Medi-Cal Program Guide Letter #631

May 7, 2008

Subject **IMPLEMENTATION OF THE FEDERAL DEFICIT REDUCTION ACT OF 2005 REQUIREMENT TO PROVIDE EVIDENCE OF U.S. CITIZENSHIP/U.S. NATIONAL STATUS AND IDENTITY AS A CONDITION OF MEDI-CAL ELIGIBILITY FOR U.S. CITIZENS AND U.S. NATIONALS**

Effective Date Upon Receipt

Reference ACWDL 07-12, 08-03, clarifications from DHCS, MPG SN 07-04, SN 07-04 Addendum A, SN 07-04 Addendum B, and County Policy

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Background On February 8, 2006 the President signed into law the Deficit Reduction Act of 2005 (DRA). This Act included new regulations which require, as a condition of eligibility, that all U.S. Citizen and U.S. National applicants/beneficiaries of Medicaid (Medi-Cal in California) provide satisfactory documentary evidence of their citizenship/national status and identity to receive Federal Financial Participation (FFP). For the purpose of this letter, any reference to "U.S. citizens" should be interpreted as including both U.S. citizens and U.S. nationals.

On July 12, 2006 the Governor signed into law State Assembly Bill 1807, which amended Welfare and Institutions Code to provide the California Department of Health Care Services (DHCS) authority to implement the new documentation of citizenship/identity requirements of the DRA.

Prior to enactment of the DRA 2005, Medi-Cal applicants and beneficiaries who claimed to be a U.S. citizen were not required to provide verification of citizenship to receive full-scope Medi-Cal benefits, unless they claimed to have naturalized, acquired, or derived citizenship or their claim of U.S. citizenship was questionable.

Under the new DRA 2005 regulations, U.S. citizens are only entitled to receive full-scope Medi-Cal benefits upon presentation of satisfactory evidence of citizenship status and identity. U.S. citizens who do not provide satisfactory evidence of citizenship status and identity may receive limited scope benefits.

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Background (continued)

In October 2007, DHCS began notifying current Medi-Cal beneficiaries of the new citizenship and identity verification requirements on a staggered quarterly basis, beginning with beneficiaries who were due for a redetermination of Medi-Cal benefits between December 2007 through February 2008. The last batch of notifications is scheduled to be mailed in July 2008 for those with redeterminations due between September 2008 through November 2008.

The County of San Diego operationalized the new citizenship and identity verification requirements in April 2008 via Medi-Cal Special Notice (SN) 07-04 Addendum B for current beneficiaries.

Regulations and procedures specified in this Letter shall supersede MPG SN 07-04, 07-04 Addendum A, 07-04 Addendum B, and Medi-Cal Program Memo 08-01.

Highlighted Changes

The following is a list of changes associated with the citizenship and identity verification requirements:

Application and Redetermination Packets

- Beginning **05/12/2008**, all standard Medi-Cal application packets must include the DHCS 0001 - U.S. Citizens and Nationals Applying for Medi-Cal Must Show Proof of Citizenship and Identity (Attachment A).

- Effective **April 16, 2008**, all standard Medi-Cal redetermination packets must include the DHCS 0002 – Proof of Citizenship and Identity – New Requirements for Medi-Cal Beneficiaries who are U.S. citizens or Nationals (Attachment B).

NOTE: There are special considerations and CalWIN workarounds for applications received between April 1, 2008 and May 9, 2008. See page 22 of this letter for more details.

Verification Requirements

- Proof of citizenship AND identity must be original documents or copies certified by the issuing agency and must fall within those that have been approved by DHCS as "acceptable evidence of citizenship and identity." Refer to MPG 7.2.04 for listing.

Continued on next page

Highlighted Changes (continued)

Verification Requirements, *continued*

- Verification of citizenship and identity for non-exempt applicants/beneficiaries is a one time only activity in that once verification is requested and provided, it may not be requested again.

- Applicants/beneficiaries born in California may have their citizenship verified by means of an automated data match against state birth records via MEDS. Those for whom a matching birth record is found are still required to provide evidence of identity.

- Children under 18 may have their identity verified by means of an affidavit signed under penalty of perjury by a parent, guardian or caretaker relative stating the date and place of birth of the children when no other identity documents are available. Refer to MPG 7.2.04.E for special identity rules for children under 18.

- Applicants/beneficiaries may submit original documents at any Federally Qualified Health Centers (FQHCs) and Disproportionate Share Hospitals (DSHs). FQHCs and DSHs are authorized to view and copy the original documents of citizenship and identity, complete the DHCS 0005 - Receipt of Citizenship or Identity Documentation (Attachment E), and forward the information to the County. Workers are required to accept these forms and copied documents and not require original documents. A listing of FQHCs and DSHs in San Diego is identified on Attachment T.

Applicants

- All otherwise eligible, non-exempt U.S. citizen applicants must provide proof of citizenship AND identity **before** full-scope Medi-Cal benefits are approved. Refer to MPG Section 7.2.02 for details.

- All otherwise eligible, non-exempt U.S. citizen applicants will remain in "**pending**" status and will be given a reasonable opportunity period (ROP) to submit evidence of citizenship and identity as long as they are making a good faith effort to provide. Refer to MPG 4-7-9A.4 and MPG 4.7.9A.5 for definition and examples of ROP and good faith effort.

  Note: If verifications are provided for some family members, benefits shall be approved for those family members, if otherwise eligible.

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Changes (continued)

Applicants, *continued*

- If an applicant is not exempt from the citizenship/identity documentation requirements at the time of application, but meets one of the exemption criteria while he/she is making good faith effort to provide, full-scope benefits will be granted back to date of application, including any retroactive months if otherwise eligible.
- An otherwise eligible non-exempt U.S. citizen applicant who provides acceptable evidence of citizenship and identity will be granted full-scope benefits under the appropriate aid code.
- An otherwise eligible applicant who claims to be a U.S. citizen and who for whatever reason, indicates that he/she will not present the required evidence of citizenship or identity or who stops making good faith effort to obtain it shall be issued limited-scope Medi-Cal benefits.

Beneficiaries

- All current non-exempt U.S. citizen beneficiaries will be asked provide proof of citizenship and identity at their next redetermination. This will include Medi-Cal beneficiaries who report a change in their citizenship status at redetermination (e.g. legal permanent resident alien who became a U.S. citizen through the naturalization process).
- All non-exempt U.S. citizen beneficiaries will continue to receive full-scope benefits and will be given a reasonable opportunity to provide as long as they are otherwise eligible and are making a good faith effort to provide the documents.
- An otherwise eligible beneficiary who claims to be a U.S. citizen and who for whatever reason, indicates that he/she will not present the required evidence of citizenship or identity or who stops making good faith effort to obtain will have his/her benefits reduced from full-scope to limited-scope benefits the first of the following month, provided that 10-day requirement is met.

Bridging Program

Bridging restricted aid code shall be used for individuals who are receiving limited-scope Medi-Cal benefits because he/she failed to meet the citizenship/identity verification requirement AND is determined eligible for the Medi-Cal to Healthy Family Bridging Program. Refer to MPG Section 7.2.07 for more details.

Continued on next page

Changes (continued)

Restoring Full Scope for Applicants/Beneficiaries

- Applicants/beneficiaries who receive "limited scope" Medi-Cal for failure to provide evidence of citizenship/identity will have their full scope eligibility restored back to the month that limited scope eligibility began, including any retroactive period, provided good cause exists and the evidence is submitted within one year of the application or redetermination date. Refer to MPG 4-13-7 for more details.

- Applicants/beneficiaries who receive "limited scope" Medi-Cal for failure to provide evidence of citizenship/identity will have their full scope eligibility restored back to the first of the month in which the required documentation was received if evidence is submitted after one year of the application or redetermination date

Adding a Person

When adding a person to an existing Medi-Cal Family Budget Unit (MFBU) for Medi-Cal purposes relating to citizenship/identity verification requirements:

If the individual is ...	**Then he/she shall be considered ...**
Not currently on Medi-Cal	A new applicant
Already receiving Medi-Cal	A beneficiary and will continue to receive on-going Medi-Cal during his/her reasonable opportunity period, if otherwise eligible.

Presumptive Eligibility/ Accelerated Enrollment

Applicants who have been determined eligible for temporary Medi-Cal under any of the presumptive eligibility (PE) or accelerated enrollment (AE) programs are required to provide proof of citizenship and identity for on-going Medi-Cal eligibility. These individuals will continue to be aided under the appropriate PE or AE aid code as long as they are making good faith effort to provide the required citizenship/identity documents and if all other eligibility requirements are met. Refer to MPG Section 7.2.02 for more details.

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CalWORKs

The CalWORKs citizenship and identity documentation requirements fulfill the DRA requirements. Therefore, CalWORKs recipients would have met the citizenship and identity verification requirements from the beginning date of their CalWORKs aid and will not be required to provide documentation of their citizenship and identity for on-going Medi-Cal eligibility. This would include individuals discontinued from CalWORKs and transitioned to either Transitional Medi-Cal (TMC), Edwards v Kizer (Aid Code 38) or any other Medi-Cal program.

However, CalWORKs beneficiaries who receive CalWORKs during the initial 90 days in which they have to provide the documents and then lose CalWORKs eligibility for failure to provide the required citizenship document, will:

- be required to provide documentation of citizenship prior to their redetermination date; and
- continue to receive full-scope benefits during their reasonable opportunity period, if otherwise eligible.

Craig v Bonta

As a result of the Craig v. Bonta lawsuit, Medi-Cal beneficiaries discontinued from Supplemental Security Income/State Supplementary Payment (SSI/SSP) based Medi-Cal on or after June 30, 2002, cannot have their Medi-Cal benefits automatically discontinued. These cases must first be reviewed and evaluated for eligibility or ineligibility in other Medi-Cal programs using the SB 87 redetermination process. As such, an otherwise eligible Craig v Bonta individual will be treated as a beneficiary and will not be required to provide proof of identity or U.S. citizenship/national status until their next redetermination.

MC 13

The requirement for MC 13s has NOT changed. An MC 13 is not required if the U.S. citizen/national applicant declares his/her place of birth on any formed signed under penalty of perjury, such as the Statement of Facts (MC 210). The MC 13 is not required at redetermination (RRR) unless there has been a change in the beneficiary's alien status.

Note: If only one parent signs the Statement of Facts, an MC 13 is required for the other parent if he/she requests Medi-Cal.

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Midyear Status Report

If a non-exempt adult is approved after the MSR-due month, the MSR will not be required.

Medi-Cal Application and Re-determination Performance Standards

The Medi-Cal application and redetermination performance standards require that ninety (90) percent of applications and redeterminations are processed within a specified timeframe. The standards allow for the exclusion of applications and redeterminations that are not processed timely due to client or state delays.

Therefore, cases consisting of non-exempt U.S. citizen applicants/beneficiaries who are demonstrating good faith effort to provide evidence of citizenship and/or identity will be excluded from the Medi-Cal application and redetermination performance standards processing requirements, provided that proper documentation is in the case.

Required Action for Intake

Intake workers are required to ensure that beginning with **05/12/2008** application date:

Documentation

- The DHCS 0001 is mailed to applicants from whom applications are received without any proof of citizenship or identification. The DHCS 0009 - Affidavit of Identity for U.S. Citizen or National Children Under 18 (Attachment I) and/or the DHCS 0010 - Affidavit of Identity for U.S. Citizens or National for Disabled Individuals Living in Institutional Care Facilities (Attachment J) shall be included as needed.

- The DHCS 0001 and the DHCS 0008 – Proof of Citizenship and Identity Requirements for Children who are U.S. Citizens or Nationals Filling out the Healthy Families/Medi-Cal Joint Application (Attachment H) are mailed to applicants that submitted a Healthy Families/Medi-Cal joint application through Single Point Entry (SPE).

- The original DHCS 0005(s) will be retained in the case, along with copies of the citizenship and/or identity document(s). A separate DHCS 0005 must be completed for each document provided. The DHCS 0005 serves as a receipt that an original or certified copy was viewed and copied. Refer to MPG 4-7-9A.2 for detailed instructions on document handling.

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Required Action for Intake (continued)

Documentation, *continued*

The original DHCS 0011 - Proof of Citizenship or Identity Documentation (Attachment K) will be completed by the worker and retained in the case file when he/she has determined that the submitted documents are acceptable proof of citizenship/identity. Refer to MPG 4-7-9A.2 for detailed instructions on document handling.

Level of Benefits

- An otherwise eligible, non-exempt U.S. citizen applicant who provides acceptable evidence of citizenship and identity is issued full-scope Medi-Cal benefits under the appropriate aid code.
- An otherwise eligible, non-exempt U.S. citizen applicant who demonstrates good faith effort to provide the required citizenship and identity documents will remain in "pending" status during his/her "reasonable opportunity period."
- An otherwise eligible, non-exempt U.S. citizen applicant who for whatever reason, indicates that he/she will not present the required evidence of citizenship or identity or who stops making good faith effort to obtain it shall be issued limited-scope Medi-Cal benefits.

Required Assistance

- Reasonable and "heightened assistance," depending on the individual circumstances, is provided to assist applicants in obtaining and providing acceptable evidence of citizenship and identity. Refer to MPG 4-7-9A.3a & 4-7-9A.3b for details.
- The following steps are followed to assist applicants who request Medi-Cal and who declare to be a U.S. citizen, in obtaining evidence of citizenship and/or identity:

Step	Action
1	Determine if the applicant is exempt from the citizenship and identity verification requirements, as specified in MPG 7.2.02.D.

Continued on next page

Required Action for Intake (continued)

<table>
<tr><th>Step</th><th>Action</th></tr>
<tr><td>1
cont'd</td><td>
<table>
<tr><th>If individual is ...</th><th>Then...</th></tr>
<tr><td>Exempt</td><td>• Narrate in case.
• Ensure that MEDS INQE has appropriate coding(s).
• No further action needed</td></tr>
<tr><td>Not exempt</td><td>Go to Step 2</td></tr>
</table>
</td></tr>
<tr><td>2</td><td>Determine if the applicant has already provided acceptable verifications of citizenship and identity by:
• Reviewing the verifications that are attached to the application
• Reviewing CITIZENSHIP-DOC: TYPE and IDENTITY-DOC: TYPE fields on MEDS INQE screen
• Performing ex parte review of county eligibility case records and databases (including the centralized FRC file for any documents that may have been forwarded by FQHC or DSH staff).
• Contacting other counties if there is prior history of benefits in another county shown on MEDS INQM screen.
<table>
<tr><th>If individual ...</th><th>Then...</th></tr>
<tr><td>Has already provided acceptable verifications of citizenship and identity</td><td>• Narrate case action.
• Issue DHCS 0011 if acceptable verifications are attached to application.
• Ensure that MEDS INQE has appropriate coding(s)
• No further action needed</td></tr>
<tr><td>Has NOT provided acceptable verifications of citizenship and identity</td><td>Go to Step 3.</td></tr>
</table>
</td></tr>
</table>

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Required Action for Intake (continued) (continued)

Required Assistance, *continued*

<table>
<tr><th>Step</th><th>Action</th></tr>
<tr><td>3</td><td>Determine if the applicant was born in California.
<table>
<tr><th>If individual was born ...</th><th>Then...</th></tr>
<tr><td>In California</td><td>Initiate request for Birth Record Data Match via CalWIN. Refer to MPG 7-2-D for details.
Go to Step 4</td></tr>
<tr><td>Outside of California</td><td>Go to Step 5.</td></tr>
</table></td></tr>
<tr><td>4</td><td>Review result of Birth Record Data Match request.
<table>
<tr><th>If the result is...</th><th>Then...</th></tr>
<tr><td>A match</td><td>• Verify match on MEDS
• Notify applicant of result and whether identity document is still required via DHCS 0006 (Attachment F) as specified in MPG 7.2.05E
• Narrate.
• Go to Step 5 only if evidence of identity is still needed.</td></tr>
<tr><td>Is not a match</td><td>Go to Step 5</td></tr>
</table></td></tr>
<tr><td>5</td><td>Attempt to contact the applicant by phone and advise him/her of the need to obtain and provide the required documentation.

Note: At present, the County will not pay for citizenship and/or identity documents.</td></tr>
<tr><td>6</td><td>Send DHCS 0006 -Proof of Citizenship or Identity Needed For Medi-Cal Applicants and Beneficiaries Who Are U.S. Citizens or Nationals" (Attachment F) if the:
• Phone contact was unsuccessful; or
• Applicant fails to respond to the telephone contact or present the required documents;
• Unsuccessful Birth Record Data Match</td></tr>
</table>

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Required Action for Intake (continued) (continued)

Required Assistance, *continued*

Step	Action
6 cont'd	Include a DHCS 0004 – Request for California Birth Record (Attachment D) for individuals who were born in California with unsuccessful Birth Record Data Match. Note: • Worker may complete the DHCS 0004 for the applicant by phone or in the FRC. • Do not send the DHCS 0006 if one was sent in Step 4.
7	Attempt 2nd telephone contact if the applicant fails to respond to the written contact within ten (10) days and again, advise the applicant of the need to obtain and provide the required documentation.
8	• For applicants that fail to present the required evidence after the 2nd phone contact AND are not making good faith effort to obtain it, notify the applicant that his/her request for full-scope Medi-Cal benefits has been denied and that he/she has been granted "limited scope" Medi-Cal benefits (which will cover emergency, pregnancy and long-term care services) • For applicants that demonstrate good faith effort to obtain the required citizenship/identity document(s), enter the ROP Due Date on the **Collect Individual Demographic Detail** window to reevaluate based on the applicant's circumstances and reasonable opportunity period.

Reminder: At any point, if the worker is able to reach the applicant, he/she shall determine the appropriate follow-up timeframe based on the applicant's circumstances, good faith effort, and reasonable opportunity period.

Required Action for Granted

Granted workers are required to ensure that beginning with re-determination date of June 2008:

Documentation

- Redetermination packets mailed/prepared in April for June 2008 redetermination dates and all redetermination packets prepared thereafter will include the DHCS 0002.

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Required Action for Granted (continued)

Documentation, *continued*

- The redetermination shall be certified as complete with no reduction of benefits if the only outstanding verifications are for citizenship and identity AND the beneficiary is otherwise eligible and is making good faith effort to provide the required documents. The worker must not delay completing the RRR queue if all other verifications are complete or while waiting for citizenship/identity documentation.

Level of Benefits

- An otherwise eligible, non-exempt U.S. citizen beneficiary will continue to receive full-scope benefits and will be given a reasonable opportunity period to provide as long as they are otherwise eligible and are making good faith effort to provide the documents.

- An otherwise eligible, non-exempt U.S. citizen beneficiary who for whatever reason, indicates that he/she will not present the required evidence of citizenship or identity or who stops making a good faith effort to obtain it will have his/her benefits reduced from full-scope to limited-scope benefits effective the first of the following month, provided that the 10-day requirement is met.

Required Assistance

- Reasonable and "heightened assistance," depending on the individual circumstances, is provided to assist beneficiaries in obtaining and providing acceptable evidence of citizenship and identity. Refer to MPG 4-7-9A.3a & 4-7-9A.3b for more details.

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Required Action for Granted (continued)

Required Assistance, *continued*

- All steps outlined above under "Required Action for Intake" shall be taken to assist non-exempt U.S. citizen beneficiaries in obtaining evidence of citizenship and/or identity with the following exceptions to Step 8:

Step	Action
8	If the beneficiary fails to present the required documentation after the 2nd phone contact AND is not making good faith effort to obtain it, notify the beneficiary that his/her full-scope Medi-Cal benefits will be discontinued and that he/she will be granted limited scope Medi-Cal benefits, beginning the first of the following month provided that the 10-day requirement is met. For a beneficiary that is demonstrating good faith effort to obtain the required citizenship/identity documents: • continue to issue full-scope Medi-Cal benefits if otherwise eligible; and • enter the ROP Due Date on the **Collect Individual Demographic Detail** window to reevaluate based on the beneficiary's circumstances and reasonable opportunity period. **Note**: The worker may set the ROP period to six months from the annual redetermination date if the beneficiary is not able to specify a timeframe he/she needs to obtain the required documents.

Reminder: At any point, if the worker is able to reach the beneficiary, he/she shall determine the appropriate follow-up timeframe based on the applicant's circumstances, good faith effort, and reasonable opportunity period.

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Special consideration for pregnant women

When an applicant is pregnant, workers must take the following actions:

Inform the applicant of her options to either:

1. Continue in her effort to obtain the required citizenship and/or identity documents, during which time:
   - She can apply for Presumptive Eligibility (PE) Program at a PE participating clinic or provider's office to cover prenatal care services but not the cost of delivery; AND
   - Her application for full-scope Medi-Cal benefits will remain in "pending" status

2. Stop making good faith effort to provide citizenship and identity documentation and be eligible for limited scope benefits, which will cover prenatal services and cost of delivery;

For applicants that choose to continue in their effort to obtain the required citizenship and/or identity document, the worker will set an alert on the case as a reminder to contact the applicant by the 6th month of her pregnancy if she has not submitted citizenship documentation and has not elected to accept limited scope benefits

For applicants that choose to stop making good faith effort and be eligible for limited scope, the worker will inform the applicant that if she is able to provide documentation of her citizenship/identity within a year from her original date of application, she will be entitled to receive full-scope Medi-Cal benefits back to her date of application, including any retroactive period.

EXCEPTION:
If the applicant is eight months pregnant when she applies for Medi-Cal, the worker will inform the applicant that she will be granted limited-scope Medi-Cal, which will cover labor and delivery services if she cannot provide proof of citizenship. The worker further informs the applicant that if acceptable proof of citizenship is received within one year of her application date, her limited scope benefits will be expanded to full-scope benefits, as of the date of her Medi-Cal application, including any retroactive period if she is otherwise eligible.

Note: DHCS requires that we inform pregnant women of their options.

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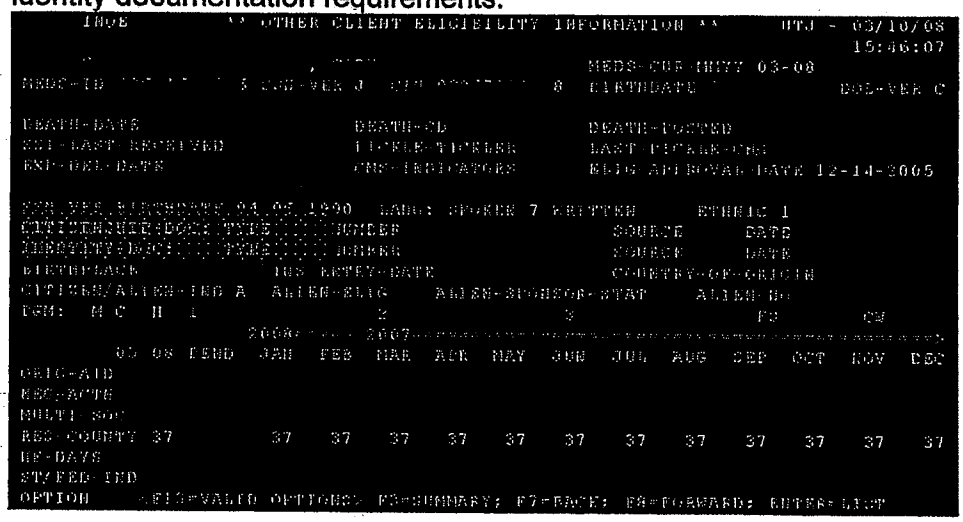
Interim Aid Codes

Until DHCS implements a long term automated process, the following interim aid codes shall be used to issue limited scope Medi-Cal benefits to an otherwise eligible non-exempt U.S. citizen who does not meet the citizenship and identity verification requirements.

- Regular restricted-scope aid code based on the coverage the citizen is eligible to receive for Medi-Cal only persons or families (e.g. 3V aid code for a person or family eligible under 1931(b); 58 or 5F aid code for a person or family eligible for the medically needy/indigent program).
- 55 aid code for an otherwise eligible citizen who needs long term care services.

MEDS INQE Screen

Staff shall view the CITIZENSHIP-DOC: TYPE and IDENTITY DOC: TYPE field on the MEDS INQE screen to determine and/or verify whether an applicant or beneficiary has met the citizenship and identity documentation requirements.



If CITIZENSHIP-DOC: TYPE and/or IDENTITY-DOC: TYPE field is...	Then...
populated	refer to Attachment M for descriptions.
blank	review case file to determine if the applicant/beneficiary provided the documents and update CalWIN as appropriate.

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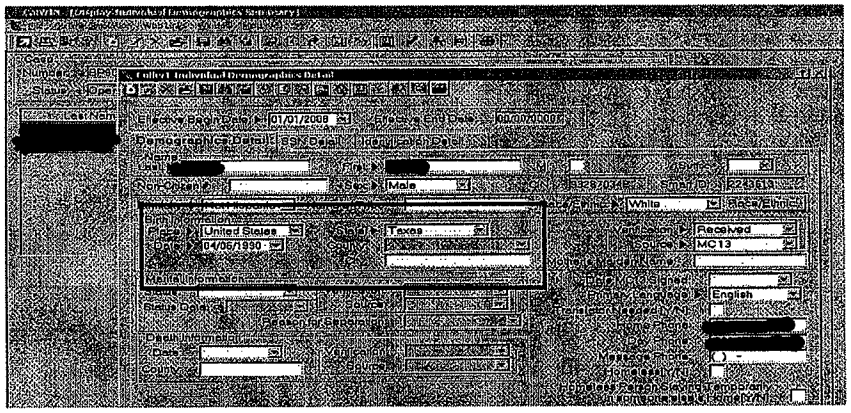
Automation Impact

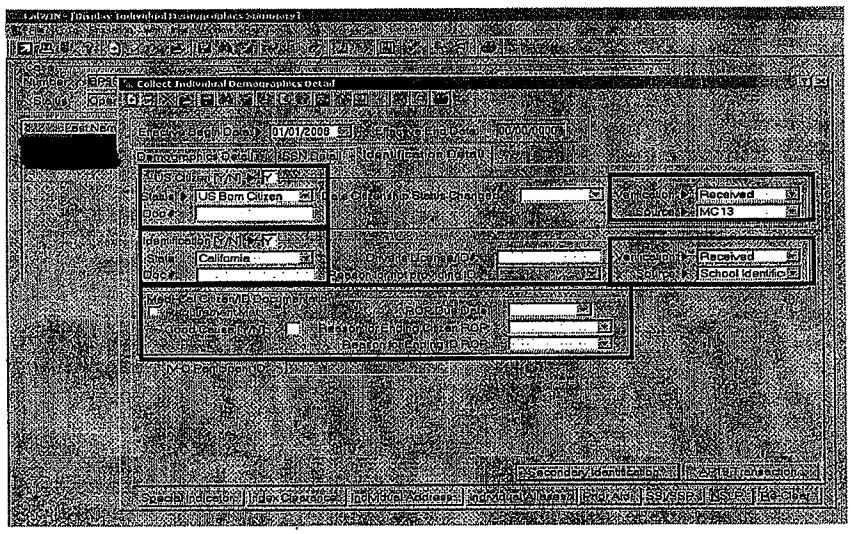
Reminder: Applicants/beneficiaries who are born in California may have their citizenship verified via a Birth Record Data Match. Refer to MPG 7-2-Appendix D for instructions on how to request Birth Record Data Match.

Inputting Citizenship/Identity Information in CalWIN
(*Example: US Born Child*).

Step 1: Enter Birth information on the "Demographic Detail" tab as shown below. If you have the information, input the Country, State, and City (if known). If this individual was born in California, select from the County drop-down box.



Step 2: Proceed to the Identification Detail Tab – Information would be pre-populated.



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Automation Impact (continued)

Inputting Citizenship/Identity Information in CalWIN, *continued*

Step 3: In the US Citizenship area of the Identification Detail Tab:

Field	Required Entries
Status	Select the appropriate citizenship category (i.e. U.S. born, derived, dual, national, or naturalized). Refer to MPG 7.2.01 for description of categories.
Verification	Indicate whether citizenship verification was provided
Document number	Enter the document number of the verification (e.g. Birth Certificate Number shown on the certificate)
Source	Select the type of document that was provided

Note: This information will be transmitted to MEDS and will be populated in the corresponding fields on the INQE MEDS screen. Refer to Attachment M for description of codes shown on INQE MEDS screen. It is imperative that worker entries are accurate as a MEDS On-Line will be required to update any incorrect entries.

Step 4: In the Identification area of the Identification Detail Tab:

Field	Required Action
State	Select the appropriate state
Driver's License	Enter driver's license number if a driver's license was received to verify identity
Verification	Indicate whether citizenship verification was provided
Document number	Enter the document number if other type of document was used to verify identity, excluding driver's license.
Source	Select the type of document that was provided

Similar to the citizenship information, the identity information will be transmitted to MEDS and will be populated in the corresponding fields on the INQE MEDS screen. Refer to Attachment M for description of codes shown on INQE MEDS screen. **It is imperative that worker entries are accurate as a MEDS On-Line will be required to update any incorrect entries.**

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Automation Impact (continued)

Inputting Citizenship/Identity Information in CalWIN, *continued*

Step 5: In Medi-Cal Citizenship/ID Documentation area:

Field	Required Action
Requirement Met check-box	The *Requirement Met* check-box will be populated automatically by CalWIN after the worker has made the appropriate entries in CalWIN indicating that the individual has provided valid documentation and met the DRA requirement and EDBC is run and authorized. The 'Requirement Met' check-box is disabled to all users when it is unpopulated. Supervisors can uncheck it if the worker had entered information that wasn't valid and the individual in fact had not met the requirement. EDBC will only evaluate the Citizenship/ID requirement for US Citizens and Nationals when this field is blank.
ROP Due Date	Enter the date in which ROP will end. An alert will be sent to the worker for follow-up action.
Good Cause	Indicate "Y" if there is good cause. Refer to MPG 4-13-7B for definition and examples of good cause.
Reason for Ending Citizen ROP	Select the appropriate reason for client not providing citizenship verification. This information will be populated on the *Citizenship-Doc Type* field of the MEDS INQE screen. Refer to Attachment M for description of codes shown on INQE MEDS screen.
Reason for Ending ID ROP	Select the appropriate reason for client not providing identity verification. This information will be populated on the *Identity-Doc: Type* field of the MEDS INQE screen. Refer to Attachment M for description of codes shown on INQE MEDS screen.

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Automation Impact (continued)

Note: Workers should be especially careful when making entries in these fields. Entries sent to MEDS from the DOC # fields for US CITIZEN [Y/N] and IDENTIFICATION [Y/N] on the Identification Detail tab of the **Collect Individual Demographics Detail** window cannot be corrected via CalWIN. At this time, corrections and removals of incorrect citizenship and/or identity document numbers/types can only be done through an online AP19 transaction via MEDS. The correction/removal functionality is currently not available via CalWIN.

If incorrect citizenship and/or identity document numbers/types are displaying in the MEDS INQE screen, workers must submit a 14-28(B) HHSA form (Attachment U) to their MEDS Operator in order to correct the information in MEDS. Instructions for completing the 14-28(B) are specified on page 3 and 4 of Attachment U.

The 14-28(B) HHSA form can also be used for other purposes if CalWIN is not available and it is imperative that citizenship/identity verification be updated in MEDS as soon as possible. Below are circumstances in which the 14-28(B) HHSA form will be used when CalWIN is not available:

- Requesting a California Birth Records Match
- Submitting Updates for Client Citizenship Verification Document Number and Document Type
- Submitting Updates Client Identity Verification Document Number and Document Type
- Submitting Corrections of Citizenship and/or Identity Documents
- Removal of Citizenship and Identity Information not belonging to client
- Submitting End of Reasonable Opportunity Period

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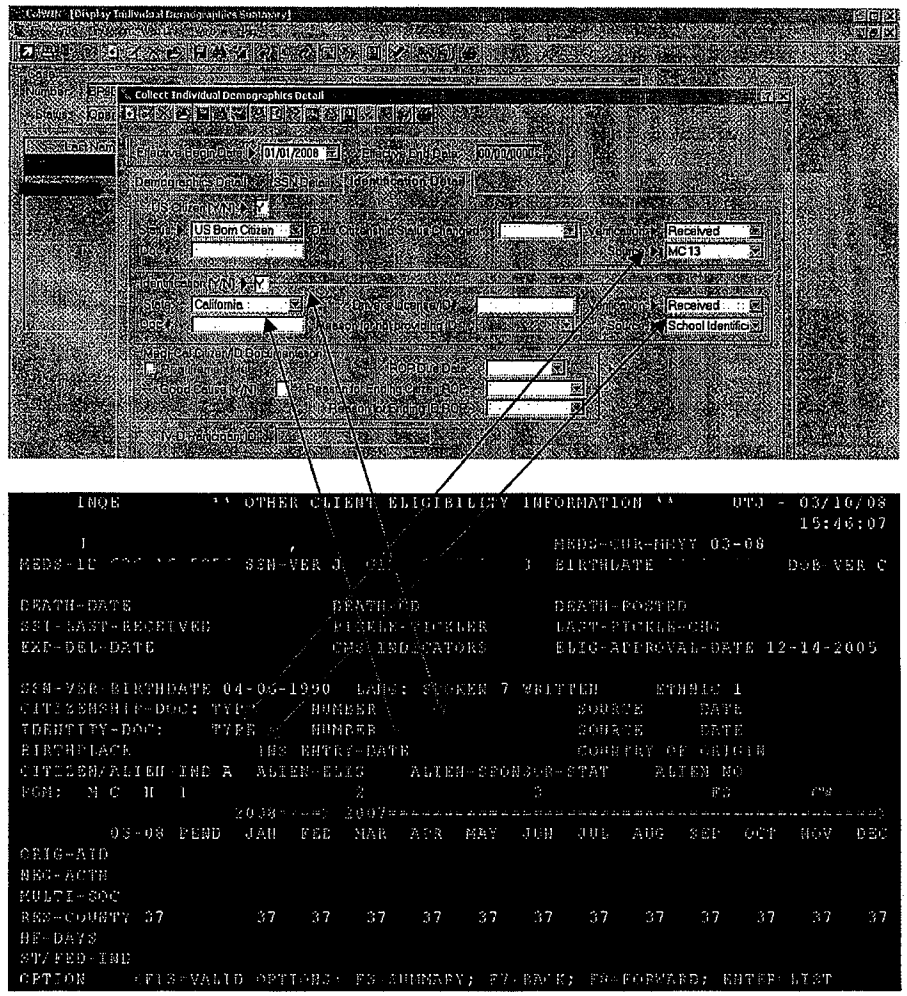
Automation Impact (continued)

Validating CalWIN Entries

The INQE screen in MEDS will be populated based on information entered in CalWIN



Reporting Exemption Codes

All exemption codes will be auto-populated to MEDS based on information in CalWIN.

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CalWIN Workarounds

Former CalWORKs Recipients

With Release 17, CalWIN considers CalWORKs recipients to have 'met' the citizenship/identity verification requirements while they are receiving cash-linked Medi-Cal aid codes. However, once these individuals are discontinued from CalWORKs and transitioned to a non-cash linked Medi-Cal aid code (i.e. Edwards (AC 38), Transitional Medi-Cal (TMC), or other Medi-Cal programs), CalWIN is programmed to revaluate these individuals for the citizenship and identity requirements.

As such, CalWIN:

- requires that the appropriate entries are made on the Citizenship/ identity group box of the Identification detail tab to indicate how citizenship and identity verification requirements are met;
- treats these individuals as beneficiaries; and
- continues full-scope benefits for beneficiaries otherwise eligible and making a good faith effort to provide

DHCS recently clarified that CalWORKs recipients would have met the citizenship and identity verification requirements from the beginning date of their CalWORKs aid and will not be required to provide documentation of their citizenship and identity for on-going Medi-Cal eligibility. Until a change request is submitted to the CalWIN Project, the following procedures shall be used:

If it is a...	Then
CalWORKS rollover with no break in aid (e.g. discontinued from CalWORKs and transitioned to AC 38, TMC, or other Medi-Cal programs.)	• Review the CalWORKS entries for citizenship/ identity on the on the Identification Detail tab of the **Collect Individual Demographics Detail** window in CalWIN. (Note: While there may be appropriate entries in these fields, CalWORKS workers may not have viewed originals or certified copies at the time the entries were made.) • Set the ROP due date on the on the Identification Detail tab of the **Collect Individual Demographics Detail** window to 6 months from the current date. • Continue to move the ROP due date until CalWIN and MEDS are reprogrammed to treat CalWORKS beneficiaries to have met the citizenship/ identity requirements.

Continued on next page

CalWIN Workarounds (continued)

If it is a...	Then worker will take the following actions:
Former CalWORKs recipient reapplying for Medi-Cal only (break in aid)	• Attempt to obtain citizenship/ identity documentation at application. • Run EDBC and view results. • If the former CalWORKS recipient is otherwise eligible but is placed in "pending" status due to the citizenship/ identity documents, contact the Operational Support Helpdesk at (619) 515-6700 to request a bottom line override. A bottom line override would be required each time EDBC is run.

Pending Applications Between April 1st, 2008 through May 9, 2008

With Release 17, CalWIN will apply the citizenship and identity regulations as specified in this letter to applications taken on or after April 1st, 2008 and are currently in pending status. As such, individuals with application date on or after April 1st, 2008 that are in "pending" status will continue to remain in "pending" status and will not be granted full scope Medi-Cal benefits until acceptable verification of citizenship and identity are received.

Based on input from the FRC managers, the following procedures shall be used to address applications dated April 1st 2008 thru May 9, 2008 that are currently in pending status:

Step	Action	
1	Attempt to contact the applicant to explain new requirements and determine their ROP.	
2	**If the contact was...**	**Then...**
	Successful	Enter the ROP due date (as specified by the applicant) on the Identification Detail tab of the **Collect Individual Demographics Detail** window and save.
	Unsuccessful	Enter an ROP due date for 4 weeks from the current date and save.

Continued on next page

CalWIN Workarounds (continued)

Step	Action
3	Ensure that CalWIN sent out the CSC 47 letter and along with DHCS 0001 in batch.
4	Follow the steps to obtain citizenship and identity documentation in this letter under the 'required action for intake' section as normal.

During the week of May 12, program section will be sending a list of pending cases with application dates between 4/1/08 and 5/9/08 in order to assist workers in identifying these cases.

Deemed Eligibility (DE) and Inter-County Transfers (ICT)

Deemed Eligible infants are exempt from the new citizenship and identity requirements indefinitely. In situations where CalWIN did not make the initial DE determination, CalWIN will not exempt the recipient from the citizenship and identity requirements. Workers must take the following actions in order to exempt these individuals:

Step	Action
1	Contact the OSHD to request an 'inline override'.
2	Check MEDS INQE screen to ensure that the appropriate exemption code has been entered.

Operational Impact

FRCs must establish a FQHC clerical liaison and a centralized bank for citizenship documents received from applicants whose applications have not been received or who have not been assigned a worker (see MPG 4-7-9A.2 for details). Additionally, in order to assist FQHC and DSH hospitals with any questions or issues that arise in the document handling process, each FRC will have a DRA Liaison/Ombudsman (see Attachment N for a list).

Continued on next page

State Forms

The following forms are available for order from the state warehouse:

DHCS 0001 (9/07) - U.S. Citizens and Nationals Applying for Medi-Cal Must Show Proof of Citizenship and Identity (Attachment A)

- FRCs must order from the state warehouse and insert a copy into each application packet.
- This form is available in CalWIN for workers to order when they receive an application without any proof of citizenship or identity.

DHCS 0002 (9/07) - Proof of Citizenship and Identity -- New Requirements for Medi-Cal Beneficiaries who are U.S. Citizens or Nationals (Attachment B)

- FRCs must order from the state warehouse and insert into each redetermination packet.
- This form is available in CalWIN for workers to order when they receive a report in a change in citizenship status.

DHCS 0003 (6/07) - Affidavit of Reasonable Effort to Get Proof of Citizenship (Attachment C)

- This form can be used to document applicant/beneficiary efforts to obtain citizenship documents
- Workers can always use verbal statements from the applicant/beneficiary documented in CalWIN narrative in lieu of this form.
- This form is available to order in CalWIN.

DHCS 0004 (6/07) - Request for California Birth Record (Attachment D)

- This form can be mailed to applicant/beneficiary when the county is unable to find a birth record.
- The worker can complete this form for the applicant/beneficiary over the phone.

DHCS 0005 (2/08) - Receipt of Citizenship or Identity Documents (Attachment E)

- This form can be completed by FQHC/DSH staff, county receipt or eligibility worker.
- Used as a receipt and proof that the county reception, eligibility workers or FQHC/DSH staff viewed and copied original or certified copies of citizenship/identity documents.
- This form is available to order in CalWIN.

Continued on next page

Forms Impact (continued)

DHCS 0006 (8/07) - Proof of Citizenship and Identity Needed -- For Medical Applicants and Beneficiaries Who Are U.S. Citizens or Nationals (Attachment F)

- This form is used when workers are unable to obtain a birth record match based on the application information.
- Will be sent in tandem with DHCS 0007.

DHCS 0007 (8/07) - Acceptable Citizenship and Identity Documents (Attachment G)

- Used when an applicant/beneficiary requests what is acceptable proof of citizenship and identity.
- Will be sent in tandem with DHCS 0006.

DHCS 0008 (9/07) - Proof of Citizenship and Identity Requirements -- For Children Who Are U.S. Citizens or Nationals Filling Out The Healthy Families/Medi-Cal Joint Application (Attachment H)

- Used when workers receive a Healthy Families/Medi-Cal joint application.

DHCS 0009 (9/07) - Affidavit of Identity for U.S. Citizenship or National Children Under 18 (Attachment I)

- Parents, guardians and caretaker relatives can use this form when they don't have identification for children under 18.

DHCS 0010 (1/08) - Affidavit of Identity for U.S. Citizen or National For Disabled Individuals Living in Institutional Care Facility (Attachment J)
Institutional/residential facility director or administrator may complete this form for proof of Identity for the disabled individual if no other proof of identity is available.

DHCS 0011 (1/08) - Proof of Acceptable Citizenship and Identity Documents (Attachment K)

- Used when the eligibility worker makes a determination of the acceptability of the submitted citizenship/identity documents.

14-86 Citizenship/Identity Document Transmittal (Attachment L)

- Half-slip used by PAI or Clerical staff to transfer citizenship documents to the assigned worker.
- Available for order on iWay.

14-28 (B) MEDS Citizenship/Identity Request: AP19 Transaction (Attachment U)

- Used to update MEDS INQE information when CalWIN is not available

Continued on next page

Notices of Action

MC 239 DRA-1
This NOA is for Medi-Cal applicants approved for restricted benefits *without a share of cost* (Attachment O).

MC 239 DRA-2
This NOA is for Medi-Cal applicants that have been approved for restricted benefits *with a share of cost* (Attachment P).

MC 239 DRA-3
Benefits reduced to restricted emergency medical and pregnancy-related services (No SOC). Available on CalWIN as CSC 51 (08/07) (No SOC) (Attachment Q)

MC 239 DRA-4
Benefits reduced to restricted emergency medical and pregnancy-related services (SOC) Available on CalWIN as CSC 45 (08/07) (SOC) (Attachment R)

MC 239 DRA-5
Benefits increased from restricted emergency medical and pregnancy-related services to full scope medical. Available in CalWIN as CSC 46 (08/07) (SOC) and CSC 52 (08/07) (No SOC) (Attachment S)

CSC 47 – 49 (08/07)
New CalWIN correspondence letters that informs applicant/recipient that proof of identity and citizenship (47), or just citizenship (48) or identity (49) is being requested with the ROP Due Date.

Continued on next page

Referral Resources

A listing of available resources is located on the S drive at: **S:\ENTERPRISE\Medi-Cal Spreadsheets and Forms\Citizenship Reasonable Assistance Resources**. This folder currently contains information and applications workers can print in order to help applicants and beneficiaries obtain out of state birth certificates. The folder will be updated as additional resources are made available.

Clarifications and Additions

The implementation of the new citizenship/identity regulations is an ongoing process. Workers should expect to see clarifications and changes to these regulations in the upcoming months.

State Monitoring

DHCS requires that Counties track the individuals and cases that have benefits reduced due to the new citizenship and identity regulations. Upon granting limited scope benefits to applicants or reducing beneficiaries to limited scope benefits, workers must send an email to [illegible] with the following information:

- Case name
- Case number
- The name of each individual to receive limited scope benefits due to the new regulations.

Quality Assurance Impact

Effective with the June 2008 review month, Quality Assurance will cite the appropriate error on any case that does not comply with the requirements outlined in this letter.

Summary of Changes

Article	Changes
Article 4, Section 1	Updated references under residence and citizenship/alien status.
Article 4, Section 2	• Added DHCS 0001 to all standard Medi-Cal packet. • Application process timeline can be extended due to good faith and reasonable opportunity period.

Continued on next page

Summary of Changes (continued)

Article	Changes
Article 4, Section 7	• Added Citizenship/Identity documentation information to the verifications required prior to approval section • Added the citizenship and identity documentation process to the request for verifications section. • Added definition and examples of good faith effort, reasonable opportunity period and good cause to the request for verifications section. • Added document handling procedures to the request for verifications section. • Added reasonable and "heightened" assistance scenarios.
Article 4, Section 13	Added restoration of full-scope benefits for applicants/beneficiaries that were granted limited scope when the required documents are received.
Article 4, Section 15	Added beneficiary requirements for providing citizenship/identity documents at RRR.
Article 7, Section 1	Added information relating to level of benefits
Article 7, Section 2	Added Citizenship/Identity verification requirements.
Article 7, Section 3	Contained information relating Alien originally in Section 1.
Article 7, Section 4	Contained information relating to Foster Care originally in Section 1.
Article 7, Section 5	Contained Residency information originally in Section 2.

Filing Instructions

Step	Action
Remove	Article 4, TOC
	Article 4, Section 1 page 1-2
	Article 4, Section 2 pages 33-36
	Article 4, Section 7 page 13-32
	Article 4, Section 13 pages 1-4
	Article 4, Section 13 page 7-8
	Article 4, Section 15 page 3-4, 13-14
	Article 7

Continued on next page

Filing Instructions

Step	Action
Replace	Article 4, TOC
	Article 4, Section 1 page 1-2
	Article 4, Section 2 pages 33-36
	Article 4, Section 7 page 13-32
	Article 4, Section 13 pages 1-4
	Article 4, Section 13 page 7-8
	Article 4, Section 15 page 3-4, 13-14
	Article 7
Add	Article 4, Section 7, Appendix C
	Article 7, Section 2, Appendices A - E

Important Notice

The MPG is available in its entirety on the County Intranet by accessing http://hhsa_intranet/manuals/mpg/index.html. The MPG revisions listed in this letter will be entered into the Intranet MPG at the next update.

Manager Approval

DANN CRAWFORD, Assistant Deputy Director
Medi-Cal, General Relief, CAPI, and CMS Program Administration
Strategic Planning and Operational Support
TO GS 5/12/08 ADV "YES"

U.S. Citizens and Nationals Applying for Medi-Cal Must Show Proof of Citizenship and Identity

A new law says *most* U.S. citizens or nationals applying to Medi-Cal must show proof of citizenship *and* proof of identity. Read below to see if this law applies to you.

If you are not a U.S. citizen, this law does not apply to you.

The new law does *not* apply to U.S. citizens or nationals in any of these categories:

- Anyone with:
  - Supplemental Security Income (SSI)
  - Medicare
  - Social Security Disability Insurance (SSDI)
  - Social Security Retirement and Survivors Insurance (RSI – Title II) based on their own disability
- Anyone under 21 asking for Minor Consent Services
- Babies born to women on Medi-Cal
- Children in Foster Care, Adoption Assistance, or Kin-GAP
- Babies in the Abandoned Baby Program
- CalWORKs Beneficiaries

What if I am not one of the above people?

If you are a U.S. citizen or national, you must provide proof of citizenship and identity to be eligible for Medi-Cal. *(See page 3 for a list of acceptable proof of citizenship and identity.)*

You cannot receive full-scope Medi-Cal benefits until you provide the proof.

U.S. nationals include people born in American Samoa (including Swains Island) and certain people from the Commonwealth of the Northern Mariana Islands.

What if I am NOT a U.S. citizen?

If you are not a U.S. citizen or national, you only need to provide the same documents that were required before. Nothing has changed.

How can I get proof of citizenship?

If you were born in California, the county may be able to get your birth record. (A birth record is proof of citizenship.)

Fill out a *Request for California Birth Record* to ask the county to request your birth record. Then, mail or take this form to your local social services office. If a birth record cannot be found, you will need to provide another proof of citizenship. See page 3 for list of acceptable documents.

Ask your county about getting proof of citizenship if you were not born in California. Contact the county to see if they have found a birth record match for you before you pay for a birth certificate.

What if I cannot provide proof of citizenship or identity?

You should still apply now and provide proof later.

Full scope Medi-Cal cannot begin until you provide proof of citizenship and identity. If you cannot provide your proof within a reasonable amount of time, but you meet all other eligibility requirements, you can only get *limited* benefits. Limited benefits cover emergency, pregnancy-related, and long-term care services.

If you provide proof within one year of your application date, your Medi-Cal benefits will be changed to full-scope starting from the date of your application.

If you incurred health costs while getting your citizenship and identity documents, Medi-Cal may pay for your bills. Call the Beneficiary Services at the Department of Health Care Services for answers to your questions: (916) 403-2007.

Do children have to provide proof of citizenship and identity, too?

Yes. If your child was born in California, ask your county to request the birth record as proof of citizenship.

If your child is under 16 and you have filled out and signed the Medi-Cal application or the Healthy Families/Medi-Cal joint application with your child's date and place of birth, you do not need to provide proof of identity. (This signed application is proof of your child's identity.) You will still have to provide proof of citizenship.

If your child is 16 or over, you will still need to provide proof of identity for your child. See page 3.

If your child applies through CHDP Gateway, a School Lunch Program, or the Healthy Families/Medi-Cal joint application, you do not have to provide proof until your county social services office asks you for it.

What if I need Medi-Cal right away?

Many pregnant women and children can get Medi-Cal temporarily while the county reviews your application.

Do I have to provide proof of citizenship and identity every year?

No. You only have to provide this information once – either when you first apply or on your next annual eligibility review.

Does this law affect my Food Stamps, CalWORKs, or Healthy Families benefits?

No. The new citizenship and identity requirements apply to Medi-Cal only.

Do you need *original* citizenship and identity documents?

Yes. We need the *original* citizenship and identity documents, or copies that have been certified by the issuing agency.

Can I mail my proof?

Yes. The county will make copies and mail them back to you. Or, you can *take* your documents to your local social services office. Ask them to make copies and give them back right away.

Acceptable Citizenship and Identity Documents

The easiest way for U.S. citizens or nationals to prove citizenship and identity is with **one** of these documents:

— U.S. Passport issued without limitation (expired ones are acceptable)
— Certificate of Naturalization (N-550 or N-570)
— Certificate of U.S. Citizenship (N-560 or N-561)

– OR –

If you do not have one of the documents above, provide...

One citizenship document listed below:

- U.S. Birth Certificate
- Certification of Report of Birth *(DS-1350)*
- Report of Birth Abroad of a U.S. Citizen *(FS-240)*
- State Department Certification of Birth *(FS-545 or DS-1350)*
- U.S. Citizen Identification Card *(I-197 or I-179)*
- American Indian Card *(I-872)*
- Northern Marianas Card *(I-873)*
- Final adoption decree showing a U.S. place of birth
- Proof of adoption of a child born outside U.S. and in the legal/physical custody of the U.S. citizen parent (IR-3 or IR-4)
- Proof of U.S. civil service employment before June 1, 1976
- U.S. military service record showing a U.S. place of birth
- U.S. hospital record made at the time of birth * †
- Life, health, or other insurance record * †
- Religious record recorded in the U.S. within 3 months of birth showing U.S. place of birth and birth date or age
- Early school record showing a U.S. place of birth, date of admission, birth date, names and places of birth of parents
- Federal or State census record that shows the applicant's age and U.S. citizenship or place of birth
- Seneca Indian tribal census record * †
- Bureau of Indian Affairs Navajo Indians tribal census record * †
- U.S. State Vital Statistics birth registration notification * †
- A delayed U.S. public birth record that was recorded more than 5 years after the person's birth * †
- Statement signed by doctor or midwife present at the birth * †
- Roll of Alaska Natives from the Bureau of Indian Affairs * †
- Admission papers from a nursing or skilled care facility, or other institution that shows a U.S. place of birth *
- Medical record (not an immunization record) * †

** Must be dated at least 5 years before your 1st Medi-Cal application and show a U.S. place of birth.*
† For children under 16, must be created near the time of birth.

You **must** provide a document as high up on the list as you can.

*If you **cannot** provide any of these citizenship documents...*
Ask two adults to fill out and sign an *Affidavit of Citizenship*. Both adults must have proof of their own identity and U.S. citizenship, and only one of them may be related to you.

– AND –

One identity document listed below:

- Driver's license issued by a U.S. State or Territory with a photograph or other identifying information
- School Identification card with a photograph
- U.S. Military I.D. card or draft record
- Federal, state or local government I.D. card with same identifying information as a driver's license
- U.S. Military dependent identification card
- A U.S. passport (issued with limitation)
- Certificate of Degree of Indian Blood or other U.S. American Indian/Alaska Native Tribal document
- U.S. Coast Guard Merchant Mariner Card
- Three or more confirming documents, such as employee ID cards, high school or college diplomas, marriage licenses, divorce decrees, and property deeds/titles
- Clinic, doctor, or hospital records for a child under 16
- School, nursery school, or daycare records, including report cards, for a child under 16. The county will verify with the school.
- For people with disabilities who live in a residential care facility, an Affidavit signed by the facility's director or administrator

For a **child under 16** who did not provide an *Affidavit of Citizenship,* you may submit:

- An Affidavit of the child's identity signed by the child's parent, guardian, or caretaker relative with date and place of birth
- A Medi-Cal application or the Healthy Families/Medi-Cal joint application that shows the child's date and place of birth, and is signed by the child's parent, guardian, or caretaker relative.

For a **child under 18**, an Affidavit of the child's identity signed by the child's parent, guardian, or caretaker relative may be used if school ID cards or driver licenses are not available.

Note: Expired identity documents are acceptable proof of identity.

Proof of Citizenship and Identity

New Requirements for Medi-Cal Beneficiaries Who Are U.S. Citizens or Nationals

A new law says *most* Medi-Cal beneficiaries who are U.S. citizens or nationals must show proof of citizenship *and* proof of identity. Read below to see if this law applies to you.

If you are not a U.S. citizen, this law does not apply to you.

The new law does *not* apply to U.S. citizens or nationals in any of these categories:

- Anyone with:
  - Supplemental Security Income (SSI)
  - Medicare
  - Social Security Disability Insurance (SSDI)
  - Social Security Retirement and Survivors Insurance (RSI – Title II) based on their own disability
- Anyone under 21 asking for Minor Consent Services
- Babies born to women on Medi-Cal
- Children in Foster Care, Adoption Assistance, or Kin-GAP
- Babies in the Abandoned Baby Program
- CalWORKs Beneficiaries

What if I am not one of the above people?

If you are a U.S. citizen or national, you must provide proof of citizenship and identity to continue to be eligible for Medi-Cal. *(See page 3 for a list of acceptable proof of citizenship and identity.)*

U.S. nationals include people born in American Samoa (including Swains Island) and certain people from the Commonwealth of the Northern Mariana Islands.

What if I am NOT a U.S. citizen?

If you are not a U.S. citizen or national, you will need to provide the same documents that were required before. Nothing has changed.

How long will my coverage continue?

Your Medi-Cal benefits will continue if you meet all other eligibility requirements and make a reasonable effort to provide the proof of citizenship and identity. You must tell your eligibility worker you are trying to get the proof.

How can I get proof of citizenship?

If you were born in California, the county may be able to get your birth record. (A birth record is proof of citizenship.)

Fill out a *Request for California Birth Record* to ask the county to request your birth record. Then mail or take this form to your local social services office. If a birth record cannot be found, you will need to provide another proof of citizenship. See page 3 for list of acceptable documents.

Ask the county about getting proof of citizenship if you were not born in California. Contact the county to see if they have found a birth record match for you before you pay for a birth certificate.

What if I cannot provide proof of citizenship and identity?

You will have a reasonable amount of time to provide your proof.

If you cannot provide your proof but you continue to meet all other eligibility requirements, you will be changed to *limited* benefits. Limited benefits cover emergency, pregnancy-related, and long-term care services.

If you provide proof within one year of the redetermination month, your Medi-Cal benefits will be changed to full-scope starting from the month that your limited benefits began.

If you incurred health costs while getting your citizenship and identity documents, Medi-Cal may pay for your bills. Call the Beneficiary Services at the Department of Health Care Services for answers to your questions: (916) 403-2007.

Do children have to provide proof of citizenship and identity, too?

Yes. If your child was born in California, ask your county to request the birth record as proof of citizenship. You will still need to provide proof of identity. See page 3.

If your child is under 16 and you have filled out and signed the Medi-Cal application or the Healthy Families/Medi-Cal joint application with your child's date and place of birth, you do not need to provide proof of identity. (This signed application is proof of your child's identity.) You will still have to provide proof of citizenship.

If your child is 16 or over, you will need to provide proof of identity for your child. See page 3.

Do I have to provide proof of citizenship and identity each time I renew?

No. You only have to provide this information once – either when you first apply or on your next annual eligibility review.

Does this law affect my Food Stamps, CalWORKs, or Healthy Families benefits?

No. The new citizenship and identity requirements apply to Medi-Cal only.

Do you need *original* citizenship and identity documents?

Yes. We need the *original* citizenship and identity documents, or copies that have been certified by the issuing agency.

Can I mail my proof?

Yes. The county will make copies and mail them back to you. Or, you can *take* your documents to your local social services office. Ask them to make copies and give them back right away.

Acceptable Citizenship and Identity Documents

The easiest way for U.S. citizens or nationals to prove citizenship and identity is with **one** of these documents:

— U.S. Passport issued without limitation (expired ones are acceptable)

— Certificate of Naturalization (N-550 or N-570)

— Certificate of U.S. Citizenship (N-560 or N-561)

– OR –

If you do not have one of the documents above, provide...

One citizenship document listed below:

- U.S. Birth Certificate
- Certification of Report of Birth *(DS-1350)*
- Report of Birth Abroad of a U.S. Citizen *(FS-240)*
- State Department Certification of Birth *(FS-545 or DS-1350)*
- U.S. Citizen Identification Card *(I-197 or I-179)*
- American Indian Card *(I-872)*
- Northern Marianas Card *(I-873)*
- Final adoption decree showing a U.S. place of birth
- Proof of adoption of a child born outside U.S. and in the legal/physical custody of the U.S. citizen parent (IR-3 or IR-4)
- Proof of U.S. civil service employment before June 1, 1976
- U.S. military service record showing a U.S. place of birth
- U.S. hospital record made at the time of birth * †
- Life, health, or other insurance record * †
- Religious record recorded in the U.S. within 3 months of birth showing U.S. place of birth and birth date or age
- Early school record showing a U.S. place of birth, date of admission, birth date, names and places of birth of parents
- Federal or State census record that shows the applicant's age and U.S. citizenship or place of birth
- Seneca Indian tribal census record * †
- Bureau of Indian Affairs Navajo Indians tribal census record * †
- U.S. State Vital Statistics birth registration notification * †
- A delayed U.S. public birth record that was recorded more than 5 years after the person's birth * †
- Statement signed by doctor or midwife present at the birth * †
- Roll of Alaska Natives from the Bureau of Indian Affairs * †
- Admission papers from a nursing or skilled care facility, or other institution that shows a U.S. place of birth *
- Medical record (not an immunization record) * †

** Must be dated at least 5 years before your 1st Medi-Cal application and show a U.S. place of birth.*
† For children under 16, must be created near the time of birth.

You **must** provide a document as high up on the list as you can.

*If you **cannot** provide any of these citizenship documents...*

Ask two adults to fill out and sign an *Affidavit of Citizenship*. Both adults must have proof of their own identity and U.S. citizenship, and only one of them may be related to you.

– AND –

One identity document listed below:

- Driver's license issued by a U.S. State or Territory with a photograph or other identifying information
- School Identification card with a photograph
- U.S. Military I.D. card or draft record
- Federal, state or local government I.D. card with same identifying information as a driver's license
- U.S. Military dependent identification card
- A U.S. passport (issued with limitation)
- Certificate of Degree of Indian Blood or other U.S. American Indian/Alaska Native Tribal document
- U.S. Coast Guard Merchant Mariner Card
- Three or more confirming documents, such as employee ID cards, high school or college diplomas, marriage licenses, divorce decrees, and property deeds/titles
- Clinic, doctor, or hospital records for a child under 16
- School, nursery school, or daycare records, including report cards, for a child under 16. The county will verify with the school.
- For people with disabilities who live in a residential care facility, an Affidavit signed by the facility's director or administrator

For a **child under 16** who did not provide an *Affidavit of Citizenship*, you may submit:

- An Affidavit of the child's identity signed by the child's parent, guardian, or caretaker relative with date and place of birth
- A Medi-Cal application or the Healthy Families/Medi-Cal joint application that shows the child's date and place of birth, and is signed by the child's parent, guardian, or caretaker relative.

For a **child under 18**, an Affidavit of the child's identity signed by the child's parent, guardian, or caretaker relative may be used if school ID cards or driver licenses are not available.

Note: Expired identity documents are acceptable proof of identity.

Affidavit of Reasonable Effort to Get Proof of Citizenship

Fill out below *(print)*

I am trying to get proof of citizenship for *(name):*

_____

First *Middle* *Last*

I have tried to get proof of citizenship from the people or agencies listed below.
(Also list dates of contact and how long it will take to get the proof of citizenship.)

Name of person or agency contacted	Document requested	Date contacted	Date they will respond

Explain below any other information about your efforts to get proof of citizenship:

_____

_____

_____

_____
Your name *(print)*

▶ _____
Your signature

_____
Date

If you need help with this form, please call your local social services office.

County fills out this box

Case No: _____ Case Name: _____

If this Affidavit is taken on the phone, fill out below:

_____
County worker's name and signature

_____
Date

State of California – Health and Human Services Agency

Department of Health Care Services

Request for California Birth Record

Medi-Cal can ask for a birth record for people born in California — *for free!*

Here's how:

- Fill out this form. Type or print neatly. You may use the information from a copy of a birth certificate to complete this form.
- Take or mail your completed form to your local social services office.
- If you have difficulty filling out this form, call your local social services office.

We may not be able to get the birth record you are asking for. If this happens, you must provide other proof of citizenship.

If we get the birth record you are asking for, you must still provide proof of identity.

The county social services office needs the information requested to search for a California birth record to prove citizenship. You do not have to provide this information. But if you do not, the county may not be able to find the birth record.

Today's date:	*Month:*	*Day:*	*Year:*
Name of person filling out this form:	*First:*	*Middle:*	*Last:*
Whose birth record do you want? **Name on birth certificate:**	*First:*	*Middle:*	*Last:*
If this person was **adopted**, write adopted name:	*First:*	*Middle:*	*Last:*
Sex:	Male Female		
Date of birth:	*Month:*	*Day:*	*Year:*
City and County of birth:	*City:*	*California county:*	
Mother's maiden name:	*First:*	*Middle:*	*Last:*
Father's name:	*First:*	*Middle:*	*Last:*
Birth Certificate # *(if you know it):*			
Name of *next* person whose birth record you want:	*First:*	*Middle:*	*Last*
If this person was **adopted**, write adopted name:	*First:*	*Middle:*	*Last*
Sex:	Male Female		
Date of birth:	*Month:*	*Day:*	*Year:*
City and County of birth:	*City:*	*California county:*	
Mother's maiden name:	*First:*	*Middle:*	*Last:*
Father's name:	*First:*	*Middle:*	*Last:*
Birth Certificate # *(if you know it):*			

County fills out this box

Case No:

Case Name:

If you need more than two birth records, fill out another form.

Receipt of Citizenship or Identity Documents

Instructions to County/DSH/FQHC Staff: When you receive citizenship and/or identity document(s) for an applicant or beneficiary, you must fill out this form.

Citizenship/Identity document for Applicant or Beneficiary:

_____ Date of birth: _____
First Middle Last

Address: _____
Street City State Zip Code

Name of parent if Applicant or Beneficiary is a child: _____
First Middle Last

Applicant or Beneficiary BIC/CIN: _____

Name of the citizenship/identity document you saw: ▶ _____	Name of the citizenship/identity document you saw: ▶ _____
The document you saw was *(check one)*: ❑ An original (not a photocopy or a notarized copy) ❑ A copy that was certified by the issuing agency This document was received *(check one)*: ❑ By mail ❑ In person *(from the applicant or beneficiary)* *Name:* _____ ❑ In person *(from a guardian, authorized representative, or caretaker relative)* *(Name and relationship to applicant or beneficiary)* _____	The document you saw was *(check one)*: ❑ An original (not a photocopy or a notarized copy) ❑ A copy that was certified by the issuing agency This document was received *(check one)*: ❑ By mail ❑ In person *(from the applicant or beneficiary)* *Name:* _____ ❑ In person *(from a guardian, authorized representative, or caretaker relative)* *(Name and relationship to applicant or beneficiary)* _____

Make a photocopy of the citizenship and/or identity document received from the applicant or beneficiary, return the original document(s) to the bearer and provide a copy of the signed receipt to the bearer. Once the document is received by the eligibility worker, the county social services office will notify the applicant or beneficiary of this receipt if the document(s) provided are acceptable. DSH/FQHC staff must send this receipt and copies of the document(s) to the appropriate county social services office.

County/DSH/FQHC Staff reads and signs 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 County/DSH/FQHC Staff

Name of County/DSH/FQHC Staff *(print)*: _____
First Middle Last

Information: _____
Name of agency County Telephone number E-mail

County fills out this box

Case No: _____ Case Name: _____

Proof of Citizenship or Identity Needed

For Medi-Cal Applicants and Beneficiaries Who Are U.S. Citizens or Nationals

A new law says *most* Medi-Cal applicants and beneficiaries who are U.S. citizens or nationals must provide proof of citizenship *and* proof of identity. Please provide the information checked below by _____.

Name of Applicant or Beneficiary *(First – Middle – Last)*: _____

- ☐ This person is exempt or has met the requirements. We do not need any other proof.
- ☐ Please provide proof of *identity* for this person.
- ☐ Please provide proof of *citizenship* for this person.
- ☐ Please provide proof of *citizenship* **and** proof of *identity* for this person.
- ☐ We were not able to find this person's birth record. If this person was born in California, please fill out the enclosed *Request for California Birth Record* form and return it.

Name of Applicant or Beneficiary *(First – Middle – Last)*: _____

- ☐ This person is exempt or has met the requirements. We do not need any other proof.
- ☐ Please provide proof of *identity* for this person.
- ☐ Please provide proof of *citizenship* for this person.
- ☐ Please provide proof of *citizenship* **and** proof of *identity* for this person.
- ☐ We were not able to find this person's birth record. If this person was born in California, please fill out the enclosed *Request for California Birth Record* form and return it.

Name of Applicant or Beneficiary *(First – Middle – Last)*: _____

- ☐ This person is exempt or has met the requirements. We do not need any other proof.
- ☐ Please provide proof of *identity* for this person.
- ☐ Please provide proof of *citizenship* for this person.
- ☐ Please provide proof of *citizenship* **and** proof of *identity* for this person.
- ☐ We were not able to find this person's birth record. If this person was born in California, please fill out the enclosed *Request for California Birth Record* form and return it.

If you do not have the information asked for above, but are trying to get it, please let us know. Contact your local social services office, or fill out the enclosed *Affidavit of Reasonable Effort to Get Proof of Citizenship* form and return it.

County fills out this box

Case No: _____ Case Name: _____

Acceptable Citizenship and Identity Documents

A new law says *most* Medi-Cal applicants and beneficiaries who are U.S. citizens or nationals must show proof of citizenship *and* proof of identity. We can only accept documents that are listed below. If you do not have the *original* document, you must get a **certified** copy from the issuing agency. Photocopies cannot be accepted.

The easiest way for U.S. citizens or nationals to prove citizenship and identity is with **one** of these documents:

— U.S. Passport issued without limitation (expired ones are acceptable)
— Certificate of Naturalization (N-550 or N-570)
— Certificate of U.S. Citizenship (N-560 or N-561)

– OR –

If you do not have one of the documents above, provide…

One citizenship document listed below:

- U.S. Birth Certificate
- Certification of Report of Birth *(DS-1350)*
- Report of Birth Abroad of a U.S. Citizen *(FS-240)*
- State Department Certification of Birth *(FS-545 or DS-1350)*
- U.S. Citizen Identification Card *(I-197 or I-179)*
- American Indian Card *(I-872)*
- Northern Marianas Card *(I-873)*
- Final adoption decree showing a U.S. place of birth
- Proof of adoption of a child born outside U.S. and in the legal/physical custody of the U.S. citizen parent (IR-3 or IR-4)
- Proof of U.S. civil service employment before June 1, 1976
- U.S. military service record showing a U.S. place of birth
- U.S. hospital record made at the time of birth * †
- Life, health, or other insurance record * †
- Religious record recorded in the U.S. within 3 months of birth showing U.S. place of birth and birth date or age
- Early school record showing a U.S. place of birth, date of admission, birth date, names and places of birth of parents
- Federal or State census record that shows the applicant's age and U.S. citizenship or place of birth
- Seneca Indian tribal census record * †
- Bureau of Indian Affairs Navajo Indians tribal census record * †
- U.S. State Vital Statistics birth registration notification * †
- A delayed U.S. public birth record that was recorded more than 5 years after the person's birth * †
- Statement signed by doctor or midwife present at the birth * †
- Roll of Alaska Natives from the Bureau of Indian Affairs * †
- Admission papers from a nursing or skilled care facility, or other institution that shows a U.S. place of birth *
- Medical record (not an immunization record) * †

** Must be dated at least 5 years before your 1st Medi-Cal application and show a U.S. place of birth.*
† For children under 16, must be created near the time of birth.

You **must** provide a document as high up on the list as you can.

*If you **cannot** provide any of these citizenship documents…*
Ask two adults to fill out and sign an *Affidavit of Citizenship.* Both adults must have proof of their own identity and U.S. citizenship, and only one of them may be related to you.

– AND –

One identity document listed below:

- Driver's license issued by a U.S. State or Territory with a photograph or other identifying information
- School Identification card with a photograph
- U.S. Military I.D. card or draft record
- Federal, state or local government I.D. card with same identifying information as a driver's license
- U.S. Military dependent identification card
- A U.S. passport (issued with limitation)
- Certificate of Degree of Indian Blood or other U.S. American Indian/Alaska Native Tribal document
- U.S. Coast Guard Merchant Mariner Card

- Three or more confirming documents, such as employee ID cards, high school or college diplomas, marriage licenses, divorce decrees, and property deeds/titles
- Clinic, doctor, or hospital records for a child under 16
- School, nursery school, or daycare records, including report cards, for a child under 16. The county will verify with the school.
- For people with disabilities who live in a residential care facility, an Affidavit signed by the facility's director or administrator

For a **child under 16** who did not provide an *Affidavit of Citizenship,* you may submit:

- An Affidavit of the child's identity signed by the child's parent, guardian, or caretaker relative with date and place of birth
- A Medi-Cal application or the Healthy Families/Medi-Cal joint application that shows the child's date and place of birth, and is signed by the child's parent, guardian, or caretaker relative.

For a **child under 18**, an Affidavit of the child's identity signed by the child's parent, guardian, or caretaker relative may be used if school ID cards or driver licenses are not available.

Note: Expired identity documents are acceptable proof of identity.

Proof of Citizenship and Identity Requirements

For Children who are U.S. Citizens or Nationals Filling out the Healthy Families/Medi-Cal Joint Application

If your child is not a U.S. citizen, this law does not apply to the child.

Your county Medi-Cal office is reviewing your child's application. During this time, your child is covered by Medi-Cal. To continue receiving full-scope Medi-Cal, your county office will need to obtain proof of citizenship *and* proof of identity for your child. Read below to learn more.

Do *all* children have to show proof of citizenship and identity?

No. These children do ***not*** have to provide proof:

- A child with:
  - Supplemental Security Income (SSI)
  - Medicare
  - Social Security Disability Insurance (SSDI)
  - Social Security Retirement and Survivors Insurance (RSI – Title II) based on their own disability
- A child under 21 asking for Minor Consent Services
- Babies born to women on Medi-Cal
- Children in Foster Care, Adoption Assistance, or Kin-GAP
- Babies in the Abandoned Baby Program
- CalWORKs Beneficiaries

What if my child is not a U.S. citizen?

If your child is not a U.S. citizen or national, you only need to provide the same documents that were required before. Nothing has changed.

U.S. nationals include people born in American Samoa (including Swains Island) and certain people from the Commonwealth of the Northern Mariana Islands.

What if I do not have proof of my child's citizenship?

If your child was born in California, your county office may be able to get a birth record. (A birth record is proof of citizenship.)

Fill out a *Request for California Birth Record* form. Then, mail or take this form to your local social services office. If a birth record cannot be found, you will need to provide another proof of citizenship. See page 2 for list of acceptable documents.

Ask your county about getting proof of citizenship if your child was not born in California. Contact the county to see if they have found a birth record match for your child before you pay for a birth certificate.

If the county gets my child's birth record, do I still need to provide proof of *identity?*

If your child is under 16 and you have filled out and signed the Healthy Families/Medi-Cal joint application with your child's date and place of birth, you do not need to provide proof of identity. (The signed application is proof of your child's identity.)

What if my child is 16 or older?

Children who are 16 or older must provide proof of citizenship and proof of identity. See page 2.

Do you need the *original* citizenship or identity documents?

Yes. The county office needs the *original* citizenship and identity documents, or copies that have been certified by the issuing agency.

Can I mail my proof of citizenship or identity?

Yes. The county will make copies and mail the originals back to you. Or, you can *take* your documents to your local social services office. Ask them to make copies and give them back right away.

Do I have to provide proof of citizenship or identity more than once?

No. You only have to provide proof of citizenship and identity once.

What If I paid for medical or dental care for my child while getting proof of citizenship and identity?

If you incurred health costs while getting your child's citizenship and identity documents, Medi-Cal may pay for bills. Call Beneficiary Services at the Department of Health Care Services for answers to your questions: **(916) 403-2007**

Acceptable Citizenship and Identity Documents

The easiest way for U.S. citizens or nationals to prove citizenship and identity is with **one** of these documents:

— U.S. Passport issued without limitation (expired ones are acceptable)
— Certificate of Naturalization (N-550 or N-570)
— Certificate of U.S. Citizenship (N-560 or N-561)

– OR –

If you do not have one of the documents above, provide...

One citizenship document listed below:

- U.S. Birth Certificate
- Certification of Report of Birth *(DS-1350)*
- Report of Birth Abroad of a U.S. Citizen *(FS-240)*
- State Department Certification of Birth *(FS-545 or DS-1350)*
- U.S. Citizen Identification Card *(I-197 or I-179)*
- American Indian Card *(I-872)*
- Northern Marianas Card *(I-873)*
- Final adoption decree showing a U.S. place of birth
- Proof of adoption of a child born outside U.S. and in the legal/physical custody of the U.S. citizen parent (IR-3 or IR-4)
- Proof of U.S. civil service employment before June 1, 1976
- U.S. military service record showing a U.S. place of birth
- U.S. hospital record made at the time of birth *†
- Life, health, or other insurance record *†
- Religious record recorded in the U.S. within 3 months of birth showing U.S. place of birth and birth date or age
- Early school record showing a U.S. place of birth, date of admission, birth date, names and places of birth of parents
- Federal or State census record that shows the applicant's age and U.S. citizenship or place of birth
- Seneca Indian tribal census record *†
- Bureau of Indian Affairs Navajo Indians tribal census record *†
- U.S. State Vital Statistics birth registration notification *†
- A delayed U.S. public birth record that was recorded more than 5 years after the person's birth *†
- Statement signed by doctor or midwife present at the birth *†
- Roll of Alaska Natives from the Bureau of Indian Affairs *†
- Admission papers from a nursing or skilled care facility, or other institution that shows a U.S. place of birth *
- Medical record (not an immunization record) *†

** Must be dated at least 5 years before your 1st Medi-Cal application and show a U.S. place of birth.*
† For children under 16, must be created near the time of birth.

You **must** provide a document as high up on the list as you can.

*If you **cannot** provide any of these citizenship documents...*
Ask two adults to fill out and sign an *Affidavit of Citizenship*. Both adults must have proof of their own identity and U.S. citizenship, and only one of them may be related to you.

– AND –

One identity document listed below:

- Driver's license issued by a U.S. State or Territory with a photograph or other identifying information
- School Identification card with a photograph
- U.S. Military I.D. card or draft record
- Federal, state or local government I.D. card with same identifying information as a driver's license
- U.S. Military dependent identification card
- A U.S. passport (issued with limitation)
- Certificate of Degree of Indian Blood or other U.S. American Indian/Alaska Native Tribal document
- U.S. Coast Guard Merchant Mariner Card
- Three or more confirming documents, such as employee ID cards, high school or college diplomas, marriage licenses, divorce decrees, and property deeds/titles
- Clinic, doctor, or hospital records for a child under 16
- School, nursery school, or daycare records, including report cards, for a child under 16. The county will verify with the school.
- For people with disabilities who live in a residential care facility, an Affidavit signed by the facility's director or administrator

For a **child under 16** who did not provide an *Affidavit of Citizenship,* you may submit:

- An Affidavit of the child's identity signed by the child's parent, guardian, or caretaker relative with date and place of birth
- A Medi-Cal application or the Healthy Families/Medi-Cal joint application that shows the child's date and place of birth, and is signed by the child's parent, guardian, or caretaker relative.

For a **child under 18**, an Affidavit of the child's identity signed by the child's parent, guardian, or caretaker relative may be used if school ID cards or driver licenses are not available.

Note: Expired identity documents are acceptable proof of identity.

Affidavit of Identity for U.S. Citizen or National Children Under 18

To the parent, guardian, or caretaker relative (a relative taking care of a child):

You may use this form if:

- You do **not** have any proof of identity for a child who is under **16**, or
- You do **not** have a school ID card or driver license for a child who is under **18**.

Fill out and sign below. Print neatly and submit to your county social services office.

Important! You cannot fill out this form if you have already filled out an Affidavit of Citizenship for the child/ren listed below.

Parent's Information

Name of parent: _____
(or guardian or caretaker relative) *first* *middle* *last*

Other names used: _____
first *middle* *last*

If you are a relative taking care of the child, what is your relationship to the child? *(check one):*

☐ grandparent ☐ uncle/aunt ☐ brother/sister ☐ other *(explain):* _____

Child's Information

Name of child under 18: _____
first *middle* *last*

Child's date and place of birth: _____
month / day / year *city* *state (or foreign country)*

Other Child's Information *(if applicable)*

Name of other child under 18: _____
first *middle* *last*

Other child's date and place of birth: _____
month / day / year *city* *state (or foreign country)*

Other Child's Information *(if applicable)*

Name of other child under 18: _____
first *middle* *last*

Other child's date and place of birth: _____
month / day / year *city* *state (or foreign country)*

If you have more than three children, fill out and submit another form.

Read and sign below:

I declare under penalty of perjury under California state law that the foregoing is true and correct.

Date: _____

▶ _____
Signature of parent, guardian, or caretaker relative

Affidavit of Identity for U.S. Citizen or National For Disabled Individuals Living in Institutional Care Facilities

To the institutional/residential facility director or administrator:

- Fill out and sign below.
- Print neatly and submit to the county social services office.

Important! All other means of verifying identity must be pursued before submitting this affidavit to the county.

Identity of Disabled Individual

Name of individual _____

First *Middle* *Last*

Institutional/residential care director or administrator reads and signs below.

On behalf of the above individual, under penalty of perjury under California state law, I declare the identity of the person named above.

▶ _____ Date: _____

Signature of institutional/residential facility director or administrator

_____

Name of institutional/residential facility director or administrator (print)

_____

Name of institutional/residential facility

Address _____

City State Zip

_____ _____

Telephone e-mail

If you have questions, please contact the county social services office at:

County fills out this box

Case No: _____ Case Name: _____

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:_____

Name of the **citizenship** document you saw: ▶	Name of the **identity** document you saw: ▶
☐ **Approved.** The citizenship document you submitted is acceptable proof of citizenship. You will not have to provide proof again for the above person.	☐ **Approved.** The identity document you submitted is acceptable proof of identity. You will not have to provide the proof again for the above person.
☐ **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. • All documents must be originals or copies certified by the issuing agency. Photocopies are not acceptable.	☐ **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. • All documents must be originals or copies certified by the issuing agency. Photocopies are not acceptable.

☐ 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.

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: _____

Citizenship/Identity document transmittal

☐ **Beneficiary has open case.**

Worker #_____

Mailstop_____

☐ **Beneficiary does not have an open case.**

FRC_____

Mailstop_____

ATTN: CITIZENSHIP/IDENTITY CLERICAL LIAISON

14-86 HHSA (4/08) (4/10)

Citizenship/Identity document transmittal

☐ **Beneficiary has open case.**

Worker #_____

Mailstop_____

☐ **Beneficiary does not have an open case.**

FRC_____

Mailstop_____

ATTN: CITIZENSHIP/IDENTITY LIAISON

14-86 HHSA (4/08) (4/10)

INQE SCREEN INFORMATION

```
     INQE        ** OTHER CLIENT ELIGIBILITY INFORMATION **     BOD - mm/dd/yy
                                                                   hh:mm:ss
LAST NAME (1)            , FIRST NAME                  MEDS-CUR-MMYY (2)
MEDS-ID (3)          SSN-VER (4)CIN (5)        (6)     BIRTHDATE (7)        DOB-VER (8)

DEATH-DATE (9)                DEATH-CD (10)            DEATH-POSTED (11)
SSI-LAST-RECEIVED (12)        PICKLE-TICKLER  (13)     LAST-PICKLE-CHG (14)
EXP-DEL-DATE    (15)          CMS-INDICATORS (16)      ELIG-APPROVAL-DATE (17)


SSN-VER-BIRTHDATE (18)        LANG: SPOKEN (19) WRITTEN    ETHNIC  (20)
CITIZENSHIP-DOC: TYPE (21) NUMBER  (22)                SOURCE  (23)   DATE (24)
IDENTITY-DOC:    TYPE (25) NUMBER  (26)                SOURCE  (27)   DATE (28)
BIRTHPLACE  (29)        INS-ENTRY-DATE    (30)           COUTRY-OF-ORGIN    (31)
CITIZEN/ALIEN-IND (32) ALIEN-ELIG (33) ALIEN-SPONSOR-STAT (34)  ALIEN-NO (35)


PGM:  M       1              2              3              FS       CW
                  2007====> ========================== 2006================>
        08-07 PEND JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC
ORIG-AID
NEG-ACTN
MULTI-SOC
RES-COUNTY
HF-DAYS
ST/FED-IND

OPTION __ < F13=VALID OPTIONS> F3=SUMMARY; F7=BACK; F8=FORWARD; ENTER=RETURN
```

Data Element		
Seq. #	**Name**	**Description**
(1)	LAST NAME	Last name of client.
	FIRST NAME	First name of client.
(2)	MEDS-CUR-MMYY	MEDS current Renewal month.
(3)	MEDS-ID	Client's SSN or a MEDS assigned pseudo number SSN if the SSN is unknown.
(4)	SSN-VER	Code that identifies the status of the SSN validation process.
(5)	CIN	A unique 9-digit number assigned to all records known to MEDS and other Health Services programs.
(6)	CIN CHECK DIGIT	Mathematically derived number used internally within MEDS to verify that the CIN has been key-entered correctly.
(7)	BIRTHDATE	The date of birth for this recipient.
(8)	DOB-VER	Codes that identify the status of the birth date validation process. C – Client Reported S- Verified per Reporting system
(9)	DEATH-DATE	Identifies the date of death

Data Element		Description
Seq. #	Name	
(10)	DEATH-CD	Identifies the source of the death information. B-Medicare Buy-In System M- Medi-Cal Eligibility Branch P- County Pickle Status update R- Returned Card C-County Reported Death date O- Other State/County health program S- SSA SSI/SSP update T- County reported Death Term reason V- Vital Records System
(11)	DEATH-POSTED	Identifies when date of death was posted to MEDS.
(12)	SSI-LAST-RECEIVED	The month and year when the recipient last received SSI/SSP benefits.
(13)	PICKLE-TICKLER	Pickle Type and Status. Identifies classification for evaluating Pickle eligibility
(14)	LAST-PICKLE-CHG	Date on which the most recent change occurred to the Pickle Tickler information
(15)	EXP-DEL-DATE	Date that a pregnant woman is due to deliver unborn child.
(16)	CMS-INDICATORS	Identifies that: • Recipient has been/is participant in California Children Services (CCS) and/or Genetically Handicapped Persons Program (GHPP) programs, or • CMS notification
(17)	ELIG-APPROVAL-CHG	This data element identifies the date on which approval action was taken on a case by the welfare department.
(18)	SSN-VER-BIRTHDATE	• Date from Social Security files that identifies SSA reported date of birth. If different from item (2) will result in SSN not being validated.
(19)	LANG: SPOKEN	The primary language spoken by the recipient
	LANG: WRITTEN	The primary language written by the recipient.
(20)	ETHNIC	This code indicates the ethnic group the applicant represents
(21)	CITIZENSHIP-DOC TYPE	This data element either **(1)** requests verification of citizenship via an automated match to California birth records for a client born in California, **(2)** identifies the type of document used for verification of citizenship, **(3)** identifies why a client is currently exempt from citizenship verification requirements or **(4)** identifies why a client claiming U.S. citizenship has not provided a citizenship verification document. **Citizenship Document Codes (2)** **1A**- United States Passport - issued without limitation **1B** - Certificate of Naturalization (Form N-550 or N-570) **1C** - Certificate of Citizenship (Form N-560 or N-561) **2A** - U.S. Public Birth Record issued before age 5 showing birth in one of the 50 U.S. states, the District of Columbia, American Samoa, Swain's Island, Puerto Rico (DOB on or after 1/13/41), Virgin Islands of the U.S. (DOB on or after 1/17/17), Northern Mariana Islands (DOB after 11/4/86, NMI local time) or Guam (DOB on or after 4/10/1899)

Data Element		Description
Seq. #	Name	
(21) Cont	CITIZENSHIP-DOC TYPE	2B - U.S. Citizenship Based on Collective Naturalization for certain citizens or residents of Puerto Rico, U.S. Virgin Islands or Northern Mariana Islands (refer to the Citizenship ACWDL for specific documentation requirements for these individuals 2C - Certification of Report of Birth (DS-1350) 2D - Consular Report of Birth Abroad of a Citizen of the United States of America (FS-240) 2E- Certification of Birth Abroad (Form FS-545) 2F- U.S. Citizen I.D. Card (Form I-197 or I-179) 2G- Northern Mariana Identification Card (I-873) 2H - American Indian Card (I-872) issued by the Department of Homeland Security with the classification code "KIC" 2I -Final Adoption Decree showing the child's name and a U.S. place of birth 2J- Evidence of U.S. Government civil service employment before 6/1/76 2K - Official U.S. Military record of service (e.g., DD-214 or similar official document) showing a U.S. place of birth 3A- Extract of a hospital record on hospital letterhead established at the time of the person's birth showing a U.S. place of birth and created at least 5 years before the initial Medicaid application date. NOTE: For a child under age 5, since the record could not have been created at least 5 years before the initial Medicaid application date, it must have been created near the time of birth. 3B- Life or health or other insurance record showing a U.S. place of birth and created at least 5 years before the initial Medicaid application date 4A - Federal or State census record showing U.S. citizenship or a U.S. place of birth and the person's age (generally for persons born 1900 through 1950) 4B - Seneca Indian tribal census record showing a U.S. place of birth and created at least 5 years before the initial Medicaid application date 4C-Bureau of Indian Affairs tribal census record of the Navaho Indians showing a U.S. place of birth and created at least 5 years before the initial Medicaid application date 4D -U.S. State Vital Statistics official notification of birth registration showing a U.S. place of birth and created at least 5 years before the initial Medicaid application date 4E-An amended U.S. public birth record amended more than 5 years after the person's birth and created at least 5 years before the initial Medicaid application date 4F -Statement signed by the birth physician or midwife who was in attendance at the time of birth showing a U.S. place of birth and created at least 5 years before the initial Medicaid application date 4G-Institutional admission papers from a nursing facility, skilled care facility or other institution showing a U.S. place of birth and created at least 5 years before the initial Medicaid application date

Data Element		Description
Seq. #	Name	
(21) Cont	CITIZENSHIP-DOC TYPE	4H -Medical (clinic, doctor or hospital but not immunization) record showing a U.S. place of birth and created at least 5 years before the initial Medicaid application date. NOTE: For a child under age 5, since the record could not have been created at least 5 years before the initial Medicaid application date, it must have been created near the time of birth. 7W -Written Affidavits – requires affidavits signed under penalty of perjury by at least two individuals (other than the applicant or recipient) of whom at least one to the applicant or recipient and who have personal knowledge of the event's establishing the client's claim of citizenship and who are able to prove their own citizenship and identity; also requires a separate affidavit signed under penalty of perjury from the applicant/recipient or other knowledgeable individual explaining why documentary evidence of the claim of citizenship does not exist or cannot be readily obtained. **Citizenship Document Exemption Status Codes (3)** 8B Exempt from Verification – Confirmed Current SSI Eligible* 8F Exempt from Verification – Confirmed Medicare Entitlement* 8G Exempt from Verification – Confirmed receiving Title II Disability Benefits* 8J Exempt from Verification – Eligible under Foster Care or Adoption Assistance Program* 8K Exempt from Verification – Eligible under CalWORKs Cash Assistance Program * 8P Exempt from Verification – Eligible under Minor Consent Program* 8Q Exempt from Verification – Eligible under Deemed Infant Provision 8R Exempt from Verification – Abandoned Baby Program eligible born in the U.S.* 8S Exempt from Verification – Confirmed Former SSI Eligible (No Longer SSI Eligible)* **End of Reasonable Opportunity Period Codes (4)** 9A Unable to obtain Citizenship documentation - Abandoned baby or child 9B Unable to obtain Citizenship documentation - Amnesia 9C Unable to obtain Citizenship documentation - Comatose client 9D Unable to obtain Citizenship documentation - Client otherwise incapacitated 9J Unable to obtain Citizenship documentation - County ended reasonable opportunity period due to client not making a good faith effort 9P Unable to obtain Citizenship documentation – Client says they cannot afford the cost to obtain an original document or written affidavit 9Q Unable to obtain Citizenship documentation – Client says they cannot locate an acceptable document and cannot get a written affidavit 9R Unable to obtain Citizenship documentation - Client requested end of reasonable opportunity period and did not provide any explanation or acceptable documentation

Data Element		Description
Seq. #	Name	
(22)	CITIZENSHIP-DOC NUMBER	Identifies the unique client specific number from the document that was used as evidence of citizenship
(23)	CITIZENSHIP-DOC SOURCE	Identifies the source of the citizenship/identity documentation information on MEDS. **1-58** Citizenship documentation reported by a county or exempt status set by MEDS based on eligibility reported by the indicated county. **BE**- Citizenship documentation based on information from the federal BENDEX (Beneficiary Data Exchange) file **BI**- Citizenship documentation based on information from the Federal Buy-In file **BM**- Citizenship documentation based on an electronic match of client provided birth information to California birth records. **MB**- Citizenship documentation reported by Medi-Cal eligibility Branch.
(24)	CITIZENSHIP-DOC UPDATE DATE	Identifies the date that citizenship/identity documentation information was last updated on MEDS.
(25)	IDENTITY-DOC: TYPE	This data element either: **(1)** Identifies the type of document used for verification of identity **(2)** Identifies why a client is exempt from identity verification requirements or **(3)** Identifies why a client claiming U.S citizenship has not provided an identity verification document. **Identity Document Type (1)** **1A** - U.S. Passport – issued with no limitations **2E** – Other ID Card issued by Federal, State, or local Gov. **1B** - Certificate of Naturalization **2F** – U.S. Military dependent's ID card **1C** - Certificate of Citizenship **2G** – U.S. American Indian/Alaska Native tribal document **2A** - U.S. Passport – issued with limitations

Data Element		
Seq. #	**Name**	**Description**
(25) Cont	**IDENTITY-DOC: TYPE**	**2H** – U.S. Coast Guard Merchant Mariner card **2B** - Driver's License issued by a U.S. State/Territory **7A** –School Record **2C** - School ID Card **7W** –Written Affidavit of Identity **2D** – U.S. Military ID Card or Draft Record **7Z** – Medi-Cal application signed by parent **<u>Identity Document Exemption Status codes. (2)</u>** **8B** -Exempt from Verification – Confirmed Current SSI Eligible **8F** -Exempt from Verification – Confirmed Medicare Entitlement **8G**-Exempt from Verification – Confirmed receiving Title II Disability Benefits **8J** -Exempt from Verification – Eligible under Foster Care or Adoption Assistance Program **8K**-Exempt from Verification – Eligible under Cal Works Cash Assistance Program **8P** -Exempt from Verification – Eligible under Minor Consent Program **8Q**-Exempt from Verification – Eligible under Deemed Infant Provision **8R** -Exempt from Verification – Abandoned Baby Program eligible born in the U.S. **8S**-Exempt from Verification – Confirmed Former SSI Eligible (No Longer SSI Eligible) **<u>Identity has not been provided (3)</u>** **9A**- Unable to obtain Identity documentation - Abandoned baby or child **9B**- Unable to obtain Identity documentation - Amnesia **9C** -Unable to obtain Identity documentation - Comatose client **9D**- Unable to obtain Identity documentation - Client otherwise incapacitated **9J**- Unable to obtain Identity documentation - County ended reasonable opportunity period due to client not making a good faith effort **9P**- Unable to obtain Identity documentation – Client says they cannot afford the cost to obtain an original document or written affidavit **9Q**-Unable to obtain Identity documentation – Client says they cannot locate an acceptable document and cannot get a written affidavit **9R**- Unable to obtain Identity documentation - Client requested end of reasonable opportunity period and did not provide any explanation or acceptable documentation

Data Element		Description
Seq. #	Name	
(26)	IDENTITY-DOC NUMBER	Identifies the unique document number of the document that was used as evidence of identity. For driver's licenses and state identification cards, this field should include two character code for the state or territory, followed by DL for driver's license or ID for identification card, followed by the unique client specific number on the document (e.g.CADLR1234567).
(27)	IDENTITY-DOC: SOURCE	Identifies the source of the citizenship/identity documentation information on MEDS. **1-58**- Citizenship documentation reported by a county or exempt status set by MEDS based on eligibility reported by the indicated county. **BE**- Citizenship documentation based on information from the federal BENDEX (Beneficiary Data Exchange) file **BI**- Citizenship documentation based on information from the Federal Buy-In file **BM**- Citizenship documentation based on an electronic match of client provided birth information to California birth records. **MB**- Citizenship documentation reported by Medi-Cal eligibility Branch. **SX**- Citizenship documentation based on SSI/SSP eligible information from the SDX (state Data exchange) file.
(28)	IDENTITY-DOC: DATE	Identifies the date that citizenship/identity documentation information was last updated on MEDS.
(29)	BIRTH PLACE	This set of data elements identifies the client's birthplace – COUNTRY, and if appropriate, US-State and CA-COUNTY **SEE ATTACHED LIST FOR COUNTY**
(30)	INS-ENTRY-DATE	Identifies the reported date of entry into the United States or the month and year of residence in the United States.
(31)	COUNTRY-OF-ORGIN	Identifies the country (or special territory) the client emigrated from for clients not born in the United States or the birth country. **SEE ATTACHED LIST FOR COUNTRY CODES**
(32)	CITIZEN/ALIEN-IND	Identifies whether an individual is a refugee, in a special alien status category or is a U.S. Citizen **SEE ATTACHED LIST**
(33)	ALIEN-ELIG	The Alien Eligibility Code used by SSA and the counties to identify those aliens who maybe affected by the requirements in the Welfare Reform Act of August 1996
(34)	ALIEN-SPONSOR-STAT	Identifies the Status of an alien with regard to sponsor (s) and deeming requirements.
(35)	ALIEN-NO	Identifies the Alien Number issued to aliens by the Immigration and Naturalization Services (INS)

For item (29) List of Birthplace (Birthplace):

US State:

AL	Alabama	KY	Kentucky	ND	North Dakota
AK	Alaska	LA	Louisiana	OH	Ohio
AZ	Arizona	ME	Maine	OK	Oklahoma
AR	Arkansas	MD	Maryland	OR	Oregon
CA	California	MA	Massachusetts	PA	Pennsylvania
CO	Colorado	MI	Michigan	RI	Rhode Island
CT	Connecticut	MN	Minnesota	SC	South Carolina
DE	Delaware	MS	Mississippi	SD	South Dakota
DC	District of Columbia	MO	Missouri	TN	Tennessee
FL	Florida	MT	Montana	TX	Texas
GA	Georgia	NE	Nebraska	UT	Utah
HI	Hawaii	NV	Nevada	VT	Vermont
ID	Idaho	NH	New Hampshire	VA	Virginia
IL	Illinois	NJ	New Jersey	WA	Washington
IN	Indiana	NM	New Mexico	WV	West Virginia
IA	Iowa	NY	New York	WI	Wisconsin
KS	Kansas	NC	North Carolina	WY	Wyoming

CA-County

01	Alameda	21	Marin	41	San Mateo
02	Alpine	22	Mariposa	42	Santa Barbara
03	Amador	23	Mendocino	43	Santa Clara
04	Butte	24	Merced	44	Santa Cruz
05	Calaveras	25	Modoc	45	Shasta
06	Colusa	26	Mono	46	Sierra
07	Contra Costa	27	Monterey	47	Siskiyou
08	Del Norte	28	Napa	48	Solano
09	El Dorado	29	Nevada	49	Sonoma
10	Fresno	30	Orange	50	Stanislaus
11	Glenn	31	Placer	51	Sutter
12	Humboldt	32	Plumas	52	Tehama
13	Imperial	33	Riverside	53	Trinity
14	Inyo	34	Sacramento	54	Tulare
15	Kern	35	San Benito	55	Tuolumne
16	Kings	36	San Bernardino	56	Ventura
17	Lake	37	San Diego	57	Yolo
18	Lassen	38	San Francisco	58	Yuba
19	Los Angeles	39	San Joaquin		
20	Madera	40	San Luis Obispo		

(31) List Country of Origin (COUNTRY-OF-ORIGIN)

AA	Aruba	CH	China	GJ	Grenada
AC	Antigua and Barbuda	CI	Chile	GK	Guernsey
AE	United Arab Emirates	CJ	Cayman Islands	GL	Greenland
AF	Afghanistan	CK	Cocos (Keeling) Islands	GM	Germany
AG	Algeria	CM	Cameroon	GO	Glorioso Islands
AJ	Azerbaijan	CN	Comoros	GP	Guadeloupe
AL	Albania	CO	Columbia	GQ	Guam
AM	Armenia	CQ	Northern Mariana Islands	GR	Greece
AN	Andorra	CR	Coral Sea Islands	GT	Guatemala
AO	Angola	CS	Costa Rica	GV	Guinea
AQ	American Samoa	CT	Central African Republic	GY	Guyana
AR	Argentina	CU	Cuba	GZ	Gaza Strip
AS	Australia	CV	Cape Verde	HA	Haiti
AT	Ashmore & Cartier Islands	CW	Cook Islands	HK	Hong Kong
AU	Austria	CY	Cyprus	HM	Heard Island & McDonald Islands
AV	Anguilla	DA	Denmark	HO	Honduras
AY	Antarctica	DJ	Djibouti	HQ	Howland Island
BA	Bahrain	DO	Dominica	HR	Croatia
BB	Barbados	DQ	Jarvis Island	HU	Hungary
BC	Botswana	DR	Dominican Republic	IC	Iceland
BD	Bermuda	EC	Ecuador	ID	Indonesia
BE	Belgium	EG	Egypt	IM	Isle Of Man
BF	Bahamas, The	EI	Ireland	IN	India
BG	Bangladesh	EK	Equatorial Guinea	IO	British Indian Ocean Territory
BH	Belize	EN	Estonia	IP	Clipperton Island
BK	Bosnia and Herzegovina	ER	Eritrea	IR	Iran
BL	Bolivia	ES	El Salvador	IS	Israel
BM	Burma	ET	Ethiopia	IT	Italy
BN	Benin	EU	Europa Island	IV	Cote D'Ivoire (Ivory Coast)
BO	Belarus	EZ	Czech Republic	IZ	Iraq
BP	Solomon Islands	FG	French Guiana	JA	Japan
BQ	Navassa Island	FI	Finland	JE	Jersey
BR	Brazil	FJ	Fiji	JM	Jamaica
BS	Bassas da India	FK	Falkland Islands (Islas Malvinas)	JN	Jan Mayen
BT	Bhutan	FM	Federated States of Micronesia	JO	Jordan
BU	Bulgaria	FO	Faroe Islands	JQ	Johnston Atoll
BV	Bouvet Island	FP	French Polynesia	JU	Juan De Nova Island
BX	Brunei	FQ	Baker Island	KE	Kenya
BY	Burundi	FR	France	KG	Kyrgyzstan
CA	Canada	FS	French Southern & Antarctic Lands	KN	Korea, North
CB	Cambodia	GA	Gambia, The	KQ	Kingman Reef
CD	Chad	GB	Gabon	KR	Kiribati
CE	Sri Lanka	GG	Georgia	KS	Korea, South
CF	Congo, Republic of	GH	Ghana	KT	Christmas Island
CG	Congo, Democratic Republic of	GI	Gibraltar	KU	Kuwait

KZ	Kazakhstan	NS	Suriname	SZ	Switzerland
LA	Laos	NT	Netherlands Antilles	TD	Trinidad and Tobago
LE	Lebanon	NU	Nicaragua	TE	Tromelin Island
LG	Latvia	NZ	New Zealand	TH	Thailand
LH	Lithuania	PA	Paraguay	TI	Tajikistan
LI	Liberia	PC	Pitcairn Islands	TK	Turks and Caicos Islands
LO	Slovakia	PE	Peru	TL	Tokelau
LQ	Palmyra Atoll	PF	Paracel Islands	TN	Tonga
LS	Liechtenstein	PG	Spratly Islands	TO	Togo
LT	Lesotho	PK	Pakistan	TP	Sao Tome and Principe
LU	Luxembourg	PL	Poland	TS	Tunisia
LY	Libya	PM	Panama	TT	East Timor
MA	Madagascar	PO	Portugal	TU	Turkey
MB	Martinique	PP	Papua New Guinea	TV	Tuvalu
MC	Macau	PS	Palau	TW	Taiwan
MD	Moldova	PU	Guinea-Bissau	TX	Turkmenistan
MF	Mayotte	QA	Qatar	TZ	Tanzania
MG	Mongolia	RB	Serbia	UG	Uganda
MH	Montserrat	RE	Reunion	UK	United Kingdom
MI	Malawi	RM	Marshall Island	UP	Ukraine
MJ	Montenegro	RO	Romania	US	United States
MK	Macedonia	RP	Philippines	UV	Burkina Faso
ML	Mali	RQ	Puerto Rico	UY	Uruguay
MN	Monaco	RS	Russia	UZ	Uzbekistan
MO	Morocco	RW	Rwanda	VC	St Vincent and the Grenadines
MP	Mauritius	SA	Saudi Arabia	VE	Venezuela
MQ	Midway Islands	SB	St Pierre and Miquelon	VI	British Virgin Islands
MR	Mauritania	SC	St Kitts and Nevis	VM	Vietnam
MT	Malta	SE	Seychelles	VQ	Virgin Islands
MU	Oman	SF	South Africa	VT	Vatican City
MV	Maldives	SG	Senegal	WA	Namibia
MX	Mexico	SH	St Helena	WE	West Bank
MY	Malaysia	SI	Slovenia	WF	Wallis and Futuna
MZ	Mozambique	SL	Sierra Leone	WI	Western Sahara
NC	New Caledonia	SM	San Marino	WQ	Wake Island
NE	Niue	SN	Singapore	WS	Samoa
NF	Norfolk Island	SO	Somalia	WZ	Swaziland
NG	Niger	SP	Spain	YI	Yugoslavia
NH	Vanuatu	ST	St Lucia	YM	Yemen
NI	Nigeria	SU	Sudan	ZA	Zambia
NL	Netherlands	SV	Svalbard	ZI	Zimbabwe
NO	Norway	SW	Sweden	ZZ	Unknown
NP	Nepal	SX	South Georgia & South Sandwich Islands		
NR	Nauru	SY	Syria		

For (32) List of Citizen/Alien Indicator (CITIZEN/ALIEN-IND)

A	Proven US citizen	Q**	Alleged born in the US - - allegation corroborated by a US place of birth shown on the on-line Numident
B	Alleged US citizen	R	Other Refugee admitted under INA section 207 but not Amerasian or Indochinese refugee
C	Conditional Entrant admitted under INA Section 203(a)(7)	S	Other Aliens (not temporary visa holder)
D	Deportation Withheld admitted under INA Section 243(h) or 241(b)(3)	T	Undocumented PRUCOL Aliens (Full Scope)
E	Amerasian Refugee admitted under INA Section 207	U	Undocumented alien
F**	Refugee admitted under INA Section 207 or 203(a)(7)	V	Visitor/Student/VISA and other aliens with temporary documentation
G**	Parolee admitted under INA Section 212(d)(5)	W	Parolee admitted under INA section 212(d)(5) with a period of parole over one year
H**	Silva Vs Levi alien	X	Indochinese Refugee admitted under INA section 207
K	Lawful permanent resident (LPR)	Y	Parolee admitted under INA section 212(d)(5) with a period of less than one year
L	Asylee admitted under INA section 208, but not Kurdish or Iraqi Asylee	Z	Kurdish or Iraqi Asylee admitted under INA section 208
M**	Resident of the Northern Mariana Islands	5	Citizen child born to refugee parent(s)
N**	Identity and citizenship of the individual verified by the Numident interface (code was previously A or B)	8	Cuban/Haitian Entrant
P**	Pre-January 1, 1972 alien (presumed lawfully admitted for permanent residence)		

For (33) List of Alien Eligibility Code (ALIEN-ELIG)

1	Refugee admitted under section 207 of the Immigration and Naturalization Act (I&NA)
2	Deportation Withheld under section 243(h) or 241(b)(3) of the I&NA
3	Lawful Permanent Resident (LPR) with 40 work quarters
4	LPR alien on active duty in the military or an honorable discharged veteran
5	LPR spouse or un remarried surviving spouse of active duty military/veteran
6	LPR dependent child of active duty military/veteran
8	Amerasian admitted to the US as an LPR
9	Aliens who have been battered or subjected to extreme cruelty and meet the conditions necessary to be considered a Qualified Alien.

For (34) List of Alien Sponsor Status (ALIEN-SPONSOR-STAT)

A	No sponsor or the 3-year deeming period has ended.	M	Sponsor liable for support. Sponsor does not have other status on alien's SSN so deeming occurs only from the sponsor. A new affidavit of support is in effect.
B	Sponsor legally exempt from deeming (institution, church, etc)	N	Sponsor liable for support. Sponsor also has status as regular deemer on the alien's SSR;

			however, sponsor-to-alien deeming rules apply since a new affidavit of support is in effect.
C	Sponsor liable for support. Sponsor has no other status, so deeming from sponsor only.	O	Sponsor liable for support. SSR contains a regular deemer plus the sponsor (sponsor is not the regular deemer) and deeming occurs from both the sponsor and the regular deemer (spouse/parent). New affidavit of support is in effect.
D	Sponsor liable for support. Sponsor also has status as regular deemer, so regular deeming (spouse-to-spouse or parent-to-child) applies.	P	Same as M, with the addition that the sponsor has a spouse.
E	Sponsor liable for support. SSR has regular deemer plus the sponsor, so deeming occurs from both the regular deemer (parent/spouse) and the sponsor	Q	Same as N, with the addition that the sponsor has a spouse, and the sponsors are specifically identified as parents of the alien, and both parents (sponsor and sponsor's spouse) are liable for deeming.
F	Same as C, but with the addition that the sponsor has a spouse	R	Same as O, with the addition that the sponsor has a spouse. Therefore, deeming is considered from three potential sources: the sponsor, the sponsor's spouse, and the regular deemer on the SSR (alien's ineligible spouse or parent)
G	Same as D, except sponsors are specifically identified as parents of the alien, and both parents (sponsor and sponsor's spouse) are liable for deeming	S	Multiple legal sponsors exist. One or more may have other status as a regular deemer on the SSR, or, one or more of the sponsors may have a spouse whose income is also deemable. A new affidavit of support is in effect.
H	Same as E, except sponsor has a spouse, i.e. deeming has been considered from at least three potential sources: The sponsor, the sponsor's spouse, and the regular deemer on the SSR (alien's ineligible spouse or parent)	T	Sponsor no longer liable, e.g. sponsor is deceased
J	Multiple legal sponsors exist. One or more of the sponsors may have status as a regular deemer on the SSR, or one of more of the sponsors may also have a spouse whose income is deemable.	U	Unknown--systems-generated prior to the advent of sponsor-to-alien deeming. Cannot be input by Field Office.
L	Spouse is liable for support, however, recipient's liability onset date is later than his/her date of US entry, and therefore, exemption applies. No sponsor-to-alien deeming.	V	New affidavit of support is in effect and deeming terminated because alien has acquired 40 work credits.

MEDI-CAL
NOTICE OF ACTION
APPROVAL FOR LIMITED BENEFITS
(EMERGENCY, PREGNANCY-RELATED AND LONG TERM CARE SERVICES)

Notice date: _____
Case Number: _____
Worker name: _____
Worker number: _____
Worker telephone number: _____
Office hours: _____
Notice for: _____

You have been approved for LIMITED Medi-Cal benefits. You are eligible to these services at no cost because of the income you reported.

You applied for Medi-Cal on _____ and your eligibility for limited Medi-Cal benefits is effective _____.

You can only receive emergency, pregnancy-related, and long-term care services with these limited Medi-Cal benefits. If you are not sure if something is an emergency, pregnancy-related, or long term care service, contact your medical provider.

You are eligible for limited benefits instead of full-scope Medi-Cal because you told us you are a United States (U.S.) citizen or national and you did not provide us with acceptable proof of your citizenship/national status and/or identity. A new law says most persons applying to Medi-Cal must show proof of citizenship/national status and proof of identity.

If you provide acceptable proof within one year of your application date, and have good cause for not previously providing the proof, your Medi-Cal benefits will be changed to full-scope starting from the date of your application, and in some cases, up to 90 days before the date of your application.

If your Medi-Cal benefits are changed to full-scope in the future, and you paid for medical care that was not an emergency, pregnancy-related, or long-term care service while you had limited benefits, you may be able to request reimbursement. Call Beneficiary Services at the Department of Health Care Services for answers to your reimbursement questions: (916) 403-2007.

If you have never received a plastic Benefit Identification Card (BIC), you will soon receive one in the mail. If you already have a BIC, you should keep using that card. The BIC is good as long as you are eligible for Medi-Cal. If you previously received a BIC but no longer have that BIC, contact your worker for a replacement. You should bring this card to your medical provider whenever you need care. You should not throw away your plastic BIC.

This action is required by §14011.2 of the Welfare and Institutions Code and California Code of Regulations, Title 22, §50301. If you think this action is incorrect, you can request a hearing. The back of this page explains how to request a hearing.

MEDI-CAL
NOTICE OF ACTION
APPROVAL FOR LIMITED BENEFITS
(EMERGENCY, PREGNANCY-RELATED AND LONG TERM CARE SERVICES)

Notice date: _____
Case Number: _____
Worker name: _____
Worker number: _____
Worker telephone number: _____
Office hours: _____
Notice for: _____

You have been approved for LIMITED Medi-Cal benefits, with a share of cost. You applied on _____ and your eligibility for limited Medi-Cal benefits is effective _____.

You can only receive emergency, pregnancy-related, and long-term care services with these limited Medi-Cal benefits. If you are not sure if something is an emergency, pregnancy-related, or long term care service, contact your medical provider.

You are eligible for limited benefits instead of full-scope Medi-Cal because you told us you are a United States (U.S.) citizen or national and you did not provide us with acceptable proof of your citizenship/national status and/or identity. A new law says most persons applying to Medi-Cal must show proof of citizenship/national status and proof of identity. If you provide acceptable proof within one year of your application date, and have good cause for not previously providing the proof, your Medi-Cal benefits will be changed to full-scope starting from the date of your application, and in some cases, up to 90 days before the date of your application.

If your Medi-Cal benefits are changed to full-scope in the future, and you paid for medical care that was not an emergency, pregnancy-related, or long-term care service while you had limited benefits, you may be able to request reimbursement. Call Beneficiary Services at the Department of Health Care Services for answers to your reimbursement questions: (916) 403-2007.

Since your income was more than the amount allowed for living expenses, you have a share of cost you must pay or are obligated to pay toward the costs of medical care received. Your share of cost is $_____ beginning_____. Your share of cost was determined as follows:

If you have never received a plastic Benefit Identification Card (BIC), you will soon receive one in the mail. If you already have a BIC, you should keep using that card. The BIC is good as long as you are eligible for Medi-Cal. If you previously received a BIC but no longer have that BIC, contact your worker for a replacement. You should bring this card to your medical provider whenever you need care. Do not throw away the BIC.

This action is required by §14011.2 of the Welfare and Institutions Code and California Code of Regulations, Title 22, §50301 and §50653. If you think this action is incorrect, you can request a hearing. The back of this page explains how to request a hearing.

If you are pregnant, you may want to learn about the State of California's Access for Infants and Mothers (AIM) program. The AIM program helps pregnant women with moderate income obtain health care. For a copy of the AIM handbook & application, please call toll free 1-800-433-2611 or visit http://www.aim.ca.gov.

Attachment P

MEDI-CAL
NOTICE OF ACTION
CHANGE TO LIMITED BENEFITS
(EMERGENCY, PREGNANCY-RELATED AND LONG TERM CARE SERVICES)

Notice date: _____
Case Number: _____
Worker name: _____
Worker number: _____
Worker telephone number: _____
Office hours: _____
Notice for: _____

Effective_____, your full-scope Medi-Cal benefits have been changed to LIMITED benefits. You are eligible to these services at no cost because of the income you reported.

Limited benefits only cover emergency, pregnancy-related and long-term care services. If you are not sure if something is an emergency, pregnancy-related, or long term care service, contact your medical provider.

You are eligible for limited benefits instead of full-scope Medi-Cal because you have not provided us with acceptable proof of citizenship/national status or identity and you have stopped making a good faith effort to provide your proof. If you provide acceptable proof within one year, your Medi-Cal benefits will be changed to full-scope starting from the month that your limited benefits began.

If your Medi-Cal benefits are changed to full-scope in the future, and you paid for medical care that was not an emergency, pregnancy-related, or long-term care service while you had limited benefits, you may be able to request reimbursement. Call Beneficiary Services at the Department of Health Care Services for answers to your reimbursement questions: (916) 403-2007.

If you already have a Benefit Identification Card (BIC), you should keep using that card. The BIC is good as long as you are eligible for Medi-Cal. If you previously received a BIC but no longer have that BIC, contact your worker for a replacement. You should bring this card to your medical provider whenever you need care. You should not throw away your plastic BIC.

This action is required by §14011.2 of the Welfare and Institutions Code and California Code of Regulations, Title 22, §50301. If you think this action is incorrect, you can request a hearing. The back of this page explains how to request a hearing.

MEDI-CAL
NOTICE OF ACTION
CHANGE TO LIMITED BENEFITS
(EMERGENCY, PREGNANCY-RELATED AND LONG TERM CARE SERVICES)

Notice date: _____
Case Number: _____
Worker name: _____
Worker number: _____
Worker telephone number: _____
Office hours: _____
Notice for: _____

Effective_____, your full-scope Medi-Cal benefits have been changed to LIMITED benefits with a share of cost. Limited benefits only cover emergency, pregnancy-related and long-term care services. If you are not sure if something is an emergency, pregnancy-related, or long term care service, contact your medical provider.

You are eligible for limited benefits instead of full-scope Medi-Cal because you have not provided us with acceptable proof of citizenship/national status or identity and you have stopped making a good faith effort to provide your proof. If you provide acceptable proof within one year, your Medi-Cal benefits will be changed to full-scope starting from the month that your limited benefits began.

If your Medi-Cal benefits are changed to full-scope in the future, and you paid for medical care that was not an emergency, pregnancy-related, or long-term care service while you had limited benefits, you may be able to request reimbursement. Call Beneficiary Services at the Department of Health Care Services for answers to your reimbursement questions: (916) 403-2007.

Since you reported income that was more than the amount allowed for living expenses, you have a share of cost each month that you must pay or obligate to pay toward the cost of medical care received.

Your share of cost is $_____ beginning_____. Your share of cost was determined as follows:

If you already have a Benefit Identification Card (BIC), you should keep using that card. The BIC is good as long as you are eligible for Medi-Cal. If you previously received a BIC but no longer have that BIC, contact your worker for a replacement. You should bring this card to your medical provider whenever you need care. You should not throw away your plastic BIC.

This action is required by §14011.2 of the Welfare and Institutions Code and California Code of Regulations, Title 22, §50301 and §50653. If you think this action is incorrect, you can request a hearing. The back of this page explains how to request a hearing.

If you are pregnant, you may want to learn about the State of California's Access for Infants and Mothers (AIM) program. The AIM program helps pregnant women with moderate income obtain health care. For a copy of the AIM handbook & application, please call toll free 1-800-433-2611 or visit http://www.aim.ca.gov.

MEDI-CAL
NOTICE OF ACTION
APPROVAL FOR FULL-SCOPE BENEFITS

Notice date: _____
Case Number: _____
Worker name: _____
Worker number: _____
Worker telephone number: _____
Office hours: _____
Notice for: _____

Your Medi-Cal has been changed to full-scope benefits. You were receiving limited benefits that only covered emergency, pregnancy-related, and long-term care services. Your full-scope Medi-Cal benefits provide comprehensive medical, dental, and vision coverage.

Your benefits have been increased because you have provided acceptable proof of your citizenship/national status and/or identity and you meet the other Medi-Cal eligibility requirements.

_____ Effective _____, you are eligible for full-scope Medi-Cal benefits. You provided acceptable proof of citizenship/national status or identity. You are not receiving full-scope Medi-Cal for prior months because you either provided your proof more than one year from your Medi-Cal application/redetermination date, or you did not have good cause for not previously providing the proof.

_____ Effective _____, you are eligible for full-scope Medi-Cal benefits. You provided acceptable proof of citizenship/national status or identity within one year of your Medi-Cal application date and had good cause for not previously providing the proof. Your eligibility for full-scope Medi-Cal is starting from the date of your Medi-Cal application, and in some cases, up to 90 days before the date of your application.

_____ Effective _____, you are eligible for full-scope Medi-Cal benefits. You provided your proof of citizenship/national status or identity within one year of the redetermination month and had good cause for not previously providing the proof. Your eligibility for full-scope Medi-Cal is starting the month that your limited benefits began.

If your eligibility for full-scope Medi-Cal benefits is effective for past months, and you paid for medical care that was not an emergency, pregnancy-related, or long-term care service while you had limited benefits, you may be able to request reimbursement. Call Beneficiary Services at the Department of Health Care Services for answers to your reimbursement questions: (916) 403-2007.

If you already have a plastic Benefit Identification Card (BIC), you should keep using that card. The BIC is good as long as you are eligible for Medi-Cal. If you previously received a BIC but no longer have that BIC, contact your worker for a replacement. You should bring this card to your medical provider whenever you need care. You should not throw away your plastic BIC.

This action is required by §14011.2 of the Welfare and Institutions Code and California Code of Regulations, Title 22, §50301. If you think this action is incorrect, you can request a hearing. The back of this page explains how to request a hearing.

Federally Qualified Health Centers and Disproportionate Shared Hospitals In San Diego County

Organization	Clinic Organization	Sites
Family Health Centers of San Diego (FHCSD)		Beach Area FHC
		Beach Area Women's Health Center
		Black Infant Health Program
		Chase Avenue FHC
		Ciaccio Memorial Clinic
		City Heights FHC
		Diamond Neighborhoods FHC
		Downtown FHC
		East County Family Counseling Center
		Grossmont Spring Valley FHC
		Grossmont Spring Valley Dental Clinic
		Health & Developmental Services-East Region
		Health Education Deparment
		Hillcrest Counseling Center
		Hillcrest (North Park) Dental Clinic
		HIV Coordinated Services Center
		Logan Heights Family Health Center
		Logan Heights Family Counseling Center
		Logan Heights Dental Clinic
		Logan Heights Pediatric Developmental Services
		Mobil Medical Unit – Kidcare Express I, II, & III
		North Park FHC
		Sherman Heights FHC
		Teen Health Center

Federally Qualified Health Centers and Disproportionate Shared Hospitals In San Diego County

Organization	Clinic Organization	Sites
Council of Community Clinics	Borrego Community Health Foundation/Borrego Medical Center	Borrego Medical Center
		Centro Medico-Oasis
		Woolcott FamilyClinic
		Centro Medico-El Cajon
		Centro Medico- Cathedral City
		Borrego Medical Pharmacy
		Julian Medical Center
		Centro Medico-CV
	Clinicas de Salud del Pueblo, Inc.	Blythe Family Health Center
		Brawley Family Clinic
		Niland Medical Clinic
		W.I.C. Nutrition Center - Brawley
		Calexico Medical & Dental Clinic
		Coachella Medical Cilinic
		El Centro Medical Center
		Mecca Medical & Dental Clinic
		W.I.C. Nutrition Center - Calexico
		W.I.C. Nutrition Center - El Centro
		West Shores Medical Clinic
		Winterhaven Clinic
	NMA Comprehensive Health Center	Comprehensive Health Center, Downtown
		Comprehensive Health Center, Oceanview
		Comprehensive Health Center, Lincoln Park
	Imperial Beach Health Center	Imperial Beach Health Center
	La Mestra Community Health Centers	LMCHC - Medical Main Clinic
		LMCHC - Dental Clinic
		LMCHC - Women's Clinic
		LMCHC - University Dental Clinic
		LMCHC - El Cajon City Medical Clinic
		LMCHC - El Cajon City Dental Clinic
		LMCHC - National City Clinic
	Mountain Health and Community Servces	Alpine Family Medicine
		High Desert Family Medicine
		Escondido Family Medicine
		Mountain Empire Family Medicine
		Mountain Empire Community Center
		25th Street Family Medicine

Federally Qualified Health Centers and Disproportionate Shared Hospitals In San Diego County

Organization	Clinic Organization	Sites
Council of Community Clinics	Neighborhood Healthcare	El Cajon
		Women's Center
		Lakeside Dental
		Pennsylvania Avenue
		Temecula
		Ray M. Dickinson Wellness Center/Admin
		Escondido
		Pauma Valley
		Lakeside
		Pediatrics & Prenatal
		Winchester Road
	North Counth Health Project / North County Health Services	Carlsbad Family Medicine
		San Marcos Health Center
		Mission Mesa Women's Health Center
		Mission Mesa Pediatrics
		Encinitas Health Center
		Mission Mesa Dental
		Encinitas Women's & Children's Health Center
		Oceanside - Carlsbad Health Center
		Ramona Health Center
	San Diego Family Care	Linda Vista Health Care Center
		Mid-City Community Clinic
		MCC - Pediatrics
	San Ysidro Health Center	San Ysidro Health Center
		Chula Vista Family Clinic
		National City Family Clinic
		Downtown Mental Health
		San Isidro Mental Health
		South Bay Family Dental Clinic
		Otay Family Clinic
	Vista Community Clinics	Vista Community Clinic
		Vista Community Clinic West
		Tri-City Community Health Center
		Vista Community Clinic - Pier View
		Vista Community Clinic - North River Road

Federally Qualified Health Centers and Disproportionate Shared Hospitals In San Diego County

San Diego County Disproportionate Share Hospitals (DSH)
Rady Children's Hospital
Paradise Valley Hospital
Scripps Chula Vista
Scripps Mercy
Sharp Coronado
UCSD

MEDS CITIZENSHIP/IDENTITY REQUEST: AP19 TRANSACTION

Date: _____ Worker Name:_____ Caseload#: _____
Case Name:_____ Case Number:_____

☐ Birth Record Match ☐ Citizenship Documentation ☐ Identity Documentation ☐ Correction/Removal

Name	*Person #*	*MEDS ID*	*CIN*	*DOB*	*M/F*	*Birthplace**	*Parent(s) Names**

* If birthplace is in: U.S.; please indicate State; in California, indicate County; if outside U.S., indicate Country.
* Indicate Parent(s) full name written out in the Parent's Names column. This will assist in the Birth Record Match.
* If this is a correction or removal, indicate C for Correction or R for Removal.
* For corrections, indicate Citizenship/Identity information as you would for a normal Citizenship/Identity Request.

Name	*Citizenship Document*	*Document #*	*Identity Document*	*Document #*	*C/R*

Please attach a copy of each document listed.

☐ End of Reasonable Opportunity Period

Name	*Person #*	*MEDS ID*	*DOB*	*Citizenship Reason*	*Identity Reason*
				_____	_____
				_____	_____
				_____	_____
				_____	_____
				_____	_____
				_____	_____

Reason Codes

9A-Abandoned baby
9B-Amnesia
9C-Comatose client
9D-Client otherwise incapacitated
9J-Client not making good faith effort
9P-Client cannot afford cost of obtaining original or affidavit
9Q-Client cannot locate acceptable document and cannot obtain affidavit
9R-Client requested end of opportunity period, no explanation or documentation provided

Operator_____ Date Completed_____ Date Verified_____

Field Definitions for:

14-28(B) HHSA - MEDS Citizenship/Identity Request Form

Worker/Case/Transaction Information Section

- **Worker Name Field:** Enter name of the case worker.
- **Case Name Field:** Enter case name (Last Name, First Name).
- **Case Number Field:** Enter CalWIN case number.
- **Caseload Field:** Enter caseload/worker number.
- **Date Field:** Enter date of the request.
- Use the checkboxes to indicate a request for a Birth Record Match, or a Citizenship and/or Identity Documentation Transaction.

Birth Match Section

- **Name Field:** Enter full name of the individual in the case.
- **Person # Field:** Enter person number as assigned by CalWIN.
- **MEDS ID Field:** Enter SSN or pseudo number.
- **CIN Field:** Enter CIN number assigned to individual in CalWIN/MEDS.
- **DOB Field:** Enter date of birth as indicated on the Citizenship and/or Identity Documentation.
- **Birthplace Field:** Enter place of birth, including State, if not born in California. If born in California, enter county of birth as well.
- **Parent(s) Name Field:** Enter full name of the Mother and Father, if known.

Citizenship/Identity Documentation Section

- **Name Field:** Enter full name of the individual as indicated on the Citizenship and/or Identity Documentation.
- **Citizenship Document Field:** Enter the citizenship document type.
- **Citizenship Document # Field:** Enter the citizenship document number.
- **Identity Document Field:** Enter the identity document Type.
- **Identity Document # Field:** Enter the identity document number.
- **C/R Field**: Enter a C if this is a correction or an R if this is a Removal.

End of Reasonable Opportunity Period Section

- Check the 'End of Reasonable Opportunity Period' checkbox to indicate a request to end it.
- **Name Field:** Enter full name of the individual in the case.
- **Person # Field:** Enter the person number as assigned by CalWIN.
- **MEDS ID Field:** Enter SSN or pseudo number.
- **DOB Field:** Enter date of birth.
- **Citizenship Reason:** Enter reason code for not providing citizenship documentation.
- **Identity Reason:** Enter reason code for not providing identity documentation.

AUTHENTICATING DOCUMENTS
DESKAID

Document fraud occurs in three ways:

- a counterfeit document is created;
- an original document itself is altered; or
- a duplicate document is obtained by an imposter.

Staff may utilize the "F-L-A-G System" to determine the authenticity of the documents.

1. Feel
   - Lumps and Bumps – Feel for cut out or pasted on photos or reattached laminate.
   - Layers – Many ID cards are made with a three-layer process. If you can insert a sharp object between the layers, it may have been altered.

2. Look
   - Laminate – Not all documents contain a hologram. If it does, however, the hologram will be visible at an angle and will refract light hitting the surface.
   - Alterations – Look for any alterations, especially in the place of birth, date of birth, and name fields. Photograph – People may alter documents by pasting a new photo on top and laminating. If there is an overlapping seal, make sure it is the same ink as the base document. Look for embossing marks in the photograph as well.
   - Age and condition of the document – if the issue date is in the past, does the document look its age?
   - Typeface – Counterfeits may be done on a typewriter and contain spelling or other errors. Is the font the same throughout?
   - Signature – Look for corrections or erasures in the signature. Most official documents are signed in blue or black ink.

3. Ask Questions
   - Ask for mother's maiden name, if given
   - Ask what town, city, county, state the person was born in
   - Ask where and when the person was naturalized
   - Ask when document was issued

4. Give Back
   - Remember to return the original document back to the client when you are done.