# Sponsor Assessment (Form S-5)

			New Sponsor	Assessment	1B 0970-0553 [valid throug	
* Sponsor Application	ſ	Entry-00001491	×			
If Disclosed Crimin	nal Hi	story				
Additional information on criminal	0			List any child abuse and neglect history		
mily Relationships						
Genogram completed?	0	None	•			
mily Relationships:	: Fam	ily in Country of Origin				
Do you have family in your home	0	None	v			
Additional Information on family	0					
		ily and Family Friends ir	n the U.S.			
Do you have a partner?	0	None	*			
What is your partner's name and age?	0					
Do you live with your partner?	0	None	•			
If no, where does your partner live?						
Are you legally	0					
married What is your	0					
relationship ?			h.			
Have you ever been involved	0	None	*			
If yes, explain 🕚						
Additional	0					
information on the sponsors			li			
Did any of your children come to the	0	None	*			
Do you have any children living ?	0	None	•			
Have any of your children	0	None	*			
Who is caring for your children?	0					
Additional	0		h			
information on the sponsors			Å			
mily Relationships	: Chil	dren				
How do you discipline your children	0		k			
Have you or your spouse/partner	0	None	•			
If yes, explain 0						
Have you ever been involved in a	0	None	•			
child If yes, explain 0						
			4			
Do you provide court ordered financial	0	None	٣			
If yes, explain 🏾						
	0	None	.10			

If yes, why? (Obtain documentation)	0		
Have any of your household	•None	.0	
nousehold members If yes, why?	0		
(Obtain documentation)	- I	h	
usehold Composi	tion		
Describe your	•-None		
home Describe where	r		
the minor will sleep		i.	
Do you expect the UAC to	•-None	•	
contribute If yes, explain 🛛 🛈			
		ħ.	
Does anyone in the	•-None	*	
household If yes, explain 🕚			
		ji.	
Do any of the occupants have criminal	•None	×	
If yes, explain 0			
		h.	
evious Sponsorshi	os: Sponsor		
Have you ever	•-None		
attempted Have you ever attempted to	• -None	*	
sponsor If yes, then why	0		
did you withdraw?	· · · · · · · · · · · · · · · · · · ·	4	
Have you ever been denied	•-None	•	
sponsorship If yes, then why	0		
did ORR deny your		6	
Is the child still residing with you?	•-None	•	
If no, explain 🏾 🔘			
What contact do you still have with	0	4	
Did you undergo a home study?	•-None	•	
If yes, why?			
		A	
Did the child received Post	•-None		
Release If yes, explain 🌘			
Is the child enrolled in or attending	••None	•	
What is the child's current legal status	0		
Does the child have an upcoming	0	節	
Court Did you attend an	•-None	*	
LOPC presentation?			
Describe the UAC's current safety	0	ß	
	os: Household Members & Alte		
Have any of your household members	••None••	•	
Did he/she ever attempt to sponsor	•-None	*	
If yes, then why did he/she	0		

8	Has he/she ever been denied	0	None	*		
	If yes, then why did ORR deny his/her	0				
	Is the child still residing with him/her If no, explain	0	None	•		
	What contact does	0				
	he/she still have			ĥ		
	Did he/she undergo a home study?	0	None	•		
	If yes, why?			h.		
	Did the child received Post Release	0	None	*		
	If yes, explain 🏾 🔘					
	Is the child enrolled in or	0	None	•		
	attending What is the child's current legal status	0				
	Does the child have an upcoming Court	0		茴		
	Did you attend an LOPC presentation?	0	None	•		
	Describe the UAC's current safety	0				
	Sponsor's legal status verified with	0	None	٣		
F	Proof of Relationship	р				
	For CAT 3 sponsor, explain how	0				
F	Proof of Address					
F	Proof of Address				Length of Stay at	
F	Smarty Streets Verified				Length of Stay at Current Address Google Maps	
F	Smarty Streets Verified Google Earth Verified				Length of Stay at Current Address Google Maps Verified	
F	Smarty Streets Verified Google Earth				Current Address Google Maps	
	Smarty Streets Verified Google Earth Verified Additional proof of address	0		8	Current Address Google Maps	
	Smarty Streets Verified Google Earth Verified Additional proof of address Information	<b>O</b> abilit		*	Current Address Google Maps	
	Smarty Streets Verified Google Earth Verified Additional proof of address information	o abilit	у	*	Current Address Google Maps	
	Smarty Streets Verified Google Earth Verified Additional proof of address Information Proof of Financial St Does the sponsor have a job? Name of Employer Type of Employment	o abilit	у	•	Current Address Google Maps	
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	Smarty Streets Verified Google Earth Verified Additional proof of address information Proof of Financial St Does the sponsor have a job? Name of Employer Type of Employment Location of Location of Loca	0 0	y ••None••		Current Address Google Maps	
F	Smarty Streets Verified Google Earth Verified Additional proof of address information Proof of Financial St Does the sponsor have a job? Name of Employer Type of Employment Location of Employment Location of Employment Location of Employment Length of Time at present employer Income Work Hours/Schedule Does the sponsor have financial needs? If yes, explain	0 0	y ••None••		Current Address Google Maps	
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F	Smarty Streets Verified Google Earth Verified Additional proof of address Information Proof of Financial St Does the sponsor have a job?	0 abilit 0	y ••None••		Current Address Google Maps	
F	Smarty Streets Verified Google Earth Verified Additional proof of address information Proof of Financial St Does the sponsor have a job? Name of Employment Location of Employment Location of Employment Location of Employment Location of Employment Does the sponsor have financial needs? If yes, explain Composer Care Plan What school will Does the sponsor	0 0	y None		Current Address Google Maps	

What are your plans to address	0	
Are you aware of any mental health	0	
What are your plans to address the UAC's	0	h
Does the minor have any criminal	0	
Explain how you plan to supervise	0	h
Did the sponsor watch the Sponsor Video?	None	Ŧ
Did the sponsor read the Sponsor	•None	•

### Sponsor's Knowledge of UAC'S Journey and Apprehension

Describe the UAC's day to day life	0		
Do you know why the UAC decided	0		
Did the potential sponsor mention	0	None	
Did the potential sponsor mention	0	None	
When did the UAC leave his/her home	0		Ê
How long did the trip take?			
If there is a debt still owed	0		
Who paid for the UAC's trip to the U.S.?			
How did the UAC get to the U.S.?			
Where was the UAC planning on living	0		
Do you know if the UAC has ever been	0	None	1
If yes, when?			

### Human Trafficking Indicators of Sponsor: Sponsor's Journey to the U.S.

When and why did       Image: Constraint of the second secon	you first decide Who planned/organized your journey? Please explain the Costs of your Did you experience any challenges Where did you first Vener did you fir					
Who       planned/organized         your journey?	Who planned/organized your journey?         Please explain the         costs of your         Did you experience any challenges         Where did you first         Where did you first         Ive in the U.S         Ive in the U.S         Information on sponsor's         Human Trafficking Indicators of the Sponsor: Coercion Indicators         Has anyone ever threatened you or your	When and why did you first decide	0			
planned/organized your journey? Please explain the costs of your Did you experience any challenges Where did you first live in the U.S If you have traveled back to your Additional information on sponsor's uman Trafficking Indicators of the Sponsor: Coercion Indicators Has anyone ever threatened you orNone	planned/organized your journey? Please explain the costs of your Did you experience any challenges Where did you first live in the U.S If you have traveled back to your Additional information on sponsor's uruan Trafficking Indicators of the Sponsor: Coercion Indicators Has anyone ever throatened you or your					- li
costs of your Did you experience any challenges Where did you first  I'you have traveled back to your If you have traveled back to your Additional Information on sponsor's Uman Trafficking Indicators of the Sponsor: Coercion Indicators Has anyone ever  Has anyone ever  -None	costs of your Did you experience any challenges Where did you first  Ive in the U.S If you have traveled back to your Additional Information on sponsor's Uuman Trafficking Indicators of the Sponsor: Coercion Indicators Has anyone ever threatened you or your	planned/organized				h
experience any challenges Where did you first • If you have traveled back to your Additional Information on sponsor's Has anyone ever Heas anyone ever	experience any challenges Where did you first • live in the U.S If you have traveled back to your Additional information on sponsor's Ruman Trafficking Indicators of the Sponsor: Coercion Indicators Has anyone ever threatened you or your •	Please explain the costs of your	0			le
live in the U.S	live in the U.S	experience any	0			h
traveled back to your	traveled back to your	Where did you first live in the U.S	0			h
Information on sponsor's	Information on sponsor's  wuman Trafficking Indicators of the Sponsor: Coercion Indicators Has anyone ever threatened you or your.	traveled back to	0			4
Has anyone ever threatened you orNone	Has anyone ever threatened you or your	information on	0			ji
threatened you or	threatened you or your.	luman Trafficking I	ndica	ators of the Sponsor:	Coercion Indic	ators
	If yes, explain 0	threatened you or	0	None		•
Coercion Indicators: Have you ever experienced the following:		Held against your				-
	Hald aminet your	will?		None		¥

If yes, explain 🕚			
Your documents stolen from you?		None	•
Someone trying to follow you?		None	*
Being threatened of report	0	None	v
Additional Information on coercion	0		

Human Trafficking Indicators: Debt Bondage/Labor Trafficking Indicators Did you perform O --None---provide.... ٣ Who arranged the work? What type of work did you perform..... How often did you have to work? If work conditions changed over time... Is there a debt? --None--What is the amount of the debt? Has the debt amount ever increased? • --None-v By how much? When did it increase? 0 Why did it increase? 0 Have you or your family ever been... If yes, who threatened you and how? 0 What did you think would happen if you.. Were you ever made to work... •None--If yes, explain 0 Were you paid what was promised... 0 Were expenses taken out of the pay? •-None--¥ Did you receive pay or did someone..... 0 If yes, what expenses? 0 How did you get to the work site? Where did you live **O** while working? Was your freedom **O** of movement ever... Were you ever restricted from quitting..

Have you ever been contacted and asked. If yes, explain • • • • • • • • • • • • • • • • • • •	ndica	tors of the Sponsor: TVPR	A	
If yes, provide a Image:	0	None	×	
Date referral made   Date referral made   a OTIP?   Bade don the   spontor   spontor  <	0		h	
to OTIPP Based on the sponor assessment Privice Applie		None	*	
<pre>sponsor assessment If yes, provide a short summary and saked If yes, explain 0 Have you ever been contacted and asked If yes, explain 0 Use this section to 0 report any Use this section to 0 provide a thorough icontime that 1 icontime that 1 iconticontime that 1 icontime that 1 ico</pre>	0		<b></b>	
short summary raud Have you ever been contacted and asked. If yes, explain Have you ever been contacted and asked. If yes, explain Have you ever been contacted and asked. If yes, explain Case Manager's Assessment of Sponsor and Concluding Remarks Use this section to provide a thorough. Londim that 1 Printed Name Printed Name	0	None	•	
Have you ever been contacted and sked. If yes, explain • • • • • • • • • • • • • • • • • • •	0		*	
been contacted and asked. If yes, explain • Have you ever been contacted and asked. If yes, explain • Vadditional Information Use this section to • report any Use this section to • report any Case Manager's Assessment of Sponsor and Concluding Remarks Use this section to • Torough. Case Control to • Torough.				
If yes, explain	0	None	Ψ.	
been contacted and aked If yes, explain • Vise this section to • report any Use this section to • Use this section to • Use this section to • Use this section to • Case Manager's Assessment of Sponsor and Concluding Remarks Use this section to • Use this section to • Case Manager's Assessment of Sponsor and Concluding Remarks Use this section to • I confirm that I have completed al Printed Name				
If yes, explain	0	None		
report any Case Manager's Assessment of Sponsor and Concluding Remarks Use this section to provide a thorough Certification Leonfirm that I have completed al Printed Name			<i>h</i>	
report any Case Manager's Assessment of Sponsor and Concluding Remarks Use this section to provide a thorough Certification Loontim that I have completed all Printed Name	ion			
Use this section to  provide a thorough.  Certification  Leonfirm that I have completed all Printed Name	0		h	
provide a thorough.	essm	ent of Sponsor and Conclu	uding Remarks	
I confirm that I have completed all Printed Name	0			
have completed all Printed Name				
Printed Name	0			
Title				
			Cancel Save & New Save	
Cancel Save & New Save	ctior AC. I ng th mat	i is to document the su Public reporting burde the time for reviewing ir ion. This is a mandator	uitability assessment of a potential sponsor to provide for the safe on for this collection of information is estimated to average 1.0 hour nstructions, gathering and maintaining the data needed, and revie	ty and Ir per wing t and
		C REE		None    None      None      None      None      None      None      None      None      None      None      None      None      None      None      None      None      None      None      None      None      None      None      None      None      None      None      None      None      None      None      None      None      None      None      None      None      None      None      None      None      None      None      None      None      None      None      None      None      None      None </td

## Sponsor Assessment Page

Sponsor Assessr SA-0032	ment		Edit New Note Delete 🔻
Related <u>Deta</u>	ils		
Sponsor Application	Entry-00001491		
V UAC Basic Inform	mation		
First Name		Status	
Last Name		АКА	
Date of Birth		Gender LOS	
Age.		Program	
Country of Birth		Admitted Date	
✓ Sponsor Basic In	formation		
First Name		AKA	
Last Name Date of Birth		A # Country of Birth	
Age		Country of Residency	
Gender		Sponsor Type	
✓ Sponsor Cultural	Information		_@@U\$\_Z   _]@U@U
Primary Language Spoken		Religious Affiliation	
Other Language Spoken		Additional cultural Information	
✓ Self Disclosed Cr	riminal History		
Additional information on criminal	0	List any child abuse /	
✓ Family Relations	hips		
Genogram completed?	0		
✓ Family Relations!	hips: Family in Country of Origin		
Do you have family in your home	0 /		
Additional information on family	0		AND AND PROPERTY MADE
	hips: Family and Family Friends in the U.S.		
Do you have any relatives	0 /		
If yes, do you know where they are?	0 /		
Additional Information on family	0		
✓ Family Relations!	hips: Spouse/Partner		
Do you have a partner?	o //		
What is your partner's name and age?	0		
Do you live with your partner?	0 /		
If no, where does your partner live?			//////////////////////////////////////
Are you legally married	•		게이님인데(다음일등분위기((위원인))(다음
What is your relationship ?	•		
Have you ever been Involved	0		
If yes, explain ① Additional information on the	0		
sponsors Did any of your children come to	0 /		
the Do you have any	0 /		
children living ? Have any of your children	0		
Who is caring for your children?	0 /		
Additional	0 /		
information on the sponsors			

<ul> <li>Family Relations!</li> </ul>	nips: Children		
low do you Iscipilne your hildren	0	*	
ive you or your ouse/partner	0	7	
yes, explain 🌘		1	
ve you ever been olved in a child	0	1	
es, explain 0 you provide court	0		
ered financial es, explain	•	-	
e you ever had a	0	1	
ild removed yes, why? (Obtain	0	7	
cumentation) sve any of your susehold	0	/	
vembers yes, why? (Obtain ocumentation)	0	/	
cumentocom			
Household Comp	position		//HR (C)/2021//HR (C
escribe your home	D		
escribe where the inor will sleep	0		
AC to contribute	0		
yes, explain 🕚 oes anyone in the	0	1	
ousehold yes, explain 🕕		2	
o any of the ccupants have riminal	0		
yes, explain 🔘		1	
Previous Sponso	rships: Sponsor		
ave you ever	0	7	
itempted ave you ever	0	1	
tempted to sponsor yes, then why did	0	7	
ou withdraw? lave you ever been	0	1	
enled sponsorship yes, then why did	0	7	
ORR deny your s the child still	0	1	
esiding with you? f no, explain 🛛 🕥			
What contact do you till have with	0	1	
	0	1	
yes, why? 0		1	
lid the child received ost Release	0	· · · · · · · · · · · · · · · · · · ·	
yes, explain 0	0	<u> </u>	
or attending /hat is the child's	0	7	
urrent legal status loes the child have			
n upcoming Court			
lid you attend an OPC presentation? rescribe the UAC's	0		
urrent safety.,	~		
Previous Sponso	rships: Household Members & Alternate	Adult Caregiver	
ave any of your ousehold tembers	0	1	
id he/she ever ttempt to sponsor	0		
yes, then why did e/she withdraw?	0	1	
as he/she ever been enled	0	7	
yes, then why did RR deny his/her	0	×	
the child still islding with him/her	0	2	
no, explain 🛛		1	
e/she still have	0		
lid he/she undergo a ome study?	0	1	
f yes, why?		<i>F</i> .	

Did the child received	2	// J/Ka//89/J/S. S9// J/Ka//89/J
Post Release If yes, explain 0	7	
Is the child enrolled	7	
in or attending What is the child's	7	
current legal status Does the child have		
an upcoming Court		
Did you attend an OLOPC presentation?		
Describe the UAC's 0 current safety		
Sponsor's legal status  verified with	1	
✓ Proof of Immigration Status		
Sponsor Legal Status		
✓ Proof of Relationship		
Relationship to UAC	Sponsor Category	
For CAT 3 sponsor,	Relationship Verified	
explain how		
✓ Proof of Address		제품 그는 말 속 들었다. (한품
Address	Home Phone	
City	Alternate Phone Number	
State	Email	
Zip Code	Length of Stay at Current Address	
Smarty Streets Verified	Soogie Maps Verified	
Google Earth Verified	/	
Additional proof of address information	6	
✓ Proof of Financial Stability		
Does the sponsor nave a job?	6	
Name of Employer	7	
Type of Employment	/	
Location of Employment	8	
Length of Time at present employer	×	
Income	1	
Work Hours/Schedule	<i>k</i>	
Does the sponsor have financial needs?	E. C.	
If yes, explain	/	
✓ Sponsor Care Plan		
What school will the	8	
UAC attend? Does the sponsor	7	
know the school	- 7	
How will the UAC be transported to		
Are you aware of any 🔹 medical		
What are your plans 10 to address		
Are you aware of any nental health	/	[일일:6]노. 것][일(일(6)
What are your plans 0 to address the UAC's	1	
Does the minor have  any criminal		
Explain how you plan 🔹 🔹 to supervise	<i>1</i>	
Did the sponsor watch the Sponsor Video?	<i>x</i>	
Did the sponsor read 0 the Sponsor.	£	
✓ Sponsor's Knowledge of UAC'S Journey and Apprehension		
Describe the UAC's to day life	1	
Do you know why the OUAC decided	7	
Did the potential sponsor mention	1	
Did the potential O sponsor mention.	7	

When did the UAC leave his/her home	0	1
How long did the trip take?		1
If there is a debt still owed	0	1
Who paid for the UAC's trip to the U.S.?		1
How did the UAC get to the U.S.?		1
Where was the UAC planning on living	0	× 2
Do you know if the UAC has ever been	0	1
If yes, when?		7

When and why did you first decide	0	/
Who planned/organized your journey?		×
Please explain the costs of your	0	1
Did you experience any challenges	0	1
Where did you first live in the U.S	0	1
If you have traveled back to your	0	1
Additional information on sponsor's	0	7

### $\checkmark$ Human Trafficking Indicators of the Sponsor: Coercion Indicators

Has anyone ever threatened you or your.	0	1
If yes, explain 🛛		1

## $\checkmark$ Coercion Indicators: Have you ever experienced the following:

Held against your will?		1
If yes, explain		ž.
If yes, explain		2
Your documents stolen from you?		1
Someone trying to follow you?		2
Being threatened of report	0	1
Additional Information on coercion	0	X

### ✓ Human Trafficking Indicators: Debt Bondage/Labor Trafficking Indicators

Did you perform any work or provide	0	/
Who arranged the work?		2
What type of work did you perform	0	2
How often did you have to work?		/
If work conditions changed over time	0	1
Is there a debt?		1
What is the amount of the debt?		1
Has the debt amount ever increased?	0	· · · · · · · · · · · · · · · · · · ·
By how much?		1
When did it increase?	0	1
Why did it increase?	0	1
Have you or your family ever been	0	1
If yes, who threatened you and how?	0	2
What did you think would happen if you	0	1
Were you ever made to work	0	1
If yes, explain		1
Were you paid what was promised	0	2
Were expenses taken out of the pay?	0	: X
Did you receive pay or did someone	0	1

RE SARCE

If yes, what expenses?	0		
How did you get to the work site?	0 /		
Where did you live while working?	0 /		
Was your freedom of movement ever	0 /		
Were you ever restricted from quitting	0		
Were you ever restricted	0		
Did anyone arrange for you to work	0 /		
If yes, explain			
Additional information on debt bondage	0		
✓ Human Traffickir	ng Indicators of the Sponsor: TVPRA		
Based on the sponsor assessment	0		
If yes, provide a short summary	0 /		[]]@@\\[]]@@\
Referred to OTIP?	1		
Date referral made to OTIP?	0		
Based on the sponsor assessment	0		
If yes, provide a short summary	0 /		
✓ Fraud			
Have you ever been contacted and asked	• /		
If yes, explain	1		
Have you ever been contacted and asked	0		
If yes, explain 🔘	1		
✓ Additional Information	mation		
Use this section to report any	0 /		
✓ Case Manager's	Assessment of Sponsor and Concluding Remarks		
Use this section to provide a thorough.	0 /		
$\checkmark$ Certification			
I confirm that I have completed all	0		
Printed Name	1		
Title	1		
Created By		Last Modified By	

OMB 0970-0553 [valid through MM/DD/YYYY]

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to document the suitability assessment of a potential sponsor to provide for the safety and well-being of a UAC. Public reporting burden for this collection of information is estimated to average 1.0 hour 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.

UAC-S-5 [Rev. MM/DD/YYYY]

## System-Generated PDF



## OMB 0970-0553 [valid through MM/DD/YYYY] Administration for Children & Families Office of Refugee Resettlement

## **Sponsor Assessment**

	UAC BASIC INFORMATION	
First Name:	Status:	
Last Name:	AKA:	
Date of Birth:	Gender:	
A #:	Length of Stay:	
Age:	Current Program:	
Country of Birth:	Admitted Date:	

#### SPONSOR BASIC INFORMATION

Use this section to document the sponsor's linguistic and cultural background, including cultural, social, and communal norms and practices for the care of children.

First Name:	AKA:	
Last Name:	A #:	
Date of Birth:	Country of Birth:	
Age:	Country of Residency:	
Gender:	Primary Sponsor:	🗹 Yes 🗌 No

**Relationship to UAC:** 

#### SPONSOR CULTURAL INFORMATION

Use this section to document the sponsor's familial and other significant relationships in country of origin and in the U.S. A genogram (family tree) may be used as a tool to answer these questions and is required for distant relative Cat 3 potential sponsors.

Primary Language Spoken:

Other Languages Spoken: Additional cultural information: **Religious Affiliation:** 

FAMILY RELATIONSHIPS

Use this section to document the sponsor's familial and other significant relationships in country of origin and in the U.S. A genogram (family tree) may be used as a tool to answer these questions and is required for distant relative Cat 3 potential sponsors.

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to document the suitability assessment of a potential sponsor to provide for the safety and well-being of a UAC. Public reporting burden for this collection of information is estimated to average 1.0 hour 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.

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## **Office of Refugee Resettlement**

Family in Country of Origin         Do you have family in your home country? (If yes, describe below)         Additional information on family in country of origin: ok         Family and Family Friends in the U.S.         Do you have family or family friend in the U.S.? (If yes, list below)         Name       Age         Do you have any relatives who are also in ORR care?         If yes, do you know where they are?         Additional information on family and family friends in the U.S.:	□ Yes □ No ☑ Yes □ No Home Address	Gender	
Additional information on family in country of origin:       ok         Family and Family Friends in the U.S.       Do you have family or family friend in the U.S.? ( <i>If yes, list below</i> )         Name       Age       DOB         Do you have any relatives who are also in ORR care?       If yes, do you know where they are?	🗹 Yes 🗌 No	Gender	
Do you have family or family friend in the U.S.? ( <i>If yes, list below</i> )           Name         Age         DOB           Do you have any relatives who are also in ORR care?         If yes, do you know where they are?		Gender	
Name     Age     DOB       Do you have any relatives who are also in ORR care?     If yes, do you know where they are?		Gender	
Do you have any relatives who are also in ORR care? If yes, do you know where they are?	Home Address	Gender	
If yes, do you know where they are?			Relationship to Sponsor
If yes, do you know where they are?			
	🗆 Yes 🗌 No		
Additional information on family and family friends in the U.S.:	ok		
Spouse/Partner			
Do you have a partner? (if yes, answer below questions)	🗆 Yes 🗹 No		
What is your partner's name and age?			
Do you live with your partner?	🗆 Yes 🗹 No		
If no, where does your partner live? Are you legally married or is the relationship a partnership or cohabitation?			
What is your relationship like with your spouse?			
Have you ever been involved in a Dissolution of Marriage case?	🗆 Yes 🗆 No		
Additional information on the sponsor's partner: Children			
Do you have any children <i>(If yes, list below)</i>			
	Gender	Current Location	Name of Mother/Father
Do you have any children <i>(if yes, list below)</i>	Gender	Current Location	Name of Mother/Father
Do you have any children <i>(if yes, list below)</i>	Gender	Current Location	Name of Mother/Father
Do you have any children <i>(if yes, list below)</i> Name       Age       DOB         Image: Image of the light of th	Gender	Current Location	Name of Mother/Father
Do you have any children <i>(If yes, list below)</i> Name       Age       DOB         Image:		Current Location	Name of Mother/Father
Do you have any children ( <i>if yes, list below</i> )           Name         Age         DOB           Image: Im	Yes 🗆 No	Current Location	Name of Mother/Father
Do you have any children ( <i>if yes, list below</i> )          Name       Age       DOB         Image:	□ Yes □ No □ Yes □ No	Current Location	Name of Mother/Father

## **Office of Refugee Resettlement**

🗆 Yes 🗌 No
🗆 Yes 🗆 No

### HOUSEHOLD COMPOSITION

Use this section to document the sponsor's household composition, including the sponsor's knowledge of any household members who may have a serious, contagious disease; or criminal convictions or charges.

Does anyone else live in your home? (If yes, list below)

Name	Age	DOB	Gender	Phone Number	Relationship to Sponsor	Employed	Dependent on Sponsor Income	Background Checks	
1									
Describe your home:									
Describe where the minor will sleep:									
Do you expect the UAC	Do you expect the UAC to contribute to your household?								
If yes, explain:									
Does anyone in the hou	sehold ha	ive a serious,	contagious	disease? 🗌 Ye	es 🗆 No				
if yes, explain:									
Do any of the occupant other than minor traffic			ons or char	ges, 🗆 Ye	es 🗆 No				
If yes, explain:									

### PREVIOUS SPONSORSHIP

Use this section to document if the sponsor and/or the sponsor's household members have ever sponsored or attempted to sponsor another child. If the sponsor and/or the sponsor's household members did sponsor or attempt to sponsor a child, document the status of the child's safety and well-being.

Sponsor

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## **Office of Refugee Resettlement**

Name	A N	o. [	оов	Gender	Sponsor's Relationship to UAC	Current Location	ORR Release Decision	Date of Discharg	
ive you ever atte thdraw your app	mpted to sponsor lication?	a child from	ORR, but	decided to	🗆 Ye	s 🗆 No			
	hy did you withdra	w?							
ve you ever beer	n denied sponsors	hip by ORR?			🗆 Ye	s 🗆 No			
If yes, then wi	hy did ORR deny y	our sponsors	ship applic	ation?					
he child still resi	ding with you?				🗆 Ye	s 🗌 No			
lf no, explain:									
iat contact do yo	ou still have with t	he child?							
l you undergo a	home study?				🗆 Ye	s 🗌 No			
If yes, why?									
the child receiv	e Post Release Sei	vices?			🗆 Ye	s 🗆 No			
I the child receiv If y <i>es, explain</i>									
l the child receiv <i>If yes, explain</i> he child enrolled	d in or attending s	hool?				s 🗆 No s 🗆 No			
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## Sponsor Assessment Office of Refugee Resettlement

Is the child still residing with him/her?	🗆 Yes 🗆 No	
if no, explain:		
What contact does he/she still have with the child?		
Did he/she undergo a home study?	🗆 Yes 🗆 No	
If yes, why?		
Did the child receive Post Release Services?	🗆 Yes 🗆 No	
if yes, explain		
Is the child enrolled in or attending school?	🗆 Yes 🗆 No	
What is the child's current legal status?		
Does the child have an upcoming Court hearing? If so, what is the date?		
Did he/she attend an LOPC presentation?	🗆 Yes 🗆 No	
Describe the UAC's current safety and well-being since release from ORR care to the sponsor:		

### PROOF OF IDENTIFY

Use this section to document information and documents provided by the sponsor to establish the sponsor's identity and confirm that the sponsor's identity was verified. If the sponsor's identity was unable to be verified, provide an explanation under the "Additional information on identity" section below.

#### Sponsor

List proof of identity documents provided:

applicable)	Government Agency	
	🗆 Yes 🗆 No	🗆 Yes 🗆 No

**Household Members** 

List proof of identity documents provided:

Household Member Name	Identity Document Type	Expiration Date (if applicable)	Document Verified by Government Agency	Picture ID
			🗆 Yes 🗆 No	🗆 Yes 🗆 No

#### Adult Caregivers

List proof of identity documents provided:

Adult Caregiver Name	Identity Document Type	Expiration Date (if applicable)	Document Verified by Government Agency	Picture ID
			🗆 Yes 🗆 No	🗆 Yes 🗆 No

## **Office of Refugee Resettlement**

Sponsor Legal Status:				
Sponsor's legal status verified with non-exp	aired document(s): 🛛 Yes 🗆 No			
List proof of immigration status or U.S. citiz	enship document(s) provided:			
•				
Proof of Immigration Document Type	Expiration Date (if applicable)	Date Document Issued (if applicable)	Verified by Government Ag	ency or Consulate
		(o appressio)	🗌 Yes 🗌 N	lo
the shire of the design of the formation	PROOF OF RE		and the sector of the sector o	a confirm that the
Use this section to document information a relationship was verified. If the sponsor's re				
related to or knows the UAC and/or the UA	C's family" section below.			
Sponsor's Relationship to UAC: Father		Sponsor Category:		
Sponsor's Relationship to UAC is Verified:	🗆 Yes 🗹 No			
	ed:			
List proof of relationship documents provid				
List proof of relationship documents provid Relationship Document Type	Expiration Date (if applicable)	Date Document Issued (if applicable)	Verified by Government Agency or Consulate	Picture ID
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Relationship Document Type Explain how the sponsor is related to or kno family: Use this section to document information a and that the reported address is a residence	ows the UAC and/or the UAC's PROOF OF nd documents provided by the spons	(if applicable) ADDRESS sor to establish that the spor	Agency or Consulate Yes No Yes No sor lives at the address he/sh	Yes No
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Relationship Document Type Explain how the sponsor is related to or kno family: Use this section to document information at and that the reported address is a residence address information" section below. What is your current address and contact in Address: City: State: Zip Code: How long have you lived at the current address	pows the UAC and/or the UAC's PROOF OF nd documents provided by the spons a. If the sponsor's address was unable of formation? ( <i>enter below</i> ) ress?	(if applicable) ADDRESS sor to establish that the spor e to be verified, provide an e Home Phone: Alternate Phone: Email:	Agency or Consulate	Yes No
Relationship Document Type         Explain how the sponsor is related to or knofamily:         Use this section to document information at and that the reported address is a residence address information" section below.         What is your current address and contact in Address:         City:         State:         Zip Code:	pws the UAC and/or the UAC's PROOF OF nd documents provided by the spons a. If the sponsor's address was unable of ormation? ( <i>enter below</i> ) ress? ress?	(if applicable) ADDRESS sor to establish that the spor e to be verified, provide an e Home Phone: Alternate Phone: Email: gle Maps?	Agency or Consulate Yes No Yes No Isor lives at the address he/sh	Yes No
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**Office of Refugee Resettlement** 

List proof of address documents provided:

Address Document Type	Date Document Issued (if applicable)
Additional proof of address information:	
Address History (Required for the past 5-years)	

Address Date Range Resided at Address City State Zip Code

PROOF OF STABILITY						
Discusses with the sponsor, his/her ability to support and financially provide for the minor while in their care.						
🗆 Yes 🗆 No						
🗆 Yes 🗆 No						
<i>If yes, explain:</i> Ust proof of address documents provided:						
nt Type	Date Document Issued (if applicable)					
	nancially provide for the minor while in th					

## SPONSOR CARE PLAN

Use this section to document that the sponsor's plan to care for the minor adequately addresses the care, supervision, safety, education, and resources required to meet the UAC's needs.

### Care Plan

What school will the minor attend?

🗌 Yes 🗌 No

Does the sponsor know the school enrollment process? How will the UAC be transported to and from school?

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## **Office of Refugee Resettlement**

Are you aware of any medical conditions of the UAC which will need treatment?

What are your plans to address the UAC's health care needs? List the medical services in your area. (If the UAC is pregnant or with child, also address the health care plans for the UAC's child)

Are you aware of any mental health conditions of the UAC which will need treatment?

What are your plans to address the UAC's mental health care and counseling needs? List the mental health services in your area.

Does the minor have any criminal history or behavior issues that you are aware of?

Did the sponsor watch the Sponsor Video?

Did the sponsor rea	d the Sponsor Handbook?	🗆 Yes 🗆 No

#### Safety Plan

Explain how you plan to supervise and ensure the safety of the UAC:

#### Supervision Plan

Does the sponsor have family or friends nearby that will be helping in caring for the minor? (If yes, list the individual(s))

Name	Age	DOB	Gender	Phone Number	Relationship to Sponsor	Employed	Dependent on Sponsor Income	Background Checks

🗆 Yes 🗆 No

#### Alternate Adult Caregiver Plan

List the adult caregiver who will assume responsibility for the UAC if Sponsor becomes unavailable?

Name	Age	DOB	Gender	Phone Number	Relationship to Sponsor	Employed	Dependent on Sponsor Income	Background Checks

### SELF-DISCLOSED CRIMINAL HISTORY

Use this section to document the sponsor's self-disclosures of any criminal charges, sexual offenses or child abuse/neglect charges or arrests.

Any criminal history? (if yes, list below)

History of Incarceration or Detention

Crime	Date	Conviction	Location
	-		

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## **Office of Refugee Resettlement**

Additional information on criminal history:

List any child abuse and neglect history:

### UAC JOURNEY AND APPREHENSION Use this section to document if the UAC journeyed to the U.S. to live with this sponsor and to assess if the potential sponsor had a role in coordinating or financing the journey. Also, this section will help assess how much the potential sponsor knows about the UAC's journey, which should be compared against the UAC Assessment responses. Describe the UAC's day to day life in home country: Do you know why the UAC decided to travel to the U.S. at this time? Did the potential sponsor mention any U.S. 🗌 Yes 🗌 No immigration policy or practice as a factor in the UAC's decision to travel to the U.S.? Did the potential sponsor mention economic, job, or 🗆 Yes 🗆 No educational opportunities as a factor in the UAC's decision to travel to the U.S.? When did the UAC leave his/her home country (month, day, and year)? How long did the trip take? If there is a debt still owed for the UAC's journey, please explain Who paid for the UAC's trip to the U.S.? How did the UAC get to the U.S.? Where was the UAC planning on living in the U.S. and with whom? 🗆 Yes 🗆 No Do you know if the UAC has ever been to the U.S. before? If yes, when?

### HUMAN TRAFFICKING

Use this section to document any trafficking concerns in the sponsor's country of origin and in the U.S. and to determine if additional services or referrals are needed. It should be explained to the sponsor that this information is not for immigration purposes, but to have a better understanding of his/her journey and any challenges they may have faced during this time.

Sponsor's Journey to the U.S. (if applicable)

Use this section to document information regarding the sponsor's journey from their country of origin will be gathered here.

When and why did you first decide to travel to the U.S.?

Who planned/organized your journey?

Please explain the costs of your journey, and any outstanding debt that needs

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## **Office of Refugee Resettlement**

to be repaid:	
Did you experience any challenges, trauma, or abuse by family in home country?	🗆 Yes 🗆 No
Where did you first live in the U.S. and with whom?	
If you have traveled back to your country of origin since your arrival in the U.S., please explain	
Additional information on sponsor's journey to the U.S.:	
Coercion Indicators	
Use this section to assess for indicators of trafficking by force, fraud, or coercion U.S. This includes any pressure, threats, deception, or harm experienced by the	
Has anyone threaten you or your family?	🗆 Yes 🗆 No
If yes, explain:	
Have you ever experienced the following:	
Held against your will?	🗆 Yes 🗆 No
If yes, explain	
Your documents stolen from you?	🗆 Yes 🗆 No
Someone trying to follow you?	🗆 Yes 🗆 No
Being threatened of report to police or immigration?	🗆 Yes 🗆 No
Additional information on coercion indicators:	
Debt Bondage/Labor Trafficking Indicators	
Use this section to assess for indicators of debt bondage and labor trafficking in This includes any information regarding contracts, commitments, arrangement sponsor felt unsafe or scared in their working environment.	
Did you perform any work or provide any services?	🗆 Yes 🗆 No
Who arranged the work?	
What type of work did you perform and where?	
What type of work did you perform and where? How often did you have to work?	
How often did you have to work?	□ Yes □ No
How often did you have to work? If work conditions changed over time, please explain?	🗆 Yes 🗆 No
How often did you have to work? If work conditions changed over time, please explain? Is there a debt?	□ Yes □ No
How often did you have to work? If work conditions changed over time, please explain? Is there a debt? What is the amount of the debt?	
How often did you have to work? If work conditions changed over time, please explain? Is there a debt? What is the amount of the debt? Has the debt amount ever increased?	
How often did you have to work? If work conditions changed over time, please explain? Is there a debt? What is the amount of the debt? Has the debt amount ever increased? By how much?	
How often did you have to work? If work conditions changed over time, please explain? Is there a debt? What is the amount of the debt? Has the debt amount ever increased? By how much? When did it increase?	
How often did you have to work? If work conditions changed over time, please explain? Is there a debt? What is the amount of the debt? Has the debt amount ever increased? 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	□ Yes □ No
How often did you have to work? If work conditions changed over time, please explain? Is there a debt? What is the amount of the debt? Has the debt amount ever increased? 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

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If yes, explain:	
Did you receive pay or did someone else keep the pay?	
Were you paid what was promised when you started working and were those promises kept?	
Were expenses taken out of the pay?	🗆 Yes 🗆 No
If yes, what expenses?	
How did you get to the work site?	
Where did you live while working?	
Was your freedom of movement ever restricted or closely monitored?	
Were you ever restricted from quitting or leaving the work?	
Were you ever restricted from communicating or socializing with others, not allowed to speak for yourself, told what to say, or isolated from others?	
Did anyone arrange for you to work after arriving in the U.S.?	🗆 Yes 🗆 No
If yes, explain:	
Additional information on debt bondage/labor trafficking indicators:	
TVPRA	
Use this section to document whether the case requires a TVPRA-mandated ho relevant sources.	me study based information gathered in this assessment and from any other
Based on the sponsor assessment, does the sponsor present signs of being abused, maltreated, exploited, or trafficked?	🗆 Yes 🗆 No
If yes, provide a short summary:	
Referred to OTIP?	🗆 Yes 🗆 No
Date referral made to OTIP?	
Based on the sponsor assessment, does the sponsor clearly present a risk of abuse, maltreatment, exploitation, or trafficking to the UAC?	🗆 Yes 🗆 No
<b>*</b> -	
If "Yes" is checked, the case must be referred for a mandatory home study.	

### FRAUD

Use this section to document if any individual or entity has attempted to defraud the sponsor in relation to the ORR reunification process.

Have you ever been contacted and asked to pay fees/money  $\hfill\square$  Yes  $\square$  No related to the release of the minor?

If yes, explain:

Have you ever been contacted and asked to pay fees/money  $\Box$  Yes  $\Box$  No related to the release of a minor you previously sponsored or attempted to sponsor and not reported it to ORR?

If yes, explain:

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### ADDITIONAL INFORMATION

Use this section to report any additional information that may be pertinent to the sponsor's assessment that has not been covered in the sections above or that require further elaboration.

## CASE MANGER'S ASSESSMENT OF SPONSOR AND CONCLUDING REMARKS

Use this section to provide a thorough assessment of the sponsor's ability to safely care for the UAC, provide for the UAC's individual needs, and ensure the safety and well-being of the UAC.

### CERTIFICATION

I confirm that I have completed all of the required sections and the information is accurate.

Print Name: Title: Created By: Date:

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