

Client Name: _____



1800 E. 17th Street
Santa Ana, CA 92705
TEL: (714) 347-9610

N-400

Citizenship

IMPORTANT:

You must have this form completed by the day of your appointment. We do not want to delay your process. Thank you for your cooperation!

Appointment Date: _____

Time: _____

Counselor: _____

Date/Fecha _____



Citizenship N-400 Income Reporting Sheet/ Treatment Plan

Beneficiary or Applicant/Beneficiario o Solicitante:

First Name/Primer Nombre _____ Middle Name/Segundo Nombre _____

Last Name/Apellido _____ A#: _____

Phone #/Número de teléfono _____

Address/Dirección _____

Email/Correo electrónico _____

Date of Birth/Fecha de Nacimiento _____ Age/Edad _____

Gender/Género _____ Years of School Completed/Años de Educación _____

Country of Origin/País de Origen _____ Race/Raza _____

Language of Service/Idioma de Servicio _____

Household Size (Including Children)/Tamaño del Hogar (incluyendo niños) _____

Total Gross Annual Household Income/Total de ingresos anuales antes de recortes _____

2025 Federal Poverty Level Chart							
Household/ Family Size	100%	138%	150%	200%	250%	300%	400%
1	\$ 15,650	\$ 21,597	\$ 23,475	\$ 31,300	\$ 39,125	\$ 46,950	\$ 62,600
2	\$ 21,150	\$ 29,187	\$ 31,725	\$ 42,300	\$ 52,875	\$ 63,450	\$ 84,600
3	\$ 26,650	\$ 36,777	\$ 39,975	\$ 53,300	\$ 66,625	\$ 79,950	\$ 106,600
4	\$ 32,150	\$ 44,367	\$ 48,225	\$ 64,300	\$ 80,375	\$ 96,450	\$ 128,600
5	\$ 37,650	\$ 51,957	\$ 56,475	\$ 75,300	\$ 94,125	\$ 112,950	\$ 150,600
6	\$ 43,150	\$ 59,547	\$ 64,725	\$ 86,300	\$ 107,875	\$ 129,450	\$ 172,600
7	\$ 48,650	\$ 67,137	\$ 72,975	\$ 97,300	\$ 121,625	\$ 145,950	\$ 194,600
8	\$ 54,150	\$ 74,727	\$ 81,225	\$ 108,300	\$ 135,375	\$ 162,450	\$ 216,600

For Internal Use Only:

Case #: _____

Counselor: _____

Identified Problem/Service Need: _____

Client's Objective: _____

Steps taken to Meet Objectives: _____

Date	Services	Fees	Amount Paid	Balance	Receipt #/ Funding Source

☐ Client Profile Created on elmigration

Information Sheet and Requirements

To apply for Citizenship, you must be at least 18 years old and meet the requirements for one of three categories:

5 Year Rule:

Under the 5 Year Rule, you must:

- ☐ Be a Legal Permanent Resident for at least 5 years

3 Year Rule:

Under the 3 Year Rule, you must:

- ☐ Be a Legal Permanent Resident for at least 3 years,
- ☐ Be married to a U.S. Citizen who has been a U.S. Citizen for at least 3 years, and
- ☐ Be living with your U.S. Citizen Spouse for at least 3 years

U.S. Armed Forces Rule:

If you have served in the U.S. Armed Forces, you must:

- ☐ Have served for 3 years in active duty, or
- ☐ Have been honorably discharged within 6 months before applying, or
- ☐ Have been a person who has served during a period of recognized hostilities (war) and enlisted or reenlisted in the U.S. Armed Forces

Required Information:

- ☐ Copy of Legal Permanent Resident Card
- ☐ Copy of California Driver's License or Identification Card
- ☐ Social Security Number
- ☐ Marriage Certificate, Divorce Certificate (All Marriages)
- ☐ This packet filled out **COMPLETELY**

Interview Language Exemption:

I am _____ years old and have had my green card for _____ years.

Categories to Take the Citizenship Interview in your own Language			
Age	Years of Residency	Number of Questions to Study	Number of Correct Answers Needed to Pass
50 years or older	20 years or more	100	6
55 years or older	15 years or more	100	6
65 years or older	20 years or more	20	6

Interview and Civics Exam Exemption:

If you have a medical disability or impairment and you believe you qualify for a waiver of the English and/or U.S. Government and History Exam, please attach a completed N-648 form.

Please note: Asking for the waiver, does NOT guarantee that you will be excused from testing requirements.

Fees:

For United States Citizenship and Immigration Services

- **\$760** Payable to the U.S. Department of Homeland Security
- Money Order, Personal Check, or Credit Card are accepted.
- A Fee Reduction or Waiver is available to those who qualify!

For Catholic Charities of Orange County, there is NO COST!

For Catholic Charities of Orange County, there is **NO COST!**

Citizenship Screening Questionnaire

Please check the appropriate response to the following questions:

1. Have you made any trips outside of the U.S. in the last 5 years that lasted 6 or more months?..... ☐ Yes ☐ No
2. Since becoming a Legal Permanent Resident, have you moved to another country? ☐ Yes ☐ No
3. Are you in deportation proceedings? ☐ Yes ☐ No
4. Have you ever been deported or removed?..... ☐ Yes ☐ No
5. Since becoming a Legal Permanent Resident, have you ever failed to file a federal, state, or local tax, or do you have any taxes that are overdue? ☐ Yes ☐ No
6. Have you failed to support your children, or do you owe child support? ☐ Yes ☐ No
7. Are you on probation or parole for a criminal conviction? ☐ Yes ☐ No
8. Have you ever given false or misleading information to any U.S. Government official while applying for any immigration benefit or to prevent deportation, exclusion, or removal? ☐ Yes ☐ No
9. Have you ever lied to any U.S. Government official to gain entry or admission into the U.S.? ☐ Yes ☐ No
10. Have you ever lied or committed fraud to receive or to continue to receive public benefits? ☐ Yes ☐ No
11. Have you ever helped someone to enter the U.S. illegally, even if it was a relative?..... ☐ Yes ☐ No
12. Have you ever claimed to be a U.S. Citizen?..... ☐ Yes ☐ No
13. Have you ever voted illegally or registered to vote in the U.S.? ☐ Yes ☐ No
14. Have you made a living by illegal gambling? ☐ Yes ☐ No
15. Have you ever been a habitual drunkard, drug abuser, or drug addict?..... ☐ Yes ☐ No
16. Have you ever been arrested, cited (tickets), or detained by any law enforcement officer (ex: USCIS, formerly known as INS, and military officers) for any reason? ☐ Yes ☐ No
17. Have you ever been charged or convicted of a crime or offense? ☐ Yes ☐ No

If you answered "Yes" to any of the previous questions, we will need more information from you.

Selective Service Information:

Are you a male who has lived in the United States between your 18th and 26th birthdays? ☐ Yes ☐ No

If yes, when did you register for the Selective Services?

Date Registered: _____ Selective Service #: _____

Applicant Intake

I. Applicant's Information:

Current Legal Name: _____

(First Name, Middle Name, Last Name(s))

Other Names Used Legally: _____

A#: _____ LPR Category (next to A#): _____

Date of Birth: _____ Resident Since: _____ Social Security #: _____

Marital Status: ☐ Single (Never Married) ☐ Married ☐ Divorced ☐ Widowed ☐ Separated ☐ Annulled

How many times have you been married? _____

If you are currently married, is your spouse a current member of the U.S. armed forces? ☐ Yes ☐ No

If you would like to change your name, please print the name you would like to use:

First Name: _____ Middle Name: _____ Last Name: _____

Is your mailing address the same as your physical address? ☐ Yes ☐ No If not, what is your mailing address?

Street Address: _____

City: _____ State: _____ Zip Code: _____

Was one of your Parents (including adoptive parent) a U.S. Citizen before your 18th Birthday? ☐ Yes ☐ No

II. Applicant's Current Spouse:

Only Required if applying based on 3 year rule

First Name: _____ Middle Name: _____

Last Name: _____

Date of Birth: _____ Date of Marriage: _____

Immigration Status: ☐ U.S. Citizen ☐ Legal Permanent Resident ☐ Other: _____

Is your current spouse's physical address the same as your physical address? ☐ Yes ☐ No

If your spouse is a Legal Permanent Resident, has a work permit, or is a U.S. Citizen, please provide the following:

A#: _____ Date of Citizenship: _____

Spouse's Current Employer: _____

How many times has your spouse been married? _____

III. Address History: *Please list where you have lived **for the last 5 years** (from most recent to oldest).*

Address (Street, Apt #, City, State, Zip Code, Country)	From (MM/YYYY)	To (MM/YYYY)

IV. Employment and School History:

*Please list where you have worked or gone to school **for the last 5 years** (from most recent to the oldest).*

1	Employer or School:	Address:	
	From (MM/YYYY)	To (MM/YYYY)	Title or Occupation:
		Present	
2	Employer or School:	Address:	
	From (MM/YYYY)	To (MM/YYYY)	Title or Occupation:
3	Employer or School:	Address:	
	From (MM/YYYY)	To (MM/YYYY)	Title or Occupation:
4	Employer or School:	Address:	
	From (MM/YYYY)	To (MM/YYYY)	Title or Occupation:

V. Exits and Entries:

Please list your exits and entries outside of the U.S. that were more than 24 hours in the last 5 years (from most recent to oldest). If you do not remember the exact dates, please provide the month and year.

Departure Date from the U.S. (mm/dd/yyyy)	Arrival Date to the U.S. (mm/dd/yyyy)	Countries Visited

VI. Children Information:

List your children that are **under the age of 18**

1	Name:	Address:
	Date of Birth:	
2	Name:	Address:
	Date of Birth:	
3	Name:	Address:
	Date of Birth:	
4	Name:	Address:
	Date of Birth:	
5	Name:	Address:
	Date of Birth:	

VII. Traffic and Criminal Information:

Have you been arrested, detained, or cited (including traffic tickets)?..... ☐ Yes ☐ No

Have you ever been convicted of a crime?..... ☐ Yes ☐ No

If you marked "Yes", please fill out the following information:

Date (MM/DD/YYYY)	Location (City, State, Country)	Nature of Offense	Outcome

****Note: We will need certified court records to mail with the application.***

VIII. Removal Proceedings Information:

Have you been in removal proceedings?..... ☐ Yes ☐ No

Have you ever been deported, removed, or excluded from the U.S.?..... ☐ Yes ☐ No

If you marked "Yes", please fill out the following information:

Date (MM/DD/YYYY)	Location (City, State, Country)	Outcome

Additional Space:



County of Orange
SOCIAL SERVICES AGENCY

1928 S. Grand Avenue
Santa Ana, CA 92705-4902

8/3/2021

Santa Ana CA 92704-1359

TO WHOM IT MAY CONCERN:

We are responding to your recent inquiry regarding _____; and _____ Medi-Cal eligibility. _____ and _____ was/is determined eligible to the Medi-Cal Program during the following period(s):

Case Number	Scope of Benefits	Share-of-Cost	Period of Eligibility
	Full Scope	\$ 0.00	01/2003 - present

Medi-Cal payment requests must be submitted by the medical provider (i.e. doctor, hospital, clinic, specialists, etc.) within one year of the date of service. If you or a family member has a share-of-cost (SOC), the SOC must be met.

If you are sent to collections after presenting your Medi-Cal Benefits Identification Card (BIC) to the provider, be advised that the Welfare and Institution Code, Section 14019.4 precludes a provider from billing the beneficiary.

This letter is for verification purposes only. The presentation of this letter to a provider of services or collection agency **does not** guarantee payment of debts owed.

If I may be of any further assistance to you please do not hesitate to contact me.

Sincerely,

Eligibility Technician
County of Orange Social Services Agency
(800) 281-9799

Medi-Cal Eligibility Letter

SAMPLE LETTER

To: Department of Social Services/ Social Security Administration

_____ is a client at Catholic Charities of Orange County in our department of Citizenship and Immigration Services. We are currently assisting our client apply for an immigration benefit through the United States Citizenship and Immigration Services. We believe our client may qualify for a fee waiver to exempt them from paying the government fees associated with this application. In order to qualify for this fee waiver, the U.S. Citizenship and Immigration Services requests a copy in **English** of the applicant's **Approval Letter/ Award Letter**. Your assistance in providing our client with the needed documentation would be greatly appreciated. Should you have any questions, you may contact our office at (714) 347-9610.

Thank you.

Citizenship and Immigration Services Department
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