



Dependent Visa Information Form

This form allows LASPAU to initiate the processing of J-2 family visas. Please complete and fax this form with all required documentation to your LASPAU contact at least **3 months** before your family's planned arrival.

Grantee name (as it appears in passport)

First: _____ **Middle:** _____ **Last:** _____

Home country: _____ **Date of birth:** _____ / _____ / _____
mm dd yyyy

LASPAU contact: _____
First name Last name

If you are already in the United States, please indicate the **expiration date of your DS-2019:** _____

FAMILY INFORMATION

Spouse name (as it appears in passport)

First: _____ **Middle:** _____ **Last:** _____

Date of birth: _____ / _____ / _____ **Place of birth:** _____
mm dd yyyy City Country

Country of citizenship: _____ **Country of permanent legal residence:** _____

Proposed date of arrival in the United States: _____ / _____ / _____
mm dd yyyy

Child name (as it appears in passport)

First: _____ **Middle:** _____ **Last:** _____

Date of birth: _____ / _____ / _____ **Place of birth:** _____
mm dd yyyy City Country

Country of citizenship: _____ **Country of permanent legal residence:** _____

Proposed date of arrival in the United States: _____ / _____ / _____
mm dd yyyy

Child name (as it appears in passport)

First: _____ **Middle:** _____ **Last:** _____

Date of birth: _____ / _____ / _____ **Place of birth:** _____
mm dd yyyy City Country

Country of citizenship: _____ **Country of permanent legal residence:** _____

Proposed date of arrival in the United States: _____ / _____ / _____
mm dd yyyy

Child name (as it appears in passport)

First: _____ **Middle:** _____ **Last:** _____

Date of birth: _____ / _____ / _____ **Place of birth:** _____
mm dd yyyy City Country

Country of citizenship: _____ **Country of permanent legal residence:** _____

Proposed date of arrival in the United States: _____ / _____ / _____
mm dd yyyy



FINANCIAL SUPPORT: Please list below your official sources of income for supporting your dependents and **attach supporting documentation**. Official sources of income must amount to \$500 per month for the first dependent, \$300 per month for the second dependent, and \$150 per month for each additional dependent. You must have valid income for the duration of your studies.

Amount	Source	Period of time available
1. \$ _____	_____	_____
2. \$ _____	_____	_____
3. \$ _____	_____	_____

MEDICAL INSURANCE: The U.S. government regulations concerning your J-1 Exchange Visitor visa status require you to provide health insurance coverage for all J-2 dependents who are with you in the United States. This coverage must be in effect during the full period of time that they remain in the United States and must meet the minimum requirements established by the United States Department of State for the Exchange Visitor (J-1) Program. These requirements are:

- medical benefits of at least \$50,000 per accident or illness
- repatriation of remains in case of death in the amount of \$7,500
- medical evacuation of the exchange visitor to his or her home country in the amount of \$10,000
- a deductible not to exceed \$500 per accident or illness, and a co-payment not to exceed 25% of covered medical expenses

For more information on health insurance, please see the Health Care section of the *Guide for Grantees* on LASPAU's web site.

Please **attach proof of adequate medical insurance** for your family beginning on the proposed date of their arrival. Your initial coverage must be for a minimum of three months. It is your responsibility to renew this coverage as needed. In addition, please sign this form to confirm your compliance with the health insurance requirements.

NOTE: Failure to submit this information may result in the cancellation of your DS-2019 and legal status in the United States (per Federal Register/Vol. 58, No. 52, 514.14).

"I certify that my family will have the required health insurance coverage during their stay in the United States."

Signature of grantee

Date

IMPORTANT DOCUMENTS: Your spouse must bring these documents along with your family's signed DS-2019 form(s) with him/her to the U.S. consulate. Please check with your local consulate about any additional documents that may be required.

- valid passport(s)
- marriage certificate
- birth certificates for children
- any information requested by the U.S. consulate for stepchildren from previous marriages

MAILING OF DS-2019 FORMS: Please check whichever situation applies to you, and provide **your** mailing address.

- You are applying for your own visa at the same time as those for your dependents. LASPAU will send the DS-2019 forms for you and your dependents via Federal Express. LASPAU will cover the cost of the Fed Ex.
- You have already received your DS-2019 form and are already living in the United States. LASPAU will send the DS-2019 forms for your dependents to you via regular U.S. mail. It is your responsibility to sign the DS-2019 forms and mail them to your spouse. We recommend that you mail the DS-2019 forms via Federal Express or a similar express mail service so that the package can be tracked.
- You have already received your DS-2019 form but have not yet moved to the U.S. LASPAU will send the DS-2019 forms for your dependents to you via Federal Express. The mailing cost will be deducted from your maintenance stipend.

Your current mailing address: _____

Number and street

City

State/Province

Country

Postal/Zip code

