

Home Study Assessment (Form S-6)

Home Study Tab

HS/PRS Referral Assessment
00001094

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UC Assessment Status Last Modified By

Home Study

Summary & Certification

Case Information

Date of Home Visit	Assessment Completion Date
Assigned Provider Agency	Assigned Provider
Assigned Subcontractor Agency	Assigned Case Worker
Assigned Supervisor	

Reason for Referral

Reason for Referral	Referral Type
Date/Time Opened	Concerns to investigate during visit

Household Members (0) Add

Community Resources (0) Add

UC Background

Describe the UC's background. For example their upbringing, family in their home country, their past and current relationships (if known), reasons for migration, their primary language or dialect.

Does the UC have a pre-existing relationship with their sponsor?
 No
 Yes

Describe the pre-existing relationship of the UC and sponsor.

Were Significant Incident Reports (SIRs) created for the UC while in ORR or DUCO shelter care?
 Yes
 No

Provide a brief summary of the SIRs that are relevant to the home study.

Does the UC know if there are other individuals living in the Sponsor's home?
 Yes
 No

Describe the UC's relationship with the other household members.

UC Basic Information

UC	A#
Also Known As	Date of Birth
Age	Country of Birth
Gender	Admission Date/Time
Program	Phone Number

Sponsor Information

Open

Sponsor	Date of Birth	Gender
Country of Birth	Sponsor Category	Street Address
City	State	ZIP Code

Poll Post

What would you like to ask? Ask

Search this feed...

Does the UC have any special needs which have a significant impact on their daily functioning (i.e. mental health diagnoses, physical disabilities or limitations)?

- Yes
- No

Describe the UC's special needs and, if mental health related, any medications they have been prescribed.

Does the UC have any specific concerns about living with the sponsor?

- Yes
- No

Describe the UC's concerns about living with the Sponsor.

Does the UC have other family members in the United States who can potentially provide additional support?

- Yes
- No

Describe the UC's family members in the United States who can potentially provide additional support.

What are the UC's expectation of reunification with the sponsor (including home environment, lifestyle, chores, religion and education)?

Does UC have any history of criminal charges, substance abuse, or gang involvement that will require additional support or strengths-based services after release from ORR custody?

- Yes
- No

How does the UC plan to address these behaviors?

Are there any services that the UC feels would be helpful to receive after release?

- Yes
- No

Describe the services that would be helpful for the UC to receive after release

Describe any previous UC sponsorships in detail.

Additional Background Information

Sponsor Background Information

Does the Sponsor have any major medical issues?

- Yes
- No

Describe the Sponsor's medical issues.


Does the Sponsor have any mental health issues?

- Yes
- No

Describe the Sponsor's mental health issues.

Collaborate here!

Here's where you start talking with your colleagues about this record.

Filters: All time • All activities • All types 

[Refresh](#) • [Expand All](#) • [View All](#)

Upcoming & Overdue

No next steps.

To get things moving, add a task or set up a meeting.

No past activity. Past meetings and tasks marked as done show up here.

Open Activities (0)



Does the Sponsor have any substance use issues?

- Yes
- No

Describe the sponsor's substance use issues.

What are the sponsor's coping mechanisms as it pertains to issues reported above?

Identify and describe the sponsor's significant relationships and other support systems.

Describe the sponsor's background. For example the sponsor's age, background, interests, strengths, weaknesses, etc.

What is the sponsor's English proficiency?

What is the sponsor's proficiency in the UC's native language?

- The Sponsor was provided information in U.S. laws in regards to employment. The Sponsor was informed about age and document requirements for work, work permits, and employee rights.
- The Sponsor was provided with information on the four types of abuse (sexual, physical, emotional, and neglect). The Sponsor was also informed about the confidentiality of reporting child abuse and the different locations where it could be reported (e.g. police station, school, fire department, medical clinic), in addition to mandated reporters (therapist, social worker, counselor, and teacher).
- The Sponsor was provided with information on school enrollment, Sponsor's rights to contact the school and student's rights to seek services.

In the Sponsor's own words, describe their understanding of the above:

Sponsor's Motivation and Relationship to UC

Describe the Sponsor's reasons for wanting to sponsor and care for the UC.

Describe the Sponsor's relationship with the UC and the UC's family members. For example the frequency and quality of contact, the last face-to-face and phone contact between the Sponsor and UC.

Does the sponsor have a family support system in the U.S.?

- Yes
- No

Is the Sponsor's family support system in the immediate area to provide assistance?

- Yes
- No

Was the Sponsor aware or involved in UC's plan to migrate to the U.S.?

- Yes
- No

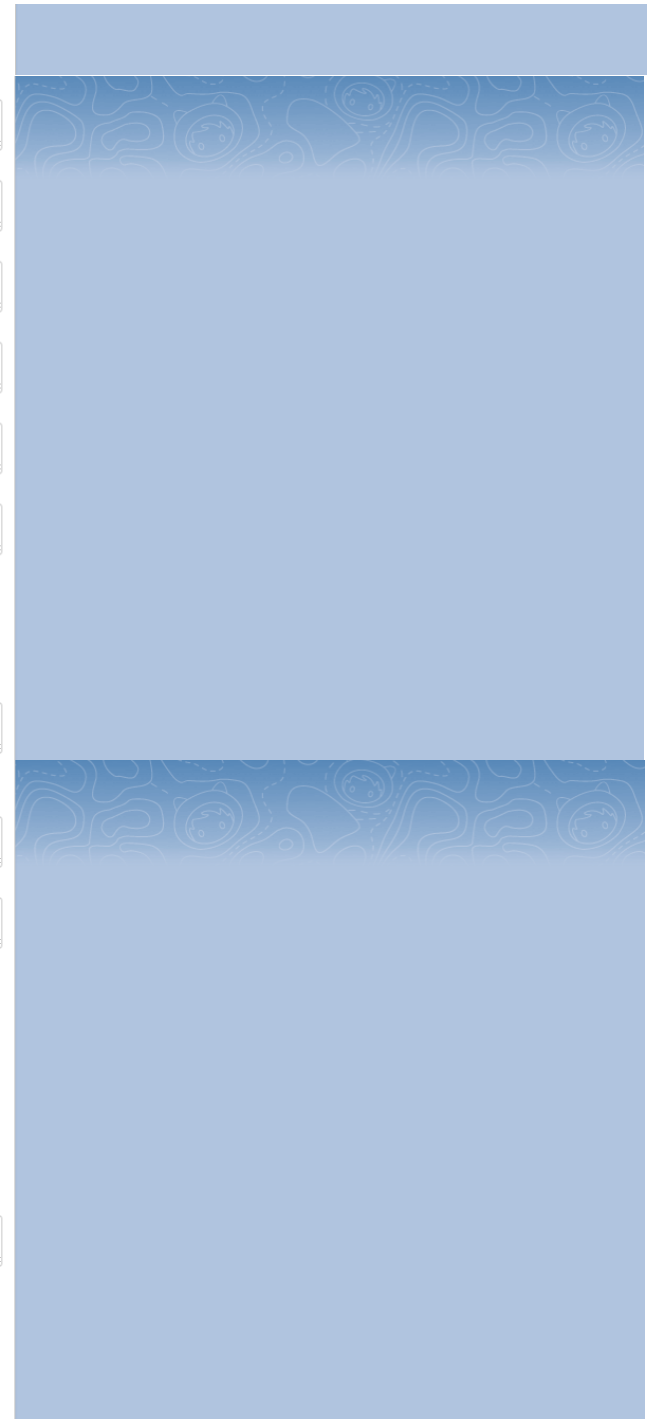
Describe the Sponsor's awareness of any financial obligation for the UC's travel to the U.S.

Was the Sponsor aware of the UC's apprehension by border authorities?

- Yes
- No

Is the sponsor aware of whether the UC experienced any challenges or trauma on their journey or along the way?

- Yes
- No



Describe the challenges or trauma the UC experienced on their journey or along the way.

Sponsor's Parenting Ability

Describe the Sponsor's parenting skills and abilities, their nature, and extent of previous experience with child supervision. For example discipline, parenting style, and designation of household responsibilities and chores.

What is the Sponsor's supervision plan? If the Sponsor is not available to supervise the UC, who will provide supervision during Sponsor's absence?

Are there any other children in the home?

- Yes
 No

Describe whether the needs of the other children in the home are being met.

What are the sponsor's discipline methods? Is physical discipline used?

Are any significant life changes planned in the Sponsor's future which would affect the Sponsor's ability to care for the UC (i.e. change in residence, marriage, divorce)?

- Yes
 No

How will these life changes affect the Sponsor's ability to care for the UC?

- Yes
 No

Is the Sponsor aware of the UC's current behavior issues (if any), criminal history, and/or significant trauma?

- Yes
 No

How will the Sponsor be able to provide support to the UC in light of these behavior issues, criminal history, and/or significant trauma?

Is the Sponsor aware of any special needs, mental health or complex needs of the UC?

- Yes
 No

How will the Sponsor provide support to these needs?

Does Sponsor foresee any challenges in parenting the UC?

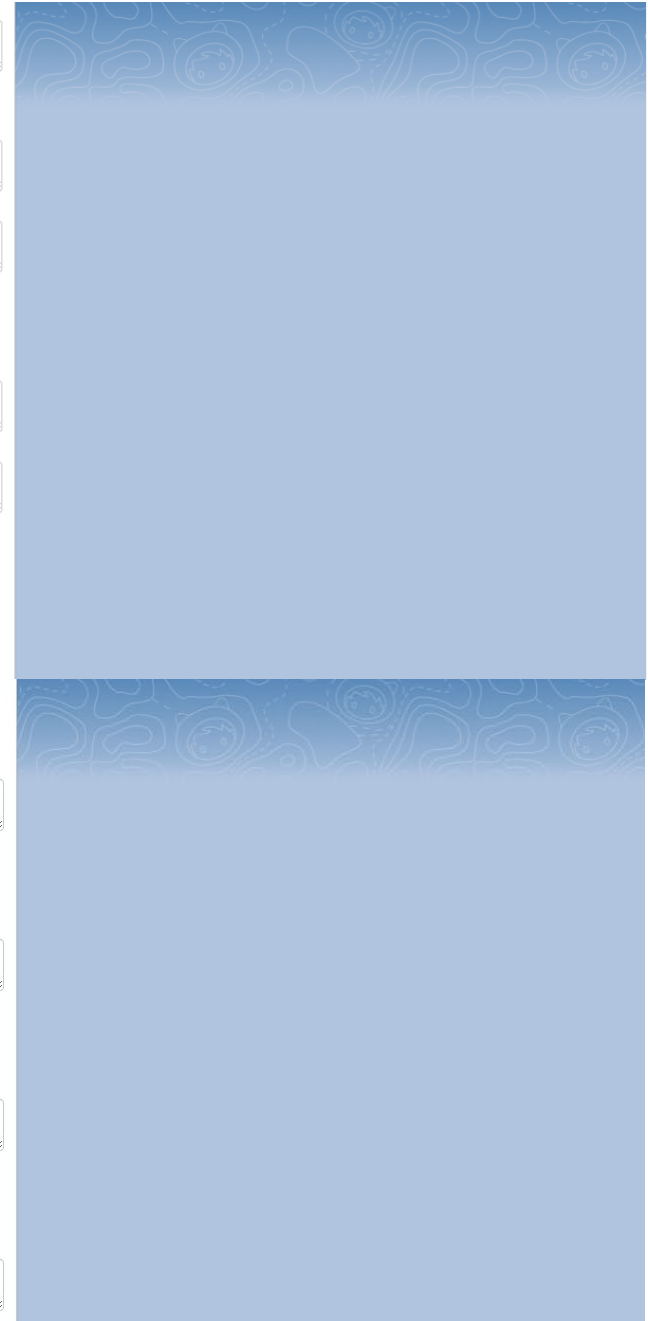
- Yes
 No

How will the Sponsor address these challenges in parenting?

Does the Sponsor understand the dynamics of separation, grief, and loss as it relates to child development?

- Yes
 No

How will the Sponsor help the UC cope with emotions of separation, grief, and loss?



Legal Services

Did the sponsor attend a LOPC presentation?

- Yes
 No

What is the Sponsor's plan to ensure the UC's attendance at all immigration court proceedings and comply with DHS requirements?

How will sponsor's secure legal representation for the UC?

Is there an Immigration attorney representing the UC?

- Yes
 No

Name of Attorney

Attorney Phone Number

Attorney Address

Financial

Sponsor Employment Status

Name of Employer

Type of Employer

Length of time employed in current job (if applicable)

Monthly Income

Total Annual Income of Sponsor

Other Sources of Income

Hours Worked Per Week

Does applicant operate a business from the residence?

- Yes
 No

Is the business a children's daycare?

- Yes
 No

Is the business an adult daycare or rooming house?

- Yes
 No

Describe the type of business the Sponsor operates.

Dropdown Options:
Unemployed
Part-time
Full-time
Other

Describe the impact of the home business on the plan of the Sponsor to care for the UC.

Sponsor Expenses

How does sponsor plan to financially support for the UC?

Home and Community

Type of Sponsor Housing

Other Type of Housing

Does the sponsor own or rent their housing?

Own

Rent

Has the landlord approved the UC living in the residence?

Note the reason for not informing or receiving approval from the landlord and the Sponsor's plan to confirm approval.

How long has the Sponsor resided at this residence?

Do any household members smoke?

Yes

No

Is smoking allowed in the home?

Select an Option

Is there a functional smoke detector?

Select an Option

Are there any weapons in the home?

Select an Option

Are the weapons and ammunition kept separately in locked areas?

Are there pets in the home?

Select an Option

List the pets in the home.

Do pets meet local safety requirements (vaccinations, vicious animal restrictions, etc.)?

Select an Option

Outside Space

Patio

Hot Tub

Fenced Yard

Detached Garage

Dropdown Options:

Single Family Home
Townhome
Apartment
Mobile Home
Other

Dropdown Options:

Approved
Not Approved
Unknown

Dropdown Options:

Yes
No

Dropdown Options:

Yes
No

Dropdown Options:

Yes
No

Dropdown Options:

Yes
No

Dropdown Options:

Yes
No

- Play Equipment
- Porch
- Deck
- Shed/Barn
- Attached Garage
- Pool/Pond/Lake
- Fenced and Locked Gate
- Handicapped Accessible
- Other(conditional)

Other Outside Space (Specify)

Describe how the sponsor will ensure safety and supervision of UC around the pool, pond or lake.

Is there evidence that individuals other than those listed in the family reunification packet are living in the home?

Are there safety concerns or health hazards in the home or outside space?

How can the safety concerns or health hazards be resolved?

Does the Sponsor have a means of transportation?

- Yes
- No

Describe the Sponsor's means of transportation.

Are vehicles insured?

Is the home accessible by public transportation?

Briefly describe the community in which the home is located. Include information regarding the type of neighborhood (rural, urban, residential, industrial, etc.).

Does the Sponsor know who to call in case of an emergency?

- Yes
- No

Describe the Sponsor's emergency contact(s).

Summary

Based on all of the information collected during the home study process, provide an assessment of the Sponsor's ability to provide and maintain a safe, stable and appropriate home environment. Elaborate on the sponsor's parenting experience, supervision, and ability to ensure the safety and well-being of child.

Summarize how the home study assessment addressed the concerns of the referral and the reason for referral noted in the UC Background & Overview section.

Summarize any concerns raised during the home study. How can these issues or concerns be mitigated?

Dropdown Options:

Yes
N/A – No others noted to be living in home

Dropdown Options:

Yes
No

Dropdown Options:

Yes
No

Dropdown Options:

Yes
No

How equipped is the sponsor to advocate for the UC to receive necessary services?

Select an Option

Assessment Comments

Text area for assessment comments

Save and Send to Supervisor

Save

Dropdown Options:

- Highly Equipped
- Moderately Equipped
- Not Sufficiently Equipped

OMB 0970-0553 [valid through MM/DD/YYYY]

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to identify and assess the UAC's risk for suicide. Public reporting burden for this collection of information is estimated to average 0.75 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This is a mandatory collection of information (Homeland Security Act, 6 U.S.C. 279). An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. If you have any comments on this collection of information please contact UACPolicy@acf.hhs.gov.

UAC-S-6 [Rev. MM/DD/YYYY]

Household Members Data Entry Window

New Agencies Contacted: Household Member

Dropdown Options:

See table below

Information

Contact Name

Text input field for Contact Name

DOB

Text input field for Date of Birth with calendar icon

Relationship to Sponsor

Dropdown menu for Relationship to Sponsor, currently showing "--None--"

Gender

Dropdown menu for Gender, currently showing "--None--"

Relationship to UC

Dropdown menu for Relationship to UC, currently showing "--None--"

Dependent on Sponsor Income

Dropdown menu for Dependent on Sponsor Income, currently showing "--None--"

Windows

Text input field for Windows

Type of Bed

Text input field for Type of Bed

Current Household Member

Dropdown menu for Current Household Member, currently showing "--None--"

Bedroom Number

Text input field for Bedroom Number

Record ID

Related HS Assessment

Text input field for Related HS Assessment with a red 'X' icon

*Entry ID

Text input field for Entry ID with a yellow 'X' icon

Dropdown Options:

- Male
- Female
- Transgender
- Other

Dropdown Options:

- Yes
- No

Dropdown Options:

- Yes
- No

Cancel

Save & New

Save

Dropdown Options for *Relationship to Sponsor* and *Relationship to UC*:

Aunt	Sister
Brother	Sister-in-law
Brother-in-law	Son
Daughter	Sponsor's Partner
Family Friend	Step Brother
Father	Step Daughter
First Cousin	Step Father
Goddaughter	Step Mother
Godfather	Step Sister
Godmother	Step Son
Godson	UC's Spouse
Granddaughter	Uncle
Grandfather	Half-Sibling
Grandmother	Institutional/Organizational Sponsor
Grandson	Legal Guardian
Mother	Parent's Partner
Nephew	Qualified Step-Parents
Niece	Unknown
Other Cousin	Unrelated Sponsor
Other Distant Relative	

Community Resources Data Entry Window

New HS/PRS Referral Assessment: Home Community

Information

HS/PRS Assessment

*Entry

* HS Assessment

Address

Name

State

City

Phone Number

Zip

Type

Comments

Dropdown Options:
School
Mental Health
Community Resource

Cancel

Save & New

Save

Summary and Certification Tab

HS/PRS Referral Assessment
00001094

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UC Assessment Status Last Modified By

Home Study **Summary & Certification**

Recommendation

Home Study Recommendation

Certification

Assessment Status

HS/PRS Worker Printed Name

Assessment Completion Date

HS/PRS Provider Supervisor

Supervisor Review Completion Date

Verify and Submit Assessment to ORR

Date Submitted

Assessment Comments

Dropdown Options:
Positive Home Study Recommendation
Negative Home Study Recommendation

Dropdown Options:
Pending Supervisor Review
Approved by Supervisor
Submitted

UC Basic Information

UC _____ A# _____

Also Known As _____ Date of Birth _____

Age _____ Country of Birth _____

Gender _____ Admission Date/Time _____

Program _____ Phone Number _____

Sponsor Information [Open](#)

Sponsor _____ Date of Birth _____ Gender _____

Country of Birth _____ Sponsor Category _____ Street Address _____

City _____ State _____ ZIP Code _____