



Please submit to citizenship@tacomacommunityhouse.org

1. Copy of Green Card (both sides)
2. Copy of WA State ID/License (front only)
3. Completed enrollment form
4. Completed Release of Information

DATE _____

CITIZENSHIP CLASS ENROLLMENT FORM – via ZOOM

Name _____
First Middle Last

Alien (A#) _____ LPR Since _____

Please email a copy of your Washington State Driver License or ID and Permanent Resident Card (both sides of LPR card)

SS# _____ -- -- _____ Date of Birth ____ / ____ / ____ Age: _____

Country of Origin _____ Primary Language _____

Address _____
Street Number and Name Apt #

City State Zip Code

Home Phone (_____) _____ Cell (_____) _____

E-mail _____ @ _____ *MUST HAVE an Email address*

➤ Are you a client of TCH - Immigration Services Department? YES NO

If 'yes' who is your case worker? _____

➤ Have you already applied to become a U.S. Citizen? YES NO

If 'yes' approximately when? _____

If 'yes' what is your USCIS receipt number – it starts with IOE _____

Are you receiving any public assistance through DSHS, such as (*circle all that apply*)

Food Assistance Medical Coupon Cash/TANF/GA SSI

TACOMA COMMUNITY HOUSE
Release of Information and Non-Discrimination Policy

I. Release of Information

I, _____, give my permission to Tacoma Community House to release any information about me to the appropriate legal personnel, federal or state programs, to the USCIS, and to other organizations that are assisting me with my immigration case. We DO NOT report any undocumented or out-of-status clients to ICE.

I also authorize the following people to be present at my appointment(s) and to receive updates about my case: _____

Sometimes TCH takes pictures or videos of our clients and their families. These pictures show the services at TCH and may be used in our publications or in publications used outside of TCH. If you do not want to be in the pictures or videos, it is your responsibility to step out of the picture.

II. Non-Discrimination

Tacoma Community House does not discriminate on the basis of race, color, religion, creed, national origin, sex, age, disability, marital status, sexual orientation, or Vietnam era veteran status in all programs and activities. Questions, concerns, complaints, or requests for additional information may be forwarded to Tacoma Community House's Section 504/ADA Compliance Coordinator:

Name: Lauren Walker Lee
Title: Executive Director
Address: PO Box 5107 (1314 South L)
Tacoma, WA 98415
Telephone: 253-383-3951
Days/Hours available: 8 to 5, Monday through Friday

Individuals who need educational auxiliary aids or services to participate in the programs and services of Tacoma Community House are invited to make their needs and preferences known to the Section 504/ADA Compliance Coordinator.

I have been informed of Tacoma Community House's Non-Discrimination policies and the Section 504/ADA Compliance Coordinator. I understand that a copy of the Tacoma Community House's complete non-discrimination plan is available upon request.

Signature

Date

TCH staff name