

HOW TO USE THIS PASSPORT

The Community Passport is intended to be a tool for refugees and for the service providers who assist refugees in their resettlement and integration process.

The passport has been designed to record and keep important information in a safe place and in a convenient format. It is also a good place for service providers to make notes, document contacts and appointments, and record the status of applications for assistance.

The first section of the passport contains identification and personal information, including key dates, contact information, emergency contact information, languages spoken and household composition. Additional sections include space for tracking applications for subsidized housing, health care appointments and follow-up, and information about other services accessed.

Each section subsequent to the contact information begins with an instruction page as a reference for service providers in filling out their area. The complete User Guide to the Community Passport can be found online at www.idahorefugees.org/passport.

When this passport is presented to an agency, medical service provider or community service provider, it should be reviewed in order to determine the totality of resources accessed by the holder of the passport and to assess the current need for services and support.

Every service provider is expected to respect and maintain the confidentiality of each client by not including sensitive and/or highly personal information in this document.

Any questions regarding this passport or its use should be directed toward the resettlement agency listed or the Idaho Office for Refugees. Information about the Community Passport may also be found online at www.idahorefugees.org/passport.

COMMUNITY PASSPORT

First Name: _____

Last Name: _____

Photo

Street	
City, State, Zip	
Phone	
Landlord Phone	
Date of Birth	
1st Language	
2nd Language	

Address Prior to Entering the United States:

EMERGENCY CONTACT INFORMATION

In case of emergency, please contact the following household member:

Name	Relationship	Phone

The following contact person does not live in my home, and can be contacted in an emergency.

Name	Relationship	Phone

For non emergencies, the following person may be contacted:

Name	Relationship	Phone

DISCLAIMER

The use of this passport is entirely voluntary. Refugees in Idaho are not required to possess one nor are they required to show it in order to receive services and assistance from any source.

All information in this passport is the property the passport holder. Agencies and supporting service providers will do all they can to respect the confidentiality of the information contained in it, but the passport holder is responsible for keeping it in a safe place.

This passport is not a legal document, not can it be used as a legal form of Identification.

TITLE VI: LANGUAGE ACCESS

Title VI, 42 U.S.C. § 2000d et seq., was enacted as part of the landmark Civil Rights Act of 1964. It prohibits discrimination on the basis of race, color, and national origin in programs and activities receiving federal financial assistance. As President John F. Kennedy said in 1963:

“Simple justice requires that public funds, to which all taxpayers of all races [colors, and national origins] contribute, not be spent in any fashion which encourages, entrenches, subsidizes or results in racial [color or national origin] discrimination.”

Title VI has been interpreted to mean that individuals who do not speak English as their primary language and who have a limited ability to read, write, speak, or understand English are considered limited English proficient (LEP) and have the right to receive language assistance in order to assure meaningful access to services or benefits provided by agencies and service providers that receive Federal funds. Language assistance means oral interpreter services or translations of written material.

For questions about the availability of interpreters or interpreter services, please contact a resettlement agency or the Idaho Office for Refugees.

PASSPORT SUPPORT

The Community Passport Project is a community wide effort that continues to gather support. If you would like your agency to be listed here, please contact the Idaho Office for Refugees.

Idaho Office for Refugees
International Rescue Committee
Agency for New Americans
CSI Refugee Services
Treasure Valley World Relief
El-Ada Community Action Network
Saint Alphonsus Regional Medical Center
Catholic Charities of Idaho
Living Independence Network Corporation
Women & Children's Alliance
Genesis World Mission
Idaho Department of Health & Welfare
English Language Center

CONTACT INFORMATION: ADDRESS

When applying for citizenship, you must provide your address for all the places you have lived for 10 years.

Keep this information updated.

Date of Change	
Street	
City, St., Zip	

Date of Change	
Street	
City, St., Zip	

Date of Change	
Street	
City, St., Zip	

Date of Change	
Street	
City, St., Zip	

Date of Change	
Street	
City, St., Zip	

CONTACT INFORMATION: NOTIFICATION OF CHANGES

*If your contact information, household size, or income changes,
you MUST contact the following agencies*

Office	Phone
Section 8 Office	
Housing Project: _____	
Housing Project: _____	
Immigration Office	
Idaho Department of Labor	
Social Security Office	
Department of Health & Welfare	
Healthy Connections Provider	
Dentist	
School (if applicable)	



U.S. Citizenship
and Immigration
Services



IMPORTANT DATES

Cash Assistance Ends	
Green Card Application Eligibility	
Lease Agreement End Date	
Section 8 Application Date	
Medicaid Expiration Date	
Food Stamp Reauthorization Date	
WIC End Date	
ICCP End Date	
TAFI/TANF Start Date	
SSI Application Date	

RESETTLEMENT INFORMATION

Date of Arrival	
Nation of Origin	
Resettlement Agency	
Case Manager	
Case Manager Phone	
After Hours Contact Phone	
Date of Passport Issued	

KEY SERVICES

Healthy Connections Provider:

Health Connections Phone:

ESL Classes Location:

ESL Classes Phone:

Employer:

Employer Phone:

School District:

School Name:

School Phone:

Primary Transportation:

Mental Health Provider:

Mental Health Provider Phone:

PREFERRED INTERPRETERS

This section is to be filled out by service providers or clients. Please check the box for interpreters who are trusted for sensitive information and topics.

There is no guarantee that a service provider will use an interpreter that is listed here, as they may not be available or appropriate for the session or appointment.

In Boise, please visit www.boiseinterpreters.com for help locating an interpreter.

Name
Language
Phone <input type="checkbox"/> Sensitive Info
Name
Language
Phone <input type="checkbox"/> Sensitive Info
Name
Language
Phone <input type="checkbox"/> Sensitive Info
Name
Language
Phone <input type="checkbox"/> Sensitive Info
Name
Language
Phone <input type="checkbox"/> Sensitive Info

HOUSING ASSISTANCE INFORMATION INSTRUCTIONS

In this section, there are pages for:

1. SECTION 8
2. AFFORDABLE HOUSING PROJECTS
3. RENT & UTILITY ASSISTANCE

1. SECTION 8

- If you help a client fill out their first Section 8 Application, fill in the top section
- If you are a service provider that has helped a client follow up with the application, fill out one box in the bottom section
- Current Month Served: when you help someone follow up with their application, be sure to date it as well as enter the current month/year being served by Section 8

2. AFFORDABLE HOUSING PROJECTS

- If you help a client fill out an Affordable Housing Project Application, fill out the top section
- If you help a client follow up on an Affordable Housing Project, fill out one box in the bottom section that corresponds with that Project
- If you help fill out more than one application, use a separate page for each one

3. RENT & UTILITY ASSISTANCE

- If you provide, or help a client connect, to rent or utility assistance, fill out all the information that is requested for the resource used
- If another provider works with a client, this documentation will serve as a quick reference to what has been utilized, and what is currently available.

HOUSING ASSISTANCE INFORMATION SECTION 8

Date of Application	
Person/Agency Who Helped	
Helper Phone Number	
Section 8 Office Number	

Follow up/Update
Date:
Current Month Served:

Follow up/Update
Date:
Current Month Served:

Follow up/Update
Date:
Current Month Served:

Follow up/Update
Date:
Current Month Served:

Follow up/Update
Date:
Current Month Served:

Follow up/Update
Date:
Current Month Served:

HOUSING ASSISTANCE INFORMATION AFFORDABLE HOUSING PROJECT- 1

Project Name/Location	
Project Phone Number	
Date of Application	
Person/Agency Who Helped	
Helper Phone Number	

Follow up/Update

Date:

Follow up/Update

Date:

Follow up/Update

Date:

Follow up/Update

Date:

Follow up/Update

Date:

Follow up/Update

Date:

HOUSING ASSISTANCE INFORMATION AFFORDABLE HOUSING PROJECT-2

Project Name/Location	
Project Phone Number	
Date of Application	
Person/Agency Who Helped	
Helper Phone Number	

Follow up/Update
Date:

Follow up/Update
Date:

Follow up/Update
Date:

Follow up/Update
Date:

Follow up/Update
Date:

Follow up/Update
Date:

HOUSING ASSISTANCE INFORMATION AFFORDABLE HOUSING PROJECT-3

Project Name/Location	
Project Phone Number	
Date of Application	
Person/Agency Who Helped	
Helper Phone Number	

Follow up/Update
Date:

Follow up/Update
Date:

Follow up/Update
Date:

Follow up/Update
Date:

Follow up/Update
Date:

Follow up/Update
Date:

HOUSING ASSISTANCE INFORMATION AFFORDABLE HOUSING PROJECT-4

Project Name/Location	
Project Phone Number	
Date of Application	
Person/Agency Who Helped	
Helper Phone Number	

Follow up/Update
Date:

Follow up/Update
Date:

Follow up/Update
Date:

Follow up/Update
Date:

Follow up/Update
Date:

Follow up/Update
Date:

HOUSING ASSISTANCE INFORMATION RENT/UTILITY ASSISTANCE-1

This section includes information on assistance clients have received for rent and/or utility assistance.

Agency	
Contact Name	
Phone	
Date Applied	
Date Approved/Denied	
Amount	
Type of Assistance	
Next Eligible Date	
Other info:	

Agency	
Contact Name	
Phone	
Date Applied	
Date Approved/Denied	
Amount	
Type of Assistance	
Next Eligible Date	
Other info:	

HOUSING ASSISTANCE INFORMATION RENT/UTILITY ASSISTANCE-2

This section includes information on assistance clients have received for rent and/or utility assistance.

Agency	
Contact Name	
Phone	
Date Applied	
Date Approved/Denied	
Amount	
Type of Assistance	
Next Eligible Date	
Other info:	

Agency	
Contact Name	
Phone	
Date Applied	
Date Approved/Denied	
Amount	
Type of Assistance	
Next Eligible Date	
Other info:	

HOUSING ASSISTANCE INFORMATION RENT/UTILITY ASSISTANCE-3

This section includes information on assistance clients have received for rent and/or utility assistance.

Agency	
Contact Name	
Phone	
Date Applied	
Date Approved/Denied	
Amount	
Type of Assistance	
Next Eligible Date	
Other info:	

Agency	
Contact Name	
Phone	
Date Applied	
Date Approved/Denied	
Amount	
Type of Assistance	
Next Eligible Date	
Other info:	

HOUSING ASSISTANCE INFORMATION RENT/UTILITY ASSISTANCE-4

This section includes information on assistance clients have received for rent and/or utility assistance.

Agency	
Contact Name	
Phone	
Date Applied	
Date Approved/Denied	
Amount	
Type of Assistance	
Next Eligible Date	
Other info:	

Agency	
Contact Name	
Phone	
Date Applied	
Date Approved/Denied	
Amount	
Type of Assistance	
Next Eligible Date	
Other info:	

HOUSING ASSISTANCE INFORMATION RENT/UTILITY ASSISTANCE-5

This section includes information on assistance clients have received for rent and/or utility assistance.

Agency	
Contact Name	
Phone	
Date Applied	
Date Approved/Denied	
Amount	
Type of Assistance	
Next Eligible Date	
Other info:	

Agency	
Contact Name	
Phone	
Date Applied	
Date Approved/Denied	
Amount	
Type of Assistance	
Next Eligible Date	
Other info:	

HEALTH CARE/MEDICAL INSTRUCTIONS

In this section, there are pages for:

1. IMMUNIZATIONS
2. HEALTH CARE/MEDICAL

1. IMMUNIZATIONS

- This page can only be filled out by the person administering immunizations
- It is not a substitute for the official immunization record supplied by the administering doctor's office.

2. HEALTH CARE/MEDICAL

- The pages in this section may be used by a primary physician, specialty doctor, mental health provider, home health care agency, etc.
- The provider of health/medical care will fill out the top part of the page, and the Follow-Up boxes can be used to document subsequent visits with the client and that specific provider
- For confidentiality purposes, the follow-up boxes should seek to respect client confidentiality and HIPPA regulations.
- Notes should be general, yet serve as reminders for clients on actions they need to take (i.e. fill prescriptions, call in one week, make appointment with another provider, etc.)
- These pages will help clients know who their service providers are, but also if they need additional assistance from their resettlement agency or other service provider.
- Clients may also choose to use these pages as an easy appointment reference for any follow-up appointments they may need.

HEALTH CARE/MEDICAL 1

Immunizations

This is a not a substitute for the yellow immunization record. This is a quick glance record for knowing immunizations have been done, and to know when the next series, if applicable, are due.

Initial immunizations were received on: _____/_____/_____
Next immunizations due date: _____/_____/_____

Follow-Up Care:
Date:

Follow-Up Care:
Date:

Follow-Up Care:
Date:

Follow-Up Care:
Date:

Follow-Up Care:
Date:

Follow-Up Care:
Date:

HEALTH/MEDICAL CARE 2

Provider Name	
Speciality	
Affiliation	
Phone	

Visit/Appt/Contact

Date:

Visit/Appt/Contact

Date:

Visit/Appt/Contact

Date:

Visit/Appt/Contact

Date:

Visit/Appt/Contact

Date:

Visit/Appt/Contact

Date:

HEALTH/MEDICAL CARE 3

Provider Name	
Speciality	
Affiliation	
Phone	

Visit/Appt/Contact

Date:

Visit/Appt/Contact

Date:

Visit/Appt/Contact

Date:

Visit/Appt/Contact

Date:

Visit/Appt/Contact

Date:

Visit/Appt/Contact

Date:

HEALTH/MEDICAL CARE 4

Provider Name	
Speciality	
Affiliation	
Phone	

Visit/Appt/Contact

Date:

Visit/Appt/Contact

Date:

Visit/Appt/Contact

Date:

Visit/Appt/Contact

Date:

Visit/Appt/Contact

Date:

Visit/Appt/Contact

Date:

HEALTH/MEDICAL CARE 5

Provider Name	
Speciality	
Affiliation	
Phone	

Visit/Appt/Contact

Date:

Visit/Appt/Contact

Date:

Visit/Appt/Contact

Date:

Visit/Appt/Contact

Date:

Visit/Appt/Contact

Date:

Visit/Appt/Contact

Date:

HEALTH/MEDICAL CARE 6

Provider Name	
Speciality	
Affiliation	
Phone	

Visit/Appt/Contact

Date:

Visit/Appt/Contact

Date:

Visit/Appt/Contact

Date:

Visit/Appt/Contact

Date:

Visit/Appt/Contact

Date:

Visit/Appt/Contact

Date:

HEALTH/MEDICAL CARE 7

Provider Name	
Speciality	
Affiliation	
Phone	

Visit/Appt/Contact

Date:

Visit/Appt/Contact

Date:

Visit/Appt/Contact

Date:

Visit/Appt/Contact

Date:

Visit/Appt/Contact

Date:

Visit/Appt/Contact

Date:

HEALTH/MEDICAL CARE 8

Provider Name	
Speciality	
Affiliation	
Phone	

Visit/Appt/Contact

Date:

Visit/Appt/Contact

Date:

Visit/Appt/Contact

Date:

Visit/Appt/Contact

Date:

Visit/Appt/Contact

Date:

Visit/Appt/Contact

Date:

HEALTH/MEDICAL CARE 9

Provider Name	
Speciality	
Affiliation	
Phone	

Visit/Appt/Contact

Date:

Visit/Appt/Contact

Date:

Visit/Appt/Contact

Date:

Visit/Appt/Contact

Date:

Visit/Appt/Contact

Date:

Visit/Appt/Contact

Date:

HEALTH/MEDICAL CARE 10

Provider Name	
Speciality	
Affiliation	
Phone	

Visit/Appt/Contact

Date:

Visit/Appt/Contact

Date:

Visit/Appt/Contact

Date:

Visit/Appt/Contact

Date:

Visit/Appt/Contact

Date:

Visit/Appt/Contact

Date:

SERVICE PROVIDER-OTHER INSTRUCTIONS

PURPOSE

- In the event that the medical pages fill up, the “Service Provider-Other” pages may be used for medical purposes.
- Refugee clients often come in contact with several different types of service providers, and these pages are included for non-housing, non-medical service providers to track their contact with refugee clients.
- Agencies who provide disability services, psychosocial rehabilitation services, vocational rehabilitation services, job training services, etc. would be included in this section.

INSTRUCTIONS:

- If you connect with a client for services that are not strictly medical or housing related, fill out the top section
- If the client is receiving services, check “Open” and place the date of first service in the space provided
- Use the supplied data boxes to document each visit with the client
- When the client completes services with you, check “Closed” and place the date of closure in the space provided
- If you provide a one-time service, check that box and input date and other pertinent information about the visit in the first data box below.

SERVICE PROVIDER-OTHER 1

Provider Name	
Type of Service	
Agency	
Phone	

Open: __/__/__ Closed __/__/__ One time Service

Visit/Appt/Contact
Date:

Visit/Appt/Contact
Date:

Visit/Appt/Contact
Date:

Visit/Appt/Contact
Date:

Visit/Appt/Contact
Date:

Visit/Appt/Contact
Date:

SERVICE PROVIDER-OTHER 2

Provider Name	
Type of Service	
Agency	
Phone	

Open: __/__/__ Closed __/__/__ One time Service

Visit/Appt/Contact
Date:

Visit/Appt/Contact
Date:

Visit/Appt/Contact
Date:

Visit/Appt/Contact
Date:

Visit/Appt/Contact
Date:

Visit/Appt/Contact
Date:

SERVICE PROVIDER-OTHER 3

Provider Name	
Type of Service	
Agency	
Phone	

Open: __/__/__ Closed __/__/__ One time Service

Visit/Appt/Contact
Date:

Visit/Appt/Contact
Date:

Visit/Appt/Contact
Date:

Visit/Appt/Contact
Date:

Visit/Appt/Contact
Date:

Visit/Appt/Contact
Date:

SERVICE PROVIDER-OTHER 4

Provider Name	
Type of Service	
Agency	
Phone	

Open: __/__/__ Closed __/__/__ One time Service

Visit/Appt/Contact
Date:

Visit/Appt/Contact
Date:

Visit/Appt/Contact
Date:

Visit/Appt/Contact
Date:

Visit/Appt/Contact
Date:

Visit/Appt/Contact
Date:

SERVICE PROVIDER-OTHER 5

Provider Name	
Type of Service	
Agency	
Phone	

Open: __/__/__ Closed __/__/__ One time Service

Visit/Appt/Contact
Date:

Visit/Appt/Contact
Date:

Visit/Appt/Contact
Date:

Visit/Appt/Contact
Date:

Visit/Appt/Contact
Date:

Visit/Appt/Contact
Date:

SERVICE PROVIDER-OTHER 6

Provider Name	
Type of Service	
Agency	
Phone	

Open: __/__/__ Closed __/__/__ One time Service

Visit/Appt/Contact
Date:

Visit/Appt/Contact
Date:

Visit/Appt/Contact
Date:

Visit/Appt/Contact
Date:

Visit/Appt/Contact
Date:

Visit/Appt/Contact
Date:

SERVICE PROVIDER-OTHER 7

Provider Name	
Type of Service	
Agency	
Phone	

Open: __/__/__ Closed __/__/__ One time Service

Visit/Appt/Contact
Date:

Visit/Appt/Contact
Date:

Visit/Appt/Contact
Date:

Visit/Appt/Contact
Date:

Visit/Appt/Contact
Date:

Visit/Appt/Contact
Date:

SERVICE PROVIDER-OTHER 8

Provider Name	
Type of Service	
Agency	
Phone	

Open: __/__/__ Closed __/__/__ One time Service

Visit/Appt/Contact
Date:

Visit/Appt/Contact
Date:

Visit/Appt/Contact
Date:

Visit/Appt/Contact
Date:

Visit/Appt/Contact
Date:

Visit/Appt/Contact
Date:

SERVICE PROVIDER-OTHER 9

Provider Name	
Type of Service	
Agency	
Phone	

Open: __/__/__ Closed __/__/__ One time Service

Visit/Appt/Contact
Date:

Visit/Appt/Contact
Date:

Visit/Appt/Contact
Date:

Visit/Appt/Contact
Date:

Visit/Appt/Contact
Date:

Visit/Appt/Contact
Date:

SERVICE PROVIDER-OTHER 10

Provider Name	
Type of Service	
Agency	
Phone	

Open: __/__/__
 Closed __/__/__
 One time Service

Visit/Appt/Contact

 Date:

Visit/Appt/Contact

 Date:

Visit/Appt/Contact

 Date:

Visit/Appt/Contact

 Date:

Visit/Appt/Contact

 Date:

Visit/Appt/Contact

 Date:

HELPFUL RESOURCES

Name	Phone
Idaho Foodbank	208.336.9643
El-Ada Rental & Community Assistance	208.345.2820
Catholic Charities of Idaho	208.345.6031
Jesse Tree	208.383.9486
St Vincent de Paul	208.466.3400
Salvation Army	208.343.5429
Women & Children's Alliance	208.343.3688
El -Ada Utility Assistance	208.377.0700
Health & Welfare Navigators	2-1-1
Ada County Indigent Services	208.287.7960