# J-1 Au Pair DS-160 Sample for a Brazilian Applicant

DS160.io

*www.ds160.io*

DS-160 form · Generated on November 25, 2026

See how a fictional au pair from Brazil joining a host family in Virginia answered the DS-160, including her sponsor as payer and U.S. contact, the study question and her contacts at home. Know what the form asks before you start your own.

*This is a fictional example for educational purposes, not an official or pre-approved application. Your DS-160 answers must reflect your own circumstances. Do not copy the sample answers unless they are independently true for you.*

## Before you start: information you'll want ready

*The form will ask for*

- Your passport
- Your Form DS-2019, for your SEVIS ID, program number and program dates
- Your host family's address in the U.S.
- Your sponsor's address and phone, and the name and email of your contact there
- The name and address of the school where you plan to take your courses
- Two people in your home country who know you, with their addresses, phones and emails

*Helpful to have nearby*

- Your employer's address and phone, your start date and your monthly income
- Your university's address and the dates you attended
- Your social media usernames from the last five years
- A recent photo that meets the U.S. visa photo rules

## Questions applicants commonly get stuck on

How this fictional applicant answered, why, and what to check for your own form. Answer for your own situation, which may differ.

| | | |
|---|---|---|
| 3.2 | Have you made specific travel plans? | No |
| | *Please provide an explanation of your travel plans.* | |
| | Arrival Date | February 23, 2027 |
| | Intended length of stay in the U.S. | 12 |
| | Time period | MONTH(S) |

**Why** Mariana has not booked her flight, so she answers No and gives the date she expects to arrive and a stay of 12 months, the length of her program.

**For your application** Take your program dates from your DS-2019. Exchange visitors can enter the U.S. up to 30 days before the program start date.

| | | |
|---|---|---|
| 3.3 | *Address where you will stay in the U.S.* | |
| | Address Line 1 | 4118 MAPLE RIDGE RD |
| | Address Line 2 | *Not answered* |
| | City | FAIRFAX |
| | State | VIRGINIA |
| | Zip Code | 22030 |
| | Person/Entity Paying for Your Trip | OTHER COMPANY/ORGANIZATION |
| | *Provide the following information:* | |
| | Name of Company/Organization Paying for Trip | HOMESTEAD AU PAIR EXCHANGE |
| | Telephone Number | 6175550142 |
| | Relationship to You | SPONSOR |
| | *Address of Company/Organization Paying for Trip* | |
| | Street Address (Line 1) | 880 CONGRESS ST |
| | Street Address (Line 2) *Optional | SUITE 400 |
| | City | BOSTON |

| | |
|---|---|
| State/Province | MASSACHUSETTS |
| Postal Zone/ZIP Code | 02210 |
| Country/Region | UNITED STATES OF AMERICA |

**Why** She will live with her host family in Fairfax, so she gives their address. Her sponsor pays for the trip, so she names it as the payer with the relationship Sponsor.

**For your application** Give the address where you will actually live. Check with your sponsor what it pays for, and name whoever is actually paying.

8.1 *Contact Person or Organization in the United States*

*Contact Person*

| | |
|---|---|
| Surnames | BENNETT |
| Given Names | CAROL |

*Organization Name*

| | |
|---|---|
| Organization Name | HOMESTEAD AU PAIR EXCHANGE |

8.2 Relationship To You — OTHER

**Why** Her contact is a named person at her sponsor's office in Boston. The relationship list has no option for a sponsor, so she chooses Other.

**For your application** Name a person or organisation in the U.S. who knows about your program, and give their real address and phone.

19.1 SEVIS ID — N0052946173

**Why** She copies the SEVIS ID from the DS-2019 her sponsor sent her. It starts with N.

**For your application** Copy the SEVIS ID from your own DS-2019, character by character. You need the same number to pay the SEVIS fee.

19.2 *Exchange Visitor Program*

| | |
|---|---|
| Program Number | P-3-08127 |
| Do you intend to study in the U.S.? | Yes |

19.3 *Provide additional information below:*

| | |
|---|---|
| Name of School | FAIRFAX VALLEY COMMUNITY COLLEGE |
| Course of Study | AU PAIR PARTICIPANT CONTINUING EDUCATION COURSES |
| Street Address Line 1 | 2700 COLLEGE CREEK RD |
| Street Address Line 2 | *Not answered* |
| City | FAIRFAX |
| State | VIRGINIA |
| Postal Zone/ZIP Code | 22030 |

**Why** Au pairs take college courses during their year, so she answers Yes to studying and gives the community college near her host family.

**For your application** Copy the program number from your DS-2019. If you will study, give the school you plan to attend, and check with your sponsor or host family which one that is.

18.1 *Additional Point of Contact Information*

(1)

| | |
|---|---|
| Surnames | ALMEIDA |
| Given Names | TERESA |
| Street Address Line 1 | RUA PIAUI 655 |
| Street Address Line 2 | FUNCIONARIOS |
| City | BELO HORIZONTE |
| State/Province | MINAS GERAIS |
| Postal Zone/ZIP Code | 30150-320 |
| Country/Region | BRAZIL |
| Telephone Number | 553135550127 |
| Email Address | TERESA.ALMEIDA@EXAMPLE.COM |

(2)

| | |
|---|---|
| Surnames | RIBEIRO |
| Given Names | HELENA |
| Street Address Line 1 | AVENIDA ANTONIO CARLOS 6627 |
| Street Address Line 2 | PAMPULHA |
| City | BELO HORIZONTE |

| | |
|---|---|
| State/Province | MINAS GERAIS |
| Postal Zone/ZIP Code | 31270-901 |
| Country/Region | BRAZIL |
| Telephone Number | 553135550109 |
| Email Address | HELENA.RIBEIRO@EXAMPLE.COM |

**Why** She names two people in Brazil who know her: one at the preschool where she works and one at her university.

**For your application** Choose people in your home country who know you and can confirm what you wrote, not relatives. Have their addresses, phones and emails ready.

| | | |
|---|---|---|
| 10.1 | Primary Occupation | EDUCATION |
| | *Present Employer or School Information* | |
| | Present Employer or School Name | ESCOLA INFANTIL PEQUENO JARDIM |
| | *Present Employer or School Address* | |
| | Street Address (Line 1) | RUA PIAUI 655 |
| | Street Address (Line 2) | FUNCIONARIOS |
| | City | BELO HORIZONTE |
| | State/Province | MINAS GERAIS |
| | Postal Zone / ZIP Code | 30150-320 |
| | Country / Region | BRAZIL |
| | Phone Number | 553135550127 |
| | Start Date | February 27, 2025 |
| | Monthly Income in Local Currency (if employed) | 2400 |
| | Briefly describe your duties | PRESCHOOL ASSISTANT; CARE FOR CHILDREN AGED 2 TO 5, LEAD PLAY AND READING ACTIVITIES AND HELP AT MEALTIMES |

**Why** She still works as a preschool assistant in Belo Horizonte, so she chooses Education, names the school and gives her monthly income.

**For your application** Describe the job you have on the day you fill in the form, even if you will leave it to become an au pair.

| | | |
|---|---|---|
| 17.4 | Are you a former exchange visitor (J) who has not yet fulfilled the two-year foreign residence requirement? | No |

**Why** This is her first J-1 program, so she has no two-year home residence requirement from an earlier one, and the answer is No.

**For your application** This asks about an earlier stay as an exchange visitor. If you have had one, check your old DS-2019 and visa for a note about the two-year requirement.

## Common questions about this example

**Why does an au pair answer Yes to studying in the U.S.?**
The au pair program includes courses at a college during your year. Mariana answers Yes and names the community college she plans to attend near her host family.

**Where do I find my SEVIS ID and program number?**
Both are on the Form DS-2019 your sponsor sends you. You need the DS-2019 before you can apply for a J-1 visa.
*Official source travel.state.gov*

**Do I give my host family's address or my sponsor's?**
Both, in different places. The address where you will stay is your host family's. Mariana gives her sponsor as the payer and as her U.S. contact, with its office address.

**Who are the contacts in my home country?**
The form asks for people in your home country who know you, such as a supervisor or a teacher. Mariana names one person at the preschool where she works and one at her university.

# The completed DS-160, question by question

## 1 Personal Information - Part 1

| | | |
|---|---|---|
| 1.1 | Surname | COSTA PEREIRA |
| 1.2 | Given Names | MARIANA |
| 1.3 | Full Name in Native Alphabet | *Does Not Apply/Technology Not Available* |
| 1.4 | Have you ever used other names (i.e., maiden, religious, professional, alias, etc.)? | No |
| 1.5 | Do you have a telecode that represents your name? | No |
| 1.6 | Sex | FEMALE |
| 1.7 | Marital Status | SINGLE |
| 1.8 | Date of Birth | September 12, 2003 |
| 1.9 | City of Birth | BELO HORIZONTE |
| 1.10 | State/Province of Birth | MINAS GERAIS |
| 1.11 | Country/Region of Birth | BRAZIL |

## 2 Personal Information - Part 2

| | | |
|---|---|---|
| 2.1 | Country/Region of Origin (Nationality) | BRAZIL |
| 2.2 | Do you hold or have you held any nationality other than the one indicated above on nationality? | No |
| 2.3 | Are you a permanent resident of a country/region other than your country/ region of origin (nationality) indicated above? | No |
| 2.4 | National Identification Number | 15738294062 |
| 2.5 | U.S. Social Security Number | *Does Not Apply* |
| 2.6 | U.S. Taxpayer ID Number | *Does Not Apply* |

## 3 Purpose of Visa

| | | |
|---|---|---|
| 3.1 | *Purpose of Visit* | |
| | Purpose of Trip to the U.S. | EXCHANGE VISITOR (J) |
| | Specify Visa | EXCHANGE VISITOR (J1) |
| 3.2 | Have you made specific travel plans? | No |
| | *Please provide an explanation of your travel plans.* | |
| | Arrival Date | February 23, 2027 |
| | Intended length of stay in the U.S. | 12 |
| | Time period | MONTH(S) |
| 3.3 | *Address where you will stay in the U.S.* | |
| | Address Line 1 | 4118 MAPLE RIDGE RD |
| | Address Line 2 | *Not answered* |
| | City | FAIRFAX |
| | State | VIRGINIA |
| | Zip Code | 22030 |
| | Person/Entity Paying for Your Trip | OTHER COMPANY/ORGANIZATION |
| | *Provide the following information:* | |
| | Name of Company/Organization Paying for Trip | HOMESTEAD AU PAIR EXCHANGE |
| | Telephone Number | 6175550142 |

| | |
|---|---|
| Relationship to You | SPONSOR |
| *Address of Company/Organization Paying for Trip* | |
| Street Address (Line 1) | 880 CONGRESS ST |
| Street Address (Line 2) *Optional | SUITE 400 |
| City | BOSTON |
| State/Province | MASSACHUSETTS |
| Postal Zone/ZIP Code | 02210 |
| Country/Region | UNITED STATES OF AMERICA |

## 4 Travel Companions

| | | |
|---|---|---|
| 4.1 | Are there other persons traveling with you? | No |

## 5 Previous U.S. Travel History

| | | |
|---|---|---|
| 5.1 | Have you ever been in the U.S.? | No |
| 5.2 | Have you ever been issued a U.S. Visa? | No |
| 5.3 | Have you ever been refused a U.S. Visa, or been refused admission to the United States, or withdrawn your application for admission at the port of entry? | No |
| 5.4 | Have you ever been denied travel authorization by the Department of Homeland Security through the Electronic System for Travel Authorization (ESTA)? | No |
| 5.5 | Has anyone ever filed an immigrant petition on your behalf with the United States Citizenship and Immigration Services? | No |

## 6 Address and Phone Details

| | | |
|---|---|---|
| 6.1 | *Home Address* | |
| | Street Address (Line 1) | RUA DOS TUPIS 1040, APTO 302 |
| | Street Address (Line 2) | CENTRO |
| | City | BELO HORIZONTE |
| | State/Province | MINAS GERAIS |
| | Postal Zone/ZIP Code | 30190-060 |
| | Country/Region | BRAZIL |
| 6.2 | Is your Mailing Address the same as your Home Address? | Yes |
| 6.3 | *Phone* | |
| | Primary Phone Number | 5531955550162 |
| | Secondary Phone Number | *Does not apply* |
| | Work Phone Number | *Does not apply* |
| 6.4 | Have you used any other phone numbers in the last five years? | No |
| 6.5 | Email Address | MARIANA.PEREIRA@EXAMPLE.COM |
| 6.6 | Have you used any other email addresses in the last five years? | No |

6.7 *Social Media*

| *Social Media Provider/Platform* | *Link to Social Media Profile* |
|---|---|
| INSTAGRAM | HTTPS://WWW.INSTAGRAM.COM/MARIANA.PEREIRA.BH |

| | | |
|---|---|---|
| 6.8 | Do you wish to provide information about your presence on any other websites or applications you have used within the last five years to create or share content (photos, videos, status updates, etc.)? | No |

## 7 Passport Information

| | | |
|---|---|---|
| 7.1 | Passport/Travel Document Type | REGULAR |
| 7.2 | Passport/Travel Document Number | GC731826 |
| 7.3 | Passport Book Number | *Does not apply* |
| 7.4 | Country/Authority that Issued Passport/ Travel Document | BRAZIL |
| 7.5 | *Where was the Passport/Travel Document Issued?* | |
| | City | BELO HORIZONTE |
| | State/Province *If shown on passport | MINAS GERAIS |
| | Country/Region | BRAZIL |
| | Issuance Date | June 27, 2026 |
| | Expiration Date | June 26, 2036 |
| 7.6 | Have you ever lost a passport or had one stolen? | No |

## 8 US Contact Information

| | | |
|---|---|---|
| 8.1 | *Contact Person or Organization in the United States* | |
| | *Contact Person* | |
| | Surnames | BENNETT |
| | Given Names | CAROL |
| | *Organization Name* | |
| | Organization Name | HOMESTEAD AU PAIR EXCHANGE |
| 8.2 | Relationship To You | OTHER |
| 8.3 | *Address and Phone Number of Point of Contact* | |
| | U.S. Street Address (Line 1) | 880 CONGRESS ST |
| | U.S. Street Address (Line 2) | SUITE 400 |
| | City | BOSTON |
| | State | MASSACHUSETTS |
| | ZIP Code (if known) | 02210 |
| | Phone Number | 6175550142 |
| | Email Address | CAROL.BENNETT@EXAMPLE.COM |

## 9 Family Information

| | | |
|---|---|---|
| 9.1 | *Father's Full Name and Date of Birth* | |
| | Surnames | PEREIRA |
| | Given Names | ANTONIO |
| | Date of Birth | March 7, 1975 |
| | Is your father in the U.S.? | No |
| 9.2 | *Mother's Full Name and Date of Birth* | |
| | Surnames | COSTA PEREIRA |

| | | |
|---|---|---|
| | Given Names | LUCIANA |
| | Date of Birth | May 22, 1978 |
| | Is your mother in the U.S.? | No |
| 9.3 | Do you have any immediate relatives, not including parents, in the United States? | No |
| | Do you have any other relatives in the United States? | No |

## 10 Current Occupation

| | | |
|---|---|---|
| 10.1 | Primary Occupation | EDUCATION |
| | *Present Employer or School Information* | |
| | Present Employer or School Name | ESCOLA INFANTIL PEQUENO JARDIM |
| | *Present Employer or School Address* | |
| | Street Address (Line 1) | RUA PIAUI 655 |
| | Street Address (Line 2) | FUNCIONARIOS |
| | City | BELO HORIZONTE |
| | State/Province | MINAS GERAIS |
| | Postal Zone / ZIP Code | 30150-320 |
| | Country / Region | BRAZIL |
| | Phone Number | 553135550127 |
| | Start Date | February 27, 2025 |
| | Monthly Income in Local Currency (if employed) | 2400 |
| | Briefly describe your duties | PRESCHOOL ASSISTANT; CARE FOR CHILDREN AGED 2 TO 5, LEAD PLAY AND READING ACTIVITIES AND HELP AT MEALTIMES |

## 11 Previous Occupation

| | | |
|---|---|---|
| 11.1 | Were you previously employed? | No |
| 11.2 | Have you attended any educational institutions at a secondary level or above? | Yes |
| | *Provide the following information on the educational institution(s) you have attended.* | |
| | Name of Institution | UNIVERSIDADE FEDERAL DE MINAS GERAIS |
| | *Address* | |
| | Street Address (Line 1) | AVENIDA ANTONIO CARLOS 6627 |
| | Street Address (Line 2) | PAMPULHA |
| | City | BELO HORIZONTE |
| | State/Province | MINAS GERAIS |
| | Postal Zone/ZIP Code | 31270-901 |
| | Country | BRAZIL |
| | Course of Study | EDUCATION |
| | Date of Attendance From | April 1, 2021 |
| | Date of Attendance To | January 6, 2025 |

## 12 Additional Occupation Details

| | | |
|---|---|---|
| 12.1 | Do you belong to a clan or tribe? | No |

12.2 *Provide a List of Languages You Speak*

| *Language Name* |
|---|
| PORTUGUESE |
| ENGLISH |

| | | |
|---|---|---|
| 12.3 | Have you traveled to any countries/ regions within the last five years? | Yes |

*Provide a List of Countries/Regions Visited*

| *Country/Region* |
|---|
| ARGENTINA |

| | | |
|---|---|---|
| 12.4 | Have you belonged to, contributed to, or worked for any professional, social, or charitable organization? | No |
| 12.5 | Do you have any specialized skills or training, such as firearms, explosives, nuclear, biological, or chemical experience? | No |
| 12.6 | Have you ever served in the military? | No |
| 12.7 | Have you ever served in, been a member of, or been involved with a paramilitary unit, vigilante unit, rebel group, guerrilla group, or insurgent organization? | No |

## 13 Security Background - Part 1

| | | |
|---|---|---|
| 13.1 | Do you have a communicable disease of public health significance? (Communicable diseases of public significance include chancroid, gonorrhea, granuloma inguinale, infectious leprosy, lymphogranuloma venereum, infectious stage syphilis, active tuberculosis, and other diseases as determined by the Department of Health and Human Services.) | No |
| 13.2 | Do you have a mental or physical disorder that poses or is likely to pose a threat to the safety or welfare of yourself or others? | No |
| 13.3 | Are you or have you ever been a drug abuser or addict? | No |

## 14 Security Background - Part 2

| | | |
|---|---|---|
| 14.1 | Have you ever been arrested or convicted for any offense or crime, even though subject of a pardon, amnesty, or other similar action? | No |
| 14.2 | Have you ever violated, or engaged in a conspiracy to violate, any law relating to controlled substances? | No |
| 14.3 | Are you coming to the United States to engage in prostitution or unlawful commercialized vice or have you been engaged in prostitution or procuring prostitutes within the past 10 years? | No |
| 14.4 | Have you ever been involved in, or do you seek to engage in, money laundering? | No |

| | | |
|---|---|---|
| 14.5 | Have you ever committed or conspired to commit a human trafficking offense in the United States or outside the United States? | No |
| 14.6 | Have you ever knowingly aided, abetted, assisted or colluded with an individual who has committed, or conspired to commit a severe human trafficking offense in the United States or outside the United States? | No |
| 14.7 | Are you the spouse, son, or daughter of an individual who has committed or conspired to commit a human trafficking offense in the United States or outside the United States and have you within the last five years, knowingly benefited from the trafficking activities? | No |

## 15 Security Background - Part 3

| | | |
|---|---|---|
| 15.1 | Do you seek to engage in espionage, sabotage, export control violations, or any other illegal activity while in the United States? | No |
| 15.2 | Do you seek to engage in terrorist activities while in the United States or have you ever engaged in terrorist activities? | No |
| 15.3 | Have you ever or do you intend to provide financial assistance or other support to terrorists or terrorist organizations? | No |
| 15.4 | Are you a member or representative of a terrorist organization? | No |
| 15.5 | Are you the spouse, son, or daughter of an individual who has engaged in terrorist activity, including providing financial assistance or other support to terrorists or terrorist organizations, in the last five years? | No |
| 15.6 | Have you ever ordered, incited, committed, assisted, or otherwise participated in genocide? | No |
| 15.7 | Have you ever committed, ordered, incited, assisted, or otherwise participated in torture? | No |
| 15.8 | Have you committed, ordered, incited, assisted, or otherwise participated in extrajudicial killings, political killings, or other acts of violence? | No |
| 15.9 | Have you ever engaged in the recruitment or the use of child soldiers? | No |

| | | |
|---|---|---|
| 15.10 | Have you, while serving as a government official, been responsible for or directly carried out, at any time, particularly severe violations of religious freedom? | No |
| 15.11 | Have you ever been directly involved in the establishment or enforcement of population controls forcing a woman to undergo an abortion against her free choice or a man or a woman to undergo sterilization against his or her free will? | No |
| 15.12 | Have you ever been directly involved in the coercive transplantation of human organs or bodily tissue? | No |

## 16 Security Background - Part 4

| | | |
|---|---|---|
| 16.1 | Have you ever been the subject of a removal or deportation hearing? | No |
| 16.2 | Have you ever sought to obtain or assist others to obtain a visa, entry into the United States, or any other United States immigration benefit by fraud or willful misrepresentation or other unlawful means? | No |
| 16.3 | Have you failed to attend a hearing on removability or inadmissibility within the last five years? | No |
| 16.4 | Have you ever been unlawfully present, overstayed the amount of time granted by an immigration official or otherwise violated the terms of a U.S. visa? | No |
| 16.5 | Have you ever been removed or deported from any country? | No |

## 17 Security Background - Part 5

| | | |
|---|---|---|
| 17.1 | Have you ever withheld custody of a U.S. citizen child outside the United States from a person granted legal custody by a U.S. court? | No |
| 17.2 | Have you voted in the United States in violation of any law or regulation? | No |
| 17.3 | Have you ever renounced United States citizenship for the purposes of avoiding taxation? | No |
| 17.4 | Are you a former exchange visitor (J) who has not yet fulfilled the two-year foreign residence requirement? | No |
| 17.5 | Have you attended a public elementary school on student (F) status or a public secondary school after November 30, 1996 without reimbursing the school? | No |

## 18 Student Visa Details - Part 1

18.1 *Additional Point of Contact Information*

(1)

| | |
|---|---|
| Surnames | ALMEIDA |
| Given Names | TERESA |
| Street Address Line 1 | RUA PIAUI 655 |
| Street Address Line 2 | FUNCIONARIOS |
| City | BELO HORIZONTE |
| State/Province | MINAS GERAIS |
| Postal Zone/ZIP Code | 30150-320 |
| Country/Region | BRAZIL |
| Telephone Number | 553135550127 |
| Email Address | TERESA.ALMEIDA@EXAMPLE.COM |

(2)

| | |
|---|---|
| Surnames | RIBEIRO |
| Given Names | HELENA |
| Street Address Line 1 | AVENIDA ANTONIO CARLOS 6627 |
| Street Address Line 2 | PAMPULHA |
| City | BELO HORIZONTE |
| State/Province | MINAS GERAIS |
| Postal Zone/ZIP Code | 31270-901 |
| Country/Region | BRAZIL |
| Telephone Number | 553135550109 |
| Email Address | HELENA.RIBEIRO@EXAMPLE.COM |

## 19 Student Visa Details - Part 2

| | | |
|---|---|---|
| 19.1 | SEVIS ID | N0052946173 |
| 19.2 | *Exchange Visitor Program* | |
| | Program Number | P-3-08127 |
| | Do you intend to study in the U.S.? | Yes |
| 19.3 | *Provide additional information below:* | |
| | Name of School | FAIRFAX VALLEY COMMUNITY COLLEGE |
| | Course of Study | AU PAIR PARTICIPANT CONTINUING EDUCATION COURSES |
| | Street Address Line 1 | 2700 COLLEGE CREEK RD |
| | Street Address Line 2 | *Not answered* |
| | City | FAIRFAX |
| | State | VIRGINIA |
| | Postal Zone/ZIP Code | 22030 |

## 20 Preparer of Application

| | | |
|---|---|---|
| 20.1 | Did anyone assist you in filling out this application? | No |

## Ready to fill in your own?

Answer the questions in plain language and save as you go. DS160.io then fills in your DS-160 on the official site for you. Filing is free for individuals.

**Start my DS-160 for free**
www.ds160.io/individuals

Preparing DS-160s for clients? See DS160.io for immigration firms
www.ds160.io/immigration-firms