

RECEPTION AND PLACEMENT PROGRAM ASSURANCE FORM

CWS

ASSURANCE

Placement Code: 0-0

DATE:

File ID Number:

Present Location:

The following persons have been accepted for resettlement under our auspices:

	Name	Alien Number	DOB	MC	Sex	POB
1						

Affiliate:

Local Sponsor:

Relative (if applicable):

Phone:

Home Phone:

FAX:

Work Phone:

Airport of Final Destination:

Placement Location:

Special Instructions:

Other Bio Information:

Cross Reference:

The affiliate has an agreement with the national agency to provide, or ensure the provision of, reception and placement services to the above named refugee(s) in accordance with the U.S. Department of State Cooperative Agreement.

Signature:

Authorized Agency
Representative

EXHIBIT E