



Intern & Training
Orientation Packet

2019

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Dynamic Global Exchange Contact Information

My Sponsor is:

Dynamic Global Exchange
30725 River Crossing Drive
Bingham Farms, MI 48025

Office Phone Number: (248) 645-0505

Emergency Cell Number: (248) 885-0004
(The Emergency Cell is staffed at all times.)

Officers:

Deb Martin, Executive Director
deb@dynamicglobalexchange.com

Marisa Martin, Managing Director
marisa@dynamicglobalexchange.com

Department of State Contact Information

Street Address:

U.S. Department of State
Office of Private Sector Exchange (ECA/EC)
SA-4E, 2430 E Street, NW
Washington, DC 20037

Mailing Address:

US Department of State
Office of Private Sector Exchange Designation (ECA/EC/D)
SA-4E – Room # E-B001
2201 C Street NW
Washington, DC 20520

Telephone: 202 632 2805
Fax Number: 202 632 2701

Email: jvisas@state.gov

Website: <https://j1visa.state.gov/>

Welcome Brochure from the U.S. Department of State



Bureau of Educational and Cultural Affairs
Private Sector Exchange
United States Department of State

The Department of State welcomes you to the United States. We are pleased to receive you as an exchange visitor. As an Exchange Visitor Program participant, you will acquire an experience in the United States and as an ambassador of your country you will help educate the American people about your home country and culture.

This brochure will help you understand the purpose of the Exchange Visitor Program and introduce you to some of the major requirements of the Exchange Visitor Program regulations that are most relevant to you.

THE EXCHANGE VISITOR PROGRAM

The U.S. Department of State administers the Exchange Visitor Program under the provisions of the Mutual Educational and Cultural Exchange Act of 1961, as amended. The Act promotes mutual understanding between the people of the United States and other countries by means of educational and cultural exchange. The Exchange Visitor Program provides foreign nationals opportunities to participate in exchange programs in the United States with the expectation that on completion of their exchange program, they will return home to share their experiences.

Sponsors – The U.S. Department of State designates U.S. organizations such as government agencies, academic institutions, educational and cultural organizations, and corporations to administer exchange visitor programs. These organizations are known as sponsors. Sponsors screen and select exchange visitors to participate in their programs based on the regulations governing the exchange activity and stated in 22 CFR Part 62. Sponsors provide participants pre-arrival information, an orientation, and monitor their activities throughout their exchange program.

Sponsors offer or identify cross-cultural activities that will expose exchange visitors to American society, culture, and institutions. Exchange visitors are encouraged to participate in activities that provide them with an opportunity to share their language, culture, and history with Americans.

Responsible Officers – Sponsors appoint individuals as responsible officers and alternate responsible officers to advise and assist exchange visitors. These officers issue the Certificate of Eligibility (Form DS-2019), and conduct official communications with the Department of State and the Department of Homeland Security (DHS) on your behalf. Should you have any questions about the regulations or any aspect of your exchange program, your initial and primary contact is the sponsor. Unless provided specific contact information by your sponsor you should contact the person whose name and telephone number can be found on your Form DS-2019.

Exchange Visitor – An exchange visitor is a foreign national selected by a sponsor to participate in an exchange visitor program and who is seeking to enter or has entered the United States temporarily on a J-1 visa.

Spouse and dependents - Some categories of the Exchange Visitor Program permit a spouse and/or unmarried children, under 21 years of age, to accompany an exchange visitor to the United States. These individuals are dependents of the J-1 and may apply for J-2 visas with the permission of your sponsor.

REGULATIONS - RULES

It is important that you understand and abide by the Exchange Visitor Program regulations, U.S. laws and sponsor rules. Regular contact with your responsible officer will help you keep current of any change which may affect your J-visa status. Some requirements of the Federal regulations and where to find them are indicated below.

Register with your sponsor – Your Form DS-2019 was created in a computerized system known as the Student and Exchange Visitor Information System (SEVIS). This System is administered by the Department of Homeland Security and is used to collect and maintain information on the current status of non-immigrants and their dependents in the sponsor's program during their stay in the United States.

When you arrive in the United States, you must contact your sponsor to ensure that your data in SEVIS is accurate and updated. Failing to maintain your status could result in serious consequences and may affect your ability to remain in or return to the United States.

Activities and Program Provisions – You entered the United States in a specific program category, and are required to engage in that category and the activity listed on your Form DS-2019. You must comply with the specific program provisions of the regulations relating to your exchange category.

Insurance – You are required to have medical insurance in effect for yourself (J-1) and any dependents (J-2) for the duration of your program. Some sponsors provide the required insurance for their participants. Other sponsors may allow you to make your

own arrangements or may help to identify insurance carriers. Consult with your responsible officer before the start of your program.

(a) Minimum Insurance Coverage – Insurance shall cover: (1) medical benefits of at least \$50,000 per person per accident or illness; (2) repatriation of remains in the amount of \$7,500; and (3) expenses associated with medical evaluation in the amount of \$10,000.

(b) Additional Terms – A policy secured to fulfill the insurance requirements shall not have a deductible that exceeds \$500 per accident or illness, and must meet other standards specified in the regulations.

(c) Maintenance of Insurance – Willful failure on your part to maintain the required insurance throughout your stay in the United States will result in the termination of your exchange program.

Maintenance of Valid Program Status – You are required to have a valid and unexpired Form DS-2019. Sponsors may terminate an exchange visitor's program for violating U.S. laws, Exchange Visitor Program regulations, or the sponsor's rules governing their particular program.

Required Notifications to Sponsors – You must inform your sponsor if you change your address (residence) or telephone number, or complete or withdraw from your exchange visitor program early. Doing so assists your sponsor in complying with their notification and reporting requirements to the U.S. Department of State and the Department of Homeland Security. Failure to keep your sponsor informed could result in the termination of your program status.

Current Regulations – The Exchange Visitor Program regulations are located in the Code of Federal Regulations, (22 CFR, Part 62). The regulations are generally available for review at the offices of your sponsor, universities, law schools, or large public libraries. They are also available on the Internet at:
<http://exchanges.state.gov/education/jexchanges>

For Further Information – Additional requirements that may apply to you are set forth in the Exchange Visitor Program Regulations. Review a copy of the current regulations and consult with your responsible officer.

Contacting the Department of State – The Exchange Visitor Program is administered under the oversight of the Deputy Assistant Secretary for Private Sector Exchange, Bureau of Educational and Cultural Affairs (ECA). The Office of Designation and the Office of Exchange Coordination and Compliance are located at:

Bureau of Educational and Cultural Affairs
Department of State
State Annex SA-5, Fifth Floor
Washington, DC 20522-0505

The office of Designation is organized under two divisions. The Academic and Government Programs Division, and the Private Sector Program Division. Contact information and the exchange categories for the divisions are identified below:

Academic and Government Programs Division (ECA/EC/AG)

Categories of exchange: Government Visitor, International Visitor, Professor, Research Scholar, Short-Term Scholar, Specialist, Student (College and University)

Telephone: 202 632-9310 Fax: 202 632-2701

Private Sector Program Division (ECA/EC/PS)

Categories of exchange: Alien Physician, Au Pair, Camp Counselor, Intern, Secondary Student, Summer Work Travel, Teacher, Trainee

Telephone: 202-632-2805 Fax: 202-632-2701

The Office of Exchange Coordination and Compliance is responsible for monitoring designated sponsors for regulatory compliance. Inquiries regarding sponsors and the Program can be emailed to Compliance by using JVisas@state.gov.

A Description of Your Program Intern and Training Program

Purpose and Requirements

Intern:

The purpose of the Intern Program is to enhance the skills and expertise of exchange visitors in their academic fields through participation in structured and guided work-based training and internship programs and to improve participants' knowledge of American techniques, methodologies, and technology.

Internships are also intended to increase participants' understanding of American culture and society and to enhance Americans' knowledge of foreign cultures and skills through an open interchange of ideas between participants and their American associates. A key goal of the Fulbright-Hays Act, which authorizes these programs, is that participants will return to their home countries and share their experiences with their countrymen.

Eligible participants are foreign nationals who are currently enrolled full-time and pursuing studies at a degree- or certificate-granting post-secondary academic institution or graduated from such an institution no more than 12 months prior to their exchange visitor program begin date a period of work-based learning to allow them to develop practical skills that will enhance their future careers.

Bridging the gap between formal education and practical work experience and gaining substantive cross-cultural experience are major goals in educational institutions around the world. By providing these internship opportunities at formative stages of participant development, the U.S. government's goal is to build partnerships, promote mutual understanding, and develop networks. It is hoped that these relationships will last through generations as participants move into leadership roles in a broad range of occupational fields in their own societies.

Intern participants must also be sufficiently proficient in English to successfully interact in an English speaking working and social environment on a day-to-day basis.

DGE is authorized to sponsor Interns in the fields of Business (Accounting, Finance, Management, Marketing, etc.) and Hospitality (Culinary, Food and Beverage, Front Office, etc.).

Training:

The purpose of the Training Program is to enhance the skills and expertise of exchange visitors in their occupational fields through participation in structured and guided work-based training programs and to improve participants' knowledge of American techniques, methodologies, and technology.

Training programs are also intended to increase participants' understanding of American culture and society and to enhance Americans' knowledge of foreign cultures and skills through an open interchange of ideas between participants and their American associates. A key goal of the Fulbright-Hays Act, which authorizes these programs, is that participants will return to their home countries and share their experiences with their countrymen. It is hoped that relationships built and nurtured during the Training program will last through generations as participants move into leadership roles in a broad range of occupational fields in their own societies.

Eligible participants are foreign nationals who have either a degree or professional certificate from a foreign post-secondary academic institution and at least one year of prior related work experience in their occupational field acquired outside the United States or five years of work experience in their occupational field acquired outside the United States.

Training participants must also be sufficiently proficient in English to successfully interact in an English speaking working and social environment on a day-to-day basis.

DGE is authorized to sponsor Trainees in the fields of Business (Accounting, Finance, Management, Marketing, etc.) and Hospitality (Culinary, Food and Beverage, Front Office, etc.).

Things To Do Right Away/Tips For Success During Your Program

Things To Do Right Away

1. Make two copies of your passport ID page, visa page, I-94 card (keep stapled in passport), DS-2019 form.
2. Wait at least 10 business days – then go to the closest Social Security office and apply for your unique number (once received, make two copies).
3. Open a checking account (make sure you request a “free account” – usually available to students).
4. Read and ask us questions about your travel insurance. It is important for you to understand what to do if you have an accident or get sick.

Tips For Success During Your Program Stay

1. Contact your family at home and let them know you are safe.
2. Keep your money and valuables safe. Keep minimal money in your wallet, put the rest in your bank account. Store valuables out of site.
3. Always carry your insurance card and a copy of your DS-2019.
4. Put your passport in a safe place (do not carry it with you).
5. Speak English as much as you can. Ask people from your own country to speak English. Carry around a little notebook to write down words you are learning.
6. Do not limit yourself to making friends with people only from your country. This is your chance to meet people from all over the world.
7. If you do not understand something please ask. Nodding your head (up and down) in America means, “Yes, I understand.” Try not to be embarrassed to ask the person to repeat or rephrase. Answering “yes” or nodding your head ... when you don’t understand ... can lead to big problems in your work AND social life!
8. Attend planned events from sponsor.
9. Write reminders for yourself about all work rules and responsibilities.
10. Explore your new city. Visit the library, community center, and parks. Find a place to exercise. There are also many volunteer opportunities.
11. Be kind and patient with yourself. It takes time to adjust to a new culture. It can take at least a month to adjust.
12. Learn all you can and have fun!
13. Be careful what you post to Facebook and other social media. Assume that anything you post is public and will be seen by family, friends, colleagues, managers, and DGE.

Monthly Contact- Online Check-In

J-1 students, have you checked in this month?

Remember, the U.S. Department of State requires that you must check in with Dynamic Global Exchange each month to maintain your visa status! Check-ins must be done by the 10th of each month.



Participant Check-In

Current participants, please check-in using the buttons below.

MONTHLY CONTACT **CHECK-IN FOR NEW ARRIVALS**



When it is time for you to check-in, visit www.dynamicglobalexchange.com and click on the blue “Monthly Contact” button. Remember that you are always welcome to reach out to us at any time with questions or concerns.

Emergency Guidelines

Dynamic Global Exchange takes its fiduciary responsibilities very seriously. In that regard, the following steps have been developed in the event a participant suffers an emergency during their program stay in the U.S.

Participants who have questions or concerns of a routine nature will be instructed to contact an officer of Dynamic Global Exchange between the hours of 9 AM and 4 PM ET. The contact number for these routine matters is 248-645-0505. Participants will be instructed to leave detailed messages if the phone is answered by voice mail. All such messages will be returned within 24 hours. E-mails may also be directed to deb@dynamicglobalexchange.com or marisa@dynamicglobalexchange.com.

Participants who experience an emergency situation will be instructed to contact an officer of Dynamic Global Exchange in one of two methods:

- (1) The first contact should be made to 1-248-645-0505. There is no restriction on time of day. If the phone is answered by voice mail, they should leave a detailed message AND THEN ...
- (2) Call the Emergency-only line at 1-248-885-0004. This mobile line is answered at all times.

Participants will also be given contact information for the Department of State in the event they feel their emergency warrants communication directly with a representative of the Exchange Programs Division. The contact information is: 202-632-2805 (Office of Exchange Coordination and Designation, Private Sector Programs Division).

Bike Safety



Bikes are a health conscious, environmentally friendly, and budget conscious way to travel during your time in the U.S. It also often the only available transport (other than your feet)!

To make sure that you are safe while riding your bike, you should make sure to always follow the tips below.

1. Follow the Rules of the Road.
2. Be Visible.
3. Be Predictable.
4. Anticipate Conflicts.
5. Wear a Helmet.
6. Have a front AND rear light – and keep them on!
7. Have identification with you, including your insurance card and contact phone numbers.
8. Know your route AND alternate sides which will provide less car traffic during “rush hour.”
9. Lock your bike whenever you are not with it!
10. Know your liability if you are renting a bike. What will you have to pay if it is stolen or damaged?

More information about bike safety and the tips above can be found at <http://www.bikeleague.org/resources/better/>.

We cannot stress enough the importance of wearing a helmet. American’s are not always used to bikers so it is important that you protect yourself by wearing a helmet. Every year hundreds of people lose their lives in biking accidents and thousands more are injured- always be safe while riding your bike.

American Tipping Etiquette

A tip is a small payment in addition to your standard bill. Tips are accepted and expected within the United States when a service is being provided. Such service positions range from a waitress or bartender to a hairdresser. (You do not need to tip at fast food restaurants.) Tipping is so common in the United States that failure to do so is culturally frowned upon.

A tip may vary between 15 to 20 percent or it can be a flat amount that is near the appropriate percent.

- The percent given is based on the level of service provided. You would give 15% tip in a casual dining situation.
- A 20% tip would be given to service providers who have more experience or offer an advanced trade. You would give a 20% tip to a fine dining waiter/waitress.

Tipping with Cash:

Tipping with cash is very easy. Just leave the tip amount of cash on the table for the service provider to collect.

Tipping with Credit:

Tipping with a credit or debit card is a little different. After your service provider has charged your card they will return with two different receipts. One is for the customer (you) and the other copy is the establishment's. In order to indicate which receipt is which just look at the very bottom and it will either say "Customer Copy" or "Merchant Copy". You write your tip amount and total on the merchant copy. Doing this will ensure that the tip is to be charged to your card.

TIPPING GUIDE											
BILLS	15%	20%	BILLS	15%	20%	BILLS	15%	20%	BILLS	15%	20%
1.00	0.15	0.20	26.00	3.90	5.20	51.00	7.65	10.20	76.00	11.40	15.20
2.00	0.30	0.40	27.00	4.05	5.40	52.00	7.80	10.40	77.00	11.55	15.40
3.00	0.45	0.60	28.00	4.20	5.60	53.00	7.95	10.60	78.00	11.70	15.60
4.00	0.60	0.80	29.00	4.35	5.80	54.00	8.10	10.80	79.00	11.85	15.80
5.00	0.75	1.00	30.00	4.50	6.00	55.00	8.25	11.00	80.00	12.00	16.00
6.00	0.90	1.20	31.00	4.65	6.20	56.00	8.40	11.20	81.00	12.15	16.20
7.00	1.05	1.40	32.00	4.80	6.40	57.00	8.55	11.40	82.00	12.30	16.40
8.00	1.20	1.60	33.00	4.95	6.60	58.00	8.70	11.60	83.00	12.45	16.60
9.00	1.35	1.80	34.00	5.10	6.80	59.00	8.85	11.80	84.00	12.60	16.80
10.00	1.50	2.00	35.00	5.25	7.00	60.00	9.00	12.00	85.00	12.75	17.00
11.00	1.65	2.20	36.00	5.40	7.20	61.00	9.15	12.20	86.00	12.90	17.20
12.00	1.80	2.40	37.00	5.55	7.40	62.00	9.30	12.40	87.00	13.05	17.40
13.00	1.95	2.60	38.00	5.70	7.60	64.00	9.45	12.60	88.00	13.20	17.60
14.00	2.10	2.80	39.00	5.85	7.80	65.00	9.60	12.80	89.00	13.35	17.80
15.00	2.25	3.00	40.00	6.00	8.00	66.00	9.75	13.00	90.00	13.50	18.00
16.00	2.40	3.20	41.00	6.15	8.20	67.00	9.90	13.20	91.00	13.65	18.20
17.00	2.55	3.40	42.00	6.30	8.40	68.00	10.05	13.40	92.00	13.80	18.40
18.00	2.70	3.60	43.00	6.45	8.60	69.00	10.20	13.60	93.00	13.95	18.60
19.00	2.85	3.80	44.00	6.60	8.80	70.00	10.35	13.80	94.00	14.10	18.80
20.00	3.00	4.00	45.00	6.75	9.00	71.00	10.50	14.00	95.00	14.25	19.00
21.00	3.15	4.20	46.00	6.90	9.20	72.00	10.65	14.20	96.00	14.40	19.20
22.00	3.30	4.40	47.00	7.05	9.40	73.00	10.80	14.40	97.00	14.55	19.40
23.00	3.45	4.60	48.00	7.20	9.60	74.00	10.95	14.60	98.00	14.70	19.60
24.00	3.60	4.80	49.00	7.35	9.80	75.00	11.10	14.80	99.00	14.85	19.80
25.00	3.75	5.00	50.00	7.50	10.00				100.00	15.00	20.00

Life and Customs in the United States

Land and Climate

The United States is in North America and covers over 9 million square kilometers. Because of the size and location of the country the climate and geography varies. There are mountains, oceans, prairies, hills, and flatlands. It can be warm in one part of the country and very cold in another at the same time of year.

Government

The United States is a democratic federal republic governed by a constitution. Individual states rule their territory and have all rights that are not governed by the federal government. Free elections have always determined the country's leadership and citizens may vote at the age of 18 although they may not drink alcohol until they are 21.

Transportation

In most areas of the United States there is an extensive network of highways. In the largest cities mass transit is common, most cities do not have good public transportation. Many people travel by air and the U.S. has the largest number of private airline companies in the world. Train travel is limited. Buses are generally available for travel between cities.

The People

The population in the United States is almost 300 million. It is the third largest country in the world. Known as a "melting pot," America is comprised of people who trace their origins to other countries. A majority of the population is Caucasian. Hispanics are nation's largest ethnic minority.

Language

English is the language spoken by most citizens. It is American English and pronunciation and some vocabulary may vary from British English. Because many residents who have recently immigrated, many languages are spoken in American homes. One in seven Americans speaks a language other than English in the home.

Communication

Americans tend to be very direct and outspoken. Americans usually smile and shake hands when they meet in business or formal settings. The handshake is firm. Kissing is only an acceptable form of greeting between good friends, never in a business setting or between strangers. Sometimes people may wave. Young people often offer a

casual verbal greeting, a hand slap, or a hug. When speaking or listening, always maintain eye contact to show sincerity. Personal space varies between cultures. Americans tend to keep an arm's length apart when conversing. Touching is not common during conversation. Acceptable conversation topics with people who are not close friends may include sports, weather, jobs, or interesting experiences. Generally people do not converse about religion, politics, or family with those who are not close friends. Americans are very curious and ask many questions. People will likely be very interested to learn your country. Enjoy this opportunity to be an ambassador!

Informality

People treat each other very informally even if there is a great difference of age or social status. This is not a lack of respect, but an accepted custom in the U.S. Relaxed posture whether sitting or standing is common. It is appropriate to use the first name of someone close to your age. A older person or a person with authority should be addressed by his/her appropriate title (eg, Mr., Mrs., Ms., or Dr.) followed by the family name. It is fine to ask a person how he/she would like to be addressed.

Relationships

Americans may be very warm in social gatherings, but this does not mean they are a close friend. At social gatherings people are welcoming, those connections may not continue. Close friendships develop only after many meetings and shared interests. Check the internet for groups in your area that share your interests.

Visiting

Being on time is VERY important. Americans view promptness as a measure of a person's commitment to work and respect for others. People carefully organize their activities around a schedule. Being late is rude. For business appointments, including arriving for work, arriving at least 5 to 10 minutes early is expected. In contrast, for social visits, arriving 10 to 15 minutes late is expected and polite (never arrive early for a social gathering in a person's home). It is polite to take a small gift for the host when visiting someone's home for a party or dinner.

Success

The status of success in the United States is often measured by income or perceived wealth. Many people put much importance on wealth and material possessions. Many people identify educational attainment in much the same way. It is important to understand that at the core Americans value love, friendship, and family just like people around the world

Personal Appearance and Hygiene

Americans vary greatly in fashion choices ... young vs old, business professionals vs blue collar workers, rich vs poor, etc. Style of clothing often defines a person's interests or status. Although Americans are very sensitive concerning oral and personal hygiene, they will rarely comment on this in public. While not commenting directly, a person offended by another's hygiene tends to avoid further contact with the offender. This can be disastrous in social and in business settings. To avoid problems, it is wise to take a daily shower, use deodorant, and wear freshly laundered clothing each day. Twice daily oral hygiene, including mouthwash is also important.

Religion

The importance of religion varies among Americans. For some it is the central theme of their lives and for others it is an easily dismissed concept. Regardless of the role it plays, the U.S. Constitution forbids the establishment of a government sanctioned religion. This doctrine is often referred to as "Separation of Church and State." People generally are private about religion and respectful of others. However, there are groups of people who are very interested in convincing others of the correctness of their views. To find a local church, synagogue, mosque, or temple in your area consult the phone book, internet, or local newspaper.

Eating

Americans eat with the fork in the writing hand. A knife is used only for cutting and spreading. People generally eat food such as french fries, fried chicken, hamburgers, pizza, and tacos with their hands. It is considered polite to place the napkin in the lap. Placing elbows on the table is considered impolite. Meals in an American home are generally served as one course and are often eaten quickly. At social gatherings a meal may be served in courses and last much longer. Restaurant servers expect an additional amount (a tip) to be added when the bill is paid. A customary tip for average service is 15%. For exceptional service 20% is normal. Because the U.S. population is so diverse it is difficult to name a national dish. There are certainly regional specialties. Fast food restaurants are very common because of the busy American lifestyle. Many popular American foods are adopted from the national cuisines of immigrants. These include Mexican, Italian, Chinese, and many more. People in the U.S. eat large quantities of chicken, turkey, beef, pork, and fish. Fresh fruits and vegetables are available year round. Many people also consume large quantities of "junk food" such as chips, crackers, soda, and candy.

Cultural Adjustment and Culture Shock

Experiencing various stages of cultural adjustment is an expected part of your exchange. An important element of the cultural adjustment cycle is the experience commonly known as “culture shock”. Culture shock is a form of emotional stress that happens when people move from one culture to another. This can cause emotional anxiety when there are differences in language, physical surroundings, rules, customs, or behavior. It results in a loss of familiar surroundings. The person experiences frustration when they are trying to find their natural way of behaving. You may see changes in sleeping and eating, feelings of boredom, loneliness, homesickness, frustration, criticism, anger, and crying. Physical symptoms may include rashes, stomachaches, and headaches. Successfully facing the challenges teaches great lessons.

Phases of Culture Shock Phases

Pre-Arrival: For the participant this is a time of excitement and a little apprehension. It is time to begin a wonderful new journey. The employer is also spending this time preparing for the arrival.

The Honeymoon: This phase is the time where everything is new and wonderful. The employer is working hard to make the participant feel comfortable in their new surroundings.

Flight and Fight: The excitement has worn off and the participant notices all the differences, which makes them feel uncomfortable. They look for people or things that remind them of their culture and often withdraw from the new. The employer wonders if they made the right choice in selection. The differences may begin to not only make the participant feel uncomfortable, but to look at the differences as bad. The participant may want to change their surroundings to be like their own culture. Criticisms are abundant. The employer becomes unhappy with the participant’s behavior and unwillingness to adjust to their culture.

Filter and Flex: The participant’s language is improving. Humor can be understood. Communication is beginning. This is the time when the relationship with the employer improves. Each side begins to be more flexible. Cultural differences are looked at objectively. The differences can be celebrated.

Pre and Post Departure: It can be as difficult for a participant to go home, as it was to adjust to a new culture. It is hard to say goodbye for the participant and employer. It is important for employers to talk to participants about the feelings they may have when they return home.

Participant

1. Reach out to friends, sponsor, or employer.
2. Try not to make judgmental remarks.
3. Rest a little more.

4. Remember this is only for a short time.
5. Smile, it does help.
6. Make a list of all the goals you had for this experience.
7. Speak English and be open to people from all over the world.



You Are Not Allowed To Take A Second Job

Why Not?

The U.S. Department of State regulations regarding YOUR program FORBID you from taking a second job.

What happens if you DO take a second job?

- DGE must withdraw its sponsorship of your visa.
- DGE must change your visa status from “Active” to “Terminated.” this will greatly decrease your chance of being granted another U.S. visa.
- Once terminated, you must depart the U.S. within one week or risk legal problems.

Social Security Application Process

- 1) You must wait 10 business days before applying
- 2) Bring
 - a. Passport (includes visa)
 - b. DS-2019
 - c. Complete U.S. mailing address (use the hotel's address if you haven't confirmed housing) written clearly (give paper to officer)
 - d. Local phone number (use hotel's if you/friend don't have a cell) written clearly (give paper to officer)
 - e. Mother's full name written clearly (give paper to officer)
 - f. Father's full name written clearly (give paper to officer)
 - g. Completed Social Security application
- 3) After compiling the information, the officer will print the completed application and ask you to review it for correctness. Read carefully for spelling.
- 4) The officer will provide a letter ("receipt") stating you have successfully applied for a Social Security number. You may ask the officer to stamp/date/sign this letter.
- 5) Provide your employer with the letter as proof of your application.
- 6) It will take up to 2 weeks to receive your Social Security card (by mail).

Make a copy of your Social Security Card! The original card must be stored in a safe place (**not** routinely carried with you).

To find the Social Security Office closest to you:
<https://secure.ssa.gov/apps6z/FOLO/fo001.jsp>

To find the application for a Social Security card: <http://www.ssa.gov/online/ss-5.pdf>

_____, 2019

Dear Social Security Officer:

_____ is a participant of the U.S. Department of State's J-1 Cultural Exchange Intern & Training program and is sponsored by Dynamic Global Exchange, Inc., a sponsoring agency designated by the U.S. Department of State.

The Intern & Training program provides foreign nationals meeting U.S. Department of State criteria the opportunity to learn U.S. business methodologies in their occupational field by working in the U.S. for up to one year. This cultural immersion helps to fulfill the diplomatic mission of the Department of State.

The program dates are _____, 2019 to _____, 2019.

The birth date is _____.

If any questions remain, please feel free to contact me.

Sincerely,

Deb Martin
Executive Director
Dynamic Global Exchange, Inc.
30725 River Crossing Drive
Bingham Farms, MI 48025
www.dynamicglobalexchange.com
deb@dynamicglobalexchange.com

SOCIAL SECURITY ADMINISTRATION **Application for a Social Security Card**

Applying for a Social Security Card is free!

USE THIS APPLICATION TO:

- Apply for an original Social Security card
- Apply for a replacement Social Security card
- Change or correct information on your Social Security number record

IMPORTANT: You **MUST** provide a properly completed application and the required evidence before we can process your application. We can only accept original documents or documents certified by the custodian of the original record. Notarized copies or photocopies which have not been certified by the custodian of the record are not acceptable. We will return any documents submitted with your application. For assistance call us at 1-800-772-1213 or visit our website at www.socialsecurity.gov.

Original Social Security Card

To apply for an original card, you must provide at least two documents to prove age, identity, and U.S. citizenship or current lawful, work-authorized immigration status. If you are not a U.S. citizen and do not have DHS work authorization, you must prove that you have a valid non-work reason for requesting a card. See page 2 for an explanation of acceptable documents.

NOTE: If you are age 12 or older and have never received a Social Security number, you must apply in person.

Replacement Social Security Card

To apply for a replacement card, you must provide one document to prove your identity. If you were born outside the U.S., you must also provide documents to prove your U.S. citizenship or current, lawful, work-authorized status. See page 2 for an explanation of acceptable documents.

Changing Information on Your Social Security Record

To change the information on your Social Security number record (i.e., a name or citizenship change, or corrected date of birth) you must provide documents to prove your identity, support the requested change, and establish the reason for the change. For example, you may provide a birth certificate to show your correct date of birth. A document supporting a name change must be recent and identify you by both your old and new names. If the name change event occurred over two years ago or if the name change document does not have enough information to prove your identity, you must also provide documents to prove your identity in your prior name and/or in some cases your new legal name. If you were born outside the U.S. you must provide a document to prove your U.S. citizenship or current lawful, work-authorized status. See page 2 for an explanation of acceptable documents.

LIMITS ON REPLACEMENT SOCIAL SECURITY CARDS

Public Law 108-458 limits the number of replacement Social Security cards you may receive to 3 per calendar year and 10 in a lifetime. Cards issued to reflect changes to your legal name or changes to a work authorization legend do not count toward these limits. We may also grant exceptions to these limits if you provide evidence from an official source to establish that a Social Security card is required.

IF YOU HAVE ANY QUESTIONS

If you have any questions about this form or about the evidence documents you must provide, please visit our website at www.socialsecurity.gov for additional information as well as locations of our offices and Social Security Card Centers. You may also call Social Security at 1-800-772-1213. You can also find your nearest office or Card Center in your local phone book.

EVIDENCE DOCUMENTS

The following lists are examples of the types of documents you must provide with your application and are not all inclusive. Call us at 1-800-772-1213 if you cannot provide these documents.

IMPORTANT: If you are completing this application on behalf of someone else, you must provide evidence that shows your authority to sign the application as well as documents to prove your identity and the identity of the person for whom you are filing the application. We can only accept original documents or documents certified by the custodian of the original record. Notarized copies or photocopies which have not been certified by the custodian of the record are not acceptable.

Evidence of Age

In general, you must provide your birth certificate. In some situations, we may accept another document that shows your age. Some of the other documents we may accept are:

- U.S. Hospital record of your birth (created at the time of birth)
- Religious record established before age five showing your age or date of birth
- Passport
- Final Adoption Decree (the adoption decree must show that the birth information was taken from the original birth certificate)

Evidence of Identity

You must provide current, unexpired evidence of identity in your legal name. Your legal name will be shown on the Social Security card. Generally, we prefer to see documents issued in the U.S. Documents you submit to establish identity must show your legal name AND provide biographical information (your date of birth, age, or parents' names) and/or physical information (photograph, or physical description - height, eye and hair color, etc.). If you send a photo identity document but do not appear in person, the document must show your biographical information (e.g., your date of birth, age, or parents' names). Generally, documents without an expiration date should have been issued within the past two years for adults and within the past four years for children.

As proof of your identity, you must provide a:

- U.S. driver's license; or
- U.S. State-issued non-driver identity card; or
- U.S. passport

If you do not have one of the documents above or cannot get a replacement within 10 work days, we may accept other documents that show your legal name and biographical information, such as a U.S. military identity card, Certificate of Naturalization, employee identity card, certified copy of medical record (clinic, doctor or hospital), health insurance card, Medicaid card, or school identity card/record. For young children, we may accept medical records (clinic, doctor, or hospital) maintained by the medical provider. We may also accept a final adoption decree, or a school identity card or other school record maintained by the school.

If you are not a U.S. citizen, we must see your current U.S. immigration document(s) and your foreign passport with biographical information or photograph.

WE CANNOT ACCEPT A BIRTH CERTIFICATE, HOSPITAL SOUVENIR BIRTH CERTIFICATE, SOCIAL SECURITY CARD STUB OR A SOCIAL SECURITY RECORD as evidence of identity.

Evidence of U.S. Citizenship

In general, you must provide your U.S. birth certificate or U.S. Passport. Other documents you may provide are a Consular Report of Birth, Certificate of Citizenship, or Certificate of Naturalization.

Evidence of Immigration Status

You must provide a current unexpired document issued to you by the Department of Homeland Security (DHS) showing your immigration status, such as Form I-551, I-94, I-688B, or I-766. If you are an international student or exchange visitor, you may need to provide additional documents, such as Form I-20, DS-2019, or a letter authorizing employment from your school and employer (F-1) or sponsor (J-1). We CANNOT accept a receipt showing you applied for the document. If you are not authorized to work in the U.S., we can issue you a Social Security card only if you need the number for a valid non-work reason. Your card will be marked to show you cannot work and if you do work, we will notify DHS. See page 3, item 5 for more information.

HOW TO COMPLETE THIS APPLICATION

Complete and sign this application LEGIBLY using ONLY black or blue ink on the attached or downloaded form using only 8 ½" x 11" (or A4 8.25" x 11.7") paper.

GENERAL: Items on the form are self-explanatory or are discussed below. The numbers match the numbered items on the form. If you are completing this form for someone else, please complete the items as they apply to that person.

4. Show the month, day, and full (4 digit) year of birth; for example, "1998" for year of birth.

5. If you check "Legal Alien Not Allowed to Work" or "Other," you must provide a document from a U.S. Federal, State, or local government agency that explains why you need a Social Security number and that you meet all the requirements for the government benefit. NOTE: Most agencies do not require that you have a Social Security number. Contact us to see if your reason qualifies for a Social Security number.

6., 7. Providing race and ethnicity information is voluntary and is requested for informational and statistical purposes only. Your choice whether to answer or not does not affect decisions we make on your application. If you do provide this information, we will treat it very carefully.

9.B., 10.B. If you are applying for an original Social Security Card for a child under age 18, you MUST show the mother's and father's Social Security numbers unless the mother and/or father was never assigned a Social Security number. If the number is not known and you cannot obtain it, check the "unknown" box.

13. If the date of birth you show in item 4 is different from the date of birth currently shown on your Social Security record, show the date of birth currently shown on your record in item 13 and provide evidence to support the date of birth shown in item 4.

16. Show an address where you can receive your card 7 to 14 days from now.

17. WHO CAN SIGN THE APPLICATION? If you are age 18 or older and are physically and mentally capable of reading and completing the application, you must sign in item 17. If you are under age 18, you may either sign yourself, or a parent or legal guardian may sign for you. If you are over age 18 and cannot sign on your own behalf, a legal guardian, parent, or close relative may generally sign for you. If you cannot sign your name, you should sign with an "X" mark and have two people sign as witnesses in the space beside the mark. Please do not alter your signature by including additional information on the signature line as this may invalidate your application. Call us if you have questions about who may sign your application.

HOW TO SUBMIT THIS APPLICATION

In most cases, you can take or mail this signed application with your documents to any Social Security office. Any documents you mail to us will be returned to you. Go to <https://secure.ssa.gov/apps6z/FOLO/fo001.jsp> to find the Social Security office or Social Security Card Center that serves your area.

PROTECT YOUR SOCIAL SECURITY NUMBER AND CARD

Protect your SSN card and number from loss and identity theft. DO NOT carry your SSN card with you. Keep it in a secure location and only take it with you when you must show the card; e.g., to obtain a new job, open a new bank account, or to obtain benefits from certain U.S. agencies. Use caution in giving out your Social Security number to others, particularly during phone, mail, email and Internet requests you did not initiate.

PRIVACY ACT STATEMENT Collection and Use of Personal Information

Sections 205(c) and 702 of the Social Security Act, as amended, authorize us to collect this information. The information you provide will be used to assign you a Social Security number and issue a Social Security card.

The information you furnish on this form is voluntary. However, failure to provide the requested information may prevent us from issuing you a Social Security number and card.

We rarely use the information you supply for any purpose other than for issuing a Social Security number and card. However, we may use it for the administration and integrity of Social Security programs. We may also disclose information to another person or to another agency in accordance with approved routine uses, which include but are not limited to the following:

1. To enable a third party or an agency to assist Social Security in establishing rights to Social Security benefits and/or coverage;
2. To comply with Federal laws requiring the release of information from Social Security records (e.g., to the Government Accountability Office and Department of Veterans' Affairs);
3. To make determinations for eligibility in similar health and income maintenance programs at the Federal, State, and local level; and
4. To facilitate statistical research, audit or investigative activities necessary to assure the integrity of Social Security programs.

We may also use the information you provide in computer matching programs. Matching programs compare our records with records kept by other Federal, State, or local government agencies. Information from these matching programs can be used to establish or verify a person's eligibility for Federally-funded or administered benefit programs and for repayment of payments or delinquent debts under these programs.

Complete lists of routine uses for this information are available in System of Records Notice 60-0058 (Master Files of Social Security Number (SSN) Holders and SSN Applications). The Notice, additional information regarding this form, and information regarding our systems and programs, are available on-line at www.socialsecurity.gov or at any local Social Security office.

This information collection meets the requirements of 44 U.S.C. §3507, as amended by Section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 8.5 to 9.5 minutes to read the instructions, gather the facts, and answer the questions. You may send comments on our time estimate to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. **Send only comments relating to our time estimate to this address, not the completed form.**

SOCIAL SECURITY ADMINISTRATION Application for a Social Security Card

Form Approved
OMB No. 0960-0066

1	NAME <small>TO BE SHOWN ON CARD</small> →			First	Full Middle Name	Last
	FULL NAME AT BIRTH IF OTHER THAN ABOVE			First	Full Middle Name	Last
	OTHER NAMES USED ON YOUR SOCIAL SECURITY CARD					
2	Social Security number previously assigned to the person listed in item 1 →			- -		
3	PLACE OF BIRTH <small>(Do Not Abbreviate)</small> City _____ State or Foreign Country _____				<small>Office Use Only</small> 4	DATE OF BIRTH MM/DD/YYYY _____
					FCI	
5	CITIZENSHIP (Check One) →			<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Legal Alien Allowed To Work <input type="checkbox"/> Legal Alien Not Allowed To Work (See Instructions On Page 3) <input type="checkbox"/> Other (See Instructions On Page 3)		
6	ETHNICITY Are You Hispanic or Latino? (Your Response Is Voluntary) <input type="checkbox"/> Yes <input type="checkbox"/> No		7	RACE Select One or More (Your Response Is Voluntary) <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> American Indian <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Alaska Native <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Asian		
8	SEX →			<input type="checkbox"/> Male <input type="checkbox"/> Female		
9	A. MOTHER'S NAME AT HER BIRTH →			First	Full Middle Name	Last Name At Her Birth
	B. MOTHER'S SOCIAL SECURITY NUMBER (See Instructions for 9 B on Page 3) →			- -		<input type="checkbox"/> Unknown
10	A. FATHER'S NAME →			First	Full Middle Name	Last
	B. FATHER'S SOCIAL SECURITY NUMBER (See Instructions for 10B on Page 3) →			- -		<input type="checkbox"/> Unknown
11	Has the person listed in item 1 or anyone acting on his/her behalf ever filed for or received a Social Security number card before? <input type="checkbox"/> Yes (If "yes" answer questions 12-13) <input type="checkbox"/> No <input type="checkbox"/> Don't Know (If "don't know," skip to question 14.)					
12	Name shown on the most recent Social Security card issued for the person listed in item 1 →			First	Full Middle Name	Last Name
13	Enter any different date of birth if used on an earlier application for a card →			MM/DD/YYYY _____		
14	TODAY'S DATE MM/DD/YYYY _____		15	DAYTIME PHONE NUMBER () - - Area Code Number		
16	MAILING ADDRESS <small>(Do Not Abbreviate)</small> →			Street Address, Apt. No., PO Box, Rural Route No. _____ City _____ State/Foreign Country _____ ZIP Code _____		
<small>I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge.</small>						
17	YOUR SIGNATURE →			18	YOUR RELATIONSHIP TO THE PERSON IN ITEM 1 IS: <input type="checkbox"/> Self <input type="checkbox"/> Natural Or Adoptive Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other (Specify) _____	
DO NOT WRITE BELOW THIS LINE (FOR SSA USE ONLY)						
NPN		DOC		NTI		CAN
PBC		EVI	EVA	EVC	PRA	NWR
						DNR
						UNIT
EVIDENCE SUBMITTED				SIGNATURE AND TITLE OF EMPLOYEE(S) REVIEWING EVIDENCE AND/OR CONDUCTING INTERVIEW		
				DATE _____		
				DATE _____		
				DCL _____ DATE _____		

Exchange Visitor Rules

You must accept the following rules:

- I understand that the purpose of the Training Program is to enhance my skills and knowledge in my occupational field.
- I understand that there is a 12 month maximum period for the Training Program.
- I will read and will follow all U.S. State Department regulations, sponsor guidelines, and the laws in the U.S.
- I understand that if I do not follow rules I will risk losing my visa sponsor. If I willfully break the rules my program will be canceled with no refund and I must leave the country within five days.
- I will report to the host company listed on my DS-2019 and remain with the host company through the entire program unless problems occur. I will discuss these problems with my sponsor before resigning my placement.
- I cannot leave my placement and accept another without written approval by my sponsor.
- I will notify of my sponsor if there is any change of my living address.
- I will contact my sponsor at least 2 weeks before any travel outside the country to have my DS-2019 signed.
- I will contact my sponsor monthly by using the website check in.
- I will return calls or e-mails from my sponsor in a timely manner (24 hours).
- I will contact the sponsor if I decide to leave my position or program or if I experience any major psychological or criminal incident.
- Although I may have close ties to my International Cooperator, DGE is the sponsor of my visa and must therefore be my first point of contact regarding any program-related issues.
- My host company is obligated to schedule me for a minimum of 32 hours per week and must follow my signed Training Plan. I will report any related issues to DGE immediately.
- I understand that if I take an additional job that DGE will end its sponsorship of my visa by changing my visa status to TERMINATED. Therefore, I will have to depart the U.S. within one week.
- I understand that if I stay in the U.S. during the 30-day grace period that I must buy additional travel insurance.
- I will carefully read each page of this orientation packet and discuss any questions with DGE.
- I understand that I am subject to all federal and state income taxes, but I am not subject to Social Security (FICA) or Medicare.
- I understand my program is not a way to get a permanent job in the U.S. or to immigrate.
- I will return home at the conclusion of my program.

Work Related Rules

You must accept the following:

- I will treat all people with respect.
- I will be open to constructive criticism.
- I understand that I must report and be on time for each scheduled shift. If I am going to be late or absent I will notify my immediate supervisor and explain my situation as soon as possible before my shift.
- I understand that my place of employment is a drug-free and alcohol-free environment.
- I will take pride in and care of my personal appearance, grooming, and follow the personal dress code of my employer. Personal hygiene must include a daily bath or shower, clean hair, and clean teeth. It is unlikely my employer will accept facial or tongue piercings, visible tattoos, or unnatural hair color. I understand that in the American workplace, employers typically expect males to be clean-shaven with well-groomed hair and for females to be modest with cosmetics (if they choose to wear cosmetics).
- I will put the safety of myself and others as a top priority.
- My co-workers and supervisors must treat me with respect. If this does not occur I will speak with the appropriate manager and/or DGE promptly.



Accident and Illness Insurance

You are fully insured as directed by the Federal Regulations governing your program. The insurance brochure provides a full explanation of your coverage. All forms are on our website.

Your insurance covers accidents and/illness (not pre-existing - previous 36 months - medical conditions).

Your insurance, Overseas Travel Medical Plan, is administered by:

Seven Corners

303 Congressional Blvd.
Carmel, IN 46032
Phone: 800-690-6295
www.sevencorners.com

For a list of doctors and clinics who fully accept your insurance (“providers”):

1. Visit: <https://sevencorners.welcometouhc.com/>
2. Enter your zip code (or City/State)
3. Use the search bar or one the search boxes blow

(“Family Practice/Internal” are the terms used to describe a general doctor. This is a good choice if you have something simple ... like a sore throat, a slight rash, an upset stomach, etc.)

You must pay \$75 (“co-payment”) per illness/accident to a doctor or walk-in clinic. If you must return for a follow-up visit, you do NOT pay another co-payment.

You must pay \$250 per visit to an Emergency Room if the doctor does NOT “admit” you to the hospital. “ADMIT” means you are ill/injured enough that an overnight (or more) hospital stay is required.

You are NOT required to seek care with a “preferred provider.” In fact, some areas where participants are placed have no near-by preferred providers. In this case, you will likely be required to pay at the time of services ... so you will submit the claim/receipts and the insurance company will send you a check for reimbursement. If you seek care from a doctor who does not accept your insurance, you will be required to pay all charges above those deemed “reasonable and customary” by the insurance company.

You have very limited dental coverage (maximum of \$500). This includes accidents to healthy teeth (not including tooth damage to eating or biting into a foreign object – example: fork) and alleviation of pain. You have limited coverage for **mental health** (see brochure for details).

You ARE required to submit a “CLAIM FORM” to the insurance company for each illness/accident. This allows the insurance company to pay claims (the bills) sent by the doctor. You may submit a Claim Form by mail/fax/email. This information is on the Claim Form. You may print a claim form: <https://www.sevencorners.com/claims#travelmed> (You need to use the Medical Claim form in the Travel Medical Claim section.)

You are 100% covered for prescription medicines. However, you may have to pay, submit bills, and wait for reimbursement.

Thirty Day Grace Period

If you are staying in the U.S. during the Department of State granted 30 day grace period, which begins after your program end date (as stated on your DS 2019), you **MUST** purchase additional insurance. If you are staying 1 day to 14 days past your program end date, the cost is \$30. If you are staying 15 days to 30 days past your program end date, the cost is \$55. Payment must be sent to DGE to extend your insurance.

Mail check or money order, payable to "Dynamic Global Exchange":

*Dynamic Global Exchange
30725 River Crossing
Bingham Farms, MI 48025*

Keep copies of ALL claim forms and bills sent to the insurance company!!!

CARRY YOUR INSURANCE CARD AT ALL TIMES!

FRAUD STATEMENTS

General: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act.

Alaska: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

Arizona: For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

Arkansas, Louisiana, Maryland, West Virginia: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

California: For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Connecticut: This form must be completed in its entirety. Any person who intentionally misrepresents or intentionally fails to disclose any material fact related to a claimed injury may be guilty of a felony.

Delaware, Idaho, Indiana: Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

District of Columbia: Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

Hawaii: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Maine: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

Michigan, North Dakota, South Dakota: Any person who knowingly and with intent to defraud any insurance company or another person files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and subjects the person to criminal and civil penalties.

Minnesota: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

Nevada: Any person who knowingly files a statement of claim containing any misrepresentation or any false, incomplete or misleading information may be guilty of a criminal act punishable under state or federal law, or both, and may be subject to civil penalties.

New Hampshire: Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud as provided in section 638:20.

New Jersey: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

New Mexico: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Ohio: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon: Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Tennessee, Virginia, Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Texas: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Tax Information

Did You Earn Income In the U.S.?

If your answer is YES...then you are legally obligated to file a tax return before April 15th the following year. Your Host Company (employer) during 2019 obligated to send you a W-2 form-which is required to complete your tax return. If you have NOT received your W-2, please contact your employer directly.

The W-2 contains the information necessary to complete your tax return. It is VERY important that you file your taxes with the Internal Revenue Service (IRS) before April 15th, 2020.

Additional information regarding tax information for exchange visitors is found here:
www.irs.gov/businesses/small/international/article/0,,id=96477,00.html

Download the Tax Form 1040NR-EZ:
www.irs.gov/pub/irs-pdf/f1040nre.pdf

And follow instruction from the IRS website:
www.irs.gov/pub/irs-pdf/i1040nre.pdf

You can file your tax return (form 1040NO-EZ) online for free at www.irs.gov/
DGE is not qualified to provide tax advice. There are many companies that can provide advice and assistance, for a fee. Three you can contact through their website include:
www.rttax.com/ www.taxback.com/ and www.cintax.us/

As always, we are happy to assist as is possible. Feel Free to contact us anytime.

Office Line: (248) 645 0505

Email: deb@dynamicglobalexchange.com

Dynamic Global Exchange Move-Out Cleaning Checklist

KITCHEN:

- Cupboards and drawers emptied and cleaned
- Fridge and freezer emptied and cleaned (*trays, shelves, door seal, handles*)
- Top and outside of fridge/freezer cleaned
- Fridge/freezer pulled out and floor cleaned underneath
- Stove surface cleaned (*including knobs and underneath panel*)
- Stove drip pans scoured
- Stove bottom drawer cleaned
- Stovetop lifted and scoured
- Oven interior and racks scrubbed
- Sink scoured
- Floor and baseboards scrubbed
- Outlets and switch plate covers cleaned
- All surface areas cleaned
- Ceiling free of cobwebs
- Dishwasher surfaces cleaned
- Burned out light bulbs replaced

BATHROOM:

- Exhaust fan cleaned
- Medicine cabinets emptied and cleaned
- Toilet tank and base cleaned
- Toilet bowl scrubbed
- Floor and baseboards scrubbed
- Sink cleaned
- Outlets and switch plate cover cleaned
- Ceiling free of cobwebs
- Vanity surface cleaned
- Mirror cleaned
- Shower floor and walls scrubbed (*free of soap scum and mildew*)
- Burned out light bulbs replaced

BEDROOMS:

- Windows cleaned
- Windowsills, frames and cracks cleaned
- Blinds cleaned
- Heat vents and registers wiped off
- Baseboards cleaned
- Carpets vacuumed and shampooed (*if carpeted*)
- Ceiling free of cobwebs

LIVING ROOM:

- Windows cleaned
- Windowsills, frames and cracks cleaned
- Blinds cleaned
- Floors cleaned
- Heat vents and registers wiped off
- Baseboards cleaned
- Ceiling free of cobwebs

ALL CLOSETS:

- Vacuumed and Cleaned
- Doors and shelves wiped down
- Removed any appliques

OTHER:

- All belongings and trash removed from dwelling
- All belongings and trash removed from storage spaces

30-Day Grace Period

The Department of Homeland Security (DHS) provides all J-1 program participants a 30-day travel status period following the completion of their program. This period is NOT included in the program dates entered on the Form DS-2019. The grace period allows participants to travel domestically and/or to prepare for and depart from the United States. It is not to be used for any other purpose. Program participants who travel beyond the boundaries of the United States during the grace period may not be permitted by DHS to re-enter the United States as they are no longer in valid J-1 status during this time. Employment is prohibited during this grace period.

End of Program Requirements

Congratulations --- your program is nearly complete!

We hope you have enjoyed your time in the U.S.!

It is important to complete the following details BEFORE your program end date.

- (1) If you are departing the U.S. after your program end date (check your DS2019 to confirm this date) it is important to purchase additional insurance to cover that period. Mail a check or money order to DGE at least 10 days before your end of program date.
 - 1 day – 14 days = \$30
 - 15 days – 1 month = \$55
- (2) Email DGE to confirm your exit date from the U.S and to provide flight information.
 - This must be done before your program end date (based on your DS 2019).
 - You must exit the U.S. no later than 30 days after your program end date.
- (3) Complete your End-of-Program Evaluation of your experience that will be emailed to you or can be found on our website.
- (4) Ask your employer if he/she is willing to write you a “Letter of Recommendation.”

It is your responsibility to complete each item.

We have enjoyed being your sponsor this season and wish you ALL life's best as you return home