

# I-643, Health and Human Services Statistical Data for Refugee/Asylee Adjusting Status

**Print or type in blue or black ink.**

1. Name: Last ( <i>Family</i> )		First ( <i>Given</i> )	Middle	Today's Date: ( <i>mm/dd/yyyy</i> )	Alien Registration Number: <b>A -</b>
Country of Birth:		Country of Citizenship/Nationality:			Social Security Number:
Native Language:	Date of Birth ( <i>mm/dd/yyyy</i> )	Telephone Number ( <i>with area code</i> )	Cellphone Number ( <i>with area code</i> )		
Current Address:					
<i>(Number, Street, and Apartment No.)</i>		<i>(City)</i>		<i>(State)</i>	
<i>(Zip Code)</i>					

2. My three most recent cities of residence in the United States have been: *(List most recent first)*

City or Town	State	From ( <i>mm/dd/yyyy</i> )	To ( <i>mm/dd/yyyy</i> )
			<b>Present</b>

3. There are \_\_\_\_\_ members of the household, \_\_\_\_\_ of whom are employed. *(Please use another sheet(s) if needed)*

Name <i>(Self)</i>	Relationship to Me <i>(Self)</i>	Gender M/F	Date of Birth <i>(mm/dd/yyyy)</i>	Country of Birth	Alien Number	Currently Employed?		Attending School?	
						Yes	No	Yes	No
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. My employment since entering the United States has been: *(List most recent first)* **Check One**

Company Name	Location City, State	From <i>(mm/dd/yyyy)</i>	To <i>(mm/dd/yyyy)</i>	Job Title	Wage Per Hour	Part Time	Full Time
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

My major occupation or profession before coming to the United States was:

5. My education before coming to the United States was: *(Check all that apply)*

<input type="checkbox"/> Grades 1-8	<input type="checkbox"/> Some university	My knowledge of English was acquired by: <i>(Check all that apply)</i>
<input type="checkbox"/> Some high school	<input type="checkbox"/> University diploma	
<input type="checkbox"/> High school diploma	<input type="checkbox"/> Graduate studies	
<input type="checkbox"/> Technical school	<input type="checkbox"/> Professional training	
<input type="checkbox"/> Technical school certificate	<input type="checkbox"/> Graduate degree	
		<input type="checkbox"/> Training in the U.S.
		<input type="checkbox"/> Use in another country
		<input type="checkbox"/> Use in the U.S.
		<input type="checkbox"/> Training in refugee camp
		<input type="checkbox"/> Training in another country
		<input type="checkbox"/> Other <i>(Please explain)</i> :

6. I have had the following training or education in the U.S. <span style="float: right;"><i>(Check all that apply)</i></span>				7. English Language Skills: <span style="float: right;"><i>(Check one)</i></span>			
Type of Training/Education	Course of Study	Check If Still Attending	Check If Completed	Speaking	Reading	Writing	
<input type="checkbox"/> High School		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> None <input type="checkbox"/> A Few Words <input type="checkbox"/> Fair	<input type="checkbox"/> None <input type="checkbox"/> A Few Words <input type="checkbox"/> Fair	<input type="checkbox"/> None <input type="checkbox"/> A Few Words <input type="checkbox"/> Fair	
<input type="checkbox"/> College		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Good	<input type="checkbox"/> Good	<input type="checkbox"/> Good	
<input type="checkbox"/> Technical/Vocational		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> None <input type="checkbox"/> A Few Words <input type="checkbox"/> Fair	<input type="checkbox"/> None <input type="checkbox"/> A Few Words <input type="checkbox"/> Fair	<input type="checkbox"/> None <input type="checkbox"/> A Few Words <input type="checkbox"/> Fair	
<input type="checkbox"/> Other (specify):		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Good			

8. Since in the United States, list as many types of public assistance (excluding emergency medical treatment) that you have received or someone has received on your behalf. Please include public assistance received from the U.S. Government or any State, county, city, or municipality.

Public Assistance	From ( <i>mm/yyyy</i> )	To ( <i>mm/yyyy</i> )	Public Assistance	From ( <i>mm/yyyy</i> )	To ( <i>mm/yyyy</i> )
<input type="checkbox"/> Cash assistance (Welfare)			<input type="checkbox"/> Medical assistance		
<input type="checkbox"/> Food Stamps			<input type="checkbox"/> Other <i>(specify)</i> :		
<input type="checkbox"/> SSI					