



SPONSOR



WORK AND TRAVEL
TEMPORADA 2023-2024



SPONSOR:

**CULTURAL HOMESTAY
INTERNATIONAL
(CHI)**

INFORMATION



255 W End Avenue San Rafael, CA
94901



Web: www.aweusa.com



Email: chiwt@chinet.org



TOLL-FREE: +1-415-459-5397
+1-800-432-4643



Skype id:

I-94

SE DEBE REALIZAR DENTRO DE LOS 3 DÍAS DE HABER LLEGADO A LOS ESTADOS UNIDOS DE AMÉRICA.

LINK: <https://i94.cbp.dhs.gov/I94#/recent-search>

Get Most Recent I-94

Get your most recent I-94 form to prove your legal visitor status in the United States (available going back to 1963 for most classes of admission, (or parole), and indefinitely) for certain classes, such as diplomats and those admitted under the Compacts of Free Association.)

Enter Traveler Info Most Recent I-94 Results

Enter Your Traveler Info

Note: The info returned may not reflect applications submitted to or benefits received by U.S. Citizenship and Immigration Services or Immigration and Customs Enforcement.

* First (Given) Name :

* Last (Family) Name/Surname :

* Birth Date :

Day

Month

Year

* Document Number :

* Country Of Citizenship :


-- Select --

[Cancel](#)

NEXT >

Proceed to your most recent I-94

Sample Passport

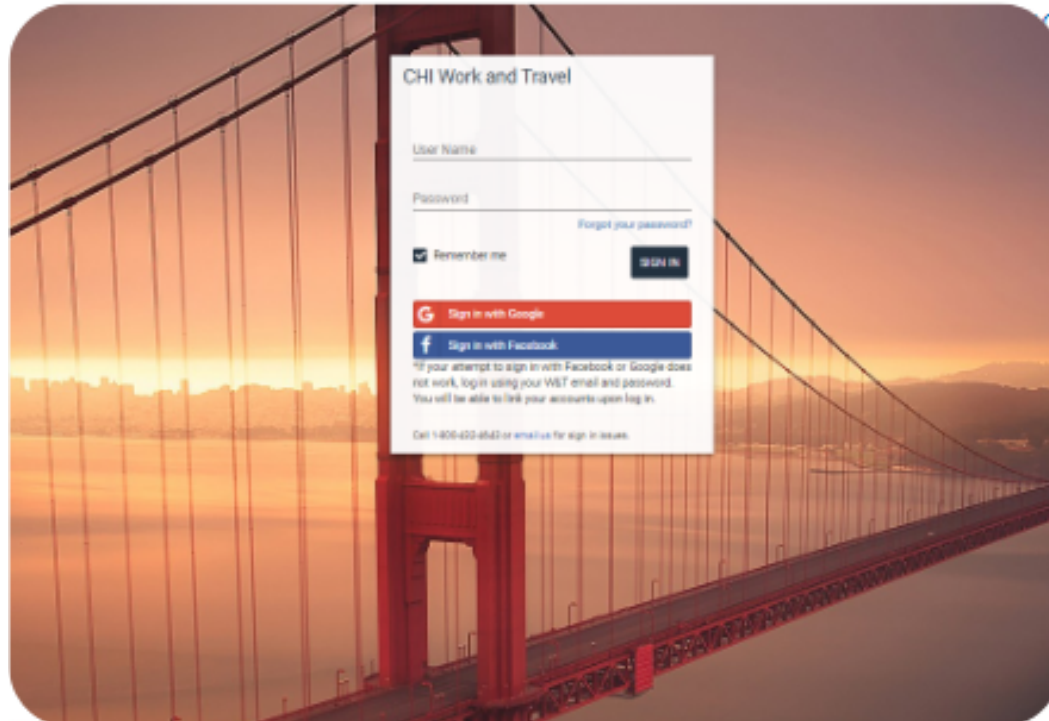


Enter all information exactly as it appears on your travel documentation you used to enter the U.S. Enlarge the image to see more detail.

Privacy Notice

CBP will retain the information you submit when attempting to access your records through this website for 3 months... [Read Full Privacy Notice](#)

INTRANET



WT.CHINET.ORG



- Summary
- Application
- Documents
- Employment
- Housing
- Interview
- Batch Ready
- Progress
- Travel Information
- Activity Log

Summary

Student Information

First & Middle Name [REDACTED]	Last Name [REDACTED]	Gender Female	Email [REDACTED]
Skype Id [REDACTED]	Birth Date 09/11/1999	Residency Country Peru	Whats App [REDACTED]

Program Information

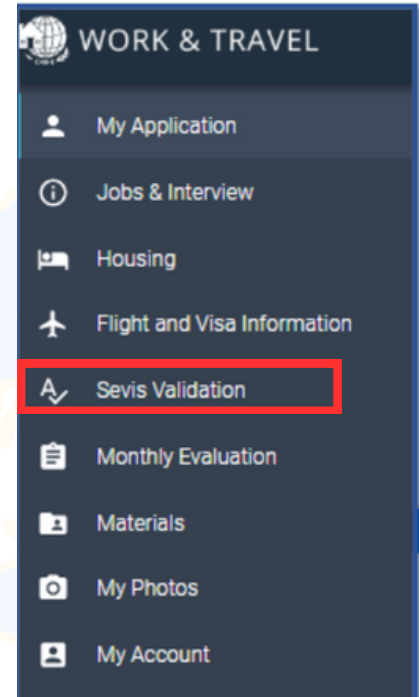
Season Winter 2022	DS Number [REDACTED]	DS Start date 12/12/2022	DS End date 03/15/2023
Program Status P - Student placed	SEVIS Status C - DS form issued	Documents Approval Status A - Documents Approved	Batch Ready

Placement Information

Placement Type JA - Job Assisted	Placement Status A - Active	Placement Start Date 12/16/2022	Placement End Date 03/10/2023
Employer Mauna Kea/Hapuna Beach Hotels	Location Mauna Kea Beach Hotel, Hawaii Island	Position Service Attendant, Mauna Kea	
RM Mary Wolfe	PC Vivian Koczur		

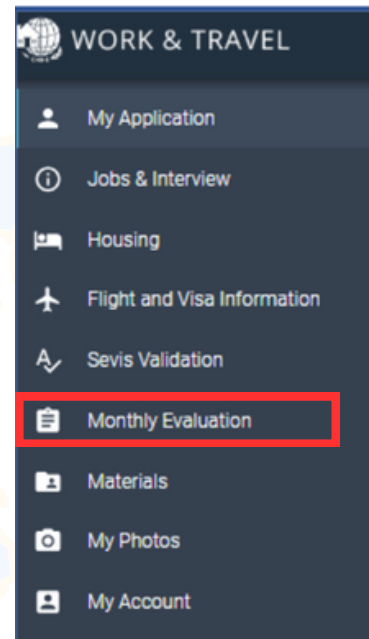
CHECK-IN

- ✈ **SEVIS CHECK IN:** Se debe realizar dentro de los 5 días de haber llegado a los Estados Unidos de América.
- ✈ Una vez completes la validación en la base de datos del sponsor, se activará y se emitirá la tarjeta de asistencia médica.



MONTHLY CHECK-IN

✈ Los participantes recibirán un correo electrónico mensual con una lista de preguntas realizadas por el **Sponsor**. Este cuestionario debe ser completado y finalizado en el tiempo que se indica en el correo electrónico.



INSURANCE

- ✈ La tarjeta de asistencia del participante proporciona una cobertura contra los riesgos típicos de los viajeros internacionales, como accidentes, enfermedades repentinas y más. Como se trata de una tarjeta de asistencia de viaje para una estancia temporal en el extranjero, se aplican algunas limitaciones y exclusiones.
- ✈ El Sponsor te proporcionará por medio de correo electrónico el manual de la tarjeta de asistencia y la compañía de seguro que contrató, así como también, como activar la tarjeta y la cobertura de la misma.



INSURANCE



<https://www.uhc.com/>

INSURANCE ID CARD



Health Plan: (80840) 911-87601-04

Member ID: 680088310747

Payer ID: USN01

Group Number: 76570070

Insured: Almendra Ruiz Castillo

Effective Date: 2022-12-07

IMG Insured ID: 88310747

IMG Certificate Number: EGNPK00524474

Possession of this card does not guarantee coverage.

To precertify, verify eligibility, and/or benefits, please contact IMG directly.
Failure to comply with precertification will result in a reduction of benefits.

Inside the U.S. and Canada:

+1.855.731.9445

Outside the U.S. and Canada:

+1.317.927.6806

Email: insurance@imglobal.com

Fax: +1.317.655.4505

Online Provider Network: www.imglobal.com/provider

For providers inside the USA:

UHC Global

PO Box 30526

Salt Lake City, UT 84130-0526

Telephone: 1.888.543.1238

Website: www.usnetworksuhc.com

For providers outside the USA:


International Medical Group, Inc.

Claims Department, P.O. Box 9162

Farmington Hills, MI 48333-9162 USA

Fax: +1.317.655.4505

Done ⋮

 **UnitedHealthcare®** ELECTRONIC PAY...
IMGIN

IMG INSURED ID: [REDACTED]

[REDACTED]

[REDACTED]

CERTIFICATE NO. [REDACTED] **EFFECTIVE DATE** 7/12/22 **GROUP NUMBER** 76570070

PRECERTIFICATION REQUIREMENTS (SEE BACK)
Coverage contains precertification requirements

INSURANCE ID CARD



The image shows a digital representation of an insurance ID card. The card is light gray with blue and orange text and icons. At the top left is the UnitedHealthcare logo. At the top right, it says 'ELECTRONIC PAY...' and 'IMGIN'. Below that is the insured ID: 'IMG INSURED ID: 88310747'. The insured's name, 'Almendra Ruiz Castillo', is prominently displayed in large blue font. To the right of the name are two sets of corner brackets, one blue and one orange. Below the name is a table with three columns: 'CERTIFICATE NO.', 'EFFECTIVE DATE', and 'GROUP NUMBER'. The values are 'EGNPK00524474', '7/12/22', and '76570070' respectively. At the bottom, there is a section for 'PRECERTIFICATION REQUIREMENTS (SEE BACK)' with the text 'Coverage contains precertification requirements'.

UnitedHealthcare®

ELECTRONIC PAY...
IMGIN

IMG INSURED ID: 88310747

**Almendra Ruiz
Castillo**

CERTIFICATE NO.	EFFECTIVE DATE	GROUP NUMBER
EGNPK00524474	7/12/22	76570070

PRECERTIFICATION REQUIREMENTS (SEE BACK)
Coverage contains precertification requirements



GRACIAS

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