

DATE

Please submit to citizenship@tacomacommunityhouse.org

- 1. Copy of Green Card (both sides)
- 2. Copy of WA State ID/License (front only)
- 3. Copy of vaccination card for IN PERSON class
- 4. Completed enrollment form
- 5. Completed Release of Information

CITIZENSHIP	CLASS ENROLLME	NT FORM - ZOO	OM or IN PERSON

NameFirst	Middle	Last		-	
Alien (A#)		LPR Since			
Please email a copy of you Card (both sides of LPR ca	r Washington Sta ard)	te Driver License or ID	and Permaner	nt Resident	
SS#		Date of Birth/	/	Age:	
Country of Origin		Primary Language_			
AddressStreet Number and	Name	Apt #			
City		State	Zip Code		
Home Phone ()		Cell ()		e	
E-mail	@	<u>MUS</u>	ST HAVE an En	nail address	
Are you a client of T	CH - Immigration	Services Department?	YES	NO	
lf 'yes' who is your case wo	orker?				
> Have you already applied to become a U.S. Citizen? YES		YES	NO		
f 'yes' approximately wher	17		_		
f 'yes' what is your USCIS	receipt number – i	t starts with IOE			
Are you receiving any public	assistance through	DSHS, such as (<u>circle a</u>	ll that apply)		
Food Assistance	Medical Coupon	Cash/TANF/GA	SSI		



TACOMA COMMUNITY HOUSE Release of Information and Non-Discrimination Policy

I.]	Release	of In	formation
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programs, to the USCIS, a	, give my permission to <u>Tacoma Community</u> mation about me to the appropriate legal personnel, federal or state and to other organizations that are assisting me with my NOT report any undocumented or out-of-status clients to ICE.
	ing people to be present at my appointment(s) and to receive
show the services at TCH a	tures or videos of our clients and their families. These pictures and may be used in our publications or in publications used outside t to be in the pictures or videos, it is your responsibility to step out
II. Non-Discrimination	on
national origin, sex, age, di status in all programs and a	e does not discriminate on the basis of race, color, religion, creed, isability, marital status, sexual orientation, or Vietnam era veteran activities. Questions, concerns, complaints, or requests for be forwarded to Tacoma Community House's Section 504/ADA
Name: Title: Address:	Jason Scales Interim Executive Director PO Box 5107 (1314 South L) Tacoma, WA 98415
Telephone: Days/Hours available:	253-383-3951 8 to 5, Monday through Friday
services of Tacoma Comm	ational auxiliary aids or services to participate in the programs and unity House are invited to make their needs and preferences ADA Compliance Coordinator.
Section 504/ADA Complia	coma Community House's Non-Discrimination polices and the nce Coordinator. I understand that a copy of the Tacoma lete non-discrimination plan is available upon request.
Signature	Date
TCH staff name	