

# Home Study Assessment (Form S-6)

## Background & Overview Tab

### UAC Basic Information

UAC Profile Name	A#
AKA	DOB
Age	COB
Gender	Admitted Date/Time
Program/Facility	

### HS/PRS Referral Assessment

**Entry-00001853** + Follow Delete

HS/PRS Assessment #	Record Type	UAC Profile Name	Status	Last Modified By
HS/PRS Assessment-00000038	HS Assessment			Shannon Herboldsheimer, 12/10/2020, 8:57 AM

### Sponsor Identifying Information

Open

Sponsor	DOB	Gender
COB	Marital Status	Sponsor Category Category 1
Address	City	State
Email	Contact Number	Zipcode

### Background & Overview

Sponsor Background   Home & Community   Summary & Certification

#### Case Information

Date Home Visit Completed	Date Report Completed
HS/PRS Primary Provider Name	Assigned Provider Name
HS/PRS Subcontractor	HS/PRS Case Worker
HS/PRS Supervisor	

#### Reason for Referral

Primary Reason for Referral	Type
Date/Time Opened   12/10/2020, 8:57 AM	Concerns to be investigated during HS

#### UAC Background

\* UAC Background Information (For example: who raised UAC, family composition in home country, summarize relationships, reasons for migration, UAC's primary language/dialect).

Draft   Draft-Approved by...   Submitted

Status:

Poll   Post

What would you like to ask? Ask

Search this feed... ↕ ↻

\* Does the UAC have a pre-existing relationship with sponsor? Please describe relationship.

\* Significant Incident Reports (SIRs) while in ORR/DUCO shelter care. Provide a brief summary of SIRs that are relevant to home study and inform your assessment.

\* Does the UAC know if there are other individuals living in the sponsor's home? If so, please describe the UAC's relationship with them.

\* Does the UAC have special needs, if any, that have a significant impact on their daily functioning (example: physical disabilities or limitations, mental health diagnosis)? If mental health, any prescription medications?

\* Does the UAC have any specific concerns about living with the sponsor?

\* Does UAC have other family members in the United States who can potentially provide additional support?

\* What are the UAC's expectation of reunification with the sponsor (including home environment, lifestyle, chores, religion and education)?

\* Does UAC have any history of criminal charges, substance abuse, or gang involvement? How does the UAC plan to address these behaviors?

\* Does the UAC feel there are any services that would be helpful to him/her after release?

## Collaborate here!

Here's where you start talking with your colleagues about this record.

Filters: All time • All activities • All types



[Refresh](#) • [Expand All](#) • [View All](#)

### ▼ Upcoming & Overdue

No next steps.

To get things moving, add a task or set up a meeting.

No past activity. Past meetings and tasks marked as done show up here.



Open Activities (0)



\* Additional information:

\* What are the UAC's expectation of reunification with the sponsor (including home environment, lifestyle, chores, religion and education)?

\* Does UAC have any history of criminal charges, substance abuse, or gang involvement? How does the UAC plan to address these behaviors?

\* Does the UAC feel there are any services that would be helpful to him/her after release?

\* Additional information:

Save

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# Sponsor Background Tab

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Sponsor Background

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Summary & Certification

## Sponsor Background Information

Major Medical Issues

Select an Option

Describe Medical Issues

Mental Health Issues

Select an Option

Describe Mental Health Issues

Substance Use

Select an Option

Describe Substance Use Issues

\* What are the sponsor's coping mechanisms as it pertains to issues reported above?

\* Identify and describe the sponsor's significant relationships and other support systems.

\* Sponsor's background (sponsor's age, background, interests, strengths and weaknesses, etc.)

\* What is sponsor's English proficiency? What is the sponsor's proficiency in UAC's native language?

The sponsor was provided information on U.S. laws in regards to employment. The Sponsor was informed about age and document requirements for work, work permits, and employee rights.

The sponsor was provided with information on the four types of abuse (sexual, physical, emotional, and neglect). The sponsor was also informed about the confidentiality of reporting child abuse and the different locations where it could be reported (e.g. police station, school, fire department, medical clinic); in addition to mandated reporters (therapist, social worker, counselor, and teacher).

The sponsor was provided with information on school enrollment, sponsor's rights to contact the school and student's rights to seek services.

\* In the sponsor's own words, please describe their understanding of the above:

Save

## Sponsor's Motivation and Relationship to UAC

\* Sponsor's reasons for wanting to sponsor/care for the UAC.

\* Describe the sponsor's relationship with the UAC and UAC's family members. Include frequency and quality of contacts, include the last face to face and phone contact between the sponsor and the UAC.

\* Does the sponsor have a family support system in the U.S.? If so, are they in the immediate area to provide assistance?

\* Was sponsor aware or involved in UAC's plan to migrate to the USA? Please include sponsor's awareness of any financial obligation for travel.

\* Was sponsor aware of UAC's apprehension by border authorities? Yes or No Is the sponsor aware of whether the UAC experienced any challenges on their journey or trauma along the way?

\* Describe any previous UAC sponsorships in detail.

Save

## Sponsor's Parenting Ability

\* Parenting skills and abilities, nature and extent of previous experience with child supervision, including discipline, parenting style and designation of household responsibilities/chores.

\* What is the sponsor's supervision plan? If the sponsor is not available to supervise the UAC, who will provide supervision during sponsor's absence?

\* Are there any other children in the home?

If there are any other children in the home, are their needs being met?

\* What are the sponsor's discipline methods? Is physical discipline used?

\* Any significant life changes planned for the future and how will these changes affect the Sponsor's ability to care for the UAC (i.e., change in residence, marriage, divorce).

\* Is the sponsor aware of UAC's current behavior issues (if any), criminal history or significant trauma?

Select an Option

If yes, how will the sponsor be able to provide support to UAC in light of these concerns?

\* If UAC has special needs, mental health or complex medical needs? How will sponsor provide support?

\* Does sponsor foresee any challenges in parenting the UAC? How will sponsor address these challenges?

\* Does the sponsor understand the dynamics of separation, grief and loss (as it relates to child development)? (Yes or No) How will the Sponsor help the UAC to cope with such emotions?

\* If no, did the worker share information to educate the sponsor about grief and loss? Please explain.

Save

### Legal Services

\* Did the sponsor attend a LOPC presentation?

Select an Option

\* What is the sponsor's plan to ensure the UAC's attendance at all immigration court proceedings and comply with DHS requirements?

\* How will sponsor's secure legal representation for the UAC?

\* Is there an Immigration attorney representing the UAC?

Select an Option

Name of Attorney

Attorney Phone Number

Attorney Address

Save

### Financial

\* Employment Status

Select an Option

If Other - specify

Name of Employer

Type of Employer

Length of time employed in current job (if applicable)

Monthly Income

Total annual take-home income of sponsor

Other sources of income

Hours

\* Prior Employment

If Yes - How long?

\* Does applicant operate a business from the residence?

Is business a child day care?

Is business an adult day care or rooming house?

If other than child or adult day care or rooming house, describe type of business:

If applicable, describe impact of home business on the plan to sponsor the UAC:

\* Sponsor Expenses

Is business an adult day care or rooming house?

If other than child or adult day care or rooming house, describe type of business:

If applicable, describe impact of home business on the plan to sponsor the UAC:

\* Sponsor Expenses

\* How does sponsor plan to financially support for the UAC?

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## Home Community Tab

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 Household Members (0)

New Household Member



### Home and Community

\* Type of Housing

Select an Option



Other Type of Housing

\* Does the sponsor own or rent?

Select an Option



If renting: has the landlord approved the UAC living in the residence?

Select an Option



Note reason for not informing landlord and plan to confirm approval



\* How long has the sponsor resided at this residence?

\* Do any household members smoke?

Select an Option ▼

\* Is smoking allowed in the house?

Select an Option ▼

\* Is there a functional smoke detector?

Select an Option ▼

\* Are there any weapons in the home?

Select an Option ▼

If Yes, are the weapons and ammunition kept separately in locked areas?

\* Are there pets in the home?

Select an Option ▼

If Yes - List

Do pets meet local safety requirements (vaccinations, vicious animal restrictions, etc.)?

Select an Option ▼

\* Outside Space

Available Options

- Patio
- Hot Tub
- Fenced Yard
- Detached Garage
- Play Equipment
- Porch
- Deck

Selected Options

Other Outside Space (Specify)

If the home has a pool/pond/lake, please explain how sponsor will ensure safety/supervision of UAC around water source:

\* Is there evidence that individuals other than those listed in the family reunification packet are living in the home?

\* Are there any safety concerns or health hazards?

If there are safety concerns or health hazards - how can it be resolved?

\* Does the sponsor have a means of transportation? Please Describe.


\* If so, are vehicles insured?

\* Is the residence accessible by public transportation?

\* Briefly describe the community in which the home is located. Include information regarding the type of neighborhood (rural, urban, residential, industrial, etc.).

\* Does sponsor know who to call in case of an emergency? If so, please describe:

Save

 Community Resources (0)

New Home Community 

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## Home Community Tab – Community Resource Data Entry Window

## New HS/PRS Referral Assessment: Home Community

### Information

HS/PRS  
Assessment #

\* Entry

Entry-00001853

\* HS Assessment

HS/PRS Assessment-00000038

Address

Name

State

City

Phone Number

Zip

Type

--None--

Comments

Cancel

Save & New

Save

## Summary & Certification Tab

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### Summary

\* Based on all of the information collected during the home study process, provide an assessment of the Sponsor's ability to provide and maintain a safe, stable and appropriate home environment. Elaborate on the sponsor's parenting experience, supervision, and ability to ensure the safety and well-being of child.

\* Summarize how the home study assessment addressed the concerns noted by the referral in Section D: Reason for Referral.


\* Summarize any concerns raised during the home study. How can these issues or concerns be mitigated?

\* How equipped is the sponsor to advocate for the UAC to receive necessary services:

Select an Option

Comments

Save

 **Recommendation**



Recommendation



 **Certification**



Status



HS/PRS Worker Printed Name



HS/PRS Worker Completed Date



HS/PRS Supervisor Printed Name



HS/PRS Supervisor Completed Date



Verify and Submit



Date Submitted to ORR



Comments



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