STATE OF WASHINGTON

DEPARTMENT OF HEALTH

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July 6, 2026

John R. Pfirrmann-Powell
Acting Deputy Chief, Regulatory Coordination Division
Office of Policy and Strategy
U.S. Citizenship and Immigration Services
Department of Homeland Security

RE: Docket No. USCIS-2008-0018; OMB Control Number 1615-0007; Agency Information Collection Activities; Reinstatement, With Change, of a Previously Approved Collection for Which Approval Has Expired: Alien Change of Address (Form AR-11), 91 Fed. Reg. 24910 (May 7, 2026)

Dear Mr. Pfirrmann-Powell:

The Washington State Department of Health (DOH) appreciates the opportunity to provide comments on U.S. Citizenship and Immigration Services' (USCIS) proposed reinstatement, with change, of Form AR-11, Alien Change of Address.

DOH's mission is to protect and improve the health of all Washingtonians. DOH administers the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), the Ryan White HIV/AIDS program, Washington AIDS Drug Assistance Program (WA ADAP); and other public health programs that serve Washingtonians.

DOH opposes the proposed expansion of Form AR-11 to require reporting of receipt of means-tested public benefits, employment, and education. DOH is particularly concerned that the proposed expanded data collection will result in chilling effects on enrollment in and utilization of public health programs—including WIC, Medicaid, CHIP, Ryan White HIV services, and other state-funded programs—regardless of whether those programs are considered "means-tested public benefits" under the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA).[1] The proposal

[1]Personal Responsibility and Work Opportunity Reconciliation Act of 1996, Pub. L. 104-193, codified at 8 U.S.C. §§ 1601 et seq. PRWORA identifies four core "means-tested" federal programs: TANF, SSI, SNAP, and Medicaid. The statute does not define WIC, CHIP, Ryan White, school nutrition programs, or most state- and locally-funded programs as "means-tested public benefits" subject to its enforcement provisions. https://www.govinfo.gov/link/plaw/104/public/193 (last accessed 05/15/26)

also contains significant definitional ambiguities that create risks of inadvertent misreporting, raise federalism questions with respect to state-funded programs, and inadequately accounts for the true burden on respondents. DOH urges USCIS to withdraw the expanded data collection elements and reinstate the form in its prior, address-change-only format.

Relevant Background

1. Form AR-11 and Its Statutory Purpose

Form AR-11 serves a narrow and legally grounded function: enabling non-citizens to notify USCIS of a change of address as required under the Immigration and Nationality Act.[2] The form provides administrative communication functions—ensuring that USCIS can reach individuals during pending visa processes. The proposed notice states that the expanded form will now be used to "identify aliens who may be receiving means-tested public benefits in violation of" PRWORA restrictions and to "coordinate with means-tested public benefits granting agencies to better enforce those restrictions." This represents a fundamental change in the purpose and function of the form and data collected.

2. Programs Listed on the Proposed Form

The updated proposed form lists the following programs for reporting: WIC, CHIP, SNAP, Medicaid, SSI, TANF, housing programs, other federal cash or non-cash assistance, and "State or local means tested public benefits." The proposed form also requests the specific monthly dollar amount received for each reported benefit. DOH notes, for the record, that several of these programs are not universally classified as "means-tested public benefits" subject to PRWORA's enforcement framework, and that at least some of them—including WIC and CHIP—are specifically excluded from the current public charge inadmissibility analysis.[3]

Harms to Washingtonians

1. Chilling Effects on Public Health Program Participation

The most immediate and foreseeable harm of this proposed expansion is a severe chilling effect on enrollment and utilization across a wide array of public health programs. Research consistently demonstrates that immigration policy changes—even proposed changes that do not formally alter legal benefit eligibility—cause immigrant families to disenroll from or avoid programs for which they are legally entitled. A 2025 KFF/New York Times survey found that 11 percent of immigrant adults had already stopped participating in a government assistance program due to immigration-related fears, and 12 percent had

[2]INA § 265, 8 U.S.C. § 1305 (requiring registered aliens to notify the government of address changes within ten days); INA § 287, 8 U.S.C. § 1357 (providing the Secretary of Homeland Security broad enforcement authority). https://www.govinfo.gov/link/uscode/8/1305 (last accessed 05/15/26)

[3]USCIS Policy Manual, Vol. 8, Pt. G, Ch. 7 (listing programs excluded from the public charge inadmissibility analysis under the 2022 Final Rule, including WIC, CHIP, SNAP, most Medicaid services, and Ryan White HIV/AIDS Program services). https://www.uscis.gov/policy-manual/volume-8-part-g-chapter-7 (last accessed 05/15/26)

avoided applying for a program—before the current proposal was even published.[4] Among households with likely undocumented members, these figures rose to 36 percent who had stopped participating.[5]

This chilling effect is particularly pronounced for programs that serve children and families. Research on the 2019 Trump administration public charge rule—which similarly expanded the scope of benefits under review—documented significant declines in Medicaid, SNAP, and TANF participation among immigrant families, including among U.S. citizen children in mixed-status households.[6] A California survey of 537 mixed-status families conducted in 2021-22 found that families with one or both noncitizen parents were more likely (by 38.4 and 46.7 percentage points, respectively) to avoid applying for benefits because of immigration-related concerns, compared to families with two US citizen parents.[7] A 2018 survey of 1,103 Latinx and Asian immigrants in California, over half of whom were naturalized US citizens, found that 23.5% avoided applying for public benefits due to public charge concerns. Notably, there was not a significant difference in avoidance of public benefits by immigration status (naturalized citizen, non-citizen with green card, non-citizen without green card).[8] The proposed Form AR-11 expansion, by explicitly listing WIC, CHIP, Medicaid, and other programs alongside enforcement language, is likely to amplify these deterrence effects.

2. WIC Participation and Maternal and Child Health

DOH is deeply concerned about the effect of this proposal on WIC participation. Washington's WIC program currently assures participants that "Being on WIC does not make you a public charge and does not affect your immigration status."[9] This assurance—accurate under current public charge rules—will be functionally undermined if WIC is listed on a federal form used for immigration enforcement purposes, regardless of the precise legal classification of WIC under PRWORA. The proposed form will be understood

[4] KFF, "Potential 'Chilling Effects' of Public Charge and Other Immigration Policies on Medicaid and CHIP Enrollment" (Dec. 5, 2025) (noting that in a 2025 KFF/New York Times survey, 11% of immigrant adults reported stopping participation in a government program and 12% avoided applying for a program, citing immigration-related fears). https://www.kff.org/medicaid/potential-chilling-effects-of-public-charge-and-other-immigration-policies-on-medicaid-and-chip-enrollment/ (last accessed 05/15/26)

[5] KFF, supra note 5 (finding that between 2016 and 2019, the share of children receiving Medicaid, SNAP, and TANF fell significantly as immigration policy changes generated fear among immigrant families; documenting that 36% of immigrant adults in households with likely undocumented members reported stopping participation in government assistance programs as of 2025). See also National Immigration Forum, "Explainer: 2025 Proposed Rule on Public Charge" (Dec. 8, 2025). https://forumtogether.org/article/explainer-2025-proposed-rule-on-public-charge/ (last accessed 05/15/26)

[7] Barajas CB, De Trinidad Young ME, Bustamante AV, Langellier BA, Roby DH, Stimpson JP, et al. Public Benefit Avoidance And Safety Concerns Among Mixed-Status Latino Families In California, 2021-22. Health Aff (Millwood). 2025 Oct;44(10):1307–16. doi:10.1377/hlthaff.2025.00375 PubMed PMID: 41052391.

[8] Chen L, Young MEDT, Rodriguez MA, Kietzman K. Immigrants' Enforcement Experiences and Concern about Accessing Public Benefits or Services. J Immigr Minor Health. 2023 Oct;25(5):1077–84. doi:10.1007/s10903-023-01460-x PubMed PMID: 36859637; PubMed Central PMCID: PMC10509127.

[9] Washington State Department of Health, WIC Eligibility (noting "Being on WIC does not make you a public charge and does not affect your immigration status"). https://doh.wa.gov/you-and-your-family/wic/wic-eligibility (last accessed 05/15/26)

by many immigrant families as connecting WIC participation to potential immigration consequences, producing disenrollment and reduced utilization among eligible participants.

The form requests the specific monthly dollar amount for each public benefit. WIC benefits are not provided as monthly dollar amount to participants. Instead, participants receive a monthly food package for specific food items they can purchase, like eggs, beans, milk and infant formula. Other benefits, such as nutrition counseling with a Registered Dietitian or lactation support are also not quantifiable to participants as a dollar amount as they are included in WIC program costs.

In 2024, the U.S. Census Bureau's American Community Survey (ACS) estimated 1,280,809 (16.1%) Washingtonians were born outside of the U.S.[10] An estimated 148,627 (31.2%) children under age 6 in Washington have one or more foreign-born parent.[11] In Federal Fiscal Year 2024, Washington's WIC program served participants across all counties statewide.[12] Reduced WIC participation among immigrants or mixed status families would directly harm maternal nutrition, infant health, and child developmental outcomes, with downstream consequences for Washington's health system and child welfare programs.

3. Ryan White HIV Services and Communicable Disease Implications

DOH also flags the potential intersection of this proposal with Ryan White HIV/AIDS Program services. The Ryan White program provides HIV care and treatment to uninsured and underinsured people living with HIV, regardless of immigration status.[13] Ryan White services are funded under Title XXVI of the Public Health Service Act and are specifically designed as the payer of last resort for populations who cannot access care through other means. While Ryan White has not historically been classified as a means-tested public benefit under PRWORA, recent federal actions—including HHS's 2025 reclassification of communicable disease testing and treatment programs under PRWORA's eligibility framework—create ambiguity about whether Ryan White and similar programs may eventually be swept into a broader enforcement posture.[14]

Even absent a formal reclassification, the listing of health programs on an immigration enforcement form will deter people living with HIV from accessing Ryan White services.

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[10] Current Foreign-Born Population by State and Congressional District. Accessed (5/15/26): https://www.congress.gov/crs-product/R48940#_Toc229381444

[11] Migration Policy Institute tabulations of the U.S. Census Bureau's American Community Survey (ACS) and Decennial Census. https://www.migrationpolicy.org/data/state-profiles/state/demographics/WA#top (last accessed 5/15/26)

[12] Washington State Department of Health, WIC Data by County — Federal Fiscal Year 2024 (DOH 960-221, March 2025). https://doh.wa.gov/sites/default/files/2025-04/960-221-FFY2024AnnualReportDataSheetCounty.pdf (last accessed 05/15/26)

[13] Ryan White HIV/AIDS Treatment Extension Act of 2009, 42 U.S.C. §§ 300ff et seq. (eligibility for Ryan White services does not depend on immigration status; the program serves as payer of last resort for uninsured and underinsured people living with HIV). Congressional Research Service, "The Ryan White HIV/AIDS Program: Overview and Impact of the Affordable Care Act" (CRS Report R44282) (noting Ryan White fills gaps for undocumented immigrants and others ineligible for Medicaid). https://www.congress.gov/crs-product/R44282 (last accessed 05/15/26)

[14] National Immigration Law Center, "What New Federal Notices Mean for Immigrants' Program Eligibility" (July 23, 2025) (discussing HHS reclassification of communicable disease testing and treatment as "federal public benefits" under PRWORA and resulting uncertainty for HIV programs and other health services). https://www.nilc.org/articles/what-new-federal-notices-mean-for-immigrants-program-eligibility/ (last accessed 05/15/26)

Disruption in HIV treatment continuity produces measurable public health harm, including increased viral load, elevated transmission risk, and progression to AIDS-defining illness. DOH urges USCIS to recognize that deterring access to HIV care carries significant negative externalities for public health that are not reflected in the burden estimate provided in the notice.

Harms to the Provision of Services in Washington

1. Administrative Burden and Risk of Misreporting Due to Program Complexity

The proposed form asks respondents to identify specific programs by name and to report monthly dollar amounts. This approach creates a significant and foreseeable risk of inadvertent misreporting due to program complexity, branding, and respondent knowledge limitations.

DOH identifies the following specific concerns:

- Program name confusion: *In Washington, Medicaid, CHIP, and the Apple Health Expansion program all operate under the "Apple Health" brand.* Beneficiaries may not know whether they are enrolled in Medicaid, CHIP, or another state-funded program. Requiring program-specific reporting will predictably result in misreporting that does not reflect intent to mislead, but rather a lack of program-level literacy.
- Dollar amount reporting for health coverage: *The form requests the specific monthly dollar amount for each public benefit. For health insurance programs such as Medicaid, CHIP, and Apple Health, the monthly dollar value of coverage is not communicated to enrollees in any standardized way; it is actuarially derived and varies by individual health service use. Requiring dollar-amount reporting for health insurance will produce inaccurate responses that expose respondents to potential enforcement risk for inadvertent misstatement.*
- Scope of "other federal cash or non-cash assistance" and "State or local means tested public benefits": These categories are undefined in the proposed form. It is unclear which programs are included and state and local programs vary significantly by location. Respondents cannot meaningfully comply with a reporting obligation that does not clearly define what must be reported.

State and Local Program Jurisdictional Concerns

The proposed form requires reporting of "State or local means tested public benefits." DOH raises a fundamental question about whether USCIS has legal authority under INA § 265 and INA § 287 to require reporting of participation in programs that are funded exclusively with state or local funds and administered without federal involvement.[15]

[15]INA § 265, 8 U.S.C. § 1305. The duty to report change of address is a creature of federal immigration law applicable only to aliens registered under federal law. State and local programs operate under state statutory authority; the federal government's authority to require disclosure of participation in state- and locally-funded programs administered without federal funds is not

Requiring disclosure of participation in state-funded programs on a federal immigration form raises significant federalism concerns that are not addressed in the notice.

Unintended Consequences

1. Inadequate Burden Estimate

The notice estimates a total annual burden of 1,268,965 hours, based solely on the time required for respondents to complete and submit the form.[16] This estimate does not account for:

- The public health costs of deterrence—including foregone prenatal care, delayed HIV treatment, and increased emergency department utilization among populations that disenroll from preventive programs in response to the form.
- The administrative burden on state and local public health agencies—including DOH—that will need to respond to community inquiries about the form, reassure participants about program eligibility, and manage the downstream consequences of disenrollment.
- The cost to benefit-granting agencies of fielding requests from USCIS under the proposed interagency coordination mechanism.

DOH submits that a complete Paperwork Reduction Act burden analysis must include these costs. As structured, the burden estimate substantially understates the true cost of the proposed information collection.

2. Compounding Effect of Existing Immigration-Related Fear

The notice is published in a policy environment already characterized by heightened immigration enforcement activity, public charge uncertainty, and documented increases in immigrant family avoidance of health and social services. USCIS should recognize that the Form AR-11 expansion does not occur in a neutral information environment. Adding an immigration enforcement function to a previously administrative form will compound existing fear and distrust, with foreseeable consequences for preventive health program participation, child welfare, and community health outcomes.

Legal and Administrative Concerns

1. Statutory Authority

established by the AR-11 notice. See also Tenth Amendment, U.S. Const. amend. X (reserving to states powers not delegated to the federal government). https://www.govinfo.gov/link/uscode/8/1305 (last accessed 05/15/26)

[16]91 Fed. Reg. 24910, 24911 (May 7, 2026) (estimated total annual hour burden of 1,268,965 hours; no analysis of deterrence or chilling effect costs is included in the burden estimate). The Paperwork Reduction Act of 1995 requires agencies to estimate the total burden on respondents, 44 U.S.C. § 3506(c)(2)(A), and OMB guidelines instruct agencies to account for "applicants who must gather information for purposes of the collection." The notice does not account for foregone benefits or public health costs attributable to deterrence effects. https://www.federalregister.gov/documents/2026/05/07/2026-09107/agency-information-collection-activities-reinstatement-with-change-of-a-previously-approved (last accessed 05/15/26)

USCIS asserts authority for the expanded data collection under INA § 287, 8 U.S.C. § 1357.[17] While § 287 confers broad enforcement authority on the Secretary of Homeland Security, it does not expressly authorize USCIS to require reporting of public benefit receipt as a component of a change-of-address notification. The notice does not cite a specific statutory provision establishing that the benefits data collected through Form AR-11 is "necessary" for the proper performance of agency functions within the meaning of the Paperwork Reduction Act. DOH encourages USCIS to provide a more specific statutory justification for the expanded collection.

2. Paperwork Reduction Act Compliance

Under the Paperwork Reduction Act, 44 U.S.C. § 3506(c)(2)(A), agencies must evaluate whether the proposed collection of information is "necessary for the proper performance of the functions of the agency, including whether the information will have practical utility." The notice invites comment on this question. DOH submits that the expanded collection fails the practical utility standard because:

- The undefined scope of "other federal cash or non-cash assistance" and "State or local means tested public benefits" means the data collected will be unreliable and non-comparable across respondents.
- Respondents' inability to accurately report monthly dollar amounts for health insurance programs and WIC benefits will produce systematically inaccurate data.
- Chilling effects will depress response rates and skew the population of respondents, making the data unsuitable for the purposes described in the notice.

Recommendations

DOH respectfully recommends that USCIS take the following actions:

1. Withdraw the expanded data collection elements. USCIS should reinstate Form AR-11 in its prior, address-change-only form. The proposed benefits, employment, and education reporting requirements exceed the statutory scope of the address-change reporting obligation under INA § 265 and are likely to produce substantial public health harms.
2. If USCIS proceeds with any expanded collection, clearly define all terms. At minimum, USCIS must define "other federal cash or non-cash assistance" and "State or local means tested public benefits" with sufficient precision to enable accurate and consistent reporting. The definitions should expressly exclude programs that are not means-tested under PRWORA, including WIC, school nutrition programs, Ryan White services, and state-funded programs not receiving federal matching funds.

3. Remove the monthly dollar amount requirement. Requiring specific monthly dollar amounts for programs such as health insurance and WIC is not feasible and will produce inaccurate data. USCIS should either eliminate this requirement or limit it to programs where benefit amounts are fixed and known to recipients.
4. Address the federalism question. USCIS should provide a legal analysis of its authority to require disclosure of participation in programs funded exclusively with state or local funds. DOH respectfully submits that absent a clear statutory basis, requiring reporting of state-funded program participation is not within USCIS's authority under INA § 265 or § 287.
5. Revise the Paperwork Reduction Act burden estimate. The burden analysis must account for the public health and administrative costs of chilling effects, as well as the burden on state and local agencies that will bear the downstream costs of immigrant family disenrollment from health programs.

Form AR-11 has long served a straightforward administrative function. The proposed expansion of its scope to collect benefits, employment, and education data repurposes the form as an enforcement tool in ways that will generate chilling effects, compromise the integrity of public health programs, and impose unquantified burdens on state and local government. DOH urges USCIS to withdraw the expanded data collection requirements. Thank you for the opportunity to comment.

Sincerely,

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Washington State Department of Health