



Congresswoman Grace Meng

6TH DISTRICT, NEW YORK
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| | |
|-------------------------|---------------------|
| OFFICE USE ONLY: | |
| Intake Date: _____ | Intake Staff: _____ |
| CD6: Y/N _____ | Agency: _____ |
| Const: New / Ret | WF: New / Ext / RO |
| People ID: _____ | |

CASE INTAKE FORM & PRIVACY RELEASE FORM (案件處理表格&隱私授權表格)

| | |
|--------------------------------------|-------------------------|
| LAST/FAMILY NAME (姓): | |
| MR 先生 / MS 女士 | FIRST/GIVEN NAME (名): |
| HOME ADDRESS (家庭地址): | APT NO. (公寓號碼): |
| TOWN/CITY (鎮/市): | STATE (州): |
| HOME NO. (家電話): | CELL NO. (手機): |
| EMAIL (電子郵件): | COUNTRY OF BIRTH (出生國): |
| DATE OF BIRTH (生日): | |
| 如果你不想收到國會議員孟昭文的電子訊息 請在這裡寫“NO”: _____ | |

CASE DETAILS - PLEASE COMPLETE ALL APPLICABLE FIELDS

| | |
|------------------|---|
| CASE TYPE | <input type="checkbox"/> IMMIGRATION (移民事) <input type="checkbox"/> MILITARY (軍事) <input type="checkbox"/> OTHER (其他事): _____ |
| | <input type="checkbox"/> MEDICARE/SOCIAL SECURITY (老人醫療福利 / 社會福利) <input type="checkbox"/> VETERANS AFFAIRS (退伍軍人事) |

| FOR IMMIGRATION ISSUES | |
|---|--------------|
| Alien Number: | Case Number: |
| I am a: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Refugee/Asylee <input type="checkbox"/> Other | |
| Type of Application: | |

| FOR MEDICARE / SOCIAL SECURITY / VETERANS AFFAIRS ISSUES | |
|--|--|
| Social Security Number: | |
| Date of Birth: | |
| File/Claim Number: | |
| File Type: | |

*****PLEASE DESCRIBE THE EXACT NATURE OF YOUR ISSUE 請具體描述你需要幫助的信息或者描述問題的性質*****

***** WHAT WOULD BE YOUR IDEAL OUTCOME? 你期待什麼結果? *****

PRIVACY ACT STATEMENT (隱私協議)

In accordance with the provisions of the Privacy Act, I hereby authorize Congresswoman Grace Meng or a member of her staff, to make the appropriate inquiry on my behalf. By requesting the assistance of Congresswoman Grace Meng or a member of her staff, I understand that I am obliged to provide truthful information regarding my situation. Failure to disclose all information or any deliberate attempt to mislead Congresswoman Grace Meng or a member of her staff may result in the discontinuance of assistance.

Signature of Applicant (簽名) _____ Date (日期) _____