

Sample Preliminary Screening Form

PRELIMINARY SCREENING

STAFF NAME _____

DATE _____

NAME OF INDIVIDUAL _____

TELEPHONE # _____

ADDRESS _____

COUNTRY OF ORIGIN _____

APPLICATION(S) FILED _____

APPLIED FOR POLITICAL ASYLUM? _____ YES _____ NO

CAME AS A REFUGEE? _____ YES _____ NO

NATURE OF INQUIRY _____

ACTION REQUESTED/REQUIRED _____

COMMENTS _____