

*Be Not Afraid*  
Resources for Congregations & Immigrant Families Fractured by Fear



## *Family Safety Planning Toolkit*

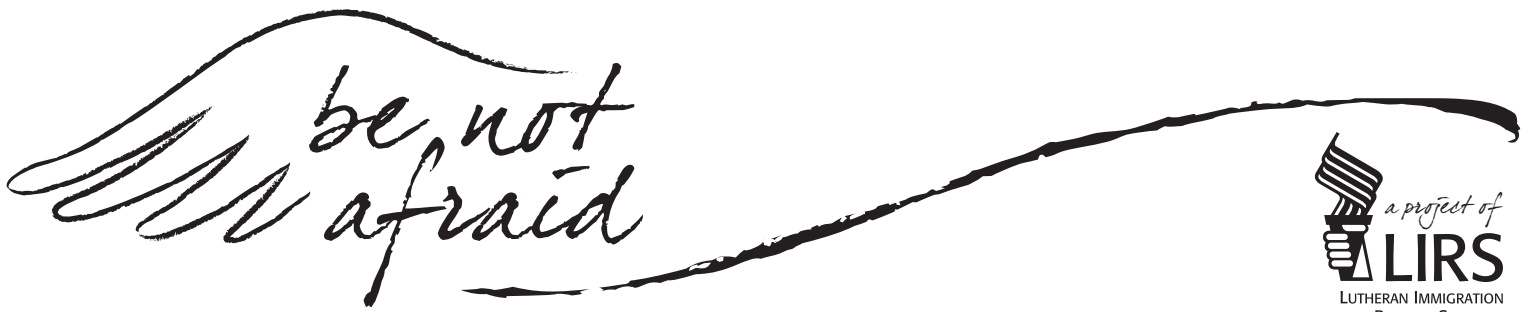
### **Materials in This Toolkit**

An important part of creating your family safety plan is gathering important information. This toolkit provides a starting point for you to identify what information you will need in case of an emergency. It contains helpful legal forms you may consider preparing ahead.

- **Family Safety Planning Worksheet**  
This worksheet helps identify important documents, contacts and resources.
- **Community Resources**  
This form will help you identify resources in your community that you can access in case of an immigration-related emergency.
- **General Power of Attorney**  
This legal document gives authority to your spouse or another person you choose to make decisions for you in the event you are separated. For example, with a signed power of attorney document, your spouse could sell your car even if the title is in your name.
- **Authorization for Temporary Guardianship**  
This legal document will help you prepare for long-term separation. Consider selecting a family member or trusted friend to serve as a temporary guardian for your children. As guardian, this person will be able to make decisions to care for your children and communicate with their school. You will need to copy and complete the form for each of your children.
- **United States Customs and Immigration Service (USCIS) Form G28**  
This form allows you to secure legal representation before you need it. You sign it, but an attorney does not have to sign it at the same time. If you are arrested, the form signed by you makes it easier for an attorney to meet with you.

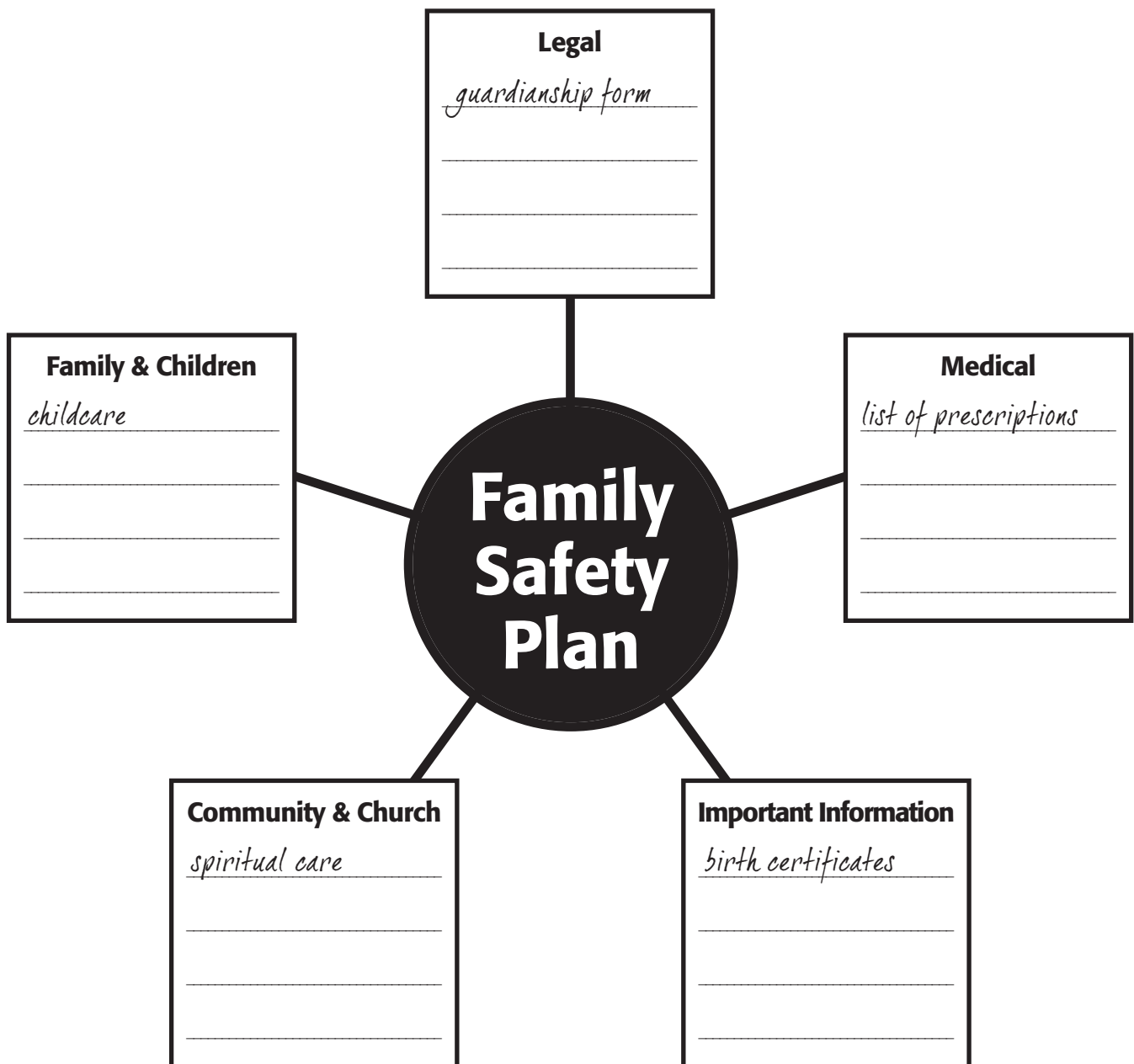
### **How to Assemble Your Family Safety Plan**

The forms in this handout will serve as the core of your family safety plan. You will also identify additional documents and information such as your family's birth certificates and contact information to include in your plan. As you collect these various pieces of paperwork, you will want to store them in a folder or envelope and keep it in a safe but easily accessible place. If possible, create a second set of materials and give to a friend or to your church for safekeeping.



## Family Safety Plan Worksheet

In each box, list items and resources you will need to have available and issues you will need to address in the event of a family emergency. Some initial ideas have been provided for you.



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# Community Resources

## Social Service Providers

Name	Contact Information	Services Offered	Notes

## Legal Service Providers and Low-Cost Attorneys

Name	Contact Information	Services Offered	Notes

## Food Pantries

Name	Contact Information	Services Offered	Notes

## Shelters

Name	Contact Information	Services Offered	Notes

## Schools

Name	Contact Information	Services Offered	Notes

## Churches

Name	Contact Information	Services Offered	Notes

## Transportation Assistance

Name	Contact Information	Services Offered	Notes

## Local Authorities and Civic Leaders

Name	Contact Information	Services Offered	Notes

## GENERAL POWER OF ATTORNEY

**NOTICE:** THE POWERS GRANTED BY THIS DOCUMENT ARE BROAD AND SWEEPING. IF YOU HAVE ANY QUESTIONS ABOUT THESE POWERS, OBTAIN COMPETENT LEGAL ADVICE. THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL AND OTHER HEALTH-CARE DECISIONS FOR YOU. YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.

I, \_\_\_\_\_ [YOUR FULL LEGAL NAME],  
residing at \_\_\_\_\_  
[YOUR FULL ADDRESS], hereby appoint \_\_\_\_\_,  
of \_\_\_\_\_,  
as my Attorney-in-Fact ("Agent").

If my Agent is unable to serve for any reason, I designate \_\_\_\_\_,  
of \_\_\_\_\_,  
as my successor Agent.

I hereby revoke any and all general powers of attorney that previously have been signed by me. However, the preceding sentence shall not have the effect of revoking any powers of attorney that are directly related to my health care that previously have been signed by me.

My Agent shall have full power and authority to act on my behalf. This power and authority shall authorize my Agent to manage and conduct all of my affairs and to exercise all of my legal rights and powers, including all rights and powers that I may acquire in the future. My Agent's powers shall include, but not be limited to, the power to:

1. Open, maintain or close bank accounts (including, but not limited to, checking accounts, savings accounts, and certificates of deposit), brokerage accounts, and other similar accounts with financial institutions.
  - a. Conduct any business with any banking or financial institution with respect to any of my accounts, including, but not limited to, making deposits and withdrawals, obtaining bank statements, passbooks, drafts, money orders, warrants, and certificates or vouchers payable to me by any person, firm, corporation or political entity.
  - b. Perform any act necessary to deposit, negotiate, sell or transfer any note, security, or draft of the United States of America, including U.S. Treasury Securities.
  - c. Have access to any safe deposit box that I might own, including its contents.
2. Sell, exchange, buy, invest, or reinvest any assets or property owned by me. Such assets or property may include income producing or non-income producing assets and property.
3. Purchase and/or maintain insurance, including life insurance upon my life or the life of any other appropriate person.
4. Take any and all legal steps necessary to collect any amount or debt owed to me, or to settle any claim, whether made against me or asserted on my behalf against any other person or entity.
5. Enter into binding contracts on my behalf.
6. Exercise all stock rights on my behalf as my proxy, including all rights with respect to stocks, bonds, debentures, or other investments.



This Power of Attorney shall become effective immediately and shall not be affected by my disability or lack of mental competence, except as may be provided otherwise by an applicable state statute. This is a Durable Power of Attorney. This Power of Attorney shall continue effective until my death. This Power of Attorney may be revoked by me at any time by providing written notice to my Agent.

Dated \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
First Witness' Signature

\_\_\_\_\_  
Your Printed Full Legal Name

\_\_\_\_\_  
First Witness' Printed Full Legal Name

\_\_\_\_\_  
Second Witness' Signature

\_\_\_\_\_  
Second Witness' Printed Full Legal Name

**Acknowledgement:**

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_ [FULL LEGAL NAME], who is personally known to me or who has produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
Signature of person taking acknowledgment

\_\_\_\_\_  
Title or rank

\_\_\_\_\_  
Name typed, printed, or stamped

\_\_\_\_\_  
Serial number (if applicable)

This document was prepared by:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State ZIP

# AUTHORIZATION FOR TEMPORARY GUARDIANSHIP OF MINOR

## The Child

Full Legal Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex:  Male  Female

## The Child's Doctor

Doctor's Name: \_\_\_\_\_

Doctor's Address: \_\_\_\_\_

Doctor's Office Phone: \_\_\_\_\_ Doctor's Emergency Phone: \_\_\_\_\_

Medical Insurer/Health Plan: \_\_\_\_\_ Policy #: \_\_\_\_\_

Allergies to Medications: \_\_\_\_\_

Other Allergies: \_\_\_\_\_

If applicable, please note any medical conditions for which the child is currently receiving treatment:

\_\_\_\_\_

Note any other significant medical information: \_\_\_\_\_

\_\_\_\_\_

## The Child's Dentist

Dentist's Name: \_\_\_\_\_

Dentist's Address: \_\_\_\_\_

Dentist's Office Phone: \_\_\_\_\_ Dentist's Emergency Phone: \_\_\_\_\_

Dentist's Insurer/Health Plan: \_\_\_\_\_ Policy #: \_\_\_\_\_

## The Child's Parent(s) or Legal Guardian(s)

Parent or Guardian #1

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Pager: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Additional Contact Information: \_\_\_\_\_

\_\_\_\_\_

Parent or Guardian #2

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Pager: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Additional Contact Information: \_\_\_\_\_

\_\_\_\_\_

**Person(s) to Be Granted Temporary Guardianship of the Child**

Temporary Guardian #1

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_  
Cell phone: \_\_\_\_\_ Pager: \_\_\_\_\_  
E-mail address: \_\_\_\_\_  
Additional Contact Information: \_\_\_\_\_  
\_\_\_\_\_

Temporary Guardian #2

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_  
Cell phone: \_\_\_\_\_ Pager: \_\_\_\_\_  
E-mail address: \_\_\_\_\_  
Additional Contact Information: \_\_\_\_\_  
\_\_\_\_\_

**Person(s) to Be Contacted in Case of Emergency**

Emergency Contact #1

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_  
Cell phone: \_\_\_\_\_ Pager: \_\_\_\_\_  
E-mail address: \_\_\_\_\_  
Additional Contact Information: \_\_\_\_\_  
\_\_\_\_\_

Emergency Contact #2

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_  
Cell phone: \_\_\_\_\_ Pager: \_\_\_\_\_  
E-mail address: \_\_\_\_\_  
Additional Contact Information: \_\_\_\_\_  
\_\_\_\_\_

**AUTHORIZATION AND CONSENT OF PARENT(S) OR LEGAL GUARDIAN(S)**

1. I hereby declare that I have legal custody of the above named child.
2. I hereby grant my full permission and consent for the temporary guardian to establish a place of residence for my child, and for my child to reside and travel with said temporary guardian.
3. I hereby grant the temporary guardian my full authorization to make all decisions related to my child's educational, religious, and recreational activities and undertakings.
4. I hereby grant the temporary guardian my full authorization to administer general first aid treatment for any minor injuries or illnesses experienced by the minor. If the injury or illness is life threatening or in need of emergency treatment, I authorize the temporary guardian to summon any and all professional emergency personnel to attend, transport, and treat the participant and to issue consent for any X-ray, anesthetic, blood transfusion, medication, or other medical diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in the state in which such treatment is to occur.
5. This authorization is effective commencing on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ and expiring on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.
6. For the duration that the temporary guardian cares for my child, the costs associated with my child's maintenance, living expenses, medical, and dental expenses shall be allocated and paid as follows:
7. In the event that more than one legal guardian exists, the use of the singular shall incorporate the plural. In the event that more than one temporary guardian is named, the use of the singular shall incorporate the plural.

Under penalty of perjury under the laws of the state of \_\_\_\_\_, I attest to the truthfulness, accuracy, and validity of the forgoing statement.

\_\_\_\_\_  
Signature of Parent/Legal Guardian #1

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Legal Guardian #2

\_\_\_\_\_  
Date

**CONSENT OF TEMPORARY GUARDIAN**

I hereby acknowledge the terms set forth above and agree to assume responsibility in accordance with those terms.

Under penalty of perjury under the laws of the state of \_\_\_\_\_, I attest to the truthfulness, accuracy, and validity of the forgoing statement.

\_\_\_\_\_  
Signature of Temporary Guardian #1

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Temporary Guardian #2

\_\_\_\_\_  
Date



**Appearances** - An appearance shall be filed on this form by the attorney or representative appearing in each case. Thereafter, substitution may be permitted upon the written withdrawal of the attorney or representative of record or upon notification of the new attorney or representative. When an appearance is made by a person acting in a representative capacity, his personal appearance or signature shall constitute a representation that under the provisions of this chapter he is authorized and qualified to represent. Further proof of authority to act in a representative capacity may be required. **Availability of Records** - During the time a case is pending, and except as otherwise provided in 8 CFR 103.2(b), a party to a proceeding or his attorney or representative shall be permitted to examine the record of proceeding in a Service office. He may, in conformity with 8 CFR 103.10, obtain copies of Service records or information therefrom and copies of documents or transcripts of evidence furnished by him. Upon request, he/she may, in addition, be loaned a copy of the testimony and exhibits contained in the record of proceeding upon giving his/her receipt for such copies and pledging that it will be surrendered upon final disposition of the case or upon demand. If extra copies of exhibits do not exist, they shall not be furnished free on loan; however, they shall be made available for copying or purchase of copies as provided in 8 CFR 103.10.

In re:	Date:
	File No.

I hereby enter my appearance as attorney for (or representative of), and at the request of the following named person(s):

Name:	<input type="checkbox"/> Petitioner	<input type="checkbox"/> Applicant
	<input type="checkbox"/> Beneficiary	
Address: (Apt. No.)	(Number & Street)	(City) (State) (Zip Code)
Name:	<input type="checkbox"/> Petitioner	<input type="checkbox"/> Applicant
	<input type="checkbox"/> Beneficiary	
Address: (Apt. No.)	(Number & Street)	(City) (State) (Zip Code)

Check Applicable Item(s) below:

<input type="checkbox"/>	1. I am an attorney and a member in good standing of the bar of the Supreme Court of the United States or of the highest court of the following State, territory, insular possession, or District of Columbia  _____ and am not under a court or administrative agency order suspending, enjoining, restraining, disbaring, or otherwise restricting me in practicing law. <div style="text-align: center; font-size: small;">Name of Court</div>
<input type="checkbox"/>	2. I am an accredited representative of the following named religious, charitable, social service, or similar organization established in the United States and which is so recognized by the Board:
<input type="checkbox"/>	3. I am associated with _____ the attorney of record previously filed a notice of appearance in this case and my appearance is at his request. (If you check this item, also check item 1 or 2 whichever is appropriate.)
<input type="checkbox"/>	4. Others (Explain Fully.)

SIGNATURE	COMPLETE ADDRESS
NAME (Type or Print)	TELEPHONE NUMBER

*PURSUANT TO THE PRIVACY ACT OF 1974, I HEREBY CONSENT TO THE DISCLOSURE TO THE FOLLOWING NAMED ATTORNEY OR REPRESENTATIVE OF ANY RECORD PERTAINING TO ME WHICH APPEARS IN ANY IMMIGRATION AND NATURALIZATION SERVICE SYSTEM OF RECORDS:*

\_\_\_\_\_  
(Name of Attorney or Representative)

*THE ABOVE CONSENT TO DISCLOSURE IS IN CONNECTION WITH THE FOLLOWING MATTER:*

Name of Person Consenting	Signature of Person Consenting	Date
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(NOTE: Execution of this box is required under the Privacy Act of 1974 where the person being represented is a citizen of the United States or an alien lawfully admitted for permanent residence.)