



The mission of The Blue Card is to provide financial assistance to needy Holocaust survivors in the United States.

Thank you for taking the time and effort to complete this application on behalf of your client. We ask that the application be completed by a caseworker in order to assist the survivor with the paperwork process, as well as to ensure their privacy and to connect them with a local Jewish agency which can guide and direct them to other available resources.

Before you proceed, please note that:

- ✓ The Blue Card's programs serve Holocaust survivors who are living near or below the poverty line, relying on pensions and public assistance, who do not have the means to afford the care and equipment needed to remain independent and safe in their homes as they age.
- ✓ The Blue Card is an agency of last resort and fills a need in areas unmet by other agencies. Before you proceed, please see that your client has already availed themselves to all government programs, such as SNAP, Medicaid, SCRIE...etc.
- ✓ Grant amounts depend upon financial need, as well as upon resources available.
- ✓ The Blue Card's policy is that all applicants should have already received or continue to receive restitution/compensation, such as the Hardship Fund; Article 2; ZRBG; BEG... etc. The Claims Conference can be reached at 212.696.4944 with any questions regarding restitution/compensation.

Let's proceed to the application:

- ✓ In addition to the forms below, kindly provide a referral on your agency's letterhead with the following information:
 1. Survivor's full name (other/previous name), address, date of birth and social security number;
 2. Grants made by referring agency to the applicant;
 3. Brief statement as to why the applicant is not eligible for government benefits;
 4. A brief Holocaust history covering the years 1933-1945 with dates and places of Nazi oppression;
 5. Please indicate whether the applicant has been approved in the referring agency's Claims Conference Diamond Database.
 6. Your suggestion for financial aid and its intended use.

Furthermore, the following is a checklist of the supporting documentation to include:

- ✓ Confirmation that the client is approved for Claims Conference Social Welfare funded programs (i.e Hardship Fund, Article 2, BEG, Slave Labor Fund)
- ✓ Government issued photo ID (A clear photocopy or a clear photograph)
- ✓ Most current award letter from SSI, SSA, SSD and SNAP Benefits
- ✓ Official lease/rental agreement, Senior Citizen Rent Increase Exemption Letter (SCRIE), (if applicable)
- ✓ Utility bills
- ✓ If not receiving government benefits (SNAP/SSI/Medicaid), please provide current asset information (CD, IRA, pension and credit card statement)
- ✓ Most recent bank statements
- ✓ Vendor invoice in support of request. For dental requests, please include a proposed treatment plan and x-rays (either digital or hardcopy).

Please email all requests to Info@bluecardfund.org or snail mail to:
The Blue Card, Inc. - Attn: Intake Department
171 Madison Avenue, Suite 1405
New York, NY 10016

SURVIVOR INFORMATION:

SPOUSE INFORMATION:

Last Name: _____ First Name _____ Spouse _____

Address: _____ Apt. _____ City _____ ST. _____ Zip _____ Phone: _____

Social Security Number: _____ Spouse: _____

Maiden Name: _____ Spouse: _____

Date of Birth: _____ Spouse: _____

Place of Birth: (City, Country) _____ Spouse: _____

Date of Arrival in USA _____ Spouse: _____

Date of U.S. Citizenship: _____ Spouse: _____

Single Married Widowed (date of spouse's death _____) Divorced date _____ Separated date _____

Number of dependents living with you: _____ Please list names: _____

Please list names, addresses and phone numbers of all your children (use other side if needed) _____

Where were you from 1933 to 1945 (dates/places) _____

Spouse: _____

Monthly Income (Household)

Monthly Expenses (Household)

<u>Survivor</u>	<u>Spouse</u>	<u>Survivor</u>	<u>Spouse</u>
Salary/Welfare \$ _____	\$ _____	Health Ins/Life (circle) \$ _____	\$ _____
SSA/SSI/SSD \$ _____	\$ _____	Home Ins. \$ _____	\$ _____
Nazi Restitution amount \$ _____	\$ _____	Auto Ins. \$ _____	\$ _____
Pension from other countries \$ _____	\$ _____	Gas/Elec/Phone/Cable \$ _____	\$ _____
Other Pensions/IRA \$ _____	\$ _____	Medical/Rx \$ _____	\$ _____
Funds from your Agency, Family Support: \$ _____	\$ _____	Food \$ _____	\$ _____
Food Stamps \$ _____	\$ _____	Monthly Loan Payments (Debt) \$ _____	\$ _____
Automobile (make & year): _____		Rent/Mortgage (after Sect 8 or SCRIE) \$ _____	\$ _____
Medicare/Part D/Medicaid/Epic/Other _____		Other (please explain) \$ _____	\$ _____
Total of all bank accounts and investments \$ _____		Credit Card(s) \$ _____	\$ _____
Did you file income taxes Yes: _____ No: _____			

For Blue Card's Use Only:

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Name of social worker completing application: _____ Signature: _____

Name of Agency: _____ Phone Number: _____

Social Worker's Email Address: _____

Applicant Signature: _____ Spouse: _____ Date: _____

AUTHORIZATION TO RELEASE/OBTAIN INFORMATION

Name: _____

(Print full name)

I, _____, hereby

Authorize The Blue Card, Inc. to release/obtain any and all information about me, including but not limited to information regarding my physical, emotional and social and or financial status or condition, that is deemed necessary to assist in the development and provision of care and/or services to me.

I understand that The Blue Card Inc. will treat all such information as confidential.

This release shall remain in effect as long as I remain a client of the Blue Card. I may revoke it at any time, upon written notice to The Blue Card, except to the extent that the program, which is to make or has received the disclosure, has taken action in reliance upon the authorization to release/obtain information.

Signature: _____

Date: _____

Witnessed By: _____

Date: _____

(Any competent adult can serve as witness)

Signature: _____

Date: _____

Witnessed By: _____

Date: _____

(Any competent adult can serve as witness)

INTER-AGENCY CONSENT FORM

In order for the Blue Card Inc to be able to assess your eligibility for grant assistance under this and other programs, we have asked you to provide detailed personal information about yourself, your financial position, your medical condition and your Nazi persecution (we refer to this as “Personal Data”). This information, gathered with the assistance of your designated social worker, is necessary to determine your eligibility for services in accordance with the grant guidelines of the Conference on Jewish Material Claims against Germany, Inc. (‘Claims Conference’).

How do we use your Personal Data?

_____ (Name of local agency) will collect your Personal Data and will share it with the Blue Card Inc for the purposes of service delivery. Blue Card Inc will use the information you provide to assess whether you qualify for benefits under the grants and benefits programs of the Claims Conference. We will both also keep records about the services and benefits which are provided to you through Claims Conference funding. We each have a legal obligation under the data protection laws to keep your Personal Data safe and secure.

Sharing Personal Data with others

It is a pre-condition of the funding that both the funders (such as the German Government or the Austrian Government) and the Claims Conference receive copies of the Personal Data of all grant recipients, to enable each of them independently to monitor and review your eligibility under the programs. Thus, the Blue Card Inc. will be obliged to pass copies of your Personal Data to the Claims Conference and, directly and/or through the Claims Conference, to the funders. The Claims Conference, the funders, Blue Card Inc., and _____ (Name of local agency) each have a legal obligation to ensure to the best of their knowledge and belief that your Personal Data will be held securely and will be used only for the purpose of monitoring and review of awards made under the programs.

External Verification

In order to verify your eligibility under the programs, the Claims Conference (and its authorized representatives) may check your Personal Data against relevant files relating to your persecution history held by governmental agencies, courts, archives and institutions in Germany, Israel, or elsewhere. By signing below, you will also be providing your authority for the Claims Conference to undertake this review.

I confirm that I have read and understood the above and consent to its terms.

Name of Individual: _____

Signed: _____

Date: _____

Confirmation:

Agency: _____

Staff Member Name: _____

Date: _____

Consent Form

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Passing Personal Data to others

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Name of Individual: _____

Signed: _____

Date: _____

Confirmation Agency: _____

Staff Member Name: _____

Date: _____

**Claims Conference
Nazi Victim Eligibility Assessment Form**

Agency Name _____

Client's Full _____

Client ID# _____ (if already provided by the Claims Conference)

The agency is responsible for verifying the identity of new clients by means of a government-issued photo ID. A copy (a photocopy or a clear photograph) of this ID must be kept together with this form in the client file. All new clients must sign this form.

Jewish Nazi victim status: Prior to entering the client's data into Diamond, Grantee shall complete this form and keep a copy in the client file. After the data is entered into Diamond, the Claims Conference will review for verification purposes. If and when the Claims Conference determines that a client is an eligible Jewish Nazi victim in accordance with the attached definition, Grantee will be informed and may begin using Claims Conference funds for services to said client.

Briefly describe the client's stated persecution as a Jewish Nazi victim: _____

Financial status: What documentation does the agency have to show that the client meets the financial status eligibility criteria for this program? (Please check all that apply and keep documentation attached to this form in the client file.)

- Client's declaration of income and assets
- Documentary proof of client's income and assets (for emergency assistance)
- Documentary proof that client is an Article 2 or CEEF recipient
- None → Client is not eligible for services

Failure to demonstrate Jewish Nazi victim status or compliance with income and assets criteria will render a client ineligible for services funded by the Claims Conference, regardless of level of disability.

DECLARATION BY CLIENT: I hereby agree that the information that I have provided to my social service agency ("the Agency") and the Claims Conference regarding my personal details and history is true and correct. In the event that the Claims Conference determines, according to its rules and procedures, that I do not meet the definition of a Jewish Nazi victim as defined by the Claims Conference under the rules established by the German government, I shall return to the Agency upon its request the value of the social welfare services provided to me by the Agency with funds from the Claims Conference.

Client's Signature: _____ Date: _____

Eligibility assessment performed by:

Evaluator's Name: _____ Position: _____

Evaluator's Signature: _____

Reviewed by: _____ Position: _____

Reviewer's Signature: _____

Date: _____

Social Service Agency Name: _____

Client Name / ID #: _____

**CLAIMS CONFERENCE
DECLARATION OF INCOME AND ASSETS
FOR ONGOING SOCIAL WELFARE SERVICES**

Claims Conference funding is made available to Jewish Nazi victims who meet specific criteria and who are in financial need. Financial need is based on the annual income and assets of the individual, and therefore the information in this Declaration of Income and Assets form is required for ongoing services such as for homecare. This form is not sufficient for emergency assistance programs and additional documents will be required.

Income refers to net income after taxes have been deducted, including interest income on stocks or other investments. Governmental pensions, social security, retirement plan payments (such as 401(k)), company or employment pensions, disability or life insurance pensions, and BEG or Article 2 pensions are not counted toward income. Do not include your spouse's income.

Assets include, among other items: cash in the bank, the value of stocks/shares and any property you own, or the paid-up value of a life insurance policy. Only 'net assets' are relevant, i.e. the value of the property less the value of any debts, mortgages or annual tax on or related to the property. Do not include the value of the single/primary property in which you reside. If any asset is jointly owned by you and your spouse, include only half the value as your own.

I, _____, residing at _____,
declare my income and assets to be as stated below:

My net annual income as explained above is: Euro (€) _____ or US Dollars (\$) _____
or _____ currency _____.

My net assets as explained above are: Euro (€) _____ or US Dollars (\$) _____ or
_____ currency _____.

I further declare that to the best of my knowledge and belief, the above information given in this form is true and correct, and that any false statement will result in the discontinuation of services and further legal consequences.

Signature

Date