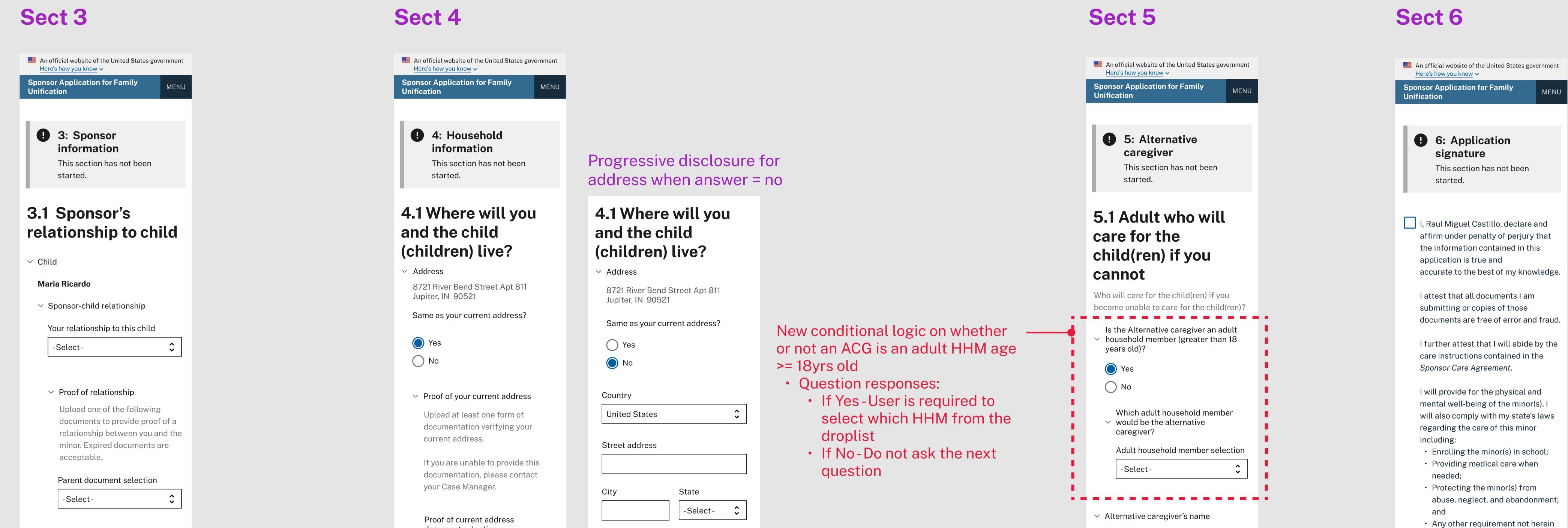
New Sponsor application <FRA> Form Section 3-6



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	Proof of current address	-Select - 🗘	 Alternative caregiver's name 	and
	document selection			Any other requirement not herein
	-Select -	Zip code	First name	contained
				Your signature Please type your name below to indicate
 Proof of child's identity 				your electronic signature.
Upload the child's birth certificate		Please explain why this varies from	Last name	
	4.2 Household	your current address		
Upload front of birth certificate	members			
			Date of birth	Need Help? See Frequently Asked
1 Upload files	 Household members 		mm/dd/yyyy	Questions or contact your Case Manager.
	Who currently lives at this address?			
Upload back of birth certificate				Back
1 Upload files	Household member 1 Delete			
	Household member's first name		 Proof of alternative caregiver's identity 	Submit
			Upload the alternative caregiver's	
			government issued ID. You may	
3.2 About you, Raul			present one selection from List A or	Family Reunification Packet Version 13FRP-3 Family Reunification Application
Miguel Castillo	Household member's last name		two or more selections from List B. If	Revised 12/28/2022
inigaot odotitto			you present selections from List B, at	
 Background information 			least on selection must contain a photograph. Expired documents are	
	Household member's date of birth		acceptable.	
Your country of origin (where you were born)	mm/dd/yyyy			ADMINISTRATION FOR
			 List A (upload one) 	ADMINISTRATION FOR CHILDREN E FAMILIES
-Select -			List A desumant solastion	
	Household member's relationship to you, the sponsor		List A document selection	OFFICE OF REFUGEE RESETTLEMENT
Language(s) you speak			-Select-	
	-Select -			ORR National Call Center
Language 1				1 (800) 203-7001
-Select -	Household member's relationship to		OR	
	Child 1, Maria Ricardo		✓ List B (upload two)	
Language 2 (optional)	-Select-			
-Select -			List B document 1 selection	
	Household member's relationship to		-Select-	
Language 3 (optional)	Child 2, Anna Ricardo	Due en elizza di ele escue feu		
	-Select-	Progressive disclosure for		
-Select -		Health information questions	E O About the	
	+ Add another household member	when answer = yes	5.2 About the	
		When another yee	alternative caregiver	
 Your contact information 				
	4.3 Health	4.3 Health	 Contact information 	
Mobile phone number			Alternative caregiver's phone number	
	information	information		
	 Serious contagious diseases 	 Serious contagious diseases 		
Secondary phone number (optional)			Alternative caregiver's address	
	Does any person in your household have any serious contagious diseases?	Does any person in your household have any serious contagious diseases?		
	e.g. TB, AIDs, hepatitis, etc.	e.g. TB, AIDs, hepatitis, etc.	Country	
	O Yes	Yes	United States 🗘	
Email address (optional)				
	No No	◯ No	Street address	
		Please explain.		
	 Child health conditions 			
 Your financial information 	Are you aware of any health conditions		City State	

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

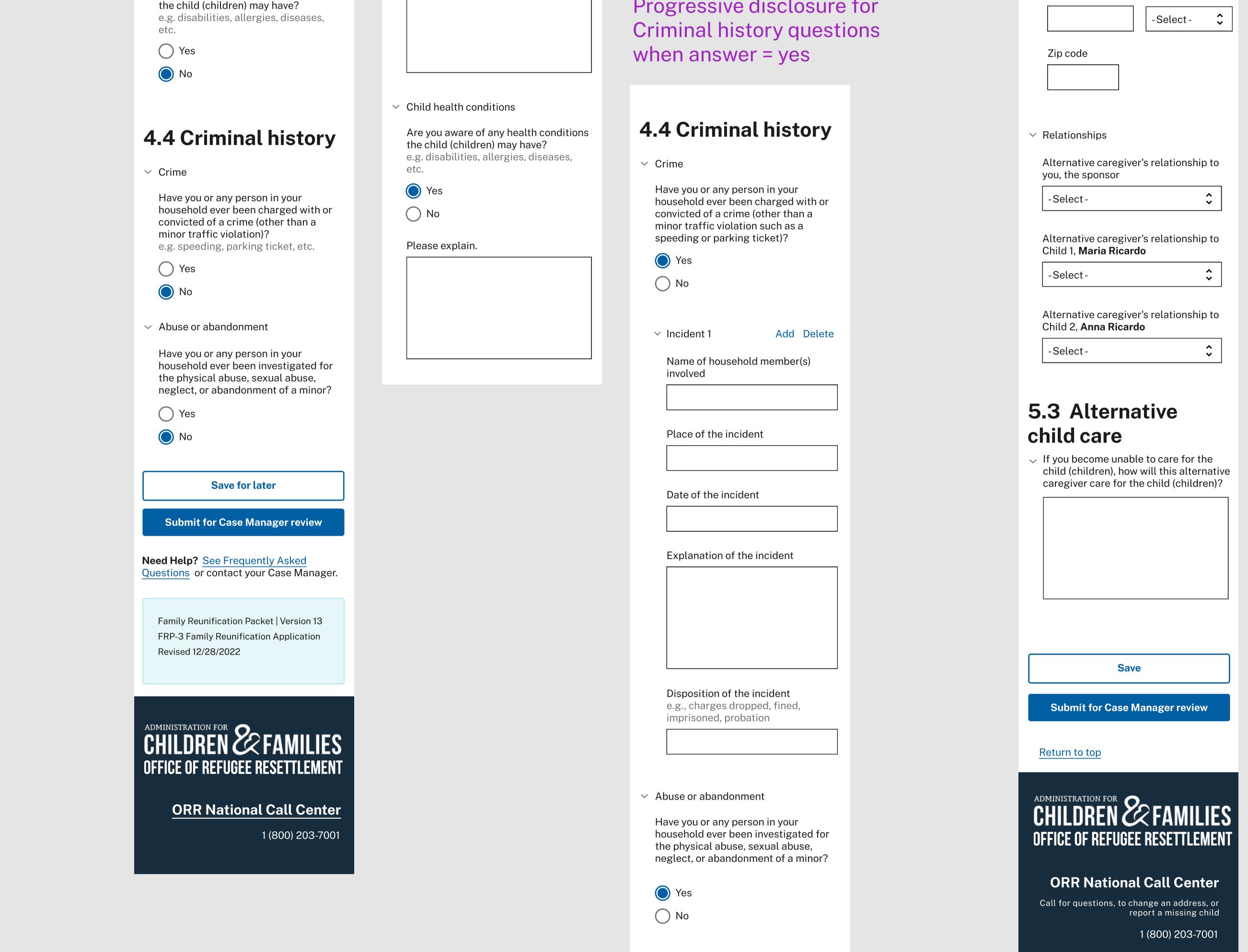
Submit for Case Manager review

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

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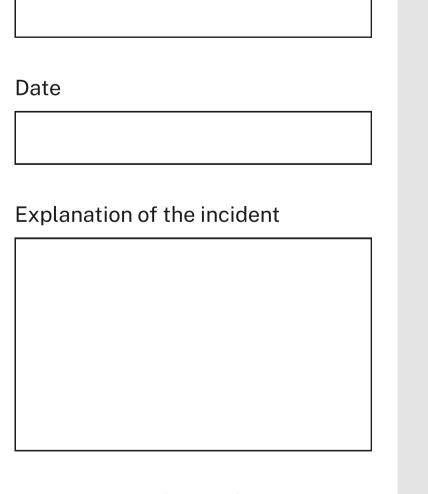


 Abuse or abandonment Add

Name of household member(s) involved

Place

Date



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.

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