

**TRAVEL LOAN
ORIENTATION CHECKLIST**

DIOCESE: _____

DATE _____

REFUGEE INFORMATION

NAME

ALIEN NUMBER

LAST FIRST MI

CASE NUMBER

ADDRESS

SSN

TELEPHONE NUMBER

ORIENTATION CHECKLIST

COMPLETED

REVIEWED PROMMISORY NOTE

**MADE COPY OF REFUGEE'S NOTE
AND HAVE ENCLOSED ONE WITH THIS
FORM**

REVIEWED BILLING STATEMENT

**EXPLAINED PROCEDURE TO BE FOLLOWED
FOR ANY REQUESTS SEEKING DEFERRAL OF
PAYMENTS**

**INDICATED AREA FOR NEW ADDRESS
INFORMATION**

REVIEWED TOLL FREE 800 NUMBER

ADDITIONAL INFORMATION

**PREPARED
BY** _____

**REFUGEE
SIGNATURE** _____

***NON-TRIPPLICATE FORM – PLEASE REMEMBER TO HAVE YOUR CLIENT SIGN ALL 3 PAGES**

ORIGINAL – MRS

COPY TO – RESETTLEMENT OFFICE

COPY TO - REFUGEE

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