



Congresswoman Jane Harman

36th Congressional District Office

2321 Rosecrans Blvd. Suite 3270
El Segundo, CA 90245
e-mail: jane.harman@mail.house.gov

Constituent Assistance Form

NAME (Mr)(Mrs)(Ms) _____

RESIDENT ADDRESS _____ HOME PHONE _____

CITY _____ ZIP CODE _____ BUS. PHONE _____

MAILING ADDRESS IF
DIFFERENT FROM ABOVE _____

BIRTH DATE _____ SOC SEC # _____

NAME OF WAGE EARNER _____ SOC SEC # _____

(If applicable)

HAVE YOU CONTACTED ANY OTHER GOVERNMENT OR LEGISLATIVE OFFICE

REGARDING THIS MATTER? YES _____ NO _____

=====

SOCIAL SECURITY _____ MEDICARE _____

Type of Benefits _____ Date Claim Submitted _____

Date Claim Filed _____ Type of Claim _____

Which Office _____ IMMIGRATION & NATURALIZATION

DEPARTMENT OF VETERANS AFFAIRS Alien Number _____

C-Number _____ Place of Birth _____

Type of Claim _____ Date of Entry _____

Date Filed _____ Type of Petition _____

OFFICE OF WORKERS COMPENSATION ARE YOUR FILING FOR SOMEONE ELSE?

Claim Number _____ Name _____

Employer _____ Full Address _____

OTHER FEDERAL AGENCY _____ Relationship _____

_____ Date of Birth _____

_____ Place of Birth _____

=====

EXPLAIN PROBLEM

In accordance with the provisions of the Privacy Act, I hereby authorize the 36th Congressional District Office to make inquiries on my behalf with the federal agency processing my claim(s).

SIGNATURE _____ DATE _____

Staff _____ Date Mailed _____