

Dear

Re: U.S. Citizenship of

Please get the attached *Affidavit of Citizenship* completed for the person named above. It must be completed by someone (other than the person named above) who knows that the person named above is a U.S. citizen.

Please return this form by \_\_\_\_\_. If you need more time to return the form, please call me before the due date and let me know. If you do not return this form or ask for more time by the due date, Medicaid/*hawk-i* or family planning benefits for the person named above may be canceled or denied. If you have any questions, please call me at the number listed below.

Thank you.

Sincerely,

\_\_\_\_\_  
Income Maintenance Worker

\_\_\_\_\_  
Phone

\_\_\_\_\_  
E-Mail

Enclosure

Worker No. \_\_\_\_\_  
State ID \_\_\_\_\_  
Case No. \_\_\_\_\_

Iowa Department of Human Services

## Affidavit of Citizenship

1. Information about the person completing this form

Full name (please print)
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2. Information about the person needing to verify United States citizenship

The person's full name who needs to verify citizenship (please print)
The person's place of birth (list city and state)
The person's date of birth

3. **I state that the above information is true and correct.**

**This affidavit is signed under penalty of perjury.**

Signature of person completing form	Date
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