

UC Basic Information

**First Name:**

**Last Name:**

**AKA:**

**Status:**

**Date of Birth:**

**A No.:**

**Age:**

**Country of Birth:**

**Gender:**

**LOS:**

**Current Program:**

**Admitted Date:**

30 day Case Review  Discharge  Transfer

Are there any changes?:  Yes  No

**Previous Placement:**

test

**Religious Affiliation:**

test

**Case Manager:**

test

**Clinician:**

test

**Document any new information regarding the UC not indicated in the UC Assessment and/or the previous case summary below**

Medical

**List any allergies:**

**Do you feel unwell?**

Yes  No

**If yes, what are your symptoms?**

**Additional medical information:**

**Medical History**

Condition	Yes/NO	Date of Diagnosis/Clarification
Pregnant	<input type="radio"/> Yes <input type="radio"/> No	
Tuberculosis	<input type="radio"/> Yes <input type="radio"/> No	
Varicella	<input type="radio"/> Yes <input type="radio"/> No	
Measles	<input type="radio"/> Yes <input type="radio"/> No	
Mumps	<input type="radio"/> Yes <input type="radio"/> No	
Rubella	<input type="radio"/> Yes <input type="radio"/> No	
Asthma	<input type="radio"/> Yes <input type="radio"/> No	
Diabetes	<input type="radio"/> Yes <input type="radio"/> No	
Cancer	<input type="radio"/> Yes <input type="radio"/> No	
Cardiac Issues	<input type="radio"/> Yes <input type="radio"/> No	
Sexually Transmitted Disease	<input type="radio"/> Yes <input type="radio"/> No	

Respiratory/Lung Disorder	<input type="radio"/> Yes <input type="radio"/> No	
Physical Disability	<input type="radio"/> Yes <input type="radio"/> No	

Medication History

Medication	Dosage	Timeframe	Medical Condition
------------	--------	-----------	-------------------

Legal

**Know Your Rights Presentation provided?**  Yes  No

**Date:**

**Legal screening completed?**  Yes  No

**Date:**

**Any possible legal relief identified?**  Yes  No

**Specify:**

Mental Health

Provide a short summary of the UAC's current functioning:

Psychological Evaluation

**Date of Evaluation:**

**Evaluator:**

**Axis I:**

**Axis II:**

**Axis III:**

**Axis IV:**

**Axis V:**

**Summary of Recommendations:**

Trafficking

**Who planned/organized your journey?**

**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 owe money to anyone for the journey?**

Yes  No

**If yes, how much?**

**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 your 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?

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?

Yes  No

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?

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 recording of 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 or 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:

Sponsor Information (List by Priority)							
Current Sponsor	Cat (1,2,3)	Sponsor Name	DOB	Address	Phone	Legal Status	Relationship
<input type="checkbox"/>							

Sponsor Risk Assessment

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 financial needs?

Yes  No

If yes, explain:

Does the sponsor have adequate housing?  Yes  No

If yes, explain:

Are there any concerns with the disciplinary practices/philosophy of sponsor?  Yes  No

Does the sponsor have any criminal history?

List any Felony convictions:

List any Misdemeanor convictions:

List any Probation/Parole:

List and describe any disclosed criminal activity:

History of Incarceration:	Crime	Date	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 UC in DCS care?  Yes  No

Additional sponsor information

Sponsor Sponsored UCs:	Name of UC	A Number	Relationship	Facility sponsored from
------------------------	------------	----------	--------------	-------------------------

### 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 UC.)  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?

If yes, provide a short summary:  Yes  No

Based on the sponsor risk assessment, does the sponsor clearly present a risk of abuse, maltreatment, exploitation, or trafficking to the UC?

If yes, provide a short summary:  Yes  No

### Recommendations

Discharge:  Yes  No

Sponsor:

Discharge w/ Post Release:  Yes  No

Date of PR referral:

Refer to Home Study  Yes  No

Reason for HS referral:

### Care Plan

**Reunification:**

**Legal:**

**Mental Health:**

---

**Certification**

**Signature:**

**Date:**

**Print Name:**

**Title:**

---