**Instructions for Completing the “Attached Minor - Statement of Responsibility” - APA (MRS/AP-APM-02)**

The Afghan Placement & Assistance (APA) Cooperative Agreement requires, of families with M2, M3 and M6 minors that are part of the case, that resettlement agencies “*orient the family unit to the nature and expectations of U.S. practices and legal requirements respecting child care using appropriate language interpretation as necessary, and provide the family unit with a written statement, provided or approved by the state, county, or local child welfare bureau, and translated as necessary, of its responsibilities and legal obligations in caring for the child.*” (15.II.g.6.g)

To assist affiliates in complying with this requirement, the “Attached Minor - Statement of Responsibility” APA Form (MRS/AP-APM-02) is available. This form includes general information regarding U.S. practices and legal requirements respecting child care. These general requirements are presented as bullet points in the form. While there exists general best practices in parenting and these general practices have been incorporated into the “Statement” (for examples please see the following: <http://www.brycs.org/documents/upload/RaisingChildren-Handbook.pdf>), the “Statement” must also include information on your local child welfare and guardianship laws and include input from your local child welfare office. Information on how to connect with your local child welfare office can be found at the conclusion of these instructions. In addition to contacting your local child welfare office for such local child welfare information, state child welfare information can be researched at [www.childwelfare.gov](http://www.childwelfare.gov).

Please review the following bullet points, included in the “Attached Minor - Statement of Responsibility” APA Form (MRS/AP-APM-02), that provide general requirements in the care of a minor, and add the necessary information to reflect your local child welfare guidelines/laws. Once you modify the below template, you can change the font from red to black.

* **The physical and emotional wellbeing needs of the child:** Find out what your local child welfare guidelines around appropriate discipline are and if there are specifications to provision of shelter.
* **Supervision:** As an example, the template lists the supervision guidelines for Arlington County, VA. Your local child welfare office can provide you with the guidelines for your area. It is important that you modify the template to reflect the supervision guidelines for your local context.
* **Education:** List the educational requirements for your state. A list of compulsory school age requirements by state can be found at: [www.ncsl.org/documents/educ/ECSCompulsoryAge.pdf](http://www.ncsl.org/documents/educ/ECSCompulsoryAge.pdf)
* **Medical/Dental Care:** Follow any guidelines available at the local child welfare level.
* **Guardianship:** Add information on how to obtain guardianship in your state or county. This information is also needed for the “Suitability Determination” (MRS/RF-12). Find out which court handles applications for guardianship. In many areas, this is the probate court. It is also helpful to state what the fee is to petition for guardianship of a minor and if there is/is not a fee waiver. Another key piece of information is if the family will/will not need the assistance of a lawyer for this process. Any other useful information (such as the name of a local pro bono legal services provider) can also be added here. Finally, many courts have the procedures for obtaining guardianship as well as the forms required posted online. You can include in the Statement a link to this information or provide the telephone number and address of the office where the family can get more information. Your efforts to assist the family with guardianship should be documented in cases notes. More information on assisting families with guardianship can be found at: <http://www.brycs.org/clearinghouse/clearinghouse-resource.cfm?docnum=4012>.

If your agency does not already have a relationship with your local child welfare office, the following link provides some suggestions for how to develop a relationship, including suggested ways to introduce your agency to them. <http://www.brycs.org/documents/upload/Refugee-and-the-US-Child-Welfare-System.pdf>. **For additional assistance with this Statement or with any attached parolee minor requirements, please contact USCCB/MRS at 202-541-3247 and ask for the USCCB/MRS Refugee Child Protection Coordinator.**

|  |  |
| --- | --- |
| Case/Alien Number |  |
| M-Code |  |
| Date of Home Visit |  |
| (Arch)Diocese |  |
| Caseworker |  |
| Contact Number |  |
|  |  |



**ATTACHED MINOR STATEMENT OF RESPONSIBILITY**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name of Minor |  | | | | Date of Arrival |  |
| Date of Birth |  | Gender | |  | Age of Minor |  |
| Current Address |  | | | | Place of Birth |  |
| Medical problem (if known) | | |  | | | |
| Whereabouts of parents (if known) | | |  | | | |
| Relationship of Responsible Adult *to Minor* (e.g., paternal uncle, maternal aunt) | | |  | | | |

*The following should either be presented to or read aloud to the Responsible Adult in a language he or she fluently understands:*

Minor children (those who are not yet 18) require special protection to ensure their general care and well-being. Each state has its own rules and regulations to ensure that the rights of minors are protected. Resettlement agencies must ensure that a minor being resettled in the United States is provided ongoing care and supervision, and, to the extent possible, is made to feel part of a family group. We request that you read, or listen to us read, the following statement, and then sign to acknowledge either that you have read it or that it has been read to you.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, understand the special responsibilities I assume in caring for a minor child. These responsibilities shall be applicable at least until the time the minor reaches 18 years of age. I understand that I must follow all U.S. and state laws regarding my obligation to care for the above listed minor(s). In the State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, this includes the following responsibilities as they relate to child safety, well-being and permanency:

* **The physical and emotional wellbeing needs of the child:** Provide for the minor’s basic needs which include but are not limited to food, clothing, shelter, emotional well-being and physical safety. Emotional well-being includes providing structure and discipline that is appropriate and does not cause physical or emotional harm. Physical safety includes the proper supervision of the minor.
* **Supervision:** Provide appropriate supervision:
  + 8 years and under: Should not be left alone for any period of time. This includes leaving children unattended in cars, playgrounds, and yards.
  + 9 to 10 years: Should not be left alone for more than 1 ½ hours and only during daylight and early evening hours.
  + 11 to 12 years: May be left alone for up to 3 hours, but not late at night or in circumstances requiring adult supervision.
  + 13 to 15 years: May be left unsupervised, but not overnight.
  + 16 to 17 years: May be left unsupervised for up to two consecutive overnight periods.

The supervising person must be of appropriate maturity and have the ability to ensure the safety of the child.

* **Education:** Ensure the minor receives education. Caretakers should play an active role in the minor’s education. Examples of this include meeting with teachers and making sure the minor has access to the help s/he needs to, within their ability, succeed academically. In this state, children must attend school at least from age \_\_\_\_\_ to age \_\_\_\_\_.
* **Medical/Dental Care:** Ensure the minor receives the medical, dental and mental health care s/he needs.
* **Guardianship:** Apply for legal guardianship. Caretakers who are not the minor’s biological parent will need to apply to a local court to obtain the legal authority to make decisions for the minor in the U.S. This process is important and may help to obtain public benefits and health insurance for the minor and make medical decisions for the minor. In this local area (jurisdiction), guardianship is obtained through the \_\_\_\_\_\_\_\_\_ court. The fee to apply for guardianship is $\_\_\_\_\_\_\_. There *is |* *is not* *(circle one)* a fee waiver. You *will |* *will not* *(circle one)* need a lawyer to assist you. For more information on the forms to complete and the requirements for obtaining legal guardianship contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand the need to apply for legal guardianship and where I can access the state laws regarding legal guardianship.

I understand that as the Responsible Adult for a minor, that I must sign the *Promissory Note* for the minor’s IOM travel loan. I understand that I will be legally responsible for the loan, and the minor child will have no legal obligation to repay the loan or to reimburse me for paying the loan.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Responsible Adult’s signature | | | | |  | | | | | Date | |  |
|  | | | | | | | | | | | | |
| Responsible Adult’s name (print) | | | | | |  | | | | | | |
|  | | | | | | | | | | | | |
| Language used for explanation of Statement of Responsibility | | | | | | | | |  | | | |
|  | | | | | | | | | | | | |
| Interpreter ‘s signature | | | | |  | | | | | | | |
|  | | | | | | | | | | | | |
| Interpreter’s name (print) | | | | |  | | | | | | | |
|  | | | | | | | | | | | | |
| Responsible Adult Contact Information | | | | | | | | | | | | |
| Telephone | Home |  | | | | | | Work | |  | | |
|  |  |  | | | | | |  | |  | | |
| Address |  | | | | | | | | | | | |
|  |  | | | | | | | | | | | |
| City |  | | | | | | ST |  | | ZIP | |  |
| Caseworker’s signature | | |  | | | | | | | Date |  | |
|  | | | | | | | | | | | | |
| Caseworker’s name (print) | | |  | | | | | | |  | | |
|  | | |  | | | | | | |  | | |
| **I have reviewed this form and the information provided is correct, to the best of my knowledge.** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Resettlement Director (sign) | | | |  | | | | | | Date |  | |
|  | | | |  | | | | | |  | | |
| Resettlement Director (print) | | | |  | | | | | |  | | |