

Do You Have Children?

If So, You Should Have a Family Preparedness Plan

This Booklet Tells You How to Do It

The information provided in this booklet does not constitute legal advice.

If you need legal advice, please contact a lawyer directly.

This booklet was prepared by volunteers with the Information for Immigrants Project sponsored by the Boulder County Commissioners through the Community Services Department: Info4Immigrants@bouldercounty.org
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For more information or a digital version of this and/or the companion booklet, visit https://goo.gl/sGvXmQ . January 2018
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Be Prepared

All parents living in the United States should have a plan to keep their families safe in case something unexpected happens. For example, you might get injured at work or in a car accident, or have a serious illness that prevents you from looking after your children, at least for a while. Maybe you will be out of the country, either temporarily or longer-term. This is a particular concern for people who travel a lot and for immigrants.

You can take several steps to protect your family. Some are things you can start doing right away, at home. If you want to do more, you can sign two legal documents that will take effect if you are not able to care for your children or make financial decisions yourself.

This booklet tells you how to make a Family Preparedness Plan. Section A describes some simple steps you can take immediately to help keep your family safe.

Section B contains two legal documents, if you want to go further. These documents let you:

- name someone to be the guardian for your children if you are not available,
 and
- designate a person to handle your finances.

The booklet explains what the documents say and do, what U.S. Notaries are, and where you can find a Notary.

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Section A: Some First Steps

1. Prepare a File of Important Documents



Set up a folder or notebook that contains all of your family's legal documents, put it in a plastic bag, and keep it in a safe, fire-proof, flood-proof place. Tell your children, family members, and emergency contacts where to find this folder if needed.

Make photocopies of these documents and give them to another trusted relative or friend.

Here are the kinds of documents to include:

- Passports
- Birth Certificates
- Marriage License
- Driver's License and/or other identification cards
- · Social Security card or ITIN number
- Wills
- Car ownership papers
- Home rental or ownership contract
- Registry of birth (for U.S.- born children registered in parent's home country, if applicable)
- A-Number and any immigration documents (work permit, Green Card, visa, naturalization papers, etc.)
- Guardianship forms and financial Powers of Attorney
- Any Restraining Orders you may have against anyone
- Emergency numbers and other important contact Information

2. Write Down Your Family's Emergency Contact Information

Complete the form on the next two pages. Keep the information in a place that you and your family can access easily.



Your Emergency Information

	Emergency Numbers		
Immediate Emergency	911		
Police Department			
Fire Department			
Poison Control			
	Family Contacts		
	Turnin, Comaco		
Mother/Parent/Guardian			
Home Phone			
Cell Phone			
Work Address			
Work Phone			
Father/Parent/Guardian			
Home Phone			
Cell Phone			
Work Address			
Work Phone			
Other Emergency Contact and Relationship (1)			
Cell Phone			
Other Emergency Contact and Relationship (2)			
Cell Phone			
Other Emergency Contact and Relationship (3)			
Cell Phone			

Your Emergency Information

Miscellaneous Contacts			
Doctor			
Phone Number			
Health Insurance Company			
Policy Number			
Dentist			
Phone Number			
Dental Insurance Company			
Policy Number			
Car Make/Model			
License Plate Number			
Car Insurance Company			
Insurance Policy Number			
Phone Number			
Lawyer (Attorney) or Nonprofit Legal Services Provider			
Address			
Phone Number			
Consulate of your home country if not a US citizen			
Address			
Phone Number			

3. Complete an Information Form for Each of Your Children

Write down the information below for each child. You can make extra copies from the last page of this booklet. Give the forms to your children's schools and anyone you designate to care for your children in your absence, so they will have all the information they need.



Child's Name	
Date of Birth	
Child's Cell Phone Number (if applicable)	
Name of School	
School Address	
School Phone Number	
Teacher's Name	
Afterschool Program, Name	
Afterschool Program Phone Number	
Other Camp/Sports/Program, Name	
Other Camp/Sports/Program Phone Number	
Allergies	
Medical Conditions	
Medications	
Doctor's (Pediatrician's) Name	
Doctor's Phone Number	
Doctor's Address	
Child's Health Insurance Company	
Policy Number	

4. Stay in Touch With Your Children's Schools and Other Programs About Who is Allowed to Pick Them Up

Your child's school may only release your child to adults you designate. Therefore, be sure to regularly update all school, after-school, day care, summer camp, and other programs' emergency contact sheets and release forms to include the names of those who can and cannot pick up your children. If you have a Restraining Order against anyone, give a copy of it to the school.

- Make sure your children know who can pick them from up school and who cannot.
- Keep the people who can pick up and care for your children up-to-date on their schools and locations.

5. Give Your Children Information to Carry With Them



Children of all ages should carry emergency telephone numbers in their backpacks:

- Work and cell phone numbers for mom, dad, and any other local relatives
- The number of anyone who is authorized to pick them up after school
- If you have designated someone to care for them or as their legal guardian, that person's number

6. Talk to Your Children About Your Plans

Without worrying them, reassure your children that they will be taken care of if for any reason you are unable to do so, even for a short period of time. Emphasize that probably this will never be needed, but just in case, you have arranged for someone to look after the family and keep them safe if you are not there. Tell them who that person is, ideally someone they already know and trust. Decide how much to say depending on how old the children are and what kind of questions they ask.

If the children are old enough, tell them where to find the information described in sections #1, #2, and #3 above.

7. If you are an immigrant, make sure your children all have passports and/or are registered with your home country

If your child was born in the United States:

- Visit www.travel.state.gov for more information on obtaining a U.S. passport.
- Register your child's birth with your home country's embassy or consulate in the U.S. This may grant your child benefits, including citizenship in your home country in some cases.

If your child was born in your home country, check with its embassy or consulate for more information on obtaining a passport.



8. If you Think That ICE May Arrest or Detain You...

Inform your family and emergency contacts how to find you if you are detained by ICE.

- Family members can use the ICE detainee locator: https:// locator.ice.gov/odls/homePage.do. Be sure your family and emergency contacts have a copy of your A-Number (your alien registration number found on your immigration documents from ICE) if you have one.
- Anyone detained by ICE in Colorado will be taken to the detention facility in Aurora, called the ICE GEO Aurora Facility, 3130 N. Oakland St., Aurora, CO 80010. Family members can phone their relatives there at (303) 361-6612 and ask for them by name. The guards at the facility may ask you for your

- family member's Alien Registration Number, or A-number. That is a 9digit number that starts with the letter "A" and will be on any paperwork that your family member is given at the facility.
- Undocumented family members should <u>not</u> physically visit the facility to see detainees, nor should they try to come and see court proceedings there.



U.S. Immigration and Customs Enforcement

Section B: Some Additional Steps

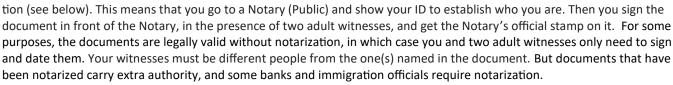
If you want to go further in providing safety for your family, you can sign one or two important legal documents. The first designates a person to be the Guardian of your children if you are unable to care for them or are not here. The second names someone to handle your finances if you cannot.

For both documents the person you name to act on your behalf must be:

- a U.S. citizen or legal permanent resident (with a Green Card), and
- 18 years or older.

Family members may be appointed as Guardians or Financial Agents if they meet these qualifications.

If you want to complete a Guardianship and/or Financial Power of Attorney form, it is wise to have it notarized, provided you have the necessary identifica-



If you do not have the required ID, sign and date the documents yourself and have your witnesses do the same.

Keep these documents with your other important records.

Information about U.S. Notaries



A Notary in the U.S. is not the same as a "Notario Público" in Mexico and many other countries. There are many more Notaries here; they are not necessarily lawyers; and you will not need to pay more than \$5 for each document you want to have stamped.

What identification is required to sign in the presence of a Notary and get your document stamped?

- You must show some form of current identification issued by a state or federal government that includes (1) your photo and (2) your signature. The photo and signature need to match yours when you sign the document.
- All Notaries will accept: a U.S. Green Card, passport, military ID card, or a state-issued driver's license or ID card.
- Many Notaries will accept: a passport from another country, an ID issued by a foreign consulate in this country, a "limited" Colorado driver's license for undocumented residents, or an ID from a college or school.

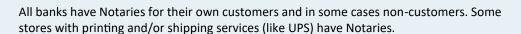
Information about U.S. Notaries

Where can you find a Notary?

Some community organizations have Notaries that anyone can use.

- In Longmont
 - El Comité, 455 Kimbark St., 303-651-6125
 - Longmont Housing Authority, 1228 Main St., 303-651-8581
- In Lafayette, Sister Carmen Community Center: 655 Aspen Ridge Dr., 303-665-4342
- In Boulder, Boulder Housing Partners: 4800 North Broadway, 720-564-4610

In Louisville, Community Food Share has a Notary for its clients: 650 S Taylor Ave., 303-652-3663



For any of these places, call first to check their open hours and learn if they charge a fee for notary services.



1. Providing Legal Safety for Your Children

Decide on someone to be the legal guardian of your children if it should become necessary. Talk to your family and friends about who would be a good person. Make sure that the person you have chosen is willing to accept the responsibility of acting as guardian.

Fill in the form on the next two pages called "Appointment of Long Term Guardian(s)." Sign and date it in the presence of two witnesses. If you want to get it notarized, wait to sign and date it until you are with the Notary.



FAQs about the Guardianship form

Question: Should a married person list the other parent as the first possible guardian, before anyone else?

Answer: No, that is not necessary. The language of the document assumes that the remaining parent is the only guardian if the first person is unavailable for any reason. The guardianship form comes into effect only if both parents are unavailable.

Question: Do both parents need to sign their own documents?

Answer: If both parents are in the country and available, they should each sign their own documents if possible, listing the same person/people as guardian(s) for the children. If only one parent is available, it is legally sufficient for that person alone to fill out a form.

APPOINTMENT OF LONG-TERM GUARDIAN(S)

I,, ar	, am the parent or legal guardian of:			
(your name)				
Children's names (if under 18 years of age)	Birthdates			
	<u> </u>			
I revoke all prior nominations of guardianship I may have execuact as guardian of the above-named children if I am unable to ca		· listed below to		
Guardian's name	Phone number			

Upon my disability, death, immigration detention, deportation, or other unavailability of any kind, the designated guardian shall have the authority to make all decisions relating to the care of my children, including but not limited to decisions concerning residential custody of my minor children; approving or disapproving medical treatment that is proposed or available for my children; making educational decisions and accessing their educational records, and all other decisions pertaining to my children's care and custody. If I should return from disability, detention, deportation, or any other unavailability, I retain the right to revoke this guardianship appointment at any time.

The above-named guardians shall be designated as a "personal representative" of my children as defined by Public Law 104-191 and supporting CFRs, otherwise known as the Health Insurance Portability and Accountability Act of 1996, as amended, or HIPAA. A "personal representative" may view my child's medical records, execute releases of confidential information from medical providers and insurers or other third parties, and shall be considered as a "personal representative" for health care disclosure under HIPAA. This authorization and consent to disclosure shall apply whether or not I continue to have the capacity to give informed consent, and is effective immediately upon signing of this instrument.

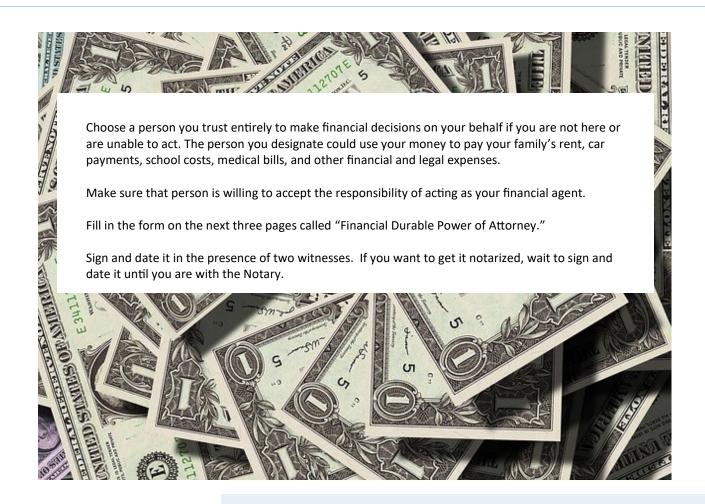
I further consent to and direct covered entities to provide my child's protected health information to a "personal representative" at any time upon his or her request

I reserve the right to revoke this delegation at any time in writing without notice to any of the parties. No delegate shall be required to file or furnish any bond, surety or other security in any jurisdiction. Photocopies of this delegation, including facsimiles and digital or other reproductions, will have the same force and effect as the original. I intend for this appointment to be enforced in any and all states and countries in which my children or the above named delegates reside.

APPOINTMENT OF LONG-TERM GUARDIAN(S) - Page 2

Signature of Parent or Legal Guardian	Date
Address:	
City, State, ZIP:	
<u>WITNESSES:</u>	
Name of Witness 1:	
Signature	Date
Address:	
City, State, Zip:	
Name of Witness 2:	
Signature	Date
Address:	
City, State, Zip:	
NOTARY:	
STATE OF COUNTY OF	
Subscribed and sworn to or affirmed before me by	
, Parent or Legal Guardian,	
and	
andWitnesses,	
as the voluntary act of the Parent or Legal Guardian this	
day of in the year	
Notary Public's Signature	
Notary Public's Printed Name	
My commission expires:	

2. Financial Matters





FAQ about the Financial Power of Attorney form as used by married people

Question: Should each spouse fill out his or her own separate form?

Answer: If each one has individual financial assets, yes. But they do not need to fill out the forms at the same time. If they do not have separate assets, it is enough for one spouse to fill out the form for both of them.

FINANCIAL DURABLE POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS, that

[Your name]ed, and appointed, and by these presents does make, constitute, and appoint	(Principal) has made, constitut-
[Name of the person you are appointing]	e financial decisions for Principal, if and
If Agent listed above is not available, not willing or is unable to act as my Agent serve, in the order listed below:	t, then I appoint the following person(s) to
(Agent),	
(Agent).	

When in effect, this Power is given to enable the Agent to hold and administer all of the assets of the Principal, both real estate and personal property, and this Power includes the right to perform all of the following functions: To purchase flower bonds; to form corporations and other entities; to reorganize corporations and other entities of which Principal is a stockholder, member or other party; to purchase, cancel or renew life, health, long term care or other insurance or annuities without the necessity of seeking court approval; to allow the Agent to make tax-free gifts of the Principal's assets; to authorize the Agent to claim or disclaim property interests which the Principal may be entitled to receive; to fund revocable trusts of which the Principal is trustor or settlor; to buy and sell and transfer real estate, securities and other investments or property; and to do all other acts which the Agent deems to be in the best interest of the Principal, including, but not limited to, the following:

- 1. The Agent is specifically given the power to perform all of the tasks which the Principal would perform for and on behalf of the Principal and in addition thereto the Agent is given the power to act as Guardian for the Principal and the Principal hereby appoints the Agent as Guardian for the Principal during times when the Principal is incapable of acting.
- 2. Agent is specifically given the power to manage the financial affairs of the Principal, including managing real estate, investments, bank accounts, retirement accounts, records, personal property, collecting income and benefits, selling of assets including a motor vehicle as required to meet additional expenses of the Principal, and reinvesting income and proceeds received from investments.
- 3. Agent is specifically given the power to pay bills and other obligations of Principal, and to pay those bills on a current basis. Agent is given authority to borrow money in order to meet obligations rather than liquidate assets at depressed prices. Agent is specifically given the power to borrow from banks and insurance companies or other sources as needed.
- 4. Agent is specifically given authority to operate, continue, dissolve, merge or sell any business that the Principal may own, and to use all assets that may be necessary to fulfill this decision, even those assets not previously committed to the business.
- 5. Agent is specifically given authority to create trusts and to manage Principal's security holdings, and to employ or discharge professional financial advisors and managers if the Agent believes this to be important. Agent is authorized to transfer securities to the trustee for continued management in the trust. Agent is further given authority to withdraw assets from the trust to meet the needs of the Principal. Securities and other investments shall be managed in a prudent manner. If income is needed, investments should emphasize income generation. In addition, Agent is given the authority to transfer assets from the Principal's name to any revocable living trust that Principal may have established during Principal's life.

FINANCIAL DURABLE POWER OF ATTORNEY- Page 2

6. Agent is specifically given authority to commence any litigation for and on behalf of Principal or to continue any litigation for and on behalf of Principal. Agent is specifically given the power to prosecute or defend claims, including the right to settle matters and grant releases. Agent is specifically given the authority to employ or discharge attorneys and to make binding arrangements on behalf of Principal. 7. Agent is specifically given the authority for filing tax returns and handling all other matter related to the Principal's taxes, including handling tax disputes with the Internal Revenue Service. Agent is given specific authority to represent the Principal in tax matters including the right to sign Internal Revenue Service Power of Attorney, Form 2848. 8. Agent shall keep a record of all financial decisions and transactions made. Agent shall be entitled to receive reasonable compensation of \$_____ per hour for services rendered. [May be left blank.] 9. Agent shall be authorized to see and copy any books, records, files, and papers of the Principal, including any will, trust, other estate planning documents, insurance policies and annuities. The Principal exonerates the Agent from liability for all non-negligent acts of the Agent. This Financial Power of Attorney shall take effect if Principal is incapacitated or incompetent, as certified by one or more physicians or psychiatrists, or is in immigration detention or deportation and shall be durable and remain in effect while Principal remains unable to act, or until revoked. Upon execution of this Financial Power of Attorney, any Financial Power of Attorney previously executed by Principal shall be revoked. All acts done by Agent pursuant to the powers conferred herein, during any period as described above, shall have the same effect and inure to the benefit of and bind the Principal or his/her heirs, devisees and Personal Representative, as if the Principal was present and competent and not incapacitated; GIVING AND GRANTING unto said Agent full power and authority to do and perform all and every act and thing whatsoever requisite and necessary to be done, as fully to all intents and purposes as the Principal might or could do if personally present and able; hereby ratifying and confirming all that said Agent shall lawfully do or cause to be done by virtue of these presents. IN WITNESS WHEREOF, the hand and seal of Principal has hereunto been affixed: BY SIGNING HERE, I INDICATE THAT I UNDERSTAND THE PURPOSE AND EFFECT OF THIS DOCUMENT. Principal's signature Date **WITNESSES**: Name of Witness 1:

Date

Signature

City, State, Zip:

FINANCIAL DURABLE POWER OF ATTORNEY- Page 3

WITNESSES:			
Name of Witness 2:			
Signature			Date
Address:			
City, State, Zip:			
NOTARY:			
STATE OF	COUNTY OF		
Subscribed and sworn to o	or affirmed before me by		
		, Principal,	
and			
and		Witnesses,	
as the voluntary act of th	e Principal this		
day of	in the year	<u>_</u> .	
Notary Public's Signature		_	
Notary Public's Printed Na	ame	_	

My commission expires: _____

Complete an Information Form for Each of Your Children

Write down the information below for each child. You can make extra copies from the last page of this booklet. Give the forms to your children's schools and anyone you designate to care for your children in your absence, so they will have all the information they need.



Child's Name	
Date of Birth	
Child's Cell Phone Number (if applicable)	
Name of School	
School Address	
School Phone Number	
Teacher's Name	
Afterschool Program, Name	
Afterschool Program Phone Number	
Other Camp/Sports/Program, Name	
Other Camp/Sports/Program Phone Number	
Allergies	
Medical Conditions	
Medications	
Doctor's (Pediatrician's) Name	
Doctor's Phone Number	
Doctor's Address	
Child's Health Insurance Company	
Policy Number	



We RESPECT

all aspects of people including race, ethnicity, including race, ethnicity, national origin, immigration status, gender identity, gender expression, sexual Boulder orientación, socio-economic orientation, socio-economic background, political affiliation, age, religion, body shape, size, and ability.

RESPETAMOS

todos los aspectos de la gente incluyendo raza,

