

**State of Alaska
Department of Health & Social Services
Division of Public Assistance**

**Instructions to Complete Declaration
For Establishing U.S. Citizenship for Medicaid Applicants**

This form can be used to establish United States citizenship for an applicant applying for Medicaid benefits. It may also be used for a Medicaid recipient. This form should only be used if no other documents exist or cannot be readily obtained to establish U.S. citizenship. Declarations are needed by two U.S. citizens who have personal knowledge of an applicant claim of citizenship. Only one person may be related to the applicant for whom the declaration is being made. Proof of citizenship and identity of the person completing the declaration must be attached.

Instructions:

Complete the numbered blanks as follows:

1. Name of the person completing declaration
2. Relationship to the applicant (e.g., parent, guardian, friend, representative) for whom the declaration is made
3. Applicant's full name
4. Applicant's date of birth
5. Applicant's place of birth
6. Reason why applicant is unable to provide proof of U.S. citizenship (if known)

**State of Alaska
Department of Health & Social Services
Division of Public Assistance**

DECLARATION TO ESTABLISH U.S. CITIZENSHIP

Please Print:

1. Name: _____

2. Relationship to Applicant: _____

3. Applicant's Full Name: _____

4. Applicant's Date of Birth: _____

5. Applicant's Place of Birth: _____
(city, state, country)

6. Reason why applicant is not able to provide proof of U.S. citizenship (if known):

I hereby swear and affirm, under penalty of perjury, that I have personal knowledge of the applicant named above and declare that the facts stated in this Declaration are true and correct.

Signature

Date

Mailing Address

Phone number

City

State

Zip