

# Foster Care Travel Request (Form S-14)

UAC Portal Version

OMB# 0970-0553

## UAC Basic Information

 <i>Photo of Child</i>	<b>First Name:</b>	<input type="text" value="(auto populate)"/>	<b>AKA:</b>	<input type="text" value="(auto populate)"/>
	<b>Last Name:</b>	<input type="text" value="(auto populate)"/>	<b>Status:</b>	<input type="text" value="(System Generated)"/>
	<b>Date of Birth:</b>	<input type="text" value="(auto populate)"/>	<b>Admitted Date:</b>	<input type="text" value="(System Generated)"/>
	<b>A#:</b>	<input type="text" value="(auto populate)"/>	<b>Length of Stay:</b>	<input type="text" value="(System Generated)"/>
	<b>Country of Birth:</b>	<input type="text" value="(auto populate)"/>	<b>Current Program:</b>	<input type="text" value="(auto populate)"/>
	<b>Sex:</b>	<input type="text" value="(auto populate)"/>	<b>Portal ID:</b>	<input type="text" value="(auto populate)"/>
	<b>Physical Location of the Child:</b>	<input #"="" type="text" value="(Auto populate - &lt;a href="/> Source UAC Portal Discharge Tab)"/>		

## Foster Care Travel Request

### Requester Information

	<input type="text" value="(auto populate)"/>	
<b>Date of Travel Request:</b>	<input type="text" value=" &lt;Pop-Up Calendar&gt; MM/DD/YYYY"/>	<i>Help Text: (Travel Request form must be submitted to DUACFO at least 5 business days prior to travel start date)</i>

### Name and Contact Information of Individual Completing Travel Requests:

<b>Name:</b>	<input type="text" value="Open Text"/>	<b>Telephone</b>	<input type="text" value="Open Text"/>
<b>Email:</b>	<input type="text" value="Open Text"/>		

### Travel Overview

<b>Travel Begin Date:</b>	<input type="text" value=" &lt;Pop-Up Calendar&gt; MM/DD/YYYY"/>	<b>Travel End Date:</b>	<input type="text" value=" &lt;Pop-Up Calendar&gt; MM/DD/YYYY"/>
<b>Name of Individual Adult with whom child will be traveling</b>	<input type="text" value="Open Text"/>	<b>Relationship to child:</b>	<input type="text" value="Open Text"/>
<b>Contact # while on travel:</b>	<input type="text" value="Open Text"/>	<b>Address where child will be staying while on travel</b>	<input type="text" value="Open Text"/>

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) Statement OF PUBLIC BURDEN: The purpose of this information collection is to allow foster care providers to request ORR approval for unaccompanied alien children to travel with their foster family outside of the local community. Public reporting burden for this collection of information is estimated to average 0.25 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, and Trafficking Victims Protection Reauthorization Act. 8 U.S.C.1232). 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 [UACPolicy@acf.hhs.gov](mailto:UACPolicy@acf.hhs.gov).

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## Mode of Transportation

Mode of transportation:

<Dropdown Menu> - Select a Transportation Mode - *Bus; Flight; Personal; Vehicle; Train*

Include airline, flight #'s, bus company, train info as applicable:

Open Text

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## Health Safety Travel Plan

Does the child have any travel-related health concerns or conditions that may impact travel?

Yes

No

If Yes, please explain:

Open Text

Please list all medications the child will need during travel, as well as their dosing frequency:

Open Text

Describe any additional safety precautions or protocols that should be followed in the event of a health emergency during travel:

Open Text

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## Approval Determination

Travel Request Approved by ORR:

Yes

No

If No, please explain:

Open Text

## General Comments

Open Text
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Date	System Generated: MM/DD/YYYY	Signature of ORR Official	(Open Text)
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## Location of Child Appendix

Located on the UAC Portal Discharge Tab

UC Basic Information					
 Photo of Child	<b>First Name:</b>	(Auto Populate)	<b>AKA:</b>	(Auto Populate)	
	<b>Last Name:</b>	(Auto Populate)	<b>Status:</b>	(Auto Populate)	
	<b>Date of Birth:</b>	(Auto Populate)	<b>Admitted Date:</b>	(Auto Populate)	
	<b>A#:</b>	(Auto Populate)	<b>Length of Stay:</b>	System Generated	
	<b>Country of Birth:</b>	(Auto Populate)	<b>Current Program:</b>	(Auto Populate)	
	<b>Sex:</b>	(Auto Populate)	<b>Portal ID:</b>	(Auto Populate)	
<b>Physical Location of the Child:</b>			(Auto populate - <a href="#">Source UAC Portal Discharge Tab</a> )		
>  Go to Health		>  Go to Child-Level Event		>  Go to Intakes	
>  Go to Admission			>  Go to Case Mgt.		

Assessments				
{+/-}	<b>Current Location of the Child</b>			
	<b>Location Type</b>	<b>Name</b>	<b>Address</b>	<b>Last Updated</b>
	<Dropdown Menu> (-Select One- Post Release Address Update; Program; Reported Missing Post Release)	AUTOPOPULATE WHEN LOCATION TYPE = "PROGRAM"	AUTOPOPULATE WHEN LOCATION TYPE = "PROGRAM"	AUTOPOPULATE
{+/-}	<b>Location History</b> (AUTOPOPULATE WITH EACH NEW CURRENT LOCATION OF THE CHILD ENTRY)			>   <b>Print</b>
	<b>Location Type</b>	<b>Name</b>	<b>Address</b>	<b>Last Updated</b>
	AUTOPOPULATE	AUTOPOPULATE	AUTOPOPULATE	AUTOPOPULATE
{+/-}	<b>Transfer Request</b>			>   <b>Add New</b>
{+/-}	<b>Release Request</b>			>   <b>Add New</b>
{+/-}	<b>Discharge Notification</b>			>   <b>Add New</b>
	<b>Program Exit</b>			>   <b>Add New</b>
{+/-}	<b>Trigger Reports</b>			

### CONDITIONAL LOGIC: Additional Fields - Post Release Address Update

Update Current Location of Child					
Location Type:	<Dropdown Menu> (SELECTED: Post Release Address Update)	Living with Sponsor?	<b>C Yes C No<sup>1</sup></b>		
			(CONDITIONAL LOGIC IF "NO")		
			Living with a caregiver?	<b>C Yes<sup>2</sup> C No</b>	
				(CONDITIONAL LOGIC IF "YES")	
				<b>Primary Caregiver Type:</b>	<Dropdown Menu> (-Select Type- Assigned Alternate Caregiver <sup>3</sup> /AUTOPOPULATE NAME/; Other Family Member; Family Friend; UAC's Domestic Partner; Sponsor's Domestic Partner; Unknown; Other <sup>4</sup> ) (Open Text for "Other")
<b>Primary Caregiver Name:</b>	(Open Text)	(Open Text)			
		<b>Address</b>	<b>C Yes<sup>5</sup> C No</b>		

<sup>1</sup> Conditional Logic: Living with Sponsor "No" triggers additional fields

<sup>2</sup> Conditional Logic: Living with a Primary Caregiver "Yes" triggers additional fields

<sup>3</sup> Conditional Logic: Primary Caregiver Type "Assigned Alternate Caregiver" will auto populate Primary Caregiver Name and Address Fields; address fields are editable if updates required.

<sup>4</sup> Conditional Logic: Primary Caregiver Type "Other" triggers additional field

			<b>Known?</b>	(CONDITIONAL LOGIC IF "YES")		
				<b>Search for an Address:</b>	<Search Field> (Open Text)	
				<b>Current Address Line 1:</b>	(Open Text)	
				<b>Current Address Line 2:</b>	(Open Text)	
				<b>City:</b>	(Open Text)	
				<b>State:</b>	<Dropdown Menu> (-Select One- <a href="#">See Reference Table 1</a> )	
				<b>Zip Code:</b>	(Open Text)	
				<b>Country:</b>	<Dropdown Menu> (-Select One- <a href="#">See Reference Table 2</a> )	
			<b>Notes:</b>	(Open Text)		

<sup>5</sup> Conditional Logic: Address Known "Yes" will trigger additional fields.