# **UC** Assessment (Form S-11)

### **UC Basic Information and Additional UC Information Tab**

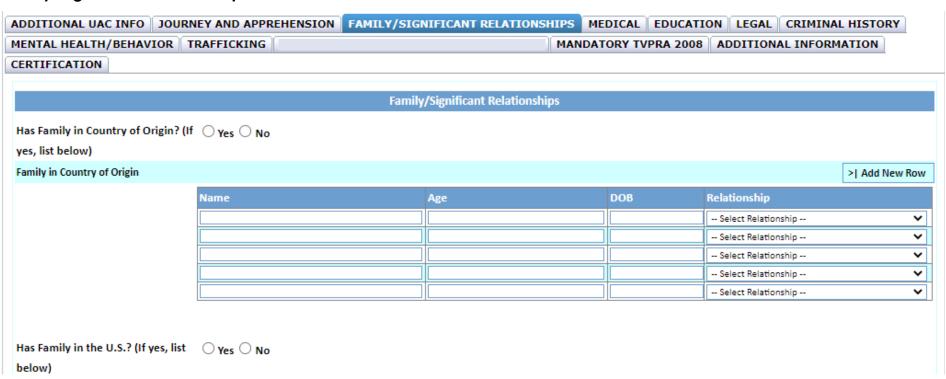
	UA	C Basic Information		
	First Name:	Al	KA:	
	Last Name:	St	tatus:	
	Date of Birth:	Ac	dmitted Date:	
	A#:	Le	ength of Stay:	
	Country of Birth:	Cu	urrent Program:	
Photo of Minor	Gender:	Po	ortal ID:	
ADDITIONAL UAC INFO JOURI	NEY AND APPREHENSION FAMILY/SIGN	IFICANT RELATIONSHIPS	MEDICAL EDUCATION LE	GAL CRIMINAL HISTORY
MENTAL HEALTH/BEHAVIOR	RAFFICKING	MAN	NDATORY TVPRA 2008 ADDI	TIONAL INFORMATION
CERTIFICATION				
	Addition	nal Basic UAC Information		
City of Origin:		Ne	eighborhood of Origin:	
Previous Placement:				
Religious Affiliation:				
Case Manager:		Cli	linician:	
	>  Save >	Save & Close Next >	>  Reset	

# Journey and Apprehension Tab

ADDITIONAL UAC INFO JOU	RNEY AND APPREHENSION	FAMILY/SIGNIFICANT RELATION	NSHIPS MEDICAL EDUCATIO	N LEGAL CRIMINAL HISTORY
MENTAL HEALTH/BEHAVIOR	TRAFFICKING	-	MANDATORY TVPRA 2008	ADDITIONAL INFORMATION
CERTIFICATION				
		Journey and Apprehensi	on	
Describe day to day life in home				
country:				
Why did you decide to travel to				
the U.S. as this time?				
Did the child mention any U.	S. immigration policy or practice	e as a factor in his/her decision to trave	el to the U.S. ?	○ Yes ○ No
For UAC aged 14-17 ONLY: L	Did the child mention economic,	job, or educational opportunities as a	factor in his/her decision to travel t	o the U.S.? O Yes O No
When did you leave your hon	ne			
country (month, day, year)?				
How long did the trip take?				
How did you get to the U.S.?				
Who did you travel with?				
Who were you living with when				
you decided to leave your home				
country?				
Where were you planning on liv	ing			
in the U.S. and with whom?				
Where were you approbed 43				
Where were you apprehended?				

At which U.S. Border Patrol sector did the child cross into the U.S.?							
Have you ever been to the U.S. before?	○ Yes ○ No						
If yes, when?							
The child's experience and							
additional information regarding							/
the journey and apprehension:							
	< Prev.	>  Save	>  Save & Close	Next >	>  Reset		

#### **Family/Significant Relationships Tab**



Family and Family Friends in the U.S.	Family and Family Friends in the U.S.								
	Name		Ag	ge ge	DOB	Relationship			
						Select Relationship	~		
						Select Relationship	~		
						Select Relationship	~		
						Select Relationship	~		
						Select Relationship	~		
Parent's whereabouts?									
Are you married?	○ Yes ○ No								
Spouse Name, Age, and Location:							//		
Has Children? (If yes, list below)	○ Yes ○ No								
Children							>  Add New Row		
	Name of Child	Age	DOB	Current Location	Name of	Mother/Father			
							<del></del>		
Have you ever been hurt by	00								
physically, mentally or emotionally	○ Yes ○ No								
by someone taking care of you?									
If yes, who and when?									
							<u>//</u>		

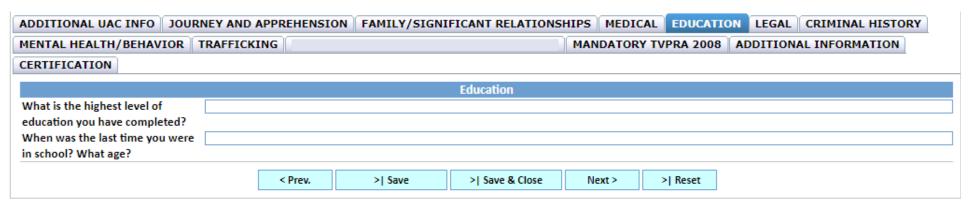
Have you ever been taken to the	○ Yes ○ No					
hospital/emergency room because						
you were hurt?						
If yes, explain:						
What does the word "discipline"						
mean to you?						
	< Pre	v. >  Save	>  Save & Close	Next >	>  Reset	

### **Medical Tab**

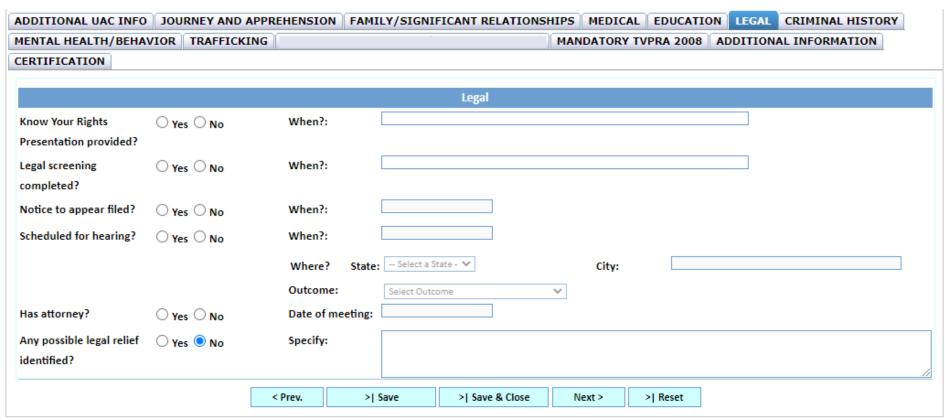
ADDITIONAL UAC INFO JOURN	EY AND APPREHENSION	FAMILY/SIGNIFICANT RELATIONSHIP	S MEDICAL EDUCATI	ON LEGAL CRIMINAL HISTORY	
MENTAL HEALTH/BEHAVIOR T	RAFFICKING	М	ANDATORY TVPRA 2008	ADDITIONAL INFORMATION	
CERTIFICATION					
		Medical			
List any allergies:					
					1
Do you feel unwell?	○ Yes ○ No				
If yes, what are your symptoms?					
					1
Additional medical information:					
					11

Medical History									
Condition			Yes/NO	Date of Dia	gnosis/Clarificat	ion			
Pregnant			O Yes 💿 No	0					
Tuberculo	sis		O Yes O No	0					
Varicella			O Yes   No	0					
Measles			O Yes   No	0					
Mumps			○ Yes ● No	0					
Rubella			O Yes O No	0					
Asthma			O Yes O No	0					
Diabetes			O Yes   No	0					
Cancer			○ Yes ○ No						
Cardiac Is	sues		O Yes O No						
Sexually 1	ransmitted Dise	ease	○ Yes ○ No						
Respirato	ry/Lung Disorde	er	O Yes O No						
Physical C	isability		○ Yes ○ No						
<b>+</b>									+
Medication History								>  Add Nev	w Rov
Medicatio	on	Dosage	Timeframe		Medical Condition	on			
									,
				]					
									/

#### **Education Tab**



#### **Legal Tab**



# **Criminal History Tab**

ADDITIONAL UAC INFO JOURN	NEY AND APPREHENSION	FAMILY/SIGNIFICAN	T RELATIONSHIPS	MEDICAL EDUCATIO	N LEGAL CRIMINAL HISTORY
MENTAL HEALTH/BEHAVIOR T	RAFFICKING		MA	NDATORY TVPRA 2008	ADDITIONAL INFORMATION
CERTIFICATION					
		Crimina	al History		
Any Criminal history? (If yes, list	○ Yes ○ No				
below)					
List any Felony convictions:					
List any Misdemeanor convictions:					
List any Probation/Parole:					
List and describe any disclosed					
criminal activity:					
Additional information:					
History of Incarceration					>  Add New Row
			Length of		<u> </u>
	Crime	Date	Sentence Lo	cation	
					·
	1				· ·
	< Prev.	>  Save >	Save & Close	Next > >  Reset	

### Mental Health/Behavior Tab

ADDITIONAL UAC INFO	OURNEY AND APPREHENSION FAMILY/SIGNIFICANT RELATIONSHIPS MEDICAL EDUCATION LEGAL CRIMINAL HISTORY
MENTAL HEALTH/BEHAV	TRAFFICKING MANDATORY TVPRA 2008 ADDITIONAL INFORMATION
CERTIFICATION	
	Mental Health/Behavior
Mental Status Evaluation	
Attitude	○ Calm and Cooperative ○ Other
	If other, describe:
Behavior	O No Unusual Movements or Psychomotor Changes Other
	If other, describe:
Carack	
Speech	O Normal Rate/Tone/Volume Other
	If other, describe:
Affect	Please Select V If other, describe:
Mood	Please Select   If other, describe:
Thought Process	○ Goal-oriented and Logical ○ Disorganized ○ Other
_	If other, describe:

Thought Content	Suicidal Ideation Homicid	lal Ideation
	○ None ○ Passive ○ Active ○ No If active: □ If active	
	Plan Yes No Plan	○ Yes ○ No
	Intent Yes No Intent	
	Means Yes No Means	
	Please Select V If other, describe:	O ICS O NO
	in other, describe.	
Perception	○ No Hallucinations or Delusions During Other	
Orientation	☐ Time ☐ Place ☐ Person ☐ Self If other, describe:	
		<u>li</u>
Memory/Concentration	☐ Short term intact ☐ Long term intact ☐ distractible/Inattentive If o	other, describe:
Insight/Judgment		<u>//</u>
Mental Health	○ Good ○ Fair ○ Poor	
Western Teach	Have you ever talked to a psychiatrist, psychologist, therapist, social worker or co	ounselor about an emotional problem?
		Yes No
	When:	
	Have you ever felt you needed help with your emotional problems, or have you	
	emotional problems?	Yes No
	When:	
	Have you ever been advised to take medication for anxiety, depression, hearing	voices or for any other emotional problems?  Yes No
	When:	ies no
	Have you ever been seen in a psychiatric emergency room or been hospitalized for	or psychiatric reasons?
		Yes No
	When:	
	Have you ever heard voices no one else could hear or seen objects or things that	others could not see?  O Yes No

V	When:					
H	Have you ever been depressed for w	eeks at a time, lost inter	est or pleasure in most	t activities, had trouble concentrating and ma	iking (	0
d	decisions or thought about killing yo	ourself?			Yes	No
V	When:					
c	Did you ever attempt to kill yourself	?			O Yes	O No
V	When:					
H	Have you ever had nightmares or fla	shbacks as a result of be	ing involved in some tr	aumatic/terrible event? For example, warfare	e, 🔾	0
8	gang fights, fire, domestic violence, r	rape, murder, accident, l	oeing killed.		Yes	No
V	When:					
H	Have you ever given in to an aggress	ive urge or impulse on n	nore than one occasion	that resulted in serious harm to others or led	d to	0
t	the destruction of property?				Yes	No
V	When:					
Substance Use History						
5	Substance	Used (even once)	Frequency of Use	Dai	te of Last U	se 📤
,	Alcohol	○ Yes <b>○</b> No				
ı	Marijuana	○ Yes ◎ No				
	Cocaine	○ Yes ● No				
	Other Stimulants (Meth, Ritalin,	○ Yes ◎ No				
	etc)	O res O No				
	Heroin	○ Yes <b>○</b> No				
			<u> </u>			<b>-</b>
	1					•
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# **Trafficking Tab**

ADDITIONAL UAC INFO JOURN	IEY AND APPREHENSION	FAMILY/SIGNIFICANT RELATIONS	HIPS	MEDICAL EDUCATIO	N LEGAL CRIMINAL HISTORY
MENTAL HEALTH/BEHAVIOR T	RAFFICKING		MANE	DATORY TVPRA 2008	ADDITIONAL INFORMATION
CERTIFICATION					
		Trafficking			
Who planned/organized your					
journey?					
Did a family member or family	○ Yes ○ No				
friend pay for your travel to the	0 100 0 110				
U.S.?					
What were you told about the					
arrangements before the journey?					
Did the arrangements change	○ Yes ○ No				,
during the journey?	0 100 0 110				
If yes, how?					
Does your family or family friend	○ Yes ○ No				
owe money to anyone for the	O res O No				
journey?					
If yes, how much?					
Whom is the money owed?					
,					
Who is expected to pay?					
What do you expect to happen if					
payment is not made?					
Coercion Indicators					
Did anyone threaten your or your	○ Yes ○ No				
family?					
If yes, who made the threats?					

Were you ever physically harmed?	○ Yes ○ No
If yes, how?	
Was anyone around you ever	○ Yes ○ No
physically harmed?	
If yes, who?	
Were you ever held against your	○ Yes ○ No
will?	O les O Nu
If yes, where?	
Did anything bad happen to	○ Yes ○ No
anyone else in this situation or anyone else who tried to leave?	
What happened and to whom?	
Did anyone ever keep/destroy	○ Yes ○ No
your documents?	
If yes, who and what?	
Did anyone ever threaten to repor	t Over One
you to the police/immigration?	· O fes O No
If yes, who?	
Are you worried anyone might be	○ Yes ○ No
trying to find you?	
If yes, who?	
Debt Bondage/ Labor Trafficking	
Did you perform any work or	○ Yes ○ No
provide any services?	
If yes, what and where?	

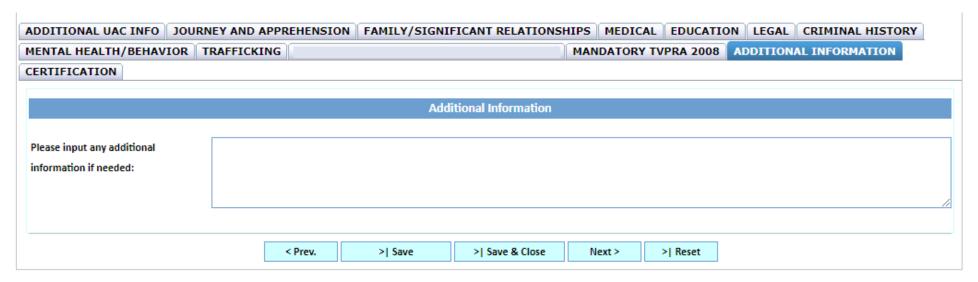
Wha	
Who arranged the work?	
What type of work did you	
perform?	
What was the work schedule?	
Did work conditions change over	··
time?	
Is there a debt?	○ Yes ○ No
If yes, has any debt amount	○ Yes ○ No
increased?	
By how much?	
When did it increase?	
Why did it increase?	
Have you or your family ever been	O Vac O No
threatened over payment or work	O TES O NO
for the journey?	
If yes, who threatened you and	
how?	
What did you expect would	
happen if you left the job or	
stopped working?	//
Were you ever made to work or do	○ Voc ○ No
anything you did not want to do?	∪ tes ∪ no
Did you receive pay or did	
someone else keep the pay?	
Were you paid what was promised	
when you started working?	

Were expenses taken out of the pay?	○ Yes ○ No						
If yes what?			//				
How did you get to the work site?			//				
Where did you live while working?							
Commercial Sex Indicators							
	Did anyone ever ask you to see you naked or in your underwear in exchange for money/anything of value?	O Yes	O No				
	Did anyone ever pay/accept money/anything of value from other people in order to see you naked or in your underwear?  Did anyone ever ask to take pictures or recording of you naked or engaged in sex acts?  If so, did they offer you money/anything of value to do this or did they accept money/anything of value from others in order to see these pictures or recordings?						
Did anyone ever ask or expect you to perform sexual acts in exchange for money/anything of value?							
Did anyone ever promise or give money or anything of value to you in exchange for sexual acts?							
	Based on the information provided above in the "Trafficking" section, is there a trafficking concern?						
	If yes, date of trafficking referral:						
	< Prev. >  Save >  Save & Close Next >   Reset						

### Mandatory TVPRA 2008 Tab

ADDITIONAL UAC INFO JOURN	NEY AND A	PPREHENSIO	N FAMILY/SIGNI	FICANT RELATIONS	HIPS MEDIC	AL EDUCAT	ION LEGAL CRIMINAL HIS	TORY	
MENTAL HEALTH/BEHAVIOR T	RAFFICKI	NG		-	MANDATORY	Y TVPRA 2008	ADDITIONAL INFORMATIO	N	
CERTIFICATION									
			Man	datory TVPRA 2008					
	Based on t	the most recen	t trafficking screening	, is the child a victim of	a severe form	of trafficking in	persons? (Indicate 'yes' only if	0	0
			ng eligibility letter for					Yes	No
	Date eligib	oility letter issu	ed:						
				ties does the child have	e a disability as	defined in sec	tion 3 of the Americans with	0	0
			2 U.S.C. § 12102(1)?	des, does the tillu hav	e a disability as	s delilled ill sec	don's of the Americans with	Yes	No
		ify disability:	2 0.5.6. 3 12102(1).						
	ii yes, spec	iny disability.							
	Based on t	he most recent	screening, has the ch	ild been a victim of phy	ysical or sexual	abuse under ci	rcumstances that indicate that th	ie 🔾	0
	child's hea	lth or welfare h	as been significantly	harmed or threatened?	•			Yes	No
	If yes, prov	vide a short sur	nmary:						
	Based on t	he snonsor risk	assessment does the	e snonsor clearly nrese	nt a risk of abus	se maltreatme	nt, exploitation, or trafficking to	0	0
	the UAC?	ine aponaoi mar	assessment, does the	e sponsor eleurly prese	iit a risk or abu.	sc, marcreatine	nt, exploitation, of transcring to	Yes	No
		vide a short sur	nmarv:						
	ii yes, prov	riuc a silvit sui	illiary.						
									//
		< Prev.	>  Save	>  Save & Close	Next >	>  Reset			

#### **Additional Information Tab**



#### **Certification Tab**

