

UAC Basic Information



First Name:	<i>Auto-populated</i>	AKA:	<i>Auto-populated</i>
Last Name:	<i>Auto-populated</i>	Status:	<i>System-generated</i>
Date of Birth:	<i>Auto-populated</i>	Admitted Date:	<i>System-generated</i>
A#:	<i>Auto-populated</i>	Length of Stay:	<i>System-generated</i>
Country of Birth:	<i>Auto-populated</i>	Current Program:	<i>Auto-populated</i>
Sex:	<i>Auto-populated (options for male and female only)</i>	Portal ID:	<i>System-generated</i>
		Physical Location of Child:	<i>Auto-populated from UAC Portal Discharge Tab</i>

Child-Level Event Information

Location of Event	<div>--Select--</div> <div> <i>Current Care Provider Facility</i> <i>Previous Care Provider Facility</i> <i>Community</i> <i>Out-of-Network Placement</i> <i>DHS Custody</i> <i>Country of Origin</i> <i>Journey to U.S.</i> <i>U.S. Interior (before entering DHS or ORR custody)</i> </div>	Event ID:
Specify Program	<div>--Select--</div> <div><i>List of all care provider facilities</i></div>	<i>Appears if user selects Current Care Provider Facility or Previous Care Provider Facility</i>
Level of Care	<input type="text"/>	<i>Auto-populated based on program selected</i>
Specify Location	<div>--Select--</div> <div> <i>Individual Foster Home</i> <i>Facility Dining Area</i> <i>Facility Bedroom or Dormitory Area</i> <i>Facility Health Clinic</i> <i>Facility Recreational Area</i> <i>Facility Restroom or Shower</i> <i>Facility School Area</i> <i>Other Facility Location</i> </div>	<i>Appears if user selects Current Care Provider Facility or Previous Care Provider Facility. Open text field appears if Other is selected.</i>

	CBP Custody ICE Custody Unknown	Appears if user selects DHS Custody	
	Hospital or other healthcare facility School Field Trip Other	Appears if user selects Community. Open text field appears if Other is selected.	
Specify Out-of-Network Facility	<input type="text"/>	Appears if user selects Out-of-Network Placement	
Specify Out-of-Network Level of Care	<input type="text"/>	Appears if user selects Out-of-Network Placement	
Approximate Date of Event: Month/Year	<input type="text" value="--Select--"/> <input type="text" value="--Select--"/>	Appears if user selects DHS Custody, Country of Origin, Journey to U.S., or U.S. Interior, not DHS or ORR custody	
Date of Event:	<input type="text"/>	Time of Event:	
		<input type="text" value="--:--:--"/> <input type="text" value="--"/>	Appears if user selects Current Care Provider Facility, Previous Care Provider Facility, Group Home, Foster Home, Community (field trip or outside the foster home), or Out-of-Network Placement
Date Care Provider Became Aware of Event:	<input type="text"/>	Time Care Provider Became Aware of Event:	
		<input type="text" value="--:--:--"/> <input type="text" value="--"/>	
Short Synopsis:	<input type="text"/>		
	<input type="button" value="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 document events occurring in and outside of ORR care that must be reported to ORR. Public reporting burden for this collection of information is estimated to average 0.17 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-XXXX and the expiration date is MM/DD/YYYY. If you have any comments on this collection of information please contact UACPolicy@acf.hhs.gov.