

## **CITIZENSHIP AFFIDAVIT**

- This affidavit is to be used only if you are unable to provide primary proof of citizenship, such as a passport or birth certificate.
- To be eligible for Medicaid, you **must** complete and sign **two** Citizenship Affidavit forms.
  - o Only **one** person affirming your citizenship can be related to you.
- If requested, each friend or relative signing the Citizen Affidavit form in support of the client must provide proof of:
  - o Citizenship (birth certificate); and
  - o Identity (examples: driver's license, military ID, state ID).

CLIENT		
NAME (OTHER KNOWLEDGEABLE PERSON, IF APP	PLICABLE)	CLIENT ID NUMBER
I am unable to provide/obtain a birth certifica	te or other documentary pro	oof of citizenship because:
I declare, under penalty of perjury of the and correct.	laws of the State of Washi	ngton, the information in this affidavit is true
CLIENT SIGNATURE		
Signed this day of	20,	
at	Washington.	
FRIEND OR RELATIVE		
NAME (PLEASE PRINT)		RELATIONSHIP TO CLIENT (IF ANY)
I know that the client listed above is a United States citizen because:		
I declare, under penalty of perjury of the laws of the State of Washington, the information in this affidavit is true and correct.		
SIGNATURE		
Signed this day of	20	
at	Washington.	