



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

MR	LAST/FAMILY NAME:		SUFFIX (OPTIONAL)
MRS			
MS	FIRST/GIVEN NAME:	MIDDLE NAME (OPTIONAL)	
HOUSE NUMBER & STREET:			APT/FL/SUITE:
TOWN/CITY:		STATE:	ZIP CODE: _____ - _____
HOME NUMBER:	CELL NUMBER:	DATE OF BIRTH:	
EMAIL:		COUNTRY OF BIRTH:	
IF YOU DO NOT WANT TO RECEIVE E-NEWSLETTERS FROM REP. MENG, PLEASE WRITE "NO" HERE: _____			

CASE DETAILS - PLEASE COMPLETE ALL APPLICABLE FIELDS

CASE TYPE	<input type="checkbox"/> IMMIGRATION <input type="checkbox"/> MEDICARE/SOCIAL SECURITY <input type="checkbox"/> VETERANS AFFAIRS <input type="checkbox"/> MILITARY
	<input type="checkbox"/> OTHER (Please specify): _____

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 *****

***** WHAT WOULD BE YOUR IDEAL OUTCOME? *****

PRIVACY ACT STATEMENT

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 _____ Date _____