KU Medical Center Mail Stop 3033, 3901 Rainbow Blvd., Kansas City, KS 66160

International Programs

Request for DS2019 for Dependents

The purpose of this form is to add dependents to an active J1 Exchange Visitor program file. The Exchange Visitor must be in the US and active in his/her program.

Instructions: Please type or print. This form must be completed and signed by the hiring department, and the original submitted with all necessary supporting documents to the Office of International Programs (OIP). OIP will notify the Exchange Visitor via email when the DS2019 is available for pick up.

Exchange Visitor

Family Name_____ Given _____

Current Home Address _____

Email Address _____

Departmental Sponsor Information

Individual who directly supervises the visitor: Name _____Title _____

Department Contact or Coordinator: Name_____Phone _____

Funding Information

Total amount = U.S. $ _____ for _____ month(s), which is the duration of the program or US $_____annual salary. Exchange Visitor will be paid directly from the following source(s):

Amount	Source
US$_____	_____
US$_____	_____
US$_____	_____

- Note the minimum funding requirements: $18,620 year for the J1; an additional $3,180 year for each dependent.
- **Evidence of funding** is necessary only if the exchange visitor is self-sponsored or if there is a change in the funding source.

Compliance with Department of State, Exchange Visitor Program Regulations

The Department of State (DOS) requires that all J1 principals and J2 dependents are required to carry health, medical evacuation and repatriation insurance in effect for the duration of their exchange visitor status.

All exchange visitors and dependents must check-in with the Office of International Programs (OIP) upon arrival to the United States.

J2 dependents may attend classes without restriction. In order to be employed, they must apply for an receive authorization from USCIS in the form of an Employment Authorization Document (EAD) card. The J2 can only be employed within the valid dates noted upon the EAD.

I, as the J1 principal understand these regulations and will present my dependents for check-in within 7 days upon arrival in the US. I will provide verification of insurance which complies with the DOS regulations. My dependents will obtain the necessary authorization before they begin any type of employment.

Signed _____ Date _____
(To be signed by Exchange Visitor)

Dependent Attestation

Exchange visitor regulations hold the sponsoring institution of the J-1 principal responsible for the monitoring of J-2 dependents. Accordingly, the Office of International Programs requires that the host department or institution approve of any dependents, whether accompanying the Visitor or arriving separately. The hiring department agrees to offer reasonable assistance to the OIP in complying with these regulations, including, but not limited to, the maintenance of mandatory health, medical evacuation and repatriation insurance, the monitoring of arrival /departure information, and information pertaining to employment or study by the J-2 dependent.

As the official responsible for the oversight of the exchange visitor, I support the Visitor's dependent(s) accompanying him/her. I accept responsibility for said dependents as for the Visitor, and will assist the OIP in a reasonable manner to ensure that KUMC and the Visitor maintain compliance with DOS regulations. (Note: If you do not sign this statement, it will not affect the eligibility of the principal exchange visitor for sponsorship through KUMC. However, no dependents will be issued a DS2019, nor will one be issued at a later date until a new statement of support is signed.)

Signed _____ Date _____
(To be signed by department head or supervisor)

Dependent Information

- Each **J-2** dependent must hold his/her own DS2019 in order obtain a visa and maintain status once in the U.S.
- **For each family member, attach a copy of** passport identification page(s).
- Repeat this page as necessary for additional family members

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Family _____ First _____ Middle (complete) _____

Date of birth _____ (MM/DD/YY) Relationship to visitor: ◯ wife ◯ husband ◯ daughter ◯ son

City of birth _____ Country of birth _____ Country of citizenship_____

Is the dependent currently in the U.S.? ◯ no ◯ yes

Has the dependent ever held J-1 or J-2 status? ◯ no ◯ yes **If yes**, dates in J status: from _____ (MM/DD/YY) to _____ (MM/DD/YY)

Family _____ First _____ Middle (complete) _____

Date of birth _____ (MM/DD/YY) Relationship to visitor: ◯ wife ◯ husband ◯ daughter ◯ son

City of birth _____ Country of birth _____ Country of citizenship_____

Is the dependent currently in the U.S.? ◯ no ◯ yes

Has the dependent ever held J-1 or J-2 status? ◯ no ◯ yes **If yes**, dates in J status: from _____ (MM/DD/YY) to _____ (MM/DD/YY)

Family _____ First _____ Middle (complete) _____

Date of birth _____ (MM/DD/YY) Relationship to visitor: ◯ wife ◯ husband ◯ daughter ◯ son

City of birth _____ Country of birth _____ Country of citizenship_____

Is the dependent currently in the U.S.? ◯ no ◯ yes

Has the dependent ever held J-1 or J-2 status? no yes **If yes**, dates in J status: from _____ (MM/DD/YY) to_____ (MM/DD/YY)