

# Program Entity (Form P-12)

## Data Entry Window

New Entity: Program

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**Program Overview**

\* Entity Name

Parent Entity

Program Name AKA

Program ID

\* Program Status

\* Type

**Address**

Country

Street

City  State

Zip/Postal Code

ACF Region

FFS Region

**Acceptable Placements**

Available

- Tender Age
- Pregnant UAC
- Parenting UAC
- Near Hospital
- Isolation Rooms
- Acute Mental Health
- Complex Medical
- Non-Spanish

Chosen

Maximum Months Pregnant

URM Program?

Within ORR Network?

VOLAG Grantee?

UAC Drop-Off Information

Confirmed?

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**Points of Contacts**

CEO  CEO Email

Phone

Program Director

Intakes Primary Contact Email

Intakes Primary Contact Phone

- Active
- Inactive
- Draft

- Influx Care Facility
- Long Term Foster Care
- LTFC -- Community Placements
- LTFC -- Group Home
- Residential Treatment Center
- Secure
- Shelter
- Staff Secure
- Therapeutic Group Home
- Therapeutic Staff Secure
- Therapeutic Foster Care
- Emergency Intake Sites
- Other

List of all countries

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

- Arizona
- Central Texas
- Houston/El Paso
- Mid-Atlantic
- Mid-West
- North East
- Rio Grande Valley
- South East
- Special Population
- West Coast

- Month 1: Weeks 1 to 4
- Month 2: Weeks 5 to 8
- Month 3: Weeks 9 to 13
- Month 4: Weeks 14 to 17
- Month 5: Weeks 18 to 22
- Month 6: Weeks 23 to 27
- Month 7: Weeks 28 to 31
- Month 8: Weeks 32 to 35
- Month 9: Weeks 36 to 40

List of all 50 U.S. states and the District of Columbia

- Yes
- No

- Yes
- No

- Yes
- No

Intakes Primary Contact

Intakes Secondary Contact

Program Medical Team Email

FFS Email

**Stakeholder Information**

Child Advocate   Legal Service Provider

FOJC

**Bed Capacity**

Funded Capacity

**Gender**

Available	Chosen
Male	
Female	
Transgender	
Other	

Licensed Minimum Age   Minimum Age

Licensed Maximum Age   Maximum Age

Bed Count Available Male	<input type="text"/>	Bed Count Available Female	<input type="text"/>
Bed Count Occupied Male	<input type="text"/>	Bed Count Occupied Female	<input type="text"/>
Bed Count On-Hold Male	<input type="text"/>	Bed Count On-Hold Female	<input type="text"/>
Bed Count Unavailable Male	<input type="text"/>	Bed Count Unavailable Female	<input type="text"/>

Comments

**Influx and Variance Bed Capacity**

Undelivered Warm Status   Delivered Variance Beds

Undelivered Reserve Status   Undelivered Variance Beds

**License**

Licensed?

Licensing Entity

License Issued Date

License Expired Date

License Type

Copy of Lease Uploaded?

- Yes
- No

List of licensing entities for all states in which ORR operates care provider programs

List of all license types offered by the licensing entities available under the Licensing Entity Field, as applicable to ORR care provider programs

Licensing POC #1	<input type="text"/>	Licensing POC #1 Email	<input type="text"/>
Licensing POC #2	<input type="text"/>	Licensing POC #1 Phone	<input type="text"/>
Licensing POC #3	<input type="text"/>	Licensing POC #2 Email	<input type="text"/>
		Licensing POC #2 Phone	<input type="text"/>
		Licensing POC #3 Email	<input type="text"/>
		Licensing POC #3 Phone	<input type="text"/>

**Grant**

Grant Number <sup>i</sup>	<input type="text"/>	Secondary Grant Number	<input type="text"/>
Current Grant Project Start Date <sup>i</sup>	<input type="text"/>	Current Grant Project End Date <sup>i</sup>	<input type="text"/>
Current Grant Budget Start Date <sup>i</sup>	<input type="text"/>	Current Grant Budget End Date <sup>i</sup>	<input type="text"/>
Initial Grant Award Date <sup>i</sup>	<input type="text"/>	Closure Date <sup>i</sup>	<input type="text"/>
Initial UAC Placement Received Date <sup>i</sup>	<input type="text"/>	Closure Date Reason <sup>i</sup>	<input type="text"/>

**Stop Placement**

Stop Placement (Initial)	<input type="text"/>	Anticipated End Date (Initial)	<input type="text"/>
Stop Placement Reason (Initial)	--None--	Start Date (Initial)	<input type="text"/>
		End Date (Initial)	<input type="text"/>
Stop Placement (Transfer)	--None--	Anticipated End Date (Transfer)	<input type="text"/>
Stop Placement Reason (Transfer)	--None--	Start Date (Transfer)	<input type="text"/>
		End Date (Transfer)	<input type="text"/>

**Monitoring Details**

Last Monitoring Date	<input type="text"/>	First Admitted Date	<input type="text"/>
Due Date for Next Monitoring Visit	<input type="text"/>	Number of Sites	<input type="text"/>
Monitoring Schedule Notes	<input type="text"/>		

**System Information**

Program Legacy Id	<input type="text"/>	Facility Legacy Id	<input type="text"/>
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Cancel Save & New Save

- Yes
- No

- Yes
- No

- Imminent risk of harm to or safety of UC
- Imminent risk of harm to or safety of staff
- Law enforcement agency recommendations to cease new referrals
- Identified risk is not related to one staff or incident, and cannot be corrected by the corrective action
- Active CPS licensing investigation involving staff, UC or both
- Grantee repeated non-compliance with ORR policies and procedures which impacts service to UC
- Shortage of staff
- Staff related incident
- Consistent pattern of UC AWOL
- Affected by natural disasters/evacuation
- Power outage
- Fire incident
- Isolation/Medical Concerns
- Request by the facility
- Other (provide details)

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 [UCPolicy@acf.hhs.gov](mailto:UCPolicy@acf.hhs.gov).

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# Program Entity Page – Details Tab

Entity **SWK Casa Houston**

+ Follow Edit Delete

CEO Type State Funded Capacity Delivered Capacity

**Details** Census Related

Program Overview

Entity Name		Program Status	
Parent Entity		Type	
Program Name AKA		Program ID	-
Address			

ACF Region		Within ORR Network?	
FFS Region		VOLAG Grantee?	
Acceptable Placements		UAC Drop-Off Information	
Maximum Months Pregnant		Confirmed?	<input type="checkbox"/>
URM Program?			

Points of Contacts

CEO		CEO Email	
Program Director		Phone	
Intakes Primary Contact		Program Director Email	
		Program Director Phone	
Intakes Secondary Contact		Intakes Primary Contact Email	
		Intakes Primary Contact Phone	
Program Medical Team Email		Intakes Secondary Contact Email	
FFS Email		Intakes Secondary Contact Phone	

Stakeholder Information

Child Advocate ⓘ  
FOJC ⓘ

Legal Service Provider ⓘ

Bed Capacity

Funded Capacity ⓘ  
Delivered Capacity ⓘ

Gender  
Undelivered Capacity ⓘ

Licensed Minimum Age ⓘ  
Licensed Maximum Age ⓘ

Minimum Age  
Maximum Age

Bed Count Available Male  
Bed Count Occupied Male  
Bed Count On-Hold Male  
Bed Count Unavailable Male

Bed Count Available Female  
Bed Count Occupied Female  
Bed Count On-Hold Female  
Bed Count Unavailable Female

Comments

Influx and Variance Bed Capacity

Undelivered Warm Status  
Undelivered Reserve Status

Delivered Variance Beds  
Undelivered Variance Beds

License

Licensed?  
Licensing Entity  
License Type

License Issued Date ⓘ  
License Expired Date ⓘ  
Copy of Lease Uploaded? ⓘ

Licensing POC #1

Licensing POC #1 Email

Licensing POC #2

Licensing POC #1 Phone  
Licensing POC #2 Email

Licensing POC #3


Licensing POC #2 Phone  
Licensing POC #3 Email


Licensing POC #3 Phone


Grant

Grant Number ⓘ  
Current Grant Project Start Date ⓘ  
Current Grant Budget Start Date ⓘ

Secondary Grant Number  
Current Grant Project End Date ⓘ  
Current Grant Budget End Date ⓘ


Initial Grant Award Date ⓘ 


Initial UAC Placement Received Date ⓘ 


Closure Date ⓘ 


Closure Date Reason ⓘ 


▼ Stop Placement


Stop Placement (Initial) 


Stop Placement Reason (Initial) 


Anticipated End Date (Initial) 


Start Date (Initial) 


End Date (Initial) 

Stop Placement (Transfer) 

Stop Placement Reason (Transfer) 


Anticipated End Date (Transfer) 


Start Date (Transfer) 

End Date (Transfer) 

▼ Monitoring Details

Last Monitoring Date 

Due Date for Next Monitoring Visit 

Monitoring Schedule Notes 

First Admitted Date 

Number of Sites 


▼ System Information

Created By 

Program Legacy Id 




Last Modified By 

Facility Legacy Id 

 Event (3)

  [New](#) [Change Owner](#)

3 items • Updated a few seconds ago

<input type="checkbox"/>	Event ID	Event Type	Synopsis o...	Event Start Date/T...	Event End Date/Ti...	Location of Ev...	Existing SIR	Created Date	Created By
1	<input type="checkbox"/>								
2	<input type="checkbox"/>								
3	<input type="checkbox"/>								

[View All](#)

 SIR (0)

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# Program Entity Page – Census Page

Details
Census
Related

Program UAC Metrics

Admitted UACs

Admitted 2
 Pending Medical Clearance 0
 Medically Fit to Travel 0

Medically Not Fit to Travel 0

Transfer Eligibility

Eligible (M) 0
 Eligible (F) 0
 Not Eligible (M) 0
 Not Eligible (F) 0

Pending (M) 2  Pending (F) 0

Initiate Prescreen

<input type="checkbox"/>	Entry Id	Status	A#	Profile Name	Gender	Age	Pre-Screene...	Manual Rev...	Transfer Ma...	Last Modifi...	
<input type="checkbox"/>											Review Criteria
<input type="checkbox"/>											Review Criteria

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# Program Entity Page – Related Tab

Details   Census   Related

Entity Team (6) Add Member

Team Member	Member Role	Entity Access	Entry Access	UAC Access

Facility Information (0) Refresh

Upload Files Or drop files

Operational Information (0) Refresh

Upload Files Or drop files

Compliance Information (0) Refresh

Upload Files Or drop files

Entity History (6+)

Date	Field	User	Original Value	New Value



## Funded Capacity Manager

\* How many Delivered Male Beds?

\* How many Undelivered Male Beds?

\* How many Delivered Female Beds?

\* How many Undelivered Female Beds?

Proposed Delivery Date #1



Previous

Next

## Funded Capacity Manager

Press "Finish" to Create bed(s).

Finish

## Entity Team Data Entry Window

Search for and add member

\* User

\* Team Member Role

\* Entity Access Level

\* Entry Access Level

\* UAC Access Level

- Read Only
- Read/Write

- Read Only
- Read/Write
- No Access

- Read Only
- Read/Write
- No Access

This is a global picklist used across multiple forms that contains all roles. Appearance of a role on this list does not mean that role will be granted access to this form.

- Assistant Program Director
- Attorney
- Case Coordinator
- Case Manager
- Child Advocate Contact
- Clinician
- Contractor Field Specialist
- DHUC Medical Team Member
- DHUC Quality Assurance Specialist
- Direct Operations Coordinator
- DOJ/FBI
- Federal Field Specialist
- HHS OIG
- HS/PRS Primary Providers
- ICE FOJC
- Influx POC
- Intakes Backup Contact
- Intakes Contact
- Lead Case Manager
- Lead Clinician
- Legal Service Provider
- LNO
- Medical Coordinator
- Medical Service Director
- On-site Health Care Provider
- ORR Compliance Team
- Program Director
- Program Support Center
- Project Officer
- PSA Compliance Manager
- PSA Program Specialist
- PSA Team
- Regional Director
- Registered Nurse
- Senior Advisor for Child Well-Being & Safety
- Shift Supervisor
- Supervisory Case Coordinator
- Supervisory FFS
- Supervisory Project Officer
- Temporary
- VOLAG User
- Program Support Staff

## Information 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

See table below.

See table below.

- Yes
- No

### Dropdown options for "Record Type" and corresponding options for "Document Type"

Record Type	Document Type
Proof of Relationship	Birth Certificate – UC; Baptismal Certificate; Birth Certificate – Sponsor; Birth Certificate – Other; Consulate Written Affirmation of Relationship; Verified by Government Agency/Consulate; Court Order – Adoption; Court Order – Guardianship; Court Order – Other; Government Issued Photo ID; Government Issued Ration Card; Hospital Record; Interview Notes; Land Deeds – Sponsor and UC’s Family; Letter of Designation for Care of a Minor; Marriage Certificate; Passport (including stamps); Photographs; Remittance Receipts; School Record/Diploma; Social Media Posts; Genogram; Other

Background Check	FBI Criminal History and FBI Name Check
Case Coordination and Discharge	Verification of Release; Release Request; Discharge Notification; ORR Notice to ICE; and Notice of Transfer to ICE
Case Management	Verification of Release; Release Request; Discharge Notification; ORR Notice to ICE; New Placement Orientation; Safety Plan; Other; Medical Checklist; Transfer; Admission Assessment; Influx Transfer Facility Checklist; and LTFC Memo
Compliance Document	Other; ORR Closed Corrective Action; ORR Closed Monitoring Report; ORR Site Visit Report; Program Licensing Investigation; and PSA Audit
Compliance Forms	Privacy 101; ROB; and Cybersecurity
Education	Other, Initial Education Intake Assessment; ESL Assessment; Progress Report Card; and Educational Reassessment Report
FRP Forms	FRP 2 Authorization for Release of Information; FRP 3 Family Reunification Application; FRP 9 Letter of Designation for Care of a Minor; and FRP 10 Sponsor Declaration
Facility Document	Other; Facility Intake List; Program Brief; Program Lease; Signed Cooperative Agreement; State Licensure; Fire Inspection; Emergency/Evacuation Plan; and Facility Floor Plan
HS/PRS Document	Addendum; Other Supporting Documents; and Post Release Assessment Report
Health Documentation	Public Health Investigation Form; Hospital Discharge Instructions; Hospital Discharge Summary; Image Study Reading (TB); Image Study Reading (Non-TB); Immunization Record; Initial Medical Exam Form; Initial Dental Exam Form; Lab Results; Medications; Health Evaluation Form; Office Notes; Specialist Notes; Supplemental TB Screening Form; and Other Health Document
Legacy Document	<i>All "Document Type" options available under other Record Types are available for this Record Type</i>
Legal Document	Birth Certificate – UC; Court Order (Flores Bond); Court Order (Other); Court Order (Removal); Court Order (VD); Decision (Administrative Review); Decision (Appeal of ORR Decision); Decision (Flores Bond Letter); Decision (Specific Consent); DHS Document (I-213); DHS Document (NTA); DHS Document (Other); Form (Attorney of Record); Form (Authorization for Release of Information); Form (Change of Venue); Form (Flores Bond Hearing Motion); Form (Legal Resource Guide Part II – Admission); Form (Legal Resource Guide Part III – Release); Form (Notice of Placement); Form (Specific Consent); Other Legal Document; OTIP Eligibility Letter; OTIP Interim Assistance Letter; Placement Identification Document; Records (Court); Records (Criminal/Delinquency Records); and Post Legal Status Plan
Medical Document	DHS Docs and Medical Checklist
Mental Health Documentation	Clinical Notes; Progress Notes; Discharge Summary; Psychiatric Evaluation Report; Psychological Evaluation Report; RTC Recommendation Letter; Developmental Assessment Report; and Other Mental Health Document
Monitoring Visit	Behavior Management Plan; Care Provider Policies and Procedures; Community Partnerships/Services; Cost of Care; Education Documents; Emergency and Evacuation Plan; Fire and Safety Code Permits/Reports; Food Services; Foster Home Safety Checklist; Foster Parent Agreement; Foster Parent Files; Foster Parent Orientation Manual; Foster Parent Trainings; Full Staff List; Geographic Areas Served; Health/Sanitation Inspection Reports; Independent Living Resources; List of Current Foster Parents; List of Home Study Cases; Map of Facility; Memorandum of Understanding; Monitoring Schedule; Monitoring Tools and Instruments; Monitoring Visit Reports; Mosquito Control Inspection; Organizational Chart; Quality Assurance Resources; Respite and Retention Procedures; Site Visit Guide; Staff Trainings; Staffing Plan; State Licensing/CPS; UC Case Files; UC Orientation Packet; UC with G-28s; and Vehicle Inspections
Operational Document	Other; Grantee Daily Schedule; Internal SOPs; Staff Training Curriculum; Educational Curriculum; Vocational Curriculum; Food Menu; UC Handbook/Orientation; Prevention of Sexual Abuse/Harassment SOPs; and Organizational Chart
Other	DocGen; Placement Authorization; Medical Authorization; Notice of Placement; UC Assessments; New Placement Orientation; Other; and Manifest
Policy Guidance Documents	Policy Memo; Field Guidance; Interim Guidance; Form or Related Material; Frequently Asked Questions; Procedure Manual; Other Guidance; Resource Material; and Training
Profile Picture	Other
Proof of Address	Current Lease or Mortgage Statement; Notarized Letter from Landlord; Utility Bill, Bank Statement; Payroll Check Stub; Official Mail; Other Similar Document; and Letter/Code
Proof of Financial Stability	Proof of Financial Stability
Proof of Identity	US Passport; US Passport Card; Foreign Passport; Permanent Resident Card; Alien Registration Receipt Card; Employment Authorization Document; US Driver's License or Identification Card; US Certificate of Naturalization; US Military Identification Card; Birth Certificate; Court Order for Name Change; Foreign National Identification Card; Consular Passport Renewal Receipt; Foreign Driver's License; Foreign Voter Registration Card; Canadian Border Crossing Card; Mexican Border Crossing Card; Refugee Travel Documents; Other Similar Government Document; and Marriage Certificate
Proof of Immigration Status or U.S. Citizenship	US Passport; Valid Visa; Legal Permanent Resident Card; Notice to Appear; Other Federal Government Document Providing Immigration Status; US Birth Certificate; US Naturalization Papers; Court Order; and Other Government Issued Document Proving US Citizenship
Referral Documents	Birth Certificate – UC; Baptismal Certificate; DocGen; FRP 2 Authorization for Release of Information; FRP 3 Family Reunification Application; FRP 9 Letter of Designation for Care of a Minor; and FRP 10 Sponsor Declaration; US Passport; US Passport Card; Foreign Passport; Permanent Resident Card; Alien Registration Card Receipt; Employment Authorization Document; US Driver's License or Identification Card; US Certificate of Naturalization; US Military Identification Card; Birth Certificate; Court Order for Name Change; Foreign National Identification Card; Consular Passport Renewal Receipt; Foreign Driver's License; Foreign Voter Registration Card; Canadian Border Crossing Card; Mexican Border Crossing Card; Refugee Travel Documents; Valid Visa; Legal Permanent Resident Card; Notice to Appear; Other Federal Government Document Providing Immigration Status; US Birth Certificate; US Naturalization Papers; Court Order; and Other Government Issued Document Proving US Citizenship; Birth Certificate – Sponsor; Birth Certificate – Other; Consulate Written Affirmation of Relationship; Verified by Government Agency/Consulate; Court Order – Adoption; Court Order – Guardianship;

	Court Order – Other; Death Certificate; Family Session Case Note; Government Issued Photo ID; Government Issued Ration Card; Hospital Record; Interview Notes; Land Deeds – Sponsor and UC’s Family; Letter of Designation for Care of a Minor; Marriage Certificate; Passport (including stamps); Photographs; Remittance Receipts; School Record/Diploma; Social Media Posts; Genogram; Current Lease or Mortgage Statement; Notarized Letter from Landlord; Utility Bill, Bank Statement; Payroll Check Stub; Official Mail; Other Similar Document; Letter/Code; Proof of Financial Stability; Self-Disclosed Criminal History; Verification of Release; Release Request; Discharge Notification; ORR Notice to ICE; Referral Documents; and Other
Release Request	Best Interest Recommendation Letter; R-4 Release Request; ORR Denial Letter; Parent Denial Letter; Program Acceptance Letter; Recommendation to Deny Release; Referral Services COO; Safety Plan; Travel Document; Travel Itinerary; and Other
SIR/PLE Report Document	Police Report; State Licensing Documentation; Fraud Documentation; CPS Documentation; Significant Incident Report; PLE Report; Other; DOJ/FBI Documentations; and HHS OIG Documentation
Self-Disclosed Criminal History	Self-Disclosed Criminal History
Sponsor Assessment	Initial and Final

## Beds Data Entry Window

### New Bed: Bed

#### Bed Overview

Overall Status --None--

\* Entity

\* Gender --None--

Flexible Gender

Pregnant UAC

\* Status --None--

Delivered Standby

\* Minimum Age

\* Maximum Age

Variance Bed

#### Bed Schedule

Proposed Delivery Date #1 <input type="text"/>	Actual Delivery Date <input type="text"/>
Proposed Delivery Date #2 <input type="text"/>	
Proposed Delivery Date #3 <input type="text"/>	
Proposed Delivery Date #4 <input type="text"/>	
Proposed Delivery Date #5 <input type="text"/>	

#### Bed Unavailability

Unavailable Reason --None--

Unavailable Start Date

Unavailable End Date

#### System Information

\* Bed Name

Legacy Id

Cancel
Save & New
Save

- Delivered
- Undelivered

- Male
- Female

- Available
- Unavailable
- On-Hold
- Occupied
- Reserve
- Warm

- Expectant mother bed assignment
- Licensing issue
- Medical isolation/quarantine
- Mom/baby bed assignment
- Other
- Other medical concerns/reasonable accommodations
- Power Outage
- Protest
- Repairs needed
- Staff shortage
- Transgender bed assignment
- UC behavioral concerns/1:1 supervision required
- Unavailability of foster parent
- Weather event or natural disaster