



UC Basic Information

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

Placement Confirmation

Request Details

Requested Program Type Requester Name Requester Title Requester Phone

Placement Details

Receiving Program* Receiving Program POC Date Placement Accepted* Receiving Program POC Phone

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

Scheduled Transfer Date Child's Attorney Contacted Yes NoNext Scheduled Court Appearance Provide reason if there is less than 48 hours notice to ICE:

Departure/Arrival Information

Departure Date Departure Time Transporting Staff Name Transporting Staff Title Transporting Staff Comments

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