

**UC Basic Information**

**First Name:** Yuvitza Merari      **AKA:** Test Record  
**Last Name:** Tevalan Vazquez      **Status:** IN-TRANSFER  
**Date of Birth:** 10/16/2009 (Age 14)      **Admitted Date:** 7/30/2018  
**A#:** 333098765      **Length of Stay:** 2012 Days  
**Country of Birth:** Rwanda      **Current Program:** A New Leaf – Dorothy Mitchell  
**Gender:** M      **Portal ID:** 689239

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**UC Case Status****Child Assessments**

**Initial Intakes Assessment**      **Last Updated:**  
**Assessment For Risk**      **Last Updated:**  
**UC Assessment**      **Last Updated:**

**Medical**

**Initial Medical Exam**      **Date Evaluated:**  
**TB Screening**      **Outcome:**  
**Immunizations (IME Only)**      **Last Updated:**

**Home Study and Post-Release Service Cases**

**Home Study**      **Type of Home Study:**      **Date Referred:**      **Date Accepted:**  
**Post Release Services**      **Type of PRS:**      **Date Referred:**      **Date Accepted:**

**Family Reunification****Sponsor**

**Sponsor Assessment**      **Date Completed:**   
**Family Reunification Application Sent to Sponsor**      **Date Sent:**  01/01/2024 12:00PM      **Date Received:**   
**Authorization For Release of Information (ARI)**      **Date Received:**        N/A  
**Proof of Sponsor Identity**      **Date Completed:**   
**Proof of Sponsor Address**      **Date Completed:**   
**Proof of Relationship Between UC and Sponsor**      **Date Completed:**

**Household Members**

**Authorization For Release of Information (ARI)**      **Date Received:**        N/A

**Alternate Adult Caregiver**

**Authorization For Release of Information (ARI)**      **Date Received:**        N/A

[>| Save](#)**Background Checks****SPONSOR**    **ADULT HOUSEHOLD MEMBERS & ALTERNATE ADULT CAREGIVER****Sponsor Name:****Background Checks**

| Type                 | Date Requested | Date Results Received | Results |
|----------------------|----------------|-----------------------|---------|
| Internet Criminal    |                |                       |         |
| Sex Abuse History    |                |                       |         |
| CA/N                 |                |                       |         |
| FBI Criminal History |                |                       |         |

**FBI Criminal History Fingerprinting Details****Method of Fingerprinting:** **FieldPrint**

**First available FieldPrint fingerprint appointment\***      **Date available:**   
**Accepted FieldPrint fingerprint appointment**      **Date of appointment:**

**Method of Fingerprinting:** **ORR Digital Site**

**First available ORR Digital Site fingerprint appointment\***      **Date available:**   
**Accepted ORR Digital Site fingerprint appointment**      **Date of appointment:**   
**ID sent to ORR Digital Site**      **Date sent:**   
**ARI sent to ORR Digital Site**      **Date sent:**

**Method of Fingerprinting:** **Paper Fingerprint Card**

**Fingerprint cards sent to adult by case manager**      **Date sent:**   
**Complete fingerprint cards received by PSC**      **Date received:**

[>| Save](#)**Know Your Rights and Legal Screening:**      **Date Completed:****Release Recommendations**

**Case Manager Release Request:**      **Last Updated:**  
**Case Coordination Release Request:**      **Last Updated:**  
**ORR Release Request Decision:**      **Last Updated:**      **Release Approved:**

**Case Manager Information** **Update my Information****Primary Case Manager Information**

**Primary Case Manager Name:** Case Manager      **Assigned on:**  
**Primary Case Manager Email Address:**  
**Primary Case Manager Phone Number:**  
**Primary Case Manager Organization:**

**Previous Case Manager Information**

**Previous Case Manager Name:**      **Assigned on:**  
**Previous Case Manager Email Address:**  
**Previous Case Manager Phone Number:**  
**Previous Case Manager Organization:**

**Unification Specialist Information** **Update my Information****Primary Unification Specialist Information**

**Primary Unification Specialist Name:** Case Manager      **Assigned on:**  
**Primary Unification Specialist Email Address:**  
**Primary Unification Specialist Phone Number:**  
**Primary Unification Specialist Organization:**

**Previous Unification Specialist Information**

**Previous Unification Specialist Name:**      **Assigned on:**  
**Previous Unification Specialist Email Address:**  
**Previous Unification Specialist Phone Number:**  
**Previous Unification Specialist Organization:**