

**Record of Identity and Citizenship Documentation**  
**Medical Assistance and General Assistance**

ES-3850  
01-01-08

Indicate documents used to verify citizenship and identity for each applicant or recipient plan member.  
Please attach all documentation to the form. Information must be collected on each participating member of the plan.

|  |                       |
|--|-----------------------|
| Case Number: _____                         | Date Completed: _____ |
| Completed By: _____                        | Job Title: _____      |
|  |                       |
| Name: _____                                | DOB: _____            |
| Reported Place of Birth: _____             | Date Completed: _____ |
| Document Used to Verify Citizenship: _____ |                       |
| Document Used to Verify Identity: _____    |                       |
| Comments: _____                            |                       |
|  |                       |
| Name: _____                                | DOB: _____            |
| Reported Place of Birth: _____             | Date Completed: _____ |
| Document Used to Verify Citizenship: _____ |                       |
| Document Used to Verify Identity: _____    |                       |
| Comments: _____                            |                       |
|  |                       |
| Name: _____                                | DOB: _____            |
| Reported Place of Birth: _____             | Date Completed: _____ |
| Document Used to Verify Citizenship: _____ |                       |
| Document Used to Verify Identity: _____    |                       |
| Comments: _____                            |                       |
|  |                       |
| Name: _____                                | DOB: _____            |
| Reported Place of Birth: _____             | Date Completed: _____ |
| Document Used to Verify Citizenship: _____ |                       |
| Document Used to Verify Identity: _____    |                       |
| Comments: _____                            |                       |
|  |                       |
| Name: _____                                | DOB: _____            |
| Reported Place of Birth: _____             | Date Completed: _____ |
| Document Used to Verify Citizenship: _____ |                       |
| Document Used to Verify Identity: _____    |                       |
| Comments: _____                            |                       |
|  |                       |