



### **Referring Clients to The Blue Card**

The Blue Card's mission is to provide financial assistance to needy Holocaust survivors. The Blue Card is an agency of last resort and fills a need in areas unmet by other agencies and public programs. Grant amounts depend upon financial need, as well as upon resources.

The Blue Card is a financial aid organization, not a social service agency. Potential clients must be referred by a social worker that first performs a financial assessment and helps the client access all entitlements. The client should also be guided in applying for government assistance by their social worker.

Please inform your clients that we do not work directly with survivors. All questions and concerns should be brought to the referring social worker.

### **Referral on your agency's letterhead should include:**

1. A brief Holocaust history for the client covering the years 1933-1945 with dates and places
2. Your recommendation for The Blue Card services for the client, why you believe the service is necessary for that particular person, and any relevant medical or financial history regarding the client's need for assistance
3. Statement as to why the client is not eligible for government or agency assistance, if applicable
4. Please explain how your agency is assisting the survivor
5. Our questionnaire does not replace your narrative and referral

**The Blue Card provides several forms of financial aid:**

1. Claims Conference Emergency Assistance Program (medical, dental, minor home modification, and burial needs)
2. The Blue Card funded programs (holiday, birthday, Telephone Emergency Response System, monthly stipend, battery operated companion pet, mood light box, Cost Plus Drug Company Partnership)
3. Please reach out to us to inquire about your area's eligibility before applying for the above programs

**Please enclose the following current proofs of income and expenses:**

- Photo ID
- Award letter from SSI, SSA, SSD
- Lease/Rental agreement, Rent Increase Exemption Letter (SCRIE), (if applicable)
- SNAP award letter (if not receiving, please provide current asset information)
- Last month's bank statement showing expenses listed on the financial form
- Supporting documentation for the request from the vendor if applicable

Please e-mail completed application with subject line: 2024 Blue Card Application form to only ONE of the below emails:

**bogdana@bluecardfund.org**  
**212-239-2251 ext. 803**

or

**lily@bluecardfund.org**  
**212-239-2251 ext. 812** (all TERS applications here)

# Financial Form

## SURVIVOR INFORMATION:

## SPOUSE INFORMATION:

Last Name: \_\_\_\_\_ First Name \_\_\_\_\_ Spouse \_\_\_\_\_

Address: \_\_\_\_\_ Apt. \_\_\_\_\_ City \_\_\_\_\_ ST. \_\_\_\_\_ Zip \_\_\_\_\_ Phone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Spouse: \_\_\_\_\_

Maiden Name/Previous Name: \_\_\_\_\_ Spouse: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Spouse: \_\_\_\_\_

Place of Birth: (City, Country) \_\_\_\_\_ Spouse: \_\_\_\_\_

Single  Married  Widowed

Financial Aid Request: \_\_\_\_\_

## MONTHLY INCOME (Household)

## MONTHLY EXPENSES (Household)

	<u>Survivor</u>	<u>Spouse</u>
SSA/SSI/SSD: \$	_____	\$ _____
Salary: \$	_____	\$ _____
Nazi restitution amount: \$	_____	\$ _____
Pension from other countries \$	_____	\$ _____
Agency/family assistance: \$	_____	\$ _____
SNAP Benefits: \$	_____	\$ _____
Medicare/Part D/Medicaid/Epic/Other:	_____	_____
Total of all bank accounts and investments: \$	_____	_____
Did you file taxes for 2023?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

	<u>Survivor</u>	<u>Spouse</u>
Health Ins/Life (circle) \$	_____	\$ _____
Gas/Elec/Phone/Cable \$	_____	\$ _____
Medical/Rx: \$	_____	\$ _____
Other Pensions/IRA: \$	_____	\$ _____
Food: \$	_____	\$ _____
Monthly Payments (Debt): \$	_____	\$ _____
Rent/Mortgage (after Sect 8 or SCRIE): \$	_____	\$ _____
Other (please explain): \$	_____	\$ _____

**For Blue Card's Use Only:**

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Name of case worker completing application: \_\_\_\_\_ Signature: \_\_\_\_\_

Name of Agency: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Case Worker's Email Address: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**AUTHORIZATION TO RELEASE/OBTAIN INFORMATION**

Name: \_\_\_\_\_

(Print full name)

I, \_\_\_\_\_, hereby

Authorize The Blue Card, Inc. to release/obtain any and all information about me, including but not limited to information regarding my physical, emotional and social and or financial status or condition, that is deemed necessary to assist in the development and provision of care and/or services to me.

I understand that The Blue Card Inc. will treat all such information as confidential.

This release shall remain in effect as long as I remain a client of the Blue Card. I may revoke it at any time, upon written notice to The Blue Card, except to the extent that the program, which is to make or has received the disclosure, has taken action in reliance upon the authorization to release/obtain information.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witnessed By: \_\_\_\_\_

Date: \_\_\_\_\_

(Any competent adult can serve as witness)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witnessed By: \_\_\_\_\_

Date: \_\_\_\_\_

(Any competent adult can serve as witness)

## Consent Form

In order for Blue Card Inc. to be able to assess your eligibility for grant assistance under this and other programs, we have asked you to provide detailed personal information about yourself, your financial position, your medical condition and your Nazi persecution (we refer to this as 'Personal Data'). This information, gathered with the assistance of your designated social worker is necessary to determine your eligibility for services in accordance with the grant guidelines of the Conference on Jewish Material Claims against Germany. Inc, ('Claims Conference').

How do we use your Personal Data?

Blue Card Inc. uses the information you provide to assess whether you qualify for benefits under the grants and benefits programs of the Claims Conference. We will also keep records about the services and benefits which we provide to you through Claims Conference funding. We have a legal obligation under the data protection laws to keep your Personal Data safe and secure to the best of our knowledge and belief.

Passing Personal Data to others

It is a pre-condition of the funding that both the funders (such as the German Government and the Austrian Government) and the Claims Conference receive copies of the Personal Data of all grant recipients, to enable each of them independently to monitor and review your eligibility under the programs. Thus, Blue Card Inc. will be obliged to pass copies of your Personal Data to the Claims Conference and, directly and/or through the Claims Conference, to the funders. The Claims Conference and the funders have a legal obligation to ensure to the best of their knowledge and belief that your Personal Data will be held securely and only used for the purpose of monitoring and review of awards made under the programs.

External Verification

In order to verify your eligibility under the programs, the Claims Conference (and its authorized representatives) may check your Personal Data against relevant files relating to your persecution history held by governmental agencies, courts, archives and institutions in Germany, or elsewhere.

By signing below, you will also be providing your authority for the Claims Conference to undertake this review.

I confirm that I have read and understood the above and consent to its terms.

Name of Individual: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Confirmation Agency: \_\_\_\_\_

Staff Member Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Claims Conference  
Nazi Victim Eligibility Assessment Form**

Agency Name \_\_\_\_\_

Client's Full \_\_\_\_\_

Client ID# \_\_\_\_\_ (if already provided by the Claims Conference)

The agency is responsible for verifying the identity of new clients by means of a government-issued photo ID. A copy (a photocopy or a clear photograph) of this ID must be kept together with this form in the client file. All new clients must sign this form.

**Jewish Nazi victim status:** Prior to entering the client's data into Diamond, Grantee shall complete this form and keep a copy in the client file. After the data is entered into Diamond, the Claims Conference will review for verification purposes. If and when the Claims Conference determines that a client is an eligible Jewish Nazi victim in accordance with the attached definition, Grantee will be informed and may begin using Claims Conference funds for services to said client.

Briefly describe the client's stated persecution as a Jewish Nazi victim: \_\_\_\_\_

**Financial status:** What documentation does the agency have to show that the client meets the financial status eligibility criteria for this program? (Please check all that apply and keep documentation attached to this form in the client file.)

- Client's declaration of income and assets
- Documentary proof of client's income and assets (for emergency assistance)
- Documentary proof that client is an Article 2 or CEEF recipient
- None → Client is not eligible for services

*Failure to demonstrate Jewish Nazi victim status or compliance with income and assets criteria will render a client ineligible for services funded by the Claims Conference, regardless of level of disability.*

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**DECLARATION BY CLIENT:** I hereby agree that the information that I have provided to my social service agency ("the Agency") and the Claims Conference regarding my personal details and history is true and correct. In the event that the Claims Conference determines, according to its rules and procedures, that I do not meet the definition of a Jewish Nazi victim as defined by the Claims Conference under the rules established by the German government, I shall return to the Agency upon its request the value of the social welfare services provided to me by the Agency with funds from the Claims Conference.

Client's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Eligibility assessment performed by:***

Evaluator's Name: \_\_\_\_\_ Position: \_\_\_\_\_

Evaluator's Signature: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Position: \_\_\_\_\_

Reviewer's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Social Service Agency Name: \_\_\_\_\_

Client Name / ID #: \_\_\_\_\_

**CLAIMS CONFERENCE  
DECLARATION OF INCOME AND ASSETS  
FOR ONGOING SOCIAL WELFARE SERVICES**

Claims Conference funding is made available to Jewish Nazi victims who meet specific criteria and who are in financial need. Financial need is based on the annual income and assets of the individual, and therefore the information in this Declaration of Income and Assets form is required for ongoing services such as for homecare. This form is not sufficient for emergency assistance programs and additional documents will be required.

**Income refers to net income after taxes have been deducted, including interest income on stocks or other investments. Governmental pensions, social security, retirement plan payments (such as 401(k)), company or employment pensions, disability or life insurance pensions, and BEG or Article 2 pensions are not counted toward income. Do not include your spouse's income.**

**Assets include, among other items: cash in the bank, the value of stocks/shares and any property you own, or the paid-up value of a life insurance policy. Only 'net assets' are relevant, i.e. the value of the property less the value of any debts, mortgages or annual tax on or related to the property. Do not include the value of the single/primary property in which you reside. If any asset is jointly owned by you and your spouse, include only half the value as your own.**

I, \_\_\_\_\_, residing at \_\_\_\_\_,  
declare my income and assets to be as stated below:

My net annual income as explained above is: Euro (€) _____ or US Dollars (\$) _____ or _____ currency _____.
My net assets as explained above are: Euro (€) _____ or US Dollars (\$) _____ or _____ currency _____.

I further declare that to the best of my knowledge and belief, the above information given in this form is true and correct, and that any false statement will result in the discontinuation of services and further legal consequences.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

-

INTER-AGENCY CONSENT FORM

In order for Blue Card Inc to be able to assess your eligibility for grant assistance under this and other programs, we have asked you to provide detailed personal information about yourself, your financial position, your medical condition and your Nazi persecution (we refer to this as “Personal Data”). This information, gathered with the assistance of your designated social worker, is necessary to determine your eligibility for services in accordance with the grant guidelines of the Conference on Jewish Material Claims against Germany, Inc. (‘Claims Conference’).

**How do we use your Personal Data?**

\_\_\_\_\_ (Name of local agency) will collect your Personal Data and will share it with Blue Card Inc for the purposes of service delivery. Blue Card Inc will use the information you provide to assess whether you qualify for benefits under the grants and benefits programs of the Claims Conference. We will both also keep records about the services and benefits which are provided to you through Claims Conference funding. We each have a legal obligation under the data protection laws to keep your Personal Data safe and secure.

**Sharing Personal Data with others**

It is a pre-condition of the funding that both the funders (such as the German Government or the Austrian Government) and the Claims Conference receive copies of the Personal Data of all grant recipients, to enable each of them independently to monitor and review your eligibility under the programs. Thus, Blue Card Inc. will be obliged to pass copies of your Personal Data to the Claims Conference and, directly and/or through the Claims Conference, to the funders. The Claims Conference, the funders, Blue Card Inc., and \_\_\_\_\_ (Name of local agency) each have a legal obligation to ensure to the best of their knowledge and belief that your Personal Data will be held securely and will be used only for the purpose of monitoring and review of awards made under the programs.

**External Verification**

In order to verify your eligibility under the programs, the Claims Conference (and its authorized representatives) may check your Personal Data against relevant files relating to your persecution history held by governmental agencies, courts, archives and institutions in Germany, Israel, or elsewhere. By signing below, you will also be providing your authority for the Claims Conference to undertake this review.

I confirm that I have read and understood the above and consent to its terms.

Name of Individual: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**Confirmation:**

Agency: \_\_\_\_\_

Staff Member Name:

Date: \_\_\_\_\_