

Affidavit of Identity for Medicaid Applicants/Recipients Residing in an Institution

The Deficit Reduction Act of 2005 requires proof of citizenship and identity for Medicaid applicants and recipients. This affidavit may be used to establish a claim of identity for an applicant/recipient who is residing in an institution when acceptable documentation of identity is not available and cannot be obtained in a reasonable period of time. This affidavit of identity must be signed on behalf of the applicant/recipient by the institutional care facility director or administrator. The Department of Social Services may request additional information if needed.

If an affidavit is used to establish a claim of identity for an applicant/recipient residing in an institution, an affidavit cannot be used to meet the proof of citizenship requirement.

Name of Applicant/Recipient: _____

Social Security Number: _____ Date of Birth: _____

Name of Institution: _____ Date of Admission: _____

Address of Institution: _____

I hereby certify, under penalty of perjury, that the information above is true and correct to the best of my knowledge and belief.

Director/Administrator

Date