UAC Case Review (Form S-12)

Data Entry Window

| New Admission Assessment: UAC Case Review | | | | | | |
|---|---------|------|----------|-------------|----------------|---|
| Assessment ID | | | | * Admission | Entry-00001026 | × |
| * Assessment Status | Pending | | • | | | |
| System Information | | | | | | |
| Submitted DateTime | Date | Time | 0 | | | |
| | | Can | cel Save | & New Save | | |

UAC Case Review Page – Basic Information Tab

| | Admission Assessment UAC Case Review | | |))(())))((())) | 89 m Z110)) | |
|---------------------------------------|---|-----------------------------|-----------------------|----------------|-----------------------|-----------------|
| | Assessment ID Assessment-00000077 | Admission Entry-00001026 | UAC | | | |
| | 🖽 UAC Basic Informatio | n | | | | 뎼 Open |
| [PHOTO] | A # | | АКА | | Gender | |
| | DOB | | Age | | СОВ | |
| | Status | | Current Program | | Admitted DateTime | |
| | LOC | | LOS | | Gender Other | |
| | | | | | | |
| Basic Information Relationsh | ips Criminal Trafficki | ng TVPRA Doo | cuments Certification | | Pending | Submitted |
| Age-determination or Identity | / Concern | | | | Assessment Status | 5: Pending |
| Concern with UAC's age or identity? 1 | | AKA A# | | | ✓ Mark Assessment Sta | tus as Complete |

| Was the Birth Certificate Authenticated? | AKA Name | 1 | Kons | | |
|--|---|------------------|------|------|--|
| Birth Certificate Authenticated Date | AKA DOB Per Birth Certificate | 1 246 | | | |
| Authenticated Date | AKA Age | le la | | | |
| Other Documents sent for authentication? | | 1 00 | | | |
| Document Type | | 1 | | | |
| Authentication Summary | | 1 | | | |
| Additional UAC Information | | | | | |
| UAC Case Review Type | | 1 | | | |
| Case Manager | Clinician | 1 | | | |
| Who did UAC live with before placement? | City of Birth | 1 | | | |
| Religious Affiliation | Neighborhood of Birth | | | | |
| Separated from Parents/Legal Guardian? | Parent Separation Case Updates | | | | |
| Migrant Protection // Protocol case? | MPP Case Updates | 7 | | | |
| C Medical | | | | 7999 | |
| List any allergies: | Do you feel unwell? | 1 Dia | | | |
| If yes, what are your symptoms? | Health care needs are being addressed? | e 10. | | | |
| Additional medical Information | | 1 01 | | | |
| U Existing Mental Health Diagnoses (2) | | C | | | |
| | on V Specify Cond V Discontinued? V | Current Status ∨ | | | |
| Diagnosis Id V Associated H V Category V Condition | on V Specify Cond V Discontinued? V | | | | |
| | | <u>~</u> | | | |
| 4 | 10 N | • | | | |
| C Mental Health | | | | | |
| Date Completed | | 2 | | | |
| UAC's Current Functioning | | 1 | | | |
| Date of Evaluation | Evaluator | 1 | | | |
| Recommendations/Su mmary | | 1 | | | |
| | | | | | |

Case Plan

| Mental Health | SIRS/Internal Reports | 1 |
|-------------------------------------|-------------------------------------|---|
| Medical | Legal | |
| Is the UAC Medically Fit to Travel? | Medically Cleared for Discharge? | 1 |
| Reunification | | |

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

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UAC-S-12 [Rev. MM/DD/YYYY]

UAC Case Review Page – Relationships Tab

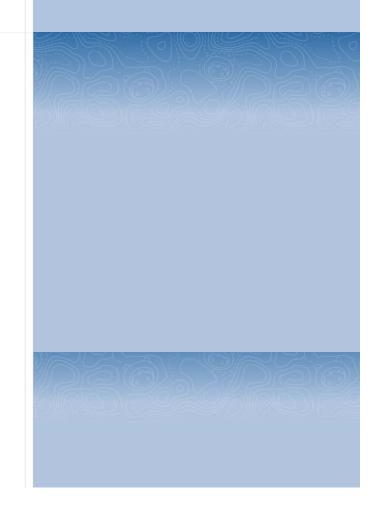
| Basic Information <u>Relationships</u> C | riminal Traffickin | g TVPRA I | Documents Certif | cation | | Pending | Submitted |
|---|-----------------------|-----------------------|------------------------|--------------------|-----|---------------|-------------------------|
| | | | | | | Assessme | ent Status: Pending |
| Sponsor Information | | | | | | ✓ Mark Assess | ment Status as Complete |
| Adult Contact Relationships (2) | | | | New C ¹ | | | |
| Adult Contact R Adult Contact Type | ✓ Relationshi | p 🗸 Date of Birt | h ∨ Phone Num \ | New Entry | | | |
| | | | | New Entry | | | |
| Previous Sponsor Applications (2) | | | | C | | | |
| Previous Sponsor A UAC 🗸 ل | UAC A# V | Adult Contact 🛛 🗸 | Relationship to \lor | Program Spons 🗸 | | | |
| | | | | | | | |
| Sponsor Information about current sponsor sha | ared by UAC and UAC's | family/friends via in | terview | | | <u>Kuo</u> i | O'ESSS |
| C Sponsor Information | | | | | | | |
| Substance use concerns? | | If yes, explain | | | AGA | | |
| Domestic violence concerns? | | If yes, explain | | | | | |

| Child abuse or neglect concerns? | |
|---|--|
| Mental health issues? | |
| Does the sponsor have any family support | |
| Does sponsor have known special needs? | |
| Does the sponsor have financial needs? | |
| What kind of housing does sponsor have? | |
| Provide details | |

| If yes, explain | |
|--|--|
| If yes, explain | |
| Specify | |
| If yes, explain | |
| If yes, explain | |
| How will your sponsor discipline you? (1) | |

History of Incarceration

| rime | |
|---|----|
| | |
| | 1 |
| | |
| ate | |
| | i |
| ingth of Sentence | |
| | |
| | |
| | 11 |
| ocation | |
| caton | |
| | |
| | 1 |
| oes Sponsor have a known history of involvement with immigration? | |
| | |
| Select an Option | • |
| oes the sponsor have criminal history? | |
| Select an Option | ~ |
| et any Folony convictions | |
| st any Felony convictions | |
| | |
| | 1 |
| | |
| st any Misdemeanor | |
| | |
| | |



| List any Probation/Parole | |
|--|--|
| List/Explain disclosed criminal activity | |
| Save | |
| DMB 0970-0553 [valid through MM/DD/YYYY] | |
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Adult Contact Relationships Data Entry Window

| nformation | | | | | |
|-------------------------|---------------------------|---|--------------------------------|-----------------------|---|
| Adult Contact | | | * Type | | • |
| Relationship ID | | | | View all dependencies | |
| * UAC | 53 | × | * Adult Contact | Search Profiles | Q |
| Relationship to UAC | None | • | Explain Relationship to UAC | | |
| Relationship Verified | | | Declined Reason | None | • |
| | | | | View all dependencies | |
| Date Assigned as Primar | ry Sponsor Time | | Declined Reason Notes | | |
| | | ٩ | | | , |
| Declined Date | | | | | |

| Test DNA Test Date Date DNA Test Results Received Lab Name | DN/ Exp | A Test Type A Test Type Other | None | © • |
|--|---------------|---------------------------------------|------|--------|
| Date DNA Test Results Received | DN/ Exp | A Test Type Other | | |
| Date DNA Test Results Received | DN/ Exp | A Test Type Other | None | • |
| Results Received | Exp | | | |
| Lab Name | Prot | lanation | | |
| | Rela | bability of ationship rcentage) | | |
| ontact Details | | | | |
| Proof of RelationshipNone | ▼ Con Date | atact Restricted | | 苗 |
| Notes | Con Date | e | | li |
| Contact Approved Date | t Unr | estricted Notes | | li |
| Contact Discontinued Date | Con | ntact Type | None | • |
| Discontinued Notes | 1 | | | |
| ystem Information | | | | |
| Legacy Id | | | | |

UAC Case Review Page – Criminal Tab

| Basic Information Relationships Criminal Trafficking TVPRA Documents | Certification Pending Submitted |
|--|---|
| C UAC Criminal Details | Assessment Status: Pending |
| Criminal Concerns? | ✓ Mark Assessment Status as Complete |
| Gang Affiliation | 1 |
| Footguide | |
| Criminal Charges () | New |
| 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 collect collection of information is estimated to average 2 hours per response, including the time for reviewing instructions, gathering and m Security Act, 6 U.S.C. 279). An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information please contact <u>UACPOlicy@acf.hhs.gov</u> . | naintaining the data needed, and reviewing the collection of information. This is a mandatory collection of information (Homeland |
| UAC-S-12 [Rev. MM/DD/YYYY] | |

Criminal Charges Date Entry Window

| | New Referral Related | Record: Criminal Cha | arges |
|-------------------------------|----------------------|-----------------------------|------------------------|
| Referral Related Record ID | | | |
| * Referral | Entry-00001026 × | Arrested Date | ä |
| | | Arrested For | ĥ |
| * Charged | None | Charged Date | i |
| | | * List of Charges | ĥ |
| Adjudicated | None | Outcome of Criminal Case | ĥ |
| | | Summary of Events | ĥ |
| | | | Cancel Save & New Save |

UAC Case Review Page – Trafficking Tab

| Basic Information | Relationships | Criminal | <u>Trafficking</u> | TVPRA | Documents | Certification | | Pending | | Submitted |
|--------------------------------|------------------------------|--------------------|--------------------|-------|-----------|---------------|---------|-------------|------------------|-------------|
| Trafficking | | | | | | | 24 | Assessm | nent Status: Per | nding |
| | | | | | | | | ✓ Mark Asse | ssment Status a | s Complete |
| Who planned/organized you | r journey? | | | | | | Collins | | | 70000000000 |
| | | | | | 2 | | | | | |
| | | | | | 10 | | | | | |
| Did a family member or fam | ily friend pay for your trav | vel to the U.S.? | | | | | | | | |
| Select an Option | | | | | • | | | | | |
| What were you told about th | e arrangements before ti | he journey? | | | | | | | | |
| | | | | | | | | | | |
| | | | | | h | | | | | |
| Did the arrangements chang | e during the journey? | | | | | | | | | |
| Select an Option | | | | | • | | | | | |
| If yes, how? | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | h | | | | | |
| Does your family or family fri | end owe money to anyor | ne for the journey | ? | | | | S | | | |
| Select an Option | | | | | • | | N.J | | | |
| If yes, how much? | | | | | | | | | | |
| | | | | | | | 14 TES | | | |
| | | | | | | | | | | |
| Whom is the money owed? | | | | | | | | | | |
| | | | | | | | | | | |
| C | | | | | | | | | | |
| Who is expected to pay? | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | 11 | | | | | |
| What do you expect to happ | en if payment is not mad | le? | | | | | | | | |
| | 1011-00 | | | | | | | | | |
| | | | | | 1 | | | | | |
| | | | | | | | | | | |
| | | | | | | Save | | | | |

Coercion Indicators

| Did anyone threaten your or your family? | |
|---|-----|
| Select an Option | |
| If yes, who made the threats? | |
| | |
| | 1 |
| | |
| Were you ever physically harmed? | |
| Select an Option | |
| If yes, how? | |
| | |
| | 1 |
| | |
| Was anyone around you ever physically harmed? | 5 |
| Select an Option | |
| If yes, who? | |
| | |
| | h |
| | |
| Were you ever held against your will? Select an Option | |
| | |
| If yes, where? | |
| | |
| | -11 |
| Did anything bad happen to anyone else in this situation or anyone else who tried to leave? | |
| Select an Option | |
| What happened and to whom? | |
| | |
| | 1 |
| | |
| Did anyone ever keep/destroy your documents? | |
| Select an Option | • |
| If yes, who and what? | |
| | |
| | /_ |
| | |
| Did anyone ever threaten to report you to the police/immigration? | |
| Select an Option | |

SOLUMBSOLU

| If yes, who? | { -) @ @ \ @ @ @ @ @ @ @ @ @ |
|---|---|
| | |
| | 이때 않는 거나는 것은 것이에 앉는 거나는 |
| | |
| Are you worried anyone might be trying to find you? | |
| Select an Option | |
| | |
| If yes, who? | |
| | |
| | |
| | |
| Save | |
| | |
| Debt Bondage/ Labor Trafficking | |
| | |
| Did you perform any work or provide any services? | |
| Select an Option | |
| If yes, what and where? | |
| n yes, what and where: | |
| | |
| | |
| | M 292 EMA ZM 292 EM |
| Who arranged the work? | 12116101161062.9481181011F10 |
| | |
| | |
| | |
| What type of work did you perform? | |
| | |
| | |
| | |
| | |
| What was the work schedule? | |
| | |
| A | |
| | |
| Did work conditions change over time? | |
| | |
| | |
| | |
| Llaur did you get to the work site? | |
| How did you get to the work site? | |
| | |
| | |

| Where did you live while working? | |
|--|---|
| | |
| | |
| | |
| Is there a debt? | |
| Select an Option | |
| If yes, has any debt amount increased? | |
| Select an Option | |
| By how much? | |
| | |
| | |
| | |
| When did it increase? | |
| when did it increase? | |
| | |
| | |
| Why did it increase? | |
| | 1911011-1919 (STENDO11-19 |
| | (KSA) OUKSA) |
| | 11 - LE - OKA Z11 - LE - OK |
| Have you or your family ever been threatened over payment or work for the journey? | (A) |
| Select an Option | |
| If yes, who threatened you and how? | |
| | |
| | |
| | |
| What did you expect would happen if you left the job or stopped working? | |
| | |
| | |
| | |
| Were you ever made to work or do anything you did not want to do? | |
| Select an Option | |
| | |
| Did you receive pay or did someone else keep the pay? | |
| | |
| | |
| Were you paid what was promised when you started working? | |
| | |
| | |

Were expenses taken out of the pay?

Select an Option

If yes what?

Commercial Sex Indicators

| Select an Option Did anyone ever pay/accept money/anything of value from other people in order to see you naked or in your underv | * |
|--|----------|
| Did anyone ever pay/accept money/anything of value from other people in order to see you naked or in your underv | |
| | vear? |
| Select an Option | |
| Did anyone ever ask to take pictures or recording of you naked or engaged in sex acts? | |
| Select an Option | |
| Did anyone ever pay/accept money/anything of value from other people in order to see you naked or in your underv | vear? |
| Select an Option | |
| Did anyone ever ask to take pictures or recording of you naked or engaged in sex acts? | |
| Select an Option | |
| If so, did they offer you money/anything of value to do this or did they accept money/anything of value from others to see these pictures or recordings? | in order |
| Select an Option | |
| Did anyone ever ask or expect you to perform sexual acts in exchange for money/anything of value? | |
| Select an Option | |
| Did anyone ever promise or give money or anything of value to you in exchange for sexual acts? | |
| Select an Option | |
| Is there a trafficking concern? | |
| Select an Option | |
| If yes, date of trafficking referral: | |
| | 苗 |



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w

Save

Save

UAC-S-12 [Rev. MM/DD/YYYY]

UAC Case Review Page – TVRPA Tab

| Basic Information Relationships Criminal Trafficking <u>TVPRA</u> Documents | Certification Pending Submitted |
|---|---|
| Mandatory TVPRA 2008 | Assessment Status: Pending |
| | ✓ Mark Assessment Status as Complete |
| Based on the most recent trafficking screening, is the child a victim of a severe form of trafficking in persons? Select an Option | Commission Concernance Commission Contraction |
| Selectan option | |
| If yes, provide a short summary | |
| | |
| | |
| Date eligibility letter issued | |
| 苗 | |
| Based on the most recent screening for disabilities, does the child have a disability as defined in section 3 of the Americans with Disabilities Act of 1990, 42 U.S.C. § 12102(1)? | |
| Select an Option | |
| If yes, specify disability | |
| | |
| | |
| Based on the most recent screening, has the child been a victim of physical or sexual abuse under circumstances that indicate that the child's health or welfare has been significantly harmed or threatened? | MRQDE LESSION RODES |
| Select an Option | |
| If yes, provide a short summary | |
| | |
| | |
| | |
| Based on the sponsor risk assessment, does the sponsor clearly present a risk of abuse, maltreatment, exploitation, or trafficking to the UAC? | |
| Select an Option | |
| If yes, provide a short summary | |
| | |
| | |
| | |
| | Save |
| | |
| DMB 0970-0553 [valid through MM/DD/YYYY] | |

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UAC Case Review Page – Documents Tab

| Basic Information | Relationships | Criminal | Trafficking | TVPRA | Documents | Certification | Pending | Submitted |
|--|-----------------|-----------|-------------|-------------|------------|------------------------|------------------------------------|-----------------------|
| Case Managemen | t Documents (1) | | | | | Refresh Add Documents | Assessment S | tatus: Pending |
| Case Managemen | | | | | | Kerresh Add Documents | Mark Assessmen | nt Status as Complete |
| Title ↑ | Original 🗸 🛛 R | ecord T 🗸 | Other Do 🗸 | Descripti 🗸 | Date Rec 🗸 | Created By ∨ Created ∨ | | |
| | | | | | | | | |
| 1 | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| OMB 0970-0553 [valid through M | M/DD/YYYY] | | | | | | | |
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| UAC-S-12 [Rev. MM/DD/YYYY] | | | | | | | | |

Documents Data Entry Window

| ecord Type | | | |
|--------------------------------------|---------|-------------------------------------|------|
| | | | ٠ |
| *Title | | Verified by Government Agency/Consu | late |
| | | None | • |
| * Document Type | | Entry | |
| None | * | Search Entries | Q, |
| Date Document Issued (if applicable) | | Individual | |
| | | Search Profiles | Q. |
| Date Received | | Adult Contact Relationship | |
| | 茴 | Search Adult Contact Relationshi | Q, |
| Expiration Date | | | |
| | 茴 | | |
| Description | | | |
| | | | |
| | | | |

UAC Case Review Page – Certification Tab

| Basic Information Relationships Criminal Trafficking TVPRA Docur | nents <u>Certification</u> | Pending Submitted |
|--|---|---|
| Admission - Clinician Certification | | Assessment Status: Pending |
| I confirm that I have completed all of the required sections and the information is accurate to the best of my knowledge. | | ✓ Mark Assessment Status as Complete |
| Printed Name 🕚 | | |
| Search undefined | Q | |
| Title (Staff Title) | | |
| Translator Name | | |
| Language | | |
| | Save | |
| Admission - CM Certification | | |
| I confirm that I have completed all of the required sections and the information is accurate to the best of my knowledge. | | |
| * Printed Name 🚯 | | 2m (60/9) (6/2272 m (60/9) (6/ |
| Search undefined | Q | |
| Title (Staff Title) | | |
| Translator Name | | |
| Language | | |
| | | |
| | Save | |
| C System Information | | |
| Created By Last Modified By | | |
| Legacy Id Submitted DateTime | | |
| OMB 0970-0553 [valid through MM/DD/YYYY] | | |
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| UAC-S-12 [Rev. MM/DD/YYYY] | | |
| | | |