



# Model Policies *and* Protocol

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Illinois Alliance for  
Welcoming Health Care



**ICIRR**

Illinois Coalition for Immigrant and Refugee Rights

# Executive Summary

## OVERVIEW

These model policies outlined in this document have been created by the members of the Illinois Alliance for Welcoming Healthcare. This document can be used as a guide for institutional leaders and changemakers in their efforts towards becoming a more immigrant-friendly healthcare organization. The Illinois Alliance for Welcoming Healthcare believes that these policies are integral for the health of immigrant communities in the face of a volatile political climate.

Recent federal executive orders and policy changes have ramped up immigration enforcement and the threat of deportation and family separation.<sup>1</sup> These harsh policy changes have already inflicted significant damage on our communities' well-being.

- A recent study in California found “worry about deportation was significantly associated with cardiovascular risk factors, including body mass index (BMI), waist circumference, and continuous measures of systolic and pulse pressure.”<sup>2</sup>
- Other studies have also found that children who have had a parent detained or deported experience an increased occurrence of social isolation, depression, and anxiety.<sup>3</sup> Illinois is home to 249,000 children who have at least one undocumented parent, representing 8% of our total child population (2,969,000).
- Further studies have shown that those who worry about being deported or having a relative or friend be deported have a higher likelihood of reporting the need to seek mental or emotional help.<sup>4</sup>

These studies and the growing anxiety and fear in our community led the Illinois Coalition for Immigrant and Refugee Rights (ICIRR) to create the Illinois Alliance for Welcoming Healthcare. The Alliance's goal is to create a welcoming environment for everyone in every healthcare institution in Illinois.

## RECOMMENDATIONS

Based on the Alliance's experience through our members of over 25 health providers and 20 social service organizations, we have identified several recommendations health institutions can implement to be welcoming to all. The Alliance recognizes that healthcare providers should consult competent legal counsel when adopting and implementing internal policies and procedures related to the public/private space distinction because so much is dependent upon a case-by-case determination at a particular facility.

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<sup>1</sup> “Immigration under Trump: A Review of Policy Shifts in the Year Since the Election.” Sarah Pierce and Andrew Selee, Migration Policy Institute, (December 2017).

<sup>2</sup> “Worry About Deportation and Cardiovascular Disease Risk Factors Among Adult Women: The Center for the Health Assessment of Mothers and Children of Salinas Study.” Jacqueline M. Torres, et al., *Annals of Behavioral Medicine*, Volume 52, Issue 2, 5 February 2018, Pages 186–193

<sup>3</sup> “Facing Our Future: Children in the Aftermath of Immigration Enforcement,” A. Chaudry, et al., The Urban Institute, (February 2010).

<sup>4</sup> “Fear by Association: Perceptions of Anti-Immigrant Policy and Health Outcomes.” Vargas, ED., et al., *Journal of Health Politics*, (June 2017).

### Internal Protocols

- Designate immigration enforcement liaisons
- Designate an “immigration official contact” code (where feasible and practicable)
- Designating private areas of the healthcare facility
- Preserve and protect personal information in medical records

### Model Practices for Specific Areas of Healthcare Facility

- Main entrance
- Main patient waiting area
- Front desk and staff
- Patient examination rooms
- Provider’s parking lot/ grounds around the building

### Contact with Immigration Enforcement

It is important that health care facilities prepare staff for a possible interaction with immigration agents and/or law enforcement so they can be prepared in the event of an immigration enforcement activity at the facility. This would include putting procedures in place that clearly depict the role of each staff member and identifying staff who will be trained as the enforcement liaisons for the faculty (see section on enforcement liaisons, above).

## **IMMEDIATE FIRST STEPS IF FRONTLINE STAFF COMES ACROSS IMMIGRATION AGENTS OR LAW ENFORCEMENT:**

### They Should:

1. Immediately contact the enforcement liaison(s) and politely inform the immigration agent or other law enforcement official that only designated individuals are authorized to answer their questions, review a warrant, or consent to their entry into private areas.
2. All staff should also be notified of the code via email and/or phone and/or by a previously-designated staff and/or enforcement liaison. Providers should consider whether it is feasible at their site to create an intercom code (e.g., “code purple” or some other designated code name) to alert staff of the presence of immigration enforcement officials. If creating a code is not feasible for the site, staff can review their policy and procedures for opportunities where the same impact can be created. Only previously-designated staff or the enforcement liaison can initiate the code.

### Other Best Practices

- Signage
- Written materials
- Special Populations: immigrant children in foster care and immigrant youth who identify as lesbian, gay, bisexual or transgender
- Language access e. ongoing training of provider staff
- Public charge

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# Part 1 Introduction:

## A Welcoming Provider



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The threat of increased federal immigration enforcement is raising significant concerns among immigrant populations about seeking services, including needed healthcare. As a result of these threats, many people may decide to forgo necessary medical services out of fear that they could be putting themselves and their families members at risk.

The Illinois Alliance for Welcoming Healthcare is a coalition of healthcare providers, social service agencies, and advocates whose mission is to provide guidance for healthcare entities on becoming a “Welcoming Health Care Provider.” A Welcoming Provider is one that is committed to (1) taking affirmative steps to address the concerns of their immigrant patients about seeking healthcare, (2) developing and implementing internal policies and procedures that center immigrant patients’ safety and sense of well-being, and (3) continuing to address obstacles and concerns facing immigrants in accessing healthcare.

The attached model protocols, policies, and plans are designed to guide entities as they seek to fulfill their commitment to these three goals. This document is a starting point for conversations and offers guidance as entities make decisions about how they serve immigrants and grow as Welcoming Providers. With your commitment, we can build healthy, strong, and vibrant communities here in Illinois that recognize that we are better together than we can ever be apart.

### **DISCLAIMER**

The information in this document is not meant to provide legal advice or to substitute for the guidance or advice of legal counsel on any matters particular to a specific entity. Healthcare providers should consult with their attorneys when implementing this model protocol.

List of laws consulted in draft of document:

- U.S. Constitution, Fourth Amendment
- Health Insurance Portability and Accountability Act of 1996 (HIPAA)
- Uniting and Strengthening America by Providing Appropriate Tools Required to Intercept and Obstruct Terrorism Act of 2001 (USA PATRIOT Act)
- Illinois privacy laws



# Part 2:

## Internal Policies and Protocols:

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The following are model policies for healthcare providers adapting to the immigration enforcement climate. We begin with general best practices for creating a welcoming environment for all patients. We move next to policies on designated immigration-enforcement liaisons and then to area-specific model practices. We then suggest a model protocol for contact with immigration enforcement.

### DESIGNATED IMMIGRATION ENFORCEMENT LIAISONS

It is important that staff are trained for a possible interaction with immigration enforcement agents so they are prepared in the event of immigration enforcement activity at the facility. Such training includes putting procedures in place that clearly describe the role of each staff member and identifying two to three staff who will be trained as the designated *enforcement liaisons* at that particular provider facility.

To ensure at least one enforcement liaison is available at each provider facility during business hours, the provider should assign a sufficient number of staff to receive training. This will increase the probability that there are always personnel available to handle any inquiries or interactions with immigration enforcement agents.

Designated enforcement liaisons should also

- Participate in Alliance meetings and feedback loops and receive regular Alliance updates.
- Ensure ALL staff are properly trained on these protocols and any 'Know Your Rights' information provided to patients.
- Establish referral process for immigration attorney who can be available for referrals or if immigration enforcement agents come enter the clinic.

As soon as the enforcement liaison first has in-person contact with an immigration enforcement agent, the liaison will

- Direct the immigration enforcement agent to a location away from patients and confidential patient information.
- Ask the agent(s) the specific purpose for the visit and request to see the agent's badge and write down his or her name and badge number. If possible the enforcement liaison will instruct another member on staff to make a photocopy.
- Advise the agent that certain areas of the clinic are designated solely for patients, individuals accompanying patients, and staff providing services.



- Clearly let the agent know that he/she does not consent to a search of private areas without a properly issued court-ordered warrant, or a subpoena or summons issued by a judicial officer or grand jury. (For more information on validating documents please refer to sample policies and procedures, “*Disclosure of Personal Health Information.*”) If the agent requests information, ask the agent if they have a valid court-ordered warrant or a subpoena or summons issued by a judicial officer or grand jury and any affidavit used to secure the document.
- Review and copy all legal documentation presented (such as a warrant or court order) before allowing the agent to enter the facility.
- Only provide information that is required to be provided in accordance with presented legal documents and the law.
- Document all information that is provided to the agent and make a photocopy of all legal documents presented, including any Patient Health Information (PHI) and personal identifiable information<sup>1</sup> related to patients.
- Designate a staff member to witness and contemporaneously document the entire encounter, including documenting the legal authority (i.e. valid court order or judicial warrant) that obligated the provider to provide patient related information to the immigration agents. This information will also be provided by the liaison to the provider’s executive leadership.
- Contact any patient whose information was released to law enforcement within 24 hours via phone, email or mail. The provider will provide patients a description of the information provided, to whom it was provided and the date it was given to immigration enforcement.

The Illinois Alliance for Welcoming Healthcare offers trainings to help prepare the designated enforcement liaisons to speak to immigration enforcement agents and properly identify a valid court order or warrant.

## **DESIGNATE AN IMMIGRATION OFFICIAL ONSITE “CODE” (WHERE FEASIBLE AND PRACTICABLE)**

Each provider should consider whether it is feasible at their site to create an intercom code (e.g., “Code Purple” or some other designated code name) to alert staff of the presence of immigration enforcement officials. If creating a code is not feasible for the site, staff can review their policy and procedures for opportunities where the same impact can be created. If the provider site is able to create an intercom code, the response plan for this code should provide clear directions for staff so that they are trained and prepared to follow the protocol and to avoid/minimize panic or committing a mistake that can be construed as a violation of the law. When creating this intercom code, the provider should

- Consider how (in addition to the intercom code) and when staff will be made aware that immigration enforcement officials are attempting to enter the provider facility (calls or emails to personnel, etc.),
- Ensure that the enforcement liaison (*see above for description of this role*), and/or identified personnel charged with interacting with immigration enforcement agents, will be able to immediately meet with those immigration agent(s),
- Consider who will document in detail the immigration enforcement official visit, especially if immigration agents entered the premises without permission or valid warrant (*see below for more information re: warrants*), and
- Consider when and how patients will be informed if immigration officials enter the facility.

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<sup>1</sup> Under 42 USC §1320(d)(6) individually identifiable health information is defined as any information, including demographic information collected from an individual, that: (A) Is created or received by a health care provider, health plan, employer, or health care clearinghouse; and (B) Relates to the past, present, or future physical or mental health or condition of an individual, the provision of health care to an individual, or the past, present, or future payment for the provision of health care to an individual, and: Identifies the individual; or With respect to which there is a reasonable basis to believe that the information can be used to identify the individual.

Only previously-designated staff and/or the designated enforcement liaison can initiate the intercom code. As part of the protocols for the intercom code, this person(s) should direct staff to

- Secure all computers and technological gadgets that contain patient information and ensure that all patient files are in a secure location with a lock.
- Calmly inform patients of immigration enforcement officials presence in the facility and remind them of the *Know Your Rights* information, including their right to remain silent.
- Inform patients that the provider staff are taking steps to protect their patients and their information.
- Ensure that previously-assigned staff will document all the facts about the immigration enforcement agent's visit including the names and badge numbers of agents, the names and dates of birth of detained immigrants, and contact information for any witnesses. Documentation should include any experiences of intimidation or involvement with immigration enforcement officials.

## **COLLECTION AND PRESERVATION OF PERSONAL INFORMATION INCLUDED IN MEDICAL RECORDS AND PROVIDED DURING ENROLLMENT ASSISTANCE**

Healthcare providers understand their obligations to protect and maintain the confidentiality of information provided by patients. Welcoming providers critically evaluate what information the entity must collect on patients and where that information is stored. Healthcare providers regularly request information such as social security numbers and copies of passports or visas, but knowing that a provider will ask for this information can keep immigrant patients from seeking care. A Welcoming Provider should

- Consider what information is absolutely necessary to collect in order to identify patients and limit their requests to that information.
- Evaluate whether social security numbers and copies of passports or visas are required to be collected and for what purpose. Is there a workaround? Using names, dates of birth, and unique patient identification numbers may well be sufficient in a medical record and can both alleviate community concern about seeking care and protect the entity should federal authorities ever ask for information--you cannot divulge what you never collected.

Similarly, a Welcoming Provider should ensure that enrollment assistance is a welcoming process for immigrants. While we understand that it is valuable to assist patients in enrolling in health insurance and other benefits programs which require identifying information, protocols can be put in place to make that a welcoming exchange. A Welcoming Provider should:

- Ensure that staff clearly explain eligibility for a program such as SNAP or Medicaid and then ask if they think they would be eligible based on that criteria; this practice would not require the staff member to ask for a social security number or ask for citizenship or residency status.
- Train staff to review a passport or green card only for the purpose to verify name and that the person in the photo is the patient in front of them. Once the identity has been confirmed, the staff member can quickly return the ID back to the patient without further retention of the documents.
- Train staff to affirmatively introduce themselves as provider employees and not law enforcement agents and to clearly state that they do not report individuals to immigration enforcement authorities as a part of their work for the entity.



Welcoming Providers should not provide to law enforcement any personal identifiable information or protected health information pertaining to patients, unless required to do so by law. The model procedures below provide guidance on how to best maintain the safety, security, and privacy of patients and their protected health information.

The Health Insurance Portability and Accountability Act (HIPAA) and the HIPAA Privacy Rules require providers to protect the confidentiality of patients' 'Protected Health Information' (PHI), with certain exceptions. In general, PHI is individually identifiable information that a healthcare provider receives from an individual that relates to their health status, treatment or payment, that could be used to identify the person. HIPAA provides covered entities, flexibility in electing to disclose PHI under certain circumstances; meaning that permissible disclosure is allowed. Under other circumstances disclosure is mandatory. For this reason it is very important for providers to implement procedures that inform staff what patient information they are allowed to release and under what circumstances, including when it can be provided to law enforcement or immigration enforcement agents.

The HIPAA privacy rules generally prohibit the use or disclosure of patient information without the patient's consent. While immigration status or evidence of foreign birth are not by themselves considered personal health information (PHI) protected under HIPAA, federal guidance includes a catch-all category for "any characteristic that could uniquely identify the individual." Exceptions to this general rule include information is requested by law enforcement officials for law enforcement purposes.

A covered health care provider, such as a hospital or clinic, is also required to provide PHI to law enforcement officials in compliance with a properly issued court order, warrant, subpoena, or summons. The type of entity issuing the request determines the provider's response. A provider should only release the information expressly authorized by a court-ordered request, whether a warrant, subpoena, grand jury subpoena, or administrative order. When responding to these requests, the provider must verify the identity and authority of the individual prior to disclosing the information, among other things, and should maintain documentation on this. Additionally, a provider can also release a patient's information if prior authorization / consent is provided by the patient or their legal guardian.

Disclosures to law enforcement are subject to the accounting of disclosures requirement under the HIPAA Privacy Rule. As such, if the provider makes a disclosure to law enforcement without a patient's authorization, or their legal guardian, the covered entity should document the disclosure and include documentation supporting the decision to disclose the information to law enforcement.

Sample language:

- We (the provider) will provide patient information, including personal identifiable information and protected health information, ONLY when required to do so by law or when a patient provides written consent.
- Patients must provide consent in writing and include a description of the information that the provider is permitted to release and to whom it can be released. The patient (or legal guardian) must sign and date the consent in order for it to be valid.
- If patients would like to revoke a consent, they would need to provide the request in writing. In order for the request to be valid it must be signed and dated.
- We (the provider) are required by law to disclose certain patient information without the patient's consent. Those circumstances include:
  - Reporting child abuse or neglect under 45 C.F.R. 164.512(b)(1)(ii), domestic violence under



45 C.F.R. 164.512(c), or incidents of violent injuries, such as gunshot wounds or stab wounds pursuant to 45 C.F.R. 164.512(f)(1)(i)).

- Responding to requests from law enforcement such as a warrant, a grand jury subpoena or an administrative request such as an administrative subpoena or summons issued by a court, district judge, or magistrate judge. 45 C.F.R. 164.512(f)(1)(i)). In such circumstances, the enforcement liaison or previously designated staff is required to verify the authenticity of the request and disclose only the information expressly described in the order as necessary to comply with the law.
- Reports to funding agencies. In these circumstances we will only provide summary information of all patients. See 45 CFR 164.501. The U.S. Department of Health and Human Services describes how this can be done [here](#).
- When responding to requests issued by law enforcement, including immigration enforcement agencies, this provider's enforcement liaison or previously designated staff must verify the identity and authority of the individual(s) requesting the information prior to disclosing it. This includes determining
  - The specific agency the requester is from
  - The reason the requester wants the information
  - The specific types of PHI the requester seeks
  - Whether the requester has a judicial warrant or other court order for the release of the information
- The enforcement liaison or previously designated staff must make a copy of all documentation used to identify the items mentioned above (i.e. gathering identification, badge number, warrant, etc.). ONLY the enforcement liaison or previously designated staff are permitted to verify a warrant and approve release of patient information to law enforcement, including immigration agents.

## DESIGNATING PRIVATE AREAS

One option for healthcare providers to protect patients is to be clear and as broad as possible in designating which portions of their facilities are “private” areas. Declaring certain areas of the provider’s facility as “private” spaces may provide protections to immigrant patients, families, and visitors. To make such spaces meaningfully “private,” the provider needs to show that patients have a “reasonable expectation” of privacy in those locations, and to take affirmative necessary steps to ensure that the expectation is accurate. Under the Fourth Amendment, a reasonable expectation of privacy depends on not only whether that person subjectively has a reason to expect privacy, but also whether there is an objective expectation of privacy. Some factors that are relevant to whether there is a reasonable expectation of privacy may include

- The number of people in the space;
- Who has access to certain areas of the provider’s facility;
- How many people have access to the space at any given time;
- Whether there are signs designating spaces or rooms as private space;
- Whether there is a security guard present at the entrance.

To help establish a reasonable expectation of privacy, providers should have a written and widely disseminated policy stating that

- All of the provider’s premises, with listed exceptions, are designated “private” spaces only accessible to staff, individuals with established business with this provider (e.g. courier services, U.S. Postal Service, authorized maintenance personnel, volunteers, residents or students), prospective patients, and patients and persons accompanying them.
  - The provider’s premises include, but are not limited to waiting rooms, examination rooms,



offices, any area that has patient protected health information (PHI), and records areas.

- All patients, prospective patients and persons accompanying them will need to sign in with intake staff located at the main entrances of the provider's facility immediately upon arriving at the facility. This will work to ensure a level of privacy for all those in the facility where only staff, individuals with established business with the provider, patients, prospective patients and their companions are allowed.
- An agent with Immigration and Customs Enforcement (ICE) or Customs and Border Protection (CBP) is not permitted to enter the provider's facilities or premises at-large, including the waiting room area, without first presenting adequate documentation discussed below such as a signed court order or judicial warrant to the enforcement liaison on staff.
- Only previously-designated staff and/or the designated enforcement liaison would have the authority to allow immigration enforcement agents to enter the provider's premises. If needed, they should consult with an attorney to ensure that the legal documentation is valid. If the immigration enforcement agent lacks any proper documentation, the designated staff member should request that the agent leave the premises immediately. If the agent has a valid document, the designated staff and/or the designated enforcement liaison should take appropriate steps outlined during staff trainings to limit the overreach of the agent's conduct.
- There are a few public spaces on the provider's premises:
  - It is our policy that even in public spaces, the general public or others must have a legitimate business need related to services offered or required by this provider to access our premises at-large.
  - The provider's parking lots are considered this provider's property such that, per this policy, only authorized users can access them.

The Alliance for Welcoming Healthcare recognizes that healthcare providers should consult competent legal counsel when adopting and implementing internal policies and procedures related to the public/private space distinction because so much depends upon a case-by-case determination at a particular facility. The reality is that such designations do not guarantee that immigration enforcement agents will or must comply with those policies nor that a court will later rule that the area was indeed a "private" area. However, having an enforced policy about private and public spaces at least provides an opportunity for individuals to argue that their 4th Amendment rights were violated in any search or seizure that occurs in these spaces.



# Part 3:

## Model Practices for Specific Areas of a Healthcare Facility

### MAIN ENTRANCE (BEFORE ARRIVING TO THE WAITING ROOM AREA)

Providers should have an intake person or security guard next to the main entrance (before arriving to the waiting room area) who is tasked with signing in individuals seeking medical services, and anyone accompanying them (e.g. caretakers, children, parents, etc.). This will help ensure (but not guarantee) that any immigration enforcement agent speak to provider staff and explain the reason for their presence instead of immediately entering the waiting room area. However, the provider needs to also ensure that it does not create an intimidating entrance that might deter patients from accessing care.

### MAIN PATIENT WAITING AREA

Unless a provider has designated their waiting room as “private” and taken steps to effectuate that designation, there is not an arguable reasonable expectation of privacy in an open, public waiting area or foyer of a healthcare facility. This means that patients may be more vulnerable to immigration enforcement actions when they are in these open, public waiting areas.

As part of designating an area as “private,” signage should be posted to clearly mark areas that are *Designated Private Areas* and/or *Area for Patients and their Families Only*. Signs should be posted in conspicuous locations including corridors that lead to Designated Private Areas. See Appendices A, B, C for examples of Private Area Signage.

### FRONT DESK AND STAFF

Frontline staff have an important role in monitoring the waiting area as well as helping to create and maintain a welcoming environment for immigrant patients and their families. The area behind the front desk should be designated a private area using signage (see Signage section and related Appendices A, B, C); it is non-public and should only be accessed by authorized personnel, provider partners, patients and persons accompanying patients. The front desk staff should be well equipped and comfortable answering patient questions regarding the provider’s procedures and patients’ rights if immigration enforcement agents were to attempt to enter the premises. This will help reduce



the community's fears in seeking services. They should also have on hand the contact information for the designated enforcement liaison's. See Appendix E for Suggested Q & A Talking Points. See "Protocol for Contact with Immigration Enforcement" below for discussion if immigration enforcement agents approach front desk staff.

## **PATIENT EXAMINATION ROOM**

Welcoming Providers should aim to address the specific health needs of the immigrant population, including screening for trauma, identification of financial assistance resources (e.g. charity care), information regarding use of public benefits, and mental health care. See Appendix H for access to health care for immigrant families. Exam rooms are private areas; there should be signage in exam rooms stating that these rooms are private. The provider's written policies should also reflect that patient exam rooms are designated "private" areas.

Welcoming Providers should be aware that many new immigrants may have never had medical screenings or have has a visit with a health care provider in their country of origin. If they have had prior medical visits, families should be asked to bring all medical records, including screening or health histories, to the initial visit. Providers should be aware that these records may need to be translated and should be carefully reviewed for accuracy. Immigrant families may be unfamiliar with navigating the healthcare system as well as standards of practice in the United States. Providers should also recognize that U.S. screening and preventive health practices may be an unfamiliar practice in many countries and may need additional explanation. A comprehensive medical evaluation includes asking sensitive questions about issues such as migration experiences, trauma, and family separation. Setting aside adequate time for visits, providing professional interpretation services, and engaging in thoughtful and sensitive inquiry will facilitate a trusting environment that will lead to optimal care for immigrants. In screening for trauma, it is essential to incorporate trauma-informed approaches (see below for more guidance on discussing mental health and trauma issues).

Welcoming Provider staff members understand that screening for basic needs as a standard part of practice is essential for detecting and addressing issues such as hunger and housing insecurity. Providers can use a brief written screener or verbally ask family members questions if the family is having difficulty with issues such as food, housing, and heat. Screening for basic needs can help uncover new and "hidden" economic difficulties that impact child health. Providers should take a universal approach to screening, and never target specific families.

When unmet basic needs are identified, immigrant families will need up-to-date, understandable information about eligibility and enrollment for public benefits programs. In order to provide families with the most accurate information and referral resources, providers should build relationships with trusted local and state organizations that have expertise with public benefits. Key partners will likely include local and state departments of public health, legal services organizations, and community development organizations that have ties to immigrant communities. These partners can help provide providers with accurate benefits information to provide for families in the practice.

Immigrant families may be reluctant to sign up for public benefits for a variety of reasons, including concerns about being deemed a public charge. (see "Public Charge" below) Providers can work with organizations and individuals that are trusted in the community to conduct education and outreach activities about public benefits. Within the practice, social workers, case managers, legal advocates, or peer educators can be effective messengers about public benefits.



*Discussing anxiety, stress, and unique stressors:* Immigrant children and families may experience discrimination and fear and may also have mental health conditions that are prevalent among the general U.S. population, such as depression, anxiety, post traumatic stress disorder, somatization, sleep disturbance, and substance abuse. Many immigrant children live in a family with a parent who faces the threat of deportation without notice or preparation. If the patient has a family member who has been taken into custody or deported that patient may demonstrate a number of health problems including anxiety, depression, poor school performance, sleeping and eating disruptions. Forced separations due to immigration enforcement can also result in the loss of family income and have been shown to result in family housing and food instability. Patients who have crossed the border to enter the United States as well as patients who are refugees may have experienced abuse, exploitation, and/ serious trauma. See Appendix F: Resources on Discussing Anxiety, Stress, Unique Stressors

The mere possibility of deportation can negatively impact the well-being of some immigrant children, whether or not they themselves or family members are undocumented. Mexican immigrant children specifically have shown emotional distress, fear, confusion and anxiety. As part of the social history, providers may consider asking families if a parent or other key family member has left or is potentially going to leave the family for any reason. This information may help provide insight into the patient's health. Reassure families that the information they provide in the health care setting is confidential. It is extremely important for parents or primary caregivers who may face separation from their children to develop a plan for their children's health and safety, in the event of separation. Parents and other caregivers may wish to consider issuing a power of attorney to a trusted adult to care for children in the event of removal or deportation; however, because the requirements for legally executed powers of attorney vary considerably by state, seeking the assistance of legal counsel is recommended. Providers should have referral lists of local immigration attorneys and legal aid organizations for parents/caregivers. See Appendix L for link to immigration attorneys.

Detailed checklists are available for families to prepare for deportation/ separation:

Immigrant Family Preparedness Checklist, Prepared for Creciendo Juntos ([www.cj-network.org](http://www.cj-network.org)) by Phil Storey, Attorney, Legal Aid Justice Center 123 E. Broad Street, Richmond, VA 23219 / Tel. 804-643-1086 December 6, 2011, Available at: <http://www.immigranthardshipdocs.com/node/21>

Linking immigrant children to treatment and facilitating retention in quality mental health care is often very challenging. Families with mixed legal status are fearful of referrals because of the risk of detection or deportation. The referral to a mental health therapist often carries a stigma and may conflict with cultural values that disparage or deny the possibility that children may have emotional or mental problems. In many regions of the U.S., there may be a shortage of mental health workers with language and cultural concordance or cross-cultural experience. Few interpreters are trained in mental health care that include subtleties in communication and ethics. A Welcoming Provider should consider that

- Often lay members of the immigrant community who are trained as community health workers (e.g. promotores de salud) are able to identify children in need, link them to services and improve engagement in treatment.
- Enhanced medical homes that include co-located mental health providers can be extremely helpful in reducing barriers to access such as transportation, limited hours of operation and stigma. If co-location or an integrated model is not practical, primary care providers may develop agreements for facilitated referrals to therapists and psychiatrists in the community who they know will be receptive to immigrant families. ICIRR has created a mental health provider list which may be a helpful resource.



## PROVIDER'S PARKING LOT/GROUNDS AROUND THE BUILDING

There are few *public* spaces on the provider's premises, such as the parking lot. Even in public spaces, the general public must have a legitimate business need related to services offered or required by the provider to access its premises at-large. The provider's parking lots are considered the provider's property such that, per this policy, only authorized users can access them. The provider should ensure that included in its internal written policies as well as its public-facing signage a clear message that the provider is committed to providing patients a safe environment to seek medical services; thus, since parking lots are considered property of the provider, only authorized users can access them. See Appendix B for Sample Parking Lot Signs.



# Part 4:

## Protocol for Contact with Immigration Enforcement Agent(s)

A Welcoming Provider affirmatively prepares staff for a possible interaction with immigration enforcement agents. This would include putting procedures in place that clearly describe the role of each staff member and identifying staff who will be trained as the enforcement liaisons for the faculty (see “*Designated Enforcement Liaisons*” above). The Department of Homeland Security (DHS), which includes ICE and CBP, maintains a policy that immigration enforcement actions such as arrests, interviews, searches, and surveillance should generally not occur at sensitive locations, which includes health care facilities. However, in exigent circumstances ICE may carry out enforcement actions in sensitive locations without prior approval. This would include situations related to national security, terrorism, or public safety, or where there is an imminent risk of destruction of evidence material to an ongoing criminal case. Absent such circumstances, ICE officials are generally required to consult with their supervisor and to obtain an approval prior to taking enforcement actions at sensitive locations. ICE officials are prohibited from conducting any search of the site without a valid warrant issued by a judge, discussed below. Examples of judicial and administrative warrants can be found in Appendices J and K.

### *If an immigration enforcement agent contacts the frontline staff via phone or email*

- Frontline staff member should direct the agent immediately to the Designated Enforcement Liaison on duty and inform the agent that only the designated individuals are authorized to answer the agent’s questions.
- Any contact should be recorded in a central database that the provider should create to track immigration enforcement actions occurring at the provider’s location.
- Health care providers in Illinois are encouraged to report any immigration enforcement occurring on their premises to the Illinois Coalition for Immigrant and Refugee Rights (ICIRR) at 1-855-435-7693 (855-HELP-MY-FAMILY).

### *If immigration enforcement agent(s) attempt to enter the provider’s premises*

- Immediately contact the Designated Enforcement Liaison(s) and inform the agents that only designated individuals are authorized to answer their questions, review a warrant, or consent to their entry into private areas.



- Where created, the Intercom Code for on-site immigration enforcement should be initiated; additional communication should be conducted by the Designated Enforcement Liaison by email or phone. As mentioned previously, only the Designated Enforcement Liaison can initiate the Code.
- Staff who encounter immigration agents or law enforcement are asked to
  - Remain calm, and remember that you are not required to answer any questions from immigration agents. You have the right to remain silent.
  - Politely inform the agents that you will contact the enforcement liaison, who can help answer their questions or requests.
  - Under no circumstances will unauthorized staff allow immigration agents to enter the provider's private areas or premises.
  - Only the Designated Enforcement Liaison can grant entry to immigration agents entry, verify the validity of a warrant, or approve release of patient information.

**Identifying legal documents:** The Designated Enforcement Liaison should have training to identify and verify court orders, warrants, subpoenas, or summons presented by law enforcement officers or immigration agents.

- Court-ordered requests: Generally, the provider must disclose personal health information (PHI) if the information is required pursuant to a court order or court-ordered warrant, or a subpoena or summons issued by a judicial officer or a grand jury.
- Administrative requests: An administrative request is issued by a federal or state agency or law enforcement official, rather than a court of law. Such requests include administrative subpoenas or summons signed by someone other than a judge or magistrate. The provider is not required to respond or provide information asked through an administrative request.
- If the administrative body claims to be authorized to require the production of information in an administrative order per 45 C.F.R. §§ 164.103 and 164.512, the Designated Enforcement Liaison must consult with the provider's general counsel before providing the requested information. NOTE: § 164.103 provides definitions for the relevant regulation. Particularly, it defines what sorts of disclosures are be "required by law." And 45 CFR § 164.512 refers to "Uses and disclosures for which an authorization or opportunity to agree or object is not required."
- The provider should not acknowledge an administrative warrant of removal (Form I-200 & I-205) unless accompanied by a warrant or order issued by a judge. Immigration officials are not allowed to enter the provider's premises with an administrative request.

***If an immigration agent does not have a valid warrant***

- Frontline staff members are **not** required to cooperate with the agents. That means that frontline staff are not required to answer the immigration agents' questions and are not required to speak with the agents at all.
- Frontline staff may tell the agents that they choose not to speak with them, and then say nothing else.
- The frontline staff member should then notify the designated Immigration Enforcement Liaison to report the situation who may, in turn, notify additional specified people (name/title/contact information).
- If the agent asks permission to enter or search a non-public area (patient exam room, for instance) **without a warrant,**
  - Frontline staff must not give agents access to any non-public area and must tell the agents that the staff member cannot consent to any search.
  - The frontline staff member should then notify the specified person (name/title/contact information) to report the situation who may, in turn, notify additional specified people (name/title/contact information).



*If immigration agents have a piece of paper and state that it is a **subpoena***

- Determine ahead of time who in the health facility is authorized to accept subpoenas or to decide whether to comply with those subpoenas. Once that person has been designated and specified, their contact information needs to be communicated to frontline staff.
- Frontline staff need to be trained that they do not need to comply with an ICE subpoena on the spot and that they will not and cannot be punished for refusing to comply with a subpoena.
- The frontline staff member should then notify the specified person (name/title/contact information) to report the situation who may, in turn, notify additional specified people (name/title/contact information).

*If an ICE agent seeks to search a non-public area (patient exam room) or gain access to medical records and states that they have a valid warrant that allows them to do so*

- First determine which type of warrant is being issued, then follow the procedure depending upon the type of warrant.
- There are two types of warrants ICE agents might have: [1] A judicial warrant or [2] An administrative warrant.
  - Judicial warrant: A judicial warrant (the issuer would be district judge or magistrate judge or U.S. District Court) is typically used to search property and allows ICE agents to conduct any search authorized by the warrant. A valid judicial warrant must be complied with; therefore frontline staff should activate the Designated Enforcement Liaison who will then notify a specified person/title. A valid judicial (court ordered) warrant will contain the following:
    - Name and signature of the issuing official with the time and date of issuance above signature (issued by a court and signed by a judge);
    - Name of a specific officer or the classification of officers to whom the warrant is addressed;
    - Names of the applicant and of all persons whose affidavits or testimony were given in support of the application;
    - A designation sufficient to establish with reasonable certainty the premises, vehicles, or persons to be searched;
    - A description or a designation of the items constituting the object of the search and authorized to be seized.
    - See Appendix J for Examples of Judicial Warrants
  - Administrative warrant: “Administrative warrant” means any document issued by ICE that can form the basis for an individual’s arrest or detention for a civil immigration enforcement purposes. This definition does not include any criminal warrant issued by a court based on a determination of probable cause, and in compliance with the requirements of the Fourth Amendment to the U.S. Constitution and Article I, Section 6 of the Illinois Constitution. (Welcoming City Ordinance).
    - See Appendix K for Examples of Administrative Warrants
- "Non-judicial immigration warrant" means a Form I-200 or I-205 administrative warrant or any other immigration warrant or request that is not approved or ordered by a judge, including administrative warrants entered into the Federal Bureau of Investigation's National Crime Information Center database. Illinois TRUST Act 5 ILCS 805/1.

*If ICE agents have an administrative warrant (again, the issuer could be an “immigration judge” or “administrative law judge”): the ICE agents would explicitly need consent from a specified health facility staff member to enter the area and search anything that they could not have otherwise searched. This includes medical records.*

- Frontline staff do **not** need to tell ICE agents anything about the person they are looking for.
- Frontline staff do **not** need to help ICE agents find the person they are looking for.
- Frontline staff may inform ICE agents that staff will not give them any information.
- Frontline staff must tell ICE agents that the staff member does not have the authority to consent to their presence on the premises.
- Frontline staff must ask ICE agents to leave.

Frontline staff should activate an action plan as to whom (name, title, contact information) to notify to report the situation and whether that person should be required to notify a specified person/title.

*If the Designated Enforcement Liaison, or designated staff, informs the agent(s) that they DO NOT CONSENT to a search without valid legal documentation, and agent(s) decide to enter WITHOUT PERMISSION, the enforcement liaison or designated staff will*

- Call the Immigration Official Contact Code
- Immediately contact legal counsel and inform them of the unauthorized entry
- Ensure assigned staff document all the facts about the raid (actions taken), and write down the names and badge numbers of agents, and the names and dates of birth of any detained immigrants
- Remind patients that they have the right to remain silent
- Working with provider's legal counsel, contact the offices listed below to notify them of the violation to the sensitive location memo:
  - ICE Enforcement and Removal Operations (ERO) through the Detention Reporting and Information Line at (888) 351-4024 or through the ERO information email address at ERO.INFO@ice.dhs.gov, also available at <https://www.ice.gov/webform/ero-contact-form>
  - The Civil Liberties Division of the ICE Office of Diversity and Civil Rights at (202) 732-0092 or ICE.Civil.Liberties@ice.dhs.gov
  - Customs and Border Protection (CBP) Information Center to file a complaint or compliment via phone at (877) 227-5511, or submit an email through the website at <https://help.cbp.gov>.
- Frontline staff should document any experiences of intimidation or involvement with immigration enforcement officials.
  - This information should be shared with the healthcare facility's legal department. Frontline staff working with the trained enforcement liaison should appropriately document all the facts about a raid, including any and all actions taken by agents that may be unlawful, the information contained in the warrant, the names and badge numbers of immigration enforcement agents, the names and dates of birth of detained immigrants, and contact information for all witnesses.
  - Patients in close proximity to the officers should also be notified immediately that immigration enforcement agents are at the site, and reminded that they all have the right to remain silent.



# Part 5:

## Other Best Practices



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### SIGNAGE

To help ease the fear that many patients may feel, it is important for the provider to post signage that welcomes the community to seek services. These signs could

- (1) provide educational information, including “know your rights” information
- (2) reassure patients that the clinic will not share their personal information or collaborate with immigration enforcement unless required by law,
- (3) reassure patients that they have the right to access healthcare, as well as other public benefit programs, and should not fear that doing so will jeopardize them or their family members, and
- (4) remind patients that they are all welcomed at the facility regardless of immigration status or national origin.

The provider can also craft messages for their patients through informational videos that could be played in the waiting room area or by providing in person trainings for patients and the community.

Important note: The provider should avoid referring to themselves as “sanctuaries” or “safe spaces,” especially when communicating with patients. These terms have been used as “catch-all” phrases and it is not clear to the public or patients what definition clinics have in mind when they refer to themselves as “sanctuary” or “safe space.”

Consider creating signage welcoming immigrant families in multiple languages which states

- All patients can get medical care, regardless of immigration status or ability to pay (or whatever is in accordance with the provider’s financial aid policy).
- We want you to seek care without fear. We respect you and want to help you get the health care you deserve.
- When you visit our health care facilities, we do not collect information about your immigration status and we never release patient information without authorization by the patient or without being required to do so by law. Our staff will keep it private and confidential.
- We provide free interpretation services in 200 languages, 24 hours a day, 7 days a week, and offer translated patient education materials in the top languages preferred by our patients.
- Our doctors, nurses, and other health care workers care about you. They all want to serve you with respect and will work to protect your privacy.
- See Appendices A, B, C for examples of signage



## WRITTEN MATERIALS FOR PATIENTS SUCH AS PAMPHLETS AND BROCHURES

The front patient waiting area as well as patient exam rooms) should provide written literature aimed at educating the patient and putting the patient at ease. See Appendix D for examples of brochures. Materials should state the following:

- There are different options available to help you get the healthcare you need. All children and pregnant women can get health insurance -- even if you do not have legal immigration status.
- This healthcare center will help you even if you do not have insurance and cannot pay a lot of money for health care. This is true for all types of healthcare services, including emergency care, doctor's visits, medications, and hospital stays.
- To help find out how much you can pay, the health center staff will ask you for some information about how much you earn and how many people are in your family. You will need to show your home address, some proof of identity, and your date of birth. We want you to get the care you need today, before you get sick, and before it becomes an emergency.
- The health center will inform all patients about any financial assistance or low cost programs available.
- The health center will have available immigration Know Your Rights cards for anyone.
- This health care center also wants Chicago residents to know about the City of Chicago municipal identification card, which is an accepted form of identification that patients can use during the check-in and registration process.
- The health center's employees cannot give your information to ANYONE else without authorization by the patient or without being required to do so by law. All of our employees know that if they break this promise they can lose their job.
- In addition, other services are available to you, including food, legal services, public safety, and more. We encourage you to seek out important services that are available to them and their families. Have on hand a resource/referral pamphlet for immigration attorneys, food pantries, application for SNAP/WIC/TANF and Medicaid.
- Immigrant community groups can provide other assistance. (You may want to provide information about these organizations.)

## SPECIAL POPULATIONS

### **Immigrant children in foster care and immigrant youth who identify as lesbian, gay, bisexual or transgender:**

One particularly toxic effect of deportation is an increase in US citizen children in long-term foster care. The current immigration enforcement system presents significant barriers to reunification. The children left by deported parents are often denied placement with extended family members because of issues related to documentation. The effects of abrupt and total separation from parents and family may have profound effects on the child's emotional development, which may be expressed by withdrawal, anxiety, depression, or oppositional defiance.

Immigrant youths may face additional cultural challenges and discrimination because of sexual orientation or gender identity. The need for socio-emotional support or mental health treatment may be especially acute if the young person left the youth's country of origin after persecution because of sexual orientation and, upon arrival, experiences isolation, alienation and exploitation at the margins of society in the United States.

Resources for practices:

- Helping Foster and Adoptive Families Cope with Trauma <https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/healthy-foster-care-america/Documents/Guide.pdf>



- American Academy of Pediatrics. Committee on Adolescence Policy Statement. Office-Based Care for Lesbian, Gay, Bisexual, Transgender, and Questioning Youth. *Pediatrics*. 2013 Jul;132(1):198-203, available at: <http://pediatrics.aappublications.org/content/132/1/e297.full.pdf+html>
- Lesbian, Gay, Bisexual and Transgender (LGBT) Immigrant Rights, Immigrant Legal Resource Center, available at: <http://www.ilrc.org/info-on-immigration-law/lgbt-immigrant-rights>

## LANGUAGE ACCESS

Language barriers can occur in clinical in health care settings, from the outpatient clinic to the intensive care unit, or in nonclinical settings, such as the administrative, billing, and legal departments. A welcoming environment for immigrants whose English may be limited includes determining the patient’s preferred language upon admission and providing language interpretation services when appropriate.

To determine the patient’s or family’s language of preference, provide a brief language identification document with a simple sentence in many different languages. See Language Identification Flashcards, U.S. Dept. of Commerce, Bureau of Census, available at: <https://www.dol.gov/oasam/programs/crc/ispeakcards.pdf>. Take caution when asking patients to read English language information or to complete forms in English when English is not their primary or preferred language.

Unless the provider is fluent in the patient’s preferred language, the provider should not attempt to speak that language with a LEP patient. Also avoid using family members, particularly children, as interpreters. Untrained interpreters may not accurately interpret information, and inaccuracies can lead to misunderstandings, misdiagnoses, and medical errors. The most common interpretation errors involve omissions and editing of information. Children should not be used for interpretation for various reasons, including the potential for errors and omissions and the potential for burdening the child or causing a trauma due to the nature of situation and often times creating role reversal within the family.

Trained medical interpreters can help providers and health facility staff communicate with families that do not speak English or have limited English proficiency. Trained medical interpreters are valuable assets to the health care team and essential bridges to navigating language barriers. Trained medical interpreters may include trained bilingual staff trained in medical interpreting techniques (who are employed by the practice for a different primary role and also have interpreter duties as a secondary role), on-sight staff interpreters (who are employed by the practice solely for interpreter services), contract interpreters (who are not employed by the provider and who provide services on an on-call basis), or telephone interpreters (who provide interpreter services through telephone language lines, often providing interpretation for less commonly requested languages). Although less common than telephone services, interpretation services can also be provided through Video Remote Interpretation (VRI).

Best practice is to treat interpreters as an important member of the health care team, which includes:

- Providing the interpreter with a brief summary of the patient and briefly sharing what is anticipated and will be covered during the visit
- Establish and maintain eye contact with the parent or patient as you would with an English speaker
- Speak slowly, clearly, and concisely; avoid interrupting and try to avoid jargon
- Pay attention to the parent and patient’s body language and other non-verbal cues

De-brief with the interpreter after the patient visit.



## ONGOING TRAINING OF PROVIDER STAFF

To ensure that the policies and procedures are properly implemented and thereby help create a welcoming environment, it is very important that provider staff be provided ongoing training. Such training helps the provider ensure that patients are provided correct information regarding their rights and help reduce the fears that prevent families from securing critical services. Providers should be aware that some of their employees may have different opinions on immigration, and some may not agree with the proposed procedures. Thus, it is crucial that staff be trained not only on the procedures, but also on the reasoning behind these procedures, and why it is important for the provider to help protect access to health care for all patients, regardless of their citizenship or immigration status.

Provider staff should also be trained on how to have necessary conversations with patients in a culturally competent manner so that patients receive the same assurances from all staff, even if an individual staff member has different views on immigration. To address potential misconceptions regarding immigration, the provider could provide a staff training on the basics of immigration law, the landscape at the intersection of health care and immigration, and a review of “know-your-rights” (KYR) information. The training can emphasize that all members of the community, regardless of their ability to pay or their legal status, must have access to health care services.

## PUBLIC CHARGE

What is "public charge"? Public charge is a technical legal term used in immigration law. It is part of a screening process used by U.S. immigration officials with non-citizens who are applying for lawful permanent resident (LPR) status, commonly also called getting a green card. The public charge test also applies to individuals **seeking admission** to the US (from outside the US or already in the US applying for a green card) or **anyone with a nonimmigrant visa seeking an extension or change**. Public charge does NOT apply to naturalization. Permanent residents (who have already been admitted to the US) generally will not face scrutiny for public charge.

If someone is determined to be a public charge or likely to become a public charge, the individual will be denied a green card or visa.

There are certain groups of people who are either exempt from public charge or may get a waiver for public charge when applying for admission to the United States, a green card, or other benefits with USCIS:

- Refugees and asylum applicants
- Refugees and asylees applying for adjustment to permanent resident status
- Amerasian Immigrants (for their initial admission)
- Individuals granted relief under the Cuban Adjustment Act (CAA)
- Individuals granted relief under the Nicaraguan and Central American Relief Act (NACARA)
- Individuals granted relief under the Haitian Refugee Immigration Fairness Act (HRIFA)
- Individuals applying for a T Visa
- Individuals applying for a U Visa
- Individuals who possess a T visa and are applying for adjustment to permanent resident status may apply for a waiver
- Individuals who possess a U visa and are applying for adjustment to permanent resident status
- Special immigrant juveniles
- VAWA self-petitioners
- Applicants for Temporary Protected Status (TPS)
- Individuals applying to renew DACA status



Currently, only certain programs can be considered in the public charge test: cash assistance (e.g., TANF, SSI) and long-term institutionalization paid for by the government. The public charge inadmissibility determination is a prospective determination based on the totality of the circumstances, which includes statutorily required factors such as age, health, family status, assets, resources, financial status, education, and skills.

Changes are expected to the public charge test, but as of the date of this publication, the federal rule governing the public charge test has not changed. There is however a proposed rule (filed on October 10, 2018) which would add to the public charge assessment: Non-emergency Medicaid, the Medicare Part D Low Income Subsidy, the Supplemental Nutrition Assistance Program (SNAP, or food stamps), and the Section 8 Housing Choice Voucher, Section 8 Project-Based Rental Assistance, and Public Housing programs. (Note: CHIP is not included in this list but DHS is considering adding it.)

Under the proposal, someone would be considered a public charge if they receive a certain dollar value in these benefits or are enrolled in the programs for certain amounts of time. The rule is not retroactive: Use of the non-cash programs would count only starting 60 days after DHS publishes the final version of the rule. Note that undocumented immigrants and temporary visa holders are already ineligible for most public benefit programs.

Because the change in rules was proposed by the federal government on October 10, 2018 and this change is being covered a lot in the news, some immigrants may fear applying for or continuing to receive government benefits, such as Medicaid. For more information: please see the Protecting Immigrant Families website, available at: <https://protectingimmigrantfamilies.org/>

The text of the proposed rule is on the Department of Homeland Security's (DHS) website at [www.dhs.gov/publication/proposed-rule-inadmissibility-public-charge-grounds](http://www.dhs.gov/publication/proposed-rule-inadmissibility-public-charge-grounds).

A Department of Homeland Security Q&A on the Proposed Public Charge Rule is available at [www.uscis.gov/legal-resources/proposed-change-public-charge-ground-inadmissibility](http://www.uscis.gov/legal-resources/proposed-change-public-charge-ground-inadmissibility).



### ***Does the proposal apply if a non-citizen is using benefits such as Charity Care or the CareLink Program at Cook County Health?***

No! Only the benefits listed above would apply. Other programs will not be considered.

### ***Does this proposal apply if citizen children use benefits?***

No! The rule covers ONLY the applicants themselves; other eligible members of the household (e.g. US citizen children) could receive benefits without disqualifying the applicant.

### ***Would this rule affect people who do not currently receive any of these benefits?***

The proposal sets rules for determining if someone is "**likely to become a public charge,**" meaning they are likely to use the listed benefits **sometime in the future**. The rule says that to make this determination, immigration officials **MUST consider**

- **age**, particularly for minors and older individuals
- **medical conditions**, including any conditions that require long-term care)
- **family status**, including household size, counting a wide range of relatives
- **household assets**, resources, and financial status, including income, credit history, past or present use of the listed public benefits and applications for immigration fee waivers
- **education and skills**, including English proficiency
- whether the immigrant's sponsor has filed an **affidavit of support** showing that the sponsor has enough income and assets to adequately support the immigrant financially.

### ***What happens if someone is found likely to become a public charge?***

That person can request to post a bond with DHS of at least \$10,000. Immigration officials have the sole discretion as to whether to grant this request. If the applicant is admitted and later becomes a public charge, the applicant would lose the entire amount of the bond to DHS.

This proposed rule also does NOT cover the separate public charge ground for deportation; however, some news outlets report that the US Department of Justice is developing a separate proposal regarding on that subject.

### ***Again, no policies have changed yet. This rule has not gone into effect.***<sup>2</sup>

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<sup>2</sup> As of the date of this publication June 4, 2019.



# Supporters:

## HEALTH PROVIDERS

AMITA Health  
Arden Shore Child and Family Services  
Asian Health Services Family Health Center (AHSFHC)  
Chicago Department of Public Health  
CommunityHealth  
Community Youth Network  
Cook County Health (CCH)  
Erie Family Health Center  
Esperanza Health Centers  
Hamdard Healthcare  
Heartland Health Centers  
Illinois Chapter, American Academy of Pediatrics (ICAAP)  
Illinois Primary Health Care Association  
Lake County Health Department  
Loyola University Medical Center  
Medical Organization for Latino Advancement  
National Organization of Nurses with Disabilities (NOND)  
PCC Community Wellness Center  
PrimeCare Community Health  
Rush University Medical Center  
Sinai Health System  
St. Anthony Hospital  
The Night Ministry

## ORGANIZATIONS

Access Living  
Age Options  
Aids Foundation Chicago  
ACLU-IL  
DuPage Federation on Human Services Reform  
Enlace Chicago  
EverThrive Illinois  
Greater Chicago Food Depository  
Health Justice Project, Beazley Institute for Health Law and Policy Loyola University Chicago School of Law  
Heartland Alliance for Human Needs & Human Rights  
Illinois Association of Free and Charitable Clinics  
Illinois Public Health Institute  
Illinois Public Health Association  
Language Access Resource Center (LARC)  
Legal Council for Health Justice  
Mano a Mano Family Resource Center  
Mujeres Latinas en Acción  
Salud Sin Papeles  
Sargent Shriver National Center on Poverty Law



# Appendix A:

## Sample Know Your Rights Signage

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iAmerica.org website:

[http://s3.amazonaws.com/assets.iamerica.org/c4/s3fs-public/files/you\\_have\\_rights\\_infographic\\_eng.jpeg](http://s3.amazonaws.com/assets.iamerica.org/c4/s3fs-public/files/you_have_rights_infographic_eng.jpeg)

National Immigration Law Center website:

<https://www.nilc.org/issues/immigration-enforcement/everyone-has-certain-basic-rights/>

Catholic Legal Immigration Network website:

<https://cliniclegal.org/resources/know-your-rights-law-enforcement>



# Appendix B:

## Sample Signs for the Parking Lot

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Safetysigns.com website: “No Trespassing; Authorized Personnel Only,” available at:

<http://www.safetysign.com/images/source/product-grid-images/F6005.png>

Safetysign.com website: “DO NOT ENTER: Authorized Personnel Only; Visitors Must Report to Office,” available at:

<http://www.safetysign.com/images/source/product-grid-images/F3722.png>

Signsdirect.com website: “Notice: All Visitors Must Report to Reception,” available at:

<https://www.signsdirect.com/0102-All-Visitors-Must-Report-to-Reception-325px.jpg>



# Appendix C:

## Sample Welcoming Signage

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Wisconsin Network for Peace and Justice:

<http://wnpj.org/sites/default/files/u4/immigrants-welcome-spanish.jpg>

The Main Street Alliance:

[https://d3n8a8pro7vhmx.cloudfront.net/mainstreetalliance/pages/330/attachments/original/1465852274/Untitled\\_design\\_%282%29.png?1465852274](https://d3n8a8pro7vhmx.cloudfront.net/mainstreetalliance/pages/330/attachments/original/1465852274/Untitled_design_%282%29.png?1465852274)

United We Dream:

<https://i.pinimg.com/originals/8e/88/10/8e8810001214b6502fc3cdf1069cd9e5.jpg>

Just Seeds.org:

[https://justseeds.org/wp-content/uploads/immigrants-are-welcome-here\\_web.jpg](https://justseeds.org/wp-content/uploads/immigrants-are-welcome-here_web.jpg)

Micah Bazant:

<https://www.micahbazant.com/>,

<https://static1.squarespace.com/static/52f93b58e4b03018f9550664/t/5830aba746c-3c4d861790967/1479585619867/everyone-welcome-bazant-sml-color.jpg>

<https://static1.squarespace.com/static/52f93b58e4b03018f9550664/t/58ddb6c1beba7b-897534c127/1490925259109/?format=500w>



# Appendix D:

## Sample Know Your Rights Brochures

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Catholic Legal Immigration Network website:

<https://cliniclegal.org/resources/know-your-rights-law-enforcement>

In Chinese:

[https://d3n8a8pro7vhmx.cloudfront.net/capca/pages/62/attachments/original/1493098714/2017\\_03\\_17\\_KnowYourRights\\_in\\_Chinese\\_FINAL.pdf?1493098714](https://d3n8a8pro7vhmx.cloudfront.net/capca/pages/62/attachments/original/1493098714/2017_03_17_KnowYourRights_in_Chinese_FINAL.pdf?1493098714)

In Vietnamese:

[https://d3n8a8pro7vhmx.cloudfront.net/capca/pages/62/attachments/original/1493098898/2017\\_03\\_24\\_KnowYourRights\\_in\\_Vietnamese.pdf?1493098898](https://d3n8a8pro7vhmx.cloudfront.net/capca/pages/62/attachments/original/1493098898/2017_03_24_KnowYourRights_in_Vietnamese.pdf?1493098898)

In Tagalog:

[https://d3n8a8pro7vhmx.cloudfront.net/capca/pages/62/attachments/original/1493098899/2017\\_03\\_24\\_KnowYourRights\\_in\\_Tagalog.pdf?1493098899](https://d3n8a8pro7vhmx.cloudfront.net/capca/pages/62/attachments/original/1493098899/2017_03_24_KnowYourRights_in_Tagalog.pdf?1493098899)

In Korean:

[https://d3n8a8pro7vhmx.cloudfront.net/capca/pages/62/attachments/original/1489193469/2017\\_03\\_10\\_KnowYourRights\\_in\\_Korean.pdf?1489193469](https://d3n8a8pro7vhmx.cloudfront.net/capca/pages/62/attachments/original/1489193469/2017_03_10_KnowYourRights_in_Korean.pdf?1489193469)

In Mongolian:

[https://d3n8a8pro7vhmx.cloudfront.net/capca/pages/62/attachments/original/1489193529/2017\\_03\\_10\\_KnowYourRights\\_in\\_Mongolian.pdf?1489193529](https://d3n8a8pro7vhmx.cloudfront.net/capca/pages/62/attachments/original/1489193529/2017_03_10_KnowYourRights_in_Mongolian.pdf?1489193529)

In English:

[https://d3n8a8pro7vhmx.cloudfront.net/capca/pages/62/attachments/original/1489192828/Information\\_for\\_Patients\\_in\\_Preparation\\_of\\_an\\_ICE\\_Raid.pdf?1489192828](https://d3n8a8pro7vhmx.cloudfront.net/capca/pages/62/attachments/original/1489192828/Information_for_Patients_in_Preparation_of_an_ICE_Raid.pdf?1489192828)

In Spanish:

[https://d3n8a8pro7vhmx.cloudfront.net/capca/pages/62/attachments/original/1489193424/2017\\_03\\_10\\_KnowYourRights\\_in\\_Spanish.pdf?1489193424](https://d3n8a8pro7vhmx.cloudfront.net/capca/pages/62/attachments/original/1489193424/2017_03_10_KnowYourRights_in_Spanish.pdf?1489193424)

Red wallet card in six languages, Immigrant Legal Resource Center, available at

<https://www.ilrc.org/red-cards>



# Appendix E:

## Sample Talking Points for Frontline Staff

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**Question:** *If a patient asks, “Is my information safe?”?*

**ANSWER:** This health care provider is required to protect patient information and in most circumstances we must obtain consent from you, the patient, before any of your information is disclosed. Unless we are required by law to release your information, we will not do so. In some rare circumstances we are required to disclose your patient information without first receiving your consent. Those circumstances include the following:

- Reporting child abuse or neglect, domestic violence, or incidents of violent injuries, such as gunshot wounds or stab wounds.
- Responding to requests from law enforcement such as a warrant, subpoena or summons issued by a court or administrative enforcement authority. In such circumstances, a health center must verify the authenticity of the request will only disclose the information expressly described in the order or request as necessary to comply with the law or request.
- Reports to funding agencies. In these circumstances health centers will only provide a summary of information of all patients and redact personal identifiable information or protected health information.

**Question:** *Will I be deported for seeking services at this health care provider or if I am eligible for and enroll into Medicaid?*

**ANSWER:** There have been no changes to the law that would prevent immigrants, including those who are undocumented, from seeking healthcare. We continue to encourage all individuals, regardless of immigration status, to access healthcare services as they would normally do.



**Question: *What protections has this provider put in place to ensure my information, and myself, are safe when seeking services?***

**ANSWER:** This provider is committed to providing a safe, healing environment for our patients by taking reasonable and appropriate steps to safeguard patients. We have put in place policies and procedures that state that we will not disclose your information to Immigration and Customs Enforcement (ICE) or any other enforcement entity unless we are required to do so by law (e.g. judicial warrant or court order).

**Question: *Are immigration agents allowed to conduct raids at the this provider?***

**ANSWER:** The Department of Homeland Security (DHS), which includes ICE and Customs and Border Patrol (CBP), maintains a policy that immigration enforcement actions such as arrests, interviews, searches, and surveillance will generally not occur at sensitive locations, which includes health care facilities like clinics. However, there are exceptions to this policy. For instance, ICE officials may carry out enforcement actions in sensitive locations without prior approval in exigent circumstances related to national security, terrorism, or public safety, or where there is an imminent risk of destruction of evidence material to an ongoing criminal case. Absent such circumstances, ICE officials are generally required to consult with their supervisor prior to taking enforcement actions at sensitive locations.

**Question: *Where could I find free or low cost legal representation?***

**ANSWER:** If you are seeking legal representation please see Appendix L, below: “Immigration Related Resources” is a link to legal aid organizations and immigrants rights organizations in the community.



# Appendix F:

## Resources on Discussing Anxiety, Stress, Unique Stressors

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- National Child Traumatic Stress Network: Addressing the Mental Health Problems of Border and Immigrant Youth, National Child Traumatic Stress Network, available at: <https://www.nctsn.org/resources/addressing-mental-health-problems-border-and-immigrant-youth>
- Chadwick Center and the National Child Traumatic Stress Network: Adaptation Guidelines for Serving Latino Children and Families Affected by Trauma, by the Workgroup for Adapting Latino Services (December 2008), available at: <https://cacnc.org/wp-content/uploads/2016/06/Adaptation-Guidelines-for-Serving-Latino-Children-and-Families-Affected-by-Trauma.pdf>
- Immigrant Child Health Toolkit, American Academy of Pediatrics, June 2018, available at: <https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Immigrant-Child-Health-Toolkit/Pages/Immigrant-Child-Health-Toolkit.aspx>



# Appendix G:

## Family Support Hotline

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The Illinois Coalition for Immigrant and Refugee Rights (ICIRR's) Family Support Hotline connects community members to reliable information for a range of services. Through the hotline, community members can receive updates on immigration issues, learn about their rights, gain information on deferred action and citizenship, get health and human services referrals, get connected with local community-based organizations and other supports, and report raids and deportation matters.

As immigration enforcement continues to accelerate, more and more families face long-term separation. What happens to their families left behind? What services are available to them? What keeps them from ending up on the streets, or worse? The crisis of family separation is not only moral and emotional; it is also legal and financial. Many families cannot afford legal representation, nor can they easily replace the salary of a breadwinner. The ICIRR Family Support Hotline connects families in crisis with reliable and immediate information, referrals to legal, ministry, and social services—while also providing a long-term connection to someone who can help them locally.

### ***What is the Family Support Network Hotline?***

- ✓ Toll-free hotline offers help to Illinois families facing deportation.
- ✓ The hotline is staffed by trained volunteers who will listen to families and offer referrals to lawyers, social service agencies, pastors, and other community supporters.
- ✓ The hotline is staffed in English, Spanish, Polish and Korean.

**1-855-435-7693**  
**[www.icirr.org/fsn](http://www.icirr.org/fsn)**



# Appendix H:

## Healthcare Assistance for Immigrants in Illinois

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*I am low-income and my children and I do not have health insurance. What healthcare coverage can my children and I be eligible for?*

**ALL KIDS** is a program that provides free or affordable healthcare coverage to low-income children in Illinois. This coverage includes regular checkups, dental appointments, immunizations, hospital visits, physical therapy, mental health services, and vision care.

All children are eligible for the program regardless of immigration status, as long as they meet the following criteria:

- Are 19 years or younger
- Live in Illinois
- Be at or below 300% of the federal poverty level; for example, a family of four should have a monthly income of \$6,437<sup>3</sup> or less.

**FAMILY CARE** is a program that provides healthcare coverage to parents or relative caretakers of children 19 years or younger. To be eligible for this coverage adults must meet the following criteria:

- Be a U.S. Citizen, Lawful Permanent Resident for 5 or more years, or other qualified immigrant\*
- Be the legal guardian of a child 19 years or younger
- Live in Illinois
- Be at or below 133% of the federal poverty level; for example, a family of four should have a monthly income of \$2,853 or less.

*\*You are a Qualified Immigrant in Illinois if you are a Lawful Permanent Resident; Refugee, Asylee, Amerasian, Haitian/ Cuban entrant, trafficking victim, Hmong/ Highland Laotian, member of certain Native American nations, or granted withholding of removal/deportation; a battered spouse or child in certain circumstances; paroled for at least one year or granted conditional entry prior to 4/1/80.*

<sup>3</sup> According to the 2019 federal poverty level



**AABD MEDICAL** is a healthcare coverage option for people who are 65 or older, blind or disabled and who meet the following criteria:

- Are U.S. Citizens, Lawful Permanent Residents for 5 or more years or other qualified immigrants\*
- Are at or below 100% of the federal poverty level; for example, a family of four should have a monthly income of \$2,145 or less.

### **MEDICAID PRESUMPTIVE ELIGIBILITY and MOMS AND BABIES**

provide prenatal and postpartum care for pregnant women regardless of immigration status, as long as they are at or below 200% of the federal poverty level; for example, a family of four should have a monthly income of \$4,291 or less.

**EMERGENCY MEDICAID** provides emergency care to those who are in serious need of medical attention. It is available to every low-income person regardless of immigration status. Coverage is provided only for the medical services related to the medical condition. An application must be submitted within three months of receiving hospital services.

**COMMUNITY HEALTH CENTERS** such as hospitals or clinics provide healthcare services to anyone regardless of immigration status. Services are provided for free or at low-cost depending on your income.

### **MEDICAID EXPANSION**

Since January 2014, in the state of Illinois, Medicaid was expanded by eliminating the categorical eligibility requirements. Medicaid is now available to those who meet the following criteria:

- Are childless adults age 19 and older
- Are U.S. Citizens, Lawful Permanent Residents for 5 or more years or other qualified immigrants\*
- Have income at or below 133% of the federal poverty level



## COUNTY CARE

County Care is a Medicaid program for Cook County residents. County Care provides free healthcare coverage to low-income individuals in Cook County, as long as they meet the following criteria:

- Live in Cook County
- Are 19-64 years old
- Not already eligible for Medicare
- Be a U.S. Citizen, Lawful Permanent Resident for 5 or more years, or other qualified immigrant\*
- Have a social security number, or have applied for one
- Have income at or below 133% of the federal poverty level

## GET COVERED ILLINOIS (HEALTH INSURANCE MARKETPLACE)

Since January 2014, legal Permanent Residents, naturalized citizens and many others can purchase health insurance through Get Covered Illinois. They will be eligible for tax credits and tax subsidies to help them pay for insurance premiums, as long as they have income within 100%-400% of the federal poverty level.

## CARELINK

CareLink is a free program that helps Cook County residents cover the cost of treatment at any Cook County Health facility. CareLink is specifically designed to assist uninsured or underinsured patients regardless of immigration status and help cover the costs of services at Cook County Health, including clinic visits, lab tests, hospital stays and urgent or emergency services.

To be eligible for CareLink you must:

- Live in Cook County
- Be uninsured
- Have an income below 200% federal poverty level

For more information about CareLink and how to enroll, please call (866) 223-2817 or visit <https://cook-countyhealth.org/patients-visitors/billing-insurance/>. Please keep in mind that individuals eligible for Medicaid, Medicare or other public health care programs must apply for these options before applying for CareLink.

As of March 2017, individuals can also now access enhanced benefits for carelink participants. The program aims to provide Care Coordination Services to help individuals stay healthy and avoid unnecessary and expensive visits to the emergency room. Individuals enrolled in the program receive assistance from Care Coordinators who help the patient improve their health through regular clinic visits and check-ins. All Carelink participants are eligible for these enhanced benefits.

To learn more about these and other public assistance programs your family may be eligible for, visit the Immigrant Family Resource Program page at <https://www.icirr.org/ifrp>



# Appendix I:

## Examples of Talking Points with Immigrant Patients

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### Assurances for Patients Concerned with Scheduling or Attending Health Appointments

Because of increased federal immigration enforcement, some patients may be fearful of obtaining health with its patients via phone or letter, consider adding the following assurances to your phone script or letter:

1. The laws about who can receive health services have not changed. You are still eligible to see a doctor or have the same medical help you received before.
2. Under existing laws and government policy, immigration officers are not allowed to conduct immigration enforcement actions inside our facility unless they have a court order that gives them permission.
3. The information that you shared when you applied for health care, or on the forms you filled out when you came to our office, are used only to determine if you are eligible to get health care services.
4. We also want to reassure you that our facility is committed to protecting your personal information, and we avoid recording information related to your immigration status or country of origin.



# Appendix J:

## Example of Judicial Warrants

### Examples of Judicial Warrants:

IT IS FURTHER ORDERED that U.S. Immigration and Customs Enforcement shall conduct the entry and search during daylight hours with ten (10) days of the issuance of this warrant, and make its return to this Court with ten (10) days of the date the entry and search have been completed.

Dated: December 8, 2006

Janie S. Mayeron  
JANIE S. MAYERON  
United States Magistrate Judge

Make sure the date is recent (A few months)  
Revisar que la fecha sea reciente (De unos meses)

Make sure it is signed by a JUDGE  
Revisar que este firmado por un JUEZ (Judge)

2

Depending on the warrant, the name and/or address of the person they are looking for should be in this area.  
Dependiendo la orden, el nombre y/o la dirección de la persona que están buscando estará en esta área.

UNITED STATES DISTRICT COURT  
DISTRICT OF MINNESOTA

United States of America,  
Plaintiff,  
v.  
The Premises Known As,  
Swift & Company, located at 1700 Highway 60 NE, Worthington, Minnesota, and all its appurtenances, parking areas, and outdoor working areas  
Defendant.

The order should say why the warrant was issued.  
La orden tiene que decir por qué se ha emitido.

CIVIL NO. 06cmj457 JSM

ORDER FOR WARRANT FOR ENTRY ON PREMISES TO SEARCH FOR ALIENS WHO ARE IN THE UNITED STATES WITHOUT LEGAL AUTHORITY

The United States of America, having filed an application to



# Appendix K:

## Example of Administrative Warrant

### Administrative Warrant

\*These orders do not allow ICE to enter non-public areas.

\*These orders are intended to authorize ICE agents to detain people suspected of breaking immigration laws.

\*These orders are signed by an immigration officer and not by a judge.

U.S. DEPARTMENT OF HOMELAND SECURITY Warrant for Arrest of Alien

File No. \_\_\_\_\_  
Date: \_\_\_\_\_

To: Any immigration officer authorized pursuant to sections 236 and 237 of the Immigration and Nationality Act and part 237 of title 8, Code of Federal Regulations, to serve warrants of arrest for immigration violations.

I have determined that there is probable cause to believe that \_\_\_\_\_ is removable from the United States. This determination is based upon:

- the execution of a charging document to initiate removal proceedings against the subject;
- the pendency of ongoing removal proceedings against the subject;
- the failure to establish admissibility subsequent to a removal hearing;
- biometric confirmation of the subject's identity with a record check of federal databases that affirmatively indicate, by the subject's or subject's other reliable information, that the subject either lacks immigration status or notwithstanding such status is removable under U.S. immigration law; or
- statements made voluntarily by the subject or an immigration officer and/or other reliable evidence that affirmatively indicate the subject either lacks immigration status or notwithstanding such status is removable under U.S. immigration law.

**YOU ARE COMMANDED** to present yourself into custody for removal proceedings under the Immigration and Nationality Act, if above-named alien.

Signature of Authorized Immigration Officer \_\_\_\_\_  
(Printed Name and Title of Authorized Immigration Officer)

**Certificate of Service**

I hereby certify that the Warrant for Arrest of Alien was served by me at \_\_\_\_\_ (Location)  
on \_\_\_\_\_ (Name of Alien) on \_\_\_\_\_ (Date of Service) and the contents of this notice were read to him or her in the \_\_\_\_\_ (Language) language.

Name and Signature of Officer \_\_\_\_\_ Name or Number of Interpreter (if applicable) \_\_\_\_\_

7/26/12 (Rev. 10/11)



# Appendix L:

## Immigration Related Resources

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### NATIONAL IMMIGRANT JUSTICE CENTER:

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*If you have any questions or if a family member is detained by ICE.*

**PHONE:** (312) 660-1370

**ADDRESS:** 208 S La Salle St #1300, Chicago, IL 60604

*To find someone who has been detained by ICE:*

Go online to [locator.ice.gov](https://locator.ice.gov) and find the person using:

**Name, birthdate and country of birth.**

*If available use the A-number and country of birth.*

### Illinois Coalition for Immigrant and Refugee Rights ([www.icirr.org](http://www.icirr.org))

*Many non-profit organizations and private attorneys offer help with immigration legal matters.*

[CLICK HERE](#) for a list of Illinois non-profit organizations that offer immigration help.

[CLICK HERE](#) for a detailed directory of non-profit organizations that offer immigration help to Illinois residents.

[CLICK HERE](#) for a list of private attorneys who provide representation in immigration cases.

[CLICK HERE](#) for list of mental health treatment resources

### OTHER RESOURCES

*Other important resources and benefits might be available for you at your consulate.*

Find your consulates information here:

<https://www.embassypages.com/city/chicago>



# Appendix M:

## Example of Interpretation Cards

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### Sinai Interpretation Cards



# Appendix N:

## Glossary of terms

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**IMMIGRANT** - a person who was not born in the United States of America (USA). This includes individuals with a visa or permanent status, who are without any documents, or who have gone through naturalization process to become U.S. citizens.

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**UNDOCUMENTED** - a person who has no immigration status in the U.S., who may have entered the U.S. without authorization or whose previous authorization has expired

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**NATURALIZED CITIZEN** - a person who has gone through the process by which U.S. citizenship is granted to a foreign citizen or national after he or she fulfills the requirements established by Congress in the Immigration and Nationality Act (INA)<sup>4</sup>

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**LAWFUL PERMANENT RESIDENT (GREEN CARD HOLDER)** - a person who is a non-citizen who is lawfully authorized to live permanently within the United States

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**FPL** – Federal Poverty Level

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**IMMIGRATION AND CUSTOMS ENFORCEMENT (ICE)** - The U.S. Immigration and Customs Enforcement, the agency within the US Department of Homeland Security that enforces the immigration laws of the United States

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<sup>4</sup> <https://www.uscis.gov/us-citizenship/citizenship-through-naturalization>



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**WARRANT** - a document issued by a legal or government official authorizing the police or some other body to make an arrest, search premises, or carry out some other action relating to the administration of justice. Remember:<sup>5</sup> If immigration authorities or other law enforcement officials present a warrant or other court order, the authorized person—a predesignated health center staff member—should review the warrant to ensure that:

- it is a valid judicial warrant
- it is signed by a judge or magistrate judge
- it states the address of the specific premises to be searched
- it is being executed during the time period specified on the warrant, if any

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**SUBPOENA** - a legal document ordering a person to attend a court

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**AUTHORIZED PERSON** - to enter a private area (an area not open to the public) of a healthcare facility, enforcement officers must have either a warrant or consent from an authorized person, i.e. from a predesignated staff member of the health facility<sup>6</sup>.

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**PROBABLE CAUSE** - Health care providers may refuse to consent to a warrantless search of the facility’s private areas. Nevertheless, officers may search private areas and seize items found there if they have “probable cause” to believe that the search may reveal that unlawful activity is occurring, has occurred, or will occur. An officer has “probable cause” **if the facts and circumstances justify a reasonable person’s conclusion that people or things connected with unlawful activity will likely be found in a particular place.**<sup>7</sup>

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**“PLAIN VIEW”** - Officers may also look at anything that is in “plain view” in a public area. An object is in “plain view” if it is obvious to the senses. For example, an immigration official may visually inspect anything—including papers and files—that are clearly visible from the visitors’ side of the reception desk.<sup>8</sup>

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<sup>5</sup> National Immigration Law Center, *Protecting Immigrants’ Access to Health Care.*” Page 3

<sup>6</sup> National Immigration Law Center, *Protecting Immigrants’ Access to Health Care.*” and *see Katz, 389 U.S. at 351*

<sup>7</sup> National Immigration Law Center, *Protecting Immigrants’ Access to Health Care.*” and *See, e.g., Brinegar v. United States, 338 U.S. 160 (1949); Carroll v. United States, 267 U.*

<sup>8</sup> National Immigration Law Center, *Protecting Immigrants’ Access to Health Care.*”



## **THE BELOW LIST OF RESOURCES WERE CONSULTED IN THE CREATION OF THIS DOCUMENT:**

1. Immigration Status and Interactions with Immigration and Customs Enforcement Agents Policy, San Francisco DPH Office of Compliance and Privacy Affairs, (February 2017).
2. If Federal Immigration Agents Visit a Public Health Site, Seattle & King County DPH, (June 2017).
3. Immigration Sample Policies and Procedures, California Primary Care Association, (January 2018).
4. Guidelines for Releasing Patient Information to Law Enforcement, American Hospital Association and National Association of Police Organizations, last viewed on AHA website April 8, 2019.
5. Tips for Addressing Immigrant Families Concerns When Applying for Health Coverage Programs, National Immigration Law Center, (October 2017).
6. The Immigrant Health Toolkit, American Academy of Pediatrics, last viewed on AAP website April 8, 2019.
7. Health Care Providers and Immigration Enforcement, National Immigration Law Center (April 2017).
8. ICE Memo Sensitive Locations, ICE, last viewed April 8, 2019, available at: <https://www.ice.gov/doclib/ero-outreach/pdf/10029.2-policy.pdf>
9. Sample Warrants, Provided by National Immigration Law Center, on file with Authors.
10. When does the privacy rule allow covered entities to disclose protected health information?, Office for Civil Rights of Health & Human Services, last viewed April 8, 2019.
11. How to Create a Safe Space at your Facility, National Immigration Law Center (May 2017).
12. General Letter to Patients Concerned with Scheduling or Attending Health Appointments, National Immigration Law Center
13. Fact Sheet: Frequently Asked Questions- Existing Guidance on Enforcement Actions at or Focused on Sensitive Locations, Department of Homeland Security (July 2016). <https://www.ice.gov/ero/enforcement/sensitive-loc>
14. California Health + Advocates Know Your Rights Fact Sheets



*Illinois Alliance for Welcoming Health Care is a project of*  
**ILLINOIS COALITION FOR IMMIGRANT AND  
REFUGEE RIGHTS (ICIRR)**



Illinois Alliance for  
Welcoming Health Care



**ICIRR**

Illinois Coalition for Immigrant and Refugee Rights