Chapter Seven

The Disability Waiver and Accommodations

Always do right. This will gratify some people and astonish the rest.
–Mark Twain

In this Chapter:

• English and Civics Testing Exemptions
• Eligibility for the Disability Waiver
• The Disability Waiver Process
• Reasonable Accommodations
• Disability and the Oath of Allegiance

People with disabilities can become citizens. USCIS is required to change the normal citizenship procedures for people with disabilities. This chapter outlines what kinds of changes USCIS may make for people with disabilities and how to request them.
**ENGLISH AND CIVICS TESTING EXEMPTIONS**

Most applicants must take an English test and a United States history and government (civics) test to become a citizen. However, some people are exempt from one or both of the testing requirements.

**Age 50 or Older and Permanent Residence for 20 Years or More**
These applicants are exempt from the English requirement and can take the full civics test in their native language.

**Age 55 or Older and Permanent Residence for 15 Years or More**
These applicants are exempt from the English requirement and can take the full civics test in their native language.

**Age 65 or Older and Permanent Residence for 20 Years or More**
These applicants are exempt from the English requirement and can take an easier civics test that is based on 20 questions selected from the list of 100 questions. This is called “Special Consideration.”

If you are in one of these categories you are automatically eligible for the English exemption. You can bring an interpreter to the interview.

**Disability**
Applicants who have one or more disabilities which prevent them from learning English and/or civics also may receive an exemption from these tests.

To request a disability exemption, you must submit Form N-648, *Medical Certification for Disability Exceptions* with your citizenship application. Unlike the age/residence exemptions above, this is not automatic. It requires a decision from USCIS.

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Ɏxempt = Free from a requirement. “I am exempt from the English requirement, so I can take the test in my native language.”
ELIGIBILITY FOR THE DISABILITY WAIVER

You must meet the following requirements in order to apply for the disability waiver.

- USCIS will consider a single physical or developmental disability, a mental impairment, or a combination of disabilities or impairments.
- The disability must be permanent, lasting or expected to last at least 12 months.
- You must have a type of disability that prevents you from learning English and civics. Not all disabilities qualify for a waiver. USCIS does not automatically recognize a disability status from another government agency. A separate decision is required. For example, you may be eligible to receive SSI for a disability, but fail to be eligible for a disability waiver.
- You must be unable to pass the tests even with reasonable accommodations. All applicants with disabilities have a right to request accommodations. If accommodations alone will not allow you to pass the tests, then you may apply for a waiver.
- A medical doctor (M.D.), osteopath (D.O.) or psychologist (Ph.D.) must be able to diagnose your kind of disability with methods of diagnosis that are recognized by medical professionals. He or she must identify mental disabilities with a diagnostic code from the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition*, known as the DSM IV.
- The disability can not be a result of taking illegal drugs such as heroin, cocaine, or marijuana.

**Note:** Old age and/or illiteracy do not qualify for a waiver.

*diagnosis* = The name or description of a medical problem. “The doctor’s diagnosis was dementia.”
Types of Disabilities
In considering your disability, USCIS looks at:

- the diagnosis and cause of your disability;
- the connection between your disability and your inability to learn English and civics; and
- the doctor’s professional opinion that your disability makes you unable to learn English and/or history and civics.

Physical disabilities may have side effects that limit learning and memory.
Maria has suffered from several serious chronic health problems for the past 10 years. She has hypertension and heart disease. She has suffered several mild strokes. A recent stroke left her with weakness on one side of her body and difficulty with her memory. For example, she forgets peoples’ names and days of the week and needs help remembering to take her medication. These memory problems make it impossible for her to learn new information, including English and civics. However, she wants to become a citizen and is able to express her desire to be one.

Examples of physical disabilities that may alone or in combination cause poor memory and inability to pass the tests: diabetes, cancer, long-term hypertension, blindness, deafness, heart disease, cerebral arteriosclerosis, angina, stroke.

Developmental disabilities are present before age 22. They can be a result of a mental or physical problem or both.
Tam was diagnosed at birth with Down’s Syndrome. He did not go to school because no special education was available in his native country. His vocabulary is limited and he has a short attention span. He understands only very simple directions and easily forgets what he just learned. He knows that by becoming a citizen, he can stay in the U.S. permanently with his parents. He is requesting a waiver of the English and civics requirements. He is also requesting accommodations in the form of a modified interview using simple language and yes/no questions.

Examples: intellectual disability, Down’s Syndrome, autism, cerebral palsy.

Mental impairments limit a person’s thinking and perception.
Saad has a history of chronic paranoid schizophrenia. This illness causes him to have severe emotional reactions to people and events. He often believes that people are trying to hurt him. He is unable to remember events as they occurred, substituting a distorted sense of reality. His reading ability is limited by intrusive thoughts. Even with medication, Saad is unable to concentrate enough to learn and express information about English and civics. However, he has expressed a desire to be a citizen.

Examples: schizophrenia, dementia, Alzheimer’s disease, major depression, bipolar disorder, panic attacks, paranoia, post-traumatic stress disorder.
THE DISABILITY WAIVER PROCESS

You have a serious physical, mental, or developmental disability that prevents you from learning the information needed to pass the English and civics tests.

You see a medical doctor, osteopath, psychiatrist, or clinical psychologist who is familiar with diagnosing your kind of disability.

The doctor, osteopath, or psychologist agrees that your disability will not allow you to meet the English and civics requirements even with accommodations. He or she fills out completely and signs the Form N-648, Medical Certification for Disability Exceptions.

You and a legal professional review Form N-648 to make sure it is accurate and complete.

You submit Form N-648 with your citizenship application. If needed, you also submit a request for accommodations for your disability in Part 3 of the N-400.

You attend the USCIS interview. At the beginning of your interview the USCIS officer should tell you if your disability waiver has been approved or continued.

The USCIS officer approves your N-648. The officer completes the interview, asking you questions about your N-400 in your native language and scheduling the oath of allegiance.

The USCIS officer decides that your waiver will be continued because it is not complete. You are tested on your knowledge of English and civics, but the officer explains that you will have a second opportunity to submit the waiver if you fail the test. You are approved if you pass the test and you are able to complete the interview. You are continued if you fail the test. The officer then gives you a Form N-14 explaining what additional information is needed. You are scheduled for a second interview. You return to your doctor to get the additional information.

At the second interview, the USCIS officer approves your second N-648 and completes the interview as described above (left).

At the second interview, the USCIS officer decides that your second N-648 is still incomplete. Your request for a waiver is denied. You are tested a second time on English and civics. If you fail the test again, your application for naturalization is denied.

See Chapter 6, Attachment E for a copy of Form N-14.
Professionals Who Can Certify Your Disability

Medical Doctors
Medical doctors have a degree in medicine from a board-certified medical school. They are usually internists or family practice doctors. Family physicians familiar with the patient are often the best professionals to complete the disability waiver.

For some kinds of health problems, your general doctor may recommend that you see a specialist. A specialist is a doctor who focuses on the diagnosis and treatment of certain kinds of diseases.

- Ophthalmologists specialize in eye diseases such as blindness and other vision problems.
- Audiologists specialize in hearing loss problems such as deafness.
- Cardiologists specialize in heart diseases such as arteriosclerosis, angina and long-term hypertension.
- Psychiatrists specialize in mental illnesses such as major depression, bipolar disorder, panic attacks, post-traumatic stress disorder and schizophrenia.

Clinical Psychologists
Clinical psychologists have a master’s degree or a Ph.D. in psychology or counseling. They can diagnose and counsel for mental illnesses such as major depression, bipolar disorder, panic attacks, post-traumatic stress disorder, and schizophrenia, but they cannot prescribe medicine because they are not medical doctors.

Doctors of Osteopathy
Osteopaths have medical training that combines traditional and chiropractic medicine. They can be generalists or specialists in a particular area of medicine.

Note: The medical doctor, osteopath, or clinical psychologist must be licensed to practice in his or her state and must submit the license number when completing the disability waiver form.
Completing the Form N-648

How can I get a disability waiver form?
You can call the USCIS Forms Line at 1-800-870-3676 or TTY: 1-800-767-1833 or download the form from the internet at http://www.uscis.gov. You can also go to your USCIS district office or an immigration service provider.

Who should fill out my disability waiver?
Make sure that a licensed medical doctor, osteopath, or psychologist fills out your form. He or she must be experienced in diagnosing people with your kind of disability and know your health history. It is best if the medical professional is someone you have seen more than once as a patient.

Be careful about doctors who make promises. There is no guarantee that your waiver will be accepted by USCIS. Also, you should be aware that USCIS is suspicious of “look alike” waivers from the same doctor and will often reject them.

Note: Unlike the physical exam for adjustment to lawful permanent resident, it is not necessary to see a government civil surgeon.

Will I have to pay to have the form filled out?
There is no USCIS filing fee for the N-648 because it is part of the N-400 application for citizenship. However, some doctors may charge for an office visit and any tests needed to diagnose your disability and complete the form. Submitting an incomplete form to USCIS and having it rejected will cause the applicant to return to the doctor and may increase the cost.
What do I need to tell the medical professional about the form?
It is very important to tell your doctor that you are requesting an exemption from the testing requirements and that he or she must explain the cause, connection, and consequences of your disability on the form. It is not enough to simply give the diagnosis. USCIS will not accept the form if it is filled out wrong or difficult to read. You can talk to a nurse, medical secretary, or social worker in the doctor’s office about the form. You can also give him or her a letter with instructions on how to fill out the N-648. You do not have to do this by yourself. An advocate or legal professional can help you.

Note: Ask your doctor to fill out the N-648 form on the USCIS website so it is type written and easy to read. The N-648 is available as a “fillable form” at: http://www.uscis.gov. Doctors can type their answers and then print out the completed form for submission to USCIS. Remember to sign the form, and get the doctor’s signature, before submitting it.
After Completing the N-648

Review the Disability Waiver
Review the N-648 with your doctor to make sure it is completed accurately before submitting it to USCIS. Ask your doctor to explain the answers. No space should be left blank or unanswered. If the form is handwritten, the writing must be clear and easy to read. Question number 10 is the most critical. The explanation must clearly describe the specific symptoms of the disability and how the disability prevents you from learning English and civics.

It is a good idea to seek assistance from a legal professional such as an immigration lawyer or BIA accredited representative to ensure that the N-648 is complete. The legal professional can work with your doctor and represent you at your naturalization interview.

Note: You have only two opportunities to submit a complete, legible N-648 with all the required information.

Sign the Disability Waiver
You need to sign the “Applicant Attestation” on page 6 of the form. By signing your name you are giving your doctor permission to provide information about your physical and mental health to USCIS. You are also certifying that the information you gave your doctor about your disability is true.

If you are unable to sign your name, USCIS will accept a mark for your signature as an accommodation. Also, you can have a legal guardian or a family member with legal guardian status sign your name on the N-648 as a reasonable accommodation.

Make a Copy of the Disability Waiver
Make a copy of the N-648 before you send it to USCIS and keep it in your records. Bring your copy to the interview. Keeping a copy is important in case it is rejected and you need a legal professional or doctor to review it with you.
Make Sure Your N-400 and N-648 Agree
If you are asking for a waiver of the English or civics testing requirements, be sure to answer “yes” for the question, “Are you requesting a waiver of the English and/or U.S. History and Government requirements?” in Part 3 of your N-400. Otherwise, this is an inconsistency, causing confusion for USCIS.

Mail the N-648 with Your N-400 Package
Send the disability waiver with the N-400 package, including photographs, payment, a copy of your green card, and any accommodations request.

Note: If you became disabled after submitting the N-400 or you were unaware of your eligibility for a disability waiver at the time you filed the N-400, you can submit the N-648 at the interview.
REASONABLE ACCOMMODATIONS

USCIS Obligations Under the Law
According to the law (Section 504 of the Rehabilitation Act) USCIS must give reasonable accommodations or modify its policies for people with disabilities throughout the citizenship process. All disabled applicants have a right to request accommodations, regardless of whether or not they have requested a disability waiver. The law also says that federal agencies such as USCIS cannot discriminate against people with disabilities by not providing reasonable accommodations.

Definition of Reasonable Accommodations
Reasonable accommodations are changes in the citizenship process to reduce any disadvantages an applicant might have as a result of a disability. For example, someone using a wheelchair may need accommodations to enter the building and interview room. Accommodations, however, do not remove requirements under immigration law.

How to Request Accommodations
Complete Section I in Part 3 of the N-400 application. Unlike the disability waiver, you are not required to submit any information from your doctor. Make a copy of the N-400 before mailing it and bring the copy to the interview. If you do not include your accommodations request in the N-400, you can write a letter to USCIS explaining what accommodations you need and why. Bring the letter to the interview. If the accommodation will require advance planning by USCIS, such as arranging for a home interview, call the National Customer Service Center at 1-800-375-5283. You can also schedule an appointment at your local USCIS office well in advance of your interview date to make the accommodations request verbally and in writing. If you submit a letter in advance, be sure to bring a copy of the letter to your interview. It is often helpful to get an advocate or legal professional to attend the interview with you.

Example: An applicant born deaf and mute in a country with no special education is unable to read, write, or speak in any language. He uses gestures understood only by family members. He will need a disability waiver for all testing requirements. In addition, he will need accommodations. He will request to bring a family member to the interview to assist in communicating with USCIS. Also, he will ask the officer to modify, or simplify, the interview questions as needed to help him understand.

Example: An applicant is blinded by glaucoma and unable to read and write for the English test. However, she is able to speak basic English and to learn the material on U.S. history and government. She will request, as an accommodation, that USCIS allow her to take the English and civics tests orally. The oral test will be provided as an accommodation for her disability. She will not need a disability waiver since she is able to speak English and pass the civics test. She can meet the testing requirements with reasonable accommodations.

See Attachment B for a sample accommodations request letter.
Accommodations You Can Request

You can request many kinds of accommodations depending on your needs. For example:

- Provide a wheelchair accessible site.
- Provide an interpreter fluent in the language of the deaf, such as American Sign Language (ASL) or a foreign sign language.
- Use loud speech or a written test for the hearing impaired.
- Give the literacy test in large print or test orally for the sight impaired or blind applicant.
- Allow a family member, friend, legal guardian, and/or case worker to be at the interview. These individuals may provide moral support, stress reduction, or help repeat questions in a way the disabled applicant can understand.
- Conduct the fingerprinting, interview, or oath ceremony at the applicant’s residence when the applicant is bedridden and unable to travel to the USCIS office due to a disability.
- Give more time to answer questions on the English or civics test.
- Phrase questions in simple language or as yes/no questions for the cognitively impaired.
- Allow non-verbal communication, such as blinking, nodding, or tapping a finger or foot in response to questions.

For more information on using an interpreter see Chapter 6.
If Your Accommodations Request is Rejected

Ask to speak with a supervisor before the interview is over. If the supervisor also rejects your request, continue with the interview as best you can. If you fail two interviews and are denied, you can appeal as you would any denial of citizenship.

When denied without accommodations given, you may file a complaint against USCIS for discrimination based on your disability. The complaint is done in addition to your appeal as it is a separate process. The complaint filed is called a “Section 504” civil rights complaint.

These are some examples of unfair treatment that may violate Section 504 of the Rehabilitation Act:

- You are deaf and USCIS will not accept your choice of a sign language interpreter.
- You are blind and USCIS will not allow you to bring an escort into the interview room.
- You are bedridden due to a serious illness and USCIS will not go to your home.
- You are developmentally disabled and the USCIS officer will not provide a simplified test and give you the extra time you need to answer the civics questions.
Filling Out the Section 504 Complaint Form

On the question about your disability, you can identify your disability by stating the type or describing how the disability affects you. For instance, you may write “autism” or “Due to my autism I am more comfortable with strangers in formal settings when a family member is with me.”

On the question about when the discrimination happened, write the date you were treated unfairly and the location where it happened.

On the question about what happened, explain why you believe you were treated unfairly because of your disability. You can add additional pages to give more details about what happened.

It is advisable to have an immigration lawyer, BIA accredited representative, or disability advocate review the complaint before submitting it.

Where to Mail the Complaint Form

- Mail your original complaint to:
  
  U.S. Department of Homeland Security  
  Building 410, Mail Stop #0190  
  Office for Civil Rights and Civil Liberties  
  Washington, DC 20528

- Mail one copy of your complaint to the director of your local USCIS office.

- Mail another copy to:
  
  Director  
  U.S. Citizenship and Immigration Services  
  20 Massachusetts Ave., NW  
  Washington, DC 20529

- Make another copy for your records. Make a note of the date you mailed the original and copies, and send them by certified mail with a return receipt.

See Attachment C for a sample Section 504 complaint form.
DISABILITY AND THE OATH OF ALLEGIANCE

The Oath Requirement
Federal law says that citizenship applicants, including most disabled applicants, must show that they understand the meaning of the oath. However, there is an exception for certain applicants who are unable to understand or communicate an understanding of the oath because of a severe physical or developmental disability or mental impairment. Congress passed a law on November 6, 2000 allowing these severely disabled applicants to obtain an oath waiver.

Applying for an Oath Waiver
The application process for an oath waiver is complex, so it is a good idea to seek help from an immigration lawyer or BIA accredited representative.

The request for an oath waiver can be made at any time in the naturalization process. Normally, it is made when the N-400 is filed, by completing Part 3, Section I in the N-400 or by attaching a letter to the N-400. The oath waiver request must include a written evaluation completed by a licensed medical or osteopathic doctor or a licensed clinical psychologist. If the applicant has more than one doctor, the evaluation should be completed by the doctor who has had the longest relationship with the applicant or who is most familiar with the applicant’s medical history. The evaluation must:

- explain the applicant’s condition or disability in lay terms;
- describe how and why the disability makes the applicant unable to understand or communicate an understanding of the oath;
- explain the likelihood of the applicant being able to understand or communicate an understanding of the oath in the near future; and
- include the doctor’s signature and state license number.

In most cases, an oath waiver applicant will be unable to respond, in any way, to the USCIS officer’s questions about the N-400 and therefore will need a designated representative to act and testify on his or her behalf. The designated representative must be either:

- a legal guardian or surrogate; or
- a U.S. citizen spouse, parent, adult son or daughter, or adult brother or sister with primary custodial responsibility for the applicant.

The designated representative must submit evidence of his or her eligibility to act in this role. If the designated representative fills out the N-400 for the applicant, he or she is required to sign the preparer’s box in Part 12 and, if the applicant is unable to sign, the signature box in Part 11.
Demonstrating an Understanding of the Oath
Most disabled applicants will not need an oath waiver. They will be able to show that they understand they are becoming a United States citizen and swearing allegiance to the United States. Depending on the type of disability, a disabled applicant may not understand the standard language of the oath, read as:

\[
\text{I hereby declare, on oath, that I absolutely and entirely renounce and abjure all allegiance and fidelity to any foreign prince, potentate, state, or sovereignty of whom or which I have heretofore been a subject or citizen; that I will support and defend the Constitution and laws of the United States of America against all enemies foreign and domestic; that I will bear true faith and allegiance to the same; that I will bear arms on behalf of the United States when required by the law, that I will perform noncombatant service in the armed forces of the United States when required by the law; and that I take this obligation freely without any mental reservation or purpose of evasion, so help me God.}
\]

As necessary, the application’s understanding of the oath can be communicated in the simplest form as a reasonable accommodation for his/her disability. For example:

- Do you want to stay in the United States?
- Do you want to be a citizen like other people born in this country?
- Would you do anything to hurt America?

The USCIS officer and advocate should agree on an appropriate modification of the oath-related questions for the disabled applicant. As an accommodation for a non-verbal applicant, the USCIS officer must accept a physical response to the questions, such as blinking, nodding, or tapping. Also as an accommodation, a family member, legal guardian, or advocate can be allowed to repeat the officer’s oath questions directly to the applicant.

Applicants who are unable to leave their home because of a severe disability may ask USCIS to give the oath at their place of residence. This is another form of an accommodation.
## Part I. APPLICANT INFORMATION

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### USCIS USE ONLY

This N-648 is:
- Sufficient
- Insufficient
- Continued B/E

**Reviewer:**

**Location & Date:**

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## Part II. MEDICAL PROFESSIONAL INFORMATION

Type or print clearly in black ink. If you need more space to complete an answer, use a separate sheet of paper. Write the applicant’s name and Alien Registration Number (A-Number) at the top of each sheet of paper and indicate the part and number of the item to which the answer refers. You must sign and date each continuation sheet. You must answer and complete each question since USCIS will not accept an incomplete Form N-648. You may, but are not required to, attach to this completed form supportive medical diagnostic reports or records regarding the applicant.

**NOTE:** Only medical doctors, doctors of osteopathy, or clinical psychologists licensed to practice in the United States (including the U.S. territories of Guam, Puerto Rico, and the Virgin Islands) are authorized to certify the form. While staff of the medical practice associated with the medical professional certifying the form may assist in its completion, the medical professional is responsible for the accuracy of the form’s content.

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1. Currently licensed as a (Check all that apply):
- [ ] Medical Doctor
- [ ] Doctor of Osteopathy
- [ ] Clinical Psychologist

2. Medical practice type:

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Part III. INFORMATION ABOUT DISABILITY and/or IMPAIRMENT(S)

1. Provide the clinical diagnosis, and DSM IV code (if applicable), of the applicant’s disability and/or impairment(s) that form the basis for seeking an exception to the English and/or civics requirements; e.g., "DSM-IV 318.0 Down syndrome."

2. Provide a basic description of the disability and/or impairment(s), e.g., "Down syndrome is a genetic disorder that causes lifelong intellectual disability (also referred to as mental retardation), developmental delays, and other problems."

3. Date you first examined the applicant regarding the condition(s) listed in number 1.

   Date Location (if different from business address on Page 1; otherwise write "same as business address")

4. Date you last examined the applicant regarding the condition(s) listed in number 1, if different from above.

   Date Location (if different from business address on Page 1; otherwise write "same as business address")

5. Are you the medical professional regularly treating this applicant for the condition(s) listed in number 1?

   □ Yes (If “Yes,” indicate duration of treatment.)   Years  Months

   □ No (If "No," provide the name of the applicant’s regularly treating medical professional on the next page and explain why you are certifying this form instead of the regularly treating medical professional.)
### Chapter Seven, *The Disability Waiver and Accommodations*

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<th>Applicant's Name</th>
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### Name of Regularly Treating Medical Professional and Address.

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<td>State or Province</td>
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### Explanation:

6. Has the applicant's disability and/or impairment(s) lasted, or do you expect it to last, 12 months or more?
   - [ ] Yes (If "Yes," continue to complete this form.)
   - [x] No (If "No," the applicant is not eligible for this exception and you need not complete the remainder of the questions. Please go directly to the "Medical Professional's Certification.")

7. Is the applicant's disability and/or impairment(s) the result of the applicant's illegal use of drugs?
   - [ ] Yes (If "Yes," the applicant is not eligible for this exception and you need not complete the remainder of the questions. Please go directly to the "Medical Professional's Certification.")
   - [ ] No (If "No," continue to complete this form.)

8. What caused this applicant's medical disability and/or impairment(s) listed in number 1, if known?

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9. What clinical methods did you use to diagnose the applicant's medical disability and/or impairment(s) listed in number 1?

10. Clearly describe how the applicant's disability and/or impairment(s) affect his or her ability to demonstrate knowledge and understanding of English and/or civics.

11. In your professional medical opinion, does the applicant's disability or impairment(s) prevent him or her from demonstrating the following requirements? (Check all that apply. If none applies, the applicant is not eligible for this exception.)

   The ability to:
   - [ ] Read English
   - [ ] Write English
   - [ ] Speak English
   - [ ] Answer questions regarding United States history and civics, even in a language the applicant understands.
12. Was an interpreter used during your examination of the applicant?

☐ Yes (If "Yes," the interpreter must complete the "Interpreter Certification" section.)

☐ No

Additional Comments (Optional)

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<th>Applicant's Name</th>
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**MEDICAL PROFESSIONAL'S CERTIFICATION**

Complete the following if an interpreter was not used during your examination of the applicant between the applicant and medical professional pertaining to the examination(s) that form the basis of this Form N-648 certification.

I am fluent in English and ________________, the language spoken by this patient. Therefore, an interpreter was not used during my examination(s) of this applicant.

I certify that this applicant's identity has been verified through the following United States or State government-issued photographic identity document:

☐ Permanent Resident Card    ☐ State ID Number: ________________________

☐ Other Identification: ________________________

(State type and ID Number)

I certify, under penalty of perjury under the laws of the United States of America, that the information on this form and any evidence submitted with it are all true and correct. I will furnish relevant medical records to USCIS, if requested to do so by USCIS, based on the applicant's consent. I am aware that the knowing placement of false information on Form N-648 and related documents may also subject me to criminal penalties including under Title 18, U.S.C. Section 1546, civil penalties under Title 18, U.S.C. Section 247e of the Immigration and Nationality Act, and civil license suspension or revocation by the appropriate authorities.

<table>
<thead>
<tr>
<th>Licensed Medical Professional Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

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Citizenship for Us

Attachment A

INTERPRETER’S CERTIFICATION

An interpreter must complete, and certify, the section below if an interpreter translated communications between the applicant and medical professional on the day of the examination that formed the basis of this Form N-648 certification.

Interpreter Information

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address (Street Number and Name)</th>
<th>City</th>
<th>State or Province</th>
<th>Zip Code or Postal Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Was a phone interpreter used?

☐ Yes If yes, the interpreter is not required to complete the information below.

☐ No If no, the interpreter is required to complete the information below.

Interpreter Certification

As the interpreter, I certify that I am fluent in English and the following language: _______________________.

I further certify that I have accurately and completely translated all communications between the medical professional and the applicant that occurred on _______________________, the date(s) of the examination(s) that form the basis of this certification.

Interpreter Signature

Date

APPLICANT (PATIENT) ATTESTATION/RELEASE OF INFORMATION

I, ________________________, authorize ________________________ (Licensed medical doctor, doctor of osteopathy, or clinical psychologist) to release to U.S. Citizenship and Immigration Services all relevant physical and mental health information related to my medical status for the purpose of applying for an exception from the English language and U.S. civics requirements for naturalization. I certify under penalty of perjury, pursuant to Title 8, U.S.C. Section 1746, that the information I provided to the medical professional is true and correct. I am aware that the knowingly placing of false information on Form N-648 and related documents may also subject me to civil penalties under Title 8, U.S.C. Section 1324c. I understand that if this form is not completely filled out or if I fail to submit any required documentation, I may not be found eligible for the requested disability exception.

 Applicant or Applicant’s Authorized Representative Signature

Date

Form N-648 (Rev. 09/24/16) N Page 6
(SAMPLE LETTER - REQUEST FOR ACCOMMODATIONS AT USCIS INTERVIEW)

To: District Director, U.S. Citizenship and Immigration Services

From: ____________________________
      (Print Applicant’s Name)

Alien Registration Number: ____________________________

Address: ____________________________________________

Telephone Number: ____________________________________

RE: ACCOMMODATIONS FOR MY DISABILITY AT MY USCIS INTERVIEW

I have the following disability: ____________________________

(Circle one:) I am / am not requesting a waiver of the testing requirements based on my disability. Because of my disability, it is hard for me to:

__________________________________________________________________________

__________________________________________________________________________

In accordance with Section 504 of the Rehabilitation Act, please make the following accommodations for me at my USCIS interview:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Signature: ____________________________    Date: ____________________________
COMPLAINT AGAINST THE UNITED STATES CITIZENSHIP AND IMMIGRATION SERVICES FOR VIOLATION OF SECTION 504 - DISCRIMINATION ON THE BASIS OF DISABILITY

Mail to: Office for Civil Rights and Civil Liberties
U.S. Department of Homeland Security
Building 410, Mail Stop #0190
Washington, DC 20528

(Name and Address of Director, USCIS Local Office)

Director
U.S. Citizenship and Immigration Services
20 Massachusetts Avenue, NW
Washington, DC 20529

Complainant: ____________________________________________________________
(Name of the person who was subjected to the discrimination)

Alien Registration Number: ________________________________________________

Address: _______________________________________________________________

_______________________________________________________________________

Day Phone: _____________________________________________________________

Evening or Message Phone: ______________________________________________

Respondent: __________________________________________________________________
(USCIS or person who you believe committed the discrimination)

Is the Complaint being sent by someone other than the person who was subjected to the discrimination? ________  If yes, please fill in below:

Name: __________________________________________________________________

Relationship: ____________________________________________________________

Address: __________________________________________________________________

_______________________________________________________________________

Day Phone: _______________________  ______ Evening/Message Phone: ________________
Disability: _______________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

When did the discrimination happen? _________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

What happened? __________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

I swear under penalty of perjury that the foregoing is true and correct. Executed

________________________ (date) in ________________________ (city), ___________ (state).

____________________________
(Signature)