
**SSI REFUGEE 7-YR. CUT-OFF
QUESTIONNAIRE**

Date:

Your Name:

Your Age:

Are you a (circle one):

- a. Refugee;
- b. Asylee
- c. Cuban-Haitian Entrant
- d. Amerasian
- e. Or were you granted withholding of removal?

When did you come to the U.S.? What country did you come from?

What conditions led you to apply for Supplemental Security Income (SSI) (elderly, disabled, blind)?

What are you able to pay for with SSI?

Have you been notified that your SSI assistance will be terminated?

- a. If yes, when were you notified?

- b. When will/were your benefits terminated?

Explain how you have been or will be affected by the termination of your benefits.

Have you applied for naturalization?

- c. If yes, when did you apply for naturalization? Please explain any delays, problems, and issues in applying for or obtaining your citizenship.

- d. If no, why not?

Can you briefly describe the process that you went through to get to the US (e.g. Why you left your country of origin? Hardships you experienced coming here)?

Please answer all questions regarding future contact:

Can we use your information in an anonymous profile?

Can we use your name?

Would you be willing to talk with (circle one):

- a. A print reporter
- b. A television reporter
- c. A radio reporter

Do you need a translator to give interviews?

What is your preferred language?

Where can we contact you, if we need to talk to you about your story?

- a. Address:
- b. City/State:
- c. Zip Code:
- d. Phone:

***Please return this form to: Adey Fisseha PH: (202) 216-0261, FAX: (202) 216-0266,
EMAIL: fisseha@nilc-dc.org***