

Guidelines for Form N-648: The Disability Waiver for Naturalization

Unless a special exception applies, applicants for U.S. citizenship must be interviewed in English, and must demonstrate that they can read, write, and speak English at a functional level. They must also pass a test on U.S. history and government, currently chosen from a list of 100 questions.

1. A **Disability Waiver** of these requirements is available under 8 CFR § 312.1(b)(3)/312.2(b) IF:
 - a. A person is **UNABLE** to demonstrate an understanding of English or a knowledge of U.S. history and government
 - b. Because of a **medically determinable physical or mental impairment or combination of impairments**, and
 - c. The impairment has lasted or is expected to last at least **12 months**.

2. “**Medically determinable**” means:
 - a. An impairment that results from anatomical, physiological, or psychological abnormalities;
 - b. Which can be diagnosed with medically acceptable clinical or laboratory diagnostic techniques; and
 - c. Which results in functioning so impaired as to render an individual **UNABLE** to demonstrate an understanding of English and a knowledge of U.S. history and government.

3. What U.S. Citizenship & Immigration Services looks for in an N-648:
 - a. The doctor or clinical psychologist must **state the diagnosis and how it was made**, including results of any testing that was conducted and a DSM-IV Code, if applicable;
 - b. If the patient is taking **medication** for a psychiatric condition, the doctor should explain whether the medication has lessened the degree of impairment or produced an improvement in memory or concentration, or whether the impairment is still severe;
 - c. **Explain how the condition affects** the patient’s memory, ability to learn new tasks, ability to concentrate, ability to understand abstract ideas, or ability to communicate; and
 - d. **Make a connection between** the diagnosed condition and the applicant’s inability to learn or to demonstrate knowledge of English and U.S. history and civics.

EXAMPLES OF N-648 DESCRIPTIONS OF COMMON IMPAIRMENTS:

Patient with senile dementia:

Rejected: The patient is an 85-year-old female who shows signs of senile dementia. She does not know a word of English. It would be impossible for her to learn English and U.S. history. (*Note: There is no explanation of the degree of her dementia, or how having dementia would prevent her from learning English or U.S. history and civics.*)

Accepted: The patient is an 85-year-old female with Alzheimer’s type (senile) dementia (DSM-IV 290.0), resulting in severe memory impairment as well as confusion and disorientation, as reflected in the most recent mini mental status exam score (4/17/2006): 9 out of 30. Her memory has become so impaired that she is unable to retain even the most basic information. For example, at this point she can no longer remember how many children she has. In terms of daily functioning, she cannot recall information such as whether or not she has eaten lunch today, and she must rely on others to tell her whether she has eaten yet. Given this degree of severe cognitive impairment, she is not capable of learning and retaining new language skills or knowledge of U.S. history and government.

Patient with major depression and post-traumatic stress disorder:

Rejected: The patient suffers from depression with post-traumatic stress disorder. Her condition makes concentration and memory retention very difficult. She scored very low on the mini mental status exam with a particularly low score on memory and concentration. It is my professional opinion that her condition makes learning English and U.S. history and civics difficult. (*Notes: The degree of the depression is not stated, and no DSM-IV code is given. USCIS says that “difficulty” is not the same as “inability,” and wants to know if the condition made the patient so impaired that she was unable to learn English or U.S. history and civics.*)

Accepted: The patient has been treated in our clinic since May 2003 and suffers from major depression (DSM-IV 296.33) with post-traumatic stress disorder (DSM-IV 309.81). Although she is currently taking medication to control anxiety and depression, severe symptoms continue. Her symptoms include chronic unwelcome and intrusive thoughts which create severe anxiety, fear, and worry. She cannot effectively organize her thinking, focus her attention for any significant period of time, plan for the future, or think abstractly. As a result of her condition, her memory is severely impaired, as measured by her mini mental status exam results (8 of 30). After a ten-minute delay, she was able to recall only 1/3 of objects shown to her. This level of memory impairment, coupled with her disorganized and unfocused thinking, renders her unable to acquire a useful amount of English language skills or knowledge of U.S. history and government.

Patient in constant severe pain:

Accepted: The patient was injured in a serious auto accident in 2001, fracturing her spine and requiring abdominal surgery. During the surgery, her bowel was perforated, leading later to abdominal hernias and abscesses, bowel fistula, and the need for a series of further surgeries. As a result, she is in constant pain and has severe anxiety and panic attacks, as well as depression. The DSM-IV Code for her condition is 293.83 (Mood disorder due to chronic pain condition). Because of the prolonged complications following her series of abdominal surgeries, the patient is in constant pain, is frequently dizzy, and has severe anxiety and panic attacks, as well as chronic depression. The pain and dizziness, in combination with her depressed mental state and anxiety, have severely impaired both her short-term memory and her ability to concentrate to such a degree that it is not possible for her to learn and retain new material, even in Cantonese.

Stroke:

Accepted: I have been treating the patient for the aftereffects of a stroke since October 2001. The stroke resulted in significant permanent damage to the right hemisphere of his brain, as reflected in CT scans performed on 11/3/01 and 5/9/02. This brain damage has affected his memory capacity and ability to concentrate to such a degree that it is not possible for him to learn and retain any significant amount of new information. The stroke also left him with very limited ability to use the left side of his body. Due to his inability to control the muscles on the left side of his face, the patient's communication ability is severely impaired, and his speech is often unintelligible. As a result of these serious impairments, it is not possible for him to learn new language skills or information on U.S. history and government structure, or to communicate his understanding of these subject areas. However, he is capable of indicating “yes” or “no” in response to questions in Cantonese.