



U.S. Department of Health and Human Services

OMB Control No: 0970-XXXX
Expiration date: XX/XX/XXXX

**OFFICE OF REFUGEE RESETTLEMENT
Division of Children's Services
CARE PROVIDER FAMILY REUNIFICATION CHECKLIST**

IDENTIFYING INFORMATION		
Child's name: _____ Child's Date of Birth: _____ Child's date of admission to ORR: _____ Date DHS notified of discharge: _____ Discharge date: _____ A#: _____	Sponsor's name: _____ Date sponsor identified: _____ Is this the first identified sponsor for this UC to undergo the release process? _____ If "NO" to the above question, how many other sponsors have undergone the release process? _____	
RELEASE RECOMMENDATIONS	Target Date	Actual Date
Release Request (Case Manager)		
Release Request (Case Coordinator)		
Release Request Decision (ORR/FFS)		
UC ASSESSMENT AND ISP (ensure documented in UC Portal)	Target Date	Actual Date
<i>UC Assessment</i>		
<i>ISP</i>		
UC provided "Know Your Rights" presentation (video or LSP in-person)		
UC Case Review, if applicable		
SPONSOR SUPPORTING DOCUMENTATION AND INFORMATION (ensure documented in UC Portal)		
_____ Family Reunification Packet sent to sponsor _____ Completed Family Reunification Packet (and supporting documentation and forms) received: _____ <i>Safety Plan</i> , if applicable _____ Signed <i>Family Reunification Application</i> _____ Proof of sponsor's identification: _____ (name document(s) used) _____ Copy of sponsor's birth certificate: _____ (name document(s) used) _____ Proof of child's identification: _____ (name document(s) used) _____ Signed <i>Authorization for Release of Information</i> _____ Court records or other reports for the sponsor, is applicable _____ (name document(s) used) _____ Proof of relationship between child and sponsor, if applicable: _____ (name document(s) used) _____ IF A NON-PARENT/NON-LEGAL GUARDIAN <i>Letter of Designation for Care of a Minor</i> , not required but check if Sponsor received and is informed of its importance for caring for the UC post release. _____ IF A NON-PARENT/NON-LEGAL GUARDIAN Proof of address: _____ (name document(s) used) _____ Additional documentation on sponsor as relates to release assessment: _____ (name document(s) used)		
BACKGROUND CHECKS (ensure documented in UC Portal)	Date Requested	Date Received
Sponsor Fingerprint appointment scheduled, if applicable (indicate date of appointment under DATE RECEIVED)		
Sponsor National Criminal History (fingerprint) Check, if applicable		
Sponsor Immigration Check, if applicable		
Sponsor Internet Criminal Public Records Check		
Sponsor Child Abuse and Neglect Check, if applicable		
Sponsor State Criminal History Repository Check and/or Local Police Check, if applicable		
Sponsor FBI Interstate Identification Index (FBI III) Name/Descriptor Check, if applicable		
Household Members National Criminal History (fingerprint) Check, if applicable		
Household Immigration Check, if applicable		
Household Sponsor Internet Criminal Public Records Check, if applicable		
Household Members Child Abuse and Neglect Check, if applicable		
Household State Criminal History Repository Check and/or Local Police Check, if applicable		
Household FBI Interstate Identification Index (FBI III) Name/Descriptor Check, if applicable		

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) Public reporting burden for this collection of information is estimated to average .10/ hour per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

HEALTH SERVICES (Enter all medical results and upload medical and immunization documents in UC Portal)	Actual Date
Initial medical exam form completed	
TB screening, following age-specific initial medical exam requirements	
HIV testing for children ≥13 years (document if UC opts out of testing)	
Pregnancy testing for eligible females (test prior to administration of vaccines; defer live vaccines during pregnancy)	
Lead screening for children 6 months-6 years old	
Immunizations, according to the ACIP catch-up schedule	
Follow-up laboratory tests and consultations completed, as indicated	
Child clear of all contagious conditions, including scabies and lice	
Child or sponsor provided with copy of all health records, including medical, mental, dental, medication, and immunization records	

HOME STUDY AND POST-RELEASE SERVICES CASES ONLY SUPPLEMENT

HOME STUDY CASES	Actual Date
Date referred to ORR HQ for Home Study	
Date ORR HQ verified referral acceptance and name of Home Study provider: _____	
Home visit completed	
Completed Home Study submitted to ORR	
Case Manager's release recommendation, following completion of Home Study	
Case Coordinator's release recommendation, following completion of Home Study	
ORR/FFS release decision, following completion of Home Study	
POST-RELEASE SERVICES CASES	Actual Date
Date referred to ORR HQ for Post-Release Services	
Date ORR HQ verified referral acceptance of Post-Release Services provider were in place and name of Post-Release Services provider: _____	

**CASE MANAGER AFFIRMATION (DONE AT TIME OF CASE CLOSING, TRACKING AND REPORTING)
 Per Ops Guide Section 2 Safe and Timely Release and Section 3 Assessments**

I declare and affirm that the information contained in this checklist is true and accurate to the best of my knowledge including all dates upon which the required documents were submitted or produced by the care provider. I attest that all dates on this checklist are accurate and that the release recommendations, *ISP, UC Assessment, UC Case Review, Family Reunification Application*, applicable supporting documentation, background check documents, child assessments, *Discharge Notification* and documentation, and if necessary Home Study and/or Post-Release Service information have been completed by the appropriate party, and that if requested I can produce all documents on demand as required by law and applicable ORR UC program policies and procedures. I have noted below and given an acceptable explanation as to why not all documents or supporting documentation was submitted.

List required documentation not available and explanation:

SIGNATURE OF CASE MANAGER: _____ **DATE:** _____