## ARIZONA DEPARTMENT OF ECONOMIC SECURITY Family Assistance Administration

## **REFUGEE UNIT - CLIENT SCHEDULING INTAKE FORM**

Primary Applicant (PA									
Tillially Applicant (FA	A):								
Jnique ID Code <i>(assi</i>	gned by ager	ncy for client	identification	1):					
Country of Origin:		_ Date of U	.S. Arrival: _		_ Date of AZ	Date of AZ Arrival:			
Primary Language: _				Seco	nd Language	<b>)</b> :			
Phone Number:	ne Number: Voicemail Set Up?			Yes No	Client Ema	ail:			
Address:									
Mailing Address <i>(if dif</i>	ferent):								
Гуре of Case <i>(Check</i>	all that apply)	):							
Returning Client	No U.S.	Tie U.S. Tie(s) Parolee			Asylee	Cuban/Haiti	an SI	V	
Unaccompanied F	Unaccompanied Refugee Minor			king	External R	eferral	ferral		
Secondary Migrar	Secondary Migrant				Other:				
f client has a U.S. Tie	<b>e</b> :								
Name of U.S. Tie:						D.O.B of U.	.S. Tie:		
Relationship to U.S. T	ie:			Agency D	etails:				
Agency Name:				Employme	ent Specialist	:			
Case Coordinator Nar	me:			_ Case Co	ordinator Ph	one Number:			
		PART B:	HOUSEH	OLD INF	ORMATIC	N			
Last Name First Name	DOB MM/DD/YY	Emergent Medical Needs?	Alien ID#	Language	Employable Y/N	Relationship to PA	Gender	Martial Status	
			l .						

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List any special needs of anyone in the household:

PART D: SIGNATURE					
l certify that the information a	above is true to the best of my knowledge.				
Date:	Title of person filling out the form:				
Print Name:	Signature:				

This institution is an equal opportunity provider.

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