

Transfer Request (Form P-10A)

Data Entry Window – Standard Transfer

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

New Entry: Transfer Request

UAC Profile

Height (Ft & Inches)

Eye Color

Weight (Pounds)

Identification Marks

Transfer Request

* Status

Program Type

--None--

* Requested

* Transfer Type

High Priority?

Transfer Cancellation Reason

Current Program

Search Entities...

* Requester Name

Legal Eligibility

Available

Asylum

SIJS

U Visa

Other

Chosen

* Case Coordinator

Reason for Transfer Request

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

Staff Secure Only

Available

Unacceptably disrupt...

Are an escape risk

Have reported gang i...

Non-violent criminal ...

Stepping down from ...

Chosen

Secure

Available

Charged with a crime

Chargeable with a cri...

Convicted of a crime

Adjudicated delinque...

Chosen

- Chargeable with a de... ▶
- Violent or malicious ... ◀
- Unacceptably disrupt...
- Self-disclosed violent... ▼

Residential Treatment Center

<p>Available</p> <ul style="list-style-type: none"> Have not shown reason... ▶ Demonstrate behavior t... ◀ Require therapeutic-bas... Present a continued an... 	<p>Chosen</p>
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Casefile Summaries

Minor Attorney Contacted	--None-- ▼	Attorney of Record	<input type="text"/>
--------------------------	---	--------------------	----------------------

Attorney Phone

Information Relating to UAC Casefile

<p>Available</p> <ul style="list-style-type: none"> Pregnancy ▶ Injury ◀ Illness Diagnosed Behavior/... Diagnosed Behavior/... Charge(s) Dropped ▼ 	<p>Chosen</p>
---	---------------

Medical/Mental Health Summary

Behavior Summary

Family Reunification Current Status

Immigration Court Status

Case Manager Recommendation

Case Manager Recommendation * --None-- ▼

Case Manager Recommendation Comment

Case Manager Recommendation Date	Date	Time
	<input type="text" value=""/>	<input type="text" value=""/>

Case Coordinator Recommendation

Pending Information

[View all dependencies](#)

Program Type Recommended

Case Coordinator Recommendation

[View all dependencies](#)

Case Coordinator Recommendation Date
Time

Case Coordinator Recommendation Comment

FFS Authorization to Proceed

Add to Waitlist?

Transfer Designation

Program/Facility

Program Type

Transfer Designation Date
Time

ORR Decision

Remand for Further Information

ORR Decision Maker

ORR Decision

ORR Final Decision Date
Time

ORR Comment

COA-COV

Request Type

Transfer Sch. to Take Place On

Good Cause Exists to Change Venue

Available

- Limited Juvenile Detenti...
- UAC has Special Need
- Other

Chosen

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

Legacy Id

Entry Record Type

Transfer Request

Entry Owner

Profile Name

Search Profiles...



Subject

Priority

Web Email

Entry Origin

--None--



Description

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 within the ORR care provider network. Public reporting burden for this collection of information is estimated to average 0.42 hours per grantee case manager and 0.33 hours per contractor case coordinator (a total of 0.75 hours), 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.

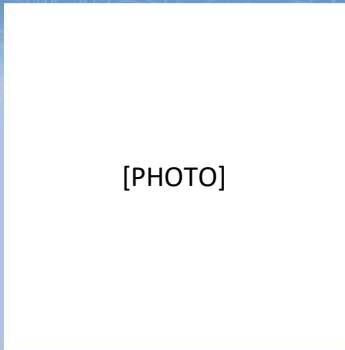
UAC-P-10A [Rev. MM/DD/YYYY]

Transfer Request Page – Details Tab

Entry
Entry-00001323

+ Follow Edit Delete Generate Form

Entry Record Type: Transfer Request
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	

Progress bar with steps: [Completed] [Completed] **FFS Review** [Closed]

Status: FFS Review Mark Status as Complete

Post

Share an update... Share

Details Related Program Referrals

UAC Profile	
Height (Ft & Inches)	Eye Color
Weight (Pounds)	Identification Marks
Transfer Request	
Status	Program Type Requested
Transfer Type	High Priority? <input type="checkbox"/>
Transfer Cancellation Reason	Current Program
Requester Name	Requester Email
Requester Title	Requester Phone
Case Coordinator	Legal Eligibility
Reason for Transfer Request	
Standard Program Type	Shelter & Foster Care Only <input checked="" type="checkbox"/>
Secure	Staff Secure Only









Most Recent Activity

Search this feed... 🔍 🔄


Activity feed area with a refresh icon (🔄) in the top right corner.

Residential Treatment Center 

Casefile Summaries

Minor Attorney Contacted 	Attorney of Record 
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 






Case Coordinator Recommendation

Pending Information 	Program Type Recommended 
Case Coordinator Recommendation 	Case Coordinator Recommendation Date 
Case Coordinator Recommendation Comment 	FFS Authorization to Proceed 
Add to Waitlist?  1 <input type="checkbox"/>	



Transfer Designation

Program/Facility 	Program Type Shelter 
	Transfer Designation 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

Legacy Id



Entry Record Type



Entry Owner



Profile Name



Subject



Priority



Web Email



Entry Origin



Description



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Transfer Request Page – Related Tab

Details **Related** Program Referrals

Entry Team (3) Add Member

Team Member	Member Role	Entry Access

Most Recent Activity

Search this feed...

Upload Documents (0)

Refresh

Upload Files Or drop files

Case Management Documents (1)

Refresh

Title	Original D... ▾	Record Type ▾	Document... ▾	Size (kb) ▾	Date Recei... ▾	Created By ▾	Created D... ▾

Legal Documents (0)

Refresh

Medical Documents (0)

Refresh

Entry History (6+)

Date	Field	User	Original Value	New Value
				▾
				▾
				▾
				▾
				▾
				▾

[View All](#)

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Entry Team Data Entry Window

Search for and add member

* User
Search People...

* Role
Select an Option

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

Transfer Request Page – Program Referrals Tab

Details Related **Program Referrals**

Program Referrals Request New Programs

Transfer Referrals (3)

Status	Not Accepted R...	Assigned To	Program	Last Modified By	Created By

Most Recent Activity ▼

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Details Related **Program Referrals**

Program Referrals **Request New Programs**

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

<input type="checkbox"/>	Program Name	Program Type	Stop Placement	VOLAG Grantee?	Search Tags
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					

Most Recent Activity ▼



Next

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