Georgia Department of Human Services
Division Of Family and Children Services
Affidavit of Facts About Citizenship

Affidavit of Facts About the Citizenship of:

Client Name _____   Phone Number _____

Case # _____   Client ID _____

Address _____

Affiant's Information

1. My name is _____   2. My phone # is _____

3. I live at _____

I understand what I am filling out, and I have personal knowledge of the facts that I have provided in this affidavit.

Facts Establishing Citizenship (To be completed by Affiant)

I have known _____ for _____ yrs _____ mos.   I am personally familiar with the events establishing _____ 's claim of United States Citizenship. The facts known to me are as follows (for example, date and place of birth in the United States):

_____

I am personally familiar with the events establishing _____ 's inability to produce proof of citizenship. The facts known to me are as follows:

_____

I am/am not related to _____ . My relationship to _____ is _____ .

Certification

I, _____ , (the affiant named above) have provided the following as proof of my identity and U.S. citizenship: _____ .

I, the undersigned, under penalty of perjury, certify that the above information is true and correct and that I am authorized to execute and file this document for the benefit of _____ .

Signed this _____ **Day of** _____ , 20 ____ .

_____
Affiant's Signature

_____
Affiant's Printed Name

_____
Witness' Signature

_____
Witness' Printed Name

Sworn to me this _____ **Day of** _____ , 20 ____ .
My commission expires on _____ .

_____
Notary Signature

_____
Notary Printed Name

(Notary Public) (Seal Required)

TO KNOWINGLY MAKE A FALSE STATEMENT OR CONCEAL A MATERIAL FACT IN THIS APPLICATION WILL RESULT IN THE DENIAL OR END OF APPLICANT'S MEDICAID AND CRIMINAL PENALTIES FOR THE PERSON WHO SWEARS THEY ARE TRUE WHEN THEY ARE NOT.

Affidavit of Facts About Citizenship

- Refer to Section 2215, Citizenship, for when it is appropriate to use Form 219.
- For each person in the household for which an affidavit is needed, there should be two affidavits completed for citizenship, at least one of which is NOT signed and completed by a relative.
- A third affidavit should be completed for citizenship by the applicant/recipient or other knowledgeable individual to explain why documentary evidence does not exist.
- The affiant must be able to provide proof of his/her own citizenship and identity.

Instructions for Case Worker

- Complete the case number of the Medicaid case and the client ID for the person who needs the affidavit to verify citizenship or identity.
- Enter the name, address and phone number of the person who needs the affidavit to verify citizenship or identity.
- The Medicaid case worker should make sure that the affiant understands that s/he is signing under penalty of perjury and that falsification could result in termination of the Medicaid and/or criminal penalties for the affiant.

Instructions for Affiant

- The remainder of the information should be completed by the person who is providing the information (the affiant).
- Enter the name, phone number and address of the affiant regarding the person named at the top of the form.
- The affiant should enter the number of years or months s/he has known the person named at the top of the form. In the space provided, the affiant states the facts surrounding the date and place of birth of the person named at the top of the form.
- The affiant states the reasons why the person named at the top of the form, or their representative is unable to provide other proof of citizenship or identity.
- The affiant selects whether s/he is related to the person named at the top of the form. If so, how is s/he related. If not a relative, what is the association between the affiant and the person named at the top of the form.
- The affiant states what they are using as proof of identity and citizenship and provides these documents to the Medicaid case worker. Failure to provide this verification invalidates the form.
- The affiant enters the day, month and year that Form 219 is signed.
- The affiant then signs in the place marked "Affiant's signature". It must be signed in the presence of a witness and a notary public.
- Next to the affiant's signature should be printed/typed the affiant's name as signed above.
- Below the affiant's signature is a place for the witness to sign and then print/type his/her name as signed. The witness may be anyone other than one of the household members. It may be a DFCS staff person.
- The notary public dates and signs the affidavit and affixes his/her seal.

Definitions related to completion of this form:	
Affidavit	written declaration made under oath before a notary public
Affiant	person who makes an affidavit; person declaring that person is a citizen
Oath	commitment to tell the truth
Notary Public	people legally empowered to witness and certify the validity of documents