

# Historical Disclosure (Form A-9E)

## UC Basic Information



First Name: \_\_\_\_\_ Status: \_\_\_\_\_  
Last Name: \_\_\_\_\_ AKA: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_  
A No.: \_\_\_\_\_ LOS: \_\_\_\_\_  
Age: \_\_\_\_\_ LOC: \_\_\_\_\_  
Child's Country of Birth: \_\_\_\_\_ Current Program: \_\_\_\_\_  
Admitted Date: \_\_\_\_\_ Current Location: \_\_\_\_\_  
ORR Placement Date: \_\_\_\_\_

## Event Information

Select Different Event

Event Information section auto-populated from information entered in Child-Level Event (Form A-9A)

Location of Event:

Approximate Date of Event:

Event ID:

Date Reported to Care Provider:

Time Reported to Care Provider:

Short Synopsis:

## Child-Level Event

Emergency SIR  Non-Emergency SIR  Behavioral Note  Historical Disclosure

### Historical Disclosure

[See UC Policy Guide Section 5 for related policies](#)

Abuse/Neglect in DHS Custody  Family separation by DHS  Previous enrollment in DHS Migrant Protection Protocols program  
 Abuse/neglect by CBP or ICE  Restraints or isolation in CBP or ICE custody

Past Abuse/Neglect Not in ORR Care or DHS Custody Alleged perpetrator:

- Parent/Guardian/Caregiver
- Military Personnel
- Police/Government Official
- Foot Guide/Coyote
- Other Adult
- Other Child

Physical abuse  Forced marriage with adult still in home country  
 Verbal or emotional abuse  Forced marriage with adult in United States

- Neglect/abandonment
- Sexual abuse
- Sexual harassment
- Labor trafficking concerns
- Sex trafficking concerns
- Smuggling

- Domestic violence
- Adolescent/teen dating violence
- Inappropriate health intervention
- Past mental health concerns
- Witnessing traumatic events
- Other harmful or traumatic events

**Self-Disclosed Juvenile Delinquency**

- Self-Disclosure of past juvenile delinquency charges
- Self-Disclosure of past juvenile delinquency convictions
- Self-Disclosure of past harm to others that lacks a charge or conviction

**Incident Information:**

**Full Description of Incident \***

**Was the UC or Anyone Else Injured?: \***

Yes  No

**Specify:**

**Actions Taken**

**Staff Response and Intervention \***

**Follow-up and/or Resolution:**

**Recommendations:**

Reporting:

Was it reported to State Licensing? \*

Yes  No

Date of Report:

Time of Report:

Was the Incident Investigated?

Yes  No

Date Notified the Incident

Case/Confirmation Number:

will be investigated:

Explain

Results/Findings of Investigation:

Attach Reports/Findings:

Select File

>| Upload

>| Reset

Other fields in this subsection only appear if "yes" is selected for Was it reported to State Licensing?

Was it reported to CPS? \*

Yes  No

Date of Report:

Time of Report:

Was the Incident Investigated?

Yes  No

Date Notified the Incident

Case/Confirmation Number:

will be investigated:

Explain

Results/Findings of Investigation:

Attach Reports/Findings:

Select File

>| Upload

>| Reset

Other fields in this subsection only appear if "yes" is selected for Was it reported to CPS?

[Empty text area]



**Was it reported to Local Law Enforcement? \***

Yes  No

Date of Report:

Time of Report:

Officer Name:

Officer Badge:

**Was the Incident Investigated?**

Yes  No

Date Notified the Incident

Case/Confirmation Number:

will be investigated:

**Explain**

**Results/Findings of Investigation:**

**Attach Reports/Findings:**

Select File

>| Upload

>| Reset

[Empty text area]

Other fields in this subsection only appear if "yes" is selected for Was it reported to Local Law Enforcement?

Was it reported to DOJ/FBI? \*

Yes  No

Date of Report:

Time of Report:

Notes

Was it reported to OIG? \*

Yes  No

Date of Report:

Time of Report:

Notes

Was it reported to DHS? \*

Yes  No

Date of Report:

Time of Report:

Notes

Was it reported to Office on Trafficking in Persons (Shepherd)? \*

Yes  No

Date of OTIP Submission:

Outcome of OTIP Submission:

Notes

Date of Report, Time of Report, and Explain fields in these subsections only appear if "yes" is selected for Was it reported to...?

ORR Notifications: \*

>| Add New Row

Name	Agency/Title	Date Notified	Time Notified	Email	Telephone Number
	ORR/FFS				
	ORR/PO				
	Medical Coordinator				
	Case Coordinator				

Reporter and Follow-Up Contact:\*

> | Add New Row

Type	Name	Title	Email	Telephone Number
Staff Filing Report	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Contact for Follow-Up	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

> | Save

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to allow ORR care provider programs to inform ORR of situations that affect the safety and well-being of a child that occurred before the child entered ORR custody. Public reporting burden for this collection of information is estimated to average 1.5 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. The OMB control number is 0970-0547 and the expiration date is 05/31/2023. If you have any comments on this collection of information please contact [UCPolicy@acf.hhs.gov](mailto:UCPolicy@acf.hhs.gov).