# 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]

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to document new information obtained after completion of the UAC Assessment. Public reporting burden for this collection of information is estimated to average 2 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This is a mandatory collection of information (Homeland Security Act, 6 U.S.C. 279). 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>.

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

#### UAC Case Review Page – Relationships Tab

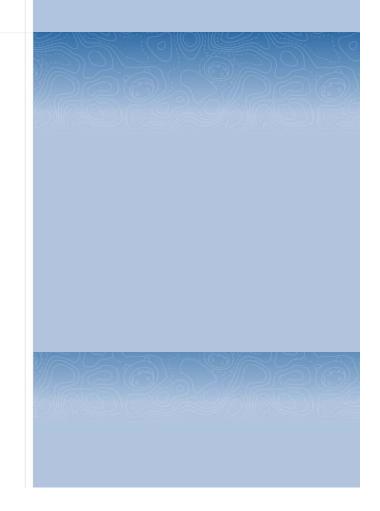
Basic Information <u>Relationships</u> C	riminal Traffickin	g TVPRA I	Documents Certif	cation		Pending	Submitted
						Assessme	ent Status: Pending
Sponsor Information						✓ Mark Assess	ment Status as Complete
Adult Contact Relationships (2)				New C <sup>1</sup>			
Adult Contact R Adult Contact Type	✓ 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]	
THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to document new information c of information is estimated to average 2 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the co 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 subject to the requirements of the Paperw	lection of information. This is a mandatory collection of information (Homeland Security

have any comments on this collection of information please contact UACPolicy@acf.hhs.gov.

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

## 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	<b>ry Sponsor</b> Time		Declined Reason Notes		
	<b></b>	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 <b>Criminal</b> 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



THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to document new information obtained after completion of the UAC Assessment. Public reporting burden for this collection of information is estimated to average 2 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This is a mandatory collection of information (Homeland Security Act, 6 U.S.C. 279). 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>.

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]	

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to document new information obtained after completion of the UAC Assessment. Public reporting burden for this collection of information is estimated to average 2 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This is a mandatory collection of information (Homeland Security Act, 6 U.S.C. 279). 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>.

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

#### 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	<ul> <li>Mark Assessmen</li> </ul>	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]							
THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to document new information obtained after completion of the UAC Assessment. Public reporting burden for this collection of information is estimated to average 2 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This is a mandatory collection of information (Homeland Security Act, 6 U.S.C. 279). 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> .								
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	
	<b></b>	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]		
THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this inform of information is estimated to average 2 hours per response, including the time for reviewing instructions, gathering and 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 infor have any comments on this collection of information please contact <u>UACPolicy@acf.hhs.gov</u> .	maintaining the data needed, and reviewing the coll	ection of information. This is a mandatory collection of information (Homeland Security
UAC-S-12 [Rev. MM/DD/YYYY]		