Assisting Holocaust
Survivors in Need

REFERRING CLIENTS TO THE BLUE CARD

The Blue Card's mission is to provide financial assistance to needy Holocaust survivors. The Blue Card is an agency of last resort and fills a need in areas unmet by other agencies and public programs. Grant amounts depend upon financial need, as well as upon resources.

The Blue Card is a financial aid organization, not a social service agency. Potential clients must be referred by a social worker that first performs a financial assessment and helps the client access all entitlements. The client should also be guided in applying for government assistance by their social worker.

Please inform your clients that we do not work directly with survivors. All questions and concerns should be brought to the referring social worker.

Referral on your agency's letterhead should include:

1. A brief Holocaust history for the client covering the years 1933-1945 with dates and places of Nazi oppression.
2. Your recommendation for The Blue Card services for the client, why you believe the service is necessary for that person, and any relevant medical or financial history regarding the client's need for assistance.
3. Statement as to why the client is not eligible for government or agency assistance and proof of any government, agency and family funding they are receiving.
4. Our forms do not replace the cover letter.

Please enclose the following current proofs of income and expenses:

- *Photo ID*
- *Award letter from SSI, SSA, SSD (any and all that are applicable)*
- *Lease/Rental agreement, Rent Increase Exemption Letter (SCRIE), (if applicable)*
- *SNAP award letter (if not receiving, please provide current asset information)*
- *Last 3 months bank statements*
- *Provide supporting documentation for the request, such as x-rays (if applicable), treatment plan, invoices or receipts, statements from a doctor, estimate from the vendor, etc*
- *Confirmation of client's Diamond approval through your agency*

If the client is approved for a Claims Conference funded program, which includes but is not limited to medical expenses, dental expenses, rent, or funeral costs, they will receive a check in the mail. Once the check arrives, please confirm that the services for the client have been provided and the payment, funded by the Claims Conference has been allocated as requested.

Please e-mail completed application with subject line
2026 Blue Card Application form
to only <u>ONE</u> of the below emails:

bogdana@bluecardfund.org
kristina@bluecardfund.org
mariya@bluecardfund.org

(all TERS apps to Mariya)

SURVIVOR INFORMATION **SPOUSE INFORMATION**

Last Name: _____ First Name_____ Spouse_____

Address: _____Apt. _____City_____ST._____Zip_____Phone: _____

Social Security Number: _____ Spouse: _____

Date of Birth: _____ Spouse: _____

Place of Birth: (City, Country): _____ Spouse: _____

Single □ Married □ Widowed □ (Date of death of spouse:_____) Divorce Date _____ Separated Date _____

Number of other dependents living with you: _____

Financial Aid Request _____

Money Your Household Receives (include all living with you)

Monthly Income Survivor Spouse

Salary/Welfare **$**_____ **$**_____

SSA/SSI/SSD **$**_____ **$**_____

Nazi Restitution/ Claims Conference? **$**_____**$**_____

Pension from other countries $_____ **$**_____

Other Pensions/IRA **$**_____ **$** _____

Funds from your Agency, Family Support: **$**_____ **$**_____

Food Stamps **$**_____ **$**_____

Section 8 or SCRIE (rent subsidy) **$**_____

Medicare/Part D/Medicaid/Epic (circle)

Total of all bank accts, investments, and assets **$**_____

Did you file income taxes in 2025? Yes: ____ No: ____

Expenses (For Household)

Monthly Recurring Expenses

Health Ins/Life (circle) **$**_____

Home Ins. **$**_____

Auto Ins.$_____

Gas/Elec./Phone/Cable **$**_____

Medical/Rx **$**_____

Food **$**_____

Monthly Loan Payments (Explain) **$**_____

Rent/Mortgage (you pay after Sect 8/SCRIE) **$**_____

Other (please explain) **$**_____

Credit card(s) $_____

For Office Use Only:

For Office Use Only:

☐ **Check this box if you would like to receive phone calls from volunteers**.

Please list names, addresses & phone numbers of all your children (Use back of this form if needed):

_____

_____

_____

Name of case worker completing application: _____ **Signature:** _____

Name of agency: _____ **Phone Number:** _____

Case Worker's Email Address: _____

Applicant Signature:_____**Spouse:**_____**Date:** _____

PARTICIPATION FORM

Agency Name: Blue Card Inc.

Client's First and Last Names _____

Claims Conference funding is made available to Holocaust Survivors who meet specific criteria and who are in financial need. Financial need is based on the annual income and assets of an individual, and a self-declaration is required for ongoing services such as homecare. Income refers to net income after taxes have been deducted, including interest income on stocks or other investments. Governmental pensions, social security, retirement plan payments (such as 401(k)), company or employment pensions, disability pensions, or life insurance pensions, and BEG or Article 2 pensions are not counted toward income. Do not include your spouse's income. Assets include, among other items: cash in the bank, the value of stocks/shares and any property you own, or the paid-up value of a life insurance policy. Only 'net assets' are relevant, i.e., the value of the property less the value of any debts, mortgages or annual tax on or related to the property. Do not include the value of the single/primary property in which you reside. If any asset is jointly owned by you and your spouse, include only half the value as your own.

I, _____ residing at, _____ _____, declare that my net annual income as explained above is below **USD 49,850**. My net assets as explained above are below **USD 997,020**. I also understand that the financial criteria for emergency assistance programs are stricter than for ongoing social welfare services and that I am obligated to provide additional financial documentation when requested.

DECLARATION BY CLIENT: I hereby agree that the information that I have provided to my social service agency ("the Agency") and the Claims Conference regarding my personal details, history, and finances is true and correct. In the event that the Claims Conference determines, according to its rules and procedures, that I do not meet the definition of a Jewish Nazi victim as defined by the Claims Conference under the rules established by the German government, or that my persecution history is inaccurate, I shall return to the Agency or the Claims Conference upon its request the monetary value of the social welfare services provided to me with funds from the Claims Conference. Any false statement may result in the discontinuation of services and further legal consequences.

Client's Signature: _____ Date: _____

The agency is responsible for verifying the identity of new clients by means of a government-issued photo ID. A copy (a photocopy or a clear photograph) of this ID must be kept together with this completed form in each client's file. All new clients must sign this form. The agency is responsible for doing a basic assessment of the client as a Jewish Nazi victim, and then the agency shall **immediately** enter the client's data into Diamond. The Claims Conference will then review it for verification purposes. **The registration number or specific persecution details are NOT needed to add a new client into Diamond**. The agency will be notified if and when it may begin using Claims Conference funds for services to said client. This form is not sufficient for emergency assistance programs and additional documents are required.

To be completed by an Agency Representative: Please keep the referenced documentation attached to this form in the client file.

☐ Copy of government-issued photo ID
☐ Documentary proof of client's income and assets for emergency assistance programs, if applicable.

Agency Representative:

Print First and Last Name: _____ Position: _____

Signature: _____ Date: _____

CONSENT FORM

In order for Blue Card Inc. to be able to assess your eligibility for grant assistance under this and other programs, we have asked you to provide detailed personal information about yourself, your financial position, your medical condition, and your Nazi persecution (we refer to this as "Personal Data"). This information, gathered with the assistance of your designated social worker, is necessary to determine your eligibility for services in accordance with the grant guidelines of the Conference on Jewish Material Claims against Germany, Inc. ('Claims Conference').

How do we use your Personal Data?
Blue Card Inc. will use the Personal Data you provide to assess whether you qualify for benefits under the grants and benefits programs of the Claims Conference. We will also keep records about the services and benefits which we provide to you through Claims Conference funding. We have a legal obligation under the data protection laws to keep your Personal Data safe and secure.

Sharing Personal Data with others
It is a pre-condition of the funding that both the funders (such as the German government or the Austrian government) and the Claims Conference receive copies of the Personal Data of all grant recipients, to enable each of them independently to monitor and review your eligibility under the programs. Thus, Blue Card Inc. will provide copies of your Personal Data to the Claims Conference and, directly and/or through the Claims Conference, to the funders. The Claims Conference and the funders have a legal obligation to ensure to the best of their knowledge and belief that your Personal Data will be held securely and will be used only for the purpose of monitoring and review of awards made under the programs.

External Verification
In order to verify your eligibility under the programs, the Claims Conference (and its authorized representatives) may check your Personal Data against relevant files relating to your persecution history held by governmental agencies, courts, archives and institutions in Germany, Israel, or elsewhere. By signing below, you consent to the Claims Conference undertaking this review.

I confirm that I have read and understood the above and consent to its terms.

Name of Individual: _____

Signed: _____

Date: _____

Confirmation:

Agency: Blue Card Inc.

Staff Member Name: _____

Date: _____

INTER-AGENCY CONSENT FORM

In order for Blue Card Inc to be able to assess your eligibility for grant assistance under this and other programs, we have asked you to provide detailed personal information about yourself, your financial position, your medical condition and your Nazi persecution (we refer to this as "Personal Data "). This information, gathered with the assistance of your designated social worker, is necessary to determine your eligibility for services in accordance with the grant guidelines of the Conference on Jewish Material Claims against Germany, Inc. ('Claims Conference').

How do we use your Personal Data?

_____(Name of local agency) will collect your Personal Data and will share it with Blue Card Inc for the purposes of service delivery. Blue Card Inc will use the information you provide to assess whether you qualify for benefits under the grants and benefits programs of the Claims Conference. We will both also keep records about the services and benefits which are provided to you through Claims Conference funding. We each have a legal obligation under the data protection laws to keep your Personal Data safe and secure.

Sharing Personal Data with others

It is a pre-condition of the funding that both the funders (such as the German Government or the Austrian Government) and the Claims Conference receive copies of the Personal Data of all grant recipients, to enable each of them independently to monitor and review your eligibility under the programs. Thus, Blue Card Inc. will be obliged to pass copies of your Personal Data to the Claims Conference and, directly and/or through the Claims Conference, to the funders. The Claims Conference, the funders, Blue Card Inc., and_____(Name of local agency) each have a legal obligation to ensure to the best of their knowledge and belief that your Personal Data will be held securely and will be used only for the purpose of monitoring and review of awards made under the programs.

External Verification

In order to verify your eligibility under the programs, the Claims Conference (and its authorized representatives) may check your Personal Data against relevant files relating to your persecution history held by governmental agencies, courts, archives and institutions in Germany, Israel, or elsewhere. By signing below, you will also be providing your authority for the Claims Conference to undertake this review.

I confirm that I have read and understood the above and consent to its terms.

Name of Individual: _____

Signed: _____

Date: _____

Confirmation:

Agency: _____

Staff Member Name:

Date:_____