

TABLE OF CHANGES – FORM
Form I-129CW, Petition for a CNMI-Only Nonimmigrant Transitional Worker
OMB Number: 1615-0111
08/04/2020

Reason for Revision: Public Charge Rule Injunction

Legend for Proposed Text:

- Black font = Current text
- Red font = Changes

Expires 12/31/2020

Edition Date 06/18/2020

Current Page Number and Section	Current Text	Proposed Text
<p>Page 1, Part 1. Information about the Employer Filing This Petition</p>	<p>[Page 1]</p> <p>Part 1. Information about the Employer Filing This Petition</p> <p>If you are an individual employer or sole proprietor filing this application, complete Item Numbers 1.a. - 2. All petitioners should complete Item Numbers 3. - 9.c.</p> <p>Legal Name of Individual Petitioner or Sole Proprietor</p> <p>1.a. Family Name (Last Name) 1.b. Given Name (First Name) 1.c. Middle Name</p> <p>2. Date of Birth (mm/dd/yyyy)</p> <p>Petitioning Company or Organization Name and Address</p> <p>3. Name of Employer/Organization 4.a. In Care Of Name (if any) 4.b. Street Number and Name 4.c. Apt./Ste./Flr. Number 4.d. City or Town 4.e. State 4.f. ZIP Code</p> <p>4.g. If your place of business does not have a physical address, provide a description of your location, (for example: “3 miles southwest of Anytown Post Office, near the water tower”) and provide a map with your petition. If you need more space to provide your explanation, use the space provided in Part 11. Additional information.</p>	<p>[Page 1]</p> <p>Part 1. Information about the Employer Filing This Petition</p> <p>If you are an individual employer or sole proprietor filing this application, complete Item Numbers 1.a. - 2. All petitioners should complete Item Numbers 3. - 9.c.</p> <p>Legal Name of Individual Petitioner or Sole Proprietor</p> <p>1.a. Family Name (Last Name) 1.b. Given Name (First Name) 1.c. Middle Name</p> <p>2. Date of Birth (mm/dd/yyyy)</p> <p>Petitioning Company or Organization Name and Address</p> <p>3. Name of Employer/Organization 4.a. In Care Of Name (if any) 4.b. Street Number and Name 4.c. Apt./Ste./Flr. Number 4.d. City or Town 4.e. State 4.f. ZIP Code</p> <p>4.g. If your place of business does not have a physical address, provide a description of your location, (for example: “3 miles southwest of Anytown Post Office, near the water tower”) and provide a map with your petition. If you need more space to provide your explanation, use the space provided in Part 10. Additional information.</p>

Pages 1-2, Part 2. Information About This Petition	<p>[Page 1]</p> <p>Part 2. Information About This Petition</p> <p>Basis for Classification (Select only one box):</p> <p>1.a. New employment (including a duplicate for U.S. Department of State notification). 1.b. Continuation of previously approved employment without change with the same employer. 1.c. Change in previously approved employment (provide an explanation in Part 11. Additional Information). 1.d. New concurrent employment. 1.e. Change of employer for a worker already in the requested classification. 1.f. Amended petition (provide an explanation in Part 11. Additional Information).</p> <p>2. Prior Petition. Provide the most recent petition receipt number for the worker. If none exists, type or print "None."</p> <p>...</p>	<p>[Page 2]</p> <p>Part 2. Information About This Petition</p> <p>Basis for Classification (Select only one box):</p> <p>1.a. New employment (including a duplicate for U.S. Department of State notification). 1.b. Continuation of previously approved employment without change with the same employer. 1.c. Change in previously approved employment (provide an explanation in Part 10. Additional Information). 1.d. New concurrent employment. 1.e. Change of employer for a worker already in the requested classification. 1.f. Amended petition (provide an explanation in Part 10. Additional Information).</p> <p>2. Prior Petition. Provide the most recent petition receipt number for the worker. If none exists, type or print "None."</p> <p>...</p>
Pages 2-4, Part 3. Worker Information	<p>[Page 2]</p> <p>Part 3. Worker Information</p> <p>...</p> <p>19. Have you ever filed an immigrant petition for this worker? Yes No</p> <p>If you answered "Yes" to Item Number 19., identify the classification sought and the receipt number for those petitions in Part 11. Additional Information.</p> <p>20. Have you ever filed a nonimmigrant petition for this worker? Yes No</p> <p>If you answered "Yes" to Item Number 20., identify the classification sought and the receipt number for those petitions in Part 11. Additional Information.</p> <p>[Page 4]</p> <p>21. Has this worker ever been denied CW-1 classification on any prior petition you filed on</p>	<p>[Page 2]</p> <p>Part 3. Worker Information</p> <p>...</p> <p>19. Have you ever filed an immigrant petition for this worker? Yes No</p> <p>If you answered "Yes" to Item Number 19., identify the classification sought and the receipt number for those petitions in Part 10. Additional Information.</p> <p>20. Have you ever filed a nonimmigrant petition for this worker? Yes No</p> <p>If you answered "Yes" to Item Number 20., identify the classification sought and the receipt number for those petitions in Part 10. Additional Information.</p> <p>[Page 4]</p> <p>21. Has this worker ever been denied CW-1 classification on any prior petition you filed on</p>

	<p>behalf of this beneficiary? Yes No</p> <p>If you answered “Yes” to Item Number 21., identify the receipt number for the petition and the date of the decision in Part 11. Additional Information.</p> <p>Provide the worker’s prior periods of stay in CW-1 classification in the United States for the last three years in Item Numbers 22.a. - 24.c.. Be sure to only provide those periods in which the worker was actually in the CNMI in CW-1 status. Do not include periods in which the worker was in a dependent status, for example, CW-2 status. If you need extra space to complete this section, use the space provided in Part 11. Additional Information.</p> <p>...</p>	<p>behalf of this beneficiary? Yes No</p> <p>If you answered “Yes” to Item Number 21., identify the receipt number for the petition and the date of the decision in Part 10. Additional Information.</p> <p>Provide the worker’s prior periods of stay in CW-1 classification in the United States for the last three years in Item Numbers 22.a. - 24.c.. Be sure to only provide those periods in which the worker was actually in the CNMI in CW-1 status. Do not include periods in which the worker was in a dependent status, for example, CW-2 status. If you need extra space to complete this section, use the space provided in Part 10. Additional Information.</p> <p>...</p>
<p>Pages 4-5, Part 4. Processing Information</p>	<p>[Page 4]</p> <p>Part 4. Processing Information</p> <p>If any of the workers in Part 3. Worker Information or in an Additional Worker Attachment for Form I-129CW are outside the CNMI, or if a requested extension of stay or change of status cannot be granted, provide the U.S. Consulate or CBP inspection facility you want notified if this petition is approved.</p> <p>1.a. Type of Office (Select only one box): U.S. Embassy or U.S. Consulate CBP Pre-flight Inspection U.S. Port of Entry</p> <p>1.b. Office Location (City or Town)</p> <p>1.c. Foreign Country or U.S. State</p> <p>2. Does each worker in this petition have a valid passport? Yes No</p> <p>If you answered “No” to Item Number 2., type or print a brief explanation in Part 11. Additional Information.</p> <p>3. Are you filing any other petitions with this one? Yes No If yes, how many?</p> <p>4. Have you previously filed any other petitions based on the same temporary labor certification</p>	<p>[Page 4]</p> <p>Part 4. Processing Information</p> <p>If any of the workers in Part 3. Worker Information or in an Additional Worker Attachment for Form I-129CW are outside the CNMI, or if a requested extension of stay or change of status cannot be granted, provide the U.S. Consulate or CBP inspection facility you want notified if this petition is approved.</p> <p>1.a. Type of Office (Select only one box): U.S. Embassy or U.S. Consulate CBP Pre-flight Inspection U.S. Port of Entry</p> <p>1.b. Office Location (City or Town)</p> <p>1.c. Foreign Country or U.S. State</p> <p>2. Does each worker in this petition have a valid passport? Yes No</p> <p>If you answered “No” to Item Number 2., type or print a brief explanation in Part 10. Additional Information.</p> <p>3. Are you filing any other petitions with this one? Yes No If yes, how many?</p> <p>4. Have you previously filed any other petitions based on the same temporary labor certification</p>

	<p>as this petition? Yes No</p> <p>If you answered “Yes” to Item Number 4., provide the previous receipt numbers(s). [fillable field]</p> <p>5. Are you filing any applications for dependents with this petition? Yes No If yes, how many?</p> <p>6. Is any worker in this petition in removal proceedings? Yes No If yes, how many? [fillable field]</p> <p>Provide the name and A-Number of each worker in removal proceedings in Part 11. Additional Information.</p> <p>...</p>	<p>as this petition? Yes No</p> <p>If you answered “Yes” to Item Number 4., provide the previous receipt numbers(s). [fillable field]</p> <p>5. Are you filing any applications for dependents with this petition? Yes No If yes, how many?</p> <p>6. Is any worker in this petition in removal proceedings? Yes No If yes, how many? [fillable field]</p> <p>Provide the name and A-Number of each worker in removal proceedings in Part 10. Additional Information.</p> <p>...</p>
<p>Page 5, Part 5. Basic Information About the Proposed Employment and Employer</p>	<p>[Page 5]</p> <p>Part 5. Basic Information About the Proposed Employment and Employer</p> <p>1. Job Title</p> <p>2. Employment and Training Administration (ETA) Case Number For Temporary Labor Certification (TLC)</p> <p>3. SOC Code</p> <p>4. Nontechnical Job Description</p> <p>5. Will the worker(s) be working at multiple worksites? Yes No</p> <p>If you answered “Yes” to Item Number 5., you must submit a detailed itinerary with your petition.</p> <p>If you answered “No” to Item Number 5., provide the address where the worker(s) will work if different from the address in Part 1. If the location has no address, describe the location where the worker will work and provide a map with your petition. If you need more space, use the space provided in Part 11. Additional Information.</p> <p>...</p>	<p>[Page 5]</p> <p>Part 5. Basic Information About the Proposed Employment and Employer</p> <p>1. Job Title</p> <p>2. Employment and Training Administration (ETA) Case Number For Temporary Labor Certification (TLC)</p> <p>3. SOC Code</p> <p>4. Nontechnical Job Description</p> <p>5. Will the worker(s) be working at multiple worksites? Yes No</p> <p>If you answered “Yes” to Item Number 5., you must submit a detailed itinerary with your petition.</p> <p>If you answered “No” to Item Number 5., provide the address where the worker(s) will work if different from the address in Part 1. If the location has no address, describe the location where the worker will work and provide a map with your petition. If you need more space, use the space provided in Part 10. Additional Information.</p> <p>...</p>

<p>Pages 6-7, Part 6. Information about the Beneficiary's Public Benefits</p>	<p>[Page 6]</p> <p>Part 6. Information about the Beneficiary's Public Benefits</p> <p>This Part 6. only applies to beneficiaries who are seeking to change nonimmigrant status or extend their nonimmigrant stay while they are in the CNMI. If the beneficiary is not seeking a change of status or extension of stay, you may skip this Part 6.</p> <p>Provide the requested information and submit documentation as outlined in the Instructions. For additional beneficiaries, please respond to the questions in Part 2., Information about the Additional Beneficiary's Public Benefits, in the Form I-129CW Classification Supplement.</p> <p>1. Has the beneficiary, since obtaining the nonimmigrant status that you seek to change on behalf of the beneficiary, received, or is the beneficiary currently certified to receive, any of the following public benefits? (Select all that apply)</p> <p><input type="checkbox"/> Yes, the beneficiary has received or is currently certified to receive the following benefits (select all that apply):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Any Federal, State, local, or Tribal Cash Assistance For Income Maintenance <input type="checkbox"/> Supplemental Security Income (SSI) <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) <input type="checkbox"/> General Assistance (GA) <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP, formerly called "Food Stamps") <input type="checkbox"/> Section 8 Housing Assistance under the Housing Choice Voucher Program <input type="checkbox"/> Section 8 Project-Based Rental Assistance (including Moderate Rehabilitation) <input type="checkbox"/> Public Housing under the Housing Act of 1937, 42 U.S.C. 1437 et seq. <input type="checkbox"/> Federally-funded Medicaid <p><input type="checkbox"/> No, the beneficiary has not received any of the above listed public benefits.</p> <p><input type="checkbox"/> No, the beneficiary is not certified to receive any of the above listed public benefits.</p> <p>2. If the beneficiary has received or is currently certified to receive any of the above public benefits, provide information about the public benefits below. If you need additional space to complete any Item Number in this Part, use</p>	<p>[Deleted]</p>
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the space provided in **Part 11. Additional Information**. Submit evidence as outlined in the Instructions.

A. Type of Benefit

Agency that Granted the Benefit
Date the Beneficiary Started Receiving the Benefit or if Certified, Date the Beneficiary Will Start Receiving the Benefit (mm/dd/yyyy)
Date Benefit or Coverage Ended or Expires (mm/dd/yyyy)

B. Type of Benefit

Agency that Granted the Benefit
Date the Beneficiary Started Receiving the Benefit or if Certified, Date the Beneficiary Will Start Receiving the Benefit (mm/dd/yyyy)
Date Benefit or Coverage Ended or Expires (mm/dd/yyyy)

C. Type of Benefit

Agency that Granted the Benefit
Date the Beneficiary Started Receiving the Benefit or if Certified, Date the Beneficiary Will Start Receiving the Benefit (mm/dd/yyyy)
Date Benefit or Coverage Ended or Expires (mm/dd/yyyy)

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D. Type of Benefit

Agency that Granted the Benefit
Date the Beneficiary Started Receiving the Benefit or if Certified, Date the Beneficiary Will Start Receiving the Benefit (mm/dd/yyyy)
Date Benefit or Coverage Ended or Expires (mm/dd/yyyy)

3. If you answered “Yes” to Item Number 1., do any of the following apply to the beneficiary? Provide the evidence listed in the Form I-129CW Instructions.

The beneficiary is enlisted in the U.S. Armed Forces, 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 U.S. Armed Forces, or who is serving in active duty or in the Ready Reserve Component of the U.S. Armed Forces.

At the time the beneficiary received the public benefits, the beneficiary (or the beneficiary’s spouse or parent) was enlisted in the U.S. Armed Forces, or was serving in active duty or in the Ready Reserve Component of the U.S. Armed Forces.

	<p><input type="checkbox"/> At the time the beneficiary received the public benefits, the beneficiary was present in the United States in a status exempt from the public charge ground of inadmissibility and the beneficiary received the public benefits during that time.</p> <p><input type="checkbox"/> At the time the beneficiary received the public benefits, the beneficiary was present in the United States after being granted a waiver of the public charge ground of inadmissibility.</p> <p><input type="checkbox"/> The beneficiary is a child currently residing abroad who entered the United States with a nonimmigrant visa to attend an N-600K, Application for Citizenship and Issuance of Certificate Under INA Section 322 interview.</p> <p><input type="checkbox"/> None of the above statements apply to the beneficiary.</p> <p>4.a. Has the beneficiary received, applied for, or have been certified to receive federally-funded Medicaid in connection with any of the following (select all that apply):</p> <p>NOTE: Submit evidence as outlined in the Instructions.</p> <p><input type="checkbox"/> An Emergency Medical Condition <input type="checkbox"/> For a Service Under the Individuals with Disabilities Education Act (IDEA) <input type="checkbox"/> Other School-based Benefits or Services Available Up to the Oldest Age Eligible for Secondary Education Under State Law <input type="checkbox"/> While Under 21 Years of Age <input type="checkbox"/> While Pregnant or During the 60-day Period Following the Last Day of Pregnancy</p> <p>4.b. Provide the Applicable Dates Start Date (mm/dd/yyyy) End Date (mm/dd/yyyy)</p>	
<p>Pages 7-8, Part 7. Employer’s Attestation</p>	<p>[Page 7]</p> <p>Part 7. Employer’s Attestation</p> <p>...</p>	<p>[Page 6]</p> <p>Part 6. Employer’s Attestation</p> <p>...</p>
<p>Pages 8-9, Part 8. Statement, Contact Information, Declaration, Certification, and Signature of the Petitioner or Authorized Signatory</p>	<p>[Page 8]</p> <p>Part 8. Statement, Contact Information, Certification, and Signature of the Petitioner or Authorized Signatory</p> <p>NOTE: Read the Penalties section of the Form I-129CW Instructions before completing this section. You, the petitioner, must file Form I-129CW while in the United States.</p>	<p>[Page 7]</p> <p>Part 7. Statement, Contact Information, Certification, and Signature of the Petitioner or Authorized Signatory</p> <p>NOTE: Read the Penalties section of the Form I-129CW Instructions before completing this section. You, the petitioner, must file Form I-129CW while in the United States.</p>

	<p><i>Petitioner's or Authorized Signatory's Statement</i></p> <p>NOTE: Select the box for either Item Number 1.a. or 1.b. If applicable, select the box for Item Number 2.</p> <p>1.a. I can read and understand English, and I have read and understand every question and instruction on this petition and my answer to every question.</p> <p>1.b. The interpreter named in Part 9. has read to me every question and instruction on this petition and my answer to every question in [fillable field] a language in which I am fluent. I understood all of this information as interpreted.</p> <p>2. At my request, the preparer named in Part 10., [Fillable field] prepared this petition for me based only upon information I provided or authorized.</p> <p>...</p>	<p><i>Petitioner's or Authorized Signatory's Statement</i></p> <p>NOTE: Select the box for either Item Number 1.a. or 1.b. If applicable, select the box for Item Number 2.</p> <p>1.a. I can read and understand English, and I have read and understand every question and instruction on this petition and my answer to every question.</p> <p>1.b. The interpreter named in Part 8. has read to me every question and instruction on this petition and my answer to every question in [fillable field] a language in which I am fluent. I understood all of this information as interpreted.</p> <p>2. At my request, the preparer named in Part 9., [Fillable field] prepared this petition for me based only upon information I provided or authorized.</p> <p>...</p>
<p>Page 9, Part 9. Interpreter's Contact Information, Certification, and Signature</p>	<p>[Page 9]</p> <p>Part 9. Interpreter's Contact Information, Certification, and Signature</p> <p>Provide the following information about the interpreter.</p> <p><i>Interpreter's Full Name</i></p> <p>1.a. Interpreter's Family Name (Last Name) 1.b. Interpreter's Given Name (First Name) 2. Interpreter's Business or Organization Name (if any)</p> <p><i>Interpreter's Mailing Address</i></p> <p>3.a. Street Number and Name 3.b. Apt./Ste./Flr. Number 3.c. City or Town 3.d. State 3.e. ZIP Code 3.f. Province 3.g. Postal Code 3.h. Country</p> <p><i>Interpreter's Contact Information</i></p> <p>4. Interpreter's Daytime Telephone Number 5. Interpreter's Mobile Telephone Number (if any) 6. Interpreter's Email Address (if any)</p>	<p>[Page 8]</p> <p>Part 8. Interpreter's Contact Information, Certification, and Signature</p> <p>Provide the following information about the interpreter.</p> <p><i>Interpreter's Full Name</i></p> <p>1.a. Interpreter's Family Name (Last Name) 1.b. Interpreter's Given Name (First Name) 2. Interpreter's Business or Organization Name (if any)</p> <p><i>Interpreter's Mailing Address</i></p> <p>3.a. Street Number and Name 3.b. Apt./Ste./Flr. Number 3.c. City or Town 3.d. State 3.e. ZIP Code 3.f. Province 3.g. Postal Code 3.h. Country</p> <p><i>Interpreter's Contact Information</i></p> <p>4. Interpreter's Daytime Telephone Number 5. Interpreter's Mobile Telephone Number (if any) 6. Interpreter's Email Address (if any)</p>

	<p><i>Interpreter's Certification</i></p> <p>I certify, under penalty of perjury, that: I am fluent in English and [Fillable field] which is the same language specified in Part 8., Item Number 1.b., and I have read to this petitioner or the authorized signatory in the identified language every question and instruction on this petition and his or her answer to every question. The petitioner or authorized signatory informed me that he or she understands every instruction, question, and answer on the petition, including the Petitioner's or Authorized Signatory's Certification, and has verified the accuracy of every answer.</p> <p><i>Interpreter's Signature</i></p> <p>7.a. Interpreter's Signature 7.b. Date of Signature (mm/dd/yyyy)</p>	<p><i>Interpreter's Certification</i></p> <p>I certify, under penalty of perjury, that: I am fluent in English and [Fillable field] which is the same language specified in Part 7., Item Number 1.b., and I have read to this petitioner or the authorized signatory in the identified language every question and instruction on this petition and his or her answer to every question. The petitioner or authorized signatory informed me that he or she understands every instruction, question, and answer on the petition, including the Petitioner's or Authorized Signatory's Certification, and has verified the accuracy of every answer.</p> <p><i>Interpreter's Signature</i></p> <p>7.a. Interpreter's Signature 7.b. Date of Signature (mm/dd/yyyy)</p>
<p>Page 10, Part 10. Contact Information, Declaration, and Signature of the Person Preparing This Petition, if Other Than the Petitioner or Authorized Signatory</p>	<p>[Page 10]</p> <p>Part 10. Contact Information, Declaration, and Signature of the Person Preparing This Petition, if Other Than the Petitioner or Authorized Signatory</p> <p>...</p>	<p>[Page 8]</p> <p>Part 9. Contact Information, Declaration, and Signature of the Person Preparing This Petition, if Other Than the Petitioner or Authorized Signatory</p> <p>...</p>
<p>Page 11, Part 11. Additional Information</p>	<p>[Page 11]</p> <p>Part 11. Additional Information</p> <p>...</p>	<p>[Page 10]</p> <p>Part 10. Additional Information</p> <p>...</p>
<p>Pages 12-15, Additional Worker Attachment for Form I-129CW</p>	<p>[Page 12]</p> <p>Additional Worker Attachment for Form I-129CW</p> <p>...</p> <p>22. Have you ever filed an immigrant petition for this worker? Yes No</p> <p>If you answered "Yes" to Item Number 22., identify the classification sought and the receipt number for those petitions in Part 11. Additional Information.</p> <p>23. Have you ever filed a nonimmigrant petition for this worker? Yes No</p> <p>If you answered "Yes" to Item Number 23., identify the classification sought and the receipt number for those petitions in Part 11. Additional Information.</p>	<p>[Page 11]</p> <p>Additional Worker Attachment for Form I-129CW</p> <p>...</p> <p>22. Have you ever filed an immigrant petition for this worker? Yes No</p> <p>If you answered "Yes" to Item Number 22., identify the classification sought and the receipt number for those petitions in Part 10. Additional Information.</p> <p>23. Have you ever filed a nonimmigrant petition for this worker? Yes No</p> <p>If you answered "Yes" to Item Number 23., identify the classification sought and the receipt number for those petitions in Part 10. Additional Information.</p>

	<p>24. Has this worker ever been denied CW-1 classification on any prior petition you filed on behalf of this beneficiary? Yes No</p> <p>If you answered “Yes” to Item Number 24., identify the receipt number for the petition and the date of the decision in Part 11. Additional Information.</p> <p>Provide the worker’s prior periods of stay in CW-1 classification in the United States for the last three years in Item Numbers 25.a. - 27.c. Be sure to only provide those periods in which the worker was actually in the CNMI in CW-1 status. Do not include periods in which the worker was in a dependent status (for example, CW-2 status). If you need extra space to complete this section, use the space provided in Part 11. Additional Information.</p> <p>NOTE: Submit copies of any available Forms I-94, I-797, and/or other USCIS issued documents noting these periods of stay in the CW-1 classification. (If more space is needed, attach an additional sheet.)</p> <p>Period of Stay 1 25.a. Employer’s Name 25.b. Period of Stay From (mm/dd/yyyy) 25.c. To (mm/dd/yyyy)</p> <p>Period of Stay 2 26.a. Employer’s Name 26.b. Period of Stay From (mm/dd/yyyy) 26.c. To (mm/dd/yyyy)</p> <p>Period of Stay 3 27.a. Employer’s Name 27.b. Period of Stay From (mm/dd/yyyy) 27.c. To (mm/dd/yyyy)</p> <p>[Page 14]</p> <p><i>Information about the Additional Beneficiary’s Public Benefits</i></p> <p>28. Has the beneficiary, since obtaining the nonimmigrant status that you seek to extend or that you seek to change on behalf of the beneficiary, received, or is the beneficiary currently certified to receive, any of the following public benefits (select all that apply)?</p> <p>Yes, the beneficiary has received or is currently certified to receive the following benefits:</p> <p>Any Federal, State, Local, or Tribal Cash Assistance For Income Maintenance</p>	<p>24. Has this worker ever been denied CW-1 classification on any prior petition you filed on behalf of this beneficiary? Yes No</p> <p>If you answered “Yes” to Item Number 24., identify the receipt number for the petition and the date of the decision in Part 10. Additional Information.</p> <p>Provide the worker’s prior periods of stay in CW-1 classification in the United States for the last three years in Item Numbers 25.a. - 27.c. Be sure to only provide those periods in which the worker was actually in the CNMI in CW-1 status. Do not include periods in which the worker was in a dependent status (for example, CW-2 status). If you need extra space to complete this section, use the space provided in Part 10. Additional Information.</p> <p>NOTE: Submit copies of any available Forms I-94, I-797, and/or other USCIS issued documents noting these periods of stay in the CW-1 classification. (If more space is needed, attach an additional sheet.)</p> <p>Period of Stay 1 25.a. Employer’s Name 25.b. Period of Stay From (mm/dd/yyyy) 25.c. To (mm/dd/yyyy)</p> <p>Period of Stay 2 26.a. Employer’s Name 26.b. Period of Stay From (mm/dd/yyyy) 26.c. To (mm/dd/yyyy)</p> <p>Period of Stay 3 27.a. Employer’s Name 27.b. Period of Stay From (mm/dd/yyyy) 27.c. To (mm/dd/yyyy)</p> <p>[Delete]</p>
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	<p>Supplemental Security Income (SSI)</p> <p>Temporary Assistance for Needy Families (TANF)</p> <p>General Assistance (GA)</p> <p>Supplemental Nutrition Assistance Program (SNAP, formerly called "Food Stamps")</p> <p>Section 8 Housing Assistance under the Housing Choice Voucher Program</p> <p>Section 8 Project-Based Rental Assistance (including Moderate Rehabilitation)</p> <p>Public Housing under the Housing Act of 1937, 42 U.S.C. 1437 et seq.</p> <p>Federally-Funded Medicaid</p> <p>No, the beneficiary has not received any of the above listed public benefits.</p> <p>No, the beneficiary is not certified to receive any of the above listed public benefits.</p> <p>29. If the beneficiary has received or is currently certified to receive any of the above public benefits, provide information about the public benefits, below. If you need additional space to complete any Item Number in this Part, use the space provided in Part 11. Additional Information. Submit evidence as outlined in the Instructions.</p> <p>A. Type of Benefit Agency that Granted the Benefit Date the Beneficiary Started Receiving the Benefit or if Certified, Date the Beneficiary Will Start Receiving the Benefit (mm/dd/yyyy) Date Benefit or Coverage Ended or Expires (mm/dd/yyyy)</p> <p>B. Type of Benefit Agency that Granted the Benefit Date the Beneficiary Started Receiving the Benefit or if Certified, Date the Beneficiary Will Start Receiving the Benefit (mm/dd/yyyy) Date Benefit or Coverage Ended or Expires (mm/dd/yyyy)</p> <p>C. Type of Benefit Agency that Granted the Benefit Date the Beneficiary Started Receiving the Benefit or if Certified, Date the Beneficiary Will Start Receiving the Benefit (mm/dd/yyyy)</p>	
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Date Benefit or Coverage Ended or Expires
(mm/dd/yyyy)

D. Type of Benefit

Agency that Granted the Benefit

Date the Beneficiary Started Receiving the
Benefit or if Certified, Date the Beneficiary
Will Start Receiving the Benefit (mm/dd/yyyy)

Date Benefit or Coverage Ended or Expires
(mm/dd/yyyy)

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30. If you answered “Yes” to **Item Number 1.**,
do any of the following apply to the
beneficiary? Provide the evidence listed in the
Form I-129CW Instructions.

The beneficiary is enlisted in the U.S. Armed
Forces, 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 U.S. Armed
Forces, or who is serving in active duty or in the
Ready Reserve Component of the U.S. Armed
Forces.

At the time the beneficiary received the public
benefits, the beneficiary (or the beneficiary’s
spouse or parent) was enlisted in the U.S.
Armed Forces, or was serving in active duty or
in the Ready Reserve Component of the U.S.
Armed Forces.

At the time the beneficiary received the public
benefits, the beneficiary was present in the
United States in a status exempt from the public
charge ground of inadmissibility.

At the time the beneficiary received the public
benefits, the beneficiary was previously present
in the United States after being granted a waiver
of the public charge ground of inadmissibility.

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

None of the above statements apply to the
beneficiary.

31.a. Has the beneficiary received, applied for,
or has been certified to receive federally-funded
Medicaid in connection with any of the
following (select all that apply):

	<p>NOTE: Submit evidence as outlined in the Instructions.</p> <p>An Emergency Medical Condition</p> <p>For a Service Under the Individuals with Disabilities Education Act (IDEA)</p> <p>Other School-based Benefits or Services Available Up to the Oldest Age Eligible for Secondary Education Under State Law</p> <p>While Under 21 Years of Age</p> <p>While Pregnant or During the 60-day Period Following the Last Day of Pregnancy</p> <p>31.b. Provide the Applicable Dates Start Date (mm/dd/yyyy) End Date (mm/dd/yyyy)</p>	
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