The UAC Manual of Procedures

(UAC MAP)

For ORR Staff, Contractors, and Grantees

Section 1: Placement in ORR Care
Provider Facilities
Section 1: Placement in ORR Care Provider Facilities

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Look for these icons for quick cues on what is required for a specific procedure or a reference to a particular policy in the UAC Policy Guide.

📖 UAC Policy Guide (ORR Guide to Children Entering the United Stated Unaccompanied)
✉️ Email
✉️ Mail
⏰ Tasks associated with a deadline
🗂️ Form or other template
📞 UAC Portal
📞 Phone call
1.1 Summary of Procedures for Placement and Transfer of UAC

OVERVIEW

See Section 1.3 for detailed procedures regarding initial placement within the ORR care provider network. ORR has additional procedures to place or transfer UAC in the event of an emergency or influx to make safe and suitable placements expeditiously. ORR makes all initial placement decisions.

The U.S Department of Homeland Security (DHS) or other federal agencies, such as the U.S. Marshals Service or the FBI, refers apprehended minors who are UAC to ORR 7 days a week, 24 hours a day.

The ORR Intakes team receives referrals of UAC and designates initial placements for UAC within the ORR care provider network based on bed capacity and other considerations. After ORR Intakes notifies the designated care provider and the referring agency of a UAC’s placement, the referring agency physically transports the UAC to the designated care provider, and the care provider admits the UAC into the program. See Fig. 1.1.

Fig. 1.1 Federal Agency Referral and ORR Placement of UAC

After placement, UAC may be transferred to another facility within the care provider network. See Section 1.4 for detailed procedures on transfers within the ORR care provider network.

Care providers identify UAC in need of transfer and elevate to case coordinators and other staffing who will elevate the case as needed in order to identify placement options. The
receiving care provider accepts placement. Sending and receiving care providers arrange logistics and transportation and provide notifications. The receiving care provider admits the UAC into their program. ORR approves all transfers within the care provider network. See Fig. 1.2.

Fig. 1.2 Transfers within the Care Provider Network

- **Step 1**: UAC identified in need of transfer.
- **Step 2**: Transfer Request File created.
- **Step 3**: Case coordinators identify placement options.
- **Step 4**: Care provider accepts placement.
- **Step 5**: FFS approves transfer request.
- **Step 6**: Sending and receiving care provider programs arrange logistics, update records, and notify stakeholders.
- **Step 7**: UAC arrives at receiving care provider. Care provider admits UAC to program, updates records, and notifies stakeholders.
### Key Players | Responsibilities
---|---
**Care Provider Program** | Depending on the procedures, the care provider staff include staff who accept UAC placements; case managers, who coordinate services, clinicians, and medical coordinators who oversee medical services and assessments of UAC.

**ORR Staff** | The major players for initial placement and transfer include the ORR Intakes staff, the first ORR point of contact for the federal agency referring UAC, and Federal Field Specialists (FFS) and FFS supervisors who oversee placement and transfer.

**Case Coordinators** | Government contractors who provide independent third party recommendations and child welfare technical assistance to programs.

### Related Forms/Instruments | Used By
---|---
**UAC Initial Placement Referral Form** | Intakes; DHS

**Placement Tool** | Intakes, Case Coordinator, FFS

**Notice of Placement in Secure or Staff-Secure Care Provider Facility** | Case Manager

**Transfer Request** | Case Manager, Case Coordinator, FFS

**Transfer Request and Tracking Form** | Case Manager

**Medical Checklist for Transfers** | Medical Coordinator, Medical Staff

**Long Term Foster Care Placement Memo** | Case Coordinator, Care Provider

**Care Provider Checklist for Transfers to Influx Care Facilities** | Case Manager

**Medical Checklist for Influx Transfers** | Medical Coordinator, Medical Staff

*See Section 3 for Details About the Following Forms Mentioned in this Section:*

**Notice to ICE Chief Counsel Change Address/Change of Venue** | Case Manager

**UAC Assessment** | Care Provider Program

**UAC Case Review** | Case Manager

**Individual Service Plan** | Case Manager

**Alien’s Change of Address Form/Immigration Court (EOIR—33/IC)** | Case Manager

**Care Provider Family Reunification Checklist** | Case Manager

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**Appendix 1.1** Referrals to ORR, Initial Placements, and Transfers: Roles and Responsibilities for ORR and Care Provider Staff charts the action steps for all stages of the referral, placement, and transfer process as described in the sections below. Other Appendices include forms or other templates referred to in the procedures.
1.2 ORR Standards for Placement and Transfer


1.2.1 Placement Considerations

See Section 1.2.1 of the UAC Policy Guide.

1.2.2 Children with Special Needs

See Section 1.2.2 of the UAC Policy Guide.

1.2.3 Safety Issues

See Section 1.2.3 of the UAC Policy Guide.

1.2.4 Secure and Staff Secure Care Provider Facilities

See Section 1.2.4 of the UAC Policy Guide.

1.2.5 UAC Who Pose a Risk of Escape

See Section 1.2.5 of the UAC Policy Guide.
### 1.2.6 Long Term Foster Care

See Section 1.2.6 of the UAC Policy Guide.

### 1.2.7 Placing Family Members

See Section 1.2.7 of the UAC Policy Guide.

### 1.3 Referrals to ORR and Initial Placements

#### OVERVIEW

The tables below identify key participants in the Initial Referral/Placement process and list key forms and instruments completed during these steps. Appendices referred to in this section include forms or other templates referred to in the procedures, and are found at the end of this UAC MAP section.

<table>
<thead>
<tr>
<th>Key Players</th>
<th>Responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>DHS (or other federal agency)</td>
<td>Operating at key points of entry near borders and across the country; responsible for referring UAC to ORR.</td>
</tr>
<tr>
<td>ORR Intakes Team (ORR Intakes)</td>
<td>Specialists in ORR headquarters who receive and process all referral requests, locate and designate appropriate placement, and document all referrals and placement designations. ORR Intakes operates 24 hours per day, seven days a week.</td>
</tr>
<tr>
<td>Federal Field Specialists (FFS)</td>
<td>Responsible for addressing any concerns or issues that arise during referral and initial placements. FFS supervisors are responsible for approving placement in special cases (such as secure placements).</td>
</tr>
<tr>
<td>ORR Division of Health of Unaccompanied Children (DHUC)</td>
<td>ORR Intakes may consult with DHUC if medical or mental health issue involved in UAC placement considerations.</td>
</tr>
<tr>
<td>Care Provider Programs</td>
<td>ORR’s network of grantees who care for UAC referred to ORR. Care provider programs must have a primary and secondary contact available 24 hours a day, 7 days a week who will respond to ORR Intakes team</td>
</tr>
</tbody>
</table>
Within one hour of ORR Intakes’ request for UAC initial placement.

<table>
<thead>
<tr>
<th>Related Forms/Instruments</th>
<th>Used By</th>
</tr>
</thead>
<tbody>
<tr>
<td>The UAC Portal is the system of record for all UAC referrals and initial placements.</td>
<td>All parties</td>
</tr>
<tr>
<td>DHS referrals submitted via DHS’s database provide a direct data link which automatically generates a “Pending” record with completed fields into the UAC Portal.</td>
<td>DHS</td>
</tr>
<tr>
<td>The form UAC Initial Placement Referral Form matches the “Add New UAC” Intakes Section of the UAC Portal and is only used when DHS does not submit UAC information via the UAC Portal. In those cases, ORR Intakes types information from the referral directly into the Portal in the “Add New UAC” Intakes tab.</td>
<td>DHS; ORR Intakes</td>
</tr>
</tbody>
</table>

**PROCEDURES**

1. DHS (or other federal agency) refers UAC through UAC Portal or Intakes Hotline (orrducс_intakes@acf.hhs.gov or 202-401-5709). Referrals can take place 24/7.

2. ORR Intakes creates record for a “Pending” UAC in the “Add New UAC” Intakes section of the UAC Portal (alternatively, auto-populated via DHS database referral). See Fig. 1.3.

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**Fig. 1.3 “Add New UAC” Tab on UAC Portal**

![UAC Portal interface](image)

Appendix 1.2 is a complete “Add New UAC” form in the UAC Portal.

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UAC MAP: Section 1: Placement in ORR Care Provider Facilities
1.3.1 Requests for Information from Referring Federal Agency

PROCEDURES

1. ORR Intakes documents and reviews UAC’s biographical and apprehension information in the UAC Portal that has been submitted by DHS (or other federal agency). (If information is missing, ORR Intakes contacts DHS.)

UAC’s biographical and apprehension information includes:

- Health related information including, but not limited to, if the UAC is pregnant or parenting and whether there are any known physical or mental health concerns. If there are significant health concerns (i.e., the UAC is not fit for travel), ORR requests that the referring federal agency medically clear the child before ORR will designate placement. In its discretion, ORR may designate placement for UAC who are pending medical clearance.

- Whether the child has any medication or prescription information, including how many days’ supply of the medication will be provided with the child or youth when transferred into ORR custody.

- Biographical and biometric information, such as name, gender, alien number, date of birth, country of birth and nationality, date(s) of entry and apprehension, place of entry and apprehension, manner of entry, and the child’s current location.

- Any information concerning whether the child or youth is a victim of trafficking or other crimes.

- Whether the UAC was apprehended with a sibling or other relative.

- Identifying information and contact information for a parent, legal guardian, or other related adult providing care for the child or youth prior to apprehension, if known.

- If the UAC was apprehended in transit to a final destination, what the final destination was and who the child or youth planned to meet or live with at that destination, if known.

- Whether the UAC is an escape risk, and if so, the escape risk indicators.
• Any information on a history of violence, juvenile or criminal background, or gang involvement known or suspected, risk of danger to self or others, state court proceedings, and probation.

1.3.2 ORR Designates Placement

PROCEDURES

1. **Within 3 hours if possible but no more than 24 hours**, ORR Intakes uses placement considerations to identify a care provider. ORR Intakes attempts to place the UAC in a care provider facility as close as possible to the point of apprehension while considering the individual needs of the UAC. ORR Intakes consults with FFS supervisor and/or DHUC in special cases (such as a UAC with mental health or medical issues, UAC with criminal or violent background).

2. ORR Intakes identifies available and appropriate bed space at a care provider by reviewing the “Capacity Management” tab in the UAC Portal which automatically updates available beds by state, facility, and types of facilities. **See Fig. 1.4.**

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**Fig. 1.4 Capacity Management Tab**

![Capacity Management Tab](image)

**NOTE:** Care provider MUST verify information in their facility on a **daily basis by 9 a.m.** so that the UAC Portal will generate an accurate report of the number of UAC in care, and number of open beds. **See Fig. 1.5.**
3. ORR Intakes uses the *Placement Tool* if UAC has:
   - A juvenile or adult criminal history
   - Prior acts of violence or threats in government custody
   - Gang/cartel involvement
   - Prior escape(s) or attempted escape(s) from government custody
   - Perpetrator involved in human trafficking or smuggling
   - Drug smuggling involvement

4. ORR Intakes inputs all available information on the UAC’s criminal history or behavioral concerns into the following sections of the *Placement Tool*:
   - Intakes placement
   - Danger to others
   - Risk of escape
   - Danger to self

5. The on-call FFS supervisor must approve all placements when Intakes uses the *Placement Tool* to designate placement. The FFS supervisor decides if the recommended care provider type associated with the Placement Tool is a suitable placement for the UAC. Each placement is assessed on the case-by-case basis.

   The UAC Portal auto-generates the *Notice of Placement in Secure or Staff-Secure Care Provider Facility* and populates with the UAC’s demographic information. The care provider marks the appropriate box noting the reason for the placement and prints out a copy, which is provided to the UAC at admission into the facility (For more information, see section 3.)

*T Appendix 1.3* is a screen shot of the UAC Placement Tool.

*T Appendix 1.4* is the *Notice of Placement in Secure or Staff-Secure Care Provider Facility*. 
6. ORR Intakes provides **prior notification to care provider staff** in these cases:
   - **Shelter Designation:** If UAC has special health concerns in order to determine if the care provider is able to accept the designation
   - **Transitional Foster Care:** In all cases
   - **Staff Secure:** In all cases
   - **Secure Care:** In all cases

### 1.3.3 Care Provider Accepts Placement

**PROCEDURES**

1. ORR Intakes contacts care provider on placement.

2. The care provider must accept placement unless UAC does not meet established facility specific criteria.

3. ORR Intakes contacts DHS or other referring agency and provides the name and contact information of the designated care provider using the Placement Notification Summary email template below.

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**Email Template from ORR Intakes to DHS (or Other Referring Federal Agency) Contact**

**Placement Notification Summary Email Template**

CC: [insert Care Provider intakes contact]

Body: Include all applicable fields:

[Insert UAC name, A number; date of birth and country of origin] who was referred to ORR by [insert DHS sector or other referring federal agency] has been assigned to [insert designated care provider].

This individual has the following medical, mental health or other special concerns [insert].

[Insert information if known about criminal background]

[Insert name of referring official] has flagged the following safety concerns: [insert].

**NOTE:** If Placement Tool is used, include the following but **DO NOT** send this information to the DHS contact:
The following information based on the *Placement Tool* may be relevant to this placement: [insert]. If a FAST review is required for this placement, indicate “FAST Review Required” in the subject line and in the body of the email.

### 1.3.4 UAC Transferred to ORR Custody

**PROCEDURES**

1. **ORR Intakes:**
   - Requests that DHS or other referring federal agency contact the care provider to provide notice of travel arrangements, including expected arrival date and time of the UAC at the care provider’s location and the contact information for the transporting officials.
   - Assists care provider and referring agency with logistics.
   - Ensures the referring federal agency has correct contact information for care provider and is aware of any limitations or restrictions to the day/time UAC can be accepted by care provider.

2. **DHS** transports UAC and personal belongings to receiving care provider facility at the day/time previously communicated to receiving care provider facility.

3. The care provider contacts the ORR Intakes Hotline 202-401-5709 immediately upon receiving a UAC with special concerns not reported in the referral and also sends ORR Intakes an email specifying the issue.

4. The care provider immediately admits the UAC to the program in the UAC Portal and offers the UAC the opportunity to contact their consulate.

**Quick Glance: How to Admit UAC to Program**

When a UAC arrives at a program, the user needs to log in to the UAC Portal and click on the *Admission tab* of their specific program (program name will appear in a drop-down menu). If a user has access to only one program, then the user will default to that program in the Admission tab. Users with access to multiple programs must select the correct program in the Admissions section.
To admit a UAC, the user must click on the Alien Number on the left-hand side of the screen.

Clicking on the “Alien No.” opens up the Admission screen. Under Status, select “Admit.” If the UAC didn’t arrive at the program, the user should contact ORR Intakes to confirm the UAC’s placement status. If appropriate, the user should select “Cancel.” Users should not select the status “Pending” as that will put the UAC back into ORR Intakes and the care provider will not be able to access the file.

The user should check the “UAC Basic Information” to confirm that it matches the DHS documentation. If the name, date of birth (DOB), country of birth, also known as (“AKA”), or gender do not match DHS documentation, the user must update the information to accurately reflect DHS records. The Alien Number should match the Alien Number in the DHS documentation. If it does not, the user must contact orrducs_intakes@acf.hhs.gov to request a change. (Include both the incorrect Alien Number and the correct Alien Number in the notice to appear (NTA).)

The user should answer “Yes” to the question “By selecting Yes in this field…”, and fill in the Admission Date and Time, and then click Save. After saving the information, the UAC is admitted to the program.

How to update information after admissions
Care provider staff may correct biographical information or the admission date/time after admitting a UAC by going to the UAC’s file in the case management section. 1) Click on “Go to Admissions” link. 2) Change the information and 3) Click Save.
5. Receiving care provider accepts UAC, his or her belongings, and supporting documentation that is provided by DHS.

UAC supporting documentation includes:

- DHS records (See Quick Glance to DHS Records).
- Documents related to medical, mental health, and safety concerns available at time of apprehension (medical clearance and medications, criminal juvenile records, as applicable).
  
  **NOTE:** DHS does not release law enforcement documents but will provide ORR information about charges or convictions if known at time of referral or placement.

- UAC birth certificate. (DHS has not been releasing UAC birth certificates confiscated at time of apprehension. As a result, care providers must request the birth certificate from the UAC’s family or consulate.)
  
  **NOTE:** Care providers must not contact consulates of a non-mandatory notification country¹ for birth certificates if 1) the UAC makes an asylum claim and is from a non-mandatory notification country or 2) where the UAC has a fear of persecution by their home country’s government.

6. The care provider requests missing information/documents from DHS or other sources as needed. If DHS cannot provide medical/mental health/safety concerns documents, or criminal juvenile records, the care provider requests the documents

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¹ At this time the Central American countries of El Salvador, Guatemala and Honduras are not mandatory notification countries. Mexico is not a mandatory notification country, but the United States does have a bilateral agreement that confers similar protocols for minors, therefore Mexican consulate officials will be given access to UAC under similar arrangements as a mandatory notification country. See also ORR Guide: 5.4.1 Notifications to Consulates.
Quick Glance: DHS Records

ORR is working with DHS to streamline the transfer of DHS and other records obtained or generated at point of apprehension of a UAC to make sure these records are included in the UAC hard copy and electronic files.

The DHS records may include:

- DHS Form I-862 Notice to Appear or other charging document
- DHS Form I-216 Record of Person or Property Transferred
- DHS Form I-213 Record of Deportable/Inadmissible Alien
- CBP Form 93 Unaccompanied Alien Child Screening Addendum (trafficking information)
- DHS Form I-770 Notice of Rights
- DHS Form I-779 Juvenile Medical Screening and other medical paperwork
- DHS Form I-217 Information for Travel Document or Passport
- Other forms, if applicable, such as DHS Form I-200 Warrant of Arrest or DHS Form I-286 Notice of Custody Determination

7. **Within 48 hours**, the care provider uploads all available documents to the UAC Portal under the case management tab, upload document section with a title that clearly identifies the type of document. A hard copy goes into the UAC case file. See Fig. 1.6.
Quick Glance: Using UAC Portal Blank Templates and Uploading Documents

Each UAC’s record in the UAC Portal includes assessments that care providers complete and update based on fillable templates in the UAC Portal, as well as other documents, notes, or other records that aren’t in the database. Care providers must create, scan or upload these documents as electronic attachments to ensure UAC records are complete. (The same is true for records related to sponsor assessments.)

Blank templates may be found under “Assessments” in the UAC Portal (Figure 1.6 and below). These include Initial Intakes Assessment, Assessment for Risk, UAC Assessment, Sponsor Information, ISP, UAC Case Review, and other categories highlighted below.

As indicated in Step 7 above, most documents that are uploaded are added using the “add new” button on the UAC Documents tab located at the bottom of the Assessment list.

Care providers should not print out UAC Portal Assessments, scan them, and then upload the assessments into the UAC Document tab.

Naming Convention for Uploaded Documents

Care providers should use only letters or numbers when assigning a document name and should use _ instead of spaces between words. Do not use any other punctuation marks in the title of a document. The title of the document should follow this naming convention: [insert UAC A number] _[Document type: birth certificate, DHS Form (include number).etc.].

Do NOT password protect any documents that are uploaded to the UAC Portal. These documents are housed in a secure environment and do not need encryption.
1.3.5 Initial Placements in the Event of an Emergency or Influx

See Section 1.3.5 of the UAC Policy Guide.

See also UAC MAP Section below 1.7 Placement and Operations during an Influx.

1.4 Transfers within the ORR Care Provider Network

OVERVIEW

Transfer of UAC between ORR care providers is a complicated process requiring close coordination among case managers at both the sending and receiving care facilities, sending and receiving case coordinators, the sending medical coordinator (or other medical staff), FFS staff, and other stakeholders such as attorneys and child advocates as appropriate.

<table>
<thead>
<tr>
<th>Key Players</th>
<th>Responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sending Case Manager</td>
<td>Makes the initial recommendation for transfer based on regular assessments of UAC and prepares the Initial Transfer Request File.</td>
</tr>
<tr>
<td>Sending Case Coordinator</td>
<td>Reviews the Transfer Request File and consults with case manager and decides if a transfer to an alternate placement will better meet the UAC’s individual needs. Identifies an appropriate alternative placement.</td>
</tr>
<tr>
<td>Sending Medical Coordinator or Medical Team</td>
<td>Responsible for completing the Medical Checklist for Transfers within 3 days of identifying a UAC in need of transfer.</td>
</tr>
<tr>
<td>FFS Staff</td>
<td>Reviews the Transfer Request File and approves or denies the request.</td>
</tr>
<tr>
<td>ORR Division of Health for Unaccompanied Children (DHUC)</td>
<td>Responsible for reviewing transfer requests if a child does not meet all the criteria for transfer as specified in the Medical Checklist for Transfer.</td>
</tr>
<tr>
<td>Receiving Case Coordinator</td>
<td>Reviews the Transfer Request File and notifies the receiving care provider.</td>
</tr>
<tr>
<td>Receiving Case Manager</td>
<td>Notifies sending care provider of acceptance and contact information and accesses UAC records in UAC Portal.</td>
</tr>
<tr>
<td>ORR Project Officers (PO)</td>
<td>Notified when group transfers are due to program closings.</td>
</tr>
<tr>
<td>Contract Field Specialist (CFS)</td>
<td>ORR contract staff who act as liaisons to provide technical assistance for transfers when needed.</td>
</tr>
</tbody>
</table>
### Related Forms/Instruments

<table>
<thead>
<tr>
<th>The sending care provider uses the <em>Transfer Request</em> form in the UAC Portal to initiate the transfer for review by case coordinators and FFS.</th>
</tr>
</thead>
<tbody>
<tr>
<td>UAC transferred to secure or staff secure receive the <em>Notice of Placement in Secure or Staff Secure Care Provider Facility</em>.</td>
</tr>
<tr>
<td>The medical coordinator completes the <em>Medical Checklist for Transfers</em> and saves a hard copy and an electronic copy in the Health tab of the UAC Portal.</td>
</tr>
<tr>
<td>The Transfer Request File, which is emailed among and used by all parties, at various stages, involved in UAC transfers (i.e., case coordinators, FFS, other stakeholders). The file contains all supporting documentation related to the transfer (See the email template below). Case management records are described in ORR Policy Guide and <strong>UAC MAP</strong> Section 3: Services.</td>
</tr>
</tbody>
</table>

**NOTE:** Not all supporting documents for the Transfer Request File are stored on the UAC Portal. This means that all parties are required to submit emails (along with updating the *Transfer Request* in the UAC Portal) to relevant parties at key stages.

Transfer Request and Tracking Form, Discharge Notification Form, and Change of Address/Change of Venue (COA/COV) are three different forms used to inform immigration court and ICE chief counselor of a transfer and need for a change of venue.

The LTFC care provider sends ORR the *Long Term Foster Care Placement Memo* to ensure continuity of services and tracking of records for a UAC following transfer.

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1. Sending case managers continuously assess UAC in their facilities’ care to review whether their placements are appropriate. If a case manager recommends transferring a UAC, their assessments and any related documents (in addition to any new documentation created in Step 2 below) become part of the Transfer Request File.

2. If the sending case manager identifies a UAC whose placement is inappropriate under ORR Policy, he/she must perform the following steps **within 3 business days**:
   - Ensures that UAC will be medically cleared for transfer by requesting that sending medical coordinator or other medical staff completes the *Medical Checklist for Transfers*.

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**Appendix 1.5** is the *Medical Checklist for Transfers*.

**Appendix 1.6** is a screen shot of the *Transfer Request and Tracking form*.
If the child does not meet all the criteria for transfer (based on the medical checklist), the medical coordinator contacts the DHUC at DCSMedical@acf.hhs.gov. DHUC responds to the case manager within 1 business day. If DHUC determines that the child is fit to travel despite not meeting all the criteria, DHUC will send an email to the case manager indicating that the child can travel.

NOTE: The UAC’s transfer file of hard copy documents does not include the Medical Checklist for Transfer because it is confidential information.

If DHUC determines that the child is not fit to travel, DHUC will contact the case manager explaining why the transfer has been denied and will specify a timeframe in which the care provider staff should reevaluate the UAC.

- Generates the Transfer Request in the UAC Portal, located in the UAC Portal under the “Discharge” tab. See Fig. 1.7. The case manager clicks on “Add New” on the right-hand side of the screen to fill out the request.

Fig. 1.7 Transfer Request in UAC Portal

(A)
• Compiles the Transfer Request File, which contains attachments sent via email and is used by all parties involved (case coordinators, FFS, other programs) at various stages of transfer. The file contains all supporting documentation related to the transfer. (See the Quick Glance: Transfer Request File below.)

• Emails the Transfer Request File to the sending case coordinator (See Email Template below).

### Quick Glance: The Transfer Request File

The Transfer Request File includes the following:

- **UAC Assessment**
- **Updated UAC Case Review**
- **Medical Checklist for Transfers**

#### Supporting Documentation

- Case manager notes
- Intakes and admissions assessments
- Child trafficking screening results
- Clinical notes
- Psychological evaluation with diagnosis (required for therapeutic care)
- Health records to include medical, dental, and mental health
- List of current medications and dosages
- Educational records (assessments and report cards)
- UAC’s birth certificate
- DHS and immigration court documents
- Criminal/juvenile record documentation
- Significant Incident Reports and internal incident reports
- Any other significant documentation

For Transfers to Residential Treatment Centers include the following additional documentation:

- Psychiatric evaluation or psychological evaluation recommending RTC placement
• Psychiatric hospitalization records and discharge summary, if applicable
• Clinical, psychological and psychiatric progress notes

Email Template of Transfer Request File

TO:

Body: Name and contact information of care provider staff coordinating transfer

Attachments: Transfer Request File with all attachments included from the Transfer Request file above

3. Based on their check of the Capacity Management tab in the UAC Portal, the sending case coordinator proposes an alternative placement and completes “Type of Program” and “Case Coordinator Proposed Program” on the Transfer Request in the UAC Portal. See Fig. 1.8.

![Fig. 1.8 Transfer Request: Case Coordinator Proposed Program]

NOTE: If the sending case coordinator’s recommended transfer placement differs from the sending case manager’s recommended level of care, the case coordinator staffs the case with the supervisory case coordinator, who makes a recommendation to the FFS. The case coordinator also staffs the case with the supervisory case coordinator if the UAC has special needs or concerns. Ultimately, the FFS resolves any disagreement in recommendations between the sending case manager and the sending case coordinator, and decides on placements for UAC with special needs or concerns.

4. The receiving case coordinator contacts the proposed receiving care provider point of contact. The receiving care provider must accept the transfer request within one business day and notifies all case coordinators and FFS with their decision.

If a program is unable to accept the transfer because of state licensing requirements, the receiving care program emails the sending case coordinator with the reason and the sending case coordinator re-refers the transfer to an alternative care provider.
5. After the receiving care provider accepts the transfer request, the sending case coordinator:

- Notifies both care providers of the accepted transfer and provides the point of contact for programs to complete the logistics of the transfer based on the email template below of the case coordinator notification of transfer acceptance. The email includes a request for the sending FFS to approve the transfer in the UAC Portal.
- Notifies any other potential receiving care provider facilities that a placement was found.
- **IMMEDIATELY** upon notification of acceptance (but no later than the next business day) documents his/her recommendation on the Transfer Request in the UAC Portal.

---

**Email Template of Sending Case Coordinator Notification of Transfer Acceptance**

TO: Sending FFS; Sending Care Provider Point of Contact; Receiving Care Provider Point of Contact  
Subject: Name of UAC, A #  
Please note that [insert name of receiving care provider] has accepted this UAC. This is to notify everyone involved of the actions to be taken to complete the transfer of [Name of UAC and A#] from [sending care provider]. The *Transfer Request* has been completed by the program and the case coordinator has entered the recommendation in the UAC Portal. The *Transfer Request* is waiting for FFS approval in the UAC Portal. Below are the action needed to complete the transfer.

**Sending FFS:** [insert name]  
Approve *Transfer Request* in the UAC Portal

**Sending Care Provider**  
Coordinate logistics with receiving program to transfer UAC.  
Provide transfer notifications to the following entities: DHS, Legal Service Provider, Child Advocate and sending and receiving FFS.

**Receiving Care Provider**  
Coordinate logistics with sending program to transfer UAC.
**NOTE:** The FFS may require further assessments such as psychological/psychiatric evaluation, or may further elevate the case to the FFS supervisor. In these cases, the FFS will notify the sending case manager and sending case coordinator within 24 hours.

6. The FFS completes the ORR/DCS Decision section of the *Transfer Request* in the UAC Portal within 24 hours, making sure to fill out the three fields “Decision,” “Date of Decision,” and “Name of ORR Decision Maker.” *See Fig. 1.9.*

   FFS also replies with a follow up email to the case coordinator notification of transfer acceptance email that the final release decision was completed in the *Transfer Request* in the UAC Portal. 

   **NOTE:** When the FFS approves the *Transfer Request* in the UAC Portal, the status of the UAC should change from Admitted to In-Transfer. Unless this status changes, the *Transfer Request* was not correctly completed.

---

**Fig. 1.9 Transfer Request: FFS Decision**

<table>
<thead>
<tr>
<th>ORR/DCS Decision</th>
<th>Date of Decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comments:</td>
<td></td>
</tr>
<tr>
<td>Decision:</td>
<td></td>
</tr>
</tbody>
</table>

*Name of ORR Decision Maker:*

Transfer Request (see attached)
• Completes the change of venue section of the request form for transfers to a different immigration court jurisdiction when a UAC does not have an attorney of record.

• For UAC represented by an attorney and NTA has been filed, completes only the notice of transfer section and informs the attorney that a change of venue motion needs to be prepared and filed by the attorney.

• Sends to the receiving case manager and FFS any significant information received or significant incident reports that occurred after the transfer request was sent.

• Ensures that documents are completed and uploaded to the UAC Portal.

• Ensures that documents and items that will accompany UAC at time of transfer are secure.

• **WITHIN 24 hours** prior to the physical transfer: emails stakeholders using the sample email template below (Email Template to Stakeholders Prior to Physical Transfer).

• Completes the *Notice of Transfer to ICE Chief Counsel Change of Address/Change of Venue* in the UAC Portal.

• Saves a hard copy of the completed *Transfer Request and Tracking Form* in the UAC’s case file.

---

**Email Template to Stakeholders PRIOR TO PHYSICAL TRANSFER**

**NOTE:** Must be completed in 24 hours or less, depending on the circumstances (i.e., transfers that involve “step ups” to secure or UAC in need of immediate psychiatric attention may be expedited).

From: Sending Case Manager  
To: Receiving Case Manager  
    Sending and Receiving ICE FOJC  
    ICE Office of Chief Counsel (OCC)  
    EOIR Immigration Court Administrator  
    UAC’s Legal Service Provider or Attorney of Record  
    Sending and Receiving Case Coordinator  
    Sending and Receiving FFS  
    VOLAG, if applicable  
    Child Advocate, if applicable

**Attachments:** *Transfer Request and Tracking Form*
NOTE: Do not send the Transfer Request and Tracking Form to ICE FOJC, ICE OCC, EOIR, or Legal Service Provider. Only send the Notice of Transfer to ICE Chief Counsel Change of Address/Change of Venue and Discharge Notification Form.

8. When the UAC is in “In-Transfer” status, the UAC is still active in the program. The sending program needs to complete the Program Exit to discharge the UAC from care.

9. When the FFS approves the transfer in the UAC Portal and the sending care provider discharges the UAC, the UAC Portal will automatically place the UAC in the “admission tab” of the receiving program listed under “Case Coordinator Proposed Program.” (The receiving program will not be able to admit the UAC if the incorrect program is listed in this field. If the field is left blank, the FFS will not be able to complete the ORR decision piece.)

10. The sending care provider is responsible for physically transferring the UAC to the receiving care provider. If safety is a concern, particularly when transferring the UAC to RTC or secure care, the sending care provider may use trained staff or contract with a security transportation service to assist. The sending and receiving programs coordinate to address any safety or medical concerns.

The sending case manager:

- Notifies the UAC of the transfer.
- Ensures the Transfer Request and Tracking Form and the Discharge Notification Form are completed in the UAC Portal immediately after the UAC’s physical transfer. See Fig. 1.10.
- Signs the Transfer Request to validate that all items listed are included in UAC’s packet.
- Updates the UAC Case Review and Individual Service Plan, documenting the need for Transfer and Recommendations for placement.
- Ensures a copy of the UAC’s required documents and all the UAC’s belongings (i.e., clothing, medication, legal documents,) are transferred.
- Verbally notifies UAC’s approved contacts of transfer.
- Offers the UAC chance to contact their consulate to notify them of the transfer.
Quick Glance: Documents that Sending Case Manager Must Complete/Upload to UAC Portal Prior to Transfer

- Initial Intakes Assessment
- UAC Assessment
- Assessment for Risk
- Individual Service Plan
- Family Reunification Forms and Supporting Documentation
- Significant Incident Reports, if applicable
- DHS Form I-862 Notice to Appear
- Legal Representation list acknowledgment
- Know Your Rights acknowledgment
- Care Provider Family Reunification Checklist
- Medical Checklist for Transfer
- Transfer Request and Tracking Form
- Health records, to include medical, dental, and mental health

Quick Glance: Items That Accompany UAC

- UAC personal belongings, including clothing, money, valuables, and items obtained during the UAC’s stay at the referring care provider
- Transfer Request and Tracking Form
- 30-day medication supply (any exceptions must be fully discussed with sending and receiving care providers prior to transfer)
- Care Provider Family Reunification Checklist
- Transfer Request
- Health records, to include medical, dental, and mental health
- Original documents (birth certificates)
TRANSFER LOGISTICS: Receiving and sending case managers discuss the UAC’s Assessment, UAC Case Review, Transfer Request and status of family reunification to ensure continuity in case planning and relationships with primary care givers and prepare the UAC for the transfer. UAC in care are not allowed to travel without a care provider staff member.

Special Situations Regarding Transfer Logistics and Physical Transfer:

- If there is an emergency, the sending case manager IMMEDIATELY emails FFS (or the FFS on-call supervisor at 202-401-5709 if it is after business hours) and indicates the name and contact information of the care provider staff responsible for coordinating the transfer, the FFS reviews the circumstances to determine if the UAC requires an emergency transfer to a more secure facility.
- If the decision following the 30-day review of secure or staff secure placements is that the UAC will be transferred to an alternative program, all parties follow the procedures described for transfer placement acceptance.
- If there are any safety concerns regarding the physical transport of the UAC, the case managers consult with the FFS.
- If the sending and receiving care providers cannot agree on transfer logistics, the sending case manager elevates the issue to the FFS and Project Officer, documenting the disagreement and the eventual solution in the Transfer Request.

Quick Glance: Accessing Records for UAC Who Have Been Transferred

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td><strong>1</strong> In UAC Portal, click on Case Management tab and list of UAC in program will display (NOTE: Health information, such as immunizations, diagnoses, etc., are located under the Health tab in the UAC Portal.)</td>
<td><strong>2</strong> Select the transferred UAC by clicking on the A#.</td>
</tr>
<tr>
<td><strong>3</strong> Under UAC Basic Information section, see drop down menu which displays all programs in which the UAC has been admitted.</td>
<td><strong>4</strong> Use the drop down box to change the program selection to one of the previous programs to view the documents.</td>
</tr>
<tr>
<td><strong>5</strong> Check for documents in all previous programs.</td>
<td></td>
</tr>
</tbody>
</table>

For Technical Assistance: Call UAC Help Desk at 210-858-8304 or uchelpdesk@ap-in.com.
1.4.1 Least Restrictive Setting

See Section 1.4.1 of the UAC Policy Guide.

1.4.2 Further Assessment Swift Track (FAST Process)

OVERVIEW

ORR requires secure and staff secure care providers, together with the case coordinator and FFS, to staff and review placement of UAC in their facilities every 30 days after initial placement.

Care providers may conduct a review sooner than 30 days if new information makes clear an alternate placement is more appropriate so that the UAC may be transferred to a more appropriate care setting without delay.

PROCEDURES

1. **Within 30 days of the initial placement of a UAC placed in secure or staff secure setting**, the case manager:
   - Notifies the UAC of his/her FAST designation and that his/her placement designation will be reassessed in 30 days or less.
   - Notifies the attorney of record or legal service provider of the UAC’s FAST designation.
   - Makes efforts to confirm the accuracy of information concerning the UAC, such as prior delinquency or criminal record, and tries to obtain these records.
   - Reviews the FAST Section of the *Placement Tool* and considers the information about the UAC provided by ORR Intakes as well as any new information obtained by the care provider.
   - Completes the case manager section of the FAST (See Fig. 1.10) and notifies the care coordinator and FFS.
Discusses the case with the case coordinator and FFS during a case staffing.

Fig. 1.10 FAST: Case Manager Section

<table>
<thead>
<tr>
<th></th>
<th>Fac</th>
<th>DFC</th>
<th>FFS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>6a. Has a therapeutic need been identified?</strong></td>
<td>Yes, go to 6b</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td>No, stop here</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td><strong>6b. Does this therapeutic need require a change in placement (i.e., a move to another facility with</strong></td>
<td>Yes</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

2. The case coordinator:
   - Considers any new information obtained by the case manager, legal service provider or attorney of record;
   - Reviews case manager’s recommendations and comments shared during case staffing;
   - Completes case coordinator section of the FAST. See Fig. 1.11.

Fig. 1.11 FAST: Case Coordinator Section

<table>
<thead>
<tr>
<th></th>
<th>Fac</th>
<th>DFC</th>
<th>FFS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>6a. Has a therapeutic need been identified?</strong></td>
<td>Yes, go to 6b</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td>No, stop here</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td><strong>6b. Does this therapeutic need require a change in placement (i.e., a move to another facility with</strong></td>
<td>Yes</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

3. FFS:
• Decides to concur or override the case manager and case coordinator’s recommendation for the level of care.
• Requests review and approval by the FFS supervisor for any override of the Placement Tool’s recommended level of care.
• Documents the justification for the concurrence or override.
• Notifies the case coordinator and case manager of the FAST placement decision.

4. If UAC continues placement in a secure or staff secure setting, the care provider documents the basis for continued placement in the UAC’s case file and provides the information to the UAC’s attorney of record, legal service provider, or Child Advocate on demand (an Authorization for Release of Records is not required in those instances.)

5. In the event that the decision is that the UAC will be transferred to an alternative program, all parties follow the standard procedures for transfer as described in the above section.

6. For UAC who have resided in a secure care facility for more than 90 days, the FFS supervisor reviews the placement and continues to review the placement every 30 days thereafter.

NOTE: If UAC are in custody for less than one month from the date of the initial placement designation to his/her 18th birthday, or are in ORR care less than 30 days (“incomplete FAST”), the following procedures should be followed:

1. The case manager documents in the FAST section of the Placement Tool in the UAC Portal that the UAC was released or discharged from ORR in fewer than 30 days, prior to the completion of the FAST and notifies the FFS.

2. The case coordinator emails the FFS to advise that the FAST section of the Placement Tool was not completed and/or the corresponding justification.

1.4.3 Long Term Foster Care
1.4.4 Transfer to Long Term Foster Care

**NOTE:** Transfers to Long Term Foster Care follow standard operating procedures with the exception of these steps.

1. The sending case manager requests from the legal service provider or attorney of record confirmation of the UAC’s eligibility for immigration relief, type of immigration relief, and status of court hearings or relief petitions (unless ORR authorizes the care provider to proceed without meeting this requirement).

**NOTE:** To request permission to proceed with transfer without coordinating with the legal service provider or attorney of record, the case manager consults with the case coordinator. If the case coordinator agrees, they submit the request to the FFS, who will make the final decision. Note, there must be other circumstances which would result in a longer stay (e.g., the child’s country of origin is in a state of emergency, indicating that the child will likely not be repatriated for an extended period of time).

2. Sending case coordinator:
   - Notifies the appropriate LTFC point of contact that a UAC has been identified for a transfer and provides the sending care provider’s Transfer Request File;
   - Informs the LTFC point of contact if the referral is being reviewed by another care provider.

3. The receiving LTFC point of contact attempts to identify a placement within 10 business days of receiving the transfer request.

4. Prior to accepting the transfer, the receiving LTFC point of contact confirms from the receiving legal service provider or attorney of record that they will arrange for legal services for the UAC and that the UAC will be eligible for legal relief in the transfer jurisdiction. (ORR may waive this requirement. However, there must be other circumstances which would result in a longer stay, such as the child’s country of origin is in a state of emergency, indicating that the child will likely not be repatriated for an
extended period of time. To request a waiver, the case manager submits the request to
the FFS, who will make the final decision.)

5. If the LTFC provider or national VOLAG cannot identify a placement within 10 business
days, they must notify the sending case coordinator with a copy to the receiving case
coordinator why a placement has not been found (e.g., programs are at capacity and
UAC is on waitlist, no capacity for females, and no suitable placement for a UAC’s special
needs). In the notification the provider indicates whether they will continue attempts to
identify a placement.

6. If placement is identified, the LTFC provider or national VOLAG completes the Long Term
Foster Care Placement Memo and submits it to the sending case coordinator with a copy
to the receiving case coordinator (includes the name and contact information for the
staff responsible for the coordination of the transfer).

NOTE: The receiving case manager must submit emergency placement changes to the
case coordinator within 24 hours of the placement change.

Appendix 1.7 is the Long Term Foster Care Placement Memo.

7. The transfer process follows the procedures for UAC Portal updates, notifications, etc.
as for other transfers within the ORR network. For example, the sending care
coordinator notifies all parties of the transfer placement memo and requests the FFS to
approve the transfer request in the portal. Once that is completed, the FFS notifies all
parties.

8. The UAC’s sending care provider and receiving LTFC provider coordinate pre-placement
orientation services to prepare the UAC and foster family for placement, helping the
UAC understand what to expect from the foster care provider and foster parents by:

• Utilizing agency and foster parent welcome letters, program brochures, and
foster family books that may include pictures and descriptions of home, family,
and community life.
• Coordinating the pre-placement contact between the UAC and the receiving
LTFC staff and foster parents.

9. The sending care provider physically transfers the UAC to the new placement.
1.4.5 Group Transfers

OVERVIEW

Group transfers can occur for various reasons, including but not limited to:

- Emergency Event
- Natural Disaster
- Program Closure

A group transfer must be approved by an FFS supervisor, unless conducted according to an emergency evacuation plan that was pre-approved by an ORR Project Officer. (See also ORR group transfers due to influx in Section 1.7 below.)

PROCEDURES

NOTE: Group transfers follow standard operating procedures, except group transfers do not involve case coordinators. A care provider must submit a “Program Level Event” under the “events” tab of the UAC Portal if a group transfer is the result of a natural disaster.

Group transfers also differ from standard individualized transfers in the following ways:

1. The sending care provider point of contact:
   - Identifies UAC who meet group transfer criteria (stated above).
   - Provides a Transfer Manifest of UAC meeting the group transfer criteria and emails it to the assigned CFS and FFS. See Fig. 1.12.

Fig. 1.12 Transfer Manifest
NOTE: If the group transfer is due to a program closing, the sending case manager sends it to his or her ORR project officer (PO).

2. FFS:
   - Reviews the proposed Transfer Manifest to ensure that it complies with ORR policies and procedures.
   - Notifies the sending case coordinator and case manager of the final approved Transfer Manifest.

3. The sending case manager:
   - Updates the UAC Case Review and ISP for each child, and completes the Transfer Request and Discharge Notification Form in the UAC Portal, documenting the need for transfer and recommendations for placement.
   - Sends notification to the FFS that all of the approved UAC on the Transfer Manifest have been entered into the UAC Portal.

4. The FFS enters the transfer approval into the UAC Portal. See Fig. 1.9.

5. If FFS approves the transfer the sending case manager notifies the following of the transfer approval for each child in the group:
   - ICE FOJC
   - UAC’s Legal Service Provider or Attorney of Record, if applicable
   - Child Advocate, if applicable
   - Potential Sponsor of Record.

1.4.6 Transfer to a Residential Treatment Center (RTC)

See Section 1.4.6 of the UAC Policy Guide.

PROCEDURES
1. If a UAC exhibits significant mental health issues, the sending case manager arranges for an evaluation by a licensed psychologist or psychiatrist.

2. If a licensed clinical psychologist, psychiatrist, or psychiatric-mental health nurse practitioner determines that the UAC requires residential treatment level of care, the care provider sends the written report and Transfer Request File to the sending case coordinator and copies the FFS.

3. The case coordinator reviews the Transfer Request File (which includes case management, clinical, health, and educational information) and elevates the request for RTC placement to the FFS.

   **NOTE:** If the FFS has any concerns about the recommendation, he/she elevates it to the FFS supervisor who may consult with the DHUC to arrange a second opinion, if necessary.

4. The sending case coordinator finds a suitable RTC placement, and sends the Transfer Request File to the receiving case coordinator. The receiving case coordinator sends the Transfer Request File to the RTC point of contact.

5. **Within 5 business days of receipt of the RTC transfer request,** the RTC point of contact notifies the receiving case coordinator of acceptance or denial of RTC placement. The receiving case coordinator notifies the sending case coordinator, who then notifies all parties of the decision. For accepted placements, follow standard transfer procedures.

   When accepting transfer, the RTC point of contact’s email indicates the method of funding for the placement: 1) Treatment Authorization Request (TAR), or 2) ORR funded bed.

   If the RTC denies placement, the care provider must provide written justification to the receiving and sending case coordinators, and to the receiving and sending FFS. If an RTC refuses to accept the child or if there are no available beds, the case coordinator elevates the issue to the FFS and FFS supervisor and the FFS contacts DHUC.

   **NOTE:** Any disagreements between an RTC, a sending or receiving case coordinator are elevated to the FFS. The receiving and sending FFS would consult and resolve any issues through a staffing phone call for all involved parties.
6. The sending care provider arranges transfer logistics. If a psychologist or psychiatrist recommends that a UAC travel with emergency medications for treating a mental health crisis (commonly known as PRN medications) that the UAC may experience during the transfer, the case manager at the sending care provider makes arrangements for a mental health professional to accompany UAC during transport and the receiving RTC may be asked to assist with transport.

7. The RTC reviews the UAC placement every 30 days, at a minimum. The case manager and the clinician provide the clinical updates and placement recommendations to the case coordinator and FFS to evaluate the need for continued stay or transfer.

   The case manager:
   • Updates the UAC Case Review and Individual Service Plan and the treatment/discharge recommendations in the UAC Portal.
   • Notifies the case coordinator that the records are ready for review.

8. If the RTC recommends a transfer, the FFS reviews the transfer recommendation and notifies the case coordinator of the transfer decision and all parties follow the steps for transfer. If there are any disagreements as to the time in care or transfer recommendations, the FFS must elevate to the FFS supervisor for resolution.

### 1.4.7 Requesting Reconsideration of a Secure or RTC Placement Designation

**PROCEDURES**

[In development]

### 1.5 Placement Inquiries

An individual looking for a UAC who may be in ORR custody may contact the ORR National Call Center, at 1 (800) 203-7001.
1.5.1 ORR National Call Center

PROCEDURES

If the UAC is in ORR custody, the call center staff does not share the child’s location or placement information until communication is deemed safe and appropriate.

1. The call center staff notifies the corresponding care provider with the caller’s name, contact information and relationship to the unaccompanied child.

2. The care provider determines whether the individual is a safe and approved contact. As deemed appropriate and following ORR’s procedures, the care provider may facilitate communication between the caller and the UAC.

3. The care provider contacts the individual and informs him/her that the UAC is safe and in ORR custody.

1.6 Determining the Age of an Individual without Lawful Immigration Status

See Section 1.6 of the UAC Policy Guide.

OVERVIEW

HHS custody is restricted to UAC, i.e., minors who are under the age of 18.

HHS and DHS jointly developed policies and procedures to assist in the process of determining the correct age of individuals in custody, given the frequent lack of documents and other factors that present challenges to placement.

<table>
<thead>
<tr>
<th>Key Players</th>
<th>Responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>DHS</td>
<td>Agents who apprehend individuals make the initial determination based on available documents and other evidence. If ORR determines that individual is not a minor, DHS ICE agents will be enlisted to pick up individual at care provider facility.</td>
</tr>
<tr>
<td>Case Manager</td>
<td>Responsible for obtaining documents and additional evidence, if needed</td>
</tr>
</tbody>
</table>
Provides all required documentation to the FFS, who makes final age determinations based on multiple forms of evidence. Depending on the state, responsible for writing a memo, attaching all supporting documents, and notifying ICE to request pick up of the adult at the program when the additional evidence warrants it.

<table>
<thead>
<tr>
<th>Role</th>
<th>Responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>FFS</td>
<td>Responsible for reviewing all documentation for age redetermination gathered by the case manager. Provides technical assistance to the case manager, elevates requests for dental exam to the FFS supervisor, and reviews and submits all documentation to ICE to request they pick up the individual if determined to be an adult. (Depending on the state, the FFS may also send a memo to ICE). Obtains FFS supervisor’s approval of the memo to ICE if a dental exam was used as the basis for the age redetermination.</td>
</tr>
<tr>
<td>FFS Supervisor</td>
<td>Responsible for approving medical age assessments for UAC and approving request (and memo where necessary) to ICE to re-apprehend an individual deemed to be an adult.</td>
</tr>
<tr>
<td>CFS</td>
<td>ORR contract staff who act as liaisons for birth certificate verifications and requests between care providers and consulates. If a care provider or FFS requests the consulate interviews the UAC to help verify identity, the CFS acts as the main POC.</td>
</tr>
<tr>
<td>Medical Professional Experienced in Age Assessment Methods</td>
<td>Reviews imaging technology and physical exams and the dental and skeletal maturity assessments that calculate the estimated probability that an individual is 18 years or older. An agreement between DHS and ORR specifies that medical age assessments use only dental assessments.</td>
</tr>
</tbody>
</table>

### 1.6.1 UAC in HHS Custody

See Section 1.6.1 of the UAC Policy Guide.

### 1.6.2 Instructions

**PROCEDURES**

1. The case manager requests the family send birth certificate of UAC if he/she arrives without one. If the family or the UAC refuses, the case manager contacts the consulate...
or CFS for assistance in obtaining the birth certificate (unless the UAC is claiming asylum).

2. When requested by the case manager and with the approval of the UAC, CFS arranges for the UAC’s consulate to interview him/her for help in obtaining a birth certificate or in determining the identity of the UAC.

3. The case manager continues making assessment if the following occur:
   - There are concerns about the UAC’s age based upon appearance and mannerisms.
   - Discrepancies in the assessment of the UAC and sponsor assessment that raises concerns about the UAC’s age.
   - The information provided seems suspicious or the documents appear to be altered based on the overall appearance of the documents or photos on those documents (birth certificates, school records, or other ID provided).²

   The case manager requests through the CFS to have the birth certificate verified by the consulate unless the UAC is seeking asylum due to persecution by their government. (The consulate will provide corrected birth date, name, or parents’ names to the ORR CFS if the birth certificate has been altered in any way.)

4. The CFS forwards the consulate’s response and attached documents to the case manager, copying the FFS.

5. The case manager gathers information to support the age re-determination and additional information requested by ICE in cases involving taking custody of an adult and sends to FFS. These may include:
   - Fake birth certificate
   - Consulate’s email
   - Document from the consulate, such as the actual (unaltered) birth certificate or RENAP or DPI or government issued ID
   - Immunization and TB test results (if received)

² If there are discrepancies or concerns that the UAC may using someone else’s birth certificate, the case manager may ask the consulate to interview this UAC who can also inquire about family history and provide validity to the birth certificate of the UAC. The consulate may also be able to provide a family tree that can be used by the case manager and the consulate during the assessment and interview for any discrepancies. The consulate may provide a statement as to any concerns he/she has in the interview and suspicion of this person using someone else’s birth certificate.
• Any statement by an individual in ORR custody confessing their actual age or birth date
• Statement by family member or sponsor of the UAC that provides a different date of birth, age, or identity
• The dental forensic written report indicating the probability this individual has reached the age of 18
• Memo by case manager documenting results of UAC Portal search for the name, date of birth, and/or documents provided by a UAC

6. The FFS writes a memo on ORR Letterhead to ICE requesting they pick up the individual and outlines the basis for the age redetermination that his individual is really an adult. If the basis uses the dental forensic, the FFS supervisor must approve of the age redetermination and approve the memo to ICE. The FFS sends the memo and all supporting documentation to the FOJC providing the shelter POC to arrange for pick up.

   Memo Format:
   Date:
   To: DHS, ICE, FOJC
   From: Name, ORR DUCO FFS
   Re: ADULT – Age Redetermination – Name – A# -- ORR shelter/placement name

   Narrative summary of the age redetermination process completed.

7. If the UAC is using a verified birth certificate but there is reasonable suspicion of this person being an adult, the case manager emails a request to the FFS for a dental forensic exam.  

8. The FFS approves the dental forensic exam and copies his/her FFS supervisor.

9. The medical department at the care provider arranges for a dental exam and requests the examining dentist to provide an age determination report. The report must indicate the likelihood of this individual’s age in percentage format. If the examiner cannot write this report, they may take digital images and the medical department can request a TAR for the images to be sent to a DHUC approved providers who can review those images and provide the program this type of report as agreed upon between ORR and DHS ICE.

10. If the dental report indicates this individual is likely to be an adult at the 75% probability threshold, the FFS provides this report to the FFS supervisor for review along with all other efforts, concerns, and other proof.
11. If there is the report plus another type of proof such as a confession of using another’s birth certificate, or confession from the family or sponsor, or the consulate’s shared concerns, then FFS writes a memo to ICE requesting they pick up the adult.

12. If a UAC or a sponsor has provided fraudulent documentation to ORR for the purposes of sponsorship (altered birth certificates or impersonating another person), the care provider submits a Significant Incident Report.

### 1.7 Placement and Operations during an Influx

**OVERVIEW**

As stated in UAC MAP section 1.3.2, ORR Intakes identifies available and appropriate bed space at a care provider by reviewing the “Capacity Management” tab in the UAC Portal which automatically updates and identifies available beds by state, facility, and types of facilities on a daily basis. See Fig. 1.4.

The Capacity Report serves as a bellwether when the number of UAC coming into the United States exceeds the standard capabilities of ORR to process them using standard operating procedures.

The ORR Division of UAC Planning and Logistics (DPL) oversees comprehensive planning to ensure that the UAC Programs are able to accommodate the number of referrals of children to ORR care. DPL prepares plans for anticipated shelter capacity and staffing needs. DPL leads coordination with other federal agencies and management of grants and contracts. If ORR requires temporary shelters to care for UAC, DPL is the operational and logistical lead player for those efforts.

ORR arranges for influx care facilities (ICF), provides additional transportation services, and puts other operations into place to meet the need during an influx. Because certain ICF may require a 72-hour medical waiting period prior to receiving UAC, ORR activates Health Processing Centers (HPC) to initially screen and vaccinate children prior to their placement into ICF.

<table>
<thead>
<tr>
<th>Key Players</th>
<th>Responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>ORR Intakes</td>
<td>Monitors bed space based on daily capacity reports and updates ORR</td>
</tr>
</tbody>
</table>
leadership when data indicates an influx is underway. Also designates initial placement of qualified UAC into an HPC following DHS apprehension.

| **DHUC** | ORR Division of medical officers, epidemiologists, and other public health experts who ensure UAC are screened and processed consistent with public health standards during an influx. |
| **Division of UAC Planning and Logistics (DPL)** | ORR Division that manages the influx/emergency component of business operations. Responsible for UAC program planning and operations during times of influx. |
| **Designated FFS or FFS Supervisor** | Approves UAC identified for an initial placement or transfer to free up bed space during an influx; approves travel plans. |
| **Sending Case Manager** | Identifies eligible UAC for transfers, coordinates travel plans, and manages logistics, such as notifications to stakeholders. |
| **Influx Transportation Staff** | Verifies that transfer checklists and documents are complete, checks UAC prior to boarding and transports UAC to Influx Care Centers. |

**Related Forms/Instruments**

| **Transfer Manifest** | Case Manager, CFS, FFS, DPL |
| **Care Provider Influx Transfer Checklist** | Case Manager |
| **Medical Checklist for Influx Transfers** | Medical Coordinator, Medical Staff, DPL |

### 1.7.1 Activation of HPCs

📖 See Section 1.7.1 of the UAC Policy Guide.

### 1.7.2 Placement into HPCs

📖 See Section 1.7.2 of the UAC Policy Guide.

**PROCEDURES**

1. ORR Intakes continuously updates ORR management of the following:
   - Care provider facilities, HPCs, and ICF that have reached capacity
   - Total number of UAC pending
• Total number of tender age UAC pending
• Number of UAC exceeding pending placement for 24 hours or less, 48 hours, and 72 hours
• Any special placement (e.g., medically fragile UAC)
• List of all UAC pending placement, including initial referral information

2. ORR Intakes designates placement at an HPC and contacts DHS (or other referring agency) with the contact information of the HPC using the placement notification summary below.

---

**Email Template Initial Placement into HPC**

From: ORR Intakes  
To: Care Provider/HPC  
   Referring DHS Sector  
CC: FFS  
   ORR Intakes Team Lead  
   DPL  

Body: Includes, but is not limited to:

- Designated care provider/HPC
- UAC’s name, A#, date of birth, and country of origin
- Referring DHS Sector
- Summary of any medical, mental health, or other special concerns
- Summary of any reported safety concerns and contact information for the referring official who flagged the concern.

---

3. Upon request, ORR Intakes may request that DHS contact the point of contact for the HPC to provide notice of travel arrangements, including expected arrival date and time of the UAC at the designated location and the contact information for the transporting officials.

4. ORR Intakes ensures that DHS has correct contact information for the HPC point of contact and is aware of any limitations or restrictions to the day/time that the UAC can be accepted by the HPC.
1.7.3 Placement into Influx Care Facilities

See Section 1.7.1 of the UAC Policy Guide.

PROCEDURES

1. DPL, in conjunction with the other UAC Program Divisions, identifies HPC or care provider facility with targeted number of UAC who meet ICF transfer criteria.

2. Once DPL determines date of transfer and targeted number of UAC for transfer from either care provider facilities or HPCs, the referring case manager or HPC point of contact identifies individual UAC who meet ICF transfer criteria.

3. The sending case manager or HPC point of contact develops a proposed Transfer Manifest with list of eligible UAC and sends it to the assigned CFS, designated FFS, FFS supervisor, and DPL Operations and Logistics Lead no later than 72 hours prior to the proposed transfer date. See Fig. 1.12.

4. Within 4 hours of receipt of the Transfer Manifest, the designated FFS or FFS supervisor approves the proposed Transfer Manifest and notifies the sending case manager, copying the case coordinator for situational awareness, of the final approved Transfer Manifest. The FFS notifies the Data and Analysis team of group transfers for 20 or more UAC to allow for a mass transfer ORR approval via the UAC Portal.

   NOTE: No additional UAC may be added to the Transfer Manifest once it is approved by ORR.

5. Within 4 hours of receipt of the approval of the Transfer Manifest, the sending case manager completes the case manager section of the Transfer Request in the UAC Portal and as soon as possible notifies the FFS and CFS when it is complete. See Fig. 1.7. The case manager leaves the case coordinator section of the Transfer Request blank. If more than 20 UAC are on the Transfer Manifest, the case manager ONLY fills in the Requested Date field. See Fig. 1.13.
6. The sending case manager at the HPC or standard shelter coordinates with the Transportation Contractor, if applicable, and the DPL Operations and Logistics Lead to develop a travel plan that meets the following requirements:

- UAC must depart the HPC or standard shelter within 48 hours of transfer approval and arrive at the ICF no later than 5:00 p.m. If the estimated time of arrival is after 5:00 p.m. or the plan involves 8 hours or more of travel time for the UAC, the sending case manager immediately elevates the issue to the sending and receiving FFS who will staff the issue with the senior FFS supervisor for approval.
- Detailed transportation arrangements, including route, Border Patrol check points, transportation staff and driver names.
- Steps to ensure UAC travel with a supply of current medications (if applicable), his/her belongings, and transfer documentation.
- Provides for preparations for the UAC.
- Meal arrangements.
- Addresses any additional security measures in place at the ICF.

7. The sending case manager provides the approved Transfer Manifest to the Transportation Point of contact and the Transportation Contractors provide the case manager with the transportation plan (routes, staff, drivers’ names, etc.).

8. The designed sending and receiving FFS or FFS supervisor and DPL Operations Lead approve the travel plan no later than 48 hours prior to the proposed transfer date.
9. The sending case manager completes the following for each UAC on the approved Transfer Manifest:
   - Care Provider Checklist for Transfers to Influx Care Facilities
   - Care Provider Family Reunification Checklist
   - Transfer Request and Tracking Form
   - Medical Checklist for Influx Transfers

Appendix 1.8 is the Care Provider Checklist for Transfers to Influx Care Facilities.

Appendix 1.9 is the Medical Checklist for Influx Transfers.

10. Sending case manager updates the Transfer Manifest to include the following:
   - Final names of UAC; A#s; date of birth; checkbox confirming that UAC has completed medical and vaccination records
   - Transportation date and time
   - Name of transport staff
   - Transfer location
   - Transportation route to transfer location
   - Estimated time of arrival to transfer location

11. ORR designated staff approve the Transfer Requests in the UAC Portal at least 24 hours prior to the physical transfer of the UAC and notify the case manager of completion based on the sample email template below. **NOTE:** Groups of 20 or more require notification to Data and Analysis Team.

---

**Email Template Transfer Manifest**

To: Designated CBP Contact  
   Referring and Receiving ICE FOJC  
   Referring and Receiving Case Managers  
   Referring and Receiving Case Coordinators  
   Referring FFS  
CC: DPL team, Data and Analysis Team  
Attachments: Transfer Manifest

If the Transfer Manifest is for 20 or more children, the designated FFS or CFS emails the Data and Analysis Team to input the approvals in the UAC Portal based on the email template below. **NOTE:**
Email Template: Transfer Manifest for Groups of 20 or More

From: DPL
To: Designated Data and Analysis Team Contact
CC: DPL team, Data and Analysis Team

Body: A# of UAC transferred; source program name; receiving program name; name of ORR Official approving the Transfer Request; Date of approval
Attachments: Transfer Manifest

12. The sending case manager notifies legal service providers for UAC on Transfer Manifest and uploads UAC documents to the UAC Portal (see Quick Glance below).

Quick Glance: Documents that Sending Case Manager Must Complete/Upload to UAC Portal Prior to Transfer to ICF

- Initial Intakes Assessment
- UAC Assessment
- Assessment for Risk
- Individual Service Plan
- Background Checks Table
- Family Reunification Forms and Supporting Documentation
- Significant Incident Reports, if applicable
- DHS Form I-862 Notice to Appear
- Legal Representation List acknowledgment
- Know Your Rights acknowledgment
- Care Provider Checklist for Transfers to Influx Care Facilities
- Medical Checklist for Influx Transfers
- Transfer Request and Tracking Form
- Copies of health records, to include medical, dental, and mental health (UAC must be clear of all contagious conditions, including scabies and lice)

13. The sending care provider prepares the UAC for transfer:
   - Within 24 hours before physical transport, conducts lice and rash checks on all UAC on Transfer Manifest. If UAC is found to have lice or rash, removes the UAC from Manifest and immediately notifies the designated sending and receiving FFS of the change.
• Notifies the UAC of the transfer, considering the UAC and others’ safety and well-being, in determining when and what information is shared and allows UAC closure with staff and peers.  
• Arranges for discussion between sending and receiving case managers if there are special circumstances.  
• Gathers the documents and items which will accompany the child on the transfer.  

**Quick Glance: Items That Accompany UAC on Transfer to ICF**

- UAC personal belongings, including clothing, money, valuables, and items obtained during the UAC’s stay at the sending care provider  
- *Transfer Request and Tracking Form*  
- 30-day medication supply (any exceptions must be fully discussed with sending and receiving care providers prior to transfer)  
- *Care Provider Family Reunification Checklist*  
- Transfer Manifest  
- *Care Provider Checklist for Transfers to Influx Care Facilities*  
- Copy of health records, to include medical, dental, and mental health  
- Original documents (birth certificates, DHS form I-862 Notice to Appear)  

14. The sending case manager ensures that transfer documentation and items are provided to the influx transportation staff for each UAC at time of transfer.  

15. Influx transportation staff:  
- Verifies that *Care Provider Checklist for Transfers to Influx Care Facilities* is complete no later than 2 hours prior to physical transport.  
- Verifies that all transfer documentation and items listed on the *Transfer Request and Tracking Form* and *Care Provider Checklist for Transfers to Influx Care Facilities* for each UAC are in the transportation staff’s possession in a secure manner (especially health documents and immunization records).  
- Verifies that the lice and rash check was completed.  
- **Immediately** before the UAC physically boards the vehicle, checks each UAC’s temperature to ensure that it is not elevated. If a UAC has an elevated temperature, then removes the UAC from the Transfer Manifest
and IMMEDIATELY notifies the sending care provider and receiving FFS of the change. If the UAC complains of an illness or other medical concern or the transportation staff observes an illness or other medical concern, IMMEDIATELY elevates the issue to the designated FFS and sending care provider and does not allow the UAC to board the vehicle.

16. The sending care provider point of contact:

- **As the UAC physically boards the transport vehicle, immediately** exits each UAC in the UAC Portal (discharge type: “transfer”).
- **After departure of the transport vehicle, immediately** sends notice of final number of UAC who departed and a final Transfer Manifest based on the Final Manifest Email template above.

**Special Situations Regarding Transfer Logistics and Physical Transfer:**

HPCs, ICF, and Transportation Contractors must communicate and coordinate the physical transfer of UAC and be aware of the following:

- Any special security procedures at the ICF
- Timely reporting of changes in flight, such as cancellations
- Missed flights
- Changes of UAC boarding flights or traveling by bus due to illness
- Requests for the ICF to meet the HPC transport staff at the airport to accept new placements
- When ICF requires UAC to arrive with a hard copy of his/her health records
- Any trouble encountered en route (i.e. extra paperwork necessary to bring UAC on flight, extra Border Patrol checks en route, ...)

### 1.7.4 Admission and Orientation for HPCs and Influx Care Facilities

**PROCEDURES**

1. The ICF staff escorts the UAC immediately upon arrival into a medical intakes area.

2. The medical coordinator completes a medical intakes screening by:
• Checking each UAC temperature to ensure that his/her temperature is not elevated.
• Checks each UAC for lice and rash and refers for treatment and/or isolation, if necessary.
• Reviews transfer documentation that accompanied the UAC to confirm that the UAC is medically cleared.
• Ensures receipt of health documents, to include immunization and lab/chest x-ray documents.
• Ensures receipt of sufficient medication supply and ensures a refill is obtained, if required.
• If a UAC has an elevated temperature or rash, immediately notifies the ICF ORR staff and sending and receiving FFS to determine whether the UAC requires further medical evaluation or whether the UAC should be safely transported back to the sending care provider or to an alternative program.
• If the UAC complains of an illness or other medical concern or if the influx transportation staff or receiving care provider observes an illness or other medical concern, immediately elevates the issue to the designed FFS and medical coordinator via phone and email and does not allow the UAC to mix with other UAC already in place in the facility.

3. ICF staff admits the UAC to care provider program in the UAC Portal. (See Quick Glance: How to Access UAC Records after Transfers in Section 1.4 above.)

1.7.5 Medical Services

See Section 1.7.5 of the UAC Policy Guide.

1.7.6 HPC and Influx Care Facility Services

See Section 1.7.6 of the UAC Policy Guide.

PROCEDURES

1. **Within 4 hours of the UAC arrival**, the ICF:
• Offers the UAC a meal and/or snack and the opportunity to shower and receive clean clothing.
• Reviews the *Care Provider Checklist for Transfers to Influx Care Facilities* to ensure that all required documentation is in the UAC Portal.
• Completes an inventory of the UAC’s belongings, including medication, and signs the *Transfer Request and Tracking Form* and uploads it to the UAC Portal.
• Signs the Transfer Manifest and sends a copy to the designated DPL.
• Reviews the *Care Provider Family Reunification Checklist* to ensure that all required documentation is in the UAC Portal.

**NOTE:** If any items or documents are missing, the receiving care provider contacts the sending care provider within 3 business days. If the receiving care provider does not receive the missing items within 3 days of request or receive uploaded missing documentation in the UAC Portal, the receiving care provider contacts the sending FFS to resolve.

2. **Within 24 hours of the UAC arrival,** the ICF:
   • Completes the *Initial Intakes Assessment.*
   • Facilitates contact between the UAC’s family and/or potential sponsors.
   • Follows up with the UAC potential sponsor to assist in completing the family reunification packet; complete the sponsor assessment interview, if not previously completed; assess the potential sponsor’s ability to provide for UAC needs; check status of completion of criminal background checks, if applicable.

3. **Within 5 days of the UAC arrival,** completes the *UAC Assessment* and *ISP.*

4. The ICF holds weekly case staffing in consultation with the case coordinator regarding potential transfers in case a significant or concerning change occurs for the UAC.

5. In the event that a UAC needs to be transferred all parties follow the standard transfer procedures (Section 1.4).

### 1.7.7 Transportation during Influx

📖 See Section 1.7.7 of the UAC Policy Guide.
1.7.8 Federal Staffing Plan

See Section 1.7.8 of the UAC Policy Guide.
Appendix 1.1: Referrals to ORR, Initial Placements, and Transfers: Roles and Responsibilities for ORR and Care Provider Staff

### Referrals and Initial Placements

<table>
<thead>
<tr>
<th>Step in Initial Placements</th>
<th>DHS or other federal agency</th>
<th>ORR Intakes</th>
<th>Receiving Care Facility</th>
<th>FFS/FFS Supervisor</th>
</tr>
</thead>
<tbody>
<tr>
<td>UAC Referred to ORR</td>
<td>Submits referral via UAC Portal or email or Intakes Hotline (<a href="mailto:orrducs_intakes@acf.hhs.gov">orrducs_intakes@acf.hhs.gov</a> or 202-401-5709)</td>
<td>Creates unique record of UAC in UAC Portal “Add New UAC”</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ORR Designates Placement</td>
<td>Uses placement considerations to make placement; contacts designated care provider for acceptance and notifies referring federal agency</td>
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<tr>
<td></td>
<td>Intakes provides advance notifications as needed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UAC Who Require Use of Placement Tool</td>
<td>Determines if Placement Tool is needed</td>
<td></td>
<td>All placements using the Placement Tool require approval by the on-call FFS supervisor.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>--Provides all known information from the Placement Tool to the FFS supervisor. --If information is missing, contacts the referring federal agency; Intakes reviews the Placement Tool and consults with the ORR FFS.</td>
<td></td>
<td>--The FFS supervisor decides if the recommended care provider type associated with the</td>
<td></td>
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<tr>
<td>Step in Initial Placements</td>
<td>DHS or other federal agency</td>
<td>ORR Intakes</td>
<td>Receiving Care Facility</td>
<td>FFS/FFS Supervisor</td>
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<td></td>
<td></td>
<td>--Documents the name of the FFS supervisor with whom they consulted on the placement decision.</td>
<td></td>
<td>Placement Tool is a suitable placement for the UAC. Each placement is assessed on a case-by-case basis. --The FFS supervisor has the authority to override a placement recommendation...</td>
</tr>
<tr>
<td>Care Provider Accepts Placement</td>
<td></td>
<td>Contacts the referring federal agency and provides the name and contact information of the designated care provider. Uses the Placement Notification Summary Email Template for email to federal agency and care provider.</td>
<td>Accepts placement unless UAC does not meet established facility specific criteria.</td>
<td></td>
</tr>
<tr>
<td>UAC Transferred to ORR Custody</td>
<td></td>
<td>--Requests that the referring federal agency contact the care provider to provide notice of travel arrangements, including expected arrival date and time of the UAC at the care provider’s location and the contact information for the transporting officials. --Assists care provider &amp; referring agency in making logistical arrangements --ensures that referring federal agency has correct contact information for care provider and is aware of any limitations or restrictions to the day/time UAC can be accepted by the care provider.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UAC arrives at care facility</td>
<td></td>
<td>--Accepts UAC personal belongings, medicines, etc. from referring federal agency.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Step in Initial Placements</td>
<td>DHS or other federal agency</td>
<td>ORR Intakes</td>
<td>Receiving Care Facility</td>
<td>FFS/FFS Supervisor</td>
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<td>agency; uploads supporting documents into UAC Portal --Admits UAC to program</td>
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</tbody>
</table>

**Transfers within the Care Provider Network**

<table>
<thead>
<tr>
<th>Step in Transfer Process</th>
<th>Sending Case Manager in Care Facility where UAC is placed</th>
<th>Sending Case Coordinator</th>
<th>FFS (other ORR Staff as indicated)</th>
<th>Receiving Case Manager and other staff in Receiving Care Facility where UAC may be transferred</th>
<th>Receiving Case Coordinator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial Recommendation</td>
<td>--Continuously reviews case files; consults with case coordinator --Maintains regular contact with UAC’s attorney of record or legal service provider to provide notice of UAC without a sponsor. --identifies UAC in need of transfer and notifies referring case coordinator (see email with sample transfer request packet) --ensures UAC is medically cleared</td>
<td>--Reviews Transfer Request File and decides if a transfer will better meet the UAC’s individual needs (in consultation with case manager and clinician) --If transfer is recommended consults with FFS for ORR’s input. If agreed upon, updates the Transfer Request in the UAC Portal --Identifies potential receiving care provider(s);</td>
<td>--Approves or denies the recommendation and may elevate to FFS Supervisor as needed. --Consults with case coordinator.</td>
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<tr>
<td>Update UAC Records</td>
<td>--Updates the UAC Case Review and Transfer Request documenting the need for transfer and</td>
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</tr>
</tbody>
</table>

UAC MAP: Section 1: Placement in ORR Care Provider Facilities
<table>
<thead>
<tr>
<th>Step in Transfer Process</th>
<th>Sending Case Manager in Care Facility where UAC is placed</th>
<th>Sending Case Coordinator</th>
<th>FFS (other ORR Staff as indicated)</th>
<th>Receiving Case Manager and other staff in Receiving Care Facility where UAC may be transferred</th>
<th>Receiving Case Coordinator</th>
</tr>
</thead>
</table>
| Receiving Care Provider Transfer Request | --Sends the Transfer Request File email to the receiving case coordinator and informs him/her if the file is being reviewed concurrently by another or multiple care providers | | | --Reviews the Transfer Request File  
--Notifies the receiving care provider that a UAC who appears to meet its placement criteria has been identified for transfer (emails the sample template information and CCs the sending case coordinating and receiving FFS) | |
| Receiving Care Provider Acceptance | | | | --Notifies receiving case coordinator of acceptance of transfer | Receiving case coordinator then notifies the sending case coordinator of the transfer acceptance and provides the receiving program’s POC for logistics |
| After Transfer Acceptance | --Updates the case manager portion of the Transfer Request in the UAC Portal | --Informs the sending and receiving care providers and FFS and case coordinators of the approved placement and | | | |

UAC MAP: Section 1: Placement in ORR Care Provider Facilities
<table>
<thead>
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<th>Receiving Case Coordinator</th>
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<tbody>
<tr>
<td></td>
<td>--Notifies the sending case coordinator and sending FFS when the Transfer Request is complete</td>
<td>contacts for receiving care provider staff to complete transfer logistics</td>
<td>--Notifies other care provider facilities under consideration that a placement has been found.</td>
<td>--IMMEDIATELY upon notification that the Transfer Request is in the UAC Portal, but no later than the next business day, documents his/her final decision on the Transfer Request; Notifies the FFS that the transfer request is ready for ORR final decision. [FFS can only approve the transfer after the case coordinator completes his/her section.]</td>
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</tr>
<tr>
<td>Transfer of Documentation and UAC’s belongings</td>
<td>--Sends to the receiving case manager and FFS any significant information received or significant incident reports that occurred after the transfer request was sent</td>
<td>--Ensures that documents are completed and uploaded to the UAC Portal</td>
<td></td>
<td>Enters final ORR transfer decision in the UAC Portal and notifies all parties that this is completed.</td>
<td></td>
</tr>
<tr>
<td>Step in Transfer Process</td>
<td>Sending Case Manager in Care Facility where UAC is placed</td>
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<td>and items that will accompany UAC at time of transfer are secure</td>
<td>--Emails stakeholders (see sample email template) --Completes the Discharge Notification Form and Notice of Transfer to ICE Chief Counsel Change of Address/Change of Venue in the UAC Portal --Saves a hard copy of the completed Transfer Request and Tracking Form in the UAC's case file</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Within 24 hours Prior to the Physical Transfer</td>
<td>--Ensures the Transfer Request is completed in the UAC Portal within 2 business days of the actual transfer --Notifies the UAC of the transfer. If there are any safety concerns about this notification, elevates these concerns to the case coordinator and FFS. --Sings the Transfer Request to validate that all items listed are included in UAC's packet --Updates the UAC Case</td>
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<tr>
<td>Coordination of Transfer Logistics</td>
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</tbody>
</table>
**Step in Transfer Process** | **Sending Case Manager in Care Facility** where UAC is placed | **Sending Case Coordinator** | **FFS (other ORR Staff as indicated)** | **Receiving Case Manager and other staff in Receiving Care Facility where UAC may be transferred** | **Receiving Case Coordinator** |
---|---|---|---|---|---|

*Review and Individual Service Plan*, documenting the need for Transfer and Recommendations for placement
--Ensures a copy of the UAC’s required documents and all the UAC’s belongings (i.e., clothing, medication, legal documents,) are transferred
--Verbally notifies UAC’s approved contacts of transfer
--Offers the UAC chance to contact their consulate to notify them of the transfer
--Completes *Change of Venue/Change of Address Form* as needed

**TRANSFER LOGISTICS:** Receiving and sending care providers discuss the *UAC’s Assessment, UAC Case Review, Transfer Request* and status of family reunification to ensure continuity in case planning and relationships with primary care givers and prepares the UAC for the transfer. Receiving and sending care providers ensure UAC is medically cleared by a medical coordinator or other medical staff prior to transfer and that the *Medical Checklist for Transfers* has been completed and uploaded to the UAC Portal. UAC in care are not allowed to travel without a care provider staff member.

**Physical Transfer** | --Considers the safety of the UAC and others in deciding when and what information to share prior | | | --Orients the child to the new placement
--IMMEDIATELY upon UAC’s arrival, admits

UAC MAP: Section 1: Placement in ORR Care Provider Facilities
<table>
<thead>
<tr>
<th><strong>Step in Transfer Process</strong></th>
<th><strong>Sending Case Manager in Care Facility where UAC is placed</strong></th>
<th><strong>Sending Case Coordinator</strong></th>
<th><strong>FFS (other ORR Staff as indicated)</strong></th>
<th><strong>Receiving Case Manager and other staff in Receiving Care Facility where UAC may be transferred</strong></th>
<th><strong>Receiving Case Coordinator</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>to the transfer</td>
<td></td>
<td></td>
<td>the UAC into the program</td>
<td></td>
</tr>
<tr>
<td></td>
<td>--Provides opportunity for closure with staff and peers</td>
<td></td>
<td></td>
<td>--Ensures the medical coordinator completes medical intakes screening</td>
<td></td>
</tr>
<tr>
<td></td>
<td>--Consults with receiving case manager about opportunity to talk to the UAC after the transfer</td>
<td></td>
<td></td>
<td>--Ensures receipt of medications, medical and vaccination documents</td>
<td></td>
</tr>
<tr>
<td></td>
<td>--Provides clinical support</td>
<td></td>
<td></td>
<td>--Verifies all items listed on the <em>Transfer Request and Tracking Form</em> is included and signs it and uploads to portal.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>--Immediately exits the UAC in the UAC Portal (Discharge type: “Transfer”)</td>
<td></td>
<td></td>
<td>--<em>Completes Initial Intakes Assessment, UAC Assessment and ISP</em></td>
<td></td>
</tr>
<tr>
<td></td>
<td>--Addresses issues such as flight cancellations, missed flights, illness issues</td>
<td></td>
<td></td>
<td>--Reviews Care Provider Family Reunification Checklist</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>--Facilitates contact between the UAC and family and/or potential sponsors.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Accessing Records for UAC Who Have Been Transferred</strong></td>
<td></td>
<td></td>
<td></td>
<td>--In UAC portal, clicks on Case Management tab</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>--List of UAC in program will display</td>
<td></td>
</tr>
<tr>
<td>Step in Transfer Process</td>
<td>Sending Case Manager in Care Facility where UAC is placed</td>
<td>Sending Case Coordinator</td>
<td>FFS (other ORR Staff as indicated)</td>
<td>Receiving Case Manager and other staff in Receiving Care Facility where UAC may be transferred</td>
<td>Receiving Case Coordinator</td>
</tr>
<tr>
<td>--------------------------</td>
<td>---------------------------------------------------------</td>
<td>--------------------------</td>
<td>----------------------------------</td>
<td>---------------------------------------------------------------------------------</td>
<td>--------------------------</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>--Select the transferred UAC by clicking on the A# to get to the Case Mgmt. tab.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>--Under UAC Basic Information section, see drop down menu which display all programs in which the UAC has been admitted.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>--Use the drop down box to change the program selection to one of the previous programs to view the documents.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>--Check for documents in all previous programs</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>--For technical help: Call UAC Help Desk at 210-858-8304 or <a href="mailto:uchelpdesk@ap-in.com">uchelpdesk@ap-in.com</a></td>
<td></td>
</tr>
</tbody>
</table>

**Further Assessment Swift Track (FAST)**

<table>
<thead>
<tr>
<th>Case Manager</th>
<th>Case Coordinator</th>
<th>FFS</th>
</tr>
</thead>
<tbody>
<tr>
<td>--Notifies UAC placed in</td>
<td>--Considers any new information obtained by case</td>
<td>--Reviews the Placement Tool information</td>
</tr>
<tr>
<td>Case Manager</td>
<td>Case Coordinator</td>
<td>FFS</td>
</tr>
<tr>
<td>--------------</td>
<td>------------------</td>
<td>-----</td>
</tr>
<tr>
<td>secure or staff secure care setting of his/her FAST designation -- informs UAC that his/her placement designation will be reassessed in 30 days or less -- Notifies attorney of record or legal service provider of FAST designation -- Makes efforts to confirm accuracy of UAC information (prior delinquency, criminal record) and to obtain records -- Reviews FAST section of the Placement Tool and completes Case Manager section of Placement Tool and notifies case coordinator and FFS -- Discusses case with case coordinator and FFS during case staffing to review placement</td>
<td>manager, legal service provider or attorney of record -- Reviews case manager’s recommendations and comments shared during case staffing -- Completes case coordinator section of the FAST section</td>
<td>-- Decides to concur or override the case manager and case coordinator’s recommendation for the level of care -- Requests review and approval by the FFS supervisor for any override of the placement recommended level of care. -- Documents the justification for the concurrence or override -- Notifies the case coordinator and case manager of the FAST placement decision</td>
</tr>
</tbody>
</table>

### Incomplete FAST Assessment

-- Documents in the FAST section of the Placement Tool in the UAC Portal that the UAC was released or discharged from ORR in fewer than 30 days, prior to completion of the FAST review, and notifies the

-- Emails the FFS to advise that the FAST section of the Placement Tool was not completed and/or the corresponding justification.
# Long Term Care Transfers

All parties follow the steps in the Roles and Responsibilities for Transfers as well as the additional requirements in the chart below.

<table>
<thead>
<tr>
<th>Step in Transfer Process</th>
<th>Sending Case Manager</th>
<th>Sending Case Coordinator</th>
<th>Receiving LTFC Point of Contact</th>
</tr>
</thead>
</table>
|                          | Case Manager requests from the legal service provider or attorney of record confirmation of the UAC’s eligibility for immigration relief, type of immigration relief and status of court hearings or relief petitions. [ORR may waive this requirement 3.] (The case manager should also confirm that they are in agreement that the UAC may be | --Notifies the appropriate LTFC point of contact that a UAC has been identified for a transfer and provides the sending care provider’s Transfer Request file | --Attempts to identify a placement within 10 business days of receiving the Transfer Request. 4
--If placement is identified, the LTFC provider or national VOLAG completes the Long Term Foster Care Placement Memo and submits it to the sending case coordinator with a copy to the receiving case coordinator (includes the name and contact information for the staff responsible for the coordination of the transfer.
--Emergency placement changes must be submitted to the case coordinator within 24 hours of the placement change.
--Prior to accepting the transfer, the LTFC point of contact should confirm that the UAC has been properly identified and that the transfer is in their best interest. |

---

3 To request a waiver, the case manager submits the request to the FFS, who will make the final decision. However, there must be other circumstances which would result in a longer stay, such as the child’s country of origin is in a state of emergency, indicating that the child will likely not be repatriated for an extended period of time.

4 If the LTFC provider or national VOLAG cannot identify a placement within 10 business days, they must notify the referring Case Coordinator with a copy to the receiving Case Coordinator why a placement has not been found (e.g., programs are at capacity and UAC is on waitlist, no capacity for females, and no suitable placement for a UAC’s special needs). In the notification the provider indicates whether they will continue attempts to identify a placement.

---

UAC MAP: Section 1: Placement in ORR Care Provider Facilities
<table>
<thead>
<tr>
<th>Step in Transfer Process</th>
<th>Sending Case Manager</th>
<th>Sending Case Coordinator</th>
<th>Receiving LTFC Point of Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>transferred)</td>
<td></td>
<td>contact requests confirmation from the receiving legal service provider or attorney of record that they will arrange for legal services for the UAC and that the UAC will be eligible for legal relief in his/her jurisdiction [ORR may waive this requirement]</td>
</tr>
<tr>
<td>Receiving Care Provider Acceptance</td>
<td></td>
<td>Notifies all parties of the transfer placement memo and requests the FFS to approve the transfer in the transfer request in the portal.</td>
<td></td>
</tr>
<tr>
<td>Physical Transfer</td>
<td>The UAC’s sending care provider and receiving LTFC provider coordinate pre-placement orientation services to prepare the UAC and foster family for placement, helping the UAC understand what to expect from the foster care provider and foster parents by: --Utilizing agency and foster parent welcome letters, program brochures, and foster family books that may include pictures and descriptions of home, family, and community life --Coordinating the pre-placement contact between the UAC and the receiving LTFC staff and foster parents.</td>
<td>Coordinates with the sending case manager to schedule a pre-placement phone call for the UAC and the foster family or the foster group home program</td>
<td></td>
</tr>
</tbody>
</table>
Group Transfers

<table>
<thead>
<tr>
<th>Step in Transfer Process</th>
<th>Sending Case Manager</th>
<th>FFS</th>
</tr>
</thead>
</table>
| Initial Recommendation   | --Expediitously identifies UAC who meet group transfer criteria  
--Provides a Transfer Manifest of UAC meeting the group transfer criteria to the assigning CFS and FFS (If program is closing the Transfer Manifest is sent to PO) | --Reviews the proposed Transfer Manifest  
--Notifies case manager of approved Transfer Manifest | |
|                          | If the FFS approves the UAC who will be transferred as a group, notifies the following of the transfer request for each child in the group:  
--ICE FOJC  
--UAC’s Legal Service Provider or Attorney of Record, if applicable  
--Child Advocate, if applicable  
--Potential Sponsor of Record | | |
| Update UAC Records       | --Updates the UAC Case Review and ISP for each child and completes the Transfer Request and the Discharge Notification Form in the UAC Portal, documenting the need for transfer and recommendations for placement.  
--Sends notification to the FFS that all of the approved UAC on the Transfer list have been entered into the UAC Portal | Enters the transfer approvals into the UAC Portal. | |

Transfer to a Residential Treatment Center

All parties follow the steps in the Roles and Responsibilities for Transfers as well as the additional requirements in the chart below.
<table>
<thead>
<tr>
<th>Step in Transfer Process</th>
<th>Sending Case Manager in Care Facility where UAC is placed</th>
<th>Sending Case Coordinator</th>
<th>FFS (other ORR Staff as indicated)</th>
<th>Receiving Case Manager and other staff in Receiving Care Facility where UAC may be transferred</th>
<th>Receiving Case Coordinator</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Initial recommendation</strong></td>
<td>--If a UAC exhibits significant mental health issues, arranges for an evaluation by a licensed psychologist or psychiatrist in consultation with the Care Provider Clinician. --If the licensed psychologist or psychiatrist determines that the UAC requires specialized care, staffs the case with the Clinician to determine if the UAC requires an RTC placement. --If RTC is recommended by a psychologist or psychiatrist, completes an RTC Transfer Request File (with clinician input) and submits to case coordinator by email.</td>
<td>--Reviews the Transfer Request File and elevates the request for RTC placement to the FFS --Sends the Transfer Request File to the receiving case coordinator for the RTC.</td>
<td>--Reviews the Transfer Request File to ensure that it complies with ORR Policy and Procedures and may elevate the case to the FFS supervisor if there are any contraindications or may notify the case coordinator that ORR is in agreement with pursuing RTC placement.</td>
<td></td>
<td>Receiving case coordinator notifies the sending case coordinator and receiving FFS of the RTC's acceptance or denial with reasons for denial.</td>
</tr>
<tr>
<td><strong>Care Provider Acceptance</strong></td>
<td>Updates the UAC Case Review, as applicable, updates the Transfer Request, documenting the need for transfer and recommendations for placement. Sending case manager consults with clinical staff regarding notification to UAC about the</td>
<td></td>
<td>--Notifies the case coordinator and case manager of the transfer. --Any disagreements between the receiving case coordinator’s recommendation</td>
<td>--Within 5 business days of receipt of the RTC Transfer Request, the RTC responds via email to the sending case manager and receiving case coordinator with their acceptance or denial.</td>
<td></td>
</tr>
<tr>
<td>Step in Transfer Process</td>
<td>Sending Case Manager in Care Facility where UAC is placed</td>
<td>Sending Case Coordinator</td>
<td>FFS (other ORR Staff as indicated)</td>
<td>Receiving Case Manager and other staff in Receiving Care Facility where UAC may be transferred</td>
<td>Receiving Case Coordinator</td>
</tr>
<tr>
<td>--------------------------</td>
<td>--------------------------------------------------------</td>
<td>--------------------------</td>
<td>-----------------------------------</td>
<td>---------------------------------------------------------------------------------</td>
<td>--------------------------</td>
</tr>
<tr>
<td></td>
<td>RTC transfer and takes into consideration any safety factors. If there are concerns about this notification, the sending case manager must notify the case coordinator and FFS for any technical assistance or guidance. If the UAC is not notified, the RTC should be made aware of this fact.</td>
<td>and the RTC must be resolved by FFS and/or FFS supervisor</td>
<td>denial along with reasons if it’s a denial.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coordination of Transfer Logistics</td>
<td>If a psychologist or psychiatrist recommends that a UAC travel with emergency medications for treating a mental health crisis (commonly known as PRN medications) that the UAC may experience during the transfer, arrangements are made for a mental health professional to accompany UAC during transport and the receiving RTC may be asked to assist with transport.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Every 30 days, at a minimum</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

UAC MAP: Section 1: Placement in ORR Care Provider Facilities
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<th>Sending Case Coordinator</th>
<th>FFS (other ORR Staff as indicated)</th>
<th>Receiving Case Manager and other staff in Receiving Care Facility where UAC may be transferred</th>
<th>Receiving Case Coordinator</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>treatment/discharge recommendations in the UAC Portal and notify the case coordinator that they are ready for review.</td>
<td></td>
</tr>
</tbody>
</table>

All parties follow the Roles and Responsibilities Chart (depending on where the transfer will occur).
Appendix 1.2 “Add New UAC” Screen Shot

![Add/Edit UAC Form]

**UAC MAP: Section 1: Placement in ORR Care Provider Facilities**
**Appendix 1.3 Placement Tool**

### Intakes Placement

**To be Completed by Intakes**

- First Name: 
- Last Name: 
- A Number: 
- DOB: 
- Age: 
- Gender: [ ] Male [ ] Female 
- Country of Birth: 
- Re-Apprehension?: [ ] Yes [ ] No 
- Intake Staff Name: 

**Initial Placement Decision**

- Date of Initial Placement: 
- Program Name: 
- Program Type: 
- OVERRIDE?: [ ] Yes [ ] No 

---

**Placement Matrix**

<table>
<thead>
<tr>
<th>Initial Placement Score</th>
<th>Recommended Placement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-5</td>
<td>Shelter</td>
</tr>
<tr>
<td>6-7</td>
<td>Staff secure FAST</td>
</tr>
<tr>
<td>8-12</td>
<td>Staff secure</td>
</tr>
<tr>
<td>13+</td>
<td>Secure - FAST</td>
</tr>
</tbody>
</table>

Is this a FAST placement? [ ] Yes [ ] No

Note: if an upward override is used, the placement will also be treated as a FAST placement, and "Yes" should be selected.

Are additional therapeutic services required? [ ] Yes [ ] No

Is this an override of the Placement Matrix? [ ] Yes [ ] No

If this is an override, fill in the blanks:
- I confirm that DUCS supervisor [ ] approved this override on date: [ ]
- time: [ ]
- in a [ ]
- Phone Call [ ] In-person conversation [ ] email [ ]

Justification for Override:
### PART A: DANGER TO OTHERS

In order to establish the appropriate placement, ORR/DUCS must assess the risk the UAC poses to others.

**Question 1: Delinquency/criminal record**

Take into account a UAC’s prior arrests, charges, and adjudications. You should select ONLY the highest score applicable to the UAC’s delinquent/criminal record. For guidance on scoring specific offenses, see the Program Guidance. Note that dropped charges should be scored differently during Intakes and FAST reviews; see the Program Guidance for an explanation.

<table>
<thead>
<tr>
<th>Score</th>
<th>Int.</th>
<th>Fac.</th>
<th>CC</th>
</tr>
</thead>
<tbody>
<tr>
<td>No indication</td>
<td>0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Non-violent offenses

One or multiple petty offenses only e.g. disorderly conduct, disturbing the peace, drug possession, DUI, false ID, public intoxication, resisting arrest, shoplifting, technical probation violation, vandalism

<table>
<thead>
<tr>
<th>One incident</th>
<th>Int.</th>
<th>Fac.</th>
<th>CC</th>
</tr>
</thead>
<tbody>
<tr>
<td>More than one incident 6</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Non-petty offenses (no violence/weapon) e.g. smuggling, breaking and entering, burglary, car theft, drug distribution, fighting, prostitution, statutory rape without violence or intimidation, threats

<table>
<thead>
<tr>
<th>One incident</th>
<th>Int.</th>
<th>Fac.</th>
<th>CC</th>
</tr>
</thead>
<tbody>
<tr>
<td>More than one incident</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Violent/weapons offenses

Possession of non-firearms weapons e.g. possession of brass knuckle, possession of a knife

<table>
<thead>
<tr>
<th>One incident</th>
<th>Int.</th>
<th>Fac.</th>
<th>CC</th>
</tr>
</thead>
<tbody>
<tr>
<td>More than one incident 10</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Violent offenses e.g. assault, battery, robbery (No weapons involved, but can include use of hands, fists, etc.)

<table>
<thead>
<tr>
<th>One incident</th>
<th>Int.</th>
<th>Fac.</th>
<th>CC</th>
</tr>
</thead>
<tbody>
<tr>
<td>More than one incident 13</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*“Weapon 1” involved* (Weapon 1 = weapons other than knives or guns, including brass knuckles, broken bottles, scissors, etc.) e.g. assault, battery or robbery with brass knuckles

<table>
<thead>
<tr>
<th>One incident</th>
<th>Int.</th>
<th>Fac.</th>
<th>CC</th>
</tr>
</thead>
<tbody>
<tr>
<td>More than one incident 16</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*“Weapon 2” involved* (Weapon 2 = knives) e.g. assault, battery, or robbery with a knife

<table>
<thead>
<tr>
<th>One incident</th>
<th>Int.</th>
<th>Fac.</th>
<th>CC</th>
</tr>
</thead>
<tbody>
<tr>
<td>More than one incident 19</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Possession of “Weapon 3” (Weapon 3 = firearms/guns) e.g. possession of firearm (One or multiple incidents)

<table>
<thead>
<tr>
<th>One incident</th>
<th>Int.</th>
<th>Fac.</th>
<th>CC</th>
</tr>
</thead>
<tbody>
<tr>
<td>More than one incident</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Violent offenses involving “Weapon 3” e.g. assault, battery or robbery with a firearm (One or multiple incidents)
Sexual Assault: e.g. attempted rape, child molestation, lascivious acts

<table>
<thead>
<tr>
<th>One incident</th>
<th>13</th>
<th>Int.</th>
<th>Fac.</th>
<th>CC</th>
</tr>
</thead>
<tbody>
<tr>
<td>More than one incident</td>
<td>18</td>
<td>Int.</td>
<td>Fac.</td>
<td>CC</td>
</tr>
</tbody>
</table>

Very serious violent offenses: e.g. abduction, assault involving serious bodily injury, attempted murder, homicide, murder, rape, statutory rape with violence (One or multiple incidents)

| 20 | Int. | Fac. | CC |

Comments

Question 2. Violence/threats in government custody
Take into account past violence or threats in any government custody, including local, state, or federal, and previous DUCS placements.

Do not take into account threats or violence for which an arrest, charge, or adjudication was counted above in Question 1.
Do not take into account any behavior that is not specifically described as a threat or violent act.
Do not take into account any new incidents occurring during the FAST period. These should be addressed in Question 7 only.

Additional instructions are provided in the Program Guidance.

<table>
<thead>
<tr>
<th>Score</th>
<th>Int.</th>
<th>Fac.</th>
<th>CC</th>
</tr>
</thead>
<tbody>
<tr>
<td>No indication</td>
<td>0</td>
<td>Int.</td>
<td>Fac.</td>
</tr>
<tr>
<td>Threats only</td>
<td>1</td>
<td>Int.</td>
<td>Fac.</td>
</tr>
<tr>
<td>1 or more incidents of violence without injury</td>
<td>2</td>
<td>Int.</td>
<td>Fac.</td>
</tr>
<tr>
<td>1-2 incidents of violence causing injury</td>
<td>4</td>
<td>Int.</td>
<td>Fac.</td>
</tr>
<tr>
<td>3 or more incidents of violence causing injury</td>
<td>6</td>
<td>Int.</td>
<td>Fac.</td>
</tr>
</tbody>
</table>

Question 3. Gang Involvement
Take into account any evidence of the UAC’s gang involvement.

Select “Suspected” gang membership when there is only a suspicion of gang membership.
Select “Admitted or Confirmed” gang membership only if there is specific evidence, such as self-admission, gang-specific tattoos, a gang moniker, etc.

Additional instructions are provided in the Program Guidance.

<table>
<thead>
<tr>
<th>Score</th>
<th>Int.</th>
<th>Fac.</th>
<th>CC</th>
</tr>
</thead>
<tbody>
<tr>
<td>No indication</td>
<td>0</td>
<td>Int.</td>
<td>Fac.</td>
</tr>
<tr>
<td>Gang membership suspected</td>
<td>2</td>
<td>Int.</td>
<td>Fac.</td>
</tr>
<tr>
<td>Gang membership admitted or confirmed</td>
<td>4</td>
<td>Int.</td>
<td>Fac.</td>
</tr>
<tr>
<td>Leadership of gang confirmed</td>
<td>10</td>
<td>Int.</td>
<td>Fac.</td>
</tr>
</tbody>
</table>
**PART B: RISK OF FLIGHT**

In order to establish the appropriate placement, ORR/DUCS must assess the UAC’s risk of flight.

**Question 4. Prior escapes from government custody**

Take into account any prior escapes, escape attempts, and serious threats to escape from any actual Program (e.g., DUCS Program, shelter/foster-care placements, and detention facilities). Do not take into account attempts to evade law enforcement officials, such as border patrol agents. Additional instructions are provided in the Program Guidance.

<table>
<thead>
<tr>
<th>Score</th>
<th>Int.</th>
<th>Fac.</th>
<th>CC</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Indication</td>
<td>0</td>
<td>Int.</td>
<td>Fac.</td>
</tr>
<tr>
<td>Single escape attempt</td>
<td>1</td>
<td>Int.</td>
<td>Fac.</td>
</tr>
<tr>
<td>Multiple escape attempts</td>
<td>3</td>
<td>Int.</td>
<td>Fac.</td>
</tr>
<tr>
<td>Single escape from non-secure setting</td>
<td>5</td>
<td>Int.</td>
<td>Fac.</td>
</tr>
<tr>
<td>Multiple escapes from non-secure settings</td>
<td>7</td>
<td>Int.</td>
<td>Fac.</td>
</tr>
<tr>
<td>Single escape from staff-secure Program</td>
<td>8</td>
<td>Int.</td>
<td>Fac.</td>
</tr>
<tr>
<td>Multiple escapes from staff-secure Program</td>
<td>9</td>
<td>Int.</td>
<td>Fac.</td>
</tr>
<tr>
<td>Any escape from secure Program</td>
<td>10</td>
<td>Int.</td>
<td>Fac.</td>
</tr>
</tbody>
</table>

**Question 5. Other flight risk factors**

Check all factors that apply. If one or more of the following risk factors is checked, select a score of 1. Additional instructions are provided in the Program Guidance.

<table>
<thead>
<tr>
<th>Score</th>
<th>Int.</th>
<th>Fac.</th>
<th>CC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Final order of removal</td>
<td>Int.</td>
<td>Fac.</td>
<td>CC</td>
</tr>
<tr>
<td>Prior removal(s)/reinstatement(s)</td>
<td>Int.</td>
<td>Fac.</td>
<td>CC</td>
</tr>
<tr>
<td>Within one month of turning 18</td>
<td>Int.</td>
<td>Fac.</td>
<td>CC</td>
</tr>
<tr>
<td>Breach of bond/failure to appear in immigration court</td>
<td>Int.</td>
<td>Fac.</td>
<td>CC</td>
</tr>
</tbody>
</table>

Total Score (0 or 1): Int. 0 Fac. 0 CC 0
PART C. DANGER TO SELF
In order to establish the appropriate placement, ORR/DUCS may consider the UAC’s mental health and therapeutic needs.

INTAKES
To be completed by ORR/DUCS Intakes. Take into account all available information about a child’s mental health and therapeutic needs. For example, prior arrests, charges, and adjudication for sexual offenses and/or alcohol or drug-related offenses may indicate a therapeutic need.

6a. Are there signs of any serious mental health issue or other therapeutic needs?
   ○ Consult with DUCS Case Management, go to 6b.
   ○ Yes
   ○ No
   ○ Stop here

6b. I confirm that case management (or if after hours, with a DUCS supervisor) was consulted.
   ○ Yes
   ○ No
   ○ Go to 6c.

6c. Based on conversation with case management, is a placement with therapeutic services required?
   ○ Yes
   ○ No
   ○ Explain why:

FAST
For FAST Cases: Indicate whether a therapeutic need has been identified. This determination may be based on any available information, including clinical assessments and the DFC Level of Care Placement Tool.

6a. Has a therapeutic need been identified?
   ○ Yes, go to 6b
   ○ No, stop here

6b. Does this therapeutic need require a change in placement (i.e., a move to another Program with additional/specialized therapeutic services)?
   ○ Yes
   ○ No
   ○ Explain why:

Comments

PART D. FAST OVERRIDE CONSIDERATIONS
Parts D is applicable to FAST Cases Only – To be completed during a FAST review following the initial placement.

Question 7a. Behavioral adjustment in Program
Tape into account the UAC’s behavior during the FAST period and whether the UAC can be safely housed in a less secure program than the UAC’s initial placement program. Additional instructions are provided in the Program Guidance.

Is there evidence from the child’s behavior during the FAST period that s/he could be safely housed in a less secure setting than the current setting?
   ○ Yes
   ○ No

Question 7b. Additional youth welfare criteria
Indicate whether there is an imminent legal process or family reunification reason to maintain the UAC in the initial placement program. This determination may be based on, but need not be limited to, information provided in an attorney letter. No inference should be made if an attorney or Vera legal service provider does not provide an attorney letter.

Is there a reason to maintain the youth in the current program based on:
   ○ Yes
   ○ No

An imminent legal process?
   ○ Yes
   ○ No

No information

An imminent family reunification?
   ○ Yes
   ○ No

UAC MAP: Section 1: Placement in ORR Care Provider Facilities
**Question 7b. Additional youth welfare criteria**

Indicate whether there is an imminent legal process or family reunification reason to maintain the UAC in the initial placement program. This determination may be based on, but need not be limited to, information provided in an attorney letter. No inference should be made if an attorney or Vera legal service provider does not provide an attorney letter.

<table>
<thead>
<tr>
<th>Is there a reason to maintain the youth in the current program based on:</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>An imminent legal process?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>No Information</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>An imminent family reunification?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>No Information</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

**Attorney Letter Provided?**

If so, please attach the letter and provide Attorney’s Name (and organization, if applicable): Additional instructions about attorney letters are provided in the Program Guidance.

---

**FINAL PLACEMENT – FAST CASES ONLY**

FFS Name:  
Program Staff Name:  

**Placement Matrix**

**FAST Placement Score:** (Sum of scores for questions 1 to 5)  

<table>
<thead>
<tr>
<th>FAST Placement Score</th>
<th>Recommended Placement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-5</td>
<td>Shelter 0-5 Shelter</td>
</tr>
<tr>
<td>6-12</td>
<td>Staff-secure 6-12 Staff-secure</td>
</tr>
<tr>
<td>13+</td>
<td>Secure 13+ Secure</td>
</tr>
</tbody>
</table>

In light of the responses to Questions 6 and 7, is an override of the Placement Matrix recommended based on:

- Therapeutic needs:  
  - Yes  
  - No

- Child’s behavior in program:  
  - Yes  
  - No

- Imminent legal process:  
  - Yes  
  - No

---

**UAC MAP: Section 1: Placement in ORR Care Provider Facilities**
<table>
<thead>
<tr>
<th>Imminent family reunification:</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

**FINAL PLACEMENT DECISION** - to be completed by IFS

<table>
<thead>
<tr>
<th>Date of Final Placement:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Name:</td>
<td></td>
</tr>
<tr>
<td>Program Type:</td>
<td></td>
</tr>
</tbody>
</table>

Is the final placement different from initial placement? | Yes | No

Is this an override of the Placement Matrix? | Yes | No

I [ ] confirm that DUCS supervisor [ ] approved this override on date: [ ], time: [ ] in a [ ] Phone Call, [ ] In-person conversation, [ ] Email

Justification for Override or Change in Placement:

[ ]
# Appendix 1.4 Notice of Placement in Secure or Staff-Secure Care Provider Facility

## NOTICE OF PLACEMENT IN SECURE OR STAFF SECURE FACILITY

<table>
<thead>
<tr>
<th>Minor's Name</th>
<th>Alien #</th>
<th>Date of Birth</th>
<th>Country of Birth</th>
<th>Facility Name</th>
<th>Facility Type</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This is to provide you NOTICE of the reasons for your placement in a secure or staff-secure facility. Your are in the care and custody of the Office of Refugee Resettlement/Division of Children’s Services (ORR/DCS). ORR/DCS will not place a minor in a secure or staff-secure facility if there are less restrictive placement options available and appropriate. However, under certain conditions listed below, ORR/DCS may place minors in a secure or staff-secure facility.

1. You are considered to be a flight risk.
2. You have committed or threatened to commit a violent or malicious act toward yourself or other(s).
3. You have been convicted of a crime as an adult.
4. You have been adjudicated as a delinquent.
5. You have engaged in serious, unacceptable disruptive behavior while in a licensed program.
6. You are chargeable with a crime or delinquent offense.
7. You are in criminal or delinquency proceedings.
8. For your own safety.
9. There is an emergency influx of minors into the United States and there are no alternative placement options at this time. ORR will place you in a shelter care facility as expeditiously as possible.

If you have any questions or concerns regarding this placement, please discuss them with the facility case management staff and/or your attorney of record. Any minor who disagrees with the ORR/DCS decision may correspond directly with the ORR/DCS Division Director. Additionally, the minor may seek judicial review in any United States District Court with jurisdiction and venue over the matter to challenge the placement decision.

__________________________
ORR Director Signature

__________________________
Date

__________________________
Facility Staff/Witness: Name/Signature/Position

__________________________
Date

CC: Minor
ORR/DCS Facility File
ORR/DCS Field Coordinator
ORR/DCS
## Appendix 1.5 Medical Checklist for Transfers

### MEDICAL CHECKLIST FOR TRANSFERS

<table>
<thead>
<tr>
<th>IDENTIFYING INFORMATION</th>
<th>Completed By (name and title):</th>
<th>Date Completed:</th>
</tr>
</thead>
<tbody>
<tr>
<td>UC’s Name:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A#:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### INSTRUCTIONS

- This checklist must be completed by a medical coordinator or other medical staff within three (3) business days identifying the need for a transfer.
- If “No” is checked for any of the below questions, do not transfer the child without consulting the ORR Medical Team. The FFS must also be consulted in accordance with ORR policies and procedures.
- The completed checklist should be uploaded to the UC Portal under “UAC Documents” and the paper copy stored in a secure location.
- Do not include a copy of this checklist with the child’s transfer documents as it contains confidential medical information.

### CHECKLIST

<table>
<thead>
<tr>
<th>CHECKLIST</th>
<th>Meets Transfer Criteria</th>
<th>Does Not Meet Transfer Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Has the initial medical exam been completed?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>2. Have results from all lab tests been received?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>3. Is the child up-to-date on immunizations?</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>4. Does the child have enough medications to last through the transfer process, plus an additional 1 day?</td>
<td>Yes</td>
<td>NA</td>
</tr>
<tr>
<td>5. Is the child free of all medical conditions that require specialist care (such as pregnancy, or epilepsy, or heart disease)?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>6. Is the child currently clear of the following symptoms/conditions?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Fever</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>b. Rash</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>c. Cough</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>d. Neck stiffness/Confusion</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>e. Diarrhea/Vomiting</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>f. Scabies/Lice</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>7. Are all medical reports as complete as possible (e.g., lab results and final diagnoses entered) in the UC Portal?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>8. Have all medical documents (e.g., Initial Medical Exam form, immunization records, lab results) been uploaded to the UC Portal?</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>
## Appendix 1.6 Screen Shot of the Transfer Request and Tracking Form

<table>
<thead>
<tr>
<th>Transfer Request</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Minor’s Profile:</td>
<td></td>
</tr>
<tr>
<td>Height(ft &amp; inches):</td>
<td></td>
</tr>
<tr>
<td>Eye Color:</td>
<td></td>
</tr>
<tr>
<td>Identification Marks:</td>
<td></td>
</tr>
<tr>
<td>Weight(lbs):</td>
<td></td>
</tr>
<tr>
<td>Requested Date:</td>
<td></td>
</tr>
<tr>
<td>Type of Program Requested:</td>
<td></td>
</tr>
<tr>
<td>Requesting Party:</td>
<td></td>
</tr>
<tr>
<td>Requester Name:</td>
<td></td>
</tr>
<tr>
<td>Requester Title:</td>
<td></td>
</tr>
<tr>
<td>Requester Phone:</td>
<td></td>
</tr>
<tr>
<td>Case Coordination:</td>
<td></td>
</tr>
<tr>
<td>Concur with Requesting Party?</td>
<td>Yes</td>
</tr>
<tr>
<td>Case Coordinator Proposed Program:</td>
<td></td>
</tr>
<tr>
<td>Case Coordinator Name:</td>
<td></td>
</tr>
<tr>
<td>Recommended Date:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Reason for Transfer Request</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Shelter &amp; Foster Care Only:</td>
<td>Standard Placement</td>
</tr>
<tr>
<td>Any Program Type:</td>
<td>To provide a less restrictive setting (transfer only)</td>
</tr>
<tr>
<td></td>
<td>To provide a more restrictive setting (transfer only)</td>
</tr>
<tr>
<td></td>
<td>Minor’s Medical Health</td>
</tr>
<tr>
<td></td>
<td>Minor’s Mental Health</td>
</tr>
<tr>
<td></td>
<td>Violent/Threatening Behavior</td>
</tr>
<tr>
<td>Has the Minor’s Attorney Been Contacted?</td>
<td>Yes</td>
</tr>
<tr>
<td>Attorney Phone:</td>
<td></td>
</tr>
</tbody>
</table>

### Casefile Summaries

<table>
<thead>
<tr>
<th>Information Relating to Minor’s casefile</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnancy</td>
<td>Diagnosed Behavior/Illness with no Medications</td>
</tr>
<tr>
<td>Injury</td>
<td>Diagnosed Behavior/Illness with Medications</td>
</tr>
<tr>
<td>Illness</td>
<td>Non-violent Conviction</td>
</tr>
<tr>
<td>Non-diagnosed Behavior/Illness with no Medications</td>
<td>Non-violent Charge</td>
</tr>
<tr>
<td>Non-diagnosed Behavior/Illness with Medications</td>
<td>Charge(s) Dropped</td>
</tr>
</tbody>
</table>
Minor's Medical/Mental

Health Summary:

Behavior Summary: (history of: flight risk, aggressive/assaultive & sexually inappropriate behaviors)

Current Status of Family

Reunification:

Immigration Court Status:

Case Manager Comments

Case Manager Name:

Case Manager Comments:

Case Manager Suggests

Transfer?

TMS Historical Transfer Request?

Date of Case Manager Comments:

ORR/DCS Decision

Comments:

Decision:  
- Pending
- Approve
- Disapprove

Date of Decision:

Name of ORR Decision Maker:

Transfer Packet (for each minor)

Good cause exists to change venue in this matter pursuant to 8 C.F.R. B 1003.20 (b) for the following reason(s):

- ORR has decided to relocate the respondent to an area where space is available/appropriate services can be provided, since Juvenile detention space is limited in
- The minor has a special need (e.g., pregnancy of juvenile, medical needs, etc.), please specify
- Other, please specify

Departure/Arrival information

Departure Date:

Departure Times:

Transporting Staff Name:

Transporting Staff Title:

Transporting Staff Comments:

Arrival Date:

Arrival Time:

Receiving Staff Name:

Receiving Staff Title:

Receiving Staff Comments:

Please follow checklist in the Transfer Procedures when completing minor’s transfer packet, check the checkbox to indicate the packet is completed.

List of Minor’s Belongings (be sure to include medication and explain dosage in medical/mental health summary)

COA - COV

Request Type

- Change of Address
- Change of Value

Transfer Sch. to Take Place on:

Next Sch. Court Appearance for this Juvenile is:

Reason for less than 48 hours notice to ICE (if applicable):
### Long Term Foster Care Placement Memo

**Type of long term foster care (LTFC) placement requested:** Choose an item.

<table>
<thead>
<tr>
<th>Minor's Name: Click here to enter text.</th>
<th>#: Click here to enter a date.</th>
</tr>
</thead>
</table>

*Foster care agency* has found a placement for the above minor. Please use the foster care program address and phone number for all contacts with the youth, including change of venue forms.

<table>
<thead>
<tr>
<th>Foster care program: Click here to enter text.</th>
<th>Program Address: Click here to enter text.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foster care program staff responsible for transfer: Click here to enter text.</td>
<td>Phone #: Click here to enter text.</td>
</tr>
</tbody>
</table>

**Placement Type:**
- [ ] Traditional Foster Care
- [ ] Therapeutic Foster Care
- [ ] Group Care
- [ ] Residential Treatment Center
- [ ] Other (Please specify): Click here to enter text.

**In Network:** [ ] Yes [ ] No

<table>
<thead>
<tr>
<th>Name of Foster Family: Click here to enter text.</th>
<th>Address: Click here to enter text.</th>
</tr>
</thead>
</table>

1. Describe how this placement meets the minor's needs identified in the *Case Summary and Individual Service Plan:* Click here to enter text.

2. Describe family, household, and community setting: Click here to enter text.

3. For an initial transfer into LTFC only (if a change of placement for a minor already in LTFC skip and move to 4):
   a. Has a legal service provider or attorney found that the minor would be eligible for legal relief in the receiving jurisdiction? Choose an item.

   b. What is the name and contact information for the legal service provider or attorney of record who will arrange legal services for the minor at the time of placement with your organization? Click here to enter text.

4. For a change of placement for a minor already in LTFC only (skip if this is an initial transfer into LTFC). What are the reasons for the request? Click here to enter text.

In recommending the placement above, *foster care agency* has followed state guidelines and internal policies and procedures in recommending this placement.

**Foster care program staff:** ___________________________ Date: ___________
## Appendix 1.8 Care Provider Checklist for Transfers to Influx Care Facilities

### Identifying Information
- UC’s Name: [Blank]
- Receiving Influx Care Facility: [Blank]
- Age: [Blank]
- Referring Care Provider: [Blank]
- UC’s Date of Birth: [Blank]
- UC Case Manager’s Name: [Blank]
- UC’s Date of Admission to ORR: [Blank]
- UC Clinician’s Name: [Blank]
- UC’s Date of Transfer: [Blank]
- ORR Reviewer’s Name: [Blank]

### Assessments (initial completion within 5 days of admission)
- Initial Intakes Assessment (within 24 hours of admission)
- UC Assessment (within 5 days of admission)
- Assessment for Risk (within 72 hours of admission)
- Individual Service Plan (within 5 to 6 days of admission)

### Legal Services
- Legal Representation List (signed acknowledgement within 48 hours of admission)
- Know Your Rights (presentation and signed acknowledgement with 14 days of admission or video and signed acknowledgement within 7 days of admission)
- Legal Screening (within 7 to 10 days of admission)

### Medical Services
- Initial Medical Exam Form
- TB Screening
  - Ages 13-14: PPD or IGRA
  - Ages 15-17: PPD or IGRA and Chest X-ray
- HIV Testing (document if UC opts out of testing)
- Pregnancy Testing for Eligible Females (test prior to administration of vaccines; defer live vaccines during pregnancy)
- Immunizations for 13-17 Year Olds (according to the ACIP catch-up schedule, administered at least 72 hours prior to physical transfer)
  - Tdap (tetanus, diphtheria, pertussis)
  - Hepatitis A
  - Hepatitis B
  - Varicella (chickenpox)
  - IPV (inactivated poliovirus vaccine)
  - MMR or MMRV (measles, mumps, rubella)
  - MCV4 (meningococcal disease)
  - HPV (human papillomavirus)
  - Flu (when seasonably available – generally, September through June)
**UAC MAP: Section 1: Placement in ORR Care Provider Facilities**

Follow-up laboratory tests and consultations completed (as indicated) |  
---|---
Medical Checklist for Influx Transfers completed (Medical Coordinator Initials: )
Child clear of all contagious conditions (includes scabies and lice) |  
No known medical, dental, or mental health issues requiring additional evaluation, treatment, or monitoring by a healthcare provider

<table>
<thead>
<tr>
<th>Transfer Request</th>
<th>Completed in UAC Portal</th>
<th>Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Exit</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**TRANSFER DOCUMENTATION AND ITEMS** (Ensure the following documentation and items accompany each UC at the time of transfer in a secure manner)

- UC’s personal belongings including clothing, money, valuables, and items obtained during the UC’s stay at the referring care provider
- Thirty (30) day medication supply
- Care Provider Family Reunification Checklist
- Care Provider Checklist for Transfers to Influx Care Facilities
- Transfer Request and Tracking Form
- Transfer Manifest
- DHS Form I-862 Notice to Appeal (NTA), if available
- Copy of sponsor’s birth certificate
- Copy of medical and vaccination documents
- All original documents (e.g., birth certificates)
- List any food allergies:

**FINAL MEDICAL CHECKS** *(done at time of physical transfer)*

- UC checked and determined to be clear of lice and nits (within 24 hours of physical transport)
- UC’s temperature checked and found not to be elevated (immediately before the UC boards the transport vehicle)

**CASE MANAGER AFFIRMATION** *(done at time of physical transfer)*

I declare and affirm that the information contained in this checklist is true and accurate to the best of my knowledge. I attest that all assessments, legal services, medical services, and transfer request documentation have been fully and accurately completed and that they have been saved or uploaded to the UAC Portal. I attest that all transfer documentation and items have been physically provided to the UC in a secure manner. I attest that the UC was checked for lice and determined to be clear of lice within 24 hours of physical transport and that the UC did not present with an elevated temperature at the time they boarded the transport vehicle. I have noted below and given an acceptable explanation for any instances in which documentation has not been fully completed or documentation and/or items were not physically provided to the UC.

List required documentation and/or items not available and explanation:

**Signature of Case Manager:** ___________________________ **Date:** ___________________________
## Appendix 1.9 Medical Checklist for Influx Transfers

### IDENTIFYING INFORMATION

<table>
<thead>
<tr>
<th>UC’s Name:</th>
<th>Completed By (name and title):</th>
</tr>
</thead>
<tbody>
<tr>
<td>A#:</td>
<td>Date Completed:</td>
</tr>
</tbody>
</table>

### INSTRUCTIONS
- This checklist should be completed by a medical coordinator or other medical staff no later than 24 hours prior to the proposed transfer date.
- If “No” is checked for any of the below questions, do not transfer the child to an influx care facility.
- The completed checklist should be uploaded to the UC Portal and the paper copy stored in a secure location. Do not include a copy of this checklist with the child’s transfer documents as it contains confidential medical information.
- The person completing this form should initial the Care Provider Checklist for Transfers to Influx Care Facilities to indicate the child is medically cleared and vaccinated.

### CHECKLIST

<table>
<thead>
<tr>
<th>Meets Influx Transfer Criteria</th>
<th>Does Not Meet Influx Transfer Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Has the initial medical exam been completed?</td>
<td></td>
</tr>
<tr>
<td>2. Have results from all lab tests (e.g., STD tests) and medical consultations been received?</td>
<td>Yes</td>
</tr>
<tr>
<td>3. TB screening</td>
<td></td>
</tr>
<tr>
<td>a. Does the child have a negative PPD (&lt;10 mm) or IGRA?</td>
<td>Yes</td>
</tr>
<tr>
<td>b. For 15-17-year-olds, does the child have a normal chest X-ray?</td>
<td>Yes</td>
</tr>
<tr>
<td>4. HIV screening</td>
<td></td>
</tr>
<tr>
<td>a. Was the child tested for HIV? Check “No” if child opted out of HIV testing.</td>
<td>Yes</td>
</tr>
<tr>
<td>b. If the child was tested, was the HIV test negative?</td>
<td>Yes</td>
</tr>
<tr>
<td>5. For females, was the pregnancy test negative?</td>
<td>Yes</td>
</tr>
<tr>
<td>6. Did the child receive the following immunizations?</td>
<td></td>
</tr>
<tr>
<td>a. Tdap (tetanus, diphtheria, pertussis)</td>
<td>Yes</td>
</tr>
<tr>
<td>b. Hepatitis A</td>
<td>Yes</td>
</tr>
<tr>
<td>c. Hepatitis B</td>
<td>Yes</td>
</tr>
<tr>
<td>d. Varicella (chickenpox)</td>
<td>Yes</td>
</tr>
<tr>
<td>e. IPV (inactivated poliovirus vaccine)</td>
<td>Yes</td>
</tr>
<tr>
<td>f. MMR (measles, mumps, rubella)</td>
<td>Yes</td>
</tr>
<tr>
<td>g. MCV4 (meningococcal disease)</td>
<td>Yes</td>
</tr>
<tr>
<td>h. HPV (human papillomavirus)</td>
<td>Yes</td>
</tr>
<tr>
<td>i. Flu, when seasonally available (generally, September through June)</td>
<td>Yes</td>
</tr>
<tr>
<td>7. Did the child receive all of the above immunizations more than 72 hours before the scheduled physical transfer?</td>
<td>Yes</td>
</tr>
<tr>
<td>8. Is the child currently clear of all contagious conditions, including scabies and lice?</td>
<td>Yes</td>
</tr>
<tr>
<td>9. Have you confirmed the child has no known medical or dental issues requiring additional evaluation, treatment, or monitoring by a healthcare provider?</td>
<td>Yes</td>
</tr>
<tr>
<td>10. Has a clinician confirmed the child has no known mental health issues requiring additional evaluation, treatment, or monitoring?</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Clinician, please initial here: ____________
11. Has the following documentation been uploaded to the Files section of the Portal Health Tab: Initial Medical Exam form, Supplemental TB Screening form, lab results, immunization record, and chest x-ray reading (for 15-17 year olds)?

- Yes
- No

1 Na: Question is not applicable (i.e., child is <15 years, pregnancy testing for males, flu vaccine is not reasonably available).

2 A lice, fever, and rash check will also be done within 24 hours of physical transfer, per the ORR Operations Guide, Section 1.2.10.

Medical Checklist for Influx Transfers, Rev. 12/05/2016
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