

## INDIANA REFUGEE SETTLEMENT DATA

I agree to release the information stated below to the Refugee Resettlement Coordinator for the State of Indiana, the Office of Refugee Resettlement – US Dept. of Health and Human Services and the US State Department for the purpose of obtaining an accurate count of the number of refugees residing in the State of Indiana. This information will be retained for a period of three years and will be used for no other purpose. The data collected will be used to obtain funding in the form of a grant to assist the State in providing job skills, training and employment services to refugee populations.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

Please complete one form for each family member. If a parent, please complete for each child.

NAME (First, Last): \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

COUNTY OF CURRENT RESIDENCE: \_\_\_\_\_

ALIEN NUMBER: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

DATE OF BIRTH (current age or year of birth if unknown): \_\_\_\_\_

DATE OF ARRIVAL IN US: \_\_\_\_\_

CITY AND STATE OF ARRIVAL IN USA: \_\_\_\_\_

COUNTRY OF BIRTH: \_\_\_\_\_

DATE OF ARRIVAL IN INDIANA: \_\_\_\_\_

EACS

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