# Sponsor Application

**Part 1: Sponsor Packet Introduction - This part must be completed before other parts can be started.**

**Part 2: Authorization for Release of Information (ARI) - This part can be started after part 1 is completed.**

**2: Background**
This section is complete.

**3: ARI file uploads**
This section is complete.

**4: Authorization**
This section is complete. To make updates to this part, use the Reopen menu item on the application, as long as the application is not Completed or Canceled. Reopening the part will unlock all sections in this part for editing.

**Part 3: Sponsor Application - This part can be started after part 1 is completed but it cannot be completed until part 2 is completed.**

**5A: Sponsor information**
This section is in progress, last changed by the Case Manager.

**5B: Prior Sponsorship Information**
This section is in progress, last changed by the Case Manager.

**6: Household information**
This section is in progress, last changed by the Case Manager.

**7: Alternative caregiver**
This section is in progress, last changed by the Case Manager.

**8: Sponsor Application file upload**
This section is in progress, last changed by the Sponsor.

**9: Application agreement**
This section is in progress, last changed by the Case Manager.

**Part 4: Sponsor Care Agreement - This part can be completed after part 3 is completed.**

**10: Sponsor Care Agreement**
This section has not been started

**Sponsor Test Jane Doe's Application**
This application has not been started.

| Sponsor | Mobile phone number | Child |
|---|---|---|
| Sponsor Test Jane \| Doe | (972) 689-2656 | Sponsor Child Jenny \| Doe - AF |
| **Created By** | **Assigned FFS** | **Submission Method** |
| Vinay Verma | | Online Application |
| | **Assigned Intakes** | |

**5A: Sponsor information**
This section has not been started

## 5A.1 Sponsor's relationship to child

Child

**Sponsor Child Jenny Doe**

Sponsor's relationship to child

Your relationship to this child

## 5A.2 About you, Sponsor Test Jane Doe

Background information

Your country of origin (where you were born)

Language(s) you speak

Language 1

Language 2 (optional)

Language 3 (optional)

## Your contact information

Mobile phone number

(972) 689-2656

Secondary phone number (optional)

Email address (optional)

vinayverma+30@salesforce.com

## 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.

## 5A.3 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

How do you earn money?

## Job

Add

My Job

Type of Employment / Position Title / Job Title

Weekly Average Income

Annual Income (System Generated)

$ 0.00

Employer Name

Employer Street Address

Employer City

Employer Country

United States

Employer State

Employer Zipcode

Employer Phone

**7: Alternative caregiver**
This section has not been started

## 7.1 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)?

Alternative caregiver's name

Has ARI Application

First name

Last name

Date of birth

mm/dd/yyyy

## 7.2 About the alternative caregiver

Contact information

Alternative caregiver's phone number

Country

United States

Alternative caregiver's email address

Alternative caregiver's address

City

State

Zip code

Relationships

Alternative caregiver's relationship to you, the sponsor

Alternative caregiver's relationship to Child 1, **Hira Rio**

## 7.3 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

**8: Sponsor Application file upload**
This section has not been started.

# 8.1 Child's proof of identity and relationship

ID Upload Examples

Child

**Hira Rio**

Proof of child's identity

Upload front of an original or legible full color photocopy of the child's birth certificate.

Upload Files | Or drop files

Upload back of an original or legible full color photocopy of the child's birth certificate.

Upload Files | Or drop files

☐ Proof of Identity Non-Compliant Document

Proof of relationship

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

Acceptable Documents

| Acceptable Documents |
| --- |
| **Parent**<br>• Birth certificates<br>• Court records<br>• Parent's government issued photo ID |
| **Step-Parent**<br>You have legally adopted the child<br>• Birth certificates<br>• Parent's government issued photo ID<br>• Step-Parent's government issued photo ID<br>• Marriage certificate<br>• Court order documents confirming adoption or legal guardianship has been established |
| **Legal Guardian**<br>• Birth certificates<br>• Court records<br>• Parent's government issued photo ID |
| **Family Member**<br>• Birth certificates<br>• Court records<br>• Parent's government issued photo ID |
| **You are not related to the child**<br>• Birth certificates<br>• Parent's government issued photo ID<br>• Step-Parent's government issued photo ID<br>• Marriage certificate<br>• Court order documents confirming adoption or legal guardianship has been established |

Document selection

**Proof of Relationship Documents Files**

## 8.2 Sponsor's proof of current address

Proof of your current address

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

Proof of current address document selection

**Proof of Address Documents Files**

## 8.3 Alternative Caregiver's Proof of Identity

Proof of alternative caregiver's identity

All potential alternative caregiver's must submit at least one (1) identification document that contains a photograph for all such adults. The document must be from the list of acceptable documents below and must be an unexpired original version or a legible full color photocopy, digital scan, or digital photo of a government-issued photo ID.

Proof of Identity document selection

**Proof Of Identity Document Files**

## 8.4 Sponsor's Proof of Income

Proof of your income

A copy of at least one form of documentation verifying your income. Acceptable forms of documentation include:

Angelica S. Waiver Applies

Proof of your income

**Proof of Income Document Files**

Other Files

Upload Files Or drop files

**Other Files**

Save For Later

**Start Date Of Employment**

Employment Start Month

Employment Start Year

Length of Employment

0.00

Average Total Hours Worked per Week

**Days Worked per Week on Average**

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

Comment

Are you financially supported by the Household Members, a partner, Alternative Caregiver, or spouse?

(•) Yes ( ) No

## Supporter's Job

Add

My Supporter's job

Type of Employment / Position Title / Job Title

Weekly Average Income

Annual Income (System Generated)

$ 0.00

Employer Name

Employer Street Address

Employer City

Employer Country

United States

Employer State

Employer Zipcode

Employer Phone

**Start Date Of Employment**

Employment Start Month

Employment Start Year

Length of Employment

0.00

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 your expenses?

(•) Yes ( ) No

What are your other sources of income?

List your monthly expenses for:

Food - Average cost per month

Rent - Average cost per month

Clothing - Average cost per month

School Needs - Average cost per month

Total Monthly Expenses

$ 0.00

Total Monthly Income

$ 0.00

Total Annual Income

$ 0.00

Save For Later

## 5B: Prior Sponsorship Information

This section has not been started

Have you ever attempted to sponsor a child in ORR Care?

(•) Yes ( ) No

### Prior Sponsorship

Add

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?

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

Explain why the child is not residing with you

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

Why did you withdraw?

Have you ever been told no when trying to Sponsor a child?
(•) Yes ( ) No

Why?

Do you have any relatives in ORR care?
(•) Yes ( ) No

Have you ever had a child removed from your custody?
(•) Yes ( ) No

Explain

Save For Later

Complete section

**6: Household information**
This section has not been started

## 6.1 Where will you and the child (children) live?

Address

Same as your current address?
- ○ Yes
- ◉ No

Country
United States

Street Address

City

State

Zip code

Please explain why this varies from your current address

## 6.2 Household members

## Household Members

Include everyone in who lives in your household

Include everyone who lives at this address, except yourself. A phone number and email address for adults (age 18 or older).

### Household member

Has ARI Application

Add Delete

Household member's first name

Household member's last name

Household member's date of birth

mm/dd/yyyy

Household member's phone number

Household member's email address

Household member's relationship to you, the sponsor

Household member's relationship to the child (children)

## 6.3 Health information

### Serious contagious diseases

**Does any person in your household have any serious contagious diseases (TB, AIDS, hepatitis, etc.)?**

- (●) Yes
- ( ) No

Please explain.

### Child health conditions

**Are you aware of any health conditions the child(ren) may have (disabilities, allergies, diseases, etc.)? If so, please explain:**

- (●) Yes
- ( ) No

Please explain.

## 6.4 Criminal history

If you answer "YES" to either of these questions, you will need to provide more information. See the Supporting Documentation page (page 6 of this packet) for more information.

### Incident

**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

## Incident

Add

Name of household member(s) involved

Place of the incident

Date of the incident

mm/dd/yyyy

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 of the incident

Date of the incident

mm/dd/yyyy

Explanation of the incident

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

Save For Later