



Congresswoman Grace Meng

6TH DISTRICT, NEW YORK
40-13 159th Street • Flushing, New York 11358
118-35 Queens Blvd, 17th Floor • Forest Hills, NY 11375
Tel: (718) 358-MENG (6364) • Fax: (718) 445-7868

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 (케이스 접수양식 및 개인정보 양도 양식)

MR 남 / MS 여	LAST/FAMILY NAME (성):	
	FIRST/GIVEN NAME (이름):	
HOME ADDRESS (주택 주소):		APT NO. (아파트 번호):
TOWN/CITY (도시):	STATE (주):	ZIP CODE (우편 번호): _____
HOME NO.(주택 번호):	CELL NO.(휴대 번호):	COUNTRY OF BIRTH (출생지):
EMAIL (이메일):	DATE OF BIRTH (생년월일):	
귀하가 그레이스 멩 의원님으로부터 이메일 뉴스레터를 수신 받지 않으려면 여기 "NO" 적으시오: _____		

CASE DETAILS - PLEASE COMPLETE ALL APPLICABLE FIELDS

CASE TYPE	<input type="checkbox"/> IMMIGRATION (이민)	<input type="checkbox"/> MILITARY (군사)	<input type="checkbox"/> OTHER (기타): _____
	<input type="checkbox"/> MEDICARE/SOCIAL SECURITY (메디케어/소셜시큐리티)	<input type="checkbox"/> VETERANS AFFAIRS (재향 군인)	

FOR IMMIGRATION ISSUES		FOR MEDICARE / SOCIAL SECURITY / VETERANS AFFAIRS ISSUES	
Alien Number:	Case Number:	Social Security Number:	
I am a: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Refugee/Asylee <input type="checkbox"/> Other		Date of Birth:	
Type of Application:		File/Claim Number:	
		File Type:	

*****PLEASE DESCRIBE THE EXACT NATURE OF YOUR ISSUE 요청하는 특정 정보 또는 문제의 정확한 특성을 설명 해주세요*****

***** WHAT WOULD BE YOUR IDEAL OUTCOME? 어떠한 결과를 원하시는지 말씀 해주세요? *****

PRIVACY ACT STATEMENT (개인 정보 동의서)

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 (서명) _____ Date (날짜) _____