

New Sponsor application <FRA> Form Section 3-6

Sect 3

An official website of the United States government
Search how you know

Sponsor Application for Family Unification MENU

3: Sponsor information
This section has not been started.

3.1 Sponsor's relationship to child

Child

Maria Ricardo

Sponsor-child relationship

Your relationship to this child

-Select-

Proof of relationship

Upload one of the following documents to provide proof of a relationship between you and the minor. Expired documents are acceptable.

Parent document selection

-Select-

Proof of child's identity

Upload the child's birth certificate

Upload front of birth certificate

Upload files

Upload back of birth certificate

Upload files

3.2 About you, Raul Miguel Castillo

Background information

Your country of origin (where you were born)

-Select-

Language(s) you speak

Language 1

-Select-

Language 2 (optional)

-Select-

Language 3 (optional)

-Select-

Your contact information

Mobile phone number

Secondary phone number (optional)

Email address (optional)

Your financial information

How will you financially support the child (children)?
Please explain. Include all sources and amounts of your income (for example, the amount you are paid each week) as well as explaining any financial support from others who will help with financial support.

Save for later

Submit for Case Manager review

Need Help? See Frequently Asked Questions or contact your Case Manager.

Family Reunification Packet | Version 13
FRP-3 Family Reunification Application
Revised 12/28/2022

ADMINISTRATION FOR
CHILDREN & FAMILIES
OFFICE OF REFUGEE RESETTLEMENT

ORR National Call Center
1 (800) 203-7001

Sect 4

An official website of the United States government
Search how you know

Sponsor Application for Family Unification MENU

4: Household information
This section has not been started.

4.1 Where will you and the child (children) live?

Address

8721 River Bend Street Apt 811
Jupiter, IN 90521

Same as your current address?

Yes
 No

Proof of your current address

Upload at least one form of documentation verifying your current address.

If you are unable to provide this documentation, please contact your Case Manager.

Proof of current address document selection

-Select-

4.2 Household members

Who currently lives at this address?

Household member 1 Delete

Household member's first name

Household member's last name

Household member's date of birth

mm/dd/yyyy

Household member's relationship to you, the sponsor

-Select-

Household member's relationship to Child 1, **Maria Ricardo**

-Select-

Household member's relationship to Child 2, **Anna Ricardo**

-Select-

Add another household member

4.3 Health information

Serious contagious diseases

Does any person in your household have any serious contagious diseases? e.g. TB, AIDs, hepatitis, etc.

Yes
 No

Child health conditions

Are you aware of any health conditions the child (children) may have? e.g. disabilities, allergies, diseases, etc.

Yes
 No

4.4 Criminal history

Crime

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, etc.

Yes
 No

Abuse or abandonment

Have you or any person in your household ever been investigated for the physical abuse, sexual abuse, neglect, or abandonment of a minor?

Yes
 No

Save for later

Submit for Case Manager review

Need Help? See Frequently Asked Questions or contact your Case Manager.

Family Reunification Packet | Version 13
FRP-3 Family Reunification Application
Revised 12/28/2022

ADMINISTRATION FOR
CHILDREN & FAMILIES
OFFICE OF REFUGEE RESETTLEMENT

ORR National Call Center
1 (800) 203-7001

Progressive disclosure for address when answer = no

4.1 Where will you and the child (children) live?

Address

8721 River Bend Street Apt 811
Jupiter, IN 90521

Same as your current address?

Yes
 No

Country

United States

Street address

City State

-Select-

Zip code

Please explain why this varies from your current address

Progressive disclosure for Health information questions when answer = yes

4.3 Health information

Serious contagious diseases

Does any person in your household have any serious contagious diseases? e.g. TB, AIDs, hepatitis, etc.

Yes
 No

Please explain.

Child health conditions

Are you aware of any health conditions the child (children) may have? e.g. disabilities, allergies, diseases, etc.

Yes
 No

Please explain.

4.4 Criminal history

Crime

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?

Yes
 No

Incident 1 Add Delete

Name of household member(s) involved

Place of the incident

Date of the incident

Explanation of the incident

Disposition of the incident e.g. charges dropped, fined, imprisoned, probation

Abuse or abandonment

Have you or any person in your household ever been investigated for the physical abuse, sexual abuse, neglect, or abandonment of a minor?

Yes
 No

Abuse or abandonment Add

Name of household member(s) involved

Place

Date

Explanation of the incident

Disposition of the incident e.g. charges dropped, fined, imprisoned, probation

Save for later

Submit for Case Manager review

Need Help? See Frequently Asked Questions or contact your Case Manager.

Family Reunification Packet | Version 13
FRP-3 Family Reunification Application
Revised 12/28/2022

ADMINISTRATION FOR
CHILDREN & FAMILIES
OFFICE OF REFUGEE RESETTLEMENT

ORR National Call Center
1 (800) 203-7001

Sect 5

An official website of the United States government
Search how you know

Sponsor Application for Family Unification MENU

5: Alternative caregiver
This section has not been started.

5.1 Adult who will care for the child(ren) if you cannot

Who will care for the child(ren) if you become unable to care for the child(ren)?

Alternative caregiver's name

First name

Last name

Date of birth

mm/dd/yyyy

Proof of alternative caregiver's identity

Upload the alternative caregiver's government issued ID. You may present one selection from List A or two or more selections from List B. If you present selections from List B, at least one selection must contain a photograph. Expired documents are acceptable.

List A (upload one)

List A document selection

-Select-

OR

List B (upload two)

List B document 1 selection

-Select-

5.2 About the alternative caregiver

Contact information

Alternative caregiver's phone number

Alternative caregiver's address

Country

United States

Street address

City State

-Select-

Zip code

Relationships

Alternative caregiver's relationship to you, the sponsor

-Select-

Alternative caregiver's relationship to Child 1, **Maria Ricardo**

-Select-

Alternative caregiver's relationship to Child 2, **Anna Ricardo**

-Select-

5.3 Alternative child care

If you become unable to care for the child (children), how will this alternative caregiver care for the child (children)?

Save for later

Submit for Case Manager review

Need Help? See Frequently Asked Questions or contact your Case Manager.

Family Reunification Packet | Version 13
FRP-3 Family Reunification Application
Revised 12/28/2022

ADMINISTRATION FOR
CHILDREN & FAMILIES
OFFICE OF REFUGEE RESETTLEMENT

ORR National Call Center
1 (800) 203-7001

Sect 6

An official website of the United States government
Search how you know

Sponsor Application for Family Unification MENU

6: Application signature
This section has not been started.

I, Raul Miguel Castillo, 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(s). I will also comply with my state's laws regarding the care of this minor including:

- Enrolling the minor(s) in school;
- Providing medical care when needed;
- Protecting the minor(s) from abuse, neglect, and abandonment; and
- Any other requirement not herein contained

Your signature

Please type your name below to indicate your electronic signature.

Back

Submit

Family Reunification Packet | Version 13
FRP-3 Family Reunification Application
Revised 12/28/2022

ADMINISTRATION FOR
CHILDREN & FAMILIES
OFFICE OF REFUGEE RESETTLEMENT

ORR National Call Center
1 (800) 203-7001