**POST-ARRIVAL SUITABILITY DETERMINATION**

**FOR ATTACHED PAROLEE MINORS - APA**

*Complete this form when conducting a home visit to determine the suitability of a potential responsible adult for attached minors categorized M2, M3, M5, M6. Minor cases with M codes M1, M4, or M7 DO NOT REQUIRE THIS REPORT. Complete this form and submit to your agency headquarters in accordance with the deadlines stipulated in the APA Cooperative Agreement and submit the form through MRIS. Please answer all questions. Indicate not applicable with “N/A”*

| **Child and Sub-Recipient Identification Information** |
| --- |
| Case Number |  | Sub-Recipient |  |
| Child’s Name |  | Case Worker |  |
| Minor Code |  | Case Worker Email |  |
| Child’s Gender |  | Person to be contacted for Follow-Up |  |
| Date of Birth |  | Person to be contacted for Follow-Up Phone Number |  |
| Alien Number |  | Person to be contacted for Follow-Up Email |  |
| Date of Arrival at Final Destination |  | Parole/Eligibility Date |  |
| Nationality |  | ☐ Pre-Arrival ☒ Post-Arrival  |
| Ethnicity |  | Home Visit Date |  |
| 1. **List Identification documents provided by the Responsible Adult (e.g., SS card, gas/electric bill, etc.). One is sufficient for the purpose of verifying identity.**
 |
|  |
| Responsible Adult |  | Relationship to Child |  |
| Date of Birth |  | Alien Number |  |
| Sex |  | Date of Arrival |  |
| Address |  | Apartment or House |  |
| City |  | Rent or Own |  |
| State |  | If rent, has landlord been notified of additional occupant? (child may need to be added to lease) |  |
| Zip |  | Number of Bedrooms |  |
| Home Phone |  | Marital Status |  |
| Employed | ☐Yes ☐ No  | Does Spouse live in home? |  |
| Work Phone |  | How many other individuals are living in the home? |  |
| Annual Income |  |  |
| **Please list individuals below***Please input information for all individuals living in the home, including the minor and the RA. Add additional rows as necessary.* |
| ***Name*** | ***Age*** | ***Sex*** | ***Relationship to RA*** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| 1. **When and where did the Responsible Adult last see the child?**
 |
|   |
| 1. **Describe the nature and extent of any previous relationship between the child and the family unity prior to the child’s arrival in the United States. (i.e. how long known the child/length of the relationship; did child previously live in the same household; has the Responsible Adult ever served as the child’s guardian/caretaker, and in what circumstances?)**
 |
|   |
| 1. **What are the expectations of the child, the child’s parents (if appropriate), or others about the child’s living and care arrangements with the Responsible Adult?**
 |
|  |
| 1. **What does the responsible Adult know about any medical and/or mental health conditions of the child? Please describe. If the Responsible Adult states the child does not have any medical or mental health conditions, please indicate that.**
 |
|   |
| 1. **Describe the home, neighborhood, and community conditions (i.e. level of safety in neighborhood and community, relationship with neighbors, home meets federal quality housing standards, etc.); as observed by the interviewer and describe by the Responsible Adult.**
 |
|  |
| 1. **What are the sleeping arrangements for the child? If child is sharing a room, what is the relationship to the child: age, and gender of the person(s) sharing the room? If sharing a room, does the child have her/his own bed?**
 |
|  |
| 1. **Who will be available to supervise the child in the home, and when? Describe the arrangements.**
 |
|   |
| 1. **Does the Responsible Adult have knowledge of the school enrollment process? Which school will the child likely attend?**
 |
|  |
| 1. **How does the Responsible Adult plan to handle the additional and ongoing financial support of the child?**
 |
|  |
| 1. **Does the Responsible Adult understand he/she will be legally responsible for payment of the IOM Travel Loan if the child traveled domestically using an IOM Travel Loan, even though it is for the benefit of the child?**
 | ☐ Yes ☐ No  |
| 1. **If the child is living with someone other than his/her biological or legally adoptive parents, has legal responsibility/guardianship been established? (Resources on guardianship are available at** [**http://www.brycs.org/guardianship/**](http://www.brycs.org/guardianship/)**) (Select N/A if child lives with biological or legally adoptive parents)**
 | ☐ Yes ☐ No☐ N/A |
| 1. **What are the requirements for obtaining legal responsibility/guardianship or other relevant requirements under state law?**
 |
|   |
| 1. **What is the cost?**
 | **$** |
| 1. **Does the Responsible Adult in the family understand the need to document legal responsibility/guardianship?**
 | ☐ Yes ☐ No  |
| 1. **Does he/she intend to obtain legal responsibility/guardianship for the child?**
 | ☐ Yes ☐ No  |
| 1. **If yes, who will help the Responsible Adult obtain legal responsibility/guardianship?**
 |
|   |
| 1. **What does the Responsible Adult know about state laws pertaining to child abuse/neglect? If the Responsible Adult is not aware of state laws, please educate them, and provide a summary of what was discussed. (Resources on child abuse issues with refugee populations are available at** <http://www.brycs.org/clearinghouse/clearinghouseresource.cfm?docnum=2475> **or contact your local child welfare department.)**
 |
|  |
| 1. **Does the Responsible Adult understand the ongoing care and supervision needs of the child? If no, please educate them, and provide summary of what discussed.**
 |
|  |
| 1. **Is the Responsible Adult willing to provide ongoing care and supervision of the child? If no, indicate the reason(s):**
 |
|  |
| 1. **Is the Responsible Adult able to provide ongoing care and supervision of the child (i.e. they are physically, mentally, emotionally, and financially able to meet the child’s care and supervision needs.)? If not, indicate the reason (s):**
 |
|   |
| **CASEWORKER RECOMMENDATION** |
| *Please explain your recommendation, taking into consideration the questions above, below, and any other factors that became apparent during the determination. Be as thorough as possible in your interpretation of whether the Responsible Adult is able and willing to care for the child. Please consult child welfare specialists in the local affiliate and national headquarters (Contact USCCB/MRS at 202-541-3247 and ask for the MRS Refugee Child Protection Coordinator.) Also consider: A. What is the attitude of the Responsible Adult towards the child? Doe he/she seem excited about her/his arrival? Does he/she have any concerns? (If the adult and child traveled together, assess the adult’s feelings about caring for the child.) B. What are the attitudes and beliefs common to the Responsible Adult’s culture regarding children and child-care? Are there any significant differences between these beliefs and those held in the U.S.? Is the Responsible Adult aware of the differences between their attitudes and beliefs and the U.S. culture and laws around child-care? What is the Responsible Adult’s plan to bridge the cultural difference, if any? How will the affiliate assist the Responsible Adult bridge the difference, if any? C. If the Responsible Adult is a recently arrived refugee or parolee, how is he/she adjusting to the changes in his/her life? What assistance with enrollment in services has been made for the Responsible Adult up to this point? (To consider for pre-arrival determination only.) D. Is there anything about what you observed or heard that leads you to believe that this placement is not suitable for the child? If so, what was it and why?* |
| On the basis of the information documented in this suitability determination, I recommend:☐ The placement be approved☐ The placement be denied. Document the reason. Please contact USCCB/MRS immediately at 202- 541-3247 and ask for the MRS Refugee Child Protection Coordinator.☐ Continued placement be approved, through continued services and/or follow-up are required.***Explain the above recommendation (use as much space as necessary):*** |
|  |
| Preparer |  | Date |  |
| Authorizer |  | Date |  |
| Initial Submission By |  | Date |  |