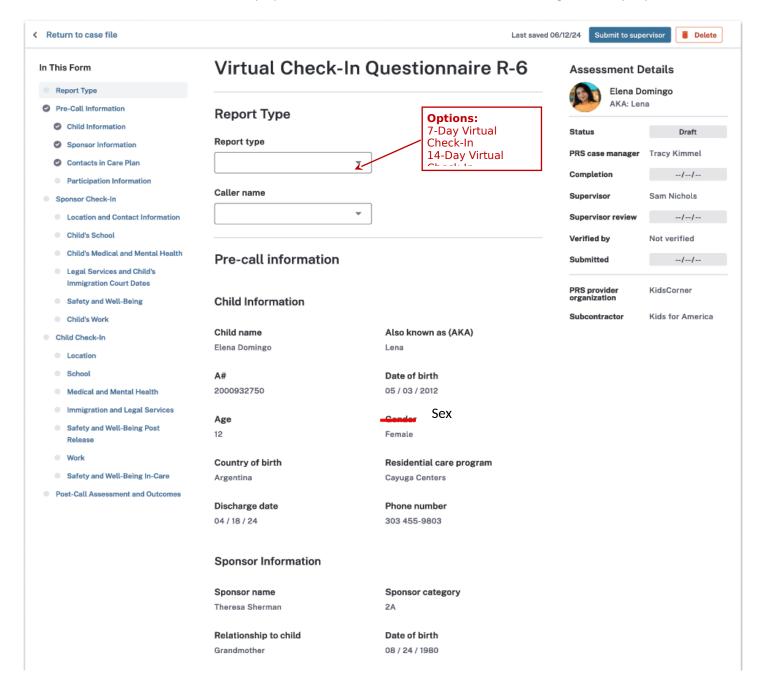


Administration for Children & Families Office of Refugee Resettlement

Virtual Check-in Questionnaire (R-6)

PRS App Version

NOTE: The information displayed in this document is fake and does not belong to actual people.



THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to allow care provider facilities to document the outcome of calls made to unaccompanied alien children and their sponsors after release to ensure the child is safe and refer the sponsor to additional resources as needed. Public reporting burden for this collection of information is estimated to average 0.25 hours per sponsor and child response, and 0.58 hours per response for care providers, 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 <u>UACPolicy@acf.hhs.gov.</u>

Gender Country of birth
Female United States

Address City
110 Southern Pkwy Kingston

State Zip code NY 12133

Primary phone Backup phone number

502 579-8568 502 579-8500

Contacts in Care Plan

Alternate Caregivers

| Name | Phone Number | |
|------------------|------------------|--|
| Amanda Rodriguez | 212 433-8989 x23 | |
| Marty Sherman | 502 579-8568 | |

Family and Family Friends in the U.S.

| Name | Relationship |
|-------------|--------------|
| None listed | |

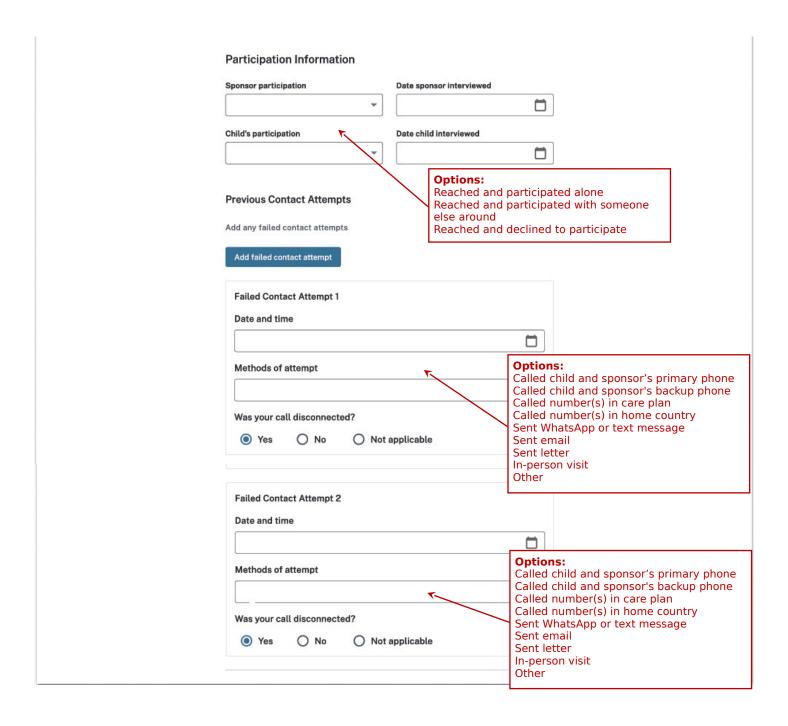
Family in Country of Origin

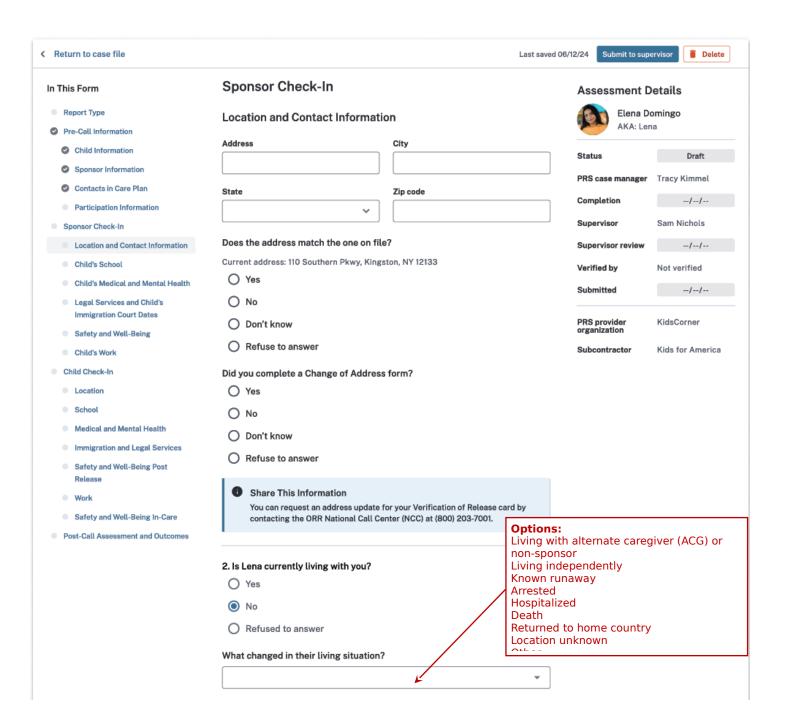
| Name | Relationship |
|------------------------|--------------|
| Rina Domingo Velasquez | Mother |

Details about parents' whereabouts

Mother's cell: +47 0932740 89 Call after 5pm or on Saturdays

Immigrated together with father, imperdiet neque. Duis interdum risus et arcu pellentesque sollicitudin. Suspendisse ullamcorper tortor nec nibh tincidunt pulvinar. Donec luctus sagittis.

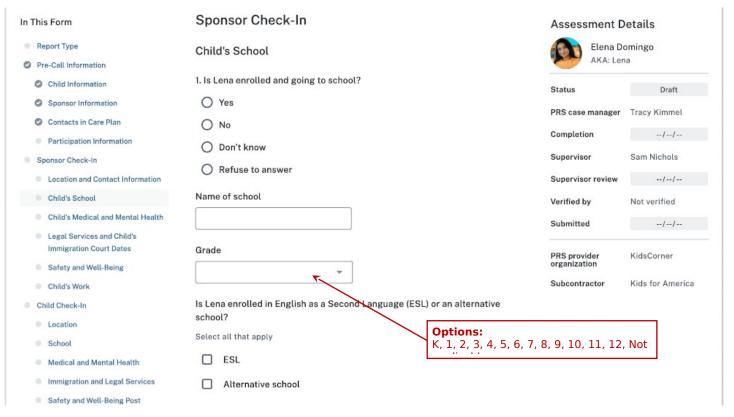




| More information about unknown lo | cation | |
|--|---|----|
| | | |
| | | |
| | | J |
| Other change in child's living situation | on | ٦ |
| | | |
| When did this change happen? | | |
| | | |
| | | |
| | | |
| Who are they living with? | | |
| | an about the person that the child is living | |
| First name | Last name | |
| | | |
| Relationship to child | Phone number | |
| • | | |
| | | |
| unknown, leave blank. Address | an about the child's current location. If City | |
| State | Zip code | |
| _ | | |
| | J [| |
| Did you notify ORR? | | |
| O Yes | | |
| O No | | |
| O Don't know | | |
| Refused to answer | | |
| Was a Police Report made? | | |
| O Yes | | |
| O No | | |
| O Don't know | | |
| Refused to answer | | |
| Was the National Center for Missing | and Exploited Children (NCMEC) notifie | d? |
| O Yes | | |
| O No | | |
| O Don't know | | |
| Refused to answer | | |

| Do you have any concerns for Lo | ana's safety? | |
|----------------------------------|---|---|
| O Yes | | |
| O No | | |
| O Don't know | | |
| Refused to answer | | |
| Explain safety concerns | | |
| | | |
| | | |
| | | |
| | | |
| 3. Do you expect or plan to mov | in the next month? | |
| O Yes | | |
| O No | | |
| O Don't know | | |
| Refused to answer | | |
| Explain sponsor's plans to move | | |
| | | |
| | | |
| | | |
| | | |
| 4. What is the best way to conta | ct Lena? | |
| Child phone | Other phone | |
| | | |
| 2 2 22 | | |
| Preferred day and time | | |
| | | |
| | | |
| | | |
| Notes | | |
| | | |
| | | |
| | | |
| | | |
| | ng Lena in the future, is there someone we country, the US, or elsewhere) that would | 9 |
| know how to reach them? | | |
| O Yes | | |
| O No | | |

| Provide as much contact i | formation as you can. If unknown, leave blank. Relationship | |
|---------------------------|--|--|
| | | |
| Phone | Email | |
| Address | City | |
| State | Zip code | |
| Notes | | |
| | | |
| 6. Comments about locati | on and contact information | |
| | | |



| Release | Is Lena facing any challenges in school? | |
|---|---|--|
| Work | ○ Yes | |
| Safety and Well-Being In-Care | O No | |
| Post-Call Assessment and Outcomes | O Don't know | |
| | Refuse to answer | |
| | Explain challenges is child facing in school | |
| | For example, keeping up in class, completing homework, language, bullying, or difficulty making friends | |
| | | |
| | Is Lena registered for school? | |
| | O Yes | |
| | O No | |
| | O Don't know | |
| | Refuse to answer | |
| | Reason child is not registered | |
| | | |
| | lr D | ptions: nmunizations ocumentation issues with identity or esidency |
| | What reason did the school give to not enroll Lena? | ot planning on registering ot of compulsory school age ot interested or willing to attend |
| | Who told you that they cannot enroll Lena? | ransportation Issues chool not in session or summer break chool is resistant to enroll the child |
| | Would you like assistance enrolling Lena in school? | |
| | Yes | |
| | O No | |
| | Other reason child is not registered | |
| | | |
| | | |
| | 2. Comments about child's school | |
| | Include any resources or instructions you provided to the sponsor | |
| | | |
| | | |
| | | |

| < | Return to case file | Last | t saved 06/12/24 | ubmit to sup | ervisor |
|---|---|--|--------------------|--------------|--------------------|
| 1 | In This Form | Sponsor Check-In | Asses | ssment D | Petails |
| | Report Type Pre-Call Information | Child's Medical and Mental Health | | Elena Do | |
| | Child Information | Do you need assistance scheduling a vaccine appointment for Lena? | Status | | Draft |
| | Sponsor Information Contacts in Care Plan | O Yes | PRS cas | e manager | Tracy Kimmel |
| | Participation Information | O No O Don't know | Comple | tion | // |
| | Sponsor Check-In | Refuse to answer | Supervi | | Sam Nichols |
| | Location and Contact Information Child's School | | Verified | sor review | // Not verified |
| | Child's Medical and Mental Health | 2. You should have received copies of Lena's health records when they left ORR care. Do you have copies of these records? | | | // |
| | Legal Services and Child's Immigration Court Dates | For example, immunization records, lab results, and office notes | PRS pro | vider | KidsCorner |
| | Safety and Well-Being | O Yes | organiza Subcon | ation | Kids for America |
| | Child's Work Child Check-In | O No | 300001 | uactoi | Rids for America |
| | Location | If Lena left ORR care with medications, did they finish taking all their medication? | | | |
| | School Medical and Mental Health | O Yes | | | |
| | Immigration and Legal Services | O No | | | |
| | Safety and Well-Being Post Release | O Don't know | | | |
| | Work | Refuse to answer | | | |
| | Safety and Well-Being In-Care | O Not applicable | | | |
| | Post-Call Assessment and Outcomes | If needed, explain more about Lena's medication | | | |
| | | | | | |
| | | 4. If Lena has chronic conditions, do you know where to get prescription refills? | | | |
| | | ○ Yes | | | |
| | | O No | | | |
| | | If Lena left ORR care with a health appointment scheduled in your community, did they attend? Yes | | | |
| | | O No | | | |
| | | O Don't know | | | |
| | | Refuse to answer | | | |
| | | Are they still under care for that issue/condition? | | | |
| | | O Yes | | | |
| | | O No | | | |

| Why a | ren't they under care? (Sponsor's response) |
|----------|--|
| | |
| | you know where you can take Lena if they need healthcare or ription refills? |
| 0 | Yes |
| 0 | No |
| 0 | Refuse to answer |
| 7. Is Le | ena having any behavioral or health issues? |
| 0 | Yes |
| 0 | No |
| 0 | Don't know |
| 0 | Pofuse to answer |

| Has Lena seen a doctor or healthcare professional for those concerns? |
|---|
| O Yes |
| O No |
| O Don't know |
| O Refuse to answer |
| Explain sponsor's concerns |
| Include what has been done (if anything) |
| |
| |
| |
| 8. Is there anything else you would like to share about Lena's health or the health of others in your home? |
| |
| |
| |
| Medical health concerns |
| |
| |
| |
| Mental health concerns |
| |
| |
| |
| Other concerns or information |
| |
| |
| |
| O Comments that shill be madical and montal health |
| Comments about child's medical and mental health Include any resources or instructions you provided to the sponsor |
| |
| |
| |
| |

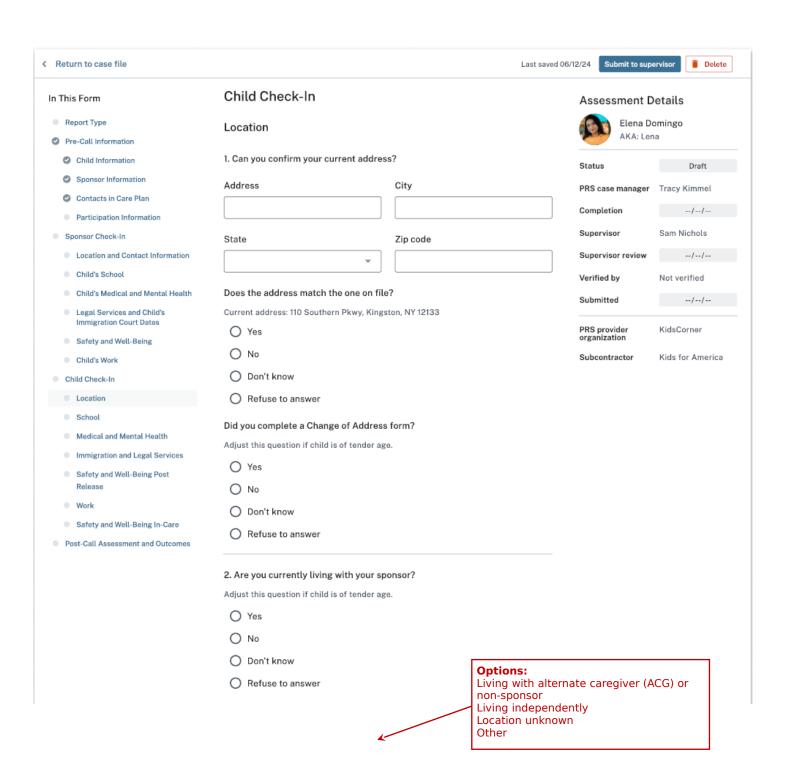
| < Return to case file | Last sa | ived 06/12/24 Submit to supe | rvisor Belete |
|---|--|--------------------------------|--------------------|
| In This Form | Sponsor Check-In | Assessment D | etails |
| Report TypePre-Call Information | Legal Services and Child's Immigration Court Dates | Elena Do AKA: Len | |
| Child InformationSponsor Information | Have you attended the Legal Orientation Program for Custodians of Unaccompanied Children (LOPC)? | Status PRS case manager | Draft Tracy Kimmel |
| Contacts in Care PlanParticipation Information | O Yes | Completion | // |
| Sponsor Check-In | O Don't know | Supervisor | Sam Nichols |
| Location and Contact Information Child's School | Refuse to answer | Supervisor review Verified by | // Not verified |
| Child's Medical and Mental Health Legal Services and Child's | 2. Are you aware of when Lena's next immigration court date will be? | Submitted | // |
| Immigration Court Dates Safety and Well-Being | O Yes | PRS provider organization | KidsCorner |
| Child's Work | Refuse to answer | Subcontractor | Kids for America |
| Child Check-In Location | Did you notify Lena of their court date? | | |
| School Medical and Mental Health | O Yes | | |
| Immigration and Legal Services | Refuse to answer | | |
| Safety and Well-Being Post Release Work | Where and when is Lena's next court date? If possible, include the time, date, and place | | |
| Safety and Well-Being In-Care Post-Call Assessment and Outcomes | | | |
| | Is there a plan for how Lena will attend their court date? For example who will take them and how they will travel there Yes No Don't know Refuse to answer | | |
| | Explain the plan for attending Lena's court date If there is no plan, explain why | | |

| 3. If Lena's scheduled immigration of | court date has passed, did Lena attend? |
|--|---|
| O Yes | |
| O No | |
| O Don't Know | |
| Refuse to answer | |
| O Not applicable | |
| 4. Do you still have Lena's Verification | on of Release form and/or card? |
| O Yes | |
| O No | |
| O Don't know | |
| O Refuse to answer | |
| 5. Have you found an organization o | or attorney to represent Lena's case? |
| O Yes | |
| O No | |
| O Don't know | |
| Refuse to answer | |
| Would you like assistance finding a | nd accessing legal services? |
| O Yes | |
| O No | |
| Immigration Attorney | |
| Organization name | Attorney name |
| Phone | Email |
| | |
| | |
| 6. Comments about legal services a | nd child's immigration court dates |
| Include any resources or instructions yo | ou provided to the sponsor |
| | |
| | |
| | |

| Return to case file | Last s | aved 06/12/24 Submit to super | visor 🔋 Delete |
|---|---|--------------------------------|------------------------------|
| In This Form | Sponsor Check-In | Assessment De | etails |
| ■ Report Type② Pre-Call Information | Safety and Well-Being | Elena Dor AKA: Lena | mingo |
| Child InformationSponsor Information | Have you or anyone else ever been asked to pay fees or wire money for Lena's journey to the U.S. or release from ORR? | Status PRS case manager | Draft Tracy Kimmel |
| Contacts in Care Plan Participation Information | O Yes O No | Completion | // |
| Sponsor Check-In | O Don't know | Supervisor | Sam Nichols |
| Location and Contact Information Child's School | Refuse to answer | Supervisor review Verified by | // Not verified |
| Child's Medical and Mental Health Legal Services and Child's Immigration Court Dates | Who asked for this money? | Submitted | // |
| Safety and Well-Being | How much did they ask for? | organization | KidsCorner Kids for America |
| Child Check-In Location School Medical and Mental Health Immigration and Legal Services Safety and Well-Being Post Release Work Safety and Well-Being In-Care | Did you or someone else send it? Yes No Refuse to answer What's the contact information of the person who asked for this money? | | |
| Post-Call Assessment and Outcomes | 2. How is Lena's eating and appetite? Very good Good Bad | | |
| | O Very bad | | |

| If needed, explain more about Lena's eating and appetite | |
|---|----------|
| | |
| | |
| | |
| 3. How has Lena been sleeping at night? | |
| O Very good | |
| O Good | |
| O Bad | |
| O Very bad | |
| | |
| If needed, explain how Lena has been sleeping at night | - |
| | |
| | |
| | |
| 4. How has Lena been adjusting to your home environment? | |
| O Very good | |
| O Good | |
| O Bad | |
| O Very bad | |
| If needed, explain how Lena has been adjusting to their home | |
| environment | |
| | |
| | |
| | |
| How does [child's name] seem to be socializing and making | friends? |
| O Very good | |
| O Good | |
| O Bad | |
| O Very bad | |
| If needed, explain how [child's name] is socializing and | |
| making friends | |
| | |
| | |
| | |
| 6. Is there anything else that we could help you and your family with? | |
| | |
| | |
| | |
| 7. Comments about safety and well-being | |
| Include any resources or instructions you provided to the sponsor | |
| | |
| | |
| | |

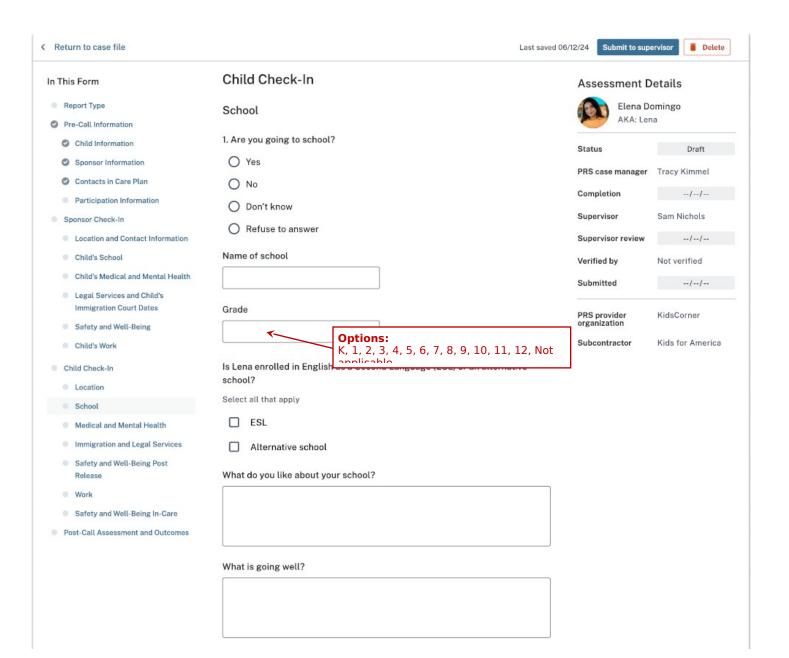
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|--|---|------------------------------------|------------------|
| In This Form | Sponsor Check-In | Assessment D | etails |
| Report Type Pre-Call Information | Child's Work | Elena Do AKA: Len | |
| Child Information | 1. Is [child's name] working? | | |
| Sponsor Information | O Yes | Status | Draft |
| Contacts in Care Plan | O No | PRS case manager | Tracy Kimmel |
| Participation Information | | Completion | 11 |
| Sponsor Check-In | O Don't know | Supervisor | Sam Nichols |
| Location and Contact Information | Refuse to answer | Supervisor review | // |
| Child's School | Who do they work for? | Verified by | Not verified |
| Child's Medical and Mental Health | What is the name of their employer? | Submitted | // |
| Legal Services and Child's Immigration Court Dates | | | |
| Safety and Well-Being | What do they do for work? | PRS provider organization | KidsCorner |
| Child's Work | | Subcontractor | Kids for America |
| Child Check-In | | | |
| Location | | | |
| School | | | |
| Medical and Mental Health | On average, how many hours a day | | |
| Immigration and Legal Services | are they working? | | |
| Safety and Well-Being Post Release | Options: [1- | | |
| Work | On average, how many days a week are they working? | | |
| Safety and Well-Being In-Care Post-Call Assessment and Outcomes | Options: [1- | | |
| | Are they being paid? | | |
| | O Yes | | |
| | O No | | |
| | O Don't know | | |
| | Refuse to answer | | |
| | What do they do with the money? | | |
| | Are they expected to give the money to someone else for any reason, for example to pay for transportation, housing, uniforms, or getting the job, etc.? | | |
| | | | |
| | Comments about child's work | | |
| | Include any resources or instructions you provided to the sponsor | | |
| | | | |



| What changed in their living situ | ation? | | |
|--|-----------------------------------|----------------|--|
| | * | | |
| More information about unknown location | i | | |
| If you have more information about where the child is, share it here | | | |
| Other change in chlld's living situation | | | |
| When did this change happen? | | | |
| | | | |
| | | | |
| Who are they living with? Provide as much information as you with. If unknown, leave blank. | u can about the person that the c | hild is living | |
| First name | Last name | | |
| Relationship to child | Phone number | | |
| | • | | |

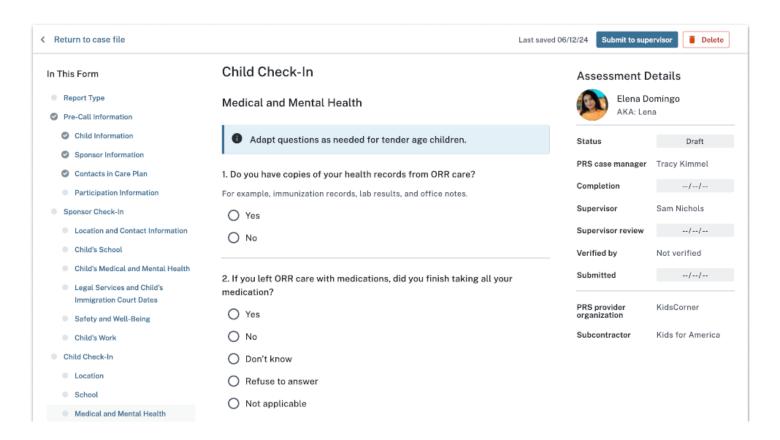
| Where are they living? | | |
|---|-------------------------------------|------------|
| Provide as much information as yo unknown, leave blank. | ı can about the child's current loc | cation. If |
| Address | City | |
| State | Zip code | |
| 3. Do you have any concerns stay For example, do you feel unsafe or u | | |
| arrangement? Did you expect someti | ing else from your living arrange | ment? |
| O No | | |
| O Don't know | | |
| Refuse to answer | | |
| Explain concerns staying with spons | or | |
| | | |
| 4. Do you expect or plan to move | n the next month? | |
| For example, is there an alternative p | | e at in |
| O Yes | | |
| O No | | |
| O Don't know | | |
| Refuse to answer | | |
| Explain plans to move | | |
| Include where, who, and the child's replacement | lationship to alternative | |
| | | |

| Lena's Preferred Contact Methods | |
|--|-----------------------------------|
| Phone | Email |
| | |
| Address | |
| | |
| Notes | |
| Notes | |
| | |
| | |
| | |
| . If we're having trouble reaching you | in the future, is there someone |
| e can contact that would know how to | reach you? |
| ○ Yes | |
| O No | |
| O Don't know | |
| Refuse to answer | |
| Lena's Backup Contact | |
| Provide as much contact information as | you can. If unknown, leave blank. |
| Name | Relationship |
| | |
| | Email |
| Dhone | |
| Phone | |
| | |
| Phone Address | |
| | |
| Address | |
| Address otes Comments about location | |
| Address otes Comments about location | |
| Address otes Comments about location | |
| | |



| Are you facing any challenges in school? |
|---|
| For example, are you having trouble with keeping up in class, completing homework, language, bullying, or making friends? |
| O Yes |
| O No |
| O Don't know |
| O Refuse to answer |
| Explain challenges child is facing in school |
| |
| How many days per week do you go to school? Options: |
| Do you attend all of your classes? |
| O Yes |
| O No |
| O Don't know |
| Refuse to answer |
| Can you explain your school schedule? |
| |
| Are you interested in being connected to additional education support? |
| O Yes |
| O No |
| Explain more about Lena's interest in educational support |
| |

| Are you enrolled and going to school? |
|--|
| O Yes |
| ○ No |
| O Don't know |
| Refuse to answer |
| Are you interested in being connected to support enrolling in school? |
| O Yes |
| ○ No |
| If not enrolled already: Are you interested in attending an educational program? |
| O Yes |
| O No |
| 2. Comments about school |
| Include any resources or instructions you provided to the child |
| |
| |
| |
| |



| Immigration and Legal Services | |
|--|---|
| Safety and Well-Being Post Release | 3. If you have chronic conditions, do you know where to get prescription refills? |
| Work | ○ Yes |
| Safety and Well-Being In-Care | O No |
| Post-Call Assessment and Outcomes | O Don't know |
| | Refuse to answer |
| | O Not applicable |
| | If you left ORR care with a health appointment scheduled in your community, did you attend? |
| | O Yes |
| | O No |
| | O Don't know |
| | Refuse to answer |
| | O Not applicable |
| | Why didn't you attend the health appointment? (Lena's response) |
| | |
| | |
| | |
| | 5. How is your health? Would you say your health is very good, good, bad, very bad? |
| | Do you have any health concerns? |
| | ○ Very good |
| | ○ Good |
| | O Bad |
| | ○ Very bad |
| | Medical health comments |
| | |
| | |
| | Mental health comments |
| | |
| | |
| | |
| | 6. Do you know what to do if you want to see a doctor? |
| | O Yes |
| | O No |
| | 7. Is there anything you want to see a doctor about, but haven't yet? |
| | O Yes |
| | O No |

| | Explain more what Lena wants to see a doctor about Do you want help accessing health care? Yes No 8. Comments about child's medical and mental health Include any resources or instructions you provided to the child | | |
|---------------------------------------|---|-----------------------------|--------------|
| Return to case file | Last sav | ved 06/12/24 Submit to supe | ervisor |
| In This Form | Child Check-In | Assessment D | etails |
| Report Type Pre-Call Information | Immigration and Legal Services | Elena Do AKA: Len | |
| Child Information Sponsor Information | Are you aware of when your next immigration court hearing will be? Yes | Status | Draft |
| Sponsor information | 0 163 | PRS case manager | Tracy Kimmel |

| < Return to case file | Last | saved 06/12/24 Submit to supervisor Dele |
|--|---|--|
| In This Form | Child Check-In | Assessment Details |
| Report Type | Immigration and Legal Services | Elena Domingo |
| Pre-Call Information | - | AKA: Lena |
| Child Information | 1. Are you aware of when your next immigration court hearing will be? | Status Draft |
| Sponsor Information | O Yes | |
| Contacts in Care Plan | ○ No | PRS case manager Tracy Kimmel |
| Participation Information | Refuse to answer | Completion// |
| Sponsor Check-In | 3 | Supervisor Sam Nichols |
| Location and Contact Information | Is there a plan for how you will attend your court date? | Supervisor review// |
| Child's School | For example who will take you and how you will travel there | Verified by Not verified |
| Child's Medical and Mental Health | O Yes | Submitted// |
| Legal Services and Child's | ○ No | out interest of the second |
| Immigration Court Dates Safety and Well-Being | O Don't know | PRS provider KidsCorner organization |
| Child's Work | Refuse to answer | Subcontractor Kids for Americ |
| Child Check-In | Describe plan to attend court date | |
| Location | Describe plan to attend court date | |
| School | | |
| Medical and Mental Health | | |
| Immigration and Legal Services | 2. If your scheduled immigration court date has passed, did you attend? | |
| Safety and Well-Being Post Release | ○ Yes | |
| Work | O No | |
| Safety and Well-Being In-Care | O Don't know | |
| Post-Call Assessment and Outcomes | Refuse to answer | |
| | O Not applicable | |

| 3. Do you still have your Verification of | Release form and/or card? |
|---|---------------------------------|
| O Yes | |
| O No | |
| O Don't know | |
| Refuse to answer | |
| 4. Have you found an organization or a | ttorney to represent your case? |
| O Yes | |
| O No | |
| O Don't know | |
| O Refuse to answer | |
| Would you like assistance finding and | accessing legal services? |
| O Yes | |
| O No | |
| Immigration Attorney Organization name Phone | Attorney name Email |
| 5. Comments about immigration and le Include any resources or instructions you p | |

| Return to case file | | Last saved 06/12/24 Submit to supervisor Delete |
|--|---|---|
| In This Form | Child Check-In | Assessment Details |
| Report Type | Safety and Well-Being Post Release | Elena Domingo |
| Pre-Call Information | - | AKA: Lena |
| Child Information | 1. Are there times when you do not feel safe, at home, school, or | Status Draft |
| Sponsor Information | another place? | |
| Contacts in Care Plan | O Yes | PRS case manager Tracy Kimmel |
| Participation Information | O No | Completion// |
| Sponsor Check-In | O Don't know | Supervisor Sam Nichols |
| Location and Contact Information | Refuse to answer | Supervisor review// |
| Child's School | O Nortage to district | Verified by Not verified |

| Child's Medical and Mental Health | Explain more about times when Lena does not feel safe | Submitted | // |
|---|---|---------------|------------------|
| Legal Services and Child's Immigration Court Dates | | PRS provider | KidsCorner |
| Safety and Well-Being | | organization | Ridscorner |
| Child's Work | | Subcontractor | Kids for America |
| Child Check-In | | | |
| Location | 2. Is there anything making you feel unsafe? | | |
| School | ○ Yes | | |
| Medical and Mental Health | ○ No | | |
| Immigration and Legal Services | O Don't know | | |
| Safety and Well-Being Post Release | Refuse to answer | | |
| Work | Explain more about what is making Lena feel unsafe? | | |
| Safety and Well-Being In-Care | | | |
| Post-Call Assessment and Outcomes | | | |
| | | | |
| | | | |
| | 3. Are you being made, or have you been made, to do anything you don't or did not want to do? | | |
| | O Yes | | |
| | ○ No | | |
| | O Don't know | | |
| | Refuse to answer | | |

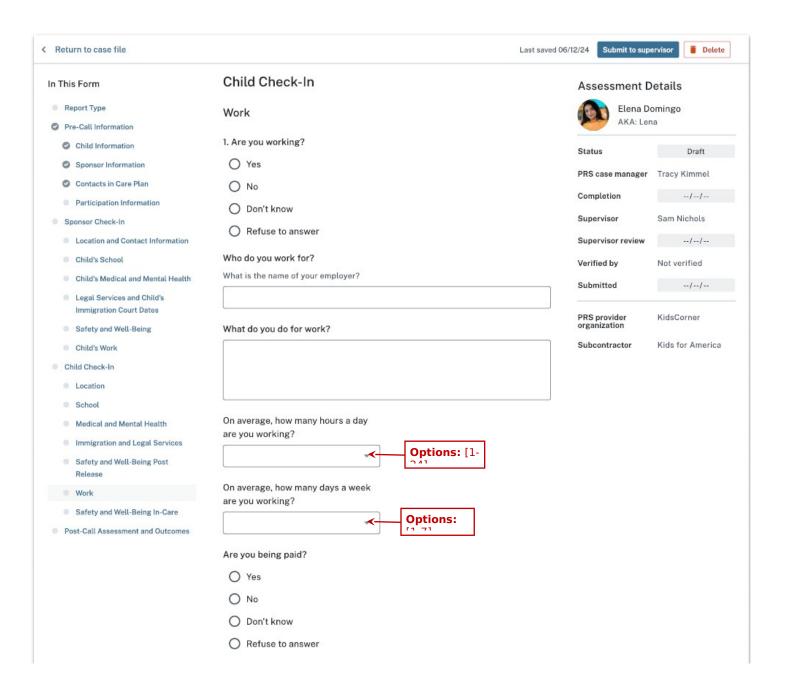
| Explain more about what Lena was made to do | |
|--|--|
| | |
| | |
| | |
| | |
| 4. Is there anything at home that makes or made you feel uncomfortable? | |
| O Yes | |
| O No | |
| O Don't know | |
| Refuse to answer | |
| Explain more about what is making Lena feel uncomfortable at home | |
| | |
| | |
| | |
| | |
| 5. Are your needs being provided for? | |
| For example, are you receiving enough food, clothing, medical care, and shelter? | |
| O Yes | |
| O No | |
| O Don't know | |
| Refuse to answer | |
| Do you have enough food to eat at home? | |
| O Yes | |
| ○ No | |
| O Don't know | |
| Refuse to answer | |

| Do you get enough sleep? | |
|---|---|
| O Yes | |
| ○ No | |
| O Don't know | |
| Refuse to answer | |
| 6. How is your eating and appetite? | |
| O Very good | |
| O Good | |
| O Bad | |
| O Very bad | |
| If needed, explain more about Lena's eating and appetite | |
| | |
| | |
| | |
| 7. How have you been sleeping at night? | |
| O Very good | |
| O Good | |
| O Bad | |
| O Very bad | |
| If needed, explain more about Lena's sleep | |
| Threeded, explain more about Lenius steep | |
| | |
| | |
| | 1 |
| 8. How have you been adjusting to your home environment? | |
| O Very good | |
| O Good | |
| O Bad | |
| O Very bad | |
| If needed, explain more about how Lena is adjusting to their home environment | |
| | |
| | |
| | |

| 9. Do you participate in any activities at school or in the community? |
|--|
| For example, do you have activities, hobbies, or other things that you like to do in your new environment? |
| O Yes |
| O No |
| O Don't know |
| O Refuse to answer |
| Explain more about why Lena is not participating in school or community activities |
| |
| |
| |
| |
| |
| 10. Have you made any friends? |
| O Yes |
| O No |
| O Don't know |
| O Refuse to answer |

| Do you get to spend time with them? | |
|---|--|
| O Yes | |
| O No | |
| What keeps you from spending time with them? | |
| | |
| | |
| | |
| | |
| 11. Have you or anyone else ever been asked to pay fees or wire money for your journey to the U.S. or release from ORR? | |
| O Yes | |
| O No | |
| O Don't know | |
| Refuse to answer | |
| Who asked for this money? | |
| | |
| | |
| How much did they ask for? | |
| | |
| Did you (or someone else) send it? | |
| O Yes | |
| O No | |
| O Don't know | |
| Refuse to answer | |

| What's the contact information of the person who asked for this money? |
|--|
| |
| |
| |
| |
| 12. Do you have access to your documents or ID? |
| O Yes |
| O No |
| O Don't know |
| Refuse to answer |
| First size was a book what are done and how a second their draws and a P |
| Explain more about why Lena does not have access to their documents or ID Did someone take your documents or give you a new ID? |
| ord someone take your documents of give you a new los |
| |
| |
| |
| 13. Has anyone asked to use your ID? |
| O Yes |
| O No |
| O Don't know |
| Refuse to answer |
| 9 - 2 (1970 1989) (1980 1989) |
| Explain more about someone asking to use Lena's ID |
| |
| |
| |
| |
| 14. Is there anything else you want to share with me? |
| |
| |
| |
| |
| |
| 15. Is there anything else we can help you or your family with? |
| |
| |
| |
| |
| |
| 16. Comments on post-release safety and well-being: |
| Include any resources or instructions you provided to the child |
| |
| |
| |
| |
| |



| What do you do with the money? |
|---|
| For example, are you expected to give the money to someone else for any reason? |
| Reasons may include to pay for transportation, housing, uniforms, or getting the job? |
| |
| |
| |
| Are you being forced to work? |
| O Yes |
| O No |
| O Don't know |
| Refuse to answer |
| Explain more about being forced to work |
| |
| |
| |
| |
| Are you being forced to pay someone money? |
| O Yes |
| O No |
| O Don't know |
| Refuse to answer |
| Explain more about being forced to pay someone money |
| |
| |
| |
| |
| Is anyone keeping part of your paycheck? |
| O Yes |
| ○ No |
| O Don't know |
| O Refuse to answer |

| Who are you giving part of your paycheck to? | |
|--|---|
| | |
| | |
| Is anyone asking you to pay off a debt, rent, or utilities? | |
| O Yes | |
| | |
| O No | |
| O Don't know | |
| Refuse to answer | |
| Who are you paying debt, rent, or utilities to? | |
| | |
| | |
| 2. Are you or your family now required to financially contribute to the sponsor's household? | |
| O Yes | |
| O No | |
| O Don't know | |
| Refuse to answer | |
| Explain more about the contributions you're making to the sponsor's household | |
| | |
| 3. Comments about work | |
| Include any resources or instructions you provided to the child | |
| The state of the s | |
| | |
| | |
| | J |
| | |

| Return to case file | Last save | d 06/12/24 Submit to supe | ervisor |
|---|--|--------------------------------|-------------------|
| In This Form | Child Check-In | Assessment D | etails |
| Report Type Pre-Call Information | Safety and Well-Being In-Care | Elena Do AKA: Ler | |
| Child Information | Thinking about your time in ORR care, how was your experience at your ORR shelter program(s)? | Status | Draft |
| Sponsor InformationContacts in Care Plan | | PRS case manager | Tracy Kimmel |
| Participation Information | | Completion | // Sam Nichols |
| Sponsor Check-In Location and Contact Information Child's School | How would you rate your experience at your program(s)? Would you say it was a very good, good, bad, or very bad experience? | Supervisor review Verified by | // |
| Child's Medical and Mental Health | ○ Very good | Submitted | // |
| Legal Services and Child's Immigration Court Dates | O Good | | |
| Safety and Well-Being | O Bad | PRS provider organization | KidsCorner |
| Child's Work Child Check-In | O Very bad | Subcontractor | Kids for America |
| LocationSchool | 3. Was there anything that happened at your program(s) that made you feel uncomfortable? | | |
| Medical and Mental Health | O Yes | | |
| Immigration and Legal Services | ○ No | | |
| Safety and Well-Being Post Release | O Don't know | | |
| Work | Refuse to answer | | |
| Safety and Well-Being In-Care | Explain more about what made Lena uncomfortable at their program | | |
| | | | |
| | 4. Did anything make you feel unsafe at your program(s)? | | |
| | O Yes | | |
| | O No | | |
| | O Don't know | | |
| | Refuse to answer | | |
| | Explain more about anything that made Lena feel unsafe at their program | | |
| | | | |
| | 5. While you were in your program(s) did anyone ask to take pictures of you or with you, other than your photo for the Portal record when you arrived? | | |
| | ○ Yes | | |
| | O No | | |
| | O Don't know | | |
| | O Refuse to answer | | |

| Explain more about pictures requested during their program | |
|--|---|
| | |
| | |
| | |
| | _ |
| 6. While you were in your program(s), did anyone touch you in a sexual way, have you touch their body in a sexual way, speak to you in a sexual way, or make you uncomfortable with their sexual language? Did anyone ever threaten you to try to make you do something sexual? | |
| O Yes | |
| O No | |
| O Don't know | |
| Refuse to answer | |
| C Refuse to answer | |
| Explain more about sexual advances during their program | |
| | |
| | |
| | |
| | _ |
| 7. Did you feel that the shelter staff showed you respect? | |
| O Yes | |
| | |
| O No | |
| • | |
| O Don't know | |
| • | |
| O Don't know | |
| O Don't know Refuse to answer | |
| O Don't know Refuse to answer | |
| O Don't know Refuse to answer | |
| O Don't know Refuse to answer | |
| O Don't know Refuse to answer Explain more about the shelter staff not showing respect | |
| O Don't know Refuse to answer Explain more about the shelter staff not showing respect | |
| O Don't know Refuse to answer Explain more about the shelter staff not showing respect 3. Is there anyone you are keeping in contact with from the shelter? | |
| O Don't know Refuse to answer Explain more about the shelter staff not showing respect B. Is there anyone you are keeping in contact with from the shelter? Yes No | |
| O Don't know Refuse to answer Explain more about the shelter staff not showing respect B. Is there anyone you are keeping in contact with from the shelter? Yes No Don't know | |
| O Don't know Refuse to answer Explain more about the shelter staff not showing respect B. Is there anyone you are keeping in contact with from the shelter? Yes No | |
| O Don't know Refuse to answer Explain more about the shelter staff not showing respect B. Is there anyone you are keeping in contact with from the shelter? Yes No Don't know Refuse to answer | |
| O Don't know Refuse to answer Explain more about the shelter staff not showing respect B. Is there anyone you are keeping in contact with from the shelter? Yes No Don't know Refuse to answer | |
| Don't know Refuse to answer Explain more about the shelter staff not showing respect B. Is there anyone you are keeping in contact with from the shelter? Yes No Don't know | |
| O Don't know Refuse to answer Explain more about the shelter staff not showing respect B. Is there anyone you are keeping in contact with from the shelter? Yes No Don't know Refuse to answer | |
| O Don't know Refuse to answer Explain more about the shelter staff not showing respect B. Is there anyone you are keeping in contact with from the shelter? Yes No Don't know Refuse to answer | |
| O Don't know Refuse to answer Explain more about the shelter staff not showing respect B. Is there anyone you are keeping in contact with from the shelter? Yes No Don't know Refuse to answer | |
| O Don't know Refuse to answer Explain more about the shelter staff not showing respect B. Is there anyone you are keeping in contact with from the shelter? Yes No Don't know Refuse to answer Explain more about Lena keeping in contact with someone from the shelter | |
| O Don't know Refuse to answer Explain more about the shelter staff not showing respect B. Is there anyone you are keeping in contact with from the shelter? Yes No Don't know Refuse to answer Explain more about Lena keeping in contact with someone from the shelter B. Comments about in-care safety and well-being: | |
| O Don't know Refuse to answer Explain more about the shelter staff not showing respect B. Is there anyone you are keeping in contact with from the shelter? Yes No Don't know Refuse to answer Explain more about Lena keeping in contact with someone from the shelter B. Comments about in-care safety and well-being: | |

