

Initial Intakes Assessment (Form S-8)

Data Entry Window

New Admission Assessment: Initial Intakes Assessment

Intake Interview Date/Time	Date <input type="text"/>	Time <input type="text"/>	* Admission	<input type="text" value="Entry-00001026"/>
Assessment Status	<input type="text" value="Pending"/>		Submitted DateTime	Date <input type="text"/> Time <input type="text"/>

Basic Information Tab

[PHOTO]

Admission Assessment
Initial Intakes Assessment

Assessment ID: Assessment-00000073 Admission: [Entry-00001026](#) UAC:

UAC Basic Information

A #	AKA	Gender
DOB	Age	COB
Status	Current Program	Admitted DateTime
LOC	LOS	Gender Other

Basic Information Medical And Mental Certification

Information

Intake Interview Date/Time	City of Birth
Religious Affiliation	Neighborhood of Birth
Date of Departure from Home Country	Date of Arrival in the US
Primary Language Spoken	

Pending Submitted

Assessment Status: Pending

Other Languages Spoken ⓘ

Intake Conducted in What Language Who did UAC live with before placement?

Relative Contact Details ⓘ

Family and Friends (0)

Adult Contact Relationships (2)

Adult Conta...	Adult Contact	Type	Relatio...	Date of ...	Phone ...	Last con...	Has this...	If yes, e...

Significant Information

* Separated from Parents/Legal Guardian?

Parent Separation Case Updates

* Did you travel with any immediate family that is not present with you now?

If yes, explain

Migrant Protection Protocol case?

MPP Case Updates

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Family and Friends Data Entry Window

New Relationship: Family Friend

Family & Friends Details

* First Name	<input type="text"/>	* Type	--None--
* Last Name	<input type="text"/>	Relationship to UAC	--None--
* UAC	<input type="text"/>	DOB	<input type="text"/>
Address	<input type="text"/>	* Phone	<input type="text"/>
Last contact with this person?	<input type="text"/>	Current Location	<input type="text"/>
		Country	--None--

Common Child Information (not in ORR)

Child First Name	<input type="text"/>	Child Current Location	<input type="text"/>
Child Last Name	<input type="text"/>	Other Parent Information	<input type="text"/>
Child DOB	<input type="text"/>		

Contact Details

Proof of Relationship	--None--	Contact Restricted Date	<input type="text"/>
Notes	<input type="text"/>	Contact Unrestricted Date	<input type="text"/>
Contact Approved Date	<input type="text"/>	Unrestricted Notes	<input type="text"/>
Contact Discontinued Date	<input type="text"/>	Contact Type	--None--
Discontinued Notes	<input type="text"/>		

System Information

Record Type	Admission Assessment	Assessment-0000073
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Cancel Save & New Save

Adult Contact Relationships Date Entry Window

New Adult Contact Relationship: Adult Contact Relationship

Information

Adult Contact Relationship ID

* Type

[View all dependencies](#)

* UAC

* Adult Contact

Relationship to UAC

Explain Relationship to UAC

Relationship Verified

Declined Reason

[View all dependencies](#)

Date Assigned as Primary Sponsor

Date

Time

Declined Reason Notes

Declined Date

Date

Time

DNA Testing Details

FFS Requires DNA Test

Date Case Manager Scheduled DNA Test

Date

Time

DNA Test Date

DNA Test Type

Date DNA Test Results Received

DNA Test Type Other Explanation

Lab Name

Probability of Relationship (Percentage)

Contact Details

Proof of Relationship

Contact Restricted Date

Notes

Contact Unrestricted Date

Contact Approved Date

Unrestricted Notes

Contact Discontinued Date

Contact Type

Discontinued Notes

System Information

Legacy Id

Cancel

Save & New

Save

Medical and Mental Tab - Medical

Basic Information **Medical And Mental** Certification

Medical Mental

Medical	
Health Concerns? ⓘ	If yes, explain
Do you need to see a doctor?	If yes, explain
Significant medical/dental/mental Health ⓘ	
Special Dietary Needs? ⓘ	If yes, explain
Allergies? ⓘ	Food Allergy - Details
Medication Allergy - Details	Environmental Allergy - Details
Other Allergy - Details	

Alert Medical Coordinator if information is entered in this section.

Medication Overview	
CBP indicated UAC came with medication ⓘ	
UAC arrive with medication? ⓘ	
Currently taking medication? ⓘ	

Observable or Reported Medical Concerns	
Pregnant ⓘ	
Gender	Approximate Gestational Age
Confirmed by a Medical Professional?	If yes, specify known information
Injuries (e.g., bruises, burns, cuts) ⓘ	If yes, specify
Bruises	Burns

Pending Submitted

Assessment Status: Pending

✓ Mark Assessment Status as Complete

Doctor or Hospital Stay? ⓘ		If yes, list any visit or stay ⓘ
Sign/Symptom		
Are Lice Visible?		
Exposed to sick person? ⓘ		If yes, explain
Pain (specify)		Fever (specify)
Cough		If yes, explain
Scars/ birthmarks/ tattoos? ⓘ		If yes, explain
Other (specify)		
Arrive with health documentation? ⓘ		Arrive with an Immunization Record? ⓘ

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Medical and Mental Tab – Mental

Basic Information **Medical And Mental** Certification

Medical **Mental**

Mental Health

Thoughts of hurting yourself or others? ⓘ

Victim of sexual assault/raped last 72 ⓘ

Taking anything other than prescribed ⓘ

Observable Emotional Concerns

Uncooperative	Yes		Agitated
Alert	Yes		Sad
Distracted	No		Angry
Calm	No		Scared

Pending
Submitted

Assessment Status: Pending

✓ Mark Assessment Status as Complete

Excited No

Nervous No

Other

If yes, specify

Safety Assessment ▼

Do you feel safe now?

If yes, explain

If no, explain

Do you need anything right now?

Do you fear that someone will harm you?

Critical issues that require immediate

If yes, explain

ACTIONS TAKEN

Does minor have fears about housing?

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Certification Tab

Basic Information

Medical And Mental

Certification

Admission - CM Certification

I confirm that I have completed all of the required sections and the information is accurate to the best of my knowledge.

* Printed Name

Search undefined...

Title (Staff Title)

Translator Name

Language


Save

Pending

Submitted

Assessment Status: Pending

✓ Mark Assessment Status as Complete

 **System Information**



Created By

Last Modified By

Legacy Id

Submitted DateTime

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