

Naturalization Services Pre-Screening

LAST NAME		FIRST NAME		MIDDLE INITIAL	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female
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 <input type="checkbox"/> Family <input type="checkbox"/> Friend <input type="checkbox"/> Other (specify):					
CONTACT PERSON'S MAILING ADDRESS (STREET)			CITY	STATE	ZIP

ORIA Eligible

PUBLIC BENEFIT RECIPIENT (PROOF OF RECEIPT OF PUBLIC BENEFIT 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 year 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)?.....	<input type="checkbox"/>	<input type="checkbox"/>
2. Has lived in the U.S. for at least five years (three years if married to a U.S. citizen)?	<input type="checkbox"/>	<input type="checkbox"/>
3. Has lived in the USCIS District for at least three months?	<input type="checkbox"/>	<input type="checkbox"/>
4. Has been physically present in the U.S. for at least half of the five year period?.....	<input type="checkbox"/>	<input type="checkbox"/>
5. Has not been absent from the U.S. for six months or more?	<input type="checkbox"/>	<input type="checkbox"/>
6. Is a person of good moral character (inappropriate behavior, immigration violations, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
7. Can read, write, or speak basic English (conduct language assessment)?	<input type="checkbox"/>	<input type="checkbox"/>
8. Is able to pass a test on U.S. history and government?	<input type="checkbox"/>	<input type="checkbox"/>
9. Is at least 18 years old?	<input type="checkbox"/>	<input type="checkbox"/>
10. Believes in the principles of the U.S. Constitution and would take an oath of loyalty to the U.S.?.....	<input type="checkbox"/>	<input type="checkbox"/>
(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?.....	<input type="checkbox"/>	<input type="checkbox"/>
2. Has moved to live in another country while a permanent resident?	<input type="checkbox"/>	<input type="checkbox"/>
3. Has been deported or is now in deportation proceedings?	<input type="checkbox"/>	<input type="checkbox"/>
4. Has failed to file federal income taxes, or paid as a non resident, since becoming a permanent resident? ...	<input type="checkbox"/>	<input type="checkbox"/>
5. Has willfully failed or refused to support dependents?	<input type="checkbox"/>	<input type="checkbox"/>
6. Has failed to register for the Selective Service (for men only)?	<input type="checkbox"/>	<input type="checkbox"/>
7. Is on probation or parole for a criminal conviction?	<input type="checkbox"/>	<input type="checkbox"/>
8. Has been a drug abuser or addict?	<input type="checkbox"/>	<input type="checkbox"/>
9. Has information on citizenship application different from other information previously given to USCIS?	<input type="checkbox"/>	<input type="checkbox"/>
10. Has committed fraud or lied to get green card (including marriage) or other immigration benefit?	<input type="checkbox"/>	<input type="checkbox"/>
11. Has been arrested for, charged with, convicted of, or admitted to having committed a crime?	<input type="checkbox"/>	<input type="checkbox"/>

Legal Issues (continued). Please answer all questions.

The applicant:	YES	NO
12. Has had any contact with the police?	<input type="checkbox"/>	<input type="checkbox"/>
13. Has committed fraud to receive welfare or other public benefits?	<input type="checkbox"/>	<input type="checkbox"/>
14. Has helped smuggle someone into the U.S. even if it was a relative?	<input type="checkbox"/>	<input type="checkbox"/>
15. Has falsely claimed to be a U.S. citizen?	<input type="checkbox"/>	<input type="checkbox"/>
16. Has voted or registered to vote in the U.S.?	<input type="checkbox"/>	<input type="checkbox"/>
17. Came to the U.S. to practice polygamy?	<input type="checkbox"/>	<input type="checkbox"/>
18. Has been charged with committing domestic violence, child abuse, or child neglect?	<input type="checkbox"/>	<input type="checkbox"/>
19. Has had a court determine that the applicant violated a protection order?	<input type="checkbox"/>	<input type="checkbox"/>
20. Has been engaged in prostitution, illegal gambling, drug sales, or habitual drinking?	<input type="checkbox"/>	<input type="checkbox"/>
21. Has been in jail for 180 days or more?	<input type="checkbox"/>	<input type="checkbox"/>
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?"	<input type="checkbox"/>	<input type="checkbox"/>

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: _____ <input type="checkbox"/> Photographs included <input type="checkbox"/> Fee waiver request included <input type="checkbox"/> Fingerprint fee included <input type="checkbox"/> N400 application fee included <input type="checkbox"/> Other: _____
ENGLISH LANGUAGE EXEMPTIONS (Must still take the civics test and may be permitted to use interpreter to take the test in own language)	<input type="checkbox"/> Age 55 or older at the time of filing for naturalization and lived as permanent resident in U.S. for 15 years <input type="checkbox"/> Age 50 or older at the time of filing for naturalization and lived as permanent resident in U.S. for 20 years <input type="checkbox"/> 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)	<input type="checkbox"/> N-648 Disability Waiver needed <input type="checkbox"/> N-648 completed <input type="checkbox"/> N-648 sufficient (have N-648 screened by someone knowledgeable of N-648 issues). <input type="checkbox"/> N-648 submitted; date: _____; result: <input type="checkbox"/> Approved <input type="checkbox"/> Denied Note: _____
FEE WAIVER REQUEST	<input type="checkbox"/> I-912 Fee Waiver Request needed <input type="checkbox"/> I-912 completed and submitted, date: _____ <input type="checkbox"/> Approved, date: _____ <input type="checkbox"/> Resubmitted if denied due to insufficient information, date: _____ <input type="checkbox"/> Exception to Policy submitted to ORIA if waiver is denied Note: _____
FEE REIMBURSEMENT	<input type="checkbox"/> Fingerprint fee needed (75 years old or younger); Paid by: _____ <input type="checkbox"/> 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