UC Referral (Form P-7)

Data Entry Window

		Data Entry Wir	ndow						• P	ew Pending rocessed Pending
			Ν	lew Entry: L	JAC Referral			,	R • P • P	lacement Match Under eview lacement Designated lacement Requested
		Entry Information						/	• S	lacement Not Accepted upervisor Approval equested
• Yes		Entry ID			* Status			•	• S • S	upervisor Approved upervisor Override eferral Cancelled
No None Unknown		Profile Name	Search Profiles	Q	A#					
Parent criminal history	$\underline{\ }$	First Name			Special Consideration Case?					
 Parent criminal history and immigration history Parent criminal history, immigration history, and cartel/gang affiliation Parent cartel/gang affiliatio 		hast Name Middle Name								
immigration history • Parent cartel/gang affiliation		Parent/Legal Guardian	Separation							
 Referred for prosecution Communicable disease Health issue/hospitalization Parent fitness (other than for hospitalization)/child dange 	or	Separated from Parents/Legal * Guardian?		•	Parent/Legal Guardian Name					
concerns • Unverified familial relationship/fraud • Separated from other adult relative		Reason for Separation	None	•	Parent/Legal Guardian Location			11		
 Other – warrant Other Parent cartel/gang affiliation criminal history 	on and	MPP Information			Parent A Number					
• Yes • No		Current MPP		•	Current MPP Date			苗		
Pending Office of Field Operations (Cl	BP)	Apprehension and Refe	rral Information							
 Border Patrol (CBP) Immigration and Custom Enforcement ERO 	.,	* Referring Agency	None	•	Referral DateTime		Time			
 US Marshals Service Federal Bureau of Investigati 	ion				Date	苗	Time	0		
 Homeland Security (ICE) Department of Labor Bureau of Prisons None 		Referring Sector	None	•						
List of all referring sector locations.		Referring Sector Name			* POC Primary Email			1,		
 Arriving/Inadmissible EWI/Entered Material Witness Overstay Parole/Arriving UC 		Referring Sector Code			POC Secondary Email			11		
 Visitor/Student Without Inspection None 		* Manner of Entry	None	•						
		* Processing POC			Entry DateTime Date		Time			
		* POC Phone				苗		0		

List of all 50 U.S. states and the District of Columbia	Entry City / Location Code Entry StateNone Apprehension City / Location Code	~~	Apprehension DateTime Date Current Location DateTime Date	Time Time Time	
	Apprehension StateNone Current Location City / Location Code Referral Notes Apprehension / Journey Notes ①		Referral Cancellation Reason		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
	Placement Request Requires Placement Request Program/Facility	Entities Q	Program TypeNone Placement Requested DateTime Date	Time	• Other
	Placement Designation DateTime	Time	Available • No Capacity for Gender, No Capacity for Age, No mom/baby capacity • No isolation/quarantine space • Medical issues • Mental illness • Licensing issues • Internal policy • Aggressive to staff • Danger to self • Escape risk • Disruptive behavior • Risk of danger to UC or other UC in care • Sexual predatory behavior • Inappropriate sexual behavior • Weather event/Building compromised	Chosen	
	Placement Decision DateTime Date	Time	Transportation Not		

	Placement Notes 1 Override Stop Placement Reason					
	Special Placement Request					
	Requires Intakes Placement Checklist		FFS Supervisor 🕚	Search People		tional Foster Care ential Treatment
	Special Placement Requested DateTi	me	Special Placement Dec	ision DateTime	Secur	e
Transitional Foster Care Residential Treatment Center	Date	lime	Date	Time	Shelte Staff S	iecure
• Secure • Shelter		0		 		peutic Staff Secure peutic Group Home
Staff Secure Therapeutic Staff Secure Therapeutic Group Home	Final PlacementNone Determination	•	Recommended Placement Determination Notes/Reason for Override	None	•	
• Yes	Criminal Information					
• No						
	* Criminal Concerns? No	•				
• Yes	Behavioral Concerns? No	•	Behavioral Concerns			
• No • Unknown	•		Notes		h	
• Yes	* Gang Affiliation? No	•	Gang Name			
• No • Suspect					1	
	Gang Affiliation Determined By		Gang Affiliation Notes			
	Available Self-admission of UC Gang tattoos Criminal history Family/peers known members Other	Chosen			/	
• Yes	* Footguide? No	•	Footguide Notes			
No Unknown					4	
(
	Description Information					
Standard system fields	Subject					
that will not be completed	Description					
and will be						
removed in future					11	
development.	Web Information					
	Web Email		Web Company			
	Web Name		Web Phone			
l						

	Г							
		System Information						
Standard system fields that will not be completed and will be removed in future development.		Legacy Id		Туре				
		Entry Origin		Entry Reason				
		Priority						
	Assign using active assignment rule Cancel Save & New						Save	
		OMB 0970-0554 [valid thro	ough 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 a ORR to receive a referral from a Federal agency and place the UC in an ORR care provider facility. Public reporting burden for this collection of information is estimated to average 1.0 hour (plus an additional 0.5 hours for UAC who may require placement in a restrictive setting) per resp 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 require respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid control number. If you have any comments on this collection of information please contact <u>UCPolicy@acf.hhs.gov</u> .					n of response, is a juired to			
		P-7 [Rev. MM/DD/YYYY]						

UC Referral Page – Details Tab

Entry UAC Referral Profile Name UAC Status	, See Strand Stran	+ Follow Edit Delete Generate Placement Form
Frome warne OAC status		
New Pending Processed Placement Placement	lacement Supervisor Supervisor Closed	UAC Referral Flags Special Consideration Tender Age Related UAC
Details Intakes Placement Checklist Initial Health Ir	nformation	Related UACs (0)
Entry ID	Status _	
Profile Name	A#	
	Gender	
	Age at Referral	
Middle Name	Special Consideration () 🗸	
DOB	Past 72-hour Window	
СОВ		
✓ Parent/Legal Guardian Separation		12990232112990
Separated from Parents/Legal Guardian?	Parent/Legal Guardian Name	DIRD CSANDIRD CS
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	?##\$```````````````````````````````````
	/	
POC Phone	/	
	Entry DateTime	

Entry City / Location Code	1	
Entry State	1	
		Apprehension DateTime
Apprehension City / Location Code	1	
Apprehension State	1	Current Location DateTime
Current Location City / Location Code	1	
✓ Referral Notes		
Apprehension / Journey Notes	1	Referral Cancellation Reason
✓ Placement Request		
Requires Placement 🛛 🗌 🗌	1	Placement Match 🕕
Related UAC		Related UACs Placed Together
Program/Facility	dit .	Program Type
Placement Designation DateTime	1	Placement Requested DateTime
Placement Decision DateTime	/	Not Accepted Reason 🕕
Placement Notes 🚯	1	Transportation Notes
Override Stop Placement Reason	<i>I</i>	
✓ Special Placement Request		
Requires Intakes 🕕 🗸 Placement Checklist	1	FFS Supervisor 🚯
Special Placement Requested DateTime	1	Special Placement Decision DateTime
Final Placement Determination		Recommended Placement Determination
		Notes/Reason for O Override
✓ Criminal Information		
Criminal Concerns?	1	
Behavioral Concerns?	1	Behavioral Concerns Notes
Gang Affiliation?	1	Gang Name
Gang Affiliation Determined By	1	Gang Affiliation Notes
Footguide?	1.	Footguide Notes



J.

Subject	1	
Description	7)@(6))\\.\.\
Web Email	Web Company	
Web Name	Web Phone	Standard system fields
✓ System Information		that will not be completed
Created By	Last Modified By	and will be removed in future
Legacy Id	Туре	development.
Date/Time Opened	Entry Reason	
Date/Time Closed		
Entry Origin		
Priority		
Criminal Charges (1)	New C	DADS DAD
Criminal Charges Number Arrested For \checkmark Charged	✓ List of Charges ✓ Charged Date ✓	160) F.C. 206 (60) F.C
Detention Facilities (1) Detention Facilities Number Type	V Facility Name ✓	
Documents (3)	Refresh Add Documents	$ QQO _{X}$ $ QQO _{X}$
Title ↑ Original ∨ Record Ty ∨ Other Do v	✓ Description ✓ Date Rece ✓ Created By ✓ Created D ✓)#R!90) (# <i>25~9</i> #6)#R!90) (#2
1		
2	*	
(ii) Entry Team (1)	Add Member C	PROSTPRO
Team Member V Member Role	V Entry Access V	

Entry History	Entry History (6+)					
Date	Field	User	Original Value	New Value		
		View All				

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 receive a referral from a Federal agency and place the UC in an ORR care provider facility. Public reporting burden for this collection of information is estimated to average 1.0 hour (plus an additional 0.5 hours for UAC who may require placement in a restrictive setting) 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 <u>UCPOlicy@acf.hhs.gov</u>.

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

Criminal Charges Data Entry Window

		New Referral Related I	Record: Criminal C	harges
	Referral Related Record ID			
	* Referral	C Entry-00001024 X	Arrested Date	苗
• Yes • No • Pending	g		Arrested For	
	* Charged	None	Charged Date	
• Yes • No • NA			* List of Charges	
	Adjudicated	None	Outcome of Criminal Case	
			Summary of Events	
		Cancel Sa	ve & New Save	

Detention Facilities Data Entry Window

New Referral Related Record: Detention Facilities

Referral Related Record ID		*	Facility Name			Adult Detention Juvenile Detention Unknown
* Referral	Entry-00001024	× *	Туре	None		
Admission Date		🗰 Fa	acility POC			
					11	
Discharge Date		Ħ PC	OC Phone #			
Known Incident Reports	0	PC	OC Email			
		li				
	Ca	ancel Save & N	ew Save			

Documents Data Entry Window

	Add Fi		
	Record Type	*	See table below.
	* Title	Verified by Government Agency/Consulate	• Yes • No
See table below.	* Document Type None	Entry Search Entries Q	
	Date Document Issued (if applicable)	Individual Q	
	Date Received	Adult Contact Relationship Search Adult Contact Relationshi Q	
	Expiration Date		
	Description		
	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	All "Document Type" options available under other Record Types are available for this Record Type
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	and Post Legal Status Plan 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; Nosquito 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 Immigration Status or U.S. Citizenship	 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 US Passport; Valid Visa; Legal Permanent Resident Card; Notice to Appear; Other Federal Government Document
Proof of immigration status of 0.5. Citizenship	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

· · ·	Assistant Lead Case Manager Assistant Lead Clinician
Search for and add member	Attorney Case Coordinator
User	 Case Manager Clinician Contractor Field Specialist
Search People Q	Direct Care Worker Direct Operations Coordinator
Role	Federal Field Specialist
Select an Option	Federal Field Specialist Supervisor HS/PRS Primary Provider HS/PRS Subcontractors
Save Cancel	Lead Case Manager Lead Clinician Medical Coordinator
	Program Support Staff Read Only Supervisor Supervisory Case Coordinator

Intakes Placement Checklist Tab

Details Intakes Placement Che	<u>ckl</u> Initial Health Informat	ion						
Intakes Placement Checklist								
Section B: Staff Secure Criteria 1: Escape Risk UAC requires close supervision, but does not r	equire placement in a secure provider fa	acility.						
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.								
* UAC has immigration history that includes: 1) a f DHS or the immigration court 4) previous repatriat		nd 3) failure to appear before	• Yes • No					
2. Conduct UC has been unacceptably disruptive in ORR cust applicable, previous SIRs or other internal ORR do			ody that requires a staff secure setting. If					
* UAC was previously in ORR care and ORR records violent or malicious act while in ORR custody.	s indicate the UAC committed, or made cre	dible threats, to commit a	• Yes					
 UC has disclosed a particular for a first of the last 		· · · · · · · · · · · · · · · · · · ·	• No					
* UC has displayed a pattern of severity of behavi requires an increase in supervision by trained stat		r while in ORR care, that						
		▼	• Yes • No					
* The UAC has been charged with or convicted of a proceedings or other criminal proceedings. * The referral indicates that the UAC has committe means that there is probable cause (based on a la	ed a crime or delinquent act that they are cl	▼	• Yes • No					
offense.	wennotement onter sjudgement) that th		• Yes • No					
* UAC has been convicted or is chargeable with a r	non-violent criminal offense.	•	• Yes • No					
* Is there a pattern and practice of criminal activity	λ ₅	•	• Yes • No					
* If there were multiple accounts, did they stem fre	om different incidents in time?		• Yes • No					
* Select specific offense(s) Available Options	Selected Options							
Soliciting a Prostitute	Burglary	•						
Pandering	Threats to Harm							
Theft (Including petty theft)	Destruction of Property	•						
Shoplifting	Drug Smuggling							
Fraud								
Moving Violation								
Drug Possession								
Status Offense								
Other 👻								

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 w threats of violence against a victim.	rith, atter	mpted, or conspired to commit a violent c	riminal offense or has made			_
				-	• Yes • No	
* Is there a pattern and practice of crimina	lactivity	2				
	indetivity	1		-	• Yes • No	
* If there were multiple accounts, did they	stem fro	om different incidents in time?			• Yes	
					• No	
* Indicate Specific Offenses: Available Options		Selected Options				
Kidnapping		Assault/Battery	A			
Sexual Assault/Rape		Possession Deadly Weapon				
Robbery	•	Trafficking in persons	•			
Crimes Involving Minor		Homicide				
Threats to Harm						
Arson						
Manslaughter						
Other						
do harm and is not an isolated offense * UAC was previously in ORR care and ORI violent or malicious act while in ORR custo 3: Sexual Predation Any positive indication or history of sex a therapeutic or secure facility. Sexual p behavior with the goal of committing a enforcement or court records, ORR cus predatory in nature. * Referral indicates the referring agency he engaged in inappropriate sexual behavior.	in this c R records dy. ual prec predator sexually todial d	ty or use of physical force against a per ontext. Indicate the UAC committed, or made cre datory behavior or engaging in inapprog y behavior refers to a UAC with 1) a his y based crime, and 2) that is based on a ocuments, such as SIRs, and/or self-dis ce that the UAC has a history of or display: indicate the UAC has sexual predatory be	edible threats to commit, a priate sexual behavior meets tory of sexual assault or sexu a mental disorder or impulse sclosures related to the UAC s sexual predatory behavior or	the m ial hara	• Yes • No inimum requirement assment, 2) that is par may consider case his	for placement into t of a pattern of tory (e.g., law
Complete Once you click "Finish", your Intakes Pla	icement	Checklist will have been completed. Cl	ick "Generate Placement For	m" on	your Referral to genera	ate a PDF version. Finish
MB 0970-0554 [valid through MM/DD	/YYYY]					
HE PAPERWORK REDUCTION ACT OF 1 referral from a Federal agency and pla verage 1.0 hour (plus an additional 0.5 istructions, gathering and maintaining ecurity Act, 6 U.S.C. 279). An agency m equirements of the Paperwork Reducti iformation please contact <u>UCPolicy@a</u>	995 (Pub ce the L hours fo the data ay not c on Act o	IC in an ORR care provider facility. Pub or UAC who may require placement in needed, and reviewing the collection onduct or sponsor, and a person is not f 1995, unless it displays a currently va	lic reporting burden for this a restrictive setting) per res of information. This is a ma required to respond to, a co	collect oonse, ndator ollectic	tion of information is e including the time for y collection of informa on of information subj	estimated to reviewing ation (Homeland ect to the

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

UC Referral – Initial Health Information Tab

		Details Intakes Placement Checklist Initial Health Information		
	J	▲ Details		
		Referral Related Record ID RRR-00000018		Referral Entry-00001151
• Yes • No	٦.	Medical Health Concerns?		Type of Medical Concern?
	1	None		Available Chosen
				Injury Pregnant
				Contagious Condition
				Physical/Cognitive Impairment
				Contagious Condition
				Physical/Cognitive Impairment
				Illness
				Other
		Injury Details		Pregnancy Details
				• Yes
		Contagious Condition Details 👔	_//	No Unknown
				None 💌
			h	
		Physical/Cognitive Impairment Details		Other Illness/Disease Details
• Yes • No • NA		Assessed at Hospital?	_/i	Medical Diagnosis Details
• 104		None	·	
• Yes • No				
• Unknown		Follow Up Medical Care Needed?	,	Follow Up Medical Care Details 👔
• Yes		ivune		
No Unknown	-	*Exposure to Infectious Disease? 👔		Infectious Disease Details
		None	•	
• Yes				
• No		*Mental Health Concerns?None		Mental Health Details
• Yes • No				
• Unknown		Assessed at Hospital/Behavioral Center?		Mental Health Diagnosis Details 🔹 🕐
• Yes • No • Unknown	~	Follow Up Mental Health Care Needed?		Follow Up Mental Health Care Details
- Unknown		-None		
• Yes • No		* Dental Health Concerne?		Dantal Lisalth Dataile
Unknown		Dental Health Concerns? None		Dental Health Details

• Yes • No • Unknown]\	Assessed for Dental ConditionNone	•	Dental Diagnosis Details
• Yes • No • Unknown]、	Follow Up Dental Care Needed?	•	Follow Up Dental Care Details
		Known TB Tests and Health Condition		
• Yes • No • Unknown		* Prescribed Medication? None	•	Medication Details
	l		Cancel	Save
	T F h tl	ederal agency and place the UAC in an ORR care provider facility. Public reportir ours for UC who may require placement in a restrictive setting) per response, in he collection of information. This is a mandatory collection of information (Hom	ng burden fo cluding the eland Secur erwork Red	I: The purpose of this information collection is to allow ORR to receive a referral from a or this collection of information is estimated to average 1.0 hour (plus an additional 0.5 time for reviewing instructions, gathering and maintaining the data needed, and reviewing ity Act, 6 U.S.C. 279). An agency may not conduct or sponsor, and a person is not required uction Act of 1995, unless it displays a currently valid OMB control number. If you have any

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

Intakes Placement Checklist – System-Generated PDF

	OMB 0970-0554 [valid through MM/DD/20YY] Administration for Children & Families Office of Refugee Resettlement								
	Intakes Placer	ment Checklis	t						
	Section A: UC Information								
UC Name [last, first] A# [no spaces] Date of Birth Was the UC previous	Age Sly in ORR custody? Yes No	Date of Referral Gender Country of Origin]					
1. Escape Risk	Section B: Staf ervision, but does not require placement in a se	f Secure Criteria							
	s that the UC has attempted to escape from c	4	tody.	⊖Yes ⊖No					
b. UC was previous	ily in ORR custody and an SIR(s) for attemptin	g to escape or making plans	to escape.	OYes ONO					
Final orPrior brFailure	tion history that includes: der of removal; each of bond; to appear before DHS or immigration court; a s repatriation to home country.	nd/or		Yes No					
requires a staff secure	table disruptive in ORR custody or has displayed setting. If applicable, previous SIRs or other inte sly in ORR care and ORR records indicate the U	ernal ORR documents must be	submitted in support						
b UC has displaye	nt or malicious act while in ORR custody. d a pattern of severity of behavior, either pric increase in supervision by trained staff.	or to entering ORR custody or	while in ORR care,	Yes No					
initial placement into a re average 0.## hours per re information. This is a man respond to, a collection o	TON ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLI strictive setting is in the best interest of the unaccompar sponse, including the time for reviewing instructions, gal datory collection of information (6 U.S.C. 279 and 8 U.S.C information subject to the requirements of the Paperwo s on this collection of information please contact UCPolic	nied child. Public reporting burden f thering and maintaining the data ne 2. 1232). An agency may not conduc ork Reduction Act of 1995, unless it	or this collection of inform eeded, and reviewing the o t or sponsor, and a person	ation is estimated to collection of is not required to					

P-7 | Version # Revised MM/DD/20YY

Intakes Placement Checklist Office of Refugee Resettlement

Cri	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.						
a.	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.						
b.	b. The referral indicates that the UC has committed a crime or delinquent act that they are chargeable for. Ores ONO Chargeable means that there is probable cause (based on a law enforcement officer's judgement) that the UC committed the specified offense.						
с.	UC has been convicted or is chargeable with a non-violent criminal offense. If yes,	🔵 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):						
	Burglary/breaking and entering						
	Destruction of property/vandalism Theft (including petty theft)						
	Drug Smuggling Shoplifting						
	Possession of drugs with intent to distribute Moving violation (DUI/DWI, speeding, running a stop sign						
	Fraud (identity theft, possession or use of fraudulent documents, grifting, forgery)Status offense (a crime only a minor could commit, such as possession of alcohol by a minor, curfew violation, truancy						
	Threats or behavior intended to physically Other, specify:						

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	. C	ri	m	in	al	H	ist	ory

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.

a.	UC has been convicted, is chargeable with, attempted, or conspired to commit a violent criminal offense or	🔵 Yes 🔵 No
	has made threats of violence against a victim.	

P-7 | Version # Revised MM/DD/20YY Page 2 of 4

Intakes Placement Checklist Office of Refugee Resettlement

If there		ice of criminal activity?		Yes No
	were multiple accou	unts, did they stem from	different incidents in time?	🔵 Yes 🔵 No
Select s	pecific offense(s):			
	Assault/battery		Arson	
	Kidnapping		Robbery	
	Sexual assault/rape		Manslaughter	
	Threats of behavior harm, harass or intir individual (bullying government custod	, threats while in	Crimes involving a minor victim (child molestation, child abuse, possession or distribution of child pornography, statutory rape)	
	Homicide/vehicular	homicide	Other, specify:	
	Possession of a dea (including use of a v	dly weapon /ehicle as a weapon		
	Trafficking in perso	าร		
		and OKK records indicate act while in ORR custody	e the UC committed, or made credible threats to /.	Yes No
requirement for	lication or history of placement into a the ment, 2) that is part	erapeutic or secure facility. of a pattern of behavior w	r or engaging in inappropriate sexual behavior meets th . Sexual predatory behavior refers to a UC with 1) a histo rith the goal of committing a sexually based crime, and g., law enforcement or court records, ORR custodial docu	ory of sexual assau
mental disorder and/or self-discl a. Referral inc	<i>losures related to the</i> licates that the refe	UC's history to determine	whether their conduct is predatory in nature. e that the UC has a history of or displays sexual	iments, such as SIF
mental disorder and/or self-discl a. Referral inc predatory l	losures related to the dicates that the refe pehavior or engage	UC's history to determine rring agency has evidenc d in inappropriate sexual	e that the UC has a history of or displays sexual behavior.	iments, such as SIF
mental disorder and/or self-discl a. Referral inc predatory b b. UC was pre	losures related to the dicates that the refe pehavior or engage	UC's history to determine rring agency has evidenc d in inappropriate sexual and ORR records indicate	e that the UC has a history of or displays sexual	iments, such as SIF
nental disorder and/or self-discl a. Referral inc predatory b p. UC was pre	losures related to the dicates that the refe pehavior or engage eviously in ORR care	UC's history to determine rring agency has evidenc d in inappropriate sexual and ORR records indicate	e that the UC has a history of or displays sexual I behavior. e the UC has sexual predatory behavior or engaged in	Iments, such as SIF
mental disorder and/or self-discl a. Referral inc predatory l p. UC was pre inappropria	losures related to the dicates that the refe pehavior or engage eviously in ORR care ate sexual behavior	UC's history to determine rring agency has evidenc d in inappropriate sexual and ORR records indicate	e that the UC has a history of or displays sexual behavior.	Iments, such as SIF
mental disorder and/or self-discl a. Referral inc predatory b b. UC was pre inappropria	dicates related to the dicates that the refe pehavior or engage eviously in ORR care ate sexual behavior	UC's history to determine rring agency has evidenc d in inappropriate sexual and ORR records indicate Section D: Pla	e that the UC has a history of or displays sexual I behavior. e the UC has sexual predatory behavior or engaged in acement Determination	Iments, such as SIF
mental disorder and/or self-discl a. Referral inc predatory l b. UC was pre inappropris ECOMMENDEI Shelter	dicates related to the dicates that the refe oehavior or engage eviously in ORR care ate sexual behavior DPLACEMENT Therapeutic	UC's history to determine rring agency has evidenc d in inappropriate sexual and ORR records indicate Section D: Pla	te that the UC has a history of or displays sexual I behavior. e the UC has sexual predatory behavior or engaged in accement Determination	iments, such as SIR
mental disorder and/or self-discl a. Referral inc predatory l b. UC was pre inappropris ECOMMENDEI Shelter	dicates related to the dicates that the refe pehavior or engage eviously in ORR care ate sexual behavior	UC's history to determine rring agency has evidenc d in inappropriate sexual and ORR records indicate Section D: Pla	te that the UC has a history of or displays sexual I behavior. e the UC has sexual predatory behavior or engaged in accement Determination	iments, such as SIR
mental disorder and/or self-discl a. Referral inc predatory l b. UC was pre	dicates related to the dicates that the refe oehavior or engage eviously in ORR care ate sexual behavior DPLACEMENT Therapeutic	UC's history to determine rring agency has evidenc d in inappropriate sexual and ORR records indicate Section D: Pla	te that the UC has a history of or displays sexual I behavior. e the UC has sexual predatory behavior or engaged in accement Determination	iments, such as SIR

			Intakes Placement Checklist Office of Refugee Resettlement
Intakes Staff N	lame		Date
FFS Decision		▼ FFS Name	Date
Reason for Ov	verride (if applicable)		
 Shelter Secure 	Therapeutic Staff Secure	Transitional Foster Care Residential Treatment Center	ſ
Designated Pla	acement		
P-7 Version # Revised MM/D	D/20YY		Page 4 of 4