PROTECT **YOUR FAMILY**

Information for Families in Oregon to Plan for Time of Unavailability



Oregon Law Center

LatinoNetwork

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I. BE **PREPARED**

Every family should be prepared in case of emergency. Parents may want to plan for their children's care in the event that they are detained, deported, incapacitated, or otherwise unavailable for any period of time. This document is not legal advice and is for educational purposes only. The recommendations and forms in this packet may not be appropriate for your situation. We recommend that you consult with an attorney to ensure that your legal documents are appropriate for your individual circumstances. We do not guarantee that these forms will be legally binding. If you are reading the Spanish translation of this document, make sure to fill out the English version of the forms.

GATHER THESE DOCUMENTS NOW **AND KEEP THEM IN A SAFE PLACE:**

- Child's updated school emergency contact information
- Child's immunization records
- Child's birth certificate (from US or another country)
- Child's passport (check expiration date - keep current)



- Delegation of Parental/Guardian Powers for Minor Child
- Relative Caregiver Affidavit
- Important phone numbers and other contact information
- Child's Social Security card

Parents should activate an email address or other social media account that can be accessed from anywhere in the world

This publication is based on similar documents created by Legal Counsel for Youth and Children of Washington and Immigrant Legal Resource Center of California. Oregon Law Center, in consultation with Legal Aid Services of Oregon, prepared this Oregon-specific guide in January 2017. Oregon Law Center thanks Legal Counsel for Youth and Children and Immigrant Legal Resource Center.

GENERAL INFORMATION **FOR PARENTS**

PHRASES YOU **NEED TO KNOW:**

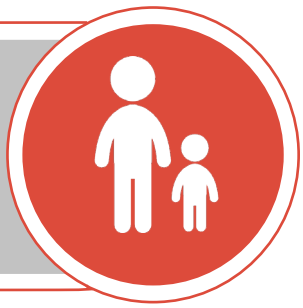
The parent with **Legal Custody** has the authority to make all major life decisions regarding the child/ren. Major life decisions include, but are not limited to, the child/ren's residence, education, health care and religious training. Only a court order can give legal custody of the child to someone other than the parents.

LEGAL CUSTODY



A **Delegation of Parental/Guardian Powers** is a specific type of Power of Attorney that grants any of the powers of the parent or guardian regarding the care, custody, and property of the minor child to another party. This includes the authority to make decisions regarding the child's residence, education, health care, etc. It can last only six months.

DELEGATION OF POWERS



A **Relative Caregiver Affidavit** permits a family member to consent to medical treatment and educational services for a minor child (that the minor child cannot otherwise legally consent to him/herself) if the consent of the legal parent or guardian cannot be obtained.

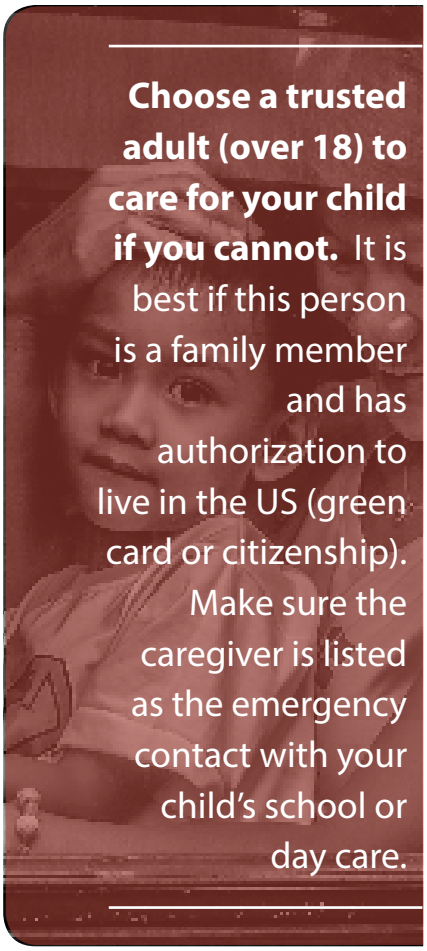
RELATIVE CAREGIVER AFFADAVIT



WHAT **TO DO:**

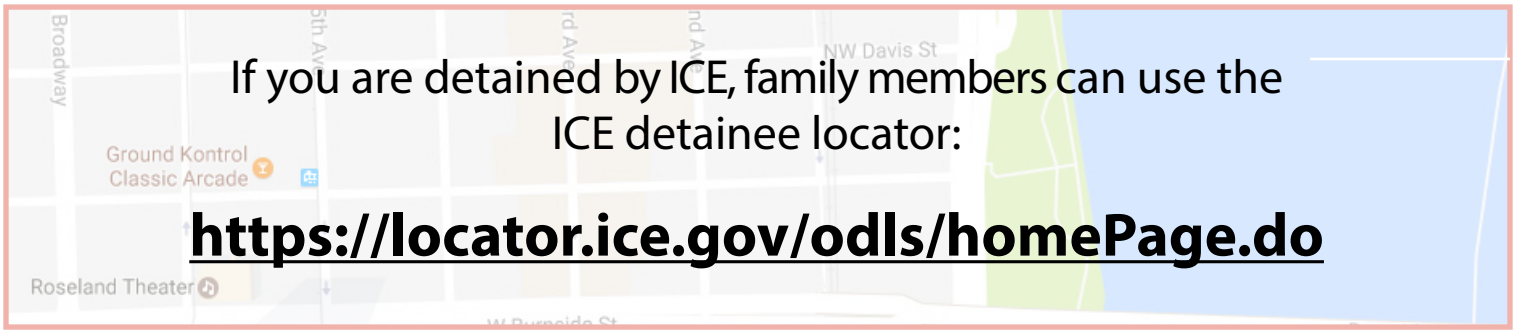
Only a court order can give legal custody of your child to someone else. The Delegation of Parental/ Guardian Powers (which is a type of Power of Attorney) in this packet can give the caregiver very temporary legal rights, such as the authority to make medical, educational and travel decisions regarding the child. **It can be effective for no more than six months. You can revoke it at any time.**

The Delegation of Parental/Guardian Powers does not guarantee that the child will be placed with the caregiver. To go through the process to place a child in the legal custody of someone other than the parent, **you should consult a family law attorney.** The second form included in this packet, the Relative Caregiver Affidavit, can only be used by a caregiver who is a family member and can becompleted only after the child is already living with the caregiver.



Make **at least three original signed copies** of the Delegation of Parental/Guardian Powers. Give one to your chosen caregiver, keep one at your home, and put one (folded in a small plastic bag) in your child's backpack. You may also wish to give additional copies to other trusted adults, such as a daycare provider or other adult who may be contacted if you are unavailable. You may wish to tell your child that if there is an emergency, **he or she should show this paper to the authorities, the teacher, or whomever is talking to them about taking them to another home.**

Make sure your chosen caregiver understands your wishes for your child. Make a plan for how they will communicate with you if you are absent for more than six months. Give them a copy of all important documents, icluding medical information and emergency numbers. Give them phone numbers of relatives in your country of origin, if you have them. Give your family and emergency contacts your A-Number (your alien registration number found on your immigration documents from ICE) if you have one.



If you are detained by ICE, family members can use the ICE detainee locator:

https://locator.ice.gov/odls/homePage.do

II. LEGAL **FORMS**

INSTRUCTIONS FOR **DELEGATION OF PARENTAL/GUARDIAN POWERS FORM:**

This Delegation designates another person (called the "attorney-in-fact") to make decisions regarding a minor child/ren in lieu of the child/ren's parent or legal guardian. **The "attorney-in-fact" can be any reliable person and does not have to be a lawyer.** It is not a court order. It is accepted by many, but not all, people or organizations as proof that the person has the legal right to make decisions for the child/ren.

A parent who does not agree with the decisions of the attorney-in-fact has more authority over the child than the attorney-in-fact. This form cannot replace or supersede the authority of the other parent. This form cannot be used to transfer custody. It does not affect the rights of the child's parents regarding the care, custody and control of the child and can be withdrawn at any time.

Fill out the English version of the form. Fill out the specific information regarding the child/ren and the attorney-in-fact as designated on the form. Indicate what powers you are giving to the attorney-in-fact over your minor child/ren. The first box is for a general delegation granting all powers a parent would ordinarily have over the child/ren. The second box allows you to state the specific responsibilities and powers you want to grant. If you choose to select specific powers, be sure to list what those powers are in the box provided.

The completed Delegation must be signed by both the parent or legal guardian and the attorney-in-fact. Make several copies of the form since you or the attorney-in-fact will probably have to give a copy to each person or organization that the attorney-in-fact will need to deal with on behalf of the child/ren. Show them the original, and give them the copy. Keep the original in a safe place.

Under Oregon law, a Delegation of Parental/Guardian Powers is effective for a maximum of six months. You can limit this time period to as little as you want, but you cannot extend it beyond six months. If you need another Delegation after six months, a new Delegation must be signed. Persons in the US Armed Forces called to active duty can have a Delegation last through the active duty period plus 30 days.

The parent granting the Delegation can withdraw (revoke) it at any time, even before the expiration date on the Delegation. It is best that the withdrawal be in writing. A form called Revocation of Delegation of Powers is attached. If you are a parent withdrawing the Delegation, be sure to fill out the Revocation and deliver it to the person to whom you granted the Delegation and to the people or organizations to whom you gave a copy of the Delegation. The withdrawal is effective immediately upon delivery.

CONTINUE TO FILLABLE FORMS ⟶

DELEGATION OF PARENTAL/GUARDIAN POWERS

I certify that I am the parent or legal guardian of:

_____ _____
(FULL NAME OF MINOR CHILD) (DATE OF BIRTH)

_____ _____
(FULL NAME OF MINOR CHILD) (DATE OF BIRTH)

_____ _____
(FULL NAME OF MINOR CHILD) (DATE OF BIRTH)

("minor child/ren"). I designate _____,
(FULL NAME OF ATTORNEY-IN-FACT)

_____,
(STREET ADDRESS, CITY, STATE AND ZIP CODE OF ATTORNEY-IN-FACT)

_____ _____
(HOME PHONE OF ATTORNEY-IN-FACT) (WORK PHONE OF ATTORNEY-IN-FACT)

as the undersigned's attorney-in-fact with respect to the minor child/ren under ORS 109.056.

☐ I delegate to the attorney-in-fact all of my power and authority regarding the care, custody and property of the minor child/ren, including but not limited to the right to enroll the minor child/ren in school, inspect and obtain copies of education records and other records concerning the minor child/ren, the right to attend school activities and other functions concerning the minor child/ren, and the right to give or withhold any consent or waiver with respect to school activities, medical and dental treatment, and any other activity, function or treatment that may concern the minor child/ren. OR

☐ I delegate to the attorney-in-fact the following specific powers and responsibilities (write in):

_____

_____

_____

_____

This delegation does not include the power or authority of the attorney-in-fact to consent to the minor child/ren's marriage or adoption.

SELECT ONE:

☐ This delegation of powers is effective for a period not to exceed six months, beginning upon the occurrence of arrest, deportation, incapacity, or similar event that renders the above-mentioned minor child/ren without an available parent or legal guardian, and ending six months from that date. I reserve the right to revoke this authority at any time.

☐ I am in the US Armed Forces and have been called to active duty. This delegation of powers is effective through my active duty period plus 30 days.

By:_____
(PARENT/LEGAL GUARDIAN SIGNATURE)

I hereby accept my designation as attorney-in-fact for _____
(MINOR CHILD/REN)
as specified in this delegation of powers.

_____
(ATTORNEY-IN-FACT SIGNATURE)

REVOCATION OF DELEGATION OF PARENTAL/GUARDIAN POWERS

I hereby revoke (withdraw) the delegation of parental/guardian powers over my minor child/ren:

(check one)	(check one)
_____	_____
(FULL NAME OF MINOR CHILD)	(DATE OF BIRTH)
_____	_____
(FULL NAME OF MINOR CHILD)	(DATE OF BIRTH)
_____	_____
(FULL NAME OF MINOR CHILD)	(DATE OF BIRTH)

that was granted to _____ on the
(FULL NAME OF ATTORNEY-IN-FACT)

following date _____ . That delegation is now revoked.

By: _____ Today's date: _____
(PARENT/LEGAL GUARDIAN SIGNATURE)

INSTRUCTIONS FOR **RELATIVE CAREGIVER AFFADAVIT:**



This form permits a family member ("Relative Caregiver") to consent to medical treatment and educational services for a minor child (that the minor child cannot otherwise legally consent to him/herself) if the consent of the legal parent or guardian cannot be obtained. For this reason, it cannot be filled out in advance, but can only be completed after the parent becomes unavailable and the child is already living with the family member. If you have chosen a family member to be the caregiver for your child in the event that you become unavailable, you should give a blank copy of this form to them to use if necessary. Make sure they know that they must fill out the English version of the form.

The Relative Caregiver must be 18 years or older. The Relative Caregiver must provide identification, either an Oregon driver's license or identification number or another form of legal, government-issued identification.

The form requires the Relative Caregiver to indicate what efforts they have made to contact the mother, father, or legal guardian of the child and obtain their consent to medical treatment or educational services for the child. The Relative Caregiver should check the boxes that apply to their situation.

CONTINUE TO FILLABLE FORM ⟶

RELATIVE CAREGIVER AFFIDAVIT

Child's Name _____

Parents' Names _____

Names of Legal Guardian(s) _____

I, _____ , swear and affirm as follows:
(Name of Caregiver)

1. My name is _____ . My date of birth is _____ .

2. I make this Affidavit to establish my status as the relative caregiver for a minor child under Oregon Revised Statutes 109.570-580. Information about the minor child is as follows:

   a. Child's name: _____ Date of birth: _____

3. My relationship to the child is: _____

4. I live with the child at the following address: _____
   _____

5. My legal identification is one of the following:

   a. ☐ My Oregon Driver's License or ID card number: _____

   b. ☐ My other identification is _____(type of identification)

   that was issued by _____(governmental agency)

   and the identification number is _____.

6. Contact information (name, address, phone number) for the:

   a. Mother: _____

   b. Father: _____

   c. Legal guardian(s): _____

   ☐ I do not have contact information for ☐ mother ☐ father ☐ legal guardian(s) (check all that apply). I have been unable to notify either parent of my intent to consent to medical treatment or educational services for minor child.

7. A. I have tried to contact ☐ mother ☐ father ☐ legal guardian(s) (check all that apply) to notify them of my intent to consent to medical treatment or educational services for minor child in the following ways:
_____

_____

and ☐ mother ☐ father ☐ legal guardian(s) (check all that apply) responded as follows:

_____

B. ☐ I have not been able to contact ☐ mother ☐ father ☐ legal guardian (check all that apply) to notify them of my intent to consent to medical treatment or educational services for minor child because:

_____

_____

I declare under penalty of perjury that _____ (child's name) lives with me, that I am a competent adult and 18 years of age or older, and that the information provided in this affidavit is true and correct.

Date: _____

Signature: _____

Print name: _____

Address: _____

Phone number: _____

III. DOCUMENT RESOURCES

U.S. BIRTH CERTIFICATES

It is a good idea to obtain **an original birth certificate for your child.** Also give a copy to your chosen caregiver.

If your child was born in a country other than the US or Mexico, **please contact the nearest consulate of your country of origin for instructions.**

With your order form you must include proof of identity. If you don't have current and valid Oregon ID, US passport, or high school student body card, you can present a Matrícula Consular card or valid Mexican passport plus a document showing your current address (such as a utility bill) no more than 30 days old.

TO GET **ORIGINAL** CERTIFICATES:

INTERNET: Go to **www.vitalchek.com**, $43, shipped within 3 work days unless a problem is discovered

TELEPHONE: 1-888-896-4988, $44.95, shipped within 3 work days unless a problem is discovered

REGULAR MAIL: Send order form to **Oregon Vital Records, PO Box 14050, Portland OR 97293**, $25, allow 3-5 weeks for delivery

RUSH MAIL: Send order form by any overnight delivery service **to same address**, $25, shipped within 3-5 work days

WALK-IN: 800 NE Oregon Street, Room 205, Portland OR 97232, Monday-Friday 9 am to 4 pm, $28.25, 30 minutes to 1 hour if no problems are discovered.

If your child was born in a state other than Oregon, go to:

http://www.cdc.gov/nchs/w2w/index.htm.

If your child was born in Oregon after 2008, use the regular order form here:

https://public.health.oregon.gov/BirthDeathCertificates/GetVitalRecords/Documents/birthor.pdf

If your child was born in Oregon before, 2007, use the full image/long form here:

https://public.health.oregon.gov/BirthDeathCertificates/GetVitalRecords/Documents/45-13A-Long.pdf

MEXICAN BIRTH CERTIFICATES

Visit the Mexican Consulate at **1305 SW 12th Ave., Portland OR 97201, (503) 274-1442, portland@sre.gob.mx.**

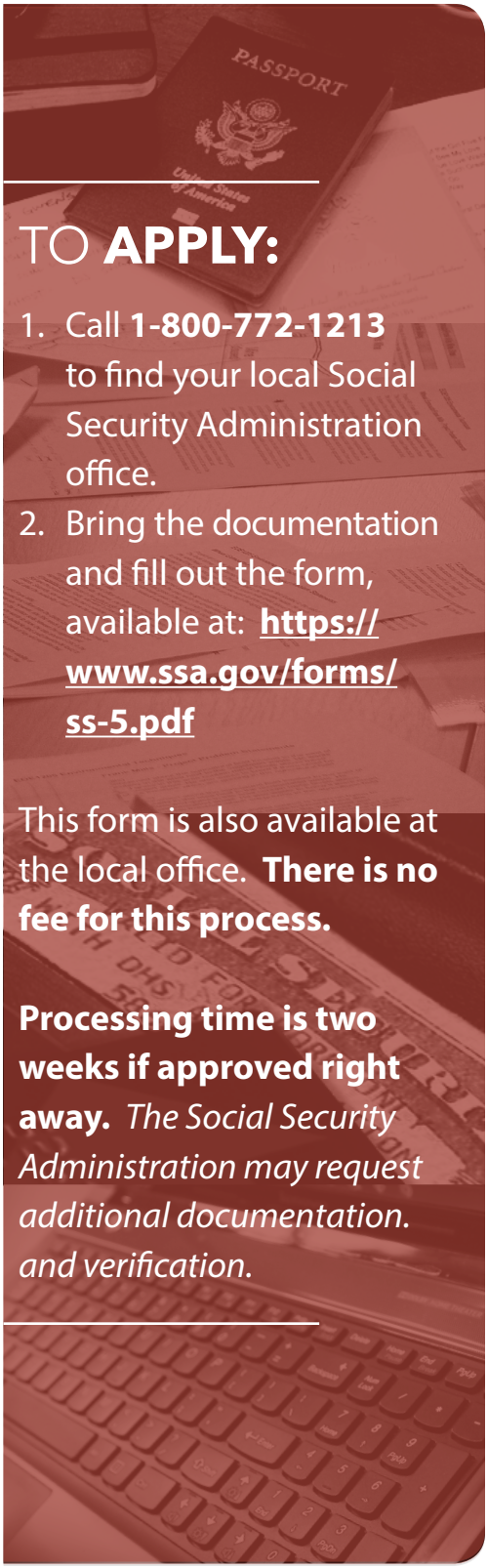
Bring and present an identification document to prove the applicant is the person seeking the birth certificate.

Present the CURP (Clave Única de Registro de Población/population registration code) that can be obtained at the website **https://consultas.curp.gob.mx/CurpSP/.**

The cost is $13 in cash per each certified copy.

For more information, go to: https://public.health.oregon.gov/BirthDeathCertificates/GetVitalRecords/Pages/index.aspx

RESOURCES FOR **SOCIAL SECURITY CARDS**



TO **APPLY:**

1. Call **1-800-772-1213** to find your local Social Security Administration office.
2. Bring the documentation and fill out the form, available at: **https://www.ssa.gov/forms/ss-5.pdf**

This form is also available at the local office. **There is no fee for this process.**

Processing time is two weeks if approved right away. *The Social Security Administration may request additional documentation. and verification.*

Any person that is a US citizen, or is otherwise eligible for a Social Security Number and Social Security card, should have a Social Security Number and Social Security card.

If your child does not have a Social Security Number or card and is a US citizen or otherwise eligible, you should apply for one.

ACCEPTABLE **APPLICATION DOCUMENTS:**

To get a card for the first time or replace a card, you should gather documents to prove citizenship, identity of the child and identity of the parent. **All documents must be originals or certified copies - photocopies or notarized copies are not accepted.**

IDENTITY OF THE CHILD: *Any document that shows the child's name, age, date of birth and parents' names.*	- State-issued non-driver's ID card - Doctor, clinic or hospital records - School ID card - Religious record - School daycare center record
CITIZENSHIP:	- Birth certificate - US passport
IDENTITY OF THE PARENT: *Any document that shows the parent's name, age, date of birth and name.*	- Driver's license - School ID card - Health insurance card - Employee ID card - US passport - State-issued non-driver's ID card

RESOURCES FOR
U.S. & MEXICAN PASSPORTS

If a child is a US citizen or otherwise eligible for a passport, he/she should get a passport. The passport requires signatures from both parents. If there is only one parent available, another form must be filled out. If the child has a passport, he/she can travel outside of the country and return lawfully. If the child is from another country, a passport may still be helpful within that country. These instructions explain how to obtain passports for citizens of the United States and Mexico. **If you are a citizen of another country, please contact the nearest consulate of your country of origin for instructions.**

KEEP IN MIND:

Both parents **must prove their identities** through any of the following documents:

- Matricula consular (*issued after 5/13/2005)*
- Voter's identification card (credencial de elector)
- Military service card
- Certificate of primary or secondary school issued by SEP
- Certified report card of any school year in Mexico, with a photograph
- Professional credential or identification
- Current school or university ID that shows date of birth
- Identification from Mexican social services offices (ISSTE, IMSS, DIF, or Centro de Salud)
- Work permit or green card issued by the U.S. government
- Mexican driver's license
- Official identification card or driver's license from any state in the U.S.
- ID issued by the DMV in any state of the U.S.
- U.S. passport

CONTINUE TO NEXT PAGE ⟶

U.S. PASSPORTS:

1 PROOF OF CITIZENSHIP

Proof of citizenship of the child, shown by one of the following:

- Original or certified copy of birth certificate (no photocopies or notarized copies)
- Consular report of birth abroad or certification of birth
- Certificate of Citizenship

TO APPLY:

Call 1-877-487-2778 to locate a passport agency and to make an appointment. The line is staffed with Spanish speakers. If after-hours emergency, **call 1-202-647-4000.**

Fill out and bring to the appointment a passport application. You can find the correct passport application for your situation on the US Department of State website.

2 SOCIAL SECURITY INFORMATION

Social Security Number for the child:
(required if it has been issued)

- If it has been issued but you do not remember the number, you will need to contact the Social Security Administration for a new card with the Social Security number.
- If the child has never had a social security number before, **it is okay but you will need to sign and date a statement which says**: "I declare under penalty of perjury under the laws of the United States of America that the following is true and correct: I have never been issued a Social Security number by the Social Security Administration."

3 PROOF OF PARENTAL CONSENT

If one parent has sole custody of the child, they will need to prove that they have sole custody. This proof can include a birth certificate that lists only one parent, a certified court order granting sole legal custody, a certified divorce decree, a certified adoption decree, a certified certificate of death of the parent who cannot appear or any other certified court order that proves that you have sole legal custody.

Proof of parental relationship and consent if the child is under the age of 16:

If two parents have custody of the child, then you must show that both parents authorize the child to have a passport. Both parents have to be with the child when they apply for the passport. If they cannot, then you will have to show that the parent who is not with the child has given permission or is not able to give permission.

- To give permission, the parent who is not able to go with the child must fill out **Form DS-3053 "Statement of Consent".** This form must be notarized and expirtves 90 days after the day it was signed. A photocopy of the front and back of the parents' ID must be with the form. If both parents cannot be with the child, they will both have to complete the form.
- To prove that the parent asking for the passport cannot get permission from the parent who cannot give permission, the parent can submit **Form DS-5525 " Statement of Exigent/ Special Family Circumstances."** If there are safety concerns for the parent asking for the passport and the child, this form can be used to ask for the passport without the other parent.

CONTINUE TO NEXT PAGE ⟶

U.S. PASSPORTS (CONTINUED):

4 IF YOUR CHILD IS **OLD ENOUGH...**

If your child is 16 or 17 and has their own ID:

They can apply without a parent being present, but the passport agencies prefer one parent to be with the child or give written consent (a signed statement with a photocopy of the parents' ID).

5 PASSPORT **PHOTO**

Find more information about where to take photos:

http://www.us-passport-service-guide.com/where-to-get-a-passport-photo.html

6 PROOF OF **IDENTITY**

Must bring the original ID and a photocopy of the front and back of each ID you use. If the child is under 16, the parent must bring an ID. If the child is 16 or 17, they can bring their ID or their parent must bring their ID. **ID documents can include:**

- State issued, valid non-driver ID or driver's license
- Certificate of Naturalization or Citizenship
- Valid or expired, undamaged passport from the US or any other country
- Matricula consular
- Valid work permit or permanent resident card issued by Department of Homeland Security

7 APPLICATION **FEES**

Fee amounts depend on how quickly you need the passport:

- Regular processing time is 4-6 weeks and costs **a total of $105** ($80 passport fee, $25 processing fee)
- Expedited processing in person will take about 8 business days (maybe less depending on need and if you can prove there is an emergency) and costs **a total of $185.66** ($80 passport fee, $25 processing fee, $60 expedited processing fee, $20.66 overnight delivery fee)



MEXICAN PASSPORTS:

To obtain a passport for minors and people with disabilities, **both parents must be present with the minor and present the following documents:**

1 BIRTH CERTIFICATE

Birth certificate of minor or disabled individual.

2 PARENT CONSENT FORM

Consent form of the parents or guardian **(OP7 or OP8)** given at the consulate

3 OFFICIAL I.D. AND PHOTO

Minors can show either:

(under 10 years old) Letter from a school in Oregon containing a photo of the child, full name, date of birth, signature of the administrator or official, seal of the school or district.

(under 7 years old) Letter from a pediatrician with a photo of the child, full name, date of birth and seal of the medical office

KEEP IN MIND:

If one of the parents cannot be present at the consulate during the appointment because they live in another state, **they can issue their consent by visiting the nearest consulate or SRE office in Mexico with a copy of the minor's birth certificate and a valid photo ID, and filling out an OP7.**



TO **APPLY:**

1. Make an appointment by calling **1-877-639-4835** or via internet: **https://mexitel.sre.gob.mx/citas.webportal/**
2. Go to the consuate the day of your appointment and fill out passport application. **The document will be ready the same day.**

COST **PER PASSPORT:**

- 1 year & cases of consular protection & minors under 3 years old: **$32**
- 3 years: **$74**
- 6 years: **$101**
- 10 years: **$136**

People over 60 years of age or with written proof of disability will pay 50% of the established cost.

For more information, go to: **https://consulmex.sre.gob.mx/portland/index.php/docu/pm**

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FOR **DUAL CITIZENSHIP:**

For dual citizenship of a US citizen minor, **either or both parents can present any of the following to the Mexican Consulate to prove their Mexican nationality:**

1. **Original long copy format of minor's birth certificate (plus one photocopy).**
   See instructions above in "Birth Certificates" section for how to obtain a birth certificate, if you do not have one.

2. **Parents' original birth certificates and 2 photocopies of each**

3. **Parents' valid photo ID and 2 photocopies**
   (if it is an ID card it should have both sides on the same page).

4. **Photocopies of two witnesses' IDs**
   (if it is an ID card it should have both sides on the same page). Can be any person over 18 and cannot be the grandparents.





Photography and iconography for this document provided by:

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IV. IMPORTANT **CHILDREN'S INFORMATION**

Keep this information so those you designate to care for your children in your absence have all of the information they need.

Child's Name	
Date of Birth	
Child's Cell Phone Number (if applicable)	
School	
School Address	
School Phone Number	
Teacher's Name	
Classroom Number	
Afterschool Program	
Afterschool Program Phone Number	
Other Camp/Sports/Program	
Other Camp/Sports/Program Phone Number	
Allergies	
Medical conditions	
Medications	
Doctor	
Doctor's Phone Number	
Doctor's Address	
Health Insurance Company **Group Number**	

EMERGENCY NUMBERS AND IMPORTANT CONTACT INFORMATION

Keep this information in one place so that you and your family can access it easily.

Immediate Emergency	**911**
Police Department	
Fire Department	
Poison Control	
Family Contacts	
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	
Cell Phone	
Other Emergency Contact and Relationship	
Cell Phone	
Other Emergency Contact and Relationship	
Cell Phone	

Miscellaneous Contacts

Dentist	
Phone Number	
Dental Insurance Company	
Policy Number	
Car Make/Model	
License Plate Number	
Car Insurance Company	
Insurance Policy Number	
Phone Number	
Consulate	
Address	
Phone Number	
Attorney/Nonprofit Legal Services Provider	
Address	
Phone Number	