



# Iowa Department of Human Services

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Terry E. Branstad  
Governor

Kim Reynolds  
Lt. Governor

Charles M. Palmer  
Director

Dear

Re: Identity of

Please fill out the attached *Affidavit of Identity* for the person named above. A new federal law requires the Department of Human Services to verify U.S. citizenship and identity of all U.S. citizens who get Medicaid.

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 the form or ask for more time by the due date, Medicaid for this person 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 Identity

### 1. Information About the Child Under Age 16 or Disabled Person

Please print.

Name
Place of birth (list city and state)
Date of birth

### 2. Information About Parent, Guardian, Specified Relative, or RCF Administrator

Name of parent, guardian, specified relative, or RCF administrator
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I am the parent, guardian, specified relative (for child), or RCF administrator (for a disabled person) of the person identified above. I hereby affirm that the information above is true and correct.

### 3. Signature

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

Signature of parent, guardian, specified relative, or RCF administrator	Date
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