U.S. CITIZENSHIP OR IDENTIFICATION AFFIDAVIT

The following affidavits meet the U.S. citizenship requirement for Med-QUEST eligibility only if the U.S. citizenship verification is unavailable through a federal or State electronic service or a document does not exist. If Section #1, #2 or #3 is used for a child under 16 years of age to attest their U.S. citizenship status, then the identification affidavit in Section #4 of this form **cannot** be used for the purpose of identity.

Please print information clearly and check the applicable box(es) below:

Client Name (Last, First, M.I.):		Date of Birth: ____ / ____ / ____	Place of Birth:
☐	**1. Blood Relative Affidavit**	☐	**3. Unavailable Document Affidavit**
☐	**2. Non-Relative Affidavit**	☐	**4. Children Under Sixteen (16) Years Old I.D. Affidavit**

☐ **1. U.S. Citizenship Affidavit From A Blood Relative**	
This section shall be completed by a blood relative to attest that the client named above is a U.S. citizen.	
The blood relative shall attach their U.S. citizenship and photo identification documents.	Attachment: [ ] Yes [ ] No
Print name:	☐ **I am related by blood to the client.**
Relationship to client:	☐ **Personal knowledge that client is a U.S. Citizen.**
Statement*: I know client is a U.S. citizen because _____ _____ _____ _____	
(*Reason could include: Present when the person was born in (indicate city & state, USA); or has knowledge of the individual's mother who gave birth to client (indicate city & state, USA), etc.)	
☐ **2. U.S. Citizenship Affidavit From A Non-Relative**	
This section shall be completed by a non-relative to attest that the client named above is a U.S. citizen.	
The non-relative shall attach their U.S. citizenship and photo identification documents.	Attachment: [ ] Yes [ ] No
Print name:	☐ **I know the client. [ ] Number of years.**
Relationship to client:	☐ **Personal knowledge that client is a U.S. Citizen.**
Statement*: I know client is a U.S. citizen because _____ _____ _____	
(*Reason could include: Present when the person was born in (indicate city & state, USA); or has knowledge of the individual's mother who gave birth to client (indicate city & state, USA), etc.)	
☐ **3. U.S. Citizenship Unavailable Document Affidavit**	
This section shall be completed by the client to attest that he/she is unable to provide documentation of U.S. citizenship for their child(ren). If the client is a child, the parent, guardian, or legal representative shall complete this section for the child(ren).	

☐ **Child's Name:**	☐ **Child's Name:**
Date of Birth:	**Date of Birth:**
Place of Birth:	**Place of Birth:**

Statement*: The U.S. citizenship documents are not available because _____ _____ _____ _____
(*Statement shall include: The name(s), date of birth(s), place of U.S. birth(s) of the child(ren) and the reasons he/she does not have U.S. citizenship documents available. Attach another form for additional child(ren).)

☐	**4. Children Under Sixteen (16) Years Old Photo Identification Affidavit**

This section shall be completed by the parent or guardian when a photo identification is not available to meet the photo identity requirement for a child(ren) under sixteen (16) years of age.

I, _____, am the parent or guardian of the child(ren) listed below:
(Print Name of Parent/Guardian)

Child's Legal Name	**Birth Date (Month/Day/Year)**	**Where Child Was Born (City and Country)**
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		

I understand the penalty for hiding or giving false information in this affidavit. I attest and certify under penalty of perjury that the information in this affidavit is true to the best of my knowledge.

Signature:	Date:	
Print Name:	Contact Phone Number:	
Street Address:	City/State:	Zip Code: