


UC Assessment (Form S-11)

UC Basic Information and Additional UC Information Tab

UAC Basic Information		
 <i>Photo of Minor</i>	First Name:	AKA:
	Last Name:	Status:
	Date of Birth:	Admitted Date:
	A#:	Length of Stay:
	Country of Birth:	Current Program:
	Gender:	Portal ID:

ADDITIONAL UAC INFO

JOURNEY AND APPREHENSION

FAMILY/SIGNIFICANT RELATIONSHIPS

MEDICAL

EDUCATION

LEGAL

CRIMINAL HISTORY

MENTAL HEALTH/BEHAVIOR

TRAFFICKING

MANDATORY TVPRA 2008

ADDITIONAL INFORMATION

CERTIFICATION

Additional Basic UAC Information			
City of Origin:	<input type="text"/>	Neighborhood of Origin:	<input type="text"/>
Previous Placement:	<input type="text"/>		
Religious Affiliation:	<input type="text"/>		
Case Manager:	<input type="text"/>	Clinician:	<input type="text"/>

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Journey and Apprehension Tab

ADDITIONAL UAC INFO	JOURNEY AND APPREHENSION	FAMILY/SIGNIFICANT RELATIONSHIPS	MEDICAL	EDUCATION	LEGAL	CRIMINAL HISTORY
MENTAL HEALTH/BEHAVIOR	TRAFFICKING		MANDATORY TVPRA 2008	ADDITIONAL INFORMATION		
CERTIFICATION						

Journey and Apprehension	
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 as a factor in his/her decision to travel to the U.S. ? <input type="radio"/> Yes <input type="radio"/> No	
For UAC aged 14-17 ONLY: Did the child mention economic, job, or educational opportunities as a factor in his/her decision to travel to the U.S.? <input type="radio"/> Yes <input type="radio"/> No	
When did you leave your home 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 living in the U.S. and with whom?	
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:

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Family/Significant Relationships Tab

ADDITIONAL UAC INFO

JOURNEY AND APPREHENSION

FAMILY/SIGNIFICANT RELATIONSHIPS

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MANDATORY TVPRA 2008

ADDITIONAL INFORMATION






CERTIFICATION

Family/Significant Relationships

Has Family in Country of Origin? (If ☐ Yes ☐ No
yes, list below)

Family in Country of Origin

>| Add New Row

Name	Age	DOB	Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>	-- Select Relationship -- 
<input type="text"/>	<input type="text"/>	<input type="text"/>	-- Select Relationship -- 
<input type="text"/>	<input type="text"/>	<input type="text"/>	-- Select Relationship -- 
<input type="text"/>	<input type="text"/>	<input type="text"/>	-- Select Relationship -- 
<input type="text"/>	<input type="text"/>	<input type="text"/>	-- Select Relationship -- 

Has Family in the U.S.? (If yes, list
below) ☐ Yes ☐ No

Family and Family Friends in the U.S.

>| Add New Row

Name	Age	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

Have you ever been hurt by
physically, mentally or emotionally
by someone taking care of you?

☐ Yes ☐ No

If yes, who and when?

Have you ever been taken to the hospital/emergency room because you were hurt? ☐ Yes ☐ No

If yes, explain:

What does the word "discipline" mean to you?

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Medical Tab

ADDITIONAL UAC INFO JOURNEY AND APPREHENSION FAMILY/SIGNIFICANT RELATIONSHIPS **MEDICAL** EDUCATION LEGAL CRIMINAL HISTORY
MENTAL HEALTH/BEHAVIOR TRAFFICKING MANDATORY TVPRA 2008 ADDITIONAL INFORMATION
CERTIFICATION

Medical

List any allergies:

Do you feel unwell?

☐ Yes ☐ No

If yes, what are your symptoms?

Additional medical information:

Medical History

Condition	Yes/NO	Date of Diagnosis/Clarification
Pregnant	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="text"/>
Tuberculosis	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="text"/>
Varicella	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="text"/>
Measles	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="text"/>
Mumps	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="text"/>
Rubella	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="text"/>
Asthma	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="text"/>
Diabetes	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="text"/>
Cancer	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="text"/>
Cardiac Issues	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="text"/>
Sexually Transmitted Disease	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="text"/>
Respiratory/Lung Disorder	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="text"/>
Physical Disability	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="text"/>

Medication History

>| Add New Row

Medication	Dosage	Timeframe	Medical Condition
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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Education Tab

ADDITIONAL UAC INFO	JOURNEY AND APPREHENSION	FAMILY/SIGNIFICANT RELATIONSHIPS	MEDICAL	EDUCATION	LEGAL	CRIMINAL HISTORY
MENTAL HEALTH/BEHAVIOR	TRAFFICKING		MANDATORY TVPRA 2008	ADDITIONAL INFORMATION		
CERTIFICATION						

Education

What is the highest level of education you have completed?

When was the last time you were in school? What age?

Legal Tab

ADDITIONAL UAC INFO	JOURNEY AND APPREHENSION	FAMILY/SIGNIFICANT RELATIONSHIPS	MEDICAL	EDUCATION	LEGAL	CRIMINAL HISTORY
MENTAL HEALTH/BEHAVIOR	TRAFFICKING		MANDATORY TVPRA 2008	ADDITIONAL INFORMATION		
CERTIFICATION						

Legal

Know Your Rights ☐ Yes ☐ No When?:

Presentation provided? ☐ Yes ☐ No When?:

Legal screening completed? ☐ Yes ☐ No When?:

Notice to appear filed? ☐ Yes ☐ No When?:

Scheduled for hearing? ☐ Yes ☐ No When?:

Where? State: City:

Outcome:

Has attorney? ☐ Yes ☐ No Date of meeting:

Any possible legal relief identified? ☐ Yes ☒ No Specify:

Criminal History Tab

ADDITIONAL UAC INFO

JOURNEY AND APPREHENSION

FAMILY/SIGNIFICANT RELATIONSHIPS

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MANDATORY TVPRA 2008

ADDITIONAL INFORMATION

CERTIFICATION

Criminal History

Any Criminal history? (If yes, list below)

☐ Yes ☐ No

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

Crime	Date	Length of Sentence	Location

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Mental Health/Behavior Tab

ADDITIONAL UAC INFO	JOURNEY AND APPREHENSION	FAMILY/SIGNIFICANT RELATIONSHIPS	MEDICAL	EDUCATION	LEGAL	CRIMINAL HISTORY
MENTAL HEALTH/BEHAVIOR	TRAFFICKING		MANDATORY TVPRA 2008	ADDITIONAL INFORMATION		
CERTIFICATION						

Mental Health/Behavior	
Mental Status Evaluation	
Attitude	<input type="radio"/> Calm and Cooperative <input type="radio"/> Other If other, describe: <div></div>
Behavior	<input type="radio"/> No Unusual Movements or Psychomotor Changes <input type="radio"/> Other If other, describe: <div></div>
Speech	<input type="radio"/> Normal Rate/Tone/Volume <input type="radio"/> Other If other, describe: <div></div>
Affect	<div>--- Please Select ---</div> If other, describe: <div></div>
Mood	<div>--- Please Select ---</div> If other, describe: <div></div>
Thought Process	<input type="radio"/> Goal-oriented and Logical <input type="radio"/> Disorganized <input type="radio"/> Other If other, describe: <div></div>

Thought Content

Suicidal Ideation

☐ None ☐ Passive ☐ Active

If active:

Plan ☐ Yes ☐ No

Intent ☐ Yes ☐ No

Means ☐ Yes ☐ No

Homicidal Ideation

☐ None ☐ Passive ☐ Active

If active:

Plan ☐ Yes ☐ No

Intent ☐ Yes ☐ No

Means ☐ Yes ☐ No

--- Please Select --- If other, describe:

Perception

☐ No Hallucinations or Delusions During
Interview ☐ Other

Orientation

☐ Time ☐ Place ☐ Person ☐ Self If other, describe:

Memory/Concentration

☐ Short term intact ☐ Long term intact ☐ distractible/Inattentive If other, describe:

Insight/Judgment

☐ Good ☐ Fair ☐ Poor

Mental Health

Have you ever talked to a psychiatrist, psychologist, therapist, social worker or counselor about an emotional problem?

☐ Yes ☐ No

When:

Have you ever felt you needed help with your emotional problems, or have you had people tell you that you should get help for your 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:

Have you ever been seen in a psychiatric emergency room or been hospitalized for 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?

☐ Yes ☐ No

When:

Have you ever been depressed for weeks at a time, lost interest or pleasure in most activities, had trouble concentrating and making decisions or thought about killing yourself? ☐ Yes ☐ No

When:

Did you ever attempt to kill yourself? ☐ Yes ☐ No

When:

Have you ever had nightmares or flashbacks as a result of being involved in some traumatic/terrible event? For example, warfare, gang fights, fire, domestic violence, rape, murder, accident, being killed. ☐ Yes ☐ No

When:

Have you ever given in to an aggressive urge or impulse on more than one occasion that resulted in serious harm to others or led to the destruction of property? ☐ Yes ☐ No

When:

Substance Use History

Substance	Used (even once)	Frequency of Use	Date of Last Use
Alcohol	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="text"/>	<input type="text"/>
Marijuana	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="text"/>	<input type="text"/>
Cocaine	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="text"/>	<input type="text"/>
Other Stimulants (Meth, Ritalin, etc)	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="text"/>	<input type="text"/>
Heroin	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="text"/>	<input type="text"/>

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Trafficking Tab

ADDITIONAL UAC INFO JOURNEY AND APPREHENSION FAMILY/SIGNIFICANT RELATIONSHIPS MEDICAL EDUCATION LEGAL CRIMINAL HISTORY
MENTAL HEALTH/BEHAVIOR **TRAFFICKING** MANDATORY TVPRA 2008 ADDITIONAL INFORMATION
CERTIFICATION

Trafficking

Who planned/organized your journey?

Did a family member or family friend pay for your travel to the U.S.?

☐ Yes ☐ No

What were you told about the arrangements before the journey?

Did the arrangements change during the journey?

☐ Yes ☐ No

If yes, how?

Does your family or family friend owe money to anyone for the journey?

☐ Yes ☐ No

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 you or your family?

☐ Yes ☐ No

If yes, who made the threats?

Were you ever physically harmed? ☐ Yes ☐ No

If yes, how?

Was anyone around you ever physically harmed? ☐ Yes ☐ No

If yes, who?

Were you ever held against your will? ☐ Yes ☐ No

If yes, where?

Did anything bad happen to anyone else in this situation or anyone else who tried to leave? ☐ Yes ☐ No

What happened and to whom?

Did anyone ever keep/destroy your documents? ☐ Yes ☐ No

If yes, who and what?

Did anyone ever threaten to report you to the police/immigration? ☐ Yes ☐ No

If yes, who?

Are you worried anyone might be trying to find you? ☐ Yes ☐ No

If yes, who?

Debt Bondage/ Labor Trafficking

Did you perform any work or provide any services? ☐ Yes ☐ No

If yes, what and where?

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 increased?

☐ Yes ☐ No

By how much?

When did it increase?

Why did it increase?

Have you or your family ever been threatened over payment or work for the journey?

☐ Yes ☐ No

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 anything you did not want to do?

☐ Yes ☐ 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?

☐ Yes ☐ No

Did anyone ever pay/accept money/anything of value from other people in order to see you naked or in your underwear?

☐ Yes ☐ No

Did anyone ever ask to take pictures or recording of you naked or engaged in sex acts?

☐ Yes ☐ No

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?

☐ Yes ☐ No

Did anyone ever ask or expect you to perform sexual acts in exchange for money/anything of value?

☐ Yes ☐ No

Did anyone ever promise or give money or anything of value to you in exchange for sexual acts?

☐ Yes ☐ No

Based on the information provided above in the "Trafficking" section, is there a trafficking concern?

☐ Yes ☐ No

If yes, date of trafficking referral:

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Mandatory TVPRA 2008 Tab

ADDITIONAL UAC INFO	JOURNEY AND APPREHENSION	FAMILY/SIGNIFICANT RELATIONSHIPS	MEDICAL	EDUCATION	LEGAL	CRIMINAL HISTORY
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Mandatory TVPRA 2008

Based on the most recent trafficking screening, is the child a victim of a severe form of trafficking in persons? (Indicate 'yes' only if ORR has issued a trafficking eligibility letter for UAC.) ☐ Yes ☐ No

Date eligibility letter issued:

Based on the most recent screening for disabilities, does the child have a disability as defined in section 3 of the Americans with Disabilities Act of 1990, 42 U.S.C. § 12102(1)? ☐ Yes ☐ No

If yes, specify disability:

Based on the most recent screening, has the child been a victim of physical or sexual abuse under circumstances that indicate that the child's health or welfare has been significantly harmed or threatened? ☐ Yes ☐ No

If yes, provide a short summary:

Based on the sponsor risk assessment, does the sponsor clearly present a risk of abuse, maltreatment, exploitation, or trafficking to the UAC? ☐ Yes ☐ No

If yes, provide a short summary:

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Additional Information Tab

ADDITIONAL UAC INFO

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ADDITIONAL INFORMATION

CERTIFICATION

Additional Information

Please input any additional information if needed:

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Certification Tab

ADDITIONAL UAC INFO

JOURNEY AND APPREHENSION

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MANDATORY TVPRA 2008

ADDITIONAL INFORMATION

CERTIFICATION

Certification

Signature:

Date:

Print Name:

Title:

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