

**ORR/DCS Home Study Report**

Section A: UC IDENTIFYING INFORMATION			
Name:		AKA:	A#:
Date of Birth:	Age:	Place of Birth:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
		<input type="checkbox"/> El Salvador <input type="checkbox"/> Honduras <input type="checkbox"/> Ecuador <input type="checkbox"/> Guatemala <input type="checkbox"/> Mexico <input type="checkbox"/> India <input type="checkbox"/> Other:	

Section B: SPONSOR IDENTIFYING INFORMATION		
Name:	Date of Birth:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Place of Birth:	Marital Status:	Category of Sponsor:
<input type="checkbox"/> El Salvador <input type="checkbox"/> Honduras <input type="checkbox"/> Ecuador <input type="checkbox"/> Guatemala <input type="checkbox"/> Mexico <input type="checkbox"/> India <input type="checkbox"/> Other:	<input type="checkbox"/> Single <input type="checkbox"/> Married since	<input type="checkbox"/> Category 1 <input type="checkbox"/> Category 2 <input type="checkbox"/> Category 3 Relationship to UC: _____
Home Address:	Contact Number(s): (h) (w) (c)	

Section C: CASE INFORMATION		
Date of Most Recent ORR Placement:	Current Care provider:	Care Provider Contact:
Date Referred for Home Study:	Date Home Visit Completed:	Date Report Completed:
Home Study Agency:	Home Study Case Worker:	Home Study Contact Number:

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**Section D: REASON FOR REFERRAL**

UC meets the following referral criteria:<sup>1</sup>

- Potential sponsor clearly presents a risk of abuse, maltreatment, exploitation, or trafficking to the UC based on all available objective evidence;
- UC has been identified as a victim of a severe form of trafficking in persons;
- UC has been a victim of physical or sexual abuse under circumstances that indicate that the UC's health or welfare has been significantly harmed or threatened;
- UC has special needs, with a disability as defined in section 3 of the Americans with Disabilities Act of 1990, 42 U.S.C. § 12102(1):
  - A physical or mental impairment that substantially limits one or more major life activities of such individual
  - A record of such an impairment
  - Being regarded as having such an impairment
- UC is under the age of 12 and sponsor is a Category 3<sup>2</sup>
- Sponsor is unrelated and is seeking to sponsor multiple UC<sup>3</sup>
- Sponsor is unrelated and has previously sponsored another UC<sup>4</sup>
- Other concerns

Brief explanation of why the UC meets the referral criteria and the general concerns to be investigated during the Home Study:

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**Section E: UC BACKGROUND/OVERVIEW**

**1. UC Background Information (For example: who was UC raised by, description of their relationship with that person, education, any presenting problems/challenges,**

<sup>1</sup> The first four categories are outlined as mandated home studies in the TVPRA 2008, Section 235

<sup>2</sup> July 1, 2015 Pilot Program/Policy Change

<sup>3</sup> July 27, 2015 Policy Change

<sup>4</sup> July 27, 2015 Policy Change

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reasons UC migrated to the U.S., and any previous time spent in ORR care).

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2. Significant Incident Reports (SIRs) while in ORR/DCS shelter care. Please list with include dates and brief description.

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3. Does the UC have special needs? (include physical and mental health needs-include diagnosis and prescribed medication).

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4. UC's understanding of the following U.S. Laws:

- Employment

The UC was provided with psycho-education on U.S. laws in regards to employment. The UC was informed about age and document requirements for work, school work permits, and employee rights.

- Education

The UC was provided with psycho-education on school enrollment, parent's rights to contact the school and student's rights to seek services.

- Child abuse/neglect

The UC was provided with psycho-education on the four types of abuse (sexual, physical, emotional, and neglect). The UC 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).

**5.** Location of UC's parents and other family in the U.S, and description of the UC's relationship with biological family (provide the location of other family members in the U.S. and their involvement with UC):

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**6.** UC's history of criminal charges, substance abuse, or gang involvement, and the UC's plan to address past behaviors:

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**7.** How does the UC know the Sponsor? Please include both the perspective by the UC and Sponsor.

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**8.** Is the UC aware of other individuals living in the sponsor's home? If so, what is their relationship?

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**9.** Does the UC know how the Sponsor disciplines children? Explain.

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**10.** Does the UC feel safe moving in with the Sponsor?

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**11.** What are the UC's expectation of reunification with the Sponsor (including home environment, lifestyle, chores, and education opportunities):

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**12.** Does the UC feel that there are any services that would be helpful to him/her post-release?

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**13.** Note Section for Additional Information from Interview with UC

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**Section F: SPONSOR BACKGROUND/OVERVIEW**

**1.** Sponsor's background (Include the Sponsor's immigration process, legal status, education, length of time in the U.S., etc.)

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**2.** Sponsor's current functioning:

- Major Medical issues (include diagnosis and prescribed medication)

N/A

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- Mental health issues (include diagnosis and prescribed medication)  
 N/A  
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\_\_\_\_\_
  
- Substance use  
 N/A  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. Coping mechanisms as observed during Home Study (include Sponsor's interests, personality, strength, and weakness):**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4. Significant relationships- including with a spouse or domestic partner, and other formal and informal support systems and how the Sponsor intends to use supports for him/herself as well as the UC;**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**5. Sponsor's understanding of the following U.S. Laws:**

- Employment  
 The Sponsor was provided with psycho-education on U.S. laws in regards to employment. The Sponsor was informed about age and document requirements for work, school work permits, and employee rights.
  
- Education  
 The Sponsor was provided with psycho-education on school enrollment, sponsor's

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rights to contact the school and student's rights to seek services.

- Child abuse/neglect

The Sponsor was provided with psycho-education 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).

**6. Language proficiency in English and UC's native language.**

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**Section G: SPONSOR'S RELATIONSHIP to UC and MOTIVATION**

- 1. Nature and the extent of the Sponsor's relationship with the UC and the UC's immediate family, including frequency and quality of contacts, include the last face to face and phone contact between the sponsor and the UC.**

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- 2. Location of the Sponsor's family members in the U.S. and their relationship and involvement with the UC.**

N/A – no others family members in the U.S. per Sponsor

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- 3. Sponsors awareness and involvement in UC's plan of migration to the USA.**

N/A –per sponsor and UC, sponsor was unaware of UC's travel/plans, etc.

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- 4. Sponsor's awareness of the details around the UC's journey including whether there was a traveling fee or debt; when, how and where the UC was apprehended by U.S. immigration authorities; and whether the UC experienced any trauma along the way.**

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5. Sponsor's reasons for wanting to care for the UC.

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6. Any prior Sponsorship applications to Sponsor previously identified UC; state UC name, date of birth, his/her relationship to Sponsor, Alien number, location and current welfare for each UC the sponsor has applied to sponsor.

N/A

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**Section H: SPONSOR'S PARENTING/SPONSORSHIP**

General Parenting

1. Parenting skills and / abilities, nature and extent of previous experience with child supervision, including discipline, parenting style and designation of household responsibilities/chores. Include any community parenting resources that the Sponsor has identified.

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2. What is the sponsor's supervision plan? If the sponsor is not available to supervise the UC, who will provide supervision in the sponsor's absence?

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3. Care of any children currently in the home – school enrollment, mental health/behavioral issues, relationships, etc.

N/A - no children in home



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4. What are the sponsor's discipline methods? What consequences does the sponsor issue with the children currently in the home (if applicable)?

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5. Any anticipated significant life changes in the near future and how these changes may affect the Sponsor's ability to care for the UC (i.e., change in residence, marriage, divorce).

N/A - no anticipated changes

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6. Sponsor's understanding of UC's current behavior, history of criminal charges, substance abuse, or gang involvement:

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7. Sponsor's plans to address the UC's past behaviors and current needs, including special needs:

Child Welfare

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8. Challenges the Sponsor foresees in parenting a child whom he/she has been separated from or has never parented before, and how to overcome challenges.

**9.** Sponsor's understanding of the dynamics of separation, grief and loss and how the Sponsor will help the UC cope with such emotions.

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Sponsor was provided with psycho-education on further implications on a child's behaviors after years of separation from parents and other family members.

**10.** Sponsor's understanding of the laws and dynamics of child abuse and neglect and the sponsor's ability to parent a child who may have been abused or neglected.

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Sponsor was provided with psycho-education on the four types of abuse (sexual, physical, emotional, and neglect) and laws.

Education

**11.** Sponsor's understanding of the laws surrounding education, educational opportunities, and plans for enrollment (list a potential school), including after school supervision.

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Sponsor was provided with psycho-education on school enrollment, truancy laws, parents and legal guardian's rights to contact the school and student's rights to seek services.

**12.** How equipped does the Sponsor feel in order to advocate for the UC to receive necessary services:

- Highly equipped; can identify specific services and locations
- Moderately equipped; has general knowledge but requires referrals for community services for the following areas: (please specify) \_\_\_\_\_
- Not sufficiently equipped

Legal

**13.** Did the Sponsor attend a LOPC presentation?  Yes  No

**14.** Sponsor’s plan to ensure the UC’s attendance at all immigration court proceedings and comply with DHS requirements.

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**15.** Sponsor’s plans for legal representation for the UC.

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**16.** Immigration attorney representing the UC

- N/A - No Attorney
- Name(s) of the attorney(s)
  - Phone number(s)
  - Address

**Section I: HOUSEHOLD MEMBERS**

General

- Were household members (including children) interviewed separately from the Sponsor?  Yes  No

Household member #1:

Name	DOB	Age	Sex	Relationship to Sponsor	Relationship to UC	Is the Sponsor Financially Responsible for this Individual?

Present during home visit?  Yes  No

If ‘No’, document attempts to contact:

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Comments (include members' perspective on the UC coming to live in the home, member's role in the UC's life):

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**Household member #2:**

Name	DOB	Age	Sex	Relationship to Sponsor	Relationship to UC	Is the Sponsor Financially Responsible for this Individual?

Present during home visit?  Yes  No

If 'No', document attempts to contact:

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Comments (include members' perspective on the UC coming to live in the home, member's role in the UC's life):

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**Household member #3:**

Name	DOB	Age	Sex	Relationship to Sponsor	Relationship to UC	Is the Sponsor Financially Responsible for this Individual?

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Present during home visit?  Yes  No

If 'No', document attempts to contact:

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Comments (include members' perspective on the UC coming to live in the home, member's role in the UC's life):

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Review of Background Checks

1. OSSI clearance

- All Adults in the home submitted fingerprints for
- YES
- NO; Explanation:
- RESULTS RECEIVED     RESULTS PENDING

2. CA/N check

- Submitted for Sponsor and/or other Adults in the home
- YES
- NO; Explanation:
- RESULTS RECEIVED     RESULTS PENDING

*Use additional pages for more family members*

**Section J: HOME AND COMMUNITY**

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safety/supervision of tender age child around water source:

\_\_\_\_\_

\_\_\_\_\_

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**7. Sleeping arrangements for each family member (include room, floor/level, and type of bed)**

Family Member	Age	Windows	Bedroom Number	Type of bed

**8. Any evidence that individuals other than those listed in the family reunification packet as living in the home residence?**

Yes: \_\_\_\_\_

N/A – no others noted to be living in home

**9. Is there anything in the home that raises a concern for the UC’s welfare and safety? If so can it be resolved?**

\_\_\_\_\_

\_\_\_\_\_

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Transportation

Vehicles: <input type="checkbox"/> One Car <input type="checkbox"/> Two Cars <input type="checkbox"/> Truck <input type="checkbox"/> Van <input type="checkbox"/> Recreation Vehicle <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other (specify) _____	
Are vehicles in running condition? <input type="checkbox"/> Yes <input type="checkbox"/> No   If no, explain:	
Was proof of insurance provided for all operational vehicles? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the residence on a city bus line or other public transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, distance to nearest stop:

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Describe alternative transportation plan if family does not own an operating vehicle or live on a bus line:

Community Overview

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

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**Schools:**

Name	Street	City, State	Zip	Phone Number

**Emergency Resources:**

Name	Street	City, State	Zip	Phone Number

**Medical/Health Clinics:**

Name	Street	City, State	Zip	Phone Number

**Recreational Locations, including religious facilities, shopping centers, libraries, parks, etc.:**

Name	Street	City, State	Zip	Phone Number

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**Section K: FINANCIAL**

**1. Employment Status:**

- Unemployed
- Part-time
- Full-time:
- Other:

**2. Employer:** \_\_\_\_\_

Self-employed. Please specify: \_\_\_\_\_

Does applicant operate a business from the residence?  Yes  No

If Yes:

Is business a Child Day Care?  
 Yes  No

Is business an Adult Day Care or Rooming House?  
 Yes  No

If other than child or adult day care or rooming house, describe type of business:

If applicable, describe impact of home business on the plan to Sponsor the UC:

**3. Length of time employed in current job:** \_\_\_\_\_

N/A

**4. Working hours** \_\_\_\_\_

N/A

**5. Prior employment?**  Yes  No    If Yes, How long? \_\_\_\_\_

**6. Total annual take-home income of sponsor**

\_\_\_\_\_

**7. Sources of income**

Employment  Other:

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**8. Budget- assets/liabilities and income/expenses**

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**9. Sponsor's plan to handle additional financial burden of caring for the UC**

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**Section L: SUMMARY**

Family Strengths and Needs

**1. Describe the Sponsor's ability to provide and maintain a safe, stable and appropriate home environment.**

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**2. Describe the Sponsor's ability to care for the UC's well-being and safety (parenting, supervision, financial).**

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**3. Describe the Sponsor's support system (include his/her ability to utilize community services).**

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**4. List the risk and protective factors to UC's reunification with Sponsor:**

**Risk Factors**

**Protective Factors**

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**5. Resources that have already been identified by the Sponsor:**

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**Section M: RECOMMENDATION FOR RELEASE**

Positive Recommendation

Please provide objective examples which support this recommendation

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Negative Recommendation

Please provide objective examples which support this recommendation

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Please provide any recommended action steps for the Sponsor which would potentially change this recommendation from negative to positive.

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Case Worker Signature:	Date:
Supervisor Signature:	Date:
Date Submitted to ORR Shelter Facility	

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