

EXHIBIT M

PART 2

Please note that care providers cannot require a sponsor to use their own travel agent if the sponsor is able to make alternative arrangements that would promptly discharge the child within a substantially similar time period.

Care providers must consult with their assigned Project Officer if they have any questions or concerns about using program funds to purchase air travel.

2.8.3 Closing the Case File

 [See Section 2.8.3 of the UAC Policy Guide](#)

PROCEDURES

After the care provider exits the UAC from its program, the UAC's electronic record in the UAC Portal remains open. **After 45 days**, the UAC's electronic record in the Portal is closed.



2.8.4 Safety and Well-being Follow Up Call

 [See Section 2.8.4 of the UAC Policy Guide](#)

PROCEDURES

Safety and Well-Being Follow Up Calls must be made for all UAC released to an individual sponsor. The purpose of the Safety and Well-Being Follow Up Call is to determine whether the child is still residing with the sponsor, is enrolled in or attending school (unless the child is 18 years old at the time of the call), is aware of upcoming court dates, and is safe (see [Quick Glance: How to Check EOIR Hotline for UAC Immigration Hearing Information](#)).

Quick Glance: How to Check EOIR Hotline for UAC Immigration Hearing Information

The EOIR Hotline—**1-800-898-7180**—can help case managers, sponsors, and UAC check the date for an upcoming hearing and provide other details related to an immigration case. The service is available in English and Spanish.

Callers enter the UAC's A number and are given the option to 1) find out the next court date (press "1"), 2) case processing information (press "2"), or 3) find out whether a decision has been reached in a case (press "3").

1. **30 calendar days after release of a UAC**, the care provider's designated staff person calls the sponsor and the UAC to conduct the call. The care provider must make a minimum of 3 attempts to speak with both the sponsor and the UAC unless the phone is disconnected. The care provider must make all call attempts within the 7 days following the 30 day mark of the UAC's release. The care provider must not begin making calls prior to that 30 day mark and must make the call even if the sponsor or the UAC reaches out to them independently. 📞📧📖
2. During the call, the designated staff confirms that the sponsor still resides at the address on the *Verification of Release* form. If the sponsor has moved, the staff person documents if an updated address is provided in the UAC case file and reminds the sponsor to file a change of address with DHS. The designated staff also notifies the PRS provider about the new address if the case was designated for PRS. 📞📧📧
3. The designated staff makes every effort to speak to the sponsor and UAC separately on the following topics:

Sponsor Topics

- Is the child still residing with the sponsor?
- Is the child demonstrating any behavioral issues?
- Do you have any concerns regarding the UAC?
- Is the sponsor aware of upcoming court dates?
- Did the sponsor attend an LOPC presentation?
- Has the sponsor been contacted and asked to pay fees or wire money related to the release of the child? (See Appendix 2.1 How to Protect PII and Create Password Protected Files)
- (If the case was release with PRS) Did PRS provider contact the sponsor?

UAC Topics

- Is the child still residing with the sponsor?
- Does the child feel safe?
- Is the child enrolled in and/or attending school? (Unless the child has aged out) What school does he/she go to? What grade is he/she in?
- Is the child aware of upcoming court dates?
- Has the child been contacted and asked to pay fees or wire money related to their release?
- (If the case was release with PRS) Did PRS provider contact the child?
- Is the child being forced to work without pay or being forced to work to pay his/her share for rent and utilities or repay a debt? 📞






Child May be in Immediate Danger

1. If the follow up call indicates that the child may be in immediate danger (i.e., in immediate danger of serious harm), the designated staff does the following:
 - Calls 9-1-1 **immediately**.
 - Stays on the phone with the child until authorities arrive.
 - Reports any emergency involving 9-1-1 to the ORR National Call Center Help Line at 1 (800) 203-7001.
 - Complies with mandatory reporting laws, state licensing requirements, and federal laws and regulations for reporting to local child protective agencies and/or law enforcement.
 - If the sponsor is the perpetrator of the allegation, flags the sponsor and provides explanation as to why the sponsor is being flagged in the UAC Portal.
 - Emails notification to the FFS who approved the release (and the PRS provider, if applicable) and includes UAC name and A number; UAC date of release; sponsor/child contact phone number; sponsor address; previous ORR placement; summary of call; actions taken (including information on reporting the incident and any associated case numbers). 📞📧
2. The FFS who is notified that the child may be in immediate danger **immediately** elevates the incident to the FFS supervisor, reviews the allegation, and ensures that the incident was reported to the appropriate authority to investigate. (The FFS also elevates any identified safety trends or issues to the FFS supervisor, such as an indication that the sponsor is involved in trafficking UAC.) If the care provider's designated staff did not report the allegation correctly, the FFS provides technical assistance. 📞📧
3. If the care provider notifies the Intakes Hotline that the follow up call indicates that the child may be in immediate danger and was reported to 9-1-1, ORR intakes **immediately** notifies the FFS supervisor (or on-call FFS supervisor if after hours). The FFS supervisor **immediately** informs the senior FFS supervisor. 📞📧



Child May Be Unsafe

1. If the follow up call indicates that the child may be unsafe (but not in immediate danger) the designated staff completes the steps in #1 above under Child May Be in Immediate Danger with the exception of dialing 9-1-1 and contacting the ORR Intakes Hotline. 📞📧
2. The FFS who is notified that the child may be unsafe, reviews the allegation and ensures that it was properly reported and, if it wasn't, provides technical assistance. 📧



Child May Have Been Sexually Abused or Harassed While in ORR Care

1. If the follow up call by the care provider indicates that the child may have been sexually abused or harassed while in ORR care, the staff must:
 - Report the incident to the appropriate entities in accordance with mandatory reporting laws, state licensing requirements, and ORR policies and procedures. (See **Section 4.10: Sexual Abuse Reporting and Follow-Up of the UAC Policy Guide.**)
 - Complete a Sexual Abuse Significant Incident Report (SA/SIR) and report it to ORR in accordance with **Section 4.10: Sexual Abuse Reporting and Follow-Up.**
 - If the sponsor is the perpetrator of the allegation, flag the sponsor and provide explanation in the UAC Portal.
 - Email notification to the PO overseeing the shelter and to the FFS who approved the release and includes UAC name and A number; UAC date of release; sponsor/child contact phone number; sponsor address; previous ORR placement; summary of call; actions taken (including information on reporting the incident and any associated case numbers).   
2. The FFS who received the notification that the child may have been sexually abused or harassed while in ORR care reviews the allegation and ensures that the incident was reported to the appropriate authority to investigate and follows up with the care provider where the alleged incident occurred to determine if the incident was previously reported and/or investigated while the UAC was in ORR care. If the allegation was **not** reported, the FFS provides technical assistance to help the care provider report the allegation, forwards the email notification to the ORR SA/SIR mailbox (psac@acf.hhs.gov) and ensures that it is appropriately investigated.  

Additional Support Services or LOPC Appointment

If the follow up call indicates that the sponsor and/or child would benefit from additional support or services or the sponsor has not attended an LOPC presentation, the care provider's designated staff refers the sponsor to the ORR National Call Center (800-203-7001) and emails the Call Center (information@orrncc.com) with the UAC name and A number; sponsor's name; sponsor/child contact phone number; sponsor address; date of referral; and reason for referral.  

Documenting the Call Outcome

The care provider's designated staff documents the results of the call in the case management notes of the UAC's case file and in the *SWB Call Follow Up Report*. See [Quick Glance: Roles and Deadlines for Safety and Well-Being Follow Up Call Tracking Report.](#)  

Quick Glance: Roles and Deadlines for Safety and Well-Being Follow Up Call Tracking Report

CARE PROVIDER: In addition to documenting the safety and well-being follow-up in case management notes, the care provider is also responsible for documenting data points for all calls in this report.

The care provider submits the completed SWB Follow-Up Call Report to its assigned FFS, CFS, and the designated CFS Report Compiler for its region **no later than 2:00pm EST on the 8th of every month for UAC released two months earlier** (e.g., if the report is due October 8th, it would include entries for all UAC who were released in August). If the 8th falls on a weekend or holiday, the report will be due the next business day.

ASSIGNED CFS: The assigned CFS uses the SWB Call CFS Quality Control Checklist and the UAC Portal discharge report provided by the Data Team to perform a quality control check and work with the care provider to reconcile any data discrepancies. The assigned CFS submits final SWB Follow-Up Call Reports for their assigned programs to the CFS Report Compiler **no later than 5:00pm EST on the 9th of every month**. If the 9th falls on a weekend or holiday, the report will be due the next business day.

CFS REPORT COMPILER: The designated CFS Report Compiler 1) cuts and pastes data (using paste value function) from the program reports for their region into the master report, located in ORR Connect, 2) completes the CFS Notes tab, and 3) performs a final quality control check. The designated CFS Report Compiler performs these steps **no later than 5:00pm EST on the 10th of every month**. If the 10th falls on a weekend or holiday, the report will be due the next business day.

2.8.5 Post-Release Services for UAC with Zika Disease or Infection



 [See Section 2.8.5 of the UAC Policy Guide](#)

2.8.6 Release for Children with Legal Immigration Status

 [See Section 2.8.6 of the UAC Policy Guide](#)

PROCEDURES

1. **If a care provider determines that a UAC has legal status, the case manager notifies the FFS immediately for consultation.** If a legal service provider, attorney of record, or a child advocate notifies the case manager that the UAC is on track to be granted

legal status, the case manager notifies the FFS of the need for a Post Legal Status Plan. The legal service provider, attorney or record, or child advocate works with the case manager and the FFS to develop the Post Legal Status Plan. See **Quick Glance: Milestones for Planning and Releasing Children with Legal Status.**  

Quick Glance: Milestones for Planning and Releasing Children with Legal Status

While abiding by attorney-client confidentiality standards, LSP or attorney of record for the child works with ORR to communicate information that may affect the child’s legal status, including grant of SIJ status or notification of eligibility for benefits. The following milestones trigger the need for a Post Legal Status Plan for release.

- Child is eligible for Special Immigrant Juvenile (SIJ) status. This means a U.S. state juvenile court: makes the child dependent on the court (or places the child under the legal custody of a state agency or other individual appointed by the state); declares that the child cannot be reunited with one or both of his or her parents due to abuse, abandonment or neglect; and declares that it is not in the best interests of the child to be returned to his country of citizenship.
- UAC LSP files Form I-589, Application for Asylum and Withholding of Removal, with the local USCIS Asylum Office and has received notification of the interview date and time.
- UAC LSP files Form I-589, Application for Asylum and Withholding of Removal, in the immigration court at a master calendar hearing. This means the Immigration Judge has already set the merits hearing date (final court date).
- The UAC has filed a T visa with USCIS and attended the biometrics appointment (fingerprints) at a local USCIS office.
- The UAC has filed a U visa with USCIS and attended the biometrics appointment (fingerprints) at a local USCIS office.
- The child has been assigned a pro bono attorney.
- The child’s attorney sends notice that the child has achieved a milestone.








2. The legal service provider, attorney of record, or child advocate works with the case manager and the FFS to develop the Post Legal Status Plan based on the template below. See **Fig. 2.19 Post Legal Status Plan Template.** The case manager emails the plan to the FFS supervisor for approval. The plan is tailored to the needs and pending legal status of the child.   

Fig. 2.19 Post Legal Status Plan Template

Post Legal Status Plan		
UAC name and A #:	FFS name:	Date:
Name of legal service provider (LSP) or attorney of record:		

Name of child advocate, if applicable:
Describe the UAC’s current immigration status (include reference to specific milestones or notices):
What is the expected release date for this UAC and what is his/her expected immigration status upon release? [insert date and information]
Describe the release plan based on the UAC’s available options for release (i.e., release to a sponsor, licensed nonprofit, transfer to state care until age 18, URM, etc.):
Date of FFS supervisor approval: Date of UAC release: Insert entity/program/ that took custody of minor:

3. The FFS supervisor approves the plan and notifies the FFS. The FFS notifies the case manager. 
4. The case manager works with the FFS and with all relevant parties on the logistics for release of the minor from care as soon as the minor achieves legal status. 
5. The case manager emails the parties included in the sample email below on notifications regarding minors who achieve legal status **24 hours prior to release of a minor from ORR care** and includes a copy of the *Discharge Notification Form*. The care provider follows standard operating procedures on items and documents that accompany UAC upon release, such as personal belongings, health records, original documents (birth certificates), medication supply. 

 **Email Template: Notifications Regarding Minors with Legal Status**





From: Case Manager
To: LSP or Attorney of Record, Child Advocate, if applicable
Cc: FFS, CFS, PO
Subject: [WARNING: MESSAGE ENCRYPTED] Discharge Notification for [include last four digits of UAC A#]

Body: See encrypted attachment with minor’s information. Password will be sent shortly.

On [insert date of release] [Insert UAC last name, last four digits of A number] will be released to [insert entity with responsibility for minor]. This release was due to the following change in legal status for the minor: [describe].

Attachments: *Discharge Notification Form*

NOTE: Case managers must password protect Personally Identifiable Information (PII). Attached documents must be password protected. The body of the email includes the message that the password for the attached documents will be sent separately. A second email should include the universal UAC Password which should be used by all care providers and ORR staff and contractors. Do not include PII in follow up emails.

6. The case manager follows standard operating procedures for release and for closing out the case files.    

2.9 Bond Hearings for Unaccompanied Alien Children

 [See Section 2.9 of UAC Policy Guide](#)

OVERVIEW

Consistent with the United States Court of Appeals for the Ninth Circuit decision in *Flores v. Sessions*, unaccompanied alien children have the opportunity to seek a bond hearing before an immigration judge.

PROCEDURES

Care providers must notify UAC of the opportunity for a bond hearing based on the procedures below. This section also covers procedures for processing requests and preparing for *Flores* Bond Hearings and includes Quick Glance guides summarizing those procedures.

See [Appendix 2.11 ORR HQ Bond Hearing Procedures](#)

Providing Notice at Admission and Orientation

1. The care provider staff provides the UAC with the *Legal Resource Guide* **within 24 hours of the UAC’s admission into the care provider’s care and conducts an orientation for the UAC within 48 hours of UAC’s admission.**

The *Legal Resource Guide* includes the *Request for a Flores Bond Hearing for secure, staff secure, and Residential Treatment Center facilities only*. 📄 📄

NOTE: A child in any other placement type (e.g., shelters, foster care) is only provided the *Request for a Flores Bond Hearing* if the UAC requests the form.


2. The care provider staff person providing the forms reads the contents of the form to the UAC in a language the child understands. The care provider staff person explains that the UAC should consult with an attorney (such as the ORR-funded Legal Service Provider) for any legal advice or questions regarding *Flores* bond hearings. The care provider staff person informs the UAC that they may request a *Flores* bond hearing immediately, or that they can request one at a later time (including after consulting with an attorney). 📄
3. The UAC reviews the *Request for a Flores Bond Hearing* and checks off the appropriate boxes, and signs/dates the form. The care provider maintains the *Request* in the UAC's case file, unless the UAC declines to sign or fill out the document in which case the care provider notes in the UAC's case file that the child declined to sign or fill out the form. If the child later requests the *Request for a Flores Bond Hearing* the care provider must provide the form. 📄

Providing Subsequent Notice

1. In addition to providing notice at admission/orientation, the case manager provides the notice for:
 - Any child in any placement type if a UAC asks for a *Request for a Flores Bond Hearing any time after* the Admission and Orientation process. 📄 📄
 - Any child in any placement type, if a child is **denied** release based on a finding that the child is a danger to the community. 📄

In these cases, the case manager provides the *Request for a Flores Bond Hearing* when informing the UAC that his or her sponsorship has been denied. 📄

2. The case manager informs the UAC that they may request a *Flores* bond hearing immediately, or that they can request one at a later time (including, after consulting with an attorney). The case manager explains that the UAC should consult with their attorney (if applicable) for any legal advice or questions regarding bond hearings. 📄 📄
3. The UAC reviews the *Request for a Flores Bond Hearing* and checks off the appropriate boxes, and signs/dates the form. The care provider maintains the



Request in the UAC’s case file, unless the UAC declines to sign or fill out the document in which case the care provider notes in the UAC’s case file that the child declined to sign or fill out the form. If the child later requests the *Request for a Flores Bond Hearing* the care provider must provide the form. 

NOTE: It is important for ORR’s record keeping that the UAC provides the date he or she signs the *Notice* document.

Quick Glance: Bond Hearing Notifications

When Required	Timeframe	Methods
UAC placed in secure, staff secure, and RTC.	Admissions and Orientation: Within 24-48 hours of the UAC’s admission into the care provider’s care.	Oral notification with signed acknowledgment of <i>Request for a Flores Bond Hearing</i> by UAC.
UAC placed in other shelter types who request the notice.	At time of request.	<i>Request for a Flores Bond Hearing</i> with signed acknowledgment by UAC.
For any UAC in any placement type, if ORR denies release based upon danger to the community.	When informing UAC of denial of sponsorship.	<i>Request for a Flores Bond Hearing</i> with signed acknowledgment by UAC; includes notification that UAC may contact an attorney with questions.

Processing Bond Hearing Requests

1. After a child has completed a *Request for a Flores Bond Hearing* and requested a *Flores Bond Hearing*, the case manager completes the *ORR Motion Requesting Flores Bond Hearing for Unaccompanied Alien Child –Secure or Staff-Secure Custody* or *ORR Motion Requesting Flores Bond Hearing for Unaccompanied Alien Child (Non-Secure) Shelter Care*, depending on the child’s placement type. 
2. The case manager notifies ORR of the request at ORRBondHearings@acf.hhs.gov **within 1 business day** (absent exigent circumstances) of the child making the request, using the email template below, and attaches both the *Request for a Flores Bond Hearing* and the *ORR Motion Requesting Bond Hearing for Unaccompanied Alien Child Secure or Staff-Secure Custody/(Non-Secure) Shelter Care*. 

 **Email Template: Bond Hearing Request**

From: Care Provider
To: ORRBondHearings@acf.hhs.gov
Cc: FFS, local Legal Service Provider or Attorney of Record
Subject: [WARNING: MESSAGE ENCRYPTED] [last four digits of UAC A#] Bond Hearing Request

Body: The above named UAC A# (XXX-XX1-234) has requested a bond hearing. The UAC is placed at [name of care provider facility].






The UAC is/is not represented by an attorney [if represented include attorney's name and contact information].

Password will be sent shortly.

Attachments: *Request for a Flores Bond Hearing; ORR Motion Requesting Bond Hearing for Unaccompanied Alien Child Secure or Staff-Secure Custody/(Non-Secure) Shelter Care*

NOTE: Case managers must password protect Personally Identifiable Information (PII). Attached documents must be password protected. The body of the email includes the message that the password for the attached documents will be sent separately. A second email should include the universal UAC Password which should be used by all care providers and ORR staff and contractors. Do not include PII in follow up emails.

Preparing for Flores Bond Hearing Requests




1. Within **1 business day** of receiving notice that the hearing has been scheduled, ORR HQ notifies the minor's attorney (if applicable) and care provider of the date and time and location of the court.  
2. The care provider and FFS respond to ORR HQ requests for information and evidence in a timely manner. See **Quick Glance: Possible Evidentiary Sources to Finding Danger to the Community.**   

Quick Glance: Possible Evidentiary Sources to Finding Danger to the Community

- Juvenile court or criminal records
- Police records
- Intakes referral and placement records in the UAC Portal

- Placement Tool
- Initial Intakes Assessment
- UAC Assessment/UAC Case Review
- Relevant clinical notes
- Psychological records/reports
- Significant Incident Reports, as applicable
- 30 day Case Review(s)
- Other documents, if relevant

Flores Bond Hearing Proceedings

1. The care provider follows standard immigration court transport procedures for transporting the UAC to their scheduled *Flores* bond hearing *if* there is a hearing scheduled. See [Section 3.3.14 Transportation Services](#). 
2. The *Flores* bond hearing proceedings commence. After conclusion the immigration judge issues an order and delivers it to the ORR Representative. The ORR Representative keeps the original order for filing at HQ, and provides a copy to the care provider point of contact. 
3. The care provider saves a copy of the order in the UAC's case file (the deadline to appeal is 30 days). If the UAC was not present at the hearing, the care provider verbally informs the UAC of the decision. 

Appendix 2.1 How to Protect PII and Create Password Protected Files

ORR expects all care providers, staff and contractors to protect personally identifiable information (PII) that is transmitted via email. Files that are uploaded to the secure UAC Portal do **not** need to be password protected.

PII should be included in the subject line or body of an unencrypted email to the extent necessary for users to access the information for authorized purposes. PII should be redacted as much as possible in unprotected emails. For example, only use initials or the last four digits of an alien registration number. Neither the subject line nor the body of an unencrypted email should contain more than one type of sensitive PII. For example, a name and an alien registration number should not both be used.

Any document that contains PII must be password protected. The password for the document must be emailed separately. When encrypting files for attachments, all care providers, staff and contractors should use a standard password that is universally used by all parties involved in the process. Care providers should contact their PO or their FFS for questions about this password. (Do not password protect any emails.)

Emails containing PII must never be sent to personal email accounts.

What is PII?

Personally Identifiable Information (PII) – Information within an IT system or online collection: (1) that directly identifies an individual (e.g., name, address, social security number or other identifying number or code, telephone number, email address, etc.), or (2) by which an agency intends to identify specific individuals in conjunction with other data elements (i.e., indirect identification). (These data elements may include a combination of gender, race, birth date, geographic indicator, and other descriptors.)

Please note that Alien Numbers are PII.

How to Protect PII


Password protect all **attachments** and send the ORR UAC universal acceptance password by separate email. Do not include PII in the name of the attached document (i.e., no full names or Alien Numbers in the name of the document).

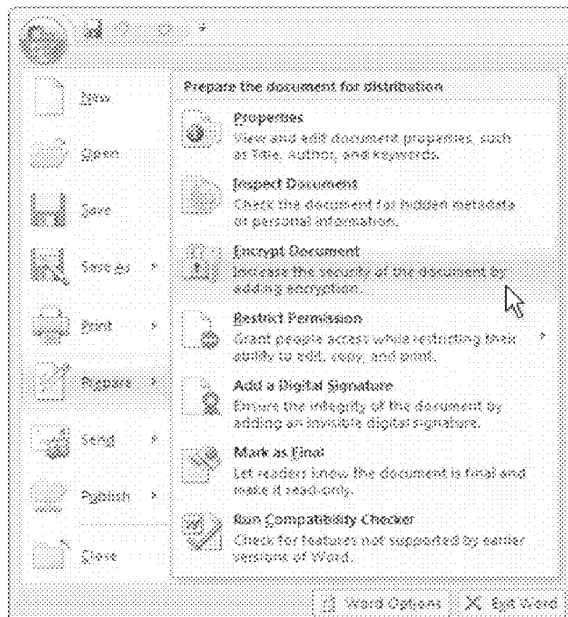
Use the following format to limit any identifying information regarding sponsors and UAC in the subject line of emails: sponsors, use initials in subject line; UAC, last four digits of A number.

When sending follow-up emails do not include PII.

How to Password Protect Word Files


In the 2007 Microsoft Office system: Set a password in a Word document (To encrypt your file and set a password to open it):

1. Click the Microsoft Office Button , point to Prepare, and then click Encrypt Document.



2. In the Encrypt Document dialog box, in the Password box, type the standard UAC password and then click OK.
(By default, this feature uses AES 128-bit advanced encryption. Encryption is a standard method used to help make your file more secure.)
3. In the Confirm Password dialog box, in the Reenter password box, type the password again and then click OK.
4. To save the password, save the file.

Remove password protection from a Word document

1. Use the password to open the document.
2. Click the **Microsoft Office Button** , point to **Prepare**, and then click **Encrypt Document**.

3. In the **Encrypt Document** dialog box, in the **Password** box, delete the encrypted password, and then click **OK**.
4. Save the file.

Password Protection for MS Word and Excel Files 2007:

<https://support.office.com/en-us/article/Password-protect-documents-workbooks-and-presentations-ef163677-3195-40ba-885a-d50fa2bb6b68>

Password Protection WinZip:

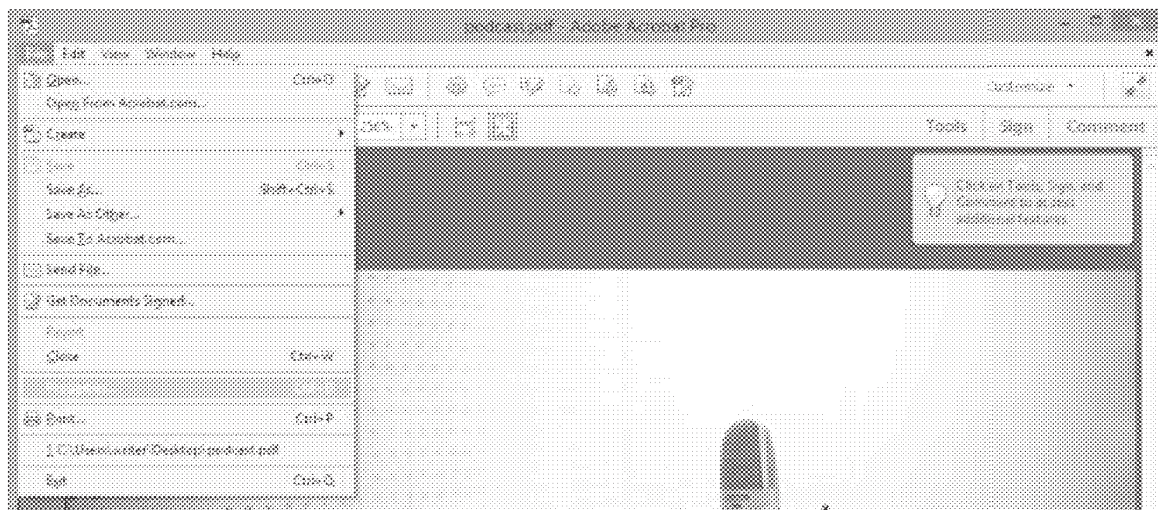
http://kb.winzip.com/help/help_actions_encrypt.htm

How to Password Protect Adobe Files

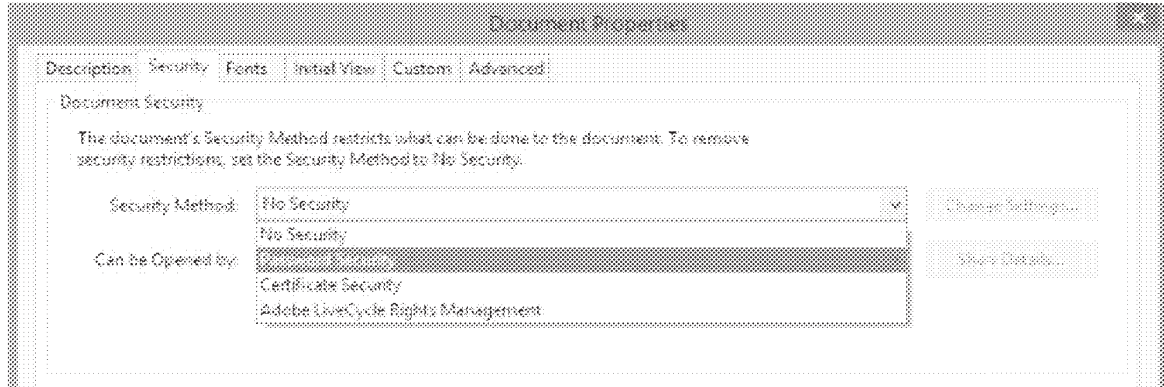
Step 1: Navigate to the main **Adobe website** and click the yellow **Free 30-day trial** button in the upper-left corner. Then, select a save location for the resulting file and follow the on-screen installation wizard to install the program as you would any other piece of software.

Step 2: Launch Adobe Acrobat, click the **File** menu in the upper-left corner, and select **Open**. Afterward, choose the PDF file you want to password protect from its respective save location and click the **Open** button.

Step 3: Click the **File** menu again when viewing the open document, followed by **Properties** and **Security**.



Step 4: Click the drop-down menu to the right of **Security Method**, then select **Password Security** from the resulting list of options.



Step 5: A window should appear prompting you for a password. Check the box beside **Require a password to open the document** and enter the UAC standard password into the corresponding text field.

Appendix 2.2 How to Report Potential Fraud Schemes

This information is also included in Section 5.7 of the UAC MAP.

OVERVIEW

Types of Fraud Incidents

There are criminals who target relatives of unaccompanied children entering the United States by demanding money from sponsors and/or family members, claiming the money will cover processing, reunification, and travel expenses needed to allow the children to be reunited with their families. They may also assert that these funds will enable the UAC to be released quicker to the prospective sponsor. **ORR DOES NOT CHARGE ANY FEE TO PROSPECTIVE OR APPROVED SPONSORS AS A CONDITION OF RELEASE OF AN UNACCOMPANIED CHILD. ANY DEMAND FOR PAYMENT OF FEES IS NOT AUTHORIZED BY ORR AND SHOULD NOT BE PAID.**

For example, an individual claiming to represent a charitable/non-profit organization may contact a potential sponsor and say that s/he can assist in processing and reuniting an unaccompanied child with his or her family. In this scenario, the individual falsely tells the potential sponsor that s/he needs to pay a fee to obtain the release of the child from ORR custody. Similarly, this individual may ask the potential sponsor to wire money to unknown persons in different cities.

This type of fraud is a serious crime and ORR fully cooperates with local and federal law enforcement for the investigation and prosecution of any individual(s) participating in the fraud scheme. If the fraud scheme involves care provider staff, ORR instructs the care provider to contact local law enforcement and to follow its local licensing guidelines regarding reports of inappropriate employee behavior. The care provider should also inform its local licensing agency that the case was referred to HHS/OIG and local law enforcement for investigation. Care providers should have internal protocols in place to address fraud schemes. A care provider facility must take disciplinary action including termination of any staff for criminal behavior, including fraud.

Care providers must take steps to:

- 1) Prevent these or other fraudulent practices by notifying all potential sponsors that ORR, its care providers, volunteer agencies, and grantees/contractors do not collect or require fees for any services related to the release of unaccompanied children from HHS custody.
- 2) Care providers should have written confirmation from staff members acknowledging the "Fraud Scheme" policy to be placed in employee files.

- 3) Immediately ensure the safety of children and sponsors by reporting any attempts to extort money or otherwise take advantage of unaccompanied children and sponsors to ORR, HHS/OIG, local law enforcement, state licensing, if Care Provider staff are involved.

PROCEDURES

Checking for Potential Fraud Schemes

1. The case manager includes the script that is noted in 2.2.2 Contacting Potential Sponsors and informs all potential sponsors:
 - To report any suspicious calls or other contact received (e.g., emails, letters, instant messages) to the care provider facility and ORR directly.
 - Call the ORR National Call Center Help Line at **1 (800) 203-7001**. Sponsors may call the help line to inform ORR if a person defrauds or attempts to defraud them of money.

Case managers should document any information they provide to a sponsor regarding the reporting of suspicious contacts, to include the sponsor's identity, date, time and the information provided.

2. Prior to every release, the case manager asks the sponsor if they have been contacted and asked to pay fees/money related to the release of the UC. If the answer is yes, gathers the following information, and documents the information that the potential sponsor provides on the *Sponsor Information* section:
 - UC full name, alien number, and date of birth
 - Time and date of the report
 - Name of the ORR care provider facility and care provider address (include city/state)
 - Name, telephone number and location of the sponsor;
 - Name, phone number, and other contact information given by the person/program who filed the report
 - Description of the event
 - Date and time of the alleged incident
 - If money was asked for from the sponsor
 - Whether money was actually paid by the sponsor
 - Amount and method of any payment made (e.g., wire transfer, money order)

- If sponsor retained receipt/proof of payment application such as PayPal, Apple Pay, Google Wallet, etc., a copy should be provided.
- Identifying information for receiving account of any payment made to include account name, account number, routing number, or other account identifiers.
- Name and description of any individuals or organizations involved in the incident
 - If the sponsor was contacted by someone, name, phone number, and other contact information of the person/program who contacted the sponsor
 - Location where the alleged incident occurred (include location name, address, city, state)
 - Provide any additional identifying details such as places of birth, countries of citizenship, and alien numbers
 - Detail how the individual or organization is involved in the incident
- Name and alien number (if applicable) of any potential witnesses
- Any other details for which the caller has information. For example, if the sponsor was requested to wire funds, have the sponsor provide detailed information about the wire (name and address of recipient and whether it was money gram, western union, etc...). Many times the name and location of the caller is different than the name and address on the wire.
- Actions taken (including reports made to other individuals or entities and any associated case numbers)

Reporting Potential Fraud Schemes

1. **Within 4 hours of the significant incident (or within 4 hours of the care provider becoming aware of the incident)**, the case manager completes a Significant Incident Report (SIR) in the UAC Portal with all of the information gathered. 🔄 📄
2. The case manager notifies ORR based on the email template below and includes a copy of the SIR and notification email in the UAC's case file. ✉

✉ Email Template: Care Provider Notification to ORR of Potential Fraud Scheme

From: Case Manager
To: SIRHotline@acf.hhs.gov
Project Officer
FFS Supervisor
FFS

	CFS Case Coordinator
Subject:	Report of Significant Incident [include the event number (e.g., "Event 12345")]
Body:	Use Synopsis of Event from the UAC Portal and do not include UAC's full name or alien number
Attachments:	<ul style="list-style-type: none">• SIR• Relevant supporting documentation
NOTE: Case managers must password protect Personally Identifiable Information (PII). Attached documents must be password protected. The body of the email includes the message that the password for the attached documents will be sent separately. A second email should include the universal UAC Password which should be used by all care providers and ORR staff and contractors. Do not include PII in follow up emails.	

3. The case manager reports the fraud allegation to local law enforcement and obtains and saves an incident report number or copy of the incident report from local law enforcement.
4. If care provider staff is involved, the case manager reports to state licensing and obtains and saves an incident report number or copy of the incident report.
5. The FFS reviews the fraud allegation in the SIR and ensures that the SIR is clearly written with all required information. (If SIR is missing information, the missing information will be submitted in an SIR Addendum.)
6. **Within 1 business day of receiving the SIR**, the FFS reports all types of fraud schemes, whether attempted or successfully perpetrated to HHS Office of the Inspector General (OIG) at UAC@oig.hhs.gov based on the email template below and instructs the case manager to save a copy of the reporting email to the UAC case file. 📧📧

📧 **Email Template: ORR Notification to HHS OIG of Potential Fraud Scheme**

From:	FFS
To:	UAC@oig.hhs.gov
Subject:	Report of Fraud [include the event number (e.g., "Event 12345")]
Body:	Use Synopsis of Event from the UAC Portal and do not include UAC's full name or alien number
Attachments:	<ul style="list-style-type: none">• SIR

- Relevant supporting documentation

NOTE: Case managers must password protect Personally Identifiable Information (PII). Attached documents must be password protected. The body of the email includes the message that the password for the attached documents will be sent separately. A second email should include the universal UAC Password which should be used by all care providers and ORR staff and contractors. Do not include PII in follow up emails.

7. If HHS OIG opens an investigation for the reported allegation, the FFS notifies the FFS supervisor, PO and CFS and these parties fully cooperate with the investigation. ☒
8. If the fraud scheme involves care provider staff, the FFS:
 - Follows up with HHS OIG **within 10 business days** to determine if the reported fraud allegation will be investigated further.
 - Instructs the care provider to follow their local licensing guidelines regarding reports of inappropriate employee behavior and to inform their local licensing agency that the case was referred to HHS OIG.
 - Provide the care provider with technical assistance.
 - If applicable, issues corrective action findings and requires the care provider to take appropriate action.
 - Ensure that program submit/have internal disciplinary protocols to address Fraud Scheme involving care provider staff.

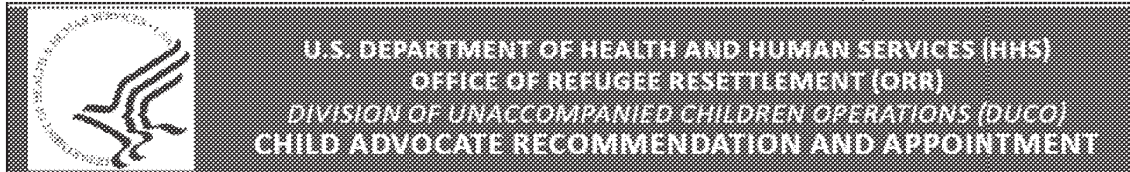
Appendix 2.3 Reporting Agencies for Suspected Document Fraud for Most Common ID Documents in Key States

The chart below indicates the procedures and contact information for reporting suspected cases of document fraud by state. All reports should include any information about the suspect or the circumstances surrounding the fraud. The U.S. Department of Health and Human Services Office of the Inspector General should be copied in the correspondence with the state agency (UAC@oig.hhs.gov).

State	Reporting Agency if Suspected Fraud
California	California Department of Motor Vehicles: Email dlfraud@dmv.ca.gov .
Maryland	Maryland Department of Transportation: Email Eric Danz, the Director of Investigations and Security within the Office of Investigations and Internal Affairs, Maryland Motor Vehicle Administration, at edanz@mdot.state.md.us ; CC: Paul Adams at padams@mdot.state.md.us .
Georgia	Georgia Department of Driver Services: Email reportfraud@dds.ga.gov , or call (678) 413-8766.
Florida	Florida Highway Safety and Motor Vehicles: Complete the "Fraud Investigation Request" form by clicking here , and email Fraud@flhsmv.gov or mail to Driver License Fraud Section, Room A327, Neil Kirkman Building, Tallahassee, Florida 32399-0570.
Virginia	Virginia Department of Motor Vehicles: Complete form LE 22 (use the search button to find), available at https://www.dmv.virginia.gov/forms/default.aspx , and email to zerofraud@dmv.virginia.gov .
New Jersey	New Jersey Motor Vehicle Commission Security & Investigations Office: Email TOCFRLAB@mvc.nj.gov or call 609-777-3903.
New York	New York State Department of Motor Vehicles: Complete FI-17 Report of Unauthorized Use of License/Registration (must be notarized), available at https://dmv.ny.gov/forms/fi17andfi17i.pdf , and mail to New York State Department of Motor Vehicles, Division of Field Investigations, 6 Empire State Plaza, Albany NY 12228. Call the NYS DMV Division of Field Investigation with any questions, Tuesday, Wednesday, or Thursday from 9:00 a.m. to 4:00 p.m. at (518) 473-6464.
Texas	Texas Department of Public Safety, Intelligence & Counterterrorism: Email Erika Fisher, Texas Joint Crime Information Center, at Erika.Fisher@dps.texas.gov , or call (512) 462-6108. Include a brief synopsis of the event.

Appendix 2.4 Child Advocate Recommendation and Appointment Form

OMB Control No. 0970-0498
Expiration date: 7/31/2020



The William Wilberforce Trafficking Victims Protection Reauthorization Act of 2008 section 235(c)(6) authorizes the Secretary of Health and Human Services to appoint "independent child advocates for child trafficking victims and other vulnerable unaccompanied children." This appointment authority has been delegated to the Office of Refugee Resettlement (ORR). ORR will use this form to determine whether a Child Advocate shall be appointed and to document the Child Advocate's appointment for UAC in ORR/DUCO care and custody.

SECTION 1 (To be completed by the initial referrer)

A. UAC INFORMATION:

Name of UAC: <input type="text"/>	A#: <input type="text"/>
Date of Birth: <input type="text"/>	Nationality: <input type="text"/>
Language(s) spoken by UAC: <input type="text"/>	Current location: <input type="text"/>
Name of referrer: <input type="text"/>	Date of UAC's arrival at care provider: <input type="text"/>
Relationship of referrer to the UAC: <input type="text"/>	Date of referral: <input type="text"/>

B. CHECKLIST (PLEASE CHECK ALL THAT APPLY)

- Is between the ages of 0-12
- Is placed in a residential treatment center or therapeutic facility
- Is pregnant or parenting
- Has a physical or mental disability
- Is a national from a country known to traffic children
- Has been identified as a possible child trafficking victim (Interim Assistance Letter, Eligibility Letter, etc.)
- Has a criminal or delinquency history and/or is placed in a staff secure care provider or secure care provider, and there are outstanding issues impacting the UAC's release or discharge plan
- Has been a victim of a crime
- Is not proficient in a language spoken by staff at the UAC's care provider, and for whom there is no accessible interpreter routinely available
- Will turn 18 in less than six (6) months of placement and for whom family reunification is unlikely
- Is identified as being eligible for legal relief
- Has a credible fear of returning to their country of origin and/or are seeking voluntary departure despite concerns about their safety in their home country
- Lacks appropriate legal representation, or for whom there is a good faith belief that the child's legal representative has ties to child trafficking or criminal activity

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104. 13) Public reporting burden for this collection of information is estimated to average .50/ hour per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

is expected to have a protracted stay of over 120 days in ORR/DUCO custody

Whose potential sponsor is undergoing a home study

is unable to make an independent decision

Any other case where the UAC is considered to be exceptionally vulnerable. Explain here:

SECTION 2 (To be completed by the child advocate program)

A. Does your program recommend that ORR appoint a Child Advocate, and confirm that an individual Child Advocate is available for this UAC based on the criteria selected?

Yes No

If No, explain here:

If more information needed, explain here:

B. Name of child advocate program official making the recommendation

Date _____

C. Name of the individual Child Advocate identified for assignment

SECTION 3 (To be completed by ORR/DUCO)

A. Is the recommendation for the appointment of a Child Advocate approved for the above named UAC?

Yes No

If No, explain here:



 Signature of ORR/DUCO Division Director

Oct 3, 2017

 Date

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104.13) Public reporting burden for this collection of information is estimated to average .50/ hour per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

Appendix 2.5 Sponsor Assessment Interviewing Guidance

SPONSOR ASSESSMENT INTERVIEWING GUIDANCE

Case Managers and Clinicians must use the interview questions below when interviewing Sponsors in their assessment of a potential sponsor's suitability. Avoid reading the questions verbatim. Instead ask questions in a conversational manner and engage the sponsor. During the interview, the interviewer must ask follow-up questions based on initial responses and obtain as much detail as possible. Answers and information provided by sponsor must be documented in the Sponsor Assessment.

INTERVIEW QUESTIONS

SPONSOR CULTURAL INFORMATION

Use these questions to determine the Sponsor's linguistic and cultural background, including cultural, social, and communal norms and practices for the care of children. All responses must be documented in the Sponsor Cultural Information section of the Sponsor Assessment.

- What languages and dialects do you speak?
- Are you spiritual or religious? If yes-What are your beliefs?
- What faith do you practice, if any? How do you practice your faith?
- Are there traditions you have practiced, through your family or in your home country, which are important to you? If yes-What are they?
- Are there religious or family traditions or practices that you expect the UAC to adhere to or participate in?
- Is there anything else you would like to share about your culture or background?

FAMILY RELATIONSHIPS

Use these questions to determine the sponsor's familial and other significant relationships in country of origin and in the U.S. All responses must be documented in the Family and Significant Relationships section of the Sponsor Assessment. If the Case Manager has already gathered information regarding the sponsor's family, it may not be necessary to ask some of these questions. A genogram (family tree) may be used as a tool to answer these questions and is required for distant relative Cat 3 potential sponsors.

Family in Country of Origin

- Do you have family in your home country?
 - Who are they and how often do you have contact with them?
 - How do you contact them (phone, social media, instant messaging)?

Family in the U.S.

- Do you have family in the U.S.?
 - Who are they and how often do you have contact with them?
 - Where does he/she live?
 - What is his/her name and age?
 - Do you have any relatives who are or were in ORR care? Do you know where they are?

Spouse/Partner

- Do you currently have a partner?
 - What is your partner/spouse's name and age?
 - Where is your partner/spouse living?
 - How long have you been together?
 - What is your relationship like with your partner/spouse?
 - Is your spouse/partner supportive of the ORR family reunification process?
 - Is the spouse/partner in agreement with taking in the UAC into the home?
 - Has the spouse/partner had any contact with the UAC?
 - Would the spouse/partner contribute with support of the UAC (e.g., supervision, babysitting, financial)?

Children

- Are you a parent to a child?
 - What is your child's name and age?
 - Where is your child?
 - Did your child come to the U.S. with you?
 - Who is the mother/father?
 - Who is currently caring for your child?
- How do you discipline your children?
- Have you or your spouse/partner ever had Child Protective Services involvement?
- Have you ever had any child or children removed from your custody? If so, why?
- Has any household member ever had a child or children removed from their custody? If so, why?

HOUSEHOLD COMPOSITION

Use these questions to determine 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. All responses must be documented in the Household Composition section of the Sponsor Assessment.

- Who lives in the home?
- What will the sleeping arrangements be for the minor?

- What is his/her name and age?
- What is the household member's relationship to the minor?
- What is the household member's relationship to you?
- What has your relationship been like with him/her?
- How long have you known him/her?
- Will the household member be helping to care for the UAC or babysit?
- Does the household member work and/or contribute financially to the household?
- Does any person in your household have a serious contagious disease (e.g., TB, AIDS, hepatitis)? If so explain.
- Describe your home (e.g., Apartment, duplex, trailer, townhouse, running water, working electricity, swimming pool, pets, how many rooms, bathrooms).
- Do you currently share your bedroom?
- Will the minor be sharing the room with anyone or will the minor have his/her own room?
- How do you expect the UAC to contribute to your household?
 - Financially, through wages
 - Child care
- Does anyone in the household have a serious, contagious disease? If yes, explain.
- Do any of the occupants have criminal convictions or charges, other than minor traffic violations? If yes, explain.

PREVIOUS SPONSORSHIP ATTEMPTS

Use these questions to determine 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, use these questions to assess the safety and well-being of previously released minor to confirm the provision of physical/mental well-being, appropriate home accommodations, adequate supervision, attendance to school, accompaniment to immigration court hearings, and provision of a caring and secure/protective environment. All responses must be documented in the Previous Sponsorship section of the Sponsor Assessment.

Sponsor's Previous Sponsorship Attempts

- Have you ever attempted to sponsor a child from ORR, but decided to withdraw your application?
 - If yes, then why did you withdraw?
- Have you ever been denied sponsorship by ORR?
 - If yes, then why did ORR deny your sponsorship application?
- How many children did you sponsor and where are they now?
- Are the children related to you? If not, how do you know them?
- Where are they from and how old are they now? If they no longer reside with you, where do they live?
- Do you have his/her current contact information?

Household Members Previous Sponsorship Attempts

- Has anyone who live in your home ever attempted to sponsor a child from ORR, but decided to withdraw their application?
 - If yes, then why did they withdraw?
- Were they ever denied sponsorship by ORR?
 - If yes, then why did ORR deny your sponsorship application?
- How many children did you sponsor and where are they now?
- Are the children related to you? If not, how do you know them?
- Where are they from and how old are they now? If they no longer reside with you, where do they live?
- Do you have his/her current contact information?

Former UAC's Safety and Well-Being

- Did the sponsor undergo a home study? If so why?
- Is or has the child received Post Release Services?
- Is the child enrolled in or attending school?
- When is the child's upcoming court date?
- Do you have school enrollment records?
- Do you have physical proof that the minor is/has attended school and court?
- Did the sponsor attend an LDPC presentation?
- Have you been contacted and asked to pay fees or wire money related to the release of the child?

PROOF OF IDENTITY

Use these questions in conjunction with documentation provided by the sponsor to assess the Sponsor's identity. The interviewer must be cognizant of the Sponsor's familiarity with and connections with the reported country of origin; attitude; behavior; speech; affect; mood; thought process and thought content; perception; memory and concentration; and insight and judgment during the entirety of the interview. The interviewer's assessment of these elements must be documented in the Proof of Identity section of the Sponsor Assessment.

Life in Home Country

- Where did you live before you arrived in the U.S.? (If U.S. Citizen modify question to: Where did you grow up in the U.S.?)
 - How long did you live there?
 - With whom did you live?
- What was your experience like there?

The Journey (If not born in the U.S.)

- When did you first come to the U.S.?
 - How old were you when you first traveled to the U.S.?
- What brought you to the U.S.?
 - What were you planning on doing in the U.S.?
 - Where did you live?

- Have you lived anywhere else? With whom? When and for how long?
 - With whom did you live? Did you know them?
- When did you first leave home country?
 - How long did the trip take?

PROOF OF IMMIGRATION STATUS OR U.S. CITIZENSHIP

Use these questions in conjunction with documentation provided by the sponsor to determine the Sponsor's immigration status or U.S. citizenship. The interviewer's assessment of these elements must be documented in the Proof of Immigration Status or U.S. Citizenship section of the Sponsor Assessment.

- Are you a U.S. citizen?
- Have you ever applied for immigration relief?
 - What type of relief did you apply for?
 - What is the status of your application?
 - Were you given any forms or documents?
- Have you ever been apprehended a U.S. immigration official?
 - What happened?
 - Were you given any forms or documents?
- Have you had any other type of interaction with a U.S. immigration official?
 - What happened?
 - Were you given any forms or documents?

PROOF OF RELATIONSHIP

Use these questions in conjunction with documentation provided by the sponsor to probe the sponsor's familial and interpersonal relationship with the UAC in order to verify the type of relationship. All responses must be documented in the Proof of Relationship section of the Sponsor Assessment.

- What is the sponsor's relationship with the child?
- Has the sponsor ever met the child?
- When did the sponsor first meet the child?
- When was the last time the sponsor saw the child?
- When was the last time the sponsor's partner saw the child?
- How frequently does the sponsor visit the child?
- Has the sponsor ever visited the child while he/she was living in his/her country of origin?
- When did the sponsor last visit the child's country of origin?
- How frequently does the sponsor visit the child's country of origin?
- How did the child and sponsor keep in contact? How often?
- Did the sponsor financially provide for the child? If so, amount and how often?
- Has the sponsor ever met a family member of the UAC? Can the family member be verified as related to the UAC?
- Has the child ever lived in the same home as the sponsor?
 - How long did the child live with the sponsor?
 - Did the sponsor ever act as a primary caregiver while living with the child?
 - How long did the sponsor act as the child's primary caregiver?
 - Where were the child's biological parents at the time?
 - Why were the child's biological parents unable to provide primary care for the child?
 - Did the child's biological parents ask/consent to the sponsor being the primary caregiver?
 - Who took responsibility for the following while the child lived with the sponsor: bathing and feeding the child, health care arrangements, supervising and disciplining the child, financial support for the child, and consoling/comforting the child?
 - Did the sponsor ever sexually or physically abuse the child, or through negligence allow others to sexually or physically abuse the child?
 - Did the sponsor ever abandon or mistreat the child?
- Why does the sponsor want to sponsor the UAC?
- Does the sponsor expect the UAC to work?

PROOF OF ADDRESS

Use these questions to establish that the sponsor lives at the address he/she reported to ORR and that the reported address is a residence. The interviewer must be cognizant of the sponsor's familiarity with and connections with the reported residence. The interviewer's assessment of these elements must be documented in the Proof of Address section of the Sponsor Assessment.

- Where do you currently live in the U.S.?
 - How long have you lived there?
 - With whom do you live?
 - Do you live in a house or apartment complex?
 - How many bedrooms does the residence have?
 - Do you own where you live or rent?
 - What is the current sleeping arrangement?
 - Do you receive your mail at a different address?
- How many schools are in the area?
 - What is the crime level in the area?
 - How far away is the nearest hospital?
 - What is and how far away is the nearest grocery store?
- Have you lived anywhere else in the U.S.?
 - Where did you live in the U.S.?
 - When and how long did you live there?
 - With whom did you live?

PROOF OF STABILITY

Use these questions to assess the sponsor's ability to support and financially provide for the minor while in their care. The interviewer's assessment of these elements must be documented in the Proof of Stability section of the Sponsor Assessment.

- Does the sponsor have a job?
- Does the sponsor have adequate housing?
- Does the sponsor have financial needs?

SPONSOR CARE PLAN

Use these questions to ensure 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. Discusses with the sponsor the UAC's criminal offenses, behaviors and concern(s) related to the victims, the community and to the UAC as well as the obligations of the UAC and sponsor to address causes of behavior and prevent recidivism by participating in post-release services. Assists sponsor in identifying community service providers and programs, and encourages sponsor to become aware of and participate in applicable services such as parenting classes/services, gang prevention services, substance abuse services, other forms of psycho-education in preparation for UAC's release. All responses must be documented in the Sponsor Care Plan section of the Sponsor Assessment.

Care Plan

- Tell me about your plans to address the UAC's educational needs.
 - What school will the minor be attending?
 - What do you know about the school enrollment process?
 - Who will transport the UAC to and from school?
 - Who will supervise the UAC before and after school?
- Are you aware of any special needs the UAC may have that may require special attention?
 - Does the minor have any medical or mental health issues currently?
 - Does the minor have any prior medical or mental health issues?
 - How were these needs addressed in home country or previous residence?
 - Tell me about your plans to address the UAC's medical and mental health care needs and counseling needs.
 - What are the medical services in your area?
 - What are the counseling services in your area?
- Tell me about the types of community resources and services that you plan to access to address the UAC's needs.
 - What types of community resources and services to you live near?
 - What community resources do you currently utilize?
 - What types of community resources have you identified for the UAC? (e.g., school, medical clinic, mental health services agency)
 - If you needed medical assistance, where would you go? How close is that medical service to your home?
- Tell me about the minor's personality, behavior, strengths, and overall functioning.
 - How would you describe the minor's personality?
 - How does the minor get along with adults and with other children?
 - What kind of feedback or discipline does the minor best respond to?

- How do you plan to manage the minor's behaviors?
- Describe the minor's special interests, talents, hobbies, including likes and dislikes.
- Does the minor have any criminal history or behavior issues that you are aware of?
- Did you read the Sponsor Handbook and watch the Sponsor Video?
- Will you accept assistance from Post-Release Service providers, if needed?

Safety Plan

- Explain how you plan to ensure the safety of the minor.
 - Are you aware of any abuse or any significant traumatic events?
 - Are you aware of any safety concerns for the UAC? Has anyone threatened the minor or their family? If so, what is the safety plan?
 - Are you aware of any history of gang involvement, violence, or juvenile justice history?

Supervision Plan

- Do you have family or friends nearby that will be helping to care for the minor? If yes, list name, SSN/A#, age, DOB, home address, phone number, gender, relationship to sponsor, type of identity document received, results of background check, as applicable.
- Explain how you plan to supervise the minor.

Alternative Caregiver Plan (only for sponsors who are not U.S. citizens or Lawful Permanent Residents)

- Who will care for the minor in the event that you need to leave the country? List name, SSN/A#, age, DOB, home address, phone number, gender, relationship to sponsor, type of identity document received, results of background check, as applicable.

CRIMINAL HISTORY

Use these questions to sponsor's self-disclosures of any criminal charges, sexual offenses or child abuse/neglect charges or arrests. Ask specific questions that may reveal possible disqualifying factors under Criteria for Release Denial. *ORR Policy Guide, Section 2.1.4 Entry Release Request*

- Have you had any type of encounter with law enforcement (uniformed or not)?
- Have you ever been fingerprinted?

- Have the police ever visited your home? If so, please provide details.
- Do you have any criminal history in your country of origin?
- Do you have any criminal history in the United States?
- Have you ever been arrested/hand cuffed?
- Have you ever been stopped by the police while driving a vehicle or as a passenger?
- Were you ever in a public place/park or car drinking or in possession of an open alcoholic container which resulted in the police being called or law enforcement approaching you for your information, incarceration or citation?
- Have you ever been arrested or charged with a crime? *If yes, for each charge ask:*
 - What happened?
 - When did this happen? How old were you?
 - Where did this happen (country, state, city, local town/province/neighborhood)?
 - Who were the victims (relation to UAC, names)?
 - What was the outcome in court?
 - Have you ever been assigned to a probation/parole officer?
- Are you on probation or parole? *If yes, ask:*
 - When did probation/parole start?
 - How long will it last and in what state or country?
 - What are the conditions of your probation/parole (special classes, community service)?
 - Do you know the name and number of your probation/parole officer?
- Have you ever been detained for drinking, driving under the influence of alcohol/drugs?
- Have you ever been held in juvenile detention or adult jail? *If yes, ask:*
 - How many times?
 - Where were you held?
 - How long were you incarcerated?
 - What were the dates of incarceration, as you can best remember?
- Have you experienced any violence or threats while in government custody (local, state, DHS custody, and DCS custody)? *If yes, ask:*
 - What happened?
 - Where did this happen?
 - When did this happen?
- Have you ever had an argument with a paramour/partner/spouse that resulted in the police being called? If so, please provide details.
- Have you ever been involved in a gang? *If yes, ask:*
 - What gang(s) and for how long?
 - When and how did you become involved?
 - What was your involvement in the gang? Did you have specific roles or responsibilities? What were these roles and responsibilities?
 - Did the gang encourage or require criminal behavior?
 - Do you have any gang tattoos?
 - Were you trained to build and use weapons (guns, bombs, machetes)?
- Are any of your relatives involved in gang activities? *If yes, ask:*
 - Which relative(s)?
 - What gang(s) and for how long?
 - What is their involvement in the gang?
- Have you ever committed a crime for which you were not caught? *If yes, ask:*
 - What happened?
 - When did this happen? How old were you?
 - Where did this happen (country, state, city, local town/province/neighborhood)?
 - Who were the victims (relation to UAC, names)?
- Have you ever caused bodily harm to another person(s) or animal(s)? *If yes, ask:*
 - What happened?
 - When did this happen? How old were you?
 - Where did this happen (country, state, city, local town/province/neighborhood)?
 - Who were the victims (relation to UAC, names)?
- Have you ever used a different name or date of birth?

UAC JOURNEY AND APPREHENSION

Use these questions to determine 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. All responses must be documented in the UAC Journey and Apprehension section of the Sponsor Assessment.

Life in Home Country

- Where did the minor live before arriving in the U.S.?
 - How long did the minor live there?
 - With whom did the minor live with?
- Whose decision was for the UAC to live with the said certain individuals?
- Did the UAC attend school, work, or both?
- Did the UAC have any hobbies in home country? What were they?
- Has the UAC lived anywhere else? With whom? When and for how long?
- Who was the UAC living with when he/she decided to leave his/her home country?

The Journey

- Do you know why the UAC decided to travel to the U.S. at this time?
 - What is the UAC planning on doing in the U.S.?

- How did the UAC get to the U.S.?
 - Did anyone arrange travel for the UAC? If yes – Who? Did you arrange the UAC's travel?
 - Did the UAC travel with anyone (such as siblings, parents, family members, and children)? If so, do you know where they are now?
 - Did you provide the UAC guidance about what steps to take when planning to enter the U.S.?
 - Was a Coyote/foot guide/smuggler involved?
 - What type of transportation was used?
 - Were multiple people involved in the transportation during various legs of the journey?
 - Did the UAC have to work or exchange favors to finance the trip?
 - Were you in communication with the UAC during their journey?
 - Did the UAC share with you any hardships during the journey?
- Where was the UAC planning on living in the U.S. and with whom?

- When did the UAC leave home country?
- Who paid for the UAC's trip to the U.S.?
 - How much did the UAC's journey cost?
 - Did you pay for the UAC's travel?
 - Does the UAC or UAC's family to owe money to cover the cost of the UAC's travel?
 - Do you know how the UAC or the UAC's family paid for the UAC's travel expenses?
- Did the UAC plan to come live with you? If not, then who? If so, then why?
- What arrangements have you made for the UAC?
- Did anyone arrange for the UAC to work after arriving to the US?
- Who arranged the work?
- What type of work is the UAC expected to be doing?
- Will the UAC be paid?
- Did the UAC's parents plan for the UAC to come live with you? If not, then who? If not, then why not? If so, then why?

Additional Questions

- Had the UAC been to the U.S. before this journey?
 - When did the UAC come to the U.S.?
 - Who did the UAC travel with then?
 - For how long was the UAC in the U.S.?
 - What brought the UAC here then?
 - Why did the UAC leave the U.S.?

HUMAN TRAFFICKING

Use these questions to assess for 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. All responses must be documented in the Human Trafficking section of the Sponsor Assessment.

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

- When and why did you decide to travel to the U.S.?
- Who planned your journey?
- Did the arrangements change during the journey? If yes, how?
- Did anyone pay for your travel to the U.S.?
 - Does that person need to be paid back?
 - Is there a plan for that person to be paid back?
 - What do you believe will happen if that person is not paid back?
- Does your family or a family friend owe money to anyone for the journey? If yes, how much?
- Did you ever have to depend upon non family members to provide basic needs such as clothes, food, and housing?
- Did you experience any challenges, trauma, or abuse by family in home country?
- Where did you first live in the U.S. and with whom?
- Have you traveled back to your country of origin since your arrival to the U.S.?

Coercion Indicators

- Did anyone threaten you or your family? Who made the threats? What happened?
- Were you ever physically harmed? Who harmed you? What happened?
- Was anyone around you ever physically harmed? Who was harmed? What happened?
- Were you ever held against your will? Who held you? Where? What happened?
- Did anything bad happen to anyone else in this situation or anyone else who tried to leave? What happened exactly? How many other people were in this situation?
- Did anyone ever keep/destroy your documents? Who did this and what documents?

Debt Bondage/Labor Trafficking Indicators

- Did you perform any work or provide any services?
- Who arranged the work?
- What type of work did you perform and where?
- How often did you have to work (Hours per day, days per week, what times of day/night)?
- Did work conditions change over time?
- Is there a debt? Do you owe money? If yes, ask:
 - What is the amount of the debt?
 - Has any debt amount 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? 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?
- 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? What were the expenses for?
- How did you get to the work site?
- Where did you live while working? Describe your living arrangements.
- Was your freedom of movement ever restricted or closely monitored (e.g., with security cameras)?
- 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.? Who arranged the work? What type of work do you expect to be doing? Will you be paid?

- Did anyone ever threaten to report you to the police/immigration? Who did this and what did they say exactly?
- Are you worried anyone might be trying to find you? Who?

FRAUD

Use these questions to determine if any individual or entity has attempted to defraud the sponsor in relation to the ORR reunification process. All responses must be documented in the Fraud section of the Sponsor Assessment.

- Have you ever been contacted and asked to pay fees/money related to the release of the minor? *If yes and if applicable, ask:*
 - When did this happen (date and time)?
 - Where did this happen?
 - What name and contact information did the individual give you?
 - What specifically did they ask you to do?
 - Did you give any money to the individual? What amount?
 - How did you pay (e.g., wire transfer, money order)? Do you have proof of payment?
- Do you have any identifying information for the receiving account (e.g., account number, account name, routing number)?
- Please name and describe any individual or organizations involved in the incident.
- Are there any potential witnesses? Do you have contact and identifying information on them (e.g., name, phone number, address, SSN/A#)?
- Are there any other details you can provide?

Appendix 2.6 Sponsor Assessment

**OFFICE OF REFUGEE RESETTLEMENT
SPONSOR ASSESSMENT**

SPONSOR'S IDENTIFICATION

First Name:	Status:	ADMITTED
Last Name:	AKA:	
Date of Birth:	Gender:	select an item
A #:	LOS:	
Age:	Current Program:	
Country of Birth:	Admitted Date:	

SPONSOR'S CONTACT INFORMATION

First Name:	AKA:	
Last Name:	A #:	
Date of Birth:	Country of Birth:	
Age:	Country of Residency:	
Gender: select an item	Primary Sponsor:	<input type="checkbox"/> Yes <input type="checkbox"/> No

SPONSOR CULTURAL 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.

Primary Language Spoken: _____ Religious Affiliation: _____

Other Languages Spoken: _____

Additional cultural information: _____

SPONSOR'S 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.

Genogram completed? (Required for distant relative Cat 3 sponsors) Yes No

Family in Country of Origin

Do you have family in your home country? (If yes, describe below) Yes No

Additional information on family in country of origin: _____

Family and Family Friends in the U.S.

Do you have family or family friend in the U.S.? (If yes, list below) Yes No

Name	DOB	Gender	Relationship to Sponsor
		Click here to enter a date.	Click here to select an item.
		Click here to enter a date.	Click here to select an item.
		Click here to enter a date.	Click here to select an item.
		Click here to enter a date.	Click here to select an item.

ADD OR DELETE ROWS AS NEEDED (you will need to copy dropdowns, date fields, etc. into your next row)

Do you have any relatives who are also in ORR care? Yes No

If yes, do you know where they are? _____

Additional information on family and family friends in the U.S.: _____

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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 married to your partner? Yes No

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

If yes, explain:

Additional information on the sponsor's partner:

Children

Do you have any children (If yes, list below) Yes No

Child's Name	Child's Date of Birth	Child's Date of Arrival	Child's Country of Origin	Child's Current Residence
	Click here to enter a date.	Click here to enter a date.	Choose an item.	Choose an item.
	Click here to enter a date.	Click here to enter a date.	Choose an item.	Choose an item.
	Click here to enter a date.	Click here to enter a date.	Choose an item.	Choose an item.
	Click here to enter a date.	Click here to enter a date.	Choose an item.	Choose an item.

ADD OR DELETE ROWS AS NEEDED (you will need to copy, drag/cut, paste fields, etc. into your new row)

Did any of your children come to the U.S. with you? (If not born in U.S.) Yes No

Do you have any children living in your home country? Yes No

Have any of your children ever been in ORR care? Yes No

Who is caring for your children?

Additional information on the sponsor's children:

How do you discipline your children and how do you plan to discipline the minor?

Have you or your spouse/partner ever had Child Protective Services involvement? Yes No

If yes, explain:

Have you ever been involved in a child support case? Yes No

If yes, explain:

Do you provide court ordered financial support to your children? Yes No

If yes, explain:

Have you ever had a child removed from your custody? Yes No

If yes, why? (Obtain documentation)

Have any of your household members ever had a child removed from his/her custody? Yes No

If yes, why? (Obtain documentation)

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) Yes No

Name	Age	Sex	Relationship	Household Member (Yes/No)	Responsible for Care	Residence	Contagious Disease (Yes/No)	Conviction/Charge

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		Click here to enter a date.	Choose an item.		<input type="checkbox"/> Yes <input type="checkbox"/> No	Choose an item.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Choose an item.
		Click here to enter a date.	Choose an item.		<input type="checkbox"/> Yes <input type="checkbox"/> No	Choose an item.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Choose an item.
		Click here to enter a date.	Choose an item.		<input type="checkbox"/> Yes <input type="checkbox"/> No	Choose an item.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Choose an item.
		Click here to enter a date.	Choose an item.		<input type="checkbox"/> Yes <input type="checkbox"/> No	Choose an item.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Choose an item.

ADD OR DELETE ROWS AS NEEDED (you will need to copy dropdowns, date fields, etc. into your new row)

Describe your home:
Describe where the minor will sleep:
How do you expect the UAC to contribute to your household?
Does anyone in the household have a serious, contagious disease? Yes No
If yes, explain:
Do any of the occupants have criminal convictions or charges, other than minor traffic violations? Yes No
If yes, explain:

SPONSORING ANOTHER CHILD

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: _____

Have you ever attempted to sponsor another child that is/was in ORR care? Yes No
(If yes, list below and answer the following questions)

Name	DOB	Sex	Age	Relationship to Sponsor	Current Location	ORR Release Location	Reason for Release	Current Sponsor
		Click here to enter a date.	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.
		Click here to enter a date.	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.
		Click here to enter a date.	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.

ADD OR DELETE ROWS AS NEEDED (you will need to copy dropdowns, date fields, etc. into your new row)

Have you ever attempted to sponsor a child from ORR, but decided to withdraw your application? Yes No
If yes, then why did you withdraw?
Have you ever been denied sponsorship by ORR? Yes No
If yes, then why did ORR deny your sponsorship application?
How many children did you sponsor?
Is the child still residing with you? Yes No
If no, explain:
Did you undergo a home study? Yes No
If yes, why?
Is/has the child received Post Release Services? Yes No
Is the child enrolled in or attending school? Yes No

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When is the child's upcoming court date?
 Did you attend an LOPC presentation? Yes No
 Describe the UAC's current safety and well-being since release from ORR care to the sponsor:

Household Members:

Have any of your household members attempted to sponsor another child that is/was in ORR care? Yes No
 (If yes, list below and answer the following questions)

Name	Age	DOB	Gender	UAC's Relationship to Child	Current Location	Child Release Location	Reason for Release	Has Judge Approved Home?
		Click here to enter a date.	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Click here to enter a date.
		Click here to enter a date.	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Click here to enter a date.
		Click here to enter a date.	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Click here to enter a date.

ADD OR DELETE ROWS AS NEEDED (you will need to copy drop-downs, date fields, etc. into your new row)

Did he/she ever attempt to sponsor a child from ORR, but decided to withdraw your application? Yes No
 If yes, then why did he/she withdraw?
 Has he/she ever been denied sponsorship by ORR? Yes No
 If yes, then why did ORR deny his/her sponsorship application?
 How many children did he/she sponsor?
 Is this child still residing with him/her? Yes No
 If no, explain:
 Did he/she undergo a home study? Yes No
 If yes, why?
 Has the child received Post Release Services? Yes No
 Is the child enrolled in or attending school? Yes No
 When is the child's upcoming court 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 IDENTITY

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:

Sponsor's identity is verified: Yes No
 List proof of identity documents provided:

Document Provided by Sponsor	Expiration Date (MM/DD/YYYY)	Document Verified by Government's Agent	Signature
Choose an item.	Click here to enter a date.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Choose an item.	Click here to enter a date.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Choose an item.	Click here to enter a date.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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ADD OR DELETE ROWS AS NEEDED (you will need to copy drop-downs, date fields, etc. into your new row)

Household Members

Household Members' identity is verified: Yes No

List proof of identity documents provided:

Household Member's Name	Identity Document Type	Expiration Date of Document (MM/DD/YYYY)	Document Verified as Authentic (Yes/No)	Document Verified as Complete (Yes/No)
Choose an item...	Click here to enter a date.	Click here to enter a date.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Choose an item...	Click here to enter a date.	Click here to enter a date.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Choose an item...	Click here to enter a date.	Click here to enter a date.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

ADD OR DELETE ROWS AS NEEDED (you will need to copy drop-downs, date fields, etc. into your new row)

Adult Caregivers

Adult Caregiver's identity is verified: Yes No

List proof of identity documents provided:

Adult Caregiver's Name	Identity Document Type	Expiration Date of Document (MM/DD/YYYY)	Document Verified as Authentic (Yes/No)	Document Verified as Complete (Yes/No)
Choose an item...	Click here to enter a date.	Click here to enter a date.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Choose an item...	Click here to enter a date.	Click here to enter a date.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Choose an item...	Click here to enter a date.	Click here to enter a date.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

ADD OR DELETE ROWS AS NEEDED (you will need to copy drop-downs, date fields, etc. into your new row)

Additional information on identity:

PROOF OF IMMIGRATION STATUS OR U.S. CITIZENSHIP

Sponsor Legal Status: select an item

Sponsor's legal status verified with non-expired document(s): Yes No

List proof of immigration status or U.S. citizenship document(s) provided:

PROOF OF RELATIONSHIP

Use this section to document information and documents provided by the sponsor to establish the sponsor's relationship to the UAC and to confirm that the relationship was verified. If the sponsor's relationship to the UAC was unable to be verified, provide an explanation under the "Explain how the sponsor is related to or knows the UAC and/or the UAC's family" section below.

Sponsor's Relationship to UAC: select an item Sponsor Category: select an item

Sponsor's Relationship to UAC is Verified: Yes No

List proof of relationship documents provided:

Relationship Document Type	Relationship Document Description	Expiration Date of Document (MM/DD/YYYY)	Document Verified as Authentic (Yes/No)	Document Verified as Complete (Yes/No)
Choose an item...	Click here to enter a date.	Click here to enter a date.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Choose an item...	Click here to enter a date.	Click here to enter a date.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Choose an item...	Click here to enter a date.	Click here to enter a date.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Choose an item...	Click here to enter a date.	Click here to enter a date.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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ADD OR DELETE ROWS AS NEEDED (you will need to copy drop-downs, date fields, etc. into your new row)

Explain how the sponsor is related to or knows the UAC and/or the UAC's family:

PROOF OF ADDRESS

Use this section to document information and documents provided by the sponsor to establish that the sponsor lives at the address he/she reported to ORR and that the reported address is a residence. If the sponsor's address was unable to be verified, provide an explanation under the "Additional proof of address information" section below.

What is your current address and contact information? (enter below)

Address: _____ Home Phone: _____
 City: _____ Email: _____
 State: _____ Work Phone: _____
 Zip Code: _____ Fax: _____

How long have you lived at the current address?
 Describe the area/neighborhood where you reside?
 Do you receive your mail at a different address? Yes No
 If yes, what is the address that you use to receive mail? _____

Was address where the sponsor currently resides verified as a residence on Google Maps? Yes No
 Was address where the sponsor currently resides verified as a residence on Google Earth? Yes No
 Was address where the sponsor currently resides verified as a residence on Smarty Streets? Yes No

List proof of address documents provided:

<i>Click here to enter a date</i>	<i>Click here to enter a date</i>
<i>Click here to enter a date</i>	<i>Click here to enter a date</i>
<i>Click here to enter a date</i>	<i>Click here to enter a date</i>

ADD OR DELETE ROWS AS NEEDED (you will need to copy drop-downs, date fields, etc. into your new row)

Where else have you lived in the U.S.?

Address	City	State	Zip Code	Total number of months lived at this address	Did you live at this address for more than 12 months?
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

ADD OR DELETE ROWS AS NEEDED (you will need to copy drop-downs, date fields, etc. into your new row)

Additional proof of address information:

FINANCIAL STABILITY

Discuss with the sponsor, his/her ability to support and financially provide for the minor while in their care.

Does the sponsor have a job? (if yes, answer the following questions) Yes No

Name of Employer: _____
Location of Employment: _____
Length of Time at present employer: _____
Income: _____
Work Hours/Schedule: _____

Does the sponsor have financial needs? Yes No
 If yes, explain: _____

Does the sponsor have adequate housing? Yes No
 If yes, explain: _____

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POST-RELEASE SERVICE PROVIDERS

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

Tell me about your plans to address the UAC's educational needs:

What school will the minor attend? Yes No

Does the sponsor know the school enrollment process? Yes No

Who will transport the UAC to and from school?

Who will supervise the UAC before and after school?

Does the minor have any medical conditions that will need treatment that you are aware of?

Tell me about your plans to address the UAC's health care needs (if the UAC is pregnant or with child, also address the health care plans for the UAC's child).

Tell me about your plans to address the UAC's mental health care and counseling needs.

What are the medical services in your area?

What are the counseling services in your area?

Tell me about the types of community resources and services that you plan to access to address the UAC's needs.

Is the potential sponsor familiar with community resources and services in the area? Yes No

(Case Manager assists sponsor in identifying community service providers and programs and encourages sponsor to participate in available services such as parenting, gang prevention, substance abuse psycho-education in preparation for UAC's release)

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

Is there anything that would prevent the sponsor from enrolling in supportive services for the UAC's needs? Yes No

Did the sponsor watch the Sponsor Video? Yes No

Did the sponsor read the Sponsor Handbook? Yes No

Will you accept assistance from Post-Release Service providers? (if applicable) Yes No

Safety Plan

Explain how you plan to ensure the safety of the minor:

Supervision Plan

Does the sponsor have family or friends nearby that will be helping in caring for the minor? Yes No
(if yes, list the individual(s))

Name	Relationship	Age	DOB	Gender	Home Address	Phone Number	Emergency Contact	Emergency Contact
			Click here to enter a date.	Choose an item.		Choose an item.	Choose an item.	Choose an item.
			Click here to enter a date.	Choose an item.		Choose an item.	Choose an item.	Choose an item.

ADD OR DELETE ROWS AS NEEDED (you will need to copy dropdowns, date fields, etc. into your new row)

Explain how you plan to supervise the minor:

Alternate Adult Caregiver Plan

Is the sponsor a U.S. citizen or a lawful permanent resident? Yes No
If no, list the adult caregiver identified who will assume responsibility for the child if sponsor becomes unavailable to care for the minor.

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Country	Date of Birth	Age	Sex	Gender	Home Address	Phone Number	Home Address	Home Address
			Click here to enter a date.	Click here to enter a date.			Click here to enter a date.	Click here to enter a date.

ADD OR DELETE ROWS AS NEEDED (you will need to copy drop-downs, date fields, etc. into your new row)

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) Yes No

List any felony convictions:

List any misdemeanor convictions:

List any probation/parole:

List and describe any disclosed criminal activity:

List any child abuse and neglect history:

History of Incarceration or Detention

Date	Location	Reason
	Click here to enter a date.	Click here to enter a date.

ADD OR DELETE ROWS AS NEEDED (you will need to copy drop-downs, date fields, etc. into your new row)

Additional information on criminal history:

THE UAC'S JOURNEY TO THE U.S.

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. immigration policy or practice as a factor in the UAC's decision to travel to the U.S.? Yes No

Did the potential sponsor mention economic, job, or educational opportunities as a factor in the UAC's decision to travel to the U.S.? Yes No

When did the UAC leave his/her home country (month, day, and year)?

How long did the trip take?

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?

Do you know if the UAC has ever been to the U.S. before? Yes No

If yes, when?

TRAFFICKING CONCERNS

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.

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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?

Did the arrangements change during the journey? Yes No

If yes, how?

Did anyone pay for your travel to the U.S.? Yes No

Does that person need to be paid back?

Yes No

Is there a plan for that person to be paid back?

Yes No N/A

What do you believe will happen if that person is not paid back?

Does your family or a family friend owe money to anyone for the journey? Yes No

If yes, how much?

Did you ever have to depend upon non family members to provide basic needs such as clothes, food, and housing? Yes No

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?

Have you traveled back to your country of origin since your arrival to the U.S.?

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 in the sponsor's country of origin, during the sponsor's journey, and in the U.S. This includes any pressure, threats, deception, or harm experienced by the sponsor or the sponsor's family members.

Did anyone threaten you or your family? Yes No

If yes, explain:

Were you ever physically harmed? Yes No

If yes, explain:

Was anyone around you ever physically harmed? Yes No

If yes, explain:

Were you ever held against your will? Yes No

If yes, explain:

Did anything bad happen to anyone else in this situation or anyone else who tried to leave? Yes No

If yes, explain:

Did anyone ever keep/destroy your documents? Yes No

If yes, explain:

Did anyone ever threaten to report you to the police/immigration? Yes No

If yes, explain:

Are you worried anyone might be trying to find you? Yes No

If yes, explain:

Additional information on coercion indicators:

Debt Bondage/Labor Trafficking Indicators

Use this section to assess for indicators of debt bondage and labor trafficking in the sponsor's country of origin, during the sponsor's journey, and in the U.S. This includes any information regarding contracts, commitments, arrangements, or debt the sponsor is aware of or responsible for repaying and whether the sponsor felt unsafe or treated 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?

How often did you have to work?

Did work conditions change over time?

Is there a debt? Yes No

What is the amount of the debt?

Has the debt amount ever increased?

Yes No

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
If yes, who threatened you and how?

What did you think would happen if you left the job or stopped working? Yes No
Were you ever made to work or do anything you did not want to do? Yes No
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 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.?
If yes, explain:

Additional information on debt bondage/labor trafficking indicators:

TVPPRA
Use this section to document whether the case requires a TVPPRA-mandated home study based information gathered in this assessment and from any other relevant sources.

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

Based on the sponsor assessment, does the sponsor clearly present a risk of abuse, maltreatment, exploitation, or trafficking to the UAC? Yes No
If "Yes" is checked, the case must be referred for a mandatory home study.
If yes, provide a short summary:

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

Have you ever been contacted and asked to pay fees/money related to the release of the minor? Yes No
If yes, explain:

Have you ever been contacted and asked to pay fees/money related to the release of a minor you previously sponsored or attempted to sponsor and not reported it to ORR? Yes No
If yes, explain:

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.

CARE PLANNING CAPABILITY OF SPONSOR AND CONSIDERING REMARKS
Use this section to provide a thorough assessment of the sponsor's ability to safely care for the IIR, provide for the UAC's individual needs, and ensure the safety and well-being of the UAC.

CONCLUSION

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Signature: _____	Title: _____
Print Name: _____	Date: _____

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