

**INTAKE FORM: Citizenship and Green Card Renewal  
2 SIDED – Please complete the back of this form as well (Form 2).**

<p><b>1. <u>I need help with</u></b></p> <p><input type="checkbox"/> Renewing my Green Card</p> <p><input type="checkbox"/> Preparing for my Citizenship Test</p> <p><input type="checkbox"/> Preparing my Citizenship Application</p>	<p><b><u>Other</u></b></p> <p><input type="checkbox"/> ELIS   <input type="checkbox"/> DACA</p> <p><input type="checkbox"/> Referred out to IIC, CC, GHILA, CTPRF</p> <p>Other _____</p> <p>Reason for referral _____</p>
--	---

**2. Contact Information**

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Cell # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Other: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Best time to call: AM PM

Email Address: \_\_\_\_\_

**3. Information**

Gender: M F

Country of Birth: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

Green Card # \_\_\_\_\_ Issue date: \_\_\_\_\_ Expires \_\_\_\_\_ Category \_\_\_\_\_

**4. How did you hear about the program?**

**5. I understand that client information is confidential and will be used only for program administration, research, and evaluation purposes.**

*Applicant Signature Required:* \_\_\_\_\_ *Date:* \_\_\_\_\_

**STAFF USE ONLY**

Applicant is:

65 years old or older and has been an LPR for 20 or more years (20 questions)

55 years old or older and has been an LPR for 15 or more years

50 years old or older and has been an LPR for 20 or more years

Citizenship Class  Albany  Downtown  Spanish  Youth

Application Help (N400)  MDD  DT  EJ  Will schedule later

Staff initials \_\_\_\_\_ Intake Date \_\_\_\_\_

Staff notes: