

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: _____	