

**DEPARTMENT OF HUMAN RESOURCES
MARYLAND OFFICE FOR REFUGEES AND ASYLEES
311 West Saratoga Street
Baltimore, Maryland 21201-3521**

REFUGEE ASSISTANCE PROGRAM

CASE OPENING CASE CLOSING

I. Identification Information:

Client Name: _____ Alien No: **A-** _____
(Last) (First) (M.I.)

Social Security Number: - -

Address: _____ Client phone # _____ - _____ - _____
_____ Zip Code:

II. Bio-Demographic Information:

Date of entry into U.S. ____/____/____ Country of Origin: _____
(for Asylees date Asylum was granted)

Volag: _____ County of Residence _____

Gender: Male Female Birthrate: -- Marital Status: _____
(month/day/year)

Interpreter Needed? Yes No If yes, what Language? _____

Asylee Yes No

Household Size: _____ Adults _____ Children Employment Status: Education Level:

III. Public Assistance Currently Received of Applied For:

RCA/RTCA MATCH GRANT TANF/TCA FOOD STAMPS OTHER _____
(Specify)

IV. Service Information: Registration/Closing Dates:

| | Provider Number | Beginning Date | Closing Date | Closing Reason |
|------------------------------------|---|---|---|---|
| Employment Services | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
| English as a Second Language (ESL) | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
| Other Services | | | | |
| _____ | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
| _____ | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |

Completed by: _____ Date: _____