



- **I-129 Supplement Checklist (Public Benefits)**

Please indicate whether you have received or have been certified to receive the following public benefits, since having obtained the nonimmigrant status that your petitioning employer/sponsor is seeking to extend or change on your behalf.

- Any Federal, state, local, or tribal cash assistance for income maintenance;
 - Supplemental Security Income (SSI);
 - Temporary Assistance for Needy Families (TANF);
 - Federal, state or local cash benefit programs for income maintenance (often called "General Assistance" in the state context, but which may exist under other names);
 - 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.; and
 - Federally Funded Medicaid.
- No, I have not received any of the above listed public benefits
- No, I have not been certified to receive any of the above listed public benefits

Receipt means when a benefit-granting agency provides a public benefit to you whether in the form of cash, voucher, services, or insurance coverage. Only the public benefits received by or attributable to you will be considered.

If you have received or are currently certified to receive any of the above public benefits provide information about the public benefits below. If you need extra space to complete this section, please attach an addendum with the requisite information with your name and signature.

A. Benefit #1

- a. Type of Benefit-
- b. Agency that granted the benefit-
- c. Date you started receiving the benefit or if certified, the date you will start receiving the benefit or date your coverage starts (mm/dd/yyyy)-
- d. Date benefit or coverage ended or expires (mm/dd/yyyy)-

B. Benefit #2

- a. Type of Benefit-
- b. Agency that granted the benefit-
- c. Date you started receiving the benefit or if certified, the date you will start receiving the benefit or date your coverage starts (mm/dd/yyyy)-
- d. Date benefit or coverage ended or expires (mm/dd/yyyy)-

C. Benefit #3

- a. Type of Benefit-
- b. Agency that granted the benefit-
- c. Date you started receiving the benefit or if certified, the date you will start receiving the benefit or date your coverage starts (mm/dd/yyyy)-
- d. Date benefit or coverage ended or expires (mm/dd/yyyy)-

D. Benefit #4

- a. Type of Benefit-
- b. Agency that granted the benefit-
- c. Date you started receiving the benefit or if certified, the date you will start receiving the benefit or date your coverage starts (mm/dd/yyyy)-
- d. Date benefit or coverage ended or expires (mm/dd/yyyy)-

If you have received or are certified to receive the public benefits but requested disenrollment, please provide, in addition to providing the information about any exclusions below, evidence of the disenrollment or the request to disenroll if the public benefit-granting agency has not processed the request.

If any of the above are marked with a 'YES' (including receiving, applying for or being certified to receive Federally funded Medicaid) do any of these exemptions apply? (*Please note, the beneficiary refers to you*). (Select all that apply)

- 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.
- 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.
- 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.
- 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.
- 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.
- The beneficiary is a child currently residing abroad who entered the United States with a non-immigrant visa to attend an N-600K, Application for Citizenship and Issuance of Certificate Under INA Section 322 interview.
- None of the above statements apply to the beneficiary

Federally funded Medicaid was availed of for 1 or more of these reasons:

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

Applicable Dates: From: _____ To: _____

Unless you qualify for certain exclusions listed in the table below, you are ineligible for extension of stay and/or change of status if you have received, since obtaining the nonimmigrant status that your petitioning employer/sponsor seeks to extend or change on your behalf, the public benefits listed above for more than 12 months in the aggregate within any 36-month period (such that, for instance, receipt of two public benefits in one month counts as two months).

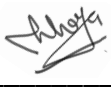
The following is a list of exclusions from the public benefit considerations listed above. If you belong to one of the following categories, submit the evidence listed for the applicable categories.

Exclusion	Description	Evidence you must submit for the beneficiary to qualify for exclusion (as applicable)
U.S. Armed Forces Service Members	<p>At the time the public benefit was received or at the time you file the Form I-129, or at time of adjudication of the I-129, the beneficiary is:</p> <ul style="list-style-type: none"> • An alien enlisted in the U.S. Armed Forces, serving in active duty or in the Ready Reserve component of the U.S. Armed Forces; • The spouse or child of the service member (listed above); or • The spouse or child of an individual enlisted in the U.S. Armed Forces or serving in active duty or in the Ready Reserve component of the U.S. Armed Forces. 	<p>Service Members: Certified evidence of alien’s enlistment/service issued by the authorizing official of the executive department in which service member is serving.</p> <ul style="list-style-type: none"> • Spouses and Children of Service Members: • Copy of Form DD-1173, United States Uniformed Services Identification and Privilege Card (Dependent)
Federally funded Medicaid	<ul style="list-style-type: none"> • Child currently residing abroad who entered the United States with a non-immigrant visa to attend N-600K, Application for Citizenship and Issuance of Certificate Under INA Section 322 interview. 	<ul style="list-style-type: none"> • A copy of the N-600K interview notice
Children Who Will Naturalize Under INA 322	<ul style="list-style-type: none"> • Child currently residing abroad who entered the United States with a non-immigrant visa to attend N-600K, Application for Citizenship and Issuance of Certificate Under INA Section 322 interview. 	<ul style="list-style-type: none"> • A copy of the N-600K interview notice
Public Benefits While in an Immigration Category	<ul style="list-style-type: none"> • Received public benefits while in a category that is exempt from public charge inadmissibility; or 	<p>Information that evidences the beneficiary’s status or that the beneficiary received a waiver for the</p>

Exempt from Public Charge	<ul style="list-style-type: none"> Received public benefits while in a category for which the beneficiary had received a waiver for public charge inadmissibility. 	public charge ground of inadmissibility, such as: <ul style="list-style-type: none"> Approval notice (Form I-797, Notice of Action); or Form I-94, Arrival/Departure Record.
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I certify under penalty of perjury, that all the information in my application and any document submitted with it were authorized or provided by me. I certify that I have reviewed and understand all of the information contained herein, and that all of the information is complete, true, and correct.

Name (Printed): Chhaya Rani Porwal

Signature: 

Date: 07/13/2020