R&P Co-Sponsor Agreement Form

Faith and community partners (Co-Sponsors) walk alongside newcomers as they adjust to a new home and a new life in the United States. These partners commit to completing the majority of services with newcomers as they seek to lead self-sufficient lives and integrate into their new communities. This form must be filled out prior to an affiliate connecting a faith and/or community group with a client(s) they will serve during their R&P service period (90 days after arrival). The Co-Sponsor may elect to serve the case beyond the 90-day R&P service period.

Principal Applicant:	Case Number:		Date of Arrival:		Language:	
Contact Information	Affiliate		Co-Sponsor			
Name:						
Address:						
Contact Person:						
Phone						
Email:						
Cell/Work Phone:						
	R	&P Services				
Activity		Timeline	Responsibility Indicate if the Affiliate or the Co-Sponsor is responsible for completing each R&P Service			
			Affili	iate	Co-Sp	onsor
	Commitment Form (if applicable)	Pre-Arrival				
Submit an Assurance for		Pre-Arrival				
Home Evaluation and Safety Check		Pre-Arrival				
Relevant health information shared with health care providers and/or state and local official in order to plan for provision of		Pre-Arrival				
appropriate health care services Prepare and make appropriate arrangements for client(s) with special needs (if applicable)		Pre-Arrival				
Case File		Pre and Post Arrival				
Airport Pickup (with appropriate language interpretation)		Upon Arrival				
Housing and Personal Safety Orientation		Upon Arrival				
Next Day Home Visit		24 Hours				
AR-11*		10 Days from Move				
Intake Interview and General Orientation (interpretation)*		5 Business Days				
Public Benefits Application: (Cash Assistance, Medicaid or other medical assistance, SNAP)		7 Working Days				
Enrollment in English Language Program		Within 30 Days				
Enrollment in Employme	ent Services*	Within 30 Days				
Service Plan Including Family Budget*		Within 30 Days				
Second Home Visit		Within 30 Days				
School Enrollment		Within 30 Days				
Selective Service Regis	tration, as applicable	Within 30 Days				
Completed initial refugee health screening appointment within 30 - 90 days (documentation required if past the 30th day) *		Within 30 Days				
Social Security Card Tra	acking/ Application	7 Working Days following arrival of EAD				
Transportation to job interviews and job training		Throughout 90 days				
Assisting with Family Re	eunification*	Within 90 Days				
Cultural Orientation		Within 90 Days				
Other Services as appli		Within 90 Days				
(Applications for SSI, W	· · · · · · · ·	Within 90 Days				

* Service may NOT be delegated to Co-Sponsor, but can be performed in active collaboration with Co-Sponsor

R&P Material Needs Support (Cash and In-Kind)								
Activity	Timeline	Responsibility Indicate if the Affiliate or the Co-Sponsor is responsible for completing each R&P Service						
		Affiliate	Co-Sponsor					
Arrange safe, sanitary and decent housing	Pre-Arrival							
Set up housing with essential furnishing	Pre-Arrival							
Culturally appropriate ready-to-eat meal	Upon Arrival							
Sufficient food supplies	Upon Arrival and Throughout 90 Days							
Seasonally appropriate clothing for work, school and everyday use	Upon Arrival and Throughout 90 Days							
Distribute pocket money for each adult*	Upon Arrival and Throughout 90 Days							
Additional Serv	ices and Material Needs S	**						
Activity	Indicate Yes or No if providing additional services and material needs supports							
Mentorship								
Assistance in setting up a bank account								
English Language tutoring								
School tutoring								
Job support								
Transportation assistance								
Ongoing financial assistance								
Other:								
	Signatures							
We enter into this work thoughtfully and prepared to perform the activities indicated above to the best of our ability. We understand that the local resettlement agency is ultimately responsible for the provision of all core resettlement services, and that this commitment form is not a legally binding agreement. We have been trained in our role and know who to contact at the agency with questions or concerns.								
Co-Sponsor Group Representative								
Name: 0	Signature:							
Date:	_							
Agency Use Only								
Affiliate Representative								
Name:	Signature:							
Principal Applicant								
Name: [PA Full Name]	Signature:							
Faith and/or Community Group has received in-person or virtual training on the resettlement process and their responsibility in providing the services indicated above. Training materials can be provided upon request. (Y/N) Date of Training:								