**Home Study Assessment**

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| **UC Basic Information** |
| **UC Name:** |  |
| **AKA:** |  |
| **A#:** |  |
| **DOB:** |  |
| **Age:** |  |
| **Country of Birth:** |  |
| **Admission Date:** |  |
| **Gender:** |  |
| **Program:** |  |

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| **Sponsor Identifying Information** |
| **Sponsor Name:** |  |
| **Sponsor Category:** |  |
| **DOB:** |  |
| **Gender:** |  |
| **Country of Birth:** |  |
| **Address:** |  |
| **City:** |  |
| **State:** |  |
| **Zip:** |  |

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| **Case Information** |
| **Date of Home Visit:** |  |
| **Assigned Case Worker:** |  |

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| **Reason for Referral** |
| **Date Opened:** |  |
| **Referral Type:** |  |
| **Reason for Referral:** |  |
| **Concerns to Investigate** (from Release Request)**:** |  |

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| **Household Members***(Copy/Paste this section for as many HHMs as needed)* |
| **Contact Name:** |  |
| **DOB:** |  |
| **Gender:** |  |
| **Current HHM?** |  |
| **Dependent on Sponsor Income?** |  |
| **Relationship to UC:** |  |
| **Relationship to Sponsor:** |  |
| **Type of Bed:** |  |
| **Bedroom #:** |  |
| **HHM Interview** *(move interview details to “Additional Comments” section in PDF)* |  |

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| **Community Resources** *(Copy/Paste this section for as many resources as identified by the sponsor)* |
| **Name:** |  |
| **Type of Resource:** |  |
| **Address:** |  |
| **City:** |  |
| **State:** |  |
| **Zip:** |  |
| **Phone:** |  |

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| **UC Background** |
| **Describe the UC’s Background:** *For example, their upbringing, family in their home country, their past and current relationships (if known), reasons for migration, their primary language or dialect.* |
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| **Does the UC have a pre-existing relationship with the sponsor? Y/N** |
| **Describe the pre-existing relationship of the UC and sponsor:** |
| **Youth**:**Sponsor**: |
| **Were Significant Incident Reports (SIRs) created for the UC while in ORR or DUCO shelter care? Y/N** |
| **Provide a brief summary of the SIRs that are relevant to the home study.** |
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| **Does the UC know if there are other individuals living in the sponsor's home? Y/N** |
| **Describe the UC's relationship with the other household members.** |
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| **Does the UC have any special needs which have a significant impact on their daily functioning (i.e., mental health diagnoses, physical disabilities, or limitations)? Y/N** |
| **Describe the UC's special needs and, if mental health related, any medications they have been prescribed.** |
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| **Does the UC have any specific concerns about living with the sponsor? Y/N** |
| **Describe the UC's concerns about living with the sponsor.** |
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| **Does the UC have other family members in the United States who can potentially provide additional support? Y/N** |
| **Describe the UC's family members in the United States who can potentially provide additional support.** |
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| **What are the UC's expectations of reunification with the sponsor (including home environment, lifestyle, chores, religion, and education)?** |
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| **Does the UC have any history of criminal charges, substance abuse, or gang involvement that will require additional support or strength-based services after release from ORR custody? Y/N** |
| **How does the UC plan to address these behaviors?** |
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| **Are there any services that the UC feels would be helpful to receive after release? Y/N** |
| **Describe the services that would be helpful for the UC to receive after release.** |
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| **Describe any previous UC sponsorships TO THIS HOUSEHOLD (including sponsor’s or any HHM’s previous or concurrent sponsorships) in detail.** |
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| **Additional background information (to address any discrepancies in the youth’s story or between the youth and the sponsor’s story).** |
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| **Sponsor Background Information** |
| **Does the sponsor have any major medical issues? Y/N** |
| **Describe the sponsor's medical issues, including current medications.** |
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| **Does the sponsor have any mental health issues? Y/N** |
| **Describe the sponsor's mental health issues, including past history of mental health issues/treatment.** |
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| **Does the sponsor have any substance use issues? Y/N** |
| **Describe the sponsor's substance use issues** *(use of drugs, alcohol, tobacco products – frequency, amount, etc.)* |
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| **What are the sponsor's coping mechanisms as it pertains to issues reported above or other stressors?** |
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| **Identify and describe the sponsor's significant relationships and other support systems** (current/previous partners, relatives in the US, religious supports, community supports, other sources of support). |
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| **Describe the sponsor's background.**For example, the sponsor's age, background, interests, strengths, weaknesses, immigration history/status, history of abuse, etc. |
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| **What is the sponsor's English proficiency?** |
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| **What is the sponsor's proficiency in the UC's native language?** |
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| **The sponsor was provided information in U.S. laws regarding employment. Y/N** |
| **The sponsor was informed about age and document requirements for work, work permits, and employee rights. Y/N** |
| **The sponsor was provided with information on school enrollment, sponsor's rights to contact the school, and student's rights to seek services. Y/N** |
| **In the sponsor's own words, describe their understanding of the above.** (What is the sponsor’s plan for the youth upon reunification? Does the sponsor agree to the conditions of release?) |
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| **Sponsor's Motivation and Relationship to UC** |
| **Describe the sponsor's reasons for wanting to sponsor and care for the UC.** |
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| **Describe the sponsor's relationship with the UC and the UC's family members.**For example, the frequency and quality of contact prior to the youth’s journey, the last face-to-face and phone contact between the sponsor and UC. |
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| **Does the sponsor have a family support system in the U.S.? Y/N** |
| **Is the sponsor's family support system in the immediate area to provide assistance? Y/N** |
| **Was the sponsor aware or involved in the UC's plan to migrate to the U.S.? Y/N** |
| **Describe the sponsor's awareness of the UC’s travel plan and any financial obligation/debt for the UC's travel to the U.S.? Who is responsible to pay the debt?** |
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| **Was the sponsor aware of the UC's apprehension by border authorities? Y/N** |
| **Is the sponsor aware of whether the UC experienced any challenges or trauma on their journey or along the way? Y/N** |
| **Describe the challenges or trauma the UC experienced on their journey or along the way.** |
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| **Sponsor's Parenting Ability** |
| **Describe the sponsor's parenting skills and abilities, their nature, and extent of previous experience with child supervision.**For example, discipline, parenting style, and designation of household responsibilities and chores. |
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| **What is the sponsor's supervision plan? If the sponsor is not available to supervise the UC, who will provide supervision during the sponsor's absence? Who is the designated Alternate Caregiver?** |
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| **Are there any other children in the home? Y/N** |
| **Describe whether the needs of the other children in the home are being met.** For example, are the children in school, do they receive routine medical care, are they dressed appropriately/clean/appear to be well-cared for? Do the adult interactions with this child appear to be appropriate? |
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| **What are the sponsor’s discipline methods? Is physical discipline used?** |
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| **Are any significant life changes planned in the sponsor's future which would affect the sponsor's ability to care for the UC (i.e., change in residence, marriage, divorce)? Y/N** |
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| **Will these life changes affect the sponsor's ability to care for the UC? Y/N** |
| **Is the sponsor aware of the UC's current behavior issues (if any), criminal history, and/or significant trauma? Y/N** |
| **How will the sponsor be able to provide support to the UC in light of these behavior issues, criminal history, and/or significant trauma?** |
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| **Is the sponsor aware of any special needs, mental health, or complex needs of the UC? Y/N** |
| **How will the sponsor provide support to these needs?** |
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| **Does the sponsor foresee any challenges in parenting the UC?** |
| **How will the sponsor assess these challenges in parenting?** |
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| **Does the sponsor understand the dynamics of separation, grief, and loss as it relates to child development? Y/N** |
| **How will the sponsor help the UC cope with emotions of separation, grief, and loss?** |
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| **Legal Services** |
| **Did the sponsor attend an LOPC presentation? Y/N** |
| **What is the sponsor's plan to ensure the UC's attendance at all immigration court proceedings and comply with DHS requirements?** |
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| **How will the sponsor secure legal representation for the UC?** |
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| **Is there an immigration attorney representing the UC? Y/N** |
| Attorney Name: |
| Attorney Address: |
| Attorney Phone: |

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| **Financial** |
| **Sponsor Employment Status** (i.e. PT/FT/Unemployed/Other)**:**  |
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| **Name of Employer:** |
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| **Type of Employer:** |
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| **Monthly Income:**  |
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| **Total Annual Income of Sponsor:** |
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| **Length of time employed at current job (if applicable):** |
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| **Other Sources of Income** (i.e. second job, partner/HHM income, food stamps, WIC, rental income, etc.)**:** |
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| **Hours Worked Per Week/Work Schedule:** |
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| **Does the applicant operate a business from the residence? Y/N** |
| **Is the business a children's daycare? Y/N****Is the business an adult daycare or rooming house? Y/N** |
| **Describe the type of business the sponsor operates.** |
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| **Describe the impact of the home business on the plan of the sponsor to care for the UC** (i.e. Will clients come to the home?)**.** |
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| **Sponsor Monthly Expenses** (include an assessment of financial situation) |
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| **How does the sponsor plan to financially support the UC?** |
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| **Home and Community** |
| **Type of Sponsor Housing** (Single Family Home, Townhome, Apartment, Mobile Home, Other)**:** |
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| **Does the sponsor own or rent their housing?** |
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| **Has the landlord approved the UC living in the residence? Y/N** |
| Note the reason for not informing or receiving approval from the landlord and the sponsor's plan to confirm approval. |
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| **How long has the sponsor resided at this residence?** |
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| **Do any household members smoke? Y/N** |
| **Is smoking allowed in the house? Y/N** |
| **Is there a functional smoke detector? Y/N** |
| **Are there weapons in the home? Y/N** |
| **Are the weapons and ammunition kept separately in locked areas? Y/N** |
| **Are there pets in the home? Y/N** |
| **List pets in home.** |
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| **Do pets meet local safety requirements (vaccinations, vicious animal restrictions, etc.)? Y/N** |
| **Outside Space:**Patio Play Equipment Attached GarageHot Tub Porch Pool/Pond/LakeFenced Yard Deck Fenced and Locked GateDetached Garage Shed/Barn Handicapped AccessibleOther (conditional) |
| **Description of Other Outside Space and Interior of the Home.** |
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| **Describe how sponsor will ensure safety and supervision of UC around the pool, pond, or lake.** |
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| **Is there evidence that individuals other than those listed in the Family Reunification Packet are living in the home? Y/N** |
| **Are there safety concerns or health hazards in the home or outside space? Y/N** |
| **How can safety concerns or health hazards INSIDE OR OUTSIDE OF THE HOME be resolved?** |
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| **Does the sponsor have a means of transportation? Y/N** |
| **Describe the sponsor's means of transportation.** |
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| **Are vehicles insured? Y/N** |
| **Is the home accessible by public transportation? Y/N** |
| **Briefly describe the community in which the home is located.****Include information regarding the type of neighborhood (rural, urban, residential, industrial, etc.).** |
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| **Does the sponsor know who to call in case of an emergency? Y/N** |
| **Describe the sponsor's emergency contact(s).** |
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| **Summary** |
| **Based on all the information collected during the home study process, provide an assessment of the sponsor's ability to provide and maintain a safe, stable, and appropriate home environment. Elaborate on the sponsor's parenting experience, supervision, and ability to ensure the safety and well-being of child.** |
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| **Summarize how the home study assessment addressed the concerns of the referral and the reason for referral notes in the UC Background & Overview section.** |
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| **Summarize any concerns raised during the home study. How can these issues or concerns be mitigated?** |
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| **How equipped is the sponsor to advocate for the UC to received necessary services?** |
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| **Assessment Comments:** (MOVE THE HHM INTERVIEWS HERE FOR THE PDF VERSION) |
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