

Affidavit of Identity for U.S. Citizen or National For Disabled Individuals Living in Institutional Care Facilities

To the institutional/residential facility director or administrator:

- Fill out and sign below.
- Print neatly and submit to the county social services office.

Important! All other means of verifying identity must be pursued before submitting this affidavit to the county.

Identity of Disabled Individual

Name of individual _____
First Middle Last

Institutional/residential care director or administrator reads and signs below.

On behalf of the above individual, under penalty of perjury under California state law, I declare the identity of the person named above.

Signature of institutional/residential facility director or administrator _____ Date: _____

Name of institutional/residential facility director or administrator (print)

Name of institutional/residential facility

Address _____
City State Zip

Telephone e-mail

If you have questions, please contact the county social services office at:

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