

# UAC Referral (Form P-7)

## Details Tab

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

New Entry: UAC Referral

### Entry Information

Entry ID		* Status	<input type="text"/>
Profile Name	<input type="text" value="Search Profiles..."/>	A#	<input type="text"/>
First Name	<input type="text"/>	Special Consideration Case?	<input type="checkbox"/>
Last Name	<input type="text"/>		
Middle Name	<input type="text"/>		

### Parent/Legal Guardian Separation

Separated from Parents/Legal Guardian?	<input type="text"/>	Parent/Legal Guardian Name	<input type="text"/>
Reason for Separation	<input type="text" value="--None--"/>	Parent/Legal Guardian Location	<input type="text"/>
		Parent A Number	<input type="text"/>

### MPP Information

Current MPP	<input type="text"/>	Current MPP Date	<input type="text"/>
-------------	----------------------	------------------	----------------------

### Apprehension and Referral Information

* Referring Agency	<input type="text" value="--None--"/>	Referral DateTime	
		Date	<input type="text"/>
		Time	<input type="text"/>
Referring Sector	<input type="text" value="--None--"/>	* POC Primary Email	<input type="text"/>
Referring Sector Name	<input type="text"/>	POC Secondary Email	<input type="text"/>
Referring Sector Code	<input type="text"/>		
* Manner of Entry	<input type="text" value="--None--"/>		
* Processing POC	<input type="text"/>	Entry DateTime	
		Date	<input type="text"/>
		Time	<input type="text"/>
* POC Phone	<input type="text"/>		

Entry City / Location Code

**Apprehension DateTime**

Date  Time

Entry State

**Current Location DateTime**

Date  Time

Apprehension City / Location Code

Apprehension State

Current Location City / Location Code

**Referral Notes**

Apprehension / Journey Notes

Referral Cancellation Reason

**Placement Request**

Requires Placement Request

Program Type

Program/Facility

**Placement Requested DateTime**

Date  Time

**Placement Designation DateTime**

Date  Time

**Not Accepted Reason**

Available	Chosen
No Capacity for Gen...	
No Capacity for Age	
No mom/baby capac...	
No isolation/quaranti...	
Medical issues	
Mental illness	
Licensing issues	
Internal policy	
Aggressive to peers	
Aggressive to staff	
Danger to self	
Escape risk	
Disruptive behavior	
Gang or Cartel Mem...	
Sexual predatory beh...	
Inappropriate sexual ...	
Weather event/Buildi...	

**Placement Decision DateTime**

Date  Time

Transportation Notes

Placement Notes ⓘ

Override Stop Placement Reason

### Special Placement Request

Requires Intakes Placement Checklist

FFS Supervisor ⓘ

#### Special Placement Requested DateTime

Date  Time

#### Special Placement Decision DateTime

Date  Time

Final Placement Determination

Recommended Placement Determination

Notes/Reason for Override ⓘ

### Criminal Information

\* Criminal Concerns?

Behavioral Concerns?

\* Gang Affiliation?

Behavioral Concerns Notes

Gang Name

#### Gang Affiliation Determined By

Available

Gang Affiliation Notes

\* Footguide?

Footguide Notes

### Description Information

Subject

Description

### Web Information

Web Email  Web Company

Web Name  Web Phone

System Information

Legacy Id	<input type="text"/>	Type	--None--
Entry Origin	--None--	Entry Reason	--None--
Priority	Medium		

Assign using active assignment rule

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 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 1.0 hour (plus an additional 0.5 hours for UAC who may require placement in a restrictive setting) 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](mailto:UACPolicy@acf.hhs.gov).

UAC-P-7 [Rev. MM/DD/YYYY]

# UAC Referral Page – Details Tab

Entry  
**UAC Referral**

+ Follow Edit Delete Generate Placement Form

Profile Name UAC Status

New Pending
Processed ...
Placement ...
Placement ...
Placement ...
Supervisor ...
Supervisor ...
Supervisor ...
Closed

✓ Mark Status as Complete

**Details**

Entry ID	Status
Profile Name	A#
First Name	Gender
Last Name	Age at Referral
Middle Name	Special Consideration Case? <input checked="" type="checkbox"/>
DOB	Past 72-hour Window <input checked="" type="checkbox"/>
COB	

Intakes Placement Checklist

Initial Health Information

✓ Parent/Legal Guardian Separation

Separated from Parents/Legal Guardian?	Parent/Legal Guardian Name
Reason for Separation	Parent/Legal Guardian Location
	Parent A Number

✓ MPP Information

Current MPP	Current MPP Date
-------------	------------------

✓ Apprehension and Referral Information

Referring Agency	Hours since Referral
Referring Sector	Hours since Apprehension
Referring Sector Name	Referral DateTime
Referring Sector Code	
Manner of Entry	POC Primary Email
	POC Secondary Email
Processing POC	
POC Phone	
	Entry DateTime

**UAC Referral Flags**

Special Consideration
Tender Age
Related UAC

**Related UACs (0)**

Entry City / Location Code 

Entry State 

Apprehension City / Location Code 


Apprehension State 


Current Location City / Location Code 

Apprehension DateTime 

Current Location DateTime 

#### Referral Notes

Apprehension / Journey Notes  


Referral Cancellation Reason 

#### Placement Request

Requires Placement Request   

Related UAC  

Program / Facility 

Placement Designation DateTime 

Placement Decision DateTime 

Placement Notes  

Override Stop Placement Reason 

Placement Match 

Related UACs Placed Together 



Program Type 

Placement Requested DateTime 

Not Accepted Reason 

Transportation Notes 

#### Special Placement Request

Requires Intakes Placement Checklist   

Special Placement Requested DateTime 

Final Placement Determination 

FFS Supervisor 

Special Placement Decision DateTime 

Recommended Placement Determination 

Notes/Reason for Override 

#### Criminal Information

Criminal Concerns? 

Behavioral Concerns? 

Gang Affiliation? 

Gang Affiliation Determined By 

Footguide? 

Behavioral Concerns Notes 

Gang Name 

Gang Affiliation Notes 

Footguide Notes 

Subject	
Description	
Web Email	Web Company
Web Name	Web Phone

System Information

Created By	Last Modified By
Legacy Id	Type
Date/Time Opened	Entry Reason
Date/Time Closed	
Entry Origin	
Priority	

**Criminal Charges (1)** New Refresh

Criminal Charges Number	Arrested For	Charged	List of Charges	Charged Date

**Detention Facilities (1)** New Refresh

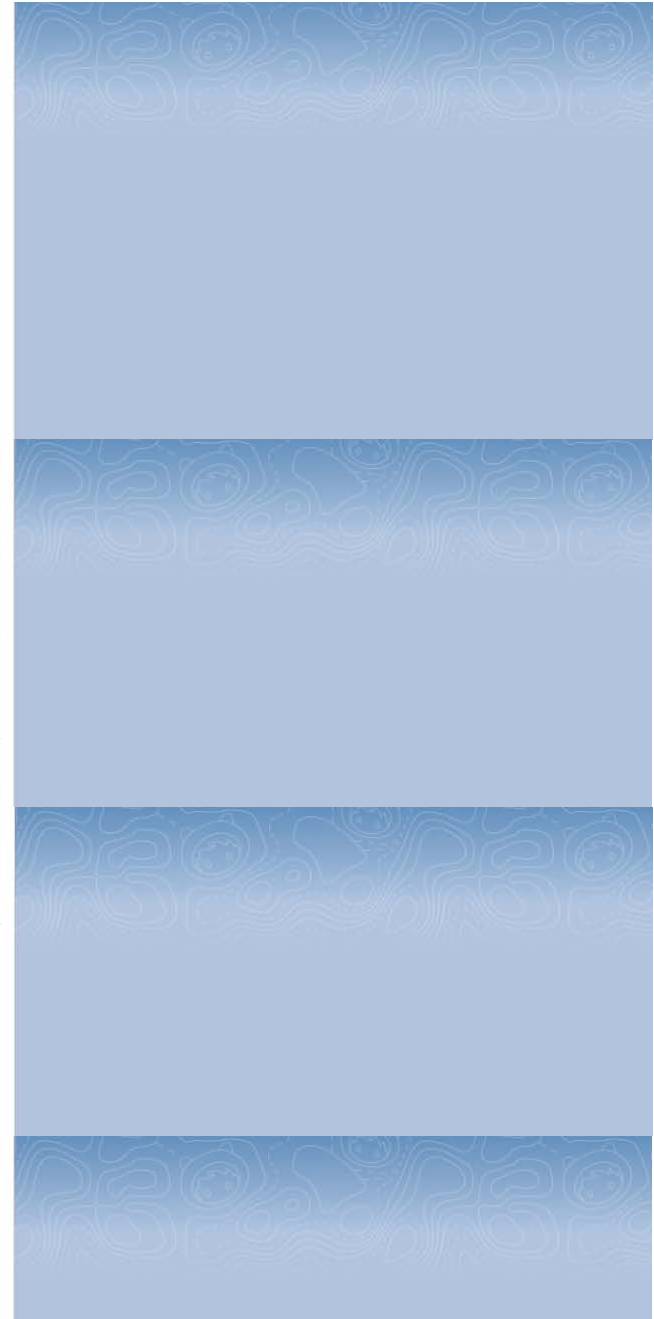
Detention Facilities Number	Type	Facility Name

**Documents (3)** Refresh Add Documents

Title	Original ...	Record Ty...	Other Do...	Description	Date Rece...	Created By	Created D...
1							
2							

**Entry Team (1)** Add Member Refresh

Team Member	Member Role	Entry Access





### Entry History (6+)

Date	Field	User	Original Value	New Value
<a href="#">View All</a>				

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 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 1.0 hour (plus an additional 0.5 hours for UAC who may require placement in a restrictive setting) 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](mailto:UACPolicy@acf.hhs.gov).

UAC-P-7 [Rev. MM/DD/YYYY]



## Criminal Charges Data Entry Window

New Referral Related Record: Criminal Charges

---

Referral Related Record ID

* Referral	<input type="text" value="Entry-00001024"/>	Arrested Date	<input type="text"/>
		Arrested For	<input type="text"/>
* Charged	<input type="text" value="--None--"/>	Charged Date	<input type="text"/>
		* List of Charges	<input type="text"/>
Adjudicated	<input type="text" value="--None--"/>	Outcome of Criminal Case	<input type="text"/>
		Summary of Events	<input type="text"/>

## Detention Facilities Data Entry Window

New Referral Related Record: Detention Facilities

---

Referral Related Record ID		* Facility Name	<input type="text"/>
* Referral	<input type="text" value="Entry-00001024"/>	* Type	<input type="text" value="--None--"/>
Admission Date	<input type="text"/>	Facility POC	<input type="text"/>
Discharge Date	<input type="text"/>	POC Phone #	<input type="text"/>
Known Incident Reports	<input type="text"/>	POC Email	<input type="text"/>

## Documents Data Entry Window

Add File Details

---

Record Type

\* Title

\* Document Type

Date Document Issued (if applicable)

Date Received

Expiration Date

Description

Verified by Government Agency/Consulate

Entry

Individual

Adult Contact Relationship

File 1 of 1 Save

## Entry Team Data Entry Window

Search for and add member

---

\* User

\* Role

Save

# Intakes Placement Checklist Tab

Details Intakes Placement Checkl... Initial Health Information

## Intakes Placement Checklist

### Section B: Staff Secure Criteria

#### 1: Escape Risk

UAC requires close supervision, but does not require placement in a secure provider facility.

\* Referral indicates that UAC has attempted to escape or expressed intent to escape from detention or government custody.

\* UAC was previously in ORR care and has SIR(s) for attempting to escape or expressing intent to escape from ORR custody.

\* UAC has immigration history that includes: 1) a final order of removal 2) prior breach of bond 3) failure to appear before DHS or the immigration court 4) previous repatriation to homecountry.

#### 2: Conduct in ORR Custody

UAC has been unacceptably disruptive in ORR custody and requires a staff secure setting. Previous SIRs or other internal ORR documents indicating unacceptably disruptive behavior must be submitted in support of this finding.

\* UAC was previously in ORR care and ORR records indicate the UAC committed, or made credible threats, to commit a violent or malicious act while in ORR custody.

#### 3: Gang Affiliation

Attach referring agency's basis for determining gang affiliation if not in the UAC Portal.

\* Referral indicates that referring agency has identified the UAC as affiliated with a gang based on admissions by the UAC or UAC displays gang affiliation.

\* Referring agency suspects the UAC is affiliated with a gang. Basis for suspicion must be included in referral notes. If the UAC was previously in ORR custody and released to a sponsor; and re-referred to ORR custody only because of the UAC's alleged gang ties, DHS must submit a copy of the Saravia order with the new referral.

\* UAC was previously in ORR care and ORR records indicate UAC is affiliated with a gang.

#### 4: Criminal History

Criminal history meets the minimum requirements for placement in a staff secure facility if it 1) involved multiple incidents of the same incident (showing a pattern or practice of criminal behavior) or 2) involved different incidents of separate offenses.

\* The UAC has been charged with or convicted of a crime or has been adjudicated delinquent; or is subject to delinquency proceedings or other criminal proceedings.

\* The referral indicates that the UAC has committed a crime or delinquent act that they are chargeable for. Chargeable means that there is probable cause (based on a law enforcement officer's judgement) that the UAC committed the specified offense.

\* UAC has been convicted or is chargeable with a non-violent criminal offense.

\* Is there a pattern and practice of criminal activity?

\* If there were multiple accounts, did they stem from different incidents in time?

**\*Select specific offense(s)**

Available Options

- Soliciting a Prostitute
- Pandering
- Theft (Including petty theft)
- Shoplifting
- Fraud
- Moving Violation
- Drug Possession
- Status Offense
- Other

Selected Options

- Burglary
- Threats to Harm
- Destruction of Property
- Drug Smuggling

**Section C: Secure Criteria**

**1: Criminal History**

Criminal history or behavior meets the minimum requirements for placement into secure care if it: 1) involved an element of violence from the action, threat, or harassment, 2) involved multiple incidents of the same offense (showing a pattern or practice of criminal activity, or 3) involved different incidents of separate offenses. Criminal history not falling into one of these three categories does not meet the "dangerousness" requirement for placement in a secure facility, but may justify placement in a staff secure facility.

\* UAC has been convicted, is chargeable with, attempted, or conspired to commit a violent criminal offense or has made threats of violence against a victim.

\* Is there a pattern and practice of criminal activity?

\* If there were multiple accounts, did they stem from different incidents in time?

**\*Indicate Specific Offenses:**

Available Options

- Kidnapping
- Sexual Assault/Rape
- Robbery
- Crimes Involving Minor
- Threats to Harm
- Arson
- Manslaughter
- Other

Selected Options

- Assault/Battery
- Possession Deadly Weapon
- Trafficking in persons
- Homicide

**2: Conduct in ORR Custody**

UAC conduct in ORR custody indicates dangerousness may justify placement in a secure facility. Previous SIRs or other internal ORR documents indicating dangerousness must be submitted in support of this finding. For example, a UAC may have committed a violent or malicious act while in ORR custody. A violent act can include destruction of another's property or use of physical force against a person. A malicious act must be part of a pattern of acts with the intention to do harm and is not an isolated offense in this context.

\* UAC was previously in ORR care and ORR records indicate the UAC committed, or made credible threats to commit, a violent or malicious act while in ORR custody.

**3: Sexual Predation**

Any positive indication or history of sexual predatory behavior or engaging in inappropriate sexual behavior meets the minimum requirement for placement into a therapeutic or secure facility. Sexual predatory behavior refers to a UAC with 1) a history of sexual assault or sexual harassment, 2) that is part of a pattern of behavior with the goal of committing a sexually based crime, and 2) that is based on a mental disorder or impulse. ORR may consider case history (e.g., law enforcement or court records, ORR custodial documents, such as SIRs, and/or self-disclosures related to the UAC's history to determine whether their conduct is predatory in nature.

\* Referral indicates the referring agency has evidence that the UAC has a history of or displays sexual predatory behavior or engaged in inappropriate sexual behavior.

\* UAC was previously in ORR care and ORR records indicate the UAC has sexual predatory behavior or engaged in inappropriate sexual behavior.

### 3: Sexual Predation

Any positive indication or history of sexual predatory behavior or engaging in inappropriate sexual behavior meets the minimum requirement for placement into a therapeutic or secure facility. Sexual predatory behavior refers to a UAC with 1) a history of sexual assault or sexual harassment, 2) that is part of a pattern of behavior with the goal of committing a sexually based crime, and 2) that is based on a mental disorder or impulse. ORR may consider case history (e.g., law enforcement or court records, ORR custodial documents, such as SIRs, and/or self-disclosures related to the UAC's history to determine whether their conduct is predatory in nature.

\* Referral indicates the referring agency has evidence that the UAC has a history of or displays sexual predatory behavior or engaged in inappropriate sexual behavior.

\* UAC was previously in ORR care and ORR records indicate the UAC has sexual predatory behavior or engaged in inappropriate sexual behavior.

### Complete

Once you click "Finish", your Intakes Placement Checklist will have been completed. Click "Generate Placement Form" on your Referral to generate a PDF version.

Finish

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 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 1.0 hour (plus an additional 0.5 hours for UAC who may require placement in a restrictive setting) 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](mailto:UACPolicy@acf.hhs.gov).

UAC-P-7 [Rev. MM/DD/YYYY]

## UAC Referral – Initial Health Information Tab

Details	Intakes Placement Checklist	<u>Initial Health Information</u>
<b>Details</b>		
Referral Related Record ID		Referral
Medical Health Concerns?		Type of Medical Concern?
Injury Details ⓘ		Pregnancy Details ⓘ
Contagious Condition Details ⓘ		Require Isolation?
Physical/Cognitive Impairment Details ⓘ		Other Illness/Disease Details
Assessed at Hospital? ⓘ		Medical Diagnosis Details ⓘ
Follow Up Medical Care Needed?		Follow Up Medical Care Details ⓘ
Exposure to Infectious Disease? ⓘ		Infectious Disease Details ⓘ
Mental Health Concerns?		Mental Health Details
Assessed at Hospital/Behavioral Center? ⓘ		Mental Health Diagnosis Details ⓘ
Follow Up Mental Health Care Needed?		Follow Up Mental Health Care Details ⓘ
Dental Health Concerns?		Dental Health Details ⓘ
Assessed for Dental Condition		Dental Diagnosis Details ⓘ
Follow Up Dental Care Needed?		Follow Up Dental Care Details ⓘ

Known TB Tests and Health Condition ⓘ

Prescribed Medication? ⓘ

Cleared for Air Travel? ⓘ

Medication Details ⓘ

Cleared for Ground Travel? ⓘ

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 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 1.0 hour (plus an additional 0.5 hours for UAC who may require placement in a restrictive setting) 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](mailto:UACPolicy@acf.hhs.gov).

UAC-P-7 [Rev. MM/DD/YYYY]



**Administration for Children & Families**  
**Office of Refugee Resettlement**

## Intakes Placement Checklist

### Section A: UAC Information

<b>UAC Name</b> <i>[last, first]</i>	<input type="text"/>	<b>Date of Referral</b>	<input type="text"/>
<b>A#</b> <i>[no spaces]</i>	<input type="text"/>	<b>Gender</b>	<input type="text"/>
<b>Date of Birth</b>	<input type="text"/>	<b>Age</b>	<input type="text"/>
		<b>Country of Origin</b>	<input type="text"/>

Was the UAC previously in ORR custody?  Yes  No

### Section B: Staff Secure Criteria

#### 1. Escape Risk

*UAC requires close supervision, but does not require placement in a secure provider facility.*

- |   |   |
|---|---|
| a. Referral indicates that the UAC has attempted to escape from detention or government custody.  | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| b. UAC was previously in ORR custody and an SIR(s) for attempting to escape or making plans to escape.  | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| c. UAC has immigration history that includes: <ul style="list-style-type: none"> <li>• Final order of removal;</li> <li>• Prior breach of bond;</li> <li>• Failure to appear before DHS or immigration court; and/or</li> <li>• Previous repatriation to home country.</li> </ul> | <input checked="" type="radio"/> Yes <input type="radio"/> No |

#### 2. Conduct in ORR Custody

*UAC has been unacceptable disruptive in ORR custody and requires a staff secure setting. Previous SIRs or other internal ORR documents indicating unacceptably disruptive behavior must be submitted in support of this finding.*

- |  |   |
|--|---|
| a. UAC was previously in ORR care and ORR records indicate the UAC committed, or made credible threats to commit, a violent or malicious act while in ORR custody. | <input checked="" type="radio"/> Yes <input type="radio"/> No |
|--|---|

#### 3. Gang Affiliation

*Attach referring agency's basis for determining gang affiliation if not in the UAC Portal.*

- |  |   |
|--|---|
| a. Referral indicates the referring agency has identified the UAC as affiliated with a gang based on admissions by the UAC or UAC displays gang affiliation. | <input type="radio"/> Yes <input checked="" type="radio"/> No |
|--|---|

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to determine whether an initial placement into a restrictive setting is in the best interest of the unaccompanied alien child. Public reporting burden for this collection of information is estimated to average 0.05 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 (6 U.S.C. 279 and 8 U.S.C. 1232). 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.

## Intakes Placement Checklist Office of Refugee Resettlement

<p>b. Referring agency suspects the UAC is affiliated with a gang. <i>Basis for suspicion must be included in referral notes. If the UAC was previously in ORR custody and released to a sponsor and re-referred to ORR solely because of the UAC's alleged gang ties, DHS must submit a copy of the Saravia order with the new referral.</i></p>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<p>c. UAC was previously in ORR care and ORR records indicate the UAC is affiliated with a gang.</p>	<input type="radio"/> Yes <input checked="" type="radio"/> No

**4. Criminal History**  
*Criminal history meets the minimum requirements for placement in a staff secure facility if it 1) involved multiple incidents of the same incident (showing a pattern or practice of criminal behavior) or 2) involved different incidents of separate offenses.*

<p>a. The UAC has been charged with or convicted of a crime or has been adjudicated delinquent; or is subject to delinquency proceedings or other criminal proceedings.</p>	<input checked="" type="radio"/> Yes <input type="radio"/> No												
<p>b. The referral indicates that the UAC has committed a crime or delinquent act that they are chargeable for. <i>Chargeable means that there is probable cause (based on a law enforcement officer's judgement) that the UAC committed the specified offense.</i></p>	<input checked="" type="radio"/> Yes <input type="radio"/> No												
<p>c. UAC has been convicted or is chargeable with a non-violent criminal offense. If yes, Is there a pattern and practice of criminal activity? If there were multiple accounts, did they stem from different incidents in time? Select specific offense(s):</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top; padding: 2px;"><input type="checkbox"/> Burglary/breaking and entering</td> <td style="width: 50%; vertical-align: top; padding: 2px;"><input type="checkbox"/> Pandering</td> </tr> <tr> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Destruction of property/vandalism</td> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Theft (including petty theft)</td> </tr> <tr> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Drug Smuggling</td> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Shoplifting</td> </tr> <tr> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Possession of drugs with intent to distribute</td> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Moving violation (DUI/DWI, speeding, running a stop sign)</td> </tr> <tr> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Fraud (identity theft, possession or use of fraudulent documents, gifting, forgery)</td> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Status offense (a crime only a minor could commit, such as possession of alcohol by a minor, curfew violation, truancy)</td> </tr> <tr> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Threats or behavior intended to physically harm, harass, or intimidate another individual (bullying, threats while in government custody)</td> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Other, specify: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div></td> </tr> </table>	<input type="checkbox"/> Burglary/breaking and entering	<input type="checkbox"/> Pandering	<input type="checkbox"/> Destruction of property/vandalism	<input type="checkbox"/> Theft (including petty theft)	<input type="checkbox"/> Drug Smuggling	<input type="checkbox"/> Shoplifting	<input type="checkbox"/> Possession of drugs with intent to distribute	<input type="checkbox"/> Moving violation (DUI/DWI, speeding, running a stop sign)	<input type="checkbox"/> Fraud (identity theft, possession or use of fraudulent documents, gifting, forgery)	<input type="checkbox"/> Status offense (a crime only a minor could commit, such as possession of alcohol by a minor, curfew violation, truancy)	<input type="checkbox"/> Threats or behavior intended to physically harm, harass, or intimidate another individual (bullying, threats while in government custody)	<input type="checkbox"/> Other, specify: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	<input type="radio"/> Yes <input checked="" type="radio"/> No  <input type="radio"/> Yes <input type="radio"/> No  <input type="radio"/> Yes <input type="radio"/> No
<input type="checkbox"/> Burglary/breaking and entering	<input type="checkbox"/> Pandering												
<input type="checkbox"/> Destruction of property/vandalism	<input type="checkbox"/> Theft (including petty theft)												
<input type="checkbox"/> Drug Smuggling	<input type="checkbox"/> Shoplifting												
<input type="checkbox"/> Possession of drugs with intent to distribute	<input type="checkbox"/> Moving violation (DUI/DWI, speeding, running a stop sign)												
<input type="checkbox"/> Fraud (identity theft, possession or use of fraudulent documents, gifting, forgery)	<input type="checkbox"/> Status offense (a crime only a minor could commit, such as possession of alcohol by a minor, curfew violation, truancy)												
<input type="checkbox"/> Threats or behavior intended to physically harm, harass, or intimidate another individual (bullying, threats while in government custody)	<input type="checkbox"/> Other, specify: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>												



**Section C: Secure Criteria**

*UAC are not placed in a secure facility absent a determination that the child poses a danger to self, others, or has been charged with having committed a criminal offense. In assessing danger, ORR considers criminal history, gang affiliation that requires further assessment, and/or sexual predatory behavior/inappropriate sexual behavior. ORR considers certain criminal history as evidence of danger as provided below.*

**1. Criminal History**

*Criminal history or behavior meets the minimum requirements for placement into secure care if it: 1) involved an element of violence from the action, threat, or harassment, 2) involved multiple incidents of the same offense (showing a pattern or practice of criminal activity, or 3) involved different incidents of separate offenses. Criminal history not falling into one of these three categories does not meet the "dangerousness" requirement for placement in a secure facility, but may justify placement in a staff secure facility.*

<p>a. UAC has been convicted, is chargeable with, attempted, or conspired to commit a violent criminal offense or has made threats of violence against a victim.</p> <p style="text-align: right;">Yes <input type="radio"/> No <input checked="" type="radio"/></p> <p>Is there a pattern and practice of criminal activity? <span style="float: right;">Yes <input type="radio"/> No <input type="radio"/></span></p> <p>If there were multiple accounts, did they stem from different incidents in time? <span style="float: right;">Yes <input type="radio"/> No <input type="radio"/></span></p> <p>Select specific offense(s):</p> <hr/> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> Assault/battery</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Arson</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Kidnapping</td> <td style="border: none;"><input type="checkbox"/> Robbery</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Sexual assault/rape</td> <td style="border: none;"><input type="checkbox"/> Manslaughter</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Threats of behavior intended to physically harm, harass or intimidate another individual (bullying, threats while in government custody)</td> <td style="border: none;"><input type="checkbox"/> Crimes involving a minor victim (child molestation, child abuse, possession or distribution of child pornography, statutory rape)</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Homicide/vehicular homicide</td> <td style="border: none;"><input type="checkbox"/> Other, specify:</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Possession of a deadly weapon (including use of a vehicle as a weapon)</td> <td style="border: none;"><div style="border: 1px solid black; height: 30px; width: 100%;"></div></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Trafficking in persons</td> <td style="border: none;"></td> </tr> </table>	<input type="checkbox"/> Assault/battery	<input type="checkbox"/> Arson	<input type="checkbox"/> Kidnapping	<input type="checkbox"/> Robbery	<input type="checkbox"/> Sexual assault/rape	<input type="checkbox"/> Manslaughter	<input type="checkbox"/> Threats of behavior intended to physically harm, harass or intimidate another individual (bullying, threats while in government custody)	<input type="checkbox"/> Crimes involving a minor victim (child molestation, child abuse, possession or distribution of child pornography, statutory rape)	<input type="checkbox"/> Homicide/vehicular homicide	<input type="checkbox"/> Other, specify:	<input type="checkbox"/> Possession of a deadly weapon (including use of a vehicle as a weapon)	<div style="border: 1px solid black; height: 30px; width: 100%;"></div>	<input type="checkbox"/> Trafficking in persons		
<input type="checkbox"/> Assault/battery	<input type="checkbox"/> Arson														
<input type="checkbox"/> Kidnapping	<input type="checkbox"/> Robbery														
<input type="checkbox"/> Sexual assault/rape	<input type="checkbox"/> Manslaughter														
<input type="checkbox"/> Threats of behavior intended to physically harm, harass or intimidate another individual (bullying, threats while in government custody)	<input type="checkbox"/> Crimes involving a minor victim (child molestation, child abuse, possession or distribution of child pornography, statutory rape)														
<input type="checkbox"/> Homicide/vehicular homicide	<input type="checkbox"/> Other, specify:														
<input type="checkbox"/> Possession of a deadly weapon (including use of a vehicle as a weapon)	<div style="border: 1px solid black; height: 30px; width: 100%;"></div>														
<input type="checkbox"/> Trafficking in persons															

**2. Conduct in ORR Custody**

*UAC conduct in ORR custody indicates dangerousness may justify placement in a secure facility. Previous SIRs or other internal ORR documents indicating dangerousness must be submitted in support of this finding. For example, a UAC may have committed a violent or malicious act while in ORR custody. A violent act can include destruction of another's property or use of physical force against a person. A malicious act must be part of a pattern of acts with the intention to do harm and is not an isolated offense in this context.*

<p>a. UAC was previously in ORR care and ORR records indicate the UAC committed, or made credible threats to commit, a violent or malicious act while in ORR custody.</p>	<p>Yes <input type="radio"/> No <input checked="" type="radio"/></p>
---	--

# Intakes Placement Checklist

## Office of Refugee Resettlement

<b>3. Sexual Predation</b>	
<i>Any positive indication or history of sexual predatory behavior or engaging in inappropriate sexual behavior meets the minimum requirement for placement into a therapeutic or secure facility. Sexual predatory behavior refers to a UAC with 1) a history of sexual assault or sexual harassment, 2) that is part of a pattern of behavior with the goal of committing a sexually based crime, and 2) that is based on a mental disorder or impulse. ORR may consider case history (e.g., law enforcement or court records, ORR custodial documents, such as SIRs, and/or self-disclosures related to the UAC's history to determine whether their conduct is predatory in nature.</i>	
a. Referral indicates that the referring agency has evidence that the UAC has a history of or displays sexual predatory behavior or engaged in inappropriate sexual behavior.	<input type="radio"/> Yes <input checked="" type="radio"/> No
b. UAC was previously in ORR care and ORR records indicate the UAC has sexual predatory behavior or engaged in inappropriate sexual behavior.	<input type="radio"/> Yes <input checked="" type="radio"/> No

### Section D: Placement Determination

**RECOMMENDED PLACEMENT**

- Shelter   
  Therapeutic   
  Transitional Foster Care  
 Secure   
  Staff Secure   
  Residential Treatment Center

Intakes Staff Name  Date

FFS Decision  FFS Name  Date

Reason for Override (if applicable)

n/a

**FINAL PLACEMENT DETERMINATION**

- Shelter   
  Therapeutic   
  Transitional Foster Care  
 Secure   
  Staff Secure   
  Residential Treatment Center

Designated Placement