

STORY COLLECTION FORM FOR IMMIGRANTS LOSING CommCare COVERAGE

PART 1: PROVIDER/ADVOCATE CONTACT INFORMATION

1. Provider/Advocate's Name _____
2. Organization _____
3. Address/City: _____
4. Phone Number (please list as many ways to contact you as possible)

5. Fax Number _____ 6. E-mail Address _____

PART 2: IMMIGRANT CLIENT INFORMATION

1. Client name _____ (optional)
2. Client's country of origin? _____
3. Circumstances that led client to immigrate to the United States?

Was client sponsored by a family member or employer? Yes No

4. Date/year client physically entered the U.S.? _____
Immigration status when first entered the U.S.? _____
5. What is client's CURRENT immigration status?
 - Applicant for asylum
 - Applicant for a "green card" or LPR adjustment
 - Legal Permanent Resident ("green card" holder) or a Parolee (Humanitarian Parole)
 - If yes, what date did you obtain your green card or parole status? _____
 - Temporary Protected Status (TPS)
(Sudan, Montserrat, Burundi, Nicaragua, El Salvador, Sierra Leone, Honduras, Somali)
 - U-visa (victim of violence)
 - Work authorization on other basis? _____
 - Other _____
6. Client's age or date of birth? _____
7. Does client have children under the age of 19? Yes No

- If yes, number and ages of children under 19? _____
- Are you pregnant? Yes No

8. Does client have any regular medications, special medical treatment (diabetes, renal dialysis, cancer treatment, etc) or other medical care? Yes No If YES, describe:

9. What town does your client currently live in? _____

10. What language does your client speak? _____
Would he or she need an interpreter to be interviewed in English? _____

ADDITIONAL STORY INFORMATION

We are also interested in hearing any other details that would help others understand the impact of losing access to comprehensive health coverage. Please send on any additional information about the immigrant client that may provide more background or a better picture of the client's situation. (Include the advocate's name at the top so that we can identify the source of the story.)

Please fax or e-mail to Toby Guevin at the MIRA Coalition, fax: 617/350-5499 or email tguevin@miracoalition.org, or to Pat Baker or Vicky Pulos at MLRI, fax: 617/350-0777 or pbaker@mlri.org or vpulos@mlri.org .

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