

TABLE OF CHANGES – INSTRUCTIONS
Form I-539A, Supplemental Information for Application for Extend/Change
Nonimmigrant Status
OMB Number: 1615-0003
08/04/2020

Reason for Revision: Public Charge Injunction
Project Phase:

Legend for Proposed Text:

- Black font = Current text
- Red font = Changes

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Current Page Number and Section	Current Text	Proposed Text
Pages 1-5, Who Is Eligible for V Nonimmigrant Status?	<p>[Page 1]</p> <p>Who Is Eligible for V Nonimmigrant Status?</p> <p>...</p> <p>Part 3. Public Benefits</p> <p>In general, as a condition on the approval of this application, you must demonstrate that you have not received since obtaining the nonimmigrant status you seek to extend or from which you seek to change, one or more public benefits set forth in 8 CFR 212.21(b) (and listed below) for more than 12 months within any 36 month period (such that, for instance, receipt of two benefits in one month counts as two months).</p> <p>You must provide information about all public benefits, as defined in 8 CFR 212.21(b) (and which are listed below), you have received since obtaining the nonimmigrant status you seek to extend or from which you seek to change. You do not need to provide information on your receipt of public benefits if you are filing under one of these categories: A1, A2, G1, G2, G3, G4, NATO1, NATO2, NATO3, NATO4, NATO5, NATO6, NATO7, T1, T2, T3, T4, T5, T6, U1, U2, U3, U4, U5).</p>	<p>[Page 1]</p> <p>Who Is Eligible for V Nonimmigrant Status?</p> <p>...</p> <p>[deleted]</p>

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.

In the space provided, please provide all requested information about each public benefit received, regardless of how long you received the public benefit. USCIS will calculate the duration you received public benefits, as described below, for purposes of determining your eligibility for an extension of stay or change of status. If you received public benefits intermittently throughout the year, provide each instance separately. For example, if you received SNAP from January to February and from June to December, list the information separately. If you need extra space to complete this section, use the space provided in **Part 7. Additional Information**.

Indicate whether, since obtaining the nonimmigrant status you seek to extend or from which you seek to change, or have been certified to receive, any of the following public benefits (You must respond even if you fall within one of the categories of individuals for whom receipt of public benefits will not be considered – see table below for evidence that must be provided to document that you qualify for the exclusion):

1. Any Federal, state, local, or tribal cash assistance for income maintenance;
2. Supplemental Security Income (SSI);
3. Temporary Assistance for Needy Families (TANF);
4. 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);
5. Supplemental Nutrition Assistance Program (SNAP, formerly called “Food Stamps”);
6. Section 8 Housing Assistance under the Housing Choice Voucher Program;
7. Section 8 Project-Based Rental Assistance (including Moderate Rehabilitation);

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- 8. Public Housing under the Housing Act of 1937, 42 U.S.C. 1437 et seq.;
- 9. Federally-funded Medicaid.

NOTE: You need only to report public benefits received on or after October 15, 2019 but not any received before October 15, 2019.

If you have not received any of the above listed public benefits, please check that option.

If you are not certified to receive any of the above listed public benefits, please check that option.

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 your disenrollment or your request to disenroll if the public benefit-granting agency has not processed your request.

Unless you qualify for certain exclusions listed in the table below, you are ineligible for extension of stay and change of status if you have received, since obtaining the nonimmigrant status that you seek to extend or from which you seek to change, the 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 receipt considerations listed above. If you belong to one of the following categories, submit the evidence listed below for the applicable categories.

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[Table]

Exclusion

U.S. Armed Forces Service Members

Description

At the time the public benefit was received or at the time you file your Form I-539A, or at the time of adjudication of your Form I-539, you are:

- An alien enlisted in the U.S. Armed

Forces, or serving in active duty or in the Ready Reserve component of the U.S. Armed Forces; or

- The spouse or child of the service member (listed above).
- 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.

Evidence you must submit to qualify for exclusion (as applicable)

- Service Members: Certified evidence of alien's enlistment/service issued by the authorizing official of the executive department in which service member is serving.
- Spouses and Children of Service Members: Copy of Form DD-1173, United States Uniformed Services Identification and Privilege Card (Dependent).

Exclusion
Federal-funded Medicaid

Description

- Receipt by an alien under 21 years of age;
- The recipient of Medicaid payment(s) for an "emergency medical condition;"
- The receipt of Medicaid for services provided under the Individuals with Disabilities Education Act (IDEA); or
- The receipt of Medicaid for school-based non-emergency benefits for children who are of an age eligible for secondary education as determined under state law; or
- Receipt during pregnancy and during the 60-day period after the last day of the pregnancy.

Evidence you must submit to qualify for exclusion

- Documentation of payments made under the IDEA or school-based service;
- A statement with information regarding the "emergency medical condition" determination (if applicable);
- Pregnancy verification letter from medical professional including estimated duration of pregnancy.

Exclusion

Children Who Will Naturalize under INA 322

Description

- Child currently residing abroad who entered the United States with a nonimmigrant visa to attend N-600K, Application for Citizenship and Issuance of Certificate Under INA Section 322 interview.

Evidence you must submit to qualify for exclusion

A copy of the N-600K interview notice.

Exclusion

Public Benefits While in an Immigration Category Exempt from Public Charge

Description

- Received public benefits while in a category that is exempt from public charge inadmissibility; or
- Received public benefits while in a category for which you had received a waiver for public charge inadmissibility.

Evidence you must submit to qualify for exclusion

Information that evidences your status or that you received a waiver for the public charge ground of inadmissibility, such as:

- Approval notice (Form I-797, Notice of Action); or
- Form I-94, Arrival/Departure Record.

Documentation

If you have received or are currently certified to receive any of the public benefits listed above, submit evidence in the form of a letter, notice, certification, or other agency documents that contain the following:

1. Your name;
2. Name and contact information for the public benefit-granting agency;
3. Type of benefit;
4. Date You started receiving the benefit or if certified, date you will start receiving the benefit; and
5. Date benefit or coverage ended or expires (mm/dd/yyyy) (if applicable).

If you have received or are currently certified to receive public benefits, please indicate whether an exclusion applies to

	<p>you in Item Number 3., and provide the evidence listed in the chart above to demonstrate why the benefit should not be considered.</p> <p>In you need extra space to complete this section, use the space provided in Part 7. Additional Information.</p>	
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