



APPLICATION FOR AFGHAN SERVICES

DO NOT FILL THIS OUT IF YOU ARE NOT FROM AFGHANISTAN

Date: _____ Do you require an interpreter: Yes or No If yes what language?

Your full name: _____

Your full address: _____

Date of birth: _____ Your phone number: _____

Your email address: _____

Country of Birth: _____ City of Birth: _____

Country of Citizenship: _____

USCIS Number (A Number) (if applicable): _____

Marital Status (married, single, or divorced): _____

- Do you receive food stamps or medicaid? Yes or No (If Yes, Please include a copy of your approval letter from DHHS with this application)
- Have you applied for a work permit and social security card? Yes or No
- Have you received your work permit? Yes or No (If Yes, Please include a copy of your work permit)
- Are you eligible for SIV Status (Have you ever worked for the US Government or US Military)? Yes or No
- Have you applied for SIV status? Yes or No (If Yes, Please include a receipt notice or approval notice if you have one, with this application)
 - If so, when and where?
 - Who helped you?
- Do you have a US Citizen Spouse? Yes or No
- Do you have a US Citizen Parent? Yes or No
- Do you have a US Citizen Child over 21? Yes or No
- Do you have a Spouse who is a Legal Permanent Resident or who has a Green Card? Yes or No
- Do you have a Parent who is a Legal Permanent Resident or who has a Green Card? Yes or No



CENTER FOR LEGAL IMMIGRATION ASSISTANCE

- Have you applied for asylum?
 - If yes, when and where? (Please include a receipt notice or approval notice if you have one, with this application)
- If you are married, is your spouse currently in the United States?
 - If yes, did they enter the country legally?
 - What type of visa did they use to enter the US?
- Do you want to request humanitarian parole for your family members? Yes or No

**DUE TO OVERWHELMING NEED AT THIS TIME WE ARE ONLY ABLE TO APPLY FOR
HUMANITARIAN PAROLE FOR IMMEDIATE FAMILY MEMBERS.**

(Mother, Father, Spouse, Children, Siblings)

How many family members do you want to apply for? _____

Name of family member: _____

Date of birth of family member: _____

City and Country of birth: _____ Current country: _____

Family member's current address: _____

Family member's phone number: _____

Name of family member: _____

Date of birth of family member: _____

City and Country of birth: _____ Current country: _____

Family member's current address: _____

Family member's phone number: _____

Name of family member: _____

Date of birth of family member: _____



CENTER FOR LEGAL IMMIGRATION ASSISTANCE

City and Country of birth: _____ Current country: _____

Family member's current address: _____

Family member's phone number: _____

Name of family member: _____

Date of birth of family member: _____

City and Country of birth: _____ Current country: _____

Family member's current address: _____

Family member's phone number: _____

- Do you or your family members have any documentation showing that they are in immediate danger?
- Do you or your family members have any recommendation letters from anyone?
- Do your family members have any special training or proof of service to the US Military?



**CENTER FOR LEGAL
IMMIGRATION ASSISTANCE**

AUTHORIZATION OF RELEASE OF INFORMATION FOR AFGHAN CLIENTS

Client's Name: _____

Date of Birth: _____

Telephone Number: _____

I, the undersigned, hereby authorize Catholic Social Services and/or Lutheran Family Services to release any and all records to:

Center for Legal Immigration Assistance
3047 N. 70th Street
Lincoln, NE 68507

This release also allows communication between Catholic Social Services and/or Lutheran Family Services and/or Asian Cultural Center and CLIA

This release shall be valid for six months from the date of signing unless otherwise specified here:

I am advised of and understand my right to receive a copy of this authorization upon request.

Signature: _____

Date: _____