

Sponsor Assessment (Form S-5)

UAC Basic Information and Sponsor Demographic Information Tab

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:

Sponsor Assessment

SPONSOR DEMOGRAPHIC INFORMATION

CONTACT INFORMATION

RELATIONSHIP TO CHILD

CRIMINAL HISTORY & BACKGROUND CHECKS

SPONSORSHIPS

FAMILY RELATIONSHIPS

HOUSEHOLD

EMPLOYMENT

CARE PLAN

TRAFFICKING & FRAUD

FLAGS


CASE MANAGER ASSESSMENT

CERTIFICATION

Sponsor Demographic Information

Form Started: February 3, 2022 at 2:35pm EST

Basic Information

 You will not be able to edit these fields after you save this page.

First Name*

Last Name*

Date of Birth*

Country of Birth*

A#*

Gender

Male Female

Legal Status

Use this section to document information and documents provided by the sponsor to establish the sponsor's identity and confirm that the sponsor's identity was verified.

Legal Status*

-- Select Legal Status --

With Status / Without Status

Legal status verified with non-expired documents?*

Yes No

List documents provided to establish proof of immigration status (or U.S. citizenship documents):

Proof of Identity

Has the sponsor identity been verified?

Yes No

Documents establishing proof of identity

Document Type	Expiration Date	Verified by Government Agency	Picture ID

Document any additional information relevant to the sponsor's identity.

Language & Religion

Primary Language

Other Languages

Religious Affiliation

Additional Information

Document any additional information relevant to the sponsor's identity, legal status, and linguistic and cultural background.

>| Save

Next >

Contact Information Tab

Sponsor Assessment

- SPONSOR DEMOGRAPHIC INFORMATION
- CONTACT INFORMATION**
- RELATIONSHIP TO CHILD
- CRIMINAL HISTORY & BACKGROUND CHECKS
- SPONSORSHIPS
- FAMILY RELATIONSHIPS
- HOUSEHOLD
- EMPLOYMENT
- CARE PLAN
- TRAFFICKING & FRAUD
- FLAGS
- CASE MANAGER ASSESSMENT
- CERTIFICATION

Contact Information

Phone & Email

Primary Phone Number

Backup Phone Number

Backup Phone Type

Email Address

Current Address

Street Address

City

State

Zip Code

Country

How long has sponsor live at thier current address?

Proof of Address

Was the sponsor's current address verified as a residence on Google Maps? Yes No

Was the sponsor's current address verified as a residence on Google Earth? Yes No

Was the sponsor's current address verified as a residence on SmartyStreets? Yes No

Document Type	Date Issued	Dated Within Last 2 Months

Additional Information

Document any additional information relevant to the sponsor's address, including your assessment of whether the sponsor lives at the address and whether that address is a residence.

< Prev.

>| Save

Next >

Relationship to Child Tab

Sponsor Assessment

SPONSOR DEMOGRAPHIC INFORMATION

CONTACT INFORMATION

RELATIONSHIP TO CHILD

CRIMINAL HISTORY & BACKGROUND CHECKS

SPONSORSHIPS

FAMILY RELATIONSHIPS

HOUSEHOLD

EMPLOYMENT

CARE PLAN

TRAFFICKING & FRAUD

FLAGS

CASE MANAGER ASSESSMENT

CERTIFICATION

Relationship to Child

Use this section to document information and documents provided by the sponsor to establish the sponsor's relationship to the child and to confirm that the relationship was verified.

If the sponsor's relationship to the child was unable to be verified, provide an explanation:

Child's Name

Sponsor's Relationship to Child

-- Select Relationship --

Sponsor's Relationship with Child Verified?

Yes No

Was DNA used to establish proof of relationship?

Yes No

Proof of Relationship

Documents establishing proof of relationship:

Document Type	Expiration Date	Verified by Government Agency	Picture ID

Knowledge of Child's Journey

According to the sponsor, why did the child leave their home country to come to the U.S.?

Is the sponsor aware of any issues that the child experienced along the journey that may need to be addressed when the child comes to live with them?

Yes No

If yes, explain:

Does the sponsor owe any debt for the child's trip?

Yes No

Additional Information

Document any additional information relevant to the sponsor's familial and interpersonal relationship with the child, and the sponsor's role in coordinating or financing the child's journey to the U.S.

< Prev.

>| Save

Next >

Criminal History & Background Checks Tab

Sponsor Assessment

SPONSOR DEMOGRAPHIC INFORMATION

CONTACT INFORMATION

RELATIONSHIP TO CHILD

CRIMINAL HISTORY & BACKGROUND CHECKS

SPONSORSHIPS

FAMILY RELATIONSHIPS

HOUSEHOLD

EMPLOYMENT

CARE PLAN

TRAFFICKING & FRAUD

FLAGS

CASE MANAGER ASSESSMENT

CERTIFICATION

Criminal History & Background Checks

Self-Disclosed Criminal History

Did the sponsor disclose any criminal history?

Yes No

If yes, explain:

Felony convictions disclosed by the sponsor:

Misdemeanor convictions disclosed by the sponsor:

Probation/parole disclosed by the sponsor:

Criminal activity disclosed by the sponsor:

Child abuse and neglect history disclosed by the sponsor:

Substance abuse disclosed by the sponsor:

Domestic Violence disclosed by the sponsor:

History of incarceration or detention

Incarceration/detention details:

Crime	Date	Length of Sentence/Detention	Location

Document any additional information relevant to the sponsor's disclosure of criminal charges, sexual offenses, or child abuse/neglect charges or arrests. If there are any disqualifying factors under the Criteria for Release Denial, identify those here. See ORR Policy Guide, Section 2.7.4 Deny Release Request for details.

Background Checks

Background Checks:

Type	Check Required in All Cases?	Check Requested	Date Requested	Date Results Received	Results

Additional Information

Document any additional information relevant to background check.

< Prev.

>| Save

Next >

Sponsorships Tab

Sponsor Assessment

- SPONSOR DEMOGRAPHIC INFORMATION
- CONTACT INFORMATION
- RELATIONSHIP TO CHILD
- CRIMINAL HISTORY & BACKGROUND CHECKS
- SPONSORSHIPS**
- FAMILY RELATIONSHIPS
- HOUSEHOLD
- EMPLOYMENT
- CARE PLAN
- TRAFFICKING & FRAUD
- FLAGS
- CASE MANAGER ASSESSMENT
- CERTIFICATION

Sponsorships

Self-Reported Sponsorships

According to the sponsor, have they ever attempted to sponsor a child in ORR care? Yes No

Attempted Sponsorships:

Name	A#	DOB	Gender	Relationship to Child	Current Location	ORR Release Decision	Date of Discharge	Discharge Program Name

Is the child they sponsored still residing with them? Yes No

If no: Explain why the child is not residing with them:

Did the sponsor undergo a home study for any of these sponsorships? Yes No

Has the child received Post Release Services? Yes No

Is the child enrolled in or attending school? Yes No

When is the child's upcoming court date?

Did the sponsor attend a Legal Orientation Program for Custodians (LOPC)? Yes No

According to the sponsor, have they ever withdrawn an application to sponsor a child in ORR care? Yes No

Past Addresses

Addresses Recorded in Portal

Date	Address	City/State/Postal	UC Sponsored at This Address

Other Sponsors Using Address

Other Sponsors Using Address

Name	Household Occupants	Flags	Sponsorship Date	Address	Relationship
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Additional Information

Document any additional information relevant to previous sponsorship attempts, including your assessment of the safety and well-being of any children released from ORR care to the sponsor.

< Prev.

>| Save

Next >

Family Relationships Tab

Sponsor Assessment

SPONSOR DEMOGRAPHIC INFORMATION

CONTACT INFORMATION

RELATIONSHIP TO CHILD

CRIMINAL HISTORY & BACKGROUND CHECKS

SPONSORSHIPS

FAMILY RELATIONSHIPS

HOUSEHOLD

EMPLOYMENT

CARE PLAN

TRAFFICKING & FRAUD

FLAGS

CASE MANAGER ASSESSMENT

CERTIFICATION

Family Relationships

Spouse / Partner

Does the sponsor have a partner?

Yes No

Is the sponsor legally married or is the relationship a partnership or cohabitation?

Select ▼

Marriage status

Select 

Sponsor's Children

Does the sponsor have any children?

Yes No

Sponsor's Children:

Name	Age	Date of Birth	Gender	Current Location	Name of Mother

Have any of the sponsor's children ever been in ORR care?

Yes No

Who is caring for the sponsor's children?:

How does the sponsor discipline their children?

Does the sponsor provide court ordered financial support to their children?

Yes No

Has the sponsor or their spouse/partner ever interacted with Child Protective Services?

Yes No

If yes, explain:

Family & Family Friends in U.S.

Does the sponsor have family or family friends in the U.S.?: Yes No

Family / family friends :

Name	Age	Relationship to Sponsor

Does the sponsor have any relatives in ORR care? Yes No

If yes, where are they?

Family in Country of Origin

Does the sponsor have family in their home country? Yes No

Describe the sponsor's relationship with their family in their home country:

Additional Information

Document any additional information relevant to the sponsor's familial and other significant relationships in their country of origin and in the U.S:

< Prev.

>| Save

Next >

Household Tab

Sponsor Assessment

- SPONSOR DEMOGRAPHIC INFORMATION
- CONTACT INFORMATION
- RELATIONSHIP TO CHILD
- CRIMINAL HISTORY & BACKGROUND CHECKS
- SPONSORSHIPS
- FAMILY RELATIONSHIPS
- HOUSEHOLD**
- EMPLOYMENT
- CARE PLAN
- TRAFFICKING & FRAUD
- FLAGS
- CASE MANAGER ASSESSMENT
- CERTIFICATION

Household

Housing Situation

Describe the sponsor's home:

Where will the child sleep?

How does the sponsor expect the child to contribute to their household?

Does the sponsor have adequate housing?

Yes No

Describe the sponsor's housing conditions:

Household Members

Does anyone else live in the sponsor's home?

Yes No

Is the child still residing with the household member?

Yes No

If no, explain why the child is not residing with them:

Did the household member undergo a home study for any of these sponsorships?

Yes No

Has the child received Post-Release Services?

Yes No

Is the child enrolled in or attending school?

Yes No

When is the child's upcoming court date?

Is the child enrolled in or attending school?

Yes No

Did the household member attend a Legal Orientation Program for Custodians (LOPC)?

Yes No

Has a household member ever withdrawn an application to sponsor a child in ORR care?

Yes No

If yes, why did they withdraw?

Has a household member ever been denied sponsorship by ORR?

Yes No

If yes, why did ORR deny their sponsorship application?

Proof of Identity for Household Members

Have all household members' identities been verified?

Yes No

Documents establishing proof of household members' identities

Document Type	Expiration Date	Verified by Government Agency	Picture ID

Additional Information

Document any additional information relevant to the sponsor's household members, including your assessment of the safety and well-being of any children released from ORR care to the sponsor's household members.

< Prev.

>| Save

Next >

Employment Tab

Sponsor Assessment

SPONSOR DEMOGRAPHIC INFORMATION

CONTACT INFORMATION

RELATIONSHIP TO CHILD

CRIMINAL HISTORY & BACKGROUND CHECKS

SPONSORSHIPS

FAMILY RELATIONSHIPS

HOUSEHOLD

EMPLOYMENT

CARE PLAN

TRAFFICKING & FRAUD

FLAGS

CASE MANAGER ASSESSMENT

CERTIFICATION

Employment

Proof of Stability

Does the sponsor have a job?

Yes No

What is the sponsor's work schedule?

Is the sponsor able to meet their monthly expenses with their income?

Yes No

Affidavits of Support

Affidavits of Support

Annual Income	Proof of Income	Employer	EMP. Address	EMP. City	EMP. State	EMP. Zip Code	EMP. Phone	Doc to Sponsor
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="v"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="v"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="-- Select State -- v"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No
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Additional Information

Document any additional information, including your assessment of the sponsor's ability to support and financially provide for the child while in their care.

< Prev.

>| Save

Next >

Care Plan Tab

Sponsor Assessment

- SPONSOR DEMOGRAPHIC INFORMATION
- CONTACT INFORMATION
- RELATIONSHIP TO CHILD
- CRIMINAL HISTORY & BACKGROUND CHECKS
- SPONSORSHIPS
- FAMILY RELATIONSHIPS
- HOUSEHOLD
- EMPLOYMENT
- CARE PLAN**
- TRAFFICKING & FRAUD
- FLAGS
- CASE MANAGER ASSESSMENT
- CERTIFICATION

Care Plan

Child's Schooling, Health and Safety

What school will the child attend?*

Does the sponsor understand the school enrollment process?

Yes No

Who will transport the child to and from school?*

Is the sponsor aware of any medical conditions the child has that will need to be treated?

Yes No

What are the sponsor's plans to address the child's health care needs?

What are the sponsor's plans to address the child's mental health care and counseling needs?

Is the sponsor aware of any criminal history or behavior issues from the child?

Yes No

How does the sponsor plan to discipline the child they're attempting to sponsor?

Are there any concerns with the disciplinary practices/philosophy of the sponsor?

Did the sponsor read the Sponsor Handbook?

Yes No

Describe how the sponsor plans to keep the child safe.

Does the sponsor have any mental health or special needs that would impact their ability to care for the child?

Supervision Plan

Does the sponsor have any family or community support? Yes No

Describe how the sponsor plans to supervise the child.

Does the sponsor have any family or friends nearby that will help care for the child? Yes No

Potential Alternate Adult Caregiver

If the sponsor becomes unable to care for the child, who will care for them?

Name	A#	Date of Birth	Gender	Home Address	Phone #	Relationship to Sponsor	Background Checks

Has the alternate adult caregiver's identity been verified? Yes No

Documents establishing proof of alternate adult caregiver's identity

Documents establishing proof of alternate adult caregiver's identity?

Alternate Adult Caregiver's Name	Document Type	Expiration Date	Verified by Government Agency	Picture ID

Additional Information

Document any additional information about the sponsor's plan to care for the child, including your assessment of whether the sponsor will be able to adequately address the care, supervision, safety, education, and resources required to meet the child's needs.

< Prev.

>| Save

Next >

Trafficking & Fraud Tab

Sponsor Assessment

SPONSOR DEMOGRAPHIC INFORMATION

CONTACT INFORMATION

RELATIONSHIP TO CHILD

CRIMINAL HISTORY & BACKGROUND CHECKS

SPONSORSHIPS

FAMILY RELATIONSHIPS

HOUSEHOLD

EMPLOYMENT

CARE PLAN

TRAFFICKING & FRAUD

FLAGS

CASE MANAGER ASSESSMENT

CERTIFICATION

Trafficking & Fraud

Sponsor's Journey to the U.S.

When and why did the sponsor first decide to travel to the U.S.?

Who planned/organized their journey?

Did the arrangements change during the journey?

Yes No

If yes, how?

Did anyone pay for their travel to the U.S.?

Yes No

Does that person need to be paid back?

Yes No

Is there a plan for that person to be paid back?

Yes No

What does the sponsor believe will happen if that person is not paid back?

Does the sponsor's family or a family friend owe money to anyone for the journey?

Yes No

If yes, how much?

Did the sponsor ever have to depend upon non family members to provide basic needs such as clothes, food, and housing?

Yes No

Did the sponsor experience any challenges, trauma, or abuse by family in home country?

Yes No

Where did the sponsor first live in the U.S. and with whom?

Has the sponsor traveled back to their country of origin since their arrival to the U.S.?

Yes No

Additional information on sponsor's journey to the U.S.

Coercion Indicators

Did anyone threaten the sponsor or their family?

Yes No

If yes, explain:

Was the sponsor ever physically harmed?

Yes No

If yes, explain:

Was anyone around the sponsor ever physically harmed?

Yes No

If yes, explain:

Was the sponsor ever held against their will?

Yes No

If yes, explain:

Did anything bad happen to anyone else in this situation or anyone else who tried to leave?

Yes No

If yes, explain:

Did anyone ever keep/destroy the sponsor's documents?

Yes No

If yes, explain:

Did anyone ever threaten to report the sponsor to the police/immigration?

Yes No

If yes, explain:

Is the sponsor worried anyone might be trying to find them?

Yes No

If yes, explain:

Additional information on coercion indicators:

Debt Bondage/Labor Trafficking Indicators

Did the sponsor perform any work or provide any services

Yes No

Who arranged the work?

What type of work did the sponsor perform and where?

How often did the sponsor have to work?

Did work conditions change over time?

Yes No

Is there a debt?

Yes No

What is the amount of the debt?*

Has the debt amount ever increased?

Yes No

By how much?*

When did it increase?*

Why did it increase?*

Has the sponsor or the sponsor's family ever been threatened over payment or work for the journey?

Yes No

If yes, who threatened the sponsor and how?

What did the sponsor think would happen if they left the job or stopped working?

Was the sponsor ever made to do work or do anything they did not want to do?

Yes No

If yes, explain:

Did the sponsor receive pay or did someone else keep the pay?

Yes No

Was the sponsor paid what was promised when they started working and were those promises kept?

Yes No

Were expenses taken out of pay?

Yes No

If yes, what expenses?

How did the sponsor get to the work site?

Where did the sponsor live while working?

Was the sponsor's freedom of movement ever restricted or closely monitored?

Yes No

Was the sponsor ever restricted from communicating or socializing with others, not allowed to speak for themselves, told what to say, or isolated from others?

Yes No

Did anyone arrange for the sponsor to work after arriving in the U.S.?

Yes No

If yes, explain.

Additional information on debt bondage/labor trafficking indicators.

TVPRRA

Based on the sponsor assessment, does the sponsor present signs of being abused, maltreated, exploited, or trafficked?

Yes No

If yes, provide a short summary.

Referred to OTIP?

Referred to OTIP?

Yes No

Based on the sponsor assessment, does the sponsor clearly present a risk of abuse, maltreatment, exploitation, or trafficking to the child?

Yes No

If yes, provide a short summary. Note: If the answer is yes, the case must be referred for a mandatory home study.

Fraud

Has the sponsor ever been contacted and asked to pay fees/money related to the release of the child?

Yes No

If yes, explain.

Has the sponsor ever been contacted and asked to pay fees/money related to the release of the child they previously sponsored or attempted to sponsor and not reported it to ORR?

Yes No

If yes, explain.

Additional Information

Use this section to report any additional information that may be pertinent to the sponsor's assessment that has not been covered in the sections above or that require further elaboration.

< Prev.

>| Save

Next >

Flags Tab

Sponsor Assessment

SPONSOR DEMOGRAPHIC INFORMATION

CONTACT INFORMATION

RELATIONSHIP TO CHILD

CRIMINAL HISTORY & BACKGROUND CHECKS

SPONSORSHIPS

FAMILY RELATIONSHIPS

HOUSEHOLD

EMPLOYMENT

CARE PLAN

TRAFFICKING & FRAUD

FLAGS

CASE MANAGER ASSESSMENT

CERTIFICATION

Flags

Sponsor Flag

Address Flags

< Prev.

>| Save

Next >

Case Manager Assessment Tab

Sponsor Assessment

- SPONSOR DEMOGRAPHIC INFORMATION
- CONTACT INFORMATION
- RELATIONSHIP TO CHILD
- CRIMINAL HISTORY & BACKGROUND CHECKS
- SPONSORSHIPS
- FAMILY RELATIONSHIPS
- HOUSEHOLD
- EMPLOYMENT
- CARE PLAN
- TRAFFICKING & FRAUD
- FLAGS
- CASE MANAGER ASSESSMENT**
- CERTIFICATION

Case Manager Assessment

Provide a thorough assessment of the sponsor's ability to safely care for the child, provide for the child's individual needs, and ensure the safety and well-being of the child.

< Prev.

> | Save

Next >

Certification Tab

Sponsor Assessment

- SPONSOR DEMOGRAPHIC INFORMATION
- CONTACT INFORMATION
- RELATIONSHIP TO CHILD
- CRIMINAL HISTORY & BACKGROUND CHECKS
- SPONSORSHIPS
- FAMILY RELATIONSHIPS
- HOUSEHOLD
- EMPLOYMENT
- CARE PLAN
- TRAFFICKING & FRAUD
- FLAGS
- CASE MANAGER ASSESSMENT
- CERTIFICATION**

Certification

Date Initiated	<input type="text"/>
Date Completed	<input type="text"/>
Signature	<input type="text"/>
Title	<input type="text"/>

< Prev.

> | Save