

NEW I-129 Beneficiary Worksheet: PUBLIC CHARGE

(To be completed by the H1B or E3 candidate/employee)

Public Charge: Effective February 24, 2020, USCIS has implemented a new rule affecting those seeking a change of status or extension of status who have used certain public benefits. Under the new rule, an individual seeking an extension of status or change of status may be deemed "inadmissible" if s/he received one or more public benefits (listed below) for more than 12 months in the aggregate within any 36-month period. Please note that this only applies to benefits applied for or received on or after February 24, 2020.

YOUR NAME (please print): _____

1. Are you currently certified to receive any of the following benefits? Y/N

- 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 _____
- Federally-funded Medicaid _____

2. Have you received any of the following public benefits since obtaining the nonimmigrant status you seek to extend or that you seek to change? Y/N

- 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 _____
- Federally-funded Medicaid _____

3. If you have received or if you are currently certified to receive any of the above public benefits, please provide the following information:

- Type of Benefit: _____
- Agency that Granted the Benefit: _____
- Date when You Started/Will Start Receiving the Benefit: _____
- Date Benefit Ends or Expires: _____
- Type of Benefit: _____
- Agency that Granted the Benefit: _____
- Date when You Started/Will Start Receiving the Benefit: _____
- Date Benefit Ends or Expires: _____

4. Have you received, applied for, or have been certified to receive federally-funded Medicaid in connection with any of the following? (Select All that Apply)

- An emergency medical condition _____
- For a service under the Individuals with Disabilities Educational Act (IDEA) _____

- Other school-based benefits or services available up to the oldest age eligible for secondary education under State law _____
- While under the age of 21 _____
- While pregnant or during the 60-day period following the last day of pregnancy _____

5. If you received, applied for, or have been certified to receive federally-funded Medicaid, provide the applicable dates:

- From: _____
- To: _____

*By signing below, I certify that all of the above information is correct to the best of my knowledge AND that neither I nor any dependents are currently subject to regulation 212(e) which subjects certain J visa holders to a 2-year home residence requirement. (NOTE: If you **ARE** currently subject to this requirement, do not sign this form, but contact your department at Rutgers immediately.)*

Signature

Date

PLEASE RETURN THE COMPLETED FORM TO YOUR DEPARTMENT ADMINISTRATOR AT RBHS

If you have questions concerning this form, please contact Rutgers RBHS Global-ISSS at: iss-rbhs@global.rutgers.edu or via phone at 973-972-6138. However, questions regarding your appointment or visa eligibility should be directed to the hiring department.