

OFFICE OF REFUGEE RESETTLEMENT
Division of Children's Services
TRANSFER REQUEST AND TRACKING FORM

Minor's Profile

Alien Number	FINS Number	Last Name	First Name	AKA	Date of Placement in Current Facility
Height	Weight	DOB	Age	COB	Date of Initial Placement
Eye Color	Identifying Marks				

Current Care Provider Facility

Current Program	Program Type		Case Worker		
Address	City	State	Zip	Phone	

Care Provider Transfer Recommendation				Has the minor's attorney been contacted? **	
Type of Facility Requested	Proposed Facility	Requestor	Request Date	Attorney of Record	Phone

ORR Transfer Decision

Name of ORR Decision Maker	Designated Care Provider Facility	Type of Care Provider Facility

New Care Provider Facility

New Program	Program Type			
	Secure			
Address	City	State	Zip	Phone

Transfer Packet (for each minor)

Please follow checklist in the Transfer Procedures when completing minor's transfer packet, check box to indicate the packet is completed	
List of Minor's Belongings (be sure to include medication)	

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 track the physical transfer of the UAC and their belongings. 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.

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Departure/Arrival Information

Departure	Date	Time	Transportating Staff	Name	Title
By signing below, I affirm that: 1) I have read the minor's Case Summary and Individual Service Plan (ISP) and am aware of all documented special needs. 2) The list of the minor's personal belongings is complete and accurate.					
Signature _____			Date _____		

Arrival	Date	Time	Receiving Staff	Name	Title
By signing below, I affirm that: 1) I have read the minor's Case File Summary and Individual Service Plan (ISP) and am aware of all documented special needs. 2) The list of the minor's personal belongings is complete and accurate.					
Signature _____			Date _____		

Distribution of this form is restricted to ORR staff, grantees and contractors (including voluntary agencies, Child Advocates, and legal service providers); UAC attorneys of record; the U.S. Department of Homeland Security; and the Executive Office for Immigration Review. This form may not be distributed to any other party without the written authorization of ORR/DCS.