



**KIDS IN NEED OF DEFENSE**

**Child Migrant Return & Reintegration Project - CMRRP**

**ENGLISH**

**A. CHILD'S AGREEMENT TO RECEIVE SERVICES THROUGH GCRRP**

My name is \_\_\_\_\_ (name of child) and my date of birth is: \_\_\_\_\_ . My (check one)  case worker \_\_\_\_\_ (name),  immigration attorney \_\_\_\_\_ (name),  advocate \_\_\_\_\_ (name) has presented information to me about KIND's Child Migrant Return & Reintegration Project (CMRRP) and I want to participate in the CMRRP program.

I understand and agree to the following:

1. The goal of KIND's CMRRP is to help me reunify safely with my family and to provide guidance and resource information so that I can reintegrate safely and successfully in Guatemalan/Honduran society.
2. The CMRRP will assist me in trying to find services upon my arrival in Guatemala/Honduras.
3. To do this, the CMRRP staff will interview me over the phone, or the computer (video), or in person, and will ask me questions about myself, my life in Guatemala/Honduras, and the types of services and support I may need when I return to Guatemala/Honduras.
4. I understand that I can terminate my participation in the CMRRP at any time.
5. If I decide to discontinue my participation in the CMRRP, the Project will close my case and no further coordination of services or sharing of information will occur between KIND and the organizations they work with in Guatemala/Honduras.

Child Signature: \_\_\_\_\_ Date (month/day/year): \_\_\_\_\_

Child's Printed name: \_\_\_\_\_

**B. CHILD’S AGREEMENT FOR KIND TO SHARE AND DISCLOSE INFORMATION**

- 1. In order to help coordinate services for me in Guatemala/Honduras, I give permission to the CMRRP to receive a copy of my birth certificate and, when the CMRRP finds it necessary, a copy of any relevant documentation regarding my medical and education history.
- 2. In order to help me find resources and services when I return to Guatemala/Honduras, I give permission to the CMRRP to share relevant information with the organizations and agencies with which KIND coordinates in Guatemala/Honduras. Except as I may give my consent, the CMRRP will otherwise maintain my private information in confidence.
- 3. If, after interviewing with the CMRRP staff, there is a concern about my return home, I give the CMRRP permission to contact my case worker, referring advocate, and/ or immigration lawyer to gather and share more information about my case in order help them complete their assessment for services. I understand that allowing the CMRRP to talk to my lawyer does not guarantee a change in the legal outcome of my immigration case.

Child Signature: \_\_\_\_\_ Date (month/day/year): \_\_\_\_\_ Child’s  
Printed name: \_\_\_\_\_

**C. CONFIRMATION BY INDEPENDENT ADULT**

I (name) \_\_\_\_\_, (check one)  lawyer,  advocate,  case worker for \_\_\_\_\_  
(child’s name) acknowledge that:

- I. I have presented the information included in the eight items above to the above-named child in his/her language, and I have answered his/her questions about them.
- II. I am over the age of 18 and have no conflicting interest in assisting the above-named child in his/her consideration of participating in KIND’s return and reintegration services.
- III. Following my consultation with the above-named child, he/she has stated that he/she understands the eight items above and that participation in the CMRRP is voluntary. He/she has told me that he/she wishes to participate in the CMRRP.

Independent Adult Signature: \_\_\_\_\_ Date (month/day/year): \_\_\_\_\_  
Independent Adult’s Printed Name: \_\_\_\_\_