ABOUT WEN'S CULTURAL ADVOCACY

World Ebony Network (WEN), a culturee competent, 501c3 charitable and educational organization, works with diverse groups, ethnic-based groups included, to plead and advance their social economic causes utilizing **WEN CULTURE COMPETENCE ADVOCACY & MEDIATION PROGRAM (cCAMP)**. cCAMP is decomposed into the following seven or more deliverable components to address a client's needs based: Economic, legal referral services, cultural advocacy, prevention and diversion, literacy, research and inquiry, and welfare services.

The WEN Cultural Advocacy (WCA) is a cCAMP workpackage. WCA further defines steps and procedures to provide cultural insight and advise on a case or issue and manage the communication flow and expectations between complainant and their client, client's family, and community to ensure the successful outcomes. WCA is formulated for adequate and reasonable client and age specific and appropriate work-structure and packets, in which all collaborators can best comply with, execute their roles to the best of their abilities, and manage and rectify the situation to ultimately bring about a solution that

- Eliminates all forms of bias and discrimination against the client
- Help manage client's overall well-being
- Help client become a positive contributor to his or her community and society at-large

REQUIREMENTS
DESIGNATED cCAMP MEMBER

WEN's requirement ensures cCAMP member

- Understands of the background history
- Analysis of client's issue and circumstances impacting the individual's well-being and rights
- Client's issues and rights have been adequately addressed
- Adequately communicate WEN's cultural advocacy policies and procedures to all participants
- Ensures transparency through proper reporting, updating, and communication process of the situation

CLIENT

Clients are required to:
- Understand the goals and objectives of WEN's cCAMP program
- Follow WEN's cultural advocacy policies and procedures
- Understand their required roles in WEN's management of expectations
- Understand WEN is not the client's legal representative but a culture-based resource to your legal assistance

The Client, after reading and understanding the contents of this Advocacy Form, is required to show proof of understanding by signing and dating below the document. The Client is also required to present any new documents that would assist WEN in advocating their case. Client understands and agrees that the following persons may be recruited by WEN in its advocacy of Client's case. Such persons, once selected, will have access to Client's information.

NOTE: You, as a client, are therefore referred to as a stakeholder and are therefore, required to adhere to all stakeholder terms and conditions. Failure to do so might necessitate WEN's withdrawal from your case.

STAKEHOLDERS

Stakeholders can be:
- Client
- Subject Matter Experts (SME) - (mentors, legal experts, counsellors, health practitioner, police office, law enforcement official, etc.)
- Project Team (WEN CEO, cCAMP Board, Project team members, Intern)
- Organizations (Cultural associations, churches, etc.)
- Designated Family member(s)
- Others added per approval of client

While WEN is cognizant of the fact that networking opportunities between stakeholders may arise, all stakeholders are required to follow the proper chain of communication established for this case including respecting the personal information of other stakeholders when introduced, ensuring that the team is carried along and there is adequate transparency. In essence, stakeholders cannot request or use contacts acquired during their participation in this project or involvement with WEN for anything outside of their duties and

responsibilities within the project or WEN. Therefore, when to request and share information makes a difference to avoid the appearance of networking and conflict of interest.

CONFIDENTIALITY

As WEN's client, any data or information you provide shall be safe guarded and kept confidential.
In other to locate an attorney who is interested in consulting or represent you or if you are participating in any other cCAMP program and your attorney approves of your participation in that program, WEN has the right to forward any supporting documents we received from you to us to the attorney. This confidentiality statement does not, in any way, substitute your attorney-client privilege. For Clients requesting WEN legal Referral Services ONLY: *The attorney that chooses to consult with you has every right to state his or her confidentiality requirements and or process.*

Date: _____ Referred By _____

Stakeholder/ Client (Circle one)
As a stakeholder, I am providing: _____

_____

_____

_____

Use continuation sheet below to provide more information if needed

Name: _____

Tel: _____ (cell) _____

Gender: M._____ F_____ Age: ____ Date of Birth _____

Address: _____

_____

Email: _____

Nationality: _____ Place of Birth: _____ _

FOR MINORS:

Mother's Name _____ Father's Name _____

Currently Residing In: With Parents _ Forster Care _ Res Facility_

Website: _____

WHAT TYPE OF CATEGORY DOES THIS CASE FALL UNDER?

Immigration__ Family__ Accident__ Criminal__ Corporate__ Other__

PROVIDE YOUR BEST BRIEF DESCRIPTION OF YOUR CASE BELOW:

If additional space is needed to describe your case, see Continuation Sheet Page for further instructions

FOR IMMIGRATION CASES, COMPLETE BELOW

IMMIGRATION HISTORY

1. I am the Petitioner _____ Beneficiary _____   ☐ Visa:
2. When did you first enter the U.S.? _____   ☐ No papers, but at a check point: Where?
   When was the last time? _____   _____
3. How did you enter the last time?   ☐ Not inspected/other: Specify
                                                           _____

4. List all entries to and exits from the U.S. (Give dates, and whether or not you went through an immigration inspection upon those entries.) (Make a copy of any visas and I-94s)

Entry	Exit	Inspected by Immigration Authorities	If yes, what status(visa) did you have on entry	When did authorized stay expire?

5. What problems have brought you here to this office? (Provide detail in Continuation Sheet)
   _____
   _____
   _____

6. What do you hope that the lawyer/advocate can do about those problems? (Provide detail in Continuation Sheet)
_____
_____
_____

7. Have you ever been ordered removed or deported from the U.S.? Yes/No

8. Have you ever been in immigration court? Yes/No

9. Have you ever been stopped by immigration officials? Yes/No
If yes to any of above, Explain (Provide detail in Continuation Sheet):
_____
_____
_____
_____
_____

10. Have you ever applied for any immigration benefit? (Permanent residency, asylum, amnesty, TPS, cancellation, suspension, Family Unity, Deferred Action for Childhood Arrivals [DACA], visa petition, or any other immigration benefit). If so, please tell us when and what types of paperwork: (Provide detail in Continuation Sheet): _____
_____
_____

What was the result? (Provide detail in Continuation Sheet):
_____

_____

11. Any paperwork filed on your behalf? (Visa petition by family?) Yes/No

12. Were your parent(s) or your grandparents U.S. citizens? Yes/No

13. Are you married? Yes/No   When and where?
_____
_____
Name of spouse, status, date where
_____
Name of previous spouse, status, and date marriage ended:
_____

14. Do you have children? Yes/No   If so, provide the following information:

Children	Date and Place of Birth	Immigration Status	In U.S. now?

15. Do you have any other family members in the U.S.?   Yes/No

Name	Relation	Immigration status	In U.S. now?

16. Employment in U.S. -- Dates and types of employment, name & address of employer:

Name of Employer	Address of Employer	Type of Employment	Period of Employment	Work authorized?

17. Have you ever had trouble with the police or been arrested in the U.S.? If so when and for what? What sentence did you receive? _____

_____

_____

18. Do you have any reason to fear going back to your country? Who do you fear and why?

_____

_____

19. Have you ever been a victim of domestic abuse by a spouse, parent or child?   Yes/No

20. Have you ever been threatened or harmed by a spouse, parent or child?   Yes/No
If so, did your spouse, parent or child have U.S. citizenship status or lawful permanent residency?   Yes/No

_____

_____

DEMOGRAPHIC INFORMATION
Family composition:
_Individual
_Single parent and children
_Two parents and children
_ Other (Describe) _____

Age of person seeking service:
_Over 65
_45-64
_25-44
_24 or under

Housing Type:
_Own house
_Rent house

21. Have you ever been the victim of a crime? If so, what crime? Yes/No

Specify Crime

_____

If so, did you report it to the police or help with the criminal investigation or prosecution?   Yes/No

22. Did anyone recruit you in your home country to work in the United States?   Yes/No
Did you feel forced to work or tricked into working? Yes/No
Were you required to work without pay? (or less pay than allowed or expected)? Yes/No

23. Have you been abandoned, abused, or neglected by a parent? Are you currently under the jurisdiction of a juvenile court (dependency, delinquency or probate guardianship)? Yes/No

_Rent Apartment
_Shelter or other temporary housing
_ Other (Describe)_____

HOUSEHOLD INCOME: (CHECK ALL SOURCES)
_Employment
_Unemployment Compensation
_TANF/ General Assistance
_Social Security
_SSI
_SSD
_Worker's Compensation
_Pension
_Child Support
_Other (describe: _____

The client is required to keep WEN informed of all new and developing information on a weekly basis.
Project manager will manage and update team of weekly status reports

I have read, understand, and agree to participate and adhere to **WEN CULTURE COMPETENCE ADVOCACY & MEDIATION PROGRAM (cCAMP),** process, procedures, requirements, and expectations:

Name: _____

Date: _____

Signature: _____

CASE DESCRIPTION *(to be completed by WEN after consultation with Client)*

WORK BREAKDOWN STRUCTURE *(to be completed by WEN after consultation with Client)*
The purpose of documenting activities is to capture, record steps, measure, and account for the amount of time spent on inputs and outputs for achieving the objectives.

DATE _/_/20_ _ -
    TIME _:_ _am/pm   -

    TIME _:_ _am/pm   -

    TIME _:_ _am/pm   -

    TIME _:_ _am/pm   -

DATE _/_/20_ _ -
    TIME _:_ _am/pm   -

    TIME _:_ _am/pm   -

    TIME _:_ _am/pm   -

    TIME _:_ _am/pm   -

<u>CONTINUATION SHEET</u>

(You stand a better chance of finding an attorney or contributing to a compreshensive Individual Development Plan (IDP), etc. Interested who can respond to your issue more promptly when you provide them with a clear description of your case via responses to questions in this Intake. Therefore, for questions that require more details, use this continuation sheet to provide more detail)

<u>INSTRUCTIONS:</u>

1. You must first write out the Number and Question you are responding to. For example: *#5. What problems have brought you here to this office?*
2. When responding to a particular question, note that you are not limited to one continuation sheet. Feel free to provide your answer in as many continuation sheets as you like. If using more than one sheet, make a copy of this sheet
3. Number each page