

## Statement of Citizenship Status: Foster Care

*In the spaces below, list the name of each child who is being placed in foster care, and write down whether that child is a United States citizen, national, or alien. The signature of the head of the household attests to the status of all children.*

*Additional proof of the citizenship status of each listed on this form will be requested if the child remains in foster care for 60 days or more.*

Name of Child	Citizenship Status
	<input type="checkbox"/> Citizen <input type="checkbox"/> National <input type="checkbox"/> Alien
	<input type="checkbox"/> Citizen <input type="checkbox"/> National <input type="checkbox"/> Alien
	<input type="checkbox"/> Citizen <input type="checkbox"/> National <input type="checkbox"/> Alien
	<input type="checkbox"/> Citizen <input type="checkbox"/> National <input type="checkbox"/> Alien
	<input type="checkbox"/> Citizen <input type="checkbox"/> National <input type="checkbox"/> Alien
	<input type="checkbox"/> Citizen <input type="checkbox"/> National <input type="checkbox"/> Alien
	<input type="checkbox"/> Citizen <input type="checkbox"/> National <input type="checkbox"/> Alien

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

**I understand** that the Department may seek additional proof of the citizenship status of each child listed above. The proof can be either documentation from the U. S. Citizenship and Immigration Service (USCIS) or other documents the Department considers to be proof of citizenship status.

**I understand** that alien status may be subject to verification with USCIS. This requires submission of certain information from the children's case record to USCIS. I further understand that information received from USCIS may affect my children's eligibility for certain funding sources.

Signature	Date
Witness (if you signed with an X)	