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| **Main Case Status Page*****Located on the Case File Landing Page*** |
| **UAC Basic Information** |
| Photo of Child | **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:** | *(Auto populate)* |
| **Sex:**  | *(Auto populate)* | **Portal ID:**  | *(Auto populate)* |
| **Physical Location of the Child:**  | *(Auto populate –* [*Source UC Portal Discharge Tab)*](#LocatioOfChildAppendix) |

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| **>| Go to Intakes****>| Go to Admission****>| Go to Child-Level Event****>| Go to Health****>| Go to Assessments****>| Go to Discharge** |
| **UAC Case Status** |

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

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

Act of 1995, unless it displays a currently valid 0MB control number. If you have any comments on this collection of information please contact UACPolicy@acf.hhs.gov.

|  |
| --- |
| **Family Reunification** |
| **Sponsor**  |  *(Auto Populate NAME)* |
| **Sponsor Assessment** | **Date Completed:**  | <Pop up Calendar> |
| **Family Reunification Application Sent to Sponsor** | **Date Sent:**  | <Pop up Calendar> | **Date Received:** | <Pop up Calendar> |
| **Authorization For Release of Information (ARI)** | **Date Received:**  | <Pop up Calendar> **c N/A** |
| **Proof of Sponsor Identity** | **Date Completed:**  | <Pop up Calendar> |
| **Proof of Sponsor Address** | **Date Completed:**  | <Pop up Calendar> |
| **Proof of Relationship Between UAC and Sponsor** | **Date Completed:**  | <Pop up Calendar> |
| **Concurrent Planning: Additional Potential Sponsors**

|  |  |
| --- | --- |
| **Potential Sponsor Name:** *(Auto populate)* | **Relationship to child:** *(Auto populate)* |
|  | **Sponsor Category:** *(Auto populate)* |

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|  |
| **Household Members**

|  |
| --- |
| *(Auto Populate NAME)* |
| **Authorization For Release of Information (ARI)        Date Received:                 c N/A***<Popup Calendar>* |  |  |  |  |  |  |

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| **Alternate Adult Caregiver** |
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| --- |
| *(Auto Populate NAME)* |
| **Authorization For Release of Information (ARI)        Date Received:                 c N/A***<Popup Calendar>* |  |  |  |  |  |  |

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| **Background Checks** |
| [**Sponsor**](https://uacportalstaging.acf.hhs.gov/CaseStatus.aspx)**/** [**Adult Household Members & Alternate Adult Caregiver**](https://uacportalstaging.acf.hhs.gov/CaseStatus.aspx)*(Auto populate)* **Sponsor/ Alternate Adult Caregiver Name:** **Background Checks**

|  |  |  |  |
| --- | --- | --- | --- |
| **Type** | **Date Requested** | **Date Results Received** | **Results****Results Options:** Clear; Appears Clear; Not Clear; Referred to FFS |
| **Internet Criminal** | *(Auto populate)*  | *(Auto populate)*  | *(Auto populate)*  |
| **Sex Abuse History** | *(Auto populate)*  | *(Auto populate)*  | *(Auto populate)*  |
| **CA/N** | *(Auto populate)*  | *(Auto populate)*  | *(Auto populate)*  |
| **FBI Criminal History** | *(Auto populate)*  | *(Auto populate)*  | *(Auto populate)*  |

**FBI Criminal History Fingerprinting Details**

|  |  |  |
| --- | --- | --- |
| Method of Fingerprinting:  | **<Dropdown Menu>** (-- Select Method --  *FieldPrint;  ORR Digital Site;  Paper Fingerprint Card;* )  |  |
|  |
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| **<OPTION 1 POP-UP> FieldPrint** |
| First available FieldPrint fingerprint appointment\* | Date available: | *<Popup Calendar>* |
| Accepted FieldPrint fingerprint appointment | Date of appointment: | *<Popup Calendar>* |

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| **<OPTION 2 Pop-Up> ORR Digital Site** |
| First available ORR Digital Site fingerprint appointment\* | Date available: | *<Popup Calendar>* |
| Accepted ORR Digital Site fingerprint appointment | Date of appointment: | *<Popup Calendar>* |
| ID sent to ORR Digital Site | Date sent: | *<Popup Calendar>* |
| ARI sent to ORR Digital Site | Date sent: | *<Popup Calendar>* |

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| **<OPTION 3 POP-UP> Paper Fingerprint Card** |
| Fingerprint cards sent to adult by case manager | Date sent: | *<Popup Calendar>* |
| Complete fingerprint cards received by PSC | Date received: | *<Popup Calendar>* |

 |
| **>|Save** |

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| **Legal** |
| **Know Your Rights Presentation:**  | **Date Completed:**  | *(Auto populate)*  |
| **Legal Screening:** | **Date Completed:**  | *(Auto populate)*  |

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| **Release Recommendations** |
| **Case Manager Release Request:** | **Last Updated:**  | *(Auto populate)*  |
| **Case Coordination Release Request:** | **Last Updated:**  | *(Auto populate)*  |
| **ORR Release Request Decision:** | **Last Updated:**  | *(Auto populate)*  | **Release Approved:**  | *(Auto populate)*  |

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| **Case Manager Information** |
| **c Update my Information**  |
| **Primary Case Manager Information** |
|

|  |  |  |  |
| --- | --- | --- | --- |
| **Primary Case Manager Name:***(Auto populate)*  |  | **Assigned on:** | *(System Generated)* |
| **Primary Case Manager Email Address:***(Auto populate)*  |  |
| **Primary Case Manager Phone Number:***(Auto populate)*  |  |
| **Primary Case Manager Organization:***(Auto populate)*  |  |

 |
|  **Back-up Case Manager**

|  |  |  |  |
| --- | --- | --- | --- |
| **Back-up Case Manager Name:***(Auto populate)*  |  | **Assigned on:** | *(System Generated)* |
| **Back-up Case Manager Email Address:***(Auto populate)*  |  |
| **Back-up Case Manager Phone Number:***(Auto populate)*  |  |
| **Back-up Case Manager Organization:***(Auto populate)*  |  |

**Previous Case Manager Information** |
|

|  |  |  |  |
| --- | --- | --- | --- |
| **Previous Case Manager Name:***(Auto populate)*  |  | **Assigned on:** | *(System Generated)* |
| **Previous Case Manager Email Address:***(Auto populate)*  |  |
| **Previous Case Manager Phone Number:***(Auto populate)*  |  |
| **Case Manager Organization:****Previous** *(Auto populate)*  |  |

**ALTERNATIVE: // There is no Previous Case Manager associated with the UAC//** |

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| **Unification Specialist Information** |
| **c Update my Information** |
| **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***

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| **UAC Basic Information** |
| Photo of Child | **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)* |
| **>| Go to Health****>| Go to Child-Level Event****>| Go to Intakes****>| Go to Admission****>| Go to Case Mgt.** |

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| **Assessments** |
| {+/-} | **Current Location of the Child**

|  |  |  |  |
| --- | --- | --- | --- |
| **Location Type** | **Name** | **Address** | **Last Updated** |
| **<Dropdown Menu>** (-Select One-*Post Release Address Update[[1]](#footnote-3); Program[[2]](#footnote-4); Reported Missing Post Release[[3]](#footnote-5))* | **AUTOPOPULATE** *WHEN LOCATION TYPE = “PROGRAM”* | **AUTOPOPULATE** *WHEN LOCATION TYPE = “PROGRAM”* | **AUTOPOPULATE** |

 |
| {+/-} | **Location History** *(AUTOPOPULATE WITH EACH NEW CURRENT LOCATION OF THE CHILD ENTRY)*

|  |  |  |  |
| --- | --- | --- | --- |
| **Location Type** | **Name** | **Address** | **Last Updated** |
| **AUTOPOPULATE** | **AUTOPOPULATE** | **AUTOPOPULATE** | **AUTOPOPLATE** |

 | **>| Print** |
| {+/-} | **Transfer Request** | **>| Add New** |
| {+/-} | **Release Request** | **>| Add New** |
| {+/-} | **Discharge Notification** | **>| Add New** |
|  | **Program Exit** | **>| Add New** |
| {+/-} | **Trigger Reports** |

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

|  |
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| **Update Current Location of Child** |
| **Location Type:** | **<Dropdown Menu> (SELECTED: *Post Release Address Update*)** | **Living with Sponsor?** | **c Yes c No[[4]](#footnote-6)**

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| *(CONDITIONAL LOGIC IF “NO”)* |
| **Living with a caregiver?** | **c Yes[[5]](#footnote-7) c No**

|  |
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| *(CONDITIONAL LOGIC IF “YES”)* |
| **Primary Caregiver Type:** | **<Dropdown Menu>** (-Select Type- *Assigned Alternate Caregiver[[6]](#footnote-8) /AUTOPOPULATE NAME/; Other Family Member; Family Friend; UAC’s Domestic Partner; Sponsor’s Domestic Partner; Unknown; Other[[7]](#footnote-9))*

|  |
| --- |
| *(Open Text for” Other”)* |

 |
| **Primary Caregiver Name:** | *(Open Text)* | *(Open Text)* |

 |
| **Address Known?** | **c Yes[[8]](#footnote-10) c No**

|  |
| --- |
| *(CONDITIONAL LOGIC IF “YES”)* |
| **Search for an Address:** | **<Search Field>** *(Open Text)* |
| **Current Address Line 1:** | *(Open Text)* |
| **Current Address Line 2:** | *(Open Text)* |
| **City:** | *(Open Text)* |
| **State:** | **<Dropdown Menu>** (-Select One-[*See Reference Table 1*](#RefTable1USStates)*)* |
| **Zip Code:** | *(Open Text)* |
| **Country:** | **<Dropdown Menu>** (-Select One-[*See Reference Table 2*](#RefTable2Countries)*)* |

 |
| **Notes:** | *(Open Text)* |

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| **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* |

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| **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* |

1. Conditional Logic: “Post Release Address Update” triggers additional fields [↑](#footnote-ref-3)
2. Conditional Logic: Address will auto-populate (see above) [↑](#footnote-ref-4)
3. Conditional Logic: No address Fields populate [↑](#footnote-ref-5)
4. Conditional Logic: Living with Sponsor “No” triggers additional fields [↑](#footnote-ref-6)
5. Conditional Logic: Living with a Primary Caregiver “Yes” triggers additional fields [↑](#footnote-ref-7)
6. Conditional Logic: Primary Caregiver Type “Assigned Alternate Caregiver” will auto populate Primary Caregiver Name and Address Fields; address fields are editable if updates required. [↑](#footnote-ref-8)
7. Conditional Logic: Primary Caregiver Type “Other” triggers additional field [↑](#footnote-ref-9)
8. Conditional Logic: Address Known “Yes” will trigger additional fields. [↑](#footnote-ref-10)