

UC Referral (Form P-7)

Data Entry Window

New Entry: UAC Referral

Entry Information

Entry ID * Status

Profile Name

First Name

Last Name

Middle Name

A#

Special Consideration Case?

Parent/Legal Guardian Separation

Separated from Parents/Legal Guardian?

Parent/Legal Guardian Name

Reason for Separation

Parent/Legal Guardian Location

Parent A Number

MPP Information

Current MPP

Current MPP Date

Apprehension and Referral Information

* Referring Agency

Referral DateTime
Date Time

Referring Sector

Referring Sector Name

* POC Primary Email

Referring Sector Code

POC Secondary Email

* Manner of Entry

* Processing POC

Entry DateTime
Date Time

* POC Phone

- Yes
- No
- None
- Unknown

- Parent criminal history
- Parent criminal history and immigration history
- Parent criminal history, immigration history, and cartel/gang affiliation
- Parent cartel/gang affiliation and immigration history
- Parent cartel/gang affiliation
- Referred for prosecution
- Communicable disease
- Health issue/hospitalization
- Parent fitness (other than for hospitalization)/child danger concerns
- Unverified familial relationship/fraud
- Separated from other adult relative
- Other – warrant
- Other
- Parent cartel/gang affiliation and criminal history

- Yes
- No
- Pending

- Office of Field Operations (CBP)
- Border Patrol (CBP)
- Immigration and Customs Enforcement ERO
- US Marshals Service
- Federal Bureau of Investigation
- Homeland Security (ICE)
- Department of Labor
- Bureau of Prisons
- None

List of all referring sector locations.

- Arriving/Inadmissible
- EWI/Entered
- Material Witness
- Overstay
- Parole/Arriving UC
- Visitor/Student
- Without Inspection
- None

- New Pending
- Processed Pending
- Placement Match Under Review
- Placement Designated
- Placement Requested
- Placement Not Accepted
- Supervisor Approval Requested
- Supervisor Approved
- Supervisor Override
- Referral Cancelled

Entry City / Location Code

Entry State --None--

Apprehension City / Location Code

Apprehension State --None--

Current Location City / Location Code

Apprehension DateTime

Date Time

Current Location DateTime

Date Time

Referral Notes

Apprehension / Journey Notes

Referral Cancellation Reason

Placement Request

Requires Placement Request

Program Type --None--

Program/Facility Search Entities...

Placement Requested DateTime

Date Time

Placement Designation DateTime

Date Time

Not Accepted Reason

Available / Chosen list with reasons like 'No Capacity for Gender', 'Medical issues', etc.

Placement Decision DateTime

Date Time

Transportation Not

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

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

- Influx Care Facility
Long Term Foster Care
LTFC - Community Placements
LTFC - Group Home
Out-of-Network RTC
Residential Treatment Center
Secure
Shelter
Staff Secure
Therapeutic Group Home
Therapeutic Staff Secure
Transitional Foster Care
Emergency Intake Sites
URN
Other

Placement Notes ⓘ

Override Stop Placement Reason

Special Placement Request

Requires Intakes Placement Checklist ⓘ

FFS Supervisor ⓘ Search People...

Special Placement Requested DateTime

Date Time

Special Placement Decision DateTime

Date Time

Final Placement Determination --None--

Recommended Placement Determination --None--

Notes/Reason for Override ⓘ

- Transitional Foster Care
- Residential Treatment Center
- Secure
- Shelter
- Staff Secure
- Therapeutic Staff Secure
- Therapeutic Group Home

- Transitional Foster Care Center
- Secure
- Shelter
- Staff Secure
- Therapeutic Staff Secure
- Therapeutic Group Home

Criminal Information

*Criminal Concerns? No

Behavioral Concerns? No

*Gang Affiliation? No

Gang Affiliation Determined By

Available

- Self-admission of UC
- Gang tattoos
- Criminal history
- Family/peers known members
- Other

Chosen

*Footguide? No

Behavioral Concerns Notes

Gang Name

Gang Affiliation Notes

Footguide Notes

- Yes
- No

- Yes
- No
- Unknown

- Yes
- No
- Suspect

- Yes
- No
- Unknown

Description Information

Subject

Description

Web Information

Web Email

Web Company

Web Name

Web Phone

Standard system fields that will not be completed and will be removed in future development.

Standard system fields that will not be completed and will be removed in future development.

System Information

Legacy Id	<input type="text"/>	Type	<input type="text"/>
Entry Origin	<input type="text"/>	Entry Reason	<input type="text"/>
Priority	<input type="text"/>		

Assign using active assignment rule

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

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P-7 [Rev. MM/DD/YYYY]

UC Referral Page – Details Tab

Entry

UAC Referral

+ Follow
Edit
Delete
Generate Placement Form

Profile Name UAC Status

New Pending
Processed ...
Placement ...
Placement ...
Placement ...
Supervisor ...
Supervisor ...
Supervisor ...
Closed

Mark Status as Complete

Status: New Pending

Details | Intakes Placement Checklist | Initial Health Information

Entry ID	Status
Profile Name	A#
First Name	Gender
Last Name	Age at Referral
Middle Name	Special Consideration Case? <input checked="" type="checkbox"/>
DOB	Past 72-hour Window <input checked="" type="checkbox"/>
COB	

Parent/Legal Guardian Separation

Separated from Parents/Legal Guardian?	Parent/Legal Guardian Name
Reason for Separation	Parent/Legal Guardian Location
	Parent A Number

MPP Information

Current MPP	Current MPP Date
-------------	------------------

Apprehension and Referral Information

Referring Agency	Hours since Referral
Referring Sector	Hours since Apprehension
Referring Sector Name	Referral DateTime
Referring Sector Code	
Manner of Entry	POC Primary Email
	POC Secondary Email
Processing POC	
POC Phone	
	Entry DateTime

UAC Referral Flags

Special Consideration
Tender Age
Related UAC

Related UACs (0)

Entry City / Location Code

Entry State

Apprehension City / Location Code

Apprehension State

Current Location City / Location Code

Apprehension DateTime

Current Location DateTime

Referral Notes

Apprehension / Journey Notes

Referral Cancellation Reason

Placement Request

Requires Placement Request

Related UAC

Program / Facility

Placement Designation DateTime

Placement Decision DateTime

Placement Notes

Override Stop Placement Reason

Placement Match

Related UACs Placed Together

Program Type

Placement Requested DateTime

Not Accepted Reason

Transportation Notes

Special Placement Request

Requires Intakes Placement Checklist

Special Placement Requested DateTime

Final Placement Determination

FFS Supervisor

Special Placement Decision DateTime

Recommended Placement Determination

Notes/Reason for Override

Criminal Information

Criminal Concerns?

Behavioral Concerns?

Gang Affiliation?

Gang Affiliation Determined By

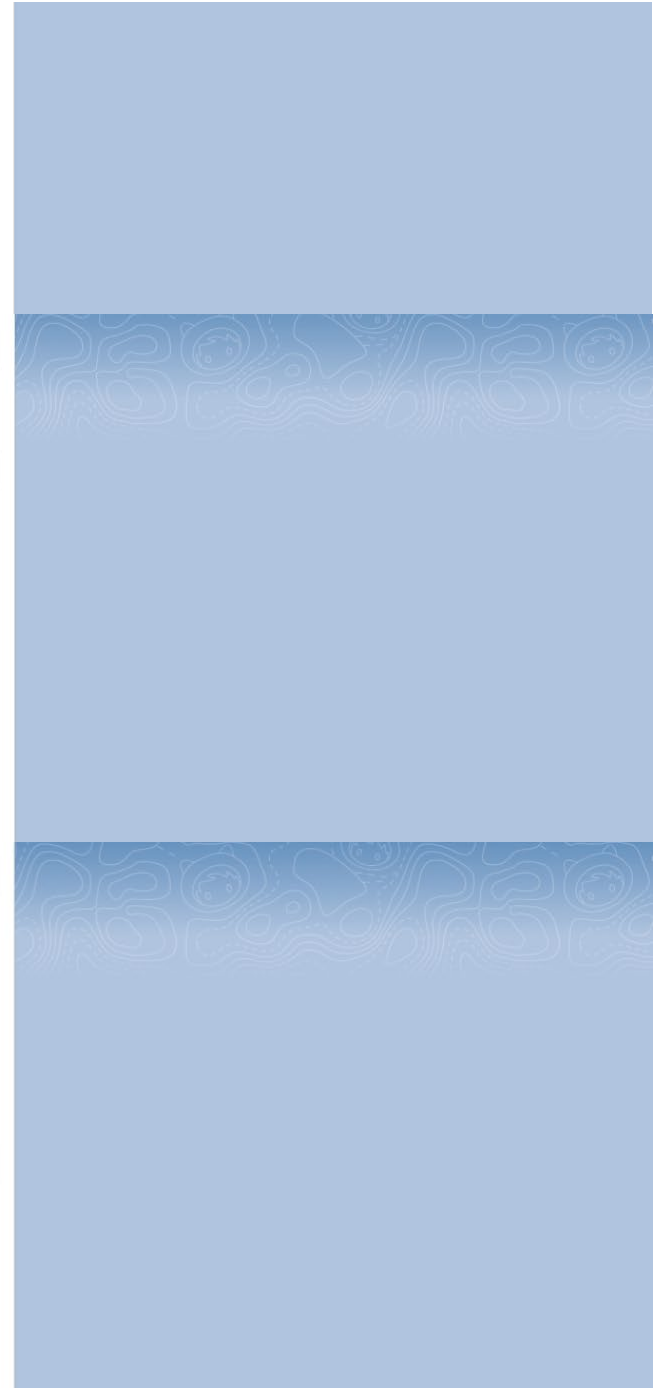
Footguide?

Behavioral Concerns Notes

Gang Name

Gang Affiliation Notes

Footguide Notes



Subject		
Description		
Web Email		Web Company
Web Name		Web Phone

System Information

Created By		Last Modified By	
Legacy Id		Type	
Date/Time Opened		Entry Reason	
Date/Time Closed			
Entry Origin			
Priority			

Criminal Charges (1)

Criminal Charges Number	Arrested For	Charged	List of Charges	Charged Date

Detention Facilities (1)

Detention Facilities Number	Type	Facility Name

Documents (3)

Title	Original ...	Record Ty...	Other Do...	Description	Date Rece...	Created By	Created D...
1							
2							

Entry Team (1)

Team Member	Member Role	Entry Access

Standard system fields that will not be completed and will be removed in future development.



Entry History (6+)

Date	Field	User	Original Value	New Value
View All				

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P-7 [Rev. MM/DD/YYYY]

Criminal Charges Data Entry Window

New Referral Related Record: Criminal Charges

Referral Related Record ID

* Referral

Arrested Date

Arrested For

Charged

Charged Date

* List of Charges

Adjudicated

Outcome of Criminal Case

Summary of Events

- Yes
- No
- Pending

- Yes
- No
- NA

Detention Facilities Data Entry Window

New Referral Related Record: Detention Facilities

Referral Related Record ID

* Facility Name

* Referral

* Type

Admission Date

Facility POC

Discharge Date

POC Phone #

Known Incident Reports

POC Email

- Adult Detention
- Juvenile Detention
- Unknown

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
Save

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

Entry Team Data Entry Window

Search for and add member

* User
Search People...

* Role
Select an Option

- Assistant Lead Case Manager
- Assistant Lead Clinician
- Attorney
- Case Coordinator
- Case Manager
- Clinician
- Contractor Field Specialist
- Direct Care Worker
- Direct Operations Coordinator
- Federal Field Specialist
- Federal Field Specialist Supervisor
- HS/PRS Primary Provider
- HS/PRS Subcontractors
- Lead Case Manager
- Lead Clinician
- Medical Coordinator
- Program Support Staff
- Read Only
- Supervisor
- Supervisory Case Coordinator

Intakes Placement Checklist Tab

Details Intakes Placement Checkl... Initial Health Information

Intakes Placement Checklist

Section B: Staff Secure Criteria

1: Escape Risk

UAC requires close supervision, but does not require placement in a secure provider facility.

* Referral indicates that UAC has attempted to escape or expressed intent to escape from detention or government custody.

 Yes
 No

* UAC was previously in ORR care and has SIR(s) for attempting to escape or expressing intent to escape from ORR custody.

 Yes
 No

* UAC has immigration history that includes: 1) a final order of removal 2) prior breach of bond 3) failure to appear before DHS or the immigration court 4) previous repatriation to homecountry.

 Yes
 No

2. Conduct

UC has been unacceptably disruptive in ORR custody or has displayed a pattern of severity of behavior prior to entering ORR custody that requires a staff secure setting. If applicable, previous SIRs or other internal ORR documents must be submitted in support of this finding.

* UAC was previously in ORR care and ORR records indicate the UAC committed, or made credible threats, to commit a violent or malicious act while in ORR custody.

 Yes
 No

* UC has displayed a pattern of severity of behavior, either prior to entering ORR custody or while in ORR care, that requires an increase in supervision by trained staff.

 Yes
 No

3. Criminal History

Criminal history meets the minimum requirements for placement in a staff secure facility if it 1) involved multiple incidents of the same incident (showing a pattern or practice of criminal behavior) or 2) involved different incidents of separate offenses.

* The UAC has been charged with or convicted of a crime or has been adjudicated delinquent; or is subject to delinquency proceedings or other criminal proceedings.

 Yes
 No

* The referral indicates that the UAC has committed a crime or delinquent act that they are chargeable for. Chargeable means that there is probable cause (based on a law enforcement officer's judgement) that the UAC committed the specified offense.

 Yes
 No

* UAC has been convicted or is chargeable with a non-violent criminal offense.

 Yes
 No

* Is there a pattern and practice of criminal activity?

 Yes
 No

* If there were multiple accounts, did they stem from different incidents in time?

 Yes
 No

* Select specific offense(s)

Available Options

- Soliciting a Prostitute
- Pandering
- Theft (Including petty theft)
- Shoplifting
- Fraud
- Moving Violation
- Drug Possession
- Status Offense
- Other

Selected Options

- Burglary
- Threats to Harm
- Destruction of Property
- Drug Smuggling

Section C: Secure Criteria

1: Criminal History

Criminal history or behavior meets the minimum requirements for placement into secure care if it: 1) involved an element of violence from the action, threat, or harassment, 2) involved multiple incidents of the same offense (showing a pattern or practice of criminal activity, or 3) involved different incidents of separate offenses. Criminal history not falling into one of these three categories does not meet the "dangerousness" requirement for placement in a secure facility, but may justify placement in a staff secure facility.

* UAC has been convicted, is chargeable with, attempted, or conspired to commit a violent criminal offense or has made threats of violence against a victim.

• Yes

• No

* Is there a pattern and practice of criminal activity?

• Yes

• No

* If there were multiple accounts, did they stem from different incidents in time?

• Yes

• No

* Indicate Specific Offenses:

Available Options

- Kidnapping
- Sexual Assault/Rape
- Robbery
- Crimes Involving Minor
- Threats to Harm
- Arson
- Manslaughter
- Other

Selected Options

- Assault/Battery
- Possession Deadly Weapon
- Trafficking in persons
- Homicide

2: Conduct in ORR Custody

UAC conduct in ORR custody indicates dangerousness may justify placement in a secure facility. Previous SIRs or other internal ORR documents indicating dangerousness must be submitted in support of this finding. For example, a UAC may have committed a violent or malicious act while in ORR custody. A violent act can include destruction of another's property or use of physical force against a person. A malicious act must be part of a pattern of acts with the intention to do harm and is not an isolated offense in this context.

* UAC was previously in ORR care and ORR records indicate the UAC committed, or made credible threats to commit, a violent or malicious act while in ORR custody.

• Yes

• No

3: Sexual Predation

Any positive indication or history of sexual predatory behavior or engaging in inappropriate sexual behavior meets the minimum requirement for placement into a therapeutic or secure facility. Sexual predatory behavior refers to a UAC with 1) a history of sexual assault or sexual harassment, 2) that is part of a pattern of behavior with the goal of committing a sexually based crime, and 2) that is based on a mental disorder or impulse. ORR may consider case history (e.g., law enforcement or court records, ORR custodial documents, such as SIRs, and/or self-disclosures related to the UAC's history to determine whether their conduct is predatory in nature.

* Referral indicates the referring agency has evidence that the UAC has a history of or displays sexual predatory behavior or engaged in inappropriate sexual behavior.

• Yes

• No

* UAC was previously in ORR care and ORR records indicate the UAC has sexual predatory behavior or engaged in inappropriate sexual behavior.

• Yes

• No

Complete

Once you click "Finish", your Intakes Placement Checklist will have been completed. Click "Generate Placement Form" on your Referral to generate a PDF version.

Finish

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P-7 [Rev. MM/DD/YYYY]

UC Referral – Initial Health Information Tab

Details Intakes Placement Checklist **Initial Health Information**

Details

Referral Related Record ID
RRR-00000018

Referral
Entry-00001151

*Medical Health Concerns?

--None--

Type of Medical Concern?

Available

Injury
Pregnant
Contagious Condition
Physical/Cognitive Impairment
Contagious Condition
Physical/Cognitive Impairment
Illness
Other

Chosen

Injury Details ⓘ

Pregnancy Details ⓘ

Contagious Condition Details ⓘ

Require Isolation?

--None--

Physical/Cognitive Impairment Details ⓘ

Other Illness/Disease Details

Assessed at Hospital? ⓘ

--None--

Medical Diagnosis Details ⓘ

Follow Up Medical Care Needed?

--None--

Follow Up Medical Care Details ⓘ

*Exposure to Infectious Disease? ⓘ

--None--

Infectious Disease Details ⓘ

*Mental Health Concerns?

--None--

Mental Health Details

Assessed at Hospital/Behavioral Center? ⓘ

--None--

Mental Health Diagnosis Details ⓘ

Follow Up Mental Health Care Needed?

--None--

Follow Up Mental Health Care Details ⓘ

*Dental Health Concerns?

--None--

Dental Health Details ⓘ

- Yes
- No

- Yes
- No
- NA

- Yes
- No
- Unknown

- Yes
- No
- Unknown

- Yes
- No

- Yes
- No
- Unknown

- Yes
- No
- Unknown

- Yes
- No
- Unknown

- Yes
- No
- Unknown

<ul style="list-style-type: none"> • Yes • No • Unknown 	Assessed for Dental Condition --None--	Dental Diagnosis Details ⓘ
<ul style="list-style-type: none"> • Yes • No • Unknown 	Follow Up Dental Care Needed? --None--	Follow Up Dental Care Details ⓘ
	Known TB Tests and Health Condition ⓘ	
<ul style="list-style-type: none"> • Yes • No • Unknown 	* Prescribed Medication? --None--	Medication Details ⓘ

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P-7 [Rev. MM/DD/YYYY]



Administration for Children & Families
Office of Refugee Resettlement

Intakes Placement Checklist

Section A: UC Information

UC Name [last, first]	<input type="text"/>	Date of Referral	<input type="text"/>
A# [no spaces]	<input type="text"/>	Gender	<input type="text"/>
Date of Birth	<input type="text"/>	Age	<input type="text"/>
		Country of Origin	<input type="text"/>

Was the UC previously in ORR custody? Yes No

Section B: Staff Secure Criteria

1. Escape Risk

UC requires close supervision, but does not require placement in a secure provider facility.

a. Referral indicates that the UC has attempted to escape from detention or government custody.	<input type="radio"/> Yes <input type="radio"/> No
b. UC was previously in ORR custody and an SIR(s) for attempting to escape or making plans to escape.	<input type="radio"/> Yes <input type="radio"/> No
c. UC has immigration history that includes: <ul style="list-style-type: none"> • Final order of removal; • Prior breach of bond; • Failure to appear before DHS or immigration court; and/or • Previous repatriation to home country. 	<input type="radio"/> Yes <input type="radio"/> No

2. Conduct

UC has been unacceptable disruptive in ORR custody or has displayed a pattern of severity of behavior prior to entering ORR custody that requires a staff secure setting. If applicable, previous SIRs or other internal ORR documents must be submitted in support of this finding.

a. UC was previously in ORR care and ORR records indicate the UC committed, or made credible threats to commit, a violent or malicious act while in ORR custody.	<input type="radio"/> Yes <input type="radio"/> No
b. UC has displayed a pattern of severity of behavior, either prior to entering ORR custody or while in ORR care, that requires an increase in supervision by trained staff.	<input type="radio"/> Yes <input type="radio"/> No

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to determine whether an initial placement into a restrictive setting is in the best interest of the unaccompanied child. Public reporting burden for this collection of information is estimated to average 0.## 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 (6 U.S.C. 279 and 8 U.S.C. 1232). 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.

Intakes Placement Checklist

Office of Refugee Resettlement

3. Criminal History
Criminal history meets the minimum requirements for placement in a staff secure facility if it 1) involved multiple incidents of the same incident (showing a pattern or practice of criminal behavior) or 2) involved different incidents of separate offenses.

<p>a. The UC has been charged with or convicted of a crime or has been adjudicated delinquent; or is subject to delinquency proceedings or other criminal proceedings.</p>	<input type="radio"/> Yes <input type="radio"/> No		
<p>b. The referral indicates that the UC has committed a crime or delinquent act that they are chargeable for. <i>Chargeable means that there is probable cause (based on a law enforcement officer's judgement) that the UC committed the specified offense.</i></p>	<input type="radio"/> Yes <input type="radio"/> No		
<p>c. UC has been convicted or is chargeable with a non-violent criminal offense. If yes, Is there a pattern and practice of criminal activity? If there were multiple accounts, did they stem from different incidents in time? Select specific offense(s):</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Burglary/breaking and entering <input type="checkbox"/> Destruction of property/vandalism <input type="checkbox"/> Drug Smuggling <input type="checkbox"/> Possession of drugs with intent to distribute <input type="checkbox"/> Fraud (identity theft, possession or use of fraudulent documents, grifting, forgery) <input type="checkbox"/> Threats or behavior intended to physically harm, harass, or intimidate another individual (bullying, threats while in government custody) <input type="checkbox"/> Soliciting a Prostitute </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Pandering <input type="checkbox"/> Theft (including petty theft) <input type="checkbox"/> Shoplifting <input type="checkbox"/> Moving violation (DUI/DWI, speeding, running a stop sign) <input type="checkbox"/> Status offense (a crime only a minor could commit, such as possession of alcohol by a minor, curfew violation, truancy) <input type="checkbox"/> Other, specify: <div style="border: 1px solid black; height: 30px; width: 100%; margin-top: 5px;"></div> </td> </tr> </table>	<input type="checkbox"/> Burglary/breaking and entering <input type="checkbox"/> Destruction of property/vandalism <input type="checkbox"/> Drug Smuggling <input type="checkbox"/> Possession of drugs with intent to distribute <input type="checkbox"/> Fraud (identity theft, possession or use of fraudulent documents, grifting, forgery) <input type="checkbox"/> Threats or behavior intended to physically harm, harass, or intimidate another individual (bullying, threats while in government custody) <input type="checkbox"/> Soliciting a Prostitute	<input type="checkbox"/> Pandering <input type="checkbox"/> Theft (including petty theft) <input type="checkbox"/> Shoplifting <input type="checkbox"/> Moving violation (DUI/DWI, speeding, running a stop sign) <input type="checkbox"/> Status offense (a crime only a minor could commit, such as possession of alcohol by a minor, curfew violation, truancy) <input type="checkbox"/> Other, specify: <div style="border: 1px solid black; height: 30px; width: 100%; margin-top: 5px;"></div>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No
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Section C: Secure Criteria

UC are not placed in a secure facility absent a determination that the child poses a danger to self, others, or has been charged with having committed a criminal offense. In assessing danger, ORR considers criminal history, gang affiliation that requires further assessment, and/or sexual predatory behavior/inappropriate sexual behavior. ORR considers certain criminal history as evidence of danger as provided below.

1. Criminal History
Criminal history or behavior meets the minimum requirements for placement into secure care if it: 1) involved an element of violence from the action, threat, or harassment, 2) involved multiple incidents of the same offense (showing a pattern or practice of criminal activity, or 3) involved different incidents of separate offenses. Criminal history not falling into one of these three categories does not meet the "dangerousness" requirement for placement in a secure facility, but may justify placement in a staff secure facility.

<p>a. UC has been convicted, is chargeable with, attempted, or conspired to commit a violent criminal offense or has made threats of violence against a victim.</p>	<input type="radio"/> Yes <input type="radio"/> No
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Intakes Placement Checklist

Office of Refugee Resettlement

<p>Is there a pattern and practice of criminal activity? <input type="radio"/> Yes <input type="radio"/> No</p> <p>If there were multiple accounts, did they stem from different incidents in time? <input type="radio"/> Yes <input type="radio"/> No</p> <p>Select specific offense(s):</p> <hr/> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; vertical-align: top;"> <input type="checkbox"/> Assault/battery <input type="checkbox"/> Kidnapping <input type="checkbox"/> Sexual assault/rape <input type="checkbox"/> Threats of behavior intended to physically harm, harass or intimidate another individual (bullying, threats while in government custody) <input type="checkbox"/> Homicide/vehicular homicide <input type="checkbox"/> Possession of a deadly weapon (including use of a vehicle as a weapon) <input type="checkbox"/> Trafficking in persons </td> <td style="width: 50%; border: none; vertical-align: top;"> <input type="checkbox"/> Arson <input type="checkbox"/> Robbery <input type="checkbox"/> Manslaughter <input type="checkbox"/> Crimes involving a minor victim (child molestation, child abuse, possession or distribution of child pornography, statutory rape) <input type="checkbox"/> Other, specify: <div style="border: 1px solid black; height: 30px; width: 100%; margin-top: 5px;"></div> </td> </tr> </table>	<input type="checkbox"/> Assault/battery <input type="checkbox"/> Kidnapping <input type="checkbox"/> Sexual assault/rape <input type="checkbox"/> Threats of behavior intended to physically harm, harass or intimidate another individual (bullying, threats while in government custody) <input type="checkbox"/> Homicide/vehicular homicide <input type="checkbox"/> Possession of a deadly weapon (including use of a vehicle as a weapon) <input type="checkbox"/> Trafficking in persons	<input type="checkbox"/> Arson <input type="checkbox"/> Robbery <input type="checkbox"/> Manslaughter <input type="checkbox"/> Crimes involving a minor victim (child molestation, child abuse, possession or distribution of child pornography, statutory rape) <input type="checkbox"/> Other, specify: <div style="border: 1px solid black; height: 30px; width: 100%; margin-top: 5px;"></div>	
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2. Conduct in ORR Custody

UC conduct in ORR custody indicates dangerousness may justify placement in a secure facility. Previous SIRs or other internal ORR documents indicating dangerousness must be submitted in support of this finding. For example, a UC may have committed a violent or malicious act while in ORR custody. A violent act can include destruction of another's property or use of physical force against a person. A malicious act must be part of a pattern of acts with the intention to do harm and is not an isolated offense in this context.

<p>a. UC was previously in ORR care and ORR records indicate the UC committed, or made credible threats to commit, a violent or malicious act while in ORR custody.</p>	<input type="radio"/> Yes <input type="radio"/> No
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3. Sexual Predation

Any positive indication or history of sexual predatory behavior or engaging in inappropriate sexual behavior meets the minimum requirement for placement into a therapeutic or secure facility. Sexual predatory behavior refers to a UC with 1) a history of sexual assault or sexual harassment, 2) that is part of a pattern of behavior with the goal of committing a sexually based crime, and 2) that is based on a mental disorder or impulse. ORR may consider case history (e.g., law enforcement or court records, ORR custodial documents, such as SIRs, and/or self-disclosures related to the UC's history to determine whether their conduct is predatory in nature.

<p>a. Referral indicates that the referring agency has evidence that the UC has a history of or displays sexual predatory behavior or engaged in inappropriate sexual behavior.</p>	<input type="radio"/> Yes <input type="radio"/> No
<p>b. UC was previously in ORR care and ORR records indicate the UC has sexual predatory behavior or engaged in inappropriate sexual behavior.</p>	<input type="radio"/> Yes <input type="radio"/> No

Section D: Placement Determination

- RECOMMENDED PLACEMENT**
- | | | |
|-------------------------------|------------------------------------|--|
| <input type="radio"/> Shelter | <input type="radio"/> Therapeutic | <input type="radio"/> Transitional Foster Care |
| <input type="radio"/> Secure | <input type="radio"/> Staff Secure | <input type="radio"/> Residential Treatment Center |

Intakes Placement Checklist
Office of Refugee Resettlement

Intakes Staff Name Date

FFS Decision FFS Name Date

Reason for Override *(if applicable)*

FINAL PLACEMENT DETERMINATION

- Shelter
- Therapeutic
- Transitional Foster Care
- Secure
- Staff Secure
- Residential Treatment Center

Designated Placement