



PRIVACY THRESHOLD ANALYSIS (PTA)

**This form is used to determine whether
a Privacy Impact Assessment is required.**

Please use the attached form to determine whether a Privacy Impact Assessment (PIA) is required under the E-Government Act of 2002 and the Homeland Security Act of 2002.

Please complete this form and send it to your component Privacy Office. If you do not have a component Privacy Office, please send the PTA to the DHS Privacy Office:

Senior Director, Privacy Compliance
The Privacy Office
U.S. Department of Homeland Security
Washington, DC 20528
Tel: 202-343-1717

PIA@hq.dhs.gov

Upon receipt from your component Privacy Office, the DHS Privacy Office will review this form. If a PIA is required, the DHS Privacy Office will send you a copy of the Official Privacy Impact Assessment Guide and accompanying Template to complete and return.

A copy of the Guide and Template is available on the DHS Privacy Office website, www.dhs.gov/privacy, on DHSConnect and directly from the DHS Privacy Office via email: pia@hq.dhs.gov, phone: 202-343-1717.



PRIVACY THRESHOLD ANALYSIS (PTA)

SUMMARY INFORMATION

Project or Program Name:	Ombudsman Case Assistance Form and Online System		
Component:	Management (MGMT)	Office or Program:	DHS HQ CISOMB
Xacta FISMA Name (if applicable):	Click here to enter text.	Xacta FISMA Number (if applicable):	Click here to enter text.
Type of Project or Program:	Form or other Information Collection	Project or program status:	Choose an item.
Date first developed:	September 1, 2011	Pilot launch date:	September 1, 2012
Date of last PTA update	September 26, 2013	Pilot end date:	September 28, 2012
ATO Status (if applicable)	Complete	ATO expiration date (if applicable):	Click here to enter a date.

PROJECT OR PROGRAM MANAGER

Name:	Gary Merson		
Office:	DHS HQ CISOMB	Title:	Deputy Director
Phone:	202-357-8103	Email:	Gary.merson@hq.dhs.gov

INFORMATION SYSTEM SECURITY OFFICER (ISSO) (IF APPLICABLE)

Name:	Raymond Mills (ISSO Liaison for CISOMB with DHS HQ CIO)		
Phone:	202-731-5356	Email:	Raymond.g.mills@hq.dhs.gov



SPECIFIC PTA QUESTIONS

1. Reason for submitting the PTA: Choose an item.

The Citizenship and Immigration Services (CIS) Ombudsman was created under section 452 of the Homeland Security Act of 2002 (Public Law 107-296) to: (1) assist individuals and employers in resolving problems with the U.S. Citizenship and Immigration Services (USCIS); (2) to identify areas in which individuals and employers have problems in dealing with USCIS; and (3) to the extent possible, propose changes in the administrative practices of USCIS to mitigate problems. There is no change in the information being collected, however there have been cosmetic changes to the form including punctuation, formatting, sequencing of information, and text changes to make the form more understandable and streamlined for use by respondents.

2. Does this system employ any of the following technologies:

If you are using any of these technologies and want coverage under the respective PIA for that technology please stop here and contact the DHS Privacy Office for further guidance.

- Closed Circuit Television (CCTV)
- Social Media
- Web portal¹ (e.g., SharePoint)
- Contact Lists
- None of these

3. From whom does the Project or Program collect, maintain, use, or disseminate information?

Please check all that apply.

- This program does not collect any personally identifiable information²
- Members of the public
- DHS employees/contractors (list components):
- Contractors working on behalf of DHS
- Employees of other federal agencies

¹ Informational and collaboration-based portals in operation at DHS and its components that collect, use, maintain, and share limited personally identifiable information (PII) about individuals who are “members” of the portal or “potential members” who seek to gain access to the portal.

² DHS defines personal information as “Personally Identifiable Information” or PII, which is any information that permits the identity of an individual to be directly or indirectly inferred, including any information that is linked or linkable to that individual, regardless of whether the individual is a U.S. citizen, lawful permanent resident, visitor to the U.S., or employee or contractor to the Department. “Sensitive PII” is PII, which if lost, compromised, or disclosed without authorization, could result in substantial harm, embarrassment, inconvenience, or unfairness to an individual. For the purposes of this PTA, SPII and PII are treated the same.



4. What specific information about individuals is collected, generated or retained?

The AMENDED 7001 has the sections arranged in the following order:

1. *Name: Please identify the name of the individual or employer (applicant/beneficiary/petitioner) encountering or difficulties with USCIS. Do not enter the attorney/law firm's name here.*
2. *Date of Birth: Country of Birth: Country of Citizenship:*
3. *Alien Registration Number (A-Number); The A-number appears in the following format: A123-456-789.*
4. *Contact Information: Please provide the contact information of the individual or employer (applicant/beneficiary/petitioner) encountering difficulties with USCIS. Please include the primary E-Mail address for the Ombudsman to provide updates.*
5. *Applications/Petitions Filed: List all applications and/or petitions pending with USCIS related to your case inquiry.*
6. *Type of Immigration Benefit Sought: Please provide the type of immigration benefit sought from USCIS.*
7. *Reason for Inquiry/Case Assistance Request: Check all that apply. Provide a description in section 8 and add documentation related to your inquiry.*
8. *Description of your Case Problem: Describe the difficulties experienced with USCIS including all responses USCIS provided. Attach relevant correspondence concerning actions taken to resolve the issue before submitting with the Ombudsman's Office including: receipt notices; requests for evidence; decisions; notices and any other correspondence from USCIS about your case. Attach additional pages if needed.*
9. *Prior Actions Taken to Remedy the Problem:*
Check all that apply and provide the additional information requested for each selection in the space provided. Note that if selecting Option a "Visited USCIS My Case Status at www.uscis.gov", you must indicate what additional actions (b through g) were taken to remedy the problem before submitting the form to the Ombudsman
 - a. *Visited USCIS My Case Status at www.uscis.gov.and*
 - b. *Contacted the National Customer Service Center (NCSC) for information and/or assistance regarding this case at their toll-free number 1-800-375-5283. Provide SRMT Number:*
 - c. *Attended an InfoPass Appointment with USCIS.*
Provide InfoPass Number:
 - d. *Sent an E-mail to USCIS. Provide date E-Mail sent: Provide USCIS E-mail address:*
 - e. *Contacted a U.S. Government Department or Agency for assistance. Provide name and contact information:*
 - f. *Contacted a U.S. Congressional Representative for assistance. Provide name and contact information:*
 - g. *Other. Please describe*
10. *Person Preparing This Form:*



Please indicate who is completing this form

11. *Attorney or Accredited Representative:*

Please complete this section if you are an attorney, a representative of an organization, an accredited representative, or anyone else preparing this form on behalf of the individual or employer encountering difficulties with USCIS. Please attach copy of your Form G-28

12. *Consent: Please note that if you are the beneficiary of an immigration petition, consent of the individual or employer that submitted the petition on your behalf is required. The petitioner must sign.*

4(a) Does the project, program, or system retrieve information by personal identifier?	<input type="checkbox"/> No. Please continue to next question. <input checked="" type="checkbox"/> Yes. If yes, please list all personal identifiers used: 7001 intake number, A-Number
4(b) Does the project, program, or system use Social Security Numbers (SSN)?	<input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes.
4(c) If yes, please provide the specific legal basis and purpose for the collection of SSNs:	Click here to enter text.
4(d) If yes, please describe the uses of the SSNs within the project, program, or system:	Click here to enter text.
4(e) If this project, program, or system is an information technology/system, does it relate solely to infrastructure? <i>For example, is the system a Local Area Network (LAN) or Wide Area Network (WAN)?</i>	<input checked="" type="checkbox"/> No. Please continue to next question. <input type="checkbox"/> Yes. If a log kept of communication traffic, please answer the following question.
4(f) If header or payload data³ is stored in the communication traffic log, please detail the data elements stored.	
Click here to enter text.	

5. Does this project, program, or system connect, receive, or share PII with any other DHS programs or systems⁴?	<input type="checkbox"/> No.
--	------------------------------

³ When data is sent over the Internet, each unit transmitted includes both header information and the actual data being sent. The header identifies the source and destination of the packet, while the actual data is referred to as the payload. Because header information, or overhead data, is only used in the transmission process, it is stripped from the packet when it reaches its destination. Therefore, the payload is the only data received by the destination system.



	<input checked="" type="checkbox"/> Yes. If yes, please list: DHS USCIS
6. Does this project, program, or system connect, receive, or share PII with any external (non-DHS) partners or systems?	<input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. If yes, please list: Click here to enter text.
6(a) Is this external sharing pursuant to new or existing information sharing access agreement (MOU, MOA, LOI, etc.)?	Choose an item. Please describe applicable information sharing governance in place:
7. Does the project, program, or system provide role-based training for personnel who have access in addition to annual privacy training required of all DHS personnel?	<input type="checkbox"/> No. <input checked="" type="checkbox"/> Yes. If yes, please list: CISOMB staff receive training in the Online Case Assistance Form and with the Citizenship and Immigration Services Ombudsman (CISOMB) Case Assistance Analytics and Data Integration (CAADI) system that manages all of the intake data.
8. Per NIST SP 800-53 Rev. 4, Appendix J, does the project, program, or system maintain an accounting of disclosures of PII to individuals who have requested access to their PII?	<input type="checkbox"/> No. What steps will be taken to develop and maintain the accounting: <input checked="" type="checkbox"/> Yes. In what format is the accounting maintained:
9. Is there a FIPS 199 determination?⁴	<input type="checkbox"/> Unknown. <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. Please indicate the determinations for each of the following: Confidentiality: <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High <input type="checkbox"/> Undefined Integrity: <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High <input type="checkbox"/> Undefined

⁴ PII may be shared, received, or connected to other DHS systems directly, automatically, or by manual processes. Often, these systems are listed as "interconnected systems" in Xacta.

⁴ FIPS 199 is the [Federal Information Processing Standard](#) Publication 199, Standards for Security Categorization of Federal Information and Information Systems and is used to establish security categories of information systems.



	Availability: <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High <input type="checkbox"/> Undefined
--	--

PRIVACY THRESHOLD REVIEW

(TO BE COMPLETED BY COMPONENT PRIVACY OFFICE)

Component Privacy Office Reviewer:	Click here to enter text.
Date submitted to Component Privacy Office:	Click here to enter a date.
Date submitted to DHS Privacy Office:	Click here to enter a date.
Component Privacy Office Recommendation: <i>Please include recommendation below, including what new privacy compliance documentation is needed.</i>	
Click here to enter text.	

(TO BE COMPLETED BY THE DHS PRIVACY OFFICE)

DHS Privacy Office Reviewer:	Lindsay Lennon
PCTS Workflow Number:	1048615
Date approved by DHS Privacy Office:	March 10, 2015
PTA Expiration Date	March 10, 2018

DESIGNATION

Privacy Sensitive System:	Choose an item. If "no" PTA adjudication is complete.
Category of System:	Choose an item. If "other" is selected, please describe: Click here to enter text.
Determination:	<input type="checkbox"/> PTA sufficient at this time. <input type="checkbox"/> Privacy compliance documentation determination in progress. <input type="checkbox"/> New information sharing arrangement is required.



Privacy Threshold Analysis
Version number: 01-2014

<input type="checkbox"/> DHS Policy for Computer-Readable Extracts Containing Sensitive PII applies. <input checked="" type="checkbox"/> Privacy Act Statement required. <input checked="" type="checkbox"/> Privacy Impact Assessment (PIA) required. <input checked="" type="checkbox"/> System of Records Notice (SORN) required. <input checked="" type="checkbox"/> Paperwork Reduction Act (PRA) Clearance may be required. Contact your component PRA Officer. <input type="checkbox"/> A Records Schedule may be required. Contact your component Records Officer.	
PIA:	System covered by existing PIA If covered by existing PIA, please list: DHS/CISOMB/PIA-001 – Virtual Ombudsman System
SORN:	System covered by existing SORN If covered by existing SORN, please list: DHS/CISOMB-001 Virtual Ombudsman System April 13, 2010, 75 FR 18857
DHS Privacy Office Comments: <i>Please describe rationale for privacy compliance determination above.</i>	
This PTA covers the Form 7001. CIS Ombudsman has made cosmetic changes to the form, and there are no changes to the data collected and how it is used. PRIV finds that the Form 7001 continues to receive coverage under the DHS/CISOMB/PIA-001 PIA and DHS/CISOMB/-001 SORN.	