

DECLARATION OF CITIZENSHIP/ALIEN STATUS

Georgia Department of Human Resources
Division of Family and Children Services

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 alien status when seeking benefits. Information received from DHS may affect my/my children's eligibility.

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

CHILDREN SEEKING BENEFITS

Name	Place of Birth	U.S. Citizen (check whichever applies)	Lawfully Admitted Immigrant	Date Naturalized or Admitted into U.S. (If applicable)

I, _____ certify under penalty of perjury, that the information
(PRINT NAME)
written and checked above is true.

SIGNATURE (PARENT/GUARDIAN)

(DATE)

ADULT(S) SEEKING BENEFITS

Name	Place of Birth	U.S. Citizen (check whichever applies)	Lawfully Admitted Immigrant	Date Naturalized or Admitted into U.S. (If applicable)

I, _____ certify under penalty of perjury, that the information
(PRINT NAME)
written and checked above is true.

SIGNATURE (PARENT/GUARDIAN)

(DATE)

SIGNATURE (PARENT/GUARDIAN)

(DATE)