



CITIZENSHIP AND IDENTITY INFORMATION

The Federal government now requires that EVERY person declaring U.S. citizenship who receives Medical Assistance must provide proof of U.S. citizenship and identity. The most common way to satisfy this requirement is with a birth certificate and a driver's license. We will help you to meet this new requirement if you need assistance.

If you have a birth certificate and/or driver's license for some or all of the people who are applying for Medical Assistance, please send these documents with your application for Medical Assistance.

If you do not have a birth certificate and/or a driver's license for every person who is applying for Medical Assistance that you can send to us, complete this form so that we can help you find other documents that can provide proof of your U.S. citizenship and identity.

PLEASE COMPLETE THE INFORMATION BELOW FOR EVERY U.S. CITIZEN OR U.S. NATIONAL IN YOUR HOUSEHOLD WHO IS APPLYING FOR MEDICAL ASSISTANCE. IF YOU DO NOT HAVE ALL OF THE INFORMATION, PLEASE PROVIDE WHAT YOU KNOW.

1	LAST NAME	FIRST NAME	MIDDLE INITIAL	SEX M/F	DATE OF BIRTH MM/DD/YYYY	MOTHER'S MAIDEN NAME FIRST NAME LAST NAME	SOCIAL SECURITY NUMBER	DRIVERS LICENSE/STATE I.D. STATE & NUMBER
	NAME ON BIRTH CERTIFICATE LAST, FIRST, MIDDLE				STATE OF BIRTH*	COUNTY OF BIRTH	CITY OF BIRTH	
2	LAST NAME	FIRST NAME	MIDDLE INITIAL	SEX M/F	DATE OF BIRTH MM/DD/YYYY	MOTHER'S MAIDEN NAME FIRST NAME LAST NAME	SOCIAL SECURITY NUMBER	DRIVERS LICENSE/STATE I.D. STATE & NUMBER
	NAME ON BIRTH CERTIFICATE LAST, FIRST, MIDDLE				STATE OF BIRTH*	COUNTY OF BIRTH	CITY OF BIRTH	
3	LAST NAME	FIRST NAME	MIDDLE INITIAL	SEX M/F	DATE OF BIRTH MM/DD/YYYY	MOTHER'S MAIDEN NAME FIRST NAME LAST NAME	SOCIAL SECURITY NUMBER	DRIVERS LICENSE/STATE I.D. STATE & NUMBER
	NAME ON BIRTH CERTIFICATE LAST, FIRST, MIDDLE				STATE OF BIRTH*	COUNTY OF BIRTH	CITY OF BIRTH	
4	LAST NAME	FIRST NAME	MIDDLE INITIAL	SEX M/F	DATE OF BIRTH MM/DD/YYYY	MOTHER'S MAIDEN NAME FIRST NAME LAST NAME	SOCIAL SECURITY NUMBER	DRIVERS LICENSE/STATE I.D. STATE & NUMBER
	NAME ON BIRTH CERTIFICATE LAST, FIRST, MIDDLE				STATE OF BIRTH*	COUNTY OF BIRTH	CITY OF BIRTH	
5	LAST NAME	FIRST NAME	MIDDLE INITIAL	SEX M/F	DATE OF BIRTH MM/DD/YYYY	MOTHER'S MAIDEN NAME FIRST NAME LAST NAME	SOCIAL SECURITY NUMBER	DRIVERS LICENSE/STATE I.D. STATE & NUMBER
	NAME ON BIRTH CERTIFICATE LAST, FIRST, MIDDLE				STATE OF BIRTH*	COUNTY OF BIRTH	CITY OF BIRTH	

COUNTY ASSISTANCE OFFICE USE

COUNTY	DISTRICT
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APPLICATION REG # OR RECORD #

BIRTH CERTIFICATE VERIFICATION

CLIENT 1 STATE FILE #	DATE FILED
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SIGNATURE

<input type="checkbox"/> NO RECORD FOUND
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CLIENT 2 STATE FILE #	DATE FILED
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SIGNATURE

<input type="checkbox"/> NO RECORD FOUND
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CLIENT 3 STATE FILE #	DATE FILED
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SIGNATURE

<input type="checkbox"/> NO RECORD FOUND
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CLIENT 4 STATE FILE #	DATE FILED
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SIGNATURE

<input type="checkbox"/> NO RECORD FOUND
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CLIENT 5 STATE FILE #	DATE FILED
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SIGNATURE

<input type="checkbox"/> NO RECORD FOUND
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* If born outside of the United States, list the U.S. territory or country of birth.

We keep information you give us CONFIDENTIAL and only use this information to process your application for Medical Assistance.