

Documentation of Citizenship and Identity

Use this form in combination with RC-0085, *Guide for Citizenship and Identity*. If a person is subject to the requirements of citizenship and identity, and their citizenship has not been verified by an IVES match, it is essential that you always start with Citizenship Level 1 and work through to a level of documentation that a person can provide. There is no hierarchy for documents that establish identity, only that the form 470-4386, *Affidavit of Identity*, is the last option for a child under 16 or disabled person in RCF.

Complete a row for each person receiving or applying for Medicaid. List their name and state ID number.

Citizenship						Identity						
<ul style="list-style-type: none"> Mark a box for each citizenship level you go through (N/A = not available). When you get to a level where person has the documentation mark the box yes, and document what was provided in the corresponding box. 						<ul style="list-style-type: none"> Mark a box for what form of identity was provided. If the item is not listed, document what it is in corresponding box. 						
General Information	Level 1 (Meets both)	Level 2	Level 3	Level 4	Document Used to Determine Citizenship	Driver's License/ DOT Data Match	Govt ID Card	School ID	A US Military ID	If under 16: School/Daycare or Medical Records	Affidavit (Child under 16 or RCF resident)	Document Used to Determine Identity
	Yes <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> N/A <input type="checkbox"/>		Yes <input type="checkbox"/> N/A <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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Name: State ID#	Yes <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> N/A <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Name: State ID#	Yes <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> N/A <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Name: State ID#	Yes <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> N/A <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Name: State ID#	Yes <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> N/A <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Name: State ID#	Yes <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> N/A <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	