


UAC Basic Information		
 <p>Photo of Minor</p>	First Name: Last Name: Date of Birth: A No.: Age: Child's Country of Birth:	Status: AKA: Gender: LOS: Current Program: <input type="text"/> Admitted Date:

UAC Case Status			
Child Assessments			
Initial Intakes Assessment	Last Updated:		
Assessment For Risk	Last Updated:		
UAC Assessment	Last Updated:		
Medical			
Initial Medical Exam	Date Evaluated:		
TB Screening	Outcome:		
Immunizations (IME Only)	Last Updated:		
Home Study and Post-Release Service Cases			
Home Study	Type of Home Study:	Date Referred:	Date Accepted:
Post Release Services	Type of PRS:	Date Referred:	Date Accepted:
Family Reunification			
Sponsor Assessment	Date Completed:	<input type="text"/>	
Family Reunification Application Sent to Sponsor	Date Sent:	Date Received:	<input type="text"/>
Proof of Sponsor Identity	Date Completed:	<input type="text"/>	
Proof of Sponsor Address	Date Completed:	<input type="text"/>	
Proof of Relationship Between UAC and Sponsor	Date Completed:	<input type="text"/>	
<ul style="list-style-type: none"> This UAC currently has no primary sponsor. 			
		<input type="button" value="> Save"/>	<input type="button" value="> Reset"/>
Background Checks			
Internet Criminal			
Sponsor:	Date Requested:	N/A	Date Result Received: N/A
Sex Abuse Registry			
Sponsor:	Date Requested:	N/A	Date Result Received: N/A
Immigration			
Sponsor:	Date Requested:	N/A	Date Result Received: N/A
FBI Criminal History (fingerprint)			
Sponsor:	Date Requested:	N/A	Date Result Received: N/A
CA/N			
Sponsor:	Date Requested:	N/A	Date Result Received: N/A
Legal			
Know Your Rights and Legal Screening:	Date Completed:		
Release Recommendations			
Case Manager Release Request:	Last Updated:		
Case Coordination Release Request:	Last Updated:		
ORR Release Request Decision:	Last Updated:	Release Approved:	

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