

**Georgia Department of Human Services  
Division of Family and Children Services  
Declaration of Citizenship/Immigration Status**

I understand that the Georgia Division of Family and Children Services (DFCS) may require verification from the United States Department of Homeland Security (DHS) of my/my children's citizenship or immigration status when seeking benefits. Information received from DHS may affect my/my children's eligibility.

**Instructions:** Please fill out and sign **ONE or BOTH** of the following statements as it pertains to the status of each person seeking benefits.

<b>Children Seeking Benefits</b>					
Name	Place of Birth (city, state, country)	Check whichever applies		If applicable, Date Naturalized or Admitted into U.S.	If applicable, Immigration Document ID #
		U.S. Citizen	Lawfully Admitted Immigrant		

<b>Adults Seeking Benefits</b>					
Name	Place of Birth (city, state, country)	Check whichever applies		If applicable, Date Naturalized or Admitted into U.S.	If applicable, Immigration Document ID #
		U.S. Citizen	Lawfully Admitted Immigrant		

I, \_\_\_\_\_ attest to the best of my knowledge to the identity of the Applicant(s)/Recipient(s) listed above and certify under penalty of perjury, that the information written and checked above is true.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date