



REFUGEE HEALTH CLIENT CHECKLIST

Please provide one of these documents:
(**Required** form of identification)

Passport

Driver's License

Please provide the documents that apply to you:
(These forms are **required** for eligibility determination)

Form I-862 (Notice to Appear)

Form I-94 (Arrival -Departure Record)

Form I-765 (Application for Employment Authorization)

Paroled 212 (d) (r) Stamp (Parole of Aliens into the US)

INA 207 (Section 207 Stamp) Admitted to the US as a Refugee

INA 208 (Section 208 Stamp) Admitted to the US as a Asylee

Please provide these other documents:
(if available)

<input type="checkbox"/> Insurance Card	Example: Medicaid, BlueCross, Aetna
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<input type="checkbox"/> Vaccine records	Are you transferring from a different state or country? Please provide all vaccine records.
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<input type="checkbox"/> Medical records from past Refugee Health visits	Transferring from a different Health Department? *Please fill out the <i>Authorization to Disclose Confidential Information</i> Form within this packet.
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<input type="checkbox"/> List of current medications	Do you take daily/weekly/monthly/semiannual/annual medications? Please provide a list.
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Note: We do not provide Refugee Health walk-in services.

***Interpreters are available by phone at no charge.**