

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

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.

20 sections

185 responses

~40 min to fill

J-1 au pair visas

 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.

§1

11 responses

Personal Information - Part 1

Surnames

Enter all surnames as listed in your passport. If only one name is listed in your passport, enter that Surname.

Surname *

COSTA PEREIRA

Given Names

If your passport does not include a given name, please enter 'FNU' in Given Names.

Given Names *

MARIANA

Full Name in Native Alphabet

If your passport does not include a given name, please enter 'FNU' in Given Names.

Full Name in Native Alphabet *

☒ NA Does Not Apply/Technology Not Available

Other Names

Other names used include your maiden name, religious name, professional name, or any other names which you are known by or have been known by in the past.

Have you ever used other names (i.e., maiden, religious, professional, alias, etc.)? *

☐ Yes

☒ No

Telecode

Telecodes are 4 digit code numbers that represent characters in some non-Roman alphabet names.

Do you have a telecode that represents your name? *

☐ Yes

☒ No

Sex

Please select MALE or FEMALE

Sex *

FEMALE



Marital Status *

SINGLE



Date of Birth

If day or month is unknown, enter as shown in passport.

Date of Birth *

19 AUG 2003



City of Birth *

BELO HORIZONTE

State/Province of Birth *

MINAS GERAIS

☐ NA Does Not Apply

Country/Region

Select the name that is currently in use for the place where you were born.

Country/Region of Birth *

BRAZIL



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6 responses

Personal Information - Part 2

Country/Region of Origin (Nationality) *

BRAZIL



Do you hold or have you held any nationality other than the one indicated above on nationality? *

☐ Yes

☒ No

Permanent Resident

Permanent resident means any individual who has been legally granted by a country/region permission to live and work without time limitation in that country/region.

Are you a permanent resident of a country/region other than your country/region of origin (nationality) indicated above? *

☐ Yes

☒ No

Identification Numbers

Your National ID Number is a unique number that your government provides. The U.S. Government provides unique numbers to those who seek employment (Social Security Number) or pay taxes (Taxpayer ID).

National Identification Number *

15738294062

☐ NA Does Not Apply

U.S. Social Security Number *

☒ NA Does Not Apply

U.S. Taxpayer ID Number *

☒ NA Does Not Apply

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20 responses

Purpose of Visa

Purpose of Visit

Purpose of Trip to the U.S. *

EXCHANGE VISITOR (J)

Specify Visa *

EXCHANGE VISITOR (J1)



Have you made specific travel plans? *

☐ Yes

☒ No

Arrival Plans

If you are unsure of your travel plans, please provide an estimate.

Please provide an explanation of your travel plans.

Arrival Date *

30 JAN 2027



Intended length of stay in the U.S. *

12

Time period *

MONTH(S)



Address where you will stay in the U.S.

Address Line 1 *

4118 MAPLE RIDGE RD

Address Line 2

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

Payer Address

Provide the street address, apartment number (if applicable), city, state or province, country, and postal zone (if applicable) of the person or organization that is paying for your travel.

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

☐ NA Does Not Apply

Postal Zone/ZIP Code

02210

☐ NA Does Not Apply

Country/Region

UNITED STATES OF AMERICA



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1 responses

Travel Companions

Traveling with Others

You should answer Yes to this question if you are traveling with family, as part of an organized tour, or as part of a performing group or athletic team. You do not need to list individuals who are traveling with you for the purposes of employment with the same employer.

Are there other persons traveling with you? *

☐ Yes

☒ No

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5 responses

Previous U.S. Travel History

Have you ever been in the U.S.? *

☐ Yes

☒ No

Have you ever been issued a U.S. Visa? *

☐ Yes

☒ No

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? *

☐ Yes

☒ No

Have you ever been denied travel authorization by the Department of Homeland Security through the Electronic System for Travel Authorization (ESTA)? *

☐ Yes

☒ No

Has anyone ever filed an immigrant petition on your behalf with the United States Citizenship and Immigration Services? *

☐ Yes

☒ No

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Address and Phone Details

Home Address

Street Address (Line 1) *

RUA DOS TUPIS 1040, APTO 302

Street Address (Line 2)

CENTRO

City *

BELO HORIZONTE

State/Province *

MINAS GERAIS

☐ NA Does not apply

Postal Zone/ZIP Code *

30190-060

☐ NA Does not apply

Country/Region *

BRAZIL



Mailing Address

If your mailing address is different from your home address, please provide your mailing address.

Is your Mailing Address the same as your Home Address? *

☒ Yes

☐ No

Phone

You must provide a primary phone number. The primary phone number should be the phone number at which you are most likely to be reached; this could be a land line or a cellular/mobile number. If you have an additional land line or a cellular/mobile number please list that as your secondary phone number.

Phone

Primary Phone Number *

553195550162

Secondary Phone Number *

☒ NA Does not apply

Work Phone Number *

☒ NA Does not apply

Have you used any other phone numbers in the last five years? *

☐ Yes

☒ No

Email Address

You must provide an email address. The email address you provide will be used for correspondence purposes. Provide an email address that is secure and to which you have reasonable access.

Email Address *

MARIANA.PEREIRA@EXAMPLE.COM

Have you used any other email addresses in the last five years? *

☐ Yes

☒ No

Social Media

Social Media Provider/Platform *

INSTAGRAM



Link to Social Media Profile *

HTTPS://WWW.INSTAGRAM.COM/MARIANA.PEREIRA.BH

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.)? *

☐ Yes

☒ No

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10 responses

Passport Information

Passport/Travel Document Type *

REGULAR



Passport/Travel Document Number

Enter the information on the travel document you will be using when traveling to the U.S. Your travel document should be a valid, unexpired passport or other valid, unexpired documentation that is sufficient to establish your identity and nationality.

Passport/Travel Document Number *

GC731826

Passport Book Number

The Passport Book Number is commonly called the inventory control number. You may or may not have a Passport Book Number on your passport. The location of the Passport Book Number on your passport may vary depending on the country that issued your passport. Please contact your passport issuing authority if you are unable to determine whether or not your passport contains a Passport Book Number.

Passport Book Number *



NA Does not apply

Country/Authority that Issued Passport/Travel Document *

BRAZIL



Where was the Passport/Travel Document Issued?

City *

BELO HORIZONTE

State/Province *If shown on passport

MINAS GERAIS

Country/Region *

BRAZIL



Issuance Date *

03 JUN 2026



Expiration Date

In most cases your passport/Travel Document must have at least six months of validity beyond the date of your visa application and/or your arrival in the United States.

Expiration Date *

02 JUN 2036



☐ NA No expiration

Have you ever lost a passport or had one stolen? *

☐ Yes

☒ No

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11 responses

US Contact Information

Contact Person or Organization in the United States

Your U.S. Point of Contact can be any individual in the U.S. who knows you and can verify, if necessary, your identity. If you do not personally know anyone in the U.S., you may enter the name of the store, company, or organization you plan to visit during your trip.

Contact Person or Organization in the United States

Contact Person

Surnames *

BENNETT

Given Names *

CAROL

☐ Do Not Know

Organization Name

Organization Name *

HOMESTEAD AU PAIR EXCHANGE

☒ Do Not Know

Relationship To You *

OTHER



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

☐ NA Does not apply

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10 responses

Family Information

Father's Full Name and Date of Birth

Surnames *

PEREIRA

☐ NA Do not know

Given Names *

ANTONIO

☐ NA Do not know

Date of Birth *

11 FEB 1975



☐ NA Do not know

Is your father in the U.S.? *

☐ Yes

☒ No

Mother's Full Name and Date of Birth

Surnames *

COSTA PEREIRA

☐ NA Do not know

Given Names *

LUCIANA

☐ NA Do not know

Date of Birth *

28 APR 1978



☐ NA Do not know

Is your mother in the U.S.? *

☐ Yes

☒ No

Immediate Relatives

Means fiancé/fiancée, spouse (husband/wife), child (son/daughter), or sibling (brother/sister).

Do you have any immediate relatives, not including parents, in the United States? *

☐ Yes

☒ No

Do you have any other relatives in the United States? *

☐ Yes

☒ No

§10

12 responses

Current Occupation

Present Work/Education/Training Information

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

☐

NA Does not apply

Postal Zone / ZIP Code *

30150-320

☐

NA Does not apply

Country / Region *

BRAZIL



Phone Number *

553135550127

Start Date *

03 FEB 2025



Monthly Income in Local Currency (if employed) *

2400

☐ NA Does not apply

Briefly describe your duties *

PRESCHOOL ASSISTANT; CARE FOR CHILDREN AGED 2 TO 5

§11

12 responses

Previous Occupation

Were you previously employed? *

☐ Yes

☒ No

Level of Education

You must answer Yes to this question if you have ever attended, for any length of time, a high school/secondary school (or its equivalent in your country) or college, university, graduate school, a doctoral program, or a vocational program.

Have you attended any educational institutions at a secondary level or above? *

☒ Yes

☐ No

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

☐ NA Does not apply

Postal Zone/ZIP Code *

31270-901

☐ NA Does not apply

Country *

BRAZIL



Course of Study *

EDUCATION

Date of Attendance From *

08 MAR 2021



Date of Attendance To *

13 DEC 2024



Additional Occupation Details

Do you belong to a clan or tribe? *

☐ Yes

☒ No

Provide a List of Languages You Speak

Enter only one language per field. To add more languages, use the Add Another button below — do not list several languages in the same field.

Language Name *

PORTUGUESE

Language Name *

ENGLISH

Have you traveled to any countries/regions within the last five years? *

☒ Yes

☐ No

Provide a List of Countries/Regions Visited

Country/Region *

ARGENTINA



Have you belonged to, contributed to, or worked for any professional, social, or charitable organization? *

☐ Yes

☒ No

Do you have any specialized skills or training, such as firearms, explosives, nuclear, biological, or chemical experience? *

☐ Yes

☒ No

Have you ever served in the military? *

☐ Yes

☒ No

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? *

☐ Yes

☒ No

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3 responses

Security Background - Part 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.) *

☐ Yes

☒ No

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? *

☐ Yes

☒ No

Are you or have you ever been a drug abuser or addict? *

☐ Yes

☒ No

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Security Background - Part 2

Have you ever been arrested or convicted for any offense or crime, even though subject of a pardon, amnesty, or other similar action? *

☐ Yes

☒ No

Have you ever violated, or engaged in a conspiracy to violate, any law relating to controlled substances? *

☐ Yes

☒ No

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? *

☐ Yes

☒ No

Have you ever been involved in, or do you seek to engage in, money laundering? *

☐ Yes

☒ No

Have you ever committed or conspired to commit a human trafficking offense in the United States or outside the United States? *

☐ Yes

☒ No

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? *

☐ Yes

☒ No

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? *

☐ Yes

☒ No

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12 responses

Security Background - Part 3

Do you seek to engage in espionage, sabotage, export control violations, or any other illegal activity while in the United States? *

☐ Yes

☒ No

Do you seek to engage in terrorist activities while in the United States or have you ever engaged in terrorist activities? *

☐ Yes

☒ No

Have you ever or do you intend to provide financial assistance or other support to terrorists or terrorist organizations? *

☐ Yes

☒ No

Are you a member or representative of a terrorist organization? *

☐ Yes

☒ No

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? *

☐ Yes

☒ No

Have you ever ordered, incited, committed, assisted, or otherwise participated in genocide? *

☐ Yes

☒ No

Have you ever committed, ordered, incited, assisted, or otherwise participated in torture? *

☐ Yes

☒ No

Have you committed, ordered, incited, assisted, or otherwise participated in extrajudicial killings, political killings, or other acts of violence? *

☐ Yes

☒ No

Have you ever engaged in the recruitment or the use of child soldiers? *

☐ Yes

☒ No

Have you, while serving as a government official, been responsible for or directly carried out, at any time, particularly severe violations of religious freedom? *

☐ Yes

☒ No

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?

*

☐ Yes

☒ No

Have you ever been directly involved in the coercive transplantation of human organs or bodily tissue? *

☐ Yes

☒ No

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5 responses

Security Background - Part 4

Have you ever been the subject of a removal or deportation hearing? *

☐ Yes

☒ No

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? *

☐ Yes

☒ No

Have you failed to attend a hearing on removability or inadmissibility within the last five years? *

☐ Yes

☒ No

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? *

☐ Yes

☒ No

Have you ever been removed or deported from any country? *

☐ Yes

☒ No

Security Background - Part 5

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? *

☐ Yes

☒ No

Have you voted in the United States in violation of any law or regulation? *

☐ Yes

☒ No

Have you ever renounced United States citizenship for the purposes of avoiding taxation? *

☐ Yes

☒ No

Are you a former exchange visitor (J) who has not yet fulfilled the two-year foreign residence requirement? *

☐ Yes

☒ No

Have you attended a public elementary school on student (F) status or a public secondary school after November 30, 1996 without reimbursing the school? *

☐ Yes

☒ No

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20 responses

Student Visa Details - Part 1

Additional Point of Contact Information

List at least 2 contacts in your country of residence who can verify your information. Do not list immediate family members or other relatives.

Surnames *

ALMEIDA

Given Names *

TERESA

Street Address Line 1 *

RUA PIAUI 655

Street Address Line 2

FUNCIONARIOS

City *

BELO HORIZONTE

State/Province *

MINAS GERAIS

☐ NA Does Not Apply

Postal Zone/ZIP Code *

30150-320

☐ NA Does Not Apply

Country/Region *

BRAZIL



Telephone Number *

553135550127

☐ NA Does Not Apply

Email Address *

TERESA.ALMEIDA@EXAMPLE.COM

☐ NA Does Not Apply

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

☐ NA Does Not Apply

Postal Zone/ZIP Code *

31270-901

☐ NA Does Not Apply

Country/Region *

BRAZIL



Telephone Number *

553135550109

☐ NA Does Not Apply

Email Address *

HELENA.RIBEIRO@EXAMPLE.COM

☐ NA Does Not Apply

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Student Visa Details - Part 2

SEVIS ID *

N0052946173

Exchange Visitor Program

Program Number *

P-3-08127

Do you intend to study in the U.S.? *

Answer Yes if your exchange program includes study at a U.S. school or university; you will then be asked for its details. Camp counselors and work and travel participants answer No.

☒ Yes

☐ No

Provide additional information below:

Name of School *

FAIRFAX VALLEY COMMUNITY COLLEGE

Course Study

Course of Study *

AU PAIR PARTICIPANT CONTINUING EDUCATION COURSES

Street Address Line 1 *

2700 COLLEGE CREEK RD

Street Address Line 2

City *

FAIRFAX

State *

VIRGINIA



Postal Zone/ZIP Code *

22030

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1 responses

Preparer of Application

Preparer of Application

If someone other than you completed this application, provide their details here. You must still electronically sign the application yourself.

Did anyone assist you in filling out this application?

☐ Yes

☒ No

Already submitted your DS-160?

Found a mistake, or did something change? Check whether you need a new one. It takes about a minute and it's free.

[Do I need a new DS-160? →](#)