UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA

ANGELICA S., *et al.*, Plaintiffs, v. U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, *et al.*, Defendants.	No. 1:25-cv-01405 (DLF)

DEFENDANTS' NOTICE OF FILING

On October 22, 2026, this Court entered a Minute Order requiring "that defendants provide plaintiffs with access to the online sponsorship application and file a copy of the currently operative sponsorship application on the public docket on or before October 26, 2026." Pursuant to the Court's Minute Order, Defendants hereby provide notice of filing of three documents: (1) Sponsor Application Screenshots; (2) ARI [Authorization for Release of Information] Application Screenshots; and (3) Affidavit of Financial Support. On October 23, 2026, undersigned counsel provided the first two attached documents to Plaintiffs through counsel. On October 26, 2026, Plaintiffs requested that Defendants also include the Affidavit of Financial Support in this filing. Accordingly, Defendants provided the Affidavit of Financial Support to Plaintiffs and are including it as the third attachment to this filing.

Date: October 26, 2026

Respectfully submitted,

BRETT A. SHUMATE
Assistant Attorney General
Civil Division

WILLIAM C. SILVIS
Assistant Director

/s/ Joshua C. McCroskey
JOSHUA C. MCCROSKEY
OLEKSIY ISAEV
Trial Attorneys
United States Department of Justice
Office of Immigration Litigation
P.O. Box 878, Ben Franklin Station
Washington, DC 20044
(202) 305-1540
joshua.c.mccroskey@usdoj.gov

Counsel for Defendants

Sponsor Application Screenshots

An official website of the United States government Here's how you know

Sponsor test for INT Doe

Sponsor Application

English | Home | About

Tips for Success - Image

Tips for Success - Video
Get started with some helpful tips

My Applications (1)

Sponsored Child	Sponsor Application
Sponsor Test Child | Doe - AF	2252125252

Created By: Vinay Verma

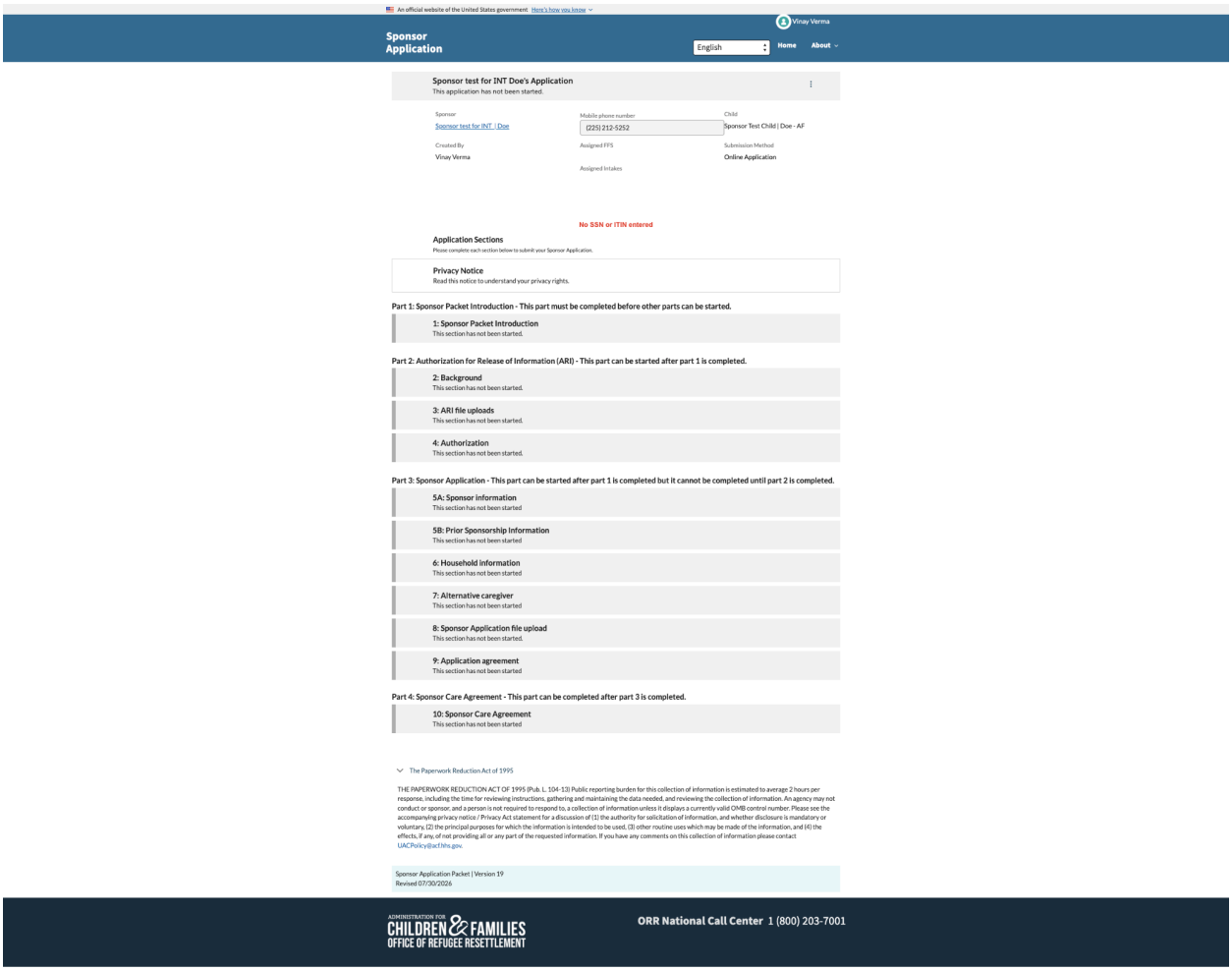
Method: Online Application

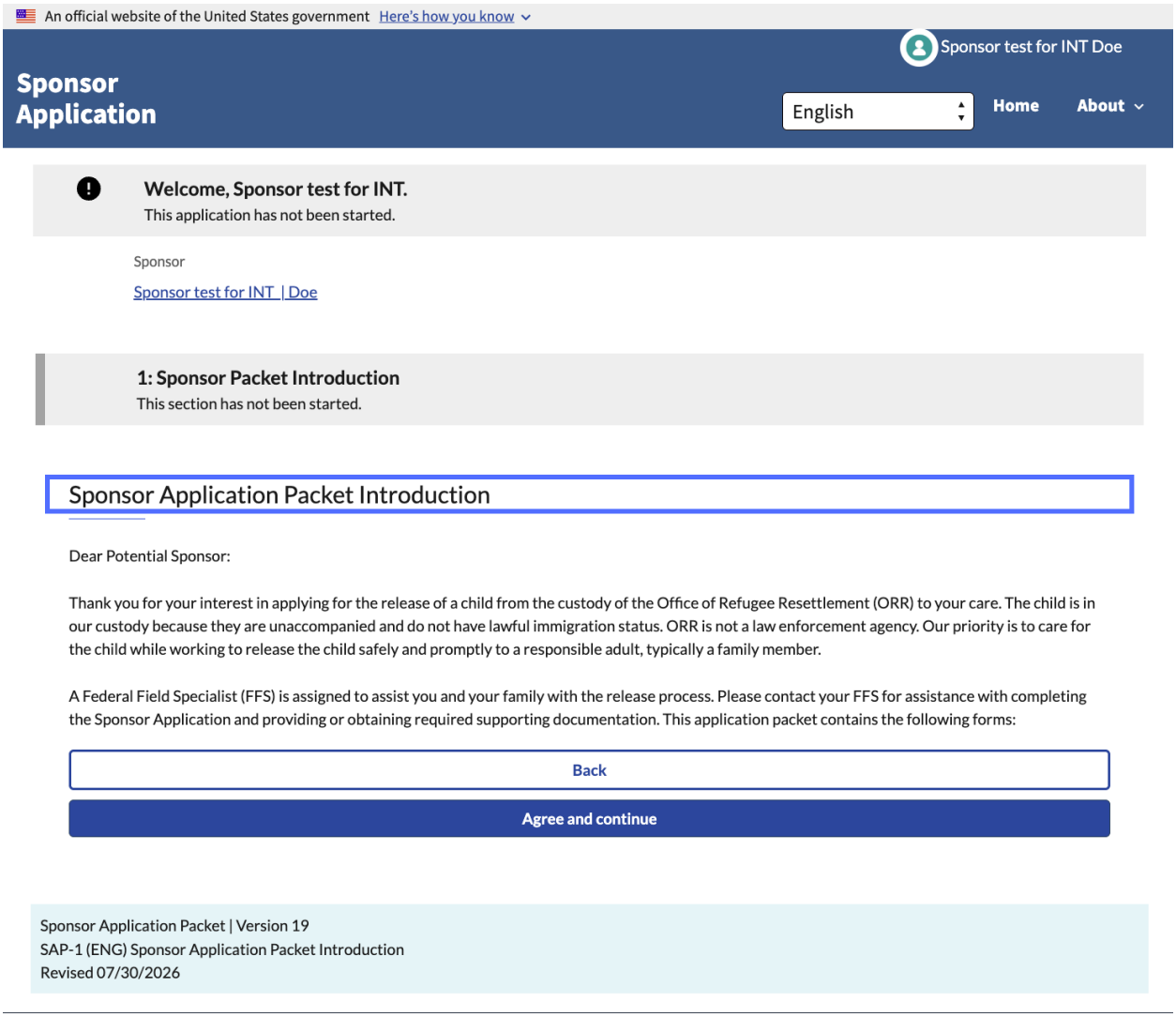
Status: New

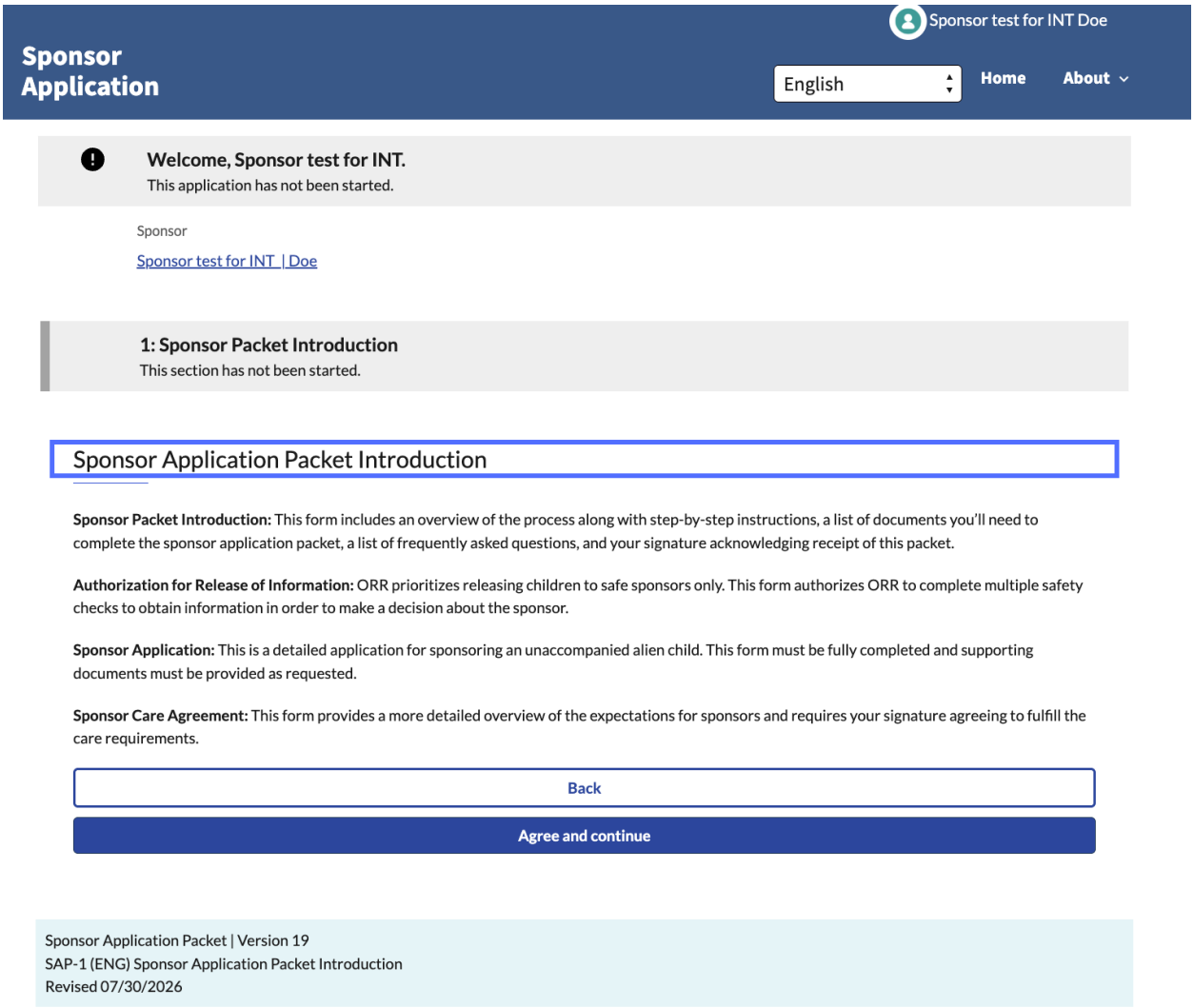
Previous Section Completed: N/A

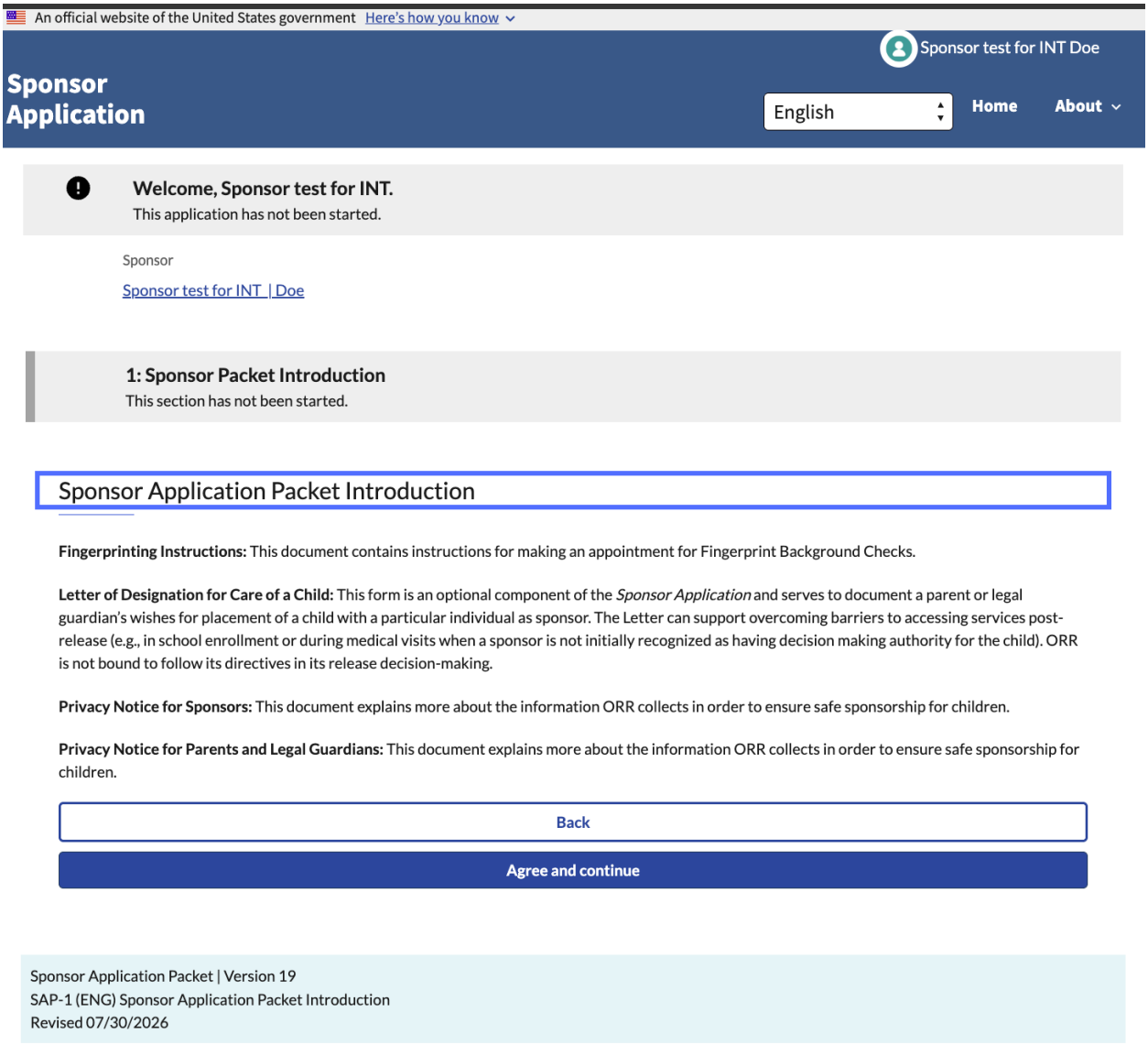
Sponsor Application Packet | Version 19

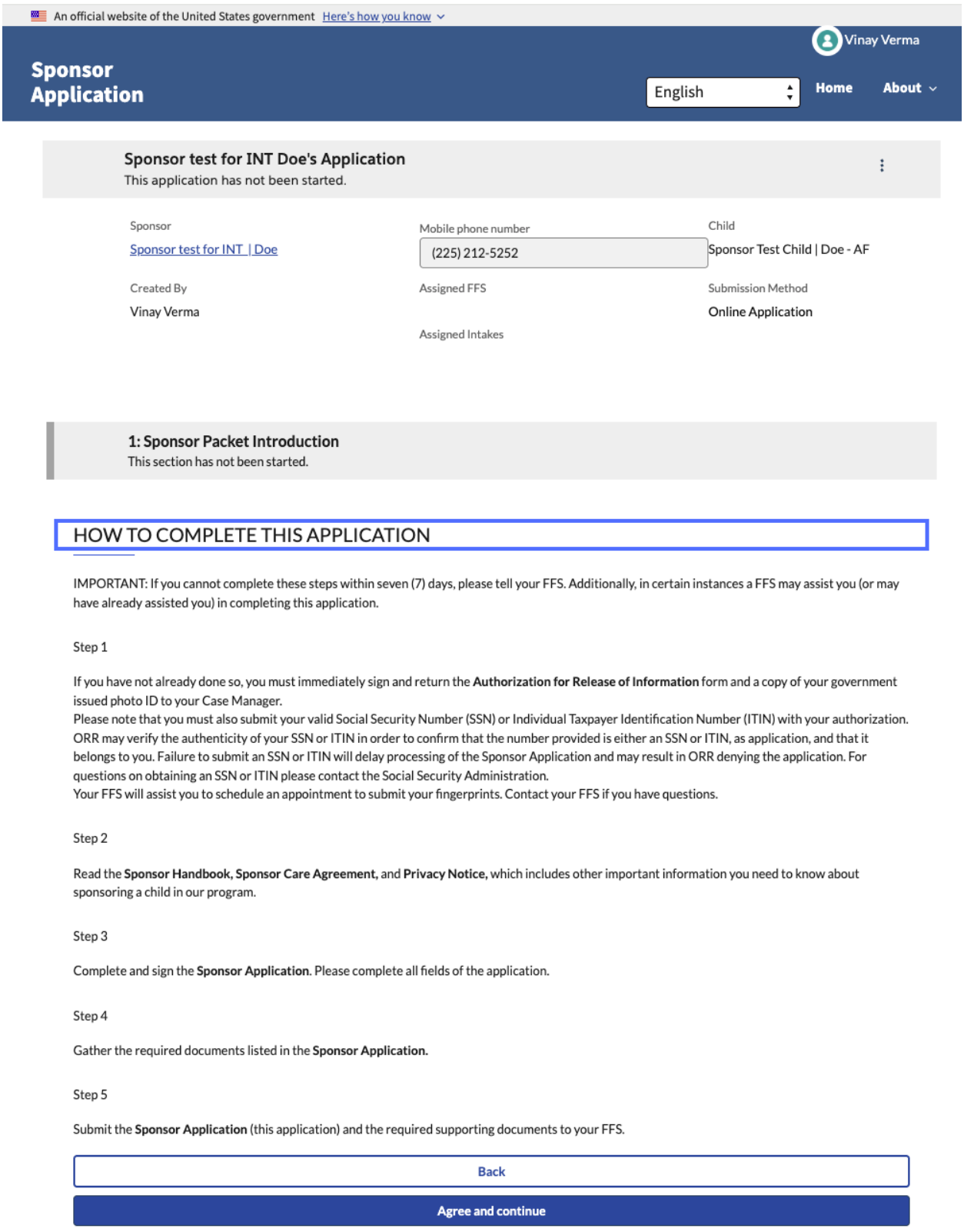
Screenshot if “Tips for Success” Graphic/Video is maximized

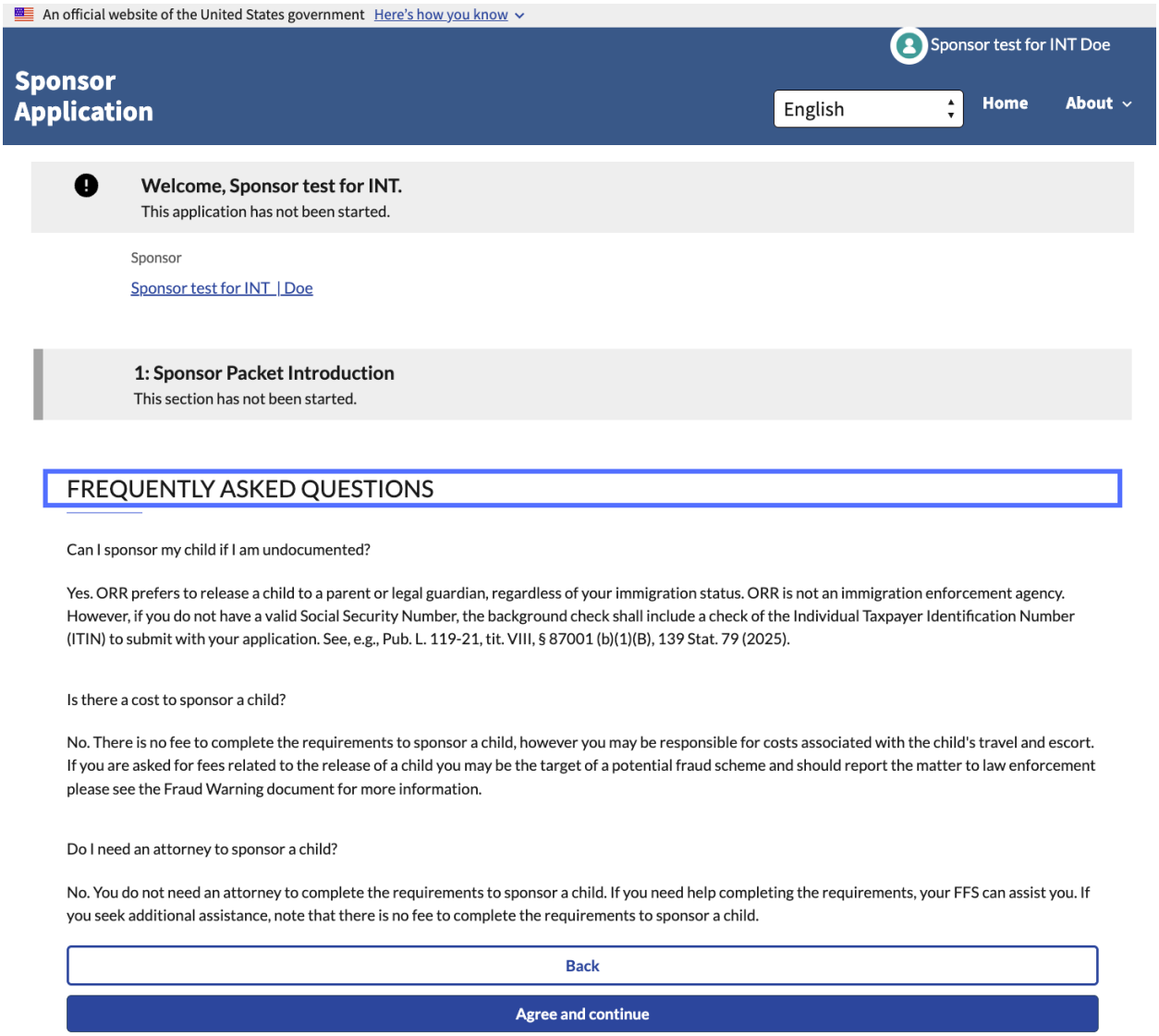

An official website of the United States government Here's how you know
Sponsor Application
Vinay Verma
English
Home
About
Sponsor test for INT Doe's Application
This application has not been started.
Sponsor
Sponsor test for INT ↑ Doe
Mobile phone number
(225) 212-5252
Child
Sponsor Test Child | Doe - AF
Created By
Vinay Verma
Assigned FFS
Assigned Intakes
Submission Method
Online Application
No SSN or ITIN entered
Application Sections
Please complete each section below to submit your Sponsor Application.
Privacy Notice
Read this notice to understand your privacy rights.
Part 1: Sponsor Packet Introduction - This part must be completed before other parts can be started.
1: Sponsor Packet Introduction
This section has not been started.
Part 2: Authorization for Release of Information (ARI) - This part can be started after part 1 is completed.
2: Background
This section has not been started.
3: ARI file uploads
This section has not been started.
4: Authorization
This section has not been started.
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 has not been started
5B: Prior Sponsorship Information
This section has not been started
6: Household information
This section has not been started
7: Alternative caregiver
This section has not been started
8: Sponsor Application file upload
This section has not been started.
9: Application agreement
This section has not been started
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
The Paperwork Reduction Act of 1995
THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) Public reporting burden for this collection of information is estimated to average 2 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.
Sponsor Application Packet | Version 19
Revised 07/30/2026
ADMINISTRATION FOR CHILDREN & FAMILIES OFFICE OF REFUGEE RESETTLEMENT
ORR National Call Center 1 (800) 203-7001

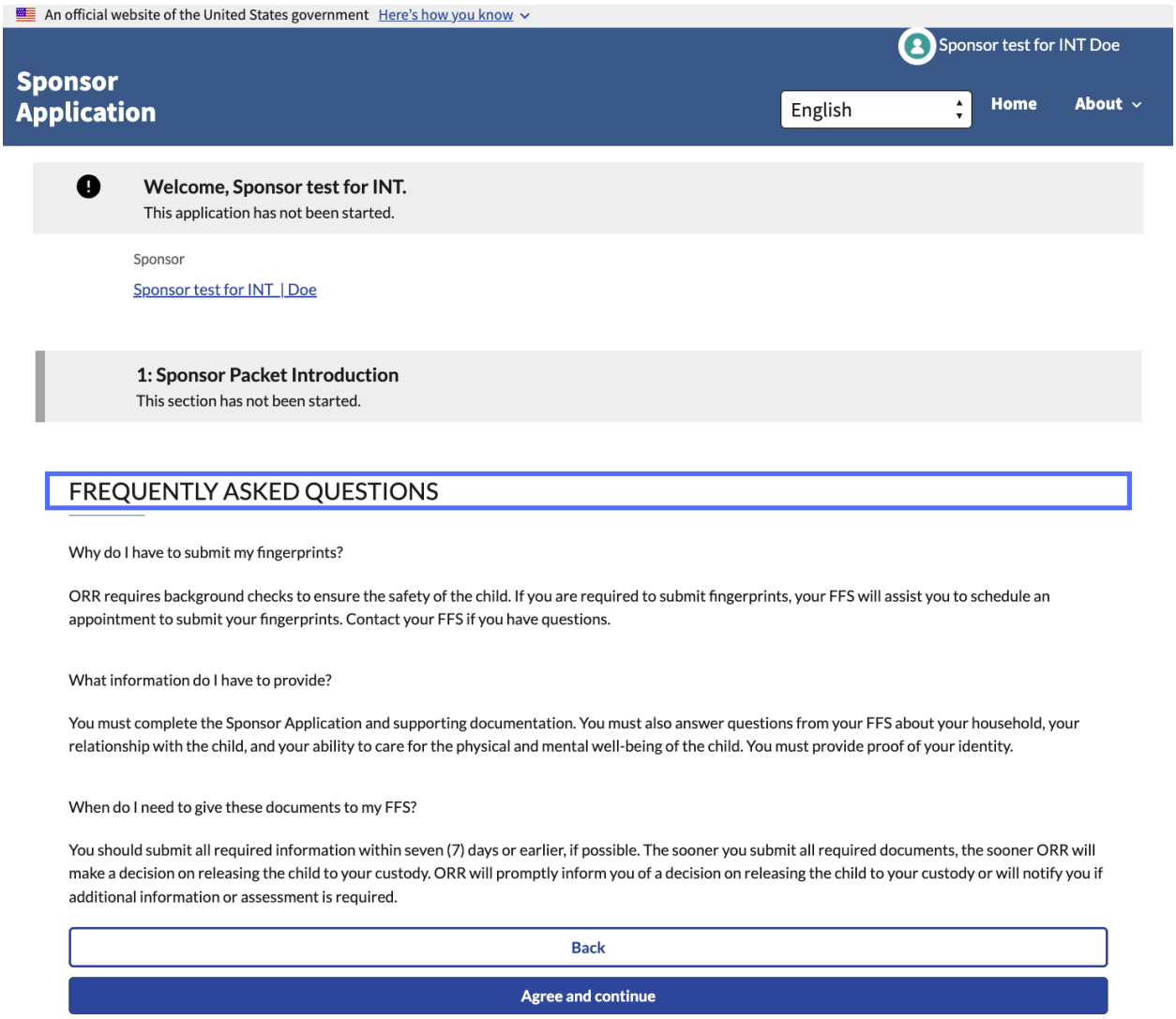

An official website of the United States government Here's how you know
Sponsor test for INT Doe
Sponsor Application
English
Home
About
Welcome, Sponsor test for INT.
This application has not been started.
Sponsor
Sponsor test for INT | Doe
1: Sponsor Packet Introduction
This section has not been started.
Sponsor Application Packet Introduction
Dear Potential Sponsor:
Thank you for your interest in applying for the release of a child from the custody of the Office of Refugee Resettlement (ORR) to your care. The child is in our custody because they are unaccompanied and do not have lawful immigration status. ORR is not a law enforcement agency. Our priority is to care for the child while working to release the child safely and promptly to a responsible adult, typically a family member.
A Federal Field Specialist (FFS) is assigned to assist you and your family with the release process. Please contact your FFS for assistance with completing the Sponsor Application and providing or obtaining required supporting documentation. This application packet contains the following forms:
Back
Agree and continue
Sponsor Application Packet | Version 19
SAP-1 (ENG) Sponsor Application Packet Introduction
Revised 07/30/2026

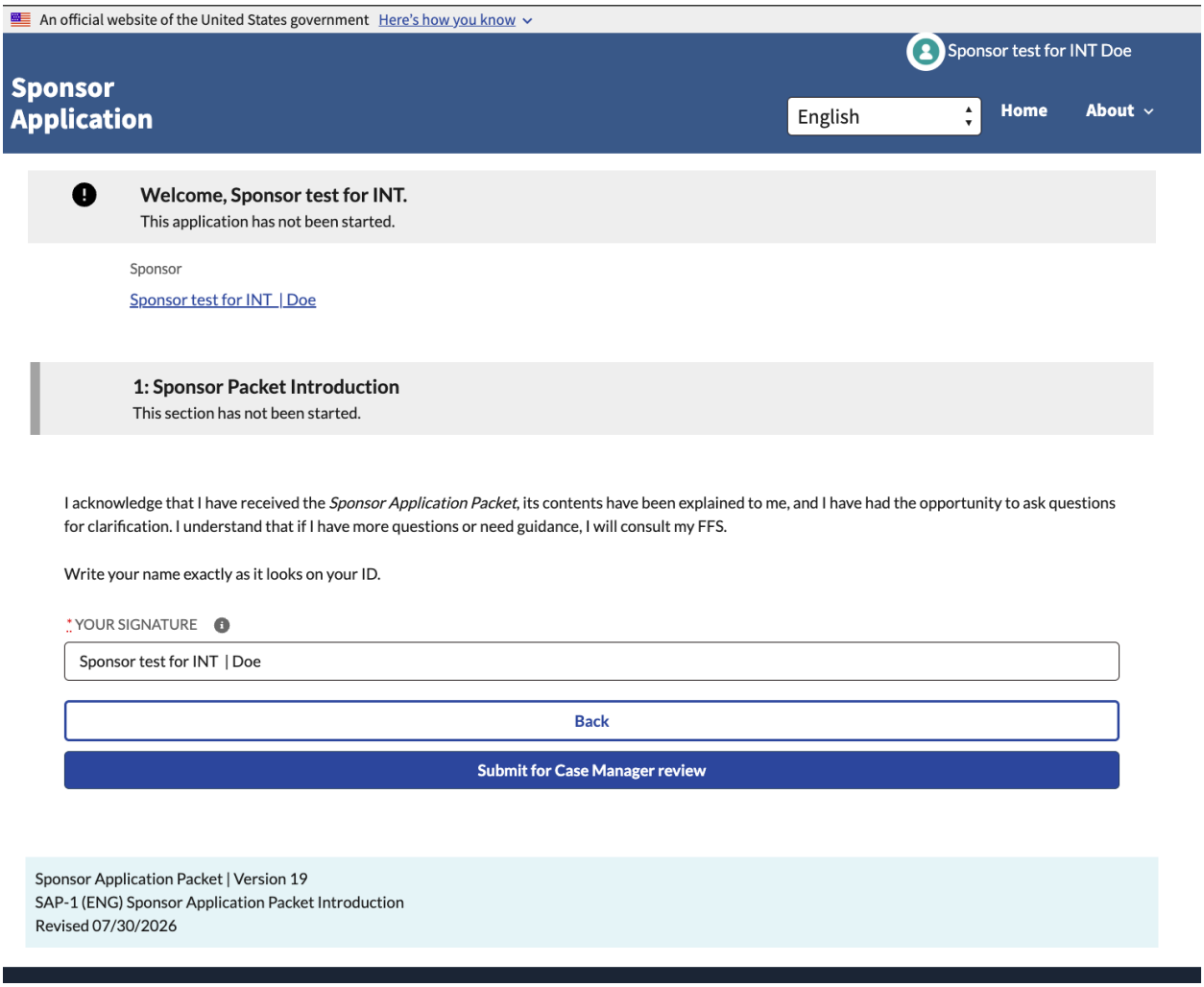

Sponsor test for INT Doe
Sponsor Application
English
Home
About
Welcome, Sponsor test for INT.
This application has not been started.
Sponsor
Sponsor test for INT | Doe
1: Sponsor Packet Introduction
This section has not been started.
Sponsor Application Packet Introduction
Sponsor Packet Introduction: This form includes an overview of the process along with step-by-step instructions, a list of documents you'll need to complete the sponsor application packet, a list of frequently asked questions, and your signature acknowledging receipt of this packet.
Authorization for Release of Information: ORR prioritizes releasing children to safe sponsors only. This form authorizes ORR to complete multiple safety checks to obtain information in order to make a decision about the sponsor.
Sponsor Application: This is a detailed application for sponsoring an unaccompanied alien child. This form must be fully completed and supporting documents must be provided as requested.
Sponsor Care Agreement: This form provides a more detailed overview of the expectations for sponsors and requires your signature agreeing to fulfill the care requirements.
Back
Agree and continue
Sponsor Application Packet | Version 19
SAP-1 (ENG) Sponsor Application Packet Introduction
Revised 07/30/2026

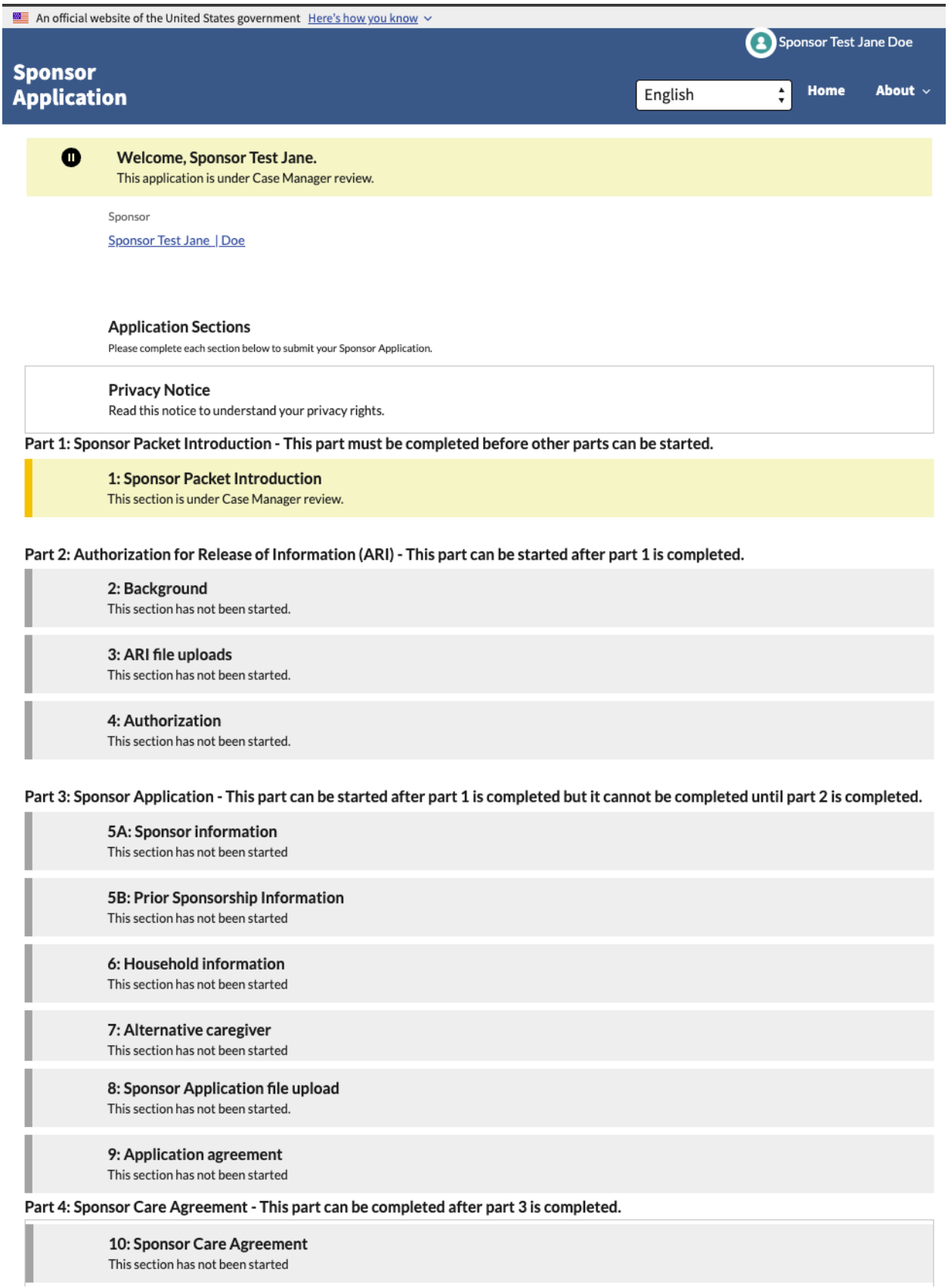

An official website of the United States government Here's how you know
Sponsor test for INT Doe
Sponsor Application
English
Home
About
Welcome, Sponsor test for INT.
This application has not been started.
Sponsor
Sponsor test for INT | Doe
1: Sponsor Packet Introduction
This section has not been started.
Sponsor Application Packet Introduction
Fingerprinting Instructions: This document contains instructions for making an appointment for Fingerprint Background Checks.
Letter of Designation for Care of a Child: This form is an optional component of the Sponsor Application and serves to document a parent or legal guardian's wishes for placement of a child with a particular individual as sponsor. The Letter can support overcoming barriers to accessing services post-release (e.g., in school enrollment or during medical visits when a sponsor is not initially recognized as having decision making authority for the child). ORR is not bound to follow its directives in its release decision-making.
Privacy Notice for Sponsors: This document explains more about the information ORR collects in order to ensure safe sponsorship for children.
Privacy Notice for Parents and Legal Guardians: This document explains more about the information ORR collects in order to ensure safe sponsorship for children.
Back
Agree and continue
Sponsor Application Packet | Version 19
SAP-1 (ENG) Sponsor Application Packet Introduction
Revised 07/30/2026


An official website of the United States government Here's how you know
Vinay Verma
Sponsor Application
English
Home
About
Sponsor test for INT Doe's Application
This application has not been started.
Sponsor
Sponsor test for INT | Doe
Mobile phone number
(225) 212-5252
Child
Sponsor Test Child | Doe - AF
Created By
Vinay Verma
Assigned FFS
Submission Method
Online Application
Assigned Intakes
1: Sponsor Packet Introduction
This section has not been started.
HOW TO COMPLETE THIS APPLICATION
IMPORTANT: If you cannot complete these steps within seven (7) days, please tell your FFS. Additionally, in certain instances a FFS may assist you (or may have already assisted you) in completing this application.
Step 1
If you have not already done so, you must immediately sign and return the Authorization for Release of Information form and a copy of your government issued photo ID to your Case Manager.
Please note that you must also submit your valid Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN) with your authorization. ORR may verify the authenticity of your SSN or ITIN in order to confirm that the number provided is either an SSN or ITIN, as application, and that it belongs to you. Failure to submit an SSN or ITIN will delay processing of the Sponsor Application and may result in ORR denying the application. For questions on obtaining an SSN or ITIN please contact the Social Security Administration.
Your FFS will assist you to schedule an appointment to submit your fingerprints. Contact your FFS if you have questions.
Step 2
Read the Sponsor Handbook, Sponsor Care Agreement, and Privacy Notice, which includes other important information you need to know about sponsoring a child in our program.
Step 3
Complete and sign the Sponsor Application. Please complete all fields of the application.
Step 4
Gather the required documents listed in the Sponsor Application.
Step 5
Submit the Sponsor Application (this application) and the required supporting documents to your FFS.
Back
Agree and continue


An official website of the United States government Here's how you know
Sponsor test for INT Doe
Sponsor Application
English
Home
About
Welcome, Sponsor test for INT.
This application has not been started.
Sponsor
Sponsor test for INT | Doe
1: Sponsor Packet Introduction
This section has not been started.
FREQUENTLY ASKED QUESTIONS
Can I sponsor my child if I am undocumented?
Yes. ORR prefers to release a child to a parent or legal guardian, regardless of your immigration status. ORR is not an immigration enforcement agency. However, if you do not have a valid Social Security Number, the background check shall include a check of the Individual Taxpayer Identification Number (ITIN) to submit with your application. See, e.g., Pub. L. 119-21, tit. VIII, § 87001 (b)(1)(B), 139 Stat. 79 (2025).
Is there a cost to sponsor a child?
No. There is no fee to complete the requirements to sponsor a child, however you may be responsible for costs associated with the child's travel and escort. If you are asked for fees related to the release of a child you may be the target of a potential fraud scheme and should report the matter to law enforcement please see the Fraud Warning document for more information.
Do I need an attorney to sponsor a child?
No. You do not need an attorney to complete the requirements to sponsor a child. If you need help completing the requirements, your FFS can assist you. If you seek additional assistance, note that there is no fee to complete the requirements to sponsor a child.
Back
Agree and continue


An official website of the United States government Here's how you know
Sponsor test for INT Doe
Sponsor Application
English
Home
About
Welcome, Sponsor test for INT.
This application has not been started.
Sponsor
Sponsor test for INT | Doe
1: Sponsor Packet Introduction
This section has not been started.
FREQUENTLY ASKED QUESTIONS
Why do I have to submit my fingerprints?
ORR requires background checks to ensure the safety of the child. If you are required to submit fingerprints, your FFS will assist you to schedule an appointment to submit your fingerprints. Contact your FFS if you have questions.
What information do I have to provide?
You must complete the Sponsor Application and supporting documentation. You must also answer questions from your FFS about your household, your relationship with the child, and your ability to care for the physical and mental well-being of the child. You must provide proof of your identity.
When do I need to give these documents to my FFS?
You should submit all required information within seven (7) days or earlier, if possible. The sooner you submit all required documents, the sooner ORR will make a decision on releasing the child to your custody. ORR will promptly inform you of a decision on releasing the child to your custody or will notify you if additional information or assessment is required.
Back
Agree and continue


An official website of the United States government Here's how you know
Sponsor test for INT Doe
Sponsor Application
English
Home
About
Welcome, Sponsor test for INT.
This application has not been started.
Sponsor
Sponsor test for INT | Doe
1: Sponsor Packet Introduction
This section has not been started.
I acknowledge that I have received the Sponsor Application Packet, its contents have been explained to me, and I have had the opportunity to ask questions for clarification. I understand that if I have more questions or need guidance, I will consult my FFS.
Write your name exactly as it looks on your ID.
*YOUR SIGNATURE
Sponsor test for INT | Doe
Back
Submit for Case Manager review
Sponsor Application Packet | Version 19
SAP-1 (ENG) Sponsor Application Packet Introduction
Revised 07/30/2026


An official website of the United States government Here's how you know
Sponsor Test Jane Doe
Sponsor Application
English
Home
About
Welcome, Sponsor Test Jane.
This application is under Case Manager review.
Sponsor
Sponsor Test Jane | Doe
Application Sections
Please complete each section below to submit your Sponsor Application.
Privacy Notice
Read this notice to understand your privacy rights.
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2: Background
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3: ARI file uploads
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4: Authorization
This section has not been started.
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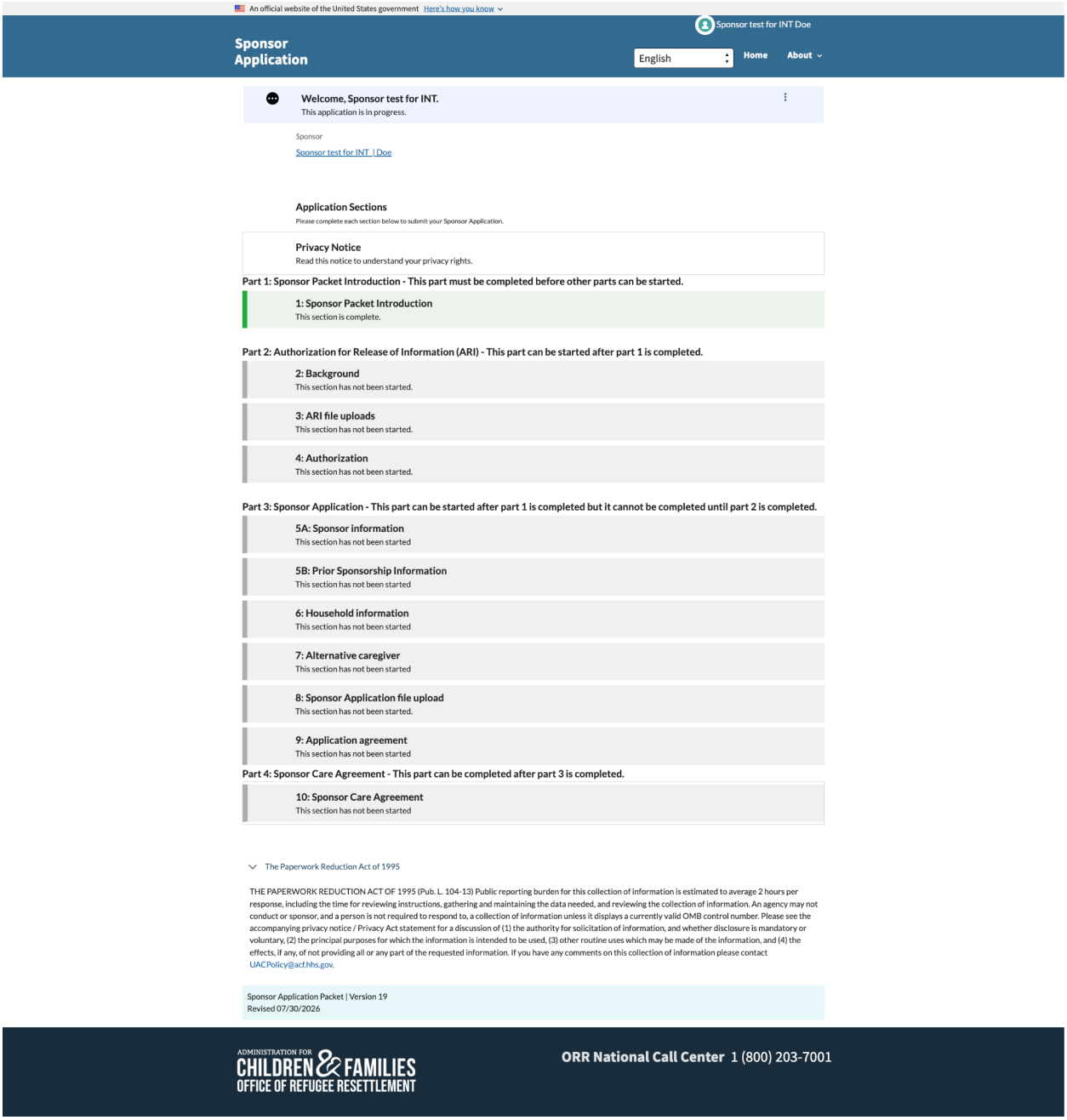
5A: Sponsor information
This section has not been started
5B: Prior Sponsorship Information
This section has not been started
6: Household information
This section has not been started
7: Alternative caregiver
This section has not been started
8: Sponsor Application file upload
This section has not been started.
9: Application agreement
This section has not been started
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


An official website of the United States government Here's how you know
Sponsor test for INT Doe
Sponsor Application
English
Home
About
Welcome, Sponsor test for INT.
This application is in progress.
Sponsor
Sponsor test for INT | Doe
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This section has not been started
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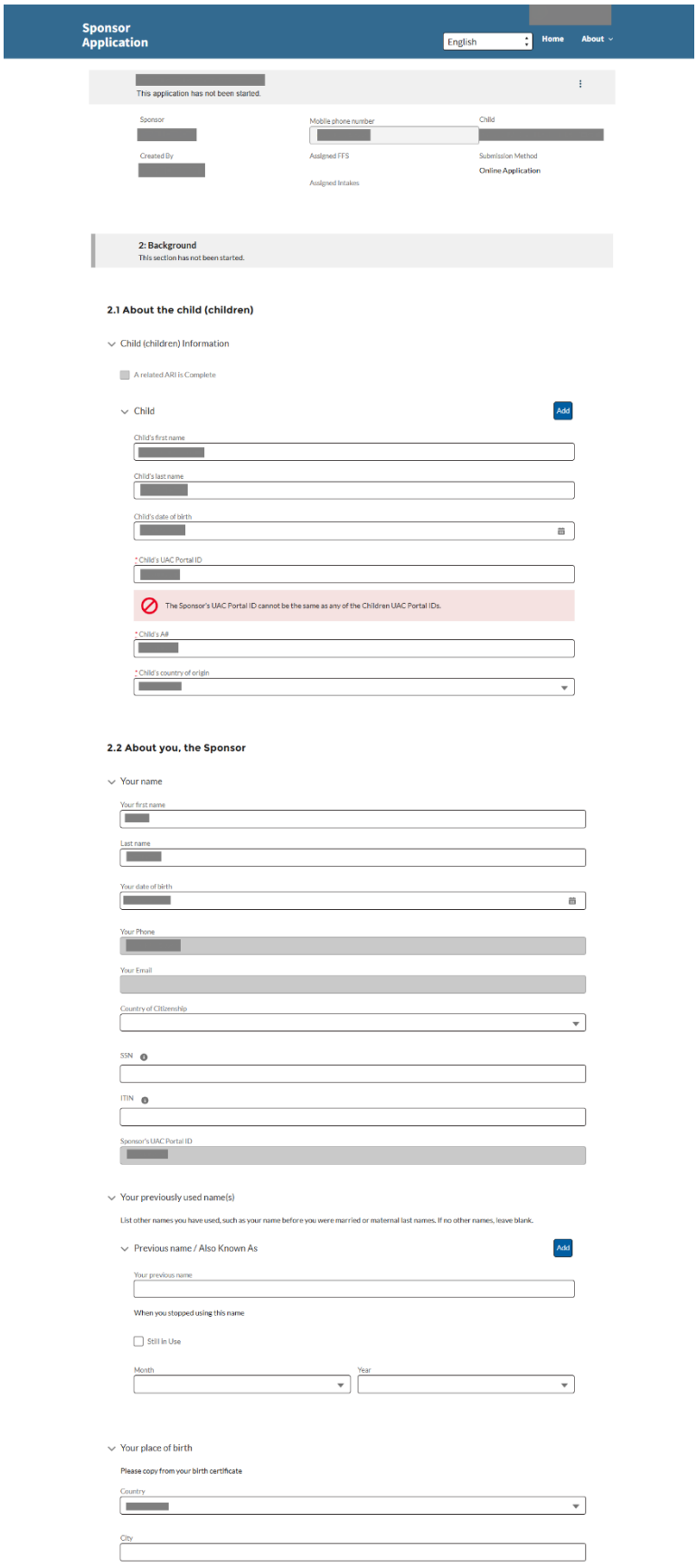
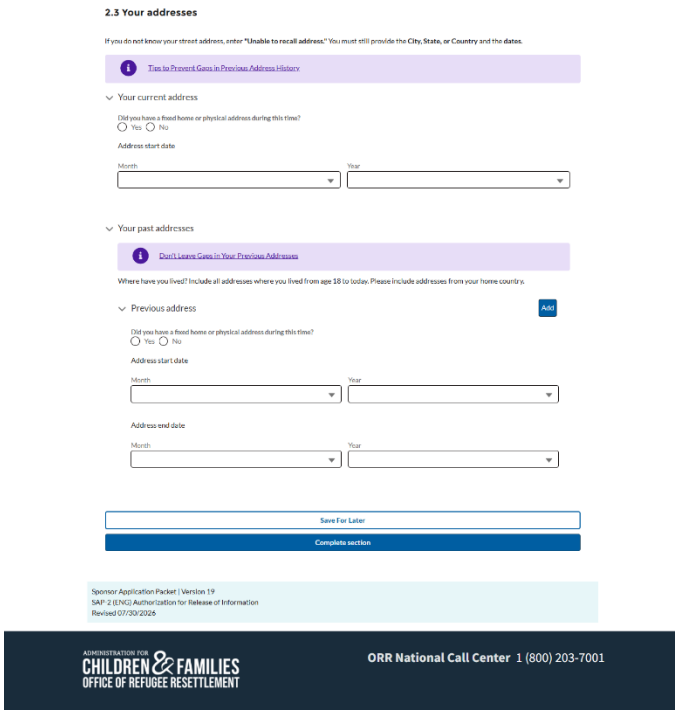
This section has not been started
The Paperwork Reduction Act of 1995
THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) Public reporting burden for this collection of information is estimated to average 2 hours per response, including the time for reviewing instructions, gathering and maintaining 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.
Sponsor Application Packet | Version 19
Revised 07/30/2026
ADMINISTRATION FOR CHILDREN & FAMILIES OFFICE OF REFUGEE RESETTLEMENT
ORR National Call Center 1 (800) 203-7001


Sponsor Application
English
Home
About
This application has not been started.
Sponsor
Mobile phone number
Child
Created By
Assigned FFS
Submission Method
Online Application
Assigned Intakes
2: Background
This section has not been started.
2.1 About the child (children)
Child (children) Information
A related ARI is Complete
Child
Add
Child's first name
Child's last name
Child's date of birth
* Child's UAC Portal ID
The Sponsor's UAC Portal ID cannot be the same as any of the Children UAC Portal IDs.
* Child's A#
* Child's country of origin
2.2 About you, the Sponsor
Your name
Your first name
Last name
Your date of birth
Your Phone
Your Email
Country of Citizenship
SSN
ITIN
Sponsor's UAC Portal ID
Your previously used name(s)
List other names you have used, such as your name before you were married or maternal last names. If no other names, leave blank.
Previous name / Also Known As
Add
Your previous name
When you stopped using this name
Still in Use
Month
Year
Your place of birth
Please copy from your birth certificate
Country
City

Bottom part of page



2.3 Your addresses

If you do not know your street address, enter "Unable to recall address." You must still provide the City, State, or Country and the dates.

Tips to Prevent Gaps in Previous Address History

Your current address

Did you have a fixed home or physical address during this time?
Yes No

Address start date

Month Year

Your past addresses

Don't Leave Gaps in Your Previous Addresses

Where have you lived? Include all addresses where you lived from age 18 to today. Please include addresses from your home country.

Previous address Add

Did you have a fixed home or physical address during this time?
Yes No

Address start date

Month Year

Address end date

Month Year

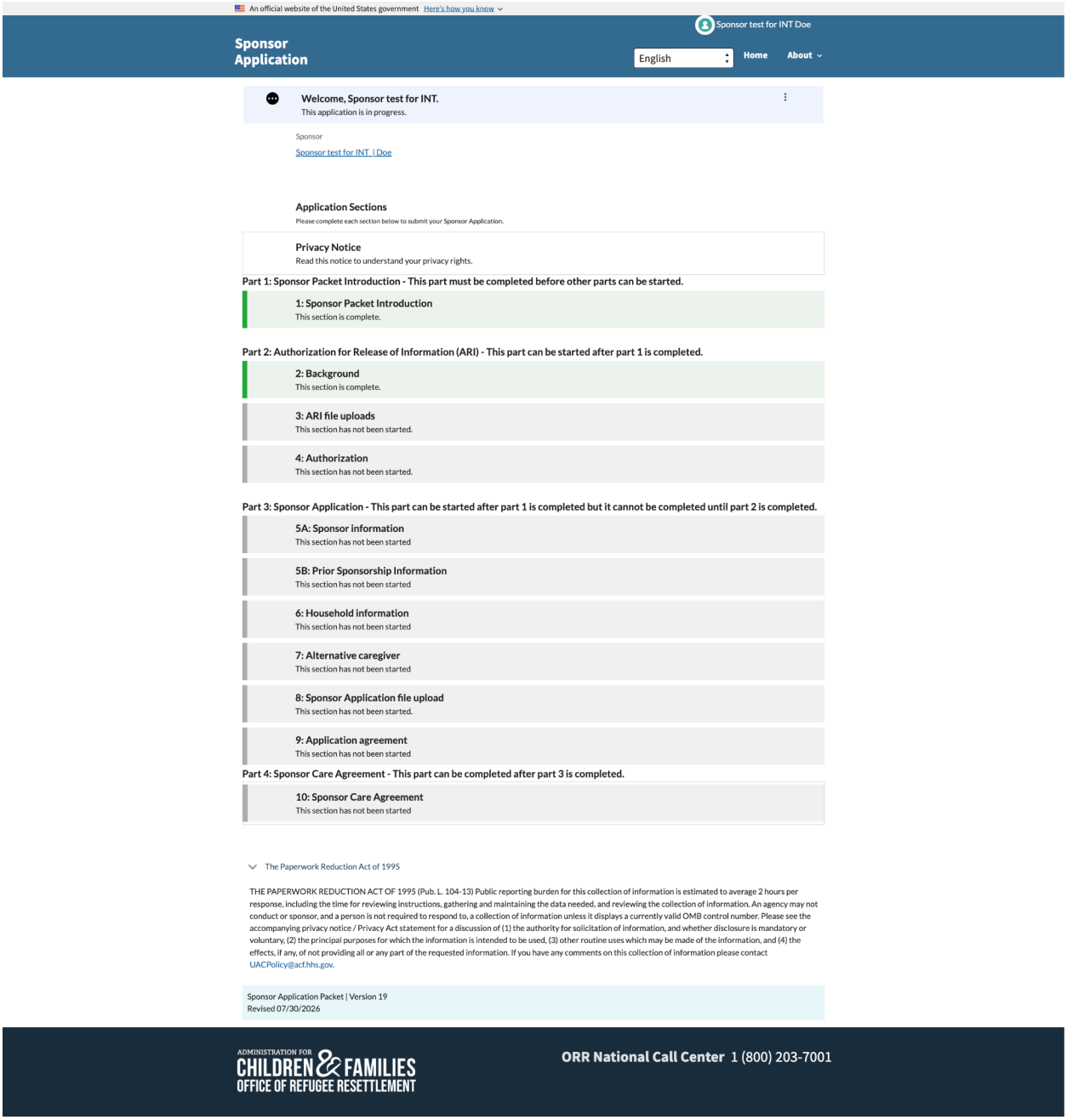
Save For Later

Complete section

Sponsor Application Packet | Version 19
SAP-2 (ENG) Authorization for Release of Information
Revised 07/30/2026

ADMINISTRATION FOR CHILDREN & FAMILIES OFFICE OF REFUGEE RESETTLEMENT

ORR National Call Center 1 (800) 203-7001


An official website of the United States government Here's how you know
Sponsor test for INT Doe
Sponsor Application
English
Home
About
Welcome, Sponsor test for INT.
This application is in progress.
Sponsor
Sponsor test for INT | Doe
Application Sections
Please complete each section below to submit your Sponsor Application.
Privacy Notice
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1: Sponsor Packet Introduction
This section is complete.
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 has not been started.
4: Authorization
This section has not been started.
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 has not been started
5B: Prior Sponsorship Information
This section has not been started
6: Household information
This section has not been started
7: Alternative caregiver
This section has not been started
8: Sponsor Application file upload
This section has not been started.
9: Application agreement
This section has not been started
Part 4: Sponsor Care Agreement - This part can be completed after part 3 is completed.
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This section has not been started
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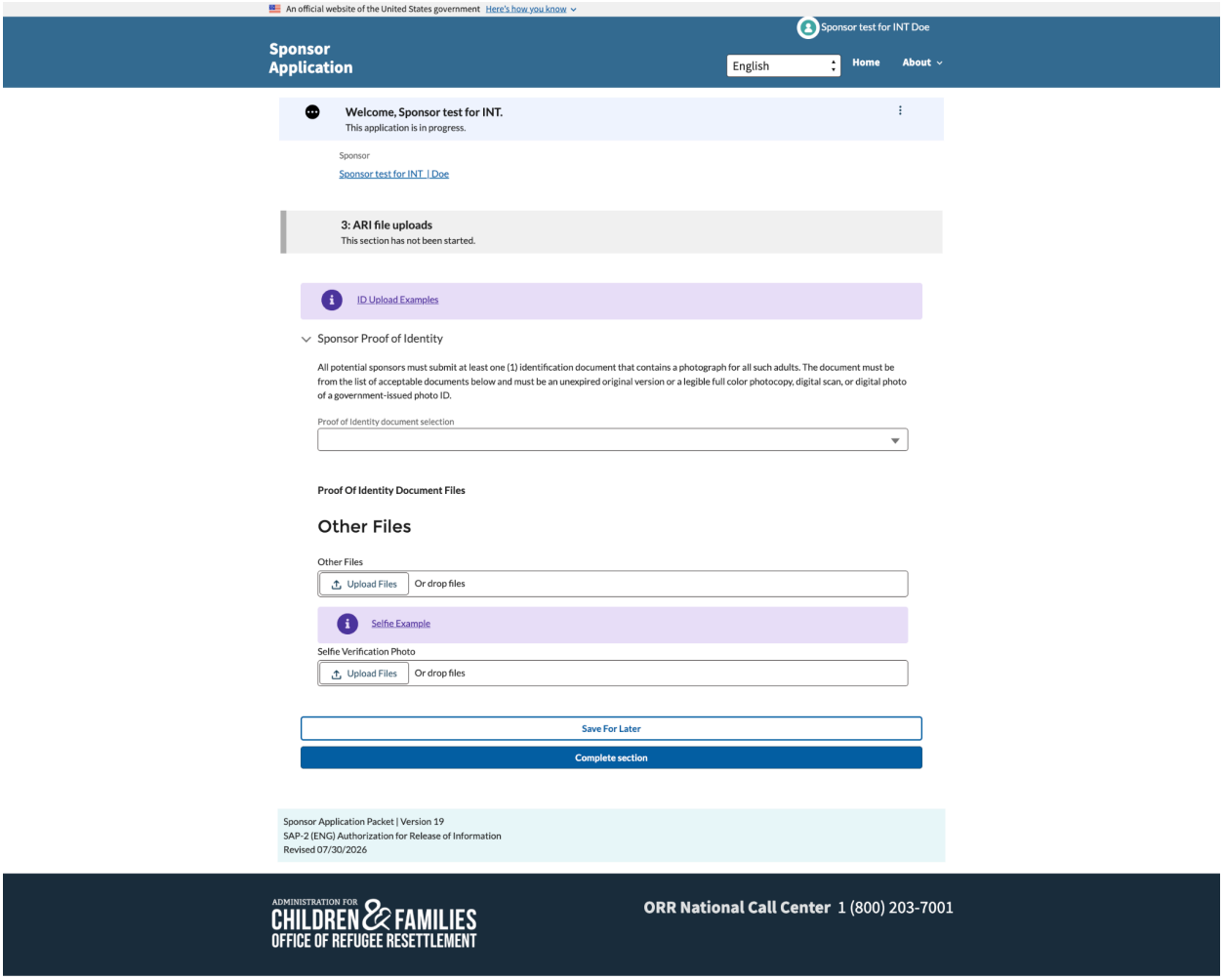
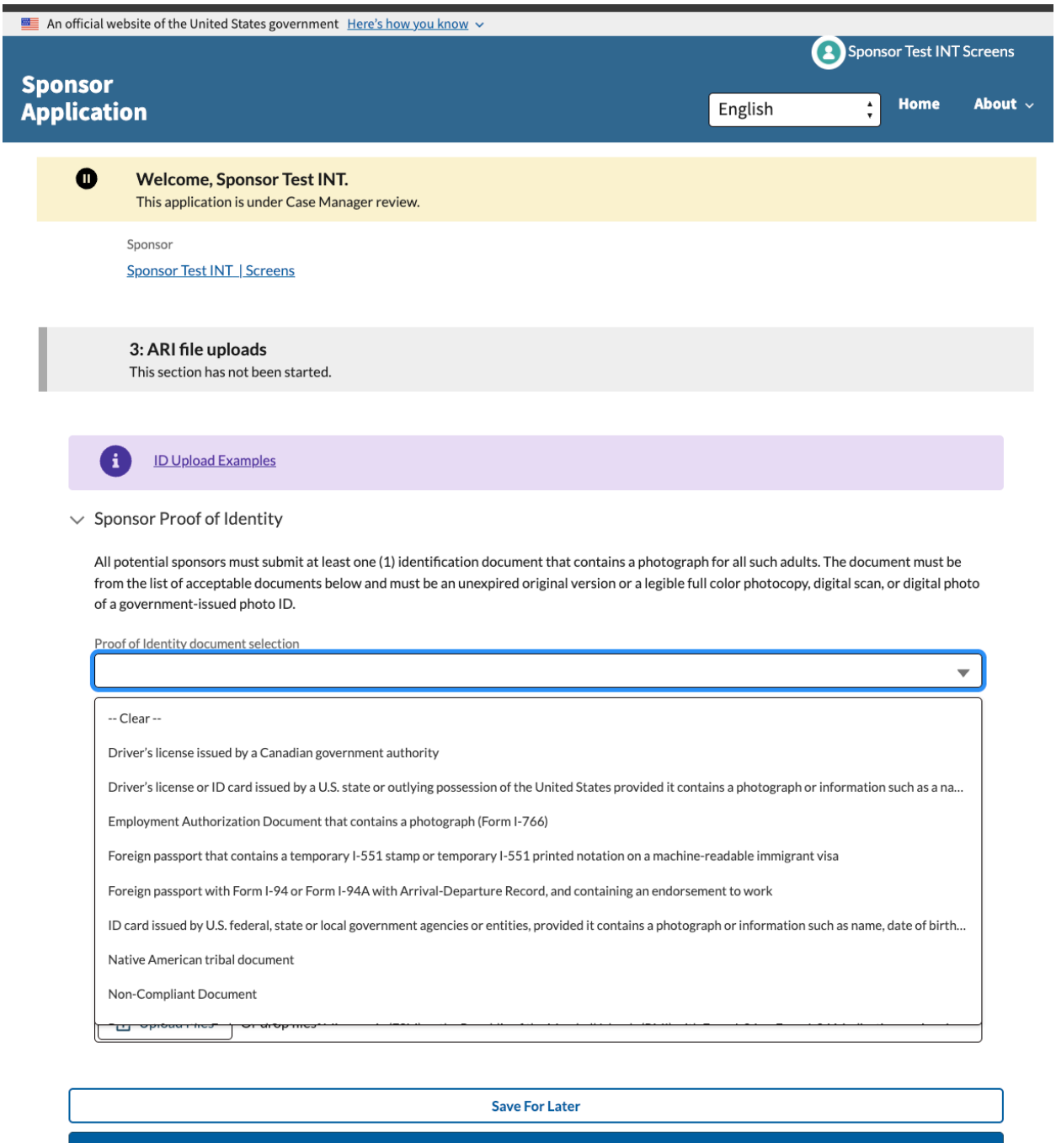

An official website of the United States government Here's how you know
Sponsor test for INT Doe
Sponsor Application
English
Home
About
Welcome, Sponsor test for INT.
This application is in progress.
Sponsor
Sponsor test for INT | Doe
3: ARI file uploads
This section has not been started.
ID Upload Examples
Sponsor Proof of Identity
All potential sponsors 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
Other Files
Other Files
Upload Files
Or drop files
Selfie Example
Selfie Verification Photo
Upload Files
Or drop files
Save For Later
Complete section
Sponsor Application Packet | Version 19
SAP-2 (ENG) Authorization for Release of Information
Revised 07/30/2026
ADMINISTRATION FOR CHILDREN & FAMILIES
OFFICE OF REFUGEE RESETTLEMENT
ORR National Call Center 1 (800) 203-7001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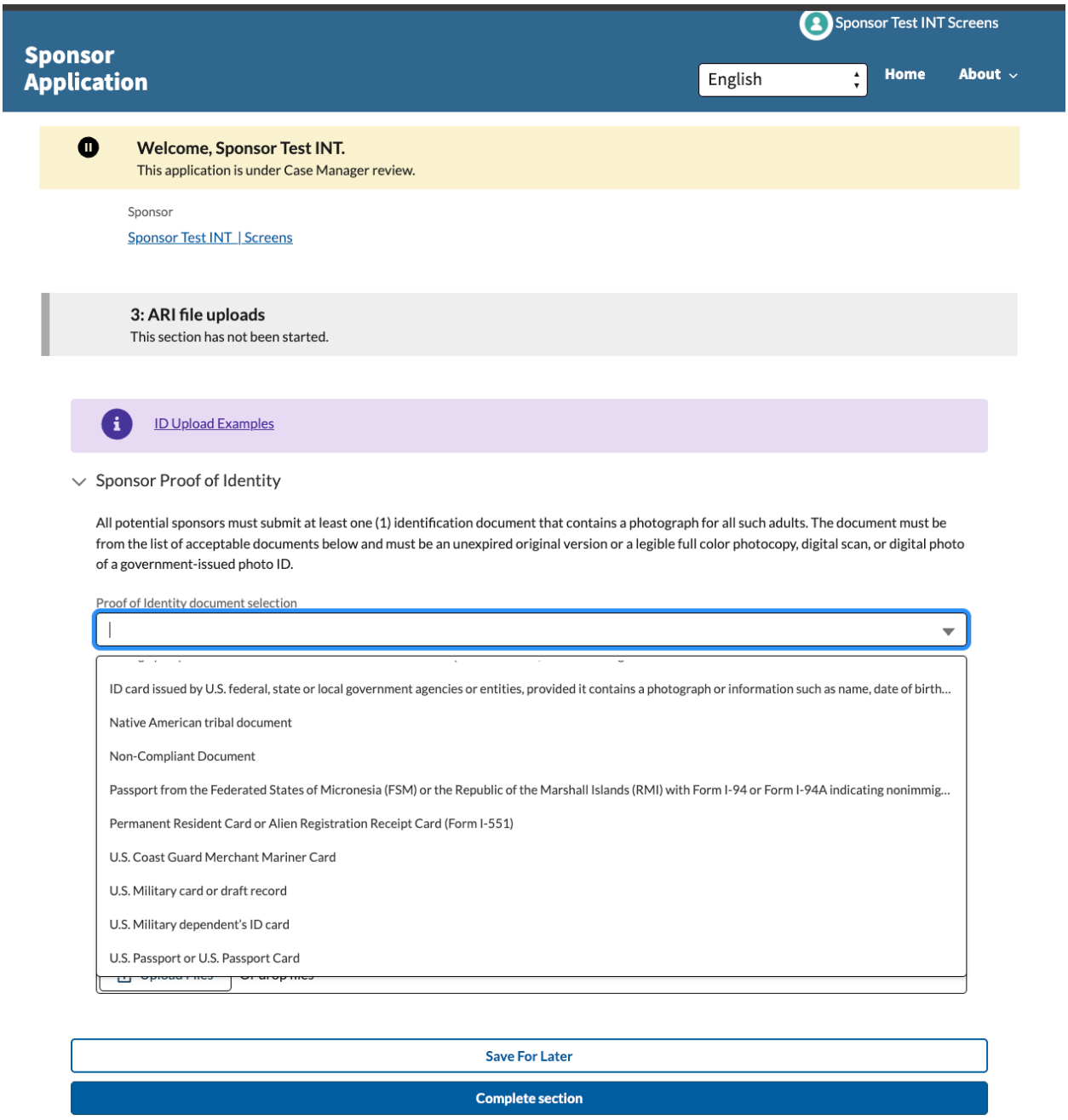
3: ARI file uploads
This section has not been started.
ID Upload Examples
Sponsor Proof of Identity
All potential sponsors must submit at least one (1) identification document that contains a photograph for all such adults. The document must be from the list of acceptable documents below and must be 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
-- Clear --
Driver's license issued by a Canadian government authority
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 na...
Employment Authorization Document that contains a photograph (Form I-766)
Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa
Foreign passport with Form I-94 or Form I-94A with Arrival-Departure Record, and containing an endorsement to work
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...
Native American tribal document
Non-Compliant Document
Save For Later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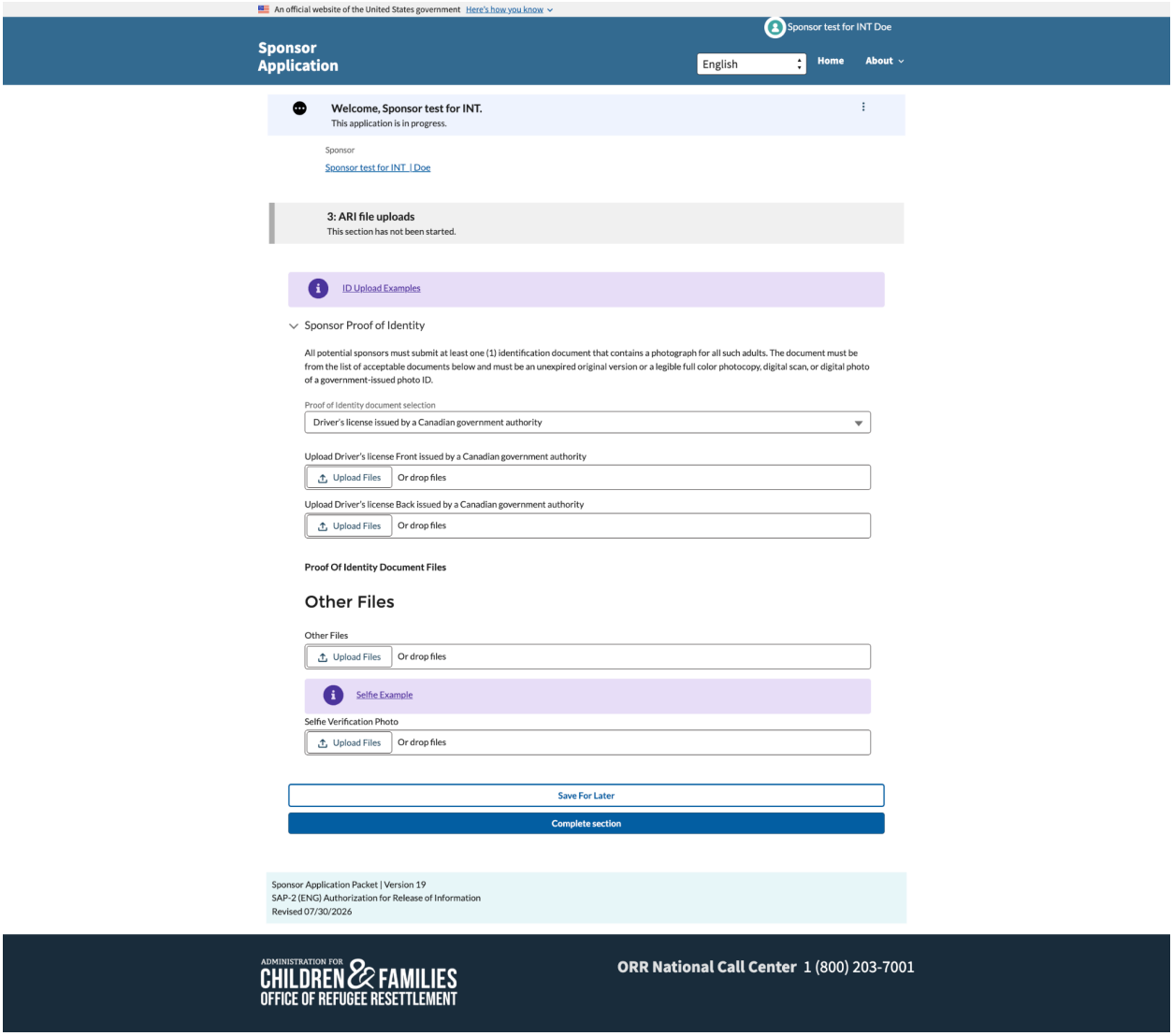
Proof of Identity document selection
ID card issued by U.S. federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth...
Native American tribal document
Non-Compliant Document
Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmig...
Permanent Resident Card or Alien Registration Receipt Card (Form I-551)
U.S. Coast Guard Merchant Mariner Card
U.S. Military card or draft record
U.S. Military dependent's ID card
U.S. Passport or U.S. Passport Card
Save For Later
Complete section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Proof of Identity document selection
Driver's license issued by a Canadian government authority
Upload Driver's license Front issued by a Canadian government authority
Upload Files
Or drop files
Upload Driver's license Back issued by a Canadian government authority
Upload Files
Or drop files
Proof Of Identity Document Files
Other Files
Other Files
Upload Files
Or drop files
Selfie Example
Selfie Verification Photo
Upload Files
Or drop files
Save For Later
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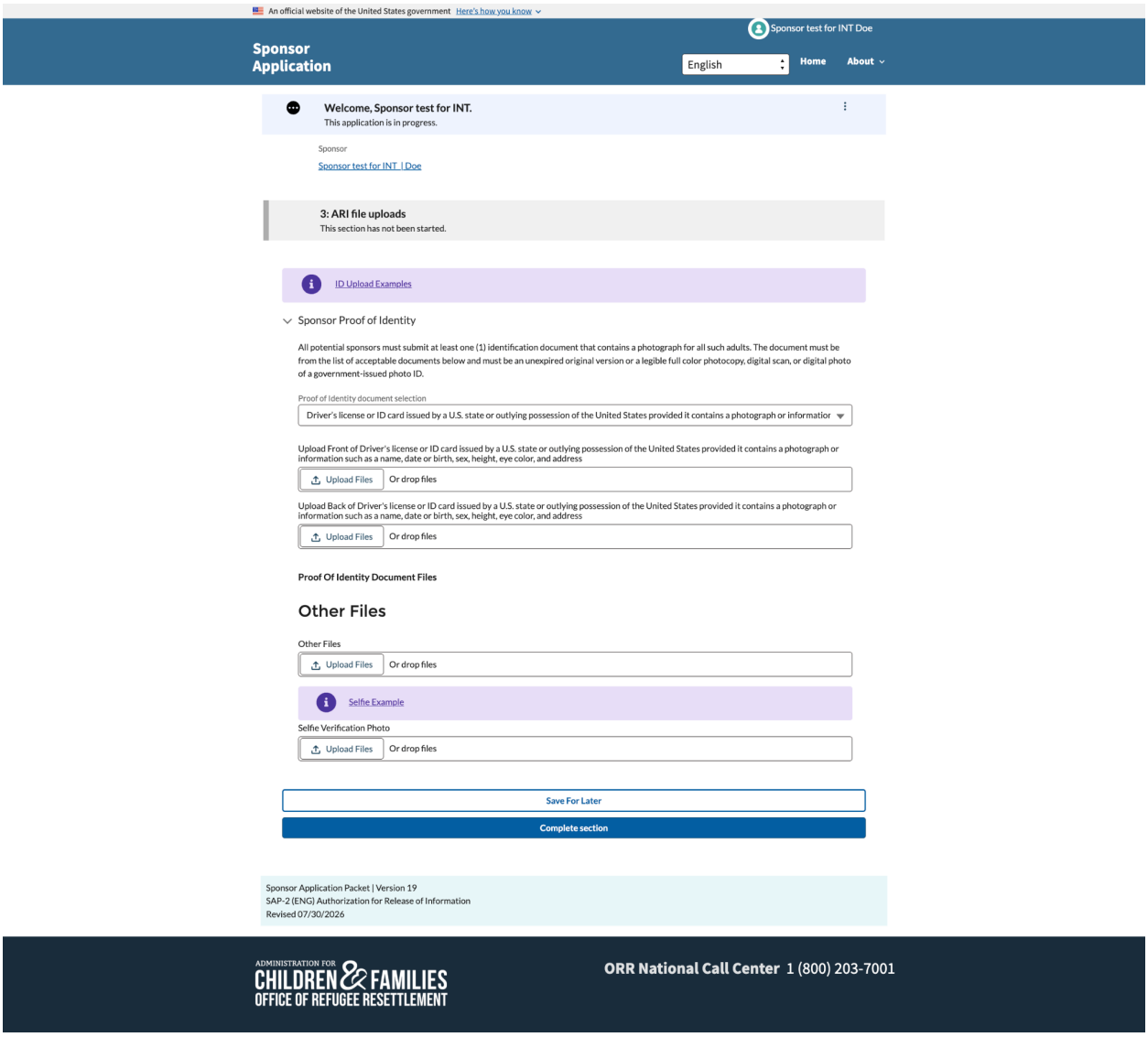
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Proof of Identity document selection
Driver's license or ID card issued by a U.S. state or outlying possession of the United States provided it contains a photograph or informatior
Upload Front of Driver's license or ID card issued by a U.S. state 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
Upload Files
Or drop files
Upload Back of 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
Upload Files
Or drop files
Proof Of Identity Document Files
Other Files
Other Files
Upload Files
Or drop files
Selfie Example
Selfie Verification Photo
Upload Files
Or drop files
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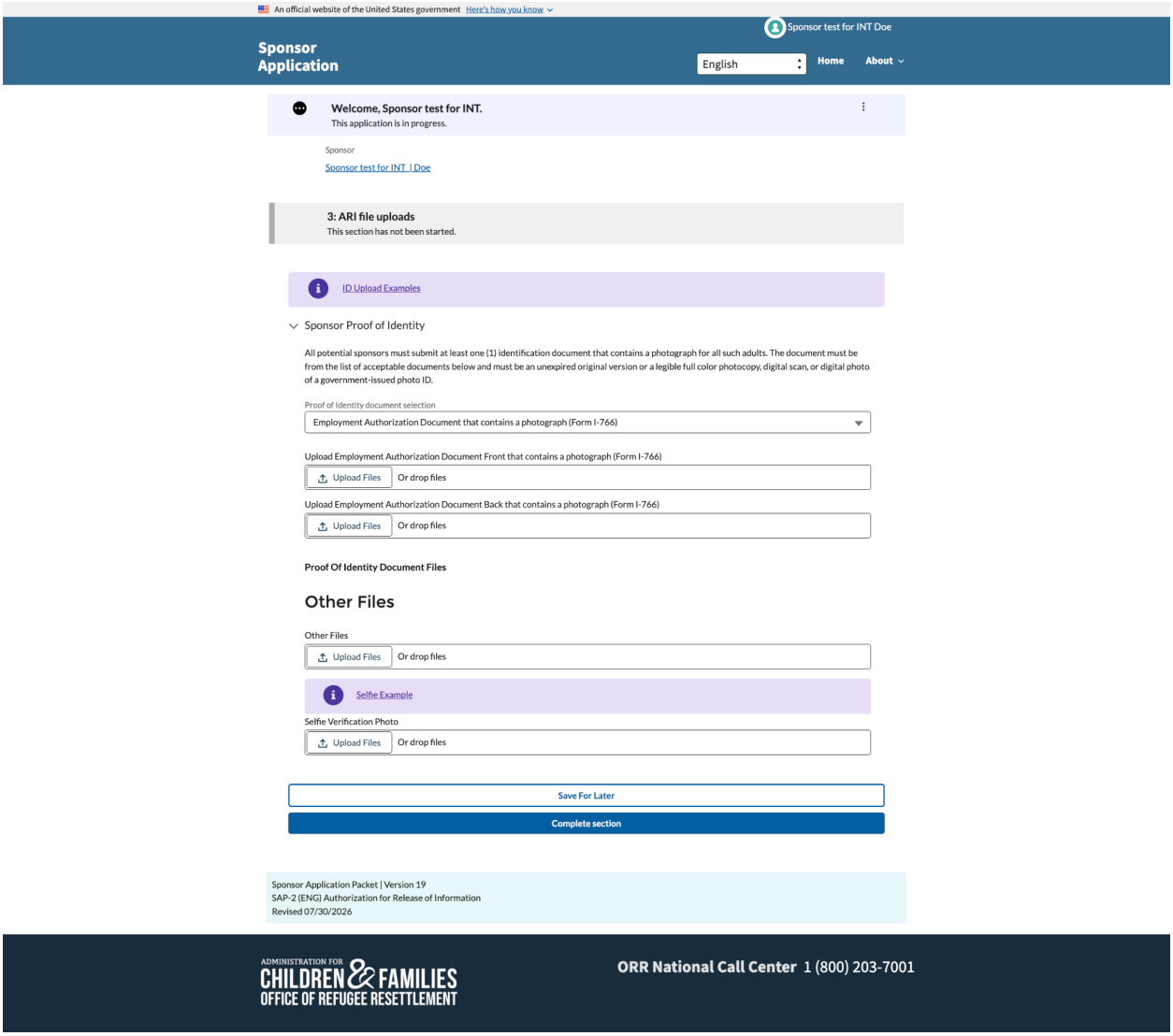
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Proof of Identity document selection
Employment Authorization Document that contains a photograph (Form I-766)
Upload Employment Authorization Document Front that contains a photograph (Form I-766)
Upload Files
Or drop files
Upload Employment Authorization Document Back that contains a photograph (Form I-766)
Upload Files
Or drop files
Proof Of Identity Document Files
Other Files
Other Files
Upload Files
Or drop files
Selfie Example
Selfie Verification Photo
Upload Files
Or drop files
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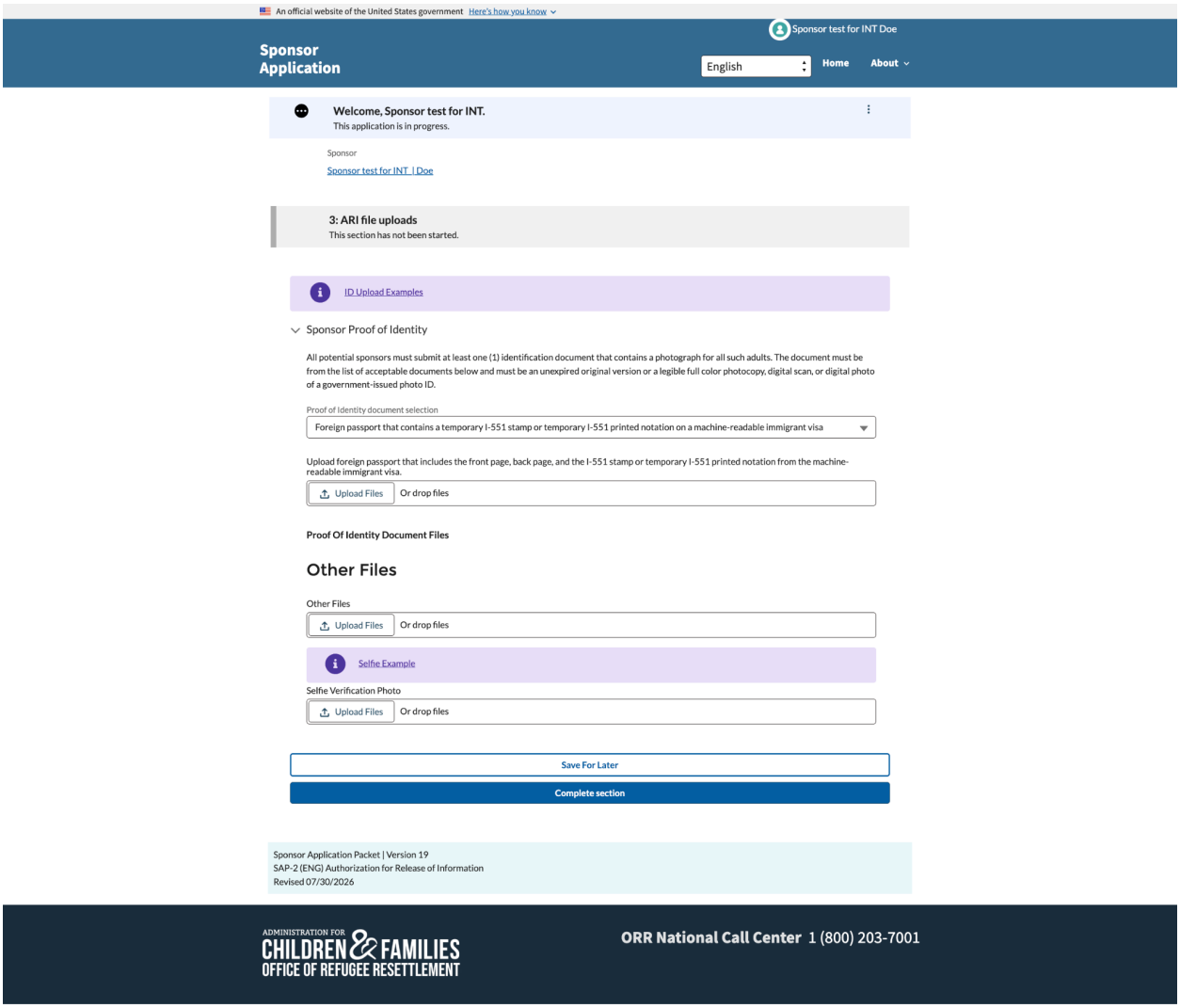
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Proof of Identity document selection
Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa
Upload foreign passport that includes the front page, back page, and the I-551 stamp or temporary I-551 printed notation from the machine-readable immigrant visa.
Upload Files
Or drop files
Proof Of Identity Document Files
Other Files
Other Files
Upload Files
Or drop files
Selfie Example
Selfie Verification Photo
Upload Files
Or drop files
Save For Later
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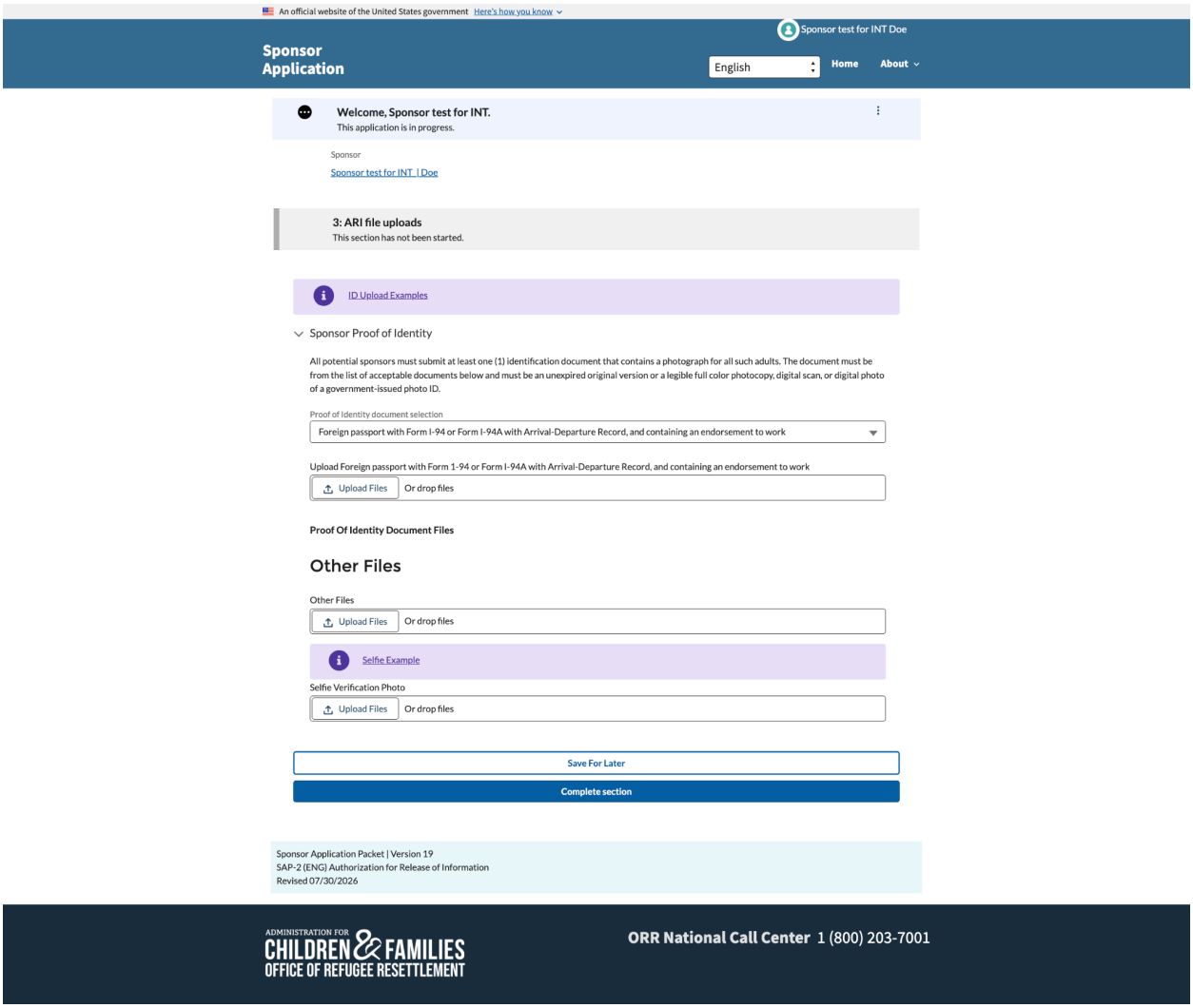
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Proof of Identity document selection
Foreign passport with Form I-94 or Form I-94A with Arrival-Departure Record, and containing an endorsement to work
Upload Foreign passport with Form 1-94 or Form I-94A with Arrival-Departure Record, and containing an endorsement to work
Upload Files
Or drop files
Proof Of Identity Document Files
Other Files
Other Files
Upload Files
Or drop files
Selfie Example
Selfie Verification Photo
Upload Files
Or drop files
Save For Later
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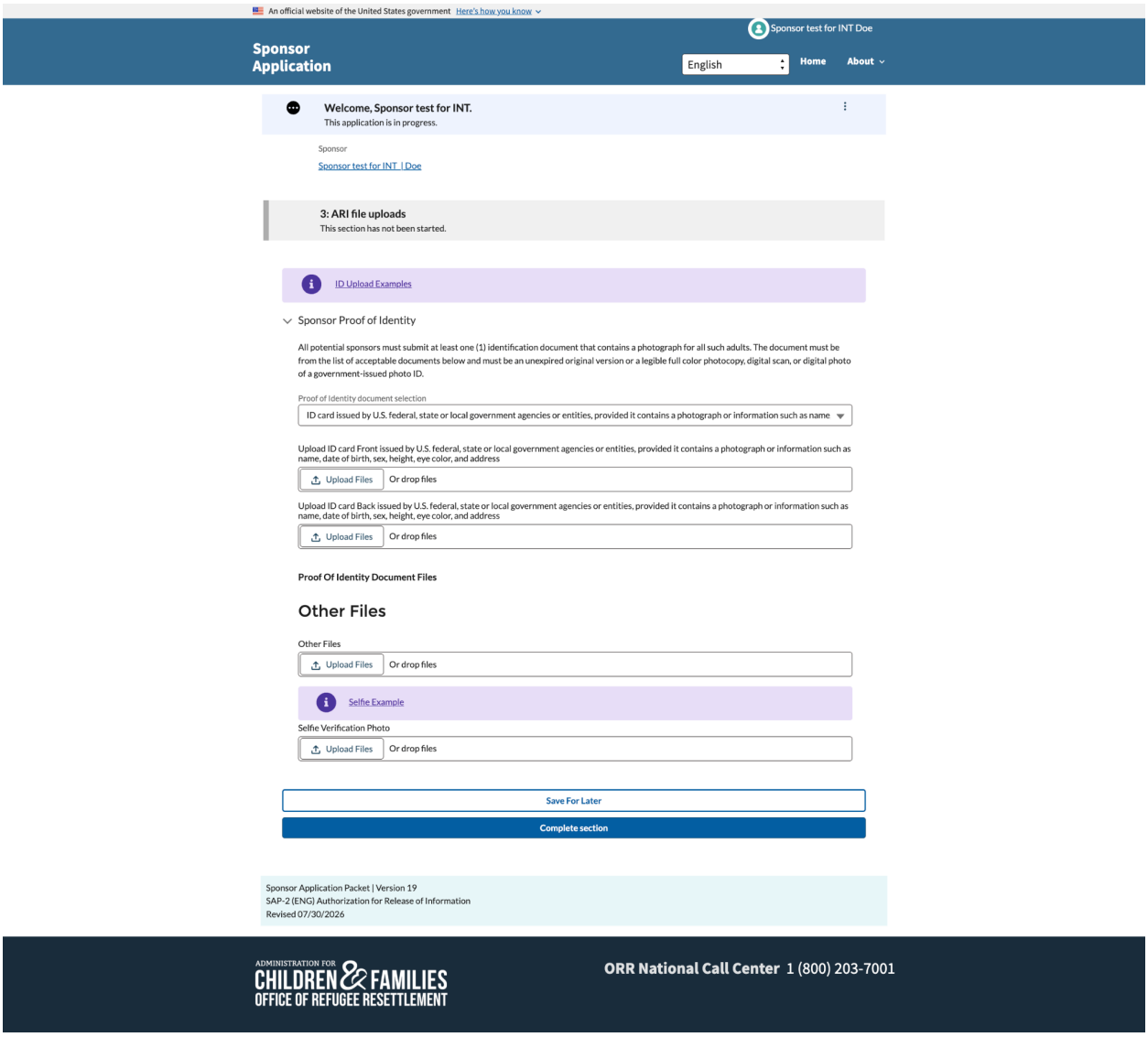
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ID Upload Examples
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Proof of Identity document selection
ID card issued by U.S. federal, state or local government agencies or entities, provided it contains a photograph or information such as name
Upload ID card Front 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
Upload Files
Or drop files
Upload ID card Back 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
Upload Files
Or drop files
Proof Of Identity Document Files
Other Files
Other Files
Upload Files
Or drop files
Selfie Example
Selfie Verification Photo
Upload Files
Or drop files
Save For Later
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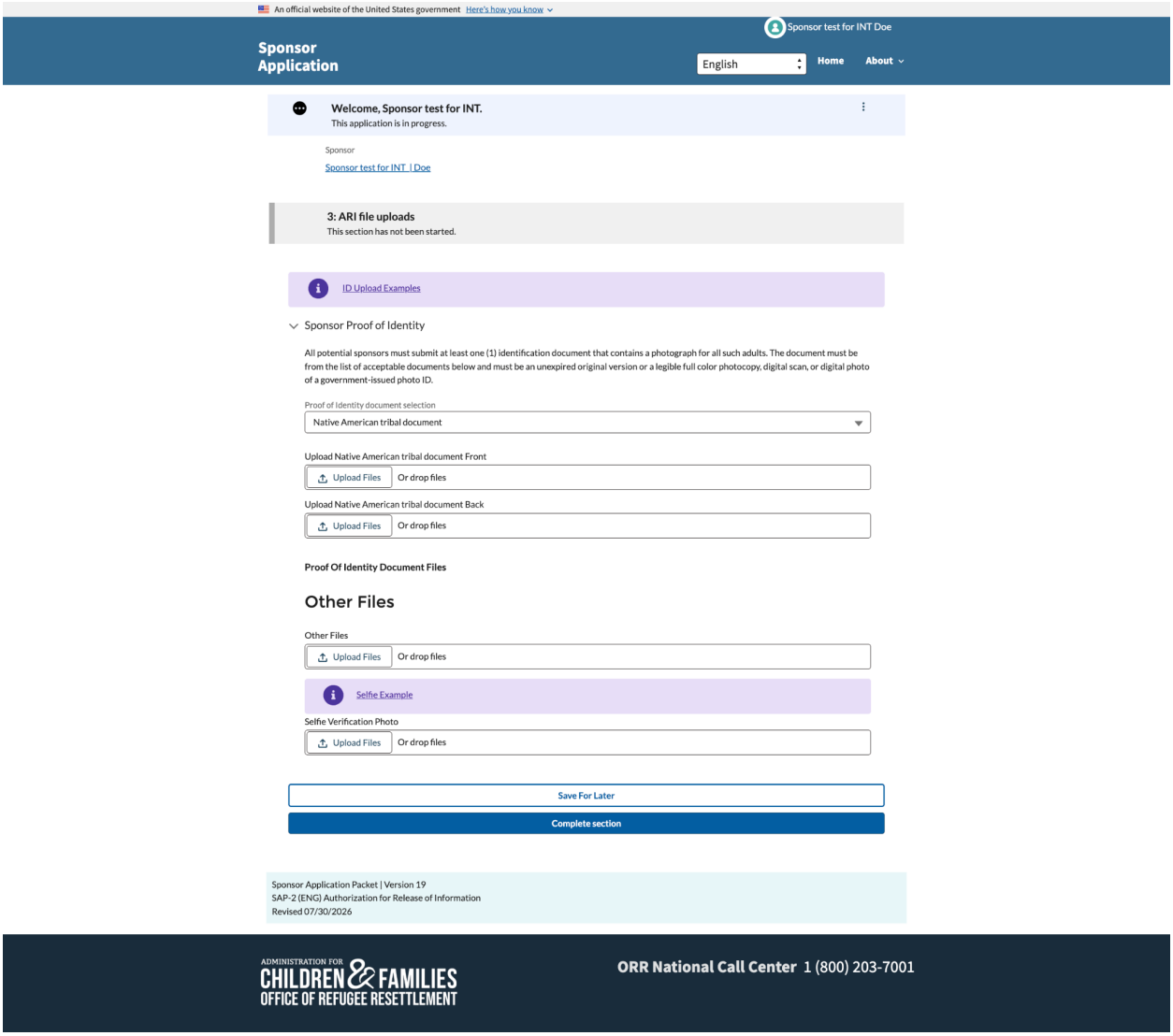
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ID Upload Examples
Sponsor Proof of Identity
All potential sponsors must submit at least one (1) identification document that contains a photograph for all such adults. The document must be from the list of acceptable documents below and must be an 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
Native American tribal document
Upload Native American tribal document Front
Upload Files
Or drop files
Upload Native American tribal document Back
Upload Files
Or drop files
Proof Of Identity Document Files
Other Files
Other Files
Upload Files
Or drop files
Selfie Example
Selfie Verification Photo
Upload Files
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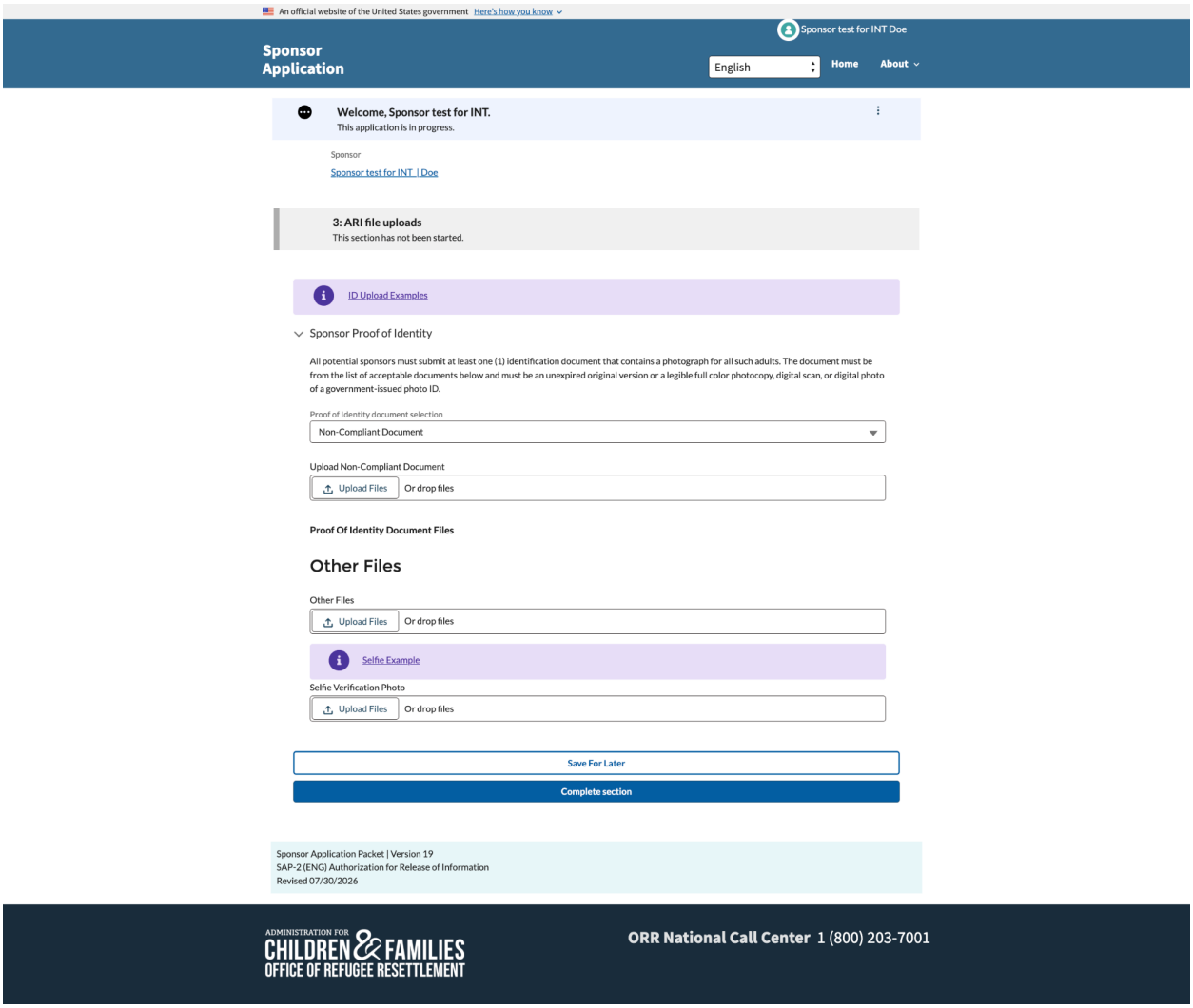
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Sponsor Proof of Identity
All potential sponsors must submit at least one (1) identification document that contains a photograph for all such adults. The document must be from the list of acceptable documents below and must be an unexpired original version or a legible full color photocopy, digital scan, or digital photo of a government-issued photo ID.
Proof of Identity document selection
Non-Compliant Document
Upload Non-Compliant Document
Upload Files
Or drop files
Proof Of Identity Document Files
Other Files
Other Files
Upload Files
Or drop files
Selfie Example
Selfie Verification Photo
Upload Files
Or drop files
Save For Later
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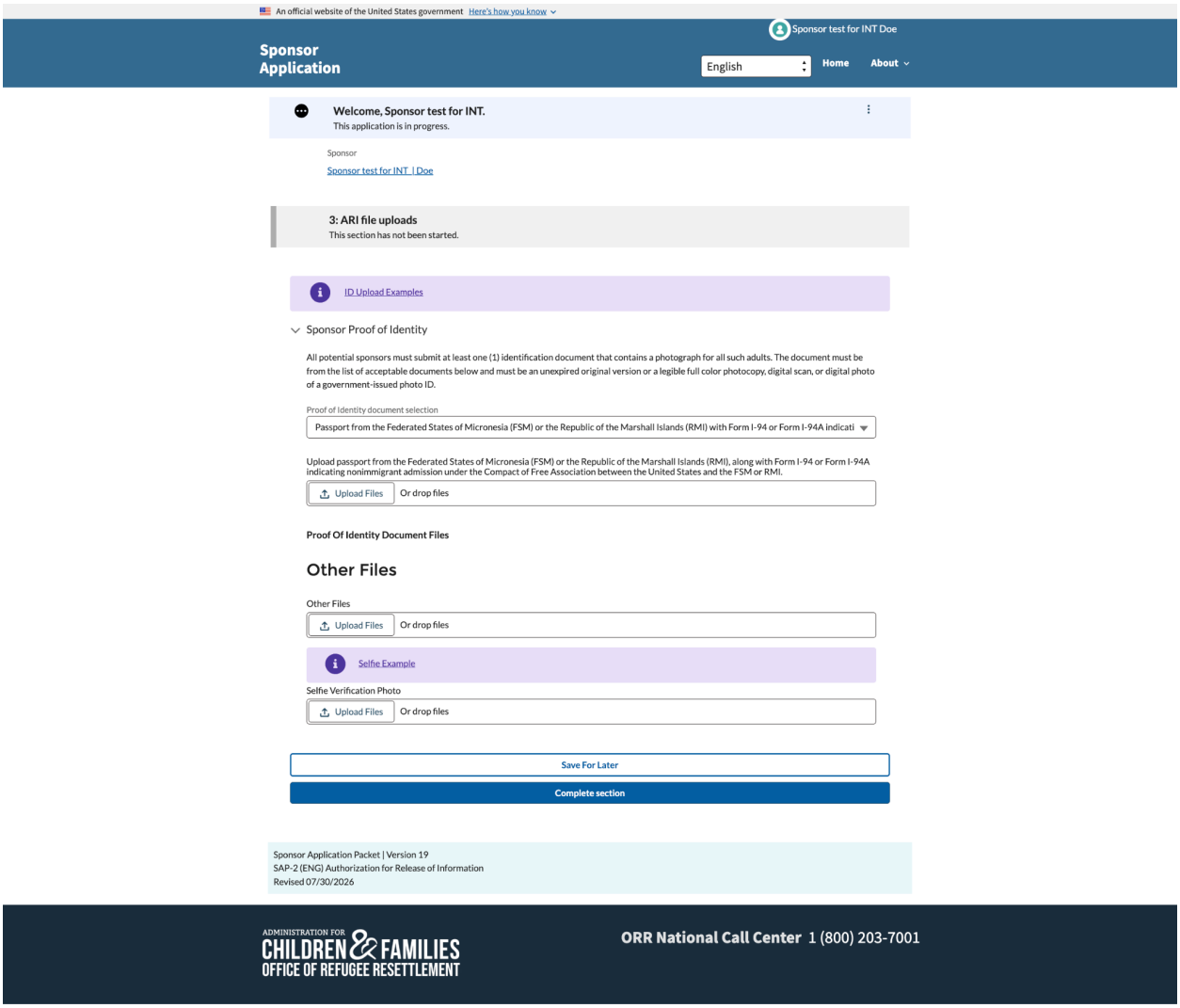
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Proof of Identity document selection
Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicati
Upload passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI), along 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.
Upload Files
Or drop files
Proof Of Identity Document Files
Other Files
Other Files
Upload Files
Or drop files
Selfie Example
Selfie Verification Photo
Upload Files
Or drop files
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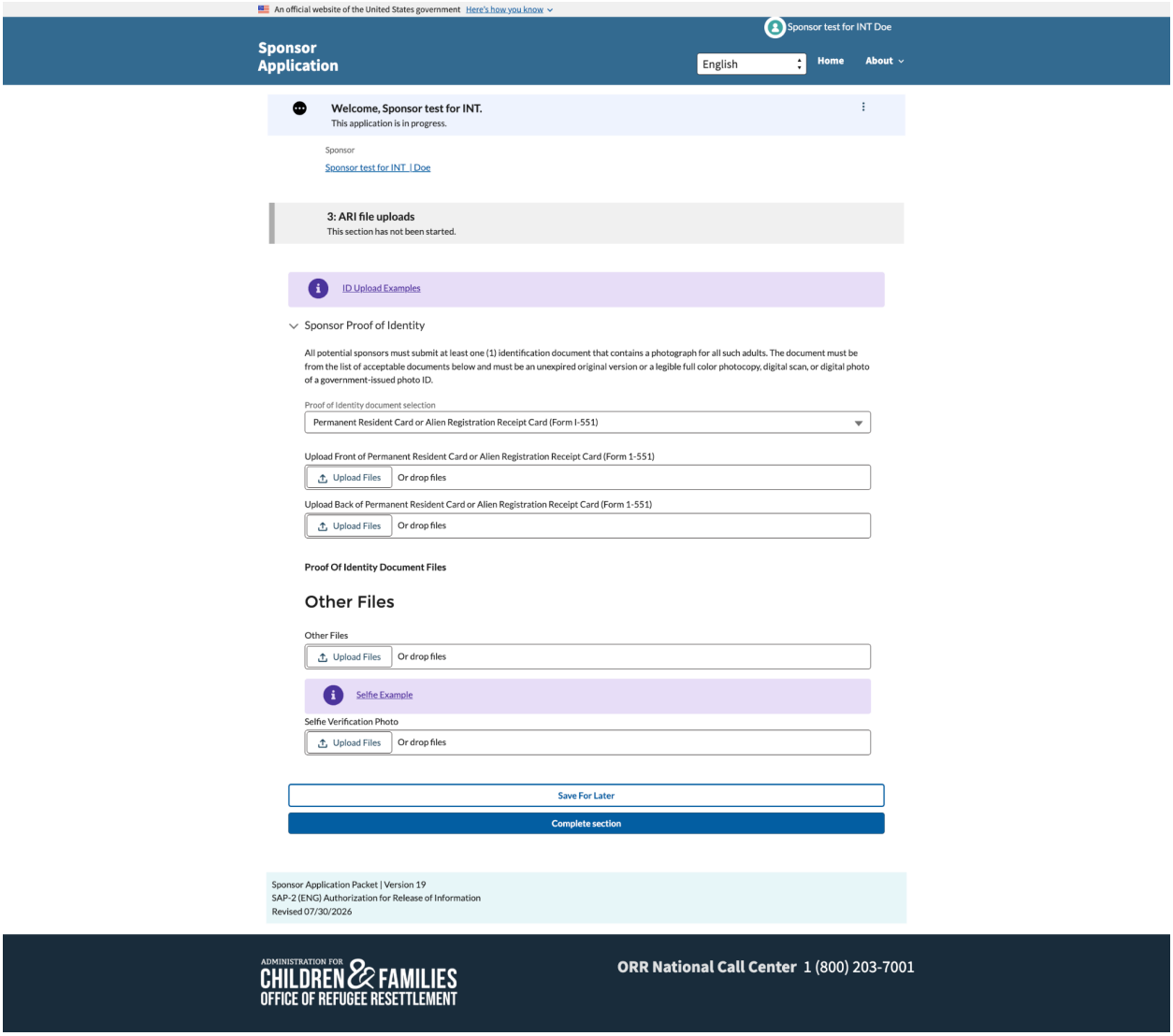
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Proof of Identity document selection
Permanent Resident Card or Alien Registration Receipt Card (Form I-551)
Upload Front of Permanent Resident Card or Alien Registration Receipt Card (Form 1-551)
Upload Files
Or drop files
Upload Back of Permanent Resident Card or Alien Registration Receipt Card (Form 1-551)
Upload Files
Or drop files
Proof Of Identity Document Files
Other Files
Other Files
Upload Files
Or drop files
Selfie Example
Selfie Verification Photo
Upload Files
Or drop files
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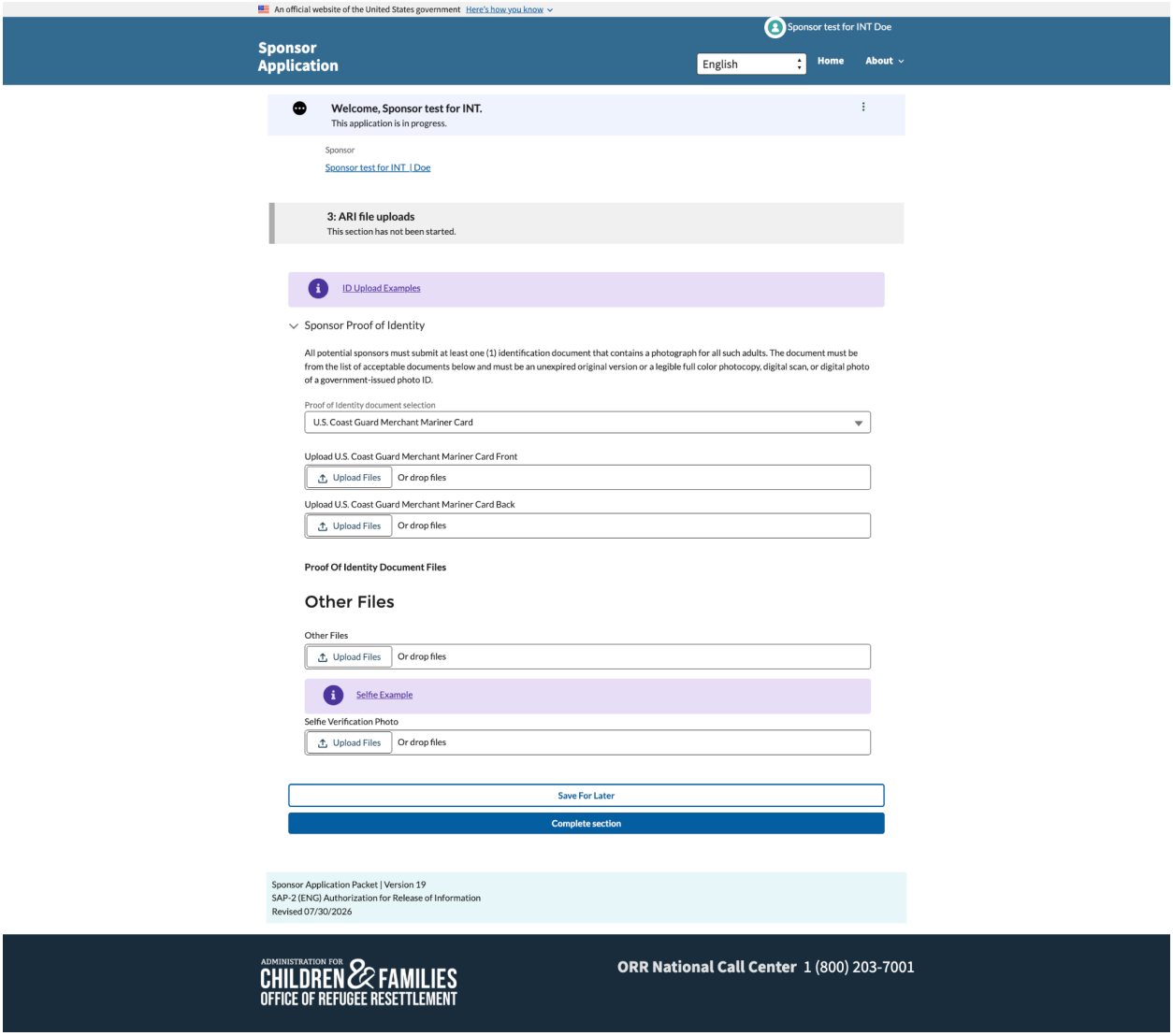
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Proof of Identity document selection
U.S. Coast Guard Merchant Mariner Card
Upload U.S. Coast Guard Merchant Mariner Card Front
Upload Files
Or drop files
Upload U.S. Coast Guard Merchant Mariner Card Back
Upload Files
Or drop files
Proof Of Identity Document Files
Other Files
Other Files
Upload Files
Or drop files
Selfie Example
Selfie Verification Photo
Upload Files
Or drop files
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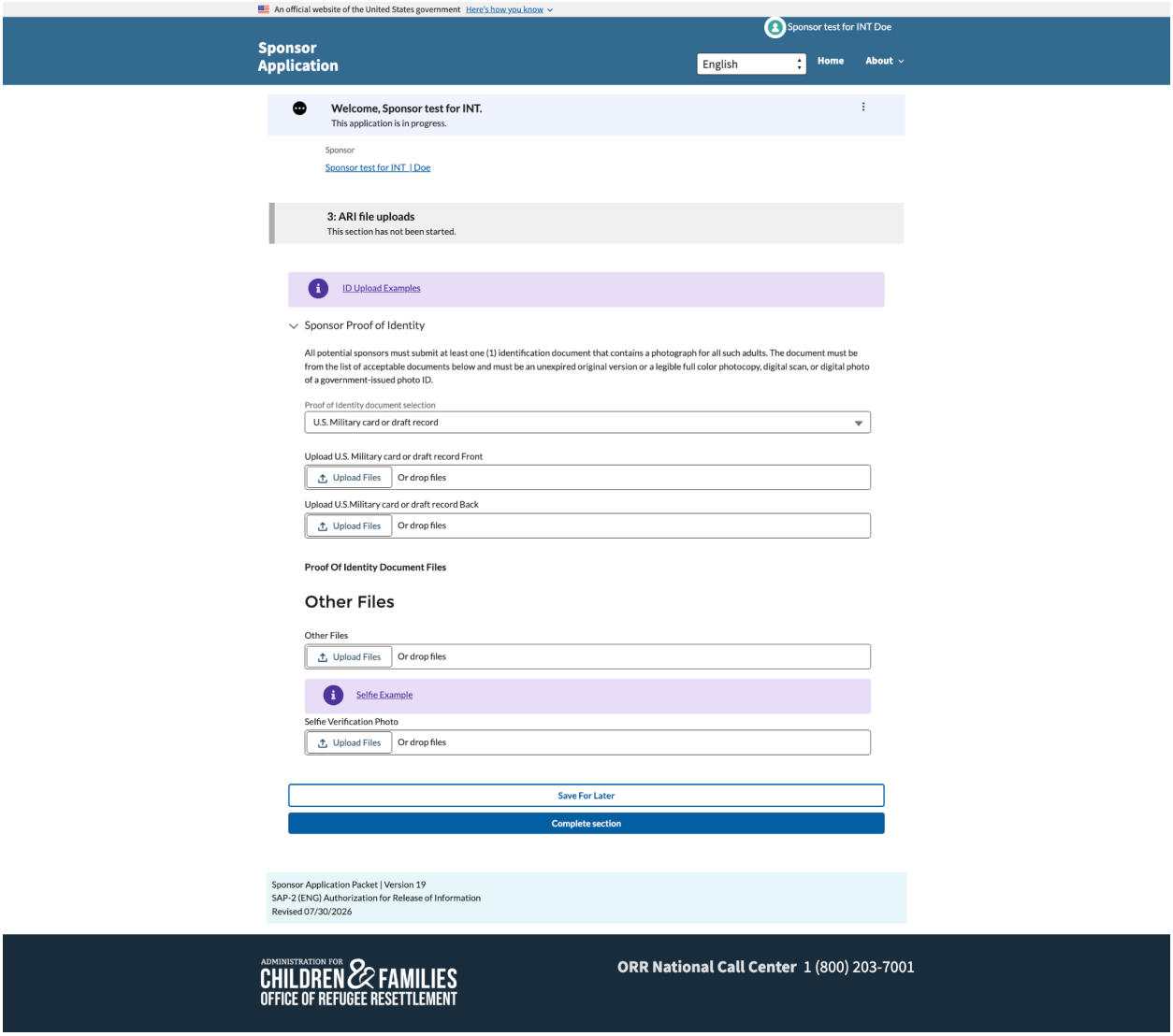
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Proof of Identity document selection
U.S. Military card or draft record
Upload U.S. Military card or draft record Front
Upload Files
Or drop files
Upload U.S.Military card or draft record Back
Upload Files
Or drop files
Proof Of Identity Document Files
Other Files
Other Files
Upload Files
Or drop files
Selfie Example
Selfie Verification Photo
Upload Files
Or drop files
Save For Later
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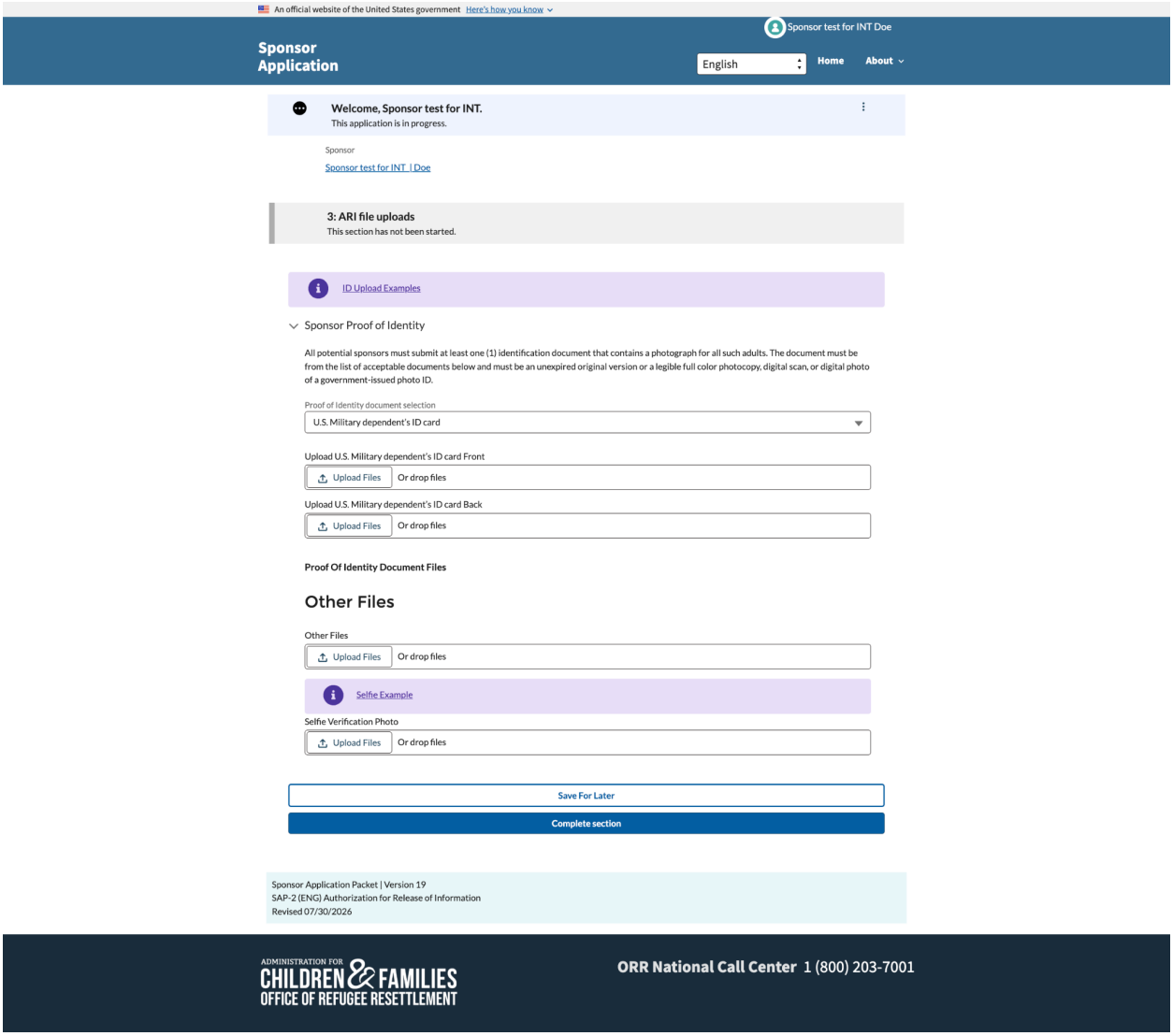
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Proof of Identity document selection
U.S. Military dependent's ID card
Upload U.S. Military dependent's ID card Front
Upload Files
Or drop files
Upload U.S. Military dependent's ID card Back
Upload Files
Or drop files
Proof Of Identity Document Files
Other Files
Other Files
Upload Files
Or drop files
Selfie Example
Selfie Verification Photo
Upload Files
Or drop files
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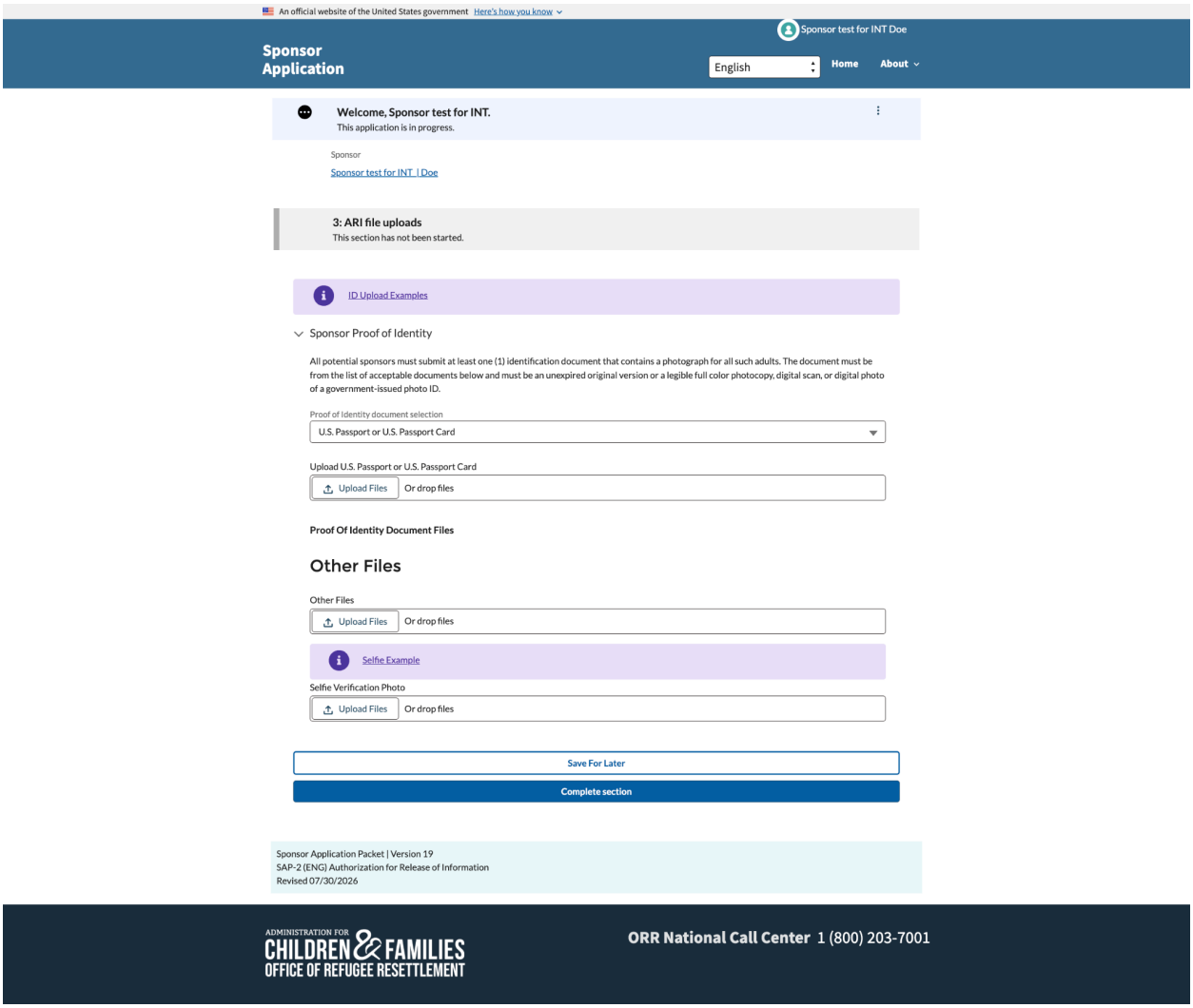
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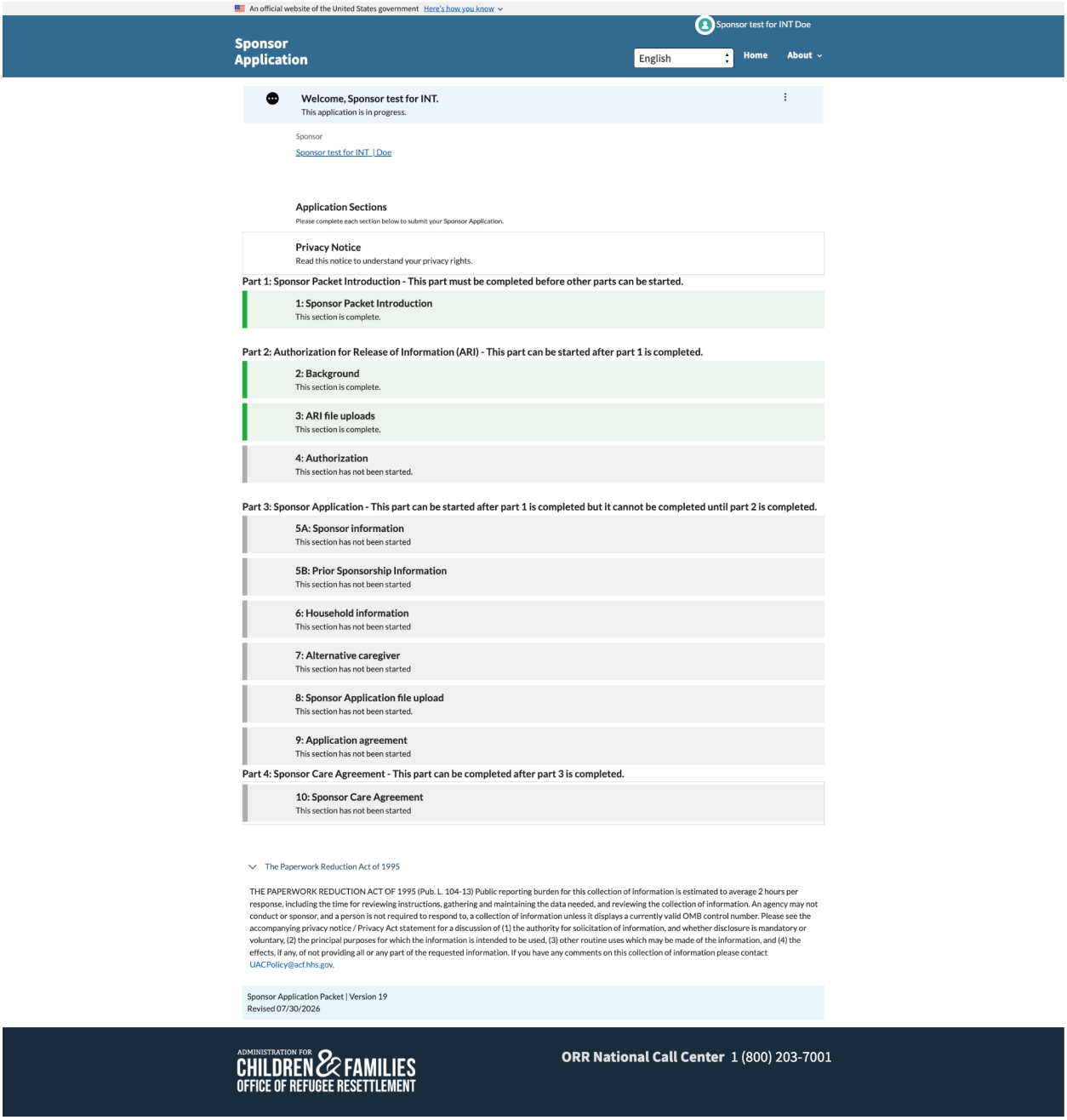
Proof of Identity document selection
U.S. Passport or U.S. Passport Card
Upload U.S. Passport or U.S. Passport Card
Upload Files
Or drop files
Proof Of Identity Document Files
Other Files
Other Files
Upload Files
Or drop files
Selfie Example
Selfie Verification Photo
Upload Files
Or drop files
Save For Later
Complete section
Sponsor Application Packet | Version 19
SAP-2 (ENG) Authorization for Release of Information
Revised 07/30/2026
ADMINISTRATION FOR CHILDREN & FAMILIES
OFFICE OF REFUGEE RESETTLEMENT
ORR National Call Center 1 (800) 203-7001


An official website of the United States government Here's how you know
Sponsor test for INT Doe
Sponsor Application
English
Home
About
Welcome, Sponsor test for INT.
This application is in progress.
Sponsor
Sponsor test for INT | Doe
Application Sections
Please complete each section below to submit your Sponsor Application.
Privacy Notice
Read this notice to understand your privacy rights.
Part 1: Sponsor Packet Introduction - This part must be completed before other parts can be started.
1: Sponsor Packet Introduction
This section is complete.
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 has not been started.
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 has not been started
5B: Prior Sponsorship Information
This section has not been started
6: Household information
This section has not been started
7: Alternative caregiver
This section has not been started
8: Sponsor Application file upload
This section has not been started.
9: Application agreement
This section has not been started
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
The Paperwork Reduction Act of 1995
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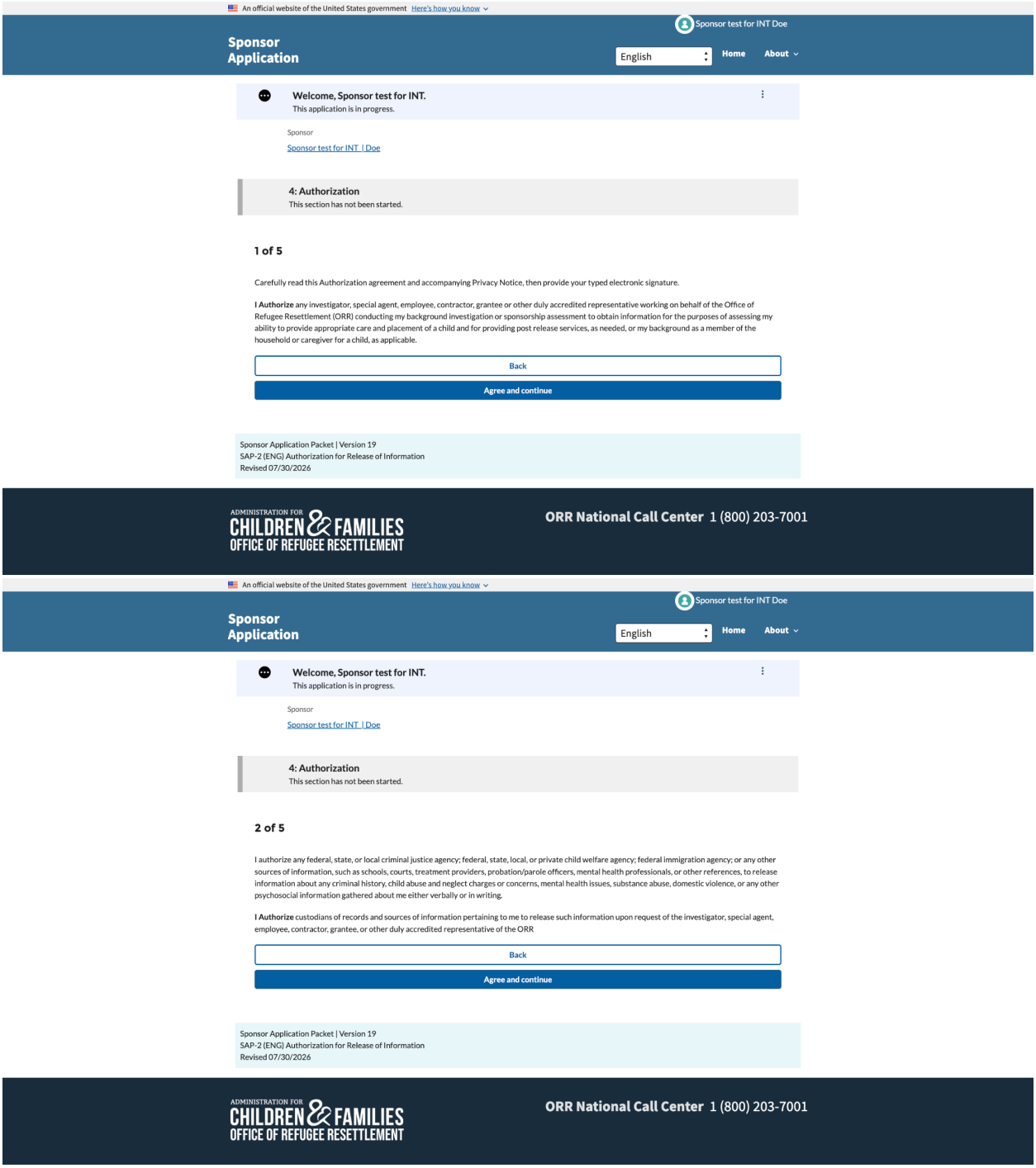
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4: Authorization
This section has not been started.
1 of 5
Carefully read this Authorization agreement and accompanying Privacy Notice, then provide your typed electronic signature.
I Authorize any investigator, special agent, employee, contractor, grantee or other duly accredited representative working on behalf of the Office of Refugee Resettlement (ORR) conducting my background investigation or sponsorship assessment to obtain information for the purposes of assessing my ability to provide appropriate care and placement of a child and for providing post release services, as needed, or my background as a member of the household or caregiver for a child, as applicable.
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Agree and continue
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4: Authorization
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I authorize any federal, state, or local criminal justice agency; federal, state, local, or private child welfare agency; federal immigration agency; or any other sources of information, such as schools, courts, treatment providers, probation/parole officers, mental health professionals, or other references, to release information about any criminal history, child abuse and neglect charges or concerns, mental health issues, substance abuse, domestic violence, or any other psychosocial information gathered about me either verbally or in writing.
I Authorize custodians of records and sources of information pertaining to me to release such information upon request of the investigator, special agent, employee, contractor, grantee, or other duly accredited representative of the ORR
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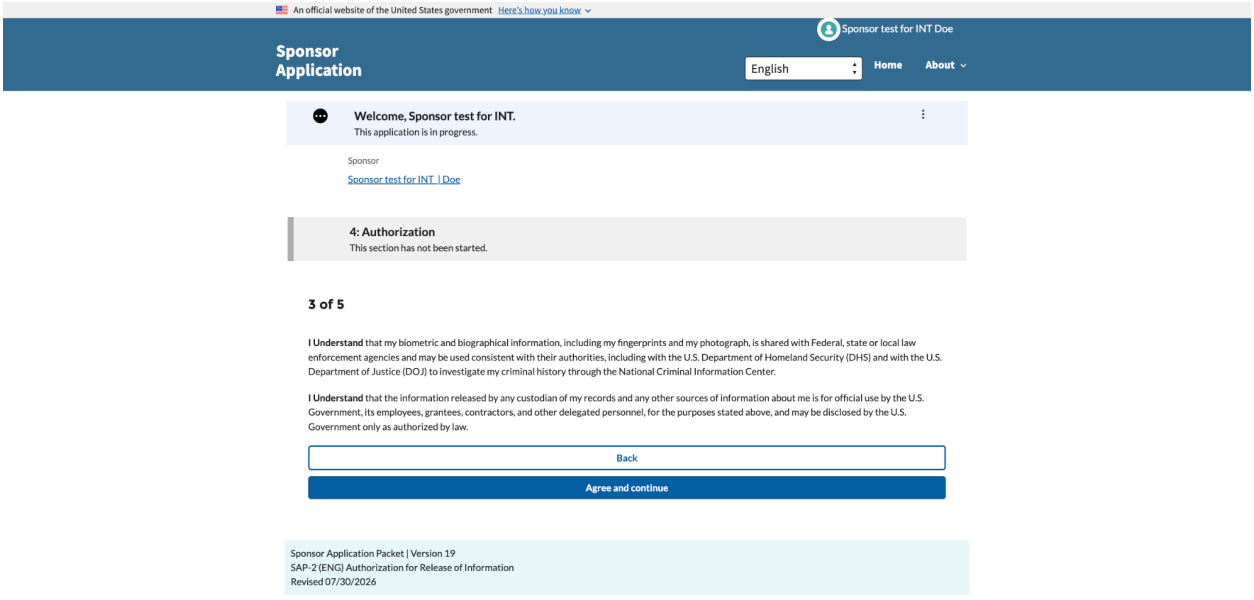
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4: Authorization
This section has not been started.
3 of 5
I Understand that my biometric and biographical information, including my fingerprints and my photograph, is shared with Federal, state or local law enforcement agencies and may be used consistent with their authorities, including with the U.S. Department of Homeland Security (DHS) and with the U.S. Department of Justice (DOJ) to investigate my criminal history through the National Criminal Information Center.
I Understand that the information released by any custodian of my records and any other sources of information about me is for official use by the U.S. Government, its employees, grantees, contractors, and other delegated personnel, for the purposes stated above, and may be disclosed by the U.S. Government only as authorized by law.
Back
Agree and continue
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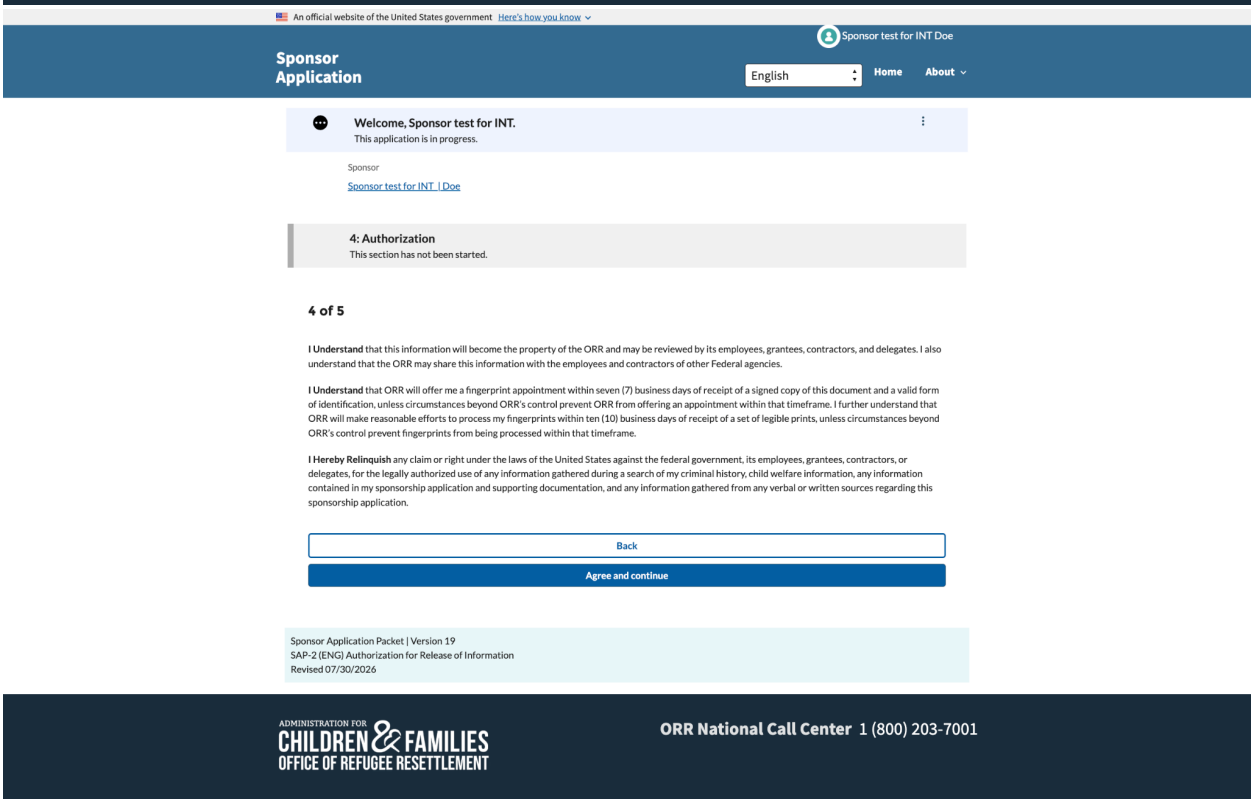
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Sponsor test for INT | Doe
4: Authorization
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4 of 5
I Understand that this information will become the property of the ORR and may be reviewed by its employees, grantees, contractors, and delegates. I also understand that the ORR may share this information with the employees and contractors of other Federal agencies.
I Understand that ORR will offer me a fingerprint appointment within seven (7) business days of receipt of a signed copy of this document and a valid form of identification, unless circumstances beyond ORR's control prevent ORR from offering an appointment within that timeframe. I further understand that ORR will make reasonable efforts to process my fingerprints within ten (10) business days of receipt of a set of legible prints, unless circumstances beyond ORR's control prevent fingerprints from being processed within that timeframe.
I Hereby Relinquish any claim or right under the laws of the United States against the federal government, its employees, grantees, contractors, or delegates, for the legally authorized use of any information gathered during a search of my criminal history, child welfare information, any information contained in my sponsorship application and supporting documentation, and any information gathered from any verbal or written sources regarding this sponsorship application.
Back
Agree and continue
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I, Sponsor test for INT Doe, agree to the Authorization Agreement. 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.

Write your name exactly as it looks on your ID.

* YOUR SIGNATURE

Sponsor test for INT | Doe

Back

Submit for Case Manager review

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SAP-2 (ENG) Authorization for Release of Information
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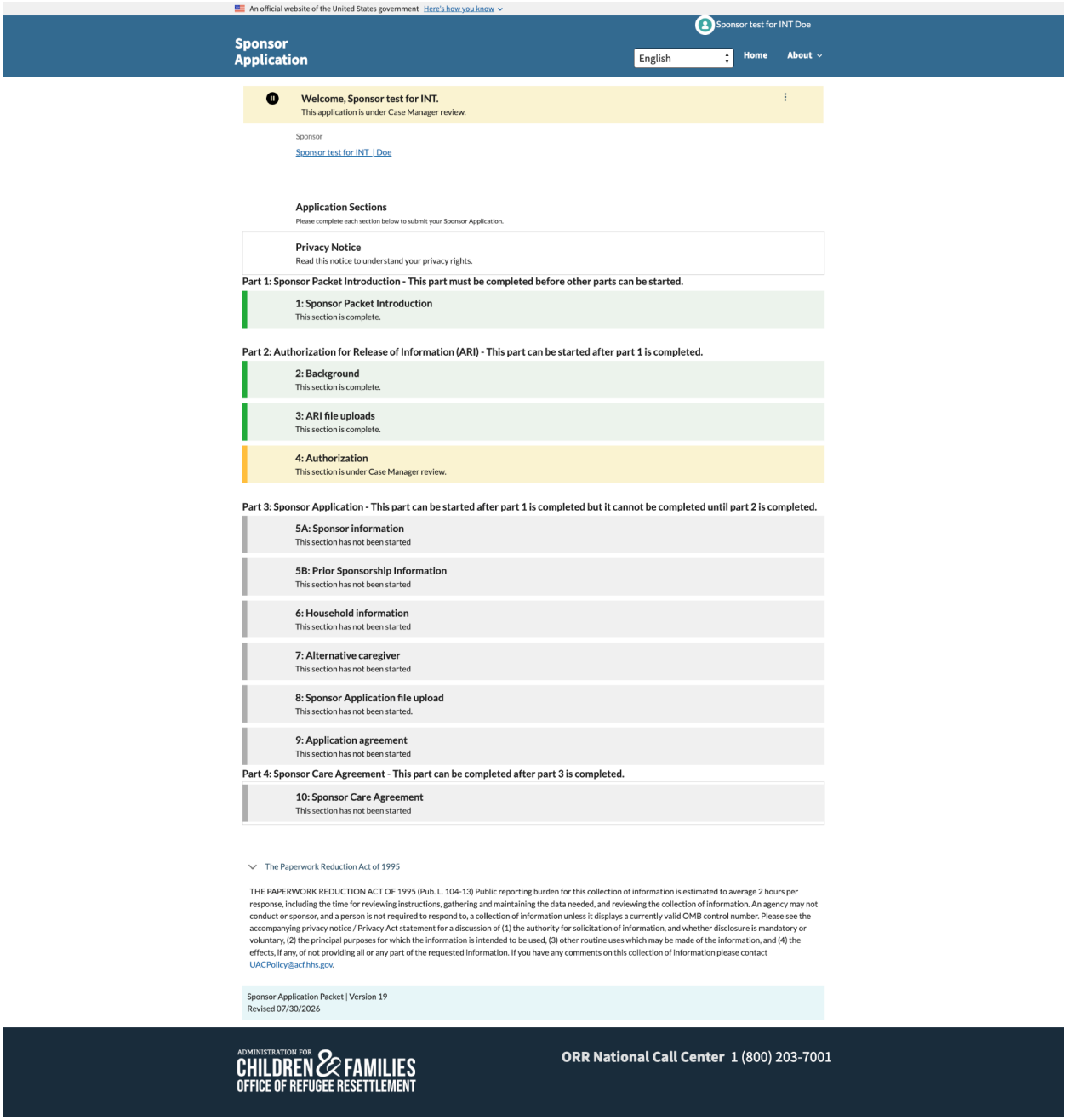
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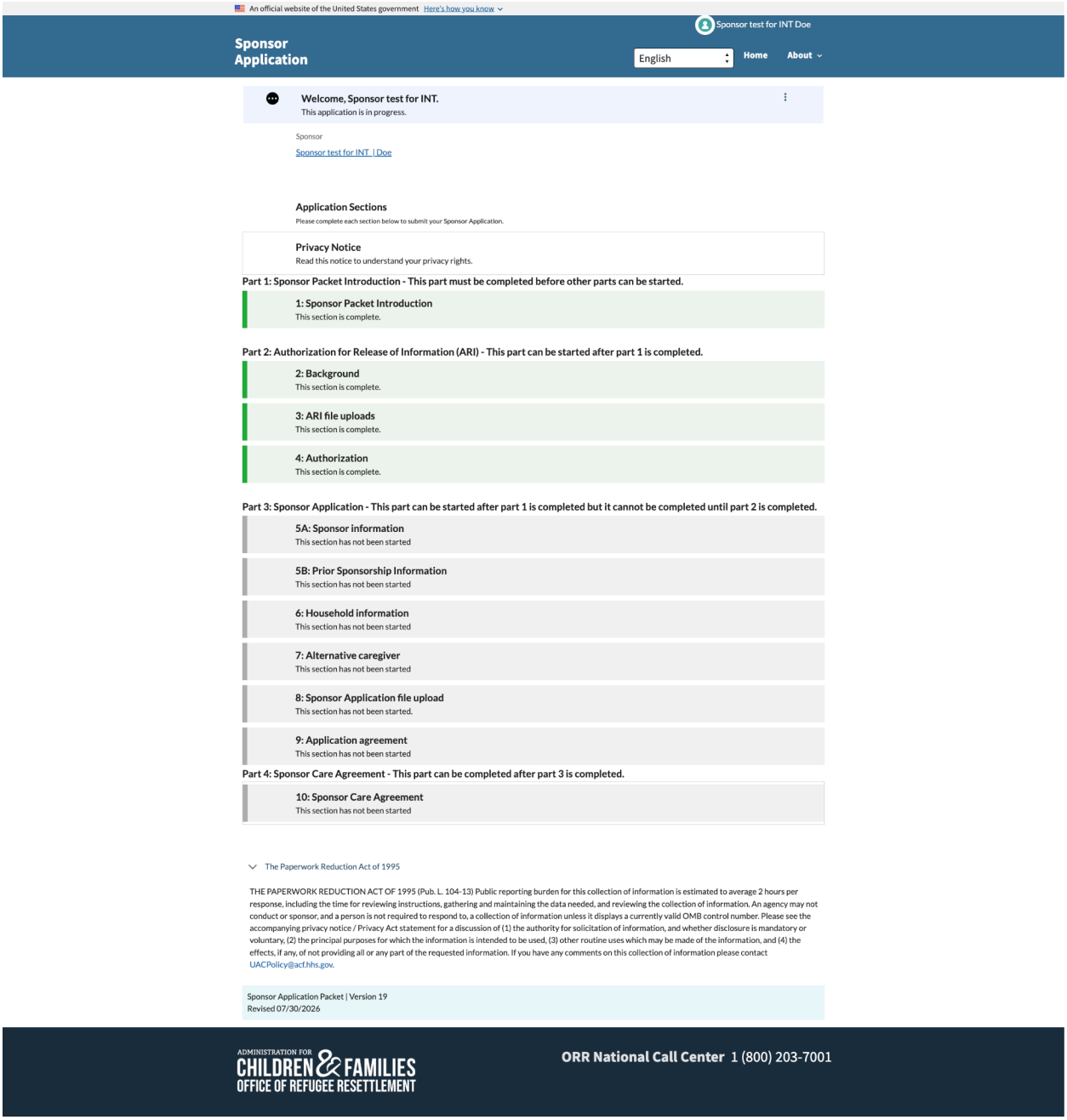
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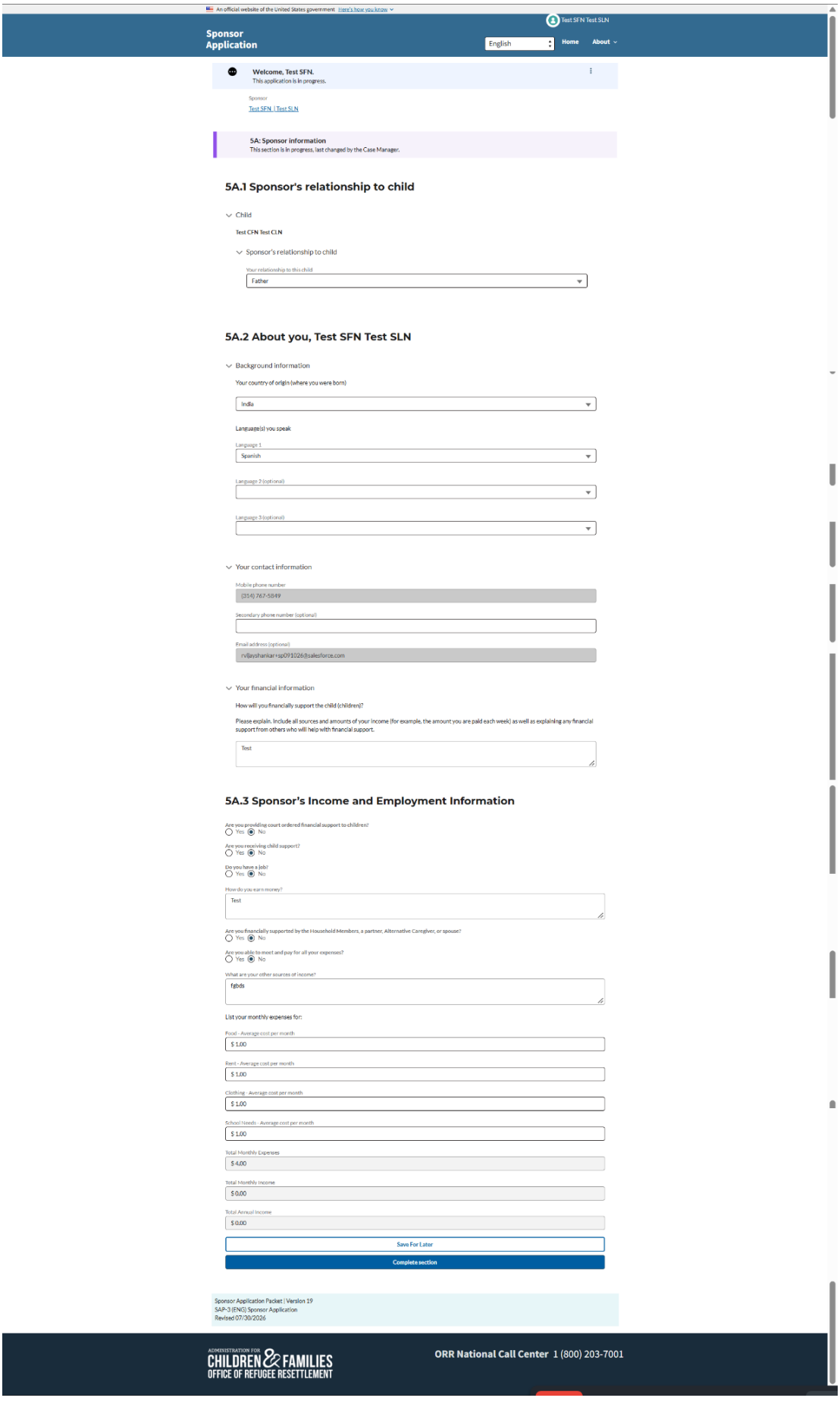

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Test SFN Test SLN

Sponsor Application

English Home About

Welcome, Test SFN.
This application is in progress.

Sponsor
Test SFN | Test SLN

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

5A.1 Sponsor's relationship to child

Child

Test CFN Test CLN

Sponsor's relationship to child

Your relationship to this child
Father

5A.2 About you, Test SFN Test SLN

Background information

Your country of origin (where you were born)
India

Language(s) you speak

Language 1
Spanish

Language 2 (optional)

Language 3 (optional)

Your contact information

Mobile phone number
(314) 767-5849

Secondary phone number (optional)

Email address (optional)
rvijayshankar+sp091026@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.

Test

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?
Test

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

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

What are your other sources of income?
fgbds

List your monthly expenses for:

Food - Average cost per month
$ 1.00

Rent - Average cost per month
$ 1.00

Clothing - Average cost per month
$ 1.00

School Needs - Average cost per month
$ 1.00

Total Monthly Expenses
$ 4.00

Total Monthly Income
$ 0.00

Total Annual Income
$ 0.00

Save For Later

Complete section

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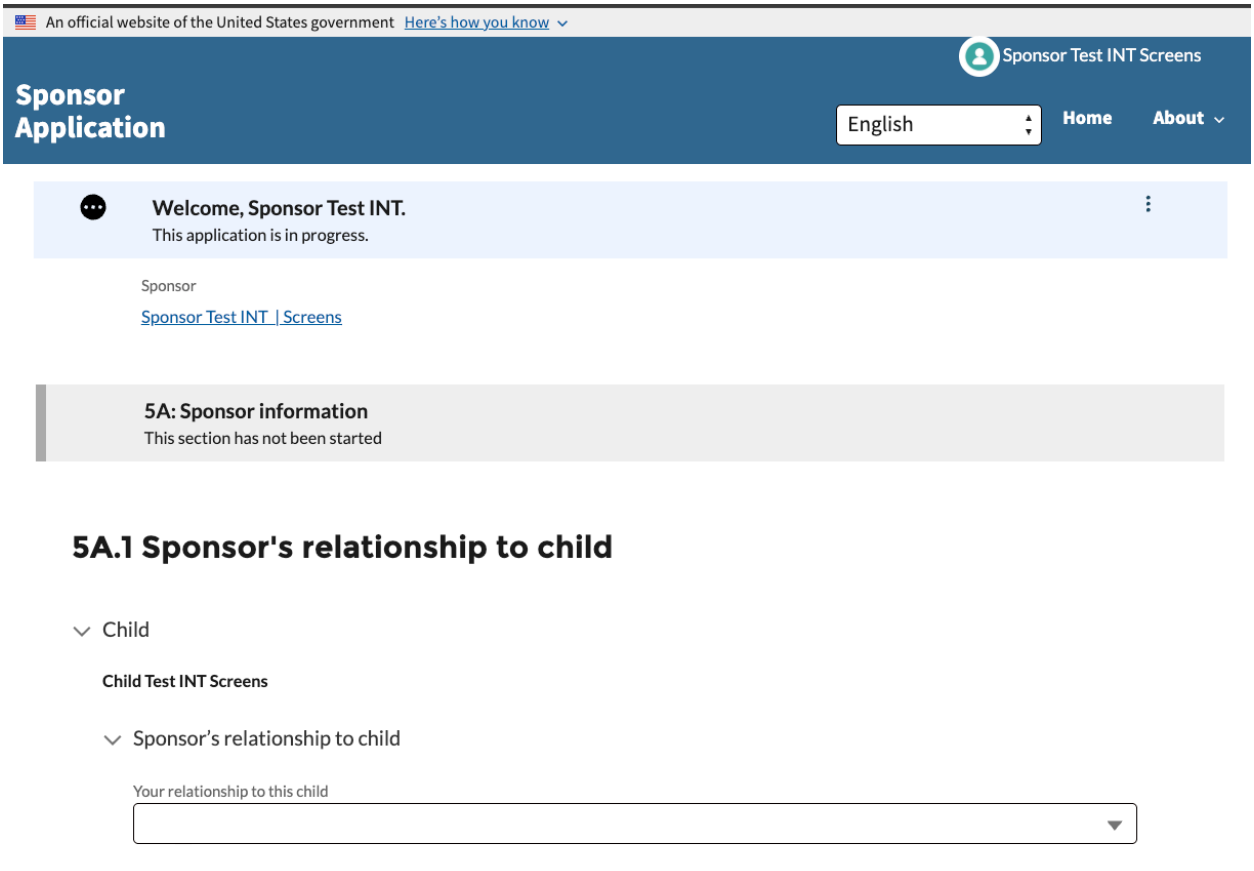
Revised 07/30/2026

ADMINISTRATION FOR CHILDREN & FAMILIES
OFFICE OF REFUGEE RESETTLEMENT

ORR National Call Center 1 (800) 203-7001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Sponsor Test INT Screens
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English
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Welcome, Sponsor Test INT.
This application is in progress.
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5A: Sponsor information
This section has not been started
5A.1 Sponsor's relationship to child
Child
Child Test INT Screens
Sponsor's relationship to child
Your relationship to this child

5A.2 About you, Sponsor Test INT Screens

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

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.

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

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

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 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

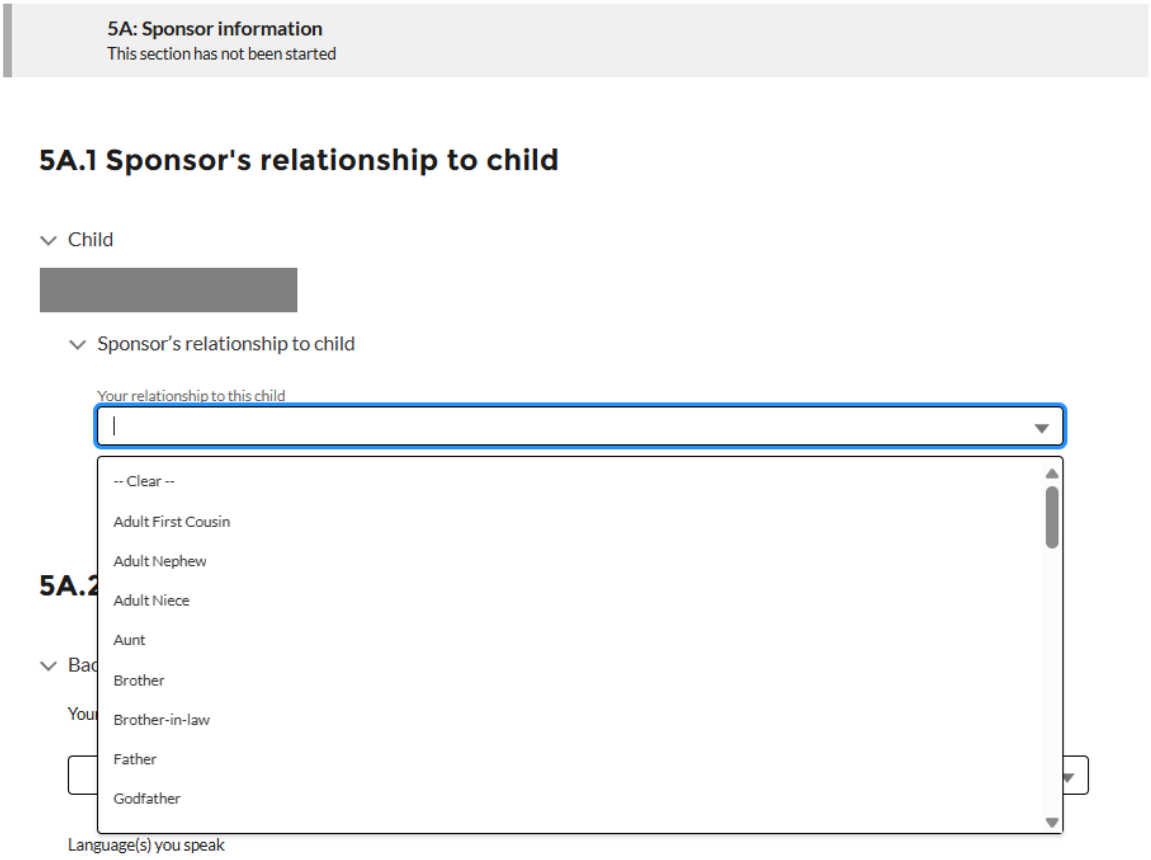
Total Monthly Income
$ 0.00

Total Annual Income
$ 0.00

Save For Later

Complete section

Sponsor Information – 5A



5A: Sponsor information
This section has not been started

5A.1 Sponsor's relationship to child

Child

Emanuel Alberto Chiquin Caal

Sponsor's relationship to child

Your relationship to this child

Godmother
Grandfather
Grandmother
Half-sibling
Legal Guardian
Mother
Other Distant Relative
Sister
Sister-in-law

5A.2

Bac

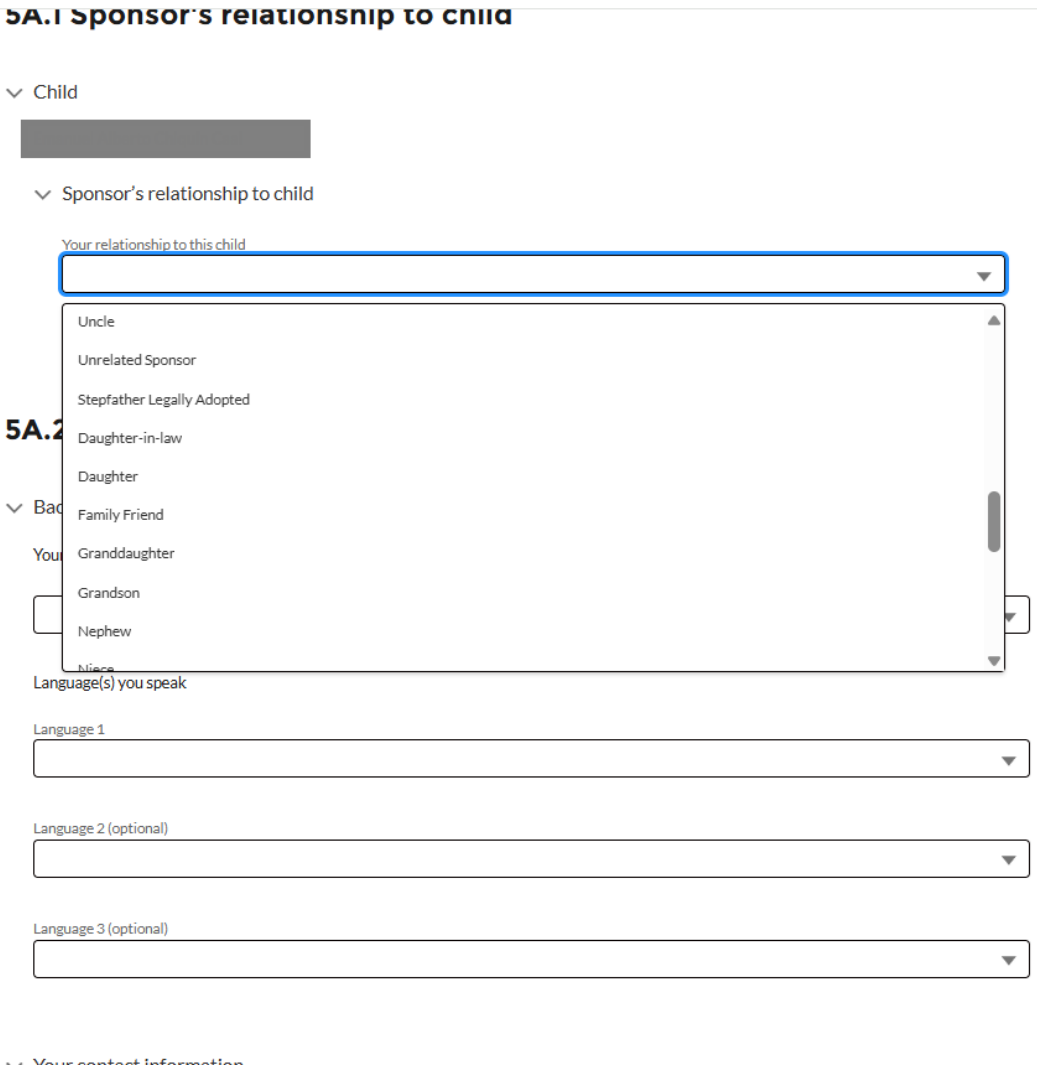
You

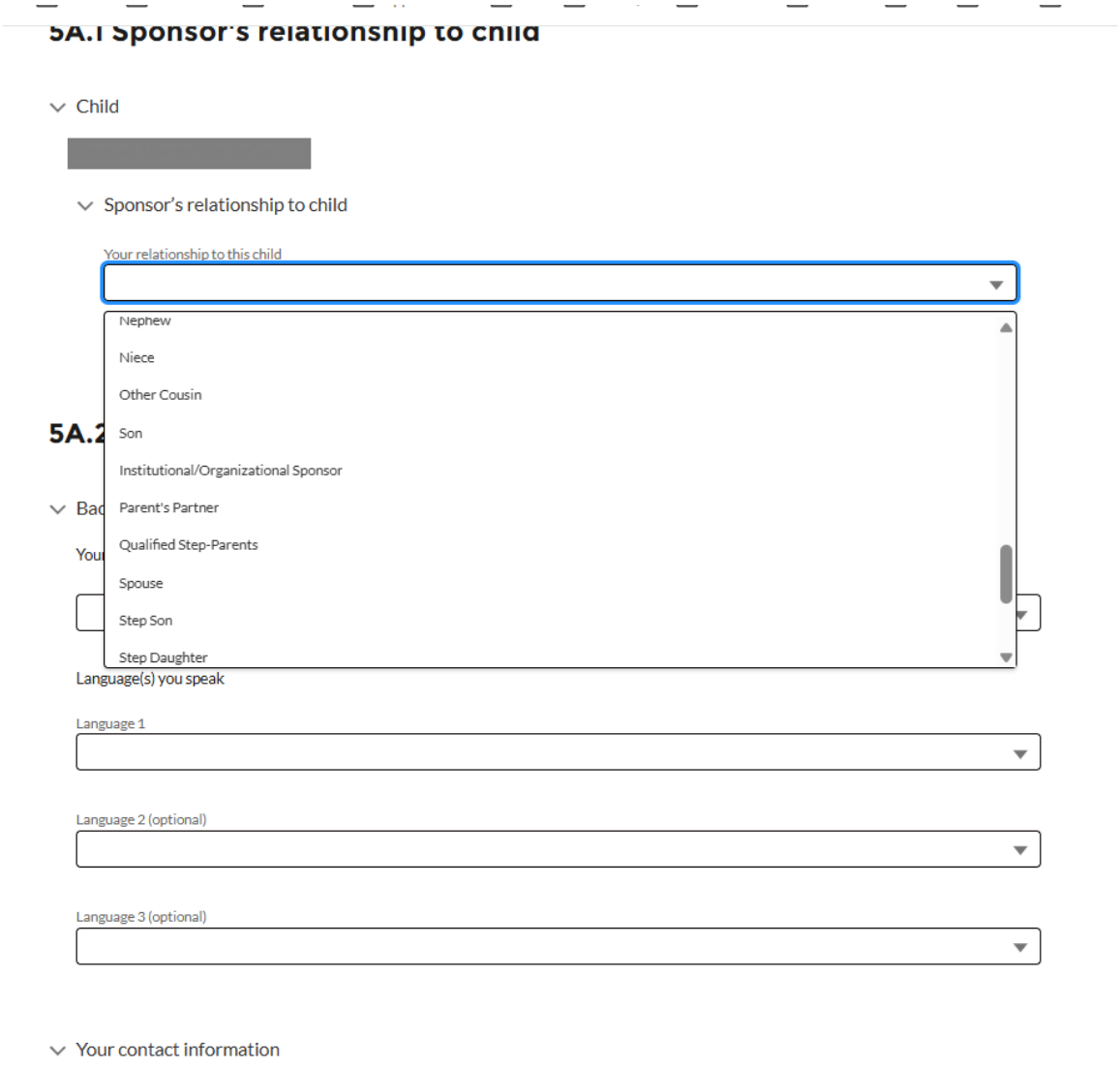
Language(s) you speak

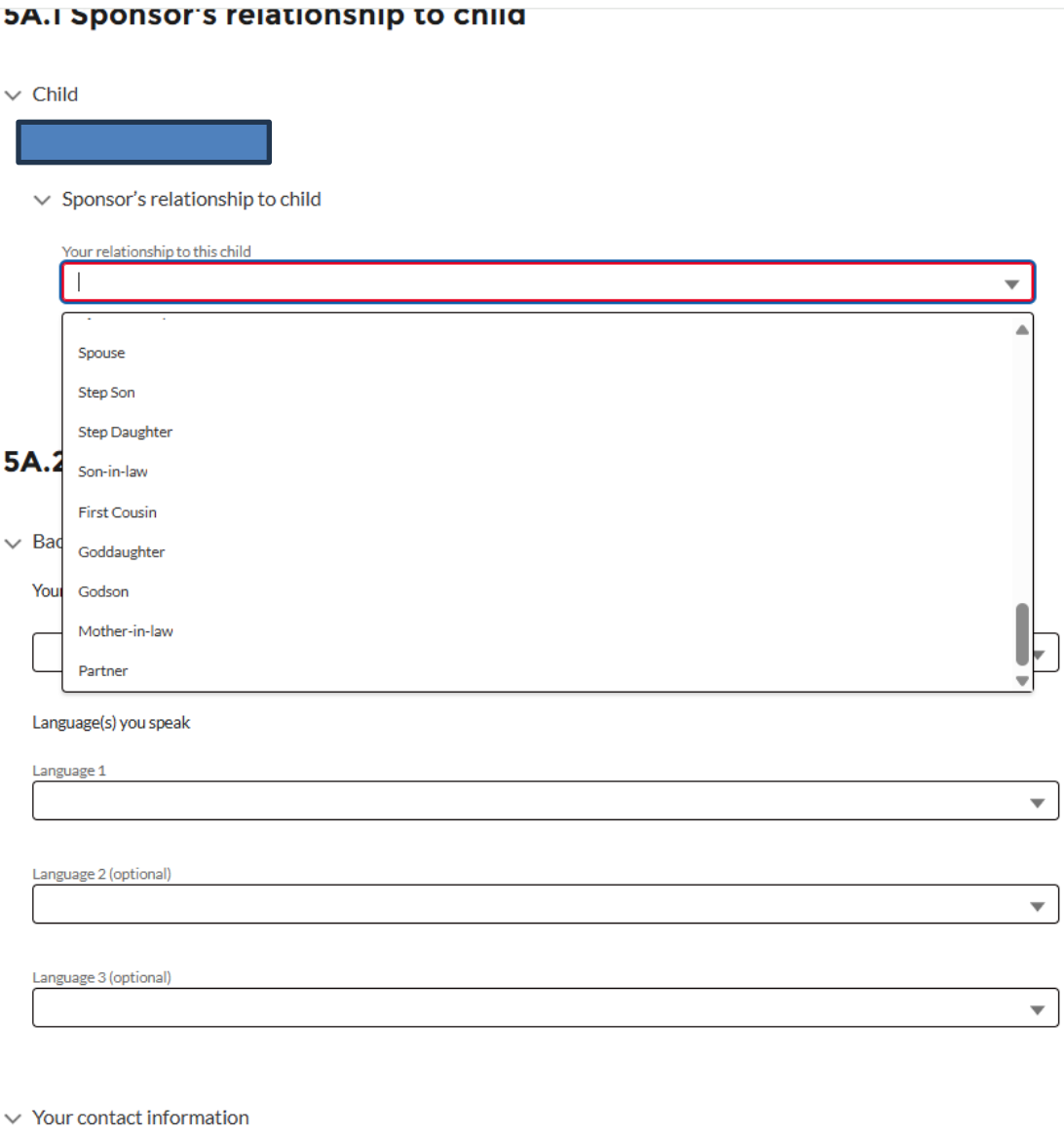
Language 1

Language 2 (optional)

5A.1 Sponsor's relationship to child
Child
Sponsor's relationship to child
Your relationship to this child
Sister
Sister-in-law
Stepbrother
Stepfather Non-Legally Adopted
Stepmother Legally Adopted
Stepmother Non-Legally Adopted
Stepsister
UAC's Spouse
Uncle
Language(s) you speak
Language 1
Language 2 (optional)


5A.1 Sponsor's relationship to child
Child
Sponsor's relationship to child
Your relationship to this child
Uncle
Unrelated Sponsor
Stepfather Legally Adopted
Daughter-in-law
Daughter
Family Friend
Granddaughter
Grandson
Nephew
Niece
5A.2
Language(s) you speak
Language 1
Language 2 (optional)
Language 3 (optional)


5A.1 Sponsor's relationship to child
Child
Sponsor's relationship to child
Your relationship to this child
Nephew
Niece
Other Cousin
Son
Institutional/Organizational Sponsor
Parent's Partner
Qualified Step-Parents
Spouse
Step Son
Step Daughter
5A.2
Bac
You
Language(s) you speak
Language 1
Language 2 (optional)
Language 3 (optional)
Your contact information


5A.1 Sponsor's relationship to child
Child
[redacted]
Sponsor's relationship to child
Your relationship to this child
Spouse
Step Son
Step Daughter
Son-in-law
First Cousin
Goddaughter
Godson
Mother-in-law
Partner
5A.2
Bac
You
Language(s) you speak
Language 1
Language 2 (optional)
Language 3 (optional)
Your contact information

5A.1 Sponsor's relationship to child

Child

Emanuel Alberto Chiquin Caal

Sponsor's relationship to child

Your relationship to this child

5A.2 About you, [redacted]

Background information

Your country of origin (where you were born)

Language(s) you speak

Language 1

-- Clear --
Acateco
Achi
Albanian
Arabic
Armenian
Asante
Awakatek
Azerbaijani

Secondary phone number (optional)

Background information

Your country of origin (where you were born)

Language(s) you speak

Language 1

Azerbaijani
Bambara
Bengali
Cantonese Chinese
Chatino
Chechen
Chorti
Chuj
Creole - Haitian (French)

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.

Background information

Your country of origin (where you were born)

Language(s) you speak

Language 1

Creole - Haitian (French)
Creole - Spanish
Czech
Dari
Dutch
Eman
English
Ewe
Fante

Secondary phone number (optional)

Email address (optional)

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How will you financially support the child (children)?

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Background information

Your country of origin (where you were born)

Language(s) you speak

Language 1

Farsi (Persian)
French
Fujianese
Fulani
Fuzhou
Ga
Garifuna
Georgian
German

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.

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Your country of origin (where you were born)

Language(s) you speak

Language 1

Gujarati
Haryanvi
Hausa
Hebrew
Hindi
Hungarian
Italian
Ixil
Jacaltelco (Popti)
Japanese

Secondary phone number (optional)

Email address (optional)

Your financial information

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Your country of origin (where you were born)

Language(s) you speak

Language 1

Japanese
Kaqchikel
Kiche
Kikongo
Korean
Kotokoli
Kurdish
Kyrgyz
Lachi

Secondary phone number (optional)

Email address (optional)

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Language(s) you speak

Language 1

Latvian
Lenca
Lingala
Malinke
Mam
Mandarin Chinese
Mandingo
Marwari
Maya
Mazatec

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.

Background information

Your country of origin (where you were born)

Language(s) you speak

Language 1

Mazatec
Miskito
Mixteco
Mopan
Nahuatl
Nepali
Otomi
Pashai
Pashto

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.

Background information

Your country of origin (where you were born)

Language(s) you speak

Language 1

Patois
Polish
Poqomam
Poqomchi
Portuguese
Pular
Punjabi
Qanjobal
Q'eqchi

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.

Background information

Your country of origin (where you were born)

Language(s) you speak

Language 1

Quechua
Rohingya
Romani (Gypsy)
Romanian
Russian
Serbian
Sipakapense
Slovak
Somali

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.

Background information

Your country of origin (where you were born)

Language(s) you speak

Language 1

Soninke
Spanish
Susu
Swahili
Sylheti
Tajik
Tamil
Tarahumara
Tectiteco

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.

Background information

Your country of origin (where you were born)

Language(s) you speak

Language 1

Telugu
Thai
Tibetan
Tigrinya
Tlapanec
Tojolabal
Triqui
Turkish
Twi

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.

Background information

Your country of origin (where you were born)

Language(s) you speak

Language 1

Tzeltal
Tzotzil
Tz'utujil
Ukrainian
Urdu
Uspanteko
Uzbek
Wolof
Yoruba

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.

Background information

Your country of origin (where you were born)

Language(s) you speak

Language 1

Urdu
Uspanteko
Uzbek
Wolof
Yoruba
Zaghawa
Zapotec
Zarma
Zoque

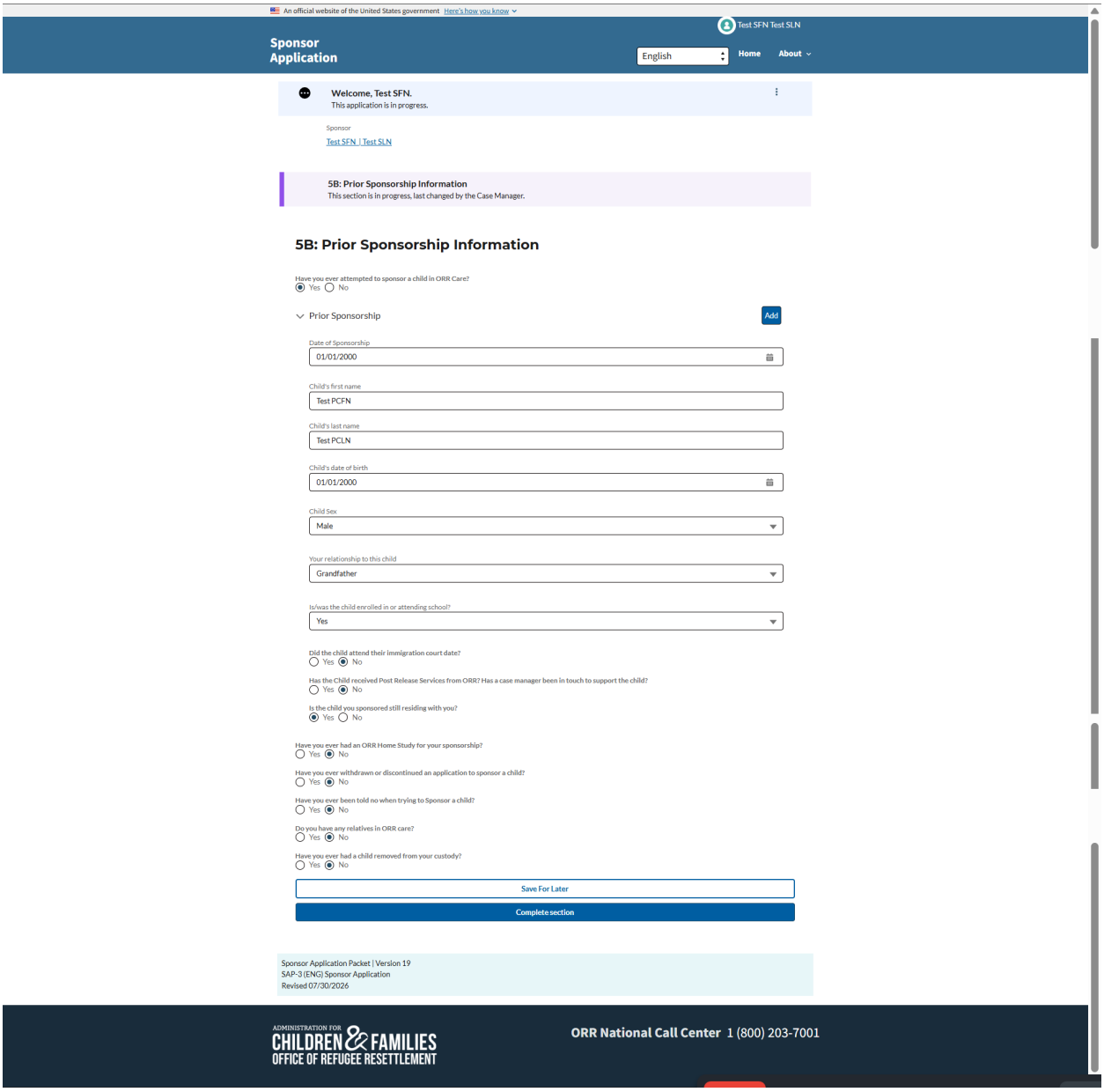
Secondary phone number (optional)

Email address (optional)

Your financial information

How will you financially support the child (children)?

5B


An official website of the United States government Here's how you know
Test SFN Test SLN
Sponsor Application
English
Home
About
Welcome, Test SFN.
This application is in progress.
Sponsor
Test SFN | Test SLN
5B: Prior Sponsorship Information
This section is in progress, last changed by the Case Manager.
5B: Prior Sponsorship Information
Have you ever attempted to sponsor a child in ORR Care?
Yes No
Prior Sponsorship
Add
Date of Sponsorship
01/01/2000
Child's first name
Test PCFN
Child's last name
Test PCLN
Child's date of birth
01/01/2000
Child Sex
Male
Your relationship to this child
Grandfather
Is/was the child enrolled in or attending school?
Yes
Did the child attend their immigration court date?
Yes No
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
Have you ever been told no when trying to Sponsor a child?
Yes No
Do you have any relatives in ORR care?
Yes No
Have you ever had a child removed from your custody?
Yes No
Save For Later
Complete section
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OFFICE OF REFUGEE RESETTLEMENT
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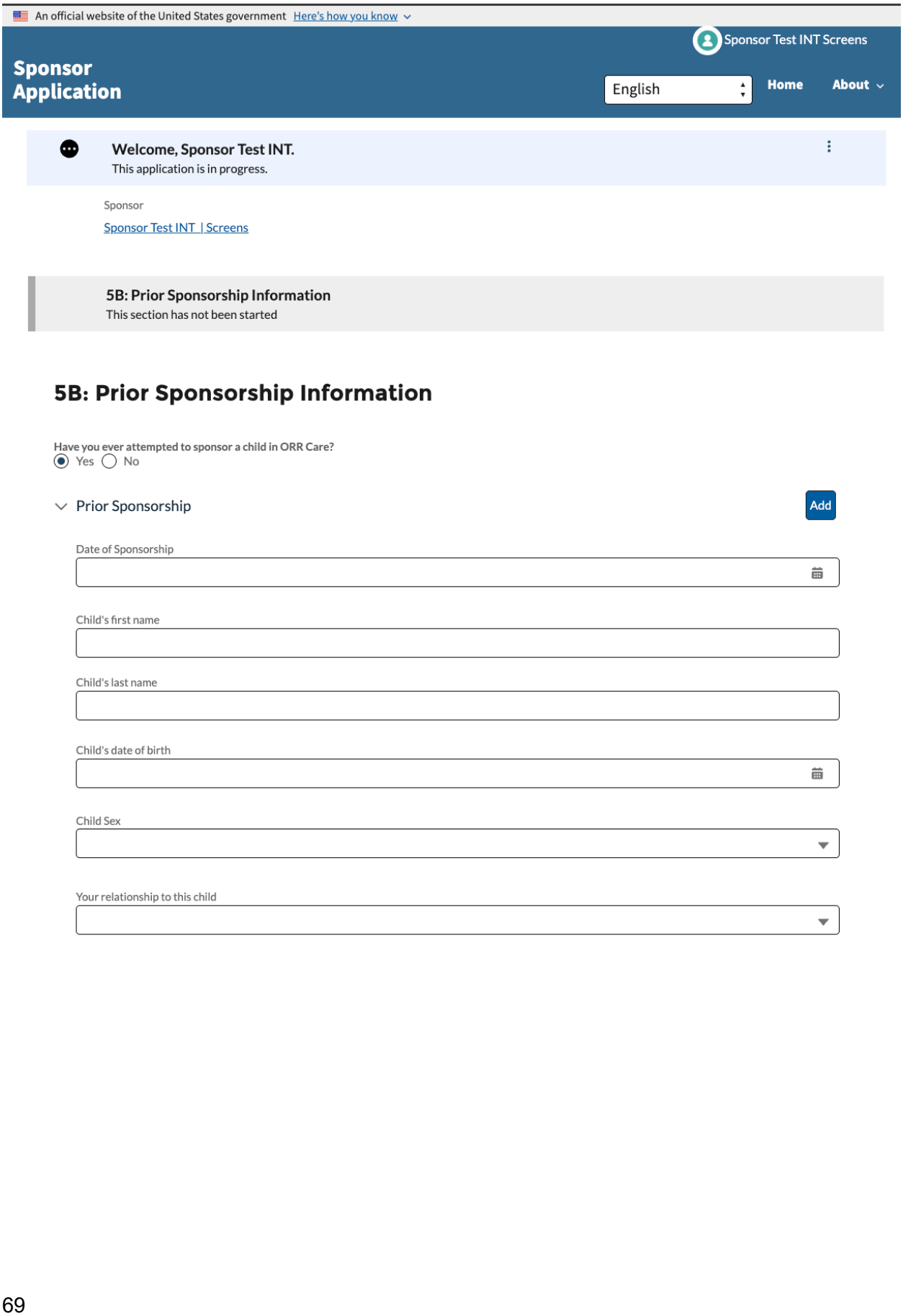
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English
Home
About
Welcome, Sponsor Test INT.
This application is in progress.
Sponsor
Sponsor Test INT | Screens
5B: Prior Sponsorship Information
This section has not been started
5B: Prior Sponsorship Information
Have you ever attempted to sponsor a child in ORR Care?
Yes
No
Prior Sponsorship
Add
Date of Sponsorship
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

Child's A#

Child's first name

Child's last name

Child's date of birth

Child Sex

-- Clear --
Male
Female

Is/was the child enrolled in or attending school?

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

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

Why did you withdraw?

Child's date of birth

Child Sex

Your relationship to this child

-- Clear --
Adult First Cousin
Adult Nephew
Adult Niece
Aunt
Brother
Brother-in-law
Father
Godfather

Have

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?

Child's date of birth

Child Sex

Your relationship to this child

- Godmother
- Grandfather
- Grandmother
- Half-sibling
- Legal Guardian
- Mother
- Other Distant Relative
- Sister
- Sister-in-law
- Stepbrother

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?

Child's date of birth

Child Sex

Your relationship to this child

- Stepbrother
- Stepfather Non-Legally Adopted
- Stepmother Legally Adopted
- Stepmother Non-Legally Adopted
- Stepsister
- UAC's Spouse
- Uncle
- Unrelated Sponsor
- Stepfather Legally Adopted
- Daughter-in-law

Have

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?

Child's last name

Child's date of birth

Child Sex

Your relationship to this child

Daughter-in-law
Daughter
Family Friend
Granddaughter
Grandson
Nephew
Niece
Other Cousin
Son
Institutional/Organizational Sponsor

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

Child's date of birth

Child Sex

Your relationship to this child

- Son
- Institutional/Organizational Sponsor
- Parent's Partner
- Qualified Step-Parents
- Spouse
- Step Son
- Step Daughter
- Son-in-law
- First Cousin

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?

Child's date of birth

Child Sex

Your relationship to this child

Spouse
Step Son
Step Daughter
Son-in-law
First Cousin
Goddaughter
Godson
Mother-in-law
Partner

Have

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?

Child Sex

Your relationship to this child

Is/was the child enrolled in or attending school?

-- Clear --

Yes

No

Not Currently Attending

◯ 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

Why did you withdraw?

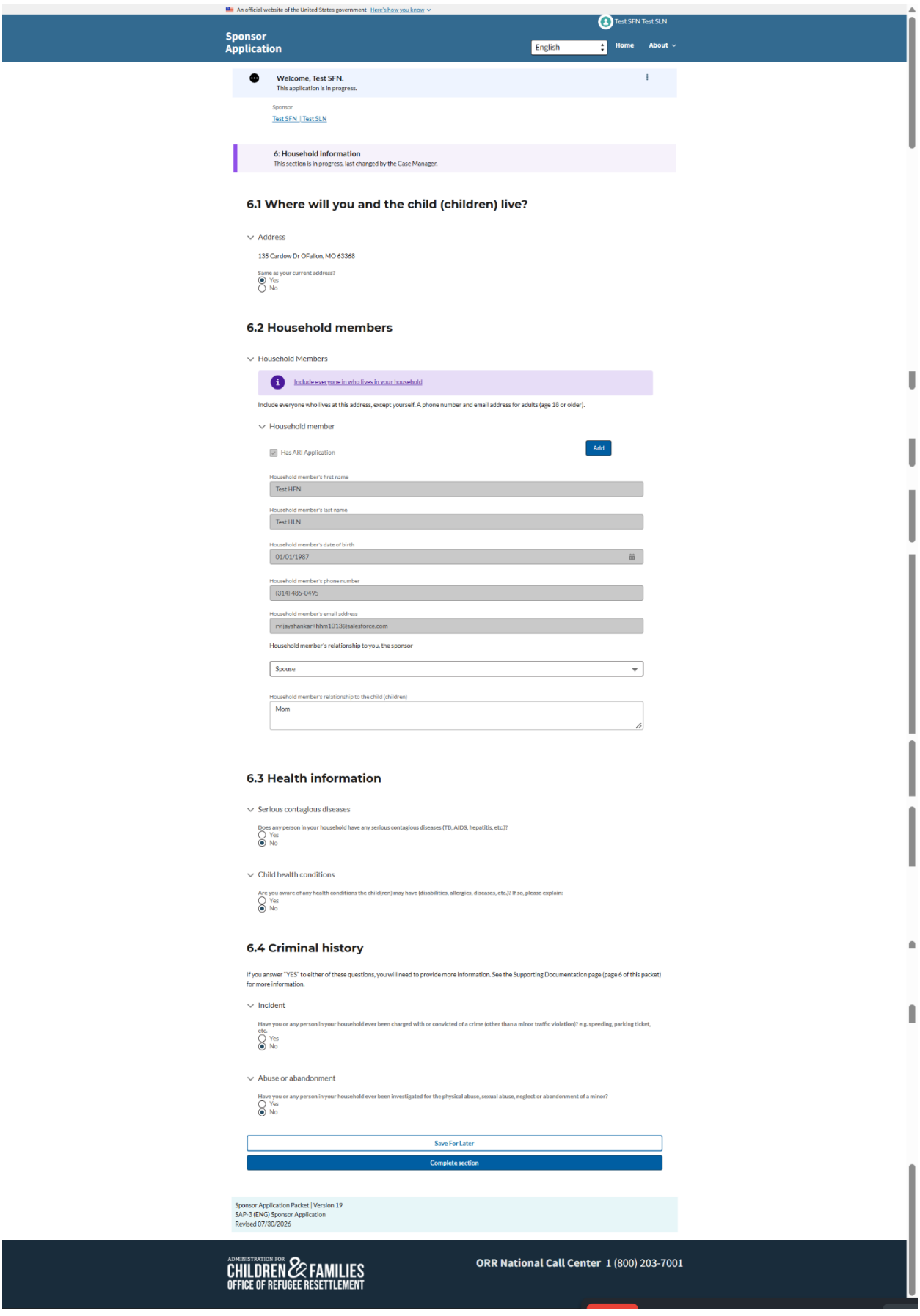
Have you ever been told no when trying to Sponsor a child?
◉ Yes ◯ No

Why?

Do you have any relatives in ORR care?
◉ Yes ◯ No

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

Explain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About
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This application is in progress.
Sponsor
Test SFN | Test SLN
6: Household information
This section is in progress, last changed by the Case Manager.
6.1 Where will you and the child (children) live?
Address
135 Cardow Dr OFallon, MO 63368
Same as your current address?
Yes
No
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
Household member's first name
Test HFN
Household member's last name
Test HLN
Household member's date of birth
01/01/1987
Household member's phone number
(314) 485-0495
Household member's email address
rvijayshankar+hhm1013@salesforce.com
Household member's relationship to you, the sponsor
Spouse
Household member's relationship to the child (children)
Mom
6.3 Health information
Serious contagious diseases
Does any person in your household have any serious contagious diseases (TB, AIDS, hepatitis, etc.)?
Yes
No
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
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
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
Complete section
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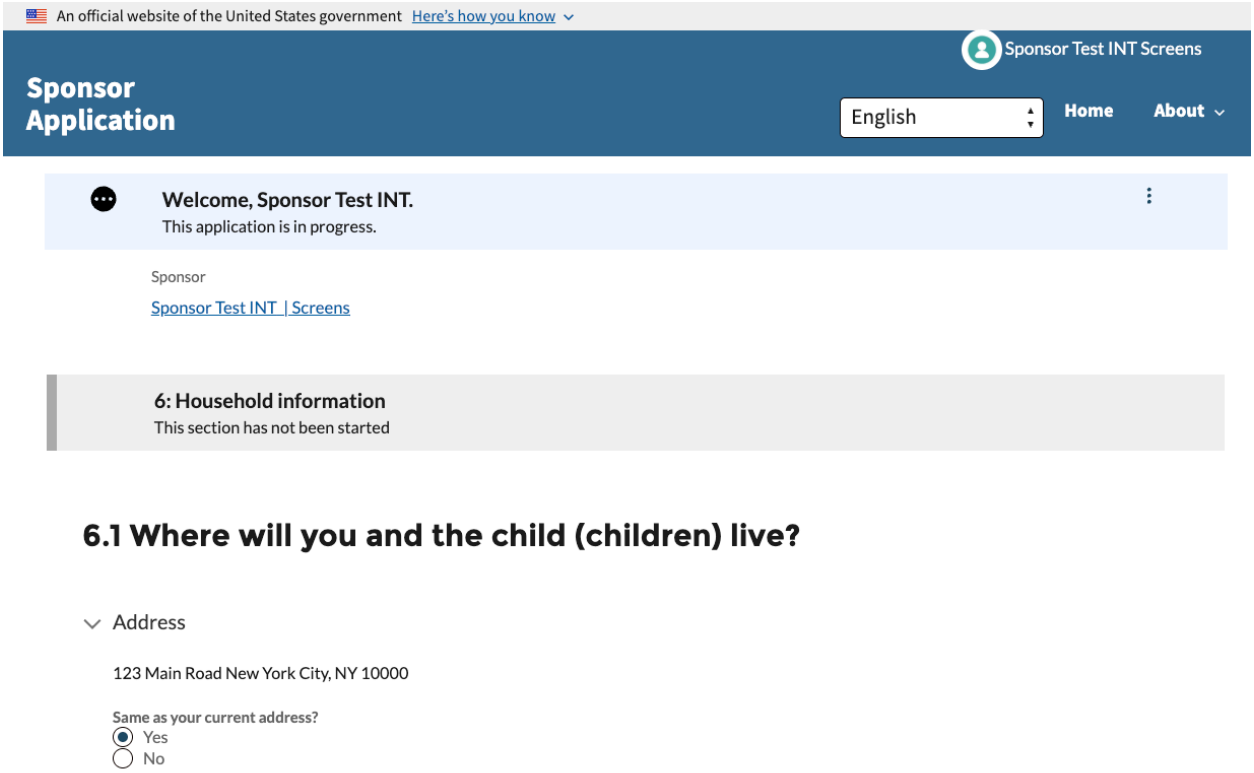
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Welcome, Sponsor Test INT.
This application is in progress.
Sponsor
Sponsor Test INT | Screens
6: Household information
This section has not been started
6.1 Where will you and the child (children) live?
Address
123 Main Road New York City, NY 10000
Same as your current address?
Yes
No

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

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

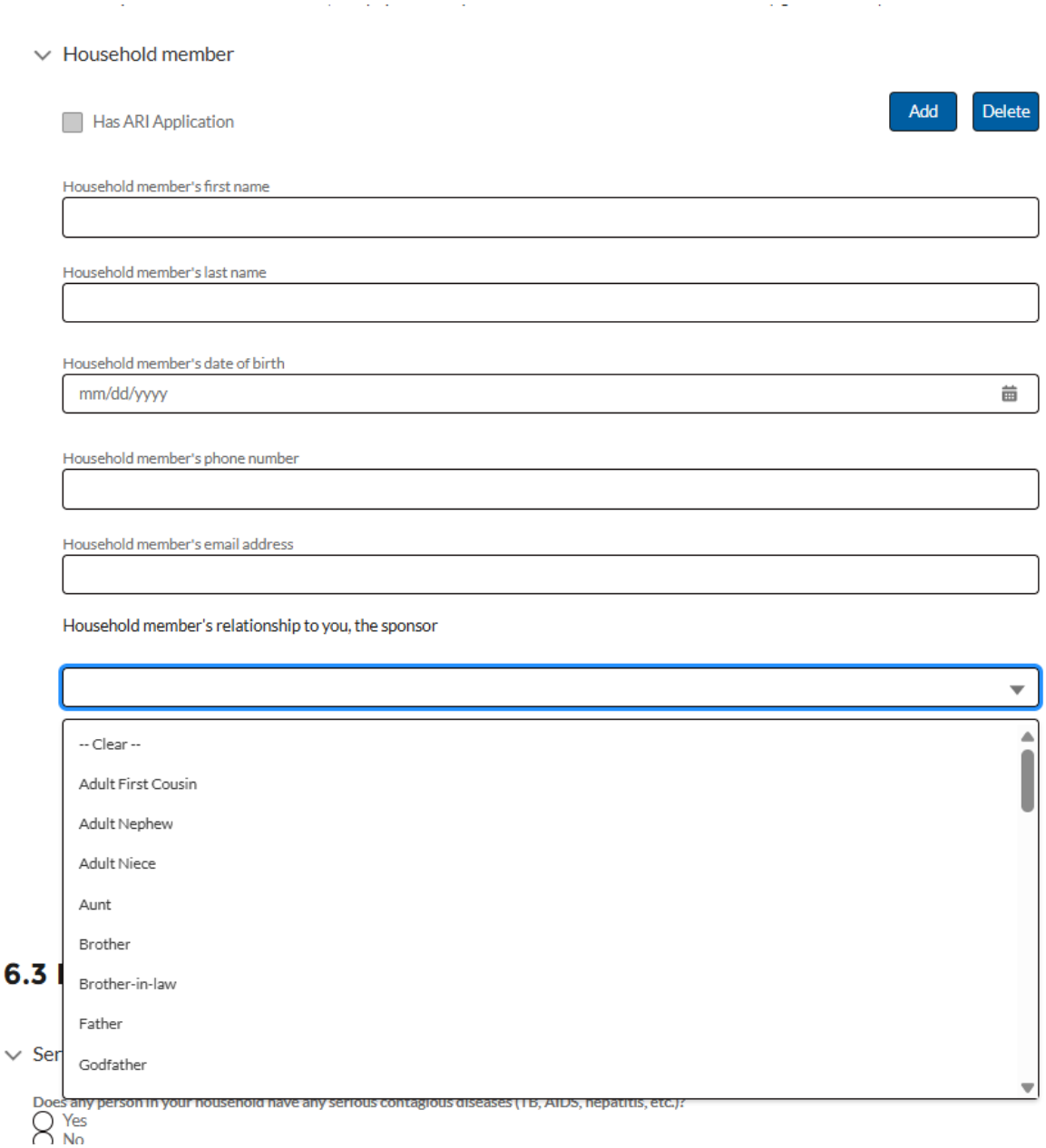
Have you or any person in your household ever been charged with or convicted of a crime (other than a minor traffic violation)? e.g. speeding, parking ticket, etc.
- ( ) Yes
- (•) No

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

Complete section


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
-- Clear --
Adult First Cousin
Adult Nephew
Adult Niece
Aunt
Brother
Brother-in-law
Father
Godfather
6.3
Ser
Does any person in your household have any serious contagious diseases (TB, AIDS, hepatitis, etc.)?
Yes
No

Household member's email address

Household member's relationship to you, the sponsor

Godmother
Grandfather
Grandmother
Half-sibling
Legal Guardian
Mother
Other Distant Relative
Sister
Sister-in-law

6.3 H

Ser

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

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

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.

Household member's email address

Household member's relationship to you, the sponsor

- Stepbrother
- Stepfather Non-Legally Adopted
- Stepmother Legally Adopted
- Stepmother Non-Legally Adopted
- Stepsister
- UAC's Spouse
- Uncle
- Unrelated Sponsor
- Stepfather Legally Adopted
- Daughter-in-law

6.3 H

Ser

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

- ○ Yes
- ○ No

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

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.

Household member's email address

Household member's relationship to you, the sponsor

- Daughter-in-law
- Daughter
- Family Friend
- Granddaughter
- Grandson
- Nephew
- Niece
- Other Cousin
- Son

6.3 I

Ser

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

- ○ Yes
- ○ No

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

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

Household member's email address

Household member's relationship to you, the sponsor

- Institutional/Organizational Sponsor
- Parent's Partner
- Qualified Step-Parents
- Spouse
- Step Son
- Step Daughter
- Son-in-law
- First Cousin
- Goddaughter

6.3 H

Ser

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

- ○ Yes
- ○ No

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

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

Household member's email address

Household member's relationship to you, the sponsor

Spouse
Step Son
Step Daughter
Son-in-law
First Cousin
Goddaughter
Godson
Mother-in-law
Partner

6.3 I

Ser

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

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

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

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

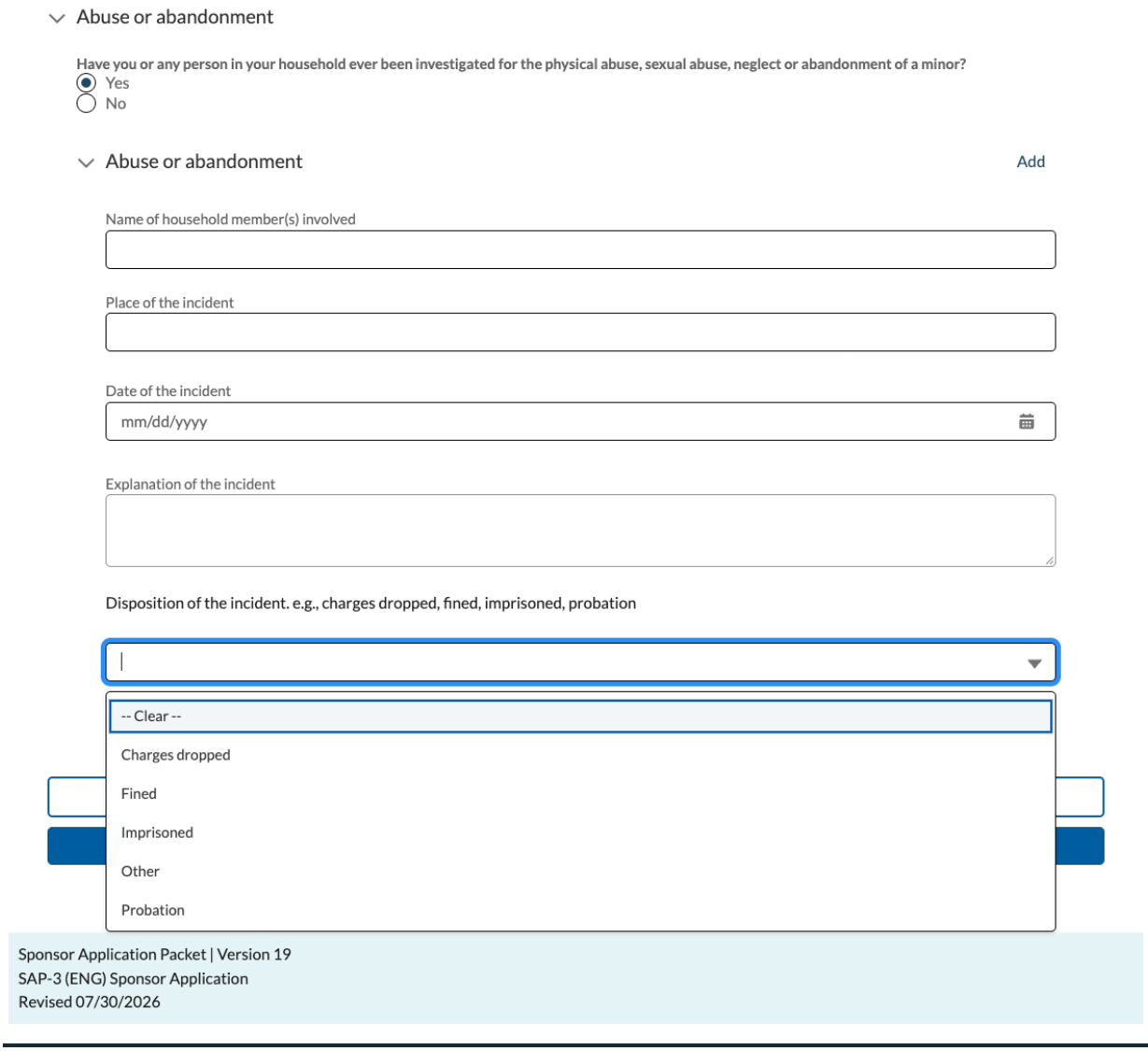
-- Clear --
Charges dropped
Fined
Imprisoned
Other
Probation

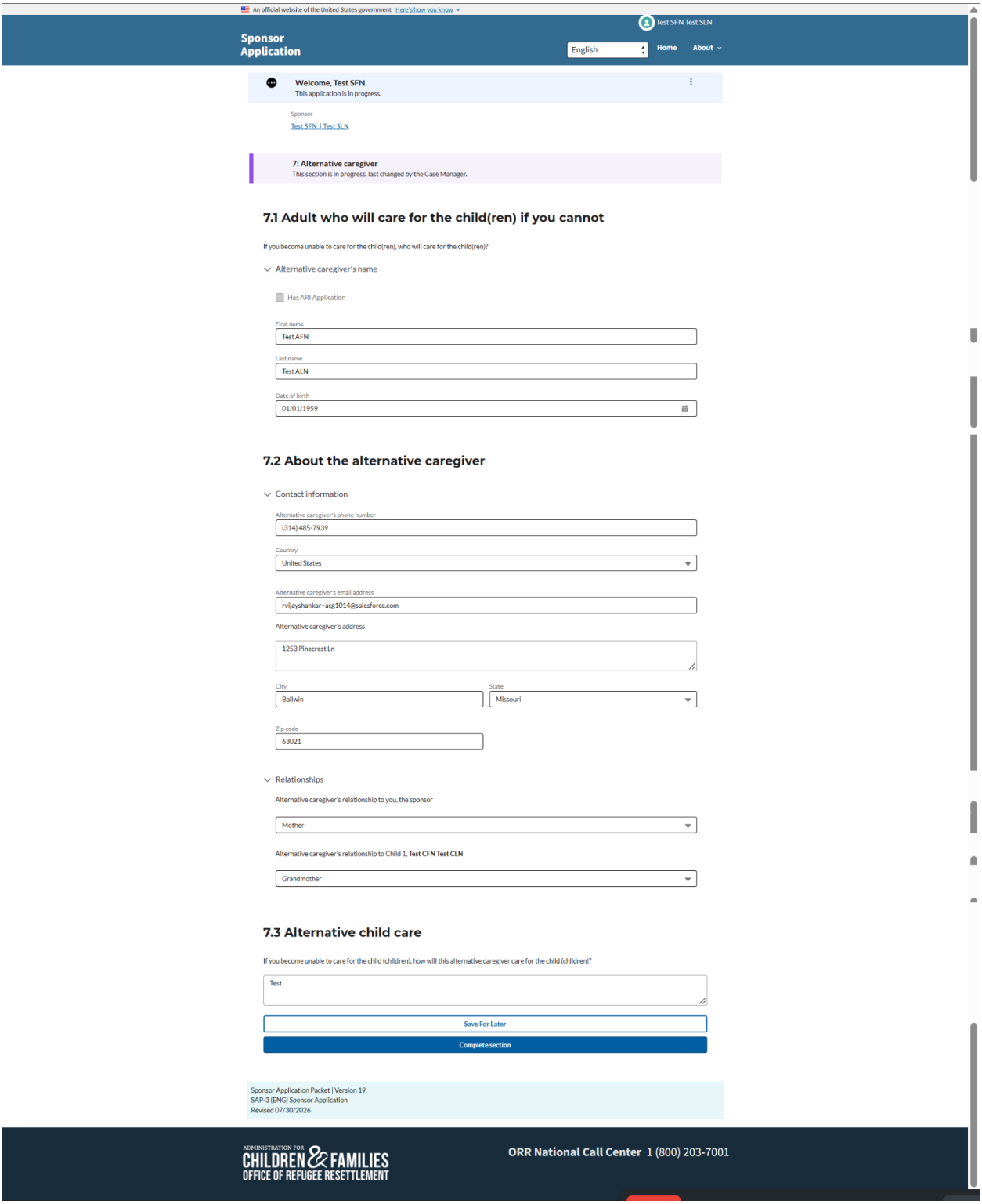
Abu

Have

Save For Later

Complete section


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
-- Clear --
Charges dropped
Fined
Imprisoned
Other
Probation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Sponsor
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7: Alternative caregiver
This section is in progress, last changed by the Case Manager.
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
Test AFN
Last name
Test ALN
Date of birth
01/01/1959
7.2 About the alternative caregiver
Contact information
Alternative caregiver's phone number
(314) 485-7939
Country
United States
Alternative caregiver's email address
rvijayshankar+acg1014@salesforce.com
Alternative caregiver's address
1253 Pinecrest Ln
City
Ballwin
State
Missouri
Zip code
63021
Relationships
Alternative caregiver's relationship to you, the sponsor
Mother
Alternative caregiver's relationship to Child 1, Test CFN Test CLN
Grandmother
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)?
Test
Save For Later
Complete section
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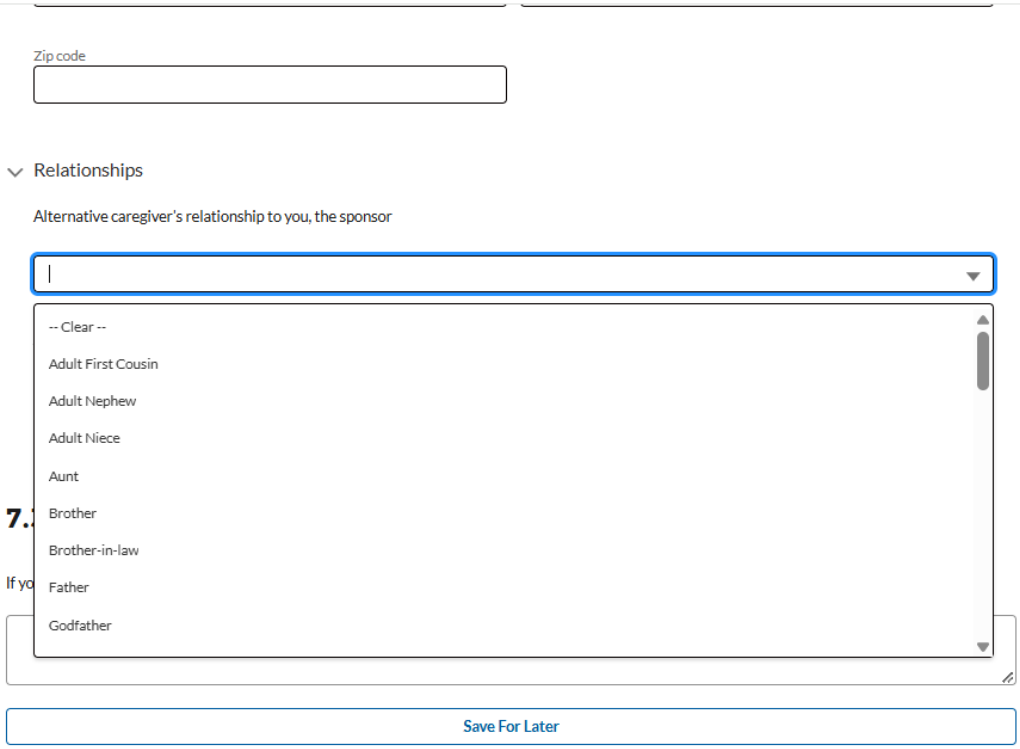
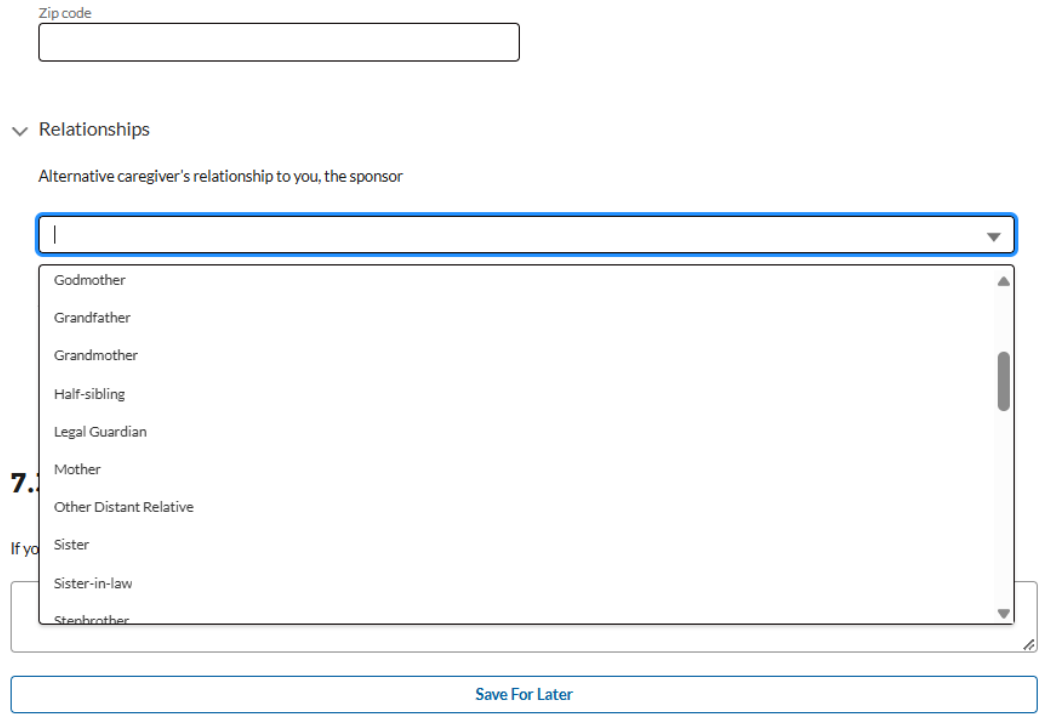
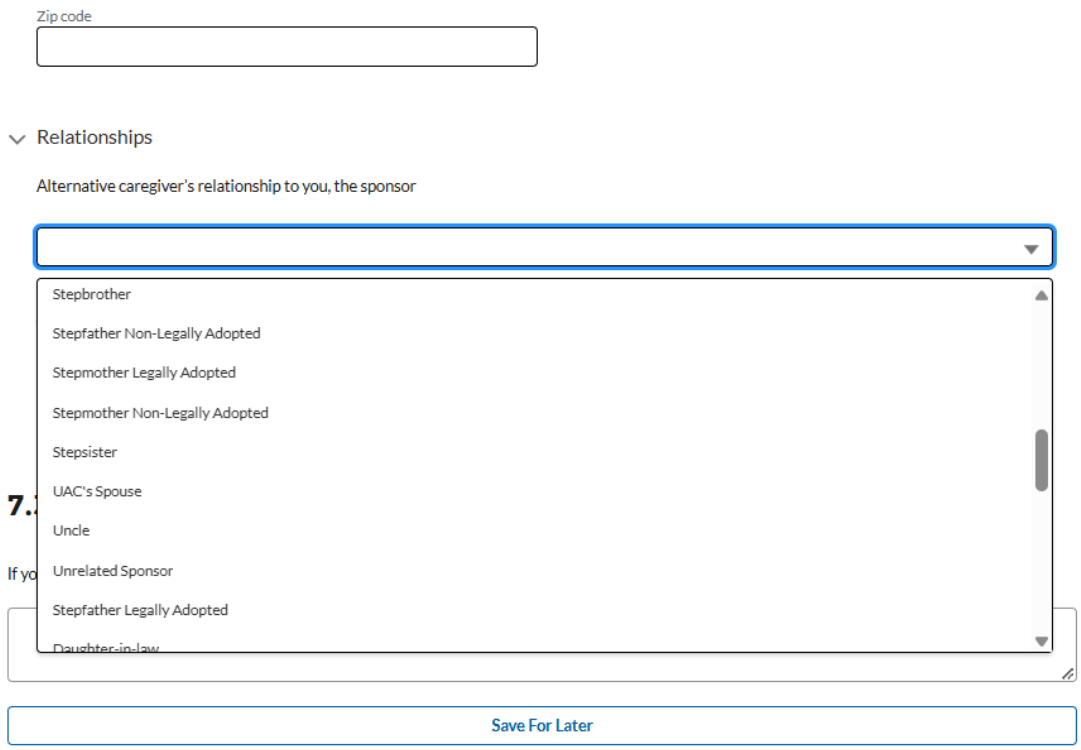
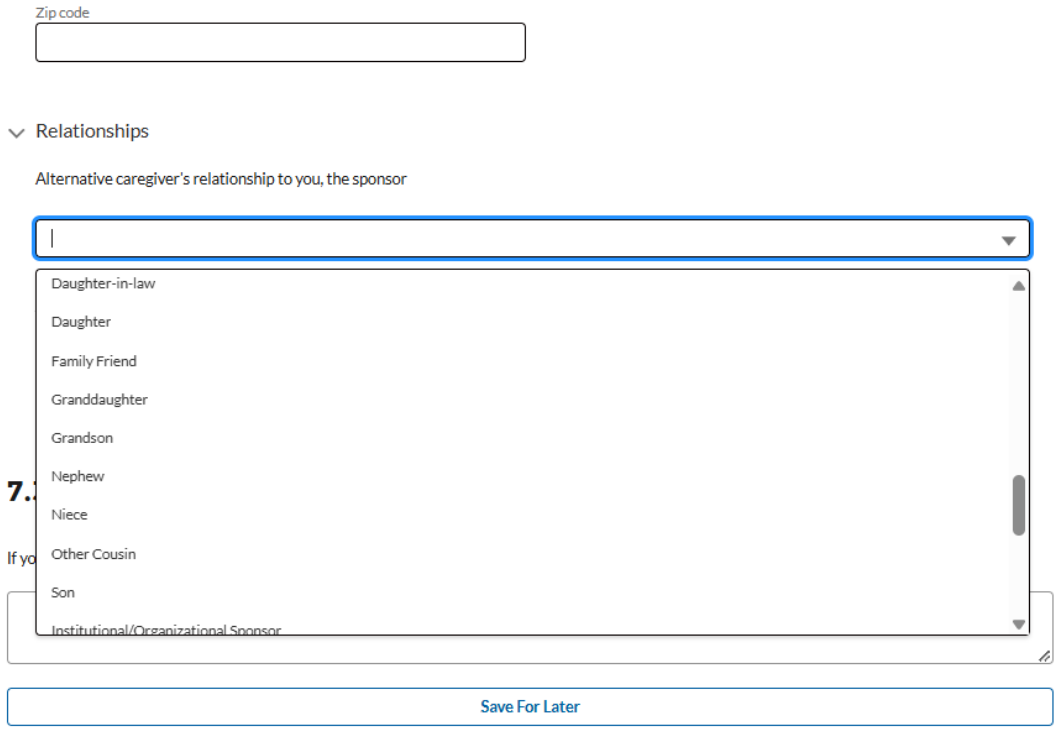
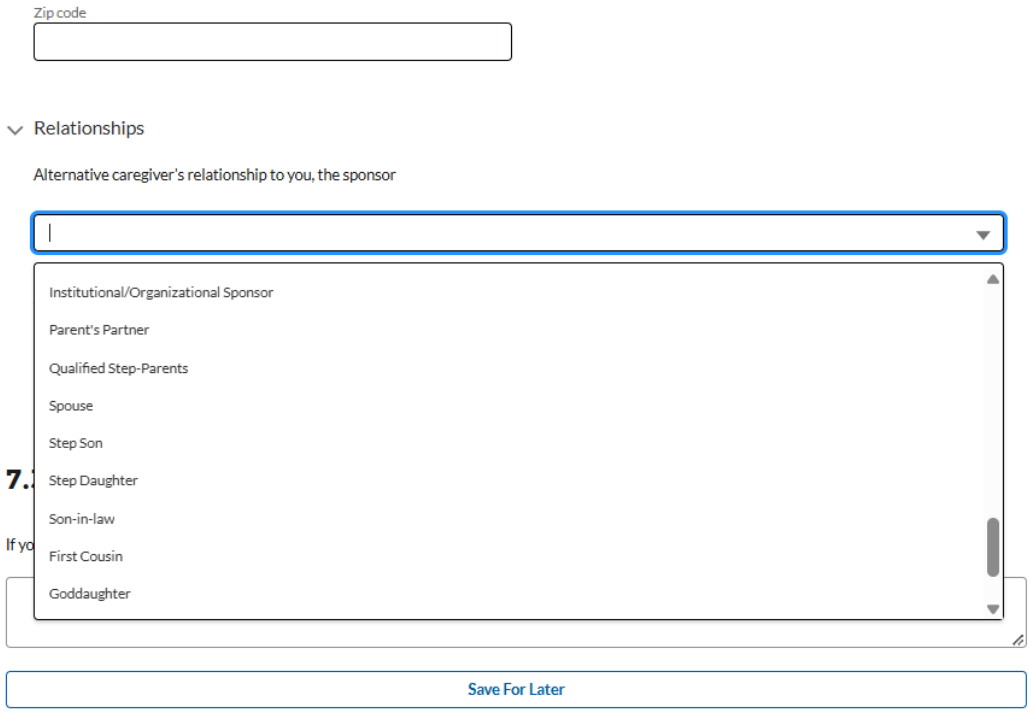
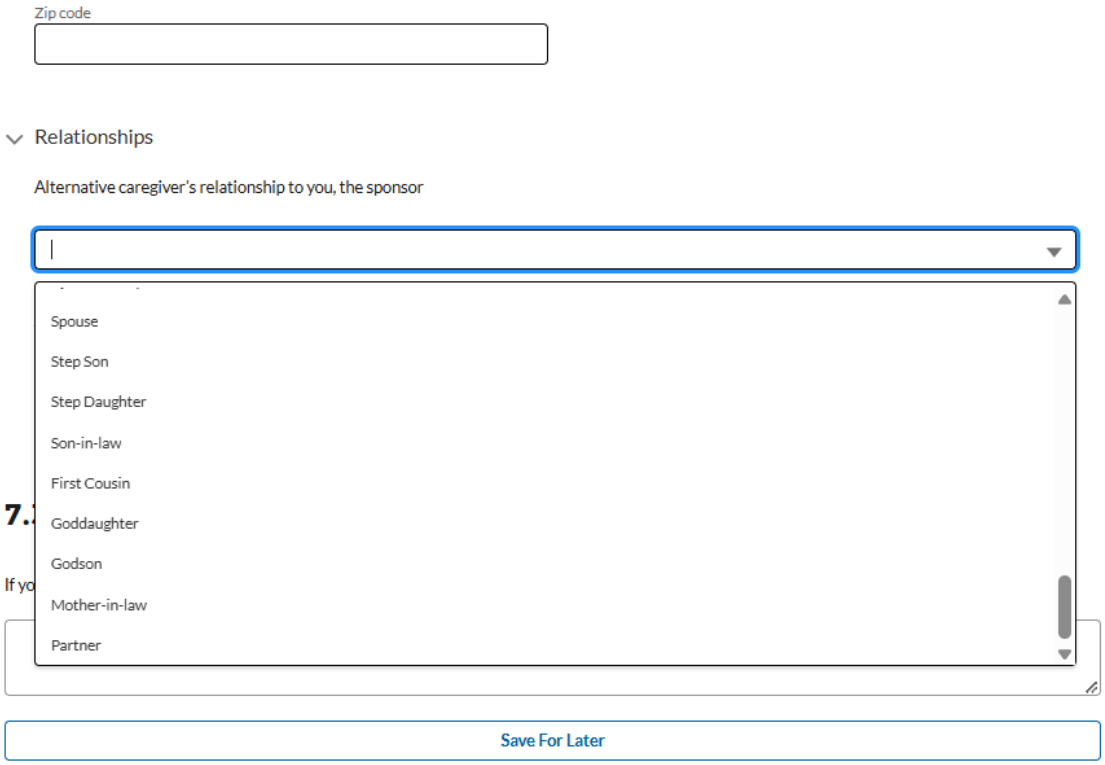

Zip code
Relationships
Alternative caregiver's relationship to you, the sponsor
-- Clear --
Adult First Cousin
Adult Nephew
Adult Niece
Aunt
Brother
Brother-in-law
Father
Godfather
Save For Later

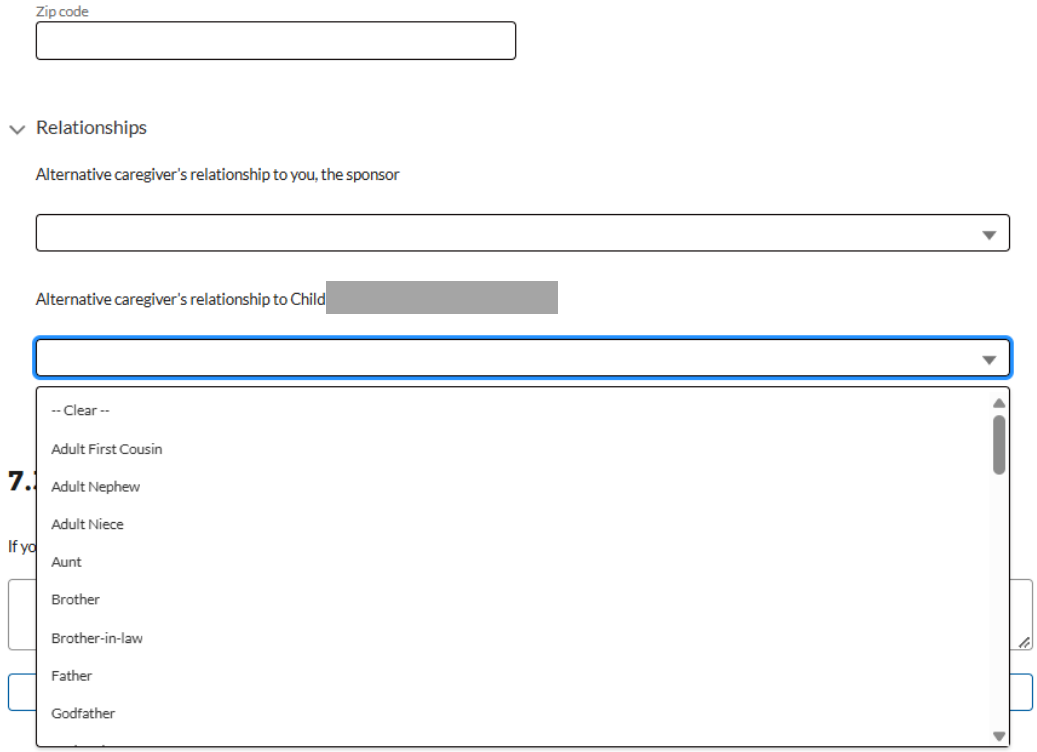

Zip code
Relationships
Alternative caregiver's relationship to you, the sponsor
Godmother
Grandfather
Grandmother
Half-sibling
Legal Guardian
Mother
Other Distant Relative
Sister
Sister-in-law
Stepbrother
Save For Later

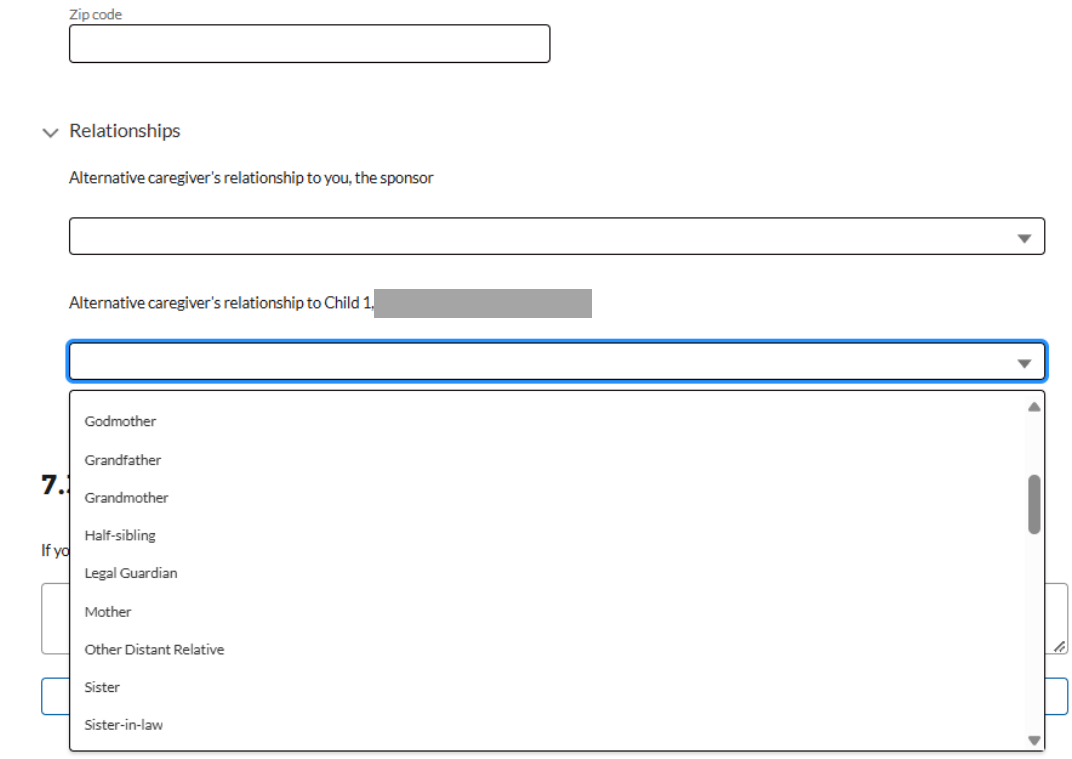

Zip code
Relationships
Alternative caregiver's relationship to you, the sponsor
Stepbrother
Stepfather Non-Legally Adopted
Stepmother Legally Adopted
Stepmother Non-Legally Adopted
Stepsister
UAC's Spouse
Uncle
Unrelated Sponsor
Stepfather Legally Adopted
Daughter-in-law
Save For Later


Zip code
Relationships
Alternative caregiver's relationship to you, the sponsor
Daughter-in-law
Daughter
Family Friend
Granddaughter
Grandson
Nephew
Niece
Other Cousin
Son
Institutional/Organizational Sponsor
Save For Later


Zip code
Relationships
Alternative caregiver's relationship to you, the sponsor
Institutional/Organizational Sponsor
Parent's Partner
Qualified Step-Parents
Spouse
Step Son
Step Daughter
Son-in-law
First Cousin
Goddaughter
Save For Later


Zip code
Relationships
Alternative caregiver's relationship to you, the sponsor
Spouse
Step Son
Step Daughter
Son-in-law
First Cousin
Goddaughter
Godson
Mother-in-law
Partner
Save For Later


Zip code
Relationships
Alternative caregiver's relationship to you, the sponsor
Alternative caregiver's relationship to Child
-- Clear --
Adult First Cousin
Adult Nephew
Adult Niece
Aunt
Brother
Brother-in-law
Father
Godfather



ADMINISTRATION FOR CHILDREN & FAMILIES
OFFICE OF REFUGEE RESETTLEMENT
ORR National Call Center 1 (800) 203-7001

Zip code

Relationships

Alternative caregiver's relationship to you, the sponsor

Alternative caregiver's relationship to Child 1,

Stepbrother
Stepfather Non-Legally Adopted
Stepmother Legally Adopted
Stepmother Non-Legally Adopted
Stepsister
UAC's Spouse
Uncle
Unrelated Sponsor
Stepfather Legally Adopted

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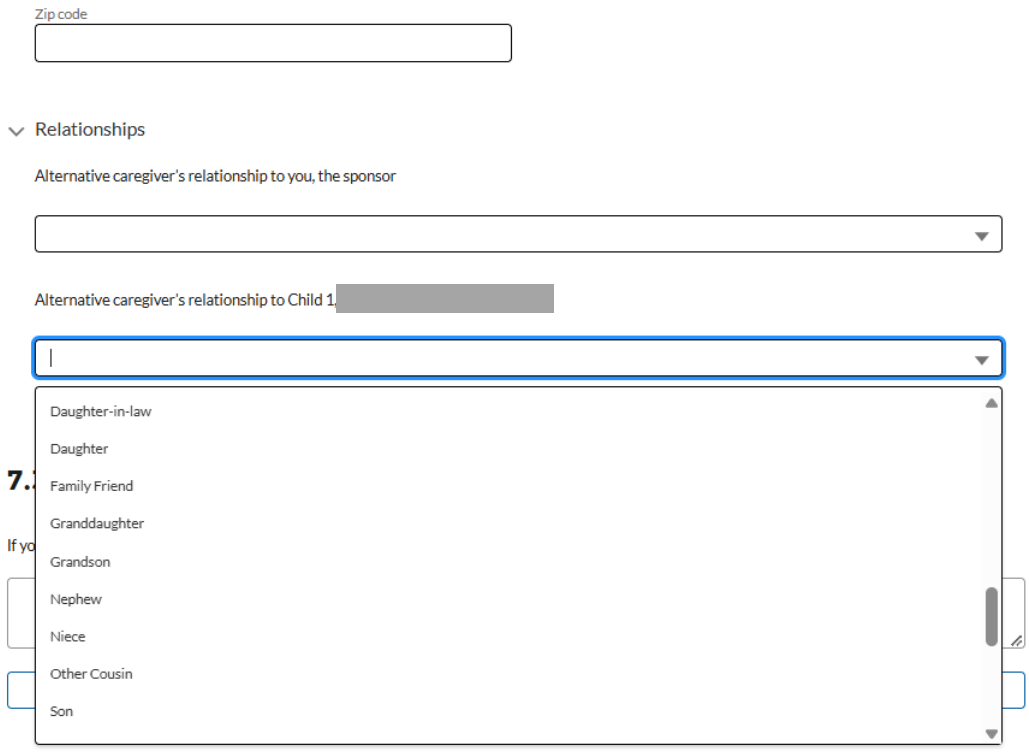
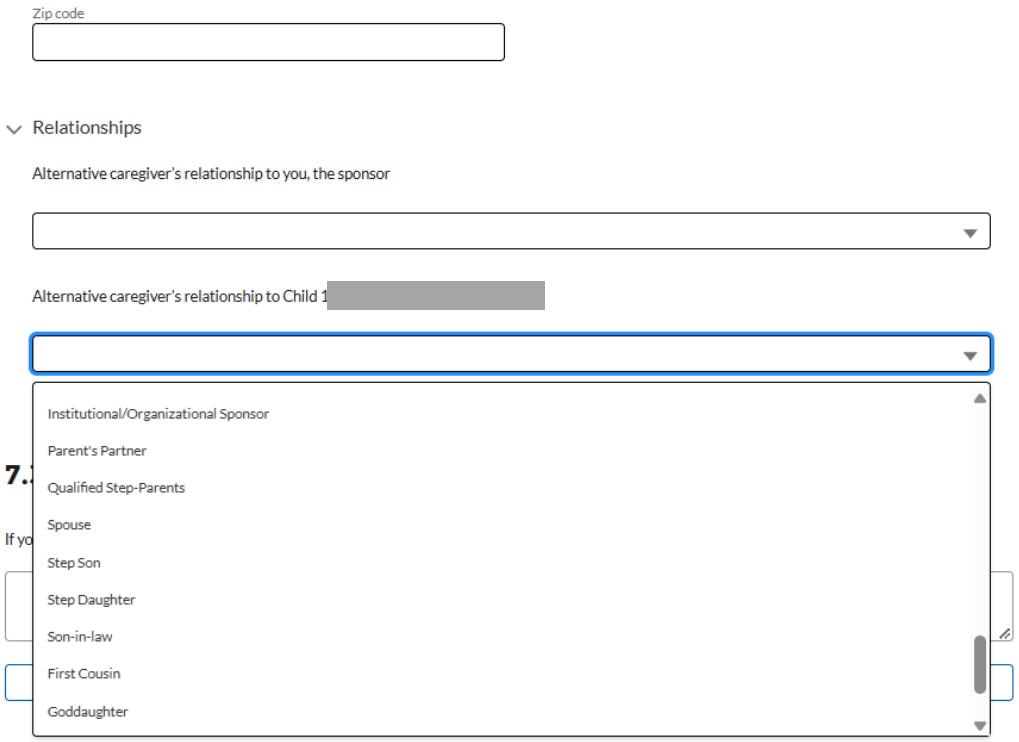
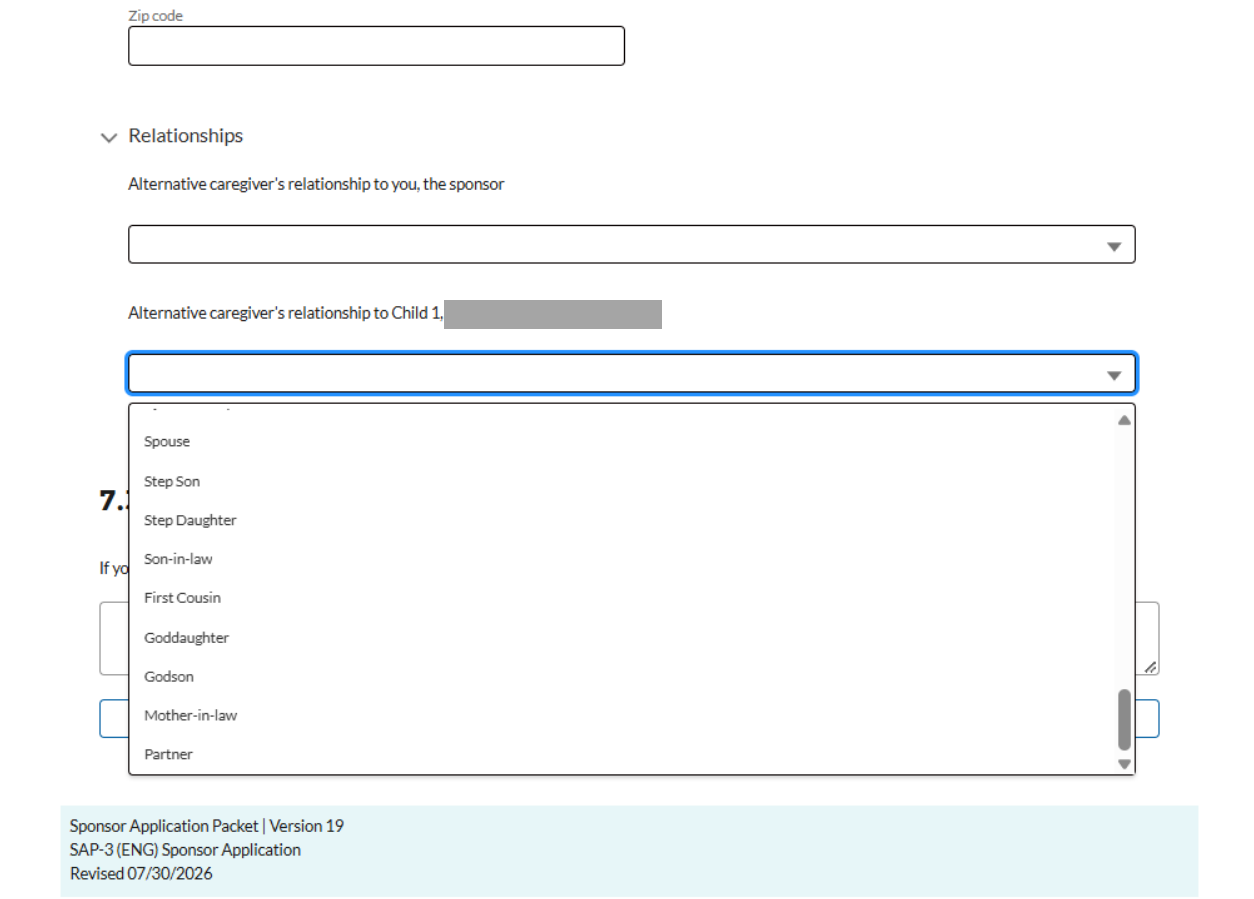
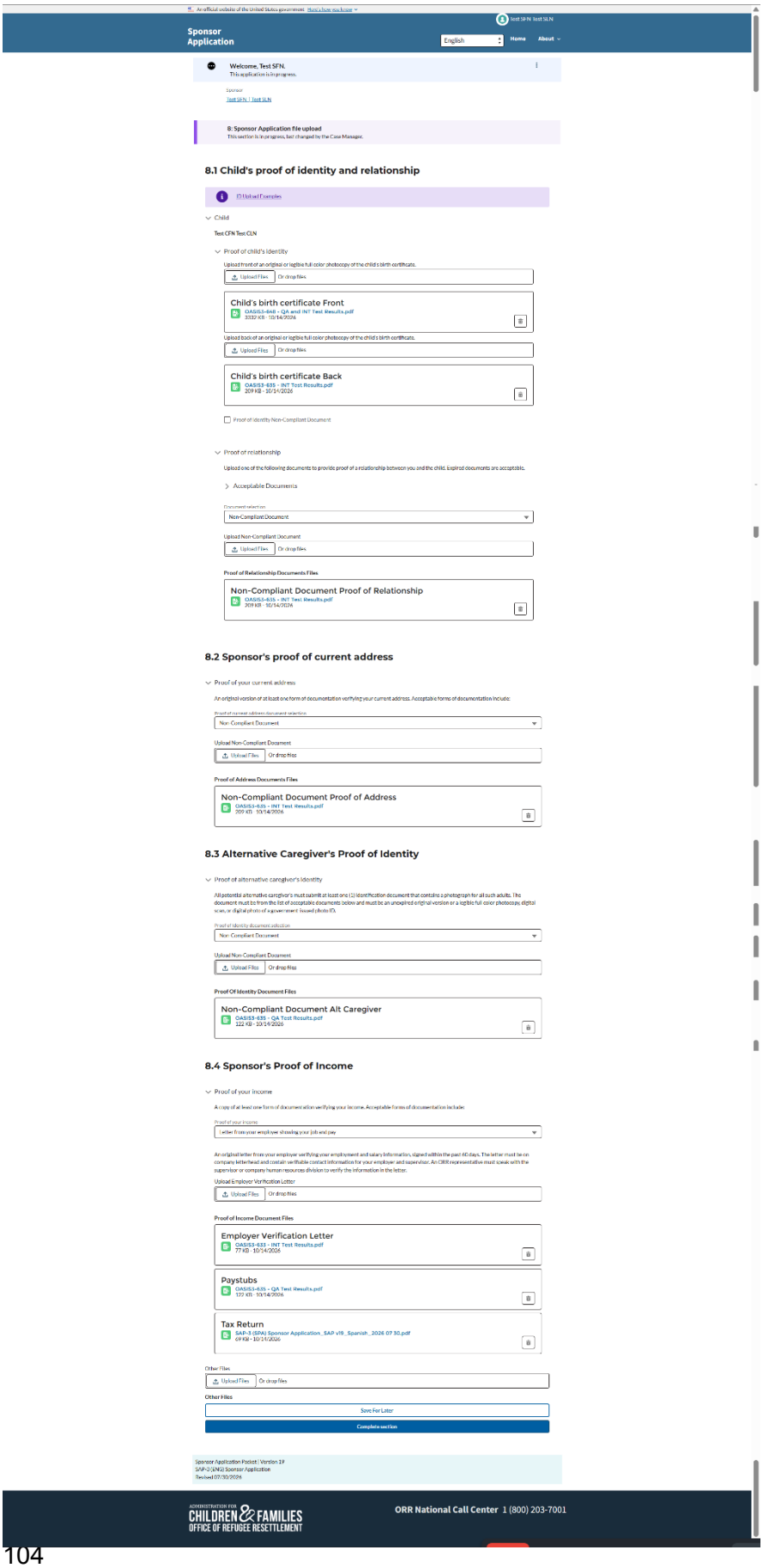

Zip code
Relationships
Alternative caregiver's relationship to you, the sponsor
Alternative caregiver's relationship to Child 1
Daughter-in-law
Daughter
Family Friend
Granddaughter
Grandson
Nephew
Niece
Other Cousin
Son


Zip code
Relationships
Alternative caregiver's relationship to you, the sponsor
Alternative caregiver's relationship to Child 1
Institutional/Organizational Sponsor
Parent's Partner
Qualified Step-Parents
Spouse
Step Son
Step Daughter
Son-in-law
First Cousin
Goddaughter



Section 8 – Sponsor Application file upload File Uploads


Sponsor Application
English
Home
About
Welcome, Test SFN.
This application is in progress.
Test SFN | Test SLN
8: Sponsor Application file upload
This section is in progress, but changed by the Case Manager.
8.1 Child's proof of identity and relationship
ID Upload Examples
Child
Test CFN Test CLN
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
Child's birth certificate Front
OASIS3-648 - QA and INT Test Results.pdf
3332 KB - 10/14/2026
Upload back of an original or legible full color photocopy of the child's birth certificate.
Upload Files
Or drop files
Child's birth certificate Back
OASIS3-635 - INT Test Results.pdf
209 KB - 10/14/2026
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
Non-Compliant Document
Upload Non-Compliant Document
Upload Files
Or drop files
Proof of Relationship Documents Files
Non-Compliant Document Proof of Relationship
OASIS3-635 - INT Test Results.pdf
209 KB - 10/14/2026
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:
Non-Compliant Document
Upload Non-Compliant Document
Upload Files
Or drop files
Proof of Address Documents Files
Non-Compliant Document Proof of Address
OASIS3-635 - INT Test Results.pdf
209 KB - 10/14/2026
8.3 Alternative Caregiver's Proof of Identity
Proof of alternative caregiver's identity
All potential alternative caregivers 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.
Non-Compliant Document
Upload Non-Compliant Document
Upload Files
Or drop files
Proof Of Identity Document Files
Non-Compliant Document Alt Caregiver
OASIS3-635 - QA Test Results.pdf
122 KB - 10/14/2026
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:
Letter from your employer showing your job and pay
An original letter from your employer verifying your employment and salary information, signed within the past 60 days. The letter must be on company letterhead and contain verifiable contact information for your employer and supervisor. An ORR representative must speak with the supervisor or company human resources division to verify the information in the letter.
Upload Employer Verification Letter
Upload Files
Or drop files
Proof of Income Document Files
Employer Verification Letter
OASIS3-633 - INT Test Results.pdf
77 KB - 10/14/2026
Paystubs
OASIS3-635 - QA Test Results.pdf
122 KB - 10/14/2026
Tax Return
SAP-3 (SPA) Sponsor Application_SAP v19_Spanish_2026 07 30.pdf
69 KB - 10/14/2026
Other Files
Upload Files
Or drop files
Other Files
Save For Later
Complete section
Sponsor Application Packet | Version 19
SAP-2 (UAC) Sponsor Application
Revised 07/30/2026
ADMINISTRATION FOR CHILDREN & FAMILIES
OFFICE OF REFUGEE RESETTLEMENT
ORR National Call Center 1 (800) 203-7001

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

8.1 Child's proof of identity and relationship

ID Upload Examples

Child

Child Test INT Screens

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

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:

Proof of your income

Proof of Income Document Files

Other Files

Upload Files Or drop files

Other Files

Save For Later

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

Document selection

-- Clear --
Birth certificate
Court record
Death Certificate
Government-issued photo ID
Marriage certificate
Non-Compliant Document
Official government or court ordered guardianship record
Written affirmation of relationship from Consulate

Proof of Address 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

-- Clear --

A payroll check stub issued by your employer dated within the last month

A utility bill, addressed to you at your current address dated within the last two months

A valid, unexpired state ID with your current address and photo

Non-Compliant Document

Your bank statement dated within the last two months

Your current lease with your name

Your current mortgage statement with your name dated, within the last two months

8.

Proof of Identity document selection

8.3 Alternative Caregiver's Proof of Identity

Proof of alternative caregiver's identity

Original versions or legible photocopies, digital scans, or high-resolution digital photos of government-issued identification documents. You must present at least one selection from the list below. Expired documents will **not** be accepted.

Proof of Identity document selection

-- Clear --

Driver's license issued by a Canadian government authority

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 ...

8.

Employment Authorization Document that contains a photograph (Form I-766)

Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa

Foreign passport with Form I-94 or Form I-94A with Arrival-Departure Record, and containing an endorsement to work

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 bi...

Native American tribal document

Non-Compliant Document

Proof of your income

Proof of Income Document Files

Other Files

Upload Files Or drop files

Other Files

8.3 Alternative Caregiver's Proof of Identity

Proof of alternative caregiver's identity

Original versions or legible photocopies, digital scans, or high-resolution digital photos of government-issued identification documents. You must present at least one selection from the list below. Expired documents will **not** be accepted.

Proof of Identity document selection

8.

- 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 bi...
- Native American tribal document
- Non-Compliant Document
- 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 nonim...
- Permanent Resident Card or Alien Registration Receipt Card (Form I-551)
- U.S. Coast Guard Merchant Mariner Card
- U.S. Military card or draft record
- U.S. Military dependent's ID card
- U.S. Passport or U.S. Passport Card

Proof of your income

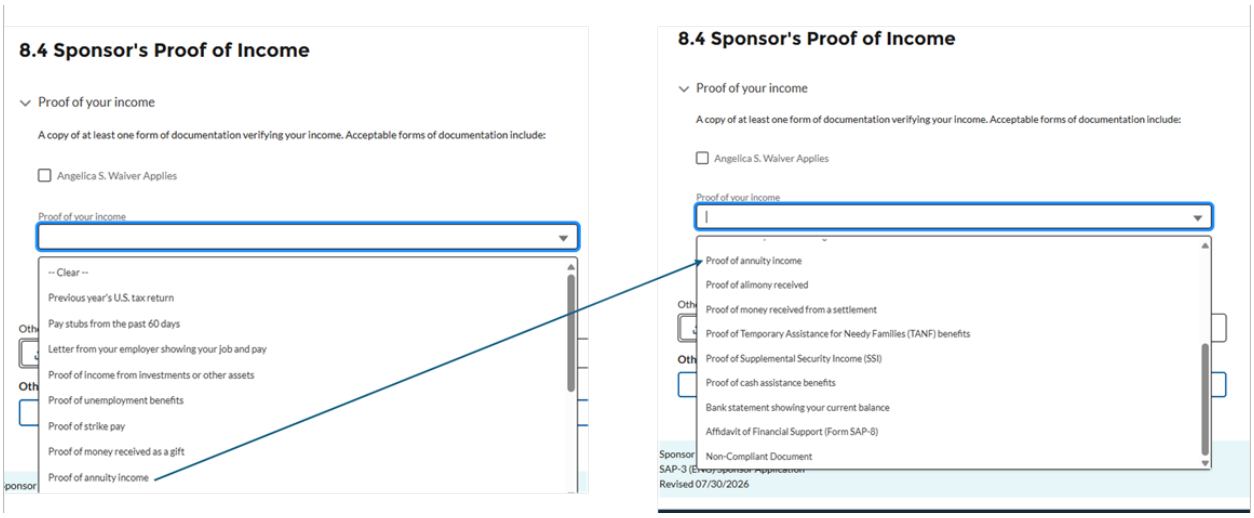
Proof of Income Document Files

Other Files

Upload Files | Or drop files

Other Files

Save For Later



Non-Compliant Document Included

Application Sections

Please complete each section below to submit your Sponsor Application.

Privacy Notice
Read this notice to understand your privacy rights.

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

1: Sponsor Packet Introduction
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 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 complete.

6: Household information
This section is complete.

7: Alternative caregiver
This section is complete.

8: Sponsor Application file upload
This section is complete.

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

I, Sponsor Test Jane Doe, 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

Write your name exactly as it looks on your ID.

* YOUR SIGNATURE

Sponsor Test Jane | Doe

Back

Submit for Case Manager review

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Revised 07/30/2026

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

1: Sponsor Packet Introduction
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 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 complete.

5B: Prior Sponsorship Information
This section is complete.

6: Household information
This section is complete.

7: Alternative caregiver
This section is complete.

8: Sponsor Application file upload
This section is complete.

9: Application agreement
This section is under Case Manager review.

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

Privacy Notice
Read this notice to understand your privacy rights.

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

1: Sponsor Packet Introduction
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 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 complete.

5B: Prior Sponsorship Information
This section is complete.

6: Household information
This section is complete.

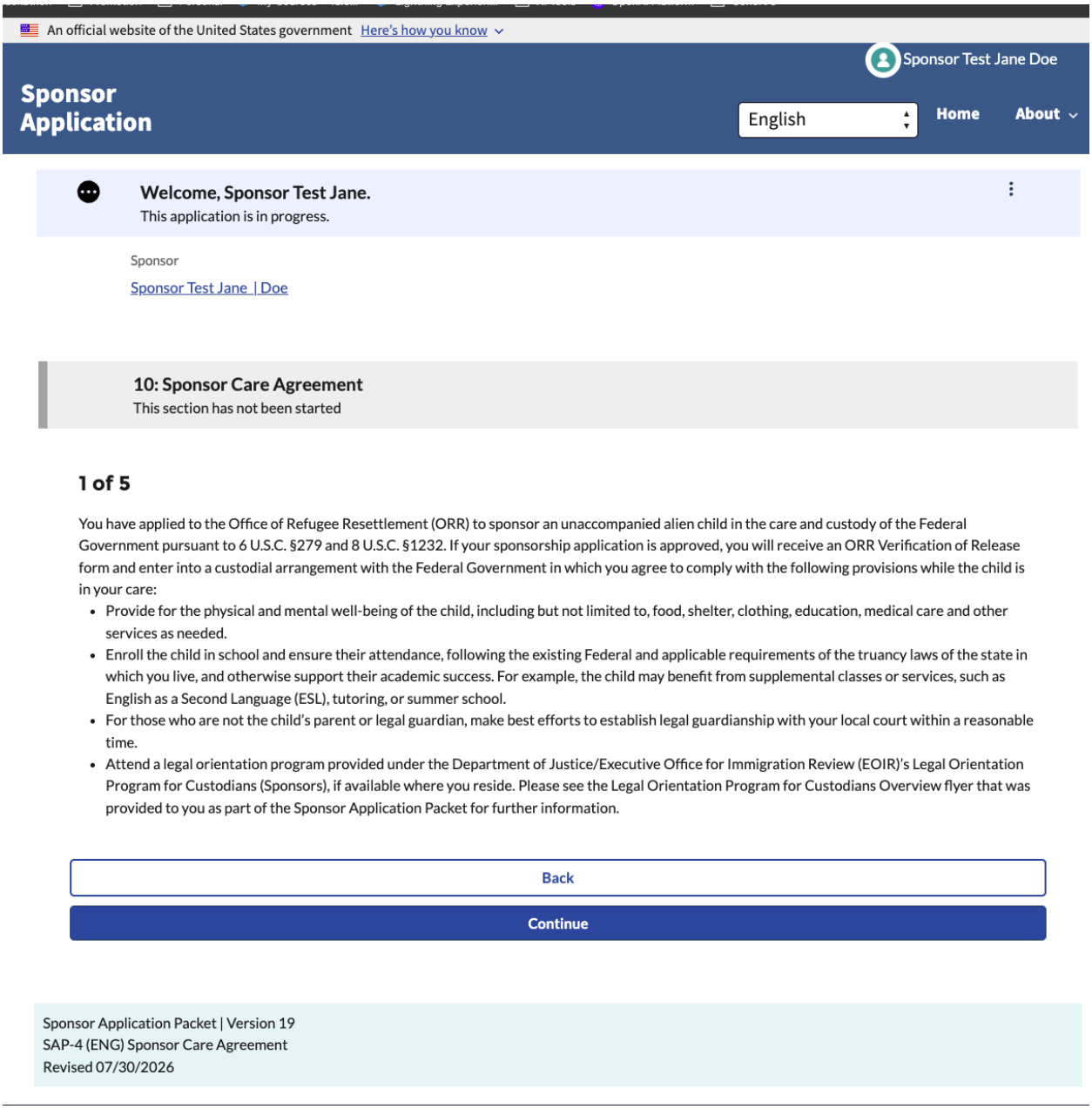
7: Alternative caregiver
This section is complete.

8: Sponsor Application file upload
This section is complete.

9: Application agreement
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 Compled or Canceled. Reopening the part will unlock all sections in this part for editing.

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


An official website of the United States government Here's how you know
Sponsor Test Jane Doe
Sponsor Application
English
Home
About
Welcome, Sponsor Test Jane.
This application is in progress.
Sponsor
Sponsor Test Jane | Doe
10: Sponsor Care Agreement
This section has not been started
1 of 5
You have applied to the Office of Refugee Resettlement (ORR) to sponsor an unaccompanied alien child in the care and custody of the Federal Government pursuant to 6 U.S.C. §279 and 8 U.S.C. §1232. If your sponsorship application is approved, you will receive an ORR Verification of Release form and enter into a custodial arrangement with the Federal Government in which you agree to comply with the following provisions while the child is in your care:
Provide for the physical and mental well-being of the child, including but not limited to, food, shelter, clothing, education, medical care and other services as needed.
Enroll the child in school and ensure their attendance, following the existing Federal and applicable requirements of the truancy laws of the state in which you live, and otherwise support their academic success. For example, the child may benefit from supplemental classes or services, such as English as a Second Language (ESL), tutoring, or summer school.
For those who are not the child's parent or legal guardian, make best efforts to establish legal guardianship with your local court within a reasonable time.
Attend a legal orientation program provided under the Department of Justice/Executive Office for Immigration Review (EOIR)'s Legal Orientation Program for Custodians (Sponsors), if available where you reside. Please see the Legal Orientation Program for Custodians Overview flyer that was provided to you as part of the Sponsor Application Packet for further information.
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Continue
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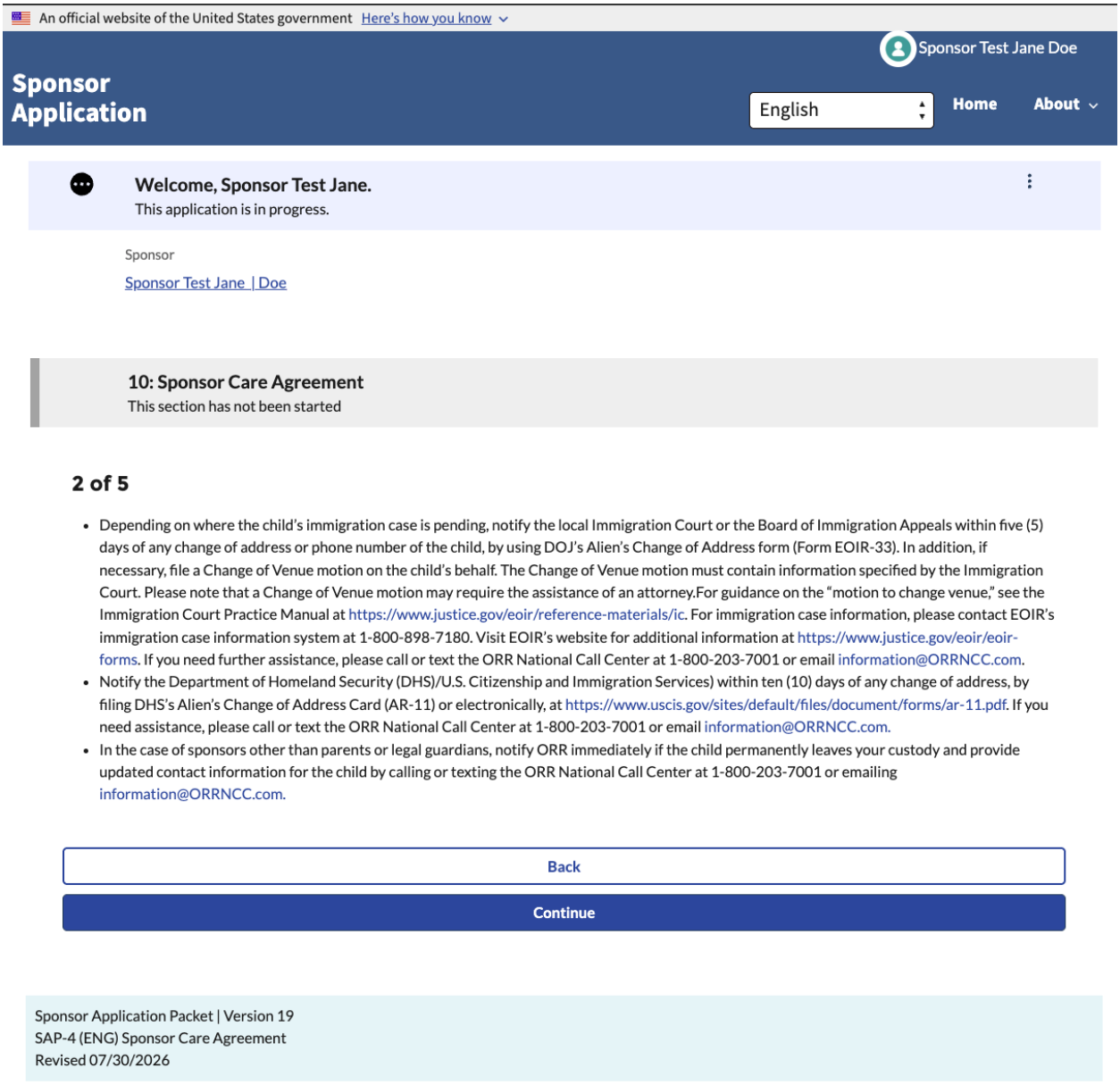
Revised 07/30/2026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Sponsor Test Jane Doe
Sponsor Application
English
Home
About
Welcome, Sponsor Test Jane.
This application is in progress.
Sponsor
Sponsor Test Jane | Doe
10: Sponsor Care Agreement
This section has not been started
2 of 5
• Depending on where the child's immigration case is pending, notify the local Immigration Court or the Board of Immigration Appeals within five (5) days of any change of address or phone number of the child, by using DOJ's Alien's Change of Address form (Form EOIR-33). In addition, if necessary, file a Change of Venue motion on the child's behalf. The Change of Venue motion must contain information specified by the Immigration Court. Please note that a Change of Venue motion may require the assistance of an attorney.For guidance on the "motion to change venue," see the Immigration Court Practice Manual at https://www.justice.gov/eoir/reference-materials/ic. For immigration case information, please contact EOIR's immigration case information system at 1-800-898-7180. Visit EOIR's website for additional information at https://www.justice.gov/eoir/eoir-forms. If you need further assistance, please call or text the ORR National Call Center at 1-800-203-7001 or email information@ORRNCC.com.
• Notify the Department of Homeland Security (DHS)/U.S. Citizenship and Immigration Services) within ten (10) days of any change of address, by filing DHS's Alien's Change of Address Card (AR-11) or electronically, at https://www.uscis.gov/sites/default/files/document/forms/ar-11.pdf. If you need assistance, please call or text the ORR National Call Center at 1-800-203-7001 or email information@ORRNCC.com.
• In the case of sponsors other than parents or legal guardians, notify ORR immediately if the child permanently leaves your custody and provide updated contact information for the child by calling or texting the ORR National Call Center at 1-800-203-7001 or emailing information@ORRNCC.com.
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Continue
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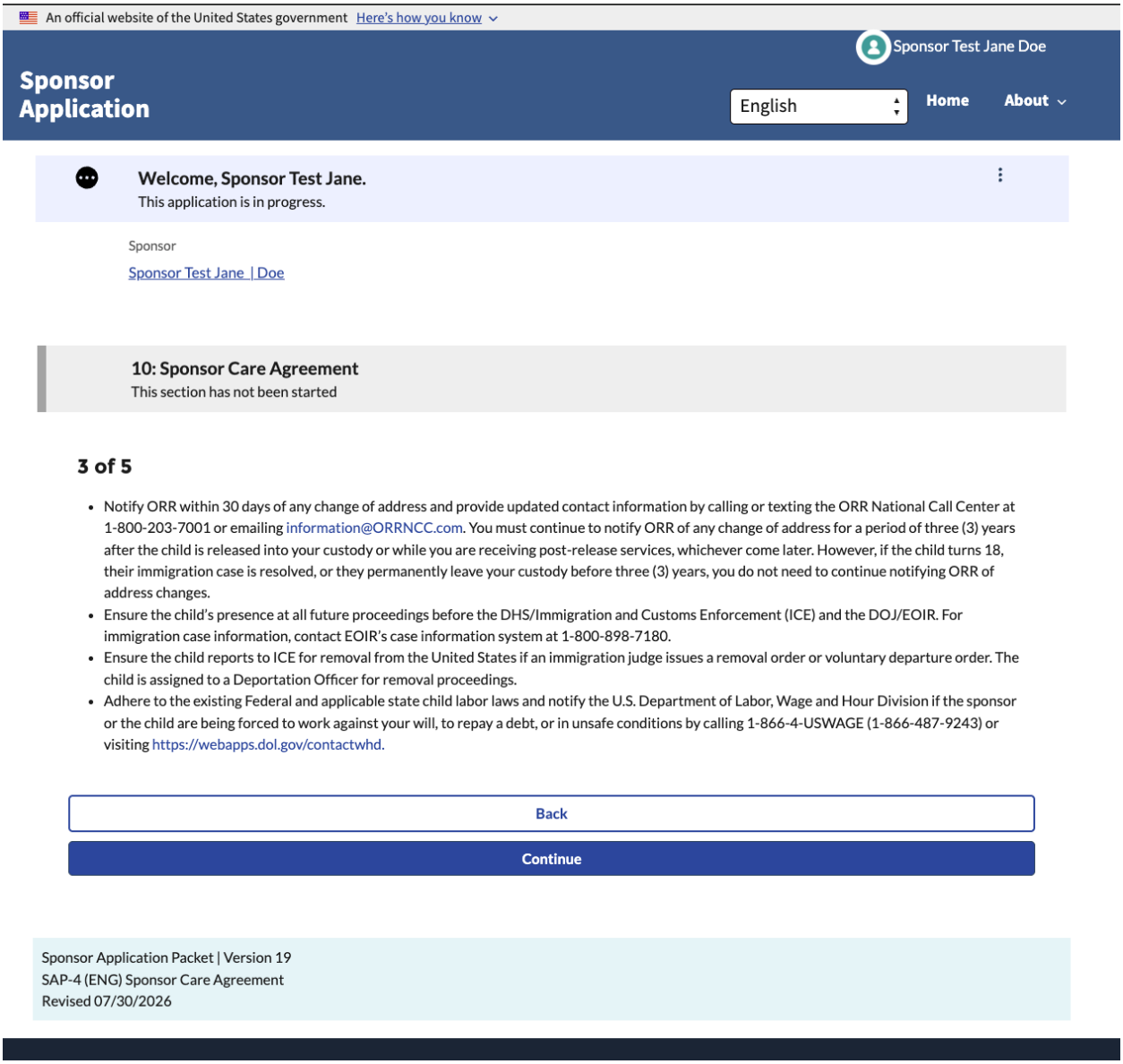
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Home
About
Welcome, Sponsor Test Jane.
This application is in progress.
Sponsor
Sponsor Test Jane | Doe
10: Sponsor Care Agreement
This section has not been started
3 of 5
Notify ORR within 30 days of any change of address and provide updated contact information by calling or texting the ORR National Call Center at 1-800-203-7001 or emailing information@ORRNCC.com. You must continue to notify ORR of any change of address for a period of three (3) years after the child is released into your custody or while you are receiving post-release services, whichever come later. However, if the child turns 18, their immigration case is resolved, or they permanently leave your custody before three (3) years, you do not need to continue notifying ORR of address changes.
Ensure the child's presence at all future proceedings before the DHS/Immigration and Customs Enforcement (ICE) and the DOJ/EOIR. For immigration case information, contact EOIR's case information system at 1-800-898-7180.
Ensure the child reports to ICE for removal from the United States if an immigration judge issues a removal order or voluntary departure order. The child is assigned to a Deportation Officer for removal proceedings.
Adhere to the existing Federal and applicable state child labor laws and notify the U.S. Department of Labor, Wage and Hour Division if the sponsor or the child are being forced to work against your will, to repay a debt, or in unsafe conditions by calling 1-866-4-USWAGE (1-866-487-9243) or visiting https://webapps.dol.gov/contactwhd.
Back
Continue
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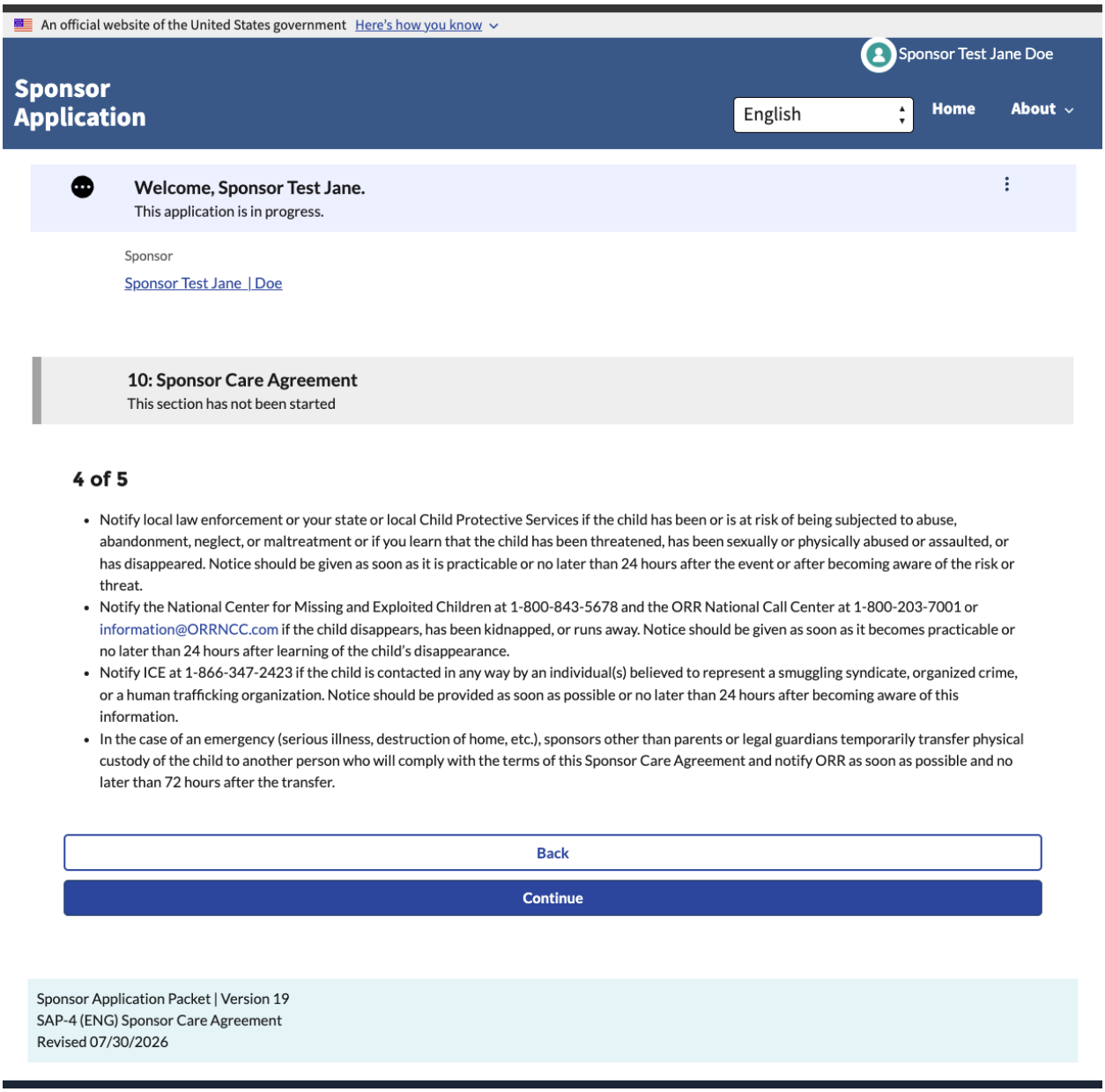
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English
Home
About
Welcome, Sponsor Test Jane.
This application is in progress.
Sponsor
Sponsor Test Jane | Doe
10: Sponsor Care Agreement
This section has not been started
4 of 5
Notify local law enforcement or your state or local Child Protective Services if the child has been or is at risk of being subjected to abuse, abandonment, neglect, or maltreatment or if you learn that the child has been threatened, has been sexually or physically abused or assaulted, or has disappeared. Notice should be given as soon as it is practicable or no later than 24 hours after the event or after becoming aware of the risk or threat.
Notify the National Center for Missing and Exploited Children at 1-800-843-5678 and the ORR National Call Center at 1-800-203-7001 or information@ORRNCC.com if the child disappears, has been kidnapped, or runs away. Notice should be given as soon as it becomes practicable or no later than 24 hours after learning of the child's disappearance.
Notify ICE at 1-866-347-2423 if the child is contacted in any way by an individual(s) believed to represent a smuggling syndicate, organized crime, or a human trafficking organization. Notice should be provided as soon as possible or no later than 24 hours after becoming aware of this information.
In the case of an emergency (serious illness, destruction of home, etc.), sponsors other than parents or legal guardians temporarily transfer physical custody of the child to another person who will comply with the terms of this Sponsor Care Agreement and notify ORR as soon as possible and no later than 72 hours after the transfer.
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Continue
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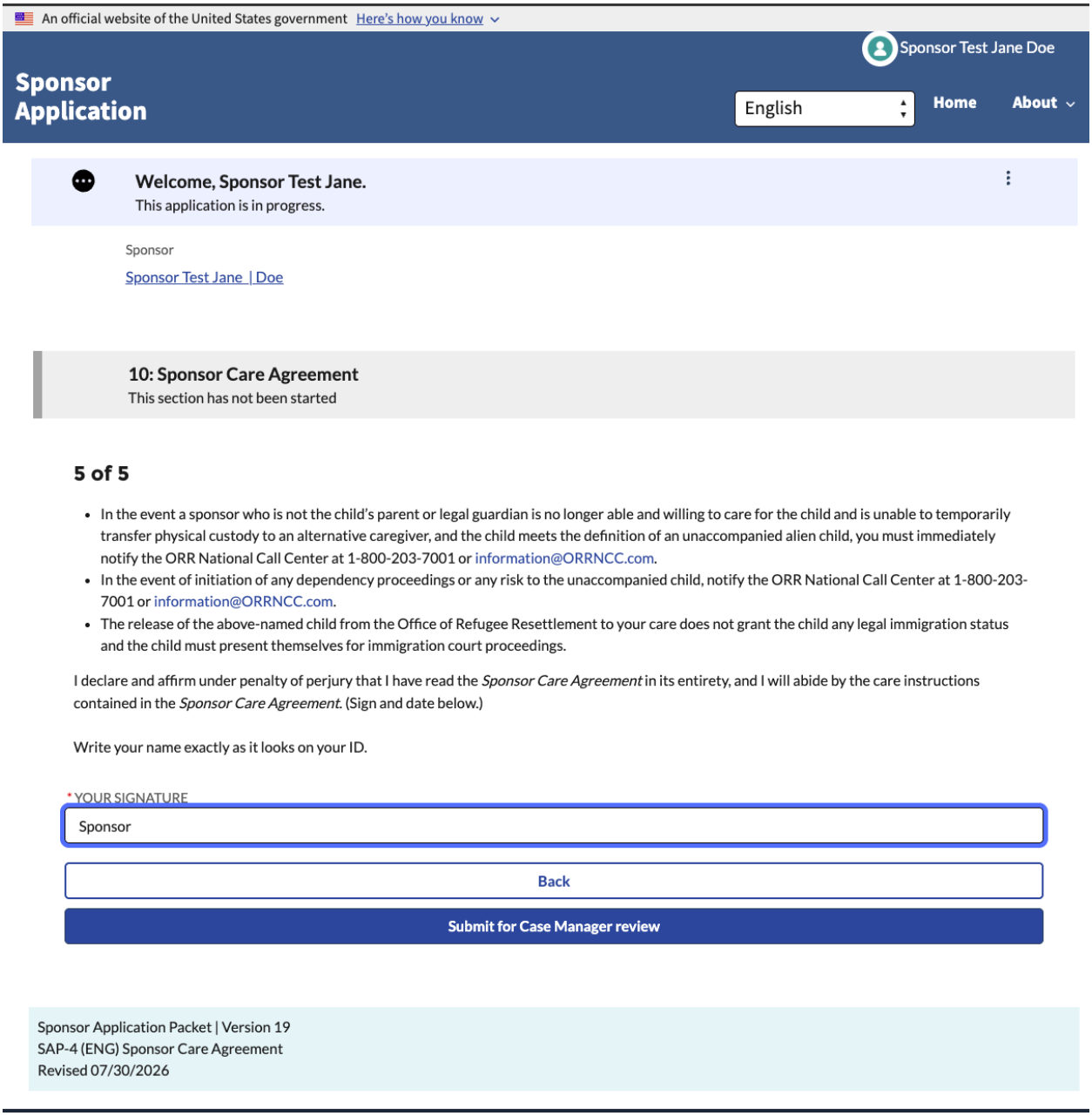
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English
Home
About
Welcome, Sponsor Test Jane.
This application is in progress.
Sponsor
Sponsor Test Jane | Doe
10: Sponsor Care Agreement
This section has not been started
5 of 5
In the event a sponsor who is not the child's parent or legal guardian is no longer able and willing to care for the child and is unable to temporarily transfer physical custody to an alternative caregiver, and the child meets the definition of an unaccompanied alien child, you must immediately notify the ORR National Call Center at 1-800-203-7001 or information@ORRNCC.com.
In the event of initiation of any dependency proceedings or any risk to the unaccompanied child, notify the ORR National Call Center at 1-800-203-7001 or information@ORRNCC.com.
The release of the above-named child from the Office of Refugee Resettlement to your care does not grant the child any legal immigration status and the child must present themselves for immigration court proceedings.
I declare and affirm under penalty of perjury that I have read the Sponsor Care Agreement in its entirety, and I will abide by the care instructions contained in the Sponsor Care Agreement. (Sign and date below.)
Write your name exactly as it looks on your ID.
*YOUR SIGNATURE
Sponsor
Back
Submit for Case Manager review
Sponsor Application Packet | Version 19
SAP-4 (ENG) Sponsor Care Agreement
Revised 07/30/2026

Privacy Notice
Read this notice to understand your privacy rights.

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

1: Sponsor Packet Introduction
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 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 complete.

5B: Prior Sponsorship Information
This section is complete.

6: Household information
This section is complete.

7: Alternative caregiver
This section is complete.

8: Sponsor Application file upload
This section is complete.

9: Application agreement
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 Compled or Canceled. Reopening the part will unlock all sections in this part for editing.

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

10: Sponsor Care Agreement
This section is under Case Manager review.

Privacy Notice
Read this notice to understand your privacy rights.

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

1: Sponsor Packet Introduction
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 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 complete.

5B: Prior Sponsorship Information
This section is complete.

6: Household information
This section is complete.

7: Alternative caregiver
This section is complete.

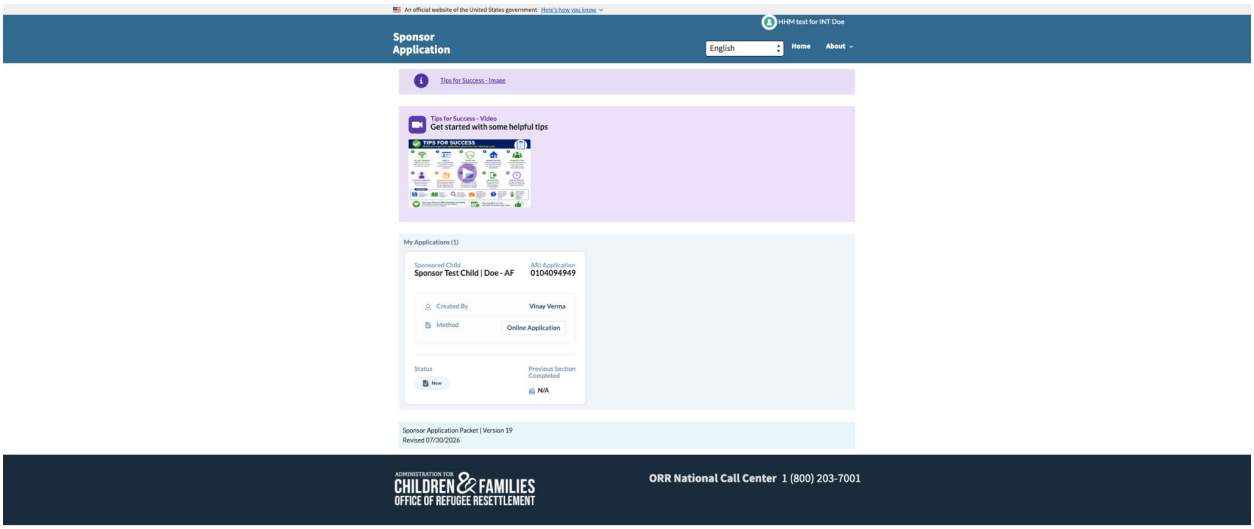
8: Sponsor Application file upload
This section is complete.

9: Application agreement
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 Compled or Canceled. Reopening the part will unlock all sections in this part for editing.

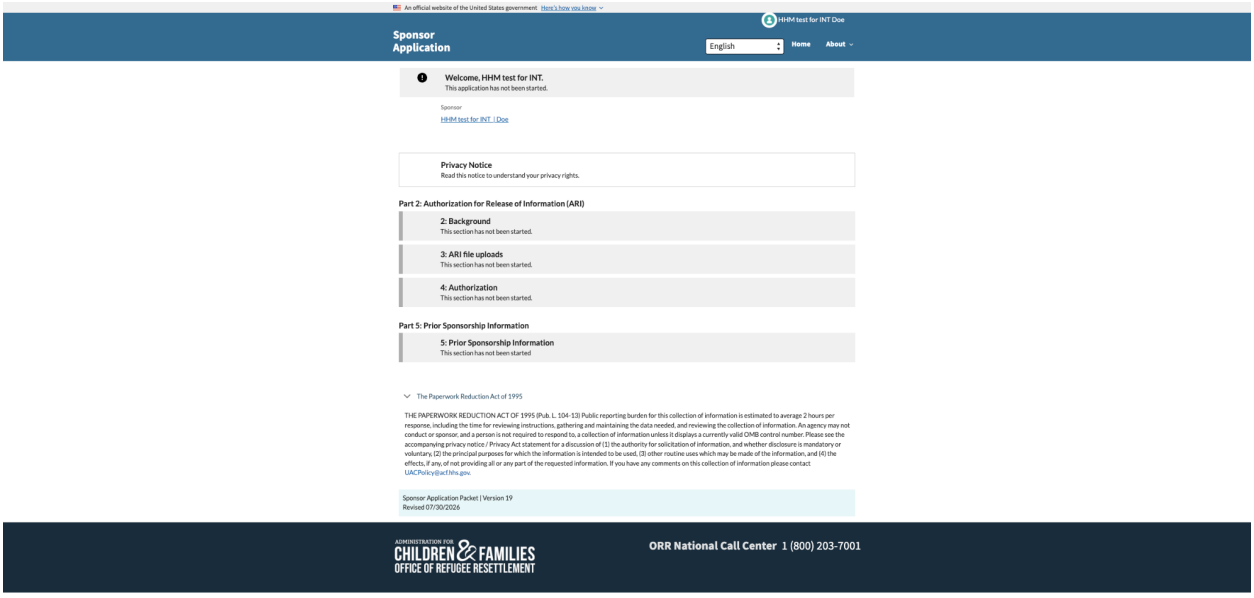
Part 4: Sponsor Care Agreement - This part can be completed after part 3 is completed.

10: Sponsor Care Agreement
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 Compled or Canceled. Reopening the part will unlock all sections in this part for editing.

ARI Application Screenshots



Screenshot if Tips for Success is maximized


An official website of the United States government Here's how you know
Sponsor Application
HHM test for INT Doe
English
Home
About
Welcome, HHM test for INT.
This application has not been started.
Sponsor
HHM test for INT. | Doe
Privacy Notice
Read this notice to understand your privacy rights.
Part 2: Authorization for Release of Information (ARI)
2: Background
This section has not been started.
3: ARI file uploads
This section has not been started.
4: Authorization
This section has not been started.
Part 5: Prior Sponsorship Information
5: Prior Sponsorship Information
This section has not been started
The Paperwork Reduction Act of 1995
THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) Public reporting burden for this collection of information is estimated to average 2 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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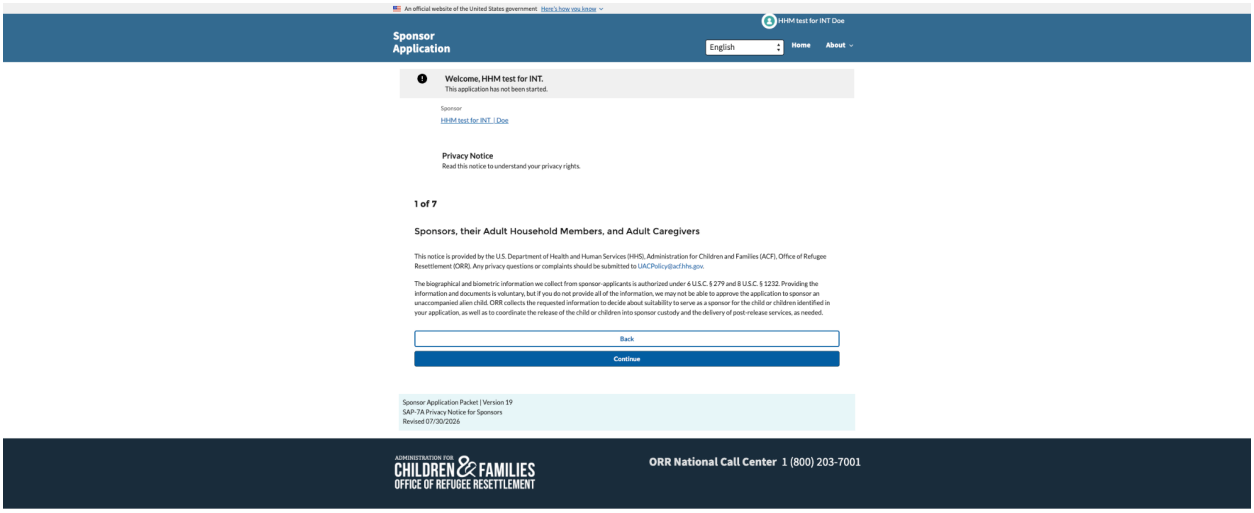
Revised 07/30/2026
ADMINISTRATION FOR CHILDREN & FAMILIES OFFICE OF REFUGEE RESETTLEMENT
ORR National Call Center 1 (800) 203-7001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Privacy Notice
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Sponsors, their Adult Household Members, and Adult Caregivers
This notice is provided by the U.S. Department of Health and Human Services (HHS), Administration for Children and Families (ACF), Office of Refugee Resettlement (ORR). Any privacy questions or complaints should be submitted to UACPolicy@acf.hhs.gov.
The biographical and biometric information we collect from sponsor-applicants is authorized under 6 U.S.C. § 279 and 8 U.S.C. § 1232. Providing the information and documents is voluntary, but if you do not provide all of the information, we may not be able to approve the application to sponsor an unaccompanied alien child. ORR collects the requested information to decide about suitability to serve as a sponsor for the child or children identified in your application, as well as to coordinate the release of the child or children into sponsor custody and the delivery of post-release services, as needed.
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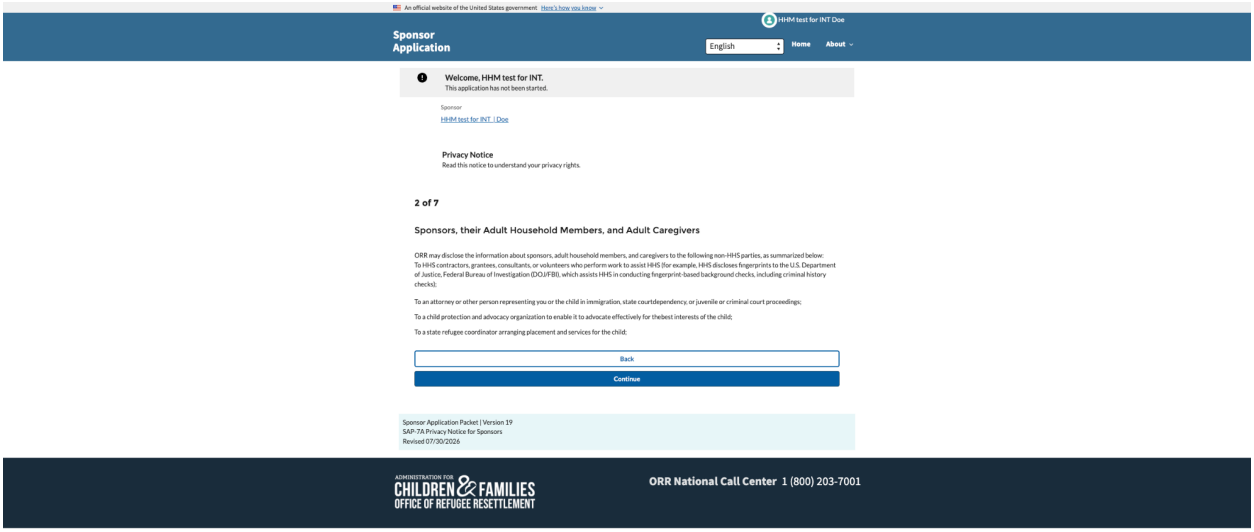
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Sponsors, their Adult Household Members, and Adult Caregivers
ORR may disclose the information about sponsors, adult household members, and caregivers to the following non-HHS parties, as summarized below:
To HHS contractors, grantees, consultants, or volunteers who perform work to assist HHS (for example, HHS discloses fingerprints to the U.S. Department of Justice, Federal Bureau of Investigation (DOJ/FBI), which assists HHS in conducting fingerprint-based background checks, including criminal history checks);
To an attorney or other person representing you or the child in immigration, state courtdependency, or juvenile or criminal court proceedings;
To a child protection and advocacy organization to enable it to advocate effectively for thebest interests of the child;
To a state refugee coordinator arranging placement and services for the child;
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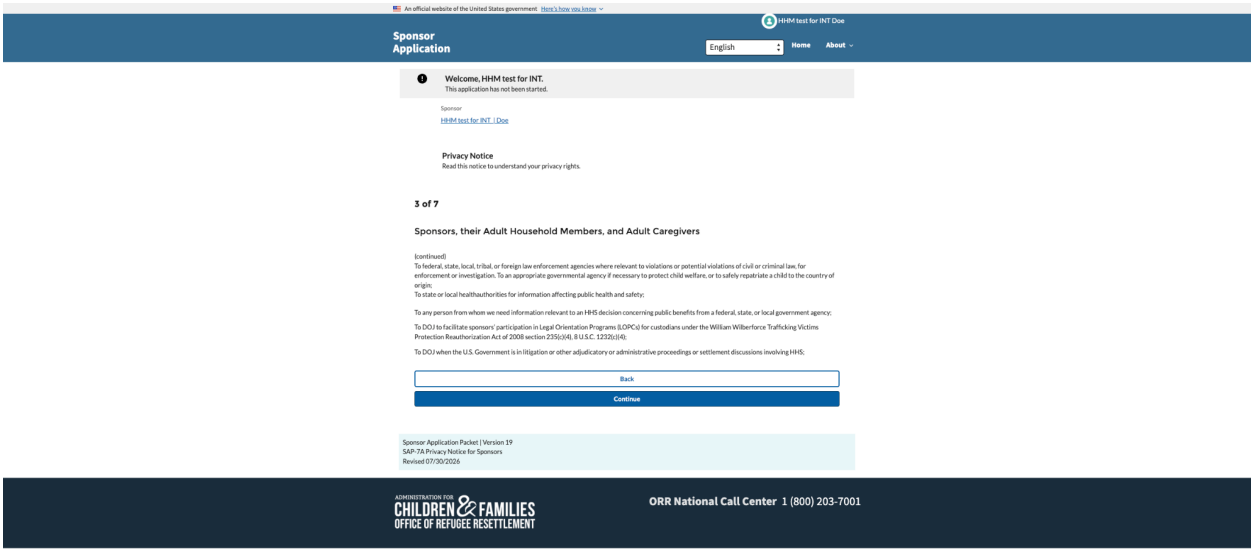
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Sponsors, their Adult Household Members, and Adult Caregivers
(continued)
To federal, state, local, tribal, or foreign law enforcement agencies where relevant to violations or potential violations of civil or criminal law, for enforcement or investigation. To an appropriate governmental agency if necessary to protect child welfare, or to safely repatriate a child to the country of origin;
To state or local healthauthorities for information affecting public health and safety;
To any person from whom we need information relevant to an HHS decision concerning public benefits from a federal, state, or local government agency;
To DOJ to facilitate sponsors' participation in Legal Orientation Programs (LOPCs) for custodians under the William Wilberforce Trafficking Victims Protection Reauthorization Act of 2008 section 235(c)(4), 8 U.S.C. 1232(c)(4);
To DOJ when the U.S. Government is in litigation or other adjudicatory or administrative proceedings or settlement discussions involving HHS;
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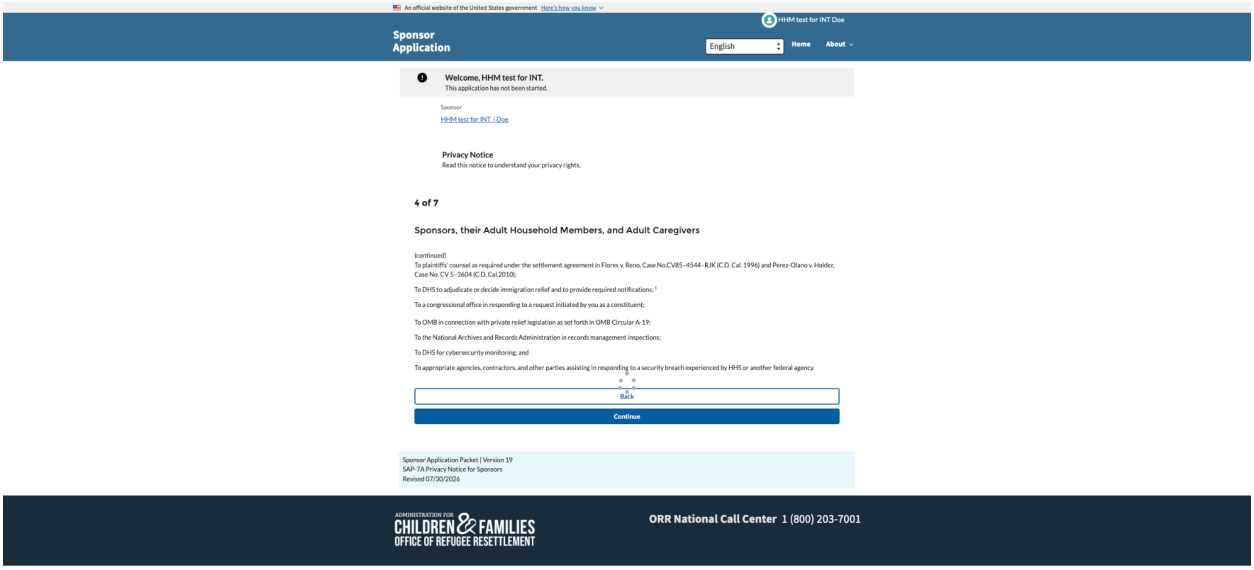
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Sponsors, their Adult Household Members, and Adult Caregivers
(continued)
To plaintiffs' counsel as required under the settlement agreement in Flores v. Reno, Case No.CV85-4544-RJK (C.D. Cal. 1996) and Perez-Olano v. Holder, Case No. CV 5-3604 (C.D. Cal.2010);
To DHS to adjudicate or decide immigration relief and to provide required notifications; 1
To a congressional office in responding to a request initiated by you as a constituent;
To OMB in connection with private relief legislation as set forth in OMB Circular A-19;
To the National Archives and Records Administration in records management inspections;
To DHS for cybersecurity monitoring; and
To appropriate agencies, contractors, and other parties assisting in responding to a security breach experienced by HHS or another federal agency.
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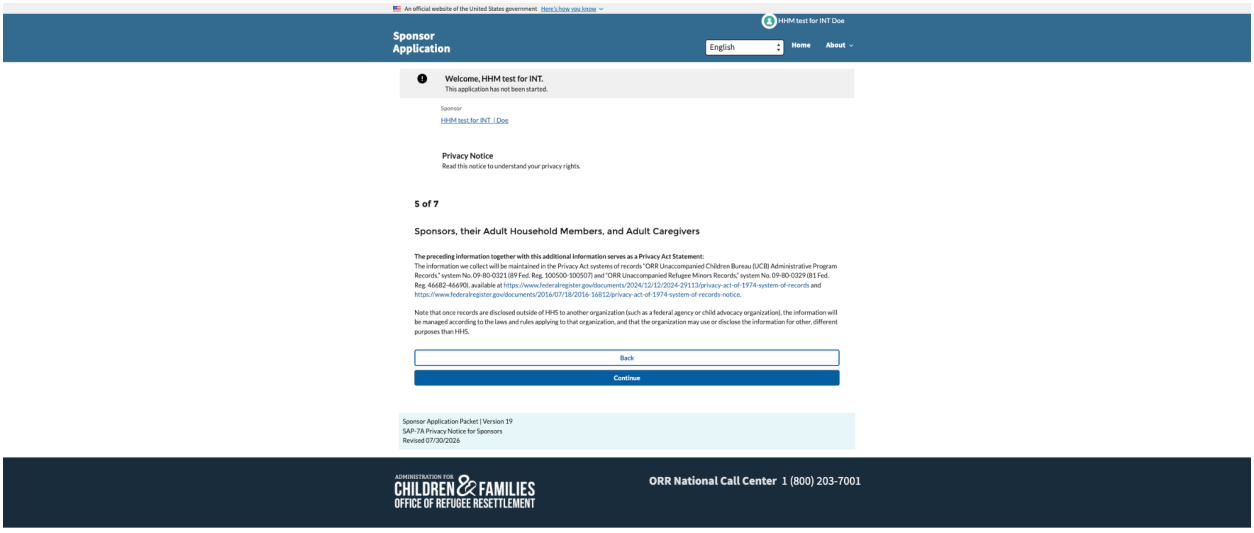
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Privacy Notice
Read this notice to understand your privacy rights.
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Sponsors, their Adult Household Members, and Adult Caregivers
The preceding information together with this additional information serves as a Privacy Act Statement:
The information we collect will be maintained in the Privacy Act systems of records "ORR Unaccompanied Children Bureau (UCB) Administrative Program Records," system No. 09-80-0321 (89 Fed. Reg. 100500-100507) and "ORR Unaccompanied Refugee Minors Records," system No. 09-80-0329 (81 Fed. Reg. 46682-466901), available at https://www.federalregister.gov/documents/2024/12/12/2024-29133/privacy-act-of-1974-system-of-records and https://www.federalregister.gov/documents/2016/07/18/2016-16812/privacy-act-of-1974-system-of-records-notice.
Note that once records are disclosed outside of HHS to another organization (such as a federal agency or child advocacy organization), the information will be managed according to the laws and rules applying to that organization, and that the organization may use or disclose the information for other, different purposes than HHS.
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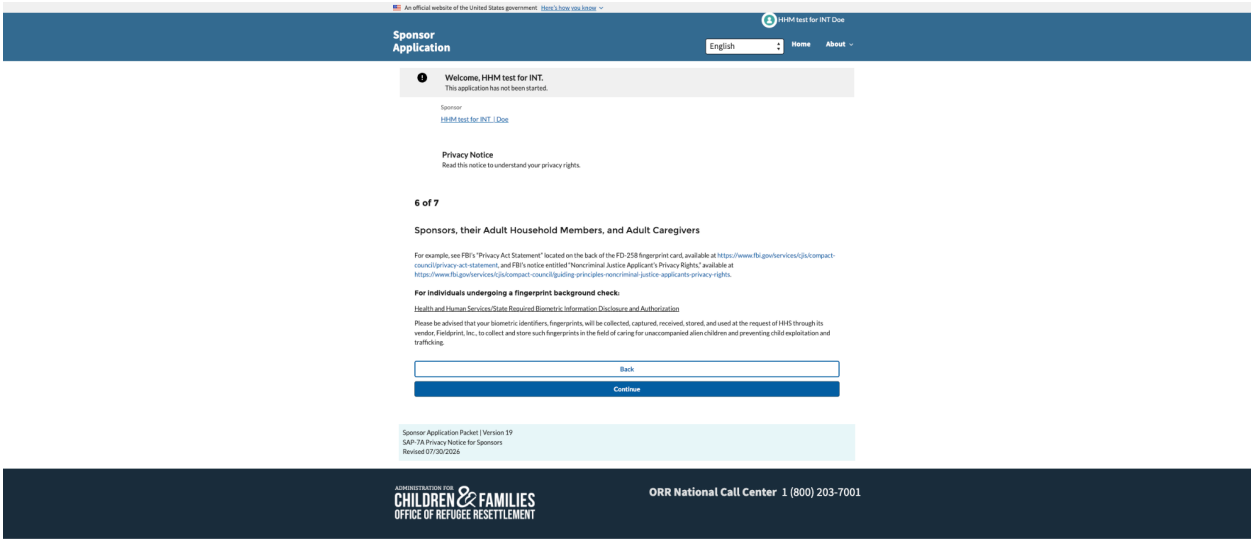
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This application has not been started.
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Sponsors, their Adult Household Members, and Adult Caregivers
For example, see FBI's "Privacy Act Statement" located on the back of the FD-258 fingerprint card, available at https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement, and FBI's notice entitled "Noncriminal Justice Applicant's Privacy Rights," available at https://www.fbi.gov/services/cjis/compact-council/guiding-principles-noncriminal-justice-applicants-privacy-rights.
For individuals undergoing a fingerprint background check:
Health and Human Services/State Required Biometric Information Disclosure and Authorization
Please be advised that your biometric identifiers, fingerprints, will be collected, captured, received, stored, and used at the request of HHS through its vendor, Fieldprint, Inc., to collect and store such fingerprints in the field of caring for unaccompanied alien children and preventing child exploitation and trafficking.
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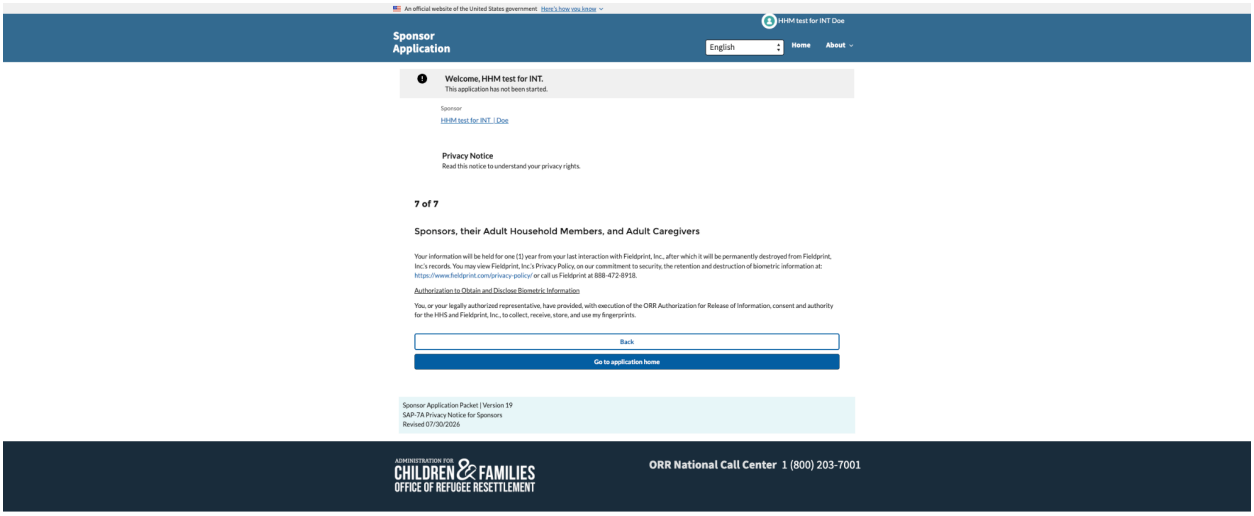
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About
Welcome, HHM test for INT.
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Privacy Notice
Read this notice to understand your privacy rights.
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Sponsors, their Adult Household Members, and Adult Caregivers
Your information will be held for one (1) year from your last interaction with Fieldprint, Inc., after which it will be permanently destroyed from Fieldprint, Inc's records. You may view Fieldprint, Inc.'s Privacy Policy, on our commitment to security, the retention and destruction of biometric information at: https://www.fieldprint.com/privacy-policy/ or call us Fieldprint at 888-472-8918.
Authorization to Obtain and Disclose Biometric Information
You, or your legally authorized representative, have provided, with execution of the ORR Authorization for Release of Information, consent and authority for the HHS and Fieldprint, Inc., to collect, receive, store, and use my fingerprints.
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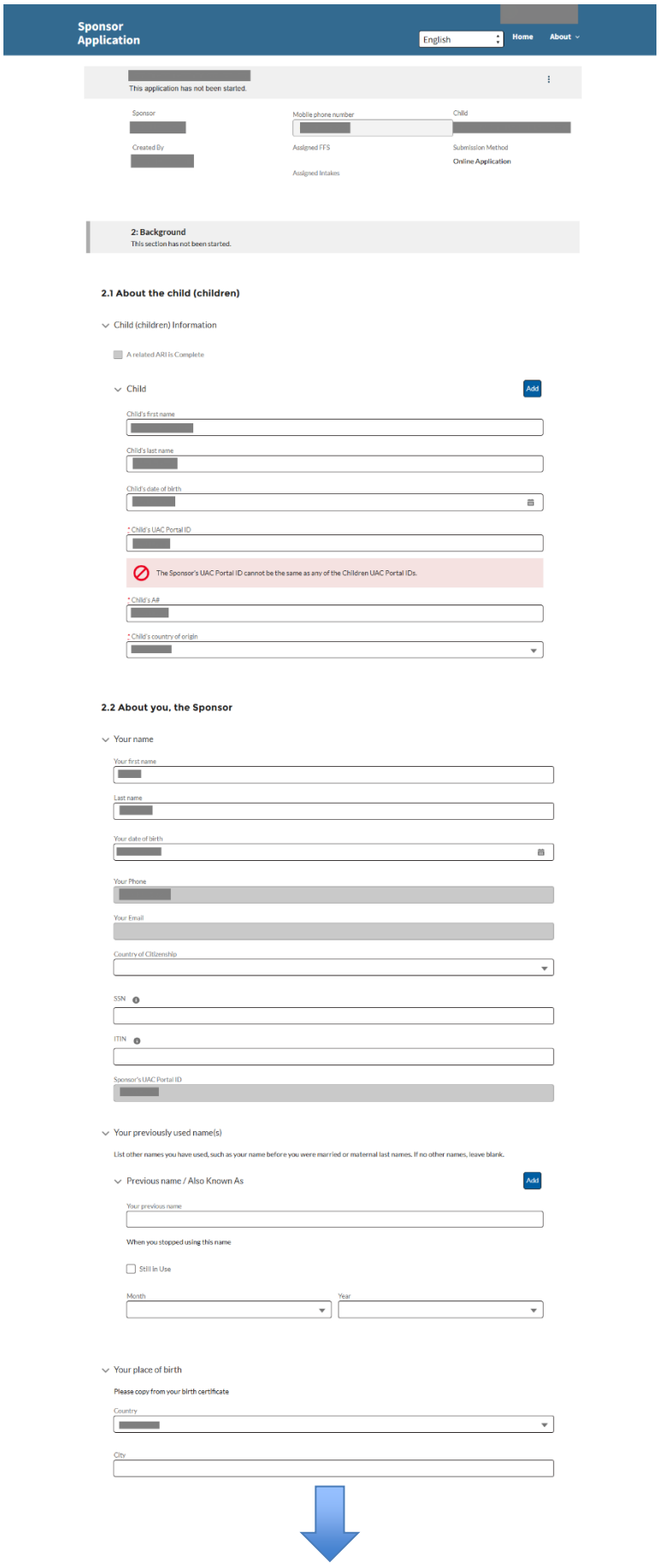
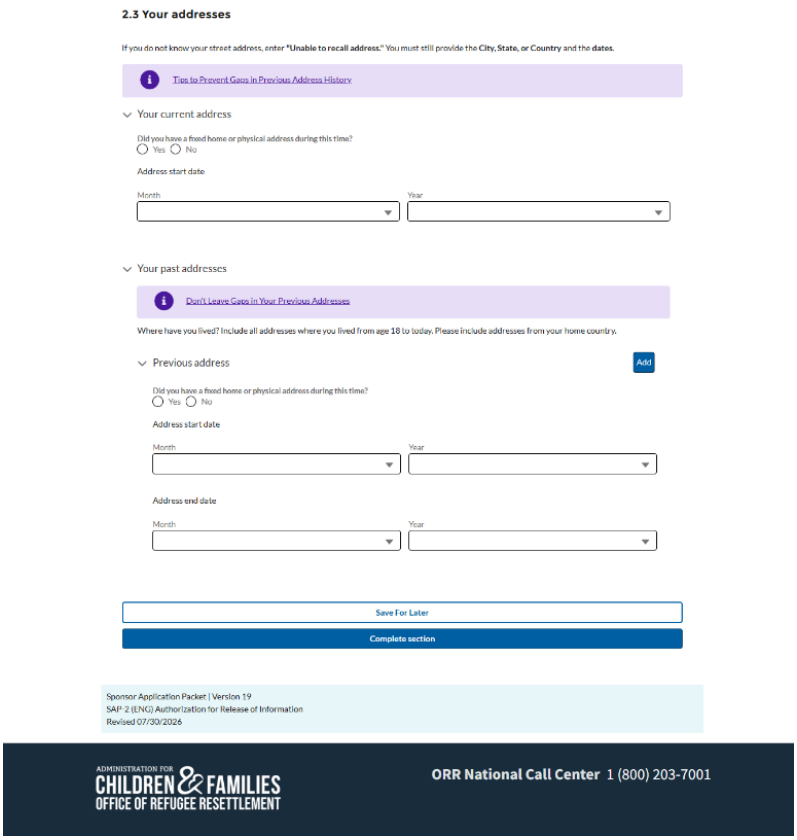

Sponsor Application
English
Home
About
This application has not been started.
Sponsor
Mobile phone number
Child
Created By
Assigned FFS
Submission Method
Online Application
Assigned Intakes
2: Background
This section has not been started.
2.1 About the child (children)
Child (children) Information
A related ARI is Complete
Child
Add
Child's first name
Child's last name
Child's date of birth
* Child's UAC Portal ID
The Sponsor's UAC Portal ID cannot be the same as any of the Children UAC Portal IDs.
* Child's A#
* Child's country of origin
2.2 About you, the Sponsor
Your name
Your first name
Last name
Your date of birth
Your Phone
Your Email
Country of Citizenship
SSN
ITIN
Sponsor's UAC Portal ID
Your previously used name(s)
List other names you have used, such as your name before you were married or maternal last names. If no other names, leave blank.
Previous name / Also Known As
Add
Your previous name
When you stopped using this name
Still in Use
Month
Year
Your place of birth
Please copy from your birth certificate
Country
City

Bottom part of page



2.3 Your addresses

If you do not know your street address, enter "Unable to recall address." You must still provide the City, State, or Country and the dates.

Tips to Prevent Gaps in Previous Address History

Your current address

Did you have a fixed home or physical address during this time?
Yes No

Address start date

Month Year

Your past addresses

Don't Leave Gaps in Your Previous Addresses

Where have you lived? Include all addresses where you lived from age 18 to today. Please include addresses from your home country.

Previous address Add

Did you have a fixed home or physical address during this time?
Yes No

Address start date

Month Year

Address end date

Month Year

Save For Later

Complete section

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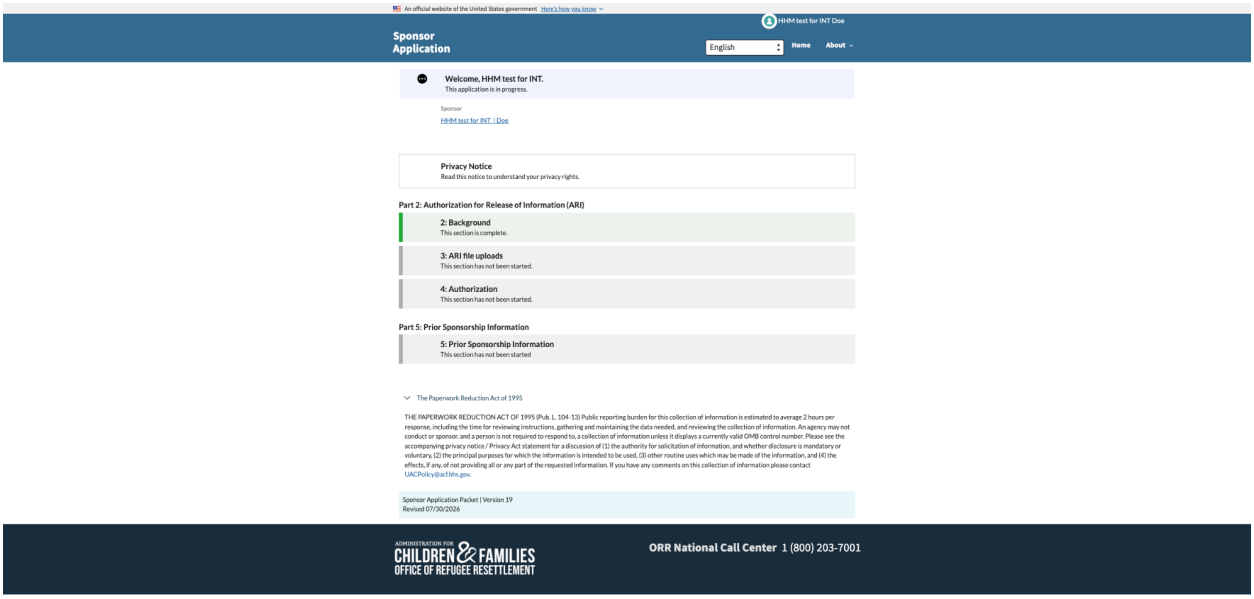
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HHM test for INT Doe
Sponsor Application
English
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About
Welcome, HHM test for INT.
This application is in progress.
Sponsor
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Privacy Notice
Read this notice to understand your privacy rights.
Part 2: Authorization for Release of Information (ARI)
2: Background
This section is complete.
3: ARI file uploads
This section has not been started.
4: Authorization
This section has not been started.
Part 5: Prior Sponsorship Information
5: Prior Sponsorship Information
This section has not been started
The Paperwork Reduction Act of 1995
THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) Public reporting burden for this collection of information is estimated to average 2 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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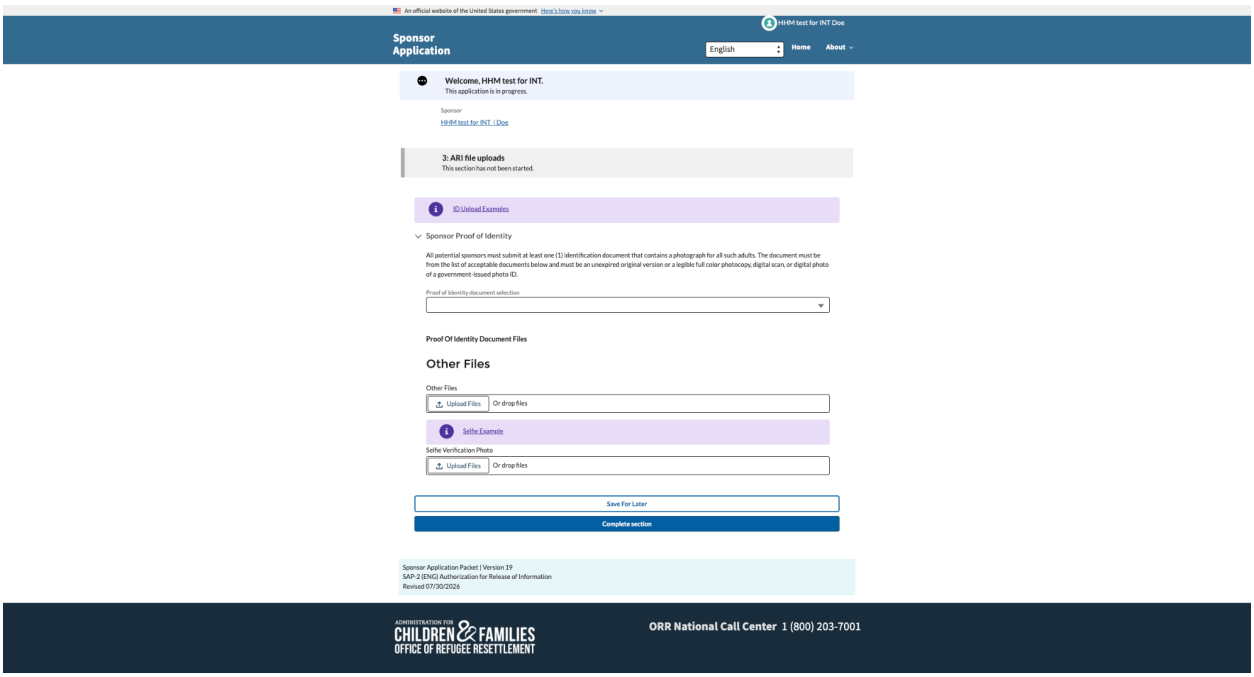
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Welcome, HHM test for INT.
This application is in progress.
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3: ARI file uploads
This section has not been started.
ID Upload Examples
Sponsor Proof of Identity
All potential sponsors must submit 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
Other Files
Other Files
Upload Files
Or drop files
Selfie Example
Selfie Verification Photo
Upload Files
Or drop files
Save For Later
Complete section
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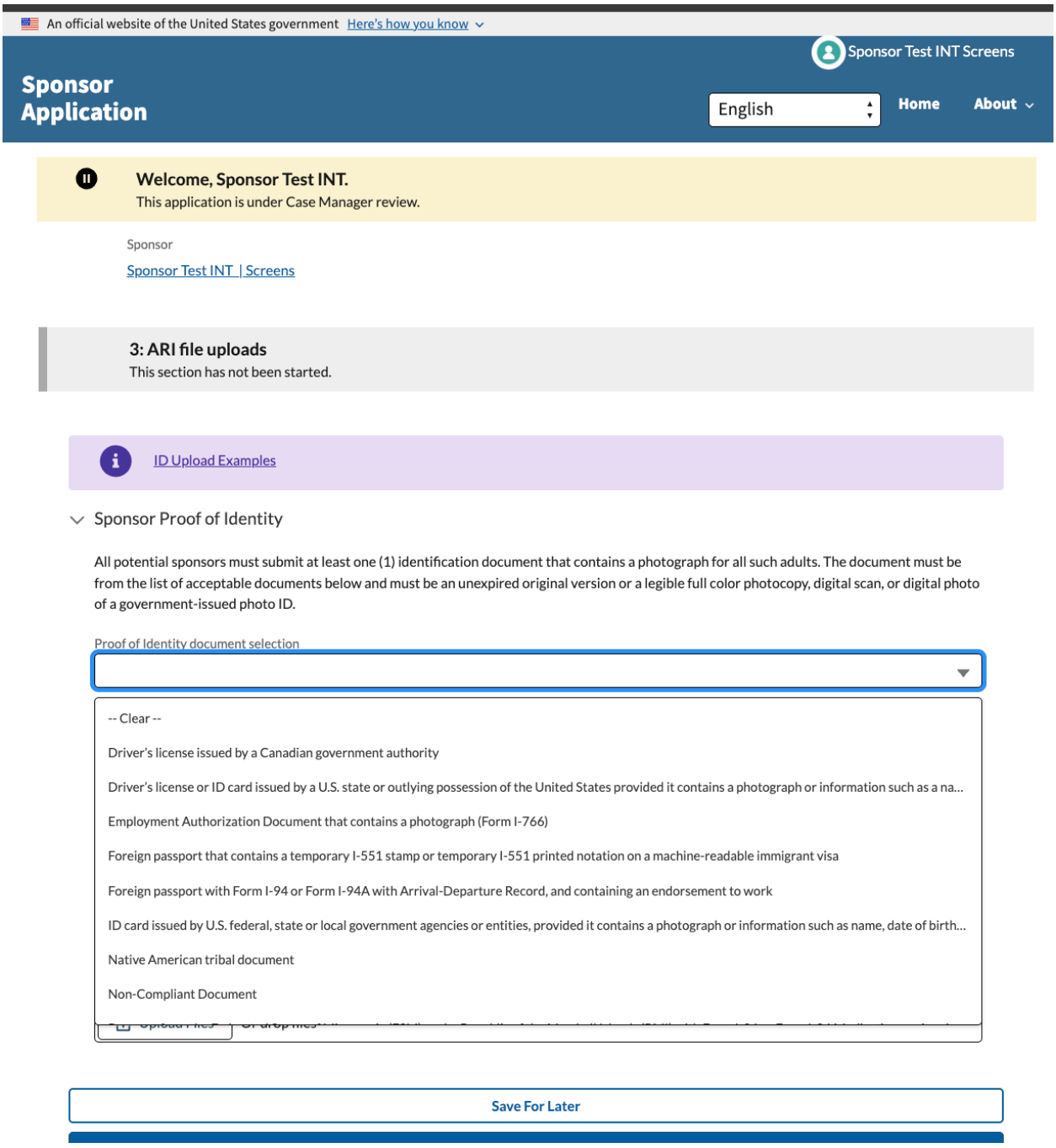
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3: ARI file uploads
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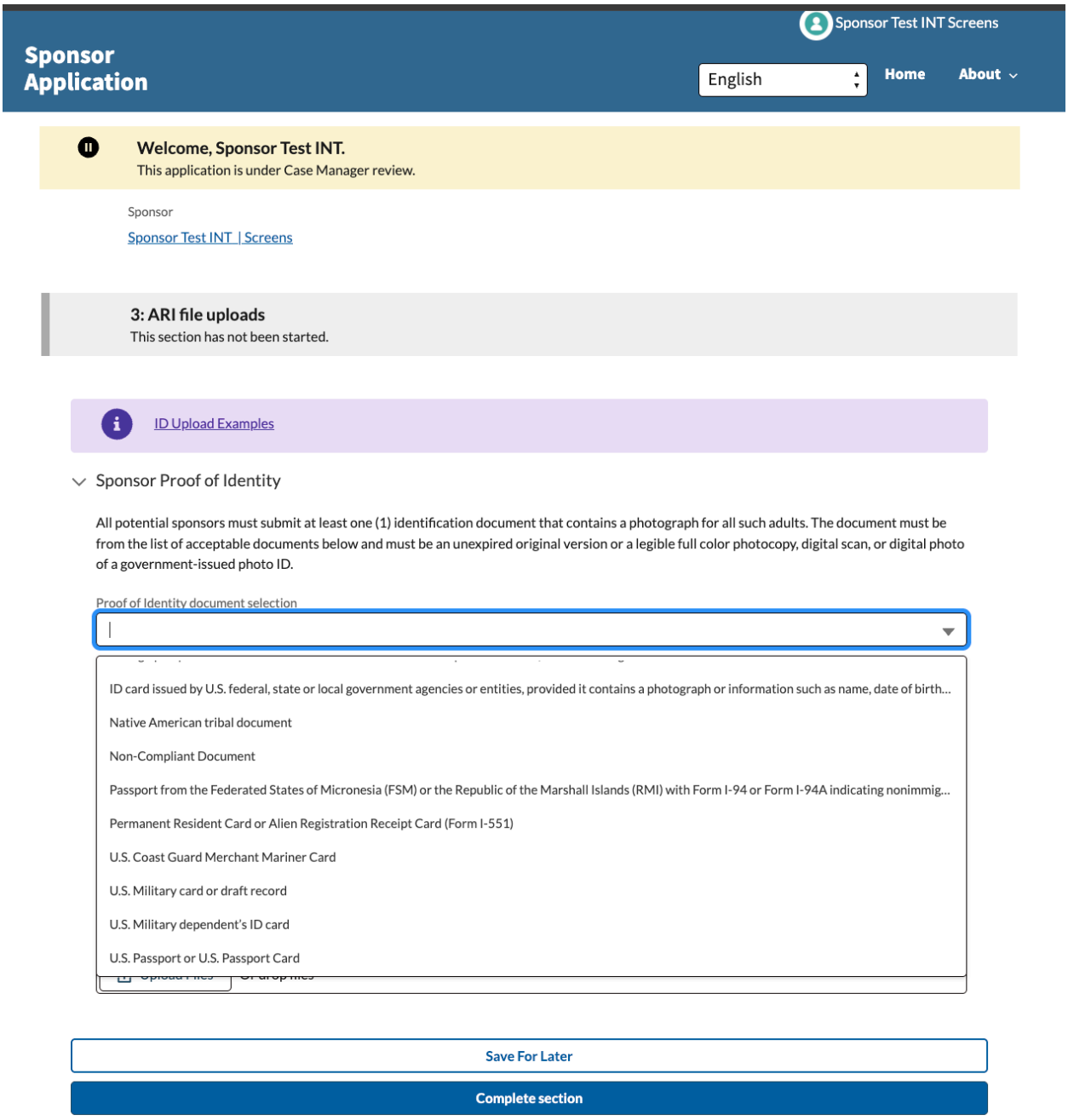
ID Upload Examples
Sponsor Proof of Identity
All potential sponsors must submit at least one (1) identification document that contains a photograph for all such adults. The document must be from the list of acceptable documents below and must be an unexpired original version or a legible full color photocopy, digital scan, or digital photo of a government-issued photo ID.
Proof of Identity document selection
-- Clear --
Driver's license issued by a Canadian government authority
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 na...
Employment Authorization Document that contains a photograph (Form I-766)
Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa
Foreign passport with Form I-94 or Form I-94A with Arrival-Departure Record, and containing an endorsement to work
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...
Native American tribal document
Non-Compliant Document
Save For Later


Sponsor Test INT Screens
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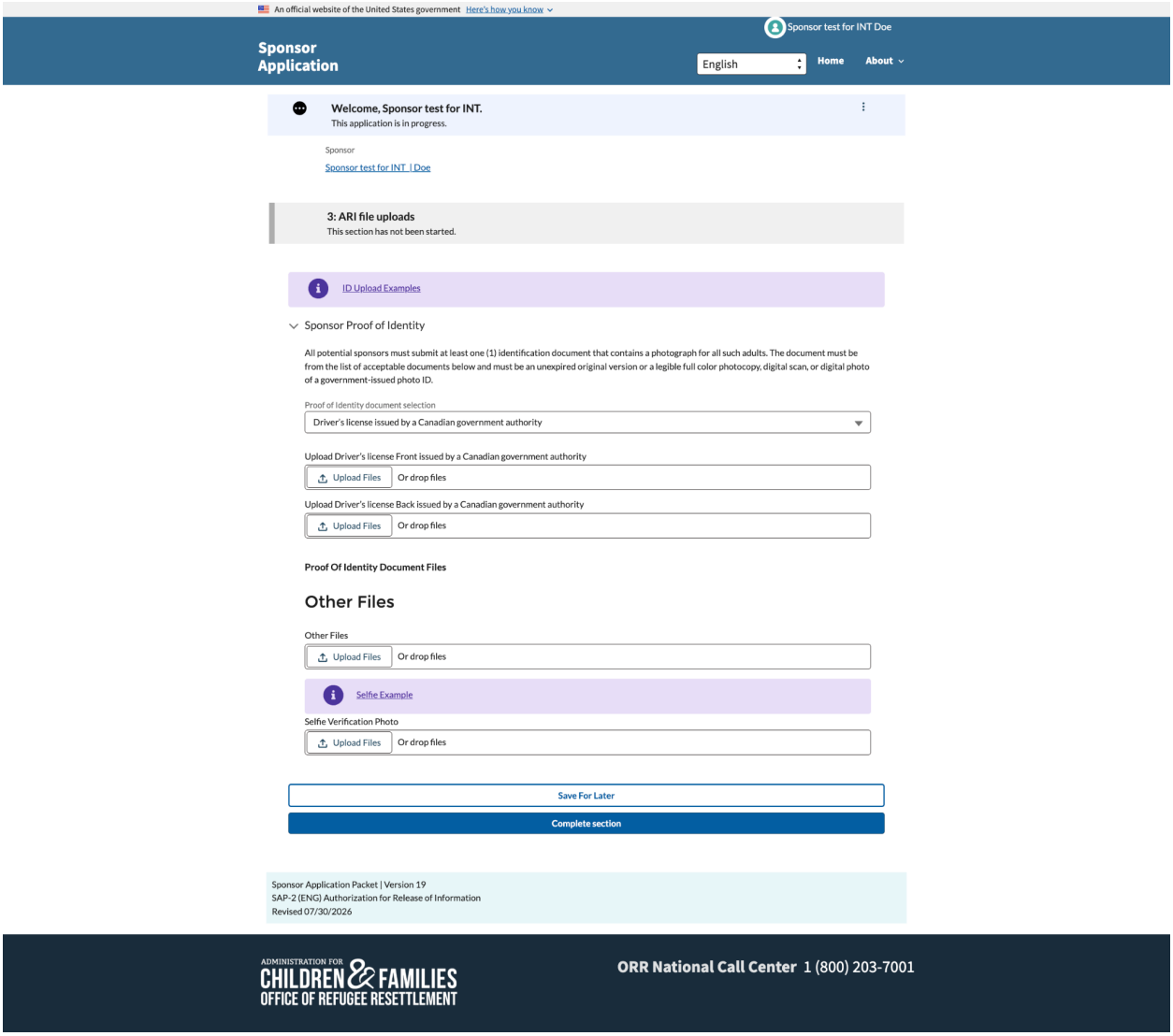
Sponsor Test INT | Screens
3: ARI file uploads
This section has not been started.
ID Upload Examples
Sponsor Proof of Identity
All potential sponsors must submit at least one (1) identification document that contains a photograph for all such adults. The document must be from the list of acceptable documents 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
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...
Native American tribal document
Non-Compliant Document
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 nonimmig...
Permanent Resident Card or Alien Registration Receipt Card (Form I-551)
U.S. Coast Guard Merchant Mariner Card
U.S. Military card or draft record
U.S. Military dependent's ID card
U.S. Passport or U.S. Passport Card
Save For Later
Complete section


An official website of the United States government Here's how you know
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3: ARI file uploads
This section has not been started.
ID Upload Examples
Sponsor Proof of Identity
All potential sponsors 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
Driver's license issued by a Canadian government authority
Upload Driver's license Front issued by a Canadian government authority
Upload Files
Or drop files
Upload Driver's license Back issued by a Canadian government authority
Upload Files
Or drop files
Proof Of Identity Document Files
Other Files
Other Files
Upload Files
Or drop files
Selfie Example
Selfie Verification Photo
Upload Files
Or drop files
Save For Later
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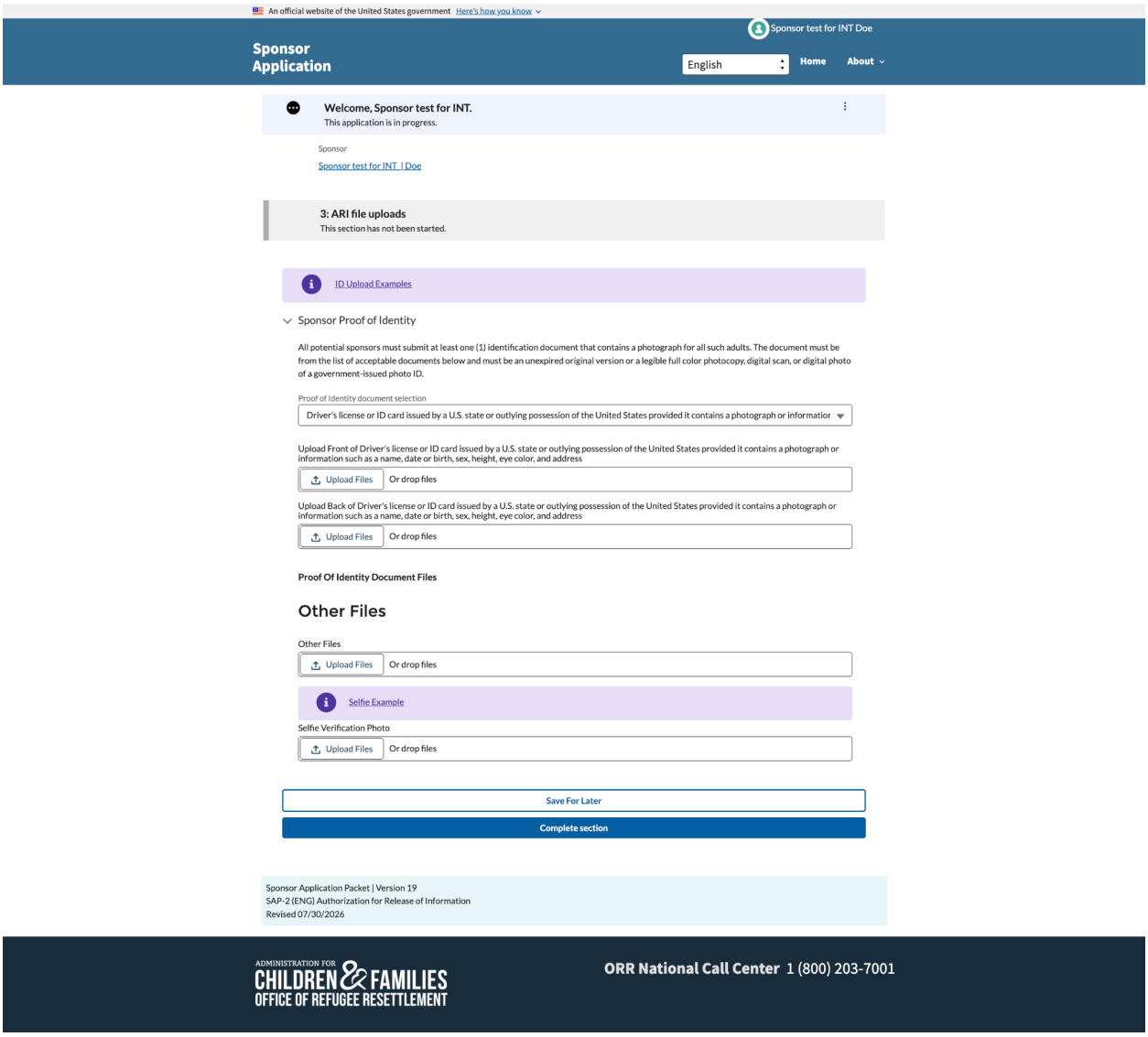
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ID Upload Examples
Sponsor Proof of Identity
All potential sponsors must submit at least one (1) identification document that contains a photograph for all such adults. The document must be from the list of acceptable documents below and must be an 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
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 informatior
Upload Front of 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
Upload Files
Or drop files
Upload Back of 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
Upload Files
Or drop files
Proof Of Identity Document Files
Other Files
Other Files
Upload Files
Or drop files
Selfie Example
Selfie Verification Photo
Upload Files
Or drop files
Save For Later
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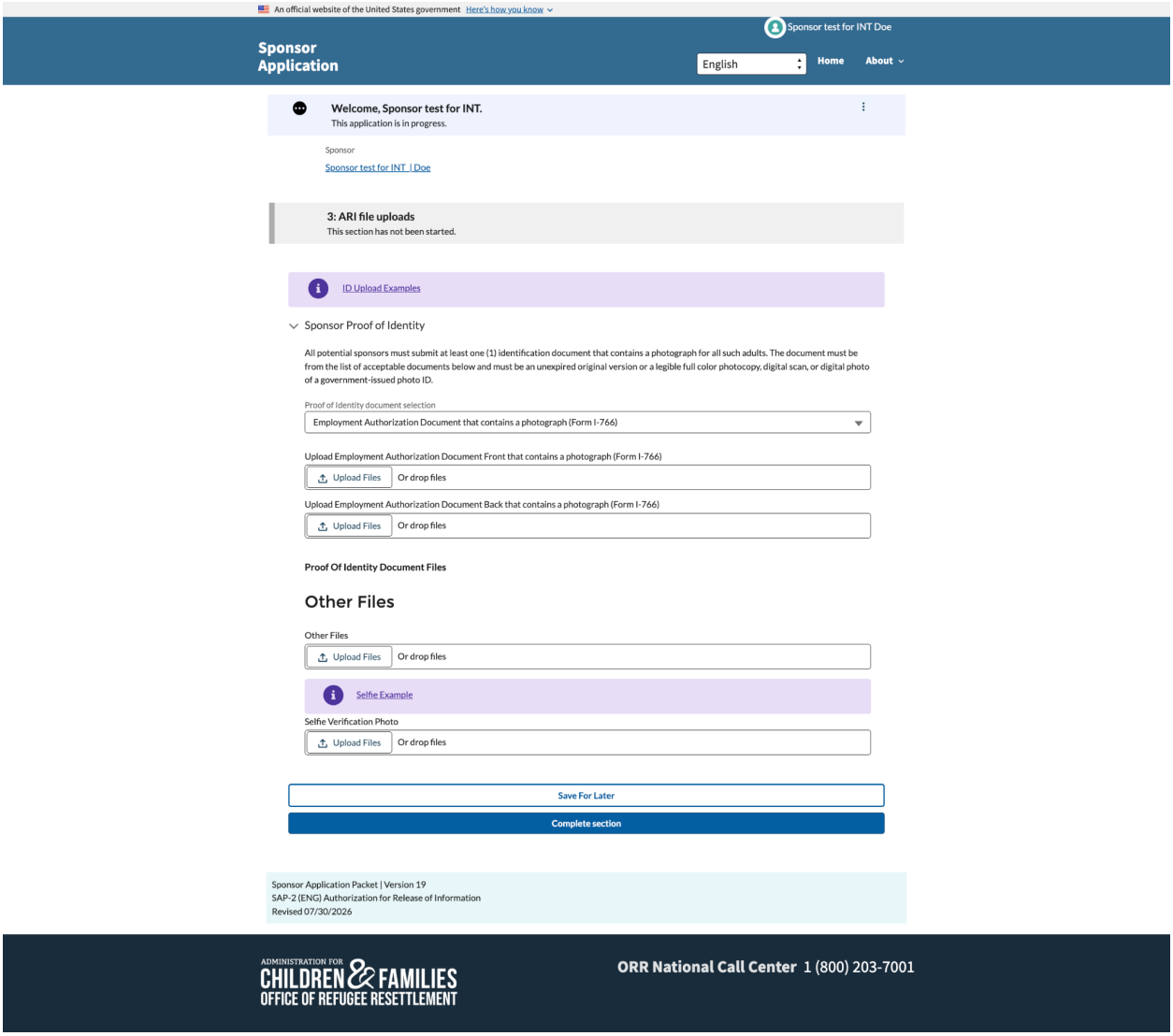
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ID Upload Examples
Sponsor Proof of Identity
All potential sponsors must submit at least one (1) identification document that contains a photograph for all such adults. The document must be from the list of acceptable documents below and must be an 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
Employment Authorization Document that contains a photograph (Form I-766)
Upload Employment Authorization Document Front that contains a photograph (Form I-766)
Upload Files
Or drop files
Upload Employment Authorization Document Back that contains a photograph (Form I-766)
Upload Files
Or drop files
Proof Of Identity Document Files
Other Files
Other Files
Upload Files
Or drop files
Selfie Example
Selfie Verification Photo
Upload Files
Or drop files
Save For Later
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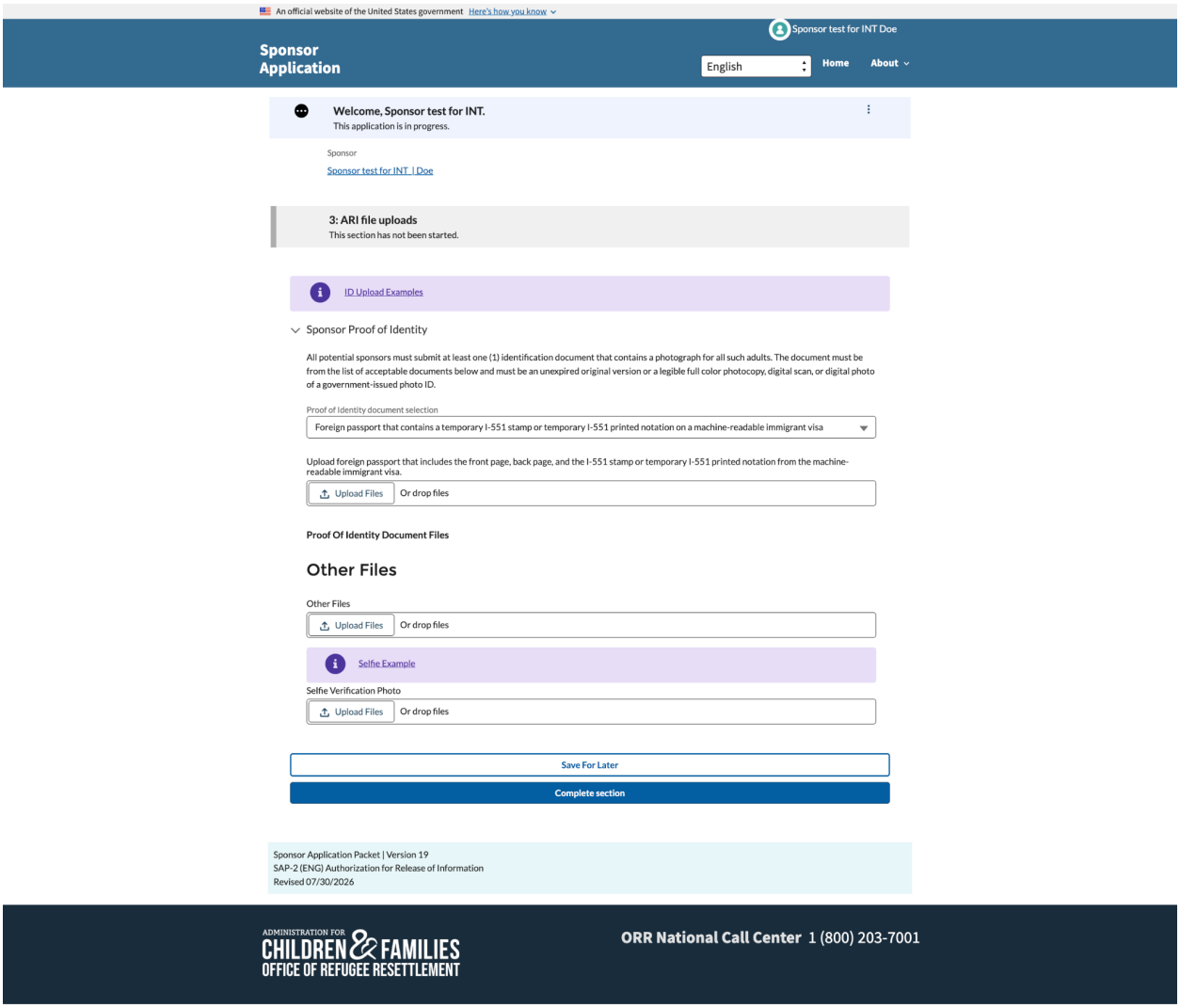
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ID Upload Examples
Sponsor Proof of Identity
All potential sponsors must submit at least one (1) identification document that contains a photograph for all such adults. The document must be from the list of acceptable documents below and must be an 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
Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa
Upload foreign passport that includes the front page, back page, and the I-551 stamp or temporary I-551 printed notation from the machine-readable immigrant visa.
Upload Files
Or drop files
Proof Of Identity Document Files
Other Files
Other Files
Upload Files
Or drop files
Selfie Example
Selfie Verification Photo
Upload Files
Or drop files
Save For Later
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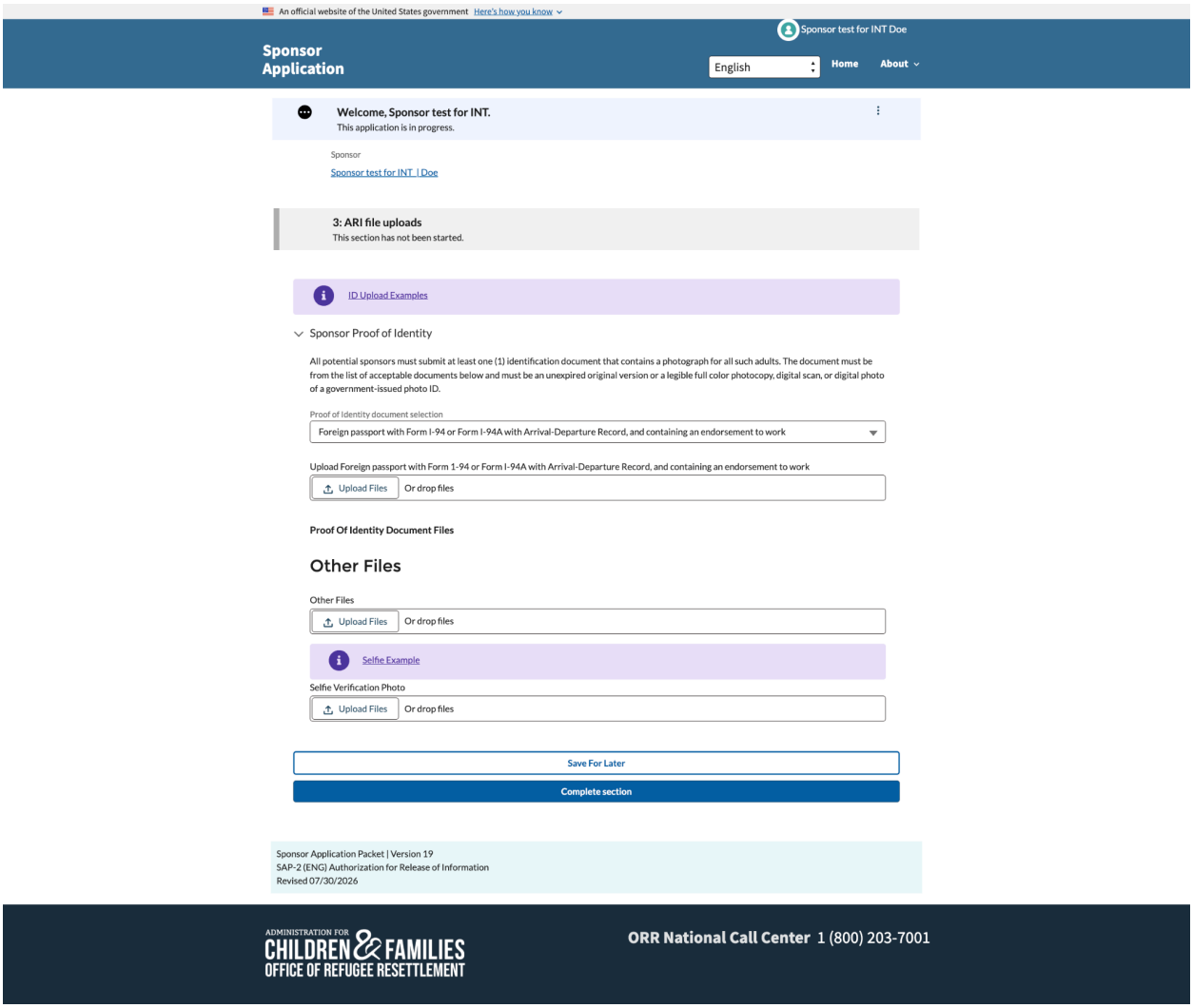
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ID Upload Examples
Sponsor Proof of Identity
All potential sponsors must submit at least one (1) identification document that contains a photograph for all such adults. The document must be from the list of acceptable documents below and must be an 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
Foreign passport with Form I-94 or Form I-94A with Arrival-Departure Record, and containing an endorsement to work
Upload Foreign passport with Form 1-94 or Form I-94A with Arrival-Departure Record, and containing an endorsement to work
Upload Files
Or drop files
Proof Of Identity Document Files
Other Files
Other Files
Upload Files
Or drop files
Selfie Example
Selfie Verification Photo
Upload Files
Or drop files
Save For Later
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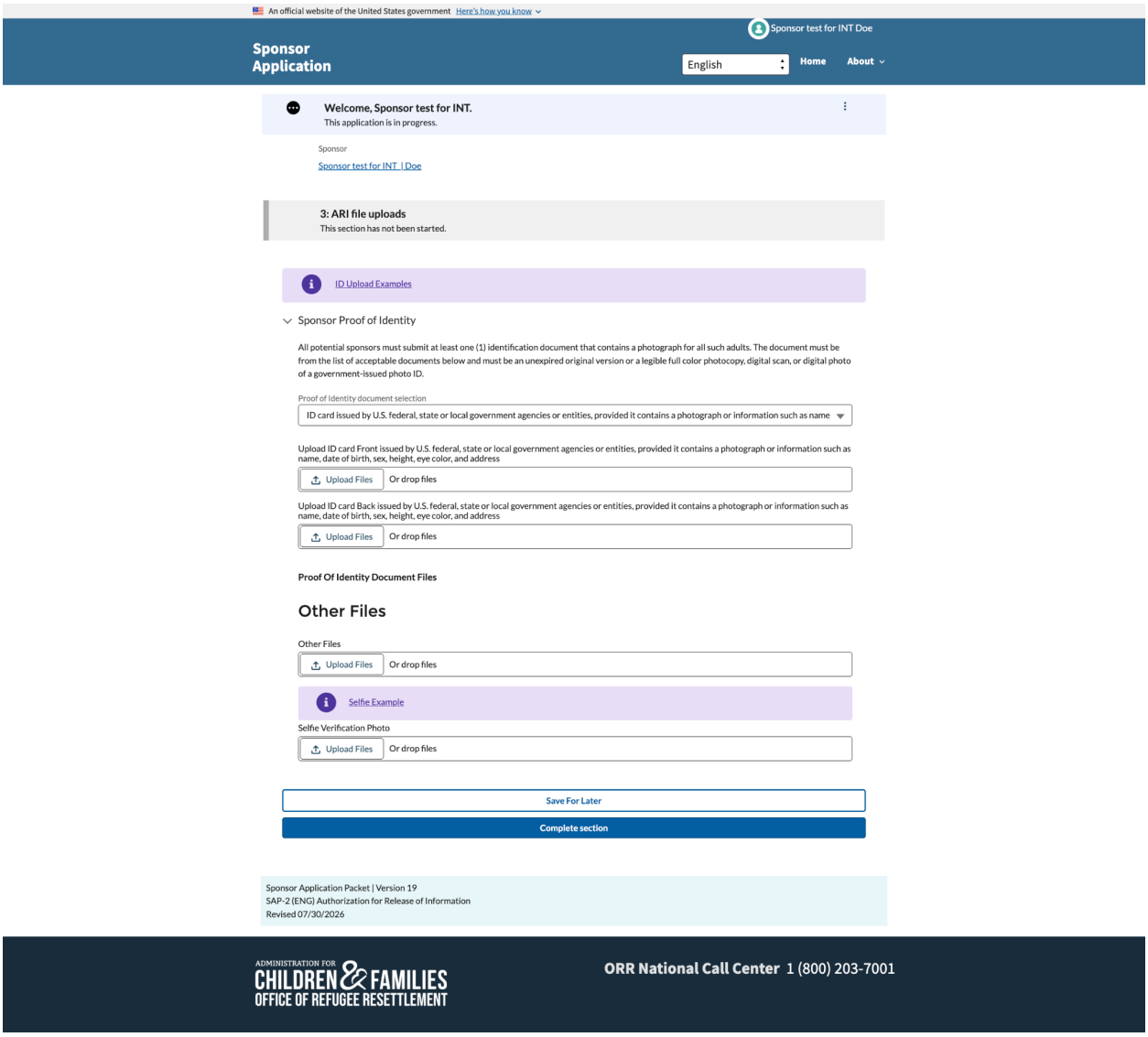
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ID Upload Examples
Sponsor Proof of Identity
All potential sponsors must submit at least one (1) identification document that contains a photograph for all such adults. The document must be from the list of acceptable documents below and must be an 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
ID card issued by U.S. federal, state or local government agencies or entities, provided it contains a photograph or information such as name
Upload ID card Front 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
Upload Files
Or drop files
Upload ID card Back 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
Upload Files
Or drop files
Proof Of Identity Document Files
Other Files
Other Files
Upload Files
Or drop files
Selfie Example
Selfie Verification Photo
Upload Files
Or drop files
Save For Later
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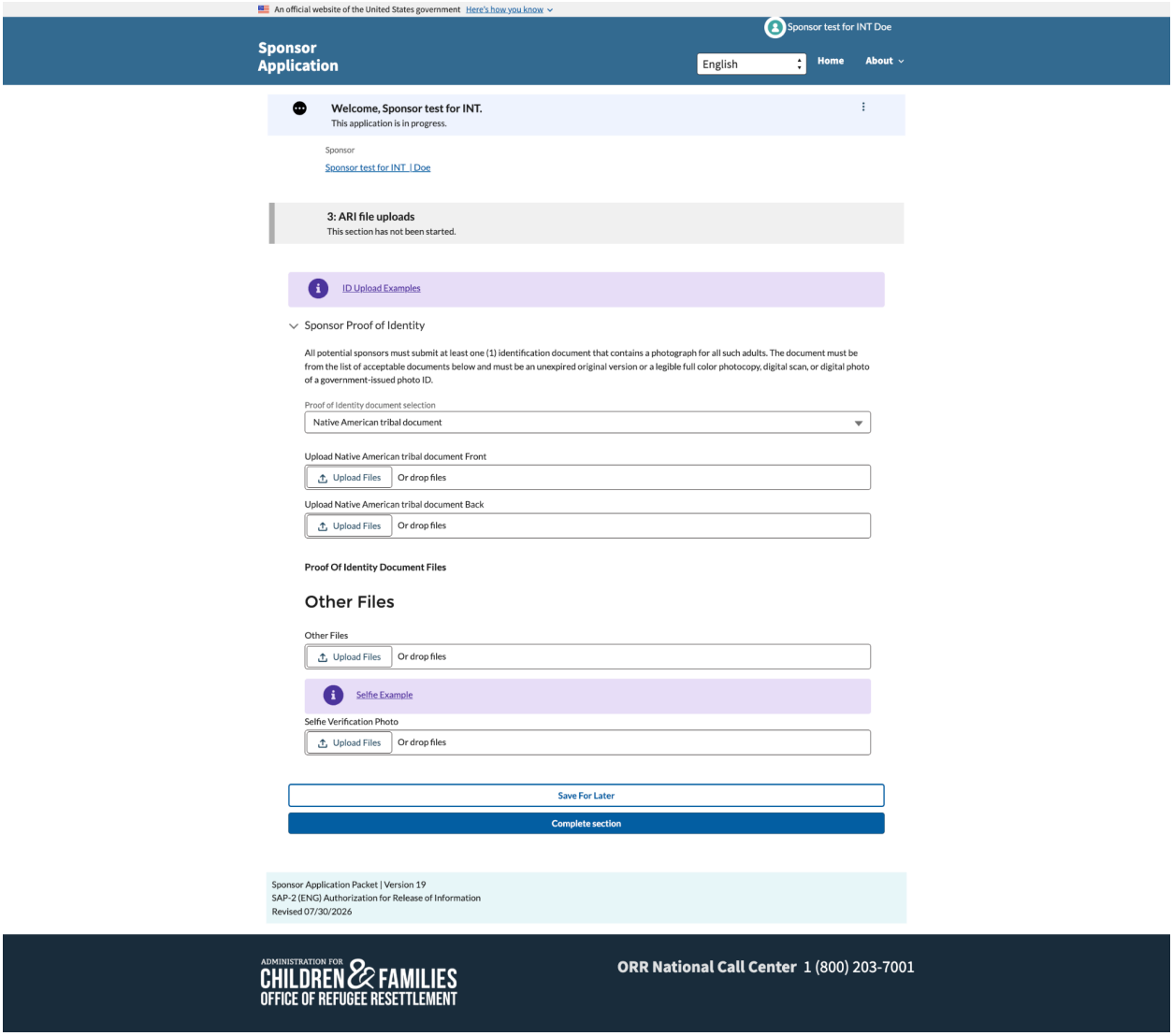
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This section has not been started.
ID Upload Examples
Sponsor Proof of Identity
All potential sponsors must submit at least one (1) identification document that contains a photograph for all such adults. The document must be from the list of acceptable 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
Native American tribal document
Upload Native American tribal document Front
Upload Files
Or drop files
Upload Native American tribal document Back
Upload Files
Or drop files
Proof Of Identity Document Files
Other Files
Other Files
Upload Files
Or drop files
Selfie Example
Selfie Verification Photo
Upload Files
Or drop files
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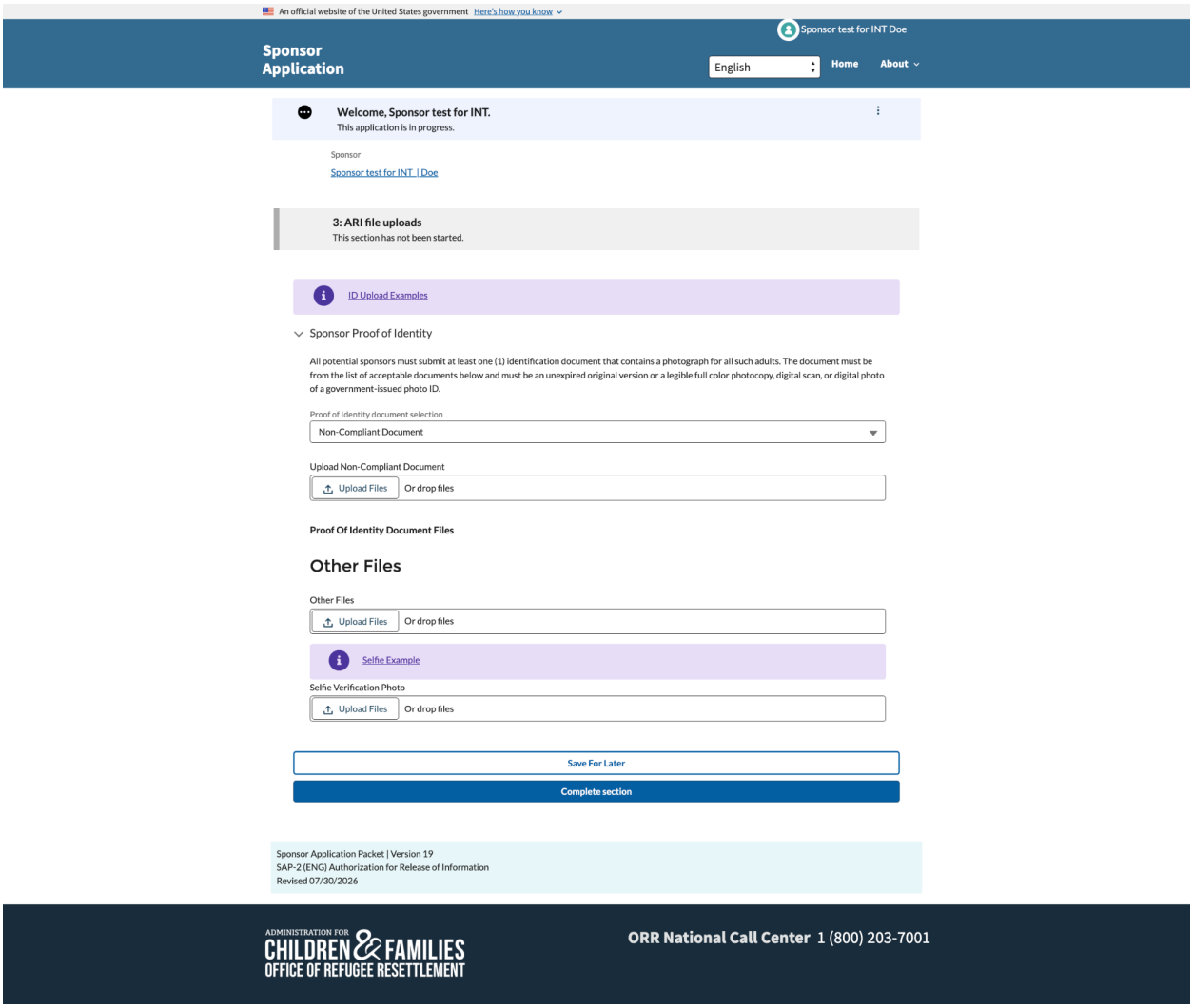
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3: ARI file uploads
This section has not been started.
ID Upload Examples
Sponsor Proof of Identity
All potential sponsors must submit at least one (1) identification document that contains a photograph for all such adults. The document must be from 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
Non-Compliant Document
Upload Non-Compliant Document
Upload Files
Or drop files
Proof Of Identity Document Files
Other Files
Other Files
Upload Files
Or drop files
Selfie Example
Selfie Verification Photo
Upload Files
Or drop files
Save For Later
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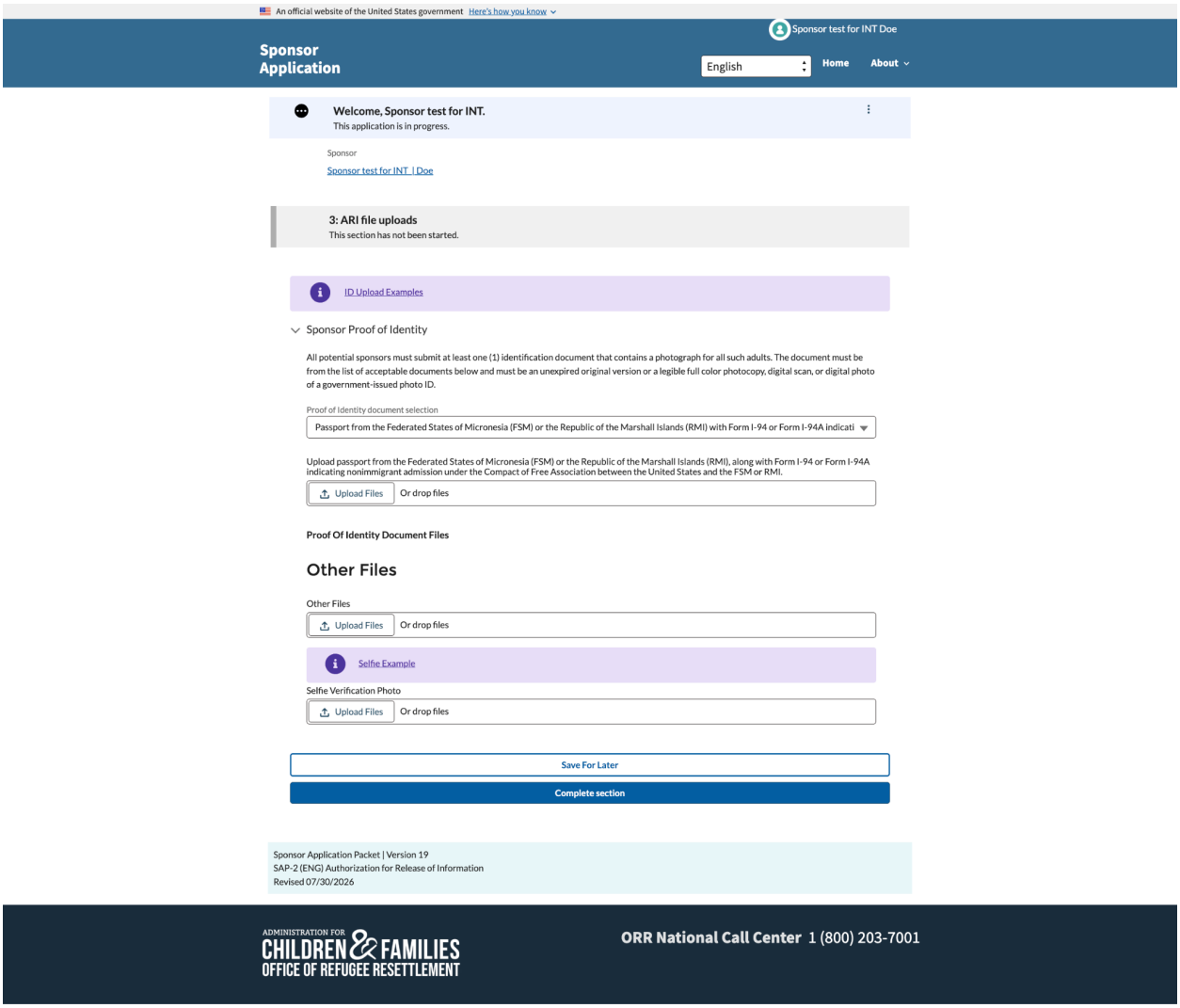
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3: ARI file uploads
This section has not been started.
ID Upload Examples
Sponsor Proof of Identity
All potential sponsors must submit at least one (1) identification document that contains a photograph for all such adults. The document must be from 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
Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicati
Upload passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI), along 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.
Upload Files
Or drop files
Proof Of Identity Document Files
Other Files
Other Files
Upload Files
Or drop files
Selfie Example
Selfie Verification Photo
Upload Files
Or drop files
Save For Later
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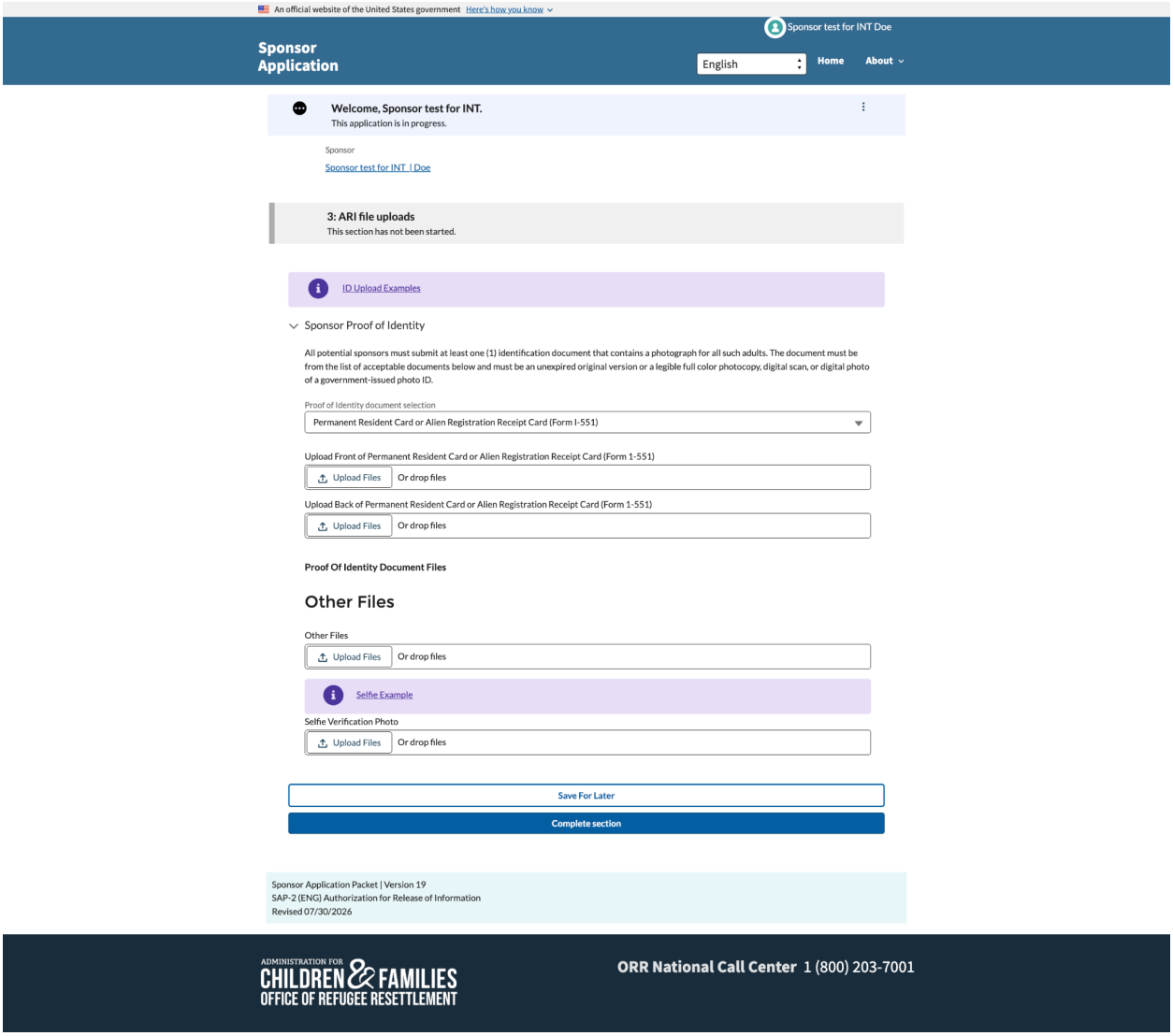
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3: ARI file uploads
This section has not been started.
ID Upload Examples
Sponsor Proof of Identity
All potential sponsors must submit at least one (1) identification document that contains a photograph for all such adults. The document must be from 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
Permanent Resident Card or Alien Registration Receipt Card (Form I-551)
Upload Front of Permanent Resident Card or Alien Registration Receipt Card (Form 1-551)
Upload Files
Or drop files
Upload Back of Permanent Resident Card or Alien Registration Receipt Card (Form 1-551)
Upload Files
Or drop files
Proof Of Identity Document Files
Other Files
Other Files
Upload Files
Or drop files
Selfie Example
Selfie Verification Photo
Upload Files
Or drop files
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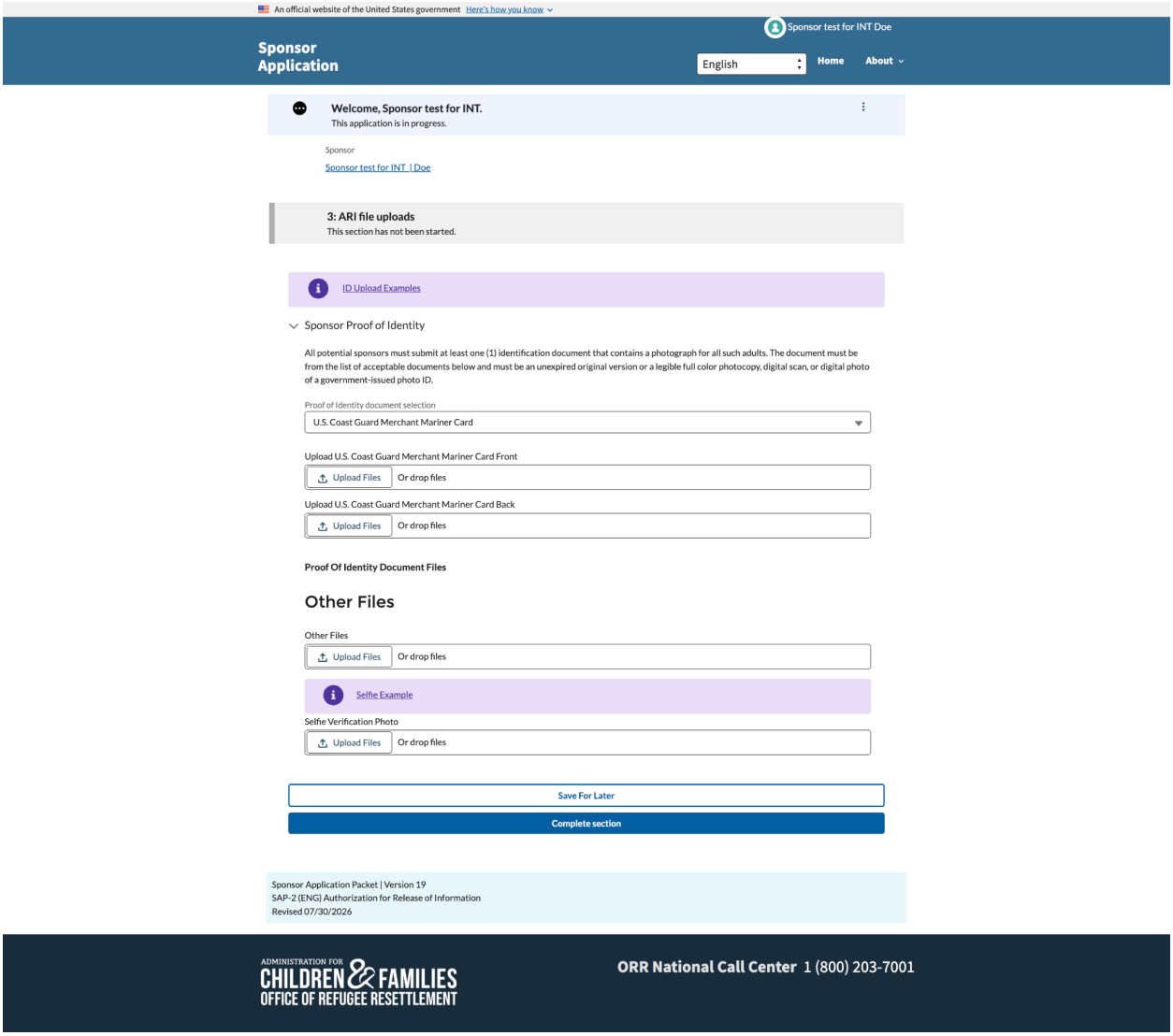
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3: ARI file uploads
This section has not been started.
ID Upload Examples
Sponsor Proof of Identity
All potential sponsors must submit at least one (1) identification document that contains a photograph for all such adults. The document must be from 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
U.S. Coast Guard Merchant Mariner Card
Upload U.S. Coast Guard Merchant Mariner Card Front
Upload Files
Or drop files
Upload U.S. Coast Guard Merchant Mariner Card Back
Upload Files
Or drop files
Proof Of Identity Document Files
Other Files
Other Files
Upload Files
Or drop files
Selfie Example
Selfie Verification Photo
Upload Files
Or drop files
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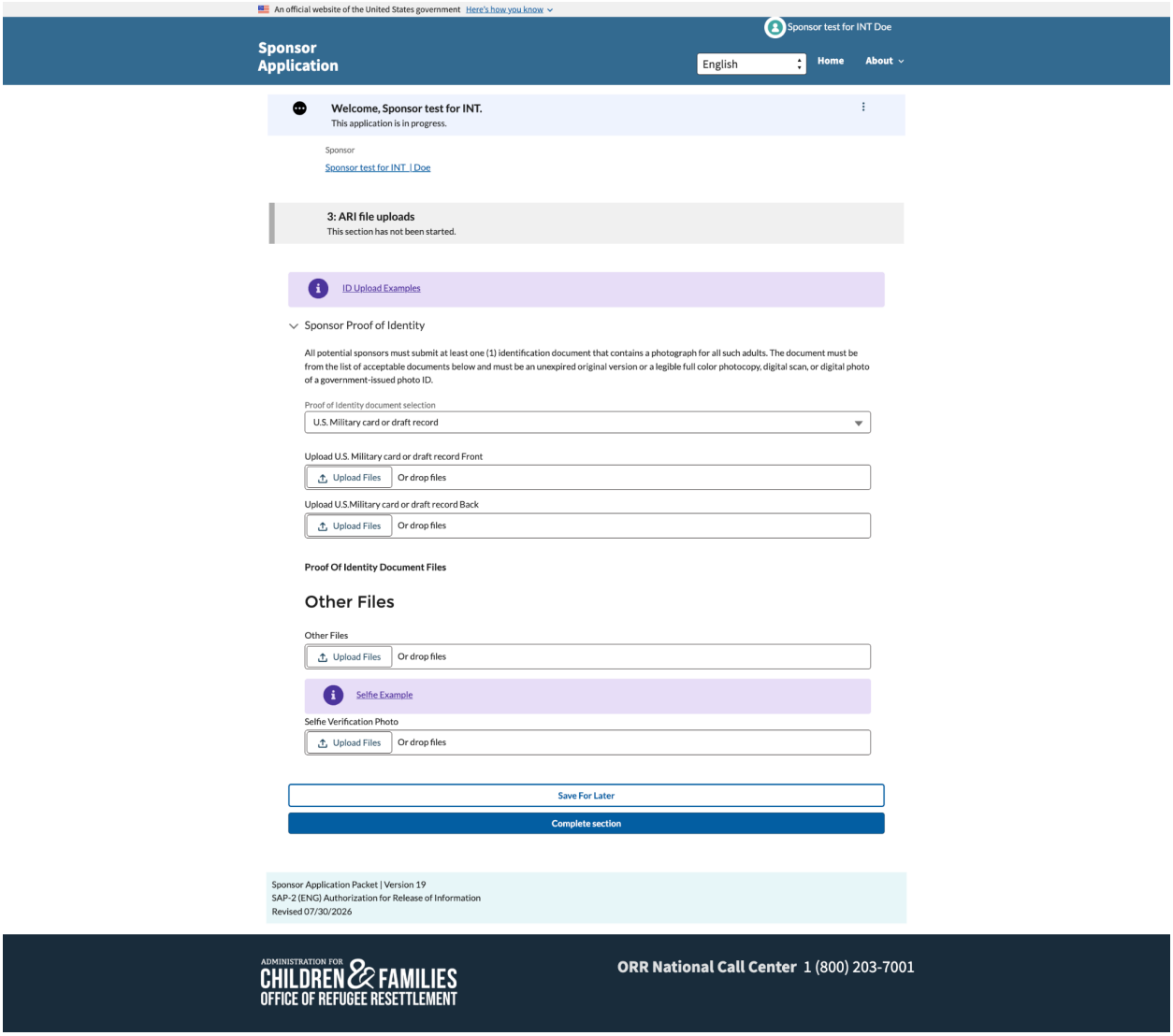
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This section has not been started.
ID Upload Examples
Sponsor Proof of Identity
All potential sponsors must submit at least one (1) identification document that contains a photograph for all such adults. The document must be from the list of acceptable 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
U.S. Military card or draft record
Upload U.S. Military card or draft record Front
Upload Files
Or drop files
Upload U.S.Military card or draft record Back
Upload Files
Or drop files
Proof Of Identity Document Files
Other Files
Other Files
Upload Files
Or drop files
Selfie Example
Selfie Verification Photo
Upload Files
Or drop files
Save For Later
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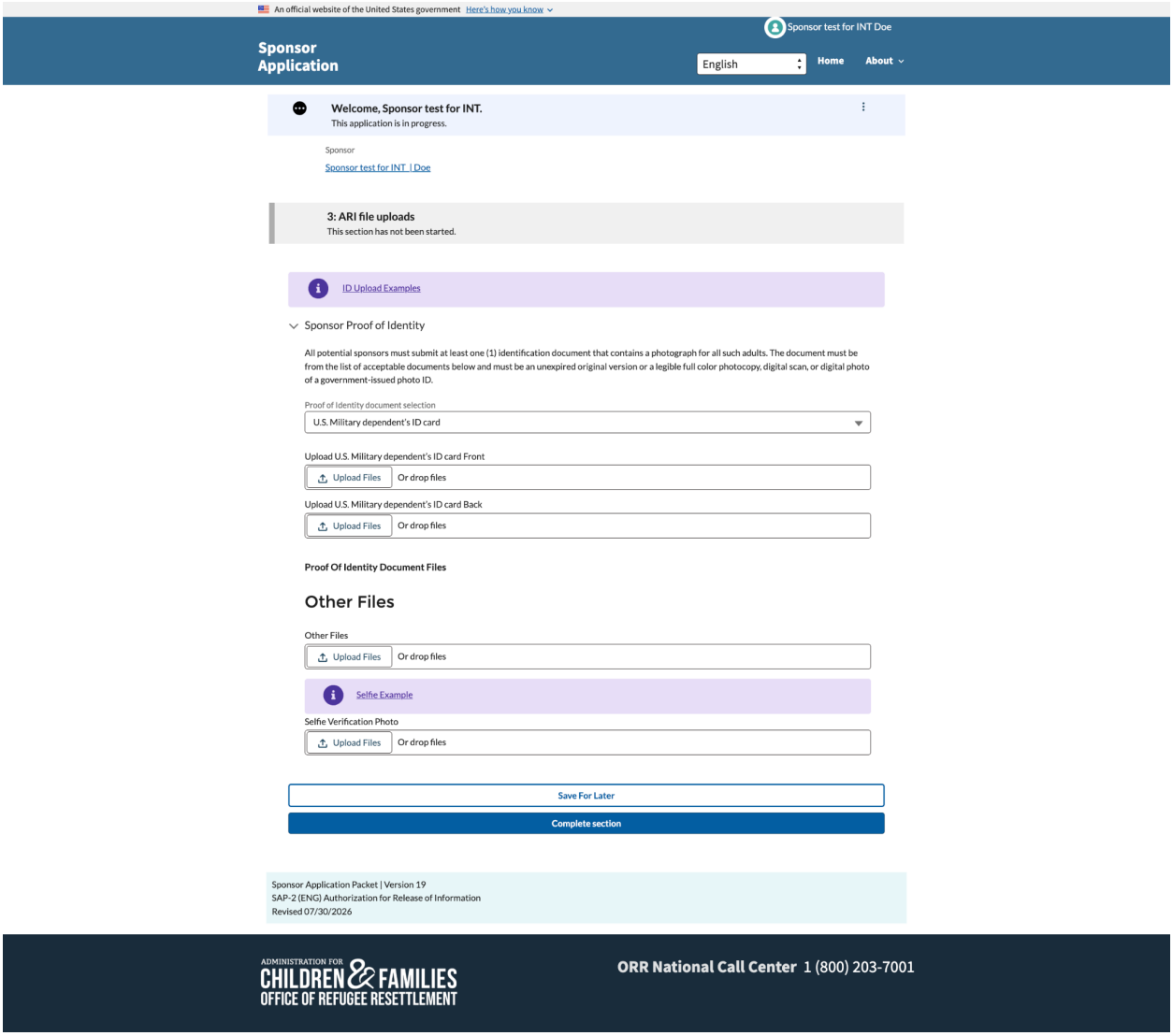
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3: ARI file uploads
This section has not been started.
ID Upload Examples
Sponsor Proof of Identity
All potential sponsors must submit at least one (1) identification document that contains a photograph for all such adults. The document must be from 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
U.S. Military dependent's ID card
Upload U.S. Military dependent's ID card Front
Upload Files
Or drop files
Upload U.S. Military dependent's ID card Back
Upload Files
Or drop files
Proof Of Identity Document Files
Other Files
Other Files
Upload Files
Or drop files
Selfie Example
Selfie Verification Photo
Upload Files
Or drop files
Save For Later
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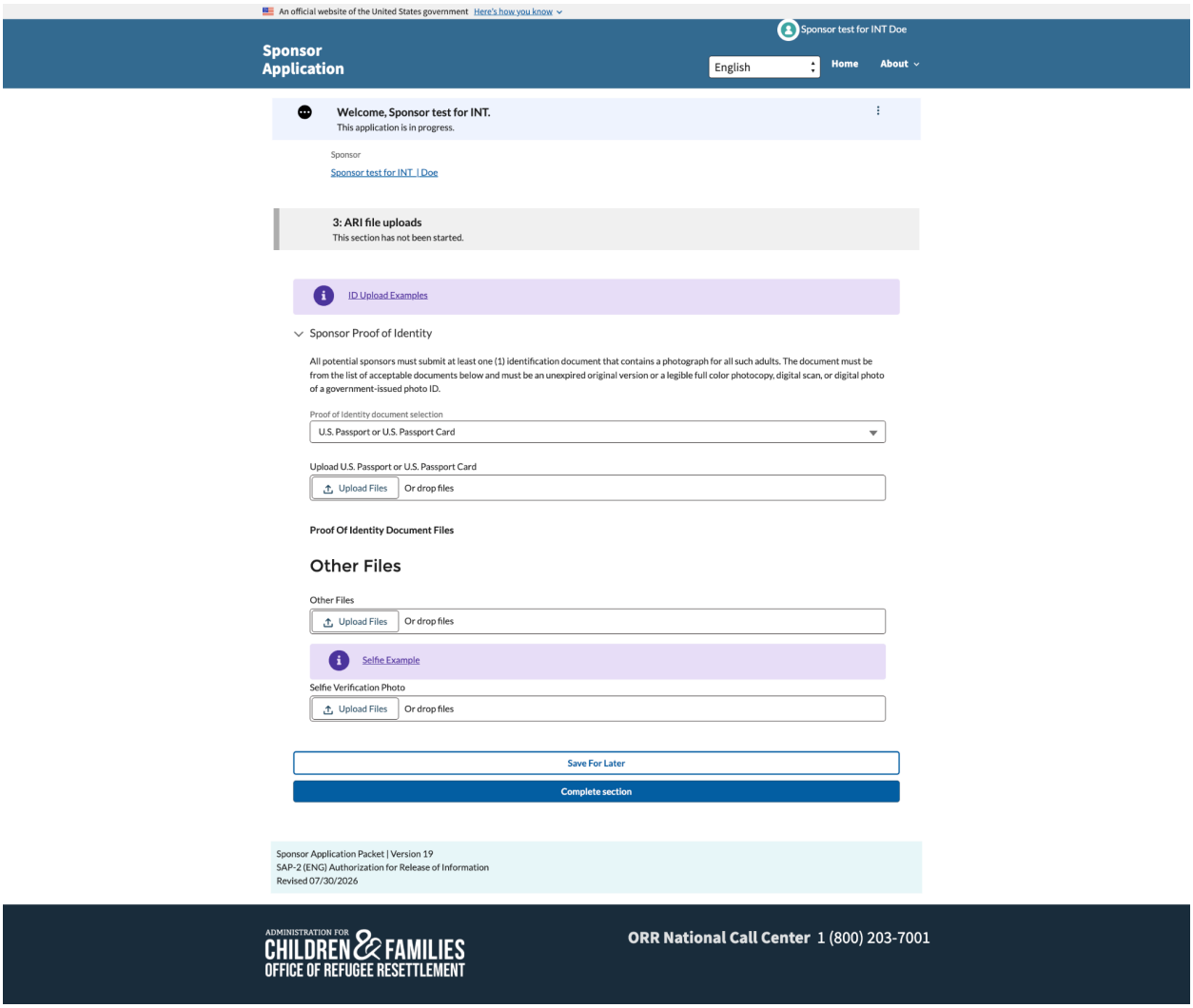
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This section has not been started.
ID Upload Examples
Sponsor Proof of Identity
All potential sponsors must submit at least one (1) identification document that contains a photograph for all such adults. The document must be from the list of acceptable 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
U.S. Passport or U.S. Passport Card
Upload U.S. Passport or U.S. Passport Card
Upload Files
Or drop files
Proof Of Identity Document Files
Other Files
Other Files
Upload Files
Or drop files
Selfie Example
Selfie Verification Photo
Upload Files
Or drop files
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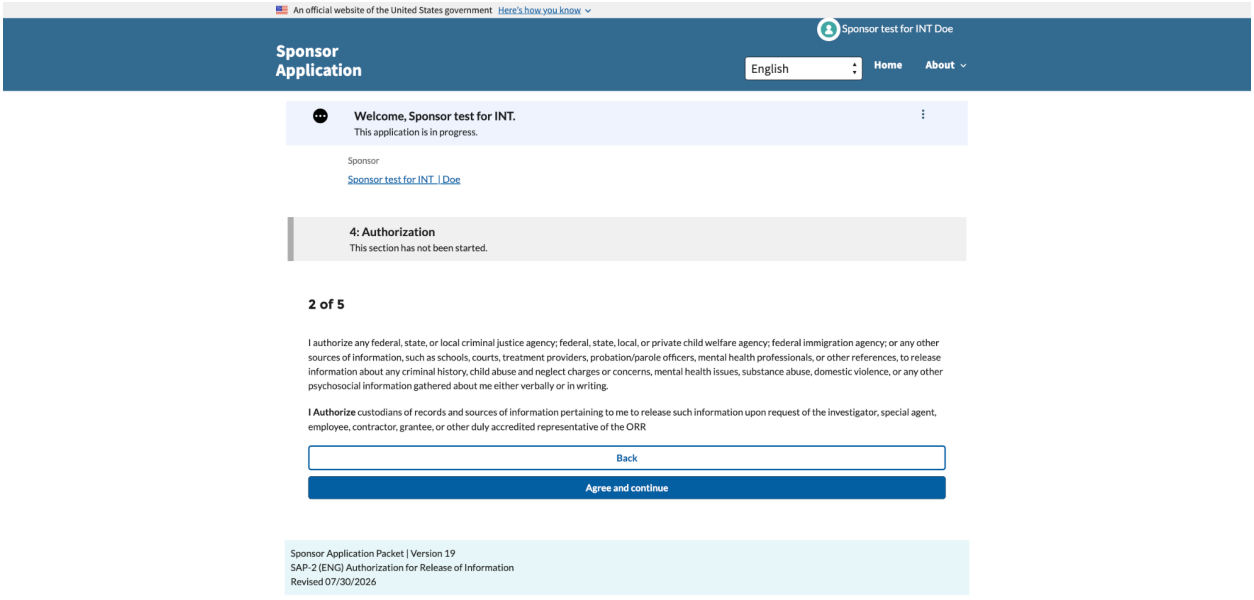
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4: Authorization
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I authorize any federal, state, or local criminal justice agency; federal, state, local, or private child welfare agency; federal immigration agency; or any other sources of information, such as schools, courts, treatment providers, probation/parole officers, mental health professionals, or other references, to release information about any criminal history, child abuse and neglect charges or concerns, mental health issues, substance abuse, domestic violence, or any other psychosocial information gathered about me either verbally or in writing.
I Authorize custodians of records and sources of information pertaining to me to release such information upon request of the investigator, special agent, employee, contractor, grantee, or other duly accredited representative of the ORR
Back
Agree and continue
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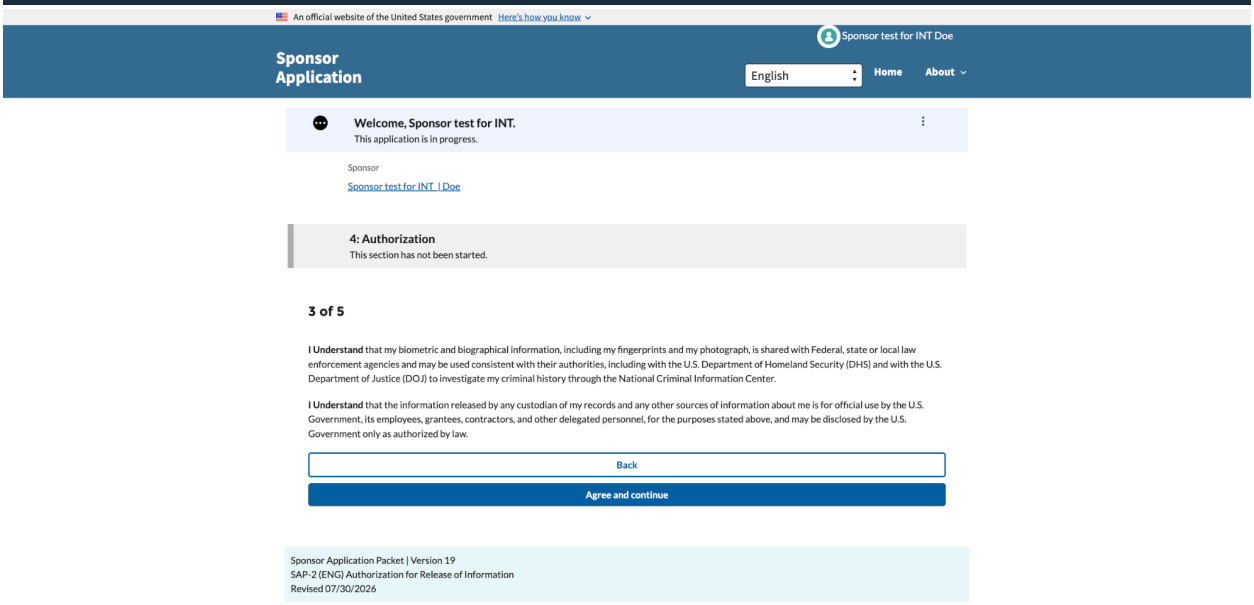
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Welcome, Sponsor test for INT.
This application is in progress.
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Sponsor test for INT | Doe
4: Authorization
This section has not been started.
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I Understand that my biometric and biographical information, including my fingerprints and my photograph, is shared with Federal, state or local law enforcement agencies and may be used consistent with their authorities, including with the U.S. Department of Homeland Security (DHS) and with the U.S. Department of Justice (DOJ) to investigate my criminal history through the National Criminal Information Center.
I Understand that the information released by any custodian of my records and any other sources of information about me is for official use by the U.S. Government, its employees, grantees, contractors, and other delegated personnel, for the purposes stated above, and may be disclosed by the U.S. Government only as authorized by law.
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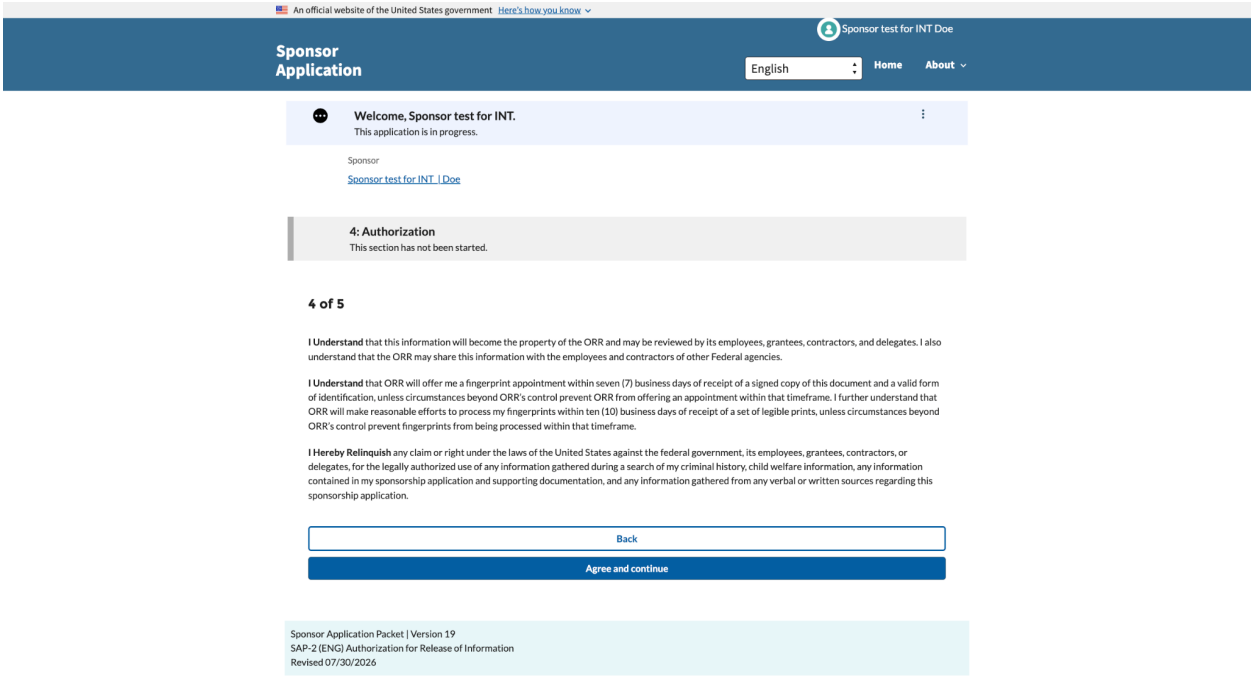
ORR National Call Center 1 (800) 203-7001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I Understand that this information will become the property of the ORR and may be reviewed by its employees, grantees, contractors, and delegates. I also understand that the ORR may share this information with the employees and contractors of other Federal agencies.
I Understand that ORR will offer me a fingerprint appointment within seven (7) business days of receipt of a signed copy of this document and a valid form of identification, unless circumstances beyond ORR's control prevent ORR from offering an appointment within that timeframe. I further understand that ORR will make reasonable efforts to process my fingerprints within ten (10) business days of receipt of a set of legible prints, unless circumstances beyond ORR's control prevent fingerprints from being processed within that timeframe.
I Hereby Relinquish any claim or right under the laws of the United States against the federal government, its employees, grantees, contractors, or delegates, for the legally authorized use of any information gathered during a search of my criminal history, child welfare information, any information contained in my sponsorship application and supporting documentation, and any information gathered from any verbal or written sources regarding this sponsorship application.
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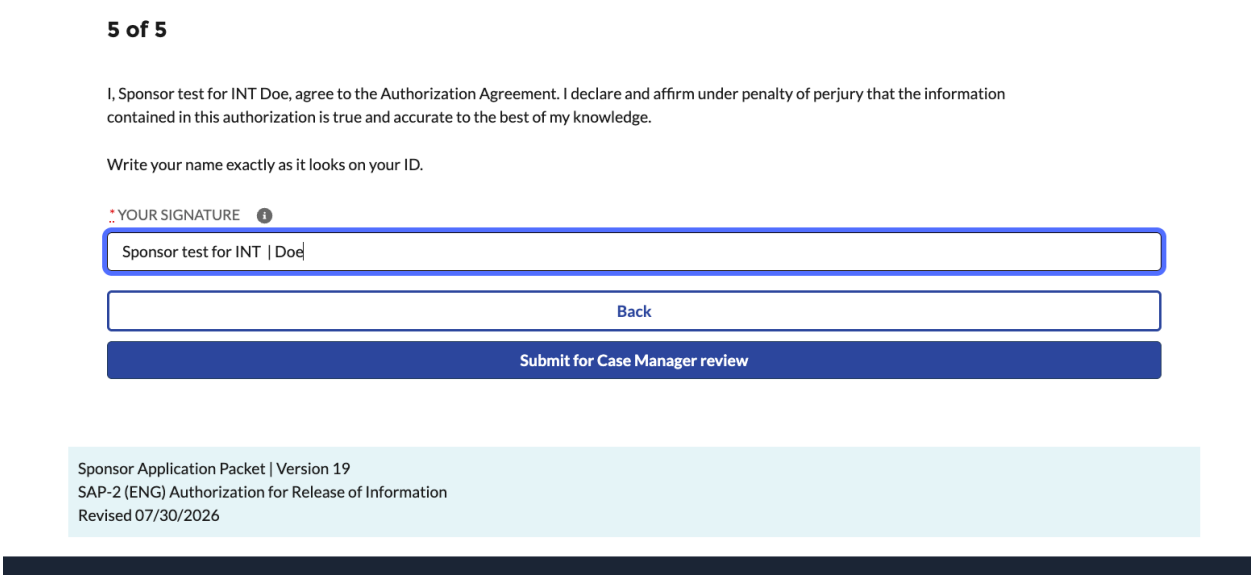
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I, Sponsor test for INT Doe, agree to the Authorization Agreement. I declare and affirm under penalty of perjury that the information contained in this authorization is true and accurate to the best of my knowledge.
Write your name exactly as it looks on your ID.
*YOUR SIGNATURE
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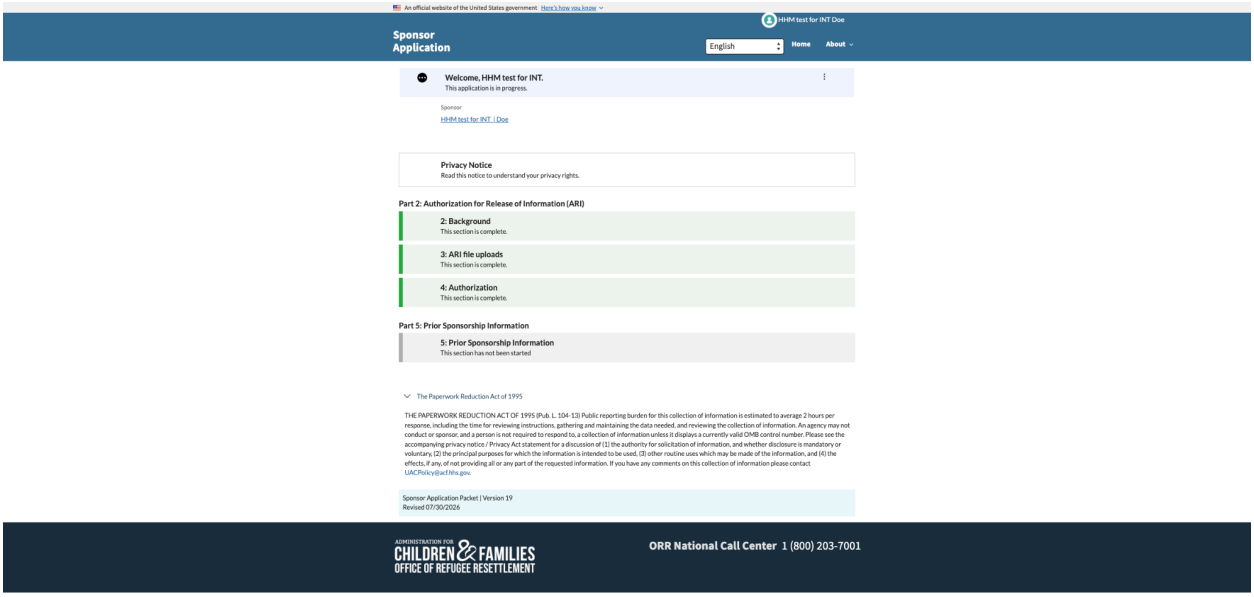
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Read this notice to understand your privacy rights.
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2: Background
This section is complete.
3: ARI file uploads
This section is complete.
4: Authorization
This section is complete.
Part 5: Prior Sponsorship Information
5: Prior Sponsorship Information
This section has not been started
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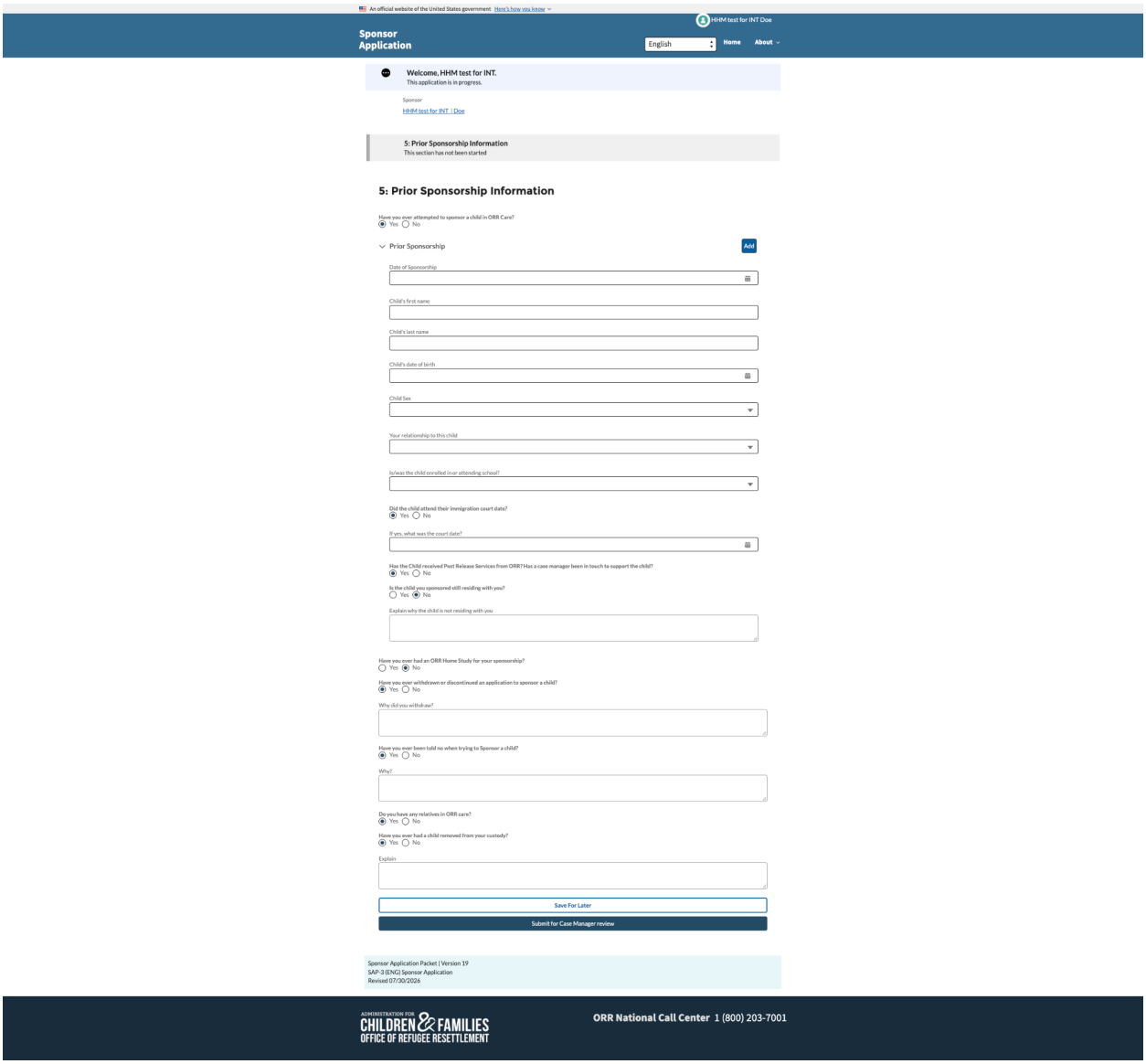
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5: Prior Sponsorship Information
This section has not been started
5: Prior Sponsorship Information
Have you ever attempted to sponsor a child in ORR Care?
Yes No
Prior Sponsorship
Add
Date of Sponsorship
Child's first name
Child's last name
Child's 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
Submit for Case Manager review
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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

Child's date of birth

Child Sex

Your relationship to this child

-- Clear --
Adult First Cousin
Adult Nephew
Adult Niece
Aunt
Brother
Brother-in-law
Father
Godfather

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?

Child's last name

Child's date of birth

Child Sex

Your relationship to this child

Godmother
Grandfather
Grandmother
Half-sibling
Legal Guardian
Mother
Other Distant Relative
Sister
Sister-in-law

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?

Child's date of birth

Child Sex

Your relationship to this child

Stepbrother
Stepfather Non-Legally Adopted
Stepmother Legally Adopted
Stepmother Non-Legally Adopted
Stepsister
UAC's Spouse
Uncle
Unrelated Sponsor
Stepfather Legally Adopted

Have

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?

Child's date of birth

Child Sex

Your relationship to this child

Daughter-in-law
Daughter
Family Friend
Granddaughter
Grandson
Nephew
Niece
Other Cousin
Son

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?

Child's date of birth

Child Sex

Your relationship to this child

Institutional/Organizational Sponsor
Parent's Partner
Qualified Step-Parents
Spouse
Step Son
Step Daughter
Son-in-law
First Cousin
Goddaughter

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?

Child's date of birth

Child Sex

Your relationship to this child

Spouse
Step Son
Step Daughter
Son-in-law
First Cousin
Goddaughter
Godson
Mother-in-law
Partner

Have

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

Child Sex

Your relationship to this child

Is/was the child enrolled in or attending school?

-- Clear --

Yes

No

Not Currently Attending

◯ 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

Why did you withdraw?

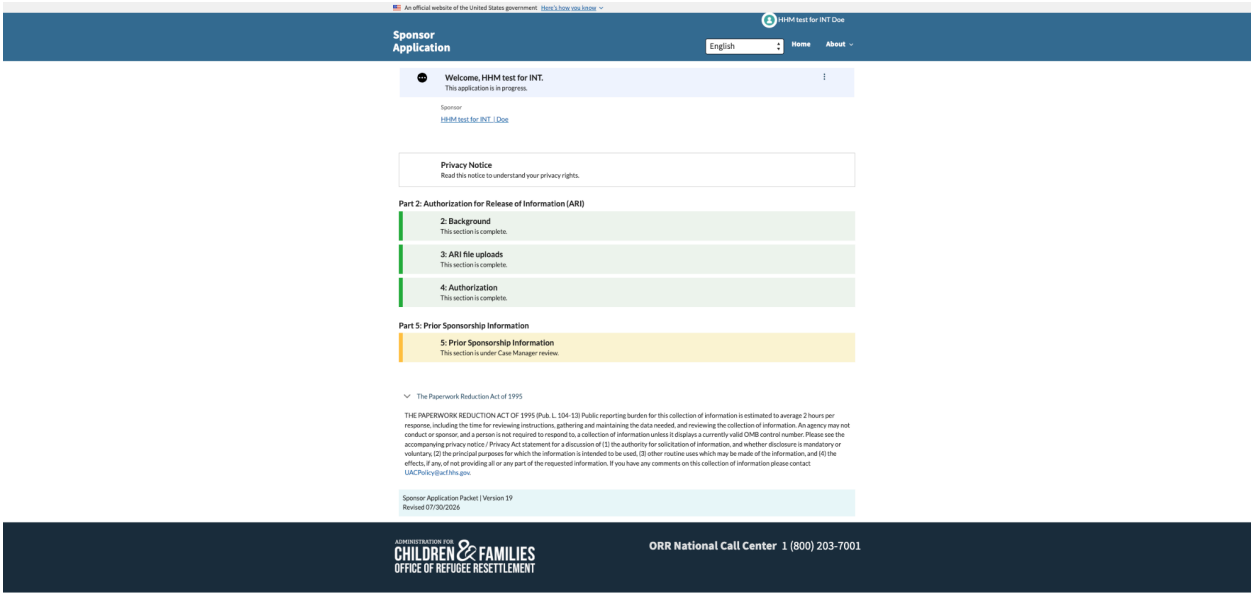
Have you ever been told no when trying to Sponsor a child?
◉ Yes ◯ No

Why?

Do you have any relatives in ORR care?
◉ Yes ◯ No

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

Explain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