



# UC Portal

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Welcome: Liane

### UC Basic Information



<b>First Name:</b>	Kaminska	<b>AKA:</b>	
<b>Last Name:</b>	Fake	<b>Status:</b>	ADMITTED
<b>Date of Birth:</b>	3/31/2005 (Age 18)	<b>Admitted Date:</b>	6/28/2023
<b>A#:</b>	732895423	<b>Length of Stay:</b>	1 Days
<b>Country of Birth:</b>	Egypt	<b>Current Program:</b>	A New Leaf – Dorothy Mitchell
<b>Gender:</b>	F	<b>Portal ID:</b>	696178

### Transfer Request

#### Request Details

<b>Requested Program Type*</b>	<input type="text"/>	<b>Requester Name*</b>	<input type="text"/>
<b>Requester Title</b>	<input type="text"/>	<b>Requester Phone</b>	<input type="text"/>

#### Reason for Transfer Request

**Transfer Type\***

**To Any Program**

- To Provide Less Restrictive Setting
- To Provide More Restrictive Setting
- Minor's Medical Health
- Minor's Mental Health
- Violent/Threatening Behavior
- Disruptive Behavior
- Minor's Safety
- Runaway Risk

**To Restrictive Placements**

- Convicted as Adult
- Adjudicated Delinquent
- Criminal Charges
- Chargeable

**Between Programs**

- Program Capacity
- Proximity to UC Relative
- Proximity to Potential Sponsor
- ICF Ineligible
- Physical Placement in Program

Please select at least one reason for transfer.

#### Legal Information

**Minor Has Attorney of Record?\***  Yes  No

**Attorney of Record**

**Attorney Phone**

#### Casefile Summaries

**Information Relating to Minor's Casefile**

- Pregnancy
- Injury
- Illness
  - Non-Diagnosed Behavior / Illness with no Medications
  - Non-Diagnosed Behavior / Illness with Medications
  - Diagnosed Behavior / Illness with no Medications

- Diagnosed Behavior / Illness with Medications
- Non-Violent Conviction
- Non-Violent Charge
- Charge(s) Dropped

Please select a description of the Illness

Minor's Medical Health Summary\*

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Minor's Mental Health Summary\*

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Behavior Summary\*  
(Runaway Risk, Aggressive/  
Assaultive and Sexually  
Inappropriate Behaviors)

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Current Status of Family  
Reunification\*

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Immigration Court Status\*

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**Case Manager Recommendation**

Case Manager Name\*

Date of Case Manager Comments\*

Case Manager Comments\*

32000 characters left.

Case Manager Suggests Transfer?\*  Yes  No

**Case Coordinator Third Party Review**

Case Coordinator Name\*

Date of Case Coordinator Review\*

Case Coordinator Comments\*

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Concur with Requesting Party?\*  Yes  No

**ORR Transfer Request Decision**

ORR Decision Maker Name\*

Date of ORR Decision\*

ORR Decision Maker Comments\*

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ORR Decision\*

- Approve
- Disapprove
- On Hold (Provide Detail in Comments)

[Submit Request](#) [Save Draft](#) [Cancel Referral](#)

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 transfer of a child within the ORR care provider network. Public reporting burden for this collection of information is estimated to average 0.25 hours per grantee case manager and 0.17 hours per contractor case coordinator (a total of 0.42 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 transfer request?

If there is an active placement confirmation, it will also be cancelled.

Reason for Cancellation\*

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