



Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

Dear

Re: U.S. Citizenship of

Please give the attached *Affidavits of Citizenship* to two people who know that the person named above is a U.S. citizen. At least one of them cannot be related to the person listed above. The two people who fill out and sign these forms will need to tell us why the person listed above does not have or cannot get proof of U.S. citizenship. These two people must also give us proof of their own U.S. citizenship and identity.

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 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)

2. I have personal knowledge of the circumstance that establishes the United States citizenship of the person listed below:

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

3.

Other things I know that prove the person's citizenship (if you know of any).
Explain why the person does not have documentation of being a United States citizen (if you know).

4. Are you a relative of the person? Yes No

5. **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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This affidavit cannot be used until the person completing this form provides original proof of his or her own identity and United States citizenship.