

**REFUGEE/ASYLEE  
GREEN CARD INTAKE FORM**

Name \_\_\_\_\_ Date \_\_\_\_\_  
*First Middle Last (Family Names)*

Other Names used in the past (*first, middle or last names*) \_\_\_\_\_

Current Address \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Home Phone Number \_\_\_\_\_ E-mail \_\_\_\_\_

Cell Phone \_\_\_\_\_ Is it safe to text or leave a voice message at the numbers provided?  Yes  No

Social Security No. \_\_\_\_\_ A# \_\_\_\_\_ Arrival Date \_\_\_\_\_

Date of Birth \_\_\_\_\_ Village/City of Birth \_\_\_\_\_ Country of Birth \_\_\_\_\_

Male  Female |  Single  Married  Divorced  Widowed  Separated  Other: \_\_\_\_\_  
(Check one) (Check one)

Immigration status:  Refugee  Asylum  Cuban Parole  Other: \_\_\_\_\_

Where do you want the government to mail your official documents (*i.e. Green Card, Employment Card or Travel Document*)?  
(Check one)  To my address listed above  World Relief Spokane  Other: \_\_\_\_\_

What is your English Level?  I don't speak English  Beginner  Intermediate  Advanced

Languages Spoken \_\_\_\_\_

Eligibility screening	
1. Did you receive all required vaccinations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you been physically present in the USA for 1 year or more?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you traveled outside the USA since your arrival? If yes, where and how long was your trip?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Did you ever give any inaccurate or false information to the U.S government?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you ever been arrested or spent time in jail, prison or detention center in any country?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Have you ever been stopped or given a ticket by police/law enforcement/immigration officers in any country?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered 'yes' to questions 3-6 above, please explain: _____	
_____	

**All your addresses for the last 5 years** *(including addresses outside of the U.S.)*

Street Name & Number	City & State/Province	Country & Zip code	Start Date	End Date

**All your jobs for the last 5 years** *(including jobs outside of the U.S.)*

Company Name	Company Address (including zip code)	Occupation	Start Date	End Date

**Your mother and father**

First Name	Middle Name	Last/Family Name(s)	Date of Birth	City & Country of Birth	City & Country Living in Today
Father					
Mother					

**Your current husband or wife**

First Name	Middle	Last/Family Name(s)	Date of Birth	City & Country of Birth	Marriage Date	Place of Marriage

**All your former marriages**

First Name	Middle	Last/Family Name(s)	Date of Birth	Date & City, Country of Marriage	Date & City, Country of Divorce/Death

**All other adult family members living in the United States** *(brothers, sisters, grandparents, step parents, etc.)*

First Name	Middle	Last/Family Name(s)	Date of Birth	Relationship to you

**GREEN CARD INTAKE** | Client Name(s): \_\_\_\_\_

**All children applying for a Green Card with you** *(Including stepchildren & adopted children)*

First Name	Middle	Last/Family Name(s)	Date of Birth	City of Birth	Country of Birth	Gender
						<input type="checkbox"/> Male <input type="checkbox"/> Female
						<input type="checkbox"/> Male <input type="checkbox"/> Female
						<input type="checkbox"/> Male <input type="checkbox"/> Female
						<input type="checkbox"/> Male <input type="checkbox"/> Female
						<input type="checkbox"/> Male <input type="checkbox"/> Female
						<input type="checkbox"/> Male <input type="checkbox"/> Female
						<input type="checkbox"/> Male <input type="checkbox"/> Female
						<input type="checkbox"/> Male <input type="checkbox"/> Female

**All other children** *(Including children living abroad, missing, deceased, stepchildren, adopted children, etc.)*

First Name	Middle	Last/Family Name(s)	Date of Birth	Country of Birth	Green Card USCIS / A#	In the USA?
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No

**Eligibility screening for children applying for a Green Card with you** *(Including stepchildren & adopted children)*

1. Did your children receive all required vaccinations?  Yes  No
2. Have all your children been physically present in the USA for 1 year or more?  Yes  No
3. Have your children traveled outside the USA since arrival? If yes, where and how long was your trip?  Yes  No
4. Did any of your children ever give inaccurate or false information to the U.S government?  Yes  No
5. Have your children ever been arrested or spent time in jail, prison or detention center in any country?  Yes  No
6. Have any of your children ever been stopped or given a ticket by police/law enforcement/immigration officers in any country?  Yes  No

If you answered 'yes' to questions 3-6 above, please explain: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

**APPOINTMENT SCHEDULING INFO**

Documents needed to schedule appointment (if available)	Bring to appointment
<input type="checkbox"/> Completed Intake forms (all adults & employed children) <input type="checkbox"/> Refugee Family Entry/Travel Document <input type="checkbox"/> I-94s <input type="checkbox"/> Social Security cards <input type="checkbox"/> Employment Authorization cards <input type="checkbox"/> Driver's License or State ID <input type="checkbox"/> Passport bio page copies	<input type="checkbox"/> Medical/I693 (sealed envelopes from Unify Clinic) <input type="checkbox"/> Interpreter (if needed)  <b>Note:</b> Children 14 years of age or older will need to sign their own green card applications

**Deposit:** Each appointment requires a deposit of \$10, which will be applied to any fees you will owe at the time of your appointment. This fee is non-refundable. If you must reschedule, call at least 24 hours prior to your appointment time. If you fail to keep your appointment, you will be charged an additional fee to make another appointment.

**Confirmation Policy:** Every appointment must be confirmed at least 24 hours prior to your appointment time. You may confirm by calling our office at 509.381.0832 or emailing us at [ilsspokane@wr.org](mailto:ilsspokane@wr.org), or responding to our text message.

*I agree to pay the non-refundable \$10 fee to hold my appointment. I understand I will **not** be charged an additional deposit to change my appointment time. I understand that if I do not confirm my appointment, I will not keep my appointment. I understand that this appointment agreement does not mean that ILS Spokane currently represents me in any legal matter.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>WORLD RELIEF OFFICE USE ONLY</b>
<p><b>PRIME Screening:</b> WA State Resident ___ Over 16 ___ In U.S. &lt; 5 years ___ Has not naturalized ___, AND:                      Refugee ___ Asylee ___ Victim of Trafficking ___ Amerasian ___ Cuban-Haitian ___ Iraqi/Afghan Special Immigrant ___                      Does client face barriers to self-sufficiency? Housing ___ Illness/Disability ___ Childcare ___ Transportation ___ Other ___</p>