Office of Refugee Resettlement
Division of Children's Services

UAC Assessment

UAC INFORMATION

Name:			
Date of Birth:	A#:	Country of Origin:	
City of Origin:		Neighborhood of Origin:	
Current Placement:			
Previous Placement:			
Date of Admission:	LOS:	Case Manager:	Clinician:
Religious Affiliation:			

JOURNEY AND APPREHENSION

Describe day to day life in home country:

Why did you decide to travel to the U.S. at this time?
Did the child mention any U.S. immigration policy or practice as a factor in his/her decision to travel to the U.S.? ☐ Yes ☐ No

***For UAC aged 14-17 ONLY**: Did the child mention economic, job, or educational opportunities as a factor in his/her decision to travel to the U.S.?* ☐ Yes ☐ No

When did you leave your home country (month, day, year)?
How long did the trip take?

How did you get to the U.S.?

Who did you travel with?

Who were you living with when you decided to leave your home country?

Where were you planning on living in the U.S. and with whom?

Where were you apprehended?
At which U.S. Border Patrol sector did the child cross into the U.S.?

Have you ever been to the U.S. before? ☐ Yes ☐ No If yes, when?

The child's experience and additional Information regarding the journey and apprehension:

FAMILY/SIGNIFICANT RELATIONSHIPS

Family in Country of Origin

Name	Age	DOB	Relationship

Family and Family Friends in the U.S.

Name	Age	DOB	Relationship

Parent's whereabouts?

Are you married? ☐ Yes ☐ No Spouse Name, Age, & Location:

Children

Name of Child	Age	DOB	Current Location of Child	Name of Mother or Father

Have you ever been hurt physically, mentally, or emotionally by someone taking care of you? ☐ Yes ☐ No

If yes, who and when?

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Have you ever been taken to the hospital/emergency room because you were hurt? ☐ Yes ☐ No

If yes, explain:

What does the word "discipline" mean to you?

Additional family information:

MEDICAL

List any allergies:

Do you feel unwell? ☐ Yes ☐ No	If yes, what are your symptoms?
Additional medical information:	

Medical History

Condition		Date of Diagnosis/Clarification
Pregnant	☐ Yes ☐ No	If yes, how far along?
Tuberculosis	☐ Yes ☐ No	
Varicella	☐ Yes ☐ No	
Measles	☐ Yes ☐ No	
Mumps	☐ Yes ☐ No	
Rubella	☐ Yes ☐ No	
Asthma	☐ Yes ☐ No	
Diabetes	☐ Yes ☐ No	
Cancer	☐ Yes ☐ No	
Cardiac Issues	☐ Yes ☐ No	
Sexually Transmitted Disease	☐ Yes ☐ No	Specify:
Respiratory/Lung Disorder	☐ Yes ☐ No	
Physical Disability	☐ Yes ☐ No	Specify:

Medication History

Medication	Dosage	Timeframe	Medical Condition

EDUCATION

What is the highest level of education you have completed?

When was the last time you were in school? What age?

LEGAL

Know Your Rights Presentation provided?	☐ Yes ☐ No	Date:
Legal screening completed?	☐ Yes ☐ No	Date:
Any possible legal relief identified?	☐ Yes ☐ No	Specify:

CRIMINAL HISTORY

Any Criminal history? ☐ Yes ☐ No

List any Felony convictions:

List any Misdemeanor convictions:

List any Probation/Parole:

List and describe any disclosed criminal activity:

Additional information:

History of Incarceration

UAC Assessment

Crime	Dates	Length of Sentence	Location

MENTAL HEALTH/BEHAVIOR

Mental Status Evaluation

Attitude	☐ calm and cooperative	☐ other (describe):
Behavior	☐ no unusual movements or psychomotor changes ☐ other (describe):	
Speech	☐ normal rate/tone/volume	☐ other (describe):
Affect	☐ reactive and mood congruent ☐ labile ☐ tearful ☐ blunted ☐ other (describe):	☐ normal ☐ depressed ☐ constricted ☐ flat
Mood	☐ euthymic ☐ irritable ☐ elevated	☐ anxious ☐ depressed ☐ other (describe):
Thought Process	☐ goal-oriented and logical ☐ disorganized ☐ other (describe):	

Thought Content

Suicidal Ideation			**Homicidal Ideation**		
☐ None ☐ passive ☐ active			☐ None ☐ passive ☐ active		
If active			If active		
	Yes	No		Yes	No
plan	☐	☐	plan	☐	☐
intent	☐	☐	intent	☐	☐
means	☐	☐	means	☐	☐

☐ delusions ☐ obsessions/compulsions
☐ phobias ☐ other (describe):

Perception	☐ no hallucinations or delusions during interview ☐ other (describe):
Orientation	Oriented: ☐ time ☐ place ☐ person ☐ self ☐ other (describe):
Memory/Concentration	☐ short term intact ☐ long term intact ☐ distractable/inattentive ☐ other (describe):
Insight/Judgment	☐ good ☐ fair ☐ poor

Mental Health

UAC Assessment

		When
Have you ever talked to a psychiatrist, psychologist, therapist, social worker or counselor about an emotional problem?	☐ Yes ☐ No	
Have you ever felt you needed help with your emotional problems, or have you had people tell you that you should get help for your emotional problems?	☐ Yes ☐ No	
Have you ever been advised to take medication for anxiety, depression, hearing voices or for any other emotional problems?	☐ Yes ☐ No	
Have you ever been seen in a psychiatric emergency room or been hospitalized for psychiatric reasons?	☐ Yes ☐ No	
Have you ever heard voices no one else could hear or seen objects or things that others could not see?	☐ Yes ☐ No	
Have you ever been depressed for weeks at a time, lost interest or pleasure in most activities, had trouble concentrating and making decisions or thought about killing yourself?	☐ Yes ☐ No	
Did you ever attempt to kill yourself?	☐ Yes ☐ No	
Have you ever had nightmares or flashbacks as a result of being involved in some traumatic/terrible event? For example, warfare, gang fights, fire, domestic violence, rape, murder, accident, being killed (If yes, please specify)	☐ Yes ☐ No	
Have you ever given in to an aggressive urge or impulse on more than one occasion that resulted in serious harm to others or led to the destruction of property?	☐ Yes ☐ No	

Substance Use History

Substance	Used (even once)	Frequency of Use	Date of Last Use
Alcohol	☐ Yes ☐ No		
Marijuana	☐ Yes ☐ No		
Cocaine	☐ Yes ☐ No		
Other Stimulants (Meth, Ritalin, etc.)	☐ Yes ☐ No		
Heroin	☐ Yes ☐ No		
Other Opiates (Oxycodone, Morphine, etc)	☐ Yes ☐ No		
Nicotine	☐ Yes ☐ No		
Other (specify)	☐ Yes ☐ No		

Additional mental health/behavioral information:

TRAFFICKING

Who planned/organized your journey?

Did a family member or family friend pay for your travel to the U.S.? ☐ Yes ☐ No

What were you told about the arrangements before the journey?

Did the arrangements change during the journey? ☐ Yes ☐ No

If yes, how?

Does your family or family friend owe money to anyone for the journey? ☐ Yes ☐ No

If yes, how much?

To whom is the money owed?

Who is expected to pay?

What do you expect to happen if payment is not made?

Coercion Indicators

Did anyone threaten you or your family? ☐ Yes ☐ No

If yes, who made the threats?

Were you ever physically harmed? ☐ Yes ☐ No

If yes, how?

Was anyone around you ever physically harmed? ☐ Yes ☐ No

If yes, who?

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Were you ever held against your will? ☐ Yes ☐ No
If yes, where?

Did anything bad happen to anyone else in this situation or anyone else who tried to leave? ☐ Yes ☐ No
What happened and to whom?

Did anyone ever keep/destroy your documents? ☐ Yes ☐ No
If yes, who and what?

Did anyone ever threaten to report you to the police/immigration? ☐ Yes ☐ No
If yes, who?

Are you worried anyone might be trying to find you? ☐ Yes ☐ No
If yes, who?

Debt Bondage/ Labor Trafficking

Did you perform any work or provide any services? ☐ Yes ☐ No
If yes, what and where?
Who arranged the work?
What type of work did you perform?
What was the work schedule?
Did work conditions change over time?

Is there a debt? ☐ Yes ☐ No
If yes, has any debt amount increased?
By how much?
When did it increase?
Why did it increase?

Have you or your family ever been threatened over payment or work for the journey? ☐ Yes ☐ No
If yes, who threatened you and how?

What did you expect would happen if you left the job or stopped working?

Were you ever made to work or do anything you did not want to do? ☐ Yes ☐ No

Did you receive pay or did someone else keep the pay?

Were you paid what was promised when you started working?

Were expenses taken out of the pay? ☐ Yes ☐ No
If yes what?

How did you get to the work site?

Where did you live while working?

Commercial Sex Indicators

Did anyone ever ask you to see you naked or in your underwear in exchange for money/anything of value? ☐ Yes ☐ No

Did anyone ever pay/accept money/anything of value from other people in order to see you naked or in your underwear?
☐ Yes ☐ No

Did anyone ever ask to take pictures or record you naked or engaged in sex acts? ☐ Yes ☐ No

If so, did they offer you money/anything of value to do this, or did they accept money/anything of value from others in order to see these pictures or recordings? ☐ Yes ☐ No

Did anyone ever ask or expect you to perform sexual acts in exchange for money/anything of value? ☐ Yes ☐ No

Did anyone ever promise or give money/anything of value to you in exchange for sexual acts? ☐ Yes ☐ No

Based on the information provided above in the "Trafficking" section, is there a trafficking concern? ☐ Yes ☐ No
If yes, date of trafficking referral:

Additional information:

SPONSOR INFORMATION (LIST BY PRIORITY)

Current Sponsor	Cat (1,2,3)	Sponsor Name	DOB	Address	Phone/Email	Legal Status	Relationship
☐							
☐							
☐							

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Sponsor Risk Assessment (must be completed for all current sponsors)

Substance abuse concerns? ☐ Yes ☐ No
If yes, explain:

Domestic violence concerns? ☐ Yes ☐ No
If yes, explain:

Child abuse or neglect concerns? ☐ Yes ☐ No
If yes, explain:

Mental health issues? ☐ Yes ☐ No
If yes, explain:

Does the sponsor have any family support? ☐ Yes ☐ No
Specify:

Does the sponsor have any identified special needs? ☐ Yes ☐ No
If yes, explain:

Does the sponsor have adequate financial means? ☐ Yes ☐ No
Explain:

Does the sponsor have adequate housing? ☐ Yes ☐ No
Explain:

Are there any concerns with the disciplinary practices/philosophy of the sponsor?

Does the sponsor have any criminal history? ☐ Yes ☐ No
List any Felony convictions:
List any Misdemeanor convictions:
List any Probation/Parole:
List and describe any disclosed criminal activity:

History of Incarceration

Crime	Dates	Length of Sentence	Location

Are there any parent/child relational issues? ☐ Yes ☐ No
If yes, explain:

Does the sponsor have an Order of Removal ☐ Yes ☐ No
If yes, date issued:

Has the sponsor sponsored any other UAC in DCS care? ☐ Yes ☐ No

Name of UAC	Alien Number	Relationship	ORR Facility Sponsored From

Additional sponsor information:

MANDATORY TVPRA 2008

Based on the most recent trafficking screening, is the child a victim of a severe form of trafficking in persons? (*Indicate 'yes' only if ORR has issued a trafficking eligibility letter for the UAC.*) ☐ Yes ☐ No
Date eligibility letter issued:

Based on the most recent screening for disabilities, does the child have a disability as defined in section 3 of the Americans with Disabilities Act of 1990, 42 U.S.C. § 12102(1)? ☐ Yes ☐ No
If yes, specify disability:

Based on the most recent screening, has the child been a victim of physical or sexual abuse under circumstances that indicate that the child's health or welfare has been significantly harmed or threatened? ☐ Yes ☐ No
If yes, provide a short summary :

Based on the sponsor risk assessment, does the sponsor clearly present a risk of abuse, maltreatment, exploitation, or trafficking to the UAC? ☐ Yes ☐ No
If yes, provide a short summary:

ADDITIONAL INFORMATION

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CERTIFICATION			
Signature:		Date:	
Print Name:		Title:	
Signature:		Date:	
Print Name:		Title:	
Signature:		Date:	
Print Name:		Title:	