



VietRISE COVID-19 Immigrant Community Relief Fund

The VietRISE COVID-19 Immigrant Community Relief Fund is intended to provide financial relief to Vietnamese immigrants living in Orange County who have experienced hardship due to the COVID-19 pandemic. Priority will be given to those who are undocumented and those who have not been able to receive other forms of financial relief. If you do not fall under the qualifications to receive relief through this fund, we can refer you to other funds in Orange County that you may be eligible for.

The following survey will help us determine whether or not you are eligible to receive this financial relief.

Please email the completed form to indigo@vietrise.org or mail it to our office at 14351 Euclid St. Garden Grove, CA 92843. We will need to call you to confirm the information you submit.

If you need other resources, please visit our COVID-19 OC Resource Guide: <http://bit.ly/cv19ocresources>

Each person who is approved for financial relief through this fund will receive a cash card in the amount of \$800, up to a household maximum of \$1,600. Each cash card will include a \$5 additional amount to cover administrative or ATM fees.

If you have questions while completing this form, please email indigo@vietrise.org or leave a message at (714) 242-4139 for assistance.

WE VALUE YOUR PRIVACY. The information you share with us is protected.

Some of the information we are requesting is required for our reporting purposes. None of the information that we are required to report will include your identifying information unless you give us express permission to do so.

Contact Information

Name	Middle Initial	Last Name	Phone Number
Street Address		City	Zip Code
When can we contact you?		If you would like to be more specific about when or how we can contact you, please explain here.	
<input type="checkbox"/> Morning (9 am to 12 pm) <input type="checkbox"/> Afternoon (12 pm to 3 pm) <input type="checkbox"/> Evening (3 pm to 6 pm)		Ex: Monday through Friday from 9 am to 2 pm; only on Saturdays from 11 am to 4 pm	

Personal Information

Date of Birth (mm/dd/yyyy)	Number of household members 18 years old or older (include yourself)	Number of household members under 18?	
Were you enrolled in college at any point in the last 12 months?	Do you have citizenship in the United States of America?	Which country were you born in?	Are you or your family members impacted by or concerned about being deported?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you or a family member currently in deportation proceedings?	Have you or a family member ever been placed in immigration detention?	Do you have a work visa that is now expired?	Are you a DACA recipient?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a student?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Gender?	What pronouns should we use when referring to you?		
<input type="checkbox"/> woman <input type="checkbox"/> man <input type="checkbox"/> non-binary	<input type="checkbox"/> other _____ <input type="checkbox"/> prefer not to say	<input type="checkbox"/> she/her <input type="checkbox"/> he/him <input type="checkbox"/> they/them	<input type="checkbox"/> other _____
I identify as: (select all that apply)		Please describe your ethnic background(s).	
<input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native American/Indigenous <input type="checkbox"/> Latinx/Hispanic <input type="checkbox"/> Middle Eastern/Southwest Asian	<input type="checkbox"/> Pacific Islander <input type="checkbox"/> white <input type="checkbox"/> multi-racial <input type="checkbox"/> other _____ <input type="checkbox"/> prefer not to say	Ex: Vietnamese; Thai and Laotian; Honduran, French, and Indonesian; etc. Reminder: this relief fund is intended for Vietnamese immigrants only, and we may be able to refer you to other funds if you are not eligible for this one.	

Please turn the page over and complete both sides of this form.

Financial Need

What is your primary occupation? (Select only one.)

<input type="checkbox"/> Agriculture/farm work	<input type="checkbox"/> Education	<input type="checkbox"/> Hospitality	<input type="checkbox"/> Self-employed
<input type="checkbox"/> Childcare	<input type="checkbox"/> Food processing	<input type="checkbox"/> Restaurant/food services	<input type="checkbox"/> Student
<input type="checkbox"/> Construction	<input type="checkbox"/> Gardening/landscaping	<input type="checkbox"/> Retail/sales	<input type="checkbox"/> Transportation
<input type="checkbox"/> Customer service	<input type="checkbox"/> Healthcare	<input type="checkbox"/> Sanitation/custodial/janitorial	<input type="checkbox"/> other

If you selected other, please explain here: _____

What other sources of income do you have? (Select all that apply.)

<input type="checkbox"/> Agriculture/farm work	<input type="checkbox"/> Education	<input type="checkbox"/> Hospitality	<input type="checkbox"/> Self-employed
<input type="checkbox"/> Childcare	<input type="checkbox"/> Food processing	<input type="checkbox"/> Restaurant/food services	<input type="checkbox"/> Student
<input type="checkbox"/> Construction	<input type="checkbox"/> Gardening/landscaping	<input type="checkbox"/> Retail/sales	<input type="checkbox"/> Transportation
<input type="checkbox"/> Customer service	<input type="checkbox"/> Healthcare	<input type="checkbox"/> Sanitation/custodial/janitorial	<input type="checkbox"/> other

Which of the following have you applied for? (Select all that apply.)

- Unemployment insurance (EDD)
- Food stamps (CalFresh)
- Cash aid (CalWORKS)
- Disaster Relief Assistance for Immigrants (DRAI)
- Medi-Cal/Medicaid
- none
- other _____

Which of the following have you received? (Select all that apply.)

- Unemployment insurance (EDD)
- Food stamps (CalFresh)
- Cash aid (CalWORKS)
- Disaster Relief Assistance for Immigrants (DRAI)
- Medi-Cal/Medicaid
- Stimulus check (CARES Act)
- none
- other _____

How have you or your family been affected by the COVID-19 pandemic? Select all that apply.

- Job loss
- Lowered hours at work
- Rent/mortgage hardships
- Eviction
- Medical bills
- Illness
- Loss of childcare
- Inability to seek employment due to childcare
- None listed

In what other ways have you or your family been affected by the COVID-19 pandemic? You can also explain your answers to the previous question here.

Do you fear being displaced from your home in the next couple of months? Yes No

What is your greatest financial need right now? (Select only one.)

<input type="checkbox"/> Childcare	<input type="checkbox"/> Food	<input type="checkbox"/> Housing	<input type="checkbox"/> Utilities
<input type="checkbox"/> Education/tuition	<input type="checkbox"/> Healthcare/medication	<input type="checkbox"/> Legal services	<input type="checkbox"/> other _____

What else about your situation do you want to share with us? Please be as detailed as you can so that we can best assist you.

Do you give us permission to share your story? You can revoke permission at any time, and identifying information will not be shared unless you want it to be shared.

Ex: we will not share your name or age unless you choose to let it be known.

Yes No Maybe

Would you like to be connected to other undocumented Vietnamese folks to build a support network or group?

Yes No Maybe

I hereby confirm that the information on this form is true and that I know I have a right to revoke my information at any time.

Signature: _____

Date: _____