

TABLE OF CHANGES – INSTRUCTIONS
Form I-129CW, Petition for a CNMI-Only Nonimmigrant Transitional Worker
OMB Number: 1615-0111
09/27/2018

Reason for Revision: Minor revisions in support of Public Charge Rulemaking.

Legend for Proposed Text:

- Black font = Current text
- Red font = Changes

Current Page Number and Section	Current Text	Proposed Text
Page 2, General Instructions	<p>[Page 2]</p> <p>How To Fill Out Form I-129CW</p> <ol style="list-style-type: none"> 1. Type or print legibly in black ink. 2. If you need extra space to complete any item within this petition, use the space provided in Part 9. Additional Information or attach a separate sheet of paper. Type or print your name and Alien Registration Number (A-Number) (if any) at the top of each sheet; indicate the Page Number, Part Number, and Item Number to which your answer refers; and sign and date each sheet. 3. Answer all questions fully and accurately. If a question does not apply to you (for example, if you have never been married and the question asks, “Provide the name of your current spouse”), type or print “N/A” unless otherwise directed. If your answer to a question which requires a numeric response is zero or none (for example, “How many children do you have” or “How many times have you departed the United States”), type or print “None” unless otherwise directed. 4. USCIS Online Account Number (if any). If you have previously filed an application or petition using the USCIS online filing system (previously called USCIS Electronic Immigration System (USCIS ELIS)), provide the USCIS Online Account Number you were issued by the system. You can find your USCIS Online 	<p>[Page 2]</p> <p>How To Fill Out Form I-129CW</p> <ol style="list-style-type: none"> 1. Type or print legibly in black ink. 2. If you need extra space to complete any item within this petition, use the space provided in Part 10. Additional Information or attach a separate sheet of paper. Type or print your name and Alien Registration Number (A-Number) (if any) at the top of each sheet; indicate the Page Number, Part Number, and Item Number to which your answer refers; and sign and date each sheet. <p>[no change]</p>

Account Number by logging in to your account and going to the profile page. If you previously filed certain applications or petitions on a paper form through a USCIS Lockbox facility, you may have received a USCIS Online Account Access Notice issuing you a USCIS Online Account Number. You may find your USCIS Online Account Number at the top of the notice. If you were issued a USCIS Online Account Number, enter it in the space provided. The USCIS Online Account Number is not the same as an A-Number.

5. Part 6. Information about the Proposed Employee’s (Primary Beneficiary) Public Benefits

Item Number 1. Public Benefits. Please provide the information requested about the beneficiary’s (the alien’s) receipt of public benefits unless the nonimmigrant classification is exempt from the public charge inadmissibility under INA 212(a)(4).

In this section, please provide all requested information about each public benefit regardless of whether the amount of the duration would be excluded as described below, as USCIS will calculate the amount to be considered in the public charge inadmissibility determination. If you require additional space, please use the space provided in **Part 10, Additional Information**.

In the table, indicate whether or not the beneficiary has ever applied for or received, any of the following monetizable (cash) public benefits:

1. Any Federal, State, local, or tribal cash assistance for income maintenance including:
 - A. Supplemental Security Income (SSI)
 - B. Temporary Assistance for Needy Families (TANF)
 - C. 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)

2. The following monetizable (non-cash) benefits:

- D. Supplemental Nutrition Assistance Program (SNAP, or formerly called “Food Stamps”)
- E. Section 8 Housing Assistance under the Housing Choice Voucher Program
- F. Section 8 Project-Based Rental Assistance (including Moderate Rehabilitation)

		<p>3. Any of the following non-monetizable (non-cash) public benefits:</p> <p>A. Medicaid</p> <p>B. Any benefit for institutionalization for long-term care at government expense, for example,</p> <p>Institutionalization for Long-Term Care may include: Intermediate Care Facilities for People with Intellectual disability (ICF/ID), Nursing Facility (NF), Preadmission Screening & Resident Review (PASRR), Inpatient Psychiatric Services for Individuals Under Age 21, and Services for individuals age 65 or older in an institution for mental diseases</p> <p>C. Premium and Cost Sharing Subsidies for Medicare Part D</p> <p>D. Public Housing</p> <p>Amount and Duration of Benefit</p> <p>As part of the determination regarding eligibility for extension of stay or change of status), USCIS will consider the above listed public benefits as follows:</p> <p>1. Monetizable (cash or non-cash) benefits: USCIS will consider the benefits when the total receipt of all benefits cumulatively exceeds 15 percent of the Federal Poverty Guidelines (FPG) for a household of one within any period of 12 consecutive months (since you obtained the nonimmigrant status that you seek to extend or from which you seek to change), based on the per-month average FPG for the months during which the benefits are received. Note only the amount received by or attributable to the alien will be considered (for example, if the TANF is for a household of 4, only 25 percent of the total TANF benefit will be considered).</p> <p>2. Non-monetizable benefits (non-cash): USCIS will generally consider the benefits when the benefit (or benefits) is received for longer than 12 months within an aggregate of 36 months since you obtained the nonimmigrant status that you seek to extend or from which you seek to change (such that, for instance, receipt of 2 non-monetizable benefits in one month counts as two months). Note only the amount received by or attributable to the alien will be considered (for example, if the SNAP or housing benefit is for a household of 4, only 25 percent of the total SNAP or housing benefit</p>
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will be considered).

3. Combined Monetizable and Non-monetizable Public Benefits. USCIS will generally consider the receipt of a combination of monetizable benefits, described above, where the cumulative value of such benefits is equal to or less than 15 percent of the FPG for a household size of one within any period of 12 consecutive months (since you obtained the nonimmigrant status that you seek to extend or from which you seek to change), based on the per-month average FPG for the months during which the benefits are received, together with one or more non-monetizable benefits described above of this section if such non-monetizable benefits are received for more than 9 months in the aggregate within a 36 month period since you obtained the nonimmigrant status that you seek to extend or from which you seek to change, (such that, for instance, receipt of two non-monetizable benefits in one month counts as two months).

The following tables provides a summary of how USCIS will consider the monetizable and a non-monetizable public benefits:

Table[2 columns, 5 rows]

Summary of Consideration Monetizable and Non-monetizable Public Benefits

Monetizable Benefit(s):

Cumulative value of benefits for a household of one within any period of 12 consecutive months, based on the per-month average FPG for the months during which the benefits are received

More than 15% of the FPG

Equal to or less than 15% of the FPG

Any benefits in any percentage of the FPG

Non-monetizable Benefit(s):

Number of Benefits and Duration (Months) within a 36-month period (such that, for instance, receipt of two non-monetizable benefits in one month counts as two months)

Any benefits for any time period

1 or more benefits for longer than 9 aggregate months

1 or more benefit for longer than 12 aggregate months

Public Benefits Received by U.S. Armed Forces Servicemembers

When considering receipt of public benefits in the public charge determination, USCIS will not consider any public benefits if the beneficiary was or is, either at the time of receipt of the benefit(s), the time of filing the immigration benefits application, or the time of USCIS'

		<p>adjudication of the benefit application is:</p> <ol style="list-style-type: none">1. An alien serving in active duty or in the Ready Reserve component of the U.S. Armed Forces, or2. The spouse or child of the service member (listed in 1, above). <p>You must provide the following documentation:</p> <ol style="list-style-type: none">1. Service Members:<ol style="list-style-type: none">A. Certified proof, issued by the authorizing official of the executive department in which the servicemember is serving.2. Spouses and Children of Service Members:<ol style="list-style-type: none">A. Provide copies of marriage certificate for spouse and birth certificates for children; andB. DD-1173, United States Uniformed Services Identification and Privilege Card (Dependent). <p><i>Medicaid Services Not Considered</i></p> <p>In addition, in the public charge inadmissibility determination, USCIS will not consider any of the Medicaid benefits received by:</p> <ol style="list-style-type: none">1. Children of U.S. citizens whose lawful admission for permanent residence and subsequent residence in the legal and physical custody of their U.S. citizen parent will result automatically in the child's acquisition of citizenship or whose lawful admission for permanent residence will result automatically in the child's acquisition of citizenship upon finalization of adoption in the United States by the U.S. citizen parent(s), or once meeting other eligibility criteria as required under INA 320. <p>For information on eligibility for citizenship under INA 320 and the evidentiary requirements to meet the qualifications to demonstrate citizenship, please see Form N-600, Application for Certificate of Citizenship. If the beneficiary has not previously submitted any required evidence to comply with filing requirements of other benefit requests (such as the I-130 Petition for Alien Relative, I-600 Petition to Classify Orphan as an Immediate Relative, or I-800 Petition to Classify Convention Adoptee as an Immediate Relative), please submit them at this time with this form.</p> <p>If the beneficiary is currently residing abroad and entered the United States with a nonimmigrant visa in order to attend an interview in regard of an N-600K, Application for Citizenship and Issuance of Certificate Under INA Section 322, please provide a copy of the interview notice.</p> <p>Further, USCIS will not consider Medicaid</p>
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	<p>provided payment for "emergency medical condition," for services provided under the Individuals with Disabilities Education Act (IDEA), or for school-based non-emergency benefits provided to children who are at or below the oldest age of children eligible for secondary education as determined under State law. Please provide documentation of such payments under those conditions, and, if applicable, provide a statement and information regarding the "emergency medical condition" determination. USCIS will not consider these specific Medicaid provisions in the public charge determination. If the beneficiary applied for or received Medicaid under these conditions, please indicate and explain so in Part 10. Additional Information.</p> <p>Documentation of Public Benefit Receipt:</p> <p>If the beneficiary applied for, is currently receiving, or previously received, any of the public benefits listed above, provide evidence in the form of a letter, notice, certification or other agency documents that contain the following:</p> <ol style="list-style-type: none"> 1. Your Name; 2. Name and contact information for the public benefit granting agency; 3. Type of Benefit; 4. Amount of benefit(s) received (check boxes for weekly, monthly, annually, other explain); 5. Date Benefit Was Granted; 6. Date the Benefit Ended or Expires (mm/dd/yyyy)(if applicable); and 7. Number of Household Members Receiving the Benefit (if applicable). <p>If the beneficiary has terminated the receipt of benefits, provide the documentation that indicates the beneficiary will no longer receive the benefits with the applicable termination date.</p> <p>Item Numbers 2. and 2a. Future Applications for or Receipt of Public Benefits. Indicate whether or not you or any derivative anticipate applying for or receiving public benefits at any time in the future, including whether you or any derivative have been certified or approved to receive future benefits or have been determined to be eligible for future benefits. If you or your derivatives anticipate requesting or receiving such benefits, please explain what public benefit(s) you or your derivatives expect to apply for or receive, for how long you expect to receive the benefit(s), the anticipated amount(s) of the public benefits you expect to receive, and why you or your derivatives would receive the benefit(s) in the space provided. If you need</p>
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5. Part 6. Statement, Contact Information, Declaration, Certification, and Signature of the Petitioner or Authorized Signatory. Select the appropriate box to indicate whether you read this petition yourself or whether you had an interpreter assist you. If someone assisted you in completing the petition, select the box indicating that you used a preparer. Further, you must sign and date your petition and provide your daytime telephone number, mobile telephone number (if any), and email address (if any). Every petition **MUST** contain the signature of the petitioner (or parent or legal guardian, if applicable). A stamped or typewritten name in place of a signature is not acceptable.

6. Part 7. Interpreter’s Contact Information, Certification, and Signature. If you used anyone as an interpreter to read the Instructions and questions on this petition to you in a language in which you are fluent, the interpreter must fill out this section; provide his or her name, the name and address of his or her business or organization (if any), his or her daytime telephone number, his or her mobile telephone number (if any), and his or her email address (if any). The interpreter must sign and date the petition.

7. Part 8. Contact Information, Declaration, and Signature of the Person Preparing this Petition, if Other Than the Petitioner. This section must contain the signature of the person who completed your petition, if other than you, the petitioner. If the same individual acted as your interpreter **and** your preparer, that person should complete both **Part 7.** and **Part 8.** If the person who completed this petition is associated with a business or organization, that person should complete the business or organization name and address information. Anyone who helped you complete this petition **MUST** sign and date the petition. A stamped or typewritten name in place of a signature is not acceptable. If the person who helped you prepare your petition is an attorney or accredited representative, he or she may be obliged to also submit a completed Form

extra space to complete this section, use the space provided in **Part 10. Additional Information.**

6. Part 7. Statement, Contact Information, Declaration, Certification, and Signature of the Petitioner or Authorized Signatory. Select the appropriate box to indicate whether you read this petition yourself or whether you had an interpreter assist you. If someone assisted you in completing the petition, select the box indicating that you used a preparer. Further, you must sign and date your petition and provide your daytime telephone number, mobile telephone number (if any), and email address (if any). Every petition **MUST** contain the signature of the petitioner (or parent or legal guardian, if applicable). A stamped or typewritten name in place of a signature is not acceptable.

7. Part 8. Interpreter’s Contact Information, Certification, and Signature. If you used anyone as an interpreter to read the Instructions and questions on this petition to you in a language in which you are fluent, the interpreter must fill out this section; provide his or her name, the name and address of his or her business or organization (if any), his or her daytime telephone number, his or her mobile telephone number (if any), and his or her email address (if any). The interpreter must sign and date the petition.

8. Part 9. Contact Information, Declaration, and Signature of the Person Preparing this Petition, if Other Than the Petitioner. This section must contain the signature of the person who completed your petition, if other than you, the petitioner. If the same individual acted as your interpreter **and** your preparer, that person should complete both **Part 8.** and **Part 9.** If the person who completed this petition is associated with a business or organization, that person should complete the business or organization name and address information. Anyone who helped you complete this petition **MUST** sign and date the petition. A stamped or typewritten name in place of a signature is not acceptable. If the person who helped you

	<p>G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, along with your petition.</p> <p>We recommend that you print or save a copy of your completed petition to review in the future and for your records.</p> <p>...</p> <p>[Page 4]</p> <p>...</p> <p>All occupations must be from a legitimate business not engaging directly or indirectly in prostitution, trafficking of minors, or any other activity that is illegal under Federal or CNMI law.</p>	<p>prepare your petition is an attorney or accredited representative, he or she may be obliged to also submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, along with your petition.</p> <p>[no change]</p> <p>All occupations must be from a legitimate business not engaging directly or indirectly in prostitution, trafficking of minors, or any other activity that is illegal under Federal or CNMI law.</p> <p>Part 2. Information about the Beneficiary (Spouse or Child) Public Benefits</p> <p>Item Number 1. Public Benefits. Except where the nonimmigrant classification that the alien seeks to extend, or to which the alien seeks to change, is exempted by law from the public charge inadmissibility determination under INA 212(a)(4).</p> <p>If the beneficiary is currently receiving or previously received any of the benefits listed, provide evidence in the form of a letter, notice, or other agency documents that indicate whether the benefit is being received. Documentation should contain the following:</p> <ol style="list-style-type: none"> 1. Name and contact information for the public benefit granting agency; 2. Name of the person receiving (or who has received) the public benefits; 3. Type and amount of benefit(s) received; and 4. Dates of receipt and how long the benefit was received or when it is expected to end. <p>If the beneficiary has terminated the receipt of benefits, provide the documentation that</p>
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	<p>indicates he or she will no longer receive the benefits with the appropriate termination date.</p> <p>If you need extra space to complete this section, use the space provided in Part 10. Additional Information.</p> <p>Indicate whether or not the beneficiary has ever applied for, or received, any of the following benefits:</p> <ol style="list-style-type: none"> 1. Any Federal, State, local, or tribal cash assistance for income maintenance, including: <ol style="list-style-type: none"> A. Supplemental Security Income (SSI) B. Temporary Assistance for Needy Families (TANF) C. 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) 2. The following refundable tax credits, when the credit is more than the taxes you owed: <ol style="list-style-type: none"> A. The Earned Income Tax Credit (EITC) B. The Additional Child Tax Credit (ACTC) 3. Any of the following public benefits: <ol style="list-style-type: none"> A. Medicaid B. Premium and Cost Sharing Subsidies for Medicare Part D C. Supplemental Nutrition Assistance Program (SNAP, or formerly called "Food Stamps") D. Section 8 Housing Assistance under the Housing Choice Voucher Program E. Section 8 Project-Based Rental Assistance (including Moderate Rehabilitation) F. Public Housing G. Any benefit for institutionalization for long-term care at government expense <p>If Medicaid provided payment for "emergency medical condition," for services provided under the Individuals with Disabilities Education Act (IDEA), or for school-based non-emergency benefits provided to children who are at or below the oldest age of children eligible for secondary education as determined under</p>
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	<p>Accommodations for Individuals With Disabilities and/or Impairments</p> <p>If an employer is asking for an accommodation for a beneficiary with disabilities or impairments, they must fill out this section.</p> <p>USCIS is committed to providing reasonable accommodations for qualified individuals with disabilities and/or impairments that will help them fully participate in USCIS programs and benefits.</p> <p>Reasonable accommodations vary with each disability and/or impairment. They may involve modifications to practices or procedures. There are various types of reasonable accommodations that we may offer. Examples include but are not limited to:</p> <p>1. If the beneficiary is deaf or hard of</p>	<p>State law provide documentation of such payments under those conditions, provide a statement and information regarding the "emergency medical condition" determination. USCIS will not consider these specific Medicaid provisions in the public charge determination. If you received Medicaid under these conditions, please provide an explanation in Part 10. Additional Information.</p> <p>Institutionalization for Long-Term Care may include: Intermediate Care Facilities for People with Intellectual disability (ICF/ID), Nursing Facility (NF), Preadmission Screening & Resident Review (PASRR), Inpatient Psychiatric Services for Individuals Under Age 21, and Services for individuals age 65 or older in an institution for mental diseases.</p> <p>As part of determination regarding eligibility for extension of stay or change of status, USCIS will consider the above listed public benefits when the receipt exceeds 15 percent of the Federal Poverty Guidelines (FPG) in the calendar year in which such benefits were received, based on alien's household size. Please provide all the information about the public benefit even if the amount is below 15 percent of the FPG for the year, USCIS will calculate amount for consideration.</p> <p>Accommodations for Individuals With Disabilities and/or Impairments</p> <p>If an employer is asking for an accommodation for a beneficiary with disabilities or impairments, they must fill out this section.</p> <p>USCIS is committed to providing reasonable accommodations for qualified individuals with disabilities and/or impairments that will help them fully participate in USCIS programs and benefits.</p> <p>Reasonable accommodations vary with each disability and/or impairment. They may involve modifications to practices or procedures. There are various types of reasonable accommodations that we may offer. Examples include but are not limited</p>
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	<p>hearing, USCIS may provide them with a sign-language interpreter at an interview or other immigration benefit-related appointment;</p> <ol style="list-style-type: none"> 2. If the beneficiary is blind or has low vision, USCIS may permit them to take a test orally rather than in writing; or 3. If the beneficiary is unable to travel to a designated USCIS location for an interview, USCIS may visit them at their home or a hospital. <p>If you believe that you need USCIS to accommodate the beneficiary’s disability and/or impairment, select “Yes” and then any applicable box on Form I-129CW, Part 10., Item Numbers 4.a. - 4.c., and Form I-129CW Classification Supplement, Part 2., Item Numbers 4.a. - 4.c. (if applicable), that describes the nature of their disabilities and/or impairments. Also, describe the types of accommodations the beneficiary is requesting on the lines provided. If the beneficiary is requesting a sign-language interpreter, indicate for which language. If you need extra space to complete this section, use the space provided in Part 9. Additional Information.</p> <p>NOTE: All domestic USCIS facilities meet the Accessibility Guidelines of the Americans with Disabilities Act, so you do not need to contact USCIS to request an accommodation for physical access to a domestic USCIS office. However, on Form I-129CW Part 10., or Form I-129CW Classification Supplement Part 2., you can indicate whether the beneficiary uses a wheelchair. This will allow USCIS to better prepare the beneficiary’s visit.</p> <p>NOTE: USCIS also ensures that limited English proficient (LEP) individuals are provided meaningful access at an interview or other immigration benefit-related appointment, unless otherwise prohibited by law. LEP individuals may bring a qualified interpreter to the interview.</p> <p>...</p>	<p>to:</p> <ol style="list-style-type: none"> 1. If the beneficiary is deaf or hard of hearing, USCIS may provide them with a sign-language interpreter at an interview or other immigration benefit-related appointment; 2. If the beneficiary is blind or has low vision, USCIS may permit them to take a test orally rather than in writing; or 3. If the beneficiary is unable to travel to a designated USCIS location for an interview, USCIS may visit them at their home or a hospital. <p>If you believe that you need USCIS to accommodate the beneficiary’s disability and/or impairment, select “Yes” and then any applicable box on Form I-129CW, Part 11., Item Numbers 4.a. - 4.c., and Form I-129CW Classification Supplement, Part 2., Item Numbers 4.a. - 4.c. (if applicable), that describes the nature of their disabilities and/or impairments. Also, describe the types of accommodations the beneficiary is requesting on the lines provided. If the beneficiary is requesting a sign-language interpreter, indicate for which language. If you need extra space to complete this section, use the space provided in Part 10. Additional Information.</p> <p>NOTE: All domestic USCIS facilities meet the Accessibility Guidelines of the Americans with Disabilities Act, so you do not need to contact USCIS to request an accommodation for physical access to a domestic USCIS office. However, on Form I-129CW Part 11., or Form I-129CW Classification Supplement Part 2., you can indicate whether the beneficiary uses a wheelchair. This will allow USCIS to better prepare the beneficiary’s visit.</p> <p>[no change]</p>
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