**APA ANCHOR RELATIVE/FRIEND ASSISTANCE AGREEMENT FORM**

We are happy you have agreed to assist in the resettlement of refugees in the United States. The U.S. Conference of Catholic Bishops/Office of Migration & Refugee Services and the resettlement office are not directly involved in the process of granting refugee status to individuals for eventual admission to the United States, or in determining the time frame in which they might arrive. Nonetheless, you will be contacted as soon as any information becomes available.

For us to fully assess the extent of resources available for the resettlement of the individual(s) named below, please think carefully about the resources you are able to contribute, and let us know to what extent you can assist in providing the following services or basic necessities. If you should have difficulty fulfilling any part of this agreement, please coordinate with resettlement staff, who will work with you in providing the required core services to your relative or friend.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| PA’s Name |  |  | Case No. |  |  | Case Size |  |
|  |
| Date of Arrival *(if unknown, put “unknown”)* |  |
|  |

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| --- |
| **Note to staff:** Please indicate who will provide each of the following resettlement services by checking the appropriate box(es) on each line (more than one box may be checked). |
|  |
| AffiliateAgency | AnchorRelative | Other |  |
|  |  |  | meet the family at the airport and transport to housing |
|  |  |  | provide DOS/PRM acceptable housing for at least 30 days |
|  |  |  | provide food or food allowance for at least 30 days |
|  |  |  | provide clothing and other necessities for at least 30 days |
|  |  |  | provide furniture and household items |
|  |  |  | help refugees apply for Social Security cards |
|  |  |  | help refugees receive a health screening within 30 days |
|  |  |  | register children at school |
|  |  |  | help adults access English training |
|  |  |  | assist with orientation to the community |
|  |  |  | help adults prepare for, and obtain, work |
|  |  |  | provide transportation to job training interviews or training |
|  |  |  | maintain contact with resettlement agency during service period (30-90 days) |
|  |  |  | assist in the collection of necessary documents |

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| Name of Anchor |  | Date |
|  |  |  |
| Signature of Interpreter |  | Date |
|  |  |  |
|  |  |  |
| Signature of Agency Representative |  | Date |
|  |  |  |
|  |  |  |
| Agency Telephone Number |  |  |
|  |  |  |