

Appendix 2.7 Sponsor Check Coversheet



PSC/DCS/HHS Mailing Address

Program Support Center (PSC)
Division of Children's Services (DCS)
Department of Health and Human Services (HHS)
Parklawn Building, 5600 Fishers Lane, Room 02E70,
Rockville, MD 20857 Tel: (301) 443-8571

SUBMIT TO: SponsorCheck.os@hhs.gov

Date: _____ Facility: _____
From: _____ Email: _____
Position: _____ Phone #: _____

Includes (please check):

- ☐ ORR Authorization for Release of Information - SPACES
☐ Paper Fingerprints (2 Per Person) Mail Courier: _____ Tracking Number: _____
☐ Digital Prints Transmitted Date: _____ Location: _____
☐ Copy of Photo ID
☐ Sponsor or ☐ Household Member (HHM)

Sponsor/HHM Name (Name Transmitted): _____

Sponsor/HHM DOB: _____ Sponsor/HHM Alien #: _____

Relationship to UAC: _____ Category: ☐ One ☐ Two ☐ Three

Facility: _____

Case Manager's Name: _____

Federal Field Specialist's Name: _____

Number of Minor(s): _____ Minor's Name: _____

Minor's DOB: _____ Minor's Alien #: _____

Contact Information (Check One)

Security Specialist	Region	Cases	Email
<input type="checkbox"/> Damian Kremer	Eastern/Western	(A - F)	Damian.Kremer@psc.hhs.gov
<input type="checkbox"/> Rachael Ames	Eastern/Western	(G - M)	Rachael.Ames@psc.hhs.gov
<input type="checkbox"/> Isaiiah Kohn	Eastern/Western	(N - Z)	Isaiiah.Kohn@psc.hhs.gov
<input type="checkbox"/> Niroshi Wijewera	Eastern/Western	AGE OUT	Niroshi.Wijewera@psc.hhs.gov
<input type="checkbox"/> Natasha Betancourt-Pagan	Central	(A - F)	Natasha.Betancourt-Pagan@psc.hhs.gov
<input type="checkbox"/> Mac Juniorson Bta. Fogam	Central	(G - M)	MacJuniorson.Bta.Fogam@psc.hhs.gov
<input type="checkbox"/> Nicholas Biagini	Central	(N - Z)	Nicholas.Biagini@psc.hhs.gov
<input type="checkbox"/> Johanna Villegas	Central	AGE OUT	Johanna.Villegas@psc.hhs.gov

COMMENTS:

PSC/DCS USE BELOW - DO NOT FILL

Received: Date: _____ Time: _____ Carrier: _____

Tracking Information: _____

Relationship to UAC: ☐ Sponsor ☐ HHM ☐ PNIP

DFS Initial: _____ Date and Time Scanned: _____

Results: ☐ Referred to FFS ☐ Appears Clear ☐ 1st Unclassifiable ☐ 2nd Unclassifiable

Query ID: _____ Immigration Status: ☐ USC ☐ Appears Legal ☐ Poss. Imm. Issues

LESC Immigration Status/Comments: _____

Missing Information/Documents: _____

☐ AGE OUT (Date: _____)

☐ MINOR DISCHARGED

Rev 5/14/2019

Appendix 2.8 CA/N Check Coversheet



PSC/DCS CA/N Check Coversheet Fax: (301) 480-0292

Date: _____ Facility: _____
From: _____ Email: _____
Position: _____ Fax #: _____
Phone #: _____

Includes (please check off):

- ☐ ORR/DCS Authorization for Release of Information – **5 PAGES**
- ☐ Copy of Sponsor ID
- ☐ Sponsor or _____ Household Member (Check which applies)
- ☐ Other _____

Sponsor's Name: (Name Transmitted) _____
Sponsor's DOB: _____
Sponsor's Alien # (if any): _____
Sponsor's Category (Check one): ☐ One ☐ Two ☐ Three
Relationship to UAC: _____

Facility: _____
Case Manager's name: _____
Federal Field Specialist's Name: _____

(Number of Minors: _____) Minor's Alien #: _____
Minor's Name: _____
Minor's DOB: _____

Contact Information
(Check One)

Security Specialist	Region	Telephone	Email
<input type="checkbox"/> Karen Morales Ceron	Eastern	(301) 443-1249	Karen.MoralesCeron@psc.hhs.gov
<input type="checkbox"/> Kemba Arthur	Central (A-L)	(301) 443-1245	Kemba.Arthur@psc.hhs.gov
<input type="checkbox"/> Sandra Sanchez	Central (M-Z)	(301) 443-9392	Sandra.Sanchez2@psc.hhs.gov
<input type="checkbox"/> Edmand Ceyov	Western	(301) 443-0037	Edmand.Ceyov@psc.hhs.gov

PSC/DCS-HHS Mailing Address
Program Support Center (PSC)
Division of Children's Services (DCS)
Department of Health and Human Services (HHS)
Parklawn Building
5600 Fishers Lane, Room #2E-70
Rockville, Maryland 20857
Tel.: (301) 443-8571

Comments: One page for each Sponsor

Appendix 2.9 Background Check Submission Requirements

All background check submissions must adhere to the following standards.

ORR and PSC/DCS **reject** background check submissions that include errors or omissions. If ORR or PSC/DCS rejects the original submission care providers must resubmit the request which significantly delays the release process.

Send All Requests Via Email

Care providers must email fingerprint check requests to SponsorCheck.os@hhs.gov and CA/N check requests to CANchecks.os@hhs.gov. ORR does not accept documents that are faxed or mailed (EXCEPT paper fingerprint cards and original CA/N check state forms, if required).

PSC/DCS **does not** accept any documents or requests directly from background check subjects (e.g., Sponsors and Household Members) or digital fingerprint sites. Subjects and/or digital fingerprint sites must submit all documents to the Case Manager, who reviews the documents for completeness and accuracy prior to submission to PSC.

PSC/DCS **does not** accept paper fingerprint cards directly from background check subjects. Subjects must submit paper fingerprint cards to the Case Manager, who reviews the documents for completeness and accuracy prior to submission to PSC/DCS. In extenuating circumstances, PSC/DCS **does** accept paper fingerprint cards directly from digital fingerprint sites (see [Appendix 2.14 Fingerprinting Guidance](#)).

Review and Inspect Sponsor Documents

Each background check request email must contain a complete *Coversheet, Authorization for Release of Information (ARI)* (with a May 14, 2018, revision date or later), and a copy of acceptable photo identification. See [ORR Policy Guide Section 2.2.4](#), for a list of acceptable documents. Do not include any other supporting documents (e.g. proof of address, birth certificates) with the request.

Send Only Complete, Accurate and Legible Documents

Care providers **must** ensure:

- That all fields in the *Coversheet* and *ARI* are complete and accurate and that all five pages of the *ARI* are included. The sponsor **must sign** the *ARI*.
- That the copy of the photo ID is readable - that the subject's picture is clear, and that the information on the ID is legible.
- For paper fingerprint submissions, verify in advance of submission that the sponsor has completed the descriptor/identifier and signature fields (see [Appendix 2.13 Fingerprint Card](#)). The Case Manager must also include the five page signed *ARI* and photo ID in order for PSC to match the cards to the original email request.

- For CA/N Checks, that all fields in the state forms are complete and accurate and that PSC/DCS instructions were followed.

PSC/DCS rejects copies of documents that are too dark or too light; and, those with partial, missing, or incomplete information. If the sponsor's handwriting is illegible, include the information that is unclear typed on a separate page. While pictures of documents are acceptable, PSC/DCS rejects images that are unclear or blurred.

Include Address History on the *ARI*

The *ARI* must provide all addresses where the subject **resided in the past five years**. For non-U.S. addresses the subject enters the country in which they resided in the "City (Country)" column of the address table in the *ARI* and complete the "From date" and "To date" columns.

Update the UAC Portal and Cancel Unnecessary Background Check Requests

Create subject records in the UAC Portal after identifying a sponsor or household member. Enter a check mark on the "Check Requested?" column next to the types of checks requested to allow PSC/DCS to record the results. These steps must be completed **before** the background check request is emailed to PSC/DCS.

Email notification to PSC **within one business day** if a background check requires cancellation.

Request Background Checks for Individuals Who Have Previously Completed Background Checks

In cases where an individual has previously completed a background check, the case manager must still formally request the background check from PSC/DCS with all required paperwork (this includes a ***new Coversheet***, a ***new ARI***, and copy of a government issued photo ID).

PSC/DCS automatically checks to see if the potential sponsor, household member, or adult caregiver has previously sponsored a UAC and if he/she has completed any of the following background checks:

- FBI National Criminal History Check (Fingerprint Check)
- CA/N Check
- FBI/BSU Civil Name Check

PSC/DCS will forward the results of an existing check to the case manager and/or FFS if it has been 270 days or less since the background check was completed. In these cases, the individual will not need to be fingerprinted again nor will a new CA/N check request need to be sent to the state. If the background check is older than 270 days, PSC/DCS is required to conduct a new check which will require new fingerprints and/or submission of a new CA/N Check request to the state.

Appendix 2.10 Release Request Completion Guidance

Use a fillable version of this available on the UAC Portal.



Administration for Children & Families
Office of Refugee Resettlement

Release Request Completion Guidance

The purpose of this guidance document is to provide Case Managers, Case Coordinators, and FFS with a clear understanding of what ORR expects to be documented in a *Release Request* and a structured way of entering this information so that it is easily understood. Note that some of the items in the template below (e.g., Letter of Designation) may not apply to all cases and should be deleted if not applicable. Likewise, there may be additional information needed to make a release decision for more complicated cases. In those instances, the additional information may be entered with the caveat that it must be written clearly and concisely without re-summarizing information that is available in the UAC Portal or the UAC's case file.

The *Release Request* is a summary of the information in the UAC Portal, which shows who the sponsor is, if there are any concerns, how the concerns were mitigated, whether all reunification requirements were completed, whether it appears to be a safe release and what is being recommended in the case. Documents supporting the Case Manager's recommendation are:

- Family Reunification Packet
- UAC Assessment
- Sponsor Assessment
- UAC Case Review
- ISP, if applicable
- Background Check Results
- Home study Recommendation, if applicable
- SIR Summary, if applicable

For Case Managers, it is recommended that the templates below for *Provide Details on Relationship Including Official Documentation and Comments* be pasted into and edited in a Word document before copying the information into the *Release Request* in the UAC Portal. The templates for those two sections are long and it will be easier for the Case Manager to ensure that they have not missed any items if they are editing in a Word document. Because their sections are short, Case Coordinators and FFS may paste their templates directly into the *Release Request* in the UAC Portal and edit them there.

Sponsor Information

SPONSOR/UAC RELATIONSHIP: [Ms./Mr.] [sponsor full name] (sponsor age, category, relationship with child -- e.g. age 65, Category 2A, Grandmother) requests sponsorship of [UAC full name] (A# [###-###-####], [UAC gender], age [UAC age]). [Ms./Mr.] [sponsor last name] currently resides in [city, state]. [INCLUDE IF APPLICABLE] The sponsor is also attempting to sponsor the UAC's sibling [UAC full name] (A# [###-###-####], [UAC gender], age [UAC age]) who is in ORR custody at [ORR placement name].

[DESCRIBE STEPS TAKEN TO VERIFY THE SPONSOR/UAC RELATIONSHIP. THIS INCLUDES BIRTH CERTIFICATE TRAILS (ALL CATS), FAMILY TREES (CAT 3), AND DOCUMENTATION PROVING A PRIMARY CAREGIVER RELATIONSHIP (CAT 2A THAT ARE NOT A GRANDPARENT, SIBLING, HALF-SIBLING, OR STEP-SIBLING THROUGH LEGAL MARRIAGE). DO NOT REFER TO THE SPONSOR AS AN UNVERIFIED RELATIVE; INSTEAD DOCUMENT THE BIRTH CERTIFICATE TRAIL AND STATE THAT YOU WERE NOT ABLE TO CONCLUSIVELY PROVE THE RELATIONSHIP. IF THERE IS NO EVIDENCE OTHER THAN STATEMENTS TO VERIFY THE RELATIONSHIP, THEN PROVIDE INFORMATION ABOUT FAMILY SESSION AND COMMUNICATION OBSERVATIONS AND CLINICIAN RECOMMENDATIONS AND CONCLUSION ABOUT THE RELATIONSHIP. (e.g., Ms. Lopez is Maria's unverified paternal aunt who reports living next to Maria's family for 10

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Release Request Completion Guidance

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years in home country. Proof of Address was provided in order to verify the claim that they lived next to each other in home country. Maria's birth certificate did not have her father's name. However, Maria's mother and father have verbally and in writing stated that Ms. Lopez is Maria's aunt. Family Skype sessions were completed on March 3, 2016 and March 7, 2016, and another is scheduled for March 18, 2016. The plan is to have these ongoing until the minor is approved for release. The Clinician reports that there was a lot of positive interaction during the sessions and they discussed the UAC attending school and old memories of family gatherings. Maria's parents provided a letter of designation for Ms. Lopez.}}

Case Manager Recommendation

FRP AND SUPPORTING DOCUMENTS:

[INCLUDE A BRIEF PARAGRAPH ABOUT THE DAILY LIFE OF THE UAC IN COUNTRY OF ORIGIN INCLUDING WHO HE LIVED WITH, INFORMATION ABOUT SCHOOL, WHY HE OR SHE TRAVELED TO THE US, WHO TRAVELED WITH THE UAC, AND IF HE OR SHE HAS A DEBT THAT IS EXPECTED TO BE PAID BACK BY THE MINOR OR FAMILY.]

The Case Manager received and reviewed [Ms./Mr.] [sponsor last name]'s family reunification packet, which includes: *[ONLY LIST OUT WHAT WAS ACTUALLY RECEIVED AND REVIEWED AS REQUIRED BY ORR POLICY AND PROCEDURES TO RELEASE A UAC TO THIS CATEGORY OF SPONSOR]*

- Sponsor ID: *[LIST TYPE OF ID(S)]*
- Household Member ID: *[LIST TYPE OF ID(S)]*
- [INCLUDE IF APPLICABLE]* Adult Caregiver ID: *[LIST TYPE OF ID(S) AND EXPIRATION DATE, IF APPLICABLE]*
- Proof of ability to provide housing, food, education: The sponsor adequately demonstrated that he/she is able to support the minor financially.
- Proof of Address: [type of document] received on [mm/dd/yyyy]. Verified through Smarty Streets on [mm/dd/yyyy]. Verified through Google Maps on [mm/dd/yyyy].
- Proof of immigration/citizenship status: *[LIST TYPE OF DOCUMENT(S) PROVIDED OR REASON WHY NO DOCUMENTS WERE PROVIDED]*
- [INCLUDE IF APPLICABLE]* Letter of Designation: Received on [mm/dd/yyyy].
- LOPC Packet: Sent on [mm/dd/yyyy].
- Sponsor Handbook: Sponsor confirmed reading Sponsor Handbook on [mm/dd/yyyy].

CRIMINAL:

- As of [mm/dd/yyyy], for [Ms./Mr.] [sponsor last name]: *[DELETE ANY BULLETS BELOW THAT DO NOT APPLY]*
 - Public Records Check: [Clear/Not Clear]
 - Sex offender Check: [Clear/Not Clear]
 - Fingerprint Check: Fingerprints taken: [mm/dd/yyyy]. Results Required Prior to Release: [yes/no]. Results Status: [Pending/Received] Results: [Clear/Referred to the FFS] *[IF RESULTS WERE REFERRED TO THE FFS, THEN STATE WHETHER THE FFS INSTRUCTED THAT IT WAS SAFE TO MOVE FORWARD WITH SPONSOR AS FOLLOWS: The FFS informed this case manager that the sponsor has criminal record information that [does/does not] allow for the UAC to be safely released to the sponsor.]*
 - CA/N Check: Requested [mm/dd/yyyy]. Results Required Prior to Release: [yes/no]. Results Status: [Pending/Received] Results: [Clear/Record Was Found]. *[IF RECORD FOUND, LIST CHARGES AND DATES]*
- As of [mm/dd/yyyy], for [Ms./Mr.] [adult household member / adult caregiver full name], [relationship to sponsor]: *[LIST THE NAME OF EVERY ADULT HOUSEHOLD MEMBER AND ADULT CAREGIVER THAT THE CHECKS WERE COMPLETED FOR]*
 - Public records check: [Clear/Not Clear]
 - Sex offender check: [Clear/Not Clear]
 - CA/N Check: Requested [mm/dd/yyyy]. Results Required Prior to Release: [yes/no]. Results Status: [Pending/Received] Results: [Clear/Record Was Found]. *[IF RECORD FOUND, LIST CHARGES AND DATES]*
- There are no other household members in the residence.
- Self-Disclosure: This Case Manager asked the sponsor if he/she has any criminal history on [mm/dd/yyyy]. Sponsor responded: [Yes/No]. *[IF YES, LIST CHARGES AND DATES]*

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–Evidence of Rehabilitation: [IF APPLICABLE, LIST DOCUMENTS AND EVIDENCE THAT SHOW REHABILITATION]

–[INCLUDE BULLET IF A HOME STUDY WAS CONDUCTED] Due to the concerns regarding [applicable reason for home study, including who the perpetrator of the abuse is and where the abuse occurred], ORR referred the case for a TVPRA/ORR mandated/or discretionary home study. [USE THE FOLLOWING SENTENCE IF THE HOME STUDY REASON INVOLVES PHYSICAL OR SEXUAL ABUSE: “[Ms./Mr.] [sponsor last name] was not the perpetrator of the abuse and the perpetrator does not reside with [him/her].”] The home study worker concluded the home study with a positive recommendation on [mm/dd/yyyy]. [SUMMARIZE ANY RECOMMENDATIONS MADE BY THE HOME STUDY PROVIDER AND IF THE SPONSOR MET THE RECOMMENDATIONS OR WILL WITH THE ASSISTANCE OF THE POST RELEASE SERVICE PROVIDER.]

–[INCLUDE IF THERE WERE CONCERNS THAT WERE MITIGATED] LIST THE CONCERNS AND HOW THEY WERE MITIGATED. (THIS WOULD BE WHERE YOU MENTION SIRS, MENTAL HEALTH OR MEDICAL ISSUES AND SPONSOR CRIMINAL HISTORY). MENTION WHAT DOCUMENTATION WAS RECEIVED (COURT DOCUMENTS, POLICE REPORTS, MEDICAL REPORTS, SCHOOL DOCUMENTS, DNA TESTING, ETC.) AND STEPS THAT WERE TAKEN TO MITIGATE ANY OF THESE CONCERNS (FAMILY SESSION, PSYCHOLOGICAL OR PSYCHIATRIC EVALUATION, COUNSELING SESSIONS, SAFETY PLANNING, DNA TESTING, ETC.)

BIRTH CERTIFICATES: All birth certificates needed to prove the sponsor-UAC relationship were received on [mm/dd/yyyy]. Sponsor is confirmed to be the UAC's [type of relationship]. Birth certificates received are: [LIST BIRTH CERTIFICATES PROVIDED (E.G., UAC, SPONSOR, UAC'S UNCLE, SPONSOR'S SON/UAC'S BROTHER, FAMILY FRIEND)] [STATE WHETHER THE BIRTH CERTIFICATE OF THE SPONSOR MATCHES THE OFFICIAL ID OF THE SPONSOR.]

PRIOR SPONSORSHIP: CHOOSE ONE: [Verified on mm/dd/yyyy that the sponsor did not previously sponsor or attempt to sponsor a child.] OR [Verified on (mm/dd/yyyy) that the sponsor previously sponsors/attempted to sponsor a child.] [IF APPLICABLE, PROVIDE DETAILS ON COMPLIANCE WITH ORR REQUIREMENTS AS IT RELATES TO THE PREVIOUS SPONSORSHIP.]

PRIOR ADDRESS: Verified on [mm/dd/yyyy] that the sponsor's address (was/was not) used in a previous case. [IF APPLICABLE, LIST CONCERNS AND MITIGATING FACTORS.]

CONTACT WITH PRIMARY CAREGIVER IN COO: Spoke with [name of caregiver] on [mm/dd/yyyy]. [Name of caregiver] (was/was not) able to verify information provided by the UAC and the sponsor. [IF APPLICABLE, LIST CONCERNS AND MITIGATING FACTORS.]

SPONSOR RESOURCES: The following emergency contact information was provided to the sponsor: 911, ORR Parent and Sponsor Hotline, information regarding health care and vaccinations, Department of Family and Protective Services (in state of residence), and National Human Trafficking Resource Center.

RELEASE RECOMMENDATION: [INCLUDE THE RELEASE RECOMMENDATION FOR A STRAIGHT RELEASE, RELEASE WITH PRS, RELEASE WITH A POSITIVE HOME STUDY RECOMMENDATION, OR DENIAL.]

HOMESTUDY AND PRS: [LIST THE REASONS FOR RECOMMENDING HOME STUDY, AND OR, POST RELEASE SERVICES. THE RELEASE REQUEST NEEDS TO STATE WHAT THE REASON FOR THE HOME STUDY WAS, WHAT KIND OF HOME STUDY (TVPRA OR DISCRETIONARY) IF THERE ARE ANY SPECIAL RECOMMENDATIONS/CONDITIONS FROM THE HOME STUDY PROVIDER AND IF THEY WERE COMPLETED.]

Case Coordinator Recommendation To Be Entered into the Portals Release Request

The Case Coordinator (concur/does not concur) with the Case Manager's release recommendation.

[IF THE CC DOES NOT CONCUR WITH THE RECOMMENDATION, NOTE THE DISCREPANT INFORMATION IDENTIFIED AND PROVIDE BRIEF JUSTIFICATION SUPPORTING A DEFERRING RECOMMENDATION WITHOUT RE-SUMMARIZING INFORMATION THAT IS ALREADY AVAILABLE IN THE UAC PORTAL AND UAC CASE FILE.]

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ORR Decision To Be Entered into the Portals Release Request

The FFS (concurrs/does not concur) with the Case Manager's and Case Coordinator's release recommendation.

[IF THE FFS DOES NOT CONCUR WITH THE RECOMMENDATION, NOTE THE DISCREPANT INFORMATION IDENTIFIED AND PROVIDE BRIEF JUSTIFICATION SUPPORTING A DENIAL RECOMMENDATION WITHOUT RE-SUMMARIZING INFORMATION THAT IS ALREADY AVAILABLE IN THE UAC PORTAL AND UAC CASE FILE.]

Appendix 2.11 ORR HQ Bond Hearing Procedures

Processing Bond Hearing Requests

1. Immediately upon receipt of the care provider email including signed *Request for a Flores Bond Hearing* and completed *Motion* documents, ORR HQ staff complete the following steps:
 - Logs receipt of the request on an internal Bond Hearing Request Tracker on SharePoint.
 - Saves copies of the *Request* and *Motion* documents in a shared electronic folder accessible to ORR/DPP.
 - Creates a bond hearing file for the UAC in which to save all correspondence and documentation associated with the case, and stores it in a shared electronic folder accessible to ORR/DPP. (ORR HQ staff track the case and communications, updating the bond hearing file as appropriate).
2. **Within 15 business days of receiving the care provider email**, in consultation with the ORR Representative arguing the case, ORR HQ staff file the *ORR Motion Requesting Bond Hearing for Unaccompanied Alien Child –Secure or Staff-Secure Custody* or *ORR Motion Requesting Bond Hearing for Unaccompanied Alien Child (Non-Secure) Shelter Care* (depending on the child's placement type); pre-trial brief (for cases where ORR believes the UAC is a danger); supporting evidence; and, motion for telephonic hearing (if appropriate) with the local immigration court having jurisdiction over the case. **Alternatively**, ORR staff may file the *Motion* to the court and later file a pre-trial brief with supporting evidence in order to expedite scheduling a hearing that would otherwise be delayed while the ORR Representative prepares the pre-trial brief. ☹ If a UAC in shelter care who is not a danger to the community requests a bond hearing, the ORR HQ staff provides a No Concern form letter along with the ORR Motion explaining to the immigration court that ORR does not consider the UAC a danger.

NOTE: The child or the child's attorney may make an oral motion in immigration court, or file a *Motion* document with the immigration court directly requesting a *Flores* bond hearing. In these cases, ORR HQ staff will receive notice from the court itself (as opposed to the care provider) and file correspondence as indicated in Step 1. The assigned ORR Representative will either prepare a pre-file brief, with supporting evidence or file a No Concern Letter; and, file a motion for telephonic hearing (if appropriate) in response to properly served motions on ORR by the court or attorney of record.


3. After filing the motion with the immigration court, ORR HQ staff notifies the Care Provider Point of Contact; FFS and the child's attorney or local legal service provider if the child is unrepresented, that the motion has been filed with EOIR. ☒
4. The local immigration court informs ORR and the child's attorney of record (if applicable) or the care provider if the child is unrepresented that a bond hearing is scheduled. 📎
If ORR does not receive a notice that a hearing has been scheduled with the local immigration court within 10 business days of filing the motion, ORR HQ staff contact the local immigration court's Court Administrator to determine whether a bond hearing has been scheduled. 📞
5. **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 hearing.

Quick Glance: Processing Bond Hearing Requests

Care Provider Staff	ORR HQ Staff	EOIR/Immigration Court
1 Completes the <i>ORR Motion Requesting Bond Hearing for Unaccompanied Alien Child</i> (using the form corresponding with the child's placement level)	3 Creates a bond hearing file for the UAC; Files <i>Motion</i> and supporting materials with the appropriate court within 15 business days of receiving the request (filing the No Concern letter as needed); Serves a copy of the filing on the UAC's attorney (if applicable) or on the care provider if the UAC is unrepresented.	4 Notifies ORR HQ that a hearing has been scheduled, providing the time and location.
2 Notifies ORR by email, attaching the <i>Request</i> and <i>Motion</i> documents, within 1 business day of the UAC request for a bond hearing		
	5 Contacts the local court administrator if there has been no notice of a scheduled hearing within 10 business days of the ORR HQ Staff confirmation email.	

	<p>6 Notifies Care Provider FFS and UAC's attorney (if applicable) that a hearing has been scheduled, provides the time and location and the location of the hearing within 1 business day of receiving the notice from the immigration court.</p>	
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Preparing for *Flores* Bond Hearings and Filing with the Immigration Court (ORR)

1. The ORR Representative works with the other ORR and care provider staff to gather evidence relevant to a finding that a UAC is a **danger to the community**. Evidence may include placement documents; SIRs; police reports/court records, clinical notes, psychological reports/records, etc. **prior to the hearing**. See Quick Glance: Documents Relevant to Finding Danger to the Community. 



NOTE: The ORR Representative should collect primary, original (copies of originals are acceptable) and documents that are relevant evidence that the child is a danger to the community. The ORR Representative saves this evidence in the bond hearing file and may attach it to submissions to the immigration court.

NOTE: UAC in shelter care may not require an actual hearing before the immigration judge, if ORR does not find that the child is a danger to the community. In these circumstances, the ORR HQ staff processing the motions will send the No Concern letter stating as such to the immigration court, attached to the UAC's motion for a bond hearing.

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

2. ORR HQ staff submit the following materials when filing *Flores* bond hearing motions (filings must be organized in accordance with Immigration Court rules, as explained in the Immigration Court Practice Manual):
 - a. Motion Requesting Bond Hearing;
 - b. *Motion Requesting a Telephonic Hearing* if applicable (i.e., if the hearing is not in the Arlington, VA court and/or the attorney will not appear in person); and
 - c. Pre-hearing brief with supporting exhibits (from materials collected in the bond hearing file) if ORR is contesting bond, or No-concern letter if ORR does not find the UAC to be a danger
3. In addition to serving the court, per Immigration Court rules, the ORR HQ staff must also serve a physical copy of all materials to the UAC's attorney (or to the UAC care of the care provider if the UAC is unrepresented). As a courtesy, ORR HQ staff emails scanned copies of these materials to the UAC's attorney (or to the FFS to provide to unrepresented UACs).  

Quick Glance: Preparing for Bond Hearings

ORR HQ Staff	HHS HQ staff and/or Attorney
1 Receives notice of <i>Flores</i> bond hearing request from care provider, logs the request in the internal tracker, saves copies of the <i>Request</i> and <i>Motion</i> documents on the shared drive, and creates a bond hearing file for the UAC on the shared drive.	3 Communicates with ORR and care provider staff to collect evidence supporting ORR's position in the hearing, saving all documents to the bond hearing file.
2 Notifies the assigned ORR Representative of the bond hearing case	4 Prepares pre-trial brief and exhibits.
5 In coordination with ORR representative, assembles all materials for submission to the court, obtaining ORR representative signatures as appropriate, and mails the document to the appropriate court and to the UAC's attorney (or to the UAC care of the care provider if the UAC is unrepresented).	

***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. The ORR representative keeps the original order for filing at HQ, and provides a copy to the care provider point of contact.
3. If ORR loses the case, ORR reserves the right to appeal. OGC handles all appeals for ORR.

Appendix 2.12 Legal Status Definitions

IMMIGRATION STATUS/U.S. CITIZENSHIP STATUS	DEFINITION
Asylee	Sponsor was granted or has a pending case for asylum, Withholding of Removal, or Convention Against Torture protections.
Conditional Permanent Resident	Sponsor has a valid, non-expired Permanent Resident Card (i.e., green card) that is valid for a 2-year period.
Continued Presence	Sponsor has remained in the U.S. longer than allowed by their Visa without DHS ICE permission.
DACA	Sponsor is a Deferred Action for Childhood Arrivals (DACA) recipient.
Humanitarian Parole	Sponsor was paroled into the U.S. on humanitarian grounds.
Legal Permanent Resident	Sponsor has a valid, non-expired Permanent Resident Card (i.e., green card) that is valid for a 10-year period.
Non Immigrant Status	Sponsor received temporary admission into the U.S. and has a valid, non-expired Visa (e.g., exchange visitors, students, temporary workers, religious workers, business visitors, tourists, victims of criminal activity or trafficking, spouse or child or a lawful permanent resident) or the sponsor received a visa-waiver from certain participating countries who can travel to the U.S. for tourism or business for 90 days or less without needing a visa.
Order of Removal	Sponsor was issued an Order of Removal with a 30-day window to appeal, an Order of Removal <i>in absentia</i> , or a final Order of Removal.
Refugee	Sponsor was admitted as a refugee with a pending or approved application for refugee status.
SIJS	Sponsor was granted Special Immigrant Juvenile Status.
Temporary Protected Status	Sponsor was granted Temporary Protected Status.
U.S. Citizen	Sponsor is a United States citizen through birth, naturalization, acquisition, or derivation.
Under Removal Proceedings	Sponsor was served an NTA to appear in front of an Immigration Judge to potentially initiate removal proceedings.
Other	Sponsor has an immigration status that does not fall under any of the above categories.

Without Status	Sponsor does not have an immigration or U.S. citizenship status. The sponsor entered without inspection, is present in the U.S. without being admitted or paroled, and/or did not enter through a border inspection station or port of entry. The sponsor does not have an order of removal and is not under removal proceedings.
Unknown – Likely With Status	Sponsor's immigration or U.S. citizenship status could not be determined. However, based on expired documentation and/or conversations with the sponsor, it is likely that the sponsor has an immigration or U.S. citizenship status.
Unknown – Likely Without Status	Sponsor's immigration or U.S. citizenship status could not be determined. However, based on expired documentation and/or conversations with the sponsor, it is likely that the sponsor is without status.
Unknown	Sponsor's immigration status or U.S. Citizenship could not be determined and it is unclear whether the sponsor is with or without status.

Appendix 2.14 Fingerprinting Guidance

DIGITAL FINGERPRINTS

1. The case manager assists the potential sponsor, adult household member, and/or adult caregiver in scheduling a fingerprint appointment at an ORR digital fingerprint site to occur **within 3 business days of receiving the signed *ARI* and government issued photo ID**. Unless the ORR digital site indicates that they only accept walk-ins, the case manager **must make an appointment.** 🕒
2. The case manager must provide the ORR digital fingerprint site the following information and documents when making an appointment:
 - Completed and signed *ARI*
 - Copy of government issued photo ID
 - Case manager name, email, phone number, and care provider program name
 - Subject phone number, relationship to UAC, and whether they are the sponsor, household member, or adult caregiver
 - UAC name and A#
 - Reason for expedited processing, if applicable

NOTE: If the individual who is being fingerprinted requires in-person assistance from the ORR digital fingerprint site completing the *FRP* and/or *ARI*, the case manager must notate that assistance is requested (see **Quick Glance: Assistance Completing the *FRP* at ORR Digital Fingerprint Sites**).

3. The case manager instructs the individual being fingerprinted to bring at least one form of government issued photo ID to the appointment.

NOTE: ORR strongly prefers that the case manager schedule the fingerprint appointment for potential sponsors, adult household members, and adult caregivers. However, if that is not possible then the individual may contact the ORR digital fingerprint site directly to make an appointment. In those instances, digital site staff will instruct the individual to bring a completed *ARI*, at least one form of government issued photo ID, and their case manager's contact information to the appointment.



NOTE: If a situation arises in which paper fingerprint cards must be used, the ORR digital fingerprint site will send the following directly to PSC/DCS via an express mail courier.

- Two original fingerprint cards (ORR no longer collects Social Security Numbers and this field should be blacked out – see **Appendix 2.13 Fingerprint Card**)

- Copy of the *Sponsor Check Coversheet* (completed by the ORR digital fingerprint site)
- Copy of the *Authorization for Release of Information*
- Copy of the subject's government issued photo ID

The ORR digital fingerprint site will also email a copy of the *Sponsor Check Coversheet*, which will include the courier name and tracking number, to the case manager.

This does not take the place of the case manager's responsibility to email the required paperwork to PSC/DCS following the procedures in **2.5.1 Criteria for Background Check Requirements**.

ORR digital fingerprint sites take digital fingerprints and complete paper fingerprint cards for UAC who are aging out in three days or more to minimize the chances of unclassifiable fingerprints.  

Quick Glance: Assistance Completing the *FRP* at ORR Digital Fingerprint Sites

Some ORR digital fingerprint sites offer in-person assistance completing the *FRP* and/or *ARI* to potential sponsors, adult household members, and adult caregivers.


If the case manager believes the potential sponsor, adult household member, or adult caregiver would benefit from in-person assistance completing the *FRP* and/or *ARI*, they may request this service from any ORR digital fingerprint that offers it when making an appointment.

ORR digital fingerprint site staff assist the individual(s) being fingerprinted in completing the *FRP* and/or *ARI* and email legible copies of these documents to the case manager the same day of the appointment.

The ORR digital fingerprint site does not email copies of these document to PSC/DCS on behalf of the case manager to request a Fingerprint Check. PSC/DCS does not accept documents or requests directly from ORR digital fingerprint sites. All documents are submitted from the digital site to the Case Manager who reviews the documents for completeness and accuracy prior to submission to PSC/DCS.

PAPER FINGERPRINT CARDS

If distance or other limitations prevent the individual(s) from traveling to an ORR digital fingerprint site, the individual may have paper fingerprints taken at any local law enforcement agency or U.S. government agency.

1. The case manager sends the following items to the individual being fingerprinted via an express mail service (e.g., UPS, FedEx, USPS Priority Mail):
 - Two paper fingerprint cards (ORR no longer collects Social Security Numbers and this field should be blacked out)
 - A prepaid priority mail service envelope addressed to the case manager
2. The individual has their fingerprints taken on both paper fingerprint cards, completes all fields at the top of the fingerprint cards (except the Social Security Number field), signs both fingerprint cards, and mails them back to the case manager.
3. The case manager checks to ensure that all required fields were completed (see **Appendix 2.13 Fingerprint Card**) and mails the original fingerprint cards with legible copies of the *ARI*, *Sponsor Check Coversheet*, and government issued photo ID to PSC/DCS for **next morning** delivery. The case manager must include the name of the courier and the tracking number on the *Sponsor Check Coversheet* when they email the Fingerprint Check request to PSC/DCS (see **2.5.1 Criteria for Background Check Requirements**). 

Appendix 2.15 Prior Sponsorship Information Request

Prior Sponsorship Information Request

Current Minor Information:

Name:

A#:

Facility:

Requesting previous sponsorship information by: (Highlight)

- Back Up Sponsor
- Sponsor

Previously Sponsored Minor Information:

Name:

A#:

Facility:

Discharge Date:

I would like to request the following documents. (Highlight)

Sponsor <ul style="list-style-type: none">• UC Assessment (UC Portal)• Release Request (UC Portal)• FRP & supporting documents• Latest Case Review• Sponsor Assessment• 30 Day Follow Up Note (applies for minor released after 8/15/17)• PRS Acceptance (if applicable)• Home Study Report (if applicable)• Background Checks	Back Up Sponsor <ul style="list-style-type: none">• 30 Day Follow Up Note (applies for minor released after 8/15/17)• FRP & supporting documents• Release Request (UC Portal)
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Release Request Completion Guidance

The purpose of this guidance document is to provide Case Managers, Case Coordinators, and FFS with a clear understanding of what ORR expects to be documented in a *Release Request* and a structured way of entering this information so that it is easily understood. Note that some of the items in the template below (e.g., Letter of Designation) may not apply to all cases and should be deleted if not applicable. Likewise, there may be additional information needed to make a release decision for more complicated cases. In those instances, the additional information may be entered with the caveat that it must be written clearly and concisely without re-summarizing information that is available in the UAC Portal or the UAC's case file.

The *Release Request* is a summary of the information in the UAC Portal, which shows who the sponsor is, if there are any concerns, how the concerns were mitigated, whether all reunification requirements were completed, whether it appears to be a safe release and what is being recommended in the case. Documents supporting the Case Manager's recommendation are:

- Family Reunification Packet
- UAC Assessment
- Sponsor Assessment
- UAC Case Review
- ISP, if applicable
- Background Check Results
- Home study Recommendation, if applicable
- SIR Summary, if applicable

For Case Managers, it is recommended that the templates below for *Provide Details on Relationship Including Official Documentation and Comments* be pasted into and edited in a Word document before copying the information into the *Release Request* in the UAC Portal. The templates for those two sections are long and it will be easier for the Case Manager to ensure that they have not missed any items if they are editing in a Word document. Because their sections are short, Case Coordinators and FFS may paste their templates directly into the *Release Request* in the UAC Portal and edit them there.

Sponsor Information

SPONSOR/UAC RELATIONSHIP: [Ms./Mr.] [sponsor full name] (sponsor age, category, relationship with child – e.g. age 65, Category 2A, Grandmother) requests sponsorship of [UAC full name] (A# [###-###-###], [UAC gender], age [UAC age]). [Ms./Mr.] [sponsor last name] currently resides in [city, state]. *[INCLUDE IF APPLICABLE]* The sponsor is also attempting to sponsor the UAC's sibling [UAC full name] (A# [###-###-###], [UAC gender], age [UAC age] who is in ORR custody at [ORR placement name].

[DESCRIBE STEPS TAKEN TO VERIFY THE SPONSOR/UAC RELATIONSHIP. THIS INCLUDES BIRTH CERTIFICATE TRAILS (ALL CATS), FAMILY TREES (CAT 3), AND DOCUMENTATION PROVING A PRIMARY CAREGIVER RELATIONSHIP (CAT 2A THAT ARE NOT A GRANDPARENT, SIBLING, HALF-SIBLING, OR STEP-SIBLING THROUGH LEGAL MARRIAGE). DO NOT REFER TO THE SPONSOR AS AN UNVERIFIED RELATIVE; INSTEAD DOCUMENT THE BIRTH CERTIFICATE TRAIL AND STATE THAT YOU WERE NOT ABLE TO CONCLUSIVELY PROVE THE RELATIONSHIP. IF THERE IS NO EVIDENCE OTHER THAN STATEMENTS TO VERIFY THE RELATIONSHIP, THEN PROVIDE INFORMATION ABOUT FAMILY SESSION AND COMMUNICATION OBSERVATIONS AND CLINICIAN RECOMMENDATIONS AND CONCLUSION ABOUT THE RELATIONSHIP. (e.g., Ms. Lopez is Maria's unverified paternal aunt who reports living next to Maria's family for 10

years in home country. Proof of Address was provided in order to verify the claim that they lived next to each other in home country. Maria's birth certificate did not have her father's name. However, Maria's mother and father have verbally and in writing stated that Ms. Lope is Marai's aunt. Family Skype sessions were completed on March 3, 2016 and March 7, 2016, and another is scheduled for March 18, 2016. The plan is to have these ongoing until the minor is approved for release. The Clinician reports that there was a lot of positive interaction during the sessions and they discussed the UAC attending school and old memories of family gatherings. Maria's parents provided a letter of designation for Ms. Lopez.]]

Case Manager Recommendation

FRP AND SUPPORTING DOCUMENTS:

[INCLUDE A BRIEF PARAGRAPH ABOUT THE DAILY LIFE OF THE UAC IN COUNTRY OF ORIGIN INCLUDING WHO HE LIVED WITH, INFORMATION ABOUT SCHOOL, WHY HE OR SHE TRAVELED TO THE US, WHO TRAVELED WITH THE UAC, AND IF HE OR SHE HAS A DEBT THAT IS EXPECTED TO BE PAID BACK BY THE MINOR OR FAMILY.]

The Case Manager received and reviewed [Ms./Mr.] [sponsor last name]'s family reunification packet, which includes: [ONLY LIST OUT WHAT WAS ACTUALLY RECEIVED AND REVIEWED AS REQUIRED BY ORR POLICY AND PROCEDURES TO RELEASE A UAC TO THIS CATEGORY OF SPONSOR]

--Sponsor ID: [LIST TYPE OF ID(S)]

--Household Member ID: [LIST TYPE OF ID(S)]

-- [INCLUDE IF APPLICABLE] Adult Caregiver ID: [LIST TYPE OF ID(S) AND EXPIRATION DATE, IF APPLICABLE]

--Proof of ability to provide housing, food, education. : The sponsor adequately demonstrated that he/she is able to support the minor financially.

--Proof of Address: [type of document] received on [mm/dd/yyyy]. Verified through Smarty Streets on [mm/dd/yyyy]. Verified through Google Maps on [mm/dd/yyyy].

--Proof of immigration/citizenship status: [LIST TYPE OF DOCUMENT(S) PROVIDED OR REASON WHY NO DOCUMENTS WERE PROVIDED]

-- [INCLUDE IF APPLICABLE] Letter of Designation: Received on [mm/dd/yyyy].

--LOPC Packet: Sent on [mm/dd/yyyy].

--Sponsor Handbook: Sponsor confirmed reading Sponsor Handbook on [mm/dd/yyyy].

CRIMINAL:

--As of [mm/dd/yyyy], for [Ms./Mr.] [sponsor last name]: [DELETE ANY BULLETS BELOW THAT DO NOT APPLY]

--Public Records Check: [Clear/Not Clear]

--Sex offender Check: [Clear/Not Clear]

--Fingerprint Check: Fingerprints taken: [mm/dd/yyyy]. Results Required Prior to Release: [yes/no]. Results Status: [Pending/Received] Results: [Clear/Referred to the FFS] [IF RESULTS WERE REFERRED TO THE FFS, THEN STATE WHETHER THE FFS INSTRUCTED THAT IT WAS SAFE TO MOVE FORWARD WITH SPONSOR AS FOLLOWS: The FFS informed this case manager that the sponsor has criminal record information that [does/does not] allow for the UAC to be safely released to the sponsor.]

--CA/N Check: Requested [mm/dd/yyyy]. Results Required Prior to Release: [yes/no]. Results Status: [Pending/Received] Results: [Clear/Record Was Found]. [IF RECORD FOUND, LIST CHARGES AND DATES]

--As of [mm/dd/yyyy], for [Ms./Mr.] [adult household member / adult caregiver full name], [relationship to sponsor]: [LIST THE NAME OF EVERY ADULT HOUSEHOLD MEMBER AND ADULT CAREGIVER THAT THE CHECKS WERE COMPLETED FOR]

-- Public records check: [Clear/Not Clear]

-- Sex offender check: [Clear/Not Clear]

-- CA/N Check: Requested [mm/dd/yyyy]. Results Required Prior to Release: [yes/no]. Results Status: [Pending/Received] Results: [Clear/Record Was Found]. [IF RECORD FOUND, LIST CHARGES AND DATES]

--There are no other household members in the residence.

--Self-Disclosure: This Case Manager asked the sponsor if he/she has any criminal history on [mm/dd/yyyy]. Sponsor responded: [Yes/No]. [IF YES, LIST CHARGES AND DATES]

--Evidence of Rehabilitation: *[IF APPLICABLE, LIST DOCUMENTS AND EVIDENCE THAT SHOW REHABILITATION]*

--*[INCLUDE BULLET IF A HOME STUDY WAS CONDUCTED]* Due to the concerns regarding [applicable reason for home study, including who the perpetrator of the abuse is and where the abuse occurred], ORR referred the case for a TVPRA/ORR mandated/or discretionary home study. *[USE THE FOLLOWING SENTENCE IF THE HOME STUDY REASON INVOLVES PHYSICAL OR SEXUAL ABUSE: "[Ms./Mr.] [sponsor last name] was not the perpetrator of the abuse and the perpetrator does not reside with [him/her]."*] The home study worker concluded the home study with a positive recommendation on [mm/dd/yyyy]. *[SUMMARIZE ANY RECOMMENDATIONS MADE BY THE HOME STUDY PROVIDER AND IF THE SPONSOR MET THE RECOMMENDATIONS OR WILL WITH THE ASSISTANCE OF THE POST RELEASE SERVICE PROVIDER.]*

--*[INCLUDE IF THERE WERE CONCERNS THAT WERE MITIGATED]* LIST THE CONCERNS AND HOW THEY WERE MITIGATED. (THIS WOULD BE WHERE YOU MENTION SIRS, MENTAL HEALTH OR MEDICAL ISSUES AND SPONSOR CRIMINAL HISTORY). MENTION WHAT DOCUMENTATION WAS RECEIVED (COURT DOCUMENTS, POLICE REPORTS, MEDICAL REPORTS, SCHOOL DOCUMENTS, DNA TESTING, ETC.) AND STEPS THAT WERE TAKEN TO MITIGATE ANY OF THESE CONCERNS (FAMILY SESSION, PSYCHOLOGICAL OR PSYCHIATRIC EVALUATION, COUNSELING SESSIONS, SAFETY PLANNING, DNA TESTING, ETC.)

BIRTH CERTIFICATES: All birth certificates needed to prove the sponsor-UAC relationship were received on [mm/dd/yyyy]. Sponsor is confirmed to be the UAC's [type of relationship]. Birth certificates received are: *[LIST BIRTH CERTIFICATES PROVIDED (E.G., UAC, SPONSOR, UAC'S UNCLE, SPONSOR'S SON/UAC'S BROTHER, FAMILY FRIEND)]* *[STATE WHETHER THE BIRTH CERTIFICATE OF THE SPONSOR MATCHES THE OFFICIAL ID OF THE SPONSOR.]*

PRIOR SPONSORSHIP: *CHOOSE ONE:* [Verified on mm/dd/yyyy that the sponsor did not previously sponsor or attempt to sponsor a child.] OR [Verified on (mm/dd/yyyy) that the sponsor previously sponsors/attempted to sponsor a child.] *[IF APPLICABLE, PROVIDE DETAILS ON COMPLIANCE WITH ORR REQUIREMENTS AS IT RELATES TO THE PREVIOUS SPONSORSHIP.]*

PRIOR ADDRESS: Verified on (mm/dd/yyyy) that the sponsor's address (was/was not) used in a previous case. *[IF APPLICABLE, LIST CONCERNS AND MITIGATING FACTORS.]*

CONTACT WITH PRIMARY CAREGIVER IN COO: Spoke with [name of caregiver] on [mm/dd/yyyy]. [Name of caregiver] [was/was not] able to verify information provided by the UAC and the sponsor. *[IF APPLICABLE, LIST CONCERNS AND MITIGATING FACTORS.]*

SPONSOR RESOURCES: The following emergency contact information was provided to the sponsor: 911, ORR Parent and Sponsor Hotline, information regarding health care and vaccinations, Department of Family and Protective Services (in state of residence), and National Human Trafficking Resource Center.

RELEASE RECOMMENDATION: *[INCLUDE THE RELEASE RECOMMENDATION FOR A STRAIGHT RELEASE, RELEASE WITH PRS, RELEASE WITH A POSITIVE HOME STUDY RECOMMENDATION, OR DENIAL.]*

HOMESTUDY AND PRS: *[LIST THE REASONS FOR RECOMMENDING HOME STUDY, AND OR, POST RELEASE SERVICES. THE RELEASE REQUEST NEEDS TO STATE WHAT THE REASON FOR THE HOME STUDY WAS, WHAT KIND OF HOME STUDY (TVPRA OR DISCRETIONARY) IF THERE ARE ANY SPECIAL RECOMMENDATIONS/CONDITIONS FROM THE HOME STUDY PROVIDER AND IF THEY WERE COMPLETED.]*

Case Coordinator Recommendation To Be Entered into the Portals Release Request

The Case Coordinator [concur/does not concur] with the Case Manager's release recommendation.

[IF THE CC DOES NOT CONCUR WITH THE RECOMMENDATION, NOTE THE DISCREPANT INFORMATION IDENTIFIED AND PROVIDE BRIEF JUSTIFICATION SUPPORTING A DEFERRING RECOMMENDATION WITHOUT RE-SUMMARIZING INFORMATION THAT IS ALREADY AVAILABLE IN THE UAC PORTAL AND UAC CASE FILE.]

ORR Decision To Be Entered into the Portals Release Request

The FFS [concurrs/does not concur] with the Case Manager's and Case Coordinator's release recommendation.

[IF THE FFS DOES NOT CONCUR WITH THE RECOMMENDATION, NOTE THE DISCREPANT INFORMATION IDENTIFIED AND PROVIDE BRIEF JUSTIFICATION SUPPORTING A DENIAL RECOMMENDATION WITHOUT RE-SUMMARIZING INFORMATION THAT IS ALREADY AVAILABLE IN THE UAC PORTAL AND UAC CASE FILE.]

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 LOPC 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 2.7.4 Deny 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 where 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 sponsors 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?

OFFICE OF REFUGEE RESETTLEMENT
SPONSOR ASSESSMENT

UAC BASIC INFORMATION				
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 BASIC INFORMATION	
First Name:	AKA:
Last Name:	A #:
Date of Birth:	Country of Birth:
Age:	Country of Residency:
Gender:	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:	

FAMILY RELATIONSHIPS				
Use this section to document the sponsor's familial and other significant relationships in country of origin and in the U.S. A genogram (family tree) may be used as a tool to answer these questions and is required for distant relative Cat 3 potential sponsors.				
Genogram completed? <i>(Required for distant relative Cat 3 sponsors)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No				
Family in Country of Origin				
Do you have family in your home country? <i>(If yes, describe below)</i> <input type="checkbox"/> Yes <input type="checkbox"/> 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.? <i>(If yes, list below)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No				
Name	Age	DOB	Gender	Relationship to Sponsor
		Click here to enter a date.	Choose an item.	Choose an item.
		Click here to enter a date.	Choose an item.	Choose an item.
		Click here to enter a date.	Choose an item.	Choose an item.
		Click here to enter a date.	Choose an item.	Choose an item.

ADD OR DELETE ROWS AS NEEDED <i>(you will need to copy dropdowns, date fields, etc. into your new row)</i>	
Do you have any relatives who are also in ORR care? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If yes, do you know where they are?</i>	
Additional information on family and family friends in the U.S.:	

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

Name	Age	DOB	Gender	Identification	Name of Mother/Father
		Click here to enter a date.	Choose an item.		
		Click here to enter a date.	Choose an item.		
		Click here to enter a date.	Choose an item.		
		Click here to enter a date.	Choose an item.		

ADD OR DELETE ROWS AS NEEDED (you will need to copy dropdowns, date 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	DOB	Gender	Phone Number	Valid Identity Document Received	Relationship to Sponsor	Employed	Dependent on Sponsor Income	Background Checks
------	-----	-----	--------	--------------	----------------------------------	-------------------------	----------	-----------------------------	-------------------

		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:

PREVIOUS SPONSORSHIP

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

Sponsor

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	A No.	DOB	Gender	Sponsor's Relationship to UAC	Current Location	ORR Release Decision	Date of Discharge	Discharge Program Name
		Click here to enter a date.	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.	Click here to enter a date.	
		Click here to enter a date.	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 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

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	A No	DOB	Gender	Sponsor's Relationship to UAC	Current Location	ORR Release Decision	Date of Discharge	Discharge Program Name
		Click here to enter a date.	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.	Click here to enter a date.	
		Click here to enter a date.	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 dropdowns, date fields, etc. into your new row)

Did he/she ever attempted 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 the child still residing with him/her? ☐ Yes ☐ No

If no, explain:

Did he/she 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

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:

Identity Document Type	Expiration Date (if applicable)	Document Verified by (Department/Agency)	Picture ID
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

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

Household Members

Household Members' identity is verified: ☐ Yes ☐ No

List proof of identity documents provided:

Household Member Name	Identity Document Type	Expiration Date (if applicable)	Document Verified by Government Agency	Picture ID
	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

ADD OR DELETE ROWS AS NEEDED (you will need to copy dropdowns, 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 Name	Identity Document Type	Expiration Date (if applicable)	Document Verified by Government Agency	Picture ID
	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

ADD OR DELETE ROWS AS NEEDED (you will need to copy dropdowns, 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	Expiration Date (if applicable)	Date Document Expires (if applicable)	Verified by Government Agency or Consulate	Picture ID
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

ADD OR DELETE ROWS AS NEEDED (you will need to copy dropdowns, 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 SmartyStreets? ☐ Yes ☐ No

List proof of address documents provided:

Address Document Type	Date Document Received (if applicable)
Choose an item.	Click here to enter a date.
Choose an item.	Click here to enter a date.
Choose an item.	Click here to enter a date.

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

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

Address	City	State	Zip Code	Date Range Resided at Address	Resided at Address Within Past 5 Years
					<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 dropdowns, date fields, etc. into your new row)

Additional proof of address information:

PROOF OF STABILITY

Discusses 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:

SPONSOR CARE PLAN

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

Care Plan

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

What school will the minor attend?

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 applicable 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	DOB/AKA	Age	DOB	Gender	Home Address	Phone Number	Relationship to Sponsor	How long since
			Click here to enter a date.	Choose an item.			Choose an item.	Choose an item.
			Click here to enter a date.	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.

Name	SSN/A No	Age	DOB	Gender	Home Address	Phone Number	Relationship to Sponsor	Background Check
			Click here to enter a date.	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)

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

Case	Date	Length of Sentence/ Detention	Location
	Click here to enter a date.		
	Click here to enter a date.		

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

Additional information on criminal history:

UAC JOURNEY AND APPREHENSION

Use this section to document if the UAC journeyed to the U.S. to live with this sponsor and to assess if the potential sponsor had a role in coordinating or financing the journey. Also, this section will help assess how much the potential sponsor knows about the UAC's journey, which should be compared against the UAC Assessment responses.

Describe the UAC's day to day life in home country:

Do you know why the UAC decided to travel to the U.S. at this time?

Did the potential sponsor mention any U.S. 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?

HUMAN TRAFFICKING

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

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

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

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

Who planned/organized your journey?

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 if 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 scared in their working environment.

Did you perform any work or provide any services?

☐ Yes ☐ No

Who arranged the work?

What type of work did you perform and where?

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?

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:

FRAUD

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

Have you ever been contacted and asked to pay fees/money 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.

CASE MANGER'S ASSESSMENT OF SPONSOR AND CONCLUDING REMARKS

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

CERTIFICATION

Signature:	_____	Title:	
Print Name:		Date:	