

Influx Transfer Request (Form P-10B)

Data Entry Window

OMB 0970-0554 [valid through MM/DD/YYYY]

New Entry: Transfer Request Influx

UAC Profile

Height (Ft & Inches)

Weight (Pounds)

Allergies

Eye Color

Identification Marks

Medications

Influx Transfer Request

* Status

* Manifest Status

--None--

* Transfer Type

Transfer Cancellation Reason

* Program/Facility

Search Entities...

High Priority?

* Current Program

Search Entities...

Program Type Requested

--None--

* Standard Program Type

Available

To provide a less restr...

To provide a more re...

Minor's Medical Health

Minor's Mental Health

Violent/Threatening ...

Disruptive Behavior

Minor's Safety

Flight Risk

Emergency Influx

Chosen

Requester Name

Search People...

Casefile Summaries

Minor Attorney Contacted

--None--

Attorney of Record

Attorney Phone

Information Relating to UAC Casefile

Available

Pregnancy

Injury

Illness

Diagnosed Behavior/...

Diagnosed Behavior/...

Charge(s) Dropped

Chosen

Medical/Mental
Health Summary

Behavior Summary
i

Family Reunification
Current Status

Immigration Court
Status

Case Manager Recommendation

Case Manager
Recommendation

Case Manager
Recommendation
Comment

Case Manager
Recommendatio
n Date

Date

Time

ORR Decision

Remand for Further
Information

ORR Decision Maker

Search People...



ORR Decision

ORR Final
Decision Date

Date

Time

ORR Comment

COA-COV

Request Type

Transfer Sch. to Take
Place On

Good Cause Exists to Change Venue

Available

Chosen

Limited Juvenile Detenti...



UAC has Special Need



Other

Next Sch. Court
Appearance

Specify UAC Special
Needs

Reason for Less Than
48 Hours Notice

Other Change Venue
Cause

Departure/Arrival Information

Departure
DateTime

Date

Time

Arrival DateTime

Date

Time

Transporting Staff
Name

Receiving Staff Name

Transporting Staff
Title

Receiving Staff Title

Transporting Staff
Comments

Receiving Staff
Comments

System Fields

Manifest

Search Entries...



Entry Record Type

Transfer Request Influx

Legacy Id



Profile Name

Search Profiles...



Entry Owner

Priority

Subject	<input type="text"/>	Entry Origin	--None-- 
Web Email	<input type="text"/>	Description	<div><div></div></div>

Cancel

Save & New

Save

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 process recommendations and decisions for transfer of a UAC to an influx care facility. Public reporting burden for this collection of information is estimated to average 0.42 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.

UAC-P-10B [Rev. MM/DD/YYYY]

Influx Transfer Request Page – Details Tab

[PHOTO]

Entry
Entry-00002304

+ Follow

Edit

Delete

Generate Form

Entry Record Type
Transfer Request Influx

Manifest

Parent Entry

Profile Name

Entry Owner

UAC Basic Information

Open

First Name

Last Name

A#

Date of Birth

Age

COB

Status

Gender

Current Program

Admitted DateTime

LOS

✓

FFS Review

Closed

Status: FFS Review

✓ Mark Status as Complete

Details

Related

Program Referrals

UAC Profile

Height (Ft & Inches)

Weight (Pounds)

Allergies

Eye Color

Identification Marks

Medications

Influx Transfer Request

Status

Manifest Status

Transfer Type

Transfer Cancellation Reason

Standard Program Type

Requester Name

Requester Title

Program / Facility

High Priority?

Current Program

Program Type Requested

Requester Email

Requester Phone

Casefile Summaries

Minor Attorney Contacted

Attorney of Record

Post

Share an update...

Share

Most Recent Activity

Search this feed...

Attorney Phone		Information Relating to UAC Casefile	
Medical / Mental Health Summary		Behavior Summary ¹	
Family Reunification Current Status		Immigration Court Status	

▼ Case Manager Recommendation

Case Manager Recommendation			
Case Manager Recommendation Comment		Case Manager Recommendation Date	

▼ ORR Decision

Remand for Further Information		ORR Decision Maker	
ORR Decision		ORR Final Decision Date	
ORR Comment			

▼ COA-COV

Request Type		Transfer Sch. to Take Place On	
Good Cause Exists to Change Venue		Next Sch. Court Appearance	
Specify UAC Special Needs		Reason for Less Than 48 Hours Notice	
Other Change Venue Cause			

▼ Departure/Arrival Information

Departure DateTime		Arrival DateTime	
Transporting Staff Name		Receiving Staff Name	
Transporting Staff Title		Receiving Staff Title	
Transporting Staff Comments		Receiving Staff Comments	

▼ System Fields

Created By		Last Modified By	
Manifest		Entry Record Type	
Legacy Id		Profile Name	
Entry Owner		Priority	
Subject		Entry Origin	
Web Email		Description	

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Influx Transfer Request Page – Related Tab

Details

Related

Program Referrals

Entry Team (1)

Add Member

Team Member	Member Role	Entry Access

Upload Documents (0)

Refresh

Upload Files

Or drop files

Case Management Documents (0)

Legal Documents (0)

Medical Documents (0)

Entry History (5)

Date	Field	User	Original Value	New Value

View All

Most Recent Activity

Search this feed...

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Entry Team Data Entry Window

Search for and add member

* User

Search People...

* Role

Select an Option

Save

Cancel

Documents Data Entry Window

Add File Details

Record Type

* Title

Verified by Government Agency/Consulate

--None--

* Document Type

--None--

Entry

Search Entries...

Date Document Issued (if applicable)

Individual

Search Profiles...

Date Received

Adult Contact Relationship

Search Adult Contact Relationshi

Expiration Date

Description

File 1 of 1

Save

Influx Transfer Request – Program Referrals Tab

Details

Related

Program Referrals

Transfer Request Program Search

Use this screen to select the Programs you want to send Transfer requests for. Enter a search term like "Male Beds", the name of the Program you're looking for, what special placements are accepted, or the state or city of the Program.

* Search Term

male beds

☐

Program Name

☐

☐

Program Type

☐

☐

Stop Placement

☐

☐

VOLAG Grantee?

☐

☐

Search Tags

☐

Next

Most Recent Activity

Search this feed...

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