

a california health.center

Casa del Sol

La Clinica – Internal Efforts



WAITING ROOM IS A RESTRICTED AREA

ONLY OPEN TO PATIENTS AND PERSONS ACCOMPANYING THEM FOR GENERAL PUBLIC OR OTHERS, PLEASE GO TO ADMINISTRATIVE OFFICE FOR ASSISTANCE

LA SALA DE ESPERA ES UN ÁREA RESTRINGIDA

LA SALA SÓLO ESTÁ ABIERTA A PACIENTES Y
PERSONAS QUE LOS ACOMPAÑAN
PARA EL PÚBLICO EN GENERAL Y OTRAS PERSONAS, POR FAVOR VAYA A
LA OFICINA ADMINISTRATIVA PARA ASISTENCIA

候診室乃限制區

只向病人和陪伴他們的人開放 至於公衆或其他人仕,請向行政辦公室尋求協助

FORM 8106 WAITING ROOM - ENG/SPA/CHI (03/17)

La Clinica – External Efforts

Public Benefits Self Help Clinic

Date: Every Tuesday, 11:00am - 2:00pm (by appointment)

Loc: East Bay Community Law Center in Berkeley

Type: clinic Cost: free

Centro Legal

Date: 3rd Thursday of every month, 9:00 AM - 11:00 AM

Loc: 3400 East 12th Street, Oakland

Type: general immigration clinic

Cost: free

JFCS East BAY - Free Legal Consultation

Date: every other Thursday, 9:30am - 12:30pm Loc: 335 East Leland Rd, La Clínica - Pittsburg

Type: consultation

Cost: free

La Clinica – Family Plan

FAMILY EMERGENCY PLAN REMEMBER! Family Member #1: Full Name: 1. Make arrangements for child care ahead of time in case of an emergency. A-Number: 2. Update everyone's contact information and put in Date of birth: Cell Phone: a visual place. Family Member #2: 3. Keep copies of all immigration documents and Full Name: ____ other important documents in a safe place. 4. DO NOT SHARE THIS CARD WITH IMMIGRATION AGENTS OR POLICE OFFICERS! Date of birth: _____ Cell Phone: Family Member #3: Emergency Contact Information: Full Name: Date of birth: Cell Phone: Phone: (Day) ____ Family Member #4: Relationship: A-Number: Date of birth: ____ Cell Phone: Contact Information for Community Organization or Emergency Meeting Place: *Your A- Number is the 8-9-digit number that begins with an "A" on your Green Card or Visa.

Checklist of Information and Documents

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| | Important Information to know | Documents to keep in a safe place | |
| | ☐ A- Number (8 or 9- digit number that begins with an A, | $\hfill \square$ Birth Certificate (yours and your family members) | |
| | usually on your immigration documents) When is your next court date/ hearing date? | □ Any form of Identification | |
| | ☐ List of all entries and exits (including date, place, status, if | □ Passport (if you have one) | |
| | apprehended by immigration or police) | ☐ Any immigration documents | |
| | ☐ List of family members with status in the U.S. (spouse, children, parents, brothers/sisters) | $\hfill \square$ Any criminal documents, if you were either a victim or a suspect | |
| | $\hfill\Box$ Have you applied for any type of immigration relief before? | ☐ Documents relating to any serious medical problems | |
| | $\hfill\square$ Have you had any prior deportation or removal orders? | | |
| | □ Do you have any type of criminal record? (arrests, where, for what, and documentation of what happened in court) | | |
| | $\hfill \square$ Do you fear harm or mistreatment if your return to your home country? | | |
| | □ Have you ever been the victim of a crime in the U.S.? (If yes, make sure to obtain police report) | | |
| | $\hfill\Box$ Do you have a serious medical issue or take medication for a serious illness? | | |

Emergency Family Plan available in Spanish at:

https://www.ilrc.org/sites/default/files/resources/plan de preparacion familiar spanish final.pdf