

NAME: _____

DATE: _____

As of February 24th, U.S. Citizenship and Immigration Services (USCIS) implemented the Inadmissibility on Public Charge Grounds Final rule. Due to these recent changes there will be additional information that USCIS requires on certain immigration forms. The Office of Immigration and Human Resources Services (IHRS) requests that you carefully read each question. If any questions apply, refer to and follow the instructions provided below. If none, of the questions apply, check one of the last two boxes at the end of Q1.

NOTE: Your Request for an extension or change of status will not be filed until this properly completed form is received by

Q1) Since obtaining the nonimmigrant status that you seek to extend or that you seek to change, have you received, are you currently certified to receive, the following public benefits? (Select all that apply; if YES, please indicate the following in the space provided; 1) type of benefit 2) Agency that granted the benefit 3) Date that you started receiving the benefit or if certified, date the beneficiary will start receiving the benefit (mm/dd/yyyy) 4) Date benefit ended or expires (mm/dd/yyyy))

- Yes, the beneficiary has received or is currently certified to receive the following public benefits: (Select all that apply)
 - Any Federal, State, Local, or tribal cash assistance for income maintenance:

 - Supplemental Security Income (SSI):

 - Temporary Assistance for Needy Families (TANF):

 - General Assistance (GA):

- Supplemental Nutrition Assistance Program (SNAP, formerly called “Food Stamps”):

- Section 8 Housing Assistance under the Housing Choice Voucher Program:

- Section 8 Project-Based Rental Assistance (including Moderate Rehabilitation):

- Public Housing under the Housing Act of 1937, 42, U.S.C. 1437 et seq.:

- Federally-Funded Medicaid:

- No, the beneficiary has not received any of the above listed public benefits.
- No, the beneficiary is not certified to receive any of the above listed benefits.

Q2) If you answered “Yes” to Q1, do any of the following apply to you? Provide the evidence listed in the Form I-129 Instructions (<https://www.uscis.gov/i-129>).

- A. The beneficiary is enlisted in the Armed Forces, or is serving in active duty or in the Ready Reserve Component of the U.S. Armed Forces.
- B. The beneficiary is the spouse or the child of an individual who is enlisted in the Armed Forces, or who is serving in active duty or in the Ready Reserve component of the U.S. Armed Forces.
- C. At the time the beneficiary received the public benefits, the beneficiary (or the beneficiary’s spouse or parent) was enlisted in the Armed Forces, or was serving in active duty or in the Ready Reserve component of the U.S. Armed Forces.
- D. At the time the beneficiary received the public benefits, the beneficiary was present in the United States in a status exempt from the public charge ground of inadmissibility.
- E. At the time the beneficiary received the public benefits, the beneficiary was present in the United States after being granted a waiver of the public charge ground of inadmissibility.
- F. The beneficiary is a child currently residing abroad who entered the United States with a nonimmigrant visa to attend an B-600K, Application for Citizenship and Issuance of Certificate Under INA Section 322 interview.
- G. None of the above statements apply to the beneficiary.

Q3) Have you received, applied for, or have been certified to receive federally-funded Medicaid in connection with any of the following (Select all that apply): Submit evidence as outlined in the instructions (<https://www.uscis.gov/i-129>)

- A. An emergency medical condition
- B. For a Service under the Individuals with Disabilities Education Act (IDEA)
- C. Other school-based benefits or services available up to the oldest age eligible for the secondary education under State law
- D. While under the age of 21
- E. While pregnant or during the 60-day period following the last day of pregnancy

Signature: _____