

UC Case Status

UAC Basic Information	
First Name:	AKA:
Last Name:	Status:
Date of Birth:	Admitted Date:
A#:	Length of Stay:
Country of Birth:	Current Program:
Gender:	Portal ID:

[>| Go to Assessments](#)
[>| Go to Health](#)
[>| Go to SIR](#)
[>| Go to Intakes](#)
[>| Go to Admission](#)
[>| Go to Discharge](#)

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:	<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:	Date Result Received:
Household member:	Date Requested:	Date Result Received:
Household member:	Date Requested:	Date Result Received:
Household member:	Date Requested:	Date Result Received:

Sex Abuse Registry

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:

Immigration

Sponsor:	Date Requested:	Date Result Received:
----------	-----------------	-----------------------

FBI Criminal History (fingerprint)

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:

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: