

# Compact of Free Association (COFA) Migrant Status Added to Online Application

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# COFA Migrants

- COFA migrants are citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau (i.e., the Freely Associated States) admitted to the US under the Compact of Free Association (COFA).
- To be eligible for Medical Assistance (MA), lawfully present noncitizens age 21 or older and not pregnant must have a qualified immigration status. ([EPM 2.1.2.2.2](#))
  - COFA migrants are lawfully present noncitizens with a qualified immigration status.
  - Eligible for MA without a five-year waiting period if they meet all other MA eligibility criteria.
- If ineligible for MA, a COFA migrant can qualify for MinnesotaCare if they meet all MinnesotaCare eligibility requirements([EPM 3.2.1.2](#) )
- COFA status will be selectable in online application after June 28, 2026

# COFA Status Selectable

## Additional Information

Please enter your social security number. We collect your social security number for the purpose of verifying identity, income and citizenship to

--Please Select--

- American Indian Born in Canada (289 INA)
- Amerasian Noncitizen
- Asylee
- Conditional Entrant
- Cuban / Haitian Entrant
- Deportation being withheld under 243(h) of INA or 231(b)(3) of INA
- Refugee
- Special Iraqi / Afghani Immigrant
- Victim of Severe Trafficking
- Withholding of Removal
- Battered Noncitizen
- Lawful Permanent Resident (LPR)
- Paroled for at least 1 year
- Temporary nonimmigrant
- Deferred Action for Childhood Arrivals
- Other
- Compact of Free Association(COFA) Migrant

--Please Select--

Is Juliet currently pregnant or was recently pregnant? Required [? Help](#)

No

Next

# Additional Fields

**Are you a US Citizen?** Required [? Help](#)

No

**Are you a US National?** Required [? Help](#)

No

**Are you lawfully present in the United States?** Required

Yes

**What is your immigration status?** Required

Compact of Free Association(COFA) Migrant

**Date of Entry** Required  
MM/DD/YYYY

**Supporting Document** Required

--Please Select--

# Questions?