

# UAC Case Status (Form S-27)

UAC Portal

OMB# 0970-0553

## Main Case Status Page

Located on the Case File Landing Page

### UAC Basic Information

 <p>Photo of Child</p>	<b>First Name:</b>	(Auto populate)	<b>AKA:</b>	(Auto populate)
	<b>Last Name:</b>	(Auto populate)	<b>Status:</b>	(Auto populate)
	<b>Date of Birth:</b>	(Auto populate)	<b>Admitted Date:</b>	(Auto populate)
	<b>A#:</b>	(Auto populate)	<b>Length of Stay:</b>	System Generated
	<b>Country of Birth:</b>	(Auto populate)	<b>Current Program:</b>	(Auto populate)
	<b>Sex:</b>	(Auto populate)	<b>Portal ID:</b>	(Auto populate)
	<b>Physical Location of the Child:</b>		(Auto populate - <a href="#">Source UC Portal Discharge Tab</a> )	

- >| Go to Assessments
- >| Go to Health
- >| Go to Child-Level Event
- >| Go to Intakes
- >| Go to Admission
- >| Go to Discharge

### UAC Case Status

Child Assessments						
<b>Initial Intakes Assessment</b>	<b>Last Updated:</b>	(Auto populate)				
<b>Assessment For Risk</b>	<b>Last Updated:</b>	(Auto populate)				
<b>UAC Assessment</b>	<b>Last Updated:</b>	(Auto populate)				
Medical						
<b>Initial Medical Exam</b>	<b>Date Evaluated:</b>	(Auto populate)				
<b>TB Screening</b>	<b>Outcome:</b>	(Auto populate)				
<b>Immunizations (IME Only)</b>	<b>Last Updated:</b>	(Auto populate)				
Home Study and Post-Release Service Cases						
<b>Home Study</b>	<b>Type of Home</b>	(Auto populate)	<b>Date</b>	(Auto populate)	<b>Date Accepted:</b>	(Auto populate)
	<b>Study:</b>		<b>Referred:</b>			
<b>Post Release Services</b>	<b>Type of PRS:</b>	(Auto populate)	<b>Date</b>	(Auto populate)	<b>Date Accepted:</b>	(Auto populate)
			<b>Referred:</b>			

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L.104-13) Statement OF PUBLIC BURDEN: The purpose of this information collection is to allow care providers to monitor high-level milestones in a UAC's case in ORR's case Management Portal. The instrument is auto populated with information recorded in other assessments or spaces in UAC Portal. Public reporting burden for this collection of information is estimated to average 0.25 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, and Trafficking Victims Protection Reauthorization Act. 8 U.S.C.1232). 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](mailto:UACPolicy@acf.hhs.gov)

Family Reunification			
<b>Sponsor</b>	(Auto Populate NAME)		
<b>Sponsor Assessment</b>	<b>Date Completed:</b>	<Pop up Calendar>	
<b>Family Reunification Application Sent to Sponsor</b>	<b>Date Sent:</b>	<Pop up Calendar>	<b>Date Received:</b> <Pop up Calendar>
<b>Authorization For Release of Information (ARI)</b>	<b>Date Received:</b>	<Pop up Calendar> <b>c N/A</b>	
<b>Proof of Sponsor Identity</b>	<b>Date Completed:</b>	<Pop up Calendar>	
<b>Proof of Sponsor Address</b>	<b>Date Completed:</b>	<Pop up Calendar>	
<b>Proof of Relationship Between UAC and Sponsor</b>	<b>Date Completed:</b>	<Pop up Calendar>	
<b>Concurrent Planning: Additional Potential Sponsors</b>			
<b>Potential Sponsor Name:</b>	<input type="text" value="(Auto populate)"/>	<b>Relationship to child:</b>	<input type="text" value="(Auto populate)"/>
<b>Household Members</b>			
<input type="text" value="(Auto Populate NAME)"/>	<b>Sponsor Category:</b> <input type="text"/>		
<b>Authorization For Release of Information (ARI)</b>	<b>Date Received:</b>	<input type="text" value="&lt;Popup Calendar&gt;"/>	<b>c N/A</b>
<b>Alternate Adult Caregiver</b>			
<input type="text" value="(Auto Populate NAME)"/>			
<b>Authorization For Release of Information (ARI)</b>	<b>Date Received:</b>	<input type="text" value="&lt;Popup Calendar&gt;"/>	<b>c N/A</b>

**Background Checks**

**SPONSOR/ ADULT HOUSEHOLD MEMBERS & ALTERNATE ADULT CAREGIVER**

Sponsor/ Alternate Adult Caregiver Name:

**Background Checks**

Type	Date Requested	Date Results Received	Results
Internet Criminal	<input type="text" value="(Auto populate)"/>	<input type="text" value="(Auto populate)"/>	<input type="text" value="(Auto populate)"/>
Sex Abuse History	<input type="text" value="(Auto populate)"/>	<input type="text" value="(Auto populate)"/>	<input type="text" value="(Auto populate)"/>
CA/N	<input type="text" value="(Auto populate)"/>	<input type="text" value="(Auto populate)"/>	<input type="text" value="(Auto populate)"/>
FBI Criminal History	<input type="text" value="(Auto populate)"/>	<input type="text" value="(Auto populate)"/>	<input type="text" value="(Auto populate)"/>

**Results Options:**  
 Clear;  
 Appears Clear;  
 Not Clear;  
 Referred to FFS

**FBI Criminal History Fingerprinting Details**

Method of Fingerprinting:

<OPTION 1 POP-UP> FieldPrint		
First available FieldPrint fingerprint appointment*	Date available:	<input type="text" value="&lt;Popup Calendar&gt;"/>
Accepted FieldPrint fingerprint appointment	Date of appointment:	<input type="text" value="&lt;Popup Calendar&gt;"/>

<OPTION 2 Pop-Up> ORR Digital Site		
First available ORR Digital Site fingerprint appointment*	Date available:	<input type="text" value="&lt;Popup Calendar&gt;"/>
Accepted ORR Digital Site fingerprint appointment	Date of appointment:	<input type="text" value="&lt;Popup Calendar&gt;"/>
ID sent to ORR Digital Site	Date sent:	<input type="text" value="&lt;Popup Calendar&gt;"/>
ARI sent to ORR Digital Site	Date sent:	<input type="text" value="&lt;Popup Calendar&gt;"/>

<OPTION 3 POP-UP> Paper Fingerprint Card		
Fingerprint cards sent to adult by case manager	Date sent:	<input type="text" value="&lt;Popup Calendar&gt;"/>
Complete fingerprint cards received by PSC	Date received:	<input type="text" value="&lt;Popup Calendar&gt;"/>

> | Save

**Legal**

<b>Know Your Rights Presentation:</b>	<b>Date Completed:</b>	<input type="text" value="(Auto populate)"/>
<b>Legal Screening:</b>	<b>Date Completed:</b>	<input type="text" value="(Auto populate)"/>

Release Recommendations				
<b>Case Manager Release Request:</b>	<b>Last Updated:</b>	<input type="text" value="(Auto populate)"/>		
<b>Case Coordination Release Request:</b>	<b>Last Updated:</b>	<input type="text" value="(Auto populate)"/>		
<b>ORR Release Request Decision:</b>	<b>Last Updated:</b>	<input type="text" value="(Auto populate)"/>	<b>Release Approved:</b>	<input type="text" value="(Auto populate)"/>

Case Manager Information				
C Update my Information				
Primary Case Manager Information				
<b>Primary Case Manager Name:</b>	<input type="text" value="(Auto populate)"/>	<b>Assigned on:</b>	<input type="text" value="(System Generated)"/>	
<b>Primary Case Manager Email Address:</b>	<input type="text" value="(Auto populate)"/>			
<b>Primary Case Manager Phone Number:</b>	<input type="text" value="(Auto populate)"/>			
<b>Primary Case Manager Organization:</b>	<input type="text" value="(Auto populate)"/>			
Back-up Case Manager				
<b>Back-up Case Manager Name:</b>	<input type="text" value="(Auto populate)"/>	<b>Assigned on:</b>	<input type="text" value="(System Generated)"/>	
<b>Back-up Case Manager Email Address:</b>	<input type="text" value="(Auto populate)"/>			
<b>Back-up Case Manager Phone Number:</b>	<input type="text" value="(Auto populate)"/>			
<b>Back-up Case Manager Organization:</b>	<input type="text" value="(Auto populate)"/>			
<b>Previous Case Manager Name:</b>	<input type="text" value="(Auto populate)"/>	<b>Assigned on:</b>	<input type="text" value="(System Generated)"/>	
<b>Previous Case Manager Email Address:</b>	<input type="text" value="(Auto populate)"/>			
<b>Previous Case Manager Phone Number:</b>	<input type="text" value="(Auto populate)"/>			
<input type="text" value="Previous"/>	<b>Case Manager Organization:</b>	<input type="text" value="(Auto populate)"/>		
<b>REMARKS:</b> // There is no Previous Case Manager associated with the UAC//				

Unification Specialist Information			
<b>c Update my Information</b>			
Primary Unification Specialist Information			
Primary Unification Specialist Name	(Auto Populate)	Assigned On	(Auto Populate)
Primary Unification Specialist Email Address:		(Auto Populate)	
Primary Unification Specialist Phone Number:		(Auto Populate)	
Primary Unification Specialist Organization:		(Auto Populate)	
Previous Unification Specialist			
Previous Unification Specialist Name	(Auto Populate)	Assigned On	(Auto Populate)
Previous Unification Specialist Email Address:		(Auto Populate)	
Previous Unification Specialist Phone Number:		(Auto Populate)	
Previous Unification Specialist Organization:		(Auto Populate)	

### Location of Child Appendix

Located on the UAC Portal Discharge Tab

UAC Basic Information				
 <p><i>Photo of Child</i></p>	First Name:	(Auto Populate)	AKA:	(Auto Populate)
	Last Name:	(Auto Populate)	Status:	(Auto Populate)
	Date of Birth:	(Auto Populate)	Admitted Date:	(Auto Populate)
	A#:	(Auto Populate)	Length of Stay:	System Generated
	Country of Birth:	(Auto Populate)	Current Program:	<Dropdown Menu>
	Sex:	(Auto Populate)	Portal ID:	(Auto Populate)
<div style="display: flex; justify-content: space-around; margin-top: 10px;"> <span>&gt;  Go to Health</span> <span>&gt;  Go to Child-Level Event</span> <span>&gt;  Go to Intakes</span> <span>&gt;  Go to Admission</span> <span>&gt;  Go to Case Mgt.</span> </div>				

Assessments				
{+/-}	Current Location of the Child			
	Location Type	Name	Address	Last Updated

	<Dropdown Menu> (- Select One- Post Release Address Update <sup>1</sup> ; Program <sup>2</sup> ; Reported Missing Post Release <sup>3</sup> )	AUTOPOPULATE WHEN LOCATION TYPE = "PROGRAM"	AUTOPOPULATE WHEN LOCATION TYPE = "PROGRAM"	AUTOPOPULATE
{+/-}	<b>Location History</b> (AUTOPOPULATE WITH EACH NEW CURRENT LOCATION OF THE CHILD ENTRY)			>   <b>Print</b>
	<b>Location Type</b>	<b>Name</b>	<b>Address</b>	<b>Last Updated</b>
	AUTOPOPULATE	AUTOPOPULATE	AUTOPOPULATE	AUTOPOPULATE
{+/-}	<b>Transfer Request</b>			>   <b>Add New</b>
{+/-}	<b>Release Request</b>			>   <b>Add New</b>
{+/-}	<b>Discharge Notification</b>			>   <b>Add New</b>
	<b>Program Exit</b>			>   <b>Add New</b>
{+/-}	<b>Trigger Reports</b>			

### CONDITIONAL LOGIC: Additional Fields - Post Release Address Update

Update Current Location of Child				
<b>Location Type:</b>	<Dropdown Menu> (SELECTED: Post Release Address Update)	<b>Living with Sponsor ?</b>	<b>c Yes c No<sup>4</sup></b>	
			<i>(CONDITIONAL LOGIC IF "NO")</i>	
		<b>Living with a caregiver?</b>	<b>c Yes<sup>5</sup> c No</b>	
			<i>(CONDITIONAL LOGIC IF "YES")</i>	
		<b>Primary Caregiver Type:</b>	<Dropdown Menu> (-Select Type- Assigned Alternate Caregiver <sup>6</sup> /AUTOPOPULATE NAME/; Other Family Member; Family Friend; UAC's	

<sup>1</sup> Conditional Logic: "Post Release Address Update" triggers additional fields

<sup>2</sup> Conditional Logic: Address will auto-populate (see above)

<sup>3</sup> Conditional Logic: No address Fields populate

<sup>4</sup> Conditional Logic: Living with Sponsor "No" triggers additional fields

<sup>5</sup> Conditional Logic: Living with a Primary Caregiver "Yes" triggers additional fields

				Domestic Partner; Sponsor’s Domestic Partner; Unknown; Other <sup>7</sup>
				(Open Text for “ Other”)
			<b>Primary Caregiver Name:</b>	(Open Text) (Open Text)
		<b>Address Known?</b>	<b>C Yes<sup>8</sup> C No</b> (CONDITIONAL LOGIC IF “YES”)	
			<b>Search for an Address:</b>	<Search Field> (Open Text)
			<b>Current Address Line 1:</b>	(Open Text)
			<b>Current Address Line 2:</b>	(Open Text)
			<b>City:</b>	(Open Text)
			<b>State:</b>	<Dropdown Menu> (-Select One- <a href="#">See Reference Table 1</a> )
			<b>Zip Code:</b>	(Open Text)
			<b>Country:</b>	<Dropdown Menu> (-Select One- <a href="#">See Reference Table 2</a> )
		<b>Notes:</b>	(Open Text)	

Reference Table 1: U.S. States and Territories
Alabama; Alaska; Arizona; Arkansas; American Samoa; California; Colorado; Connecticut; Delaware; District of Columbia; Florida; Georgia; Guam; Hawaii; Idaho; Illinois; Indiana; Iowa; Kansas; Kentucky; Louisiana; Maine; Maryland; Massachusetts; Michigan; Minnesota; Mississippi; Missouri; Montana; Nebraska; Nevada; New Hampshire; New Jersey; New Mexico; New York; North Carolina; North Dakota; Northern Mariana Islands; Ohio; Oklahoma; Oregon; Pennsylvania; Puerto Rico; Rhode Island; South Carolina; South Dakota; Tennessee; Texas; Trust Territories; Utah; Vermont; Virginia; U.S. Virgin Islands; Washington; West Virginia; Wisconsin; Wyoming

<sup>6</sup> Conditional Logic: Primary Caregiver Type “Assigned Alternate Caregiver” will auto populate Primary Caregiver Name and Address Fields; address fields are editable if updates required.

<sup>7</sup> Conditional Logic: Primary Caregiver Type “Other” triggers additional field

<sup>8</sup> Conditional Logic: Address Known “Yes” will trigger additional fields.

## Reference Table 2: Countries

Afghanistan; Aland Islands; Albania; Algeria; American Samoa; Andorra; Angola; Anguilla; Antarctica; Antigua and Barbuda; Arabian Peninsula; Argentina; Armenia; Aruba; Australia; Austria; Azerbaijan; Bahamas; Bahrain; Bangladesh; Barbados; Belarus; Belgium; Belize; Benin; Bermuda; Bhutan; Bolivia; Bonaire, Sint Eustatius and Saba; Bosnia and Herzegovina; Botswana; Bouvet Island; Brazil; British Virgin Islands; Brunei; Bulgaria; Burkina Faso; Burundi; Cambodia; Cameroon; Canada; Cape Verde; Cayman Islands; Central African Republic; Chad; Chile; China; Chinese Taipei; Christmas Island; Cocos Islands; Colombia; Comoro Islands; Congo; Cook Islands; Costa Rica; Cote D'Ivoire; Croatia; Cuba; Curaçao; Cyprus; Czech Republic; Czechoslovakia; Dem Rep Of The Congo; Denmark; Djibouti; Dominica; Dominican Republic; East Timor; Ecuador; Egypt; El Salvador; Equatorial Guinea; Eritrea; Estonia; Ethiopia; Falkland Islands; Faroe Islands; Fiji; Finland; France; French Guiana; French Polynesia; French Southern And Antarctic; Gabon; Gambia; Georgia; Germany; Ghana; Gibraltar; Greece; Greenland; Grenada; Guadeloupe; Guam; Guatemala; Guernsey; Guinea; Guinea-Bissau; Guyana; Haiti; Heard Island and McDonald Islands; Holy See; Honduras; Hong Kong; Hungary; Iceland; India; Indonesia; Iran; Iraq; Ireland; Isle of Man; Israel; Italy; Ivory Coast; Jamaica; Japan; Jersey; Jordan; Kazakhstan; Kenya; Kiribati; Korea; Kosovo; Kuwait; Kyrgyzstan; Laos; Latvia; Lebanon; Lesotho; Liberia; Libya; Liechtenstein; Lithuania; Luxembourg; Macao; Macedonia; Madagascar; Malawi; Malaysia; Maldives; Mali; Malta; Mariana Islands; Northern Maritime; Marshall Islands; Martinique; Mauritania; Mauritius; Mayotte; Mexico; Micronesia; Moldova; Monaco; Mongolia; Montenegro; Montserrat; Morocco; Mozambique; Myanmar; Namibia; Nauru; Nepal; Netherlands; Netherlands Antilles; New Caledonia; New Zealand; Nicaragua; Niger; Nigeria; Niue; Norfolk Island; North Korea; Norway; Oman; Pakistan; Palau; Palestinian Territory, Occupied; Panama; Papua New Guinea; Paraguay; Peru; Philippines; Pitcairn Islands; Poland; Portugal; Puerto Rico; Qatar; Reunion; Romania; Russia; Rwanda; ST. Pierre And Miquelon; Saint Barthelemy; Saint Kitts and Nevis; Saint Lucia; Saint Martin (French part); Saint Vincent And the Grenadines; Samoa; San Marino; Sao Tome and Principe; Saudi Arabia; Senegal; Serbia; Seychelles; Sierra Leone; Singapore; Sint Maarten (Dutch part); Slovakia; Slovenia; Solomon Islands; Somalia; South Africa; South Georgia and the South Sandwich Islands; South Korea; South Sudan; Spain; Sri Lanka; St. Helena; Sudan; Suriname; Svalbard and Jan Mayen; Swaziland; Sweden; Switzerland; Syria; Taiwan; Tajikistan; Tanzania; Thailand; Togo; Tokelau; Tonga; Trinidad and Tobago; Tunisia; Turkey; Turkmenistan; Turks And Caicos Islands; Tuvalu; USSR; Uganda; Ukraine; United Arab Emirates; United Kingdom; United States of America; Unknown; Uruguay; Uzbekistan; Vanuatu; Venezuela; Vietnam; Virgin Islands, U.S.; Wallis And Futuna Islands; West Bank; Western Sahara; Western Samoa; Yemen; Yugoslavia; Zambia; Zimbabwe