

# Long Term Foster Care Travel Request (Form S-14)

## Data Entry Window

New Entry: LTFC Travel Request

OMB 0970-0553 [valid through MM/DD/YYYY]

### Requester Information

* Status	<input type="text"/>	* Travel Request Date	<input type="text"/>
* Requester Name	<input type="text" value="Search People..."/>		

### Travel Overview

* Travel Begin Date	<input type="text"/>	Travel End Date	<input type="text"/>
Person Traveling with UAC	<input type="text"/>	Relationship to UAC	<input type="text"/>
Phone # While on Travel	<input type="text"/>	Address While on Travel	<input type="text"/>

### Mode Of Transportation

Mode of Transportation	<input type="text" value="--None--"/>	Transportation Notes	<input type="text"/>
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### Person Vehicle Travel

Primary Driver	<input type="text"/>	Driver License #	<input type="text"/>
Automobile Make	<input type="text" value="--None--"/>	License Plate	<input type="text"/>
Automobile Model	<input type="text"/>	Issuing State	<input type="text" value="--None--"/>
Car Insurance Company	<input type="text"/>	Policy #	<input type="text"/>

### ORR Decision: Approval Determination Factors

Remand for Further Information	<input type="text" value="--None--"/>	ORR Decision Maker	<input type="text" value="Search People..."/>
ORR Decision	<input type="text" value="--None--"/>	ORR Final Decision Date	<input type="text"/>
Travel Request Reason	<input type="text"/>	Trip Summary	<input type="text"/>
Travel Request in Accordance?	<input type="text" value="--None--"/>	If no, explain	<input type="text"/>
Identified Safety Concerns?	<input type="text" value="--None--"/>	If yes, explain	<input type="text"/>
Indication of Flight Sick?	<input type="text" value="--None--"/>	If yes, explain	<input type="text"/>
ORR Comment	<input type="text"/>	Child Supervision Plan	<input type="text"/>

System Fields

Entry Owner

Profile Name

Subject

Priority

Web Email

Entry Origin

Cancel

Save & New

Save

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to allow long term foster care providers to request ORR approval for a UAC to travel with their foster family outside of the local community. Public reporting burden for this collection of information is estimated to average 0.33 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This is a mandatory collection of information (Homeland Security Act, 6 U.S.C. 279, and Trafficking Victims Protection Reauthorization Act, 8 U.S.C. 1232). An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. If you have any comments on this collection of information please contact [UACPolicy@acf.hhs.gov](mailto:UACPolicy@acf.hhs.gov).

UAC-S-14 [Rev. MM/DD/YYYY]

# LTFC Travel Request Page

Entry **Entry-00002254** + Follow New Note Edit Delete Change Owner Change Record Type

Entry Record Type: LTFC Travel Request    Parent Entry: [Entry-00001026](#)    Profile Name:    Entry Owner:

**CM Initiated**    FFS Review    Closed

Status: CM Initiated ✓ Mark Status as Complete

### Details

▼ Requester Information

Status		Travel Request Date	
Requester Name		Requester Email	
Requester Title		Requester Phone	

▼ Travel Overview

Travel Begin Date		Travel End Date	
Person Traveling with UAC		Relationship to UAC	
Phone # While on Travel		Address While on Travel	

▼ Mode Of Transportation

Mode of Transportation		Transportation Notes ⓘ	
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▼ Person Vehicle Travel

Primary Driver		Driver License #	
Automobile Make		License Plate	
Automobile Model		Issuing State	
Car Insurance Company		Policy #	

▼ ORR Decision: Approval Determination Factors

Remand for Further Information		ORR Decision Maker	
ORR Decision		ORR Final Decision Date	

Travel Request Reason <span>?</span>		Trip Summary
Travel Request in Accordance?		If no, explain
Identified Safety Concerns? <span>?</span>		If yes, explain
Indication of Flight Sick?		If yes, explain
ORR Comment		Child Supervision Plan

System Fields

Created By	Last Modified By
Entry Owner	Profile Name
Subject	Priority
Web Email	Entry Origin
Current Program	Description

Documents (0) Refresh

Upload Files Or drop files

Entry Team (0) Add Member

Entry History (3)

Date	Field	User	Original Value	New Value

[View All](#)

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## Documents Data Entry Window


Add File Details


Record Type

\* Title       Verified by Government Agency/Consulate

\* Document Type       Entry

Date Document Issued (if applicable)        Individual

Date Received        Adult Contact Relationship

Expiration Date  

Description

File 1 of 1

## Entry Team Data Entry Window

Search for and add member

\* User

\* Role