Ohio Department of Job and Family Services

# REFUGEE SECONDARY MIGRANT SURVEY

## For Individuals Who Arrived in the U.S. On or After October 1, 2005

Ohio wants to get the most federal funding to help refugees and asylees. If you are a refugee who was originally resettled in another state, but now live in Ohio, please help us by completing this survey form. This information can help us receive additional federal funding to provide services to refugees in Ohio.

U.S. ARRIVAL DATE (MM/DD/YR) _____/_____/_____ COUNTRY OF ORIGIN _____

CURRENT RESIDENCE: CITY _____ COUNTY _____ STATE _____ ZIP CODE _____

LIST ALL FAMILY MEMBERS WITH REFUGEE OR ASYLUM STATUS WHO LIVE IN OHIO:

| **P L E A S E** Last Name | **P R I N T** First Name | **C L E A R L Y** Alien Number (8 or 9 digits) | Social Security Number | Date of Birth (mm/dd/yr) |
|---|---|---|---|---|
| | | A | - - | / / |
| | | A | - - | / / |
| | | A | - - | / / |
| | | A | - - | / / |
| | | A | - - | / / |
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**I authorize the release of information on this survey form to the Ohio Department of Job and Family Services to assist in securing additional funding for refugees, asylees, and Cuban/Haitian Entrants in Ohio.**

_____ _____ _____ _____

Refugee Signature Date Witness Signature Date

Name of organization submitting this form: _____ Phone No. _____

**Please mail or fax the completed survey to: Ohio Refugee Services Program, P.O. Box 182709, Columbus, OH 43218-2709**
**Fax: (614) 728-0761**
**Call (614) 466-4815 if you have any questions about this form or services available to refugees in Ohio.**