



**AFFIDAVIT OF EXPLANATION**  
**Why Citizenship Verification Cannot be Supplied**  
NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES  
MEDICAL SERVICES DIVISION  
SFN 706 (8-2007)

Name of Medicaid Applicant/Recipient

Reason Verification of Citizenship is not Supplied

**Under penalty of perjury, I certify that the information I have provided above is true and correct to the best of my knowledge. I understand that state and federal laws provide for fine, imprisonment, or both for any person convicted of providing false information to obtain Medicaid benefits to which he or she is not entitled.**

Signature

Date

Submit this form to:

Social Services Name

Address

City

State

Zip Code