



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: (____) _____

18. Please include information on your availability for direct supervision of the minor. Please identify and explain who will supervise the minor after school, while you are at work, or other situations in which you are not able to provide direct supervision over the minor. (Attach a separate sheet of paper to this form if you need more space):

19. If there is a possibility that you might be detained, deported, need to leave the United States, or not be present for one or more days to provide direct supervision over the minor please identify and explain who will supervise the minor in your absence and his/her contact information. (Attach a separate sheet of paper to this form if you need more space):

20. Please provide the name of the medical doctor or service who will attend the minor for routine medical care and follow-up medical care when necessary:

Name of doctor or practice: _____

Street address: _____ **City** _____ **State** _____ **Zip** _____

Main number: (_____) _____

I, _____, declare and affirm under penalty of perjury that I have examined this form, and to the best of my knowledge and belief, it is true, complete and accurate. I attest that I will provide for the physical and mental well-being of the minor. I will also comply with my state's laws regarding the care of this minor including: enrolling the minor in school; providing medical care when needed; protecting the minor from abuse, neglect, and abandonment, and any other requirement not herein contained.

Signature: _____ **Date:** _____

ORR/DUCS Family Reunification Packet Checklist for Sponsors

Instructions: Please provide a copy of the following documents on this checklist. Please note that the ORR/DUCS may reject your application if any of the required information is missing, incomplete, or inaccurate. For documents you are unable to provide please attach an explanation to this packet identifying which type of document you are unable to provide and why. Please note that your explanation of any missing document(s) is subject to ORR/DUCS's acceptance. **Please read and sign box 7 when finished.**

<p>1. Proof of your identity.</p> <p><input type="checkbox"/> At least one of the following:</p> <ul style="list-style-type: none"> a. State issued driver's license b. State issued identification card c. U.S. Certificate of Naturalization d. Identification document from your country of origin (e.g. cedula) e. Passport <p>AND</p> <p><input type="checkbox"/> Your original birth certificate OR an official notarized copy of your birth certificate. (If neither is available please initial here _____).</p>	<p>5. Proof of your financial ability to provide for the minor's well-being:</p> <p><input type="checkbox"/> A completed 'Form I-134, Affidavit of Support' for each person who will financially provide for the minor.</p> <p>AND</p> <p><input type="checkbox"/> At least one of the following:</p> <ul style="list-style-type: none"> a. A copy of your last year's federal income tax return b. A copy of your last year's W-2 form c. A copy of your pay stub of earnings from within the last two (2) months d. A letter on your employer's letterhead, signed by your employer stating your employment status and salary e. Bank statements from within the last two (2) months showing sufficient funds f. If you are self-employed, a letter signed by you explaining the nature of your work, hours worked, and earnings.
<p>2. Proof of the minor's identity:</p> <p><input type="checkbox"/> Minor's original birth certificate OR an official, certified copy. (If neither are available please initial here _____).</p>	<p>6. Citizenship or Immigration Status:</p> <p><input type="checkbox"/> I do not have legal immigration status in the United States and have explained in the Family Reunification Packet application my plan for the minor's care in the event I am removed from the United States. (Attach a copy of your NTA if you have been issued one.)</p> <p>OR</p> <p><input type="checkbox"/> I am a US Citizen or lawfully present in the United States. (Please attach a copy of ONE of the following: your lawful permanent residence card "green card"; USCIS approval, renewal, or status documentation; your Employment Authorization Document; unexpired valid immigrant or non-immigrant visa; US naturalization certificate, state issued birth certificate [original or notarized copy], or US passport).</p>
<p>3. Proof of relationship between you and the minor:</p> <p><input type="checkbox"/> I AM a member of the minor's <u>immediate</u> family (I am the minor's mother, father, brother, sister, aunt, uncle, or grandparent). I am able to provide a trail of birth and marriage certificates proving this relationship and have attached these documents with this application. (If you are unable to provide these documents initial here _____).</p> <p><input type="checkbox"/> I AM NOT a member of the minor's <u>immediate</u> family (I am NOT the minor's mother, father, brother, sister, aunt, uncle, or grandparent). I have an official notarized letter of consent from the minor's parent(s) granting me custody of the minor, and have submitted this document with this application. (If you are unable to provide this document initial here _____).</p>	<p>7. By turning in these documents, or copies of documents, you are attesting that to the best of your knowledge and information the documents and the information contained in them are accurate, and not fraudulent, fictitious, voidable, void, or tampered with in any way.</p> <p>Signature: _____</p>
<p>4. Proof of your address:</p> <p><input type="checkbox"/> At least one of the following:</p> <ul style="list-style-type: none"> a. A copy of your current lease b. A copy of your current mortgage statement c. Notarized letter from your landlord confirming your address d. Copy of mail, addressed to you, in your name, from within the last two (2) months (<i>utility bill preferred</i>) 	