

The Blue Card – 2022 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 2021? 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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[Empty rounded rectangular box for office use]

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:** _____