HOW TO PREPARE YOUR FAMILY IN CASE OF AN IMMIGRATION EMERGENCY - TOOLKIT -



Create a Care Plan

Talk to friends and/or family about a care plan for your children, parents, or other dependents. Create a legal or verbal agreement with the person(s) who is willing to care for them, document roles, responsibilities, medications, financial and education and other information needed to properly care for them.





Gather Documents

Gather important documents for both yourself and your family members. Keep it in a secure place and tell a trusted, designated individual where they're kept in case you cannot access them.





Find your Immigration Options

Research where you might be able to access legal counsel. Find a trusted & legitimate immigration legal organization, law firm, attorney, or community resource that could give you advice and legal services.





Update Emergency Contacts

Make sure to keep an updated list of emergency contacts that your dependents can access. Make sure those contacts know they will be contacted if there is ever an emergency. Talk to your children about these plans so they are aware.



FAMILY PREPAREDNESS

DOCUMENT CHECKLIST



IDENTIFICATION

- Passports
- □ Birth Certificates
- Marriage Certificates
- Social Security Number (if applicable)
- □ Driver's License's





FINANCIAL

- □ Tax Documents
- Mail from your bank with your name & address



- A list of emergency contacts
- Contacts of your children's school teachers
- Contact of your designated caretaker
- Contact of your lawyer



IMMIGRATION

- Receipt notice(s) of applications
- Copies of permits, visas, or other ID's
- ✓ Your A-number
- Any communication with lawyers or immigration agencies



- ∇accination cards
- │ Health insurance cards
- Medical records
- A list of allergies & medications
- Doctor's contact information

MISCELLANEOUS:

- Documents demonstrating your U.S
 - residence for the amount of time you've been in the U.S



*Make sure all documents and information are updated!

*Consider making multiple copies, physical and virtual, of all documents







EMERGENCY CONTACT INFORMATION





	CONTACT INFORMATION
Parent 1/Guardian 2	
Home Phone	
Cell Phone	
Work Phone	
Work Address	
Parent 2/Gaurdian 2	
Home Phone	
Cell Phone	
Work Phone	
Work Address	
Emergency Contact #1	
Cell Phone	
Work Phone	
Emergency Contact #2	
Cell Phone	
Work Phone	
General Emergencies	
Police Department	
Fire Department	
Poison Control	
Local Rapid Response Hotline	









MEDICAL CONTACT INFORMATION



	CONTACT INFORMATION
Doctor	
Office Phone Number	
Health Insurance Number	
Insurance Policy Number	
Dentist	
Office Phone Number	
Dental Insurance Number	
Insurance Policy Number	
Preferred Pharmacy	
Phone Number	
Insurance Policy Number	
Medications	
Medication #1	
Medication #2	
Medication #3	
Allergies	
Allergy #1	
Allergy #2	
Medical Condition #1	
Medical Condition #2	







MEDICAL HISTORY AND RELATED MEDICATIONS



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MEDICAL HISTORY	RELATED MEDICATIONS + PROCEDURES







SCHOOL CONTACT INFORMATION



Keep this with your Family Emergency Kit



	CONTACT INFORMATION
School	
School Name	
School Address	
School Phone Number	
Teacher Name	
Teacher Phone Number	
Teacher Email	
Classroom/Building Number	
After School Program	
After School Phone Number	
ExtraCurricular #1:	
Contact Name	
Address	
Phone Number	
Extracurricular #2	
Contact Name	
Address	
Phone Number	



*Be sure to regularly update these contacts and update the school's emergency card of any designated guardians *Seek legal counsel about arranging legal guardianship or prepare an affidavit for your dependent. Be sure to follow state & local policies regarding this process





CHILD/DEPENDENT INFORMATION





	CONTACT INFORMATION
Name	
Social Security/ITIN Number	
Cell Phone Number	
Birth Date	
Home Address	
Dietary Restrictions (if any)	
Dietary Restriction #2	
Dietary Restriction #3	
Behavioral Information (if any)	
Behavioral Pattern #2	
Behavioral Pattern #3	
Behavioral Pattern #4	
Misc. Arrangements	
Misc. Arrangement	



CAREGIVER'S AUTHORIZATION AFFIDAVIT

Use of this affidavit is authorized by Part 1.5 (commencing with Section 6550) of Division 11 of the California Family Code.

Instructions: Completion of items 1-4 and the signing of this affidavit is sufficient to authorize enrollment of a minor in school and authorize school-related medical care. Completion of items 5-8 is additionally required to authorize any other medical care.

The minor named below lives in my home, and I am 18 years of age or older.

- 1. Name of minor:
- 2. Minor's birth date:
- 3. My name (adult giving authorization):
- 4. My home address (street, apartment number, city, state, zip code):
- 5. I am grandparent, aunt, uncle, or other qualified relative of the minor (see page 2 of this form for a definition of a "qualified relative").
- 6. Check one or both (for example, if one parent was advised and the other cannot be located):
 - a. I have advised the parent(s) or other person(s) having legal custody of the minor of my intent to authorize medical care and have received no objection.
 - b. I am unable to contact the parent(s) or other person(s) having legal custody of the minor at this time, to notify them of my intended authorization.
- 7. My date of birth:
- 8. My California driver's license or identification card number:

Warning: Do not sign this form if any of the statements above are incorrect, or you will be committing a crime punishable by a fine, imprisonment, or both.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Dated:	Signed:

Notices:

- 1. This declaration does not affect the rights of the minor's parents or legal guardian regarding the care, custody, and control of the minor, and does not mean that the caregiver has legal custody of the minor.
- 2. A person who relies on this affidavit has no obligation to make any further inquiry or investigation.
- 3. This affidavit is not valid for more than one year after the date on which it is executed.

Additional Information:

To Caregivers:

- 1. "Qualified relative", for purposes of item 5, means a spouse, parent, stepparent, brother, sister, stepbrother, stepsister, half-brother, half-sister, uncle, aunt, niece, nephew, first cousin, or any person denoted by the prefix "grand" or "great," or the spouse of any of the persons specified in this definition, even after the marriage has been terminated by death or dissolution.
- 2. The law may require you, if you are not a relative or a currently licensed foster parent, to obtain a foster home license to care for a minor. If you have any questions, please contact your local department of social services.
- 3. If the minor stops living with you, you are required to notify any school, health care provider, or health care service plan to which you have given this affidavit.
- 4. If you do not have the information requested in item 8 (California driver's license or I.D), provide another form of identification such as your social security number or Medi-Cal number.

To School Officials:

- 1. Section 48204 of the Education Code provides that this affidavit constitutes a sufficient basis for a determination of residency of the minor, without the requirement of a guardianship or other custody order, unless the school district determines from actual facts that the minor is not living with the caregiver.
- 2. The school district may require additional reasonable evidence that the caregiver lives at the address provided in item 4.

To Health Care Providers and Health Care Service Plans

- No person who acts in good faith reliance upon a caregiver's authorization affidavit to
 provide medical or dental care, without actual knowledge of facts contrary to those stated
 on the affidavit, is subject to criminal liability or to civil liability to any person, or is
 subject to professional disciplinary action, for such reliance if the applicable portions of
 the form are completed.
- 2. This affidavit does not confer dependency for health care coverage purposes.

Using a Caregiver's Authorization Affidavit

A Caregiver Authorization Affidavit is a form for you to sign if you are caring for a person under 18 and you are not the parent or legal guardian of that person. This form lets people such as school personnel, doctors, and welfare case workers know that you are caring for the minor. You need to keep a copy of this form.

How to use a Caregiver Authorization Affidavit

- 1. If you are only using the form for school enrollment, fill out items 1-4.
- 2. If you are a relative and will also use the form to consent to medical care, fill out items 5-8 as well.
- 3. Dare and sign the form. This form does not need to be notarized.
- 4. Make copies of the form to give to the school, the doctor, and/or the welfare office. Always keep a copy of the form with you. You **do not** need to send this form to the Court or to Legal Services for Children.

You may use a Caregiver Authorization Affidavit to:

- 1. Enroll a minor you are caring for in school, whether or not you are related to the minor. The school must, by law, enroll a student with a caregiver authorization. You are never required to show legal custody of a minor to enroll him or her in school.
- 2. Consent to medical care for the minor. If you are related to the minor. (See definition of qualified relative on the back of the Caregiver Authorization Affidavit.)
- 3. Receive welfare benefits for the minor, if you are related to the minor.

A Caregiver Authorization Affidavit **DOES NOT** give you legal custody

You cannot use a Caregiver Authorization Affidavit to keep a minor in your care, against the wishes of his or her parent. The form does not grant you any type of legal custody of the minor. If you need to have legal custody of a minor to prevent his or her parent from taking him or her out of your care, you need to pursue **legal guardianship**.

The Caregiver Authorization Affidavit is valid only in California.

<u>The Caregiver Authorization Affidavit does not expire.</u> If the minor stops living with you, you must notify the school and/or health care provider receives notice that the minor has moved.