

Influx Transfer Manifest (Form P-16)

Data Entry Window

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

New Entry: Influx Transfer Manifest

Entry ID	* Status	<input type="text"/>
	Program/Facility	<input type="text" value="Search Entities..."/>

Transport Contact Information

Transport POC #1 Name	<input type="text"/>	POC #1 Phone Number	<input type="text"/>
Transport POC #2 Name	<input type="text"/>	POC #2 Phone Number	<input type="text"/>
Method of Transportation	<input type="text" value="--None--"/>	Comments	<input type="text"/>
Transportation Notes	<input type="text" value="N/A"/>		

Estimated

Estimated Time of Departure	Date	Time	Estimated Time of Arrival	Date	Time
	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>

Actual

Departure DateTime	Date	Time	Arrival DateTime	Date	Time
	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>

System Information

Legacy Id	<input type="text"/>	Profile Name	<input type="text" value="Search Profiles..."/>
Description	<input type="text"/>		
Priority	<input type="text"/>		
Web Email	<input type="text"/>		
Subject	<input type="text"/>		
Entry Origin	<input type="text" value="--None--"/>		

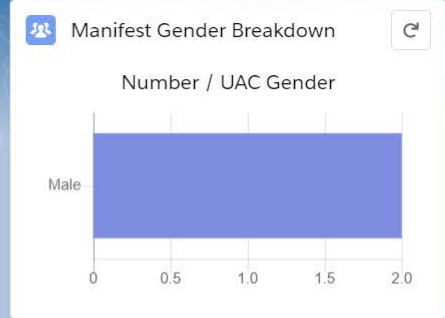
THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to plan, track, and notify stakeholders of group transfers to an influx care facility. Public reporting burden for this collection of information is estimated to average 0.33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

Influx Transfer Manifest Page – Detail Tab

Entry **Influx Transfer Manifest**
Edit Delete Generate Manifest

Entry ID: Entry-00001008 Status: Initial Manifest

Draft **Initial Manifest** Final Manifest Closed
✓ Mark Status as Complete



Details	Related	Chatter
Entry ID	Entry-00001008	Status
		Program/Facility
Transport Contact Information		
Transport POC #1 Name		POC #1 Phone Number
Transport POC #2 Name		POC #2 Phone Number
Method of Transportation		Comments
Transportation Notes		
Estimated		
Estimated Time of Departure		Estimated Time of Arrival
Actual		
Departure DateTime		Arrival DateTime
System Information		
Created By		Last Modified By
Legacy Id		Profile Name
Description		
Priority		
Web Email		
Subject		
Entry Origin		

Transfer Requests (2)

Last Name	First Name	A#	Gender	DOB	Transportation...	Sending Facility	Medications	Allergies	UAC Status

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Influx Transfer Manifest Page – Related Tab

Details Related Chatter

Entry History (4)

Date	Field	User	Original Value	New Value

[View All](#)

Entry Team (0) [Add Member](#)

Files (0) [Add Files](#)

[Upload Files](#)

Or drop files

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Entry Team Data Entry Window

Search for and add member

* User

* Role
 ▼

Files 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



Influx Transfer Manifest Page – Chatter Tab

Details Related Chatter

Post:

Most Recent Activity ▼

▼  **Test LCM**
 Case status updated December 3, 2020 at 9:26 AM ▼
Status: Draft to Initial Manifest
 Comment

>  **Test FFS**
 Entry created October 27, 2020 at 4:54 PM ▼

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