**OFFICE OF REFUGEE RESETTLEMENT**

**Division of Children’s Services**

**FAMILY REUNIFICATION APPLICATION**

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| **1. Name of the minor:**      | **2. Your relationship to the minor:**      |
| **3. Your name:**      | **4. Any other names you have used:**      |
| **5. Your country of origin:**       | **6. Your date of birth:**      |
| **7. Phone number(s) we may reach you at:** **(**   **)**    **-**     | **8. Your email address (if you have one) or fax number:**      |
| **9. The address where you and the minor will reside:**      | **10. Languages you speak:**      |
| **11. 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)** |
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| **12. Financial information: Please explain how you plan to financially support the minor:**      |

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| **13. Does any person in your household have a serious contagious diseases (e.g. TB, AIDS, hepatitis)? If so please explain:**       |
| **14(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 **14(b). Have you or any person in your household ever been investigated for the physical abuse, sexual abuse, neglect, or abandonment of a minor?** [ ]  NO [ ]  YES**If you answered “YES” to either question 14(a) or 14(b) please attach a list to this form with the following information for each charge/conviction:** **(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); (5) Copy of court record(s), police record(s), and/or governmental social service agency record(s) related to the incident(s)** |
| **15. If there is a possibility that you might need to leave the United States, or become unable to care for the minor, who will supervise the minor in your absence? What is his/her contact information:**      |
| **I declare and affirm under penalty of perjury that the information contained in this application is true and accurate to the best of my knowledge. I attest that all documents I am submitting or copies of those documents are free of error and fraud.** **I further attest that I will abide by the care instructions contained in the *Sponsor Care Agreement*. 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.** **YOUR SIGNATURE:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE:**      |