

REFUGEE SERVICES
UKRAINIAN PAROLEE
REQUEST FOR SERVICES



STVCC IS HERE TO HELP:
UKRAINIAN HUMANITARIAN
PAROLEES

NAME: Last: _____ **First:** _____

LANGUAGE: Ukrainian Russian English Other: _____

DATE OF ENTRY into the United States (*or expected date*): _____ (month/day/year)

PAROLEE'S CONTACT INFORMATION:

Address: _____

Home: _____ **Cell:** _____ **Other:** _____

Email: _____ **Best time to call:** _____

Additional Family Members' Names: _____

SPONSOR'S CONTACT INFORMATION:

NAME: Last: _____ **First:** _____

Address: _____

Home: _____ **Cell:** _____ **Other:** _____

Email: _____ **Best time to call:** _____

Are you receiving? DHHS Cash Assistance Food Stamps Medicaid SSI None

SERVICE REQUESTED:

Employment ESL DHHS Help MI ID SSI Help

Intensive/Health Case Management Other: _____

FOR OFFICE USE ONLY

Date Form Received: _____ **By:** _____

Please forward this form to: Chelsea Lafferty at lafferc@stvcc.org — 517-913-4106

Case Manager Assigned: _____ **Date CM Contacted:** _____