

Georgia Department of Human Services

_____ County Department of Family and Children Services

THIRD PARTY VERIFICATION OF CITIZENSHIP

To: _____

Date: _____

Re: _____

Applicant/Recipient

_____ AU Number

_____ Case Manager/Caseload

Dear Mr./Ms. _____

The above individual has applied for assistance or is currently receiving assistance through this agency. In order to determine this family's eligibility or continued eligibility for assistance, we must verify citizenship for the household members provided below. Please complete this form with the requested information and return it to this office in the enclosed envelope by _____.

If you have questions about this form, please call me at the number listed below.

Signature of Case Manager

Telephone Number

I hereby authorize _____ to provide complete information about

Individual's Name

my place of birth to the _____ County Department of Family and

Services.

Signature or Mark

.....

I, _____, do state under penalty of perjury that _____
Individual's Name Client's Name

was born in _____ on _____
Place of birth Month Day Year

.....

The information provided on this form reflects the personal knowledge that I have about the household's place of birth. If any information is found to be intentionally inaccurate, I may be subject to criminal prosecution for knowingly providing false information. I understand the meaning of this paragraph.

Signature of Person Completing this Form

Date

Address

City State Zip Code

Telephone Number

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