pennsylvania
DEPARTMENT OF HUMAN SERVICES
dhs.pa.gov

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.

COUNTY ASSISTANCE OFFICE USE

COUNTY	DISTRICT

APPLICATION REG # OR RECORD #

BIRTH CERTIFICATE VERIFICATION

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

CLIENT 1 STATE FILE # | DATE FILED
SIGNATURE
☐ NO RECORD FOUND

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

CLIENT 2 STATE FILE # | DATE FILED
SIGNATURE
☐ NO RECORD FOUND

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

CLIENT 3 STATE FILE # | DATE FILED
SIGNATURE
☐ NO RECORD FOUND

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

CLIENT 4 STATE FILE # | DATE FILED
SIGNATURE
☐ NO RECORD FOUND

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

CLIENT 5 STATE FILE # | DATE FILED
SIGNATURE
☐ NO RECORD FOUND

* 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.