

UC Case Status

UAC Basic Information		
	First Name: <input type="text"/>	AKA: <input type="text"/>
	Last Name: <input type="text"/>	Status: <input type="text"/>
	Date of Birth: <input type="text"/>	Admitted Date: <input type="text"/>
	A#: <input type="text"/>	Length of Stay: <input type="text"/>
	Country of Birth: <input type="text"/>	Current Program: <input type="text"/>
	Gender: <input type="text"/>	Portal ID: <input type="text"/>

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[>| Go to Admission](#)
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UAC Case Status

Child Assessments

Initial Intakes Assessment	Last Updated: <input type="text"/>
Assessment For Risk	Last Updated: <input type="text"/>
UAC Assessment	Last Updated: <input type="text"/>

Medical

Initial Medical Exam	Date Evaluated: <input type="text"/>
TB Screening	Outcome: <input type="text"/>
Immunizations (IME Only)	Last Updated: <input type="text"/>

Home Study and Post-Release Service Cases

Home Study	Type of Home Study: <input type="text"/>	Date Referred: <input type="text"/>	Date Accepted: <input type="text"/>
Post Release Services	Type of PRS: <input type="text"/>	Date Referred: <input type="text"/>	Date Accepted: <input type="text"/>

Family Reunification

Sponsor Assessment	Date Completed: <input type="text"/>
Family Reunification Application Sent to Sponsor	Date Sent: <input type="text"/> 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"/>

[>| Save](#)
[>| Reset](#)

Background Checks

Internet Criminal

Sponsor:	Date Requested: <input type="text"/>	Date Result Received: <input type="text"/>
Household member:	Date Requested: <input type="text"/>	Date Result Received: <input type="text"/>
Household member:	Date Requested: <input type="text"/>	Date Result Received: <input type="text"/>
Household member:	Date Requested: <input type="text"/>	Date Result Received: <input type="text"/>

Sex Abuse Registry

Sponsor:	Date Requested: <input type="text"/>	Date Result Received: <input type="text"/>
Household member:	Date Requested: <input type="text"/>	Date Result Received: <input type="text"/>
Household member:	Date Requested: <input type="text"/>	Date Result Received: <input type="text"/>
Household member:	Date Requested: <input type="text"/>	Date Result Received: <input type="text"/>

Immigration

Sponsor:	Date Requested: <input type="text"/>	Date Result Received: <input type="text"/>
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FBI Criminal History (fingerprint)

Sponsor:	Date Requested: <input type="text"/>	Date Result Received: <input type="text"/>
Household member:	Date Requested: <input type="text"/>	Date Result Received: <input type="text"/>
Household member:	Date Requested: <input type="text"/>	Date Result Received: <input type="text"/>
Household member:	Date Requested: <input type="text"/>	Date Result Received: <input type="text"/>

CA/N		
Sponsor:	Date Requested:	Date Result Received:
Household member:	Date Requested:	Date Result Received:
Household member:	Date Requested:	Date Result Received:
Household member:	Date Requested:	Date Result Received:
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: