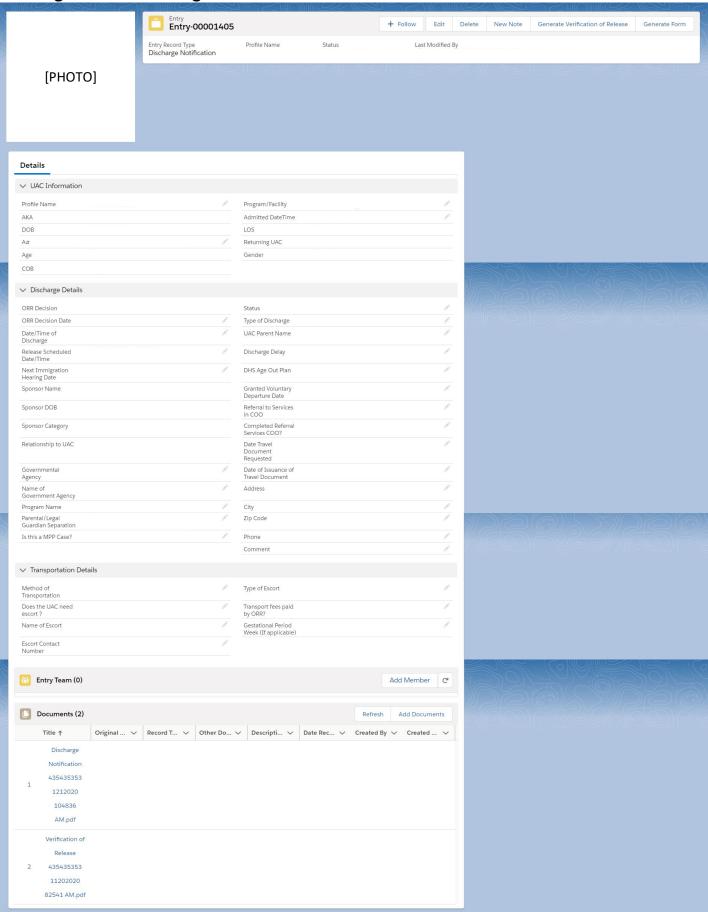
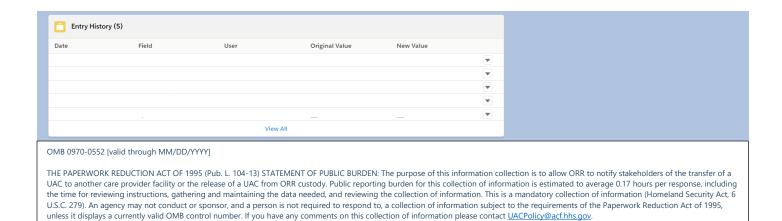
Discharge Notification (Form R-2)

Data Entry Window

| | | New Entr | y: Disch | narge Notification | 0970-0552 [valid thro | -9,, |
|---|--|--|--|---|---|---|
| UAC Information | | | | | | |
| Profile Name | | | × | Program/Facility | Search Entities | Q |
| | | | | | | |
| A# | | | | Admitted DateTime | Date Time | 0 |
| | | | | | | |
| Discharge Details | | | | | | |
| ORR Decision Date | Date | Time | 0 | * Status | ū | • |
| Date/Time of Discharge | Date | Time | | *Type of Discharge | | |
| | iii | Time | 0 | Type of Discharge | None View all dependencies | • |
| *Release | Date | Time | | UAC Parent Name | Search Profiles | Q |
| Scheduled Date/Time | 苗 | | 0 | | ocarem remean | |
| Next | Date | Time | | Discharge Delay | None | _ |
| Immigration Hearing Date | iii | | 0 | , | None | |
| Governmental Agency | None View all dependencies | | • | DHS Age Out Plan | None | • |
| Name of Government | | | | Granted Voluntary | | 苗 |
| Agency | | | | Departure Date | | |
| Program Name | Search Entities | | Q | Referral to Services in COO | None | • |
| Parental/Legal Guardian Separation | None | | • | Completed Referral Services COO? | None | • |
| Is this a MPP Case? | None | | • | Date Travel Document Requested | | ä |
| | | | | Date of Issuance of Travel Document | | ä |
| | | | | Address | | |
| | | | | | | // |
| | | | | City | | |
| | | | | State | None | • |
| | | | | Zip Code | | |
| | | | | Phone | | |
| | | | | Comment | | |
| | | | | | | 4 |
| Transportation Details | | | | | | |
| Method of *Transportation | None | | • | Type of Escort | None | • |
| Does the UAC need | None | | • | Transport fees paid | None | • |
| escort? | | | | by ORR? | View all dependencies | |
| Name of Escort | | | | Gestational Period Week (If applicable) | None | ▼ |
| Escort Contact Number | | | | | | |
| Assign using active assi | gnment rule | | | | Cancel | ave & New Sav |
| information collection for the release of a UA average 0.17 hours p needed, and reviewir Act, 6 U.S.C. 279). An | n is to allow ORR AC from ORR custiver response, incluing the collection of agency may not controlled the requirements. If you have any controlled the collection of the requirements. | to notify stall ody. Public reding the time of information conduct or sp ts of the Pap | keholder eporting e for rev n. This is consor, a erwork f | s of the transfer of a burden for this coll iewing instructions, a mandatory collection and a person is not a Reduction Act of 199 | UBLIC BURDEN: The pual LAC to another care ection of information in gathering and maintaition of information (Herequired to respond to 25, unless it displays a on please contact | provider facility s estimated to ning the data omeland Security , a collection of |

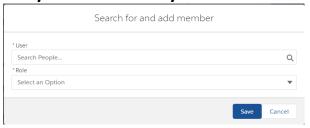
Discharge Notification Page



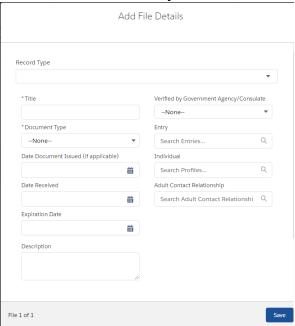


Entry Team Data Entry Window

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



Documents Data Entry Window





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

Administration for Children & Families Office of Refugee Resettlement

Discharge Notification

| UA | AC Information | | |
|---|---|--|--|
| | UAC Name: | | |
| | < <case_contact>></case_contact> | | |
| | AKA: | | |
| [PHOTO] | < <case_uac_dischargeaka>></case_uac_dischargeaka> | | |
| | DOB: | | |
| | < <case_uac_dobd>></case_uac_dobd> | | |
| | A#: | | |
| | < <contact_uac_a>></contact_uac_a> | | |
| Length of Stay: | Age: | | |
| < <case_uac_los>></case_uac_los> | < <case_uac_age>></case_uac_age> | | |
| Program/Facility: | Gender: | | |
| < <case_uac_programfacility>></case_uac_programfacility> | < <case_uac_gender>></case_uac_gender> | | |
| Date/Time Admitted: | Country of Birth: | | |
| < <case_uac_admitteddatetimea>></case_uac_admitteddatetimea> | < <case_uac_countryofbirth>></case_uac_countryofbirth> | | |
| Returning UAC: | Entry #: | | |
| < <case_uac_returninguac>></case_uac_returninguac> | <<>> | | |

| Discharge Details | | | | |
|--|--|--|--|--|
| ORR Decision: < <case_uac_dischargeorrdecision>></case_uac_dischargeorrdecision> | Status: < <case_status>></case_status> | | | |
| ORR Final Decision Date: <case_uac_disorrfinaldecisiondatedischarge_a>></case_uac_disorrfinaldecisiondatedischarge_a> | Type of Discharge: < <case_uac_typeofdischarge>></case_uac_typeofdischarge> | | | |
| <pre>Date/Time of Discharge: <<case_uac_datetimeofdischarge>></case_uac_datetimeofdischarge></pre> | Type of Age Out: < <case_uac_typeofageout>></case_uac_typeofageout> | | | |
| Next Immigration Hearing Date: < < Case_UAC_nextImmigrationHearingDate > > | Granted Voluntary Departure Date: < <case_uac_grantedvoluntarydeparturedate_a>></case_uac_grantedvoluntarydeparturedate_a> | | | |
| Sponsor: < <parent_uac_sponsor>></parent_uac_sponsor> | Sponsor Category: < <case_uac_sponsorcategory>></case_uac_sponsorcategory> | | | |
| <pre>Sponsor DOB: <<case_uac_dischargesponsordob_d>></case_uac_dischargesponsordob_d></pre> | Relationship to UAC: < <case_uac_dischargerelationshiptouac>></case_uac_dischargerelationshiptouac> | | | |

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.

Discharge NotificationOffice 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>>

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