

TRAVEL GUIDE FOR FIRST YEAR AU PAIRS

IMPORTANT: This travel information is for au pairs in their first year only.

For information about traveling outside of the U.S. during the extension term, please read the Travel Guide for Extension Term Au Pairs or call Cultural Care Au Pair at 1-800-333-6056.

Many au pairs take time during their exchange program to travel. If an au pair wishes to travel outside of the U.S., the au pair must present certain documentation. Au pairs missing any of the necessary documents will likely be denied entry to the country they visit or re-entry to the U.S.

Before traveling au pairs must:

1. Check if they need a visa to enter any country to which they will travel by contacting the embassy of that country. Contact information for embassies is available at www.embassyinformation.com.
2. Gather and review the following documents:
 - **Passport.** Check that it is valid for at least six months beyond dates of trip.
 - **J-1 visa in the passport.** Check that it is valid for multiple entries and valid for at least two months beyond dates of trip. Please see the example on the reverse page.
 - **I-94 record.** Check that it reflects legal entry in the U.S. on the J-1 visa. The I-94 record may be printed at: www.cbp.gov/I94.
 - **DS-2019 form.** Check box three to ensure it is valid for at least two months beyond dates of trip and read below to see if the form needs to be validated for travel.

The DS-2019 form (Certificate of Eligibility) must be validated by Cultural Care Au Pair for travel to countries other than Canada, Mexico, and the Caribbean. However, au pairs traveling to these places by cruise may still be required by the cruise line to have their DS-2019 form validated for travel by Cultural Care Au Pair prior to travel. If the DS-2019 was signed for travel at another time, the travel signature is valid until the program end date listed in box three.

To have the DS-2019 form validated for travel, mail it to the address below with a note stating the dates and destinations of travel. Send to: **Cultural Care Au Pair, Attn. Travel Validation, One Education Street, Cambridge, MA 02141.**

If the DS-2019 form is not accurate, contact Cultural Care Au Pair directly to request a corrected form.

If there is more than one DS-2019 form use **only** the most recent form, as indicated by the date in box seven. Keep any older forms in a safe place.

Restrictions:

- Au pairs are permitted to travel outside the US for no more than 30 days at a time.
- Cultural Care Au Pair does not recommend travel outside of the U.S. during the last two months of the dates on DS-2019 form or J-1 visa.

Questions? Contact Cultural Care Au Pair Services at 1-800-333-6056 or aupair@culturalcare.com

J-1 VISA



DS-2019

U.S. Department of State
CERTIFICATE OF ELIGIBILITY FOR EXCHANGE VISITOR(J-1) STATUS
 OMB APPROVAL NO. [REDACTED]
 EXPIRES: [REDACTED]
 ESTIMATED BURDEN TIME: 45 min
 *See Page 2

1. Family Name: Visitor First Name: New Middle Name: Exchange Gender: FEMALE

Date of Birth (mm-dd-yyyy): [REDACTED] City of Birth: [REDACTED] Country of Birth: [REDACTED] Citizenship Country Code: [REDACTED] Citizenship Country: [REDACTED]

Legal Permanent Residence Country Code: [REDACTED] Legal Permanent Residence Country: [REDACTED] Position Code: [REDACTED] Position: [REDACTED]

U.S. Address: [REDACTED]

2. Program Sponsor: Exchange Visitor Program Number: [REDACTED]

Participating Program Official Description:
 AU PAIR

Purpose of this form: Begin new program

3. Form Covers Period: From (mm-dd-yyyy): [REDACTED] To (mm-dd-yyyy): [REDACTED]

4. Exchange Visitor Category: AU PAIR
 Subject/Field Code: [REDACTED] Subject/Field Code Description: [REDACTED]

5. During the period covered by this form, the total estimated financial support (in U.S. \$) is to be provided to the exchange visitor by:
 [REDACTED]

6. DEPARTMENT OF STATE CERTIFICATES Test PDSO-67
 Responsible Officer: [REDACTED]
 Name of Official Preparing Form: [REDACTED] Title: [REDACTED]
 Address: [REDACTED] Telephone Number: [REDACTED]
 Signature of Responsible Officer or Alternate Responsible Officer: [REDACTED] Date (mm-dd-yyyy): [REDACTED]

8. Statement of Responsible Officer for Releasing Sponsor (FOR TRANSFER OF PROGRAM)
 Effective date (mm-dd-yyyy): [REDACTED] Transfer of this exchange visitor from program number [REDACTED] sponsored by [REDACTED] to the program specified in item 3 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: [REDACTED] Date (mm-dd-yyyy) of Signature: [REDACTED]

PRELIMINARY ENDORSEMENT OF CONSULAR OR IMMIGRATION OFFICER REGARDING SECTION 212(e) OF THE IMMIGRATION AND NATIONALITY ACT AND PL 94-484, AS AMENDED (see item 2(a) of page 2).

The Exchange Visitor in the above program:
 1. Not subject to the two-year residence requirement.
 2. Subject to two-year residence requirement based on:
 A. Government financing and/or
 B. The Exchange Visitor Skills List and/or
 C. PL 94-484 as amended

(ALL USAID PARTICIPANTS G-2-0263 AND ALL ALIEN PHYSICIANS SPONSORED BY P-3-4119 ARE SUBJECT TO THE TWO-YEAR HOME RESIDENCE REQUIREMENT)

(1) Exchange Visitor is in good standing at the present time
 Date (mm-dd-yyyy): [REDACTED]
 Signature of Responsible Officer or Alternate Responsible Officer: [REDACTED]
 (2) Exchange Visitor is in good standing at the present time
 Date (mm-dd-yyyy): [REDACTED]
 Signature of Responsible Officer or Alternate Responsible Officer: [REDACTED]

Name: [REDACTED] Title: [REDACTED]
 Signature of Consular or Immigration Officer: [REDACTED] Date (mm-dd-yyyy): [REDACTED]

THE U. S. DEPARTMENT OF STATE RESERVES THE RIGHT TO MAKE FINAL DETERMINATION REGARDING 212 (e).

EXCHANGE VISITOR CERTIFICATION: I have read and agree with the statement on item 2 on page 2 of this document.
 Signature of Applicant: [REDACTED] Place: [REDACTED] Date (mm-dd-yyyy): [REDACTED]

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Program dates

Date issued

Travel validation