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(Date)

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Dear

You are currently receiving Medicaid benefits and have declared U.S. citizenship. Proof of U.S. citizenship is needed to receive Medicaid benefits. You have indicated you were not born in Pennsylvania. Since you have no other documentation of citizenship, the Department of Public Welfare has applied for an out-of-state birth certificate for you. When you receive your replacement birth certificate(s), bring the **original** to the County Assistance Office or mail your birth certificate(s) to your worker in the enclosed postage-paid envelope. Please provide your replacement birth certificate(s) as soon as you receive it in order to continue receiving Medicaid. If you do not receive your birth certificate within 60 days, or by _____, please contact me.
(mm/dd/yy)

Please provide out-of-state birth certificate(s) for the following individual(s):

Name(s)

If you have questions, please call me at _____.
(worker's phone number)

Sincerely,

(CAO signature)

Enclosure