



# UC Portal

Search   



INTAKES | ADMISSION | CASE MGMT. | **DISCHARGE** | CAPACITY MGMT. | HEALTH | HS AND PRS | EVENTS | REPORTS | HOTLINE ALERTS | ADMINISTRATION

Home > UAC Discharge List > UAC Discharge Detail Info. > UAC Placement Confirmation

Welcome: Liane

### UC Basic Information



<b>First Name:</b>	Nam Test	<b>AKA:</b>	
<b>Last Name:</b>	UCP 1940	<b>Status:</b>	ADMITTED
<b>Date of Birth:</b>	7/4/2011 (Age 11)	<b>Admitted Date:</b>	12/9/2022
<b>A#:</b>	497878598	<b>Length of Stay:</b>	202 Days
<b>Country of Birth:</b>	Malaysia	<b>Current Program:</b>	A New Leaf – Dorothy Mitchell
<b>Gender:</b>	F	<b>Portal ID:</b>	692099

### Placement Confirmation

#### Request Details

Requested Program Type	<input type="text" value="Long Term Foster Care"/>	Requester Name	<input type="text" value="Liane Peng"/>
Requester Title	<input type="text"/>	Requester Phone	<input type="text"/>

#### Placement Details

Receiving Program*	<input type="text" value="Select a Program"/>	Receiving Program POC	<input type="text"/>
Date Placement Accepted*	<input type="text" value="mm/dd/yyyy"/>	Receiving Program POC Phone	<input type="text"/>

#### ORR Placement Confirmation Decision

ORR Decision Maker Name\*

Date of ORR Decision\*

ORR Decision Maker Comments\*

32000 characters left.

ORR Decision\*  Approve  Disapprove  On Hold (Provide Detail in Comments)

#### COA-COV

Change Type  Change of Address  Change of Venue

Scheduled Transfer Date

Child's Attorney Contacted  Yes  No

Next Scheduled Court Appearance

Provide reason if there is less than 48 hours notice to ICE:

2000 characters left.

Good cause exists to change venue in this matter pursuant to 8 C.F.R and 1003.20 (b) because:  ORR has decided to relocate the respondent to an area where space is available or appropriate services can be provided, since juvenile detention space is limited.  The child has a special need (e.g. pregnancy, medical health, etc.), please specify:   Other, please specify:

#### Departure/Arrival Information

Departure Date	<input type="text" value="mm/dd/yyyy"/>	Departure Time	<input type="text"/>
Transporting Staff Name	<input type="text"/>	Transporting Staff Title	<input type="text"/>
Transporting Staff Comments	<input type="text"/>		

2000 characters left.

Arrival Date	<input type="text" value="mm/dd/yyyy"/>	Arrival Time	<input type="text"/>
Receiving Staff Name	<input type="text"/>	Receiving Staff Title	<input type="text"/>
Receiving Staff Comments	<input type="text"/>		

2000 characters left.

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 placement into a specific care provider program once a transfer request is approved. Public reporting burden for this collection of information is estimated to average 0.17 hours per grantee case manager and 0.17 hours per contractor case coordinator (a total of 0.34 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 placement confirmation?

Please do not proceed unless this is related to a case you are actively working on.

Reason for Cancellation\*

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