

# 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:
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#### 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:

<b>CA/N</b>		
<b>Sponsor:</b>	<b>Date Requested:</b>	<b>Date Result Received:</b>
<b>Household member:</b>	<b>Date Requested:</b>	<b>Date Result Received:</b>
<b>Household member:</b>	<b>Date Requested:</b>	<b>Date Result Received:</b>
<b>Household member:</b>	<b>Date Requested:</b>	<b>Date Result Received:</b>
<b>Legal</b>		
<b>Know Your Rights and Legal Screening:</b>	<b>Date Completed:</b>	
<b>Release Recommendations</b>		
<b>Case Manager Release Request:</b>	<b>Last Updated:</b>	
<b>Case Coordination Release Request:</b>	<b>Last Updated:</b>	
<b>ORR Release Request Decision:</b>	<b>Last Updated:</b>	<b>Release Approved:</b>