TABLE OF CHANGES – INSTRUCTIONS Form I-129, Petition for a Nonimmigrant Worker OMB Number: 1615-0111 07/31/2019

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

Legend for Proposed Text:

- Black font = Current text
- Red font = Changes

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	 Type or print legibly in black ink. Complete the basic form and any 	r Page	 Type or print legibly in black ink. Complete the basic form and any 	Page
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Classification - Initial Evidence

For all classifications, if a beneficiary is seeking a **change of status** or **extension of stay**, evidence of maintenance of status must be included with the new petition. If the beneficiary is employed in the United States, the petitioner may submit copies of the beneficiary's last 2 pay stubs, Form W-2, and other relevant evidence, as well as a copy of the beneficiary's Form I-94, passport, travel document, or I-797.

The beneficiary's dependent family members (generally, spouses and children under 21) should use Form I-539, Application to Change/Extend Nonimmigrant Status, to apply for a change of status or extension of stay.

A nonimmigrant, who must have a passport to be admitted, generally must maintain a valid passport during his or her entire stay.

The following nonimmigrants are not eligible to change status:

- **1.** An alien admitted under a visa waiver program;
- **2.** An alien is transit (C) or in transit without a visa (TWOV);
- **3.** A crewman (D);
- **4.** A fiancé(e) (K-1) or his or her dependent (K-2);
- **5.** A spouse of a U.S. citizen (K-3) or his or her dependent (K-4);
- **6.** A J-1 exchange visitor who was admitted in J-1 status for the purpose of receiving graduate medical training;
- **7.** A J-1 exchange visitor subject to the foreign residence requirement who has not received a waiver of that requirement; and
- **8.** An M-1 student to an H classification, if training received as an M-1 helped him or her qualify for H classification.

[No Change]

Classification - Initial Evidence

For all classifications, if a beneficiary is seeking a **change of status** or **extension of stay**, evidence of maintenance of status must be included with the new petition. If the beneficiary is employed in the United States, the petitioner may submit copies of the beneficiary's last 2 pay stubs, Form W-2, Internal Revenue Service (IRS) transcripts of the beneficiary's federal individual income tax return for the three most recent tax years, and other relevant evidence. You must also include a copy of the beneficiary's Form I-94, passport, travel document, or I-797.

The beneficiary's dependent family members (generally, spouses and children under 21) should use Form I-539, Application to Change/Extend Nonimmigrant Status, to apply for a change of status or extension of stay.

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Part 6. Information About The Beneficiary's Public Benefits

In general, a condition of the approval of a request to extend the beneficiary's stay or change the beneficiary's status is that the beneficiary must demonstrate that, since obtaining the nonimmigrant status that you seek to extend or that you seek to change on behalf of the beneficiary, he or she has not received one or more public benefits as set forth in 8 CFR 212.21(b) (and listed below), for more than 12 months in the aggregate within any 36-month period (such that, for instance, receipt of two benefits in one month counts as two months). This condition only applies to beneficiaries who are seeking to change status or extend their stay in the United States. Therefore, you only have to complete the information in this **Part 6** if you are also requesting an extension of the beneficiary's stay in the United States or a change of the beneficiary's status with this petition. If you are filing this petition without a request for the beneficiary's change of status or extension of stay, you may skip this **Part 6.**

Item Number 1. Public Benefits. Provide the information requested about the beneficiary's receipt or the beneficiary's current certification for receipt of public benefit, as defined in 8 CFR 212.21(b) (and which are listed below), unless the nonimmigrant classification you are seeking for the beneficiary is exempt from the public charge inadmissibility ground under INA 212(a)(4). Provide the requested information and documentation. For additional beneficiaries, please respond to the questions in **Attachment 1** for each beneficiary.

Item Number 2. You must provide information about all public benefits as defined in 8 CFR 212.21(b) (and which are listed below) received by the beneficiary in his or her current nonimmigrant status regardless of how long the beneficiary has received the public benefit, or the beneficiary's current certification for receipt of public benefits. USCIS will calculate the duration of each public benefit to be considered. If the beneficiary received public benefits intermittently throughout the year, provide each instance

separately. For example, if the beneficiary received Supplemental Nutrition Assistance Program (SNAP) from January to February and June to December, list the information separately.

Receipt means when a benefit-granting agency provides a public benefit to the beneficiary whether in the form of cash, voucher, services, or insurance coverage. Only the public benefits received by or attributable to the beneficiary will be considered.

Indicate whether the beneficiary has received or been certified to receive the following public benefits, since having obtained the nonimmigrant status that you seek to extend or that you seek to change on behalf of the beneficiary. You need to respond even if the beneficiary falls 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 the beneficiary qualifies for the exemption):

- Any Federal, state, local, or tribal cash assistance for income maintenance;
- Supplemental Security Income (SSI);
- Temporary Assistance for Needy Families (TANF);
- 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);
- Supplemental Nutrition Assistance Program (SNAP, formerly called "Food Stamps");
- Section 8 Housing Assistance under the Housing Choice Voucher Program;
- Section 8 Project-Based Rental Assistance (including Moderate Rehabilitation);
- Public Housing under the Housing Act of 1937, 42 U.S.C. 1437 et seq.; and
- Federally-Funded Medicaid; and

If the beneficiary has not received any of

the public benefits listed above, please select that option.

If the beneficiary is currently not certified to receive any of the public benefits listed above, please select that option.

If the beneficiary has received or is certified to receive the public benefits but requested disenrollment, please provide, in addition to completing the information below, evidence of the disenrollment or the request to disenroll if the public benefit-granting agency has not processed the request.

Unless the beneficiary qualifies for certain exemptions listed in the table below, the beneficiary is ineligible for extension of stay and change of status if the beneficiary has received, since obtaining the nonimmigrant status that you seek to extend or which you seek to change on behalf of the beneficiary, the public 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 exemptions from the public benefits listed above. If the beneficiary belongs to one of the following categories, submit the evidence listed below.

[Table]

Exemption

U.S. Armed Forces Service Members

Description

At the time the public benefit was received or at the time you file, or at time of adjudication of the I-539, the applicant is:

- An alien enlisted in the U.S. Armed Forces, 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).

Evidence you must submit to qualify for exemption

 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).

Exemption

Federally-funded Medicaid **Description**

- A child under 21 years of age;
- The recipient of Medicaid payment(s) for a an "emergency medical condition";
- The receipt of Medicaid for services provided under the Individuals with Disabilities Education Act (IDEA); or
- Receipt during pregnancy and during the 60-day period after the last day of the pregnancy.

Evidence you must submit to qualify for exemption

- Documentation of payments 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.

Exemption

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 exemption

• A copy of the N-600K interview notice.

Exemption

Public Benefits While in an Immigration Category Exempt from Public Charge **Description**

	An agency may not conduct or sponsor an information collection, and a person is not	An agency may not conduct or sponsor an information collection, and a person is not
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D 40 D 1	IDa as 201	[Dags 20]
	Part 1. Petition Always Required	[no change]
		why the benefit should not be considered.
		Item Number 3., and provide the evidence listed in the chart above to demonstrate
		currently certified to receive public benefits, please indicate whether an exemption applies to the beneficiary in
		If the beneficiary has received or is
		and5. Date the benefit or coverage ended or expires (mm/dd/yyy)(if applicable).
		the benefit or if certified, date the beneficiary will start receiving the benefit;
		public benefit granting agency;3. Type of benefit;4. Date the beneficiary started receiving
		 Beneficiary's name; Name and contact information for the
		other agency documents that contain the following:
		certified to receive, any of the public benefits listed above, submit evidence in the form of a letter, notice, certification, or
		Documentation If the beneficiary has received or is
		Record.
		 Approval notice (Form I-797, Notice of Action); or Form I-94, Arrival/Departure
		that you received a waiver for the public charge ground of inadmissibility, such as:
		Evidence you must submit to qualify for exemption Information that evidences your status or
		category had received a waiver for public charge.
		 Received public benefits while in a

required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at Form I-129 at 2.26 hours; E-1/E-2 Classification at .67 hours; Trade Agreement Supplement at .67 hours; H Classification Supplement at 2 hours; H-1B and H-1B1 Data Collection and Filing Fee Exemption Supplement at 1 hour; L Classification Supplement to Form I-129 at 1.34 hours; P Classifications Supplement to Form I-129 at 1 hour; O-1 Classification Supplement at .34 hours; R-1 Classification Supplement at 2.34 hours; and Form I-129 ATT at .33 hours, including the time for reviewing instructions, gathering the required documentation and completing and submitting the request. 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 1615-0009. **Do not mail your completed** Form I-129 to this address.

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