

Search UAC V

INTAKES | ADMISSION | CASE MGMT. | DISCHARGE | CAPACITY MGMT. | HEALTH | HS AND PRS | EVENTS | REPORTS | HOTLINE ALERTS | ADMINISTRATION

Welcome: Atif

UAC Basic Information

| | First Name: | 3.0.C Regression | | AKA: | WRR | WRRTESTUC | | |
|--|--|---|--|---------------|-------------------|--|---------------------|--|
| | Last Name: | TEST | | Status: | | ADMITTED | | |
| | Date of Birth: | 10/17/2013 (Age 8) | | Admitted Dat | te: 3/23, | 3/23/2022 1 Days A New Leaf - Dorothy Mitchell | | |
| | A#: | 999999718 | | Length of Sta | y: 1Day | | | |
| | Country of Birth: | Djibouti | | Current Prog | ram: A Ne | | | |
| | Gender: | F | Portal ID: | | | 693600 | | |
| | | | | | | | | |
| | | > Go to Assesments | > Go to Health | > Go to SIR | > Go to Intakes | > Go to Admission | > Go to Discharge | |
| Child Assessments | | | UAC Case Status | | | | | |
| Initial Intakes Assessment | Last U _l | odated: | | | | | | |
| Assessment for Risk | | odated: 03/24/2022 | | | | | | |
| UAC Assessment | Lastu | odated: | | | | | | |
| Medical Initial Medical Exam | Data Fr | valuated: 03/23/2022 | | | | | | |
| TB Screening | Outcor | | | | | | | |
| Immunization (IME Only) | | odated: 03/23/2022 | | | | | | |
| Home study & Post-Releas | se Cases | | | | | | | |
| Home Study | | f Home Study: | Date Refe | rred: | | Date Accepted: | | |
| Post-Release Cases | Type o | f PRS: | Date Refe | rred: | | Date Accepted: | | |
| Family Reunification | | | | | | | | |
| Sponsor Juan De La Cruz | | | | | | | | |
| Sponsor Assessment | | Date Completed: | | | | | | |
| Family Reunification Applicat | ion Sent to Sponsor | Date Sent: | | Date Re | eceived: | | | |
| Authorization for Release of I | nformation (ARI) | Date Received: | | | | | | |
| Proof of Sponsor Address | | Date Completed: | | | | | | |
| Proof of Sponsor Address Proof of Relationship Between | n IIAC & Sponsor | Date Completed: Date Completed: | | | | | | |
| Froot of Retationship between | ii OAC & Spoiisoi | Date Completed: | | | | | | |
| Household Members | | | | | | | | |
| Patricia Torres Authorization for Release of II | nformation (ARI) | Date Received: | | | | | | |
| Authorization for Release of h | inormation (ARI) | Date Received: | | | | | | |
| Martha Gonzales | | | | | | | | |
| Martha Gonzales Authorization for Release of In Alternate Adult Caregiver Daniel Rojas Authorization for Release of In | | Date Received: Date Received: | | | | | | |
| Authorization for Release of In Alternate Adult Caregiver Daniel Rojas Authorization for Release of In Background Checks | nformation (ARI) | Date Received: | e | | | | | |
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Previous Case Manager Information

There is no Previous Case Manager associated with the UC





Welcome: Atif

Home > Case Management > UAC Case Status

Primary Case Manager Information

Previous Case Manager Information

There is no Primary Case Manager associated with the UC

There is no Previous Case Manager associated with the UC

| | | | | UAC | Basic Information | | | | |
|--|-----------------------|-------------|-------------------|-----------------------|------------------------------|---------------|----------------|--------------------------------|---------------------|
| | First Name: | | 300 | Regression | Basic IIIIOI IIIatioii | AKA: | | WRR TEST UC | |
| | in sentance. | | 3.0.01 | tegi ession | | | | | |
| | Last Name: | | TEST | | | Status: | | ADMITTED | |
| | Date of Birth: | | 10/17/ | 2013 (Age 8) | | Admitted Da | ate: | 3/23/2022 | |
| | A#: | | 99999 | 9718 | | Length of St | av: | 1Days | |
| | | - - | | | | | | | |
| | Country of Bir | th: | Djibou | uti | | Current Pro | gram: | A New Leaf - Dorothy | Mitchell |
| | Gender: | | F | | | Portal ID: | | 693600 | |
| | | | > Go to A | reasmonts | > Co to Hoolth | > Co to CID | > Co to lute | Nos Nos Admissi | an Coto Dischause |
| | | | > GO to A | ssesments | > Go to Health | > Go to SIR | > Go to Inta | > Go to Admission | > Go to Discharge |
| Child Assessments | | | | | UAC Case Status | | | | |
| Initial Intakes Assessment | | Last Upo | dated: | | | | | | |
| Assessment for Risk | | Last Upo | | 03/24/2022 | | | | | |
| UAC Assessment | | Last Upo | dated: | | | | | | |
| Medical | | | | | | | | | |
| Initial Medical Exam | | Date Eva | aluated: | 03/23/2022 | | | | | |
| TB Screening | | Outcom | | LTBI | | | | | |
| Immunization (IME Only) | | Last Upo | dated: | 03/23/2022 | | | | | |
| Home study & Post-Relea | ise Cases | Type of | Uama Stud | | Date Refe | wwo.do | | Data Assented | |
| Home Study Post-Release Cases | | Type of | Home Stud PRS: | y: | Date Refe Date Refe | | | Date Accepted: Date Accepted: | |
| Family Reunification | | Турсоп | | | Dute Kere | | | Date Accepted. | |
| Sponsor | | | | | | | | | |
| Juan De La Cruz | | | | | | | | | |
| Sponsor Assessment | | | Date | Completed: | | | | | |
| Family Reunification Applica | | | | Sent: | | Date R | Received: | | |
| Authorization for Release of | Information (ARI) | | | Received: | | | | | |
| Proof of Sponsor Address | | | | Completed: Completed: | | | | | |
| Proof of Relationship Between | en UAC & Sponsor | | | Completed: | | | | | |
| , = ==== | • | | . | , 123541 | | | | | |
| Household Members | | | | | | | | | |
| Patricia Torres | | | | | | | | | |
| Authorization for Release of | Information (ARI) | | Date | Received: | | | | | |
| Martha Gonzales | | | | | | | | | |
| Authorization for Release of | Information (ARI) | | Date | Received: | | | | | |
| Alternate Adult Caregive | r | | | | | | | | |
| Daniel Rojas | | | | | | | | | |
| Authorization for Release of | Information (ARI) | | Date | Received: | | | | | |
| | | | | > S | ave | | | | |
| Background Checks | | | | | | | | | |
| | old Members & Alterna | ate Careg | iver | | | | | | |
| Household Member | Patricia Torres | | | | | | | | |
| Туре | Date Requested | | Date Rece | ived | | | | | |
| | | | | | | | | | |
| Internet Criminal | auto-populates | | auto-popul | ales | | | | | |
| Sex Abuse History | auto-populates | | auto-popul | ates | | | | | |
| Immigration | auto-populates | | auto-popul | ates | | | | | |
| CA/N | auto-populates | | auto-popul | ates | | | | | |
| | | | auto-populates | | | | | | |
| FBI Criminal History | auto-populates | | dato poput | ates | | | | | |
| FBI Criminal History Finger P | rinting Details | | | | | | | | |
| | | | | | | 7 | | | |
| Method of Finger Printing | V | dropdov | wn: ORR Digi | tal Site, FieldP | rint, Paper fingerprint card | | | | |
| FieldPrint | Patricia Torres | | | | | | | | |
| | | | | | | | | | |
| First available FieldPrint fingerpr | int appointment D | ate availal | ole: | | | | | | |
| Accepted FieldPrint fingerprint a | ppointment D | ate of app | ointtment: | | | | | | |
| | | | | | | | | | |
| Alternate Adult Caregiver (N | on-HHM) Mart | ha Gonzal | es | | | | | | |
| Туре | Date Requested | | Date Rece | ived | | | | | |
| Internet Criminal | auto-populates | | auto-popul | ates | | | | | |
| | | | auto-popul | | | | | | |
| Sex Abuse History | auto-populates | | | | | | | | |
| Immigration | auto-populates | | auto-popul | ates | | | | | |
| CA/N | auto-populates | | auto-popul | ates | | | | | |
| FBI Criminal History | auto-populates | | auto-popul | ates | | | | | |
| | | | | | | | | | |
| FBI Criminal History Finger Pr | inting Details | | | | | | | | |
| Method of Finger Printing | lacksquare | dropdow | n: ORR Digita | al Site. Field Pr | int, Paper fingerprint card | | | | |
| Method of Filiger Filliting | V | шорион | | | , apogo.p | | | | |
| Paper fingerprint card | Patricia Torres | | | | | | | | |
| Fingerprint cards sent to adult by | case manager | | Date sent | | | | | | |
| | | | | | | | | | |
| Complete fingerprint cards receiv | eu by PSC | | Date rece | iveu: | | | | | |
| | | | | | > Save | | | | |
| | | | | | > Save | | | | |
| Legal | | | | | | | | | |
| Know Your Rights and Legal S | creening: | | | D | ate Completed: | | | | |
| Release Recommendatio | | | | | | | | | |
| Case Manager Release Reques | | | | | ast Updated: | | | | |
| Case Coordination Release Re | - | | | | ast Updated: | | B.L. | Approved. | |
| ORR Release Request Decisio | | | | L | ast Updated: | | Release | Approved: | |
| Case Manager Informatio ☐ Iam the Primary Case Ma | | | | | | | | | |
| | | | | | | | | | |