**H1B or H4 BENEFICIARY’S PUBLIC BENEFITS STATEMENT –**

**New Rule Effective February 24, 2020**

|  |  |
| --- | --- |
| Have you Received or Will Receive any Public Benefits since obtaining Non-immigrant Status? | **YES OR NO?** |

|  |
| --- |
| **If Yes, please select all that apply:** |

|  |  |
| --- | --- |
| Federal, State, Local or Tribal Cash Assistance for income Maintenance? | **NO** |
| Supplemental Security Income (SSI) | **NO** |
| Temporary Assistance for Needy Families (TANF) | **NO** |
| General Assistance (GA) | **NO** |
| Supplemental Nutrition Assistance Program (SNAP, knows as “Food Stamps”) | **NO** |
| Section 8 Housing Assistance under the Housing Choice Voucher Program | **NO** |
| Section 8 Project based Rental Assistance (including Moderate Rehabilitation) | **NO** |
| Public Housing under Housing Act 1937, 42 U.S.C 1437 et seq. | **NO** |
| Federally-Funded Medicaid | **NO** |

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| --- |
| **If obtained any of the above Benefits, please provide additional details below for each benefit Received or will Receive?** |

|  |  |
| --- | --- |
| Type of Benefit |  |
| Agency that Granted the Benefit |  |
| Date benefit Received/ or will Receive |  |
| Date Benefit Ended or Expires |  |

**IF Answered Yes to any of the Benefits, do any of the following apply? Please provide Evidence if answered Yes, to any of the below Questions.**

|  |  |
| --- | --- |
| The beneficiary is enlisted in the Armed Force or is serving in Active Duty or in the Ready Reserve Component of the U.S Armed Forces? | NO |
| The beneficiary is the spouse or the child of an individual who is enlisted in the Armed Force or is serving in Active Duty or in the Ready Reserve Component of the U.S Armed Forces? | NO |
| At time the beneficiary received the public benefits, the beneficiary (or the beneficiary’s spouse or parent) was enlisted in the Armed Force or was serving in Active Duty or in the Ready Reserve Component of the U.S Armed Forces? | NO |
| At time the beneficiary received the public benefit the beneficiary was present in the US in a status exempt from the public Charge Ground of inadmissibility. | NO |
| At time the beneficiary received the public benefit the beneficiary was present in the US after being granted a waiver of the Public charge ground of inadmissibility. | NO |
| The beneficiary is a child currently residing Abroad who entered the US with a nonimmigrant visa to attend an N-600K, Application for Citizenship and Issuance of Certificate Under INA Section 322 Interview. | NO |
| None of the above Statements apply to the beneficiary. | YES |

* **Has the beneficiary received or applied to receive Federally Funded Medicaid in Connection with any of the following: If Yes, Submit Evidence:**

|  |  |
| --- | --- |
| An Emergency Medical Condition | NO |
| For service under the Individuals with Disabilities Education Act (IDEA) | NO |
| Other School Based Benefits or services Available up to the oldest age eligible for Secondary education under State Law | NO |
| While under the Age of 21 | NO |
| While Pregnant or during the 60 Day period following the last day of Pregnancy | NO |

**If you have checked yes to any of the Above Questions, Please Provide the Applicable Dates**:

**From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**H4 DEPENDENT’S PUBLIC BENEFITS**

|  |  |
| --- | --- |
| Have you Received or Will Receive any Public Benefits since obtaining Non-immigrant Status? | **YES OR NO?** |

|  |
| --- |
| **If Yes, please select all that apply:** |

|  |  |
| --- | --- |
| Federal, State, Local or Tribal Cash Assistance for income Maintenance? | **NO** |
| Supplemental Security Income (SSI) | **NO** |
| Temporary Assistance for Needy Families (TANF) | **NO** |
| General Assistance (GA) | **NO** |
| Supplemental Nutrition Assistance Program (SNAP, knows as “Food Stamps”) | **NP** |
| Section 8 Housing Assistance under the Housing Choice Voucher Program | **NO** |
| Section 8 Project based Rental Assistance (including Moderate Rehabilitation) | **NO** |
| Public Housing under Housing Act 1937, 42 U.S.C 1437 et seq. | **NO** |
| Federally-Funded Medicaid | **NO** |

|  |
| --- |
| **If obtained any of the above Benefits, please provide additional details below for each benefit Received or will Receive?** |

|  |  |
| --- | --- |
| Type of Benefit |  |
| Agency that Granted the Benefit |  |
| Date benefit Received/ or will Receive |  |
| Date Benefit Ended or Expires |  |

**IF Answered Yes to any of the Benefits, do any of the following apply? Please provide Evidence if answered Yes, to any of the below Questions.**

|  |  |
| --- | --- |
| The beneficiary is enlisted in the Armed Force 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 Force or is serving in Active Duty or in the Ready Reserve Component of the U.S Armed Forces? |  |
| At time the beneficiary received the public benefits, the beneficiary (or the beneficiary’s spouse or parent) was enlisted in the Armed Force or was serving in Active Duty or in the Ready Reserve Component of the U.S Armed Forces? | NO |
| At time the beneficiary received the public benefit the beneficiary was present in the US in a status exempt from the public Charge Ground of inadmissibility. | NO |
| At time the beneficiary received the public benefit the beneficiary was present in the US after being granted a waiver of the Public charge ground of inadmissibility. | NO |
| The beneficiary is a child currently residing Abroad who entered the US with a nonimmigrant visa to attend an N-600K, Application for Citizenship and Issuance of Certificate Under INA Section 322 Interview. | NO |
| None of the above Statements apply to the beneficiary. | YES |

* **Has the beneficiary received or applied to receive Federally Funded Medicaid in Connection with any of the following: If Yes, Submit Evidence:**

|  |  |
| --- | --- |
| An Emergency Medical Condition | NO |
| For service under the Individuals with Disabilities Education Act (IDEA) | NO |
| Other School Based Benefits or services Available up to the oldest age eligible for Secondary education under State Law | NO |
| While under the Age of 21 | NO |
| While Pregnant or during the 60 Day period following the last day of Pregnancy |  |

**If you have checked yes to any of the Above Questions, Please Provide the Applicable Dates**:

**From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**