

Foreign National Information Form (page1)

THE CHILDREN'S HOSPITAL OF PHILADELPHIA

The Foreign National Information Form (FNIF) MUST be completed before you can receive any form of payment.

All applicable questions below must be completed. Please supply the following forms:

Both sides of your I-94 or I-94W "Arrival and Departure Record" (a small white or green card inside your passport), copy of your US Visa, Foreign Passport and I-20, DS-2019 or I-797A or IAP66. Visa waiver holders and Canadians also attach copy of passport. Lawful Permanent Residents attach a copy of Resident Alien Card. FNIF form can not be processed without this documentation. This form MUST be returned before any check can be issued by the Payroll Dept.

(1) Last Name: _____ First: _____ Middle: _____

(2) Social Security # _____ (3) CHOP ID # _____

(4) US Address: _____ Address Line 2: _____ Address Line 3: _____ City: _____ State: _____ Zip Code: _____	(5) Foreign Residence Address: _____ Address Line 2: _____ Address Line 3: _____ City: _____ Postal Code: _____ Providence: _____ Country: _____
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(6) Country of Citizenship: _____ (7) Country that issued Passport: _____

(8) Passport #: _____ (9) Visa #: _____

(10) Have you ever had another immigration status in the United States? Yes No *If yes, see page 2.*

(11) Immigration Status:			
<input type="checkbox"/> U.S. Immigrant / Permanent Resident	<input type="checkbox"/> F-1 Student	<input type="checkbox"/> J-2 Spouse or Child of Exchange Visitor	
<input type="checkbox"/> J-1 Exchange Visitor	<input type="checkbox"/> H-1 Temporary Employee		<input type="checkbox"/> Other: _____

(12) If Immigration status is J-1, what is the subtype? CHECK ONE:			
<input type="checkbox"/> 01 Student	<input type="checkbox"/> 05 Professor	<input type="checkbox"/> 12 Research Scholar	
<input type="checkbox"/> 02 Short Term Scholar	<input type="checkbox"/> Other: _____		

(13) What is the actual primary activity of the visit? CHECK ONE:					
<input type="checkbox"/> 01 Studying in a degree program	<input type="checkbox"/> 05 Observing	<input type="checkbox"/> 09 Demonstrating Special Skills			
<input type="checkbox"/> 02 Studying in a Non-Degree Program	<input type="checkbox"/> 06 Consulting	<input type="checkbox"/> 10 Clinical Activities			
<input type="checkbox"/> 03 Teaching	<input type="checkbox"/> 07 Conducting Research	<input type="checkbox"/> 11 Temporary Employment			
<input type="checkbox"/> 04 Lecturing	<input type="checkbox"/> 08 Training	<input type="checkbox"/> 12 Here with Spouse			

(14) What is the actual date you entered the United States? ____/____/____ Month/Day/Year	(15) What is the start date of your immigration status for this primary activity? ____/____/____ Month/Day/Year	(16) What is the projected end date of your immigration status primary activity? ____/____/____ Month/Day/Year
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(17) Income providing activity (e.g. Professor of Chemistry)? _____	(18) What type of student? <input type="checkbox"/> Undergraduate <input type="checkbox"/> Masters <input type="checkbox"/> Doctoral <input type="checkbox"/> other: _____	(19) Spouse in USA? <input type="checkbox"/> Yes <input type="checkbox"/> No Number of dependents: _____
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(20) For consultants / self employed individuals: Do you/will you have an office (fixed base) in the USA? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many days in this tax year did you/will you have an office (fixed base)? _____ <div style="text-align: right;">Days</div>	(21) Country of tax residence if different from foreign residence address: _____ Did tax residency end? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? ____/____/____ <div style="text-align: right;">Month/Day/Year</div>
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I hereby certify that all of the above information is true and correct. I understand that if my status changes from that which I have indicated on this form I must submit a new Foreign National Information Form to Payroll/Human Resources.

Signature: _____ Date: _____ Local phone: _____

FOREIGN NATIONAL INFORMATION FORM (PAGE 2)
THE CHILDREN'S HOSPITAL OF PHILADELPHIA

The Foreign National Information Form (FNIF) MUST be completed before you can receive any form of payment.

Complete the section below and sign on this page only if you have previously been in the U.S. under another immigration status or you have had a prior visit to the U.S. in your current status.

Please list any Visa Immigration activity in the last three calendar years AND ALL F, J, M or Q visas since 1/1/85. You MUST list each exit and entry OR visa status changes in grid below.

Date of Entry	Date of Exit	Visa Immigration Status	J-1 Subtype	Primary Activity	Have you taken any treaty benefits
___/___/___	___/___/___	_____	_____	_____	<input type="checkbox"/> yes <input type="checkbox"/> no
___/___/___	___/___/___	_____	_____	_____	<input type="checkbox"/> yes <input type="checkbox"/> no
___/___/___	___/___/___	_____	_____	_____	<input type="checkbox"/> yes <input type="checkbox"/> no
___/___/___	___/___/___	_____	_____	_____	<input type="checkbox"/> yes <input type="checkbox"/> no
___/___/___	___/___/___	_____	_____	_____	<input type="checkbox"/> yes <input type="checkbox"/> no
___/___/___	___/___/___	_____	_____	_____	<input type="checkbox"/> yes <input type="checkbox"/> no
___/___/___	___/___/___	_____	_____	_____	<input type="checkbox"/> yes <input type="checkbox"/> no
___/___/___	___/___/___	_____	_____	_____	<input type="checkbox"/> yes <input type="checkbox"/> no

Visa Immigration Status

U.S. Immigrant/Permanent Resident F-1 Student J-2 Spouse or child of Exchange Visitor
 J-1 Exchange Visitor H-1 Temporary Employee

J-1 Subtype

Student Professor Research Scholar Short Term Scholar Other: _____

Primary Activity

Studying in a degree program Observing Demonstrating Special Skills
 Studying in Non-degree program Consulting Clinical Activities
 Teaching Conducting Research Temporary Employee
 Lecturing Training Here with Spouse
 Other, please specify: _____

I hereby certify that all of the above information is true and correct. I understand that if my status changes from that which I have indicated on this form I must submit a new Foreign National Information Form to Payroll/Human Resources.

Signature: _____ Date: _____ Local phone: _____

How To Complete the Foreign National Information form:

1. Name: List full name.
2. Social Security Number: Enter US Social security number issued by the US Social Security Administration not your ID number. Do not list numbers not assigned by the United States Security, i.e. Canadian social security number. All employees must have a social security number in order to work. If none enter ITIN issued by IRS
3. ID#: Enter your Employee/Student/Faculty Identification Number.
4. Local Street Address: List your local US address
5. Residence: List your non US address
6. Country of Citizenship(s)
7. Country that Issued Passport: List Country in which you were issued your passport. Not the country where it was issued.
8. Passport #: Enter your passport number
9. Visa #: Enter your Visa number.
10. Immigration Status: Check yes or no. if yes, complete the above form for the time your were present in the United States. Approximate, if you do not know.
11. Immigration Status: Check the type of immigration status that you currently hold. If you check U.S. Immigrant/Permanent Resident, holder of a "green" card, you may proceed to the bottom of the form. Sign and date.
12. Immigration Status for J-1: Check the appropriate J-1 subtype.
13. Actual Primary Activity: Check one activity.
14. Actual Entry Date into the United States: Must include month, date and year. Approximate if you do not know.
15. Start Date: Must include month, day, and year. Approximate if you do not know.
16. End Date: Must include month, day and year. Approximate if you do not know.
17. Occupation: Describe in general the service you will perform.
18. Check the appropriate box.
19. Is your spouse in USA? : Check the appropriate box. Give number of other dependents in the USA?
20. Consultants/Self-employed individuals: Check the appropriate box. This includes any office at any location specifically identified with you.
21. Tax residence is where you paid taxes as a resident and can be difference from legal residence. Do not include the USA.