



INTERNATIONAL STUDENT  
& SCHOLAR SERVICES

The University of Alabama at Birmingham

**H-1B BENEFICIARY INFORMATION SHEET – CLINICAL EXTENSION**

**PLEASE NOTE:** After this extension petition is filed with USCIS, you will continue to be authorized to work for up to 240 days beyond the end date of your current H-1B. We do not recommend international travel while the extension is pending. Current USCIS processing times can be checked [here](#). If you make international travel plans after this extension is filed, we will need a check for \$2,500 to request premium processing so that you will have an approval notice in hand before you leave the US. You must have a hard copy USCIS approval notice in order to apply for an H-1B visa at a US consulate/embassy abroad. You can renew your driver license at the Alabama Department of Motor Vehicles (“DMV”) office in Birmingham with an H-1B extension receipt notice, and Alabama allows a 60-day grace period to drive on expired license ([see page 13](#)).

**BIOGRAPHICAL INFORMATION UPDATE**

Name \_\_\_\_\_  
Last/Family Names First/Given Names

Married ☐ Single ☐ If married, please complete the additional Dependents section below.

**Current residential address in the US:**

Street name and number Apartment Number (if any)

City State ZIP Code

Phone \_\_\_\_\_ Non-work email address \_\_\_\_\_

**Residential address in home country abroad:**

Street name and number Apartment Number (if any)

City State/Province Country Postal Code

**IMMIGRATION UPDATE**

Do you have an approved Form I-140? If so, what category? \_\_\_\_\_ Yes ☐ No ☐  
If so, is your spouse currently working on an H-4 EAD? Yes ☐ No ☐  
Does your spouse have an approved Form I-140? If so, what category? \_\_\_\_\_ Yes ☐ No ☐  
Do you have a pending adjustment of status (“green card”) application? Yes ☐ No ☐  
Are you working with an outside attorney on a green card application? Yes ☐ No ☐  
Do you have a pending asylum application? Yes ☐ No ☐  
When you need to apply for a visa, which US embassy/consulate do you use? (city) \_\_\_\_\_

## DEPENDENTS

Will your spouse need an H-4 status extension? Yes ☐ No ☐

If no, what immigration status does your spouse currently hold? \_\_\_\_\_

Does your spouse need to renew an H-4 EAD? Yes ☐ No ☐

Will your children born outside the US need an H-4 status extension? Yes ☐ No ☐

If no, what immigration status does your child currently hold? \_\_\_\_\_

Spouse name: \_\_\_\_\_

Spouse email: \_\_\_\_\_ Spouse phone number: \_\_\_\_\_

## RECEIPT OF US PUBLIC BENEFITS

(applicable *only* for a change of status to H-1B *or* extension of H-1B status)

On February 24, 2020, USCIS implemented the Inadmissibility on Public Charge Grounds final rule. In order to comply with this requirement, you must answer the questions below, sign and date where indicated, and return to ISSS. If you answer "yes" to any of the questions, we recommend that you contact a local immigration attorney with any questions and to discuss your options. **ISSS cannot advise on your participation in any of the public benefits programs listed below and is collecting this information only because employers are required to per the newest version of Form I-129, which is the basis for every H-1B and O-1 petition.** The questions and options below are presented identically to how the information is requested on USCIS Form I-129.

Have you *ever* received, or are *currently certified* to receive, any of the following US public benefits? Please check *only* the benefits that apply to you.

- ☐ 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, 42 U.S.C. 1437 et seq.
- ☐ Federally-Funded Medicaid
- ☐ No, I have not received any of the above public benefits
- ☐ No, I am not certified to receive any of the above listed public benefits

Have you received, applied for, or 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 Education 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
- ☐ None of the above statements apply.

I certify, under penalty of perjury, that I have answered the above questions regarding my use of US public benefits fully and accurately.

\_\_\_\_\_  
Type or Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

## REQUIRED DOCUMENTS

Please complete and email this form to [arainey1@uab.edu](mailto:arainey1@uab.edu) or [zoeguy@uab.edu](mailto:zoeguy@uab.edu) (whoever sent you this document) along with pdf copies of **ALL** of the following documents. Please do not send pictures or screen shots of the documents. We cannot file the H-1B petition without **ALL** necessary documents. Please send all attachments in **one** email or via Dropbox/Box.

- ☐ Biographical/identification page of your valid passport (if renewed since last H-1B filing)
- ☐ Current CV
- ☐ Any new US visa stamps received since last filing (not entry/exit ink stamps—just the physical visa stamps)
- ☐ By returning this form, you consent to ISSS staff downloading your most recent Form I-94 from <https://i94.cbp.dhs.gov/i94/#/home>
- ☐ **All new immigration documents since last filing** (e.g., I-140 receipt or approval notice, I-485 receipt notice, etc.)
- ☐ Three most recent pay statements from **both** UAB and HSF (if dually-appointed)

**If dependents (i.e., spouse and/or unmarried children under age 21) need H-4 extensions, please provide **ALL** of the following information for each family member, as relevant:**

- ☐ Biographical page of current, valid passport (if renewed since last H-4 filing)
- ☐ Any new US visa stamps received since last filing
- ☐ Most recent Form I-94, printed from <https://i94.cbp.dhs.gov/i94/#/home>
- ☐ All new immigration documents since last filing (e.g., I-140 approval, receipt notice for I-485, etc.)
- ☐ Marriage certificate, if married since last filing (with notarized translation, if not in English)
- ☐ Birth certificate, if child born outside US since last filing (with notarized translation, if not in English)

Notarial Certificate of Translation

State of \_\_\_\_\_

County of \_\_\_\_\_

The attached documents entitled \_\_\_\_\_ were translated from \_\_\_\_\_ to English by \_\_\_\_\_.

I \_\_\_\_\_ certify that I am fluent (conversant) in the English and \_\_\_\_\_ languages, and that the attached document is an accurate translation of the document attached entitled \_\_\_\_\_.

Typed Name of Translator:

Address:

Date:

Signature: \_\_\_\_\_

Who appeared before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ in City, State.

Notary signature:

Notary seal: