

CITIZENSHIP PRE-SCREENING

Your Full Name _____ Today's Date _____

1. Have you been a legal permanent resident (green card holder) for at least 5 years (or 3 years if married to a U.S. Citizen for 3 years)? Yes No
 2. In the last 5 years, have you lived in the United States for at least 2.5 years? Yes No
 3. Are you at least 18 years old? Yes No
 4. Did you always financially support your children? I don't have any Yes No
 5. Did you file taxes for every year you worked in the United States? I never worked here Yes No
 6. Did you live in the United States when you were between 18 and 26 years of age? Yes No
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7. Did you ever leave the United States and stay in another country for 6 months or longer? Yes No
If yes, when? _____ How long? _____
 8. Did you ever give inaccurate or false information to the U.S government on any immigration or welfare application? Yes No
 9. Have you voted or registered to vote in the United States? Yes No
 10. Have you ever said that you are a U.S. citizen on any document or application? Yes No
 11. Have you ever been arrested or detained by a police, border patrol, immigration, or any other law enforcement officer in any country? Yes No
 12. Have you ever been captured or held in custody, jail, prison or detention center in any country? Yes No
 13. Have you ever been stopped by police or received a ticket/citation from any law enforcement officer in any country? Yes No
 14. Have you ever been arrested, taken to jail, detained by police, or received any tickets or citations outside of Washington State? Yes No
 15. Have you ever received a letter to appear in U.S immigration court or see an immigration judge? Yes No
 16. Have you ever been deported (*sent back to your country*) or denied entry into the United States? Yes No
 17. Did you ever help a person (including your family) enter the U.S. illegally? Yes No
 18. Did you ever sell, transport or abuse illegal drugs, narcotics, alcohol, etc.? Yes No
 19. Have you ever been involved in any political or terrorist activities? Yes No

If you answered "YES" to questions 7 – 19 above, please explain what happened:

*****For NON-GRANT clients: Failure to disclose any criminal or other potential issues at screening may result in additional fees above what is quoted when your appointment is scheduled.**

CITIZENSHIP INTAKE

Name _____ (_____)
First Middle Last/Family Name(s) (Maiden Name or Other Names used)

How did you hear about us? Friend World Relief Staff Website Facebook Other: _____

Address _____ Apt. # _____

City _____ State _____ Zip _____

Mailing Address (if different) _____

Home Phone Number _____ E-mail _____

Cell Phone _____ Is it safe to text or leave a voice message at the numbers provided? Yes No

Date of Birth _____ Birth Country _____ Languages _____

Social Security _____ Green Card/USCIS # _____ Resident Since Date _____

Male Female | Single Married Divorced Widowed Separated Other: _____
(Check one) (Check one)

Do you receive any of the following benefits?

Food Stamps DSHS Cash Assistance SSI FREE Medical (Apple Health) Other: _____

Did World Relief or any other organization help you apply for citizenship in the past? Yes No

If yes, please explain when and why your application was denied: _____

LANGUAGE SCREENING:

What is your English Level? I don't speak English Beginner Intermediate Advanced

Do you attend Citizenship Classes? Yes No

Are you able to take the test on U.S. history and government in English? Yes No

Do any of the following apply to you:

- 1) I am age 50 or older and have been a legal permanent resident for 20 years Yes No
- 2) I am age 55 or older and have been a legal permanent resident for 15 years Yes No
- 3) I am age 65 or older and have been a legal permanent resident for at least 20 years Yes No
- 4) I am not able to learn how to read, write or speak English because of a medical condition Yes No
- 5) I am not able to learn U.S. history & civics in my native language because of a medical condition Yes No

If you answered "yes" to number 4 or 5 above, please explain: _____

Did anyone help you complete this form? Yes No If yes, please provide their information below.

Full Name _____ Phone Number _____ Relationship _____

CITIZENSHIP INTAKE

YOUR PARENTS

First	Middle	Last/Family Name(s)	Date of Birth	Country of birth	Date became a U.S. Citizen
Father					
Mother					

ALL YOUR CHILDREN (including adopted, missing, deceased and step children) **How many children do you have? _____**

First, Middle, Last Name(s)	Date of Birth	Country of Birth	Green Card/USCIS#	Address

ALL MARRIAGES & DIVORCES

How many times have you been married? _____ How many times has your current husband/wife been married? _____

YOUR CURRENT HUSBAND OR WIFE

First, Middle, Last Name(s)	Date of Birth	Birth Country	Marriage Date	Green Card/USCIS #	U.S. Citizen?
					<input type="checkbox"/> Yes <input type="checkbox"/> No

YOUR PRIOR MARRIAGES

First, Middle, Last Name(s)	Date of Birth	Birth Country	Marriage Date	Divorce/Death Date	Living In the USA?
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

YOUR CURRENT HUSBAND'S OR WIFE'S PRIOR MARRIAGES

First, Middle, Last Name(s)	Date of Birth	Birth Country	Marriage Date	Divorce/Death Date	Living In the USA?
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

CITIZENSHIP INTAKE

SIBLINGS OR OTHER FAMILY MEMBERS (NOT LISTED ABOVE) WHO WERE CLIENTS OF WORLD RELIEF IN THE PAST

First	Middle	Last Name(s)	Date of Birth (if known)	Relationship to you

ALL YOUR ADDRESSES FOR THE PAST 5 YEARS

Street Name & Number	City and State	Zip code	Start Date	End Date

ALL EMPLOYMENT & EDUCATION FOR PAST 5 YEARS

Company/School Name	Address (including zip code)	Occupation	Start Date	End Date

TRAVEL DATES OUTSIDE OF THE UNITED STATES FOR THE PAST 5 YEARS

Countries visited	Date you left the U.S.	Date of Return to the U.S.

This is not a government form. Completion of this form is required for pre-screening purposes only. All information provided on this form will be kept confidential and will not be shared with anyone outside this office.

To request an appointment please e-mail, mail, fax or bring the following documents:

- Completed Citizenship Intake Form (*above*)
- Green card (*front and back*)
- State ID
- Social Security Card
- DSHS letter **OR** Apple Health Medical Coverage* letter with dates of coverage (*if applicable*)

Other helpful documents (*if available/applicable*):

- Passport Bio Page (*if traveled*)
- Court Records
- Police records

*If you have apple health medical coverage, you can print a current eligibility letter at <https://www.wahealthplanfinder.org> by 1) logging into your account 2) going to “Message Center” in the upper-right corner and 3) clicking on “Eligibility Results”.

You can also request confirmation of Apple Health coverage here: <https://www.waproviderone.org/client>

Please text or call us at 509.381.0832 or email us at ilsspokane@wr.org
if you have any questions or require any additional assistance with the intake process

Document submission options

E-mail: ilsspokane@wr.org

Fax: 509-484-9830

Mail or Drop-off in person @:

World Relief Spokane Immigration Legal Services 1522 N Washington St, Suite 204 Spokane, WA 99201	Drop-off hours: Open: Monday – Wednesday 9-4 pm Closed: Lunch 12-1 pm daily By appointment only: Thursday – Friday
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