

Please note: Ukrainian citizens are eligible for this TPS clinic only if they entered the U.S. on or before 4/11/2022. If they entered on 4/12/2022 or later, this person is <u>not</u> eligible for TPS.

Where did you enter the United States?				
Did you go through inspection (showed docu	ments to	a U.S. border a	agent) wh	en you entered?
If not, how did you enter?				
Have you traveled outside the United States		ur last arrival in		—– d States?
Yes No	Vaa	N.a.		
Do you have a social security number?		INO		
Do you have an A number? Yes No				
If so, what is your A number?				
Do you want to apply for a work permit?	_ Yes	No		
Do you have any other immigration cases per	nding? (f	amily, asylum, o	other?)	Yes No
If yes, what kind of case?				
If asylum → flag supervising attorne	y for revi	ew		
Have you had any interactions with ICE or Bo	rder Con	trol agents?	Yes	No
If yes \rightarrow flag supervising attorney for	r review			
If yes, please describe:				
3. Client Criminal history				
Have you ever been arrested for a crime?	Yes	No		
→ if yes, flag supervising attorney fo	r review			
Have you ever appeared before a judge?	Yes	_ No		
ightarrow if yes, flag supervising attorney fo	r review			
Have you ever been convicted of a crime, any	ywhere ii	n the world?	Yes	No
If yes, where, what was the crime, what were	e the circ	umstances of tl	ne convict	ion?



B. I-821 Proof								
1. Do you have proof of your nationality? (circle)								
Passport birth cert National ID other								
→if none or "other", flag supervising attorney for review								
2. Do you have proof that you have been physically present in the United States continuously								
since April 19, 2022? If yes, list proof.								
3. What physical presence / residence proof do you have? (circle all that apply)								
Passport with entry stamp								
I-94								
Rent Receipts / lease								
Bank statements								
Medical / hospital records								
Utility bills								
Cell phone / internet / cable bills								
School records								
Paystubs / employment records								
Money Order receipts								
Amazon/ other online ordering records								
Letters from church, union, association, etc. testifying dates of your presence in the U.S.								
other								
4. Household Information and Income to Determine Fee Waiver Eligibility								
Number of people in your household:								
Adults Children								



Are you currently employed?	☐ Yes	□ No	If yes, _	Full-time	Part-time			
Is your partner/spouse employed?	□ Yes	□ No	If yes,	Full-time	_ Part-time			
Does anyone in your household rece	ive any pu	ıblic benefi	ts? (Who?)					
(circle: SNAP, Cash Assistance, Medicaid, other)								
What is your current income (before	taxes)?_							
(Circle one: <u>Annual</u> <u>Bi-weekly</u>	<u>Weekly</u>	Monthly)						
Do you have income from any other sources? \square Yes \square No								
If yes, please list sources:								
Total Household Yearly Income								
Have you filed a federal tax return for 2021? $\hfill\Box$ Yes $\hfill\Box$ No								