



CITIZENSHIP DOCUMENTATION AND IDENTITY DECLARATION

CLID

U.S. Citizens applying for or receiving Medicaid must provide proof of citizenship and identity.

If you do not have proof of either citizenship or identity for one or more household members who are applying for or receiving medical, please complete the information below for each of them. DSHS can help obtain the documents necessary to continue Medicaid eligibility. If a household member is adopted please complete the form with the adoptive parent's information.

BE SURE TO SIGN AND DATE THE DECLARATION BELOW:

I declare, under penalty of perjury, the information below on each household member applying for or receiving medical coverage is true, correct, and complete to the best of my knowledge. I authorize Washington State Department of Social and Health Services to obtain birth certificate(s) or other necessary documents for me and my family members.

SIGNATURE (Parent, Guardian or Self)

DATE

LIST ONLY UNITED STATES CITIZEN HOUSEHOLD MEMBERS APPLYING FOR OR RECEIVING MEDICAL BENEFITS.

COMPLETE THE INFORMATION BELOW AS LISTED ON THE BIRTH CERTIFICATE.

1. NAME AT BIRTH (FIRST, MIDDLE AND LAST):

DATE OF BIRTH

PLACE OF BIRTH (STATE, COUNTY AND CITY)

FATHER'S NAME (FIRST, MIDDLE AND LAST):

MOTHER'S MAIDEN NAME (FIRST, MIDDLE AND LAST):

- PROOF OF CITIZENSHIP IS NOT AVAILABLE BECAUSE
- PROOF OF IDENTITY IS NOT AVAILABLE BECAUSE

2. NAME AT BIRTH (FIRST, MIDDLE AND LAST):

DATE OF BIRTH

PLACE OF BIRTH (STATE, COUNTY AND CITY)

FATHER'S NAME (FIRST, MIDDLE AND LAST):

MOTHER'S MAIDEN NAME (FIRST, MIDDLE AND LAST):

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IF MORE THAN 3 HOUSEHOLD MEMBERS LIST ADDITIONAL ON THE SECOND PAGE



4. NAME AT BIRTH (FIRST, MIDDLE AND LAST):	
DATE OF BIRTH	PLACE OF BIRTH (STATE, COUNTY AND CITY)
FATHER'S NAME (FIRST, MIDDLE AND LAST):	
MOTHER'S MAIDEN NAME (FIRST, MIDDLE AND LAST):	
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