DSHS
WASHINGTON STATE Department of Social and Health Services

Naturalization Services Pre-Screening

Last Name	First Name	Middle Initial	Gender ☐ Male ☐ Female ☐ Other:
Mailing Address (Street)	Apartment Number	City	State Zip Code

Social Security Number	Date of Birth (MM/DD/YYYY)	Country of Birth	Alien Registration Number

DSHS Client ID	Date of Entry to US	Home Phone Number (area code) ( )	Message Phone Number (area code) ( )

Contact Person's Name	Contact Phone Number (area code) ( )

Relationship
☐ Family ☐ Friend ☐ Other (specify):

Contact Person's Mailing Address (Street) City State Zip Code

ORIA Eligible

Public Benefit Recipient (Proof of Receipt of Public Benefits must be in Client File)
☐ Food Assistance ☐ Medicaid ☐ TANF ☐ ABD ☐ Other (specify):

Other Eligibility Requirements
☐ Washington State Resident
☐ Are eligible to naturalize within one (1) year (four years of continuous legal U.S. residency or two years if married to, and living with, a U.S. citizen

Basic Naturalization Requirements. Please answer all questions.

The client:	Yes	No
1. Has been a lawful permanent resident of the U.S. for five years (three years if married to U.S. citizen)?	☐	☐
2. Has lived in the U.S. for at least five years (three years if married to a U.S. citizen)?	☐	☐
3. Has lived in the USCIS District for at least three months?	☐	☐
4. Has been physically present in the U.S. for at least half of the five year period?	☐	☐
5. Has not been absent from the U.S. for six months or more?	☐	☐
6. Is a person of good moral character (inappropriate behavior, immigration violations, etc.)?	☐	☐
7. Can read, write, or speak basic English (conduct language assessment)?	☐	☐
8. Is able to pass a test on U.S. history and government?	☐	☐
9. Is at least 18 years old?	☐	☐
10. Believes in the principles of the U.S. Constitution and would take an oath of loyalty to the U.S.? (If no, must complete additional paperwork for oath waiver based on beliefs. If the person can't take the oath because of a disability, a waiver is available but requires extensive documentation.)	☐	☐

Legal Issues. Please answer all questions.

The applicant:	YES	NO
1. Was absent from U.S. for six months or more while a permanent resident?	☐	☐
2. Has moved to live in another country while a permanent resident?	☐	☐
3. Has been deported or is now in deportation proceedings?	☐	☐
4. Has failed to file federal income taxes, or paid as a non resident, since becoming a permanent resident?	☐	☐
5. Has willfully failed or refused to support dependents?	☐	☐
6. Has failed to register for the Selective Service (for men only)?	☐	☐
7. Is on probation or parole for a criminal conviction?	☐	☐
8. Has been a drug abuser or addict?	☐	☐
9. Has information on citizenship application different from other information previously given to USCIS?	☐	☐
10. Has committed fraud or lied to get green card (including marriage) or other immigration benefit?	☐	☐
11. Has been arrested for, charged with, convicted of, or admitted to having committed a crime?	☐	☐

Legal Issues (continued). Please answer all questions.

The applicant:	YES	NO
12. Has had any contact with the police?	☐	☐
13. Has committed fraud to receive welfare or other public benefits?	☐	☐
14. Has helped smuggle someone into the U.S. even if it was a relative?	☐	☐
15. Has falsely claimed to be a U.S. citizen?	☐	☐
16. Has voted or registered to vote in the U.S.?	☐	☐
17. Came to the U.S. to practice polygamy?	☐	☐
18. Has been charged with committing domestic violence, child abuse, or child neglect?	☐	☐
19. Has had a court determine that the applicant violated a protection order?	☐	☐
20. Has been engaged in prostitution, illegal gambling, drug sales, or habitual drinking?	☐	☐
21. Has been in jail for 180 days or more?	☐	☐
22. Has been involved in certain political activities such as anarchism, totalitarianism, or communism, or been a member of an organization that could be considered a terrorist group or involved in what USCIS calls "terrorist activity?"	☐	☐

If answer is yes to any of the questions in the previous section, advise applicant to seek legal assistance before applying for citizenship. Do not submit N-400 Application for Naturalization until an attorney knowledgeable in immigration says it is OK to do so.

Documentation of Initial Services

N-400 Application for Naturalization	N400 completion date: _____ Submission date: _____ ☐ Photographs included ☐ Fee waiver request included ☐ Fingerprint fee included ☐ N400 application fee included ☐ Other:
English Language Exemptions (Must still take the civics test and may be permitted to use interpreter to take the test in own language)	☐ Age 55 or older at the time of filing for naturalization and lived as permanent resident in U.S. for 15 years ☐ Age 50 or older at the time of filing for naturalization and lived as permanent resident in U.S. for 20 years ☐ Age 65 or older and have been a permanent resident for 20 years at the time of filing for naturalization - given a shorter test using interpreter
Disability Waiver (Must meet USCIS definition of disability)	☐ N-648 Disability Waiver needed ☐ N-648 completed ☐ N-648 sufficient (have N-648 screened by someone knowledgeable of N-648 issues). ☐ N-648 submitted; date: _____; result: ☐ Approved ☐ Denied Note:
Fee Waiver Request	☐ I-912 Fee Waiver Request needed ☐ 1-912 completed and submitted, date: _____ ☐ Approved, date: _____ ☐ Resubmitted if denied due to insufficient information, date: _____ ☐ Exception to Policy submitted to ORIA if waiver is denied Note:
Fee Reimbursement	☐ Fingerprint fee needed (75 years old or younger); Paid by: _____ ☐ N400 fee needed (FW denied or income ineligible); Paid by: _____ Note:

Client's Name	Client's Identification Number

☐ Eligible to apply for naturalization
☐ Client appears ineligible for naturalization, reason:

☐ Technical Assistance, or brief legal consultation, received from _____ on _____.
☐ Client needs legal assistance, referred to _____ on _____.

☐ English class needed (unless applicant is verified as Outreach, please refer pre-literate applicants to an ESL provider).

☐ Client is enrolled in naturalization services at this agency.

☐ Client received naturalization services from another DSHS contracted service provider prior to intake screening date.

If yes, client received the following naturalization services:

1) _____ on _____ at _____.
2) _____ on _____ at _____.
3) _____ on _____ at _____.
4) _____ on _____ at _____.
5) _____ on _____ at _____.

Service Plan

Pre-Screening Completed by:

Agency's Name

Agency Staff's Name	Phone Number (include area code)	Date