# 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**


| | | | |
|---|---|---|---|
| **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)* | |

**>| 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** | | |
| **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)* |

| 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)* *(Auto populate)*

**Household Members**

*(Auto Populate NAME)* **Sponsor Category:**

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

**Alternate Adult Caregiver**

*(Auto Populate NAME)*

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

**Background Checks**

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

**Sponsor/ Alternate Adult Caregiver Name:** *(Auto populate)*

**Background Checks**

| Type | Date Requested | Date Results Received | Results |
|---|---|---|---|
| **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)* |

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

**FBI Criminal History Fingerprinting Details**

| | |
|---|---|
| Method of Fingerprinting: | **<Dropdown Menu>** (-- Select Method -- *FieldPrint; ORR Digital Site; Paper Fingerprint Card;* ) |

| **<OPTION 1 POP-UP> FieldPrint** | | |
|---|---|---|
| First available FieldPrint fingerprint appointment* | Date available: | *<Popup Calendar>* |
| Accepted FieldPrint fingerprint appointment | Date of appointment: | *<Popup Calendar>* |

| **<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>* |

| **<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**

**Legal**

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

| **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)* |

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

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

| 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***

| 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.

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

| | | | | |
|---|---|---|---|---|
| | **<Dropdown Menu>** (-Select One- *Post Release Address Update*[1]; *Program*[2]; *Reported Missing Post Release*[3]) | **AUTOPOPULATE** *WHEN LOCATION TYPE = "PROGRAM"* | **AUTOPOPULATE** *WHEN LOCATION TYPE = "PROGRAM"* | **AUTOPOPULATE** |
| {+/-} | **Location History** *(AUTOPOPULATE WITH EACH NEW CURRENT LOCATION OF THE CHILD ENTRY)*<br>**Location Type** / **Name** / **Address** / **Last Updated**<br>**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

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

[1] Conditional Logic: "Post Release Address Update" triggers additional fields
[2] Conditional Logic: Address will auto-populate (see above)
[3] Conditional Logic: No address Fields populate
[4] Conditional Logic: Living with Sponsor "No" triggers additional fields
[5] Conditional Logic: Living with a Primary Caregiver "Yes" triggers additional fields

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | *Domestic Partner; Sponsor's Domestic Partner; Unknown; Other*[7]*)* | |
| | | | | | *(Open Text for" Other")* | |
| | | | | **Primary Caregiver Name:** | *(Open Text)* | *(Open Text)* |
| | | | | **Address Known?** | **c** Yes[8] **c** No<br><br>*(CONDITIONAL LOGIC IF "YES")*<br>**Search for an Address:** **<Search Field>** *(Open Text)*<br>**Current Address Line 1:** *(Open Text)*<br>**Current Address Line 2:** *(Open Text)*<br>**City:** *(Open Text)*<br>**State:** **<Dropdown Menu>** (-Select One- *See Reference Table 1*)<br>**Zip Code:** *(Open Text)*<br>**Country:** **<Dropdown Menu>** (-Select One- *See Reference Table 2*) |
| | | | | **Notes:** | *(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*

[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.
[7] Conditional Logic: Primary Caregiver Type "Other" triggers additional field
[8] 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*