

Client Name: \_\_\_\_\_



✉ P.O. Box 10180, Santa Ana, CA 92711 | 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 eImmigration

## 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.

<b>Categories to Take the Citizenship Interview in your own Language</b>			
<b>Age</b>	<b>Years of Residency</b>	<b>Number of Questions to Study</b>	<b>Number of Correct Answers Needed to Pass</b>
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**

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

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

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**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 18<sup>th</sup> and 26<sup>th</sup> 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 18<sup>th</sup> 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:
		<b>Present</b>	
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  
Catholic Charities of Orange County  
1800 E. 17<sup>th</sup> Street  
Santa Ana, CA 92705  
(714) 347-9610