

ORR Discharge Packet

Upon leaving the care of the Office of Refugee Resettlement (ORR) shelter, the youth received an envelope with a packet of documents.

These documents are very important and contain private information about the youth and their sponsor – make sure to keep them in a safe place!



- All the documents mentioned in this handout belong to the youth. If the youth moves or goes to live with someone else, it is important that the youth keeps this envelope with their documents.
- If you notice that any of these documents are missing or have been lost, talk to your caseworker or contact the ORR National Call Center (1-800-203-7001) for more information on how to request a replacement.



Documents all youth receive:

1. Verification of Release
2. Notice to Appear
3. Copy of youth's birth certificate
4. Medical records
5. Change of Address and Change of Venue
6. Resource list

Documents some youth receive:

7. Letter of Designation of Care
8. Educational records
9. Office on Trafficking in Persons (OTIP) Eligibility Letter

Discharge Package from ORR


1. Verification of Release (VOR)

Known in English as "Verification of Release," or "VOR."

This document contains:

- A photo of the youth
- The youth's date of birth
- The youth's alien registration number (also known as the A-number)
- The youth's address where they were released to
- The name and phone number of the sponsor with whom they were reunified

OMB Control No: 0970-0552
Expiration Date: 03/31/2022



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS)
OFFICE OF REFUGEE RESETTLEMENT (ORR)
DIVISION OF UNACCOMPANIED CHILDREN OPERATIONS (DUCO)
VERIFICATION OF RELEASE

VERIFICATION OF RELEASE

Name of Minor:	NOMBRE DEL MENOR	Aliases (if any):	
Minor's Date of Birth:	FECHA DE NACIMIENTO	Minor's A#:	NUMERO A

The Office of Refugee Resettlement (ORR) has released the above named minor from Federal custody pursuant to section 462 of the Homeland Security Act of 2002 and section 235 of the William Wilberforce Trafficking Victims Protection Reauthorization Act of 2008 to the care of:

FOTO DEL MENOR	Name of Sponsor:	NOMBRE DEL PATROCINADOR	
	Aliases (if any):		
	Address:	DIRECCION	
	City:	CIUDAD	
	State:	ESTADO	Zip Code:
	Telephone#:	NUMERO DE TELEFONO	
Relationship to Child:		RELACION AL MENOR	

ACKNOWLEDGEMENT OF THE SPONSOR CARE AGREEMENT

The above named sponsor has agreed to the provisions set forth in the Sponsor Care Agreement, pertaining to the minor's care, safety, and well-being, and the sponsor's responsibility for ensuring the minor's presence at all future proceedings before the Department of Homeland Security and the Department of Justice/Executive Office for Immigration Review (EOIR).

FOR INTERNAL USE ONLY

Name ORR care provider Facility	NOMBRE DEL ALBERGUE
Date	FECHA QUE SALIO DEL ALBERGUE

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104.13) Public reporting burden for this collection of information is estimated to average .10/hour 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.

This is an official document provided by ORR that confirms the youth was reunified with their sponsor. This document can be used at certain clinics and schools as proof of address and proof that the sponsor is responsible for the youth in the United States. The youth can also use this document as a form of identification.

As of late 2024, ORR has started to issue Verification of Release cards to youth released from ORR shelters. Not all youth are receiving a card yet, and cards will not be provided to youth who were previously in ORR shelters before the card program began.

Discharge Package from ORR

2. Notice to Appear (NTA)

Known in English as "Notice to Appear," or "NTA."

This is an official document provided by the Department of Homeland Security (DHS) indicating that the youth is in immigration proceedings and will need to appear before a judge.

The youth will need to present this document in court for their hearing and should also bring this document when attending a legal consultation with an immigration attorney.

This is not a real Notice to Appear. This person does not exist.

U.S. Department of Homeland Security Notice to Appear

In removal proceedings under section 240 of the Immigration and Nationality Act:
 Subject ID: 123456789 FINS #: 0123456789 File No: A123 456 789
DOB: 01/01/1999 Event No: WSK0123456780

In the Matter of:
 Respondent: JUAN CARLOS HERNANDEZ-GONZALEZ currently residing at:

 (Number, street, city and ZIP code) (Area code and phone number)

☐ 1. You are an arriving alien.
☒ 2. You are an alien present in the United States who has not been admitted or paroled.
☐ 3. You have been admitted to the United States, but are removable for the reasons stated below.

The Department of Homeland Security alleges that you:
 1. You are not a citizen or national of the United States;
 2. You are a native of EL SALVADOR and a citizen of EL SALVADOR;
 3. You arrived in the United States at or near Hidalgo, TEXAS, on or about August 1, 2014;
 4. You were not then admitted or paroled after inspection by an Immigration Officer.

On the basis of the foregoing, it is charged that you are subject to removal from the United States pursuant to the following provision(s) of law:
 212(a)(6)(A)(i) of the Immigration and Nationality Act, as amended, in that you are an alien present in the United States without being admitted or paroled, or who arrived in the United States at any time or place other than as designated by the Attorney General.

☐ This notice is being issued after an asylum officer has found that the respondent has demonstrated a credible fear of persecution or torture.
☐ Section 235(b)(1) order was vacated pursuant to: ☐ 8CFR 208.10(f)(2) ☐ 8CFR 235.3(b)(5)(iv)

YOU ARE ORDERED to appear before an immigration judge of the United States Department of Justice at:
 AT A PLACE TO BE SET

on _____ at _____ (Date) (Time) to show why you should not be removed from the United States based on the charge(s) set forth above.

JUAN PEREZ *[Signature]* ACTING PATROL AGENT IN CHARGE
 (Signature and Title of Issuing Officer)


Date: August 13, 2014 HIDALGO, TEXAS
 (City and State)

See reverse for important information


Form I-862 (Rev. 06/01/07) W

Discharge Package from ORR

3. Youth's Birth Certificate



Comisión Nacional del Registro Civil



VERIFICADOR: 8486834
ID: 424617313

Registro Civil de las Personas

Certificado de Nacimiento

El/Ellos Registrador/a Civil de las Personas del Registro Nacional de las Personas del Municipio de Chavinda, Departamento de Huachirapampa, CERTIFICA

que con fecha once de octubre de dos mil, en la jornada _____ hora _____ del día _____ del Registro Civil del Municipio de CHAVINDA, Departamento de HUACHIRAPAMPA, quedó inscrito el/los Nacimiento de:

Fotografía
no disponible

Datos del Inscrito

Nombre y/o Apellidos del Inscrito _____

Documento de Identificación _____

Fecha de Nacimiento _____

Lugar de Nacimiento _____

Plazamiento _____

Sexo _____

Nombre y/o Apellidos del Padre _____

Datos del Padre

Fotografía
no disponible

Fotografía
no disponible

Nombre y/o Apellidos del Padre _____

Fecha de Nacimiento _____

Alcance la Cuadratura _____

Lugar de Origen _____



Nombre y/o Apellidos de la Madre _____

Datos de la Madre

Nombre y/o Apellidos de la Madre _____

Fecha de Nacimiento _____

Alcance la Cuadratura _____

Lugar de Origen _____

Nombre y/o Apellidos del Padre _____


Datos del Padre

Nombre y/o Apellidos del Padre _____

Fecha de Nacimiento _____

Alcance la Cuadratura _____

Lugar de Origen _____



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20080003 DEL
04/10/2024 08:33:04 AM
848683400000

RECEBIDO: TENDERA/LLACAS

KCC/CHUPA



REPÚBLICA DE HONDURAS
REGISTRO NACIONAL DE LAS PERSONAS
SECRETARÍA NACIONAL DE EDUCACIÓN
CERTIFICACIÓN DE ACTA DE NACIMIENTO



INSTITUTO NACIONAL DE ESTADÍSTICA
INEC

El infrascripto **DIRECTOR DEL REGISTRO NACIONAL DE LAS PERSONAS** con fundamento en el Decreto No. 150 Capítulo IV, Artículo 15, literal O, y Capítulo VIII, Artículo 99 del Congreso Nacional de fecha 17 de Noviembre de 1982 CERTIFICA que en sus archivos de esta institución se encuentra el acta de nacimiento número ubicada en el folio del tomo del año y pertenece a:

1) Primer Apellido b) Segundo Apellido

c) Nombre SEXO M F

y cuya información es la siguiente:

2) Lugar, fecha y orden de nacimiento

a) Municipio b) Departamento c) País

d) Día e) Mes f) año

3.) Apellidos, nombre y nacionalidad del padre:

a) Primer Apellido b) Segundo Apellido

c) Nombre d) Nacionalidad

4.) Apellidos, nombre y nacionalidad de la madre:

a) Primer Apellido b) Segundo Apellido

c) Nombre d) Nacionalidad

5.) Notas marginales autorizadas:

Extenso en Municipio Departamento

a los días del mes de

del DCM. MIL

[illegible]

You must bring the **youth's birth certificate** when enrolling them in school and to access medical care. The youth's birth certificate can also be used to confirm the youth's identity.

Discharge Package from ORR

4. Medical Records

UNIVERSAL CHILD HEALTH RECORD

Endorsed by: American Academy of Pediatrics, New Jersey Chapter
New Jersey Academy of Family Physicians
New Jersey Department of Health

SECTION I - TO BE COMPLETED BY PARENT(S)

Child's Name (Last) _____ Gender ☐ Male ☐ Female Date of Birth ____/____/____

Does Child Have Health Insurance? ☐ Yes ☐ No If Yes, Name of Child's Health Insurance Carrier _____

Parent/Guardian Name _____ Home Telephone Number _____ Work Telephone/Cell Phone Number _____

Parent/Guardian Name _____ Home Telephone Number _____ Work Telephone/Cell Phone Number _____

I give my consent for my child's Health Care Provider and Child Care Provider/School Nurse to discuss the information on this form.

Signature/Date _____ This form may be released to WIC. ☐ Yes ☐ No

SECTION II - TO BE COMPLETED BY HEALTH CARE PROVIDER

Date of Physical Examination: _____ Results of physical examination normal? ☐ Yes ☐ No

Abnormalities Noted: _____ Weight (must be taken within 30 days for WIC) _____
Height (must be taken within 30 days for WIC) _____
Head Circumference (if < 2 Years) _____
Blood Pressure (if ≥ 3 Years) _____

IMMUNIZATIONS ☐ Immunization Record Attached ☐ Date Next Immunization Due: _____

MEDICAL CONDITIONS

Chronic Medical Conditions/Related Surgeries ☐ None ☐ Special Care Plan Attached _____ Comments _____

Medications/Treatments ☐ None ☐ Special Care Plan Attached _____ Comments _____

Limitations to Physical Activity ☐ None ☐ Special Care Plan Attached _____ Comments _____

Special Equipment Needs ☐ None ☐ Special Care Plan Attached _____ Comments _____

Allergies/Sensitivities ☐ None ☐ Special Care Plan Attached _____ Comments _____

Special Diet/Vitamin & Mineral Supplements ☐ None ☐ Special Care Plan Attached _____ Comments _____

Behavioral Issues/Mental Health Diagnosis ☐ None ☐ Special Care Plan Attached _____ Comments _____

Emergency Plans ☐ None ☐ Special Care Plan Attached _____ Comments _____

PREVENTIVE HEALTH SCREENINGS

Type Screening	Date Performed	Record Value	Type Screening	Date Performed	Note if Abnormal
Hgb/A1c			Hearing		
Lead <input type="checkbox"/> Capillary <input type="checkbox"/> Venous			Vision		
TB (mm of Induration)			Dental		
Other:			Developmental		
			Scotals		

☐ I have examined the above student and reviewed his/her health history. It is my opinion that he/she is medically cleared to participate fully in all child care/school activities, including physical education and competitive contact sports, unless noted above.

Name of Health Care Provider (Print) _____ Health Care Provider Stamp _____

Signature/Date _____

CH-14 JUL 12 Distribution: Original-Child Care Provider Copy-Parent/Guardian Copy-Health Care Provider

The **medical records** should include a copy of the vaccinations the youth received while in the ORR shelter. It may also include a medical examination and additional information about the youth's health.

The records may contain information about allergies, medications, or medical issues, such as vision problems or any other medical concerns.

Make sure to review these documents carefully and bring these records with you when the youth attends a medical appointment in their new community.

Immunization History

List the MONTH, DAY, YEAR the student received each of the following immunizations. You may need to contact your doctor or public health department to obtain the information. Shaded boxes, cells indicate vaccine not required.

Date format: mm/dd/yyyy

TYPE OF VACCINE	First Dose	Second Dose	Third Dose	Fourth Dose	Fifth Dose	Booster
DTaP/DT1P/DT1d (Diphtheria, Tetanus, Pertussis)	01/02/2000	02/15/1999	01/01/2001	03/21/2002		
Polio						
Hepatitis B 3 dose pediatric formulation	01/05/2000					
Hepatitis B 3 dose adolescent formulation						
MMR (Measles, Mumps, Rubella)						
Varicella (Chickenpox) Vaccine						
Has student had Chickenpox?	If Yes, what year? _____					
<input type="radio"/> Yes - Vaccine Not Required.						
<input type="radio"/> No - Vaccine Required.						
Notes:	Alter qtr:					

☒ Complete I certify that this student has received all immunizations required by law.

Signature of parent/guardian or physician/public clinic _____ Date _____

Discharge Package from ORR

5. Change of Address and Change of Venue

The **Change of Address** form needs to be completed and sent to the immigration court and the Immigration and Customs Enforcement (ICE) office every time the youth changes address.

UNITED STATES DEPARTMENT OF JUSTICE
EXECUTIVE OFFICE FOR IMMIGRATION REVIEW
IMMIGRATION COURT

IN THE MATTER OF: _____)
)
(JUVENILE RESPONDENT'S NAME / NOMBRE COMPLETO Y VERDADERO)) **IN REMOVAL**
) **PROCEEDINGS**
) (JUVENILE CASE)
(JUVENILE RESPONDENT'S ALIEN NUMBER / NÚMERO DE INMIGRANTE))

MOTION FOR CHANGE OF VENUE

The JUVENILE RESPONDENT in this matter is residing at the following address.

United States of America

JUVENILE RESPONDENT requests that his/her case be transferred to the Immigration Court closest to JUVENILE RESPONDENT'S place of residence.

(date / FECHA DE FIRMA -- mes, día y año) _____ (Juvenile Respondent's signature / FIRMA DE MENOR)
(date / FECHA DE FIRMA -- mes, día y año) _____ (Adult Sponsor's signature / FIRMA DE ADULTO)
(Adult Sponsor's name / ESCRIBA NOMBRE DE ADULTO)
(Adult Sponsor's telephone number / NÚMERO DE TELÉFONO)

CERTIFICATE OF SERVICE

I certify that I have today placed in first class mail a true copy of the foregoing Motion to Change Venue in an envelope addressed as follows:

(Adult Sponsor's Signature / FIRMA DE ADULTO)
(Date / FECHA)

U.S. Department of Justice
Executive Office for Immigration Review
Change of Address/Contact Information Form
Immigration Court

Instructions: To complete this form, fill out all blanks below, including proof of service, which certifies that you will provide a copy of this form to the Department of Homeland Security (DHS). After filling in the blanks and signing both the declaration and proof of service, you must submit the form electronically, in person, or by mail. If submitting electronically, file in Respondent Portal at <https://respondentportal.dhs.gov/jcr/jcr-portal>. Alternatively, submit the form to the principal legal representative submitting this form electronically must file in Case Portal at <https://portal.dhs.gov/jcr/jcr-portal>. If submitting by mail, follow the mailing instructions on Page 2. You must submit a separate copy of this form for each individual who has a case pending in immigration court and whom the change of information affects.

You must file this form with the immigration court within five working days of the change to your contact information, or your receipt of a charging document (e.g., a Notice to Appear) with incorrect contact information. The immigration court will send all official correspondence (e.g., notices, decisions) to the address you provide. The immigration court will only make any change(s) to your contact information in EDIR's records upon receipt of this form; the immigration court will not change your contact information based on different information on pleadings, motions, or other communications with the court.

If you fail to appear at any hearing before an immigration judge when notice of that hearing or other official correspondence was served on you or sent to the address you provided, DHS may take you into custody. In addition, the immigration court may conduct your hearing in your absence and enter an order of removal, deportation, or exclusion against you. If the court enters such an order, you may be ineligible for certain forms of relief from removal under the Immigration and Nationality Act as follows:

- If you are in removal proceedings: You will be subject to an order of removal for a period of ten years after the date of entry of the final order. You may also become ineligible for voluntary departure, cancellation of removal, and adjustment of status or change of status.
- If you are in deportation proceedings: You will be subject to an order of deportation for a period of five years after the date of the entry of the final order. You may also become ineligible for voluntary departure, suspension of deportation or voluntary departure, and adjustment of status or change of status.
- If you are in exclusion proceedings: Your application for admission to the United States may be considered withdrawn.

Name -- Last, First, Middle, Suffix (if applicable): _____ A-Number: _____

My FORMER address and phone number were:	My CURRENT address and phone number are:
"in care of" other person (if any)	"in care of" other person (if any)
Number, Street, Apartment (if any)	Number, Street, Apartment (if any)
City, State, and ZIP code; Country (if other than U.S.)	City, State, and ZIP code; Country (if other than U.S.)
Phone Number (include country code if other than U.S.)	Phone Number (include country code if other than U.S.)
Email Address	Email Address

I declare under penalty of perjury, pursuant to 28 U.S.C. § 1746, that I am the person named above associated with the A-Number listed above, and that the information contained in this form is true and correct to the best of my knowledge.

SIGN HERE ☒ _____ Signature _____ Date _____

PROOF OF SERVICE

I, _____ (Name), provided a copy of this Change of Address Form on, _____ (Date) to the _____ (Name) to the Office of the Principal Legal Adviser for DHS Immigration and Customs Enforcement-ICE at: _____

(Indicate if electronic mail service, or in person or mail service (provide Number and Street, City, State, ZIP Code))

By signing, I agree to provide a copy of this Change of Address Form to the Office of the Principal Legal Adviser for DHS Immigration and Customs Enforcement-ICE at the location I selected above. I understand that I can provide DHS with a copy either electronically through the DHS eService portal (register at <https://eserviceportal.dhs.gov>), or by mail or personal delivery.

☐ No service needed. I am an ECAS-registered user who filed through the ECAS Case Portal.

SIGN HERE ☒ _____ Signature _____

Form EOIR-333c
Revised February 2023

If the youth moves far away and needs to transfer their case to an immigration court closer to their new address, they will need to fill out and send copies of the **Change of Venue** motion as well.

Discharge Package from ORR

6. Resource List

Nombre del Menor:	Número del Menor:
Alias (si los tuviera): N/A	Fecha de Nacimiento del Menor:
Nombre del Patrocinador:	Fecha:

Le he solicitado a la Oficina de Reubicación de Refugiados (Office of Refugee Resettlement, ORR) patrocinar a un niño no acompañado que estuvo en el cuidado y la custodia del gobierno federal conforme al acuerdo extrajudicial estipulado *Flora v. Reno*, número 85-4544-RJR (Pv) (C.D. Cal., 17 de enero de 1997), sección 462 del Homeland Security Act de 2002 y la sección 235 del William Wilberforce Trafficking Victims Protection Reauthorization Act de 2008.

Como patrocinador acepto cumplir con las siguientes disposiciones mientras el menor esté en mi cuidado:

- Proporcionar el bienestar mental y físico del menor, que incluye, entre otros, alimentos, refugio, vestimenta, educación, atención médica y otros servicios según sea necesario. Para ayuda de salud puedes usar la clínica **Harrisonburg Rockingham** que está ubicada en 463 E Washington St, Harrisonburg, VA 22802 y el número de contacto es 540-433-3100.
- Para servicios dentales puedes llevar al menor a la clínica **All Smiles Harrisonburg** está ubicada en 129 University Blvd ste a, Harrisonburg, VA 22801 y el número de contacto es 540-432-1300.
- Para servicios mentales puedes llamar a la clínica **Shenandoah Psychological Services** el número de contacto es 540-251-7728 y la dirección es 58 Kramore St, Harrisonburg, VA 22801.
- Velar por su supervisión constante: el plan de supervisión será el siguiente **Francisco Catalino Acosta Rivera** que se va mantener supervisión del menor con la ayuda de **Jose Abundio Acosta Rivera** y su número de contacto es 540-435-3522.
- Registrar al menor en la escuela **Keister Elementary School** que está ubicada en 100 Maryland Ave, Harrisonburg, VA 22801 y el número de contacto es 540-434-6585.
- Si necesitas llamar al consulado **Consulate of Guatemala** el número es 844-805-1011 y está localizada en la dirección 8124 Georgia Ave, Silver Spring, MD 20910.
- Registrar al menor en la biblioteca **Massanutten Regional Library** que está ubicada en 174 S Main St, Harrisonburg, VA 22801 con el número 540-434-4475.
- El menor va tendrá que ser inscrito en una actividad en la comunidad. Usted puede localizar más información de las actividades en su centro de recreo **Our Community Place** que es ubicado 17 E Johnson St, Harrisonburg, VA 22802 con el número 540-208-7552.
- Asistir a un programa de orientación legal proporcionado por el Departamento de Justicia (Department of Justice(DOJ)), o programa de orientación legal para custodios (patrocinadores) de la Oficina Ejecutiva para la Revisión de la Inmigración (Executive Office for Immigration Review(EOIR)), si está disponible en el lugar donde reside. (LOPC). Se puede hacer una cita para hablar con una representante del programa LOPC llamando a numero 888 996 3848.
- Notificar al Departamento de Seguridad del Territorio Nacional (Department of Homeland Security(DHS)) o a Servicios de Ciudadanía e Inmigración de los Estados Unidos (U.S. Citizenship and Immigration Services(USCIS)) en un periodo de diez (10) días de todo cambio de dirección, presentando la Tarjeta de Cambio de Dirección de Extranjero (AR-11) o de manera electrónica en <http://i.usa.gov/AR11>.

SAFETY PLAN / PLAN DE SEGURIDAD

RESOURCE LIST / LISTA DE RECURSOS

MEDICAL AND COUNSELING RESOURCES / RECURSOS DE SERVICIOS MEDICOS Y CONSEJERIA:

Hospitals / Hospital:

Parkview Hospital	2200 Randalia Dr.	Fort Wayne, IN	46805	260-373-4000
Randallia				
St. Joseph Hospital	700 Broadway	Fort Wayne, IN	46802	260-425-3000

Clinics / Clinicas:

Neighborhood Health	1717 S Calhoun St	Fort Wayne, IN	46802	260-458-2641
Matthew 25 Health and Care	413 E. Jefferson Blvd	Fort Wayne, IN	46802	260-426-3250
Lafayette Family Health Clinic	2700 Lafayette St	Fort Wayne, IN	46806	260-702-4404

Pharmacies / Farmacias:

Walgreens Pharmacy	110 Creighton Ave	Fort Wayne, IN	46803	260-456-1841
CVS Pharmacy	3918 S Calhoun St	Fort Wayne, IN	46807	260-744-2310

Counseling / Consejería:

Lafayette Medical Center	2700 Lafayette St	Fort Wayne, IN	46806	260-481-2700
Complete Behavioral Healthcare	2448 Lake Ave	Fort Wayne, IN	46805	260-639-4656

Online Mental Health Support / Apoyo de Salud Mental por internet:

Reach Out	https://au.reachout.com/			
Renewed Hope	https://renewedhope-counseling.com/teen-counseling/	317-360-5315		

SCHOOL RESOURCES / RECURSOS DE ESTUDIO

Schools / Escuelas:

South Side High School	3601 S Calhoun	Fort Wayne, IN	46807	206-467-2600
Fort Wayne Central High School	Fort Wayne, IN	Fort Wayne, IN	46802	260-467-2800

All youth should also receive a **resource list** that includes medical services, legal assistance, school information, and other community resources.

Discharge Package from ORR

The following documents are also very important, but *not all youth receive them*. It depends on the youth's case.

7. Letter of Designation of Care / "Power of Attorney"

The **Letter of Designation for Care of a Minor**, also known as "**Power of Attorney**," is a letter written, signed, and notarized by the youth's parents or legal guardians authorizing their child to be under the care of the sponsor.

You must bring this document when enrolling the youth in school and when taking them for medical care, as it shows that you are responsible for the youth's care in the United States.

CARTA PODER

PRESENTE

En este acto otorgo a _____ un poder especial, pero tan amplio como en derecho proceda, para que en mi nombre y representación lleve a cabo todos los actos y trámites necesarios para _____, incluyendo presentar, entregar y recibir cualquier tipo de documento que se requiera para dichos fines.

El poder especial otorgado mediante la presente faculta al apoderado a realizar los actos y trámites mencionados ante _____.

Ratifico expresamente desde ahora todos y cada uno de los actos que realice el apoderado en el ejercicio del presente mandato.

Por su propio derecho

Acepto el poder:

Firma: _____

TESTIGOS

Discharge Package from ORR

8. Educational Records

The **educational records** contain information about the education the youth has received in their home country and/or while under the care of the ORR shelter.

These records can be used to help determine the educational level in which the youth should be placed in their studies in the United States.

Although it is helpful to have these records and provide them to the youth's new school, **please note that they are not necessary for enrolling the youth in school.**

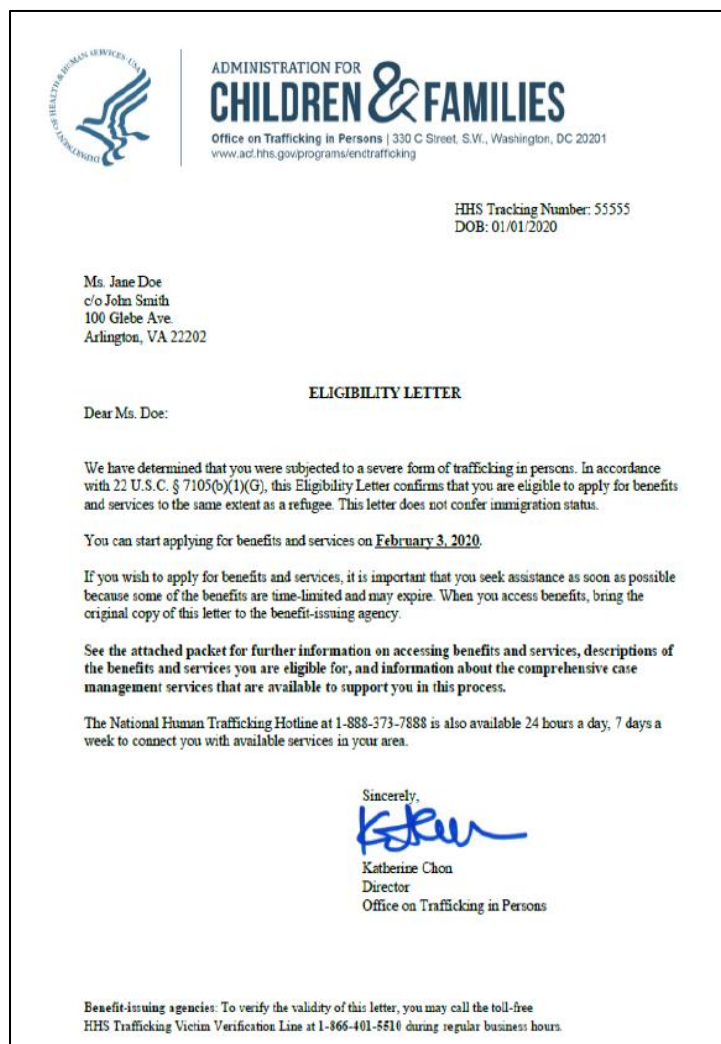
Official Transcript				
Nombre Fecha de Nacimiento Fecha de Graduación Correo Electrónico		Nombre de Escuela Dirección de Escuela Ciudad y Estado Número de Teléfono		
Lab Science Courses				
Course	Final Grade	Add Weight for Honors/AP	Credits Earned	Course GPA
Biology & Lab	96	0.0	1.0	4.00
Chemistry & Lab	92	0.0	1.0	4.00
Physics & Lab	89	0.0	1.0	3.00
DE Biology & Lab	90	0.5	1.0	4.50
				-
				-
				-
Total Lab Science Credits:				4.0
Foreign Language & Elective Courses				
Course	Final Grade	Add Weight for Honors/AP	Credits Earned	Course GPA
French 1	92	0.0	1.0	4.00
French 2	89	0.0	1.0	3.00
French 3	88	0.0	1.0	3.00
French 4	87	0.0	1.0	3.00
Honors Latin	89	0.5	1.0	3.50
Technology: Adobe Graphics Applications	95	0.0	0.5	4.00
Technology: Microsoft Office Applications	93	0.0	0.5	4.00
Technology: Basics of Coding	90	0.0	0.5	4.00
Journalism	88	0.0	1.0	3.00
Drama	97	0.0	0.5	4.00
Computer Keyboarding	95	0.0	0.5	4.00
CPR & First Aid	100	0.0	0.5	4.00
World Religions	93	0.0	1.0	4.00
				-
				-
				-
Total Foreign Language & Elective Credits:				10.0
Cumulative GPA:				3.643
Total Cumulative Credits:				14.0
Grading/GPA Scale: A 90-100 (4.0), B 80-89 (3.0), C 70-79 (2.0), D 60-69 (1.0), F 0-59(0.0)				

Discharge Package from ORR

9. Office on Trafficking in Persons (OTIP)_Eligibility Letter

Known in English as the "Office on Trafficking in Persons (OTIP) Eligibility Letter."

If applicable to the youth, this letter is an official document provided by the Administration for Children and Families confirming that the youth is eligible for certain benefits and services as a victim of trafficking.



ADMINISTRATION FOR CHILDREN & FAMILIES
Office on Trafficking in Persons | 330 C Street, S.W., Washington, DC 20201
www.ad.fhs.gov/programs/ent/trafficking

HHS Tracking Number: 55555
DOB: 01/01/2020

Ms. Jane Doe
c/o John Smith
100 Glebe Ave.
Arlington, VA 22202

ELIGIBILITY LETTER

Dear Ms. Doe:


We have determined that you were subjected to a severe form of trafficking in persons. In accordance with 22 U.S.C. § 7105(b)(1)(G), this Eligibility Letter confirms that you are eligible to apply for benefits and services to the same extent as a refugee. This letter does not confer immigration status.

You can start applying for benefits and services on February 3, 2020.

If you wish to apply for benefits and services, it is important that you seek assistance as soon as possible because some of the benefits are time-limited and may expire. When you access benefits, bring the original copy of this letter to the benefit-issuing agency.

See the attached packet for further information on accessing benefits and services, descriptions of the benefits and services you are eligible for, and information about the comprehensive case management services that are available to support you in this process.

The National Human Trafficking Hotline at 1-888-373-7888 is also available 24 hours a day, 7 days a week to connect you with available services in your area.

Sincerely,

Katherine Chon
Director
Office on Trafficking in Persons

Benefit-issuing agencies: To verify the validity of this letter, you may call the toll-free HHS Trafficking Victim Verification Line at 1-866-401-5510 during regular business hours.

If you are interested in obtaining more information, visit our Unaccompanied Children Resource Center: ucresourcecenter.org.