Administration for Children & Families

Office of Refugee Resettlement

Sponsor Application

Sponsor Information

1) Your relationship to the child (children)

Name(s) of the child(ren) List the names of all children you are applying to sponsor	**Your relationship to the child(ren)** e.g., mother, uncle, family friend

2) Your Name

3) Your country of origin (where you were born)

4) Your date of birth
month/day/year (e.g., 12/31/1979)

5) Language(s) you speak

6) Your Contact Information

Mobile Phone Number

Secondary Phone Number (optional)

Email Address (optional)

7) How will you financially support the child (children)?

Please 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.

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.

Sponsor's Income and Employment Information

Are you providing court ordered financial support to children? ○ Yes ○ No

Are you receiving child support? ○ Yes ○ No

Do you have a job? ○ Yes ○ No

If no, how do you earn money?

If yes, please answer the following questions.

My Job

Type of Employment/Position Title/Job Title

Weekly Average Income

Annual Income

Employer Name

Employer Street Address

Employer City

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Employer Country

Employer State/Territory

Employer Postal Code

Employer Phone

Start Date of Employment

Employment Start Month

Employment Start Year

Length of Employment

Average Total Hours Worked per Week

Days Worked per Week on Average

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

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- Saturday
- Sunday

Comment

Are you financially supported by the Household Members, a partner, Alternative Caregiver, or spouse? ○ Yes ○ No

If yes, please answer the following questions.

My Supporter's Job

Type of Employment/Position Title/Job Title

Weekly Average Income

Annual Income

Employer Name

Employer Street Address

Employer City

Employer Country

Employer State/Territory

Employer Postal Code

Employer Phone

Start Date of Employment

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Employment Start Month

Employment Start Year

Length of Employment

Average Total Hours Worked per Week

Days Worked per Week on Average

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Sunday

Comment

Are you able to meet and pay for all of your expenses? ○ Yes ○ No

What are your other sources of income?

List your monthly expenses for:

Food-Average cost per month

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Rent-Average cost per month

Clothing – Average Cost per month

School Needs – Average Cost per month

Total Monthly Expenses | Total Monthly Income | Total Annual Income

Prior Sponsorship Information

Have you ever attempted to sponsor a child in ORR Care? ○ Yes ○ No

If yes, please answer the following.

Date of Sponsorship

Child's UAC Portal ID

Child's A#

Child's First Name

Child's Last Name

Child's Date of Birth

Child Sex

Your relationship to this child

Is/Was the child enrolled in or attending school? ○ Yes ○ No

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Did the child attend their immigration court date? ○ Yes ○ No

If yes, what was the court date?

Has the Child received Post Release Services from ORR? Has a case manager been in touch to support the child? ○ Yes ○ No

Is the child you sponsored still residing with you? ○ Yes ○ No

Have you ever had an ORR Home Study for your sponsorship? ○ Yes ○ No

Have you ever withdrawn or discontinued an application to sponsor a child? ○ Yes ○ No

If yes, why did you withdraw?

Have you ever been told no when trying to sponsor a child? ○ Yes ○ No

If yes, why?

Do you have any relatives in ORR care? ○ Yes ○ No

Have you ever had a child removed from your custody? ○ Yes ○ No

If yes, Explain.

Household Information

Where will you and the child (children) live?

3) Address

Street Address
(+ apartment number, if applicable)

City/Locality

State/Providence

Postal code

Country

If this is not the same as your current address, please explain.

4) **Household members**
Include everyone who lives at this address, except yourself. A phone number and email address for adults (ages 18 or older).

Household Member First and Last Name	Date of Birth	Relationship to you (the sponsor)	Relationship to the child	Phone Number	Email Address
(EXAMPLE) *Miguel*	*12/31/1985*	*Brother*	*Uncle*	*555-555-5555*	*mperez@email.com*

Health Information

14a) Does any person in your household have any serious contagious diseases (TB, AIDS, hepatitis, etc.)? ○ Yes ○ No

If yes, please explain:

14b) Are you aware of any health conditions the child(ren) may have (disabilities, allergies, diseases, etc.)? ○ Yes ○ No

If yes, please explain:

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Criminal History

If you answer "YES" to either of these questions, you will need to provide more information. See the Supporting Documentation section of this form (page # of this packet) for more information.

15a) 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

If yes, please answer the following questions.

Incident

Name of household member(s) involved

Place of incident

Date of the incident

Explanation of the incident

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

15b) Have you or any person in your household ever been investigated for physical abuse, sexual abuse, neglect, or abandonment of a minor? ○ Yes ○ No

If yes, please answer the following questions.

Abuse or Abandonment

Name of household member(s) involved

Place of incident

Date of the incident

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Explanation of the incident

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

15c) Have you or anyone in your household ever committed, agreed to commit, asked someone else to commit, helped commit, or tried to commit a crime or offense for which you were NOT arrested?

Adult Who Will Care for the Child(ren) if You Cannot

If you become unable to care for the child(ren), who will care for the child(ren)?

12a) Name of potential adult caregiver

12b) Date of birth of potential adult caregiver

12c) Contact information of potential adult caregiver Phone Number

Email Address

Street Address
(+ apartment number, if applicable)

City/Locality

State/Province

Postal code

Country

12d) What is their relationship to the child(ren)?
(grandparent, aunt, sibling over 18 years old, etc.)

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12e) What is their relationship to you, the sponsor?

12f) If you become unable to care for the child (children), how will the alternative caregiver care for the child (children)?

Sign & Date Your Application

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 will provide for the physical and mental well-being of the child(ren). I will also comply with my state's laws regarding the care of this child including:

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

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.

YOUR SIGNATURE	**DATE**

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

Federal Field Specialist

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Supporting Documents

Please provide the following documents. If you are unable to provide the documents we ask for, please explain why in the textbox below and contact your Federal Field Specialist. We may reject your application if any of the required information is missing, incomplete, or inaccurate.

1) **Proof of Child's Identity**
   Legible full color photocopy, digital scan, high-resolution digital photo, or original version of the child's birth certificate.

2) **Proof of Identity for yourself, each adult member of your household, and your alternate caregiver**
   a. **Identification Documents:** Legible full color photocopies, digital scans, high-resolution digital photos, or original versions of government-issued identification documents. You must present at least one selection from the list below for yourself, each adult member of your household, and your alternate caregiver. Expired documents will **not** be accepted.

   b. **Photo (selfie).** Current, legible full color photos of yourself, each adult member of your household, and your alternate caregiver. Each person must hold their identification document next to their face.

Acceptable Proof of Identity Documents
U.S. Passport or U.S. Passport Card
Permanent Resident Card or Alien Registration Receipt Card (Form I-551)
Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa
Employment Authorization Document that contains a photograph (Form I-766)
Foreign passport with Form I-94 or Form I-94A with Arrival-Departure Record, and containing an endorsement to work
Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI
Driver’s license or ID card issued by a U.S. state or outlying possession of the United States provided it contains a photograph or information such as a name, date or birth, sex, height, eye color, and address
ID card issued by U.S. federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address
U.S. Military card or draft record

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U.S. Military dependent's ID card
U.S. Coast Guard Merchant Mariner Card
Native American tribal document
Driver's license issued by a Canadian government authority

3) Legal Records (if applicable)

If you answered "YES" to either question 15(a) or 15(b) on this form, please provide us with the following information for each charge/conviction:

- Legible full color photocopies, digital scans, high-resolution digital photos, or original versions of court record(s), police record(s), and/or governmental social service agency record(s) related to the incident(s)

4) Proof of Current Address

An original version of at least one form of documentation verifying your current address. Acceptable forms of documentation include:

- Your current lease with your name
- Your current mortgage statement with your name, dated within the last month before submission of this application
- A valid, unexpired state ID with your current address and photo
- A utility bill, addressed to you at your current address, dated within the last month before submission of this application
- Your bank statement dated within the last month before submission of this application
- A payroll check stub issued by your employer, dated within the last month before submission of this application

5) Proof of Income

Legible full color photocopy, digital scan, high-resolution digital photo, or original version of at least one form of documentation verifying your income. Acceptable forms of documentation include:

- Previous year's tax return (if in the United States during that year)
- Copies of paystubs for the past consecutive 60 days;
- An original letter from your employer, signed within the past 60 days, verifying employment and salary. o The letter must be on company letterhead and contains verifiable contact information for the employer and supervisor.
    - An ORR Representative must speak with the supervisor or company Human Resources division to verify the information in the letter.
- Documentation of:
    - Income received from assets (for example, a 1099-INT tax form from the previous year or receipts from rental income received covering the last 60 days) or investments

  - Unemployment benefits
  - Strike pay
  - Gifts
  - Annuities
  - Alimony
  - Proceeds from a settlement
- Public Assistance Records:
  - Temporary Assistance for Needy Families (TANF)
  - Supplemental Security Income (SSI)
  - Cash Assistance
- A balance page from the sponsor's most recent quarterly bank statement
- *Affidavit of Financial Support* (Form SAP-8) (multiple forms may be submitted)

6) Proof of Relationship

Legible full color photocopy, digital scan, high-resolution digital photo, or original version of at least one document to provide proof of a relationship between you and the child.

Your Relationship to the Child	Acceptable Documents
Parent	• Birth certificates • Court records • Parent's government-issued photo ID
Step-Parent You have legally adopted the child	• Birth certificates • Parent's government-issued photo ID • Step-Parent's government-issued photo ID • Marriage certificate • Court order documents confirming adoption or legal guardianship has been established
Legal Guardian	• Court order documents confirming adoption or legal guardianship has been established • Birth certificates • Legal guardian's government-issued photo ID • Guardianship records • Death Certificates

Family Member	• Birth certificates • Trail of familial birth and/or death certificates showing that you and the child are related • Marriage certificates • Court records • Written affirmation of relationship from your Consulate
You are not related to the child	Please contact your Federal Field Specialist

7) Reason you are unable to provide all the documents we ask for (if applicable)