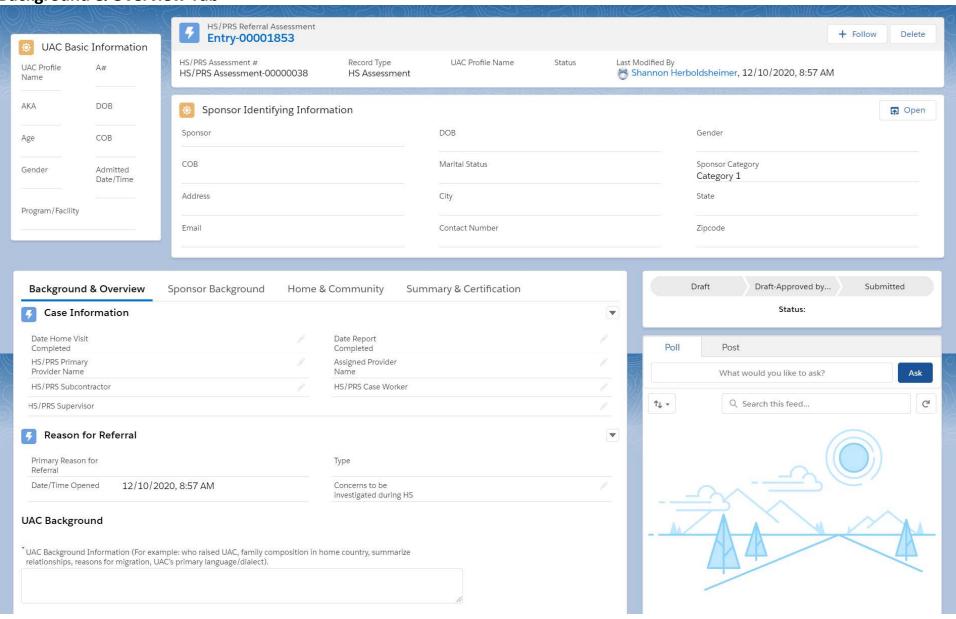
Home Study Assessment (Form S-6)

Background & Overview Tab



* Does the UAC have a pre-existing relationship with sponsor? Please describe relationship.	Collaborate here! Here's where you start talking with your colleagues about this record.
*Significant Incident Reports (SIRs) while in ORR/DUCO shelter care. Provide a brief summary of SIR's that are relevant to home study and inform your assessment.	Filters: All time • All activities • All types Refresh • Expand All • View All
*Does the UAC know if there are other individuals living in the sponsor's home? If so, please describe the UAC's relationship with them.	✓ Upcoming & Overdue No next steps. To get things moving, add a task or set up a meeting.
*Does the UAC have special needs, if any, that have a significant impact on their daily functioning (example: physical	No past activity. Past meetings and tasks marked as done show up here. Open Activities (0)
disabilities or limitations, mental health diagnosis)? If mental health, any prescription medications?	
* Does the UAC have any specific concerns about living with the sponsor?	
*Does UAC have other family members in the United States who can potentially provide additional support?	
*What are the UAC's expectation of reunification with the sponsor (including home environment, lifestyle, chores, religion and education)?	
*Does UAC have any history of criminal charges, substance abuse, or gang involvement? How does the UAC plan to address these behaviors?	
* Does the UAC feel there are any services that would be helpful to him/her after release?	

*Additional information:	
What are the UAC's expectation of reunification with the sponsor (including home environment, lifestyle, chores, religion and education)?	
*Does UAC have any history of criminal charges, substance abuse, or gang involvement? How does the UAC plan to address these behaviors?	
*Does the UAC feel there are any services that would be helpful to him/her after release?	
*Additional information:	
Save	

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Sponsor Background Tab

Background & Overview <u>Sponsor Backg</u>	round Home & Community	Summary & Certification
Sponsor Background Information		
Major Medical Issues		
Select an Option		▼
Describe Medical Issues		
		10
Mantal Haalda Tayyaa		
Mental Health Issues Select an Option		•
Describe Mental Health Issues		
Substance Use		
Select an Option		•
Describe Substance Use Issues		
*What are the sponsor's coping mechanisms as it pertains to	issues reported above?	
*Identify and describe the sponsor's significant relationships	and other support systems.	
*Sponsor's background (sponsor's age, background, interests	strongths and weaknesses ato	
Sporisor's background (sporisor's age, background, interests	, stiengths and weaknesses, etc./	
*What is sponsor's English proficiency? What is the sponsor's	proficiency in UAC's native language?	
The sponsor was provided information on U.S. laws in re		rmed about age
and document requirements for work, work permits, and en The sponsor was provided with information on the four		and neglect). The
sponsor was also informed about the confidentiality of reported (e.g. police station, school, fire department, medica worker, counselor, and teacher).	ting child abuse and the different locations v	where it could be
The sponsor was provided with information on school erights to seek services.	nrollment, sponsor's rights to contact the sch	nool and student's
*In the sponsor's own words, please describe their understar	ding of the above:	

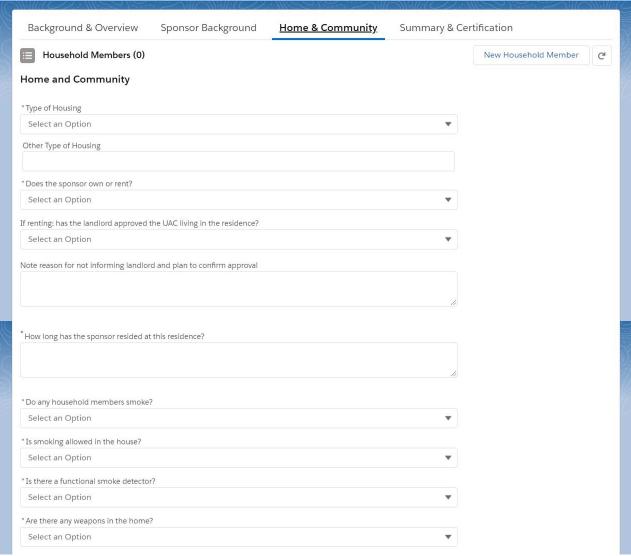
Sponsor's Motivation and Relationship to UAC
*Sponsor's reasons for wanting to sponsor/care for the UAC.
* Describe the sponsor's relationship with the UAC and UAC's family members. Include frequency and quality of contacts, include the last face to face and phone contact between the sponsor and the UAC.
*Does the sponsor have a family support system in the U.S.? If so, are they in the immediate area to provide assistance?
*Was sponsor aware or involved in UAC's plan to migrate to the USA? Please include sponsor's awareness of any
financial obligation for travel.
* Was sponsor aware of UAC's apprehension by border authorities? Yes or No Is the sponsor aware of whether the UAC experienced any challenges on their journey or trauma along the way?
experienced any channel ges on their journey or trauma along the way:
* Describe any previous UAC sponsorships in detail.
Save
Sponsor's Parenting Ability
· · · · · · · · · · · · · · · · · · ·
*Parenting skills and abilities, nature and extent of previous experience with child supervision, including discipline,
*Parenting skills and abilities, nature and extent of previous experience with child supervision, including discipline,
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* Is the sponsor aware of UAC's current behavior issues (if any), criminal history or significant trauma?
Select an Option
If yes, how will the sponsor be able to provide support to UAC in light of these concerns?
* If UAC has special needs, mental health or complex medical needs? How will sponsor provide support?
*Does sponsor foresee any challenges in parenting the UAC? How will sponsor address these challenges?
*Does the sponsor understand the dynamics of separation, grief and loss (as it relates to child development)? (Yes or
No) How will the Sponsor help the UAC to cope with such emotions?
* If no, did the worker share information to educate the sponsor about grief and loss? Please explain.
Save
Legal Services
* Did the sponsor attend a LOPC presentation?
Select an Option
*What is the sponsor's plan to ensure the UAC's attendance at all immigration court proceedings and comply with DHS
requirements?
* How will sponsor's secure legal representation for the UAC?
*Is there an Immigration attorney representing the UAC?
Select an Option
•
Name of Attorney
Attorney Phone Number
Attorney Address
Save
Financial
*Employment Status
*Employment Status Select an Option
Select an Option
If Other - specify

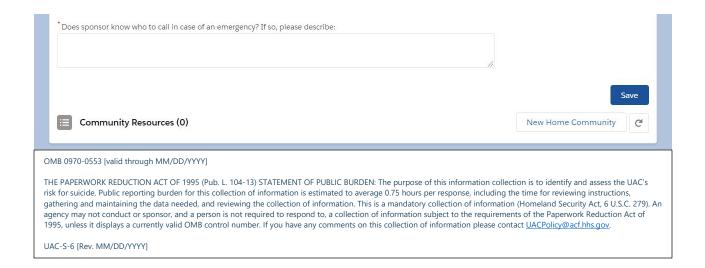
Name of Employer	
Top of Familian	
Type of Employer	
Length of time employed in current job (if applicable)	
Monthly Income	
Total annual take-home income of sponsor	
Other sources of income	
Hours	
* Prior Employment	
Select an Option	
If Yes - How long?	
• • • • • • • • • • • • • • • • • • • •	
* Does applicant operate a business from the residence? Select an Option	
Is business a child day care?	
Select an Option	
Is business an adult day care or rooming house?	
Select an Option	
If other than child or adult day care or rooming house, describe type of business:	
If other than child of addit day care of footning house, describe type of business.	
If applicable, describe impact of home business on the plan to sponsor the UAC:	
The state of the s	
*Sponsor Expenses	
s.e	
Is business an adult day care or rooming house?	
Select an Option	
If other than child or adult day care or rooming house, describe type of business:	
a series area, erind or addit day care or rooming house, describe type or business:	

If applicable, describe impact of home business on the plan to sponsor the UAC:
*Sponsor Expenses
*How does sponsor plan to financially support for the UAC?
Save
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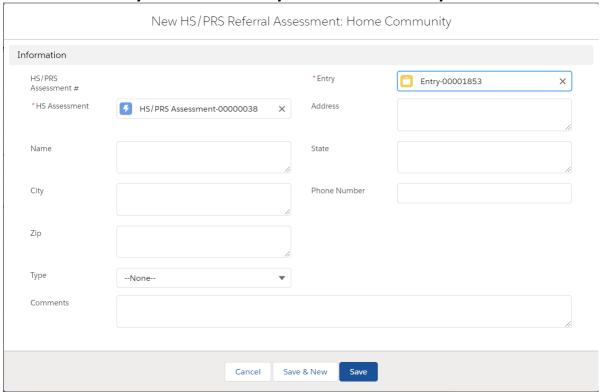
Home Community Tab



If Yes, are the weapons and ammunition ke	pt separately in locked areas?		
		h.	
* ^ *			
* Are there pets in the home? Select an Option		•	
If Yes - List			
Do pets meet local safety requirements (vac	ccinations, vicious animal restrictions, etc.)?		
Select an Option		▼	
* Outside Space			
Available Options	Selected Options		
Patio	•	•	
Hot Tub			
Fenced Yard	4	•	
Detached Garage			
Play Equipment			
Porch			
Deck 🔻			
Other Outside Space (Specify)			
If the home has a pool/pond/lake, please e source:	explain how sponsor will ensure safety/supervisio	n of UAC around water	
	an those listed in the family reunification packet		
Select an Option		▼.	
* Are there any safety concerns or health ha	izards?		
Select an Option		•	
If there are safety concerns or health hazard	ds - how can it be resolved?		
		h	
*5	- t. t' - 2 Pl P 'l -		
* Does the sponsor have a means of transpo	ortation? Please Describe.		
		110	
* If so, are vehicles insured?			
Select an Option		•	
* Is the residence accessible by public trans	sportation?		
Select an Option	Portation	•	
Briefly describe the community in which the neighborhood (rural, urban, residential, in	he home is located. Include information regardin ndustrial, etc.).	g the type of	



Home Community Tab - Community Resource Data Entry Window



Summary & Certification Tab

Background & Overview	Sponsor Background	Home & Community	Summary & Certification	
Summary				
Based on all of the information colle ability to provide and maintain a safe parenting experience, supervision, a	e, stable and appropriate home er	vironment. Elaborate on the spons		
*Summarize how the home study ass Referral.	essment addressed the concerns I	noted by the referral in Section D: F	Reason for	

How equipped is the sponsor to advocate for the UAC to receive necessary services:		
Select an Option	•	
mments		
	<i>J</i>	
		Save
Recommendation		
Recommendation		
Certification		
Certification		
Certification Status HS/PRS Worker Printed Name HS/PRS Worker		
Certification Status HS/PRS Worker Printed Name HS/PRS Worker Completed Date HS/PRS Supervisor		
Certification Status HS/PRS Worker Printed Name HS/PRS Worker Completed Date HS/PRS Supervisor Printed Name HS/PRS Supervisor		
Certification Status HS/PRS Worker Printed Name HS/PRS Worker Completed Date HS/PRS Supervisor Printed Name HS/PRS Supervisor Completed Date		
Certification Status HS/PRS Worker Printed Name HS/PRS Worker Completed Date HS/PRS Supervisor Printed Name HS/PRS Supervisor Completed Date Verify and Submit		
Certification Status HS/PRS Worker Printed		

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