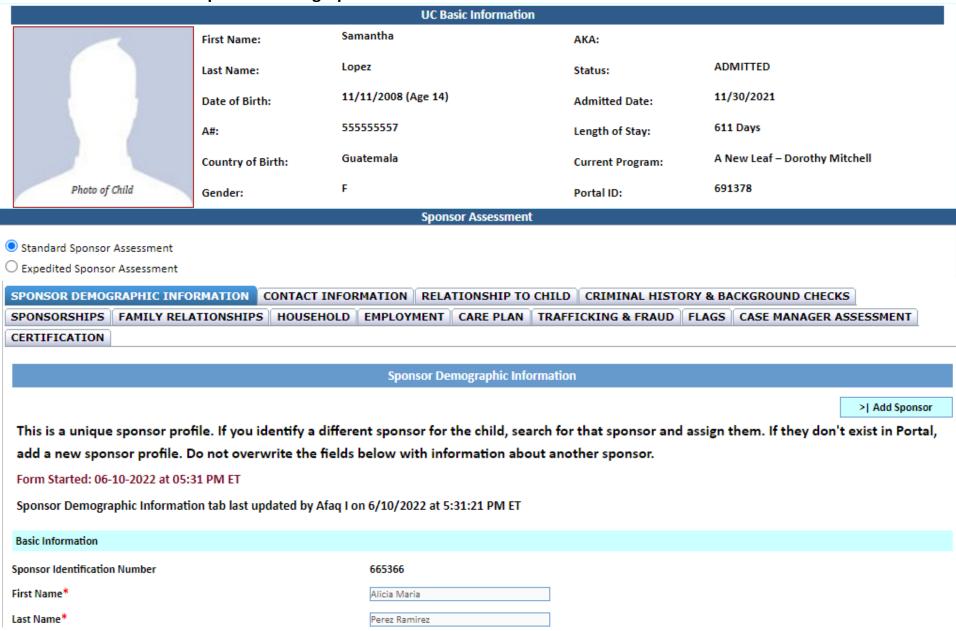
Sponsor Assessment (Form S-5)

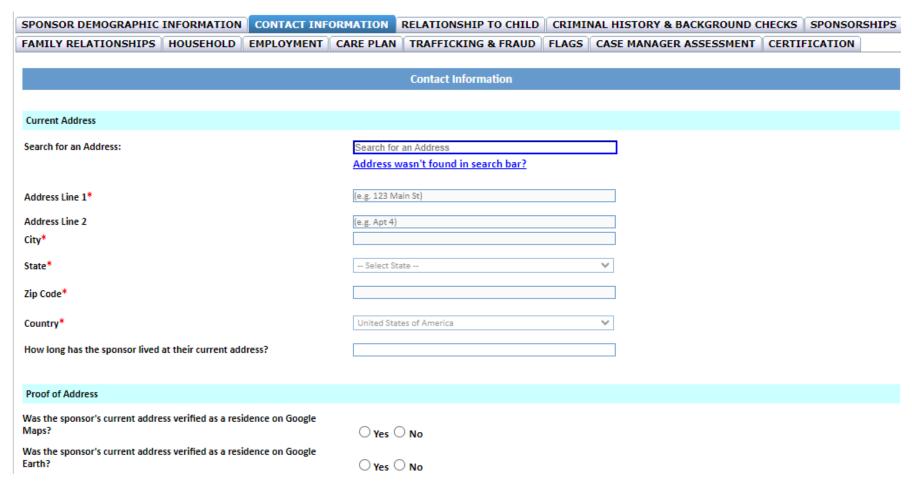
UC Basic Information and Sponsor Demographic Information Tab



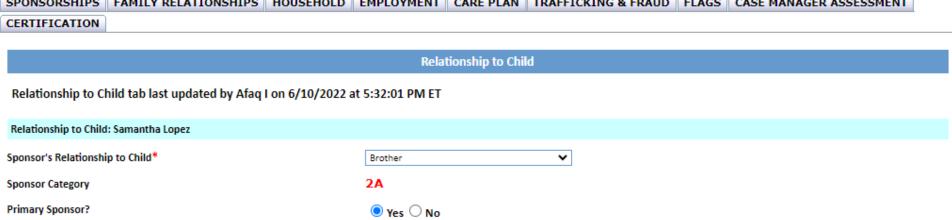
Date of Birth*	1/7/2021					
Country of Birth*	Guatemala	~				
A#						
Gender*	O Male 💿 Fema	ile				
Phone & Email						
Primary Phone #*						
Backup Phone #						
Backup Phone Type	Select Backup Phon	е Туре	~			
Email Address						
Proof of Identity						
Has the sponsor identity been verified?	○ Yes ○ No					
··	O IES O NO					
Documents establishing proof of identity	O les O No					
	O les O NO	Expiration Date	Verified By Gov	ernment Agency	Picture ID	Options
Documents establishing proof of identity	O les O NO	Expiration Date	Verified By Gov	ernment Agency	Picture ID O Yes O No	Options Save
Documents establishing proof of identity Document Type Choose an item	O les O NO	Expiration Date		ernment Agency		
Documents establishing proof of identity Document Type	O les O NO	Expiration Date		ernment Agency		
Documents establishing proof of identity Document Type Choose an item	O les O NO	Expiration Date		ernment Agency		
Documents establishing proof of identity Document Type Choose an item	O les O NO	Expiration Date		ernment Agency		
Document Type Choose an item Document any additional information relevant to the sponsor's identity.	O les O NO	Expiration Date		ernment Agency		
Document Type Choose an item Document any additional information relevant to the sponsor's identity. Language & Religion		Expiration Date		ernment Agency		
Document Type Choose an item Document any additional information relevant to the sponsor's identity.	O les O NO	Expiration Date		ernment Agency		
Document Type Choose an item Document any additional information relevant to the sponsor's identity. Language & Religion		Expiration Date		ernment Agency		

Additional Information Document any additional information relevant to the sponsor's identity and linguistic and cultural background.

Contact Information Tab







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
Choose an item	○ Yes ○ No	Save
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	d 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

SPONSOR DEMOG	RAPHIC INFORMATION	CONTACT INFORM	MATION RELA	TIONSHIP TO	CHILD	CRIMINAL HIST	ORY & BA	CKGROUND CHECKS
SPONSORSHIPS	FAMILY RELATIONSHIPS	HOUSEHOLD	EMPLOYMENT	CARE PLAN	TRAFFI	CKING & FRAUD	FLAGS	CASE MANAGER ASSESSMENT
CERTIFICATION								
			Criminal Histo	ory & Backgrou	nd Check	S		
Self-Disclosed Crimin	nal History							
Did the sponsor disclo	ose any criminal history?		○ Yes ○ No					
ora the sponsor distric	ooc any crimmar motory.		○ Yes ○ No					
Criminal activity discl	osed by the sponsor:							
alony convictions dis	sclosed by the sponsor:							
elony convictions us	sciosed by the sponsor.							
Nisdemeanor convict	tions disclosed by the sponsor:							
								<i>h</i>
Probation/parole disc	closed by the sponsor:							

Child abuse and neglect history disclosed by the spons	or:					
Substance abuse disclosed by the sponsor:						1
Domestic Violence disclosed by the sponsor:						
History of incarceration or detention:						
Crime	Date	Length	La	ocation		Options
						Save
Document any additional information relevant to the	enoneor's disclosure o	f criminal charges sevual offer	nses or child abuse/neglect ch	narges or arrests		
If there are any disqualifying factors under the Criteri					ė	
in there are any disqualitying factors under the Criteri	a for Nelease Defilal, It	delitily tilose fiere. See OKK Po	nicy duide, Section 2.7.4 Deny	nelease nequest for detail	5.	

Background Checks					
Background Checks Details:					
Background Check Type	Check Required in All Cases?	Check Requested?	Date Requested	Date Results Received	Results
Public Records	Yes				Select Result
Sex Abuse Registry	Yes				Select Result
FBI Criminal History					Select Result
CA/N					Select Result
FBI Name Check					Select Result
State/Local					Select Result
Additional Information Document any additional inform	nation relevant to background checks. I	ncluding whether the spo	nsor's self-disclosure matche	es the background check results	s
Document any additional inform ponsorships Tab SPONSOR DEMOGRAPHIC	nation relevant to background checks. I INFORMATION CONTACT INF	ORMATION RELATI	ONSHIP TO CHILD C	RIMINAL HISTORY & BA	CKGROUND CHECKS
Document any additional inform ponsorships Tab SPONSOR DEMOGRAPHIC	INFORMATION CONTACT INF	ORMATION RELATI	ONSHIP TO CHILD C	RIMINAL HISTORY & BA	CKGROUND CHECKS
Document any additional inform ponsorships Tab SPONSOR DEMOGRAPHIC SPONSORSHIPS FAMILY	INFORMATION CONTACT INF	ORMATION RELATI	ONSHIP TO CHILD C	RIMINAL HISTORY & BA	CKGROUND CHECKS

Self Reported sponsorships:

Name		A#	DOB	Age	Gender	Relationship to Child	Current Location	ORR Release Decision	Date Of Discharge	Discharge Program Name	Optic
					Select Gender · ✔	Select Relation: 🗸	Choose and Item 🗸	Choose and Item 🗸			Save
1											
Is the child they sponsored sti	ill residing	with them?			○ Yes ○ No						
If no, explain why the child is	not residi:	ng with them	n:								
									11		
Did the sponsor undergo a ho	me study	for any of th	ese sponsors	hips?	○ Yes ○ No						
Has the child received Post Re	lease Serv	vices?			○ Yes ○ No						
Is the child enrolled in or atter	nding scho	ool?			○ Yes ○ No	1					
							_				
When is the child's upcoming]				
Did the sponsor attend a Lega (LOPC)?	I Orientati	ion Program	for Custodian	ıs	○ Yes ○ No						
According to the sponsor, have sponsor a child in ORR care?	e they eve	er withdrawn	an application	n to	○ Yes ○ No						
sponsor a ciniu in onn care.					○ Yes ○ No						
If yes, why did they withdraw	?										
According to the sponsor, have ORR?	e they eve	er been denie	ed sponsorshi	p by	0 0						
OKK?					○ Yes ○ No						
If yes, why did ORR deny their	sponsors	hip application	on?								
									//		

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	сов	Relationship	Program	Status	Discharge Type	ORR Decision	Clearance	
------	---------	-------	---------	-----	-----	--------	-----	--------------	---------	--------	----------------	--------------	-----------	--

Potential Sponsorships

Date		Primary	UC A#	UC Name	DOB	Age	Gender	сов	Relationship	Program	Status	Discharge Type	ORR Decision	Clearance
7/6/2	2022	No	111112222	Test two UC	12/7/2010	12	Male	Angola	Adult Nephew	A New Leaf –	ADMITTED			Background
									(Primary Caregiver)	Dorothy Mitchell				<u>Check</u>
6/10	/2022	Yes	55555557	Samantha	11/11/2008	14	Female	Guatemala	Brother	A New Leaf –	ADMITTED			Background
				Lopez						Dorothy Mitchell				<u>Check</u>
1/7/2	2021	Yes	333456785	Patricia Perez	2/15/2009	14	Female	Guatemala	Aunt	BCFS	ADMITTED			Background
				Gomez						Raymondville				<u>Check</u>

Past Addresses

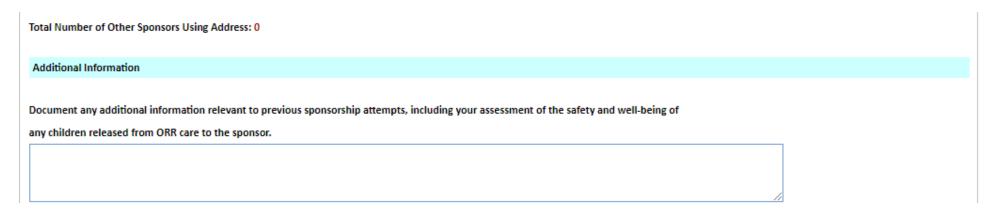
Addresses Recorded in Portal

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# <u>333456785</u>)
6/10/2022 5:31:21 PM		,	Samantha Lopez (A# <u>55555557</u>)
7/6/2022 2:12:04 PM	140 Mount Zion Rd. SE #18xxx	Atlanta, GA 30354	Test two UC (A# <u>111112222</u>)

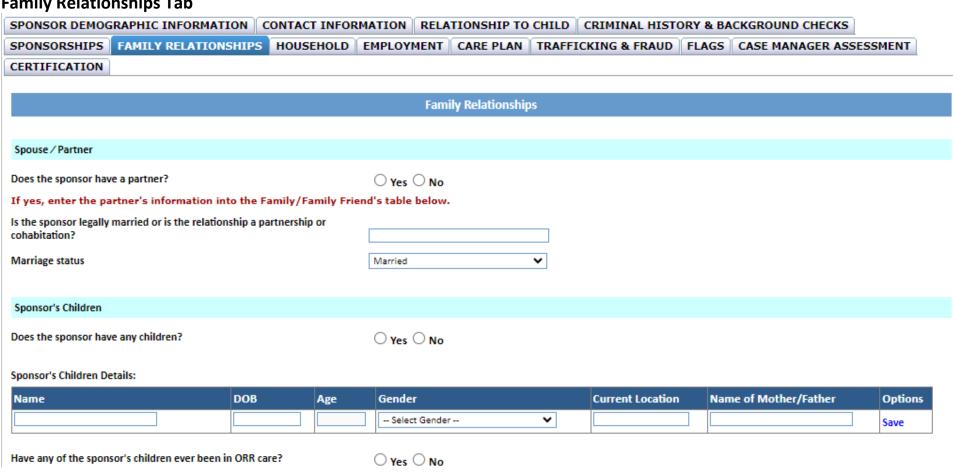
Other Sponsors Using Address

Other Sponsors Using Address

nsorship Type Date of Sponsor Assignment Household Occupants Address Relationship	orship Type Date of Sponsor Assignm	Гуре	Sponsorship Ty	Flags	Name	
---	-------------------------------------	------	----------------	-------	------	--



Family Relationships Tab



Who is caring for the sponsor's children?		
How does the sponsor discipline their children?		_
	//	
Describe an arrange of the second sec		
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 you and the		
If yes, explain.		1
		,
		J
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	
	○ res ○ No	
If yes, explain.		

Family & Family Friends in U.S.			
Does the sponsor have family or family friends in the U.S.?	○ Yes ○ No		
amily and Family Friends in the U.S.			
Name	Age	Relationship To Sponsor	Options
		Select Relationship	Save
oes the sponsor have any relatives in ORR care?	○ Yes ○ No		
yes, where are they?			
amily in Country of Origin			
oes the sponsor have family in their home country?	○ Yes ○ No		
escribe the sponsor's relationship with their family in their ho	me country.		
Additional Information			
Additional Information			
Occument any additional information relevant to the sponsor's	familial and other significant relationshin	os in their country of origin and in the U.S.	
		,	

Household Tab

SPONSOR DEMOG	GRAPHIC INFORMATION	CONTACT INFORMATION	RELATIONSHIP TO	CHILD	RIMINAL HISTO	ORY & BA	CKGROUND CHECKS
SPONSORSHIPS	FAMILY RELATIONSHIPS	HOUSEHOLD EMPLOY	MENT CARE PLAN	TRAFFICE	CING & FRAUD	FLAGS	CASE MANAGER ASSESSMENT
CERTIFICATION							
			Household				
Housing Situation							
Describe the sponsor	's home:						
Where will the child s	sleep?						
How does the sponso	or expect the child to contribute	to their household?					
Does the sponsor hav	ve adequate housing?	O w	○ No				
sponsor nu		○ Yes	∪ NO				
Describe the sponsor	's housing conditions (Case man	ager assessment).					
-		-					

Household Members							
Does anyone else live in the sponsor's h	nome?	○ Yes ○ No					
Household Members							
First Name	Last Name	ров	Gender	Age	Phone Number	Relationship to Sponsor	Dependent to Sponsor Income
			Select Gender - 🗸			Select Relation: 🗸	O O O Yes Partial No
4) h
Does anyone in the household have a s	erious, contagious disease?	○ Yes ○ No					
If yes, explain.							
						//	
Does anyone in the household have crit than minor traffic violations?	minal convictions or charges, other	○ Yes ○ No					
If yes, explain.							
						//	
Has anyone the sponsor lived with ever custody?	r had a child removed from their	○ Yes ○ No					
If yes, explain why (and provide docum	entation).						
Has anyone in the sponsor's household ORR care?	attempted to sponsor a child in	○ Yes ○ No					

Household Member Sponsorships

Name	A#	DOB		Sponsor's Relationship to Child	Current Location	ORR Release Decision	Date Of Discharge	Discharge Program Name	Options
			Select ➤	Select Relation: 🗸	Choose and Item 🗸	Choose and Item 🗸			Save
Is the child still residing with the hou	sehold member?		O Yes	O No		l		l	
If no, explain why the child is not resi	iding with them.								
							h		
Did the household member undergo sponsorships?	a home study for ar	ny of these	O Yes	○ No					
Has the child received Post-Release S	ervices?		O Yes	○ No					
s the child enrolled in or attending s	chool?		O Yes	○ No					
When is the child's upcoming court d	ate?								
Did the household member attend a Custodians (LOPC)?	Legal Orientation Pr	rogram for	○ Yes	○ No					
Has a household member ever withd child in ORR care?	rawn an application	to sponsor a	O Yes	○ No					
If yes: why did they withdraw?									
							4		
Has a household member ever been	denied sponsorship	by ORR?	O Yes	○ No					
If yes: why did ORR deny their spons	orship application?								
							//		

11001 of facility for	Household Members									
Have all household m	embers' identities been verifie	d?	○ Yes ○ No)						
_										
Documents establishi	ng proof of household member	rs identities:								
Household Membe	er Name	Document 1	Гуре			Expiration Date	e Verified By Gover	nment Agency Pi	cture ID	Optio
		Choose an i	tem		~		○ Yes ○ No		o o	Save
4									ES NO	
Additional Information										
Additional information	on									
Document any addition	onal information relevant to th	e sponsor's household	d members, includi	ng your assessmen	t of the safety an	d well-being of an	y children			
released from ORR ca	re to the sponsor's household	members.								
							//			
	- h									
		CONTACT INFO	PMATTON DEL	ATTONISHTD TO	CHILD CRI	MINAL HISTOR	V & BACKCDOUN	D CHECKS		
SPONSOR DEMOG	GRAPHIC INFORMATION	CONTACT INFO		_			Y & BACKGROUN		MENT	
				_			Y & BACKGROUN		MENT	
SPONSOR DEMOG	GRAPHIC INFORMATION			_					MENT	
SPONSOR DEMOG	GRAPHIC INFORMATION			_					MENT	
SPONSOR DEMOG	GRAPHIC INFORMATION			CARE PLAN					MENT	
SPONSOR DEMOG	GRAPHIC INFORMATION			CARE PLAN					MENT	
SPONSOR DEMOG SPONSORSHIPS CERTIFICATION	RAPHIC INFORMATION FAMILY RELATIONSHIP			CARE PLAN Employment					MENT	
SPONSOR DEMOG SPONSORSHIPS CERTIFICATION Proof of Stability Does the sponsor have	FAMILY RELATIONSHIP The a job?		EMPLOYMENT	CARE PLAN Employment					MENT	
SPONSOR DEMOG SPONSORSHIPS CERTIFICATION Proof of Stability	FAMILY RELATIONSHIP The a job?		EMPLOYMENT	CARE PLAN Employment					MENT	
SPONSOR DEMOG SPONSORSHIPS CERTIFICATION Proof of Stability Does the sponsor have	FAMILY RELATIONSHIP The a job?		EMPLOYMENT	CARE PLAN Employment					MENT	
SPONSOR DEMOG SPONSORSHIPS CERTIFICATION Proof of Stability Does the sponsor have	FAMILY RELATIONSHIP The a job?		EMPLOYMENT	CARE PLAN Employment					MENT	
SPONSOR DEMOG SPONSORSHIPS CERTIFICATION Proof of Stability Does the sponsor hav What is the sponsor's	FAMILY RELATIONSHIP The a job?	S HOUSEHOLD	EMPLOYMENT	Employment					MENT	

Income					
Documents in support of income:					
Annual Income Proof of Income Employer Name Employer Add	ress City		Employer Zip Code	Employer Phone	Options
			(If Zip Code is u		Save
Additional Information					
Document any additional information, including your assessment of the	sponsor's ability to suppo	ort and financially provide	for the child while in th	eir care.	
are Plan Tab					
PONSOR DEMOGRAPHIC INFORMATION CONTACT INFO	RMATION RELATION	ONSHIP TO CHILD	CRIMINAL HISTORY	/ & BACKGROUND	CHECKS
PONSORSHIPS FAMILY RELATIONSHIPS HOUSEHOLD	EMPLOYMENT C	ARE PLAN TRAFFIC	KING & FRAUD FI	AGS CASE MAN	AGER ASSESSMEN
CERTIFICATION					
	6-	an Diam			
	Ca	re 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?	O TES O NO				
s 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 O No	
Yes O 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 friend the child?	nds nearby tha	t will help care fo		es O No						
Alternate Adult Caregiver Plan	Alternate Adult Caregiver Plan									
If the sponsor becomes unable to care for	the child, wh	o will care for the	m?							
Potential Alternate Adult Caregiver:										
Name A	\ #	DOB	Age	Gender	Home Address	F	hone Number	Relationship to Child	Backgrour	ıd Cl
				Select Ge ✔				Select Relation: 🗸		
4										- 1
Has the alternate adult caregiver's identity Documents establishing proof of alternate			O Y	es O No						
Alternate Adult Caregiver's Name	Doc	ument Type				Expiration I	Date Verified B	y Government Agency	Picture IE	Option
	Ch	oose an item			~		O Yes	No	O O Yes No	Save
1										-
Additional Information										
Document any additional information abo	out the sponso	or's plan to care fo	or the child	d, including your	assessment of whether the sp	ponsor will be	able			
to adequately address the care, supervision	on, safety, edu	ıcation, and resou	irces requi	red to meet the	child's needs.					

Trafficking & Fraud Tab

SPONSOR DEMOGRAPHIC	INFORMATION	ONTACT INFO	MATION DELA	TTONSHID TO	CHILD COIMIN	AL HISTORY & PA	CKCDOIND CHECKS
							CASE MANAGER ASSESSMENT
CERTIFICATION	RELATIONSHIPS	HOUSEHOLD	EMPLOTMENT	CAKE PLAN	TRAFFICKING &	TRAUD FLAGS	CASE MANAGER ASSESSMENT
CERTIFICATION							
			Tra	fficking & Frau	1		
Sponsor's Journey to the U.S.							
oponion o rounicy to the old							
When and why did the sponsor f	irst decide to travel to	the U.S.?					
Who planned/organized their jou	urney?						
							//
Did the arrangements change du	ring the journey?		○ Yes ○ No				
			○ les ○ No				
If yes, how.							
							//
Did anyone pay for their travel to	the U.S.?		O Yes O No				
Does that person need to be paid	i back?		O Yes O No				
Is there a plan for that person to	be paid back?		O Vac O Na				

What does the sponsor believe will happen if that person is not paid back?		_
		,
		4
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	
nome country:	○ Yes ○ No	
Where did the sponsor first live in the U.S. and with whom?		_
		2
Has the sponsor traveled back to their country of origin since their arrival to the U.S.?	○ Yes ○ No	
to the o.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.		
ii yea, capiuili.]

Was the sponsor ever physically harmed?	○ Yes ○ No	
If yes, explain.		
Was anyone around the sponsor ever physically harmed?	○ Yes ○ No	
If yes, explain.		1
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.		1

Did anyone ever threaten to report the sponsor to the police/immigration?	○ Yes ○ No	
If yes, explain.		
	<i>"</i>	
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?		
willy did it illicrease:		
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?		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
		<u>//</u>
What did the sponsor think would happen if they left the job or stopped	working?	
		<u>//</u>

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?		7
		:
Where did the sponsor live while working?		
<u>.</u>]
Was the sponsor's freedom of movement ever restricted or closely		1
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	e 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.					
	been contacted and asked to pa of the child they previously spo eported it to ORR?		○ No		
If yes, explain.					
Additional Informati	on				
Use this section to re	nort any additional information	that may be pertinent to the spo	nsor's assessment that has no	at been covered in the section	s ahove
or that requires furth		and the permitted to the spe			
,					
Flags Tab					
SPONSOR DEMO	GRAPHIC INFORMATION	CONTACT INFORMATION	RELATIONSHIP TO CH	ILD CRIMINAL HISTO	RY & BACKGROUND CHECKS
SPONSORSHIPS	FAMILY RELATIONSHIPS	HOUSEHOLD EMPLOY	MENT CARE PLAN TI	RAFFICKING & FRAUD	FLAGS CASE MANAGER ASSESSMENT
CERTIFICATION					
			New Flag		
Flag Type *	Alternative Caregiver				
Name *	David Johnson	•			
Flag Category *	Criminal History	•			

Flag Description * "*syped 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 Savah Tully. Southnest Key Coournel, 10/6/22 **Typed flag comment notes**

Case Manager Assessment Tab



Certification Tab

SPONSOR DEMOG	RAPHIC INFORMATION	CONTACT INFOR	MATION RELA	ATIONSHIP TO	CHILD	CRIMINAL HIST	DRY & BA	ACKGROUND CHECKS
SPONSORSHIPS	FAMILY RELATIONSHIPS	HOUSEHOLD	EMPLOYMENT	CARE PLAN	TRAFFI	CKING & FRAUD	FLAGS	CASE MANAGER ASSESSMENT
CERTIFICATION								
				Certification				
	nent is complete and the		•					ng this section, you certify st of your knowledge.
Date Initiated			6/10/2022					
Date Completed								
Signature								
Title								