

Proof of Citizenship or Identity Received

Instructions to Worker:

When you receive proof of citizenship or identity for an applicant or beneficiary, you must fill out this form.

Name of the **citizenship** document you saw:

The **citizenship** document you saw was (*check one*):

- An original (not a photocopy or a notarized copy)
- A copy that was certified by the issuing agency

This **citizenship** document was received (*check one*):

- By mail
- In person (*from the applicant or beneficiary*)
- In person (*from a guardian or authorized representative*)

If this **citizenship** document has a photo or other identifying information (*check one*):

- The document was brought in by the parent, applicant, or beneficiary and the photo or identifying information fits the person who brought the document.
- The document was mailed or brought in by someone who is **not** the parent, applicant, or beneficiary.

Name of the **identity** document you saw:

The **identity** document you saw was (*check one*):

- An original (not a photocopy or a notarized copy)
- A copy that was certified by the issuing agency

This **identity** document was received (*check one*):

- By mail
- In person (*from the applicant or beneficiary*)
- In person (*from a guardian or authorized representative*)

If this **identity** document has a photo or other identifying information (*check one*):

- The document was brought in by the parent, applicant, or beneficiary and the photo or identifying information fits the person who brought the document.
- The document was mailed or brought in by someone who is **not** the parent, applicant, or beneficiary.

Make a photocopy of the citizenship and/or identity document for the applicant or beneficiary’s case file, and return the original documents to the bearer.

Worker 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 worker

Name of worker (*print*): _____
First Middle Last

Information: _____
Name of agency County Telephone number E-mail

County fills out this box	
Case No: _____	Case Name: _____