

# UC Case Review (Form S-12)

## UAC Basic Information



First Name:

AKA:

Last Name:

Status:

Date of Birth:

Admitted Date:

A#:

Length of Stay:

Country of Birth:

Current Program:

Gender:

Portal ID:

☒ 30 day Case Review ☐ Discharge ☐ Transfer

Are there any changes?: ☐ Yes ☒ No

Previous Placement:

Religious Affiliation:

Case Manager:

Clinician:

Document any new information regarding the UAC not indicated in the UAC Assessment and/or the previous case summary below

## 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 type="radio"/> No	
Tuberculosis	<input type="radio"/> Yes <input type="radio"/> No	
Varicella	<input type="radio"/> Yes <input type="radio"/> No	
Measles	<input type="radio"/> Yes <input type="radio"/> No	
Mumps	<input type="radio"/> Yes <input type="radio"/> No	
Rubella	<input type="radio"/> Yes <input type="radio"/> No	
Asthma	<input type="radio"/> Yes <input type="radio"/> No	
Diabetes	<input type="radio"/> Yes <input type="radio"/> No	
Cancer	<input type="radio"/> Yes <input type="radio"/> No	
Cardiac Issues	<input type="radio"/> Yes <input type="radio"/> No	
Sexually Transmitted Disease	<input type="radio"/> Yes <input type="radio"/> No	
Respiratory/Lung Disorder	<input type="radio"/> Yes <input type="radio"/> No	
Physical Disability	<input type="radio"/> Yes <input type="radio"/> No	

Medication History

>| Add New Row

Medication	Dosage	Timeframe	Medical Condition

## Legal

Know Your Rights Presentation  
provided?

☐ Yes ☒ No

Date:

Legal screening completed?

☐ Yes ☒ No

Date:

Any possible legal relief identified?

☐ Yes ☒ No

Specify:

## Mental Health

Provide a short summary of the  
UAC's current functioning:

### Psychological Evaluation

Date of Evaluation:

Evaluator:

Axis I:

Axis II:

Axis III:

Axis IV:

Axis V:

Summary of Recommendations:

## Trafficking

Who planned/organized your  
journey?

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 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

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:

#### 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:

#### Recommendations

Discharge:

☐ Yes ☐ No

Discharge w/ Post Release:

☐ Yes ☐ No

Refer to Home Study

☐ Yes ☐ No

Sponsor:

Date of PR referral:

Reason for HS referral:

### Care Plan

Reunification:

Legal:

Mental Health:

### Certification

Signature:

Date:

Print Name:

Title:

Save

Reset