



(Date)

Dear

You are currently receiving Medicaid benefits and have declared U.S. citizenship. Proof of U.S. citizenship is needed in order to continue receiving Medicaid benefits. You have indicated you were not born in Pennsylvania. Since you have no other documentation of citizenship, I will help you apply and pay for an out-of-state birth certificate(s).

Please complete the enclosed application form(s) for replacement birth certificate(s) for the individual(s) listed below. Return the completed application form(s) in the enclosed postage-paid envelope within 10 days or by _____ ,
(mm/dd/yy)
or you may not be eligible for Medicaid.

Name(s)

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

Sincerely,

(CAO signature)

Enclosure

