

NOTICE OF OFFICE OF MANAGEMENT AND BUDGET ACTION

Date 09/02/2022

Department of Health and Human Services
Administration for Children and Families

FOR CERTIFYING OFFICIAL: Karl Mathias
FOR CLEARANCE OFFICER: Sherrette Funn

In accordance with the Paperwork Reduction Act, OMB has taken action on your request received 10/12/2021

ACTION REQUESTED: Revision of a currently approved collection

TYPE OF REVIEW REQUESTED: Regular

ICR REFERENCE NUMBER: 202110-0970-001

AGENCY ICR TRACKING NUMBER: ORR

TITLE: Placement and Transfer of Unaccompanied Children into ORR Care Provider Facilities

LIST OF INFORMATION COLLECTIONS: See next page

OMB ACTION: Approved with change

OMB CONTROL NUMBER: 0970-0554

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: 09/30/2025

DISCONTINUE DATE:

BURDEN:	RESPONSES	HOURS	COSTS
Previous	405,250	54,118	0
New	9,658,830	4,800,887	0
Difference			
Change due to New Statute	0	0	0
Change due to Agency Discretion	9,245,588	4,743,439	0
Change due to Agency Adjustment	7,992	3,330	0
Change due to PRA Violation	0	0	0

TERMS OF CLEARANCE: We appreciate the agency's partnership with OMB on making revisions to this information collection. The agency published a supplemental 30-day comment period on this collection to address previous issues with drop down menus and providing another opportunity for the public to comment. We also thank the agency for revising previous questions on criminal history and gang affiliation to focus on contemporaneous behavior and challenges to inform placement and transfer decisions.

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
Placement Authorization (Form P-1)	P-1	Placement Authorization - UC Path Version	
Authorization for Medical, Dental, and Mental Health Care (Form P-2)	P-2	Authorization for Medical, Dental, and Mental Health Care - UC Path Version	
Notice of Placement in a Restrictive Setting (Form P-4/4s)	P-4s, P-4, P-4d, P-4p	Notice of Placement in a Restrictive Setting (Spanish), Notice of Placement in a Restrictive Setting (English), Notice of Placement in a Restrictive Setting (Dari), Notice of Placement in a Restrictive Setting (Pashto)	
Long Term Foster Care Placement Memo (Form P-5)	P-5	Long Term Foster Care Placement Memo	
UC Referral (Form P-7)	P-7, P-7	UC Referral, Intakes Placement Checklist - PDF	
Care Provider Checklist for Transfers to Influx Care Facilities (Form P-8)	P-8	Care Provider Checklist for Transfers to Influx Care Facilities	
Medical Checklist for Transfers (Form P-9A)	P-9A	Medical Checklist for Transfers	
Medical Checklist for Influx Transfers (Form P-9B)	P-9B	Medical Checklist for Influx Transfers	
Transfer Request (Form P-10A) – Grantee Case Manager	P-10A, P-10A	Transfer Request - UC Path Version, Transfer Request - UC Portal Version	
Transfer Summary and Tracking (Form P-11)	P-11	Transfer Summary and Tracking - UC Path Version	
Program Entity (Form P-12)	P-12, P-12	UC Portal Capacity Report (Form P-12) - UC Portal, Program Entity - UC Path	
UC Profile (Form P-13)	P-13, P-13	UC Profile - UC Portal, Add New UC (Form P-13) - UC Path	
ORR Transfer Notification - ORR Notification to ICE Chief Counsel of Transfer of UC and Request to Change Address/Venue (Form P-14)	P-14	ORR Transfer Notification - UC Path Version	
Transfer Request (Form P-10A) – Contractor Case Coordinator	P-10A, P-10A	Transfer Request - UC PortalVersion, Transfer Request - UC Path Version	
Influx Transfer Request (Form P-10B)	P-10B	Influx Transfer Request	
Family Group Entity (Form P-15)	P-15	Family Group Entity	
Influx Transfer Manifest (Form P-16)	P-16	Influx Transfer Manifest	
Influx Transfer Manual and Prescreen Criteria Review (Form P-17)	P-17	Influx Transfer Manual and Prescreen Criteria Review	