

**Sanctuary for Families’  
Center for Battered Women’s Legal Services  
PUBLIC BENEFITS REFERRAL FORM:**

**Please Print Out and Fill Out Completely.  
Return to Sonia Mansoor (fax 212 566-0344)**

PLEASE XEROX AND ATTACH (FAX) ANY IMMIGRATION OR BENEFITS NOTICES, THAT CLIENT HAS WITH HER THAT WILL GIVE INFORMATION ABOUT HER CASE. Also, please attached all proof of DV

<b>Referral Date:</b>	<b>Referral By and phone number:</b>
<b>Client Name: =</b>  <b>SSN:</b>  <b>DOB:</b>	<b>Client Phone:</b>
<b>Client Address:</b>  <b>Current Rental Obligation</b>  <b>Valid Lease or Tenant of Record?</b>	<b>Is client in Homeless or DV Shelter?</b>
<b>List all Immigration Filings of client and attach proof</b>  <b>Date of Last Admission to U.S. of Client and any immigrant children?</b>  <small>If client entered before 8/22/96, please attached proof to the intake (US birth certificate of child dated before 8/22/96, stamp of passport proving last date of entry, tax returns, etc)</small>	<b>Does She have proof of such filings?</b>  <b>If no, name and contact information of any private immigration attorney involved</b>
<b>Is client working?</b>  <b>If yes, what is her weekly income?</b>  <b>If no, when was the last time she worked?</b>  <b>Is she currently attending training or vocational class?</b>	<b>Does client have any assets or resources (bank accounts, property)?</b>  <b>Is she currently receiving child support or any other form of unearned income (unemployment insurance, SSI)?</b>

**Family Composition**

<p><b>Number of Children living in household with client?</b></p>	<p><b>What are the immigration filings/statuses of each child?</b></p>
<p><b>Are any of the children currently receiving ACS-funded childcare?</b></p>	<p><b>Children DOB, SSN, Names</b></p> <p>1.</p> <p>2.</p> <p>3.</p>

**Welfare-related information**

<p><b>Is client currently receiving any government benefits (Food Stamps, Cash, Housing Assistance, Childcare, Medical) and in what monthly amounts?</b></p>	<p><b>If yes, what is her <u>welfare center</u> (name or center number)?</b></p> <p><b>And <u>case number</u> (7 digits, sometimes appears with several 000 at start or end in a letter, on all welfare notices)?</b></p>
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<p><b>Legal Need of Client (reason for referral) and any other information I need to know (please be candid). Please indicate, if possible, if client is willing/able to comply with 35 hr/week welfare work requirement.</b></p> <p><b>When did she go to apply?</b></p> <p><b>Where did she go to apply?</b></p> <p><b>What did she apply for?</b></p> <p><b>Does she have proof of what and when she applied?</b></p> <p><b>What exactly was she told?</b></p> <p><b>Did she get any decisions in writing</b></p> <p><b>Fax us pertinent documents</b></p>
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