

NOTICE OF OFFICE OF MANAGEMENT AND BUDGET ACTION

Date 04/21/2022

Department of Health and Human Services
Administration for Children and Families

FOR CERTIFYING OFFICIAL: George Chambers

FOR CLEARANCE OFFICER: Terry Clark

In accordance with the Paperwork Reduction Act, OMB has taken action on your request received 09/30/2021

ACTION REQUESTED: Revision of a currently approved collection

TYPE OF REVIEW REQUESTED: Regular

ICR REFERENCE NUMBER: 202109-0970-020

AGENCY ICR TRACKING NUMBER: ORR

TITLE: Services Provided to Unaccompanied Children

LIST OF INFORMATION COLLECTIONS: See next page

OMB ACTION: Approved with change

OMB CONTROL NUMBER: 0970-0553

The agency is required to display the OMB Control Number and inform respondents of its legal significance in accordance with 5 CFR 1320.5(b).

EXPIRATION DATE: 04/30/2025

DISCONTINUE DATE:

| BURDEN: | RESPONSES | HOURS | COSTS |
|---------------------------------|-----------|-----------|-------|
| Previous | 888,622 | 384,209 | 0 |
| New | 4,439,457 | 1,219,453 | 0 |
| Difference | | | |
| Change due to New Statute | 0 | 0 | 0 |
| Change due to Agency Discretion | 3,550,835 | 835,244 | 0 |
| Change due to Agency Adjustment | 0 | 0 | 0 |
| Change due to PRA Violation | 0 | 0 | 0 |

TERMS OF CLEARANCE: We thank the agency for agreeing to remove the OYAS Tool from this information collection, which we agree would not be appropriate for use in this setting. Any prior use of this instrument without a valid OMB control number will be documented in OMB's annual report to Congress. We further thank the agency for inserting age skips for sensitive questions regarding sexual behavior in S-9 to reflect that these questions would not be asked of young children. Finally, we agree with the agency's decision to remove additional proposed questions related to gang affiliation in response to public comment and to rephrase related questions on the Home Study Assessment.

OMB Authorizing Official: Dominic J. Mancini
Deputy Administrator,
Office Of Information And Regulatory Affairs

| List of ICs | | | |
|--|------------|--|--------------|
| IC Title | Form No. | Form Name | CFR Citation |
| Sponsor Assessment (Form S-5) | S-5, S-5 | Sponsor Assessment - Word Version, Sponsor Assessment - UC Path Version | |
| Home Study Assessment (Form S-6) | S-6, S-6 | Home Study Assessment - Word Version, Home Study Assessment - UC Path Version | |
| Adult Contact Profile (Form S-7) | S-7 | Adult Contact Profile | |
| Initial Intakes Assessment (Form S-8) | S-8, S-8 | Initial Intakes Assessment - UC Portal Version, Initial Intakes Assessment (Form S-8) - UC Path Version | |
| Assessment for Risk (Form S-9) | S-9, S-9 | Assessment for Risk - UC Portal Version, Assessment for Risk - UC Path Version | |
| UC Assessment (Form S-11) | S-11, S-11 | UC Assessment - UC Portal Version, UC Assessment - UC Path Version | |
| UC Case Review (Form S-12) | S-12, S-12 | UC Case Review - UC Portal Version, UC Case Review - UC Path Version | |
| Individual Service Plan (Form S-13) | S-13, S-13 | Individual Service Plan - UC Path Version, Individual Service Plan - UC Portal Version | |
| Long Term Foster Care Travel Request (Form S-14) | S-14, S-14 | Long Term Foster Care Travel Request - UC Path Version, Long Term Foster Care Travel Request - UC Portal Version | |
| Child Advocate Recommendation and Appointment (Form S-15) | S-15 | Child Advocate Recommendation and Appointment | |
| Thirty Day Restrictive Placement Case Review (Form S-16) | S-16 | Thirty Day Restrictive Placement Case Review | |
| Admission (Form S-18) | S-18 | Admission | |
| Home Study/Post-Release Service (HS/PRS) Referral (Form S-19) | S-19 | HS-PRS Referral - UC Path Version | |
| UC Authorized/Restricted Call List and Call Log (Form S-20) | S-20 | UC Authorized-Restricted Call List and Call Log - UC Path Version | |
| Home Study/Post-Release Service (HS/PRS) Primary Provider Entity (Form S-21A) | S-21A | HS-PRS Primary Provider Entity | |
| Home Study/Post-Release Service (HS/PRS) Subcontractor Entity (Form S-21B) | S-21B | Home Study/Post-Release Service (HS/PRS) Subcontractor Entity | |
| Home Study/Post-Release Service (HS/PRS) Primary Provider Profile (Form S-21C) | S-21C | Home Study/Post-Release Service (HS/PRS) Primary Provider Profile | |
| Home Study/Post-Release Service (HS/PRS) Subcontractor Profile (Form S-21D) | S-21D | Home Study/Post-Release Service (HS/PRS) Subcontractor Profile | |
| Post-Release Service (PRS) Event (Form S-22) | S-22 | Post-Release Service (PRS) Event | |
| Case Manager Call Log and Case Notes (Form S-23) | S-23 | Case Manager Call Log and Case Notes | |
| Sponsor Application (Form S-24) | S-24 | Sponsor Application | |
| UC Case Status | 1 | UC Case Status | |