CITIZEN AFFIDAVIT

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
MEDICAL SERVICES DIVISION
SFN 707 (01-2008)

Clear Fields

Affidavit for Citizenship of:

Medicaid Applicant or Recipient

Identifying Information on Individual Completing Affidavit

Full Name		Relationship to Medicaid Applicant	
Address	City	State	Zip Code

Affidavit

I, the individual whose name appears above, am executing this affidavit in order to assist the above-named Medicaid Applicant or Recipient in the verification of his/her citizenship. I attest that the Medicaid applicant or recipient's birth information is as follows:

Date of Birth of Medicaid Applicant or Recipient	Place of Birth (City)	State	Country

Reason I know the information about the medicaid applicant or recipient:

Reason I know the medicaid applicant or recipient cannot supply the documents that verify this is because:

I also attest that I am a citizen of the United States and have attached verification of my US citizenship and identity.

I understand that I sign this under penalty of perjury and 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

I certify that _____, who is known to me to be the person signing this Citizenship Affidavit, personally appeared before me and executed this statement and has provided verification of his/her US citizenship and identity.

Witness (Print Name)	Witness Signature	Date

Return ORIGINAL to:

Social Services Name			
Address	City	State	Zip Code

To be adequate verification of citizenship, there must be 2 individuals who will attest to the citizenship information. Each will need to complete one of these affidavits.