



## IRHP NEW ARRIVAL INTAKE

State Form 57454 (R / 3-25)

INDIANA DEPARTMENT OF HEALTH

- INSTRUCTIONS:
1. Fill out a form for everyone, including children.
  2. Send completed form to [RefugeeHealth@health.IN.gov](mailto:RefugeeHealth@health.IN.gov)

IRHP New Arrival Intake Form	
Alien number *	
Relationship to Principal Applicant	
Principal Alien Number	
Case number	
First name *	
Middle name	
Last name *	
Date of birth *	
Sex *	
Visa Status/type *	
Date of arrival	
Country of birth	
Country of origin *	
Country before USA	
Language(s) spoken	
Address *	
Telephone *	

### Please note:

- Once the form is received, the arrival will be connected to the nearest partner clinic if they are eligible for ORR benefits - a comprehensive health screening, that includes a Tuberculosis screening and any vaccinations needed.
- \* are required fields.

### Questions:

Reach out to Maliki Yacouba at (317)234-7252/[refugeehealth@health.in.gov](mailto:refugeehealth@health.in.gov) and/or the IDOH TB program at (317) 233-7434/[tbprogram@health.in.gov](mailto:tbprogram@health.in.gov).