

**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.

Children Seeking Benefits					
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		

Adults Seeking Benefits					
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