

Influx Transfer Manual and Prescreen Criteria Review (Form P-17)

Manual and Prescreen Criteria Review

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

Profile Name Age
 A# Gender
 Entry ID Gender Other
 Status

Manual Review

Criteria	Status	Comment
1. Does not have known special needs (including mental health or identified disabilities), behavioral health issues, medical issues, or dental issues that would be better served at an alternative care provider facility;	Select Status ▼	<input type="text"/>
2. Is not a danger to self or others (including not having been charged with or convicted of a criminal offense).	Select Status ▼	<input type="text"/>
3. Not be involved in an active State licensing, child protective services, or law enforcement investigation, or an investigation resulting from a sexual abuse allegation reported in accordance with Section 4.10	Select Status ▼	<input type="text"/>
4. Have no known mental health, dental, or medical issues, including contagious diseases requiring additional evaluation, treatment, or monitoring by a healthcare provider	Select Status ▼	<input type="text"/>
5. Initial Intakes Assessment and other UAC assessments completed	Select Status ▼	<input type="text"/>

Prescreen Criteria

Criteria	Status	Override Reason
1. Is expected to be released to a sponsor within 30 days	Pass ▼	<input type="text"/>
2. Not be scheduled to be discharged in three days or less	Pass ▼	<input type="text"/>
3. Is age 13 or older	Fail ▼	<input type="text"/>
4. Speaks English or Spanish as his or her preferred language	Pass ▼	<input type="text"/>
5. Is not a pregnant teen	Pass ▼	<input type="text"/>
6. Is not a parenting teen	Pass ▼	<input type="text"/>
7. Does not have a scheduled immigration or state/family court date of any kind/asylum hearing	Fail ▼	<input type="text"/>
8. Does not have an attorney of record	Fail ▼	<input type="text"/>
9. Not be part of a sibling group with a sibling(s) age 12 years or younger	Fail ▼	<input type="text"/>
10. Not be subject to a pending age determination (see Section 1.6)	Pass ▼	<input type="text"/>
11. Not have a pending home study (see Section 2.4)	Pass ▼	<input type="text"/>
12. Not be turning 18 years old	Pass ▼	<input type="text"/>
13. Be medically cleared and vaccinated as required by the influx care facility (for instance, if the influx care facility is on a U.S. Department of Defense site)	Fail ▼	<input type="text"/>
14. Not separated from parent/legal guardian	Pass ▼	<input type="text"/>

15. No Category 4

Pass ▼

16. Have KYR and legal screening completed

Fail ▼

17. Not pending adjustment of legal status

Pass ▼

18. No cases related to orders of removal or deportation

Pass ▼

19. Have a completed Medical Checklist for Influx Transfers

Fail ▼

[Complete Manual Review](#) [Save](#)

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to evaluate each UAC's eligibility to be transferred to an influx care facility. Care provider staff review and update information on daily during times of influx. 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 UACPolicy@acf.hhs.gov.

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