



ICE FAMILY PREPAREDNESS PLAN

How to prepare your family in case of
ICE detention or deportation

TABLE OF CONTENTS

FIND AN ATTORNEY.....	2
ATTORNEY-SPECIFIC ADVICE FOR SPOTTING A SCAM.....	3
NATIONAL IMMIGRATION DETENTION HOTLINE.....	3
PLAN FOR CHILDCARE.....	4
CENTRALIZE IMPORTANT DOCUMENTS.....	5
CREATE A PHONE TREE.....	7
TEND TO YOUR IMMEDIATE NEEDS.....	8
MOBILIZE COMMUNITY SUPPORT.....	8
FORMS.....	9

This preparedness plan was developed by Kansas Appleseed Center for Law and Justice in partnership with the Center for Community Change.
For more information on Kansas Appleseed, please visit www.kansasappleseed.org.



FIND AN ATTORNEY

If you or anyone in your family is at risk for deportation, establish a relationship with a trusted attorney. Having a relationship with an attorney before anything happening will make the process smoother if something does happen. Memorize your attorney's phone number and carry their contact information with you. If you are detained, you will need to be able to contact your attorney. It is helpful for your attorney to discuss your case with a trusted family member. To be able to do this, your attorney should ask you to sign an informed consent form.

When you are looking for legal help beware of potential scams. The Federal Trade Commission lists the following advice for spotting a scam on their website (<https://www.consumer.ftc.gov/articles/0141-scams-against-immigrants>):

- Don't go to a notary public for legal advice. In the U.S., notaries are not attorneys: They can't give you legal advice or talk to government agencies for you, like the U.S. Citizenship and Immigration Service (USCIS) or the Board of Immigration Appeals (BIA). A notary public doesn't have to be an attorney and is not allowed to give legal advice.
- Never pay for blank government forms. Government forms are free, though you'll probably have to pay when you submit them to USCIS. You can get free immigration forms at www.uscis.gov/forms. You can also obtain them by calling USCIS at 1-800-870-3676 or by visiting your local USCIS office.
- Get immigration information from U.S. government websites. Some scammers create websites meant to look like they are run by the government, but they aren't. Make sure that the URL of the website that looks like a government site ends in a "dot gov" (.gov). That verifies that it is from the U.S. government.
- Don't let anyone keep your original documents, like your birth certificate or passport. Scammers may keep them until you pay to get them back.
- Never sign a blank form before it is filled out. Never sign or a form that has false information in it. Never sign a document that you don't understand.
- Keep a copy of every form that you submit as well as every letter from the government about your application or petition.
- You will get a receipt from USCIS when you turn in your paperwork. Keep it! It proves that USCIS received your application or petition. You will need the receipt to check on the status of your application, so be sure you get a copy.

ATTORNEY-SPECIFIC ADVICE FOR SPOTTING A SCAM:

- Always keep your original documents.
- Never sign anything you do not understand.
- The attorney should offer you a contract for representation. The contract should be made available to you in your language. Review the contract before signing it. The attorney should also sign the contract and give a copy of the signed contract.
- If the attorney asks for payment, get a second opinion to make sure their services are reasonable. Make sure you get a receipt. It is better to pay with a check or money order rather than cash.

NATIONAL IMMIGRATION DETENTION HOTLINE

If you or your family is facing immediate action from immigration authorities, you can contact the National Immigration Detention Hotline.

This is the nation's largest immigration detention hotline, connecting immigrants in detention to their family, resources, and abuse documentation support at no cost to them.

Call: 9233 (from inside detention)

Call: 209-757-3733 (from outside)

For more info, visit: freedomforimmigrants.org/hotline

PLAN FOR CHILDCARE:

First, identify a trusted individual who can step in and care for your children if you are unable. You will need to formalize this decision through a document called a "durable power of attorney." A durable power of attorney designates another person to make health and educational decisions for your children in your absence. This process will not terminate your parental rights. A durable power of attorney should be completed for each child. The document will have to be notarized.

See the durable power of attorney forms at the end of this document. This form was sourced from Kansas Legal Services: www.kansaslegalservices.org/

Considerations when deciding who should care for your children in your absence:

- Do they have the financial resources to support your children?
- Do they have stable housing and enough space to house your children?
- Are they in good physical health?
- Will they be able to emotionally support your children through this process?



CENTRALIZE IMPORTANT DOCUMENTS

Place all important documents in a folder or binder and place them in a safe location. Here is a non-exhaustive list of documents that should be compiled in one place:

- Children's passports
 - If your children are eligible for dual citizenship and passports from additional countries, those should also be obtained. Doing this will help your children travel to you if you are deported.
 - Passport applications for minors that are U.S. citizens can be found at: <https://www.ssa.gov/ssnumber/> (<https://perma.cc/8XFT-N4X6>)
 - If your child is not a U.S. citizen or is eligible for citizenship in additional countries, please reach out to the appropriate embassy for instructions on obtaining passports. A list of all embassies can be found at: <https://www.usembassy.gov/> (<https://perma.cc/29Z5-2AVP>)

- Children's birth certificate
 - If your child was born in the U.S. their birth certificate can be found at: <http://www.cdc.gov/nchs/howto/w2w/w2welcom.htm>. (<https://perma.cc/26CH-UQSM>)
 - If your child was born outside of the U.S., use the embassy contacts listed above to contact the appropriate embassy for further instructions.

- Children's social security card
 - If you need to apply for a Social Security Card for your child, that can be done here: <https://www.ssa.gov/ssnumber/> (<https://perma.cc/8UQ6-6ZHS>)

- Completed durable power of attorney for healthcare and education-related decisions
 - This document allows for someone else to care for your children in your absence. A blank form can be found at the end of this document.



CENTRALIZE IMPORTANT DOCUMENTS

List of documents that should be compiled in one place (continued):

- Children's school and medical records
- Custody arraignments (if applicable)
- Completed durable power of attorney for healthcare and property decisions
 - This form will allow someone else to make healthcare decisions on your behalf should something happen to you. Additionally, this document will allow for someone else to care for your property in your absence. A blank form can be found at the end of this document. This form was sourced from the Kansas Bar Association.
- A list of all accounts and login information, especially for your bank
 - Use extreme caution when deciding who should have access to this information. Your attorney can keep this information for you if you do not feel comfortable leaving it with anyone else.
- Completed living will
 - This form indicates whether you want long-term life-sustaining measures taken should you become gravely ill or injured. Only complete this form if you do not wish to have these measures taken. A blank form can be found at the end of this document. This form was sourced from Kansas Legal Services.
- Any and all documents that are pertinent to your immigration status
- Documents relating to criminal history (if applicable)
- Your medical records, (which might be needed to get necessary care in a detention center)
- A list of all aliases you have used
 - This includes additional or alternative names you have used. For example, if you go by a different name at work, you want to list that name.

TEND TO YOUR IMMEDIATE NEEDS



Have a plan ready to make sure that any of your critical needs will be met in the event of detention. For example, do you have a medical condition that requires medication or other forms of care.

If you are detained, when you speak to your family or others, let them know your location and whether your basic needs are being met.

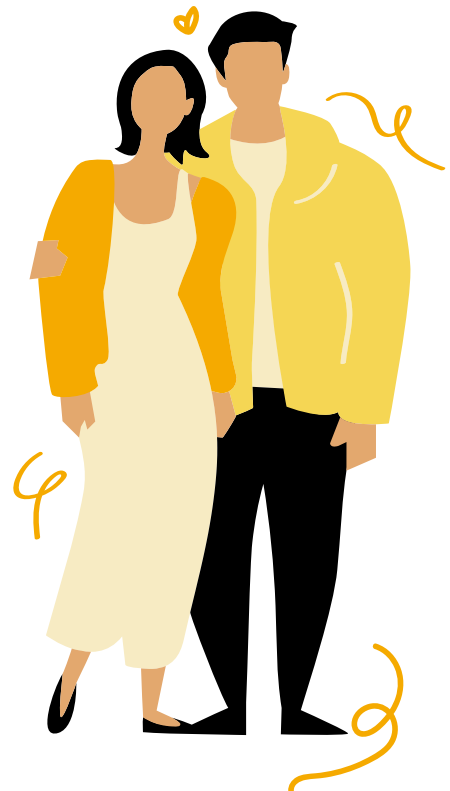
Location and contact information for ICE detention centers can be found at: www.ice.gov/detention-facilities (<https://perma.cc/5GUR-C4C5>)

It is important to consider your mental wellbeing as well. For guidance and resources, visit: www.informedimmigrant.com/guides/mental-health-undocumented-immigrants/

MOBILIZE COMMUNITY SUPPORT

Keep track of people and groups in your community who will be able to mobilize to support you and your family as the situation develops. Here are some examples of things to consider when creating community support:

- People who can put pressure on officials if your rights are being violated.
- People who can begin raising funds or cash assistance for you and your family.
- People who can provide meals for your family.



**DURABLE POWER OF ATTORNEY FOR HEALTH CARE AND EDUCATION
RELATED DECISIONS**

GENERAL STATEMENT OF AUTHORITY GRANTED

I, _____, the undersigned principal, hereby appoint the _____ to act on my behalf, and to be my minor children's (_____, DOB _____, and _____, DOB _____) agent for health care and education related decisions and pursuant to the language stated below, on my behalf to:

HEALTH CARE DECISIONS

1. Consent, refuse consent, or withdraw consent, concerning my minor children _____, to any care, treatment, service or procedure to maintain, diagnose or treat a physical or mental condition, and to make decisions about organ donation, autopsy and disposition of the body;

2. Make all necessary arrangements at any hospital, psychiatric hospital or psychiatric treatment facility, hospice, nursing home or similar institution; to employ or discharge health care personnel to include physicians, psychiatrists, psychologists, dentists, nurses, therapists or any other person who is licensed, certified or otherwise authorized or permitted by the laws of this state to administer health care as the agent shall deem necessary for the physical, mental and emotional well being of my minor children, _____; and

3. Request, receive and review any information, verbal or written, regarding my minor children, _____ personal affairs or physical or mental health including medical and hospital records and to execute any releases of other documents that may be required in order to obtain such information.

EDUCATION RELATED DECISIONS

4. Serve as the decision maker in education related matters of _____, including, but not limited to: enrollment in secondary or post-secondary school or schools;

5. Serve as the decision maker in any issues concerning _____, including, but not

limited to transfers, transcripts, extra-curricular activities, special education, sports, field trips, parent teacher conferences, disciplinary action, progress reports, transportation, and attendance.

LIMITATIONS OF AUTHORITY

The powers of the agent herein shall be limited to the extent set out in writing in this durable power of attorney for health care and education related decisions, and shall not include the power to revoke or invalidate any previously existing declaration made in accordance with the natural death act.

EFFECTIVE TIME

This power of attorney for health care and education related decisions shall become effective immediately and shall not be affected by my subsequent disability. The rights, powers, and authority granted herein shall remain in full force and effect thereafter until my death. This power of attorney shall not be affected by any subsequent disability or incapacity.

REVOCAATION

Any durable power of attorney for health care and education related decisions I have previously made is hereby revoked.

Any party presented with a copy of this Durable Power of Attorney for Health Care and Education Related Decisions may rely upon such presentation as conclusive evidence of its present validity and effectiveness. No person who acts in reliance upon the representations of or the authority granted my agent shall incur any liability to me or to my estate as a result of permitting my agent to exercise any power.

Dated this _____ day of _____ 20__.

XXXX

General Durable Power of Attorney

Pursuant to the Kansas Power of Attorney Act, K.S.A. 58-650 to K.S.A. 58-665, I appoint the following person as my attorney-in-fact:

If the above person should be unable to perform in this capacity due to death, disability, disqualification, or incapacity, then I appoint the following person as my attorney-in-fact:

This is a durable power of attorney, and the authority of my attorney-in-fact shall not terminate if I become disabled or in the event of later uncertainty regarding whether I am alive or dead. This durable power of attorney shall become effective immediately. My attorney-in-fact shall not be obligated to furnish bond or other security as a condition to this instrument. No compensation shall be paid for services as attorney-in-fact, but reasonable expenses accrued therewith shall be compensated.

I. General Grant of Authority. The attorney-in-fact shall have general powers regarding all lawful subjects and purposes, including every action or power that an able adult may perform through an agent, except as specifically provided in Section II of this document. The following specific powers are listed for illustration and clarification purposes and not to limit this authority.

1. Collect Funds. To demand, receive, and collect all money or property now or hereafter due or owing to me; to receipt and make releases or other discharges therefore; and to settle, adjust, or compromise any and all claims, accounts, or debts owing to me, including to file any proof of debt and take any proceedings under the Bankruptcy Code or similar statutes.

2. Deposit and Withdraw Funds. To receive, endorse, deposit, withdraw, and transfer all funds of any type into and from any checking, savings, or other account. This authority shall include taxes, Social Security, Medicare, Medicaid, Veteran's Benefits, and any other public or private assistance program. I nominate my attorney-in-fact to serve as my representative payee with respect to the receipt, deposit, and use of Social Security benefits, and I release the Social Security Administration from any claims that my attorney-in-fact misused Social Security payments.

3. Safe Deposit Box. To enter any safe deposit box on which I am the tenant or a co-tenant; to open new safe deposit boxes; to add to and remove any of the contents of any such safe deposit box; and to close out any safe deposit box.

4. Property. To maintain, repair, improve, manage, insure, rent, lease, sell, convey, mortgage, or otherwise dispose of, deal with, or encumber any interest in property, whether real, personal, tangible, intangible, jointly owned, presently owned, or later acquired; to execute any instrument; and to transfer property to a revocable or living trust made by me and that benefits me while alive.

5. Homestead. To give consent on my behalf to the sale, gift, transfer, mortgage or other alienation of my homestead or any interest in my homestead. The street address of the homestead is _____, _____, and the legal description is _____. Nothing in this document shall be construed as a limitation or abridgement of the right of my spouse to consent or withhold consent to the alienation of the spouse's homestead or any rights therein under Article 15, Section 9 of the Kansas Constitution.

6. Transact Business. To transact any and all lawful business of any kind on my behalf, including to open accounts with financial institutions, and to buy, sell, endorse, transfer, hypothecate, and borrow against any stocks, bonds, or other securities, and to vote as my proxy regarding the shares. This also includes authority to pay any and all expenses incurred on my behalf.

- 7. Prosecute, Defend, and Settle Claims.** To institute, prosecute, defend, settle, compromise, or otherwise dispose of any claim on my behalf, including appearance on my behalf in any proceedings before any court, agency, or other venue, and the retaining of counsel.
- 8. Power of Attorney Documents.** To execute a power of attorney required by any agency or entity on my behalf authorizing my attorney-in-fact to transact with such group or legal entity.
- 9. Gifts.** To make or revoke a gift of my property, whether in trust or otherwise, and to disclaim a gift or devise of property to or for my benefit.
- 10. Tax.** To make, sign, and file Federal and state tax returns of any type or forms, documents, or agreements with the Internal Revenue Service (IRS) or any state taxing agency, to receive and pay any amounts with regard to tax matters, and to represent me before the IRS as my attorney-in-fact (including signing Form 2848 authorizing my attorney-in-fact to act on my behalf). This shall include consenting that any gift made by my spouse was made one-half by me for gift tax purposes. It is not, however, my intention to grant a general power of appointment to my attorney-in-fact for purposes of any federal or state gift, estate, or generation skipping tax law.
- 11. Public Assistance.** To apply for Medicaid, Social Security, Veteran's Benefits, Medicaid, or any other public or private assistance program, and to execute any documents or actions that are required to receive benefits, optional, or advisable for the optimal preservation of assets.
- 12. Insurance.** To purchase, pledge, liquidate, borrow against or make claim against any insurance policy of any type. However, my attorney shall have no power arising to an incidence of ownership over any policy on my attorney-in-fact's life, including, without limitation, the power to surrender the policy, borrow on it, pledge it, or distribute it to any person, except that my attorney-in-fact may pay, out of my assets, any premium on such policies.
- 13. Nomination of Guardian and/or Conservator.** If protective proceedings are commenced pursuant to my disability or incapacity, I nominate my attorney-in-fact to be my guardian and/or conservator and authorize my attorney-in-fact to name a guardian and/or conservator for my benefit.
- 14. Medical Care.** My attorney-in-fact shall have the authority to, on my behalf:
- A. Consent, refuse consent, or withdraw consent to any care, treatment, service, or procedure to maintain, diagnose, or treat a physical or mental condition, and to make decisions about organ donation, autopsy, and disposition of the body, including payment of the expenses of my funeral and the burial, cremation, or other disposition of the body.
 - B. make any and all arrangements at any hospital, psychiatric hospital, or psychiatric treatment facility, hospice, nursing home, or similar institution in Kansas or any other state or country; make arrangements for my release and removal from any institution; employ or discharge health care personnel to include physicians, psychiatrists, psychologists, dentists, nurses, therapists, or any other person who is licensed, certified, authorized, or permitted by law to administer health care, as the agent shall deem necessary for my physical, mental, and emotional well being;
 - C. request, receive, and review any verbal or written information regarding my personal affairs or physical or mental health, including medical and hospital records, to execute any releases that may be required to obtain this information, and to consent to the disclosure of this information.
 - D. I waive my patient-physician privileges relating to this General Durable Power of Attorney.
- 15. HIPAA Release.** I intend for my agent to be treated as I would be with respect to my rights regarding the use and disclosure of my individually-identifiable health information or other medical records. This release authority applies to any information governed by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 42 U.S.C. 1320(d) and 45 C.F.R. 160-164. I authorize any physician, health care professional, dentist, health plan, hospital, clinic, laboratory, pharmacy, or other covered health care provider, any insurance company, and the Medical Information Bureau Inc. or other health care clearinghouse that has provided treatment or services to me or that has paid for

or is seeking payment from me for such services, to give, disclose, and release to my agent, without restriction, all of my individually-identifiable health information and medical records regarding any past, present, or future medical or mental health condition, including all information relating to the diagnosis and treatment of any transmitted diseases, mental illness, and drug or alcohol abuse. The authority given my agent shall supersede any prior agreement that I may have made with my healthcare providers to restrict access to or disclosure of my individually identifiable health information. The authority given my agent has no expiration date and shall expire only in the event that I revoke the authority in writing and deliver it to my health care provider. The authority granted my agent under this paragraph shall be effective immediately.

16. All Other Acts. To do anything necessary or proper in handling and managing my affairs.

II. Powers Prohibited. Pursuant to K.S.A. 58-654(g), the attorney-in-fact shall not have authority:

1. To make, publish, declare, amend, or revoke any will.
2. To make, execute, modify, or revoke a living will, "do not resuscitate" order, a general durable power of attorney, or a durable power of attorney for health care decisions.
3. To require me, against my will, to take or refrain from taking any action.
4. To carry out any action that I have specifically forbidden while not disabled or incapacitated.

III. Accounting Waived. I waive the necessity of my attorney-in-fact to provide an accounting to me or any other person during my lifetime or upon my death.

IV. Disability or Incapacity Defined. Disability or incapacity means the person's ability to receive and evaluate information effectively or communicate decisions is impaired to the extent that the person lacks the capacity to manage personal financial resources or exercise a reasonable level of care with regard to the duties of an attorney-in-fact, as determined by the certification of one licensed physician, and shall apply if the person cannot take any effective actions due to involuntary detention or disappearance, as determined by affidavit of one party with such knowledge.

V. Revocation. I hereby revoke all of my previous powers of attorney, except any separate Durable Power of Attorney for Health Care Decisions, any separate power of attorney executed on Form 2848 appointing an agent to represent me before the IRS, and any separate Power of Attorney for Homestead Property. I retain the right to revoke or amend this document in whole or in part.

VI. Attorney-Client Privilege. I hereby authorize my attorney to provide my attorney-in-fact with any information that is necessary for my attorney-in-fact to adequately exercise the authority granted herein. I waive any attorney-client privilege for this limited purpose.

VII. Execution and Construction. This instrument is executed pursuant to the Kansas Power of Attorney Act and amendments thereto, and any questions surrounding this document shall be addressed pursuant to those statutes. Any question concerning the power or authority of my attorney-in-fact shall be construed in favor of the attorney-in-fact having such power or authority.

Signed: _____

Dated: _____

State of Kansas

County of _____

This instrument was acknowledged before me on _____, _____, by _____.

Notarial Officer

Title

My Appointment Expires:

CONSENT OF SPOUSE

_____, spouse of _____, consents to this General Durable Power of Attorney, which provides that the attorney-in-fact may consent to the sale, gift, transfer, mortgage, or other alienation of the homestead or an interest therein. I understand that the attorney-in-fact may alienate the interest described therein, and I agree that the consent of the attorney-in-fact will constitute the consent required by Article 15, Section 9, of the Kansas Constitution.

Signed: _____

Dated: _____

State of Kansas

County of _____

This instrument was acknowledged before me on _____, _____, by _____.

Notarial Officer

Title

(SEAL)

My Appointment Expires:

LIVING WILL Declaration

Declaration made this _____ day of _____ (month, year)
I, _____ being of sound mind, willfully and voluntarily make known
my desire that my dying shall not be artificially prolonged under the circumstances set forth
below, do hereby declare:

If at any time I should have an incurable injury, disease, or illness certified to be a terminal condition by two physicians who have personally examined me, one of whom shall be my attending physician, and the physicians have determined that my death will occur whether or not life-sustaining procedures are utilized and where the application of life-sustaining procedures would serve only to artificially prolong the dying process, I direct that such procedures be withheld or withdrawn, and that I be permitted to die naturally with only the administration of medication or the performance of any medical procedure deemed necessary to provide me with comfort care.

In the absence of my ability to give directions regarding the use of such life-sustaining procedures, it is my intention that this declaration shall be honored by my family and physician(s) as the final expression of my legal right to refuse medical or surgical treatment and accept the consequences from such refusal. I understand the full import of this declaration and I am emotionally and mentally competent to make this declaration.

Signed _____

City, County and State of Residence _____

The declarant has been personally known to me and I believe him or her to be of sound mind. I did not sign the declarant's signature above for or at the direction of the declarant. I am not related to the declarant by blood or marriage, entitled to any portion of the estate of the declarant according to the laws of intestate succession or under any will of declarant or codicil thereto, or directly financially responsible for declarant's medical care.

Witness _____

Witness _____

Caution: Execution of this form revokes prior powers of attorney for health care decisions and will revoke a prior financial power of attorney if it included powers regarding health care.

LIVING WILL

I, _____, being of sound mind, willfully and voluntarily make known my desire that my dying shall not be artificially prolonged under the circumstances set forth below, do hereby declare:

If at any time I should have an incurable injury, disease, or illness certified to be a terminal condition by two physicians who have personally examined me, one of whom shall be my attending physician, and the physicians have determined that my death will occur whether or not life sustaining procedures are utilized and where application of life sustaining procedures would serve only to artificially prolong the dying process, I direct that such procedures be withheld or withdrawn, and that I be permitted to die naturally with only the administration of medication or the performance of any medical procedure deemed necessary to provide me with comfort and care.

In the absence of my ability to give directions regarding the use of such life sustaining procedures, it is my intention that this declaration shall be honored by my family and physician(s) as the final expression of my legal right to refuse medical or surgical treatment and accept the consequences from such refusal.

I understand the full import of this declaration, and I am emotionally and mentally competent to make this declaration.

Signed: _____ Date: _____

Place of Residence: _____

STATE OF KANSAS)
)
 _____ COUNTY) ss:

BE IT REMEMBERED that on this _____ day of _____, 2006, before the undersigned, a notary public in and for the county and state aforesaid, came Jenny, who is personally known to me to be the same person who executed the within instrument of writing, and such person duly acknowledged the execution of the same for the purposes and consideration therein expressed.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my official seal the day and year last above written.

Notary Public

My appointment expires:
