
FAMILY
PREPAREDNESS
PLAN
MAKE THE ROAD
NEVADA

QUESTIONS ABOUT THE FAMILY PREPARATION PLAN IN CASE OF DEPORTATION

If this plan is for a couple and both are at risk of being detained, complete a questionnaire packet for each person.

GENERAL ADMISSION QUESTIONS

1. Agency helping you fill out this form _____
2. Who is this plan for/who is at risk of being detained?
    a. Legal name: _____
    b. Phone number: _____
    c. Address: _____
3. Who have you selected to intervene in the event of arrest and who is not at risk of deportation? (your emergency contact)?
    a. Name:

    _____

    Phone: _____ Relationship:

    _____

    b. Name:

    _____

    Phone: _____ Relationship:

    _____

    a. Have you discussed your preparedness plan with your emergency contacts? Yes | No

    Recommendation: Talk to them about your plan so they are prepared if a family separation occurs.

4. Do you have a partner/spouse?

    Yes —- Name: _____ Phone: _____

    Type of relationship: Married | Unmarried

    Occupation: _____

    Is your partner/spouse also at risk of being detained?

    Yes

    *Recommendation: Make sure your partner/spouse also completes a questionnaire to provide information about their own health and assets.

    No

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No

5. Do you have an immigration lawyer?

   Yes —-- Name: _____ Phone: _____

   Organization/Firm: _____

   *Recommendation: Ask your immigration lawyer about Form G-28 to allow your lawyer or an accredited representative to officially represent you before the United States Citizenship and Immigration Services (USCIS), Immigration and Customs Enforcement (ICE), or Customs and Border Protection (CBP).

   No

   *Recommendation:
   1) A list of recommended immigration attorneys is provided. Schedule a phone consultation to learn more about your case.
   2) If you are detained and do not have an attorney, please save the **UNLV Immigration Clinic** number **for assistance: 702-895-3000**

6. Employment Status:

   Full-time On Call

   Part-Time Not working

   a. Agency Name: _____ Years Working There: ____
   b. Office phone: _____
   c. Supervisor's name: _____ Phone: _____

7. Do you attend a church or congregation?

   Yes —- Name: _____

   Address: _____

   Name of faith leader: _____

   Years attending: _____

   No

8. Do you have a Nevada state identification?

   Yes —- Type: _____ Number: _____

   No

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9. Do you have any documents detailing your presence in the United States?

   Yes —- Type: _____

   No

   Examples: Bank account, bills, check stubs, rent/mortgage agreements, tax filings (1040s), photos with dates; signed and notarized statements under penalty of perjury from a family member/acquaintance who is a citizen; US school records.

QUESTIONS ABOUT YOUR COUNTRY OF ORIGIN

1. In what city, state, and country were you born?

   City: _____ State: _____ Country: _____

2. Do you have an identification from your country of origin?

   Yes —- Type: _____ Number: _____

   Expiration date: _____

   No

3. Do you have emergency contacts in your country of origin?

   Yes — Name: _____ Relationship: _____ Phone: _____

   Name: _____ Relationship: _____ Phone: _____

   Name: _____ Relationship: _____ Phone: _____

   No

HEALTH QUESTIONS

**Recommendation: Consider a Health Care Proxy.*

1. Do you have a primary care physician?

   Yes —-- Name: _____ Office number: _____

   Office name: _____

   Address: _____

   *Recommendation: Obtain a release of information authorization so that your emergency contact can access your medical records if necessary.

QUESTIONS ABOUT THE FAMILY PREPARATION PLAN IN CASE OF DEPORTATION

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No

2. Do you have any medical conditions or special needs?

   Yes —-- Type of condition: _____

   Medication: _____ Frequency: _____

   Medical equipment: _____

   No

3. Do you have any allergies?

   Yes —- Type: _____

   Do you need medication for this allergy? Yes | No

   If so, what type? _____

   No

QUESTIONS ABOUT YOUR PROPERTY AND ASSETS

**Recommendation: Consider a Power of Attorney to protect your assets.*

1. What is your type of residence? Rented | Owned | I live with family
2. Address of where you live

   _____

3. Name of owner/person on apartment/house lease: _____

   Relationship to you: _____

   **Recommendation: If the individuals listed on the lease or mortgage are also affected by immigration, consider identifying an individual who is not at risk to monitor your property through a Power of Attorney for Financial Matters.*

4. Who do you live with?

   Name _____ Phone: _____ Relationship: _____ Do they have keys? ___

   Name _____ Phone: _____ Relationship: _____ Do they have keys? ___

   Name _____ Phone: _____ Relationship: _____ Do they have keys? ___

   Name _____ Phone: _____ Relationship: _____ Do they have keys? ___

QUESTIONS ABOUT THE FAMILY PREPARATION PLAN IN CASE OF DEPORTATION

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5. Does anyone outside the home have a copy of your house keys?

   Yes —- Name: _____ Phone: _____ Relationship: _____

   No

   *Recommendation: If no one has a key to your home, it is recommended that you provide a trusted person with a copy of your house keys in case they need to access important documents that you cannot access.

6. Do you have extra copies of your house keys?

   Yes —- Location: _____

   No

7. Do you drive a vehicle?

   Yes —- Owner's name: _____ Relationship: _____

   Do you have a car payment? Yes | No

   Lending agency: _____

   If the vehicle is paid off, who is listed on the title?

   *Recommendation: If you are the only one on the title, we recommend adding a trusted person to the title in case they can make a decision about the vehicle.

   Make: _____ Model: _____ Color: _____ Year: _____

   License plate number: _____ VIN #: _____

   Car insurance: _____ Policy number: _____

   Does anyone else have a copy of your car keys?

   Yes —- Name: _____ Phone: _____ Relationship: _____

   No

   Where is the spare set of keys located? _____

   *Recommendation: If no one else has a key to your car, we recommend that you give a trusted person a copy of your car keys.

   No

QUESTIONS ABOUT THE FAMILY PREPARATION PLAN IN CASE OF DEPORTATION

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8. Do you have a bank account?

   Yes —- 1. Bank Name: _____ Account Holder: _____

   Account Number: _____

   Account Type: Checking | Savings | Credit Card | Business

   2. Bank Name: _____ Account Holder: _____

   Account Number: _____

   Account Type: Checking | Savings | Credit Card | Business

   *Recommendation: If these are your accounts, talk to your bank to find out what options you have for adding a beneficiary to your account and how you can access your money if you are in another country.

   No —- Location of money: _____

9. Do you have a storage unit?

   Yes —- Name of unit: _____

   Address: _____ Do you have keys or a code: _____

   No

QUESTIONS ABOUT YOUR FAMILY

1. Do you have children/dependents?

   Yes —- (Please complete the attached questionnaire for children/dependents)

   a. How many children under 17 years of age?
   b. How many children over the age of 18?

   Complete one form for each child/dependent you have (regardless of age)

   No

2. Do you have any pets?

   Yes —- (Please complete the pet questionnaire)

   No

3. Are you a caregiver for anyone?

   Yes —- (Please complete the caregiver questionnaire)

   No

QUESTIONS ABOUT THE FAMILY PREPARATION PLAN IN CASE OF DEPORTATION

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DETAILED DESCRIPTION OF WHERE YOU WILL KEEP THIS PLAN AND RELEVANT DOCUMENTS

_____

_____

QUESTIONS ABOUT THE FAMILY PREPARATION PLAN IN CASE OF DEPORTATION

Complete a questionnaire packet for each child/dependent (minor and adult)

PARENTS WITH CHILDREN/DEPENDENTS:

Complete a questionnaire packet for each child/dependent (minor and adult)

1. Name of parent/legal guardian: _____
2. Name of child/dependent: _____ Age: _____
   a. Phone: _____ Date of Birth: _____
   b. Who do they live with: _____
   c. City and state where they live: _____
   d. Place of birth — City: _____
      State: _____
      Country: _____
3. Have you discussed your preparedness plan with your children/dependents?

   Yes

   No *Recommendation: Talk to your children about your plan so they are prepared if a family separation occurs.*

If you do not have children/dependents 17 years of age or younger, you do not need to complete the rest of the questions.

QUESTIONS ABOUT THE FAMILY PREPARATION PLAN IN CASE OF DEPORTATION

Complete a questionnaire packet for each child/dependent (minor and adult)

QUESTIONS FOR PARENTS WITH CHILDREN/DEPENDENTS 17 YEARS OF AGE OR YOUNGER

Recommendation: Talk to an immigration lawyer or notary to learn more about completing a Temporary Guardianship or Appointment of Guardian for your minor child.

1. Do you share the care of your children/dependents with someone else?

   Yes —- Person sharing custody: _____

   Phone: _____

   Relationship: _____

   Type of custody: _____

   No

2. What is the plan for your child/dependent in the event of deportation?

   _____

   _____

3. Does your child/dependent attend school?

   Yes —- School name: _____

   a. CCSD | Charter School | Home School | Other: _____

      Phone: _____ Grade: _____

   b. Do you have an Individualized Education Plan (IEP) or a 504 Plan at school?

      Yes Recommendation: Obtain a copy from the school for your records

      No

   c. Does your child/dependent attend any after-school programs or sports?

      Yes, Which ones:

      _____

QUESTIONS ABOUT THE FAMILY PREPARATION PLAN IN CASE OF DEPORTATION

Complete a questionnaire packet for each child/dependent (minor and adult)

No

d. Who is authorized to pick up your children from school?
    a. Name: _____
    b. Relationship: _____

Recommendation: 1) Talk to your child's school to submit a Authorization for Release of Confidential Information that allows another trusted adult access your child's records in your absence.
2) If you do not have an authorized person other than their parents to pick up your children, talk to the school to add a trusted adult.

No

4. Is your dependent enrolled in daycare?

Yes —- Name of the daycare: _____

Phone: _____

Days your kid goes to daycare: _____

No

5. Does your child/dependent have health insurance?

Yes —-- Insurance agency name: _____

Policyholder: _____

Does your dependent have a primary care physician?

a. Primary Doctor's Name: _____
b. Name of Clinic: _____
c. Phone: _____

Recommendation: Obtain an Authorization for Release of Information from the doctors to give access to the records to a trusted adult.

No

6. Does your child/dependent have any allergies?

Yes —-- Type of allergy: _____

QUESTIONS ABOUT THE FAMILY PREPARATION PLAN IN CASE OF DEPORTATION

Complete a questionnaire packet for each child/dependent (minor and adult)

Medication required: _____

No

7. Does your child/dependent have any medical conditions or special needs?

Yes —-- What is the condition or need? _____

Medication required: _____

Pharmacy: _____

No

8. Does your child/dependent see a specialist?

Yes —-- Type of specialist: - _____

Name of agency: _____

Doctor's name: _____

Recommendation: Obtain an Authorization for Release of Information from the specialist to give a trusted adult access to the records.

No

9. Does your child/dependent have a US passport?

Yes —-- Passport Number: _____

Expiration date: _____

No

10. Does your child/dependent have a passport from the country of origin of his/her mother and/or father?

Yes —-- Passport Number: _____

Expiration date: _____

Issuing Country: _____

Is your child/dependent a citizen of the country of origin of his/her father and/or mother?

Yes | No

No

QUESTIONS ABOUT THE FAMILY PREPARATION PLAN IN CASE OF DEPORTATION

Complete a questionnaire packet for each child/dependent (minor and adult)

QUESTIONS ABOUT THE FAMILY PREPARATION PLAN IN CASE OF DEPORTATION

PETS

Complete a questionnaire packet for each pet.

1. Owner's name? _____
2. Type of pet: _____ Breed: _____
3. Who will your pet stay with in an emergency?

   Name: _____ Phone: _____
4. Pet's name: _____ Female | Male
5. Age: _____ Color: _____
6. Does your pet have any medical conditions?

   Yes —--Condition: _____ Medication: _____

   No
7. Which veterinary clinic do you take your pet to? _____
8. Does your pet have medical insurance?

   Yes —--Insurance name: _____

   No
9. Does your pet have any allergies or sensitivities?

   Yes Explanation: _____

   No
10. Does your pet have anxiety or fear of any person, situation, sound, or animal?

    Yes Explanation: _____

    No
11. What does your pet eat? Wet food | Dry food | Other _____

    Food brand: _____ Amount: _____ Times per day: _____

QUESTIONS ABOUT THE FAMILY PREPARATION PLAN IN CASE OF DEPORTATION

QUESTIONS FOR A CAREGIVER WITH A DEPENDENT

Complete a questionnaire packet for each person you care for

1. Your name: _____
2. Relationship to the person you care for: _____
3. Do you have legal custody to care for this person? Yes | No
4. Name of person being cared for: _____
   a. Date of Birth: _____ Age: _____
   b. Who does the dependent live with?
   _____
   c. Address where they live: _____

MEDICAL HISTORY AND CONDITION

1. What is this person's diagnosis or medical condition?

_____

2. Date of diagnosis: _____
3. Is the person taking any medication?

   Yes —- Type of medication: _____

   Dosage: _____

   Name of pharmacy: _____

   Other medications: _____

   No

4. Is the person receiving any type of treatment?

   Yes —- Type of treatment: _____

   Frequency: _____

   Address of treatment: _____

   Name of specialist: _____

   No

QUESTIONS ABOUT THE FAMILY PREPARATION PLAN IN CASE OF DEPORTATION

5. Does the person have any allergies or sensitivities?

Yes —- Explanation:

_____

No

6. How is the person comforted during physical or emotional distress?

_____

_____

7. Does the person use any medical equipment?

Yes —- Type of equipment: _____

No

8. What kind of help does the person require? Please select below.

Task	None Assistance	Supervision	Attend	Total care	Homework	No help	Supervision	Attend	Total care
Bathing					Errands				
Grooming					Cleaning				
Eating					Transport				
Go to the bathroom					Gardening				
Mobility					Paying bills				
Transfer					Medication				
Getting dressed					Attend appointments				
Exercise					Climbing stairs				

QUESTIONS ABOUT THE FAMILY PREPARATION PLAN IN CASE OF DEPORTATION

Cooking					Doing laundry				
Other:					Other:				

CAREGIVER TEAM

1. Does the person have a primary doctor or clinic?

   Yes — Name: Phone: _____

   No

2. Is there another person or agency that provides assistance?

   Yes — Name: _____ Phone:

   Frequency: _____

   No

3. Does the person have a service animal?

   Yes — Name: _____

   No

4. Does the person receive assistance from Clark County?

   Yes — Type of assistance: _____

   No

5. Who will be the caregiver in case of deportation?

   Namen: _____ Phone:

   Relationship to caregiver: _____

NEEDS AND PREFERENCES

1. What is the person's preferred method of communication? (Spoken, written, American Sign Language, etc.)

   _____

2. What is the person's favorite activity?

   _____

3. What movies, books, or toys does the person likes?

QUESTIONS ABOUT THE FAMILY PREPARATION PLAN IN CASE OF DEPORTATION

_____

4. What are some of the persons triggers (factors or stimuli that cause a specific response or reaction, whether physical, emotional, or behavioral)?

_____

_____

INSURANCE AND INCOME

1. Does your dependent have health insurance?

Yes — Name of Insurance Agency: _____

Group Number: _____

Policyholder: _____

2. Does your dependent receive any type of income?

Yes — 1) Agency/Person: _____

Amount per month: _____

2) Agency/Person: _____

Amount per month: _____

No

SIX MONTH TEMPORARY GUARDIANSHIP UNDER A.B. 319, 2017 Leg., 79th Sess. (Nev. 2017)

I, (*parent name*) _____,

of (*address, city, state, zip code*)_____

the parent of the minor child, (*child's name*) _____

whose date of birth is _____, hereby desire to appoint

(*guardian's name*) _____

of (*address, city, state, zip code*)_____

as short term guardian pursuant to A.B. 319, 2017 Leg., 79th Sess. (Nev. 2017).

Carefully read each of the following statements and initial all that are true.

_____ 1. I am the legal custodian of the minor child.
_____ 2. The other parent's parental rights have not been terminated by court order.
_____ 3. The other parent's whereabouts are known.
_____ 4. The other parent is willing and able to make and carry out daily child care decisions concerning the minor child.

WARNING: If paragraphs 2, 3, and 4 have all been initialed, the other parent must sign page 2 of this form to make this short-term guardianship valid.

I specifically consent that the named guardian may make whatever decisions are necessary concerning the day-to-day care of (*child's name*)_____, including educational decisions, legal decisions and health decisions. The named guardian may authorize all routine medical and dental care, and in the event of any medical emergency, the named guardian may authorize operative care.

This guardianship shall expire six (6) months from the date that appears below unless it is renewed by an acknowledged writing prior to the expiration date. This guardianship may be terminated by me, by the guardian or by an order of a court of competent jurisdiction that may appoint a guardian of the minor child, but such termination must be accomplished by a written instrument.

I am the legal custodian of the minor child and am competent to make this appointment.

Date: _____ Parent's Signature: _____

Print Your Name: _____

STATE OF _____
COUNTY OF _____

This instrument was acknowledged before me on

this _____ day of _____, _____ by _____

_____
NOTARY PUBLIC

IMPORTANT: If items 2, 3, and 4 on the prior page were all initialed, the other parent must sign below to consent to the temporary short term guardianship.

PARENT'S CONSENT

I hereby consent to the above-named person being appointed as my child's guardian. I declare under penalty of perjury under the law of the State of Nevada that the foregoing is true and correct.

Date: _____ Parent's Signature: _____

Print Your Name: _____

IMPORTANT: If the minor child is fourteen (14) years of age or older, the minor child must sign below to consent to the temporary short term guardianship.

MINOR'S CONSENT

I hereby consent to the above-named person being appointed as my guardian.

Date: _____ Minor's Signature:_____

Print Your Name: _____

GUARDIAN'S ACCEPTANCE OF APPOINTMENT

I, (*guardian's name*) _____ hereby accept this appointment as temporary short term guardian for the minor child identified in this instrument and will accept responsibility for the care, custody, and control of said minor child, including all necessary authority and power to furnish and provide care and services to said minor child as may seem necessary, proper, or desirable in the child's best interest and welfare, including, but not limited to, food, clothing, shelter, education, and medical-surgical-dental care and treatment. I understand this guardianship shall become effective upon my execution of this document in the presence of a Notary Public for a period of six (6) months and may be terminated by an instrument in writing signed by either parent of the minor child if that parent has not had their rights legally terminated by an order of a court of competent jurisdiction.

Date: _____ Guardian's Signature: _____

Print Your Name: _____

STATE OF _____
COUNTY OF _____

This instrument was acknowledged before me on

this _____ day of _____, _____ by _____

_____
NOTARY PUBLIC

IMPORTANT: If items 2, 3, and 4 on the prior page were all initialed, the other parent must sign below to consent to the temporary short term guardianship.

PARENT'S CONSENT

I hereby consent to the above-named person being appointed as my child's guardian. I declare under penalty of perjury under the law of the State of Nevada that the foregoing is true and correct.

Date: _____ Parent's Signature: _____

Print Your Name: _____

IMPORTANT: If the minor child is fourteen (14) years of age or older, the minor child must sign below to consent to the temporary short term guardianship.

MINOR'S CONSENT

I hereby consent to the above-named person being appointed as my guardian.

Date: _____ Minor's Signature:_____

Print Your Name: _____

GUARDIAN'S ACCEPTANCE OF APPOINTMENT

I, (*guardian's name*) _____ hereby accept this appointment as temporary short term guardian for the minor child identified in this instrument and will accept responsibility for the care, custody, and control of said minor child, including all necessary authority and power to furnish and provide care and services to said minor child as may seem necessary, proper, or desirable in the child's best interest and welfare, including, but not limited to, food, clothing, shelter, education, and medical-surgical-dental care and treatment. I understand this guardianship shall become effective upon my execution of this document in the presence of a Notary Public for a period of six (6) months and may be terminated by an instrument in writing signed by either parent of the minor child if that parent has not had their rights legally terminated by an order of a court of competent jurisdiction.

Date: _____ Guardian's Signature: _____

Print Your Name: _____

STATE OF _____
COUNTY OF _____

This instrument was acknowledged before me on

this _____ day of _____, _____ by _____

_____
NOTARY PUBLIC

DEPORTATION FAMILY PREPAREDNESS PLAN QUESTIONS

Undocumented parents with adult children:

- How many adult children do you have _____
- What are the ages of your adult children? _____

  _____
- What are the names and contact information for your adult children?_____

  _____

  _____
- Where were your adult children born? _____

  _____
- Do your adult children have their own birth certificates, or do you have them?_____

  _____
- Do your adult children have their own vaccination records, or do you have them?_____

  _____
- Where do your adult children live? _____

  _____
- Do your adult children have an American passport? _____

  _____
- Do your adult children have a passport for your home country? _____

  _____
- Are your adult children married?_____

  _____
- Are your adult children married to an American citizen? _____

  _____
- Have you spoken to an immigration attorney regarding your legal immigration options?

  _____