

TABLE OF CHANGES – INSTRUCTIONS
Instructions for Form I-539A
OMB Number: 1615-0003
05/19/2020

Reason for Revision: Biometrics Rule

Project Phase: NPRM

Legend for Proposed Text:

- Black font = Current text
- **Red font** = Changes

Expires 10/31/2021

Edition Date 10/15/2019

Current Page Number and Section	Current Text	Proposed Text
<p>Page 1, What Is the Purpose of This Form?</p>	<p>[Page 1]</p> <p>...</p> <p>Additional Evidence Requirements for V Nonimmigrants</p> <p>In addition to the General Filing Instructions and Initial Evidence required by the Form I-539 Instructions, you must submit:</p> <ol style="list-style-type: none"> 1. Form I-693, Report of Medical Examination and Vaccination Record, without the vaccination supplement; and 2. Proof of filing of the immigrant petition that qualifies you for V nonimmigrant status, and if necessary, proof of filing of Form I-485, Application to Register Permanent Residence or Adjust Status. Proof of filing may be in the form of Form I-797, Notice of Action, that serves as a receipt or as a notice of approval, or a receipt for a filed Form I-130 or Form I-485, or notice of approval issued by a local district/field office. <p>If you do not have such proof, USCIS will review other forms of evidence, such as correspondence to or from USCIS regarding a pending petition.</p>	<p>[Page 1]</p> <p>...</p> <p>Additional Evidence Requirements for V Nonimmigrants</p> <p>In addition to the General Filing Instructions and Initial Evidence required by the Form I-539 Instructions, you must submit:</p> <ol style="list-style-type: none"> 1. Form I-693, Report of Medical Examination and Vaccination Record, without the vaccination supplement; and 2. Proof of filing of the immigrant petition that qualifies you for V nonimmigrant status, and if necessary, proof of filing of Form I-485, Application to Register Permanent Residence or Adjust Status. Proof of filing may be in the form of Form I-797, Notice of Action, that serves as a receipt or as a notice of approval, or a receipt for a filed Form I-130 or Form I-485, or notice of approval issued by a local district/field office. <p>If you do not have such proof, USCIS will review other forms of evidence, such as correspondence to or from USCIS regarding a pending petition.</p>

	<p>If you do not have any of the above items, but believe you are eligible for V nonimmigrant status, you must state where and when the petition was filed, the name and alien registration number of the petitioner, and the names of all beneficiaries.</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>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.</p> <p>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</p>	<p>If you do not have any of the above items, but believe you are eligible for V nonimmigrant status, you must state where and when the petition was filed, the name and alien registration number of the petitioner, and the names of all beneficiaries.</p> <p>Part 4. 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>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.</p> <p>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</p>
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	<p>complete this section, use the space provided in Part 9. Additional Information.</p> <p>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):</p> <ol style="list-style-type: none"> 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); 8. Public Housing under the Housing Act of 1937, 42 U.S.C. 1437 et seq.; 9. Federally-funded Medicaid. <p>NOTE: You need only to report public benefits received on or after October 15, 2019 but not any received before October 15, 2019.</p> <p>[Page 3]</p> <p>If you have not received any of the above listed public benefits, please check that option.</p> <p>If you are not certified to receive any of the above listed public benefits, please check that option.</p>	<p>complete this section, use the space provided in Part 8. Additional Information.</p> <p>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):</p> <ol style="list-style-type: none"> 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); 8. Public Housing under the Housing Act of 1937, 42 U.S.C. 1437 et seq.; 9. Federally-funded Medicaid. <p>NOTE: You need only to report public benefits received on or after October 15, 2019 but not any received before October 15, 2019.</p> <p>[Page 3]</p> <p>If you have not received any of the above listed public benefits, please check that option.</p> <p>If you are not certified to receive any of the above listed public benefits, please check that option.</p>
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	<p>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.</p> <p>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).</p> <p>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.</p> <p>[Table]</p> <p>Exclusion U.S. Armed Forces Service Members</p> <p>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:</p> <ul style="list-style-type: none"> • 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. <p>Evidence you must submit to qualify for exclusion (as applicable)</p> <ul style="list-style-type: none"> • Service Members: Certified evidence of alien's enlistment/service issued by the 	<p>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.</p> <p>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).</p> <p>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.</p> <p>[Table]</p> <p>Exclusion U.S. Armed Forces Service Members</p> <p>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:</p> <ul style="list-style-type: none"> • 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. <p>Evidence you must submit to qualify for exclusion (as applicable)</p> <ul style="list-style-type: none"> • Service Members: Certified evidence of alien's enlistment/service issued by the
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	<p>authorizing official of the executive department in which service member is serving.</p> <ul style="list-style-type: none"> Spouses and Children of Service Members: Copy of Form DD-1173, United States Uniformed Services Identification and Privilege Card (Dependent). <p>Exclusion Federal-funded Medicaid</p> <p>Description</p> <ul style="list-style-type: none"> 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. <p>Evidence you must submit to qualify for exclusion</p> <ul style="list-style-type: none"> 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. <p>[Page 4]</p> <p>Exclusion Children Who Will Naturalize under INA 322</p> <p>Description</p> <ul style="list-style-type: none"> Child currently residing abroad who entered the United States with 	<p>authorizing official of the executive department in which service member is serving.</p> <ul style="list-style-type: none"> Spouses and Children of Service Members: Copy of Form DD-1173, United States Uniformed Services Identification and Privilege Card (Dependent). <p>Exclusion Federal-funded Medicaid</p> <p>Description</p> <ul style="list-style-type: none"> 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. <p>Evidence you must submit to qualify for exclusion</p> <ul style="list-style-type: none"> 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. <p>[Page 4]</p> <p>Exclusion Children Who Will Naturalize under INA 322</p> <p>Description</p> <ul style="list-style-type: none"> Child currently residing abroad who entered the United States with
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	<p>a nonimmigrant visa to attend N-600K, Application for Citizenship and Issuance of Certificate Under INA Section 322 interview.</p> <p>Evidence you must submit to qualify for exclusion A copy of the N-600K interview notice.</p> <p>Exclusion Public Benefits While in an Immigration Category Exempt from Public Charge</p> <p>Description</p> <ul style="list-style-type: none"> • 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. <p>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:</p> <ul style="list-style-type: none"> • Approval notice (Form I-797, Notice of Action); or • Form I-94, Arrival/Departure Record. <p>Documentation</p> <p>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:</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. 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). <p>If you have received or are currently certified to receive public benefits, please indicate whether an exclusion applies to you in Item Number 3., and provide the evidence listed in the chart above to</p>	<p>a nonimmigrant visa to attend N-600K, Application for Citizenship and Issuance of Certificate Under INA Section 322 interview.</p> <p>Evidence you must submit to qualify for exclusion A copy of the N-600K interview notice.</p> <p>Exclusion Public Benefits While in an Immigration Category Exempt from Public Charge</p> <p>Description</p> <ul style="list-style-type: none"> • 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. <p>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:</p> <ul style="list-style-type: none"> • Approval notice (Form I-797, Notice of Action); or • Form I-94, Arrival/Departure Record. <p>Documentation</p> <p>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:</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. 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). <p>If you have received or are currently certified to receive public benefits, please indicate whether an exclusion applies to you in Item Number 3., and provide the evidence listed in the chart above to</p>
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	<p>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 9. Additional Information.</p>	<p>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 8. Additional Information.</p>
<p>New</p>		<p>[Page 2]</p> <p>General Instructions</p> <p>1. Biometric Services Appointment. Every individual who is an applicant, petitioner, derivative, or beneficiary of an immigration benefit request or other request submitted to USCIS is required to submit biometrics unless USCIS waives the requirement. USCIS will notify you of the time and place of your appointment if you must appear and will provide requirements for rescheduling if necessary. If you fail to submit any biometric as required, USCIS may deny your application, petition, or request.</p> <p>Department of Homeland Security (DHS) may store the biometrics submitted by an individual and use or reuse biometrics to conduct background and security checks, including a check of criminal history records maintained by the Federal Bureau of Investigation (FBI), verify identity, produce documents, determine eligibility for immigration and naturalization benefits, or to perform any other functions necessary for administering and enforcing immigration and naturalization laws, and any other law within DHS authority.</p> <p>If you are required to provide biometrics, at your appointment you must sign an oath reaffirming that:</p> <p>A. You provided or authorized all information in the application; B. You reviewed and understood all of the information contained in, and submitted with, your application; and C. All of this information was complete, true, and correct at the time of filing.</p> <p>2. Part 2. Biographic Information. Provide the biographic information requested. Providing this information as part of your application may reduce the</p>

time you spend at your USCIS ASC appointment as described in the **Biometric Services Appointment** section of these Instructions.

A. Ethnicity and Race. Select the boxes that best describe your ethnicity and race.

B. Categories and Definitions for Ethnicity and Race

(1) Hispanic or Latino. A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. **(NOTE: This category is only included under Ethnicity in Part 3., Item Number 1.)**

(2) American Indian or Alaska Native. A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

(3) Asian. A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

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(4) Black or African American. A person having origins in any of the black racial groups of Africa.

(5) Native Hawaiian or Other Pacific Islander. A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

(6) White. A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

C. Height. Select the values that best match your height in feet and inches. For example, if you are five feet and nine inches, select “5” for feet and “09” for inches. Do not enter your height in meters or centimeters.

		<p>D. Weight. Enter your weight in pounds. If you do not know your weight or need to enter a weight under 30 pounds or over 699 pounds, enter “000.” Do not enter your weight in kilograms.</p> <p>E. Eye Color. Select the box that best describes the color of your eyes.</p> <p>F. Hair Color. Select the box that best describes the color of your hair.</p>
<p>Pages 7-8, DHS Privacy Notice</p>	<p>[Page 7]</p> <p>DHS Privacy Notice</p> <p>AUTHORITIES: The information requested on this form, and the associated evidence, is collected under the Immigration and Nationality Act sections 1103 and 1184, and Title 8 of the Code of Federal Regulations (CFR) parts 103, 214, and 248.</p> <p>PURPOSE: The primary purpose for providing the requested information on this form is to apply for an extension of stay or a change from one nonimmigrant category to another nonimmigrant category. DHS will use the information you provide to grant or deny the immigration benefit you are seeking.</p> <p>DISCLOSURE: The information you provide is voluntary. However, failure to provide the requested information, including your Social Security number (if applicable), and any requested evidence, may delay a final decision or result in denial of your form.</p> <p>[Page 8]</p> <p>ROUTINE USES: DHS may share the information you provide on this form and any additional requested evidence with other Federal, state, local, and foreign government agencies and authorized organizations. DHS follows approved routine uses described in the associated published system of records notices [DHS/USCIS-001 - Alien File, Index, and National File Tracking System and</p>	<p>[Page 7]</p> <p>DHS Privacy Notice</p> <p>AUTHORITIES: The information requested on this application, and the associated evidence, is collected pursuant to the Immigration and Nationality Act sections 1103 and 1184, and 8 CFR parts 103, 214, and 248.</p> <p>PURPOSE: The primary purpose for providing the requested information on this application is to apply for an extension of stay or a change from one nonimmigrant category to another nonimmigrant category. DHS will use the information you provide to grant or deny the immigration benefit you are seeking.</p> <p>DISCLOSURE: The information you provide is voluntary. However, failure to provide the requested information, including your Social Security number (if applicable), and any requested evidence, may delay a final decision or result in denial of your application.</p> <p>[Page 8]</p> <p>ROUTINE USES: DHS may share the information you provide on this application and any additional requested evidence with other Federal, state, local, and foreign government agencies and authorized organizations. DHS follows approved routine uses described in the associated published system of records notices [DHS/USCIS/ICE/CBP-001 Alien File, Index, and National File Tracking System,</p>

	<p>DHS/USCIS-007 - Benefits Information System] and the published privacy impact assessment [DHS/USCIS/PIA-016(a) Computer Linked Application Information Management System and Associated Systems], which can be found at www.dhs.gov/privacy. DHS may also share this information, as appropriate, for law enforcement purposes or in the interest of national security.</p>	<p>DHS/USCIS-007 Benefits Information System, and DHS/USCIS-018 Immigration Biometric and Background Check] and the published privacy impact assessment [DHS/USCIS/PIA-016(a) Computer Linked Application Information Management System and Associated Systems and DHS/USCIS/PIA-071 myUSCIS Account Experience] which can be found at www.dhs.gov/privacy. DHS may also share the information, as appropriate, for law enforcement purposes or in the interest of national security.</p>
<p>Page 3, Paperwork Reduction Act</p>	<p>[page 3]</p> <p>Paperwork Reduction Act</p> <p>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 Office of Management and Budget (OMB) control number. The public reporting burden for this collection of information is estimated at 30 minutes per response, including the time for reviewing instructions, gathering the required documentation and information, completing the application, preparing statements, attaching necessary documentation, and submitting the application. 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 Coordination Division, Office of Policy and Strategy, 20 Massachusetts Ave NW, Washington, DC 20529-2140; OMB No. 1615-0004. Do not mail your completed Form I-539A to this address.</p>	<p>[page 3]</p> <p>Paperwork Reduction Act</p> <p>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 Office of Management and Budget (OMB) control number. The public reporting burden for this collection of information is estimated at 30 minutes per response, including the time for reviewing instructions, gathering the required documentation and information, completing the application, preparing statements, attaching necessary documentation, and submitting the application. The collection of biometrics is estimated to require 3 hours and 40 minutes. 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 Coordination Division, Office of Policy and Strategy, 20 Massachusetts Ave NW, Washington, DC 20529-2140; OMB No. 1615-0004. Do not mail your completed Form I-539A to this address.</p>