

Client's First Name _____ Last Name _____

INSYST Client Number _____

Submitted by _____ Agency Name _____

Declaration of Legal Status

I, _____,
(Print Full- First and Last Name)

Residing at _____
(Street Address) (City) (State) (Zip code)

Declare under the penalty of perjury that the following information is true and correct to the best of my knowledge and belief:

Check ONE box below that applies to you:

- I am a citizen of the United States and I was born in the State of California in the County of _____.
(County of Birth)
- I am a citizen of the United States and I was born in the State of _____.
(State of Birth)
- I am citizen of the United States, but I was not born in the United States.
- I am not a Citizen of the United States, but I am a Lawful Permanent Resident of the United States of America.
I have been living in the United States since ____/____/_____.
(Date entered the U.S.)

By signing this document,

- I agree that I will work with the Alameda County Health Care Services Agency's Certified Application Assistors to collect my U.S. citizenship and identity information.
- I understand that I have **up to 12 months** to provide the documentation. If verification is not received, my enrollment in HealthPAC may be terminated.

Applicant Signature

Date

IMPORTANT NOTE: This form, by itself, does NOT constitute sufficient final verification of citizenship or lawful permanent resident status.