

I-643, Health and Human Services Statistical Data for Refugee/Asylee Adjusting Status

What Is the Purpose of This Form?

Refugees and asylees, Cuban/Haitian Entrants under the Act of November 1, 1996, and Amerasians under Public Law 97-359 should submit this Form I-643 when filing an application for adjustment of status.

This form should be fully completed by a refugee or asylee, age 16 years or older. Representatives of applicants younger than 16 should only complete Blocks 1 and 2.

Although the information requested on Form I-643 will not affect the adjudication of the adjustment application, your application will not be considered as completely filed unless you submit this form. The data collected on this form will be used by U.S. Department of Health and Human Services to comply and analyze statistics relating to refugees and asylees. The form will not be retained by U.S. Citizenship and Immigration Services (USCIS).

How to Complete the Form.

NOTE: Applicant - Type or print plainly in black ink.

Section 1.

Enter your name, the date on which you are completing this form and your Alien Registration Number on the first line. On the second line, enter your country of birth and your country of citizenship. On the third line, enter your native language, your date of birth and your telephone number. Enter your current address on the fourth line.

Section 2.

Fill in your three (3) most recent cities and states of residence in the United States in order, starting with your current place of residence. If you have not lived in three (3) different cities since you entered the United States, write "none" on as many lines as appropriate.

Section 3.

Show the total number of people living in your household and the number currently employed. Fill in the first line for yourself, then list any other persons who live in your household. If more than five (5) persons live with you, attach a separate page listing the others and provide the information requested.

Section 4.

Enter the information about all jobs you have held since coming to the United States, starting with your current or most recent job. Under "Job Title" write the term the best describes the work you do, such as "machine operator," "nurse" or "chemist." If you have not worked at all since coming to the United States, write "none."

At the bottom of the block enter your major occupation before coming to the United States. If you did not work before coming to the United States, enter "none."

Section 5.

Check the block or blocks that best describe your education before coming to the United States. Also, check the block or blocks that best describe how and where you have learned English.

Section 6.

If you have had any training or education in the United States, check the block or blocks that best describe your training and enter your major course of study. If you have not had any training in the United States, enter "none."

Section 7.

Check the appropriate block that best describes your ability to speak, read and write English.

Section 8.

Check as many types of public assistance as you have received or someone has received on your behalf. Indicate the month and year the assistance started and stopped. If you are still receiving assistance, write "present" in the block headed "To (mm/yyyy)," noting month/year.

Paperwork Reduction Act.

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 55 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Management Division, 111 Massachusetts Avenue, N.W., 3rd Floor, Suite 3008, Washington, DC 20529. OMB No. 1615-0070. **Do not mail your application to this address.**

Privacy Act Notice.

USCIS asks for the information on this form, and associated evidence, to determine if you have established eligibility for the immigration benefit for which you are filing. Our legal right to ask for this information is in 8 U.S.C. 1302 and 1304. USCIS may provide this information to other government agencies. Failure to provide this information, and any requested evidence, may delay a final decision or result in denial of your request.

Instructions to USCIS Officer.

After this form has been completed, forward it directly to the address as shown below: (If you are mailing a small number of forms, they may be folded so that the address shows through a #10 window envelope).

**Data Unit, Office of Refugee Resettlement
Department of Health and Human Services
370L'Enfant Promenade S.W., (6th Floor)
Washington, DC 20447**

I-643, Health and Human Services Statistical Data for Refugee/Asylee Adjusting Status

Department of Homeland Security
U.S. Citizenship and Immigration Services

Please print or type in black ink.

1. Name: Last (<i>Family</i>)		First (<i>Given</i>)		Middle	Today's Date: (<i>mm/dd/yyyy</i>)	Alien Registration Number: A -	
Country of Birth:			Country of Citizenship/Nationality:			Social Security Number:	
Native Language:	Date of Birth (<i>mm/dd/yyyy</i>)	Telephone Number (<i>with area code</i>) () ()		Cellphone Number (<i>with area code</i>) () ()			
Current Address:							
<i>(Number, Street and Apartment No.)</i>			<i>(City)</i>		<i>(State)</i>		<i>(Zip Code)</i>

2. My three (3) most recent cities of residence in the United States have been: *(List most recent first)*

City or Town	State	From (<i>mm/dd/yyyy</i>)	To (<i>mm/dd/yyyy</i>)
			Present

3. There are _____ members of the household, _____ of whom are employed. *(Please use another sheet(s) if needed)*

Name <i>(Self)</i>	Relationship to Me <i>(Self)</i>	Gender M/F	Date of Birth <i>(mm/dd/yyyy)</i>	Country of Birth	Alien Number	Currently Employed?		Attending School?	
						Yes	No	Yes	No
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. My employment since entering the United States has been: *(List most recent first)* **Check One**

Company Name	Location City, State	From <i>(mm/dd/yyyy)</i>	To <i>(mm/dd/yyyy)</i>	Job Title	Wage Per Hour	Part Time	Full Time
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

My major occupation or profession before coming to the United States was:

5. My education before coming to the United States was: *(Check all that apply)*

<input type="checkbox"/> Grades 1-8	<input type="checkbox"/> Some university	My knowledge of English was acquired by: <i>(Check all that apply)</i>
<input type="checkbox"/> Some high school	<input type="checkbox"/> University diploma	
<input type="checkbox"/> High school diploma	<input type="checkbox"/> Graduate studies	
<input type="checkbox"/> Technical school	<input type="checkbox"/> Professional training	
<input type="checkbox"/> Technical school certificate	<input type="checkbox"/> Graduate degree	

<input type="checkbox"/> Training in the U.S.	<input type="checkbox"/> Use in another country
<input type="checkbox"/> Use in the U.S.	<input type="checkbox"/> Training in refugee camp
<input type="checkbox"/> Training in another country	<input type="checkbox"/> Other <i>(Please explain):</i>

6. I have had the following training or education in the U.S. <i>(Check all that apply)</i>				7. English Language Skills: <i>(Check one)</i>			
Type of Training/Education	Course of Study	Check If Still Attending	Check If Completed	Speaking	Reading	Writing	
<input type="checkbox"/> High School		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> None <input type="checkbox"/> A Few Words <input type="checkbox"/> Fair	<input type="checkbox"/> None <input type="checkbox"/> A Few Words <input type="checkbox"/> Fair	<input type="checkbox"/> None <input type="checkbox"/> A Few Words <input type="checkbox"/> Fair	
<input type="checkbox"/> College		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Good	<input type="checkbox"/> Good	<input type="checkbox"/> Good	
<input type="checkbox"/> Technical/Vocational		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Good	<input type="checkbox"/> Good	<input type="checkbox"/> Good	
<input type="checkbox"/> Other (specify):		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Good	<input type="checkbox"/> Good	<input type="checkbox"/> Good	

8. Since in the United States, list as many types of public assistance (excluding emergency medical treatment) that you have received or someone has received on your behalf. Please include public assistance received from the United States government or any state, county, city or municipality.

Public Assistance	From (<i>mm/yyyy</i>)	To (<i>mm/yyyy</i>)	Public Assistance	From (<i>mm/yyyy</i>)	To (<i>mm/yyyy</i>)
<input type="checkbox"/> Cash assistance (Welfare)			<input type="checkbox"/> Medical assistance		
<input type="checkbox"/> Food Stamps			<input type="checkbox"/> Other <i>(specify):</i>		
<input type="checkbox"/> SSI					