

**The Blue Card – 2020 Recertification Form for Existing Clients**

**SURVIVOR**

**SPOUSE**

Last Name: \_\_\_\_\_ First Name \_\_\_\_\_ Spouse \_\_\_\_\_  
Address: \_\_\_\_\_ Apt. \_\_\_\_\_ City \_\_\_\_\_ ST. \_\_\_\_\_ Zip \_\_\_\_\_ Phone: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Spouse: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Spouse: \_\_\_\_\_  
Single  Married  Widowed  (Date of spouses' death \_\_\_\_\_) Divorce Date \_\_\_\_\_ Separated Date \_\_\_\_\_  
Number of other dependents living with you: \_\_\_\_\_

**Monies Your Household Receives (include all living with you)**

**Expenses (For Household)**

**Monthly Income**      Survivor                      Spouse  
Salary/Welfare \$ \_\_\_\_\_ \$ \_\_\_\_\_  
SSA/SSI/SSD \$ \_\_\_\_\_ \$ \_\_\_\_\_  
Nazi Restitution/ Claims Conference? \$ \_\_\_\_\_ \$ \_\_\_\_\_  
Pension from other countries \$ \_\_\_\_\_ \$ \_\_\_\_\_  
Other Pensions/IRA \$ \_\_\_\_\_ \$ \_\_\_\_\_  
Funds from your Agency, Family Support: \$ \_\_\_\_\_ \$ \_\_\_\_\_  
Food Stamps \$ \_\_\_\_\_ \$ \_\_\_\_\_  
Section 8 or SCRIE (rent subsidy) \$ \_\_\_\_\_  
Automobile (make & year): \_\_\_\_\_  
Medicare/Part D/Medicaid/Epic (circle)  
Total of all bank accts, investments, and assets \$ \_\_\_\_\_  
Did you file income taxes in 2019? Yes: \_\_\_\_ No: \_\_\_\_

**Monthly Recurring Expenses**  
Health Ins/Life (circle) \$ \_\_\_\_\_  
Home Ins. \$ \_\_\_\_\_  
Auto Ins. \$ \_\_\_\_\_  
Gas/Elec./Phone/Cable \$ \_\_\_\_\_  
Medical/Rx \$ \_\_\_\_\_  
Food \$ \_\_\_\_\_  
Monthly Loan Payments (Explain) \$ \_\_\_\_\_  
Rent/Mortgage (you pay after Sect 8/SCRIE) \$ \_\_\_\_\_  
Other (please explain) \$ \_\_\_\_\_  
Credit card(s) \$ \_\_\_\_\_

**For Office Use Only:**

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**Please list names, addresses & phone numbers of all your children (Use back of this form if needed):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NAME & SIGNATURE OF YOUR Social Worker:** \_\_\_\_\_

**NAME OF AGENCY AND PHONE #:** \_\_\_\_\_

**SOCIAL WORKER'S EMAIL ADDRESS:** \_\_\_\_\_

**Client Signature** \_\_\_\_\_ **Spouse** \_\_\_\_\_ **Date:** \_\_\_\_\_