



Date	Rotary Club	District	IB-0			
		<h2 style="text-align: center;">DS-2019 Request Form</h2> <p style="text-align: center;">(The Certificate for a J-1 Visa)</p> <h3 style="text-align: center;">South Central Rotary Youth Exchange, Inc.</h3> <p style="text-align: right;">(Updated 26Jan2017 – G)</p>				
Responsible Officer (or Alternate Responsible Officer)						
Name		Phone	E-mail			
Request Submitted by						
Name		YE Position	Phone	E-mail		
Send DS2019 Form to						
Name		PO or Street Address	City	State	Zip	
Home Phone	Work Phone	Cell Phone	E-mail			
Student Information (Must be consistent with passport data)						
First Name		Middle Name(s)	Family Name (e.g. SMITH)	Gender		
				<input type="checkbox"/> Male <input type="checkbox"/> Female		
Date of Birth (mm/dd/yyyy)		Place of Birth (City, State/Province, Country)		Student E-mail		
Sponsor District	Country of Citizenship		Country of Legal Residence			
School Information						
Name of School		Address (Street, City, State, Zip – No P. O. Box)		Start Date	School Contact Person	
Exchange Year (May arrive up to 30 days before start date & depart up to 30 days after end date. If travel not possible in this period, contact RO/ARO)						
Start Date (Date School Begins)			End Date (No more than 365 days from Start Date)			
Host Family						
Host Father Name		Host Mother Name		Phone	E-mail	
Street Address (Required)			P. O. Box, if any	City	State	Zip
Date Host Family CBC Completed		Date Host Family Reference Checks Completed		Date of In-Home Interview		
Local Coordinator						
Name		Phone	E-mail	Zip Code		
Date CBC Completed		Date Reference Checks Completed		Date On-Line DOS Regulations Training Completed		
Insurance						
CISI-Bolduc Insurance Purchased: <input type="checkbox"/> Plan A <input type="checkbox"/> Plan B						
Other Insurance Purchased: <input type="checkbox"/> Yes <input type="checkbox"/> No						
(NOTE: Insurance coverage must meet requirements of RI, USA Department of State and SCRYE.)						
Transmit following documents to RO/ARO with this completed form						
<input type="checkbox"/> Copy of First Page of Student Application		<input type="checkbox"/> Copy of Guarantee Form		<input type="checkbox"/> English Language Verification		
<input type="checkbox"/> Copy of Student Passport or Birth Certificate		<input type="checkbox"/> Insurance Verification				