

| Add/Edit UAC                                                                                                                                         |                                                               |                                                 |                                                               |
|------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|-------------------------------------------------|---------------------------------------------------------------|
| First Name:                                                                                                                                          | <input type="text"/>                                          | Status:                                         | <input type="text" value="Pending"/>                          |
| Last Name:                                                                                                                                           | <input type="text"/>                                          | AKA:                                            | <input type="text"/>                                          |
| Middle Name:                                                                                                                                         | <input type="text"/>                                          | Gender:                                         | <input type="text" value="Select Gender"/>                    |
| DOB:                                                                                                                                                 | <input type="text"/>                                          | A Number:                                       | <input type="text"/>                                          |
| Country of Birth:                                                                                                                                    | <input type="text" value="Select Country"/>                   | Immigration Status at Referral:                 | <input type="text" value="NTA Issued"/>                       |
| Health Concerns?:                                                                                                                                    | <input checked="" type="radio"/> No <input type="radio"/> Yes | Criminal Charges?:                              | <input checked="" type="radio"/> No <input type="radio"/> Yes |
| Foot Guide?:                                                                                                                                         | <input checked="" type="radio"/> No <input type="radio"/> Yes | Separated from Parents/Legal Guardian:          | <input type="radio"/> No <input type="radio"/> Yes            |
| Related to Other UAC(s)?:                                                                                                                            | <input checked="" type="radio"/> No <input type="radio"/> Yes | <input type="checkbox"/> Reviewed by ORR        |                                                               |
| UAC Apprehension Information                                                                                                                         |                                                               |                                                 |                                                               |
| Additional Information:                                                                                                                              | <input type="text"/>                                          | Family Group:                                   | <input type="text"/>                                          |
| Flag UAC:                                                                                                                                            |                                                               | <input type="text" value="-- Select Color --"/> | <input type="text"/>                                          |
| Relationship Group ID:                                                                                                                               |                                                               |                                                 | <input type="button" value="Add New Row"/>                    |
| Name                                                                                                                                                 | Age                                                           | A No.                                           | Relationship to UAC                                           |
| <input type="text"/>                                                                                                                                 | <input type="text"/>                                          | <input type="text"/>                            | <input type="text" value="-- Select Relationship --"/>        |
| <input type="text"/>                                                                                                                                 | <input type="text"/>                                          | <input type="text"/>                            | <input type="text" value="-- Select Relationship --"/>        |
| <input type="text"/>                                                                                                                                 | <input type="text"/>                                          | <input type="text"/>                            | <input type="text" value="-- Select Relationship --"/>        |
| <input type="text"/>                                                                                                                                 | <input type="text"/>                                          | <input type="text"/>                            | <input type="text" value="-- Select Relationship --"/>        |
| <input type="text"/>                                                                                                                                 | <input type="text"/>                                          | <input type="text"/>                            | <input type="text" value="-- Select Relationship --"/>        |
| Apprehension and Transfer Information                                                                                                                |                                                               |                                                 |                                                               |
| Referring Agency:                                                                                                                                    | <input type="text" value="Customs and Border Protection"/>    | Referral Date/Time:                             | <input type="text"/>                                          |
| Referring Sector:                                                                                                                                    | <input type="text" value="Select Referring Sector"/>          | ORR Placement Date/Time:                        | <input type="text"/>                                          |
| Manner of Entry:                                                                                                                                     | <input type="text" value="EWI/Entered"/>                      | Processing POC:                                 | <input type="text"/>                                          |
| Email(s):                                                                                                                                            | <input type="text"/>                                          | Phone:                                          | <input type="text"/>                                          |
| Entry:                                                                                                                                               | <input type="text" value="Select Option"/>                    | State:                                          | <input type="text" value="-- Select a State --"/>             |
| Apprehension:                                                                                                                                        | <input type="text" value="Select Option"/>                    | Date/Time:                                      | <input type="text" value="12/10/2019"/>                       |
| Current Location:                                                                                                                                    | <input type="text" value="Select Option"/>                    |                                                 | <input type="text"/>                                          |
| Parent/Relative Information                                                                                                                          |                                                               |                                                 |                                                               |
| Name                                                                                                                                                 | Alien No.                                                     | Phone No.                                       | Relationship to UAC                                           |
| <input type="text"/>                                                                                                                                 | <input type="text"/>                                          | <input type="text"/>                            | <input type="text" value="-- Select Relationship --"/>        |
| <input type="text"/>                                                                                                                                 | <input type="text"/>                                          | <input type="text"/>                            | <input type="text" value="-- Select Relationship --"/>        |
| <input type="text"/>                                                                                                                                 | <input type="text"/>                                          | <input type="text"/>                            | <input type="text" value="-- Select Relationship --"/>        |
| <input type="text"/>                                                                                                                                 | <input type="text"/>                                          | <input type="text"/>                            | <input type="text" value="-- Select Relationship --"/>        |
| Referral Notes                                                                                                                                       |                                                               |                                                 |                                                               |
| Notes:                                                                                                                                               | <input type="text"/>                                          |                                                 |                                                               |
| ORR Placement Information                                                                                                                            |                                                               |                                                 |                                                               |
| Program Type:                                                                                                                                        | <input type="text" value="Select Program Type"/>              | Enroll in Program:                              | <input type="text"/>                                          |
| <input type="button" value="Save"/> <input type="button" value="Reset"/> <input type="button" value="Fast"/> <input type="button" value="Non-Fast"/> |                                                               |                                                 |                                                               |

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 receive a referral from a Federal agency and place the UAC in an ORR care provider facility. Public reporting burden for this collection of information is estimated to average 0.25 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.