



Congresswoman Grace Meng

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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/SR MS/SRA	LAST/APELLIDO:		SUFFIX/SUFIJO (OPCIONAL)
	FIRST/NOMBRE:	MIDDLE/SEGUNDO (OPCIONAL)	
DIRECCIÓN DONDE VIVE:			NO. DE APTO.:
CIUDAD:		NY	CÓDIGO POSTAL: _____ - _____
TELÉFONO DE CASA:	TELÉFONO DE CELULAR:	PAÍS DE ORIGEN:	
CORREO ELECTRÓNICO:		FECHA DE NACIMIENTO:	
SI NO DESEA RECIBIR CORRESPONDENCIA ELECTRÓNICA DE REP. MENG, POR FAVOR ESCRIBA "NO" AQUI: _____			

DETALLES DE CASO - POR FAVOR DE COMPLETAR TODAS APLICABLES

CASE TYPE	<input type="checkbox"/> INMIGRACIÓN	<input type="checkbox"/> MEDICARE/SEGURO SOCIAL	<input type="checkbox"/> ASUNTOS DE VETERANO	<input type="checkbox"/> MILITAR
	<input type="checkbox"/> OTRO (POR FAVOR DE DESCRIBIR): _____			

IMMIGRATION	
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:	

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

*** PLEASE DESCRIBE THE EXACT NATURE OF YOUR ISSUE / POR FAVOR DESCRIBA EL ESTADO EXACTO DE SU PROBLEMA ***

***** WHAT WOULD BE YOUR IDEAL OUTCOME? / ¿CUÁL SERÍA SU RESULTADO IDEAL? *****

PRIVACY ACT STATEMENT / DECLARACIÓN DE LA LEY DE PRIVACIDAD

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.

Firma de Aplicante

Fecha