

470-4374 (Rev. 6/17) W4374A

## **Adam Gregg**

Lt. Governor

Jerry R. Foxhoven Director

Copy 1: Control

Dear	
Re: U.S. Citizenship of	
Please fill out the attached Affidavit Concerning Donamed above. A new federal law requires the Depositizenship and identity of all U.S. citizens who get listed above does not have or cannot get proof of the content	partment of Human Services to verify U.S. Medicaid. Please tell us why the person
Please return this form by please call me before the due date and let me kno more time by the due date, Medicaid for the person denied. If you have any questions, please call me	<ul><li>w. If you do not return this form or ask for n named above may be canceled or</li></ul>
Thank you.	
	Sincerely,
	Income Maintenance Worker
	Phone
	E-Mail
Enclosure	

Original: Family

Iowa Department of	Human Services	
Affidavit Concerning Documentation of Citizenship		
I. Information About the Person Who Doesn't I	Have Proof of Citizenship	
Full name (please print)	State ID	
2.	L	
Explain why you or the other person listed above does n	ot have or cannot get documentation of citizenship.	
Name of the person completing this form, if different from	n the person listed above (please print).	
I state that the above info	rmation is true and correct.	
This affidavit is signed	under penalty of perjury.	
Signature of person completing form	Date	
wo individuals will need to complete and return	n form 470-4373, <i>Affidavit of Citizenship</i> , to	

Worker No.

Case No.

complete citizenship requirements.