

## OFFICE OF REFUGEE AND IMMIGRANT ASSISTANCE CITIZENSHIP SERVICES Contract Monitoring Checklist On-Site Review

DATE OF REVIEW

CONTRACT NUMBER

| Instructions: This checklist is to be used when conducting a site-monitoring visit for any contractor providing Citizenship Services. It is to be used in conjunction with the Basic Client Service Checklist. A copy of this checklist will be maintained with the contract file. |  |  |     |                   |  |
|--|--|--|-----|-------------------|--|
| CONTRACTOR NAME  |  | CONTRACT GOALS<br>Naturalization of 32% of Outreach clients enrolled, OR<br>Meets Individual Performance goals |     |                   |  |
| REVIEWER(S) NAME(S)  |  | CLIENT NAME  |     | ALIEN NUMBER      |  |
|  |  |  |     | LAST MONTH BILLED |  |
|  |  |  |     |                   |  |
| Insert CODE in appropriate column below.   |  |  |     |                   |  |
| ✓ = Requirement met       X = Requirement not met       NA = Not applicable       P = Presumed compliance; no evidence to the contrary       PA = Partial compliance         L       REQUIREMENTS       CODE       COMMENTS  |  |  |     |                   |  |
| Contractor<br>goals  |  | CODE   | COM | NEN15             |  |
|  | Provide Citizen Services to eligible participants that ultimately leads to naturalization  |  |     |                   |  |
|  | Priority given to recipients of SSI or ABD identified as "outreach" participants. Document why client is Outreach.   |  |     |                   |  |
| Participant Eligibility<br>Criteria  | 1. Participant Eligibility   | Γ  | 1   |                   |  |
|  | <ul> <li>Meet the USCIS eligibility criteria to apply for citizenship;</li> </ul>  |  |     |                   |  |
|  | <ul> <li>Over 18 yrs, 5yrs Legal Permanent Resident (LPR) status and copy of the<br/>participant's USCIS 1-551 permanent resident card.</li> </ul>   |  |     |                   |  |
|  | <ul> <li>Meet DSHS eligibility criteria to apply for citizenship;</li> </ul>   |  |     |                   |  |
|  | <ul> <li>Be a recipient of SSI or state/federally funded cash, food, medical assistance, or<br/>received such benefits at time of receiving<br/>services</li> </ul>  |  |     |                   |  |
| ٩  | <ul> <li>Be literate in English unless verified as "outreach" participant, or qualify for<br/>exemption of English language requirement of citizenship exam</li> </ul>   |  |     |                   |  |
| The Contractor shall:  | 2. Contractor Responsibilities   | Γ  |     |                   |  |
|  | a. Screen to ensure participants meet USCIS eligibility requirements for U.S. Citizenship – age, legal residence, time in U.S., moral character, no legal problems, understanding and acceptance of oath of allegiance, English proficiency, and knowledge of history/civics, language and disability exemptions. ( <i>Look for screening tool and notes re: any specific issues</i> ). Copy of screening form in client file. |  |     |                   |  |
|  | b. Document participant's ORIA eligibility; copy of DSHS or SSI award letter in client file.   |  |     |                   |  |
|  | <ul> <li>Document that English language proficiency was assessed in progress notes or on<br/>intake screening form.</li> </ul>   |  |     |                   |  |
|  | d. Advise participants to seek legal help (if criminal history) prior to application. Document in progress notes or on intake screening form.  |  |     |                   |  |

| e  | . Advise participants re: eligibility requirements to apply for English language exemptions based on age, time in US, and testing exemptions based on disability under USCIS rules. Documented in progress notes or on Intake Screening form.   |  |  |
|----|---|--|--|
| f. | Provide assistance re: completion & submittal of the USCIS N400 form ( <i>Part 12 signed?</i> ) Full copy of signed and dated application in client file.   |  |  |
| g  | . Provide assistance to participants eligible to submit a fee waiver request<br>Full copy of USCIS form I-912 in client files and supporting documents  |  |  |
| h  | <ul> <li>Provide payment of the N400 fee for participants who do not meet USCIS criteria for<br/>waiver or have received a denial of waiver request, and payment of fingerprint fee.</li> <li>Copy of cancelled check submitted on behalf of applicant. Check must have client<br/>name on it.</li> </ul> |  |  |
| i. | Ensure required photos accompany the completed application. Copy of application with picture in client file.  |  |  |
| j. | Assist participant eligible to apply for disability waiver and helping obtain documentation from medical professionals needed to complete USCIS form N-648. Full copy of N648 form signed by the doctor in client file.   |  |  |
| k  | <ul> <li>Provide citizenship-training classes. Training topics must be related to history and<br/>civics, mock interview, review of USCIS questions, preparation for USCIS interview.<br/>Sign in rosters separate from client file. Client must sign for themselves legibly each<br/>class.</li> </ul>   |  |  |
| Ι. | Provide follow-up contact with participants who have completed their citizenship interview, report the naturalization date and certificate number or provide a copy of a valid U.S. passport to ORIA. Copy in client file   |  |  |
| m  | n. Provide assistance when needed to appeal N400 denials, documenting reason and<br>materials provided to USCIS in support of appeal. In client file.   |  |  |
| n  | . Document in progress notes that interview preparation was provided, the date and who provided the training.   |  |  |
| 4  | 4. Maintain Other Documentation in Separate Files   |  |  |
| а  | . Verification of application and fingerprint fee payment to USCIS. Copies of cancelled checks or other verification and USCIS received payment; <i>(note where they are found)</i>   |  |  |
|    | . <i>Certificate of Insurance available for review</i><br>. Signed non-disclosure forms available for review  |  |  |