

Proof of Acceptable Citizenship or Identity Documents

A new law says that most Medi-Cal applicants and beneficiaries who are U.S. citizens or nationals must provide proof of citizenship and identity.

The county has received and reviewed the proof of citizenship and/or identity that you submitted for:

Applicant or Beneficiary Name: _____
First Middle Last

Date of birth: _____

<p>Name of the citizenship document you saw: _____</p> <p><input type="checkbox"/> Approved. The citizenship document you submitted is acceptable proof of citizenship. You will not have to provide proof again for the above person.</p> <p><input type="checkbox"/> Denied. The proof you submitted is not acceptable. You must submit another proof of citizenship. Attached is a list of acceptable proof of citizenship documents.</p> <ul style="list-style-type: none"> • All documents must be originals or copies certified by the issuing agency. Photocopies are not acceptable. 	<p>Name of the identity document you saw: _____</p> <p><input type="checkbox"/> Approved. The identity document you submitted is acceptable proof of identity. You will not have to provide the proof again for the above person.</p> <p><input type="checkbox"/> Denied. The identity document you submitted is not acceptable. You must submit another proof of identity. Attached is a list of acceptable proof of identity documents.</p> <ul style="list-style-type: none"> • All documents must be originals or copies certified by the issuing agency. Photocopies are not acceptable.
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The above person has satisfied the new citizenship and identity requirements because both citizenship and identity documents were approved.

The above person has not satisfied the new citizenship and identity requirements because one or both of the citizenship and/or identity documents were denied or not submitted.

If you have questions, please contact your county social services office at the telephone number listed below.

I declare under penalty of perjury under the laws of the State of California that the information above is true and correct.

_____ Date: _____

Signature of eligibility worker

Name of eligibility worker (*print*): _____
First Middle Last

Telephone number: _____ County: _____

County fills out this box	
Case No: _____	Case Name: _____