



University of California
San Francisco

University of California, San Francisco
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PUBLIC BENEFITS QUESTIONNAIRE & RELEASE OF UCSF LIABILITY

Public Charge Rules for Foreign Nationals

On January 27, 2020, the U.S. Supreme Court granted the Department of Homeland Security (DHS) authority to implement [new public charge rules](#). The new rules cite factors that federal agencies can use to determine if a foreign national is likely to become dependent on the U.S. government or the state government for subsistence, also known as a “public charge.” If a federal agency determines that a foreign national is likely to become a public charge, the individual may be denied certain benefits.

Instructions for Providing Information About Public Benefits

- Please complete this form along with the enclosed two pages from the USCIS Form I-129 about Public Benefits if you seek to change status or extend your nonimmigrant stay in the United States.
- If you are not requesting a change of status or extension of stay, you may skip this form.
- Provide the requested information and submit documentation as outlined in the Instructions.
- For additional information about Public Benefits and Public Charge, please visit the USCIS website: <https://www.uscis.gov/greencard/public-charge>

Release of UCSF Liability

The ISSO staff cannot legally provide advice regarding Public Benefits & Public Charge. ISSO does not represent either you or UCSF in any legal capacity. You have the right to independently consult an attorney specialized in immigration law at any time. You will be responsible for attorney fees that accrue for services rendered.

You, and only you, are responsible for (a) fully and properly complying with all laws and regulations of US Federal, State, and Local Governments; (b) maintaining your lawful immigration status including not working without authorization; (c) ensuring that any necessary documents are forwarded to the appropriate government agency in a timely manner; and (d) updating all UCSF information systems as needed.

By signing below, I acknowledge that I have read the above and understand that the information provided on this form are true, to the best of my knowledge, information, and belief. I acknowledge that it is my responsibility to maintain continuous lawful immigration status and that I alone will bear the consequences of violating my immigration status. Therefore, I release and hold harmless the University of California, the Board of Regents of the University, the University’s faculty, staff, agents, and employees from any claim which could result from any failure on my part to maintain lawful immigration status.

Principal Applicant Signature

Principal Applicant Printed Name

Date

Part 6. Information About The Beneficiary's Public Benefits (continued)

1. Has the beneficiary received, 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, the following public benefits? (select all that apply).

Yes, the beneficiary has received or is currently certified to receive the following public benefits: (select all that apply)

- Any Federal, State, local or tribal cash assistance for income maintenance
- Supplemental Security Income (SSI)
- Temporary Assistance for Needy Families (TANF)
- General Assistance (GA)
- 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.
- Federally-Funded Medicaid

No, the beneficiary has not received any of the above listed public benefits.

No, the beneficiary is not certified to receive any of the above listed public benefits.

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 the space provided in **Part 10. 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 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 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 Ended or Expires
(mm/dd/yyyy)

Part 6. Information About The Beneficiary's Public Benefits (continued)

D. Type of Benefit

[Empty box for Type of Benefit]

Agency that Granted the Benefit

[Empty box for 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)

[Empty box for Date the Beneficiary Started Receiving the Benefit]

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

[Empty box for Date Benefit Ended or Expires]

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-129 Instructions.

- The beneficiary is enlisted in the 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 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 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 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.

4. 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): Submit evidence as outlined in the Instructions.

- An emergency medical condition
- For a service under the Individuals with Disabilities Education Act (IDEA)
- Other school-based benefits or services available up to the oldest age eligible for secondary education under State law
- While under the of age 21
- While pregnant or during the 60-day period following the last day of pregnancy

5. Provide the applicable dates From: (mm/dd/yyyy) [Empty box] To: (mm/dd/yyyy) [Empty box]