

SCREENING FORM
PUBLIC BENEFITS IMMIGRANT ELIGIBILITY

BASIC INFORMATION:

Team Member: _____ Organization: SFF Referral From: _____

Client Name: _____ Date: _____

Address: _____ Apt. #: _____
_____ Zip Code: _____

Telephone Number: (_) _____ Contact Person: _____

Date of Birth: _____ Social Security #: _____ Native Country: _____

Primary Language: _____ Interp. Needed: Yes No Ethnicity/Race: _____

Is it safe to call? Yes No Leave a Message? Yes No Send Mail? Yes No

Is Address a Shelter? Yes No If Yes, DV _____ DHS _____ Shelter Name: _____

Advocate, if any: _____ Telephone Number: (_____) _____

IMMIGRATION STATUS: (not eligible if category in bold)

Citizen Legal Permanent Resident Conditional Permanent Resident
 Refugee Asylee Asylee Applicant U-visa w/ Deferred Action
I-130 Filed/App. I-360 Filed/App. V-visa T-visa K-visa S-visa
 B-visa F-visa Unknown Other? _____

Proof of Filing/Status & Whether Ever Been in Deportation Proceedings: _____

Client's Date of Last Admission to U.S.: _____ How (EWI, Visa) VISITOR

Name of Immigration Attorney SFF _____ Phone: 212 349 6009, CAROLIEN

Does Client have an application for Green Card Pending (Form I-485) or a Current/Expired Work Permit (Form I-765)? _____

DV HISTORY OR DISABILITY:

Is client a current/recent victim of Domestic Violence? Yes No
Is client or any other household member disabled? Yes No

Proof of Domestic Violence OR Disability

Police Reports Order of Protection Medical Records Shelter Letter

Social Services Letter Other _____

Abuser's Information:

Name: _____ Date of Birth: _____ Imm. Status: _____

Social Security #: _____ - _____ - _____ Relationship: _____

HOUSEHOLD INFORMATION:

Number of People in the Household: _____ **Adults:** _____ **Children:** _____

Name/Relationship of the Other Adults: a.) _____ / _____

b.) _____ / _____ c.) _____ / _____

Immigration Status of Other Adults:

Names of Children/Date of Birth: a.) _____ / _____

b.) _____ / _____ c.) _____ / _____

d.) _____ / _____ e.) _____ / _____

Immigration Status of Other Children:

Do any of the children have a law guardian/ACS worker? Give their name/telephone number if known:

_____ / (_____) _____

Total Household Income: \$ _____ . _____ **Your Income, if different:** \$ _____ . _____

Source of Income and Amount: G Public Assistance \$ _____ (RENT) _____ G Food Stamps _____ G

Medicaid \$ _____ G SSI \$ _____ G Child Support \$ _____ G

Employment \$ _____ Other: _____ \$ _____

If you are receiving Public Assistance: PA Case no. _____ PA Center No. _____

If you pay rent: Monthly rent: \$ _____

Does your household have any other assets as listed below? Yes No G If YES, state amount:

Cash: \$ _____ . _____ **Checking Account:** \$ _____ . _____ **Savings Account** \$ _____ . _____

House/Land \$ _____ . _____ **If YES, do you live in the house:** Yes G No G

Automobile: \$ _____ . _____ **Other assets:** _____

ACTION TAKEN & FOLLOW-UP NEEDED:
