

## Attachment 5

U.S. Immigration and Customs Enforcement

**ATD PARTICIPANT ENROLLMENT FORM**

<b>ATD Location:</b>	<b>Case DCO:</b>	<b>EARM Case ID:</b>	<b>A-Number:</b>
<b>Participant Biographical Information</b>			
Last Name:	First Name:	A-Number:	
DOB (under 18 not eligible)	COC	Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> U	
Alien Address	City	State	Zip Code
Phone Number (      )		Cell Phone (      )	
<b>Referral Source:</b>			
<input type="checkbox"/> CAP <input type="checkbox"/> Fugitive Ops <input type="checkbox"/> Detained <input type="checkbox"/> Non-Detain <input type="checkbox"/> HSI <input type="checkbox"/> CBP <input type="checkbox"/> USCIS <input type="checkbox"/> Other _____ (Explanation Required)			
<input type="checkbox"/> Pre-Order (Notice to Appear) <input type="checkbox"/> Post-Order (VD/Final Order of Removal) <input type="checkbox"/> Appeal (Pending with the BIA)			
<b>Officer to Determine Supervision Levels on a Case by Case Basis</b>			
<b>Technology Options (Selection of a Technology is a Requirement):</b>			
<input type="checkbox"/> GPS or <input type="checkbox"/> Telephonic Reporting (Monthly) <input type="checkbox"/> Biometric Reporting ( <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly)			
<b>ECMS PROGRAM OPTION (Must be within contractual distance limit) <input type="checkbox"/></b>			
<b>Service Options (where Available) with Frequency:</b>			
<b>Y   N</b>			
<input type="checkbox"/> <input type="checkbox"/> Office Visits *: <input type="checkbox"/> Week <input type="checkbox"/> 2 Weeks <input type="checkbox"/> 4 Weeks <input type="checkbox"/> 8 Weeks <input type="checkbox"/> 12 Weeks			
<input type="checkbox"/> <input type="checkbox"/> Home Visits*: <input type="checkbox"/> 2 Weeks <input type="checkbox"/> 4 Weeks <input type="checkbox"/> 8 Weeks <input type="checkbox"/> 12 Weeks			
<input type="checkbox"/> <input type="checkbox"/> Program Enrollment & Orientation* (Installation of Technology and Program Explanation)			
<input type="checkbox"/> <input type="checkbox"/> Residence Verification* (within 48 hours of enrollment)			
<input type="checkbox"/> <input type="checkbox"/> Court Tracking* (Tracking of Court Case and Reminder Call to Participant before Court)			
<input type="checkbox"/> <input type="checkbox"/> Alert Management* (GPS, Telephonic, and Biometric Alerts)			
*If not contracted, this function is the responsibility of the ATD Officer.			

_____	
ERO Case Officer Authorizing Enrollment (Name and Title)	Date
Alien appeared at Intake/Orientation for enrollment on _____ at _____	
(Date)	(Time)

**Submit all two (2) pages to contractor office.**

DEPARTMENT OF HOMELAND SECURITY  
U.S. Immigration and Customs Enforcement