COMMUNITIES UNITED FOR STATUS & PROTECTION (CUSP)

Family Emergency Plan

A preparedness workbook for our families and communities

Prepared by: _____ Date: _____

Emergencies arrive without warning — a fire, a storm, a medical crisis, or contact with immigration enforcement. A written plan means the people you trust can step in quickly to care for your children, reach your lawyer, and keep your household running. Completing it is an act of care for your family, not a prediction that something bad will happen.

How to use this plan

1. Fill it out completely — in one sitting if you can, or a section at a time.
2. Store it at home with your important papers. Do not carry it with you day to day.
3. Tell two trusted people where it is and make sure they know when to use it.
4. Review it every six months, and whenever your status, address, medications, or caregivers change.

KEEP THIS PLAN SAFE

- Share the location of this plan only with people you fully trust.
- Never show or hand this plan to ICE or other law enforcement — it is private.
- You have the right to remain silent and the right to speak with a lawyer.
- Keep copies of key documents with a trusted person in a second location.

1. About Me

Full legal name _____ Other names I have used _____

Date of birth _____ Place of birth _____

Country of citizenship _____ Languages I speak _____

Home address _____

Cell phone _____ Home / work phone _____

Email address _____ Do I need an interpreter? ☐ Yes ☐ No

2. My Immigration Information

A-number (if any) Social Security or ITIN (if any)

Current status (e.g., TPS — country and expiration date)

Work permit (EAD) number and expiration date

Pending applications and receipt numbers

Prior immigration court dates or orders (if any)

Copies of my immigration documents are kept at

3. My Legal & Congressional Support

Immigration lawyer / legal organization

Lawyer's phone Lawyer's email

Backup legal contact (name / phone)

My U.S. Representative and district office phone

My consulate or embassy phone Local rapid-response hotline

4. Emergency Contacts

EMERGENCY CONTACT #1

Name Relationship to me

Phone Email

EMERGENCY CONTACT #2

Name Relationship to me

Phone Email

Family communication tree — who calls whom, and in what order

5. Other Important Numbers

Family, faith leaders, neighbors, union reps, or community organizations.

Name Phone

Name Phone

Name Phone

Numbers my family and I have MEMORIZED (phones are taken in detention)

6. Work & Household

My employer (name / contact / phone)

Landlord or mortgage company (name / phone)

Bills someone would need to keep paying (rent, utilities, phone)

Pets — who will care for them, food and vet info

Vehicle — where it is parked, where the keys and title are

7. My Children

CHILD #1

Name Date of birth

School or childcare (name / phone)

Doctor (name / phone)

Medications and dosages

Allergies and dietary needs

CHILD #2

Name Date of birth

School or childcare (name / phone)

Doctor (name / phone)

Medications and dosages

Allergies and dietary needs

8. Who Will Care for My Children

Choose someone you trust who is willing and able to care for your children if you cannot, and talk with them ahead of time. Ask your lawyer about a caregiver authorization or standby guardianship document for your state — it lets your caregiver make school and medical decisions without a court taking custody.

Designated caregiver Phone

Backup caregiver Phone

Signed caregiver authorization? ☐ Yes ☐ No ☐ In progress

Caregiver on school's authorized pickup list? ☐ Yes ☐ No ☐ In progress

Written expectations shared with caregiver (education, health care, religion, contact)

That document and the caregiver authorization are kept at

9. My Health, Money & Digital Access

My doctor (name) Doctor's phone

Medications I take, and dosages (keep a 30–90 day supply where possible)

Allergies and dietary needs

Health insurance (company / ID) Pharmacy (name / phone)

Accounts a trusted person should know about (bank / type / last 4 digits)

Where my passwords are kept, and who has emergency access

10. Where My Important Documents Are

Check what you have gathered. Keep originals together; give copies to a trusted person.

- ☐ Passport(s)
- ☐ TPS approval notice
- ☐ Work permit (EAD)
- ☐ Other immigration papers
- ☐ Durable power of attorney (finances)
- ☐ Mail & property pickup designation
- ☐ Go-bag by the exit (copies, meds, cash)
- ☐ Signed privacy waiver (attached form)
- ☐ Birth certificates (mine & children's)
- ☐ Marriage or custody documents
- ☐ Medical and vaccination records
- ☐ Caregiver authorization
- ☐ HIPAA / medical release form
- ☐ Emergency wallet card (each person)
- ☐ Lease, deed, or financial records
- ☐ Two copy sets: home + trusted person

My documents are kept at

People who know where this plan is (names)

Plan last reviewed (date) What changed

IF SOMEONE IS DETAINED: THE ATTACHED PRIVACY WAIVER

The last two pages are ICE Form 60-001, a Privacy Waiver Authorizing Disclosure to a Third Party. Signing it and naming your U.S. Representative's office as the Recipient allows that congressional office to inquire about your case and advocate on your behalf if you are detained — without it, DHS generally will not share your information with them. Consider completing it now and keeping it with this plan. The waiver is valid for 90 days from signature, so it must be re-signed to stay current, and the witness cannot be the Recipient or the Recipient's coworker. Talk with your lawyer before waiving confidentiality for protected benefits (TPS, asylum, T/U visa, VAWA) listed in Step 2 of the form. If detained, ask for receipts for any property taken and keep the facility's contact information — ICE has a property retrieval process your trusted person can use.

Emergency Wallet Cards

One card for each family member, including teens. Fill in, cut along the dashed lines, and keep in a wallet or backpack.

EMERGENCY CARD — CUSP • wearecusp.org

MY NAME

MY LAWYER — NAME & PHONE

TRUSTED CONTACT — NAME & PHONE

RAPID-RESPONSE HOTLINE

IF STOPPED OR DETAINED:
I choose to remain silent. I want to speak with my lawyer.
I do not consent to a search. I do not sign anything without my lawyer.

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MY NAME

MY LAWYER — NAME & PHONE

TRUSTED CONTACT — NAME & PHONE

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TRUSTED CONTACT — NAME & PHONE

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IF STOPPED OR DETAINED:
I choose to remain silent. I want to speak with my lawyer.
I do not consent to a search. I do not sign anything without my lawyer.

Tip: memorize the lawyer and trusted-contact numbers too — phones are taken in detention, and this card can be lost.

Print extra sheets as needed. This card is a tool from Communities United for Status & Protection (CUSP); it is not legal advice.

DEPARTMENT OF HOMELAND SECURITY
U.S. Immigration and Customs Enforcement

PRIVACY WAIVER AUTHORIZING DISCLOSURE TO A THIRD PARTY

Use this form to authorize the U.S. Department of Homeland Security ("DHS") to disclose information and/or records about you to a third party. Taking this action is entirely voluntary; you are under no obligation to consent to the release of your information to any third party. **Authority:** Privacy Act of 1974 (5 U.S.C. § 552a); DHS Privacy Act Regulations (6 C.F.R. § 5.21(d)).

STEP 1 Provide information about yourself and identify the third party that you intend to receive your information and/or records (the "Recipient").

Your Full Name:	Your Alien Registration Number (if applicable):
Your Current Address:	Date of Birth: Country of Birth:
Recipient's Name:	Recipient's Phone Number:
Recipient's Mailing Address (required if requesting disclosure by mail):	
Recipient's Organization, if the waiver will apply to it (e.g. news media, congressional office, law firm):	

STEP 2 Specify what information and/or records DHS is authorized to share with the Recipient.

- ☐ Identifying Data (Date of Birth, etc.)
- ☐ Family Data
- ☐ Travel/Border Crossing
- ☐ Immigration Case
- ☐ Detention Information
- ☐ Medical Information
- ☐ Alien File (A-File)
- ☐ Criminal History
- ☐ Criminal Case

AND/OR

☐ The following information/records (describe): _____

_____

OR

☐ ALL information and/or Records Requested by the Recipient

If you have applied for or received any of the immigration benefits below, you are legally entitled to confidentiality. (See reverse for more information.) If you want DHS to share information about these benefits with the Recipient, you must waive your confidentiality rights by checking the appropriate boxes below. Waiver of these rights is not required; however, if you do not waive these rights DHS may be unable to disclose to the Recipient some or all of the information you identified above.

I waive my right to confidentiality and authorize disclosure to the Recipient regarding these immigration benefits:

- ☐ Temporary Protected Status (TPS)
- ☐ T Visa (for trafficking victims)
- ☐ U Visa (for victims of certain crimes)
- ☐ Asylum (confidentially applies even if petition is denied)
- ☐ Battered Spouse/Child Seeking Hardship Waiver
- ☐ Violence Against Women Act (VAWA)

STEP 3 Sign the statement below authorizing DHS to disclose your information and/or records to the Recipient.

I certify under penalty of perjury that the information above is accurate. I authorize DHS, its components, offices, employees, contractors, agents, and assignees, to disclose the information or records specified above to the Recipient. I understand this may include and is not limited to reports, evaluations, and notes of any kind, contained in any record keeping system maintained by or on behalf of DHS; that DHS retains the discretion to decide if particular records or information are within the scope of this Waiver; and that DHS has no control over how the Recipient will use or disseminate my information. I agree to release and hold harmless DHS, its components, offices, employees, contractors, agents, and assignees, from any and all claims of action or damages of any kind arising from, or in any way connected to, the release or use of any information or records pursuant to this Waiver.

Your Signature:	Witness Signature:
Date:	Witness Name:

*Privacy Waiver is valid for 90 days from date of signature

*Witness may not be the Recipient or employed by Recipient's employer

Explanation of Immigrant Benefits

If you have applied for or received any of the immigration benefits below, you may be legally entitled to confidentiality regarding these benefits. An explanation of these benefits is provided below to help you identify whether you have applied for such benefits. If you have applied for or received these benefits and you want DHS to share information about these benefits with the Recipient, you must waive your confidentiality rights by checking the appropriate boxes in Step 2 of this form (reverse). You are not required to waive confidentiality regarding these benefits; however, if you do not waive these rights DHS may be unable to disclose to the Recipient some or all of the information you identified above.

Temporary Protected Status (TPS) - 8 U.S.C. § 1254a(c)(6). TPS is for foreign nationals currently residing in the U.S. whose homeland conditions are recognized by the U.S. government as being temporarily unsafe or overly dangerous to return to (e.g., war, earthquake, flood, drought, or other extraordinary and temporary conditions). ICE may disclose information related to TPS to a third party with the consent of the alien.

T Visas and U Visas - Public Law 106-386, Section 701(c)(1)(C). A T visa allows certain victims of human trafficking to remain in the United States for a period of time. A U visa allows certain victims of crimes to remain in the United States for a period of time. ICE may disclose information related to T and U visas to third parties with the consent of the alien.

Battered Spouse or Child Information - 8 U.S.C. § 1186a(c)(4)(C). This provision applies to a battered alien or child who has applied for a hardship waiver from removal under the INA. ICE may disclose information the alien provided to ICE in support his or her request for waiver to a third party with consent of the alien.

Information Relating to Violence Against Women Act (VAWA) Claimants - 8 U.S.C. § 1367(a)(2). This provision applies to a person who has filed a claim under the VAWA. ICE may disclose information related to a person's claim to a third party with the consent of the person.

Asylum Information - 8 C.F.R. § 208.6. This provision applies to individuals who have applied for asylum, and confidentiality regarding the asylum claim applies even if the claim is ultimately denied. ICE may disclose information related to an individual's asylum claim to a third party with the consent of the person.

Revocation of Privacy Waiver

This Privacy Waiver is valid for 90 days from the date of signature unless you have otherwise specified on this form. You may revoke this Privacy Waiver at any time by contacting the ICE Privacy Office (202-732-3300 or ICEPrivacy@dhs.gov) or the relevant ICE office handling this matter or case. Certain information about you may be requested to confirm your identity and you may be asked to revoke the waiver in writing.