



## PRIVACY THRESHOLD ANALYSIS (PTA)

**This form serves as the official determination by the DHS Privacy Office to identify the privacy compliance requirements for all Departmental uses of personally identifiable information (PII).**

A Privacy Threshold Analysis (PTA) serves as the document used to identify information technology (IT) systems, information collections/forms, technologies, rulemakings, programs, information sharing arrangements, or pilot projects that involve PII and other activities that otherwise impact the privacy of individuals as determined by the Chief Privacy Officer, pursuant to Section 222 of the Homeland Security Act, and to assess whether there is a need for additional Privacy Compliance Documentation. A PTA includes a general description of the IT system, information collection, form, technology, rulemaking, program, pilot project, information sharing arrangement, or other Department activity and describes what PII is collected (and from whom) and how that information is used and managed.

Please complete the attached Privacy Threshold Analysis and submit it to your component Privacy Office. After review by your component Privacy Officer the PTA is sent to the Department's Senior Director for Privacy Compliance for action. If you do not have a component Privacy Office, please send the PTA to the DHS Privacy Office:

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

[PIA@hq.dhs.gov](mailto:PIA@hq.dhs.gov)

Upon receipt from your component Privacy Office, the DHS Privacy Office will review this form and assess whether any privacy compliance documentation is required. If compliance documentation is required – such as Privacy Impact Assessment (PIA), System of Records Notice (SORN), Privacy Act Statement, or Computer Matching Agreement (CMA) – the DHS Privacy Office or component Privacy Office will send you a copy of the relevant compliance template to complete and return.



## Privacy Threshold Analysis (PTA)

### *Specialized Template for Information Collections (IC) and Forms*

The Forms-PTA is a specialized template for Information Collections and Forms. This specialized PTA must accompany all Information Collections submitted as part of the Paperwork Reduction Act process (any instrument for collection (form, survey, questionnaire, etc.) from ten or more members of the public). Components may use this PTA to assess internal, component-specific forms as well.

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**Form Number:** I-690

**Form Title:** Application for Waiver of Grounds of Inadmissibility Under Sections 245A or 210 of the Immigration and Nationality Act

**Component:** U.S. Citizenship and Immigration Services (USCIS)      **Office:** Field Operations Directorate

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#### IF COVERED BY THE PAPERWORK REDUCTION ACT:

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**Collection Title:** Application for Waiver of Grounds of Inadmissibility Under Sections 245A or 210 of the Immigration and Nationality Act

**OMB Control Number:** 1615-0032      **OMB Expiration Date:** December 31, 2018

**Collection status:** Revision      **Date of last PTA (if applicable):** May 20, 2016

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#### PROJECT OR PROGRAM MANAGER

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**Name:** Frederick J. Dimichele

**Office:** Field Operations Directorate      **Title:** Adjudications Officer

**Phone:** 202-766-0744      **Email:** frederick.dimichele@uscis.dhs.gov

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#### COMPONENT INFORMATION COLLECTION/FORMS CONTACT



Name:	Kerstin A. Jager		
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## SPECIFIC IC/Forms PTA QUESTIONS

### 1. Purpose of the Information Collection or Form

- a. Describe the purpose of the information collection or form. *Please provide a general description of the project and its purpose, including how it supports the DHS mission, in a way a non-technical person could understand (you may use information from the Supporting Statement).*  
*If this is an updated PTA, please specifically describe what changes or upgrades are triggering the update to this PTA.*

Respondents that would provide information through Form I-690 to seek a waiver of one or more inadmissibility grounds under Section 212 of the INA, include applicants who are otherwise inadmissible or who are deemed inadmissible to the United States as they:

1. Have been diagnosed with Tuberculosis;
2. Are requesting waiving vaccination requirements under INA 212(a)(1)(A)(ii) due to a religious or moral objection;
3. Have a physical or mental disorder associated with harmful behavior;
4. Have a substance abuse condition or drug addiction; or
5. Are subject to another inadmissibility ground not excepted by statute.

USCIS uses the information provided through Form I-690 to grant waivers to individuals who would have otherwise not been admissible the United States. Based upon the instructions provided for each occurrence, a respondent can gather and submit the required documentation to USCIS for consideration of an inadmissibility waiver based on one of the four instances mentioned immediately above. Upon receiving the request, USCIS will review all of the information provided to determine if the specific requirements under Section 212 of the INA have been met. USCIS will also use the information provided to determine that the issue that requires a waiver will be properly addressed by the respondent after admission to the United States to ensure, when applicable, that the condition that required the waiver does not change to the point where the waiver would no longer be deemed valid.



USCIS is updating Form I-690 to clarify reasons for the application and provide more detailed instructions. For example, USCIS is standardizing the Biometric Services appointment language on forms that already request the collection of biometrics, and forms that will now require biometric collection. The Form I-690 already included the Biometric service appointment language, but is now being revised.

**Form I-690 Supplement 1, Applicants with a Class A Tuberculosis Condition:**  
Applicants with a Class A Tuberculosis Condition are required to submit a completed I-690 Supplement 1 with the waiver application. Supplement 1 is completed by the applicant, physician or medical facility that will provide the required treatment, and a state health department official. The Supplement 1 is not new, however, this was not previously accounted for in the last PTA.

- b. List the DHS (or component) authorities to collect, store, and use this information. *If this information will be stored and used by a specific DHS component, list the component-specific authorities.*

An individual seeking to adjust status to that of U.S. Legal Permanent Resident under Sections 210 and 245A of the Immigration and Nationality Act (INA) may request a waiver of a ground of inadmissibility, including of one or more of the medical grounds stated under Section 212(a) of the INA, by completing and submitting a Form I-690, Application for Waiver of Grounds of Inadmissibility (Form I-690). The information provided through this form allows U.S. Citizenship and Immigration Services (USCIS) to determine an applicant’s eligibility for a waiver of one or more grounds of inadmissibility.

2. Describe the IC/Form	
a. Does this form collect any Personally Identifiable Information” (PII <sup>1</sup> )?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b. From which type(s) of individuals does this form collect information? (Check all that apply.)	<input checked="" type="checkbox"/> Members of the public <input type="checkbox"/> U.S. citizens or lawful permanent residents <input checked="" type="checkbox"/> Non-U.S. Persons.

<sup>1</sup> Personally identifiable information means any information that permits the identity of an individual to be directly or indirectly inferred, including any other information which is linked or linkable to that individual regardless of whether the individual is a U.S. citizen, lawful permanent resident, visitor to the U.S., or employee or contractor to the Department.



	<input type="checkbox"/> DHS Employees <input type="checkbox"/> DHS Contractors <input type="checkbox"/> Other federal employees or contractors.
<p>c. Who will complete and submit this form? (<i>Check all that apply.</i>)</p>	<input checked="" type="checkbox"/> The record subject of the form (e.g., the individual applicant). <input checked="" type="checkbox"/> Legal Representative (preparer, attorney, etc.). <input type="checkbox"/> Business entity. <p style="padding-left: 40px;">If a business entity, is the only information collected business contact information?</p> <p style="padding-left: 80px;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <input type="checkbox"/> Law enforcement. <input type="checkbox"/> DHS employee or contractor. <input checked="" type="checkbox"/> Other individual/entity/organization <b>that is NOT the record subject.</b> <i>Please describe.</i> Supplement A is completed by a physician or medical facility, and a state health department official.
<p>d. How do individuals complete the form? <i>Check all that apply.</i></p>	<input checked="" type="checkbox"/> Paper. <input checked="" type="checkbox"/> Electronic. (ex: fillable PDF) <input type="checkbox"/> Online web form. (available and submitted via the internet) <i>Provide link:</i>
<p>e. What information will DHS collect on the form? <i>List all PII data elements on the form. If the form will collect information from more than one type of individual, please break down list of data elements collected by type of individual.</i></p>	
<p>Information about the applicant, attorney, applicant’s relatives, interpreter, and preparer is collected.</p>	



*Information collected about the applicant includes:*

- A-Number (if one)
- USCIS Online Account Number (if any)
- U.S. Social Security Number (if any)
- Relating receipt number (if any)
- Full Name
- Aliases
- City/town/village and country of birth
- Date of birth
- Physical Address
- Mailing Address
- Biographic information- including ethnicity, race, height, weight, eye color and hair color.

*Information collected about the attorney includes:*

- Attorney State Bar Number (if applicable)
- Attorney or Accredited Representative USCIS Online Account Number (if any)

*Information collected about the applicant's relatives includes:*

- A- Number (if any)
- Full Name
- Address
- Date of Birth
- Relationship
- Immigration Status

*Information collected about the interpreter includes:*

- Full Name
- Name of Business or Organization(if any)
- Mailing Address
- Daytime Phone Number
- Mobile Phone Number (if any)
- E-mail Address(if any)

*Information collected about the preparer includes:*

- Full Name



- Name of Business or Organization(if any)
- Mailing Address
- Daytime Phone Number
- Mobile Phone Number (if any)
- E-mail Address(if any)

Supplement 1:

*Information collected about the physician includes:*

- Full Name
- Name of Business or Organization(if any)
- Address
- Daytime Phone Number
- Signature

*Endorsement or State Health Department Official:*

- Official name of Department
- Name of official providing endorsement
- Title of official providing endorsement
- Signature
- Address

f. Does this form collect Social Security number (SSN) or other element that is stand-alone Sensitive Personally Identifiable Information (SPII)? *Check all that apply.*

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Social Security number   | <input type="checkbox"/> DHS Electronic Data Interchange |
| <input checked="" type="checkbox"/> Alien Number (A-Number)  | Personal Identifier (EDIPI)                              |
| <input type="checkbox"/> Tax Identification Number           | <input type="checkbox"/> Social Media Handle/ID          |
| <input type="checkbox"/> Visa Number                         | <input type="checkbox"/> Known Traveler Number           |
| <input type="checkbox"/> Passport Number                     | <input type="checkbox"/> Trusted Traveler Number (Global |
| <input type="checkbox"/> Bank Account, Credit Card, or other | Entry, Pre-Check, etc.)                                  |
| financial account number                                     | <input type="checkbox"/> Driver's License Number         |
| <input type="checkbox"/> Other. <i>Please list:</i>          | <input type="checkbox"/> Biometrics                      |

g. List the **specific authority** to collect SSN or these other SPII elements.

Sections 103 and 264(f) of the Immigration and Nationality Act





h. How will this information be used? What is the purpose of the collection? Describe <b>why</b> this collection of SPII is the minimum amount of information necessary to accomplish the purpose of the program.	
The social security number (SSN) may be used to verify the applicant’s identity. The SSN can also be used when investigating potential fraud or criminal issues in various records and systems, as it is a unique identifier, just as are fingerprints. The A-Number may be used to identify the applicant and examine the applicant’s immigration history. Records associated with the applicant through his or her A-Number may inform the decision on the waiver application.	
i. Are individuals provided notice at the time of collection by DHS ( <i>Does the records subject have notice of the collection or is form filled out by third party</i> )?	<input checked="" type="checkbox"/> Yes. Please describe how notice is provided. USCIS includes a Privacy Notice in the form instructions.  <input type="checkbox"/> No.

3. How will DHS store the IC/form responses?	
a. How will DHS store the original, completed IC/forms?	<input checked="" type="checkbox"/> Paper. Please describe. Alien File <input checked="" type="checkbox"/> Electronic. Please describe the IT system that will store the data from the form. Data from the form are stored in the Computer Linked Application Information Management System (CLAIMS) 3.  <input type="checkbox"/> Scanned forms (completed forms are scanned into an electronic repository). Please describe the electronic repository. Click here to enter text.
b. If electronic, how does DHS input the	<input checked="" type="checkbox"/> Manually (data elements manually entered). Please describe.





<p>responses into the IT system?</p>	<p>Upon receipt, data are manually keyed into CLAIMS 3. Upon adjudication, the decision is recorded electronically to update the record in CLAIMS.</p> <p><input type="checkbox"/> Automatically. Please describe.</p> <p><a href="#">Click here to enter text.</a></p>
<p>c. How would a user search the information submitted on the forms, <i>i.e.</i>, how is the information retrieved?</p>	<p><input checked="" type="checkbox"/> By a unique identifier.<sup>2</sup> <i>Please describe.</i> If information is retrieved by personal identifier, please submit a Privacy Act Statement with this PTA.</p> <p>Any of the unique identifiers listed in question 2e.</p> <p><input type="checkbox"/> By a non-personal identifier. <i>Please describe.</i></p> <p><a href="#">Click here to enter text.</a></p>
<p>d. What is the records retention schedule(s)? <i>Include the records schedule number.</i></p>	<p>The form will be retained permanently within the A-File.</p>
<p>e. How do you ensure that records are disposed of or deleted in accordance with the retention schedule?</p>	
<p>f. Is any of this information shared outside of the original program/office? <i>If yes, describe where (other offices or DHS components or external entities) and why. What are the authorities of the receiving party?</i></p>	
<p><input checked="" type="checkbox"/> Yes, information is shared with other DHS components or offices. It may be shared with Immigration and Customs Enforcement (ICE) or Customs and Border Protection (CBP), as appropriate..</p> <p><input checked="" type="checkbox"/> Yes, information is shared <i>external</i> to DHS with other federal agencies, state/local partners, international partners, or non-governmental entities. Please describe.</p>	

<sup>2</sup> Generally, a unique identifier is considered any type of “personally identifiable information,” meaning any information that permits the identity of an individual to be directly or indirectly inferred, including any other information which is linked or linkable to that individual regardless of whether the individual is a U.S. citizen, lawful permanent resident, visitor to the U.S., or employee or contractor to the Department.



There are certain occasions when copies of the form are shared with HHS CDC strictly for medical recommendation/consultation.

This sharing is permitted in accordance with Routine Use P of the BIS SORN under draft:

P. Consistent with the requirements of the Immigration and Nationality Act, to the Department of Health and Human Services (HHS), the Centers for Disease Control and Prevention (CDC), or to any State or local health authorities, to:

1. Provide proper medical oversight of DHS-designated civil surgeons who perform medical examinations of both arriving foreign nationals and of those requesting status as a lawful permanent resident; and
2. To ensure that all health issues potentially affecting public health and safety in the United States are being or have been, adequately addressed.

No. Information on this form is not shared outside of the collecting office.



**Please include a copy of the referenced form and Privacy Act Statement (if applicable) with this PTA upon submission.**



## PRIVACY THRESHOLD REVIEW

**(TO BE COMPLETED BY COMPONENT PRIVACY OFFICE)**

Component Privacy Office Reviewer:	<b>Catherine Shorten</b>
Date submitted to component Privacy Office:	<b>July 2, 2018</b>
Date submitted to DHS Privacy Office:	August 7, 2018
Have you approved a Privacy Act Statement for this form? <i>(Only applicable if you have received a waiver from the DHS Chief Privacy Officer to approve component Privacy Act Statements.)</i>	<input checked="" type="checkbox"/> Yes. Please include it with this PTA submission. <input type="checkbox"/> No. Please describe why not. <a href="#">Click here to enter text.</a>
<p>Component Privacy Office Recommendation:  <i>Please include recommendation below, including what existing privacy compliance documentation is available or new privacy compliance documentation is needed.</i></p> <p>The Form I-690 is used by a person who needs a waiver of inadmissibility in order to be granted a benefit.</p> <p>Since the form is processed in CLAIMS 3 and retained in the A-File, we recommend coverage under the following compliance documents:</p> <ul style="list-style-type: none"> <li>• DHS/USCIS/PIA-016(a) CLAIMS 3 and Associated Systems</li> <li>• DHS/USCIS-007 BIS SORN</li> <li>• DHS/USCIS-001 A-File SORN</li> </ul> <p>USCIS Office of Privacy also recommends adding the Immigration Biometric and Background Check SORN as coverage. Although the form itself does not cover the collection of biometrics, the form requires individuals to schedule a biometrics collection appointment at an Application Support Center. Moving forward, USCIS plans to add this SORN as coverage for all forms that require biometric collection.</p>	



## PRIVACY THRESHOLD ADJUDICATION

**(TO BE COMPLETED BY THE DHS PRIVACY OFFICE)**

DHS Privacy Office Reviewer:	<b>Hannah Burgess</b>
PCTS Workflow Number:	<b>1167395</b>
Date approved by DHS Privacy Office:	August 24, 2018
PTA Expiration Date	August 24, 2021

### DESIGNATION

Privacy Sensitive IC or Form:	<b>Choose an item. If "no" PTA adjudication is complete.</b>
Determination:	<input type="checkbox"/> PTA sufficient at this time. <input type="checkbox"/> Privacy compliance documentation determination in progress. <input type="checkbox"/> New information sharing arrangement is required. <input type="checkbox"/> DHS Policy for Computer-Readable Extracts Containing SPII applies. <input checked="" type="checkbox"/> Privacy Act Statement required. <input checked="" type="checkbox"/> Privacy Impact Assessment (PIA) required. <input checked="" type="checkbox"/> System of Records Notice (SORN) required. <input type="checkbox"/> Specialized training required. <input type="checkbox"/> Other. Click here to enter text.
DHS IC/Forms Review:	Choose an item.
Date IC/Form Approved by PRIV:	Click here to enter a date.
IC/Form PCTS Number:	Click here to enter text.
Privacy Act Statement:	Choose an item. Click here to enter text.
PTA:	Choose an item. Click here to enter text.



PIA:	<p><b>System covered by existing PIA</b> If covered by existing PIA, please list: <b>DHS/USCIS/PIA-016(a) CLAIMS 3 and Associated Systems</b> If a PIA update is required, please list: <a href="#">Click here to enter text.</a></p>
SORN:	<p><b>System covered by existing SORN</b> If covered by existing SORN, please list: <b>DHS/USCIS/ICE/CBP-001 – Alien File, Index, and National File Tracking System of Records, September 18, 2017, 82 FR 43556;</b> <b>DHS/USCIS-007 - Benefits Information System October 19, 2016 81 FR 72069;</b> <b>DHS/USCIS-018 Immigration Biometric and Background Check (IBBC) System of Records, July 31, 2018, 83 FR 36950</b> If a SORN update is required, please list: <a href="#">Click here to enter text.</a></p>
<p><b>DHS Privacy Office Comments:</b> <i>Please describe rationale for privacy compliance determination above.</i></p>	
<p>USCIS is submitting this PTA to discuss Form I-690, Application for Waiver of Grounds of Inadmissibility Under Sections 245A or 210 of the Immigration and Nationality Act. The form is used by individuals who are otherwise inadmissible or who are deemed inadmissible due to certain conditions to seek a waiver of one or more inadmissibility grounds under Section 212 of the INA. USCIS uses the information provided through Form I-690 to grant waivers to individuals who would have otherwise not been admissible the United States.</p> <p>USCIS is updating Form I-690 to clarify reasons for the application and provide more detailed instructions. Additionally, applicants with a Class A Tuberculosis Condition are required to submit a completed I-690 Supplement 1 with the waiver application. Supplement 1 is completed by the applicant, physician or medical facility that will provide the required treatment, and a state health department official. The Supplement 1 is not new, however, this was not previously accounted for in the last PTA.</p> <p>The form collects an array of PII and SPII about the applicant, family members, and any attorney, preparer, interpreter, or physician.</p> <p>The DHS Privacy Office agrees that this is a privacy sensitive form, requiring PIA coverage. Coverage is provided by DHS/USCIS/PIA-016(a) CLAIMS 3 and Associated Systems, which discusses information collected from individuals who are seeking immigration benefits.</p> <p>SORN coverage is also required as information is retrieved by personal identifier. Coverage is provided by DHS/USCIS-001 A-File, which covers information contained in the an</p>	



individual's Alien File, and DHS/USCIS-007 Benefits Information System, which covers information collected from applicants, interpreters, preparers, physicians, and sponsors as part of the immigration benefit request process. Although this form does not collect biometric information, some applicants may be required to schedule a biometric collection appointment as part of the application process; in that situation, the information would be covered by DHS/USCIS-018 Immigration Biometric and Background Check.