

# NOTICE OF OFFICE OF MANAGEMENT AND BUDGET ACTION

Date 03/10/2021

Department of Health and Human Services  
Administration for Children and Families

FOR CERTIFYING OFFICIAL: Perryn Ashmore

FOR CLEARANCE OFFICER: Terry Clark

In accordance with the Paperwork Reduction Act, OMB has taken action on your request received 12/18/2020

ACTION REQUESTED: Extension without change of a currently approved collection

TYPE OF REVIEW REQUESTED: Regular

ICR REFERENCE NUMBER: 202012-0970-010

AGENCY ICR TRACKING NUMBER: ORR

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

LIST OF INFORMATION COLLECTIONS: See next page

OMB ACTION: Approved without 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: 03/31/2022

DISCONTINUE DATE:

BURDEN:	RESPONSES	HOURS	COSTS
Previous	405,250	54,118	0
New	405,250	54,118	0
Difference			
Change due to New Statute	0	0	0
Change due to Agency Discretion	0	0	0
Change due to Agency Adjustment	0	0	0
Change due to PRA Violation	0	0	0

TERMS OF CLEARANCE: We appreciate ACF's continued willingness to discuss use of information submitted through these forms.

OMB Authorizing Official: Dominic J. Mancini  
Deputy and Acting 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	
Authorization for Medical, Dental, and Mental Health Care (Form P-2)	P-2	Authorization for Medical, Dental, and Mental Health Care	
Notice of Placement in a Restrictive Setting (Form P-4/4s)	P-4, P-4s	Notice of Placement in a Restrictive Setting (P-4), Notice of Placement in a Restrictive Setting (Form P-4s)	
Long Term Foster Care Placement Memo (Form P-5)	P-5	Long Term Foster Care Placement Memo	
Intakes Placement Checklist (Form P-7)	P-7	Intakes Placement Checklist	
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-10)	P-10	Transfer Request	
Transfer Request and Tracking Form (Form P-11)	P-11	Transfer Request and Tracking Form	
UAC Portal Capacity Report (Form P-12)	P-12	UAC Portal Capacity Report	
Add New UAC (Form P-13)	P-13	Add New UAC	
Notice of Transfer to ICE Chief Counsel - Change of Address/Change of Venue (Form P-14)	P-14	Notice of Transfer to ICE Chief Counsel - Change of Address/Change of Venue	