# **Reference Guide to Immigration Documents**

### Verifying Immigration Status in Healthcare.gov

Many people who are immigrants in the United States are eligible for health coverage through Medicaid, the Children's Health Insurance Program (CHIP), or subsidized plan in the Affordable Care Act (ACA) marketplaces. On HealthCare.gov, people who are immigrants and applying for coverage for themselves are asked to select from a drop down list of immigration document types and to provide specific numbers from their documents to prove their immigration status. This information is used by Healthcare.gov to verify applicants meet the immigration status requirement for enrollment. Those not applying for coverage are not asked to provide information about their status.

This reference guide walks through examples of the different immigration document types that can be used on HealthCare.gov and notes where different document numbers are located. Note that this isn't a comprehensive list of all documents eligible people who are immigrants may have and does not address what should be done if someone does not have one of the documents on the Healthcare.gov list. For more information on statuses that are considered an "eligible immigration status" for the ACA marketplace, Medicaid and CHIP, see Key Facts: Health Insurance Affordability Programs' Eligibility Based on Immigration Status.

#### **DOCUMENTS USED TO SHOW IMMIGRATION STATUS**

On application, select the document type from the drop-down list that corresponds with most current documentation and status

Document Type	What to List for Document ID
Permanent Resident Card (I-551)	<ul> <li>"Alien" registration number (A#)</li> </ul>
	Card number
Employment Authorization Card (I-766)	• A#
	Card number
	Expiration date
	Category code
Refugee Travel Document (I-571)	• A#
Temporary 1-551 stamp (on passport or I-94, I-94A)	• A#
Machine Readable Immigrant Visa (with temporary I-551	• A#
language)	Passport number
	Country of issuance
Arrival/Departure Record (I-94/I-94A)	• I-94 number
Arrival/Departure Record in foreign passport (I-94)	• I-94 number
	Passport number
	Expiration date
	Country of issuance
Foreign passport	Passport number
	Expiration date
	Country of issuance
Reentry Permit (I-327)	• A#
Certificate of Eligibility for Nonimmigrant Student Status (I-20)	<ul> <li>Student and Exchange Visitor Information System (SEVIS) ID</li> </ul>
Certificate of Eligibility for Exchange Visitor Status (DS2019)	• SEVIS ID
Notice of Action (I-797)	• A# or I-94 number
	Description of the type or name of the document
Other documents	• A# or I-94 number
	Description of the type or name of the document

Source: HealthCare.gov immigration document types; www.healthcare.gov/help/immigration-document-types



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Permanent Resident Card (I-551, "green card")





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Other Variations of Permanent Resident Card (I-551, "green card")

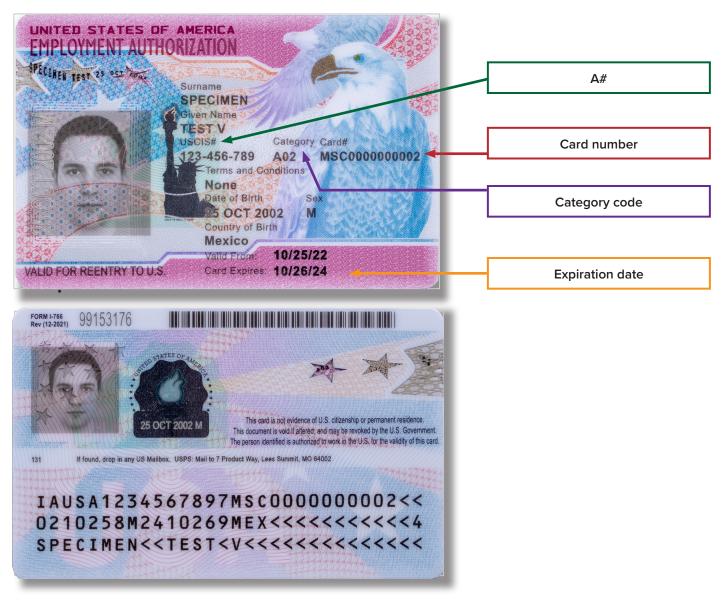




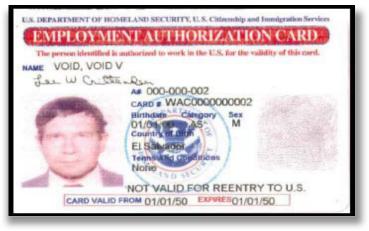


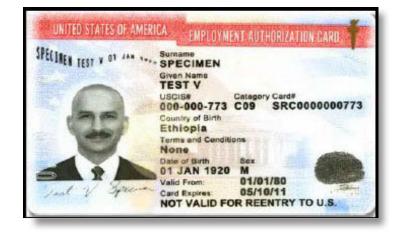


Employment Authorization Card (I-776)



OTHER CARD VARIATIONS:

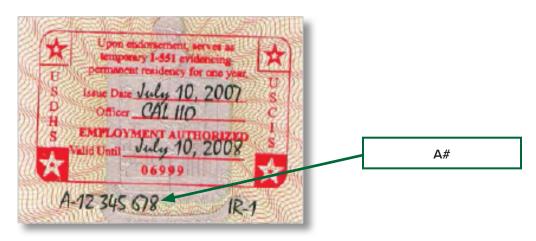






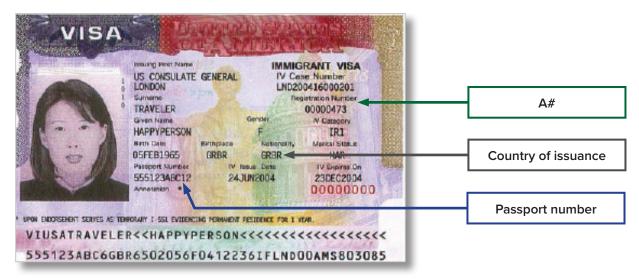
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## Temporary I-551 Stamp (on Passport or I-94, I-94A)



EXAMPLES OF DOCUMENT TYPES

Machine Readable Immigrant Visa (with temporary I-551 language)





## Reentry Permit (I-327)



OTHER CARD VARIATIONS:





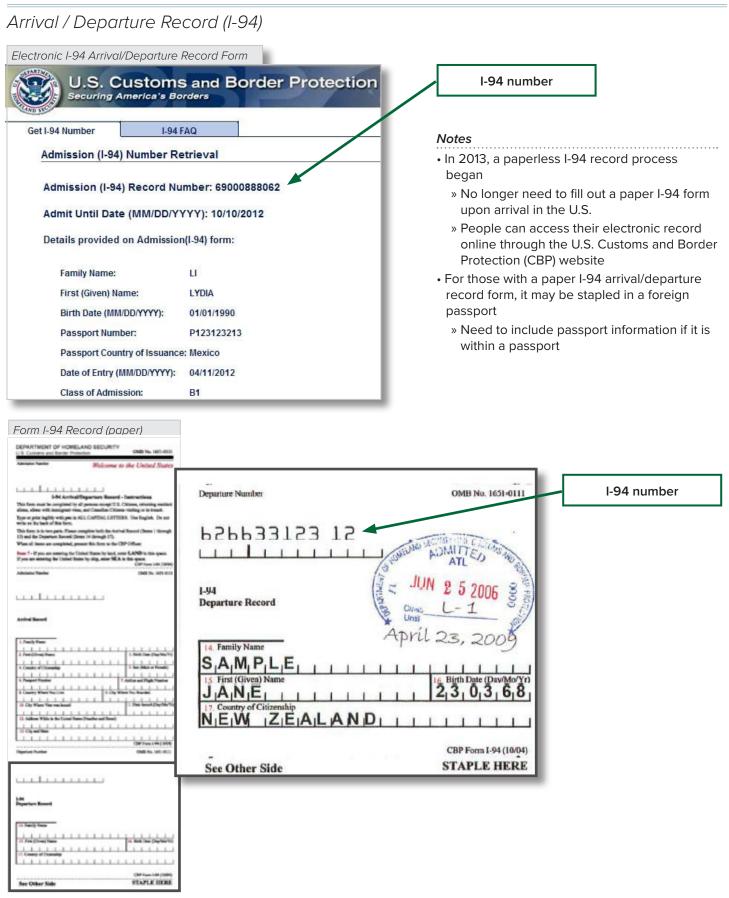
Refugee Travel Document (I-571)



OTHER CARD VARIATIONS:

Form 1-571 (Nev. 02113/07)V	Type/Categore TP	Country/Pays CHINA	File flumber Number de Dosser A99999995
CHARTER ST.	Entrans/Entrans M	00000014	
	SPECIMEN	1	
The series	Given Isames/Prevons TEST	100	Foto Harrier Development Previoen
<u> </u>	Oute of Derth Date de Nate 01 APR/AVR 2006	sance Gender	REFUGEE
3-6	Date of Issue/Date de Del 17 JAN/JAN 2006		7 JAN/JAN 2007
Titre de voyage pour réfugié	NONE SAMPLE	BOOKLET	and the
DUCASDECTNEN	CATESTANOIN		







## Foreign Passport



EXAMPLES OF DOCUMENT TYPES

#### Certificate of Eligibility for Exchange Visitor Status (DS2019)

I. Family Name: Wang		rst Name: avid	Middle Name:	Gender: MALE	N0001234567
Date of Birth(mm-dd-)999): 04/01/1970	City of Birth: Taipei	Country of Birth: TAIWAN	Citizenship Country Code: TW	Citizenship Country: TAIWAN	SEVIS ID J-1
Legal Permanent Residence Co TW	ountry Code: Legal Permanen TAIWAN		esition Code: Position: 213 UNIVERSITY	TEACHING STAFF INCLUDING	
U.S. Address: College of 1111 Washi New York,	ington BLVD.				
2. Program Sponsor: Happy Universit	y			Exchange Visitor Program Number: P-1-12345	



# Certificate of Eligibility for Nonimmigrant Student Status (I-20)

	DEPARTMENT OF HOMEI CERTIFICATE OF ELIGIBILITY FOR N STATUS - FOR ACADEMIC AND	ONIMMIGRANT (F-1) STUDENT	Page 1 OMB NO. 1653-0038 Expires 02/28/2011	
This	e read Instructions on Page 2 page must be completed and signed in the United States by a designated school offici		SEVIS	SEVIS ID
	amily Name (surname):	For DHS Official Use	Student's Copy	
Fi	rst (given) Name: Middle Name:			
C	ountry of birth: Date of birth (mo/day/year).			
Ce	ountry of citizenship: Admission number:			
2. Sc	thool (School district) name:			
	chool Official to be notified of student's arrival in U.S. (Name and Title):	Visa issuing post Date visa issued	-	
	chool address (include ZIP code): chool code (including 3-digit suffix, if any) and approval date:			
_	approved on	Reinstated, extension granted to:	-11	
3.	This certificate is issued to the student named above for:			
4.	Level of education the student is pursuing or will pursue in the United States:			
	The student named above has been accepted for a full course of study or this school, majoring in The student is expected to report to the school no later than The normal langth of study is months. English proficiency:	<ol> <li>This school has information showing the f means of support, estimated for an ecadem months (Use the same number of months; a. Student's personal funds</li> <li>Funds from this school Specify type: <ul> <li>Funds from another source</li> <li>Funds from another source</li> </ul> </li> </ol>	nic term of	
7.	This school estimates the student's average costs for an academic term of	d. On-campus employment Total	s	
	(up to 12) months to be: a. Tuition and fees b. Living expenses c. Expenses of dependents ( ) S d. Other (specify): Total S	9. Remarks:		
24	School Certification: I certify under penalty of perjury that all information pro- and is true and correct; I executed this form in the United States after review an the student's application, transcripts, or other records of courses taken and proo execution of this form; the school has determined that the above named student will be required to pursue a full course of study as defined by 8 CFR 214.2(f)(6 to issue this form.	d evaluation in the United States by me or othe f of financial responsibility, which were receive 's qualifications meet all standards for admission	r officials of the school of ed at the school prior to the on to the school; the student	
	Name of School Official Signature of Designated School Official Title	Date Issued	Place Issued (city and state)	
1	Student Certification: I have read and agreed to comply with the terms and con page 2. I certify that all information provided on this form refers specifically to seek to enter or remain in the United States temporarily, and solely for the purp form. I also authorize the named school to release any information from my rec my nonimmigrant status.	me and is true and correct to the best of my kn ose of pursuing a full course of study at the sch	owledge. I certify that I ool named on page 1 of this	
	Name of Student Signature of	of Student	Date	
	Name of parent or guardian Signature of parent or guardian If student under 18	Address (city) (State or Province) (Count	ry) (Date)	
	DHS Form I-20 A-B (06/10)	For Officia Microfilm Index Number	I Use Only	



## Notice of Action (I-797)

SOLUTION NO. OF STREET, STREET		Con TON 2539
118-00-000-00000	C REPARTY NOT	APPLICATION TO EXTEND/CRANCE HONDWIGHART STATUS
May 12, 2006		SAMPLE SAMPLE
July 24, 2006	1 of 1	SAMPLE, SAMPLE
SAMPLE, SAMPLE 1214 MAIN ST ANYTONS: ANY STA	TE. 00000	Notice Type: Approval Rotice Class: 32 Walid from 05/21/2006 to 11/19/2006
HERRASHA KENVICS U. H. IMMIG. & S P.O. BOE #2531 LINCOLN NE 48501 Customer Dervice	I CHATHER HATZ. HENVICH 1-2571 Telephone: \$00-375-5	
HERBARD STRUCT U. H. IMMIT, & J P.O. BOUK 82521 LINCOLN NE 40501 Customer Service Inn 1797A (Rev. OND	1 CENTER MATZ. REPUBLIC 1-2321 Xmlaghame: 800-373-3 V93N	
HUMANANA HERVICE U. S. INMER. & J P.O. BOY 42522 LINCOLN NR 48541 Contoner Bervice Inm 1797A (Ber. 0910 Detach This Half for P	E CENTER MTZ. BERVICE 1-2823 781-eghone : 800-373-3 WIN ervoal Recotts	
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IDENATES A DEVICE 4 U. B. 2004T, 6.3 P.O. DOR 82522 LINCOLU NO. 40502 Deach This Balf for D Receipt # 10-405 U-94# 00000000 NAME SARPLE CLASS 82 VALID FROM 05/20 PETITIONEE SARP 1234	E CENTER MTZ. BERVICE 1-2321 Telephone: 800-373-3 WIN reveal Records more Pi SASPIE 1/2014 UNTE 11/13/200 E SASPIE	COODOOOOOO OO     Receipt Number Lis-oo-coests     Immigration and     Naturalization Service     I-94     Departure Record Petitioner:     Interview

Beyond () the Basics

#### Other documents

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#### Types of documents listed in HealthCare.gov dropdown menu

• Document indicating a member of a federally recognized Indian tribe or American Indian born in Canada

- Certification from U.S. Department of Health and Human Services (HHS) Office of Refugee Resettlement (ORR)
- Office of Refugee Resettlement (ORR) eligibility letter (if under 18)
- Cuban/Haitian entrant
- Document indicating withholding of removal (or "withholding of deportation"):
- Resident of American Samoa
- Administrative order staying removal issued by the Department of Homeland Security
- Other

