COMMUNITIES UNITED FOR STATUS & PROTECTION (CUSP)

Qorshaha Xaaladaha Degdegga ah ee Qoyska

Buug-shaqo diyaargarow ah oo loogu talagalay qoysaskeenna iyo bulshooyinkeenna

Waxaa diyaariyay: _____ Taariikhda: _____

Xaaladaha degdegga ah waxay yimaadaan digniin la'aan — dab, duufaan, xaalad caafimaad oo degdeg ah, ama la kulanka hay'adaha fulinta sharciga socdaalka. Haysashada qorshe qoran waxay ka dhigan tahay in dadka aad aaminsan tahay ay si dhakhso ah u soo gurmadaan si ay u daryeelaan carruurtaada, ula xiriiraan qareenkaaga, oo ay u sii wadaan hawlaha gurigaaga. Buuxinta buug-shaqadan waa fal daryeel oo aad qoyskaaga u qabanayso, mana aha saadaal ah in wax xun ay dhici doonaan.

Sida loo isticmaalo qorshahan

1. Si buuxda u buuxi. Hal fadhi ku samee haddii aad awoodid, ama qayb qayb u samee.
2. Ku kaydi meel ammaan ah oo gurigaaga ah oo ay la jiraan waraaqahaaga kale ee muhiimka ah — baasaboorada, dukumentiyada socdaalka, diiwaanada caafimaadka. Maalin kasta ha la socon.
3. U sheeg laba qof oo aad aaminsan tahay meesha uu yaallo — xubin qoys, saaxiib dhow, ama hoggaamiye bulsho — hubina inay fahmaan waxa uu yahay iyo goorta la isticmaalayo.
4. Dib u eeg lix bilood kasta, iyo mar kasta oo isbeddel ku yimaado xaaladdaada sharciyeed, cinwaankaaga, dawooyinkaaga, ama qabanqaabada daryeel-bixiyaha.

QORSHAHAN SI AMMAAN AH U ILAALI

- Meesha uu qorshahani yaallo kaliya la wadaag dadka aad si buuxda u aaminsan tahay.
- Weligaa ha tusin, hana u dhiibin qorshahan ICE ama ciidamada kale ee sharci-fulinta — waa mid gaar ah.
- Waxaad xaq u leedahay inaad aamusto iyo inaad la hadasho qareen.
- Nuqullo ka mid ah dukumentiyada muhiimka ah kula hay qof aad aaminsan tahay oo jooga meel labaad.

1. Aniga Igu Saabsan

Magaca buuxa ee sharciga ah		**Magacyo kale oo aan isticmaali jiray**	
Taariikhda dhalashada		**Goobta dhalashada**	
Waddanka jinsiyadda		**Luqadaha aan ku hadlo**	
Cinwaanka guriga			
Telefoonka gacanta		**Telefoonka guriga / shaqada**	
Cinwaanka iimaylka		**Ma u baahanahay turjubaan?**	Haa Maya

2. Macluumaadkayga Socdaalka

Lambarka-A (haddii uu jiro) Social Security ama ITIN (haddii uu jiro)

Xaaladda hadda (tusaale, TPS — waddanka iyo taariikhda dhicitaanka)

Lambarka ruqsadda shaqada (EAD) iyo taariikhda dhicitaanka

Codsiyada socda iyo lambarrada rasiidka

Taariikho hore oo maxkamadda socdaalka ah ama amarro (haddii ay jiraan)

Nuqullada dukumentiyadayda socdaalka waxay yaallaan

3. Taageeradayda Sharciga

Qareenka socdaalka / hay'adda sharciga

Telefoonka qareenka Iimaylka qareenka

Xiriiriye sharci oo kayd ah (magac / telefoon)

Wakiilkayga Kongareeska Mareykanka iyo telefoonka xafiiska degmada

Telefoonka qunsuliyaddayda ama safaaraddayda

Khadka gurmadka degdegga ah ee deegaanka

4. Xiriiriyeyaasha Degdegga ah

Xiriiriyaha Degdegga ah #1

Magaca Xiriirka uu ila leeyahay

Telefoonka Iimaylka

Xiriiriyaha Degdegga ah #2

Magaca Xiriirka uu ila leeyahay

Telefoonka Iimaylka

Geedka isgaarsiinta qoyska — yaa wacaya yaa, iyo sida ay isugu xigaan

5. Lambaro Kale oo Muhiim ah

Xubnaha qoyska, hoggaamiyeyaasha diinta, deriska, wakiillada ururrada shaqaalaha, ama hay'adaha bulshada.

Magaca Telefoonka

Magaca Telefoonka

Magaca Telefoonka

Lambarrada aniga iyo qoyskaygu aan XAFIDNAY (telefoonnada waa la qaadaa marka la xiro)

6. Shaqada & Guriga

Loo-shaqeeyahayga (magac / xiriiriye / telefoon)

Mulkiilaha guriga ama shirkadda deynta guriga (magac / telefoon)

Biilasha uu qof u baahan yahay inuu sii bixiyo (kiro, adeegyada guriga, telefoon)

Xayawaanka guriga — yaa daryeelaya, cuntada iyo macluumaadka dhakhtarka xayawaanka

Gaariga — meesha uu dhigan yahay, meesha ay yaallaan furayaasha iyo waraaqda lahaanshaha

7. Carruurtayda

ILMAHA #1

Magaca Taariikhda dhalashada

Dugsiga ama xannaanada (magac / telefoon)

Dhakhtarka (magac / telefoon)

Dawooyinka iyo qiyaasaha

Xasaasiyadaha iyo baahiyaha cuntada

ILMAHA #2

Magaca Taariikhda dhalashada

Dugsiga ama xannaanada (magac / telefoon)

Dhakhtarka (magac / telefoon)

Dawooyinka iyo qiyaasaha

Xasaasiyadaha iyo baahiyaha cuntada

8. Yaa Daryeeli Doona Carruurtayda

Dooro qof aad aaminsan tahay oo diyaar u ah oo awood u leh inuu daryeelo carruurtaada haddii adigu aadan awoodin. Kala hadal ka hor. Weydii qareenkaaga dukumenti oggolaansho daryeel-bixiye ah ama mas'uuliyad-hayn kaydsan (standby guardianship) oo gobolkaaga ah — waxay u oggolaanaysaa daryeel-bixiyaha aad dooratay inuu gaaro go'aannada dugsiga iyo caafimaadka iyada oo aan maxkamadi qaadan xannaanada carruurta.

Daryeel-bixiyaha loo magacaabay Telefoonka

Daryeel-bixiyaha kaydka ah Telefoonka

Oggolaanshaha daryeel-bixiyaha ma la saxiixay? Haa Maya Waa socotaa

Daryeel-bixiyuhu ma ku jiraa liiska dadka dugsigu u oggol yahay in carruurta la soo qaadaan? Haa Maya Waa socotaa

Filashooyin qoran oo lala wadaagay daryeel-bixiyaha (waxbarasho, daryeel caafimaad, diin, xiriir)

Dukumentigaas iyo oggolaanshaha daryeel-bixiyuhu waxay yaallaan

9. Caafimaadkayga, Lacagta & Gelitaanka Dhijitaalka ah

Dhakhtarkayga (magaca) _____ **Telefoonka dhakhtarka** _____

Dawooyinka aan qaato, iyo qiyaasaha (hayso kayd 30–90 maalmood ah meesha ay suurtagal tahay) _____

Xasaasiyadaha iyo baahiyaha cuntada _____

Caymiska caafimaadka (shirkadda / lambarka aqoonsiga) **Farmashiyaha (magac / telefoon)** _____

Akoonnada uu qof la aaminsan yahay inuu ogaado (bangi / nooca / 4-ta lambar ee ugu dambeeya) _____

Meesha ay yaallaan erayadayda sirta ah (passwords), iyo qofka haysta gelitaanka degdegga ah _____

10. Meesha ay Yaallaan Dukumentiyadayda Muhiimka ah

Calaamadee waxa aad soo ururisay. Kuwa asalka ah meel isku hay; nuqullo sii qof aad aaminsan tahay.

- ☐ Baasaboor(ro)
- ☐ Warqadda oggolaanshaha TPS
- ☐ Ruqsadda shaqada (EAD)
- ☐ Waraaqo kale oo socdaal ah
- ☐ Wakaalad joogto ah (arrimaha lacagta)
- ☐ Magacaabista qofka soo qaadaya boostada & hantida
- ☐ Boorso-diyaarsan oo albaabka ag taal (nuqullo, dawooyin, lacag caddaan ah)
- ☐ Ogolaansho-sireed (privacy waiver) la saxiixay (foomka ku lifaaqan)
- ☐ Shahaadooyinka dhalashada (kayga & kuwa carruurta)
- ☐ Dukumentiyada guurka ama xannaanada carruurta
- ☐ Diiwaanada caafimaadka iyo tallaalka
- ☐ Oggolaanshaha daryeel-bixiyaha
- ☐ Foomka sii-deynta xogta caafimaadka (HIPAA)
- ☐ Kaadhka jeebka ee degdegga ah (qof kasta)
- ☐ Heshiiska kirada, waraaqda lahaanshaha, ama diiwaanada maaliyadda
- ☐ Qorshahan degdegga ah

Dukumentiyadaydu waxay yaallaan _____

Dadka og meesha uu qorshahani yaallo (magacyada) _____

Markii la eegay (taariikh) _____ **Waxa isbeddelay** _____

HADDII QOF LA XIRO: OGOLAANSHAHA-SIREED EE KU LIFAAQAN

Labada bog ee ugu dambeeya waa Foomka ICE 60-001, Ogolaansho-sireed (Privacy Waiver) oo u fasaxaya in macluumaadka la siiyo qolo saddexaad. Saxiixiddiisa iyo in aad Qataha (Recipient) uga magacawdo xafiiska Wakiilkaaga Kongareeska Mareykanka waxay u oggolaanaysaa xafiiskaas Kongareeska inuu wax ka weydiiyo kiiskaaga oo uu kuu doodo haddii lagu xiro — la'aantiis, DHS guud ahaan iyaga lama wadaagi doonto macluumaadkaaga. Ka fikir inaad hadda buuxiso oo aad la kaydiso qorshahan. Ogolaanshuhu wuxuu shaqeeyaa 90 maalmood laga bilaabo taariikhda saxiixa, sidaas darteed waa in dib loo saxiixaa si uu u sii shaqeeyo; markhaatiguna ma noqon karo Qataha ama qof la shaqeeya Qataha. La hadal qareenkaaga ka hor inta aadan ka tanaasulin sirta faa'iidooyinka la ilaaliyo (TPS, magangelyo, fiisaha T/U, VAWA) ee ku qoran Tallaabada 2 ee foomka.

Qaabkani waa qalab diyaargarow bulsho oo ka yimid Communities United for Status & Protection (CUSP). Ma aha talo sharci ah. Talo ku saabsan xaaladdaada gaarka ah, la hadal qareen socdaal oo xirfad leh ama wakiil aqoonsan.

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.

EMERGENCY CARD — CUSP • wearecusp.org

MY NAME

MY LAWYER — NAME & PHONE

TRUSTED CONTACT — NAME & PHONE

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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.

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.