

## RSC Information Collections Questions which address the information you have in the document

**Note:** This is an example of the types of questions that RSC case workers ask to elicit all of the required information to input into WRAPS. This is not an exhaustive or authoritative list.

Administration Case R&P Reports RSC

Search Case # \_\_\_\_\_ Lena's

Home Cases W1

### Member Biographical Information

Case No: \_\_\_\_\_ Priority: P1 Non WRAPS ID: \_\_\_\_\_ Size: 10

**Summary Information**

Member Summary													
GNS	AOR-RAVU	DNA	LNS	CLASS	SAO	IAC	USCIS	TravelFP	Medical	CO	Travel	IAC Bio-Diff	CNC-SAO Bio Diff
NOA	NOA	NOA	NMA	CLR	NRQ	REQ	REF	EXP	SCH	COM	NOA	NO	N

Name: \_\_\_\_\_ Seq. No. 1 Sex F Nationality \_\_\_\_\_  
 Alien No. \_\_\_\_\_ Relationship Principal Applicant Religion \_\_\_\_\_ Security Expires 02 Dec 2017  
 DOB: \_\_\_\_\_ COB: \_\_\_\_\_ Marital Status M Ethnicity \_\_\_\_\_

Bio1 | Bio2 | Identification | Medical Health | Citzenships | Address | Education | Languages  
 Employment | Military Service | Law Violations | Organizations | US Visits | Minor | Contact Info

\*Last Name: \_\_\_\_\_ 2nd Last Name: \_\_\_\_\_ Family Tree Complete   
 First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Bio Complete   
 Maiden Name: \_\_\_\_\_ \*Sex: Female  
 \*Relationship: Principal Applicant Current Location: \_\_\_\_\_  
 \*Birth Country: \_\_\_\_\_ Fled Date: 01 Jun 2004 Asylum Country Arrival Date: \_\_\_\_\_  
 Birth State/Prov: \_\_\_\_\_ \*Current Country: \_\_\_\_\_ RE Code: RE1  
 Birth City: \_\_\_\_\_ \*Nationality: \_\_\_\_\_ \*Marital Status: Married  
 \*Birth Date: \_\_\_\_\_ Est. Yes  \*Ethnicity: \_\_\_\_\_ \*Deceased: No  
 Religion: \_\_\_\_\_  
 Minor Code: \_\_\_\_\_  
 Comments: \_\_\_\_\_  
 3939 characters remaining.

WRAPS Case Member Sequence No. 1 Last Update 25 Jan 2017 By: \_\_\_\_\_

Submit Reset Cancel Help

- In which city/country were you born?
- When is your birthday?
- What is your ethnicity or tribe?
- What is your nationality?
- What religion do you practice?
- Are you married and if so how long have you been married?
- When did you flee your country of birth?
  - o Where did you go?
  - o How long were you there for?
  - o What was your immigration status?
  - o Who traveled with you?
  - o Where did you go next? Why did you leave?
  - o Have you ever returned to your country of birth?

- When did you arrive in your first country of asylum?

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### Member Biographical Information

Case No: [REDACTED] Priority: P1 Non WRAPS ID: [REDACTED] Size: 7

**Summary Information**

**Member Summary**

GNS	AOR-RAVU	DNA	LNS	CLASS	SAO	IAC	USCIS	TravelFP	Medical	CO	Travel	IAC Bio-Diff	CNC-SAO Bio Diff
NMA	NOA	NOA	NMA	CLR	NRQ	CLR	REF	CLR	NOA	REQ	NOA	NO	N

Name [REDACTED] Seq. No. 2 Sex M  
 Alien No. [REDACTED] Relationship Son Religion [REDACTED] Nationality [REDACTED]  
 DOB [REDACTED] COB [REDACTED] Marital Status S Security Expires [REDACTED] Ethnicity [REDACTED]

Bio1 Bio2 Identification Medical Health Citizenships Address Education Languages  
 Employment Military Service Law Violations Organizations US Visits Minor Contact Info

\*School Type [Dropdown] Field of Study [Text]  Complete/None  
 \*School Name [Text] Start Date [Dropdown] Highest Level   
 School Address [Text] End Date [Dropdown]  
 255 characters remaining.  
 \*School Country [Dropdown] Degree/Certificate [Dropdown]  
 Last Update By

School Type	End Date	Field of Study	Degree Attained	Highest Level	Delete
Secondary			Not Completed	Y	Delete

Submit Reset Cancel Help

- What is the highest level of school you completed?
  - o What is the name of the school and its location?
  - o When did you begin/stop attending this school?
  - o Did you receive a degree or certificate from the school?

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### Member Biographical Information

Case No: [REDACTED] Priority: P1 Non WRAPS ID: [REDACTED] Size: 7

**Summary Information**

Member Summary													
GNS	AOR-RAVU	DNA	LNS	CLASS	SAO	IAC	USCIS	TravelFP	Medical	CO	Travel	IAC Bio-Diff	CNC-SAO Bio Diff
NMA	NOA	NOA	NMA	CLR	NRQ	CLR	REF	CLR	NOA	REQ	NOA	NO	N

Name [REDACTED] Seq. No. 2 Sex M  
 Alien No. [REDACTED] Relationship Son Religion [REDACTED] Nationality [REDACTED]  
 DOB [REDACTED] COB [REDACTED] Marital Status S Security Expires [REDACTED] Ethnicity [REDACTED]

[Bio1](#) [Bio2](#) [Identification](#) [Medical Health](#) [Citizenships](#) [Address](#) [Education](#) [Languages](#)  
[Employment](#) [Military Service](#) [Law Violations](#) [Organizations](#) [US Visits](#) [Minor](#) [Contact Info](#)

Start Date [ ] End Date [ ]  Complete/None

\*Employment/Skill [ ]  
 \*Occupation or Skill [ ]  
 255 characters remaining.

Employer [ ]  
 255 characters remaining.

Address [ ]  
 255 characters remaining.

\*Country [ ]

Last Update By [ ]  
 There is no Data.

Submit Reset Cancel Help

- What jobs have you held for the last 5 years?
  - o Who was your employer?
  - o What country was this job located in?
  - o What is the address of the job?
  - o When did you begin and end working at the job?
- Do you have any artisan skills or trade of note?

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### Member Biographical Information

Case No: [REDACTED] Priority: P1 Non WRAPS ID: [REDACTED] Size: 7

**Summary Information**

**Member Summary**

GNS	AOR-RAVU	DNA	LNS	CLASS	SAO	IAC	USCIS	TravelFP	Medical	CO	Travel	IAC Bio-Diff	CNC-SAO Bio Diff
NMA	NOA	NOA	NMA	CLR	NRQ	CLR	REF	CLR	NOA	REQ	NOA	NO	N

Name [REDACTED] Seq. No. 2 Sex M  
 Alien No. [REDACTED] Relationship Son Religion [REDACTED] Nationality [REDACTED]  
 DOB [REDACTED] COB [REDACTED] Marital Status S Security Expires [REDACTED] Ethnicity [REDACTED]

[Bio1](#) [Bio2](#) [Identification](#) [Medical Health](#) [Citizenships](#) [Address](#) [Education](#) [Languages](#)

[Employment](#) [Military Service](#) [Law Violations](#) [Organizations](#) [US Visits](#) [Minor](#) [Contact Info](#)

Note: The English language record is added when a case number is assigned.  
 Enter the member's 'native' language first, followed by any other languages.

\*Language  Native Language  Complete/None

\*Read  \*Write  \*Speak

Ability

Last Update By

Language	Read	Write	Speak	Native	Delete
English	None	None	Some	N	Delete
French	Some	Some	Some	N	Delete
Kiswahili	Some	Some	Good	Y	Delete

Submit Reset Cancel Help

- What language are you most comfortable speaking (native language)?
  - o Can you read/write in this language?
- What is your ability to speak English?
  - o Can read/write in English?
- Do you know any other languages?
  - o Can you read/write in this language?

Administration Case R&P Reports RSC

Home Cases W1

### Add/Edit Non-Case Member Family Tree Data

Case No: [redacted] Priority:P1 Non WRAPS ID: [redacted] Size:7

**Tree Member**

\*Last Name [redacted] 2nd Last Name [redacted]  
 \*First Name [redacted] Middle Name [redacted]  
 Maiden Name [redacted] Alien Number [redacted]

Add/Edit Relation to Non-Case Member Link To Case Members

Birth Date [redacted] Birth Date Estimate Yes

\*Gender Female \*Relation to Member Sister

Place of Birth Unk CG Nationality [redacted]

Address [redacted]

City of Residence [redacted] State Code OH: Ohio

Postal Code [redacted] \*Country of Residence US United States of America

Primary Phone [redacted] Primary Email [redacted]  
 Cell Phone [redacted] Secondary Email [redacted]  
 Secondary Phone [redacted] Other Email [redacted]

US Arrival Date [redacted] Case Number [redacted]

\*US Resident Yes \*Willing to Resettle With Yes Anchor Preference 1

Comment [redacted]

Missing N Date Last Seen [redacted] Place Last Seen [redacted]

Deceased No Note: If the individual is missing or their address is not known, enter Date Last Seen and Place Last Seen.

\*No. of Marriages 1 Immigration Status [redacted]  
 \*Current Marital Status Married

**Marriage Information to Case Member**

Engagement Date [redacted] Marriage Date [redacted] Place of Marriage [redacted]  
 Divorce Date [redacted] Place of Divorce [redacted]

**Marriage Information to Non-Case Member**

Marriage Date [redacted]

Submit Reset Cancel Help

- Do you know anyone in the US who you would like to be resettled near?
  - o What is your relationship to this person?
  - o Is the person a US resident and where do they live?
  - o What is their phone number?
  - o What is their email address?

**Additional Questions asked during the Prescreening Interview:**

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### Member Biographical Information

Case No: [redacted] Priority: P1 Non WRAPS ID: [redacted] Size: 7

**Summary Information**

**Member Summary**

GNS	AOR-RAVU	DNA	LNS	CLASS	SAO	IAC	USCIS	TravelFP	Medical	CO	Travel	IAC Bio-Diff	CNC-SAO Bio Diff
NOA	NOA	NOA	NMA	CLR	NRQ	EXP	REF	EXP	SCH	REQ	NOA	NO	N

Name: [redacted] Seq. No. 1 Sex F  
 Alien No. [redacted] Relationship Principal Applicant Religion [redacted]  
 DOB [redacted] COB [redacted] Marital Status M Nationality [redacted]  
 Security Expires [redacted] Ethnicity [redacted]

[Bio1](#) [Bio2](#) [Identification](#) [Medical Health](#) [Citizenships](#) [Address](#) [Education](#) [Languages](#)  
[Employment](#) [Military Service](#) [Law Violations](#) [Organizations](#) [US Visits](#) [Minor](#) [Contact Info](#)

UNHCR Seq No. 1 IOM ABN Seq No. Complete/None   
 UNHCR Registration Date [redacted] Non-WRAPS ID [redacted]

**Types of threat**

None  
 Threat Source of the threat (i.e. Group/Individual)

Phone  
 Email  
 In-Person  
 Letter  
 Other

250 characters remaining.

SSN [redacted]

**Biometrics**

Height [redacted] (cm) Eye Color Brown  
 Weight [redacted] (kg) Hair Color Black  
 Race Black

**Asylum**

Reg No. [redacted]  
 Issue Date [redacted]  
 Expire Date [redacted]

Member Photo -Front [redacted] Member Photo -Suppl. [redacted]  
 Get Photo Last SAO CIDN Last SAO Date  
 Last Update By 05 Jun 2017 system

Comments [redacted]  
 3941 characters remaining.

- Bio 2 Tab
  - o Have you ever been threatened by a group or individual?
    - If yes, by whom and how was the threat delivered?

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### Member Biographical Information

Case No: [redacted] Priority: P1 Non WRAPS ID: [redacted] Size: 7

**Summary Information**

**Member Summary**

GNS	AOR-RAVU	DNA	LNS	CLASS	SAO	IAC	USCIS	TravelFP	Medical	CO	Travel	IAC Bio-Diff	CNC-SAO Bio Diff
NOA	NOA	NOA	NMA	CLR	NRQ	EXP	REF	EXP	SCH	REQ	NOA	NO	N

Name: [redacted] Seq. No. 1 Sex F  
 Alien No. [redacted] Relationship Principal Applicant Religion [redacted]  
 DOB [redacted] COB [redacted] Marital Status M Nationality [redacted]  
 Security Expires [redacted] Ethnicity [redacted]

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[Employment](#) [Military Service](#) [Law Violations](#) [Organizations](#) [US Visits](#) [Minor](#) [Contact Info](#)

Default Sort  Complete

Identification Data										Security Data							
ID Type	Co.	Expiry Date	Surname	Given Name	DoB	CoB	Nat	Gender	Alias	Need	CNC	Expiry	Bio Diff	SAO	Expiry	Bio Diff	Req
BIO			[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	F	Y		CLR	23 Aug 2018	N	NRQ		N	<input type="checkbox"/>
PCD_UNHCR			[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	F			NOA		N	NOA		N	<input type="checkbox"/>
CAMP_ID			[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	F	Y		CLR	05 Sep 2018	N	NRQ		N	<input checked="" type="checkbox"/>
MRG_LIC			[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	F	Y				N			N	<input type="checkbox"/>

[Add...](#) [Help](#)

Reports RSC Search Case #

W1

### Add Individual Identification

Case [REDACTED] Seq. No. 1 Name [REDACTED]

**Identification**

\*Doc/Source Type: AOR   Needs Name Check

Doc. ID:

Issuing Country:   Request Name Check

Issue Date:   Use Expiry in MTBD

\*Surname:

Issuing Org.:

First Name:

Expiry Date:   Process As Alias

Birth Date:

Second Surname:

Nationality:

Middle Name:

Country of Birth:

Sex: F

Comments:

255 characters remaining.

[Help](#)

- Identification Tab
  - Have you ever used any other name (nickname) than the one you are presenting today?
  - Do you have any documents with your/other names you might have used?
  - Do you have a passport(s)?
  - Do you have a national ID?
  - Do you have any other identification documents?

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### Member Biographical Information

Case No: [REDACTED] Priority: P1 Non WRAPS ID: [REDACTED] Size: 7

**Summary Information**

**Member Summary**

GNS	AOR-RAVU	DNA	INS	CLASS	SAO	IAC	USCIS	TravelFP	Medical	CO	Travel	IAC Bio-Diff	CNC-SAO Bio Diff
NOA	NOA	NOA	NMA	CLR	NRQ	EXP	REF	EXP	SCH	REQ	NOA	NO	N

Name [REDACTED] Seq. No. 1 Sex F  
 Alien No. [REDACTED] Relationship Principal Applicant Religion [REDACTED] Nationality [REDACTED]  
 DOB [REDACTED] COB [REDACTED] Marital Status M Ethnicity [REDACTED]

[Bio1] [Bio2] [Identification] [Medical Health] [Citizenships] [Address] [Education] [Languages]

[Employment] [Military Service] [Law Violations] [Organizations] [US Visits] [Minor] [Contact Info]

\*Medical Condition [Dropdown]  Complete/None  
 \*Source [Dropdown]  
 Treatment [Dropdown]  
 Treatment Urgency [Dropdown]  
 Effective Date [Dropdown]

Comments  
 Enlarge Shrink  
 3000 characters remaining.

Last Update By

MedicalCondition	Post Arrival Treatment	Treatment Urgency	Delete
Vision	NONE	None	Delete
Pregnancy	NONE	None	Delete

Submit Reset Cancel Help

- Medical Health Tab
  - o Do you have any medical conditions you would like to report to me?
  - o (Female applicants) Are you pregnant?
  - o Do you take any medication?
  - o

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### Member Biographical Information

Case No: [REDACTED] Priority: P1 Non WRAPS ID: [REDACTED] Size: 7

**Summary Information**

**Member Summary**

GNS	AOR-RAVU	DNA	INS	CLASS	SAO	IAC	USCIS	TravelFP	Medical	CO	Travel	IAC Bio-Diff	CNC-SAO Bio Diff
NOA	NOA	NOA	NMA	CLR	NRQ	EXP	REF	EXP	SCH	REQ	NOA	NO	N

Name [REDACTED] Seq. No. 1 Sex F  
 Alien No. [REDACTED] Relationship Principal Applicant Religion [REDACTED] Nationality [REDACTED]  
 DOB [REDACTED] COB [REDACTED] Marital Status M Ethnicity [REDACTED]

[Bio1] [Bio2] [Identification] [Medical Health] [Citizenships] [Address] [Education] [Languages]

[Employment] [Military Service] [Law Violations] [Organizations] [US Visits] [Minor] [Contact Info]

\*Citizenship [Dropdown]  Complete/None  
 Stateless   
 Last Update By

Country of Citizenship	Delete
Dem. Rep. Congo	Delete

Submit Reset Cancel Help



- Citizenship Tab
  - o What country are you a citizen of?
  - o Do you have any other citizenships?

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band All

### Member Biographical Information

Case No: [REDACTED] Priority: P1 Non WRAPS ID: [REDACTED] Size: 7

**Summary Information**

**Member Summary**

GNS	AOR-RAVU	DNA	LNS	CLASS	SAO	IAC	USCIS	TravelFP	Medical	CO	Travel	IAC Bio-Diff	CNC- SAO Bio Diff
NOA	NOA	NOA	NMA	CLR	NRQ	EXP	REF	EXP	SCH	REQ	NOA	NO	N

Name [REDACTED] Seq. No. 1 Sex F  
 Alien No. [REDACTED] Relationship Principal Applicant Religion [REDACTED] Nationality [REDACTED]  
 DOB [REDACTED] COB [REDACTED] Marital Status M Ethnicity [REDACTED]

[Bio1](#) [Bio2](#) [Identification](#) [Medical Health](#) [Citizenships](#) [Address](#) [Education](#) [Languages](#)  
[Employment](#) [Military Service](#) [Law Violations](#) [Organizations](#) [US Visits](#) [Minor](#) [Contact Info](#)

Start Date [REDACTED] End Date [REDACTED] Complete/None   
 \*Address Type [REDACTED] Apply Change to Case Members   
 \*Address [REDACTED]  
 255 characters remaining.  
 \*Country [REDACTED] State/Province [REDACTED]  
 City [REDACTED] Postal Code [REDACTED]  
 Camp [REDACTED]  
 Last Update [REDACTED] By [REDACTED]

Address Type	Camp	Country	Start Date	End Date	Delete
B	[REDACTED]	[REDACTED]	01 Jan 2009		Delete

Submit Reset Cancel Help

- Address Tab
  - o Please provide all addresses you have resided in for the last five years.
  - o When did you start/stop residing at the address?

Administration Case R&P Reports RSC

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### Member Biographical Information

Case No: [REDACTED] Priority: P1 Non WRAPS ID: [REDACTED] Size: 7

**Summary Information**

**Member Summary**

GNS	AOR-RAVU	DNA	LNS	CLASS	SAO	IAC	USCIS	TravelFP	Medical	CO	Travel	IAC Bio-Diff	OWC SAO Bio Diff
NOA	NOA	NOA	NMA	CLR	NRQL	EXP	REF	EXP	SCH	REQ	NOA	NO	N

Name [REDACTED] Seq. No. 1 Sex F Nationality [REDACTED]  
 Alien No. [REDACTED] Relationship Principal Applicant Religion [REDACTED] Security Expires [REDACTED]  
 DOB [REDACTED] COB [REDACTED] Marital Status M Ethnicity [REDACTED]

[Bio1](#) [Bio2](#) [Identification](#) [Medical Health](#) [Citizenships](#) [Address](#) [Education](#) [Languages](#)  
[Employment](#) [Military Service](#) [Law Violations](#) [Organizations](#) [US Visits](#) [Minor](#) [Contact Info](#)

Start Date [ ] End Date [ ] Complete/None   
 \*Branch/Organization [ ] Unit [ ]  
 50 characters remaining.  
 \*Country [ ]  
 Duty Location [ ] Specialty [ ]  
 \*Highest Rank Attained [ ] Serial Number [ ]  
 Comments [ ]  
 2000 characters remaining.  
 Last Update By [ ]  
 There is no Data.

Submit Reset Cancel Help

- Military Service Tab

- Have you ever served in the military? If yes:

- Which branch of the military were you in?
    - What was your duty location?
    - What was the highest rank attained?
    - What was your specialty?
    - What was your serial number?
    - When did you start/end your military service?
    - What was your status at discharge?
    - What was the name and location of your military registration?
    - What this voluntary service, armed service, compulsory service, unarmed service?
    - What was your military occupation/specialization?
    - Please provide all of your promotion details (starting rank) and dates.
    - Please provide all of your training received (name, location, dates, type of training).
    - Please provide a chronological order of your service details (service unit, commanding officer, rank, dates of service in unit, primary duty and dates, secondary duty and dates, any other duties and dates, exact geographical location of unit, type of unit, type of equipment, any reserve services and dates.
    - Have you ever served in combat?
      - If yes, location and dates.
    - Did you take any extended leave?
      - If yes, please provide reason, location, dates and details of return to unit.
    - Do you have your military booklet or any other documents related to your military service?

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### Member Biographical Information

Case No: [REDACTED] Priority: P1 Non WRAPS ID: [REDACTED] Size: 7

**Summary Information**

**Member Summary**

GNS	AOR-RAVU	DNA	LNS	CLASS	SAO	IAC	USCIS	TravelFP	Medical	CO	Travel	IAC Bio-Diff	CNC-SAO Bio Diff
NOA	NOA	NOA	NMA	CLR	NRQ	EXP	REF	EXP	SCH	REQ	NOA	NO	N

Name [REDACTED] Seq. No. 1 Sex F Nationality [REDACTED]  
 Alien No. [REDACTED] Relationship Principal Applicant Religion [REDACTED] Security Expires [REDACTED]  
 DOB [REDACTED] COB [REDACTED] Marital Status M Ethnicity [REDACTED]

[Bio1](#) | [Bio2](#) | [Identification](#) | [Medical Health](#) | [Citizenships](#) | [Address](#) | [Education](#) | [Languages](#)  
[Employment](#) | [Military Service](#) | [Law Violations](#) | [Organizations](#) | [US Visits](#) | [Minor](#) | [Contact Info](#)

Arrest Date [REDACTED] Release Date [REDACTED] Complete/None

\*Nature [REDACTED]  
255 characters remaining.

\*Country [REDACTED]

Comments [REDACTED]  
255 characters remaining.

Last Update By [REDACTED]  
There is no Data.

Submit Reset Cancel Help

- Law Violations Tab
  - o Have you ever been convicted of a crime?
    - What was the nature of the crime?
    - In which country were you convicted?
    - What was the date of your conviction?

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### Member Biographical Information

Case No: Priority: P1 Non WRAPS ID: Size: 7

**Summary Information**

**Member Summary**

GNS	AOR-RAVU	DNA	LNS	CLASS	SAO	IAC	USCIS	TravelFP	Medical	CO	Travel	IAC Bio-Diff	GHC-SAO Bio Diff
NOA	NOA	NOA	NMA	CLR	NRQ	EXP	REF	EXP	SCH	REQ	NOA	NO	N

Name: Seq. No. 1 Sex F  
 Alien No. Relationship Principal Applicant Religion  
 DOB COB Marital Status M Nationality Security Expires  
 Ethnicity

[Bio1](#) [Bio2](#) [Identification](#) [Medical Health](#) [Citizenships](#) [Address](#) [Education](#) [Languages](#)  
[Employment](#) [Military Service](#) [Law Violations](#) [Organizations](#) [US Visits](#) [Minor](#) [Contact Info](#)

Note: Political, professional or social organization information is generally captured for case members over 16 years of age.  Complete/None

\*Organization Name   
 Start Date  End Date   
 Location/Address   
 Purpose/Character/Nature   
 Rank   
 Promotions  Honors   
 Duties  Dues   
 Comments   
 255 characters remaining.  
 Last Update By   
 There is no Data.

Submit Reset Cancel Help

- Organizations Tab
  - o Have you ever been a member of a political, professional or social organization?
  - o If yes, what was the organization's name and location?
  - o When did you join the organization?
  - o When did you stop being a member of the organization?
  - o What was the purpose or nature of the organization?
  - o What was your rank in the organization?
  - o What were your duties in the organization?
  - o How much were the organization dues?

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### Member Biographical Information

Case No: [REDACTED] Priority: P1 Non WRAPS ID: [REDACTED] Size: 7

**Summary Information**

**Member Summary**

GNS	AOR-RAVU	DNA	LNS	CLASS	SAO	IAC	USCIS	TravelFP	Medical	CO	Travel	IAC Bio-Diff	CNC-SAO Bio Diff
NOA	NOA	NOA	NMA	CLR	NRQ	EXP	REF	EXP	SCH	REQ	NOA	NO	N

Name [REDACTED] Seq. No. 1 Sex F  
 Alien No. [REDACTED] Relationship Principal Applicant Religion [REDACTED] Nationality [REDACTED]  
 DOB [REDACTED] COB [REDACTED] Marital Status M Security Expires [REDACTED] Ethnicity [REDACTED]

[Bio1](#) [Bio2](#) [Identification](#) [Medical Health](#) [Citizenships](#) [Address](#) [Education](#) [Languages](#)  
[Employment](#) [Military Service](#) [Law Violations](#) [Organizations](#) [US Visits](#) [Minor](#) [Contact Info](#)

Note: U.S. Visits Information is generally captured for case members over 14 years of age. Complete/None

Entry Date [REDACTED] Place of Entry [REDACTED]  
 Departure Date [REDACTED] Place of Departure [REDACTED]  
 \*Purpose [REDACTED]  
 255 characters remaining.  
 Visa Number [REDACTED] Status [REDACTED]  
 File/Alien No. [REDACTED]  
 Last Update By [REDACTED]  
 There is no Data.

Submit Reset Cancel Help

- **US Visits Tab**
  - Have you ever visited the US?
  - When did you enter/depart the US?
  - What was the purpose of your visit to the US?
  - Do you have an alien number ?
    - If so, do you know what it is?

Administration Case R&P Reports RSC

Search Case #  Len

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### Member Biographical Information

Case No: [redacted] Priority: P1 Non WRAPS ID: [redacted] Size: 7

**Summary Information**

**Member Summary**

GNS	AOR-RAVU	DNA	LNS	CLASS	SAO	IAC	USCIS	TravelFP	Medical	CO	Travel	IAC Bio-Diff	CNC-SAO Bio Diff
NOA	NOA	NOA	NMA	CLR	NRQ	EXP	REF	EXP	SCH	REQ	NOA	NO	N

Name [redacted] Seq. No. 1 Sex F  
 Alien No. [redacted] Relationship **Principal Applicant** Religion [redacted] Nationality [redacted]  
 DOB [redacted] COB [redacted] Marital Status M Ethnicity [redacted]

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[Employment](#) [Military Service](#) [Law Violations](#) [Organizations](#) [US Visits](#) [Minor](#) [Contact Info](#)

Start Date  End Date  Complete/None   
 \*Contact Type  \*Priority  Apply Change to Case Members   
 \*Contact Value   
 Is Current?   
 Comment   
 255 characters remaining.

Last Update By

Contact Value	Type	Priority	Source	Current	Unknown	Start Date	End Date	Comment	Delete
[redacted]	Phone - Mobile	1	APPL	Y	N	01 Jan 2006		#2 Number	Delete
[redacted]	Phone - Mobile	2	APPL	Y	N	01 Jan 2013		#2 Number	Delete

Submit Reset Cancel Help

- Contact Info Tab
  - Please provide all phone number and email addresses you have used in the last ten years.
    - When did you start/stop using this contact?
    - Is this contact the best way to reach you?

Administration Case R&P Reports RSC

Search Case #

Home Cases W1

### Add Non-Case Member Family Tree Data

Case No:  Priority:P1 Non WRAPS ID:  Size:7

**Tree Member**

\*Last Name   
 \*First Name   
 Maiden Name   
 Birth Date

2nd Last Name   
 Middle Name

Birth Date Estimate   
 \*Relation to Member   
 \*Nationality

Place of Birth   
 Address   
 City of Residence   
 Postal Code

\*Country of Residence   
 State Code   
 \*Willing to Resettle With  Anchor Preference

\*US Resident

Primary Phone   
 Cell Phone   
 Secondary Phone

Primary Email   
 Secondary Email   
 Other Email   
 Case Number

US Arrival Date   
 Comment

Missing  Date Last Seen  Place Last Seen   
 Note: If the individual is missing or their address is not known, enter Date Last Seen and Place Last Seen.

Deceased  Immigration Status

\*No. of Marriages  \*Current Marital Status

**Marriage Information to Case Member**

Engagement Date   
 Marriage Date  Place of Marriage   
 Divorce Date  Place of Divorce

**Marriage Information to Non-Case Member**

Marriage Date

Submit Reset Cancel Help

- Family Tree

- Please provide information about your parents, spouse, siblings and children.
  - Including all half, step, adopted and foster relationships – living and deceased.
- What is the name of your family member?
- What is your family member's date of birth?
- What is your relationship to this family member?
- Where was your family member born?
- Where does your family member live currently (full address)?
- What is your family members contact information (including phone and email)?
- Is your family member married?
- How many times has your family member been married?

### PRA Statement

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time required for searching existing data sources, gathering the necessary documentation, providing the information and/or documents required, and reviewing the final collection. You do not have to supply this information unless this collection displays a currently valid OMB control number. If you have comments on the

accuracy of this burden estimate and/or recommendations for reducing it, please send them to:  
PRM/Admissions, 2025 E Street, NW, SA-9, 8th Floor, Washington, DC 20522-0908.