

CWS Immigrant Solidarity Fund Application

Please complete the following questionnaire to be considered for *one-time cash assistance*. To be eligible for funds, the applicant must provide an ID or supporting documents; a personal reference; and have been impacted by ICE detention or increased levels of ICE activity; and must reside in North Carolina. Your reference should be willing to speak to a CWS staff member.

To apply for assistance, please take a picture of this form and text it to 919-641-7825 or email it to ImmigrantSolidarityFund@cwsglobal.org. We always maintain client confidentiality and we will only share your personal information with authorized staff members at CWS.

1.Applicant's Full Legal Name: _____ Phone number: _____

2.Email Address (if any): _____ Referring Organization (if any): _____

3.Mailing address: _____

4.Have you or someone in your household received assistance from this fund before? Yes: _____ No: _____

5.Personal reference: Please provide contact information for a personal reference who can verify your circumstances/hardships. CWS will be calling the personal reference to verify this information.

First & Last Name: _____ Phone number: _____

Preferred Language: English: _____ Spanish: _____ Other: _____

6.Amount of assistance requested: _____

7.In the space below, please describe your need and the circumstances that have led to this request:

8.Total number of members living in the household? _____

9.Total number of minors (under the age of 18) living in the household? _____

10.Additional referrals needed: (please check all that apply)

a. Food banks

d. Diaper Banks

b. Clothing banks

c. Legal services

11.I have attached or sent something to verify my identity like a passport, paystub, piece of mail, or matricula consular? (Without this document your application will be considered incomplete) Yes: _____ No: _____

12. Would you like to receive information about other resources and events? Yes: _____ No: _____

Signature: _____

Date: _____

Your feedback is very important to us and helps us improve our services. If you wish to leave any feedback about the application process or the fund itself, please call our office phone number at 919-680-3585 or email ImmigrantSolidarityFund@cwsglobal.org

You can also leave us a comment in the box below:

Confidentiality Note: The information shared above, including attachments, is intended only for the entity to which it is addressed and contains confidential and/or privileged material. Any review, retransmission, broadcast, or other use of any action based on this information by persons or entities other than the intended recipient is prohibited. I (the applicant) understand that my information is kept confidential between CWS and the referring organization. Neither party may release applicant's information without a signed consent other than this application. The Immigrant Solidarity fund is funded by private donors and community members and is not tied to any public charge laws. This application is subject to review and distribution of funds is dependent on verification of information.