



**OFFICE OF REFUGEE RESETTLEMENT
Division of Children's Services
FAMILY REUNIFICATION APPLICATION**

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)

12. Financial information: Please explain how you plan to financially support the minor:

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: