**30-DAY FOLLOW-UP REPORT**

**FOR ATTACHED PAROLEE MINORS - APA**

*This form must be completed when conducting a 30-day home visit to determine the continued suitability of a placement for resettled minors identified as M2 through M7 (M4 not included). This form should be completed and submitted through MRIS. A copy of this report should also be stored in the minor’s case file and referenced in the case notes.*

*To ensure accurate and truthful information, the caseworker is advised to interview the child separately – in private, away from the Responsible Adult and other family members – either before or after the interview with the Responsible Adult and family. Case workers may need to reword questions to match the child’s age and communication skills.*

| *Complete the 30-Day Follow Up within 30 days of the child’s arrival at the final destination.* | | | | |
| --- | --- | --- | --- | --- |
| **Child and Sub-Recipient Information** | | | | |
| Case Number | |  | Sub-Recipient |  |
| Child’s Name | |  | Case Worker |  |
| Minor Code | |  | Case Worker Email Address |  |
| 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 | |  | Home Visit Date |  |
| Ethnicity | |  |  | |
| Relationship to Primary Applicant | |  |
| **Responsible Adult with whom the child is currently living Information** | | | | |
| Name of Responsible Adult | |  | Relationship to Child |  |
| Gender | |  | Alien Number |  |
| Date of Birth | |  | Date of Arrival |  |
| Home Telephone Number | |  | Marital Status |  |
| Employed | |  | Does Spouse Live at Home? |  |
| Annual Income | |  |  | |
| Work Telephone Number | |  |
| Address | |  |
| City | |  |
| State | |  |
| Post Code | |  |
| **Secondary Migration** | | | | |
| Has the child out-migrated? | | | | ☐ Yes ☐ No |
| *If the child out-migrated, please complete as much of the report as possible.* | | | | |
| If yes, give the exact or approximate date of out-migration: | | | |  |
| **Housing Information** | | | | |
| Number of Bedrooms | | | |  |
| Number of Individuals living in the home (include child and RA in count) | | | |  |
| List other individuals, besides the child and the RA living in the home (add rows as necessary): | | | | |
| ***Name*** | | ***Age*** | ***Gender*** | ***Relationship to the Responsible Adult*** |
|  | |  |  |  |
|  | |  |  |  |
|  | |  |  |  |
|  | |  |  |  |
| **Evaluation of Living Situation** | | | | |
| **1. Is the child currently in school?** | | | | ☐ Yes ☐ No |
| **Name of School** | | |  | |
| **How is the child adjusting to school? Is the grade placement appropriate for the child’s aptitude level? *Be sure to indicate any special needs, such as ESL, tutoring, counseling, etc.*** | | | | |
|  | | | | |
| **How far is the school from the child’s home?** | | |  | |
| **How does the child travel to and from school?** | | |  | |
| **2. Is the child under medical treatment for any conditions?** | | | | ☐ Yes ☐ No |
| **3. Describe the family’s and the child’s perceptions of the home and community conditions.  *Describe the neighborhood, level of safety, relationships with neighbors, etc.*** | | | | |
| **Responsible Adult Response** | |  | | |
| **Child Response** | |  | | |
| **4. What are the sleeping arrangements for the child?** | | | | |
| **Responsible Adult Response** | |  | | |
| **Child Response** | |  | | |
| **5. Who is available to supervise the child in the home and when? *Describe the arrangements.*** | | | | |
| **Responsible Adult Response** | |  | | |
| **Child Response** | |  | | |
| **6. How is the child adjusting socially and emotionally to the family in the new living environment?** | | | | |
| **Responsible Adult Response** | |  | | |
| **Child Response** | |  | | |
| **7. As the caseworker, please indicate if you have observed the following:** | | | | |
| ☐ | Evidence of a caring relationship between the Responsible Adult and the child. | | | |
| ☐ | Evidence of a caring relationship between the child and other family members. | | | |
| ☐ | The child has made friends with other children in the neighborhood or at school. | | | |
| ☐ | The child is able to answer questions about school, school work and recreational activities. | | | |
| ☐ | The child’s display of emotion and communication skills are appropriate for his/her age, developmental stage and cultural background. | | | |
| ☐ | The child displays behavior that does not reflect the child’s biological age. | | | |
| ☐ | The child is overly compliant, passive or withdrawn. | | | |
| ☐ | The child frequently appears to be sad or disengaged. | | | |
| ☐ | The child appears to be nervous, cautious or his hesitant to answer when asked about the Responsible Adult, family members, or the present living environment. | | | |
| ☐ | The child displays cuts, scrapes, bruises, or other injuries (such wounds might appear recurrent, or be located in unusual places on the body, such as shoulders, upper arm, wrist or neck.) **Please note you are a “mandated reporter”** **-if you check this box, immediately consult with your resettlement director about contacting child protective services, and other next steps.** | | | |
| ☐ | Other noteworthy observations. Please Describe: | | | |
| **8a. How was the child’s travel funded? If IOM Travel Loan, please answer 8b.** | | | | ☐ IOM Travel Loan ☐ Miles4Migrants |
| **8b. IOM Travel Loan funded travel only: Does the Responsible Adult understand that he/she will be legally responsible for payment of the IOM Travel Loan, even though it is for the benefit of the child?** | | | | ☐ Yes ☐ No |
| **9. Are there any updates to how the Responsible Adult is handling the additional and ongoing financial obligation for the child? How is this working out so far? Have they had any unexpected expenses?** | | | | |
|  | | | | |
| **10. Are there any other issues that the Responsible Adult, family members or the child wanted to discuss during this home visit?** | | | | |
| **Responsible Adult** | |  | | |
| **Child** | |  | | |
| **Other Family Members** | |  | | |
| **11. Is the Responsible Adult the child’s biological or legally adoptive parent?** | | | | ☐ Yes ☐ No |
| If “No”, does the responsible Adult understand the importance of legal guardianship? | | | | ☐ Yes ☐ No |
| If “No”, does he/she intend to get legal guardianship for the child? | | | | ☐ Yes ☐ No |
| If “No”, does the family need help locating legal assistance to obtain legal guardianship? | | | | ☐ Yes ☐ No |
| If the RA needs help acquiring legal guardianship, what assistance can your agency offer the family to arrange for legal guardianship? | | | | |
|  | | | | |
| **Caseworker Assessment** | | | | |
| Based on the observations provided above, please give your detailed assessment regarding the continued suitability of the placement of the child. Include any consultation with other local professionals or social service agencies, including other Catholic Charities offices, that have taken place about the case. Be as thorough as possible in your interpretation of whether the family is still able and willing to care for the child. Please include any actions that have already been taken, as well as any additional concerns and plans to address them. | | | | |
|  | | | | |
| On the basis of the information documented in this 30-day follow-up evaluation, I recommend: | | | | |
| ☐ Continued placement be approved  ☐ Continued placement be denied. Please contact the 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. | | | | |
| Preparer | |  | Date |  |
| Authorizer | |  | Date |  |
| Initial Submission By | |  | Date |  |