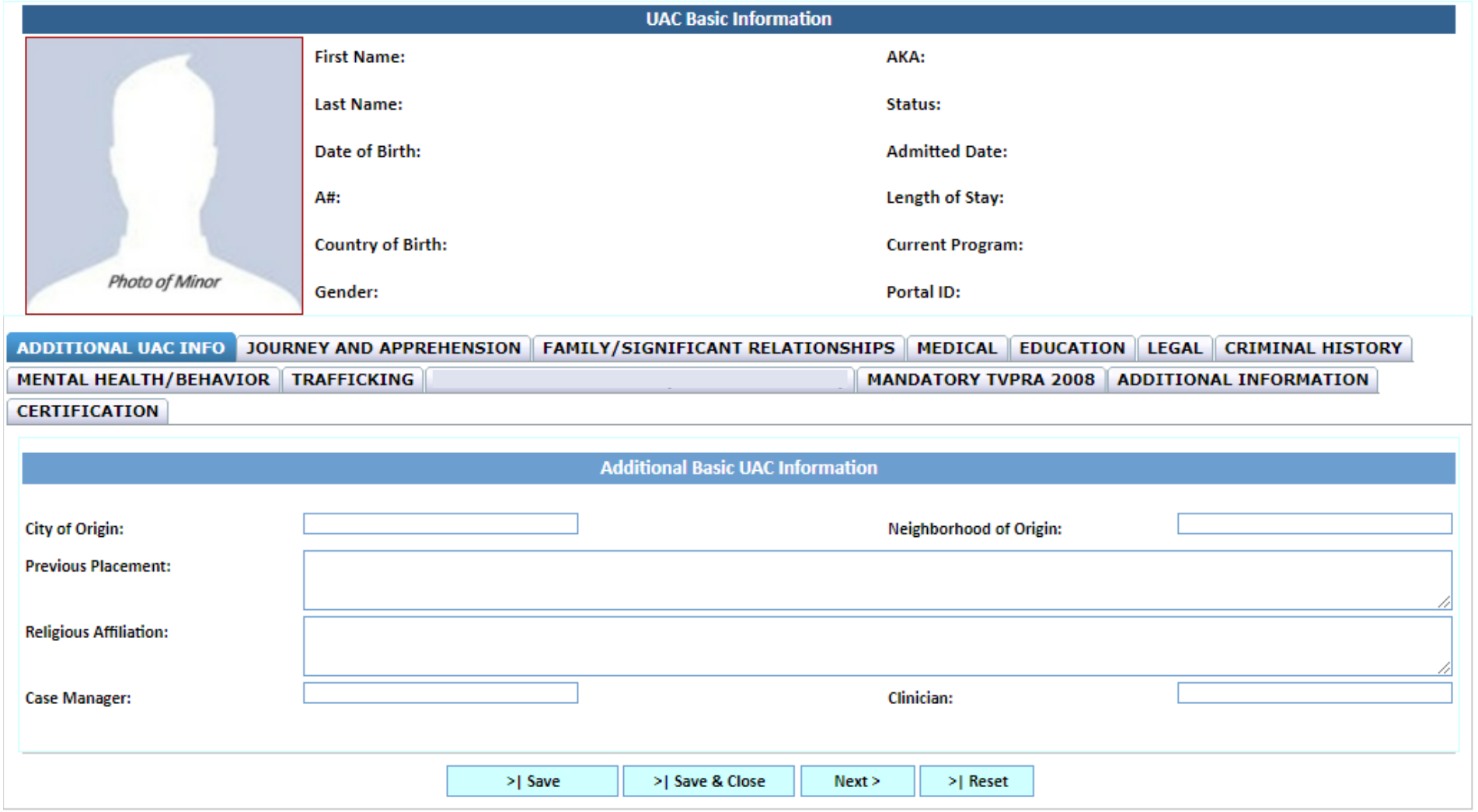
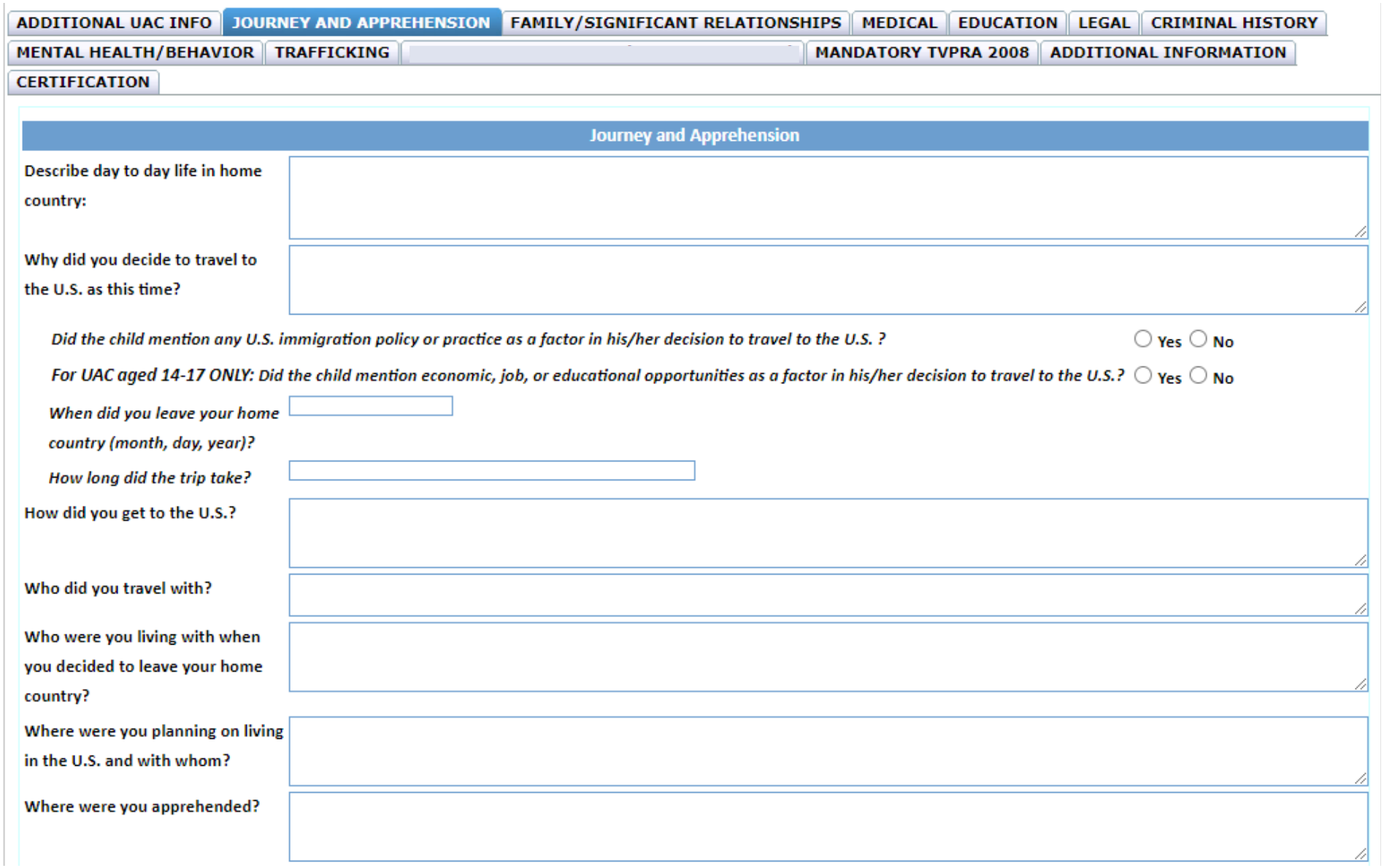
UC Assessment (Form S-11)

UC Basic Information and Additional UC Information Tab



Journey and Apprehension Tab



At which U.S. Border Patrol sector did the child cross into the U.S.?

Have you ever been to the U.S. before? ○ Yes ○ No

If yes, when?

The child's experience and additional information regarding the journey and apprehension:

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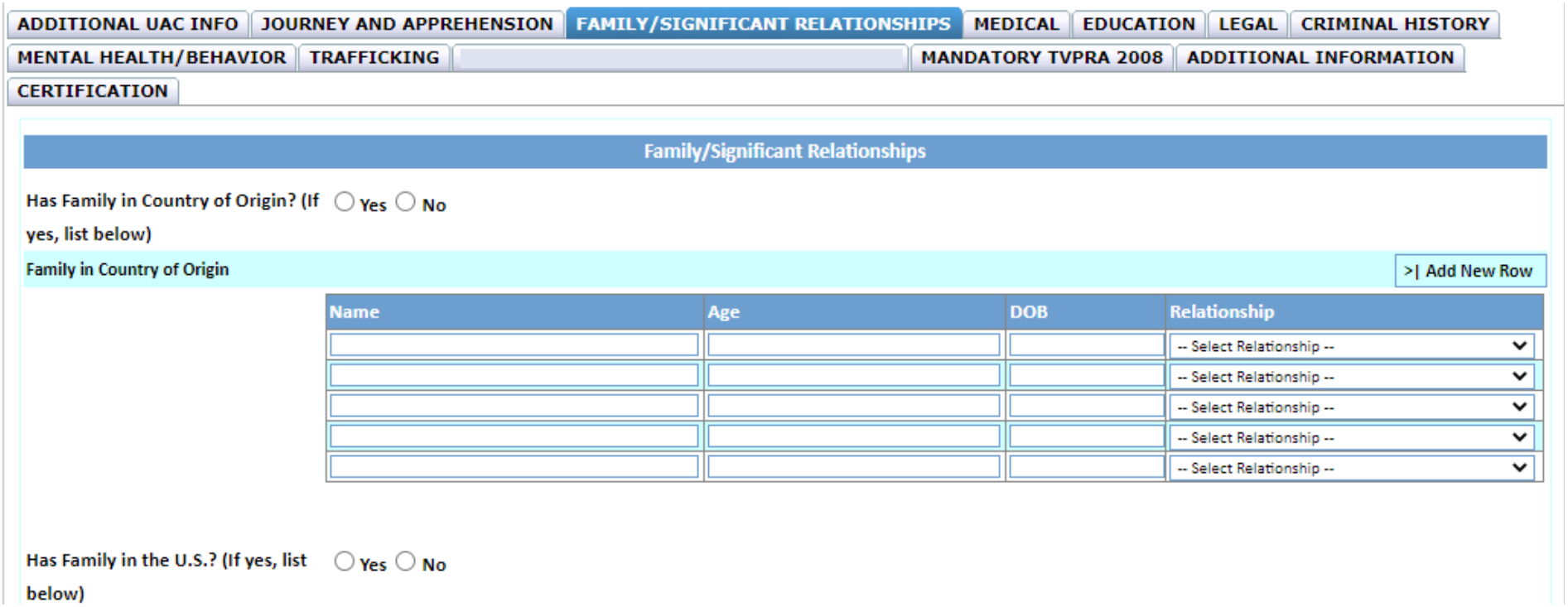
Family/Significant Relationships Tab



Family and Family Friends in the U.S. >| Add New Row

Name	Age	DOB	Relationship
			-- Select Relationship --
			-- Select Relationship --
			-- Select Relationship --
			-- Select Relationship --
			-- Select Relationship --

Parent's whereabouts?

Are you married? ○ Yes ○ No

Spouse Name, Age, and Location:

Has Children? (If yes, list below) ○ Yes ○ No

Children >| Add New Row

Name of Child	Age	DOB	Current Location	Name of Mother/Father

Have you ever been hurt by physically, mentally or emotionally by someone taking care of you? ○ Yes ○ No

If yes, who and when?

Have you ever been taken to the hospital/emergency room because you were hurt? ○ Yes ○ No

If yes, explain:

What does the word "discipline" mean to you?

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Medical Tab

ADDITIONAL UAC INFO | JOURNEY AND APPREHENSION | FAMILY/SIGNIFICANT RELATIONSHIPS | MEDICAL | EDUCATION | LEGAL | CRIMINAL HISTORY | MENTAL HEALTH/BEHAVIOR | TRAFFICKING | MANDATORY TVPRA 2008 | ADDITIONAL INFORMATION | CERTIFICATION

Medical

List any allergies:

Do you feel unwell? ○ Yes ○ No

If yes, what are your symptoms?

Additional medical information:

Medical History

Condition	Yes/NO	Date of Diagnosis/Clarification
Pregnant	○ Yes ◉ No	
Tuberculosis	○ Yes ◉ No	
Varicella	○ Yes ◉ No	
Measles	○ Yes ◉ No	
Mumps	○ Yes ◉ No	
Rubella	○ Yes ◉ No	
Asthma	○ Yes ◉ No	
Diabetes	○ Yes ◉ No	
Cancer	○ Yes ◉ No	
Cardiac Issues	○ Yes ◉ No	
Sexually Transmitted Disease	○ Yes ◉ No	
Respiratory/Lung Disorder	○ Yes ◉ No	
Physical Disability	○ Yes ◉ No	

Medication History

>| Add New Row

Medication	Dosage	Timeframe	Medical Condition

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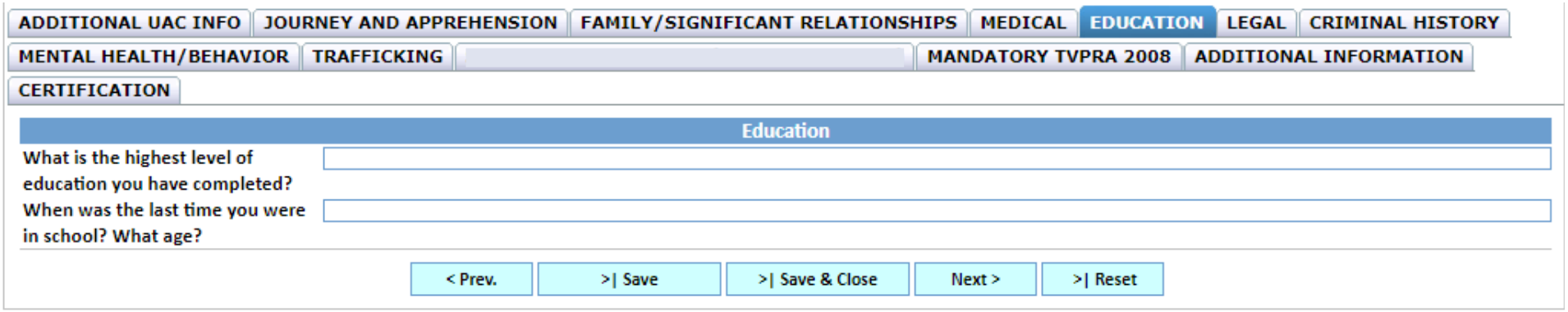
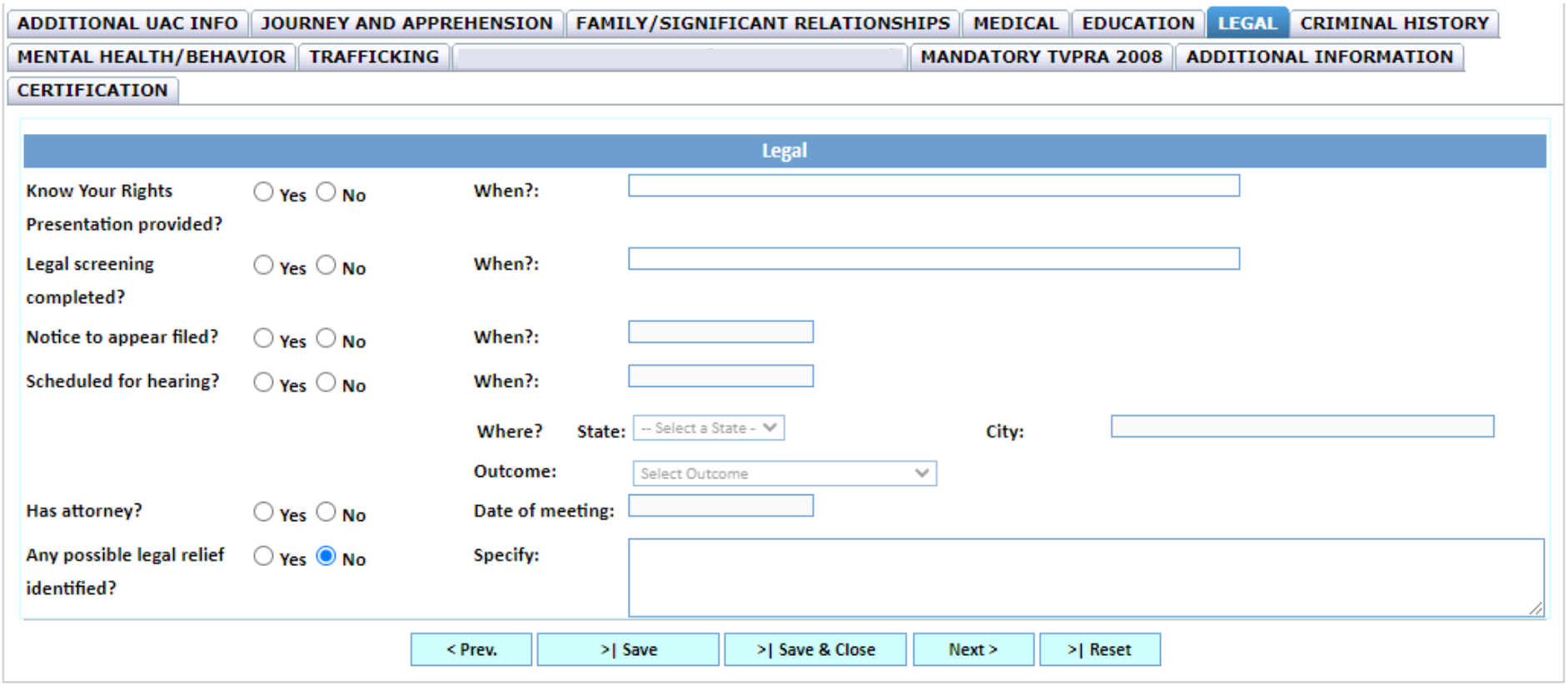
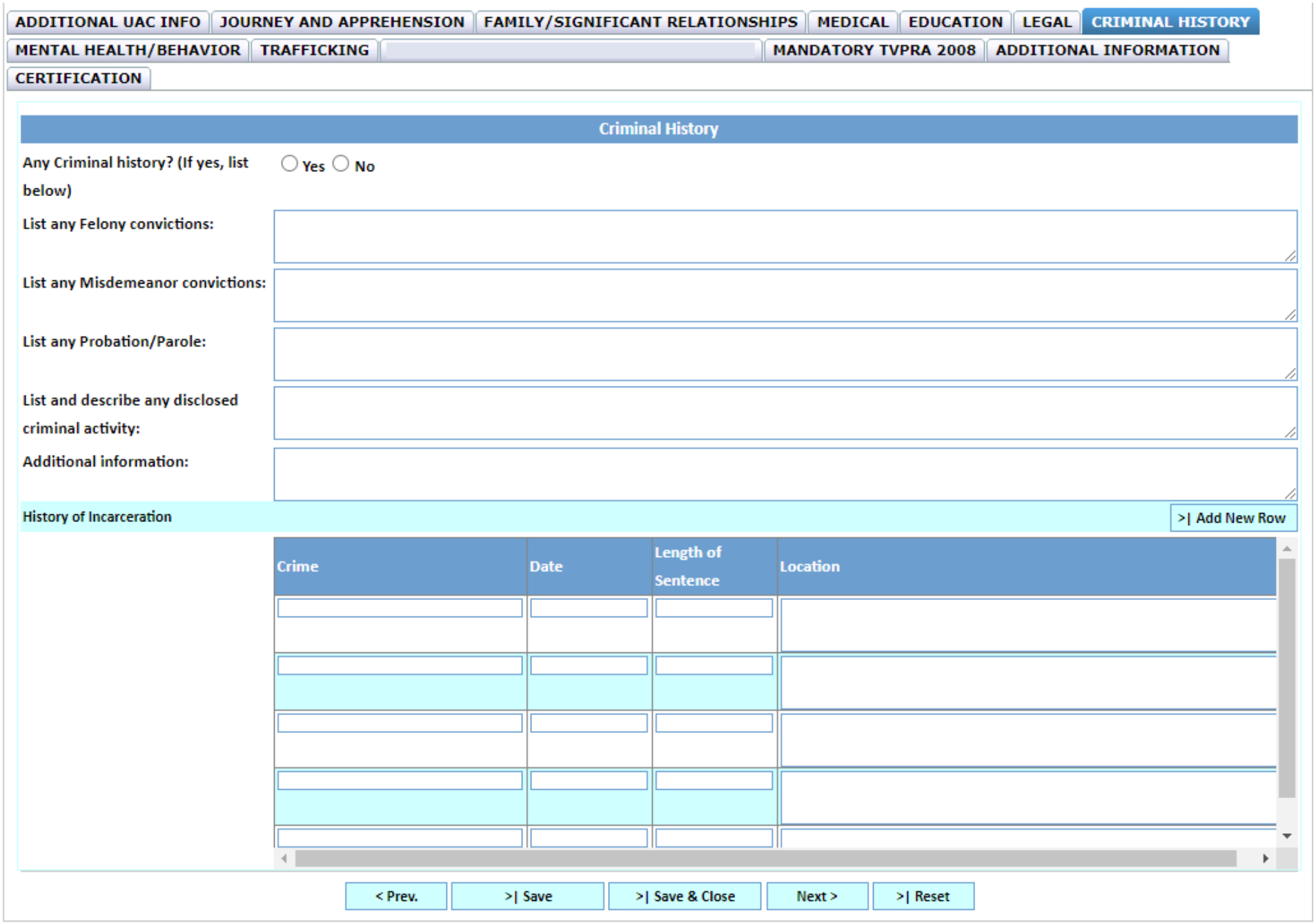
Education Tab



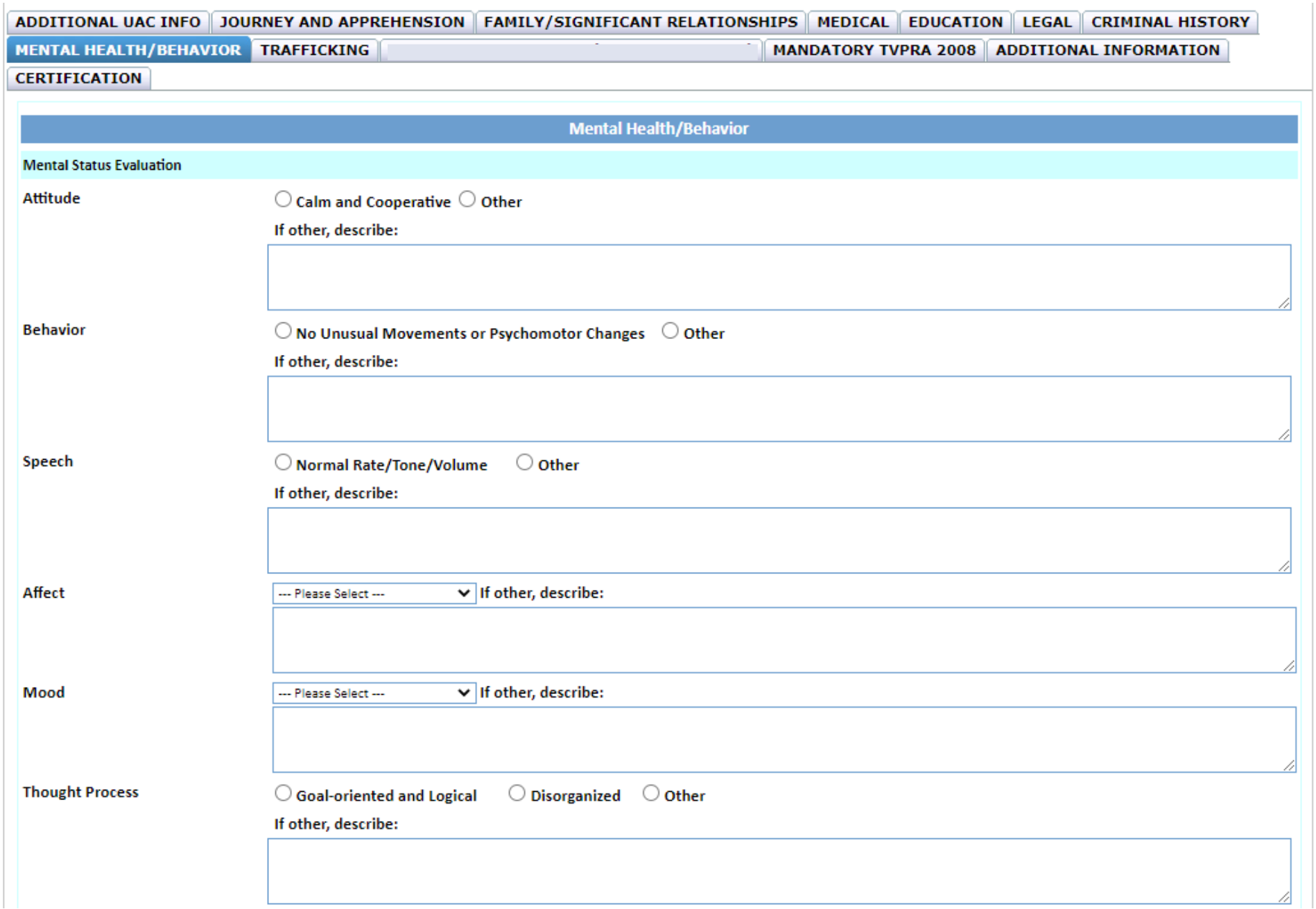
Legal Tab



Criminal History Tab



Mental Health/Behavior Tab



Thought Content

Suicidal Ideation	Homicidal Ideation
○ None ○ Passive ○ Active	○ None ○ Passive ○ Active
If active:	If active:
Plan ○ Yes ○ No	Plan ○ Yes ○ No
Intent ○ Yes ○ No	Intent ○ Yes ○ No
Means ○ Yes ○ No	Means ○ Yes ○ No

--- Please Select --- If other, describe:

Perception

○ No Hallucinations or Delusions During Interview ○ Other

Orientation

☐ Time ☐ Place ☐ Person ☐ Self If other, describe:

Memory/Concentration

☐ Short term intact ☐ Long term intact ☐ distractible/Inattentive If other, describe:

Insight/Judgment

○ Good ○ Fair ○ Poor

Mental Health

Have you ever talked to a psychiatrist, psychologist, therapist, social worker or counselor about an emotional problem? ○ Yes ○ No

When:

Have you ever felt you needed help with your emotional problems, or have you had people tell you that you should get help for your emotional problems? ○ Yes ○ No

When:

Have you ever been advised to take medication for anxiety, depression, hearing voices or for any other emotional problems? ○ Yes ○ No

When:

Have you ever been seen in a psychiatric emergency room or been hospitalized for psychiatric reasons? ○ Yes ○ No

When:

Have you ever heard voices no one else could hear or seen objects or things that others could not see? ○ Yes ○ No

When:

Have you ever been depressed for weeks at a time, lost interest or pleasure in most activities, had trouble concentrating and making decisions or thought about killing yourself? ○ Yes ○ No

When:

Did you ever attempt to kill yourself? ○ Yes ○ No

When:

Have you ever had nightmares or flashbacks as a result of being involved in some traumatic/terrible event? For example, warfare, gang fights, fire, domestic violence, rape, murder, accident, being killed. ○ Yes ○ No

When:

Have you ever given in to an aggressive urge or impulse on more than one occasion that resulted in serious harm to others or led to the destruction of property? ○ Yes ○ No

When:

Substance Use History

Substance	Used (even once)	Frequency of Use	Date of Last Use
Alcohol	○ Yes ◉ No		
Marijuana	○ Yes ◉ No		
Cocaine	○ Yes ◉ No		
Other Stimulants (Meth, Ritalin, etc)	○ Yes ◉ No		
Heroin	○ Yes ◉ No		

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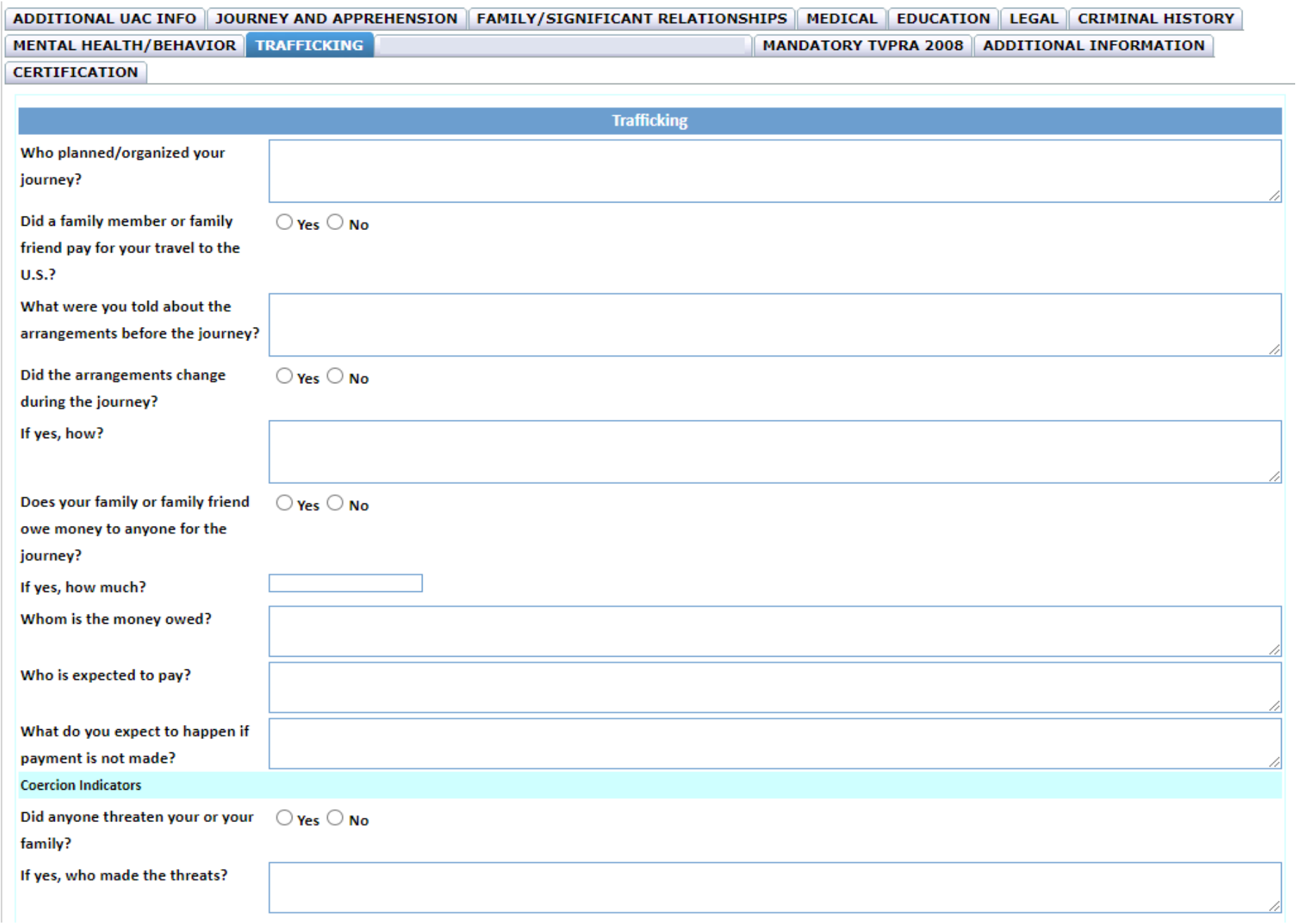
Trafficking Tab



Were you ever physically harmed? ○ Yes ○ No

If yes, how?

Was anyone around you ever physically harmed? ○ Yes ○ No

If yes, who?

Were you ever held against your will? ○ Yes ○ No

If yes, where?

Did anything bad happen to anyone else in this situation or anyone else who tried to leave? ○ Yes ○ No

What happened and to whom?

Did anyone ever keep/destroy your documents? ○ Yes ○ No

If yes, who and what?

Did anyone ever threaten to report you to the police/immigration? ○ Yes ○ No

If yes, who?

Are you worried anyone might be trying to find you? ○ Yes ○ No

If yes, who?

Debt Bondage/ Labor Trafficking

Did you perform any work or provide any services? ○ Yes ○ No

If yes, what and where?

Who arranged the work?	
What type of work did you perform?	
What was the work schedule?	
Did work conditions change over time?	
Is there a debt?	○ Yes ○ No
If yes, has any debt amount increased?	○ Yes ○ No
By how much?	
When did it increase?	
Why did it increase?	
Have you or your family ever been threatened over payment or work for the journey?	○ Yes ○ No
If yes, who threatened you and how?	
What did you expect would happen if you left the job or stopped working?	
Were you ever made to work or do anything you did not want to do?	○ Yes ○ No
Did you receive pay or did someone else keep the pay?	
Were you paid what was promised when you started working?	

Were expenses taken out of the pay? ○ Yes ○ No

If yes what?

How did you get to the work site?

Where did you live while working?

Commercial Sex Indicators

Did anyone ever ask you to see you naked or in your underwear in exchange for money/anything of value?	○ Yes	○ No
Did anyone ever pay/accept money/anything of value from other people in order to see you naked or in your underwear?	○ Yes	○ No
Did anyone ever ask to take pictures or recording of you naked or engaged in sex acts?	○ Yes	○ No
If so, did they offer you money/anything of value to do this or did they accept money/anything of value from others in order to see these pictures or recordings?	○ Yes	○ No
Did anyone ever ask or expect you to perform sexual acts in exchange for money/anything of value?	○ Yes	○ No
Did anyone ever promise or give money or anything of value to you in exchange for sexual acts?	○ Yes	○ No
Based on the information provided above in the "Trafficking" section, is there a trafficking concern?	○ Yes	○ No

If yes, date of trafficking referral:

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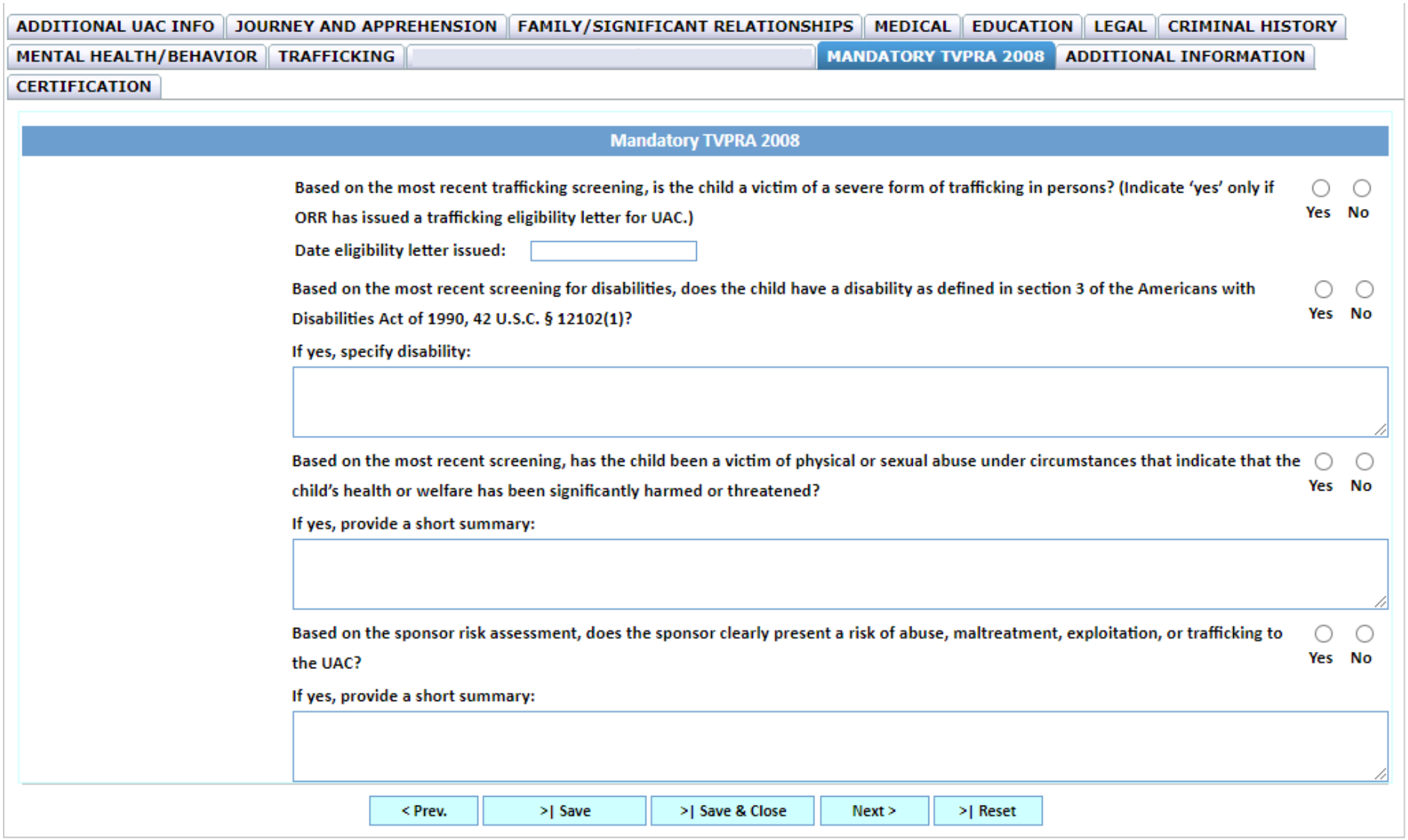
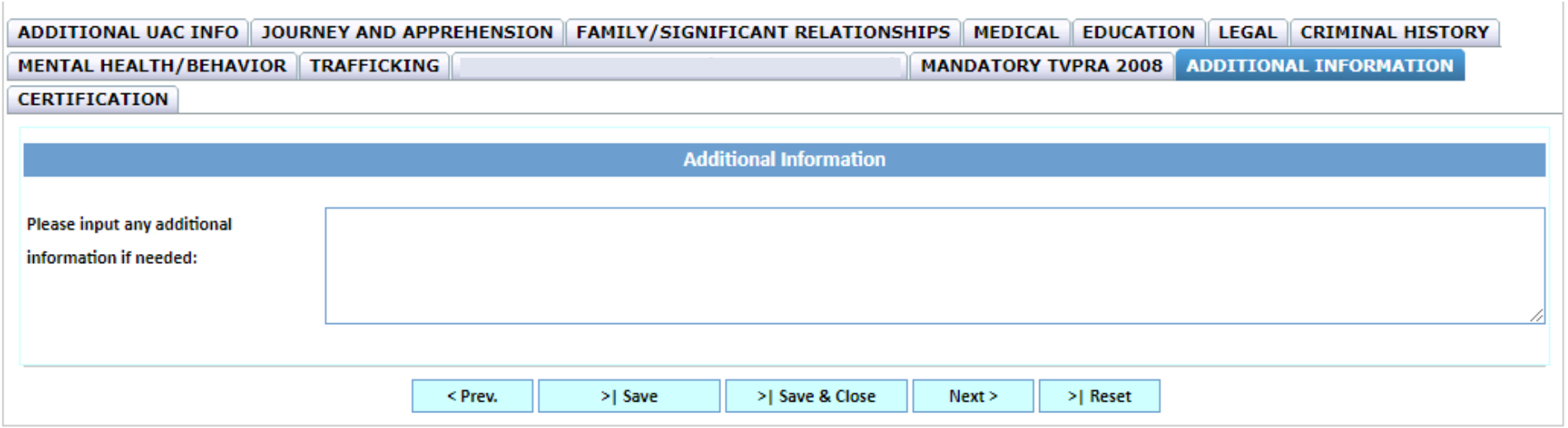
Mandatory TVPRA 2008 Tab



Additional Information Tab



Certification Tab