

# Sponsor Assessment (Form S-5)

## UC Basic Information and Sponsor Demographic Information Tab

### UC Basic Information



First Name:	Samantha	AKA:	
Last Name:	Lopez	Status:	ADMITTED
Date of Birth:	11/11/2008 (Age 14)	Admitted Date:	11/30/2021
A#:	55555557	Length of Stay:	611 Days
Country of Birth:	Guatemala	Current Program:	A New Leaf – Dorothy Mitchell
Gender:	F	Portal ID:	691378

### Sponsor Assessment

- Standard Sponsor Assessment  
 Expedited Sponsor Assessment

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### Sponsor Demographic Information

[>| Add Sponsor](#)

This is a unique sponsor profile. If you identify a different sponsor for the child, search for that sponsor and assign them. If they don't exist in Portal, add a new sponsor profile. Do not overwrite the fields below with information about another sponsor.

Form Started: 06-10-2022 at 05:31 PM ET

Sponsor Demographic Information tab last updated by Afaq I on 6/10/2022 at 5:31:21 PM ET

#### Basic Information

Sponsor Identification Number	665366
First Name*	<input type="text" value="Alicia Maria"/>
Last Name*	<input type="text" value="Perez Ramirez"/>

Date of Birth\*

Country of Birth\*

A#

Gender\*  Male  Female

Phone & Email

Primary Phone #\*

Backup Phone #

Backup Phone Type

Email Address

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	Options
<input type="text" value="--Choose an item--"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<a href="#">Save</a>

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 and linguistic and cultural background.

## Contact Information Tab

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### Contact Information

#### Current Address

Search for an Address:

[Address wasn't found in search bar?](#)

Address Line 1\*

Address Line 2

City\*

State\*

Zip Code\*

Country\*

How long has the sponsor lived at their 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

Documents establishing proof of address

Document Type	Date Issued	Dated Within 2 months	Options
--Choose an item--	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<a href="#">Save</a>

### 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.

## Relationship to Child Tab

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### Relationship to Child

Relationship to Child tab last updated by Afaq I on 6/10/2022 at 5:32:01 PM ET

Relationship to Child: Samantha Lopez

Sponsor's Relationship to Child\*

Brother

Sponsor Category

2A

Primary Sponsor?

Yes  No

How does the sponsor know the child or the child's family?

Has the sponsor's relationship to the child been 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	Date Issued	Verified By Government Agency or Consulate	Options
<input type="text" value="--Choose an item--"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<a href="#">Save</a>

#### 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

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.

## Criminal History & Background Checks Tab

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### Criminal History & Background Checks

#### Self-Disclosed Criminal History

Did the sponsor disclose any criminal history?

Yes  No

Criminal activity disclosed by the sponsor:

Felony convictions disclosed by the sponsor:

Misdemeanor convictions disclosed by the sponsor:

Probation/parole 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:







Crime	Date	Length	Location	Options
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Save

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 Details:

Background Check Type	Check Required in All Cases?	Check Requested?	Date Requested	Date Results Received	Results
Public Records	Yes	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	--Select Result-- 
Sex Abuse Registry	Yes	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	--Select Result-- 
FBI Criminal History		<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	--Select Result-- 
CA/N		<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	--Select Result-- 
FBI Name Check		<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	--Select Result-- 
State/Local		<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	--Select Result-- 

## Additional Information

Document any additional information relevant to background checks. Including whether the sponsor's self-disclosure matches the background check results

## Sponsorships Tab

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## Sponsorships

### Self-Reported Sponsorships

According to the sponsor, have they ever attempted to sponsor a child in ORR care?

Yes  No



Self Reported sponsorships:

Name	A #	DOB	Age	Gender	Relationship to Child	Current Location	ORR Release Decision	Date Of Discharge	Discharge Program Name	Options
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-- Select Gender - ▾	-- Select Relation ▾	Choose and Item ▾	Choose and Item ▾	<input type="text"/>	<input type="text"/>	Save

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

If yes, why did they withdraw?

According to the sponsor, have they ever been denied sponsorship by ORR?  Yes  No

If yes, why did ORR deny their sponsorship application?

### Sponsorships Recorded in Portal

Actual Sponsorships (A count) 0

Potential Sponsorships (P count) 3

#### Actual Sponsorship

Date	Primary	UC A#	UC Name	DOB	Age	Gender	COB	Relationship	Program	Status	Discharge Type	ORR Decision	Clearance
------	---------	-------	---------	-----	-----	--------	-----	--------------	---------	--------	----------------	--------------	-----------

#### Potential Sponsorships

Date	Primary	UC A#	UC Name	DOB	Age	Gender	COB	Relationship	Program	Status	Discharge Type	ORR Decision	Clearance
7/6/2022	No	<a href="#">111112222</a>	Test two UC	12/7/2010	12	Male	Angola	Adult Nephew (Primary Caregiver)	A New Leaf – Dorothy Mitchell	ADMITTED			<a href="#">Background Check</a>
6/10/2022	Yes	<a href="#">555555557</a>	Samantha Lopez	11/11/2008	14	Female	Guatemala	Brother	A New Leaf – Dorothy Mitchell	ADMITTED			<a href="#">Background Check</a>
1/7/2021	Yes	<a href="#">333456785</a>	Patricia Perez Gomez	2/15/2009	14	Female	Guatemala	Aunt	BCFS Raymondville	ADMITTED			<a href="#">Background Check</a>

### Past Addresses

#### Addresses Recorded in Portal

Date Recorded	Street Address	City/State/Postal	Child Sponsored at Address
1/7/2021 5:50:38 PM	140 Mount Zion Rd. SE #18	Atlanta, GA 30354	Patricia Perez Gomez (A# <a href="#">333456785</a> )
6/10/2022 5:31:21 PM		,	Samantha Lopez (A# <a href="#">555555557</a> )
7/6/2022 2:12:04 PM	140 Mount Zion Rd. SE #18xxx	Atlanta, GA 30354	Test two UC (A# <a href="#">111112222</a> )

### Other Sponsors Using Address

#### Other Sponsors Using Address

Name	Flags	Sponsorship Type	Date of Sponsor Assignment	Household Occupants	Address	Relationship to UC
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Total Number of Other Sponsors Using Address: 0

### 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.

## Family Relationships Tab

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### Family Relationships

#### Spouse / Partner

Does the sponsor have a partner?  Yes  No

**If yes, enter the partner's information into the Family/Family Friend's table below.**

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

Marriage status

#### Sponsor's Children

Does the sponsor have any children?  Yes  No

Sponsor's Children Details:

Name	DOB	Age	Gender	Current Location	Name of Mother/Father	Options
<input type="text"/>	<input type="text"/>	<input type="text"/>	-- Select Gender --	<input type="text"/>	<input type="text"/>	Save

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.

Has a child ever been removed from the sponsor's custody?

Yes  No

If yes, explain why (and provide documentation).

Has the sponsor ever been involved in a child support case?

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 and Family Friends in the U.S.

Name	Age	Relationship To Sponsor	Options
<input type="text"/>	<input type="text"/>	-- Select Relationship -- 	<a href="#">Save</a>

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.

## Household Tab

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### 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 (Case manager assessment).

## Household Members

Does anyone else live in the sponsor's home?

Yes  No

### Household Members

First Name	Last Name	DOB	Gender	Age	Phone Number	Relationship to Sponsor	Dependent to Sponsor Income	Background
<input type="text"/>	<input type="text"/>	<input type="text"/>	-- Select Gender - ▾	<input type="text"/>	<input type="text"/>	-- Select Relation: ▾	<input type="radio"/> Yes <input type="radio"/> Partial <input type="radio"/> No	

Does anyone in the household have a serious, contagious disease?

Yes  No

If yes, explain.

Does anyone in the household have criminal convictions or charges, other than minor traffic violations?

Yes  No

If yes, explain.

Has anyone the sponsor lived with ever had a child removed from their custody?

Yes  No

If yes, explain why (and provide documentation).

Has anyone in the sponsor's household attempted to sponsor a child in ORR care?

Yes  No

### Household Member Sponsorships

Name	A#	DOB	Gender	Sponsor's Relationship to Child	Current Location	ORR Release Decision	Date Of Discharge	Discharge Program Name	Options
<input type="text"/>	<input type="text"/>	<input type="text"/>	-- Select ▼	-- Select Relation ▼	Choose and Item ▼	Choose and Item ▼	<input type="text"/>	<input type="text"/>	Save

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?

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:

Household Member Name	Document Type	Expiration Date	Verified By Government Agency	Picture ID	Options
<input type="text"/>	--Choose an item--	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<a href="#">Save</a>

### 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.

## Employment Tab

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### 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

## Income

Documents in support of income:

Annual Income	Proof of Income	Employer Name	Employer Address	Employer City	Employer State	Employer Zip Code	Employer Phone	Options
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-- Select State --	<input type="text" value="(If Zip Code is )"/>	<input type="text"/>	<a href="#">Save</a>

## 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.

## Care Plan Tab

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### Care Plan

#### Child's Schooling, Health and Safety

Which 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?

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 and to nurture and support the child through this period of transition and uncertainty.

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

### Alternate Adult Caregiver Plan

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

Potential Alternate Adult Caregiver:

Name	A #	DOB	Age	Gender	Home Address	Phone Number	Relationship to Child	Background C
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-- Select Ge ▾	<input type="text"/>	<input type="text"/>	-- Select Relation: ▾	

Has the alternate adult caregiver's identity been verified?

Yes  No

Documents establishing proof of alternate adult caregiver's identity:

Alternate Adult Caregiver's Name	Document Type	Expiration Date	Verified By Government Agency	Picture ID	Option
<input type="text"/>	--Choose an item-- ▾	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<a href="#">Save</a>

### 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.

## Trafficking & Fraud Tab

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### 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 United States

#### 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 in exchange for help journeying to the United States or for reasons other than to meet basic needs(e.g. food, housing, clothing)?

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.

#### TVPRA

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

Yes  No

If yes, provide a short summary.

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 requires further elaboration.

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New Flag

Flag Type *	Alternative Caregiver
Name *	David Johnson
Flag Category *	Criminal History

### Flag Description \*

\*\*typed alternative caregiver flag description notes\*\*

#### Saved Flag(s)

Alternative Caregiver Flag: Criminal History David Johnson		created on 10/6/22
Category	Description	
Criminal History	**typed alternative caregiver flag description notes**	Flag created by Sarah Tully, Southwest Key Cozumel, 10/6/22
Comments		
<p>**typed flag comment notes**</p>		

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### 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.

## Certification Tab

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**CERTIFICATION**

### Certification

**Do not complete this section until you have finalized the Sponsor Assessment and are ready to Submit. By completing this section, you certify that this assessment is complete and the information contained within is current, complete, and accurate to the best of your knowledge.**

Date Initiated

6/10/2022

Date Completed

Signature

Title