

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: _____

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