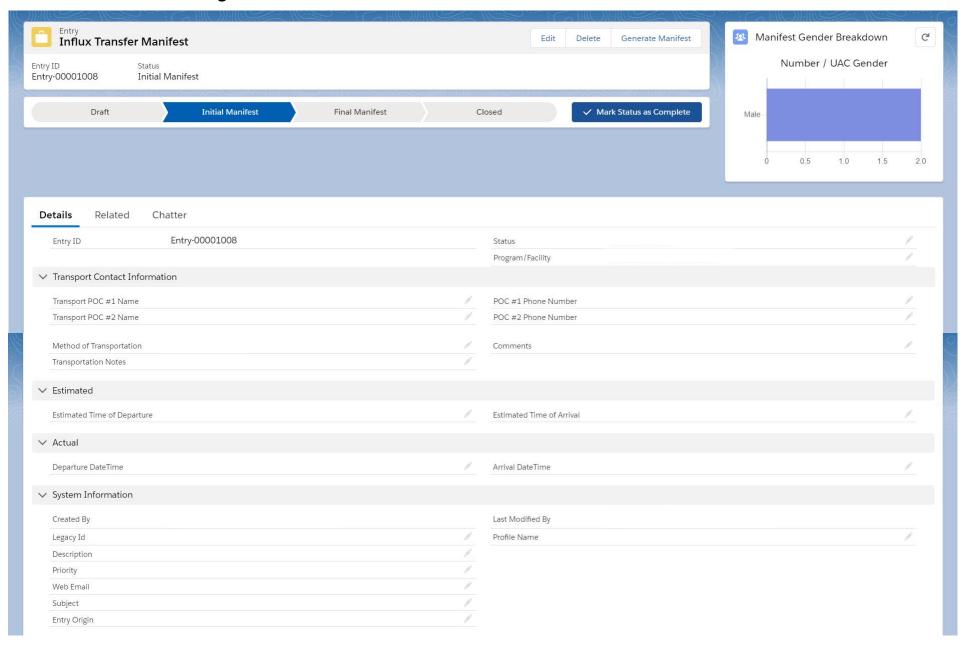
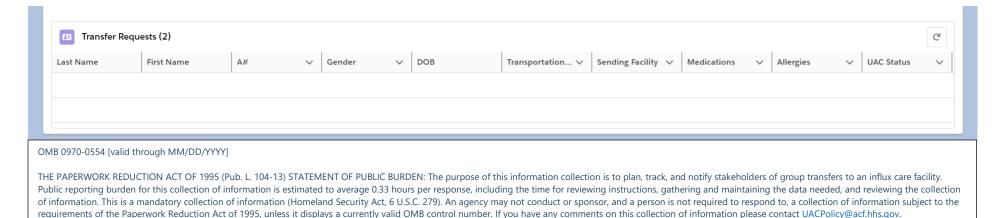
Influx Transfer Manifest (Form P-16)

Data Entry Window

Entry ID				*Status			*
				Program/Facility	Search Entities.		Q
ansport Contact Info	ormation						
Transport POC #1 Name				POC #1 Phone Number			
Transport POC #2 Name				POC #2 Phone Number			
Method of Transportation	None		•	Comments			
Transportation Notes	N/A						
timated							
Estimated Time of Departure	Date	Time	0	Estimated Time of Arrival	Date	Time	0
ctual							
Departure DateTime	Date	Time	0	Arrival DateTime	Date	Time	0
stem Information							
Legacy Id				Profile Name	Search Profiles.		Q
Description			//				
Priority			•				
Web Email							
Subject							
Entry Origin	None		•				
					Cance	el Save & N	ew
plan, track, and no rmation is estimated	tify stakeholders d to average 0.33 wing the collectio	of group transfe hours per respo on of information	ers to an inflo onse, includi n. This is a m	MENT OF PUBLIC BUF ux care facility. Public ng the time for revie nandatory collection of	reporting burden wing instructions, g of information (Hon	for this collectio athering and ma neland Security	n of aintaining Act, 6 U.S.

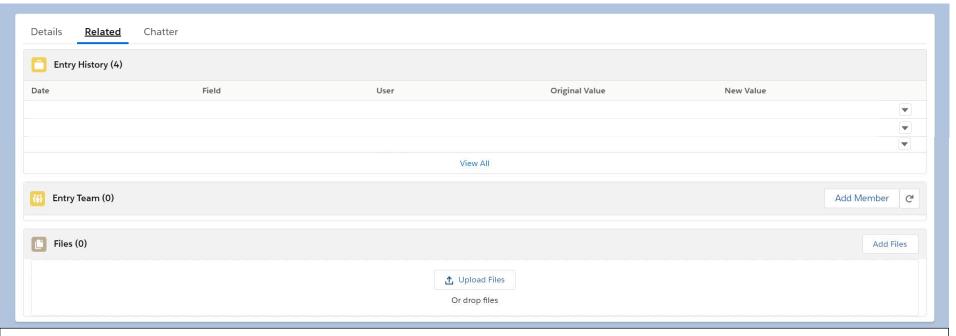
Influx Transfer Manifest Page – Detail Tab





UAC-P-16 [Rev. MM/DD/YYYY]

Influx Transfer Manifest Page – Related Tab

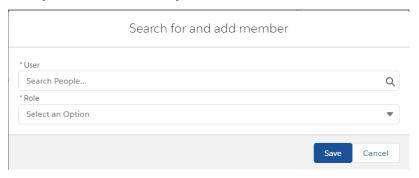


OMB 0970-0554 [valid through MM/DD/YYYY]

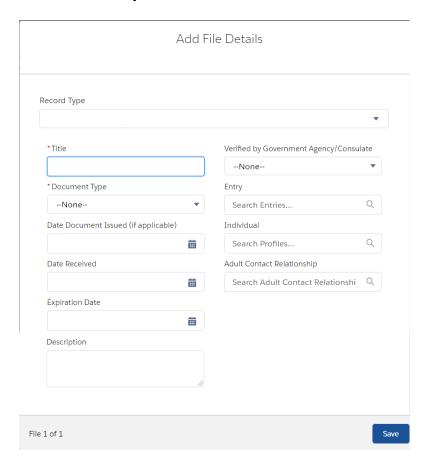
THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to plan, track, and notify stakeholders of group transfers to an influx care facility. Public reporting burden for this collection of information is estimated to average 0.33 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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Entry Team Data Entry Window



Files Data Entry Window



Influx Transfer Manifest Page - Chatter Tab



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THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to plan, track, and notify stakeholders of group transfers to an influx care facility. Public reporting burden for this collection of information is estimated to average 0.33 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 <a href="https://dx.doi.org/linearing/lineari

UAC-P-16 [Rev. MM/DD/YYYY]

Generated Manifest

LNO Accepted Date		Transport POC #1 Name		UAC_transportPOC1Namec		Destination	ION UAC_programFacility_c					
		POC #1 Phone Number		UAC_POC1PhoneNumberc								
					UAC_transportPOC2Namec		Estimated Time of Departure	UAC_estimatedTimeOfDeparturec	Actual (Final)	UAC_departureDat eTimec		
	Total UACs		POC #2 Phone Number		UAC_POC2PhoneNumberc		Estimated Time of Arrival	UAC_estimatedTimeOfArrivalc	Actual (Final)	UAC_arrivalDateTi mec		
	< <formula>></formula>		Manifest Completed by Date		Created By Date		Transport Method	d UAC_methodOfTransportationc				
Total Male	s	Total Females		Completed By	Last Modified By Date		Transport Description	UAC_transportationNotesc				
C CODMIN	A	CCFORMULA N	Contact Info									
- VFORIVIOL	<formula>> Comments ALL GROUND TRANSPORT SHOULD NOTIFIY INCIDENT LIAISON OFFICER (LNO) AT ###-### ONE HOUR FROM ARRIVAL.</formula>											
Last Name	~	First Name	A#	Gender	DOB	Transportation 🔽	Sending Facility	Medications	Allergies	UAC Status		
1 UAC	_lastNamec	UAC_firstNamec	UAC_aNumc	UAC_genderc	UAC_dobc	C_transportationNotes_	UAC_currentProgramc	UAC_medicationsc	UAC_allergiesc	AC_manifestStatus		
2												
3												
4												