**OFFICE OF REFUGEE RESETTLEMENT**

**Division of Children’s Services**

**CARE PROVIDER CHECKLIST FOR TRANSFERS TO AN INFLUX CARE FACILITY**

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| IDENTIFYING INFORMATION | | | |
| UC’s Name:  A#:  UC’s Date of Birth:  UC’s Date of Admission to ORR:  UC’s Date of Transfer: | Receiving Influx Care Facility: Referring Care Provider:  UC Case Manager’s Name:  UC Clinician’s Name:  ORR Reviewer’s Name: | | |
| ASSESSMENTS *(initial completion within 5 days of admission)* | | | |
|  | | Fully Completed in UAC Portal | Completion Date |
| Initial Intakes Assessment *(within 24 hours of admission)* | |  |  |
| UC Assessment *(within 5 days of admission)* | |  |  |
| Assessment for Risk *(within 72 hours of admission)* | |  |  |
| Individual Service Plan *(within 5 to 6 days of admission)* | |  |  |
| LEGAL SERVICES | | | |
|  | | Completed and Uploaded to UAC Portal | Completion Date |
| Legal Representation List *(signed acknowledgement within 48 hours of admission)* | |  |  |
| Know Your Rights *(presentation and signed acknowledgement with 14 days of admission or video and signed acknowledgement within 7 days of admission)* | |  |  |
| Legal Screening *(within 7 to 10 days of admission)* | |  |  |
| MEDICAL SERVICES | | | |
|  | | Completed and Uploaded to UAC Portal | Completion Date |
| Initial Medical Exam Form | |  |  |
| TB Screening  * Ages 13-14: PPD **or** IGRA * Ages 15-17: PPD **or** IGRA; **and** Chest X-ray | |  |  |
| HIV Testing *(document if UC opts out of testing)* | |  |  |
| Pregnancy Testing for Eligible Females *(test prior to administration of vaccines; defer live vaccines during pregnancy)* | |  |  |
| Immunizations for 13-17 Year Olds *(according to the ACIP catch-up schedule, administered at least 72 hours prior to physical transfer)*  * Tdap *(tetanus, diphtheria, pertussis)* * Hepatitis A * Hepatitis B * Varicella *(chickenpox)* * IPV *(inactivated poliovirus vaccine)* * MMR or MMRV *(measles, mumps, rubella)* * MCV4 *(meningococcal disease)* * HPV *(human papillomavirus)* * Flu *(when seasonably available –* *generally, September through June)* | |  |  |
| Follow-up laboratory tests and consultations completed *(as indicated)* | |  |  |
| Medical Checklist for Influx Transfers completed *(Medical Coordinator Initials: ­*           *)* | |  |  |
|  | | Confirmed | Date Confirmed |
| Child clear of all contagious conditions *(includes scabies and lice)* | |  |  |
| No known medical, dental, or mental health issues requiring additional evaluation, treatment, or monitoring by a healthcare provider | |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| TRANSFER REQUEST | | | |
|  | Completed in UAC Portal | | Completion Date |
| Transfer Request |  | |  |
| Program Exit |  | |  |
| TRANSFER DOCUMENTATION AND ITEMS *(ensure the following documentation and items accompany each UC at the time of transfer in a secure manner)* | | | |
|  | | Confirmed at Time of Physical Transfer | |
| UC’s personal belongings including clothing, money, valuables, and items obtainedduring the UC’s stay at the referring care provider | |  | |
| Thirty (30) day medication supply | |  | |
| Care Provider Family Reunification Checklist | |  | |
| Care Provider Checklist for Transfers to Influx Care Facilities | |  | |
| Transfer Request and Tracking Form | |  | |
| Transfer Manifest | |  | |
| DHS Form I-862 Notice to Appear (NTA), if available | |  | |
| Copy of sponsor’s birth certificate | |  | |
| Copy of medical and vaccination documents | |  | |
| All original documents (e.g., birth certificates) | |  | |
| List any food allergies: | |  | |
| FINAL MEDICAL CHECKS *(done at time of physical transfer)* | | | |
|  | | Confirmed at Time of Physical Transfer | |
| UC checked and determined to be clear of lice and rash *(within 24 hours of physical transport)* | |  | |
| UC’s temperature checked and found not to be elevated *(immediately before the UC boards the transport vehicle)* | |  | |
| CASE MANAGER AFFIRMATION *(done at time of physical transfer)* | | | |
| I declare and affirm that the information contained in this checklist is true and accurate to the best of my knowledge. I attest that all assessments, legal services, medical services, and transfer request documentation have been fully and accurately completed and that they have been save in or uploaded to the UAC Portal. I attest that all transfer documentation and items have been physically provided to the UC in a secure manner. I attest that the UC was checked for lice and determined to be clear of lice within 24 hours of physical transport and that the UC did not present with an elevated temperature at the time they boarded the transport vehicle. I have noted below and given an acceptable explanation for any instances in which documentation has not been fully completed or documentation and/or items were not physically provided to the UC.List required documentation and/or items not available and explanation: SIGNATURE OF CASE MANAGER: ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: | | | |