



**SPONSOR**

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**WORK AND TRAVEL**  
**TEMPORADA 2024-2025**

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**SPONSOR:**

**CULTURAL HOMESTAY  
INTERNATIONAL  
(CHI)**

## INFORMATION



255 W End Avenue San Rafael, CA  
94901



Web: [www.aweusa.com](http://www.aweusa.com)



Email: [chiwt@chinet.org](mailto: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 1983 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 :

[Cancel](#) [NEXT >](#)

Proceed to your most recent I-94

### Sample Passport

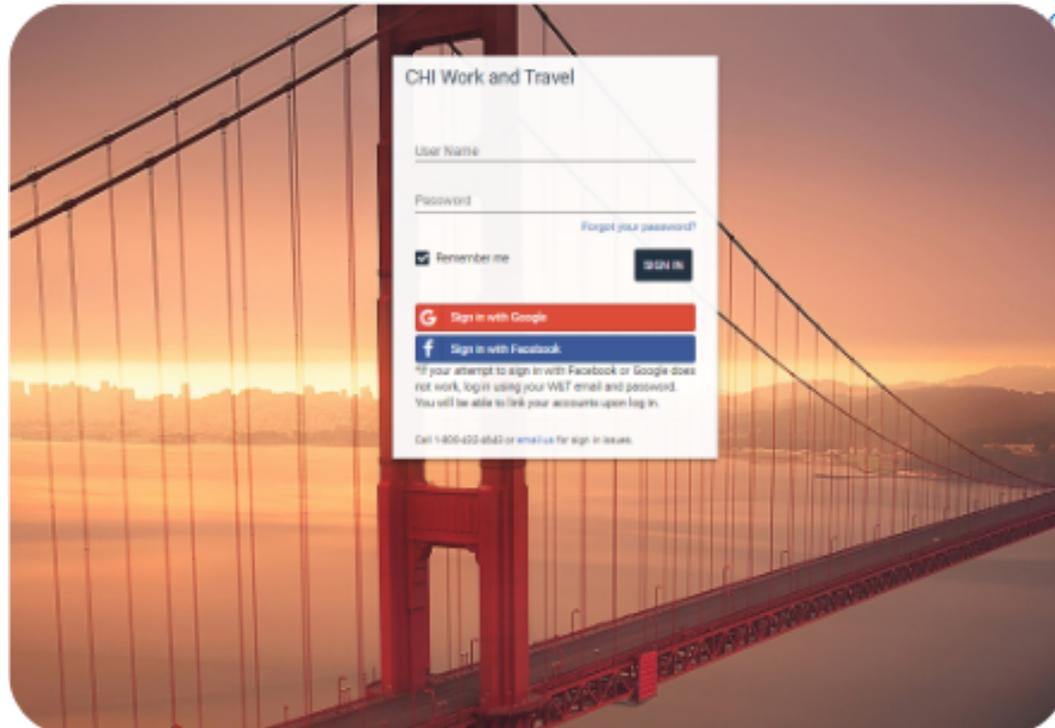


Enter all information exactly as it appears on your travel documentation you used to enter the U.S.  
Enlarge the image to see more detail.

### 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](http://WT.CHINET.ORG)



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

## Summary

### Student Information

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

### Program Information

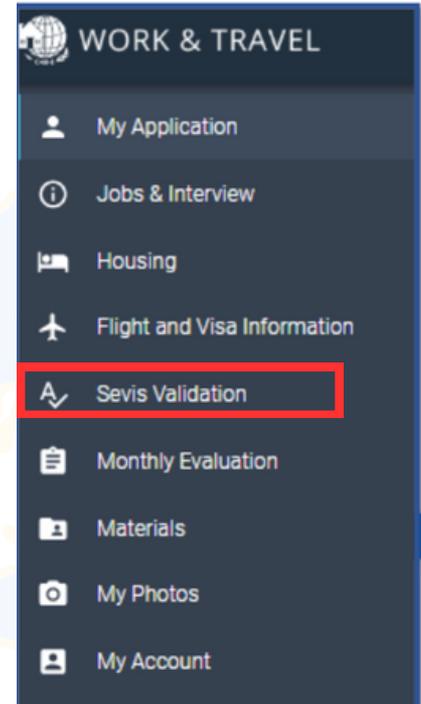
<b>Season</b> Winter 2022	<b>DS Number</b> [REDACTED]	<b>DS Start date</b> 12/12/2022	<b>DS End date</b> 03/15/2023
<b>Program Status</b> P - Student placed	<b>SEVIS Status</b> C - DS form issued	<b>Documents Approval Status</b> A - Documents Approved	<b>Batch Ready</b>

### Placement Information

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

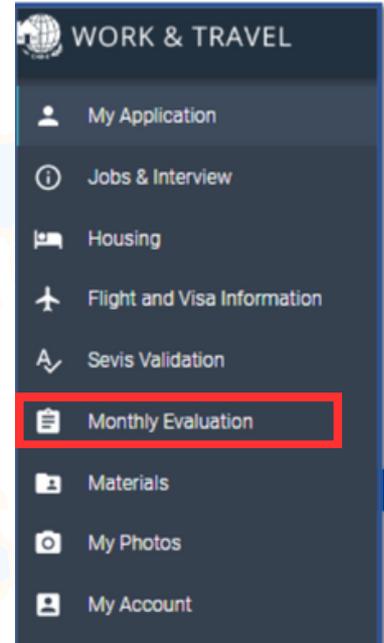
# CHECK-IN

- ✈ **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](mailto:insurance@imglobal.com)

**Fax:** +1.317.655.4505

**Online Provider Network:** [www.imglobal.com/provider](http://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](http://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



**GRACIAS**

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TEMPORADA 2024-2025**

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