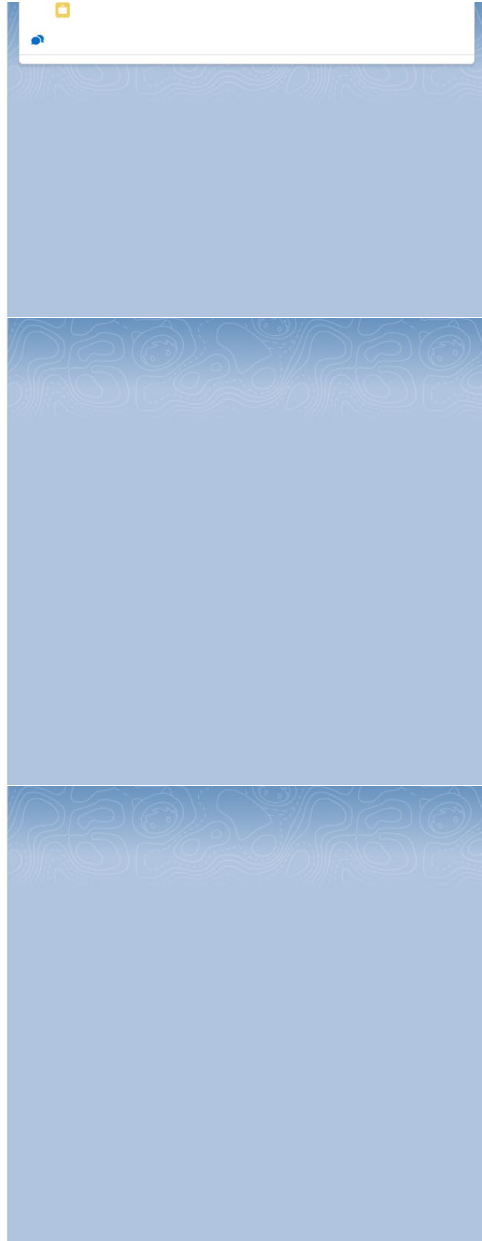
UAC demonstrates behavioral issues? 1	/	Provide Details:	/
UAC had any medical concerns? 1	/	Provide Details: 1	/
UAC currently enrolled in school? 1	/	Provide Details: 1	/
Sponsor aware of upcoming court date? 1	/	Provide Details: 1	/
UAC attended scheduled court hearing? 1	/	Reason for not attending hearing	/
		Provide Details: 1	/
Did sponsor notify UAC of court date? 1	/	Provide Details:	/
Sponsor attended LOPC presentation? 1	/	Provide Details: 1	/
Asked for money related to UAC release? 1	/	If Yes, Provide Details: 1	/
If PRS case, PRS provider made contact? 1	/		

UAC Interview

Case Manager made contact with UAC? 1	/	Additional UAC contact attempts? 1	/
Contact details: 1	/	UAC still has access to VRF? 1	/

UAC Address Confirmation

Whereabouts of UAC 1	/	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? ⓘ

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 ⓘ

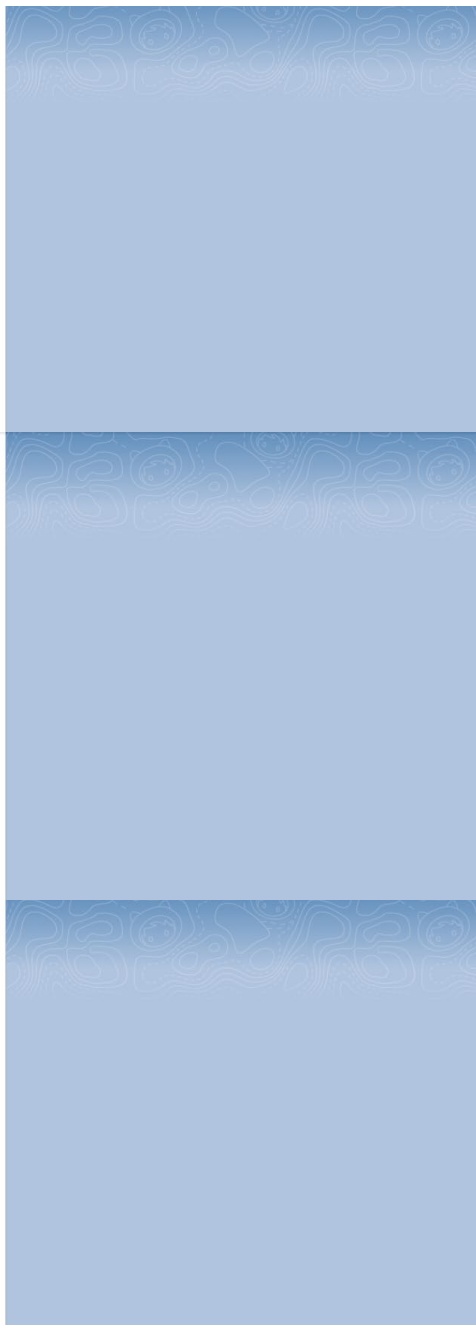
Staff Signature: ⓘ

Staff Title: ⓘ

Date/Time: ⓘ

Translator's Name: ⓘ

Language: ⓘ



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

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

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 UC 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 UCPolicy@acf.hhs.gov.

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

Call Attempts for Sponsor/UAC Data Entry Window

New Call Attempts: Call Attempts

Information

Call Attempts Name Type

Attempt # Attempt Date/Time

Attempt Contact Details/Summary

*Entry ID

- No Reached
- Reached and Participated
- Reached and Declined to Participate

- Sponsor
- UC