



STATEMENT OF IDENTITY

This form is for persons who are U.S. citizens

Case Name: _____

Case ID: _____

Due to a change in Federal law, we must confirm the identity of each U.S. citizen who applies for or gets medical benefits. Please provide **ONE** of the items listed below for each U.S. citizen for whom you are requesting or getting medical benefits. **These documents must be the originals or certified copies, we are not allowed under federal rules to accept your photocopied documents.**

<ul style="list-style-type: none"> • U.S. Passport 	<ul style="list-style-type: none"> • State issued ID or driver's license
<ul style="list-style-type: none"> • Certificate of U.S. Citizenship (Form N-560 or N-561) 	<ul style="list-style-type: none"> • Certificate of Naturalization (Form N-550 or N-570)
<ul style="list-style-type: none"> • U.S. military ID or draft record 	<ul style="list-style-type: none"> • Military dependent's card
<ul style="list-style-type: none"> • Native American Tribal document with a photo or information such as name, age, race, weight, height, eye color 	<ul style="list-style-type: none"> • U.S. Coast Guard Merchant Mariner card • ID card issued by federal, state, or local government with photo or information such as name, age, race, weight, height, eye color
<ul style="list-style-type: none"> • School ID card with photo 	

FOR CHILDREN UNDER AGE 16 WHO ARE U.S. CITIZENS

School and daycare records are acceptable.

If you cannot get any of the documents listed above for children under age 16, please tell us the names of the children below, and check the box to tell us if you are the child's *parent* or *legal guardian*. If you are not the child's parent or legal guardian, check *other* and write in how you are related to the child.

Child's Full Name (First, Middle, Last) _____	Your Relationship to Child (Mark one) <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other _____
Child's Date of Birth _____	
Child's Place of Birth _____ City State	

Child's Full Name (First, Middle, Last) _____	Your Relationship to Child (Mark one) <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other _____
Child's Date of Birth _____	
Child's Place of Birth _____ City State	

Affidavit

I declare, under penalty of perjury, that the identity of persons listed above is correct.

Signature

Date

If you have questions about this form, call your caseworker at _____