**90-DAY FOLLOW-UP REPORT**

**FOR ATTACHED PAROLEE MINORS - APA**

*Complete this form and submit to your agency headquarters through MRIS within 14 days of the 90th day after the minor’s arrival at the final destination in the U.S. After review and approval from USCCB/MRS, submit a copy of the approved form to your State Refugee Coordinator. Retain a copy of the final approved report in the minor’s case file.*

| **Child and Sub-Recipient Identification Information** | | | |
| --- | --- | --- | --- |
| Case Number |  | Sub-Recipient |  |
| Child’s Name |  | Case Worker |  |
| Minor Code |  | Case Worker Email |  |
| 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 |  | Number of Visits to child’s Home |  |
| Child’s Social Security Number |  | Number of child’s visits to Affiliate office. |  |
| Relationship to PA |  |  |  |
| **Secondary Migration** | | | |
| Has the child out-migrated? ☐ Yes ☐ No  *If the child out-migrated, please complete as much of the report as possible and submit a Notice of Secondary Migration* | | | |
| **Housing Information** | | | |
| Number of Bedrooms | |  | |
| Number of Individuals, besides the child and the RA living in the home. | |  | |
| 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*** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Responsible adult with whom child is Currently Living Information** | | | |
| Name |  | Relationship to child (e.g. cousin – mother’s brother’s son) |  |
| Address |  | Home Phone |  |
| City |  | Work Phone |  |
| State |  |  |  |
| Postal Code |  |  |  |
| **If the child is not living with the original placement, please give the original responsible adult’s name, address, relationship to the child, and why the change in placement:** | | | |
| If the child is not living with his/her original placement and USCCB/MRS is not aware of this please inform the Refugee Child Protection Coordinator at [MRSRefugeeMinors@USCCB.org](mailto:MRSRefugeeMinors@USCCB.org) | | | |
| **Evaluation of living situation** | | | |
| 1. **Date of general health exam** |  | **Date of dental exam** |  |
| **General health condition** |  | | |
| 1. **Date of School Enrollment** |  | **Grade** |  |
| **Name of School** |  | | |
| **Is the child attending ESL classes? ☐ Yes ☐ No**  *If the child is not enrolled in school, provide an explanation below* | | | |
|  | | | |
| 1. **Does the child have adequate clothing ☐ Yes ☐No**   *If no, please provide an explanation in Question 11.* | | | |
| *For the following questions (4-9), please interview the Responsible Adult separately from the child. If the interviewer notes anything of concern, provide an explanation in question 11 or 12.* | | | |
| **4a) Where does the child sleep?** | | | |
| 1. Child’s response: | | | |
|  | | | |
| 1. Responsible Adult’s response: | | | |
|  | | | |
| **4b) Who, if anyone shares the bedroom with the child?** | | | |
| 1. Child’s response: | | | |
|  | | | |
| 1. Responsible Adult’s response: | | | |
|  | | | |
| **4c) If someone shares the bedroom with the child, does the child have his/her own bed?** | | | |
| 1. Child’s response: | | | |
|  | | | |
| 1. Responsible Adult’s response: | | | |
|  | | | |
| **4d) If sharing a bed, what is the age and gender of the other person?** | | | |
| 1. Child’s response: | | | |
|  | | | |
| 1. Responsible Adult’s response: | | | |
|  | | | |
| 1. **Who is supervising the child at home? (Please include the adult caregiver’s name, relationship to the child, and period of day he or she provides supervision.)** | | | |
| 1. Child’s response: | | | |
|  | | | |
| 1. Responsible Adult’s response: | | | |
|  | | | |
| 1. **How has the child adjusted to the living situation? How have the household members adjusted to the child’s presence? What problems have arisen, if any? What concerns do the child and/or Responsible Adult have about the living situation?** | | | |
| 1. Child’s response: | | | |
|  | | | |
| 1. Responsible Adult’s response: | | | |
|  | | | |
| 1. **Briefly describe a typical day for the child and what that involves; for example, does the child play sports, have other free-time after school, what other activities?** | | | |
| 1. Child’s response: | | | |
|  | | | |
| 1. Responsible Adult’s response: | | | |
|  | | | |
| 1. **How is the child doing in school? Describe, and identify source of information.** | | | |
| 1. Child’s response: | | | |
|  | | | |
| 1. Responsible Adult’s response: | | | |
|  | | | |
| 1. **Who are the child’s significant contacts? Is the child able to confide in somebody he/she trusts, on a regular basis? (If possible, include individuals other than the Responsible Adult.)** | | | |
| 1. Child’s response: | | | |
|  | | | |
| 1. Responsible Adult’s response: | | | |
|  | | | |
| 1. **If the child is living with someone other than his/her biological or legally adoptive parents, has legal responsibility/guardianship been established?**   ☐ Yes ☐ No ☐ N/A (child lives with biological/legally adoptive parents) | | | |
| 1. **If any problems were noted in any questions above, what has the resettlement affiliate done (and/or doing) to address these issues for this case?** | | | |
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| 1. **The following question concerns the caseworker’s own assessment. What is your overall impression of the child’s adjustment? Be specific and use concrete examples to support your assessment.** | | | |
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| 1. **As the caseworker, please indicate if you have observed any of 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, schoolwork and recreational activities.  ☐ The child’s display of emotion and communication skills are not 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 nervous, cautious, or is 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 recurrently, or be located in unusual places on the body, such as the 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: | | | |
| **Recommendation** | | | |
| On the basis of the information documented in this 90-day follow-up evaluation, I recommend:  ☐ Continued placement be approved.  ☐ Continued placement be denied. Please contact USCCB/MRS’ Refugee Child Services Specialist immediately at 202-541-3347 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 |  |