

The Blue Card – 2025 Telephone Emergency Response System Application



Assisting Holocaust Survivors in Need

The mission of The Blue Card is to provide financial assistance to needy Holocaust survivors in the United States.

Thank you for taking the time and effort to complete this application on behalf of your client. We ask that the application be completed by a caseworker in order to assist the survivor with the paperwork process, as well as to ensure their privacy and to connect them with a local Jewish agency which can guide and direct them to other available resources.

Before you proceed, please note that:

- ✓ The Blue Card is an agency of last resort and fills a need in areas unmet by other agencies. Before you proceed, please see that your client has already availed themselves to all government programs, such as SNAP, Medicaid, SCRIE...etc.
- ✓ Grant amounts depend upon financial need, as well as upon resources available.
- ✓ The Blue Card's policy is that all applicants should have already received or continue to receive restitution/compensation, such as the Hardship Fund; Article 2; ZRBG; BEG... etc. The Claims Conference can be reached at 212.696.4944 with any questions regarding restitution/compensation.

Let's proceed to the application:

- ✓ In addition to the forms below, kindly provide a referral on your agency's letterhead with the following information:
 1. Survivor's full name (other/previous name), address, date of birth and social security number;
 2. Grants made by referring agency to the applicant;
 3. Brief statement as to why the applicant is not eligible for government benefits and proof of government, agency, and family resources already being received.
 4. Please indicate whether the applicant has been approved in the referring agency's Claims Conference Diamond Database.
 5. Your suggestion for financial aid and its intended use.

Furthermore, the following is a checklist of the supported documentation to include:

- ✓ Government issued photo ID (A clear photocopy or clear photograph)

Please email all requests to maya@bluecardfund.org

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SURVIVOR INFORMATION

SPOUSE INFORMATION

Last Name: _____ First Name _____ Spouse _____
Address: _____ Apt. _____ City _____ ST. _____ Zip _____ Phone: _____
Social Security Number: _____ Spouse: _____
Date of Birth: _____ Spouse: _____
Place of Birth: (City, Country): _____ Spouse: _____
Single ☐ Married ☐ Widowed ☐ (Date of death of spouse: _____) Divorce Date _____ Separated Date _____
Number of other dependents living with you: _____
Financial Aid Request _____

Money Your Household Receives (include all living with you)

<u>Monthly Income</u>	<u>Survivor</u>	<u>Spouse</u>
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) \$	_____	
Medicare/Part D/Medicaid/Epic (circle)	_____	
Total of all bank accts, investments, and assets \$	_____	
Did you file income taxes in 2024? Yes: _____ No: _____		

For Office Use Only:

Expenses (For Household)

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:

Check this box if you would like to receive phone calls from volunteers.

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

Name of case worker completing application: _____ Signature: _____

Name of agency: _____ Phone Number: _____

Case Worker's Email Address: _____

Applicant Signature: _____ Spouse: _____ Date: _____

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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)

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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.

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: _____

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: _____