



OFFICE OF REFUGEE RESETTLEMENT
Division of Unaccompanied Children's Services
Family Reunification Packet

By completing this packet, you are requesting the release of a minor who is currently in the custody of the Office of Refugee Resettlement/Division of Unaccompanied Children Services (ORR/DUCS) within the US Department of Health and Human Services. Please note that ORR/DUCS will not authorize the release of the minor unless you are able to care for the minor's physical and mental well-being. Please refer to the checklist on the last page to ensure you have provided all requested information as specified. Thank you.

1. Name of the minor	
2. Your relationship to the minor	
3. Your name	
4. Your date of birth	
5. Your country of origin	
6. Any other names you have used	
7. Your alien number, social security number, or tax identification number	
8. Your home phone number	
9. Other phone number	
10. Your email address	
11. Languages spoken at home	
12. The address where you and the minor will reside: _____ _____ _____ _____	13. Who will be providing for the financial support of the minor? <input type="checkbox"/> You (the sponsor) <input type="checkbox"/> Your spouse <input type="checkbox"/> Another person _____

14. Household occupant information. (If you need more room please attach a list of household occupants to this form):

Name	Age	Relationship to the minor (E.g. mother, father)	Relation to you (the sponsor)	Dependent on you?
				<input type="checkbox"/> Partly <input type="checkbox"/> Fully <input type="checkbox"/> Not
				<input type="checkbox"/> Partly <input type="checkbox"/> Fully <input type="checkbox"/> Not
				<input type="checkbox"/> Partly <input type="checkbox"/> Fully <input type="checkbox"/> Not
				<input type="checkbox"/> Partly <input type="checkbox"/> Fully <input type="checkbox"/> Not
				<input type="checkbox"/> Partly <input type="checkbox"/> Fully <input type="checkbox"/> Not
				<input type="checkbox"/> Partly <input checked="" type="checkbox"/> Fully <input type="checkbox"/> Not

15. Does any person in your household suffer from any serious contagious diseases (e.g. TB, AIDS, hepatitis) which would create a hazard to the health and/or safety of the minor? If so please explain. (Attach a separate sheet of paper to this form if you need more space):

16(a). Have you or any person in your household ever been charged with or convicted of a crime (other than a minor traffic violation; e.g. speeding, parking ticket)?

NO YES

16(b). Have you or any person in your household ever been investigated by a governmental social service agency as a result of a complaint of physical/sexual abuse, neglect, or abandonment of a minor?

NO YES

16 (c). If you answered "YES" to either question 15(a) or 15(b) please attach a list to this form with the following information for each charge/conviction/complaint:

- (1) Name of person involved; (2) Place and date of the incident; (3) Explanation of the incident;
 (4) Disposition of the incident (e.g., charges dropped, fined, imprisoned, probation)

17. The school you will enroll the minor in:

Name of the school: _____

Street address: _____ City _____ State _____ Zip _____

Main number: (____) _____

