

## CWS Immigrant Solidarity Fund Application

Please complete the following questionnaire to be considered for a *one-time cash assistance*. To be eligible for funds, an applicant must provide an ID, a personal reference, be undocumented, and have been impacted by an emergency, disaster, or ICE activity along with this completed questionnaire. Your reference should be willing to speak to a CWS staff member to verify your situation/hardship.

**After you complete this questionnaire, please take a picture of this form and text it to 919-641-7825 or email it to [ImmigrantSolidarityFund@cwsglobal.org](mailto:ImmigrantSolidarityFund@cwsglobal.org)**

1. Applicant's Full Legal Name: \_\_\_\_\_ Phone number: \_\_\_\_\_
2. Email Address (if any): \_\_\_\_\_ Referring Organization (if any): \_\_\_\_\_
3. Mailing address: \_\_\_\_\_
4. Have you 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 for verification of information.

First & Last Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Preferred Language: English: \_\_\_\_\_ Spanish: \_\_\_\_\_ Other: \_\_\_\_\_

6. Select the option that describes the situation which you are or have been affected by:  
Emergency/Disaster: \_\_\_\_\_ Detention/Deportation: \_\_\_\_\_ Other: \_\_\_\_\_
7. Amount of assistance requested: \_\_\_\_\_
8. In the space below, please describe your need and the circumstances that have led to this request:

9. Total number of members living in the household? \_\_\_\_\_
10. Total number of minors (under the age of 18) living in the household? \_\_\_\_\_
11. Additional referrals needed: (please check all that apply)
  - a.  Food banks
  - b.  Clothing banks
  - c.  Legal services
  - d.  COVID-19 information (Testing sites, personal protection equipment, vaccine sites)
12. 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:** \_\_\_\_\_

13. 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 text or call Daniela Archibold at **919-396-1502** or email [ImmigrantSolidarityFund@cwsglobal.org](mailto:ImmigrantSolidarityFund@cwsglobal.org)

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

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**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.