



# Administration for Children & Families

## Office of Refugee Resettlement

# Letter of Designation for Care of a Child

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.<sup>1</sup> In the event that you are unavailable to sponsor your child, ORR asks that you designate a sponsor to care for your child (subject to ORR's approval).

**I/We are the parent(s) or legal guardian(s) of**

**born on**

Your Child's Date of Birth

Your Child's Full Name

**I/We designate**

**to sponsor my/our child.**

Proposed Sponsor's  
Name

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

- Have temporary caregiving 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 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.<sup>2</sup>
- Confer upon the sponsor any rights or benefits.
- Allow my child permission to work in the United States without proper authorization.

<sup>1</sup> Individuals are not required to be U.S. citizens or hold any immigration status in order to sponsor a child.

<sup>2</sup> 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.

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) Public reporting burden for this collection of information is estimated to average 0.75 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Please see the accompanying privacy notice / Privacy Act statement for a discussion of (1) the authority for solicitation of information, and whether disclosure is mandatory or voluntary, (2) the principal purposes for which the information is intended to be used, (3) other routine uses which may be made of the information, and (4) the effects, if any, of not providing all or any part of the requested information. If you have any comments on this collection of information please contact UACPolicy@acf.hhs.gov.

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## Office of Refugee Resettlement

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

(1)

*Printed Name*

(2)

*Printed Name*

### If one of the child's biological parents or legal guardian(s) is unable to consent please check why:

Deceased

Mentally or physically unable to provide consent

Abandoned child

No longer has legal custody of the child

Other parent/legal guardian resides in another location (ORR may contact them separately)

Other (Explain briefly):

### Parent(s) or legal guardian(s)' contact information:

Street Address

City

State

Zip Code

Phone

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

I declare and affirm under penalty of perjury that the information contained in this authorization is true and accurate to the best of my knowledge. I understand that knowingly and willfully falsifying, concealing, or covering up a material fact, or making any materially false, fictitious, or fraudulent statement or representation, or making or using any false writing or document knowing it contains any materially false, fictitious, or fraudulent statement or entry, is a violation of 18 U.S.C. § 1001 and may subject me to fines, imprisonment, or both. ORR may report fraudulent information to Federal law enforcement. (Sign, date, and print your name)

(1)

\_\_\_\_\_

*Signature*

\_\_\_\_\_

*Date*

(2)

\_\_\_\_\_

*Signature*

\_\_\_\_\_

*Date*

NOTARY SEAL

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## Office of Refugee Resettlement

**STAFF USE ONLY** - The Federal Field Specialist must complete this section if they assisted the sponsor applicant with entering information into this form.

I attest under penalty of perjury that to the best of my knowledge:

- Any information I entered into this form on behalf of the sponsor applicant is an accurate and complete representation of information provided to me by the sponsor applicant; and
- I have not altered or otherwise misrepresented the information provided by the sponsor applicant.

**Federal Field Specialist Signature**

**Federal Field Specialist Name**

**Date**