



Department of Health and Social Services
Division of Public Assistance

CITIZENSHIP STATUS DECLARATION

The Immigration Reform and Control Act of 1986, Public Law 99-603, requires as a condition of eligibility for the Alaska Temporary Assistance, Food Stamp, and Medicaid programs that individuals sign a declaration of their citizenship or alien status. Each household member who is age 18 or older must sign this declaration. An adult household member must sign for all members under 18 years of age. If everyone in the household is under 18, the applicant must sign on behalf of the other household members. We will assume that persons who refuse to sign may be illegal aliens. Illegal aliens may be eligible to receive emergency medical services, but may not receive Medicaid or other program benefits.

NOTE: Alien applicants must provide proof of satisfactory immigration status. The alien status of any household member may be subject to verification by the U.S. Citizenship and Immigration Services (USCIS) through the submission of information from this application to the USCIS. Information received from USCIS may affect your eligibility and level of benefits.

I CERTIFY UNDER PENALTY OF PERJURY, BY SIGNING MY NAME BELOW, THAT I AM A U.S. CITIZEN OR NATIONAL, OR AN ALIEN LIVING IN THE U.S. IN SATISFACTORY IMMIGRATION STATUS.

Form section 1: ADULT'S NAME, AGE, SIGNATURE, DATE, U.S. CITIZEN OR NATIONAL, ALIEN IN SATISFACTORY IMMIGRATION STATUS, If Alien, give Alien #, Check One Box

Form section 2: ADULT'S NAME, AGE, SIGNATURE, DATE, U.S. CITIZEN OR NATIONAL, ALIEN IN SATISFACTORY IMMIGRATION STATUS, If Alien, give Alien #, Check One Box

Form section 3: ADULT'S NAME, AGE, SIGNATURE, DATE, U.S. CITIZEN OR NATIONAL, ALIEN IN SATISFACTORY IMMIGRATION STATUS, If Alien, give Alien #, Check One Box

ONE ADULT MUST COMPLETE THE SECTION AT THE BACK FOR ALL CHILDREN UNDER 18 YEARS OLD AND SIGN

CHILD'S NAME _____ AGE _____	U.S. CITIZEN OR NATIONAL	Check One Box <input type="checkbox"/>
	ALIEN IN SATISFACTORY IMMIGRATION STATUS	<input type="checkbox"/>
	If Alien, give Alien # _____	

CHILD'S NAME _____ AGE _____	U.S. CITIZEN OR NATIONAL	Check One Box <input type="checkbox"/>
	ALIEN IN SATISFACTORY IMMIGRATION STATUS	<input type="checkbox"/>
	If Alien, give Alien # _____	

CHILD'S NAME _____ AGE _____	U.S. CITIZEN OR NATIONAL	Check One Box <input type="checkbox"/>
	ALIEN IN SATISFACTORY IMMIGRATION STATUS	<input type="checkbox"/>
	If Alien, give Alien # _____	

CHILD'S NAME _____ AGE _____	U.S. CITIZEN OR NATIONAL	Check One Box <input type="checkbox"/>
	ALIEN IN SATISFACTORY IMMIGRATION STATUS	<input type="checkbox"/>
	If Alien, give Alien # _____	

CHILD'S NAME _____ AGE _____	U.S. CITIZEN OR NATIONAL	<input type="checkbox"/>
	ALIEN IN SATISFACTORY IMMIGRATION STATUS	<input type="checkbox"/>
	If Alien, give Alien # _____	

CHILD'S NAME _____ AGE _____	U.S. CITIZEN OR NATIONAL	<input type="checkbox"/>
	ALIEN IN SATISFACTORY IMMIGRATION STATUS	<input type="checkbox"/>
	If Alien, give Alien # _____	

ONE ADULT MUST SIGN HIS/HER NAME HERE ON BEHALF OF ALL THE CHILDREN:

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE