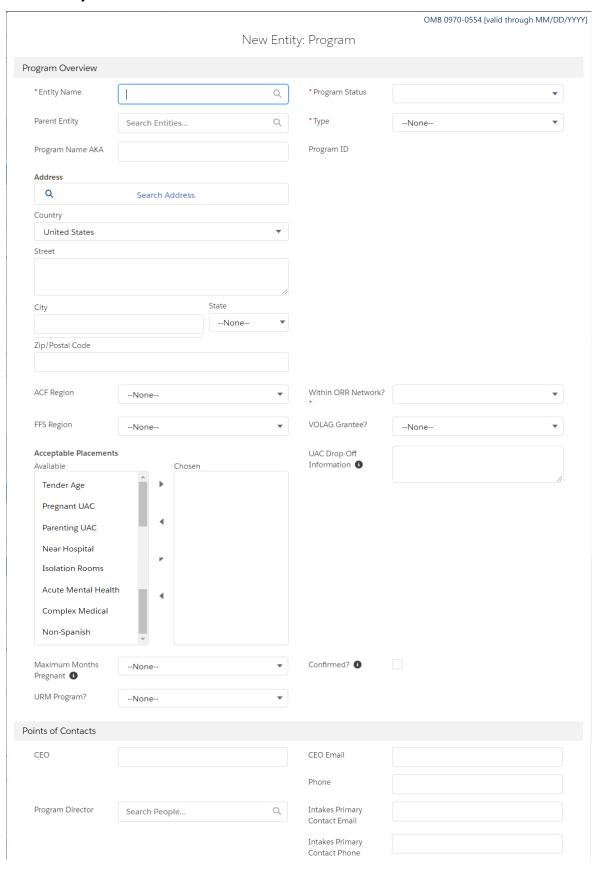
## **Program Entity (Form P-12)**

#### **Data Entry Window**



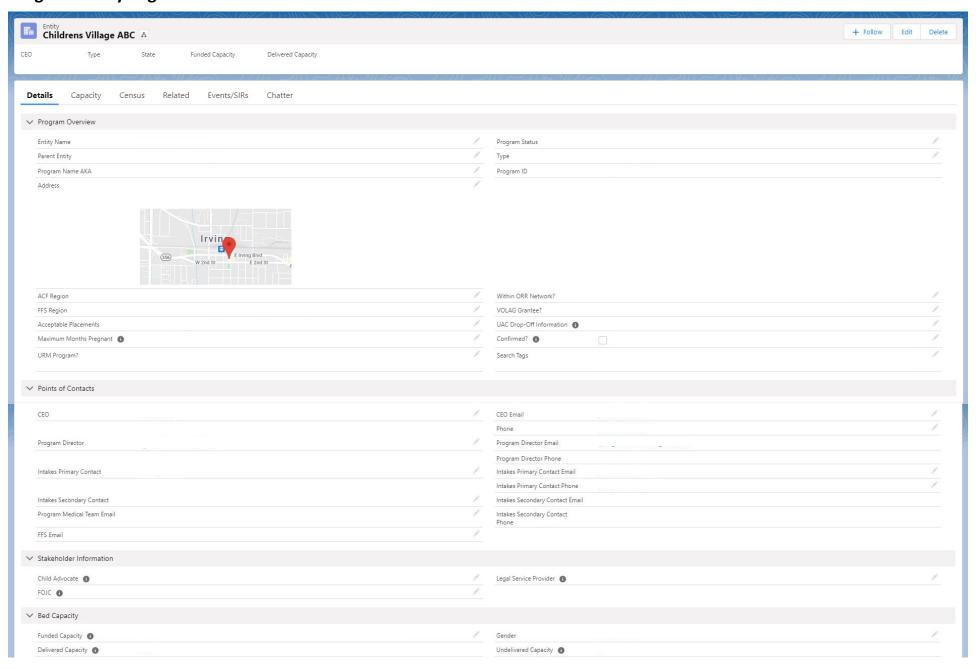
Intakes Primary Contact			
Intakes Secondary Contact	Search People Q		
Program Medical Team Email			
FFS Email			
Stakeholder Informatio	n		
Child Advocate (1)		Legal Service Provider	Search Entities Q
FOJC 1			
Bed Capacity			
Funded Capacity 1	0	<b>Gender</b> Available	Chosen
		Male	<b>&gt;</b>
		Female	4
		Transgender	
		Other	
Licensed Minimum Age <b>1</b>		Minimum Age	0
Licensed Maximum Age 1		Maximum Age	17
Bed Count Available Male		Bed Count Available Female	
Bed Count Occupied Male		Bed Count Occupied Female	
Bed Count On-Hold Male		Bed Count On-Hold Female	
Bed Count Unavailable Male		Bed Count Unavailable Female	
Comments			
	//		
Influx and Variance Bed	d Capacity		
Undelivered Warm Status	0	Delivered Variance Beds	0
Undelivered Reserve Status	0	Undelivered Variance Beds	0
License			
Licensed?	Yes ▼	License Issued Date	***
Licensing Entity	None ▼	License Expired Date	<u></u>
Licones Time	View all dependencies		
License Type	None ▼ View all dependencies	Copy of Lease Uploaded? <b>1</b>	

Licensing POC #1		Licensing POC #1 Email	
		Licensing POC #1 Phone	
Licensing POC #2		Licensing POC #2 Email	
		Licensing POC #2 Phone	
Licensing POC #3		Licensing POC #3 Email	
		Licensing POC #3 Phone	
Grant			
Grant Number 🚺		Secondary Grant Number	
Current Grant Project Start Date 1	***	Current Grant Project End Date 1	
Current Grant Budget Start Date 1	曲	Current Grant Budget End Date 1	曲
Initial Grant Award Date 🚯	Ħ	Closure Date 1	ä
Initial UAC Placement Received Date 1	ä	Closure Date Reason	
Stop Placement			
Stop Placement (Initial)	•	Anticipated End Date (Initial)	
Stop Placement Reason (Initial)	None ▼	Start Date (Initial)	Ħ
		End Date (Initial)	
Stop Placement (Transfer)	None ▼	Anticipated End Date (Transfer)	±±± ===
Stop Placement Reason (Transfer)	None ▼	Start Date (Transfer)	苗
Reason (Hansier)		End Date (Transfer)	<b>≐</b>
Monitoring Details			
Last Monitoring Date	<b>≐</b>	First Admitted Date	<b>=</b>
Due Date for Next Monitoring Visit		Number of Sites	
Monitoring Schedule Notes			
	1		
System Information			
Program Legacy Id		Facility Legacy Id	

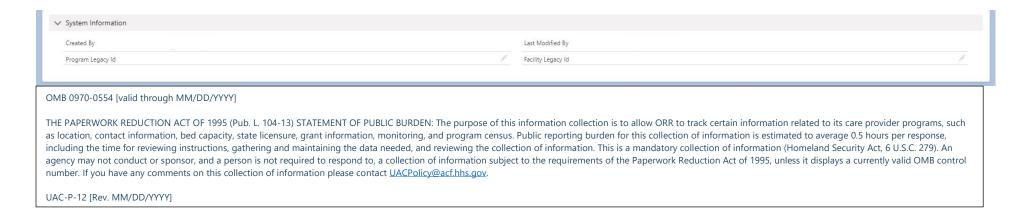
THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to allow ORR to track certain information related to its care provider programs, such as location, contact information, bed capacity, state licensure, grant information, monitoring, and program census. Public reporting burden for this collection of information is estimated to average 0.5 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="UACPolicy@acf.hhs.gov">UACPolicy@acf.hhs.gov</a>.

UAC-P-12 [Rev. MM/DD/YYYY]

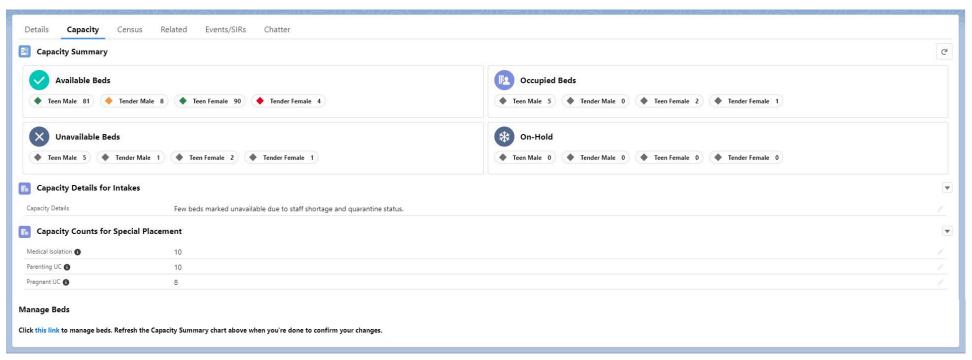
#### **Program Entity Page – Details Tab**



Licensed Minimum Age 1	· · · · · · · · · · · · · · · · · · ·	Minimum Age	
Licensed Maximum Age 🌘	/	Maximum Age	
was written as a viscosition	,		9
Bed Count Available Male  Bed Count Occupied Male		Bed Count Available Female  Bed Count Occupied Female	
Bed Count On-Hold Male	/	Bed Count On-Hold Female -	7
Bed Count Unavailable Male		Bed Count Unavailable Female	
✓ Influx and Variance Bed Capacity			
Undelivered Warm Status	V	Delivered Variance Beds	
Undelivered Reserve Status		Undelivered Variance Beds	/
✓ License			
Licensed?	/	License Issued Date 🚯	7
Licensing Entity	×	License Expired Date   ①	1
License Type	/	Copy of Lease Uploaded?	7
Licensing POC #1	,	Licensing POC #1 Email	7
		Licensing POC #1 Phone	
Licensing POC #2		Licensing POC #2 Email	7
		Licensing POC #2 Phone	/
Licensing POC #3	/	Licensing POC #3 Email	7
		Licensing POC #3 Phone	/
✓ Grant			
Grant Number ①	/	Secondary Grant Number	7
Current Grant Project Start Date 1	×	Current Grant Project End Date	-
Current Grant Budget Start Date	/	Current Grant Budget End Date 1	
Initial Grant Award Date 🐧	/	Closure Date ①	7
Initial UAC Placement Received Date	7	Closure Date Reason ①	1
✓ Stop Placement			
Stop Placement (Initial)	2	Anticipated End Date (Initial)	7
Stop Placement Reason (Initial)	· /	Start Date (Initial)	/
		End Date (Initial)	
Stop Placement (Transfer)	,	Anticipated End Date (Transfer)	,
Stop Placement Reason (Transfer)	×.	Start Date (Transfer)	/
(manaler)		End Date (Transfer)	1
✓ Monitoring Details			
Last Monitoring Date	7	First Admitted Date	F
Due Date for Next Monitoring Visit	/	Number of Sites	1
Monitoring Schedule Notes	/		



#### **Program Entity Page – Capacity Tab**

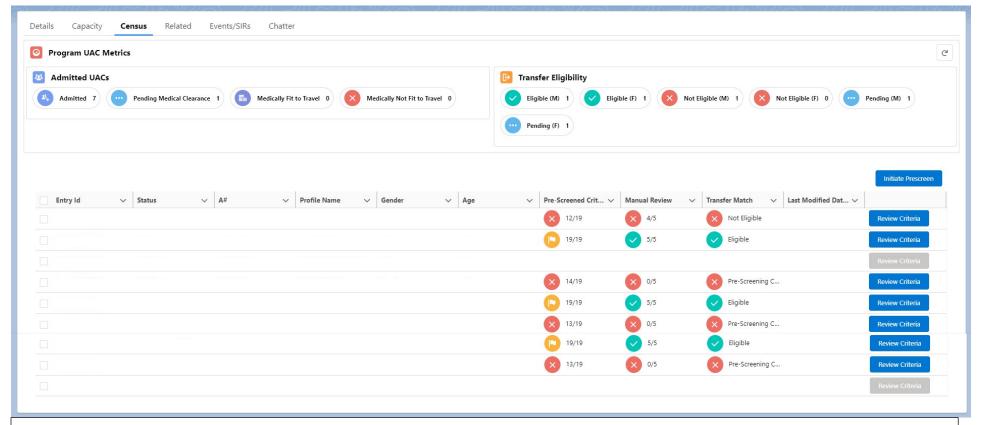


OMB 0970-0554 [valid through MM/DD/YYYY]

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to allow ORR to track certain information related to its care provider programs, such as location, contact information, bed capacity, state licensure, grant information, monitoring, and program census. Public reporting burden for this collection of information is estimated to average 0.5 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="UACPOlicy@acf.hhs.gov">UACPOlicy@acf.hhs.gov</a>.

UAC-P-12 [Rev. MM/DD/YYYY]

#### **Program Entity Page – Census Page**

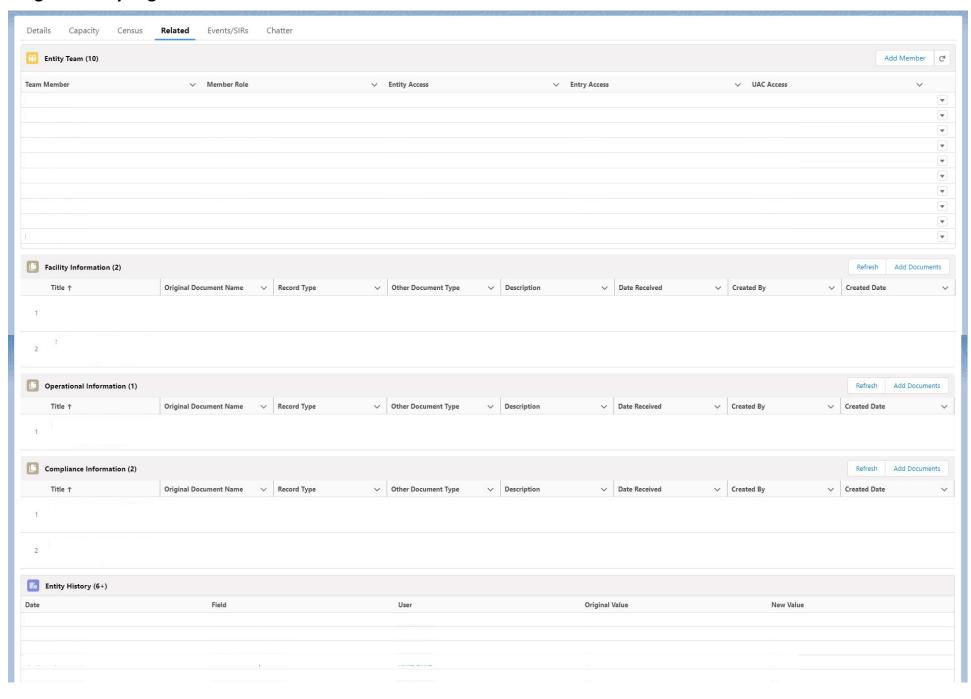


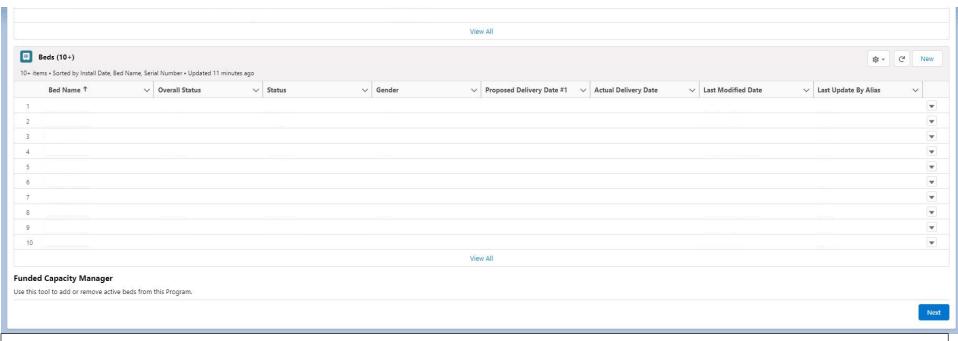
#### OMB 0970-0554 [valid through MM/DD/YYYY]

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 track certain information related to its care provider programs, such as location, contact information, bed capacity, state licensure, grant information, monitoring, and program census. Public reporting burden for this collection of information is estimated to average 0.5 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="UACP-Olicy@acf.hhs.gov">UACP-Olicy@acf.hhs.gov</a>.

UAC-P-12 [Rev. MM/DD/YYYY]

### **Program Entity Page – Related Tab**





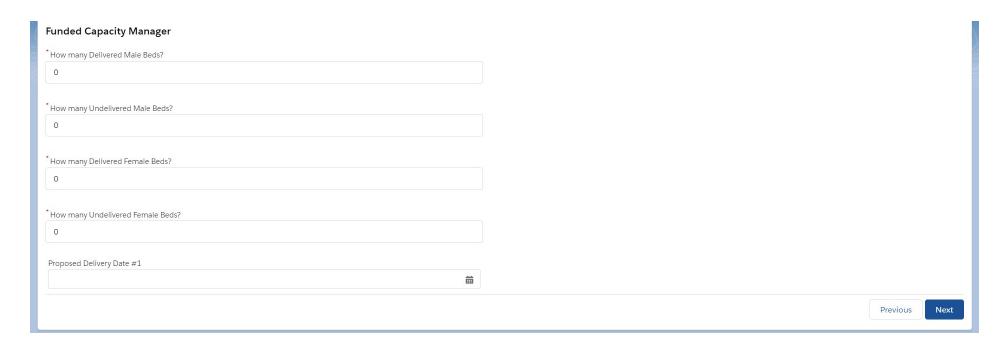
OMB 0970-0554 [valid through MM/DD/YYYY]

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to allow ORR to track certain information related to its care provider programs, such as location, contact information, bed capacity, state licensure, grant information, monitoring, and program census. Public reporting burden for this collection of information is estimated to average 0.5 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="UACPOlicy@acf.hhs.gov">UACPOlicy@acf.hhs.gov</a>.

UAC-P-12 [Rev. MM/DD/YYYY]

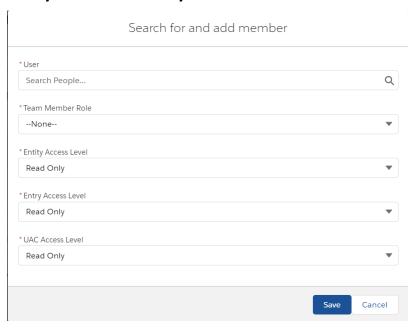
#### **Funded Capacity Manager**



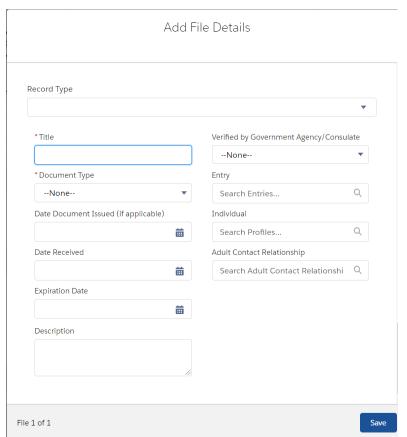


# Funded Capacity Manager Press "Finish" to Create bed(s). Finish

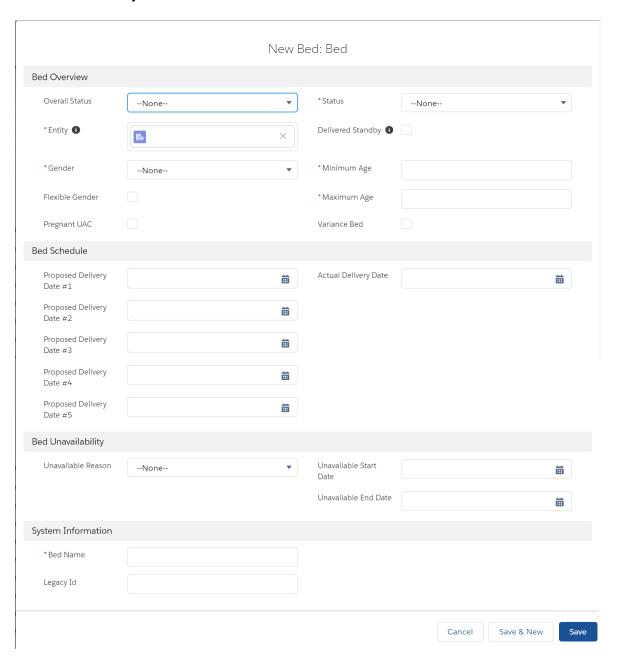
### **Entity Team Data Entry Window**



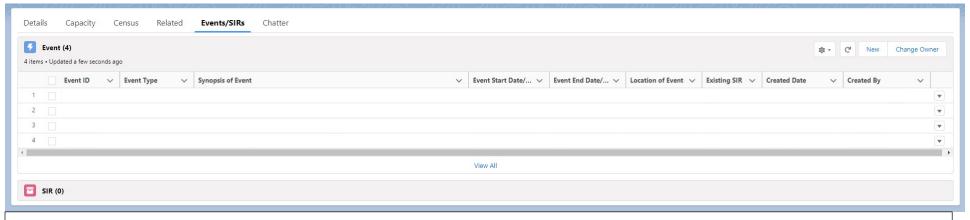
#### **Information Data Entry Window**



## **Beds Data Entry Window**



#### **Program Entity Page – Events/SIRs 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 allow ORR to track certain information related to its care provider programs, such as location, contact information, bed capacity, state licensure, grant information, monitoring, and program census. Public reporting burden for this collection of information is estimated to average 0.5 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://doi.org/10.1001/JCP.2001/JCP.

UAC-P-12 [Rev. MM/DD/YYYY]