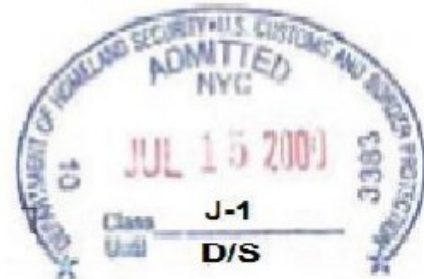


The image on the right below, is a sample of the electronic I-94 printout from the CBP website. The image on the left is a sample of the entry stamp on the passport.

Most Recent I-94

Admission (I-94) Record Number : 160569669A2
Most Recent Date of Entry: 2019 August 07
Class of Admission : J1 ←
Admit Until Date : D/S ←
Details provided on the I-94 Information form:

Last/Surname : SMITH
First (Given) Name : JOHN
Birth Date : 7 February 2002
Passport Number : PG77685L
Country of Issuance : IRELAND



DS-2019 Review Certificate of Eligibility for Exchange Visitor (J-1) Visa Status

Check to ensure that the student is in possession of his/her DS-2019 form which should have been stamped by the CBP Officer who admitted them to the United States.

Sample Annotated DS-2019 Form

CERTIFICATE OF ELIGIBILITY FOR EXCHANGE VISITOR (J-1) STATUS					ESTIMATED BURDEN TIME: 45 min
					*See Page 2
1. Family Name: ROBERTS		First Name: STEPHEN	Middle Name:	Gender: MALE	J-1 Exchange Visitor Program Number: P-3-00033
Date of Birth (mm/dd/yyyy): 03-29-1993	City of Birth: Neubrandenburg	Country of Birth: GERMANY	Citizenship Country Code: GM	Citizenship Country: GERMANY	
Legal Permanent Resident Country Code: GM	Legal Permanent Residence Country: GERMANY	Passport Code: 223	Position: SECONDARY SCHOOL STUDENT		
Primary Site of Activity: One Whitehall Street, 2nd Floor New York, NY 10004-0000					
1. Program Sponsor: AFS USA, Inc.					
Participating Program Official Description: STUDENT SECONDARY					
Purpose of this form: Begin new program; accompanied by number (0) of immediate family members.					
3. Form Covers Period:		4. Exchange Visitor Category:			
From (mm/dd/yyyy): 08-30-2010		STUDENT SECONDARY			
To (mm/dd/yyyy): 07-01-2011		Subject Field Code: 53.0299			
Subject Field Code Remarks: A program of AFS USA, Inc. to bring to the United States foreign secondary school student					
5. During the period covered by this form, the total estimated financial support (in U.S. \$) to be provided to the exchange visitor by:					
Personal Funds = \$1,000.00					
Total = \$2,000.00					
6. U.S. DEPARTMENT OF STATE/ DSD USE OR CERTIFICATION BY RESPONDER & OFFICER OR US DETAILED RESPONSIBLE OFFICER THAT A NOTIFICATION COPY OF THIS FORM HAS BEEN PROVIDED TO THE U.S. DEPARTMENT OF STATE (INCLUDE DATE):		7. Geographic Information:		Alternate Responsible Officer:	
7/03		Name of Official Preparing Form: One Whitehall Street 2nd Floor New York, NY 10004		Title: 212-479-1091	
		Signature of Responsible Officer or Alternate Responsible Officer:		Telephone Number: 04-28-2010	
				Date (mm/dd/yyyy):	
8. Statement of Responsible Officer for Relinquishing Sponsor (FOR TRANSFER OF PROGRAM) Effective date (mm/dd/yyyy): _____ Transfer of this exchange visitor from program number _____ sponsored by _____ to the program specified in item 1 is necessary or highly desirable and is in conformity with the objectives of the Mutual Educational and Cultural Exchange Act of 1961, as amended.					
Signature of Responsible Officer or Alternate Responsible Officer: _____ Date (mm/dd/yyyy) of Signature: _____					
PRELIMINARY ENDORSEMENT OF CONSOLEAR OR IMMIGRATION OFFICER REGARDING SECTION 2(b) OF THE IMMIGRATION AND NATIONALITY ACT AND PL 94-408, AS AMENDED (see new top of page 2):			TRAVEL VALIDATION BY RESPONSIBLE OFFICER (Maximum validation period is 7 year*)		
The Exchange Visitor is in the above program:			*EXCEPT: Maximum validation period is up to 6 months for Short-term Scholars and 4 months for Camp Counselors and Summer Work/Travel.		
<input checked="" type="checkbox"/> Not subject to the two-year residence requirement. <input type="checkbox"/> Subject to two-year residence requirement based on: A. <input type="checkbox"/> Government Sponsoring and/or B. <input type="checkbox"/> The Exchange Visitor Skills List and/or <input type="checkbox"/>			(1) Exchange Visitor is in good standing at the present time. Date (mm/dd/yyyy): _____ Signature of Responsible Officer or Alternate Responsible Officer: (2) Exchange Visitor is in good standing at the present time. Date (mm/dd/yyyy): _____		
ALL USAID PARTICIPANTS 0-2 INDU and ALL AGEN PARTICIPANTS SPONSORED BY P-3-0010 ARE SUBJECT TO THE TWO-YEAR HOME RESIDENCE REQUIREMENT. United States of America Consulate General Visa Control of the United States of America 6/30/10 Date (mm/dd/yyyy)			Signature of Responsible Officer or Alternate Responsible Officer: Date (mm/dd/yyyy):		
THE U.S. DEPARTMENT OF STATE RESERVES THE RIGHT TO MAKE FINAL DETERMINATION REGARDING 212(b)					
EXCHANGE VISITOR CERTIFICATION: I have read and agree with the statement in item 2 on page 2 of this document.					
Signature of Applicant: M. Lybelle Date (mm/dd/yyyy): 30.6.2010			Place: Frankfurt Date (mm/dd/yyyy):		

- If a student does not have a DS-2019 form, please determine if the CBP Officer issued the student Form I-515A (Notice to Student or Exchange Visitor). IMPORTANT: This is a notice of 30-day temporary admittance to the United States so the student can provide the required document. The Form I-515A will indicate what document the student failed to present at time of entry, steps to rescind the temporary admittance, and be granted legal status for the duration of the program. If the student fails to complete this step, he/she must depart the United States. If you need guidance, please email ro@afsus.org with information regarding the situation.

Sample I-515A Form

DEPARTMENT OF HOMELAND SECURITY
I-515A, Notice to Student or Exchange Visitor

OMB No. 1653-0037
Expires 7/31/2022

SIGMA Event: 31153521

To be completed at the port of entry at the time of admission:

Name BERTONE ISABELLA
(Last Name) (First Name) (Middle Name)

Country of Citizenship SWITZERLAND DOB 10/16/2003

FINS Number 1286769335 SEVIS ID Number 80036907254

Admission Number 102405610A2

U.S. Address 3628 OCEAN DRIVE
(Street Number and Name) (Apt. Number)
OKLAHOMA OK 73020
(City) (State) (Zip Code)

Telephone Number (800) 357-4361

DEPARTMENT OF HOMELAND SECURITY • U.S. CUSTOMS AND BORDER PROTECTION

ADMITTED
SYS

NOV 16 2019

Class
Until
J-1
15 DEC 2019

Admission stamp with
classification and date of
authorized stay

**Contact your designated school official or responsible officer immediately regarding this notice.
Your admission is limited to 30 days because you lack the required documentation.
Submit the requested documents checked.
DO NOT SEND PASSPORT.**

- You are an F-1/M-1 student applying for initial entry to the United States not in possession of a valid Form I-20, *Certificate of Eligibility for Nonimmigrant Student*, endorsed by the school to which you are destined. Within the next 30 days, the designated official of the school to which you are destined must complete and certify the Form I-20. Submit all of the following documents to the address listed on page 2.
 1. Your original Form I-20 endorsed by the designated school official;
 2. Your original Form I-94, *Arrival-Departure Record*; and
 3. This original Form I-515A.
- You are an F-1/M-1 student applying for entry to the United States not in possession of evidence of the I-901 SEVIS fee payment. Within the next 30 days, you must pay the fee via the Internet at www.FMJfee.com. Submit all of the following documents to the address listed on page 2.
 1. Your original Form I-20 endorsed by the designated school official;
 2. Your original Form I-94, *Arrival-Departure Record*;
 3. Your Form I-797 fee receipt; and
 4. This original Form I-515A.
- You are a returning F-1/M-1 student not in possession of an updated Form I-20 confirming that you are still enrolled in a U.S. school certified by DHS to enroll F-1 and/or M-1 students. Within the next 30 days, the designated official of the school which you are attending must update the Form I-20. Submit all of the following documents to the address listed on page 2.
 1. Your original Form I-20 endorsed by the designated school official;
 2. Your original Form I-94, *Arrival-Departure Record*; and
 3. This original Form I-515A.
- You are a J-1 exchange visitor not in possession of a Department of State (DoS) Form DS-2019, *Certificate of Eligibility for Exchange Visitors*, executed by the sponsor of the exchange program to which you are enrolled or registered. Within the next 30 days, the sponsor must complete the DoS Form DS-2019. Submit all of the following documents to the address listed on page 2.
 1. Your original DoS Form DS-2019 endorsed in BLUE ink by the program sponsor;
 2. Your original Form I-94, *Arrival-Departure Record*; and
 3. This original Form I-515A.
- You are a J-1 exchange visitor applying for entry to the United States not in possession of evidence of the I-901 SEVIS fee payment. Within the next 30 days, you must pay the fee via the Internet at www.FMJfee.com. Submit all of the following documents to the address listed on page 2.
 1. Your original DoS Form DS-2019 endorsed in BLUE ink by the program sponsor;
 2. Your original Form I-94, *Arrival-Departure Record*;
 3. Your Form I-797 fee receipt; and
 4. This original Form I-515A.

Sample Form I-515A, Page 2

- You are accompanied by your spouse and/or child(ren) at the time of entry. You should submit their **original Form I-94, Arrival-Departure Record**, and their **Form I-20 or DoS Form DS-2019** to the address listed below.
- You are an **F-2/M-2 dependent** joining a spouse/parent who is a student in the United States, but are not in possession of the required documents. Within the next 30 days, you must submit **all** of the documents to the address listed below.
1. A **photocopy of your spouse's/parent's original Form I-20** endorsed by the designated school official;
 2. A **photocopy of your spouse's/parent's Form I-94, Arrival-Departure Record**, verifying your spouse's/parent's admission into the United States;
 3. Your **original Form I-94, Arrival-Departure Record**;
 4. Your **original Form I-20**; and
 5. This **original Form I-515A**.
- You are a **J-2 dependent** joining a spouse/parent who is an exchange visitor in the United States, but are not in possession of the required documents. Within the next 30 days, you must submit **all** of the documents to the address listed below.
1. A **photocopy of your spouse's/parent's original DoS Form DS-2019** endorsed by the program sponsor;
 2. A **photocopy of your spouse's/parent's Form I-94, Arrival-Departure Record**, verifying your spouse's/parent's admission into the United States;
 3. Your **original Form I-94, Arrival-Departure Record**;
 4. Your **original DoS Form DS-2019**; and
 5. This **original Form I-515A**.
- Other:

NOTE: DO NOT SEND PASSPORT. Failure to provide all of the original documents requested within 30 days will result in a delay in the processing of your application and may affect your status. All documents will be returned to the designated school official or program sponsor.

**Student and Exchange Visitor Program
DHS/ICE
ATTN: SEVIS / I-515A Processing Team
500 12th Street SW STOP 5600
Washington, DC 20536-5600**

Privacy Statement

Authority and Purpose: Sections 1101 and 1184 of Title 8, U.S. Code authorize DHS to collect this information. This collection of information is used to ensure that students, exchange visitors, or dependents who are otherwise eligible to be admitted into the United States are not prevented from entering because they do not have the proper documentation in their possession. Collection of this information provides such individuals an opportunity to provide the necessary documentation for admission as an F, J, or M nonimmigrant.

Disclosure: Furnishing your information and providing the required documentation within the allotted time frame is mandatory. Failure to provide it may result in denial of admission to or removal from the United States.

Routine Uses: Your information may be disclosed to the Department of State and to Designated School Officials or Responsible Officers for purposes related to the issuance or denial of visas and for the administration of the Student and Exchange Visitor Program as well as other Federal, State, or local law enforcement agencies for purposes related to investigations and removal proceedings for violations of immigration laws.

Burden Statement: An agency may not conduct or sponsor an information collection and a person is not required to respond to an information collection unless it contains a currently valid Office of Management and Budget (OMB) approval number. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Department of Homeland Security, U.S. Immigration and Customs Enforcement, PRA Officer, 801 I Street, NW STOP 5800, Washington, DC 20536-5800.

Health Form Addendum

This form contains immunization and health information of the student which occurred after their original AFS application was submitted. It also contains their parent's authorization for AFS to act on behalf of the student in the case of a medical, life threatening emergency. One copy should be kept by the student at all times. The host family will use the form when registering them for school or as proof of parental permission for AFS to act on behalf of the student in case of emergency.

HEALTH FORM ADDENDUM - YP/SM SH/NH20

(Distribution: Keep one copy for your record, give one copy to the AFS Office in your country and give another copy to the US volunteer who meets you at the airport)



While the AFS program can be an invaluable experience and a time of tremendous growth for participants, it is important for candidates and their families to understand that an exchange program in a foreign country can also be both emotionally and physically demanding. For this reason AFS-USA requires a thorough update of each participant's health.

Participant's Name _____ Home Country _____

Physician please complete prior to participant's departure.

A) Height _____ Weight _____ Blood Pressure _____ Pulse _____ Respiration _____

1) Has participant had a substantial weight loss since completion of AFS application? Yes [] No []
If yes, why? _____

2) Has participant been hospitalized since completion of the AFS application? Yes [] No []
If yes, when, why and outcome: _____

3) Is the participant currently on medication? Yes [] No []
If yes, why, name of medication, dosage, frequency _____

4) Is there a history of, or present evidence of emotional, nervous or mental disorder? Yes [] No []
If yes, attach in a sealed envelope a full report by the specialist and a statement by the participant concerning the specific problem.

B) Immunizations are mandatory for entrance into U.S. schools. The Immunization information will only be accepted if the **EXACT MONTH, DAY, and YEAR** of each vaccination is recorded. Applicants may be denied admittance until the missing immunizations are given at the cost of the natural family. To avoid these added expenses ensure the applicant receives ALL the necessary immunizations before leaving home.

The applicant has had the following additional immunization/s since May 1st **THAT ARE NOT RECORDED** on the 3b Health Form:

MM/DD/YY	Name of vaccine	MM/DD/YY
Measles _____	Other _____	_____
Mumps _____	_____	_____
Rubella _____	_____	_____
Diphtheria _____	_____	_____
Pertussis _____		
Tetanus _____	TB Test _____ Which type: Mantoux or Tine?	
Chicken Pox/Varicella _____	Date _____ Result _____	
Meningitis (ACWY) _____	If positive, was chest x-ray done? Yes [] No []	
Hepatitis A _____	Date _____ Result _____	
Hepatitis B _____		
Polio _____		

I, the undersigned, certify that all important recent medical information has been included, that nothing relevant has been omitted and that the participant is able to travel abroad.

Physician's Name: _____ Signature: _____
Address: _____ Date: _____

C) **PARENTS, please complete this section:** In the event of a medical emergency we, the natural parents of the participant, authorize AFS to obtain emergency medical treatment if required by a situation due to an accident or unanticipated illness. Authorization is also given for immunizations and x-rays.


- We are aware that due to some USA state school requirements, students may be required to receive additional immunizations before registration and at the cost of the participant.
- By signing, we acknowledge that all changes in my son/daughter's health condition since the submission of the application have been indicated on this form.

Natural Parent 1 Signature _____ Natural Parent 2 Signature _____
Date: _____ Date: _____

Student ID Card





The Exchange Visitor High School program regulations 22 CFR 62.25 (g) (5) state that program sponsors must provide each student with: An identification card, which lists the exchange student's name, United States host family placement address and telephone number, and a telephone number which affords immediate contact with both the program sponsor and the program sponsor's organizational representative, and Department of State in case of emergency. In compliance, AFS-USA must distribute ID cards (sample below) to all students upon their arrival. Cards can be generated for individuals or groups in Global Link/Service Case.

In addition to ensuring that students have a hard copy of the Medical and Student ID cards within the first week of arrival, we encourage volunteers to send an email copy to the host family via Global Link. This will enable the host families to have easy access to copies of the cards in the Messages section of the Global Family Tools platform.

<p>ID : DEM18-02075</p> <p>GROUP#: 401AFS</p> <p>Name : Smith, Mr. John</p> <hr/> <p>Host Family: Family, Caitlin Anne & Michael 125 Willow Ave. Littleton, CT - 54321 (621) 337-5161 ; (621) 242-0767</p> <hr/> <p>Liaison: Volunteer, Name 57 South Seventh Street, Willington, CT - 54322 (621) 260-1234 ; (621) 321-1010</p> <hr/> <p>Area Rep: Volunteer2, Name (605) 678-1122 ; (605) 567-3344</p> <hr/> <p>AFS-USA, Inc. (800) 237- 4636 120 Wall St. 4th Flr. New York, NY 10005</p>	 <p>The bearer of this card is an exchange visitor in the United States under the auspices of AFS-USA, and living with a volunteer host family, whose info appears on the reverse of this card. AFS has written authorization from the participant's natural family to act in all cases of emergency or illness during the participant's stay in the U.S. Medical coverage is up to \$1,500,000 per occurrence. In case of accident, serious illness, or hospitalization, contact AFS Participant Support / Duty Officer immediately at (800) 237-4636 ext. 9.</p> <p>Direct questions about claims and medical coverage for US Hosted Participants: Global Medical Mgt. Inc. 880 SW 145th Ave, Suite 400, Pembroke Pines, FL 33027 Phone No. (888) 444-7773, Fax No. (954) 370-8130 E-mail: customerservice@gmmi.com</p> <p>Underwriter: XL Insurance Company SE, Policy #: NT6000726998</p> <p>The contact info below is solely for emergency use and only after you have contacted AFS-USA at (800) 237-4636 ext. 9. Dept of State: Emergency (866) 283-9090 / Office of Designation (202) 632-2805</p>
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Medical ID Card

All AFS exchange students have Secondary Travel Medical Coverage. The AFS Medical ID identifies for health care providers, GMMI, AFS's 3rd Party Insurance Administrator, and the network the AFS insurance is a member of. Cards can be generated for individuals or groups in Global Link/Service Case. Please ensure each student has a Medical ID card.

   <p>24 Hour Medical Assistance Service In the event of a medical emergency which may require treatment, hospitalization or emergency return, contact the local AFS office listed on the back of this card. If not available, contact GMMI at these numbers.</p>  <p>+1-954-370-6468 880 SW 145th Avenue, Suite 400, Pembroke Pines, FL 33027</p> <p>Valid for approved participants while on an AFS program.</p>	<p>Name: Last Name, Juan</p> <p>Member ID: GRM 17-01409 Group No: 401AFS</p> <p>The bearer of this card is an exchange program participant in the United States under the auspices of AFS-USA Inc. AFS has written authorization from the participant's natural family to act in all cases of emergency or illness during the participant's stay in the U.S. Medical coverage is up to \$1,500,000 per occurrence. For questions about claims and coverage, see GMMI contact information listed on the front of this card.</p> <p>In case of accident, serious illness, or hospitalization, contact AFS immediately at (800) 237-4636 ext 9.</p>
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A replacement for lost Student ID or Medical ID card can be easily generated in Global Link -- <https://usa.afsglobal.org/AFSGlobal/?m=GlobalLink>.

Individual

HOME GLOBAL LINK DIRECTORY HEALTH MONITOR FINANCE MY AFS MARKETPLACE RESOURCES LOCAL EXTENS

Service Case : Placement Detail Save

[Pax. Info] [Resend Placement Info] [Bio Sheet] [Print Placement Info] [History Log] [Send Status Change Email] [Contact Log] [Print for Hosted Pax] [Student ID Card] [Medical ID Card] [PAF / App Forms] [Host Family Letter] [Screen Alert] [Meet The Students] [Print Pax Personal and Placement Info]

Batch ID

Records found: 2 [Click here to show total number of records matching these search criteria] Next

No.	IOC	Program Code	Dest IOC	Service Ref.	Main Org.	Area Team	Applicant	Gender	Service Info	Source	Online App	Placement (F,O,T,L)	Pending Requests	Progress
1	<input checked="" type="checkbox"/>	CHN YPscNH19	USA		Kansas City Area Team	Kansas City Area Team		M	Sending-Participation--Open	OA	AFS Intercultural Programs FullApp / Transferred	A(1, 1, 5)	0	Family Placement Confirm
2	<input checked="" type="checkbox"/>	GUA YPscNH19	USA		Milwaukee Area Team	Milwaukee Area Team		M	Sending-Participation--Open Shelter in Place	GL	School Program FullApp / Transferred	A(1, 1, 3)	0	Family Placement Confirm

Process Name

Choose Student or Medical ID.