|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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 UAC Portal Discharge Tab)*](bookmark://LocatioOfChildAppendix) | |

|  |  |  |
| --- | --- | --- |
| 1 30-Day Case Review 1 Discharge 1 Transfer | **Are there any changes?** | 1 Yes 1 No |

|  |  |  |  |
| --- | --- | --- | --- |
| **Previous Placement** | *(Auto Populate)* | | |
| **Religious Affiliation** | *(Auto Populate)* | | |
| **Case Manager** | *(Auto Populate)* | **Clinician** | *(Auto Populate)* |
| **Document any new information regarding the child not indicated in the UAC Assessment and/or the previous case summary below.** | | | |

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 document new information obtained after completion of the UAC Assessment. Public reporting burden for this collection of information is estimated to average 0.5 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.](mailto:UACPolicy@acf.hhs.gov.)

|  |  |  |
| --- | --- | --- |
| **Medical** | | |
| **Does the child have any health concerns (medical, mental health, dental) that have not been evaluated by a healthcare provider? If yes, specify:** | **1** Yes **1** No | *(Open Text)* |
| **Does the child have any health-related travel restrictions? If yes, specify:** | **1** Yes **1** No | *(Open Text)* |
| **Provide a short summary of the child's medical and/or psychological functioning:** | *(Open Text)* | |
| **If the child is ready for discharge, does the child have any health problems, including dental and mental health, that require follow-up after release from ORR care? If yes, Specify:** | **1** Yes **1** No | *(Open Text)* |
| **List all scheduled or pending health appointments or interventions:** | *(Open Text)* | |
| **Describe follow-up care plan:** | *(Open Text)* | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Legal** | | | |
| **Know your rights presentation provided?** | **1** Yes **1** No | **When?** | **<Pop-up Calendar>** *(MM/DD/YYYY)* |
| **Confidential Legal Consultation Completed?** | **1** Yes **1** No | **When?** | **<Pop-up Calendar>** *(MM/DD/YYYY)* |
| **Any possible legal relief identified?** | **1** Yes **1** No | **Specify:** | *(Open Text)* |
| **What is the child’s legal care plan?** | *(Open Text)* | | |

|  |  |
| --- | --- |
| **Criminal History & Gang Affiliation** | |
| **New Known Gang Affiliation?** | **1** Yes **1** No **1** Unknown **1** Suspect |
| **Name of Gang:** | *(Open Text)* |
| **Gang Affiliation Summary:** | *(Open Text)* |
| **Determined by:** | **1** Self-Admission by Child **1** Gang Tattoos **1** Gang Affiliation Summary |

|  |  |  |  |
| --- | --- | --- | --- |
| **Trafficking** | | | |
| **Who planned/ organized your journey here?** | *(Auto-Populate) Source: UAC Assessment* | | |
| **What were you told about the arrangements before the journey?** | *(Auto-Populate) Source: UAC Assessment* | | |
| **Did the arrangements change during the journey?** | *(Auto-Populate) Source: UAC Assessment* | | |
| **Who did you meet along your journey?** | *(Auto-Populate) Source: UAC Assessment* | | |
| **Do you have their contact information?** | *(Auto-Populate) Source: UAC Assessment* | | |
| **If yes, provide:** | *(Auto-Populate) Source: UAC Assessment* | | |
| **If yes, how?** | *(Auto-Populate) Source: UAC Assessment* | | |
| **Does your family or family friend owe money to anyone for the journey?** | *(Auto-Populate) Source: UAC Assessment* | | |
| **If yes, how much?** | *(Auto-Populate) Source: UAC Assessment* | | |
| **To whom is the money owed?** | *(Auto-Populate) Source: UAC Assessment* | | |
| **Who is expected to pay?** | *(Auto-Populate) Source: UAC Assessment* | | |
| **What do you expect to happen if payment is not made?** | *(Auto-Populate) Source: UAC Assessment* | | |
| Coercion Indicators | | | |
| **Did anyone threaten you or your family?** | **1** Yes **1** No | | |
| **If yes, who made the threats?** | *(Auto-Populate) Source: UAC Assessment* | | |
| **Were you ever physically harmed?** | *(Auto-Populate) Source: UAC Assessment* | | |
| **If yes, how?** | *(Auto-Populate) Source: UAC Assessment* | | |
| **Was anyone around you ever physically harmed?** | *(Auto-Populate) Source: UAC Assessment* | | |
| **If yes, who?** | *(Auto-Populate) Source: UAC Assessment* | | |
| **Were you ever held against your will?** | *(Auto-Populate) Source: UAC Assessment* | | |
| **If yes, where?** | *(Auto-Populate) Source: UAC Assessment* | | |
| **Did anything bad happen to anyone else in this situation or anyone else who tried to leave?** | *(Auto-Populate) Source: UAC Assessment* | | |
| **What happened and to whom?** | *(Auto-Populate) Source: UAC Assessment* | | |
| **Did anyone ever keep/ destroy your documents?** | *(Auto-Populate) Source: UAC Assessment* | | |
| **If yes, who, and what?** | *(Auto-Populate) Source: UAC Assessment* | | |
| **Did anyone ever threaten to report you to the police/ immigration?** | *(Auto-Populate) Source: UAC Assessment* | | |
| **If yes, who?** | *(Auto-Populate) Source: UAC Assessment* | | |
| **Are you worries anyone might be trying to find you?** | *(Auto-Populate) Source: UAC Assessment* | | |
| **If yes, who?** | *(Auto-Populate) Source: UAC Assessment* | | |
| Debt Bondage/ Labor Trafficking | | | |
| **Did you perform any work or provide any services in exchange for help journeying to the United States or for reasons other than to meet your basic needs (e.g. food, housing, clothing)?** | *(Auto-Populate) Source: UAC Assessment* | | |
| **If yes, where?** | *(Auto-Populate) Source: UAC Assessment* | | |
| **Who arranged the work?** | *(Auto-Populate) Source: UAC Assessment* | | |
| **What type of work did you perform?** | *(Auto-Populate) Source: UAC Assessment* | | |
| **What was the work schedule?** | *(Auto-Populate) Source: UAC Assessment* | | |
| **Did work conditions change over time?** | *(Auto-Populate) Source: UAC Assessment* | | |
| **Is there a debt?** | *(Auto-Populate) Source: UAC Assessment* | | |
| **If yes, has any debt amount increased?** | *(Auto-Populate) Source: UAC Assessment* | | |
| **By how much?** | *(Auto-Populate) Source: UAC Assessment* | | |
| **When did it increase?** | *(Auto-Populate) Source: UAC Assessment* | | |
| **Why did it increase?** | *(Auto-Populate) Source: UAC Assessment* | | |
| **Have you or your family ever been threatened over payment or work for the journey?** | *(Auto-Populate) Source: UAC Assessment* | | |
| **If yes, who threatened you and how?** | *(Auto-Populate) Source: UAC Assessment* | | |
| **What did you expect would happen if you left the job or stopped working?** | *(Auto-Populate) Source: UAC Assessment* | | |
| **Were you ever made to work or do anything you did not want to do?** | *(Auto-Populate) Source: UAC Assessment* | | |
| **Did you receive pay or did someone else keep the pay?** | *(Auto-Populate) Source: UAC Assessment* | | |
| **Were you paid what was promised when you started working?** | *(Auto-Populate) Source: UAC Assessment* | | |
| **Were expenses taken out of the pay?** | *(Auto-Populate) Source: UAC Assessment* | | |
| **If yes, what?** | *(Auto-Populate) Source: UAC Assessment* | | |
| **How did you get to the work site?** | *(Auto-Populate) Source: UAC Assessment* | | |
| **Where did you live while working?** | *(Auto-Populate) Source: UAC Assessment* | | |
| Commercial Sex Indicators | | | |
| **Did anyone ever ask you to see you naked, or in your underwear in exchange for money/ anything of value?** | | | *(Auto-Populate) Source: UAC Assessment* |
| **Did anyone ever pay/ accept money/ anything of value from other people in order to see you naked or in your underwear?** | | | *(Auto-Populate) Source: UAC Assessment* |
| **Did anyone ever ask to take pictures or recording of you naked or engaged in sex acts?** | | | *(Auto-Populate) Source: UAC Assessment* |
| **If so, did they offer you money/ anything of value to do this, or did they accept money/ anything of value from other people in order to see these pictures or recordings?** | | | *(Auto-Populate) Source: UAC Assessment* |
| **Did anyone ever ask or expect you to perform sexual acts in exchange for money or anything of value?** | | | *(Auto-Populate) Source: UAC Assessment* |
| **Did anyone ever promise or give money or anything of value to you in exchange for sexual acts?** | | | *(Auto-Populate) Source: UAC Assessment* |
| **Based on information provided above in the “Trafficking section”, is there a trafficking concern?** | | | *(Auto-Populate) Source: UAC Assessment* |
| **If yes, date of trafficking referral:** | | *(Auto-Populate) Source: UAC Assessment* | |

|  |  |  |
| --- | --- | --- |
| **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 the child.)** | | **1** Yes **1** No |
| **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)** which defines aperson with a disability as *someone with a physical or mental impairment that substantially limits one or more major life activities or has a history of such an impairment***?** | | **1** Yes **1** No |
| **If yes, specify disability:** | *(Open Text)* | |
| **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?** | | **1** Yes **1** No |
| **If yes, provide a short summary:** | *(Open Text)* | |
| **Based on the sponsor risk assessment, does the sponsor clearly present a risk of abuse, maltreatment, exploitation, or trafficking to the child?** | | **1** Yes **1** No |
| **If yes, provide a short summary:** | *(Open Text)* | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Recommendations** | | | | | | |
| **Discharge:** | | **1** Yes **1** No | **Sponsor:** | *(Auto Populate)* | | |
| **Discharge with Post-Release:** | | **1** Yes **1** No | **Date of PR Referral:** | **<Pop-up Calendar>** *(MM/DD/YYYY)* | | |
| **What level PRS is recommended for this child and sponsor?** | | **1** Level 1 **1** Level 2 **1** Level 3 |
| **Refer to Home Study:** | | **1** Yes **1** No | **Reason for HS Referral:** | *(Open Text)* | | |
| **Home Study** | | **1** TVPRA Mandated **1** ORR Mandated **1** ORR Discretionary | |
| Concurrent Planning | | | | | | |
| **This case is undergoing concurrent planning** | | | **1** Yes **1** No | | | |
| **Alternative Potential Sponsors** | | | | | | |
|  | **First Name** | **Last Name** | **Email** | **Phone** | **Sponsor Category** | **Current Status** |
| **1** | *(Auto-Populate) Source: Sponsor Assessment* | *(Auto-Populate) Source: Sponsor Assessment* | *(Auto-Populate) Source: Sponsor Assessment* | *(Auto-Populate) Source: Sponsor Assessment* | *(Auto-Populate) Source: Sponsor Assessment* | *(Auto-Populate) Source: Sponsor Assessment* |
| **2** | *(Auto-Populate) Source: Sponsor Assessment* | *(Auto-Populate) Source: Sponsor Assessment* | *(Auto-Populate) Source: Sponsor Assessment* | *(Auto-Populate) Source: Sponsor Assessment* | *(Auto-Populate) Source: Sponsor Assessment* | *(Auto-Populate) Source: Sponsor Assessment* |

|  |  |  |
| --- | --- | --- |
| **Care Plan** | | |
| Reunification | | |
| **Unification Specialist Comments:** | | *(Open Text)* |
| See Mental Health | | |
| **Clinician Comments** | *(Open Text)* | |
| General Child Behavior & Wellbeing | | |
| **Case Manager Comments:** | *(Open Text)* | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Certification** | | | | | | |
| **Signature:** | *(Open Text)* | | **Date:** | | *(Open Text) MM/DD/YYYY* | |
| **Print Name:** | | *(Open Text)* | |
| **Title:** | | *(Open Text)* | |
|  | | **>| Save** | | **>|Reset** | |  |