OMB Control No: 0970-0466 Expiration date: 10/31/2026

					ssessme							
				-	d Alien C							
			Office o		ee Reset		t (ORR)					
				Gene	ral Informa	ation						
	Last name	e:				First name	2:					
			. "									
Child	DOB:		A#:		Sex:		Date evaluated:		Time evaluated:			
				Who provided appropriate language   • HCP flue			nt in child's • Trained • Not			Not		
				services for child during evaluation? primary				language interpreter provided				dec
	Name:			Phone number:				Clinic or Practice:				
Dental												
Provider	Street ad	dress:		City/Town:				State:				
	Program	name:	<del></del>									
Program						• Progr	am Staff Memb	er Present Dur	ing Exam wit	n Denta	l Provi	der
Reason for	Initial C	ental Exam (IDE)			• Acut	e dental ca	are		• Ora	l prophy	/laxis	
visit:	• Follow-	up for acute/chronic	condition			urgical cle	arance					
				History	y and Asses	sment						
Allergies:	• No	<ul> <li>Yes, specify belo</li> <li>Food</li> </ul>	W:		Modi	cation			Environme	ntal		
Allergen		roou			Medi	Cation			Elivirolille	ılaı		
Reaction												
Dental & Me	edical Histor	ry (including dates &	locations of care):	•			·					
Surgeries:												
Hospitalizati												
	lerlying con	ditions:										
Family:		- N V										
Currently pro		No • Yes Past:										
frequency &		Current:										
		Child or Caregiver:	• No • Yes,	specify:								
					gnosis and P							
		mplaints, symptoms,										
	tooth/ teeth	,	is/Gum disease	1	acted tooth	/teeth	€ Infection/	Abscess	€ Missin	g tooth,	/teeth	
	ecay/Caries				er, specify:							
		oly and specify where althcare services rece				ce notes a	nd lab/imaging	results to prog	gram staff.			
		ered/prescribed:	ived and treatmen	it recommi	iciluations							
Medication		Reason	Date starte	d Evn	ected end d	ata [	Doso	Direction	_	Deveb	otropi	_
Medication	ITIAITIE	Reason	Date starte	и Ехре	ecteu enu u	ale L	Dose	Directions	•	PSyCII	otropi	١
										• No	• Ye	es
										• No	• Ye	es
										• No	• Ye	es
• Claire		haana waa da da d		a.a	- duality - 11	ODD		-/	6uaur 10			
		hcare needs that req s (e.g., soft foods, liqu							frame and fr	equenc	:y:	
• Other:		s (e.g., sort roods, iiqt	uius)									
		n ADA disability:										
• Child is cle		- '										
		erns that require follo		-		rame by w	hen services sho	ould occur:				
	i to ciinic: list evaluatio	n.										
эрссіа	varuati	~···										

OMB Control No: 0970-0466 Expiration date: 10/31/2026

<ul> <li>Surgery/Procedure needed/performed:</li></ul>						
Child cleared to travel:	<ul> <li>Yes, with no restrictions</li> <li>Yes, with restrictions (e.g., ground travel, travel safety plan):</li> </ul>					
Recommendatio	No, reason:					
<b>Dental Provider</b>	Signature:	Date:	_/	_/		
Dental Provider	Printed Name:					

The purpose of this information collection is to provide ORR with critical health information for unaccompanied children in the care of ORR. Public reporting burden for this collection of information is estimated to average 7 minutes per healthcare provider, 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 (6 U.S.C. §279: Exhibit 1, part A.2 of the Flores Settlement Agreement (Jenny Lisette Flores, et al., v. Janet Reno, Attorney General of the United States, et al., Case No. CV 85-4544-RJK [C.D. Cal. 1996]). 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 # is 0970-0466 and the expiration date is 10/31/2026. If you have any comments on this collection of information, please contact <a href="mailto:UACPolicy@acf.hhs.gov">UACPolicy@acf.hhs.gov</a>.

OMB Control No: 0970-0466 Expiration date: 10/31/2026