Your child has been designated as an Unaccompanied Alien Child (“UAC”) and placed into the care and custody of the Office of Refugee Resettlement (ORR), pursuant to 6 U.S.C. § 279 and 8 U.S.C. §1232. ORR has authority under the law to release your child to a sponsor, typically an adult relative. ORR prefers sponsors to be parents or legal guardians. In the event that you are unavailable to sponsor your child, ORR asks that you designate a sponsor to care for your minor child (subject to ORR’s approval).

**I/We are the parent(s) or legal guardian(s) of, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ born on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.** [your child’s full name]

[your child’s date of birth]

**I/We designate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to sponsor my/our child.**

[proposed sponsor’s name]

**I/We consent that the above named sponsor may:**

* Have temporary care-giving authority for my child, until such time as my child is returned to my custody; or his/her custody status is altered by a Federal, State, or local agency; or changed by a court of law.
* Provide for medical, dental, and mental health care for my child.
* Provide for my child’s physical and mental well-being, including but not limited to providing, food, shelter, and clothing.
* Enroll my child in school.
* Temporarily transfer physical custody of my child in the event of an emergency (serious illness, destruction of home, etc.) to another person who will comply with the *Sponsor Care Agreement.*

**I/We understand that this designation does NOT:**

* Terminate my parental rights.[[1]](#footnote-1)
* Confer upon the sponsor any rights or benefits.
* Allow my child permission to work in the United States without proper authorization.

**Name of parent(s) or legal guardian(s) designating care:**

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Printed Name*

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Printed Name*

**If one of the child’s biological parents or other legal guardian is unable to consent please check why**

|  |  |
| --- | --- |
| Deceased  Abandoned child  Other parent/legal guardian resides in another location (*ORR may contact them separately*) | Mental or physically unable to provide consent  No longer has legal custody of the child  Other (Explain briefly): |

**Parent(s) or legal guardian(s) contact information**

Address

Phone

**Parent(s) or legal guardian(s) signature consenting to the designation of care for their child:**

***NOTARY SEAL***

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Signature Date*

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Signature Date*

1. **Please note that by signing this form you are NOT terminating your parental or guardianship rights to your child. You maintain legal custody over your child pursuant to relevant Federal and State law. ORR encourages you to stay in close contact with your child and the child’s sponsor in order to help make decisions for the child’s care and for medical, educational, and other service. Please also note that if you do not designate a sponsor, ORR may transfer custody of your child to a sponsor identified by ORR.**  [↑](#footnote-ref-1)