

Staff Interview Questionnaire of Beneficiary

1. Immigration Specifics

Date of Entry: _____ Manner of Entry: _____ Admitted/Paroled _____

Visa Type: _____ I-94 Number: _____ Exp. Date: _____

Have you ever been "out of status"? Y___ N___ If yes, date: ____/____/____ (mm/dd/yyyy)

Have you ever come in contact for the police for any reason no matter how small? Y___ N___

Explain: _____

Have you or a family member ever been involved in any crime? Y___ N___

If yes, did it included: ___Sex ___Alcohol ___DUI ___Drugs ___DV ___Firearms ___Violence

Have you ever had any physical/mental/emotional health conditions that have been diagnosed by a physician?

Explain: _____

Have you ever voted in an election? Y___ N___

Have you ever been registered to vote? Y___ N___

Have you ever received food stamps? Y___ N___

Have you ever left the US for any reason? Y___ N___

Explain: _____

Why did you leave your home country (Asylum, Refugee, TPS)? _____

Have you or a family ever been the victim of a crime (VAWA, U Visa, T Visa)? (Describe) _____

Did you cooperate with the police? _____

Do you have a Case Number? _____

When/How/Where did you enter the US (before 1997 no unlawful presence)? _____

When did you last leave the US? _____

When did you return? _____

Extended Family

Father's Name: _____

Last Name

First

Middle

Place of Birth: _____ Nationality: _____

City

Region

Country

Father Living: Y___ N___

Date of Death: _____

Place of Death: _____

Manner of Death: _____

Current Address: _____

Mother's Name: _____
Last Name First Middle
Place of Birth: _____ Nationality: _____
City Region Country

Mother Living: Y ___ N ___ Date of Death: _____
Place of Death: _____
Manner of Death: _____

Current Address: _____

As far back as you can remember, has anyone in your family ever lived in another country? Y ___ N ___

Which country(s) and when: _____

[Amnesty, Ag workers, Cubans/Haitians since 5/5/1988 or 12/1/1988 for Family Unity]

As far back as you can remember, have you ever had a great grandparent, grandparent, aunt, uncle or any relative ever lived in the US at any time for any reason? Y ___ N ___

Who & When: _____

Have they been living continuously in the US since Jan 1, 1972 (Registry)? Y ___ N ___

Do you have other family currently living in the US? Y ___ N ___

Do any of them have green cards or citizenship? Y ___ N ___

Did anyone in your family come to the US before Jan. 15, 1998 (filed papers before April 30, 2001-245i Eligible)? Y ___ N ___

Who & When: _____

Was this same person physically present in the US on Dec 21, 2000 (245i Eligible)? Y ___ N ___

As far back as you can remember, has anyone in your extended family ever filed an asylum claim in the US?

Who & When: _____

As far back as you can remember, has anyone in your extended family ever been a victim of a crime? Y ___ N ___

Explain: _____

As far back as you can remember, has anyone in your extended helped the police with an investigation?

Explain: _____

As far back as you can remember, has anyone in your extended family been stopped by Customs and Border Protection or Immigration and Customs Enforcement?

Explain: _____

2. Education/Work History

Highest Level of Education: _____ Last School Attended: _____

Other licenses/certificates: _____

Current Occupation: _____ Previous Jobs: _____

3. Financial Information

People living in household:

Spouse _____ No. of children under 18 _____ No. of children over 18 _____

No. of dependent parents _____ Household Size: _____

Sources of family income:

___ Wages and/or salaries ___ Social security retirement income ___ Self-employed
___ Investments and/or rentals ___ Other [specify] _____

___ Public assistance [check all that apply]:

___ SSI ___ Food Stamp ___ Medicaid ___ Public assistance for disability
___ Other [specify] _____

4. Does client's family income fall below the Federal 200% Poverty Line? Y__N__

Are you currently active in a faith community? Y__N__

Name of Community: _____

First time at CIR? Y__N__ If no, nature of prior contact _____

Referral source _____ Phone # _____

Special Needs [such as food, shelter, children's needs, etc.]:

Prayer Needs: _____

Notes: _____

Would you like to receive our monthly newsletter? Yes _____ No _____

The information you have provided is representative-client privileged and intended solely to provide background information to assist us in providing you the best service.