**FAMILY PREPAREDNESS TOOLKIT**

MAM’s mission is to assure that families have the means to meet their basic needs. Just as families have needs for food, shelter, clothing, education, healthcare and the care and concern of people they love, families also have the critical need to be prepared for emergencies.

Today, immigrant families, particularly those without legal status and families of mixed status, are faced with additional challenges. NOW is the time to write down emergency contact information, to determine options for the temporary care of your children if you are not available to do so, to obtain information about your rights as an immigrant, to find out about your immigration options, to find a reputable, trustworthy immigration lawyer and to talk to your children about your immigration situation and the preparations you have made to ensure the safety and continuity of your family.

This toolkit and the personal, confidential, private information you write down is for YOU, YOUR FAMILY, YOUR LAWYER and only those you trust to have your best interests in mind. DO NOT give this toolkit or the information in it to the police or to ICE.

### TEMPORARY DESIGNATED CAREGIVER’S INFORMATION

<table>
<thead>
<tr>
<th>Designated Caretaker of Child(ren)</th>
<th>Relationship of Designation Caretaker to Child(ren):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Sibling</td>
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<tr>
<td></td>
<td>Other</td>
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<tr>
<td>Phone Number</td>
<td>Email Address</td>
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<table>
<thead>
<tr>
<th>Other Emergency Contact Person</th>
<th>Relationship of Other Emergency Contact to Child(ren):</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Sibling</td>
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<tr>
<td></td>
<td>Other</td>
</tr>
<tr>
<td>Phone Number</td>
<td>Email Address</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Other Local Relative</th>
<th>Relationship of Other Local Relative to Child(ren):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Sibling</td>
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<tr>
<td></td>
<td>Other</td>
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<tr>
<td>Phone Number</td>
<td>Email Address</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Faith Leader</th>
<th>Phone Number</th>
<th>Email Address</th>
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</thead>
<tbody>
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</table>

<table>
<thead>
<tr>
<th>Place of Worship</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

Your faith leader can be an important source of moral encouragement, support and guidance during difficult times. They may also intervene in your detention, and help care for your family.
FAMILY PREPAREDNESS TOOLKIT

MOTHER’S INFORMATION

Mother’s Full Name ________________________________________________________________________________________________________

Phone Number __________________________ Email Address ________________________________

Mother’s Location __________________________________________________________________________________________________________

_____________________________________________________________________________________________________________________

_____________________________________________________________________________________________________________________

Mother’s Place of Work ________________________________________________________________

Work Address _____________________________________________________________________________

Work Phone Number __________________________ Supervisor’s Phone Number __________

Supervisor _____________________________________________________________________________

Mother’s Alien Number      A ___  ___  ___  –  ___  ___  ___  –  ___  ___  ___

Mother’s Attorney _________________________________________________________________

Attorney’s Address ________________________________

Phone Number __________________________ Email Address ________________________________

Mother’s Bonding Company ______________________________________________________________

Phone Number __________________________ Email Address ________________________________

FATHER’S INFORMATION

Father’s Full Name _________________________________________________________________________________________________________

Phone Number __________________________ Email Address ________________________________

Father’s Location __________________________________________________________________________________________________________

_____________________________________________________________________________________________________________________

_____________________________________________________________________________________________________________________

Father’s Place of Work ________________________________________________________________

Work Address _____________________________________________________________________________

Work Phone Number __________________________ Supervisor’s Phone Number __________

Supervisor _____________________________________________________________________________

Father’s Alien Number      A ___  ___  ___  –  ___  ___  ___  –  ___  ___  ___

Father’s Attorney _________________________________________________________________

Attorney’s Address ________________________________

Phone Number __________________________ Email Address ________________________________

Father’s Bonding Company ______________________________________________________________

Phone Number __________________________ Email Address ________________________________
OTHERS HELPING MY FAMILY

Immigration Attorney __________________________________________________________
Phone Number ______________________ Email Address ____________________________

Other Attorney ______________________________________________________________
Phone Number ______________________ Email Address ____________________________
What matter is the other attorney helping your family with? _______________________
____________________________________________________________________________

Other Organization ____________________________________________________________
Contact Person ___________________________ Phone Number ______________________
What does the organization provide? How do they help your family? ________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Other Organization ____________________________________________________________
Contact Person ___________________________ Phone Number ______________________
What does the organization provide? How do they help your family? ________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Other Organization ____________________________________________________________
Contact Person ___________________________ Phone Number ______________________
What does the organization provide? How do they help your family? ________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

PETS

Do you have pets? ☐ Yes ☐ No

What kind of pets? (Write in the number of each) _____ Dog(s) _____ Cat(s) _____ Bird(s) _____ Fish
_____ Other: _________________________________________________________________

Veterinarian ________________________________________________________________
Veterinarian Phone Number _________________________________________________

Pet Medicines ______________________________________________________________
____________________________________________________________________________

Who will take your pet(s) if you cannot keep them?
Name __________________________ Phone Number ________________________________

FAMILY PREPAREDNESS TOOLKIT

HOUSING

Housing/Landlord ___________________________________________ Phone Number _____________________________

Due Date of Rent/Mortgage ______________________________ Amount of Rent/Mortgage ___________________________

Lease Expiration Date ______________________________

Person who has a copy of the lease __________________________ Phone Number _____________________________

UTILITIES

Utility Company __________________________________________________________________________________________

Phone Number ___________________________ Account Number ________________________________

Utility Company __________________________________________________________________________________________

Phone Number ___________________________ Account Number ________________________________

Utility Company __________________________________________________________________________________________

Phone Number ___________________________ Account Number ________________________________

Utility Company __________________________________________________________________________________________

Phone Number ___________________________ Account Number ________________________________

FINANCIAL

Bank/Financial Institution ______________________________________________________________________________________

Phone Number ___________________________ Web Address ________________________________

Account Number ________________________________

Username ________________________________ Password ________________________________

Person who has this information __________________________ Phone Number _____________________________

AUTO

Vehicle Make __________________________________ Vehicle Model __________________________________

License Plate # ________________________________ VIN # ________________________________

Vehicle Location ___________________________________________

Auto Insurance Company __________________________ Phone Number ________________________________

Agent Name (if applicable) ___________________________________________

Auto Insurance Policy Number ________________________________
FAMILY PREPAREDNESS TOOLKIT

CHILD’S INFORMATION

<table>
<thead>
<tr>
<th>Total number of children in family</th>
<th>Is this child:</th>
<th>□ Biological</th>
<th>□ Adopted</th>
<th>□ Step child</th>
</tr>
</thead>
</table>

Child’s Full Name ________________________________________________________________

Phone Number _________________________________________________________________

Date of Birth ___________________________ City of Birth _______________________

State of Birth ___________________________ Country of Birth _____________________

Place of Birth (Hospital Name) __________________________________________________

Location of Child’s Important Records (birth, medical, school, etc.) ____________________________

School _____________________________________________________________

School Address ____________________________________________ School Phone Number __________

School Principal ___________________________________________ Principal Phone Number __________

Emergency School Contact Person ___________________________________________ Phone Number __________

Teacher ____________________________________________ Classroom Number __________

CIS Worker _________________________________________ Phone Number __________

School Counselor ___________________________________________ Phone Number __________

School Nurse ___________________________________________ Phone Number __________

Afterschool Program _____________________________________________

Afterschool Program Contact Person ___________________________________________

Address ____________________________________________ Phone Number __________

Babysitter/Childcare Provider ____________________________________________ Phone Number __________

CHILD’S MEDICAL

☐ Check this box if ALL children have the same health insurance/health care

☐ Check this box if ALL children have the same medical doctor

☐ Check this box if ALL children receive their care at the same provider/clinic

☐ Check this box if ALL children have the same dentist  ☐ Check this box if ALL children use the same pharmacy

Child’s Health Insurance Provider:  □ Private Insurance

☐ Medicaid  ☐ Gold Card  ☐ Other ____________________________________________

Name on Account, “Primary Insured” ___________________________________________

If applicable: Member Number ___________________ Group Number ___________________

Phone Number ________________________________

Medical Facility/Clinic/Office _____________________________________________

Address ____________________________________________ Phone Number __________

Doctor ___________________________________________ Phone Number __________

Dentist ___________________________________________ Phone Number __________

Mental Health Counselor ____________________________________________ Phone Number __________
CHILD’S MEDICAL continued

Medical Conditions ____________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Medication Allergies __________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Food or Environmental Allergies ________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Prescription Medication ______________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Frequently Taken Over-the-Counter Medications __________________________________
___________________________________________________________________________
___________________________________________________________________________

Pharmacy ____________________________________________________________
Pharmacy Address _________________________________________________________
Pharmacy Phone Number _________________________________________________

Child’s dietary restrictions ___________________________________________________
MEMORIAL ASSISTANCE MINISTRIES
FAMILY PREPAREDNESS TOOLKIT

CHILD’S INFORMATION

<table>
<thead>
<tr>
<th>Total number of children in family</th>
<th>Is this child:</th>
<th>☐ Biological</th>
<th>☐ Adopted</th>
<th>☐ Step child</th>
</tr>
</thead>
</table>

Child’s Full Name

Phone Number

Date of Birth __________________ City of Birth __________________

State of Birth __________________ Country of Birth __________________

Place of Birth (Hospital Name) _________________________________________

Location of Child’s Important Records (birth, medical, school, etc.) __________________________

School __________________________

School Address __________________________ School Phone Number __________________________

School Principal __________________________ Principal Phone Number __________________________

Emergency School Contact Person __________________________ Phone Number __________________________

Teacher __________________________ Classroom Number __________________

CIS Worker __________________________ Phone Number __________________

School Counselor __________________________ Phone Number __________________

School Nurse __________________________ Phone Number __________________

Afterschool Program __________________________

Afterschool Program Contact Person __________________________

Address __________________________ Phone Number __________________

Babysitter/Childcare Provider __________________________ Phone Number __________________

CHILD’S MEDICAL

☐ Check this box if ALL children have the same health insurance/health care

☐ Check this box if ALL children have the same medical doctor

☐ Check this box if ALL children receive their care at the same provider/clinic

☐ Check this box if ALL children have the same dentist

☐ Check this box if ALL children use the same pharmacy

Child’s Health Insurance Provider: ☐ Private Insurance

☐ Medicaid ☐ Gold Card ☐ Other __________________________

Name on Account, “Primary Insured” __________________________

If applicable: Member Number __________________ Group Number __________________

Phone Number __________________

Medical Facility/Clinic/Office __________________________

Address __________________________ Phone Number __________________

Doctor __________________________ Phone Number __________________

Dentist __________________________ Phone Number __________________

Mental Health Counselor __________________________ Phone Number __________________
CHILD’S MEDICAL continued

Medical Conditions _________________________________________________________________________________________________________
_____________________________________________________________________________________________________________________
_____________________________________________________________________________________________________________________
_____________________________________________________________________________________________________________________

Medication Allergies ________________________________________________________________________________________________________
_____________________________________________________________________________________________________________________
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Food or Environmental Allergies ____________________________________________________________________________________________
_____________________________________________________________________________________________________________________
_____________________________________________________________________________________________________________________
_____________________________________________________________________________________________________________________

Prescription Medication ___________________________________________________________ Dosage_________________________________

Frequently Taken Over-the-Counter Medications ____________________________________________________________________________
_____________________________________________________________________________________________________________________
_____________________________________________________________________________________________________________________

Pharmacy __________________________________________________________________________________________________________________

Pharmacy Address __________________________________________________________________________________________________________

Pharmacy Phone Number ____________________________________________________

Child’s dietary restrictions __________________________________________________________________________________________________
_____________________________________________________________________________________________________________________
_____________________________________________________________________________________________________________________
CHECKLIST OF DOCUMENTS

- Important Phone Numbers and Information Sheet
- Designated Caregiver Documents
- Child Custody Documents (If Applicable)
- Child Birth Certificates
- Child Passports
- Child Social Security Cards
- Copy of Child Health Insurance Cards
- Child Vaccination Records
- Child Prescription Medications
- School Records for Each Child
- Medical Consent/Medical Power of Attorney
- Durable Power of Attorney
- Financial Documents (Bank Statements, Credit Card Statements, etc.)
- Housing Lease
- Important Medical Documents If Your Child Has a Health Problem/Disability
- Notarized Permission for Guardian to Travel Outside the US with Your Child
- Protective Orders (If Applicable)
- Parent Birth Certificates
- Parent Marriage Certificate (If Applicable)
- Copy of Parent Passports and Any Identification Cards (Driver’s License, Social Security Card, ITIN)
- Any Immigration Documents (Immigration Court Documents, Copies of Immigration Petitions/Applications, Approval Notices, Old Work Permits)
- Criminal History Documents
- Evidence to Support Parent’s Good Moral Character in the United States (This Could Be Helpful to a Future Immigration Court Case):
  - Certificates or Proof of Attendance In ESL Classes
  - Letters of Recommendation from Work / Performance Evaluations
  - Letter from Church
- Evidence to Show Your Time in the United States (Last 10 Years, if Possible):
  - Bills, Rent Receipts
  - Tax Returns
  - Apartment Contracts/Lease Documents
  - Medical Records
  - Pay Checks
  - School Records
- Evidence to Show that Your United States/Permanent Resident Children, Spouse, or Parents Will Suffer Hardship If You Are Deported (This Could Be Helpful to a Future Immigration Court Case):
  - Family Members’ Medical Records
  - Family Members’ School Records
  - Family Photos
  - Family Members’ Mental Health Records

Keep these documents in a safe place and make sure everyone in your family - including your children - knows where to find them in case of emergency.
HAVING A DIRECT CONVERSATION ABOUT A FAMILY MEMBER WHO HAS BEEN DETAINED

1. Assess your level of stress as a caregiver, and manage your own feelings first.

2. Recognize signs/symptoms of stress or trauma in your child:
   • Increased anxiety
   • Always being alert of danger
   • Trouble sleeping/sleeping too much
   • Nightmares or fears before going to bed
   • Worries and bad memories that take over one’s life
   • Reliving bad events, as if they are happening now
   • Not feeling anything or denying any emotions
   • Irritability or anger
   • Sadness and crying that persists for weeks or months
   • Increased physical complaints (like headaches, stomachaches, dizziness)
   • Thoughts of hurting oneself

3. Assess level of severity: a child who is experiencing these symptoms may need to see a medical or mental health professional.
   • If your child, even young children, are having thoughts of self-harm, seek professional help.

4. Decide when and how to talk to your child about detention and deportation:
   • Consider the child’s age, level of maturity, other stressors that are happening in the family.
   • Choose the best way to start the conversation.
     “I want to talk to you about the people who looked like police officers who came and took your (mom, dad, brother, etc.) and what that means for our family.”

5. Invite your child to ask questions:
   • “Maybe you have been hearing the adults in the family talk about something called deportation. What do you know about deportation?”
   • “Deportation is when a person has to go back to a country where he/she was born, even if he/she does not want to go. What questions do you have about what you have heard?”
   • If a family member who is in detention will be deported:
     “[Insert the person’s name] will have to go back to [insert the name of the country] in [two weeks]. It is not his/her choice. Remember, this is called deportation. You will stay here and be cared for by [insert the name(s) of the caregiver, siblings, or whoever you have decided to care for the child]. I can see you are feeling [sad, afraid, worried, etc.] about this. I want you to tell me about those feelings so that I can help you or get someone to help you understand this better.”
HELPING CHILDREN HEAL IN THE CONTEXT OF DEPORTATION RISKS

THE IMPACT OF STRESS AND TRAUMA

Living under the stress of deportation can be a type of traumatic stress. The greatest stressor for citizen-children may be fear of parents’ discovery. Similarly, the actual experience of a parent’s arrest, detention, and deportation can cause or complicate children’s stress and negatively impact their mental health (Zayas, 2015).

In addition to disruptions to their lives and separation from their parents, children and adolescents may face emotional and physical health consequences such as:

- Feelings of discrimination
- Reactions to their parents’ emotional distress
- Worries about future education
- Negative experiences with authority
- Food insecurity and other economic hardship
- Under-utilization of health care system
- Poor school attendance
- Academic and conduct problems
- Regression (returning to earlier developmental levels)

Parents’ legal vulnerability, detention, and deportation may also be associated with more serious emotional disturbances. Parents should monitor for the following and get help* if children/adolescents are experiencing:

- Depression
- Anxiety, hypervigilance (an exaggerated need to detect outside threats), hyperarousal (nightmares, feelings of being in danger, anger, impulsiveness)
- Fear of separation
- Social isolation/withdrawal
- Self-stigma (shame, hopelessness, despair)
- Aggression
- Insomnia or sleeping too much
- Difficulty concentrating or completing tasks

Parents never want their child to suffer the negative effects of stress or suffer the aftermath of trauma. The following may help you to manage your child’s behaviors and stress during these times:

1. Recognize and manage parent stress
2. Try to maintain a balanced perspective
3. Help children understand the limitations of being in a family with deportation concerns
4. Learn about common stress and trauma reactions (such as those listed above) that children and adolescents may have
5. Explain to your child that he or she is not responsible for what is happening, it is not their fault
6. Assure your child of his or her safety at home and at school. Talk about what you’ve done to make him or her safe.
7. Allow your child to express his or her fears
8. Maintain regular home and school routines
9. Be patient. Try not to push your child to “just get over it”.
10. Consult with a qualified mental health professional if your child’s distress lasts for several weeks.

*Ask school counselor for an appropriate referral
Money – How Much to Save?
Have one month of rent and living expenses set aside. Expenses include groceries, utilities, car care, medical expenses, prescription medications, etc. Keep the money in a safe place such as a bank or locked away securely.

Bank Accounts
• If you have a bank account, more than one person should have signing rights. Example: Both parents should have access or add an additional relative or trusted friend.
• Go to the bank and grant access now. Do not wait.
• Talk to your banker and your lawyer about options that will protect you, your family and your money.

Pay Check
If you are arrested or detained, a family member or close friend must be approved to pick up your pay check. Make these arrangements now with the people who pay your salary.

Medical Conditions
If you are pregnant, nursing an infant, feel ill after being arrested, take daily medication or have a medical condition that needs attention, tell the immigration agent or arresting office and ask to have medical attention provided.

Medications
• If you take prescription medications regularly, either carry the prescription with you or carry information from the prescription label that gives the name of the medication and the dosage. (Take a photo of the prescription label and carry it with you.)
• Carry the phone number of the doctor or clinic that prescribed the medicine for you and know why the medicine was prescribed.
• You should demand that the arresting officer, whether police department or immigration agent, permit you to take your medicine or speak to a doctor.
• If you are refused medical care, or access to your medications, you should write down the name of the officer who refused this request. This is an important detail to include if/when you file a report with an appropriate agency in the future.

Know Your “A” Number
If you have a pending case with immigration, you and your family members need to know your Alien Registration number (“A” number). This information can help locate you if you are detained. The “A” number should be listed on the Notice to Appear, Notice of Custody Determination, and any other document, such as a receipt notice for a pending application. Record this number in your phone in the Contacts list.
Lawyers
• Create a list of lawyers and phone numbers who have represented you. Keep this list with your immigration paperwork.
• If you do not already have an immigration lawyer, find a lawyer who specializes in deportation defense who may be able to represent you if you are detained.
• You and your family or close friends should have the name and phone number of your lawyer posted near the telephone at home or recorded on cell phones. If you have not hired a lawyer yet, post the names of several good immigration lawyers, a member of the clergy and/or community organizations in an easily accessible place in case you are detained.

Passports
It is important to have a passport from your home country. Also, be sure to obtain US passports for all of your US born children so that they will be able to travel to your home country.
Note: It is much more difficult to obtain a passport if both parents are not available.

Bonds
Know about bonds. Only US citizens and lawful permanent residents (LPR) can post a bond at an immigration office. Individuals without immigration status or individuals whose status is still pending before an immigration office should not go to the local ICE office to post bond. If you do not have a citizen or LPR relative, make sure to find a trustworthy friend who can post the bond for you. (Once your immigration case is over, the bond money posted will be returned to the person who posted the bond.)

Documents
• Collect important documents in one place. Documents such as your passport, birth certificate and marriage certificate should be placed in a secure but easily accessible location.
• Tell trusted family members or a trusted friend where these documents are kept.
• All birth and medical certificates for your children should be kept in the same place.
• Carry with you, at all times, copies of documents showing that you have resided continuously in the United States for the last 2 years. Examples of evidence include: lease agreement/contract, rent receipts, utility bills, bank statements, car insurance, pay checks, etc. You could put photos of such documents on your phone.

Do not carry with you your birth certificate or foreign passport with which to identify yourself as this is evidence that you were born somewhere else. Do not carry any false identity documents or false immigration documents.

NOTE: The evidence is in case you find yourself in a situation where ICE knows you are in the country without status, but please remember that you can refuse to speak to an ICE agent and you can also refuse to show them any documents before you speak to an attorney. However, if you come into contact with ICE and they do not know your immigration status, remember that you do not have to answer any questions about your birth place, immigration status or how you entered the United States. Say that you want to remain silent until you speak with a lawyer.
LEGAL CONSULTATIONS AVAILABLE AT THESE PARTNERS

Catholic Charities Cabrini Center for Immigrant Legal Assistance
(713) 874-6570 | www.CatholicCharities.org

Immigration “Charlas”
- Spanish language: Every 1st and 3rd Tuesday of the month at 8:00AM at 2900 Louisiana St., 77006
- English language: Every 2nd Tuesday of the month at 8:00AM at 2900 Louisiana St., 77006
- Charlas are FREE information session explaining immigration laws with an opportunity to speak with an attorney. You MUST pre-register by calling 713-874-6570. Please do not bring children.

BakerRipley (formerly Neighborhood Centers, Inc.)
(713) 315-6400 | http://www.immigrationforgood.org

Walk-in Immigration Legal Consultations
- Tuesdays at Ripley House Neighborhood Center (4410 Navigation Blvd., 77011) at 9:00AM
- Fridays at Baker Ripley Neighborhood Center (6500 Rookin St., 77074) at 9:00AM
- Note: There is a small fee of $30 per family for consultation. Space is limited so arrive early.

YMCA International Services
713-758-9280 | www.ymcahouston.org/ymca-international
6671 Southwest Freeway, Suite 250, Houston, TX 77074. Free visitor parking garage.

Legal Clinics
- Call 713-758-9280 to be referred to an upcoming free clinic appropriate to your case.

Memorial Assistance Ministries
(713) 468-4516 ext. 187 | www.helpherhelpnow.org

Immigration Consultations
- Fridays at 8:30 AM at 1625 Blalock Road, Houston, TX 77080
- Note: First come, first serve (max of 8 people). There is a $30 consultation fee.

Human Rights First
(713) 955-1360 | www.humanrightsfirst.org

Tahirih Justice Center
(713) 496-0100 | www.tahirih.org

Free consultations for families in removal proceedings who are seeking asylum
- Fridays from 8:30AM - noon at Immigration Court, 1801 Smith St., 9th Floor, Courtroom #8 (the court is in the same place – previous address is 600 Jefferson St)

For more details about these events and organizations visit: www.houstonimmigration.org/events
Immigrant Rights Hotline: 1-833-HOU-IMMI (468-4664)
LEGAL CONSULTATIONS BY APPOINTMENT (located in Houston unless noted)

<table>
<thead>
<tr>
<th>General Immigration Law, including citizenship</th>
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<tbody>
<tr>
<td>Justice For Our Neighbors Houston</td>
<td>Boat People SOS</td>
</tr>
<tr>
<td>(713) 454-6470</td>
<td><a href="http://www.jfonhouston-etx.org">www.jfonhouston-etx.org</a></td>
</tr>
<tr>
<td>African Law Center</td>
<td>University of Houston Law Center Immigration Clinic</td>
</tr>
<tr>
<td>(281) 624-6421</td>
<td><a href="http://www.africanlawcenter.org">www.africanlawcenter.org</a></td>
</tr>
<tr>
<td>Immigration Clinics at South Texas College of Law Houston</td>
<td></td>
</tr>
<tr>
<td>(713) 646 2990</td>
<td><a href="http://www.stcl.edu/academics/legal-clinics">www.stcl.edu/academics/legal-clinics</a></td>
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<tr>
<th>Citizenship only</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Bonding Against Adversity</td>
<td>OCA – Greater Houston</td>
</tr>
<tr>
<td>(713) 471-5832</td>
<td><a href="http://www.bondingagainstadversity.org">www.bondingagainstadversity.org</a></td>
</tr>
<tr>
<td>Chinese Community Center</td>
<td>Ser y Hacer @ The Children's Center</td>
</tr>
<tr>
<td>(713) 271-6100 (ask for “immigration program”)</td>
<td><a href="http://www.ccchouston.org">www.ccchouston.org</a></td>
</tr>
<tr>
<td><a href="http://www.ccchouston.org">www.ccchouston.org</a></td>
<td><a href="http://www.thechildrenscenterinc.org">www.thechildrenscenterinc.org</a></td>
</tr>
<tr>
<td>Texas Center for Community Services</td>
<td></td>
</tr>
<tr>
<td>(281) 288-9592</td>
<td>Spring, TX</td>
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</tbody>
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<thead>
<tr>
<th>Asylum, Unaccompanied Children, and Other Areas of Immigration Law</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Tahirih Justice Center</td>
<td>Human Rights First</td>
</tr>
<tr>
<td>(women, girls, transgender women)</td>
<td>(asylum)</td>
</tr>
<tr>
<td>(713) 496-0100</td>
<td><a href="http://www.tahirih.org">www.tahirih.org</a></td>
</tr>
<tr>
<td>United We Dream</td>
<td>Kids In Need of Defense</td>
</tr>
<tr>
<td>(DACA, deportation defense)</td>
<td>(unaccompanied minors)</td>
</tr>
<tr>
<td>(713) 714-6452</td>
<td><a href="http://www.unitedwedream.org">www.unitedwedream.org</a></td>
</tr>
<tr>
<td>Report a raid at 1-844-363-1423</td>
<td>Text 877877</td>
</tr>
</tbody>
</table>

Private Attorneys: If you can afford an attorney, there are many immigration attorneys in the Houston region who are members of the American Immigration Lawyers Association (AILA): www.ailalawyer.org.

<table>
<thead>
<tr>
<th>When you hire an Attorney, ask them questions like:</th>
<th>Avoid Notario Fraud</th>
</tr>
</thead>
<tbody>
<tr>
<td>• In what state are you licensed?</td>
<td>✓ A “notario” does not have specialized immigration knowledge or license to practice immigration law. Notarios may cheat you or harm your case.</td>
</tr>
<tr>
<td>• Have you ever been disciplined by a State Bar?</td>
<td>✓ Be WARY if a provider does any of these:</td>
</tr>
<tr>
<td>• How long have you practiced immigration law?</td>
<td>• Asks you to sign blank documents</td>
</tr>
<tr>
<td>• What type of immigration law do you specialize in?</td>
<td>• Refuses to give you a contract for their services</td>
</tr>
<tr>
<td>✓ If the individual offering representation avoids your questions, consider finding a different lawyer.</td>
<td>• Refuse to show you their license or accreditation</td>
</tr>
<tr>
<td>✓ Call multiple attorneys before you hire one.</td>
<td>• Guarantees positive results</td>
</tr>
<tr>
<td>✓ YOU are the client and you get to decide who will represent your best interests.</td>
<td>• Claims a special relationship to an immigration officer or judge that will benefit your case</td>
</tr>
</tbody>
</table>