



UC Portal

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Welcome: Liane

UC Basic Information



First Name:	Kaminska	AKA:	
Last Name:	Fake	Status:	ADMITTED
Date of Birth:	3/31/2005 (Age 18)	Admitted Date:	6/28/2023
A#:	732895423	Length of Stay:	1 Days
Country of Birth:	Egypt	Current Program:	A New Leaf – Dorothy Mitchell
Gender:	F	Portal ID:	696178

Transfer Request

Request Details

Requested Program Type*	<input type="text" value=""/>	Requester Name*	<input type="text" value=""/>
Requester Title	<input type="text" value=""/>	Requester Phone	<input type="text" value=""/>

Reason for Transfer Request

Transfer Type*

To Any Program

- To Provide Less Restrictive Setting
- To Provide More Restrictive Setting
- Minor's Medical Health
- Minor's Mental Health
- Violent/Threatening Behavior
- Disruptive Behavior
- Minor's Safety
- Runaway Risk

To Restrictive Placements

- Convicted as Adult
- Adjudicated Delinquent
- Criminal Charges
- Chargeable

Between Programs

- Program Capacity
- Proximity to UC Relative
- Proximity to Potential Sponsor
- ICF Ineligible
- Physical Placement in Program

Please select at least one reason for transfer.

Legal Information

Minor Has Attorney of Record?* Yes No

Attorney of Record

Attorney Phone

Casefile Summaries

Information Relating to Minor's Casefile

- Pregnancy
- Injury
- Illness
 - Non-Diagnosed Behavior / Illness with no Medications
 - Non-Diagnosed Behavior / Illness with Medications
 - Diagnosed Behavior / Illness with no Medications

- Diagnosed Behavior / Illness with Medications
- Non-Violent Conviction
- Non-Violent Charge
- Charge(s) Dropped

Please select a description of the Illness

Minor's Medical Health Summary*

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Minor's Mental Health Summary*

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Behavior Summary*
(Runaway Risk, Aggressive/
Assaultive and Sexually
Inappropriate Behaviors)

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Current Status of Family
Reunification*

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Immigration Court Status*

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Case Manager Recommendation

Case Manager Name*

Date of Case Manager Comments*

Case Manager Comments*

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Case Manager Suggests Transfer?* Yes No

Case Coordinator Third Party Review

Case Coordinator Name*

Date of Case Coordinator Review*

Case Coordinator Comments*

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Concur with Requesting Party?* Yes No

ORR Transfer Request Decision

ORR Decision Maker Name*

Date of ORR Decision*

ORR Decision Maker Comments*

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ORR Decision*

- Approve
- Disapprove
- On Hold (Provide Detail in Comments)

[Submit Request](#) [Save Draft](#) [Cancel Referral](#)

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 child within the ORR care provider network. Public reporting burden for this collection of information is estimated to average 0.25 hours per grantee case manager and 0.17 hours per contractor case coordinator (a total of 0.42 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. The OMB control number is 0970-0554 and the expiration date is 06/30/2026. If you have any comments on this collection of information please contact UCPolicy@acf.hhs.gov.



Warning

Are you sure you want to cancel this transfer request?

If there is an active placement confirmation, it will also be cancelled.

Reason for Cancellation*

Select Cancellation Reason	▼
Select Cancellation Reason	
Reunited with Sponsor	
Level of Care No Longer Applicable	
Created by Mistake	