

Statement of Citizenship Status

List each new person for whom you want benefits in the spaces below. (Use an additional form if necessary.) For each person, write down whether that person is a United States citizen, national, or alien. If the person is an alien, list the person's alien status and provide proof. (For Medicaid, proof will also be required if you are a citizen or national.) The signature of the head of household or applicant attests to the status of all household members.

Name	
This person is a <input type="checkbox"/> Citizen <input type="checkbox"/> National <input type="checkbox"/> Alien	If an alien, what is person's status?

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I CERTIFY, under penalty of perjury, by signing my name below, that I and the household members listed above are United States citizens or nationals or that the information I have given about household members' immigration status is correct.

I understand that I will need to provide the Department with proof of the immigration status of each person in my household who is not a United States citizen or national. (For Medicaid, proof will also be required if you are a citizen or national.) The proof can be either documentation from the U.S. Citizenship and Immigration Services (USCIS) or other documents the Department considers to be proof.

I understand that alien status may be subject to verification with USCIS. This requires submission of certain information from my case record to USCIS. I further understand that information received from USCIS may affect my household's eligibility and level of benefits.

Signatures

Your Signature	Date
Witness (if you signed with an X)	