



# Administration for Children & Families

## Office of Refugee Resettlement

### Transfer Summary and Tracking

#### UAC's Profile

Alien Number	UAC Name	AKA Name		DOB	Age
Sex	COB	Date of Placement in Current Facility		Date of Initial Placement	
Height	Weight	Eye Color	Identifying Marks		

#### Current Care Provider Facility

Current Program	Program Type		Case Manager		
Address	City	State	Zip	Phone	

#### Care Provider Transfer Recommendation

Type of Facility Requested	Proposed Facility	Requester	Request Date
Attorney of Record	Attorney Phone	Has UAC's attorney been contacted?	

#### ORR Transfer Decision

Name of ORR Decision Maker	Designated Care Provider Facility	Type of Care Provider Facility

#### New Care Provider Facility

New Program Name	Program Type			
Address	City	State	Zip	Phone

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 track the physical transfer of UAC and their belongings. 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. If you have any comments on this collection of information please contact UACPolicy@acf.hhs.gov.

# Transfer Summary and Tracking

## Office of Refugee Resettlement

### Transfer Packet (for each UAC)

Please follow checklist in the Transfer Procedures when completing UAC's transfer packet, check box to indicate the packet is completed.

#### List of UAC's Belongings (including medication)

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### Departure Information

Departure Date	Departure Time	Transporting Staff Name	Transporting Staff Title

By signing below, I affirm that:

1. I have read the UAC's Case Summary and Individual Service Plan (ISP) and am aware of all documented special needs.
2. The list of the UAC's personal belongings is complete and accurate.

Signature

Date

### Arrival Information

Arrival Date	Arrival Time	Receiving Staff Name	Receiving Staff Title

By signing below, I affirm that:

1. I have read the UAC's Case Summary and Individual Service Plan (ISP) and am aware of all documented special needs.
2. The list of the UAC's personal belongings is complete and accurate.

Signature

Date

*Distribution of this form is restricted to ORR staff, grantees and contractors (including voluntary agencies, Child Advocates, and legal service providers); UAC attorneys of record; the U.S. Department of Homeland Security; and the Executive Office for Immigration Review. This form may not be distributed to any other party without the written authorization of ORR.*