*Complete this form to determine eligibility for Human Migration Institute’s Riverside County Refugee and Ethnic Community Self-Help (RCRECSH) Programs, funded by the Office of Refugee Resettlement, an office of the he Administration for Children & Families under the U.S. Department of Health and Human Service.*

Human Migration Institute follows the California Privacy Right Act (CPRA) to protect against any loss and unlawful acts of selling and releasing private information outside of data collection and grant reporting purposes.

**All services are free to eligible program participants.**

| ***First Name: Last Name:*** |
| --- |

| **Contact Information:** |
| --- |
| **Email:**  **Whatsapp #: ( ) -**  **Date of Birth:**  **Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

| **Entry Information:** |
| --- |
| **Date of Arrival: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Country of Origin: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (Prefer not to Answer 🙿)  **Primary Language(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Request for Translator: Yes ☐ No ☐**  **What is your Immigration Status:**  **☐** *Citizenship*  *☐ Residency*  *☐ Political Asylum*  *☐ Humanitarian Parolee*  **☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

| **Spouse & Children Information:** |
| --- |
| **Name of Spouse: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **or**  **Name of Legal Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**   | **Child’s Name** | **Child’s Age** | **Child’s School** | | --- | --- | --- | |  |  |  | |