

# Bulletin

August 1, 2006

Minnesota Department of Human Services □ P.O. Box 64941 □ St. Paul, MN 55164-0941

**OF INTEREST TO**

- County Directors
- Social Services Supervisors and Staff
- Financial Assistance Supervisors and Workers
- Mille Lacs Tribal TANF
- MinnesotaCare Operations Manager, Supervisors and Enrollment Reps
- HCEA Program Demonstrations Unit

**ACTION/DUE DATE**

August 1, 2006

**EXPIRATION DATE**

The policies in this bulletin are effective through January 1, 2007. Refer to the Health Care Programs Manual after that date.

## Citizenship and Identity Documentation Requirements for Certain Minnesota Health Care Programs Applicants and Enrollees

**TOPIC**

Implementation requirements for documentation of citizenship and identity for certain Minnesota Health Care Programs applicants and enrollees.

**PURPOSE**

Provide policy and instructions to implement the new requirements for documentation of citizenship and identity.

**CONTACT**

MinnesotaCare Operations, Counties and Tribal Agencies, submit policy questions to HealthQuest.

Direct all other questions to:

Health Care Eligibility and Access (HCEA)  
PO Box 64989  
540 Cedar Street  
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**SIGNED**

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Assistant Commissioner  
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## **I. Background**

On February 8, 2006, the federal Deficit Reduction Act (DRA) of 2005 became law. Section 6036 of DRA requires that applicants and enrollees of federally funded Medicaid programs, who declare to be United States (U.S.) citizens or U.S. nationals, must cooperate in obtaining satisfactory documentary evidence of their citizenship or nationality, and their identity.

The Minnesota Legislature also passed legislation that conformed state law to the DRA's citizenship requirements. The new citizenship documentation laws require applicants and enrollees of Medical Assistance (MA), MinnesotaCare for Families with Children and the Minnesota Family Planning Program (MFPP) to cooperate in obtaining documentation of their citizenship and identity.

Before August 1, 2006, applicants for Minnesota Health Care Programs attested to their citizenship by signing the health care application under penalty of perjury.

## **II. Definitions**

Citizenship and identity must be documented for certain applicants and enrollees of MHCP starting August 1, 2006.

### **A. Citizenship**

A U.S. citizen is a native-born or naturalized citizen. The 14<sup>th</sup> Amendment of the U.S. Constitution guarantees citizenship at birth to most individuals born in the U.S. or in U.S. jurisdictions such as Puerto Rico, the Virgin Islands, Guam, and the Northern Mariana Islands. Some individuals born in the U.S., such as children of foreign heads of state or children of foreign diplomats, do not obtain U.S. citizenship at birth. Certain individuals born outside of the U.S. are citizens because of their parents' citizenship status. Children of non-citizen parents born in the U.S. are citizens at birth.

A U.S. national is a person born in American Samoa or Swains Island who does not derive U.S. citizenship from a parent or acquire it from a spouse. U.S. nationals are considered U.S. citizens for purposes of Social Security and for the citizenship documentation requirement under DRA. References in this bulletin to "U.S. citizens" include U.S. nationals.

A naturalized U.S. citizen is a person who petitions for U.S. citizenship and is naturalized in a district court, or one who is collectively naturalized by a congressional act or presidential proclamation, such as when the U.S. incorporates new territory. Children under age 18 derive naturalized citizenship without petition when both parents (or a divorced parent with custody or a surviving parent) receive naturalized citizenship.

### **B. Identity**

Identity documentation assists in proving a person is who they say they are. Identity can be documented with certain proofs or identifications such as a driver's license. Refer to Attachment C for examples of what can be used to verify identity.

## **III. Action Required**

Obtain documentation of citizenship and identity on applications and renewals received on or after August 1, 2006, for all applicants and enrollees who indicate they are U.S. citizens and are applying for or enrolled in certain categories of MA, MinnesotaCare for families with children and the Minnesota Family Planning Program (MFPP).

Some groups are exempt from this requirement. These exemptions are listed in section D.

**A. Minnesota Health Care Programs required to document citizenship and identity**

Documentation requirements apply to all applicants of and enrollees in:

1. MinnesotaCare for families with children (including pregnant women)
2. MA for families with children (including pregnant women), people age 65 and older, and people with disabilities
3. MA for women with breast or cervical cancer (MA-BC)
4. MA enrollees who are in an Institution for Mental Disease (IMD) and enrollees on program IM who are in an IMD
5. MA for Employed Persons with Disabilities (MA-EPD)
6. MA Long Term Care and home and community-based waiver programs
7. TEFRA
8. Minnesota Family Planning Program (MFPP)

**B. Attachments for general reference**

The following attachments explain documentation requirements. Use these as references when reading this bulletin.

1. Attachment A: DHS-4836 Hierarchy of Citizenship Documentation
2. Attachment B: DHS-4837 U.S. Citizenship Documentation for Collectively Naturalized Individuals from U.S. Territories
3. Attachment C: DHS-4835 Acceptable Documents of Identity

**C. Medicare enrollees do not have to document their citizenship and identity**

Do not require citizenship or identity documentation from applicants and enrollees who are enrolled in or entitled to enroll in Medicare. The Social Security Administration has already verified their citizenship and identity. This includes Medicare enrollees who are applying for or enrolled in:

1. Medical Assistance (MA)
2. Qualified Medicare Beneficiaries (QMBs)
3. Service Limited Medicare Beneficiaries (SLMBs)
4. Qualified Individuals-1 (QI-1s)

5. Qualified Working Disabled (QWD)

**D. Programs not required to document citizenship and identity**

Do not require documentation of citizenship and identity for applicants and enrollees who are applying for or enrolled in the following Minnesota Health Care Programs:

1. General Assistance Medical Care (GAMC)
2. MinnesotaCare for adults without children
3. HIV/AIDS Program

**E. Available sources to document citizenship for certain applicants and enrollees**

Obtain documentation of citizenship for the following applicants and enrollees through the indicated resource. If documentation is not available through the resource, obtain documentation from the applicant or enrollee.

**1. Supplemental Security Income (SSI) recipients**

Document current and former SSI recipients' citizenship and identity through the Social Security Administration's (SSA) State Data Exchange (SDX) database via the State Verification Exchange query (SVES QUERY). Most Minnesota Supplemental Aid (MSA) recipients receive SSI or previously received SSI benefits and this process may be used for them.

- a. Accept a SVES match as proof that the person has satisfied *both* the citizenship and identity documentation requirement.
- b. Require SSI and MSA recipients whose citizenship and identity cannot be documented by the SVES QUERY to provide the required documentation at renewal and follow documentation procedures as defined in this bulletin for enrollees whose citizenship cannot be documented on the SVES QUERY.

**2. Applicants and enrollees born in Minnesota**

DHS and the Minnesota Department of Health (MDH) will be instituting a birth record data match system to document citizenship for applicants and enrollees who were born in Minnesota in 1935 or later. Applicants and enrollees born prior to 1935 will not have birth records on the data match system. Follow regular documentation rules for those people.

- a. Document identity with one of the documents listed on DHS-4835 (Attachment C), Acceptable Documents of Identity.
- b. Document citizenship of applicants and enrollees born in Minnesota in 1935 or later through the data match as soon as the system is available. DHS will notify agencies when it is available and provide instructions for use.

**In the interim:**

- 1) Request that applicants and enrollees provide documentation of citizenship if it is available to them.
- 2) Track cases of applicants and enrollees who cannot provide documentation. Obtain the citizenship documentation when the data match system becomes available.
- 3) Approve the application or renewal if the applicant or enrollee does not have or cannot obtain proof of their citizenship but has provided proof of identity and meets all other eligibility criteria.

**3. Applicants and enrollees previously enrolled in MA in another state**

Applicants and enrollees who do not have documentation of citizenship and identity available may sign a release of information, allowing the agency to request documents from the state in which they were previously enrolled, or the state in which they were born. Use DHS-4841, Authorization to Request Birth Records (Attachment D).

- a. Request documentation from the applicant or enrollee.
- b. Contact the state human services agency where the applicant previously resided to determine if citizenship and identity has been documented there if the applicant or enrollee does not have and cannot obtain the documentation.
- c. Request copies and indicate in case notes if the previous state has verified citizenship and identity. Approve if all other eligibility criteria is met.

**F. Acceptable documentation for citizenship**

The Centers for Medicare and Medicaid Services (CMS) established a hierarchy of documents that are acceptable as proof of citizenship and identity.

Level 1 documents are the most preferred and Level 4 are the least preferred documents of citizenship. See DHS-4836, Hierarchy of Citizenship Documentation (Attachment A), and DHS-4837, U.S. Citizenship Documentation for Collectively Naturalized Individuals from U.S. Territories (Attachment B) for more information on acceptable proofs.

It is important to progress through the documentation hierarchy as quickly as possible. Do not wait for Level 1 documents to be obtained if they are not readily available. Move to Level 2 documents. If Level 2 documents are not available, attempt to obtain Level 3 documentation. Move to Level 4 documentation only as a last resort. Do not delay moving to the next level if previous levels of documentation are not available.

**1. Level 1**

- a. Applicants and enrollees who present documents from Level 1 do not have to provide separate documentation of their identity.

- b. Applicants and enrollees who were born outside the U. S. must provide a Level 1 document to meet the citizenship requirement.

## **2. Level 2**

- a. Applicants and enrollees may provide a document from Level 2 if they do not have Level 1 documentation of their citizenship. They must also provide documentation of their identity from the list in DHS-4835 (Attachment C).
- b. Non-citizen children born outside the United States after 03/01/2001, and adopted by U.S. citizen parents automatically derive U.S. citizenship from their parents in the following circumstances:
  - 1) The child has at least one U.S. citizen parent (by birth or naturalization);
  - 2) The child is under age 18;
  - 3) The child is currently residing permanently in the U.S. with the U.S. citizen parent; and
  - 4) The child is a lawful permanent resident.

In such cases, the final adoption decree is acceptable documentation of citizenship.

## **3. Level 3**

Level 3 documents may be provided if applicants and enrollees do not have any of the citizenship documentation from Levels 1 or 2. They must also provide documentation of their identity from the list in DHS-4835 (Attachment C).

## **4. Level 4**

This is the least preferred level of documentary evidence. Applicants or enrollees may provide a Level 4 document to prove their citizenship *only* when they are not able to obtain documents from Levels 1 – 3. Written affidavits are included as Level 4 documentary evidence.

Use affidavits to document citizenship only in rare circumstances and only when no other form of documentation can be obtained. See DHS-4843A, Proof of U.S. Citizenship-Statement by Applicant/Enrollee (Attachment E), and DHS-4843B, Proof of U.S. Citizenship-Statement by Friend or Family Member (Attachment F).

### **For affidavits to be acceptable documentation of citizenship:**

- a. Obtain a separate affidavit from the applicant or enrollee (or guardian or representative) explaining why documentary evidence of citizenship does not exist. Require the applicant or enrollee to sign the DHS 4841 (Attachment D) to authorize the agency to seek a higher level of documentation from third parties.

- b. There must be at least two additional affidavits by individuals who have personal knowledge of the events establishing the applicant or enrollee's claim of citizenship.
  - 1) Neither of the two individuals can be the applicant or enrollee.
  - 2) One of the individuals making the affidavit must not be related to the applicant or enrollee.
  - 3) The individuals making the affidavits must provide proof of their own citizenship and identity.
  - 4) Individuals making the affidavits must state why documentary evidence of the applicant or enrollee's citizenship does not exist or cannot be obtained if they have knowledge of this information.
- c. The affidavits must be signed under penalty of perjury. They do not have to be notarized.

#### **G. Acceptable Documentation of Identity**

The documents in Attachment C (DHS-4835, Acceptable Documents of Identity) are acceptable as proof of identity and must be accompanied by a document from Attachment A (DHS-4836, Hierarchy of Citizenship Documentation) establishing citizenship.

Accept the parent or guardian's signature on the health care application or renewal to document identity (but not citizenship) of children under age 16.

#### **H. Documentation requirements**

- 1. Do not require additional documentation of citizenship and identity if it is already in the case record. Check the case records before requesting documentation.
- 2. Request original documents or copies certified by the issuing agency.
- 3. Accept photocopies when they are mailed in. The law says that we need to look at original documents, however, do not ask applicants and enrollees to mail originals. Also accept faxed copies.
  - a. Inform applicants and enrollees that they may have to provide the original documents at a later date.
  - b. Make copies when the original is brought to the agency. Only copy the part of the document that is necessary for proof of citizenship or identity.
- 4. Complete DHS-4842, Worker Checklist–Proof of Citizenship and Identity (Attachment G) for each household. Keep this form with the case record.

5. Applicants and enrollees do not have to appear in person to submit documentation of citizenship and identity. However, it is recommended that if they are providing original documents they bring them to the agency. It is not recommended that applicants and enrollees mail original documents.

6. Applicants and enrollees who do not fit one of the exemptions or exclusions as stated in sections C and D of this bulletin need to provide documentation.

- a. Send DHS-4807, Request for Proof of Citizenship and Identity (Attachment H). This form explains types of documentation that they can provide, the date it is due, and who to contact if they have questions or need help.
- b. Assist applicants and enrollees in obtaining the required documents if they ask for help or are having difficulty obtaining documents.
- c. Obtain birth records for applicants and enrollees who were born in another state and who do not have documentation. Applicants and enrollees need to sign the DHS-4841, Authorization to Request Birth Records (Attachment D) to authorize the request. Information on obtaining records from other states can be found at: <http://www.cdc.gov/nchs/howto/w2w/w2welcom.htm>
- d. Obtain birth records for applicants and enrollees who were born in Minnesota prior to 1935 by sending the MDH form "Minnesota Birth Record Application" (Attachment I) to MDH or to a registrars office in your county.

Information on registrars offices can be found at:

<http://www.health.state.mn.us/divs/chs/osr/registrars.html#Countylisting>

The MDH form is available at:

<http://www.health.state.mn.us/divs/chs/osr/localreg/forms.html>

- e. MinnesotaCare Operations and county and tribal agencies must pay the fees involved in helping applicants and enrollees obtain the required documentations. Costs associated with documentation of citizenship and identity are eligible for 50% federal matching administrative funds.
  - f. Refer cases to HealthQuest following the instructions in section H of this bulletin when documentation cannot be obtained or when the applicant or enrollee is not cooperating.
7. Do not approve eligibility until applicants have provided documentation as described in section F (above) or signed DHS-4841 (Attachment D) giving permission to contact third parties to obtain documentation. Treat new household members as applicants for purposes of documentations.



**Example**

Suzanne and her two children recently moved to Minnesota from Missouri. Suzanne has been told it will take several months to obtain birth certificates from Missouri. She has no other documents showing where they were born. Suzanne signed the DHS-4841 giving permission to contact the Missouri vital records office to obtain birth certificates. Send a request to Missouri for the birth certificates. Suzanne mails in the required Level 4 affidavits to document citizenship. Suzanne has fulfilled the citizenship documentation requirement. Continue to pursue obtaining the applicants' birth records.

8. Obtain citizenship and identity documentation from enrollees at their first renewal if documentation is not already in the case record. Enrollees who are not able to provide the required documents must sign DHS-4841 (Attachment D), for authorization to contact third parties to obtain documentation.

- a. Send the DHS-4807 Request for Proof of Citizenship and Identity (Attachment H)
- b. Process renewals within the processing period if enrollees are otherwise eligible.

9. The following groups do not have to provide documentation at initial eligibility. Document their citizenship and identity at or before their renewal date.

- a. Children eligible for Title IV-E foster care or adoption assistance

Obtain documentation at their first renewal.

- b. Enrollees who are determined presumptively eligible for MA for women with Breast or Cervical Cancer (MA-BC) or the Minnesota Family Planning Program (MFPP) are not subject to documentation requirements during the presumptive eligibility period.

Obtain documentation when they file an application for ongoing coverage and declare that they are U. S. citizens.

- c. Applicants and enrollees who get automatic MA eligibility due to receiving Minnesota Supplemental Aid (MSA) whose citizenship and identity cannot be documented through a SVES query.

Obtain documentation at their first renewal.

- d. Newborns of MA eligible mothers (auto-newborns) are automatically eligible at birth for MA or MinnesotaCare for families with children based on their mother's eligibility, without filing an application.

Obtain documentation of citizenship as soon as it is available through the data match. Do not wait for the next renewal date.

10. Obtain documentation of citizenship and identity when enrollees of MinnesotaCare for adults without children or GAMC become eligible for MA or for MinnesotaCare for families with children.

- a. Keep enrollees on the state program until documentation is received as long as they are cooperating with the documentation process.
- b. Enroll them in MA or MinnesotaCare for families with children as soon as citizenship and identity documentation is received.

**Example 1**

Mary is a U.S. citizen and is enrolled in MinnesotaCare for adults without children. On September 1 she provides proof that she is pregnant. She must document her citizenship and identity. She remains on MinnesotaCare for adults without children until she provides her birth certificate and driver's license on October 5. Change her eligibility to MA or MinnesotaCare for families with children back to her date of conception.

**Example 2**

George is a U.S. citizen who is enrolled in GAMC. George reports he is disabled and a referral is done to the State Medical Review Team (SMRT). Begin the process of citizenship and identity documentation as soon as the case is referred to SMRT. Do not wait until SMRT approves the disability to begin seeking documentation in order to expedite the process in the event documentation is not readily available. George will remain on GAMC even after SMRT is approved until documentation is received. When documentation is received, approve his MA start date for the day that SMRT determined that his disability began.

**G. Documentation of citizenship and identity is a one-time activity**

Once an applicant or enrollee's citizenship and identity is documented and recorded in the case record, subsequent changes in eligibility do not require repeating the documentation process.

1. Request further documentation *only* if later evidence raises a question of the person's citizenship or identity. This applies to Minnesota applicants and enrollees as well as individuals who received MA in another state. See section E.3 for instructions for applicants who have received MA in another state.
2. When a case is transferred from one county to another in Minnesota the transferring county is responsible to assure that citizenship and identity information is in the transferred documents.

**Example**

Ryan applies for MHCP for his family on September 8, 2006 and declares that he is a U.S. citizen. He is potentially eligible for MA or MinnesotaCare for families with children. Ryan provides documentation of his citizenship and identity. Copies are retained in Ryan's case record and the system(s) are updated to indicate Ryan has provided the

required documentation. Ryan will not be required to repeat documentation of his citizenship if he reapplies for MHCP at any time in the future in his current county of residence, or if he moves to another county. Documentation details are entered in case notes.

## **H. Cooperation**

Applicants and enrollees must cooperate with the documentation requirements within the application and renewal processing time periods. Cooperation may include signing an authorization allowing the contact of third parties to obtain documentation.

1. Do not deny or terminate eligibility when applicants or enrollees are cooperating in obtaining documentation of citizenship and identity or while the agency is in the process of obtaining the documents.
2. The MinnesotaCare All or Nothing Rule applies to the citizenship documentation requirement. According to the All or Nothing Rule:
  - a. If one child in a household enrolls, all eligible children in the household who do not have other health insurance must enroll.
  - b. If one spouse or parent enrolls, all eligible spouses and parents in a household who do not have other health insurance must enroll.
  - c. Parents may enroll only if all eligible children in the household enroll. Eligible children may enroll regardless of whether the parents enroll.
  - d. For citizenship and identity documentation this means:
    - 1) All children in the household are ineligible if a child who is required to provide documentation of citizenship and identity fails to do so.
    - 2) All adults are ineligible if an adult who is required to provide documentation of citizenship and identity fails to do so.
  - e. Do not deny or terminate any case based on the All or Nothing Rule without first referring the case to HealthQuest following the instructions in number 4, below.

### **EXAMPLE**

Johnna applies for MinnesotaCare for her husband, Gary, and their two children, Suzi and Max. Johnna submits verification of citizenship and identity for all family members except for Suzi. Suzi is an eligible child and does not have other health insurance. According to the All or Nothing Rule, no other child or adult in the household can enroll unless Suzi is enrolled. However, if all other eligibility factors are met, refer this case to HealthQuest and do not deny or terminate coverage.

3. Do not deny or terminate any case for failure to cooperate with citizenship documentation. Refer the case to HealthQuest following the instructions in number 4 below. *Failure to cooperate* occurs when applicants or enrollees:
  - a. Have been notified of the requirement and do not provide the required documentation;
  - b. Do not explain the reason it is not possible for them to obtain the documentation; and
  - c. Refuse to sign an authorization to contact third parties to obtain documentation.

#### **4. HealthQuest instructions**

**Do not deny or terminate eligibility unless instructed to do so via the HealthQuest response.** Refer cases to HealthQuest whenever citizenship documentation cannot be obtained. Follow the instructions below:

- a. Complete a HealthQuest request by checking the “Citizenship Documentation” check box. **Do not give any private information.** (When submitting a policy only question, continue to check the program type).
- b. Indicate in the question all details about what has already been done to obtain the documentation.
- c. Fax all supporting private information, forms, and documentation.
- d. Wait for the HealthQuest response before denying or terminating eligibility.
- e. Upon receipt of the HealthQuest response, take appropriate action and document details in MAXIS or MMIS case notes.

#### **I. Application and renewal forms**

The Minnesota Health Care Programs Application (DHS-3417) and the Minnesota Health Care Programs Renewal (DHS-3418) were revised July 2006 to include information on citizenship requirements and request documentation. Additional revisions will be made to these forms based on the most recent policy clarifications. The Long-Term Care/Elderly Waiver Renewal Form (DHS-2128) will be revised to include the information on citizenship documentation.

1. Effective July 15, 2006, DHS-4832 (Attachment J) is being mailed along with the Minnesota Health Care Programs Renewal (DHS-3418 7-06) and the Long-Term Care/Elderly Waiver Renewal Form (DHS-2128) to advise enrollees of the new documentations needed.
2. Effective August 1, 2006, DHS-4846 (Attachment K) must be attached to the Minnesota Health Care Programs Application (DHS-3417 7-06) advising applicants of the new requirements.

3. Do not delay implementing the changes in this bulletin while these forms are being revised.

#### IV. System Instruction

##### A. SVES query to verify citizenship

Use SVES to verify citizenship and identity of current and former SSI recipients including MSA recipients.

1. Follow the existing procedures for sending a SVES QUERY when it is determined that a query should be initiated to assist with verification of United States Citizenship. Responses from SSA are usually returned within two working days.
2. Every time a SVES QUERY is sent, all of the fields in the TPQY series will be updated with the most recent SSA data.
3. The new citizenship indicator field is located on the INFC/SVES/SDXE panel, on the middle right-hand side. (see example, below)
4. PF1 help is available for the citizenship indicator field. The example below shows the pop-up for this field (the first two columns in the example). An explanation of the meaning of the codes is shown in the last column. Acceptable citizenship codes A, B, and C are highlighted in the table.

06/21/06 10:06:20		MAXIS		FMLDDAM2	
State Data Response (SDXE)					
Name:		Clim No:		Birthdate:	
SSN:				Fed Liv Arrange:	
SSI Appl Date:					
Recipient Type:					
Payment Status:		<b>Citizenship Indicator:</b>			
Denial Code:				Appeals Code:	
Denial Date:				Appeals Date:	
Onset Date Disa/Blind:				Appeals Decision Code:	
SSI/Opt SSP Elig Date:				Appeals Decision Date:	
				Disa Pay Code:	
Response Date:					
NO SDX INFORMATION FOR THIS SSN OR PMI NUMBER					
Function: SVES Case Nbr: _____ Month: 06 06 Command: _____					
Co: 90 PW: PWJMK43 SW:		Name: _____		User: PWJMK43	
Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10---PF11---PF12---					
HELP PMI EXIT				TRBL INFO	

**Citizenship Indicator** Field PF1 help:

Code	Descriptor	Meaning
1	No Alleged Status	This code does not indicate citizenship, not relevant
2	Valid status alleged	This code is not relevant to citizenship.
A	Proven US Born	This code verifies U. S. citizenship for a U.S. born person
B	Alleged US Born	This code verifies U. S. citizenship for a person who may or may not be U. S. born
C	US citz, born outside US	This code includes naturalized citizens and U.S. citizens born abroad to U.S. citizen parents. Verifies U.S. citizenship.
D	Allege US citz, born outside US Reside > 1972	This code does not verify citizenship status
N	ID and Cit verified by SSA numident	This code is not acceptable to verify citizenship
Q	Alleged US born, corroborated by numident	This code is not acceptable to verify citizenship
*	Unreadable transmission	This code does not verify citizenship

**Brief instructions for a SVES/QUERY:** (For more complete details view Poli/Temp)**1. Sending a QUERY**

Access INFC/SVES

- Enter the PMI and or SSN
- Enter QUERY on the command line and transmit on the QUERY screen

On the QUERY screen the PMI and the SSN will display as entered on the previous screen.

- Enter the case number
- Select transmit QUERY and transmit

**2. Getting the response**

A DAIL message will appear when the response is received from SSA

- Enter an "I" in front of the message and transmit
- Enter SDXE on the INFC/SVES screen command line to view just the SDXE panel with the citizenship indicator field.

The field will display a code that describes the status of U.S. citizenship based on SSA data. There is PF1 help to define the codes.

## **B. MAXIS**

Case notes must be entered with detailed information about citizenship documentation.

Case notes should:

1. Use a format for the first line of the case note that will clearly indicate citizenship and identity documentation related notes. For example:
  - a. "Citizenship and identity documentation received." Or,
  - b. "Citizenship documentation attempt."
2. State what documentation was received
3. Indicate attempts and barriers in obtaining documentation at each subsequent level of the documentation hierarchy.
4. Indicate if the case was referred to HealthQuest

## **C. MMIS (MinnesotaCare and MFPP)**

MMIS will add new RELG reason codes and RIND reason codes to address pend, deny and cancel actions taken due to failure to document citizenship and identity for MinnesotaCare cases.

The new reason codes are expected to be in production by 11/01/2006. DHS will issue a MAXIS email with instructions when the reason codes are available.

1. There are no pending codes used for MFPP. Staff will need to manually track MFPP cases that are pended for citizenship verification.
2. Refer cases to HealthQuest before entering any deny or cancel codes. Do not deny or cancel unless instructed to do so by HealthQuest staff as long as the applicant or enrollee meets other eligibility criteria.
3. Notify applicants and enrollees in writing that citizenship and identification documentation is required by sending the DHS-4807, Request for Proof of Citizenship and Identity (Attachment H). This notification is not automated.
4. Enter case notes with detailed information about citizenship and identity documentation. Follow the guidelines in the MAXIS instructions, above.

## **D. Birth record data match for applicants and enrollees born in Minnesota**

DHS is working with the Minnesota Department of Health (MDH) on instituting an electronic data match for obtaining birth records of people born in Minnesota. Instructions will be provided at a later date. In the interim:

1. Identify and track applicants and enrollees who were born in Minnesota.
2. Obtain other forms of documentation if they are available.
3. Refer cases to HealthQuest if no other forms of documentation are available.

**IV. Legal References**

Deficit Reduction Act of 2005, Public Law No. 109-171

Laws of Minnesota 2006, Chapter 282, Article 17, Sections 34 and 35

**V. Attachments**

Attachment A - Hierarchy of Citizenship Documentation (DHS-4836)

Attachment B - U. S. Citizenship Documentation for Collectively Naturalized Individuals from U. S. Territories (DHS-4837)

Attachment C - Acceptable Documents of Identity (DHS-4835)

Attachment D - Authorization to Request Birth Records (DHS-4841)

Attachment E - Proof of U.S. Citizenship – Statement by Applicant/Enrollee (DHS-4843A)

Attachment F - Proof of U.S. Citizenship–Statement by Friend or Family Member (DHS-4843B)

Attachment G - Worker Checklist-Proof of Citizenship and Identity (DHS-4842)

Attachment H - Request for Proof of Citizenship and Identity (DHS-4807)

Attachment I - Minnesota Birth Record Application (MDH form)

Attachment J - Citizenship Verifications for Renewals (DHS-4832)

Attachment K - Important Information about MHCP Applications (DHS-4846)

**V. Special Needs**

This information is available in other forms to people with disabilities by contacting us at (651) 431-2283 or toll free at (800) 938-3224 or through the Minnesota Relay Service at (800) 627-3529 (TDD), 711 or (877) 627-3848 (speech to speech relay service).





Minnesota Department of **Human Services**

## Minnesota Health Care Programs Hierarchy of Citizenship Documentation

Level 1 Proves both citizenship and identity	Level 2 Must be provided with identity document from DHS-4835	Level 3 Must be provided with identity document from DHS-4835	Level 4 Must be provided with identity document from DHS-4835
U.S. Passport	U.S. Public Birth Record <sup>1</sup>	Extract of hospital record on hospital letterhead created at time of birth, showing U.S. as place of birth.	Federal or state census record showing person’s age and showing U.S. citizenship or U.S. place of birth.
Certificate of Naturalization (Form N-550 or N-570)	Certification of Report of Birth (DS-1350)	Must have been created 5 years before application or renewal.	One of the following which shows U.S. place of birth. Must have been created 5 years before application or renewal:
Certificate of Citizenship (Form N-560 or N-561)  SDX Match via SVES Query for current or former SSI recipients	Certification of Birth Abroad (Form FS-545)	Life insurance, health insurance or other insurance record showing U.S. place of birth.  Must have been created 5 years before application or renewal.	<ul style="list-style-type: none"><li>Seneca Indian tribal census record</li><li>Bureau of Indian Affairs tribal census records of the Navajo Indians</li><li>U.S. State Vital Statistics Official notification of birth registration</li><li>Amended U.S. public birth recorded more than 5 years after birth</li><li>Statement signed by physician or midwife in attendance at birth</li><li>Institutional admission papers</li><li>Medical record</li></ul>
	Consular Report of Birth Abroad of a U.S. Citizen (FS-240)		
	U.S. Citizen I.D. Card (Form I-197 or I-179)		
	American Indian Card (I-872)		
	Northern Mariana Card (I-873)		
	Final Adoption Decree <sup>2</sup>		
	Evidence of U.S. Civil Service employment before 6/1/1976		
	U.S. Military Record showing U.S. as place of birth		
		Affidavits (DHS-4843A and 4843B)	

<sup>1</sup> Must be issued before age 5 and show birth in one of the 50 states; District of Columbia; American Samoa; Swains Island; Puerto Rico (DOB on or after 1/13/1941); Northern Mariana Island (DOB 11/4/1986) NMI local time; Virgin Islands of the U.S (DOB on or after 1/17/1917); or Guam (DOB on or after 4/10/1899). See Attachment B to establish citizenship for collectively naturalized citizens of the territories.

<sup>2</sup> Must show child's name and U.S. place of birth

# Minnesota Health Care Programs

## U.S. Citizenship Documentation for Collectively Naturalized Individuals from U.S. Territories Level 2 documentation

<b>Puerto Rico</b>	<ul style="list-style-type: none"> <li>• Evidence of birth in Puerto Rico on or after 4/11/1899 and individual's statement s/he was residing in the U.S., a U.S. possession or Puerto Rico on 1/13/1941; or</li> <li>• Evidence individual was Puerto Rican citizen and statement s/he was residing in Puerto Rico on 3/1/1917 and did not take oath of allegiance to Spain.</li> </ul>
<b>U.S. Virgin Islands</b>	<ul style="list-style-type: none"> <li>• Evidence of birth in U.S. Virgin Islands and individual's statement of residence in the U.S., a U.S. possession or territory, or the U.S. Virgin Islands on 2/25/1927; or</li> <li>• Individual's statement indicating residence in U.S. Virgin Islands as Danish citizen on 1/17/1917 and residence in U.S., or U.S. possession or U.S. Virgin Islands on 2/25/1927 and statement s/he did not make declaration to maintain Danish citizenship; or</li> <li>• Evidence of birth in U.S. Virgin Islands and individual's statement indicating residence in U.S. or U.S. possession or territory, or the Canal Zone on 6/28/1932.</li> </ul>
<b>Northern Mariana Islands (NMI) (formerly part of the Trust Territory of the Pacific Islands (TTPI))</b>	<ul style="list-style-type: none"> <li>• Evidence of birth in NMI, TTPI citizenship and residence in NMI, the U.S., or a U.S. territory or possession on 11/3/1986 (NMI local time) and individual's statement s/he did <i>not</i> owe allegiance to foreign State on 11/4/1986 (NMI local time); or</li> <li>• Evidence of TTPI citizenship, continuous residence in NMI since before 11/3/1981 (NMI local time, voter registration before 1/1/1975, and individual's statement s/he did <i>not</i> owe allegiance to a foreign State on 11/4/1986 (NMI local time); or</li> <li>• Evidence of continuous domicile in NMI since before 1/1/1974 and individual's statement s/he did <i>not</i> owe allegiance to foreign State on 11/4/1986 (NMI local time).</li> </ul> <p>However, if the individual entered NMI as a nonimmigrant and lived in NMI since 1/1/1974, this does not constitute continuous domicile and the individual is not a U.S.citizen.</p>

# Minnesota Health Care Programs

## Acceptable Documents of Identity

List A	List B
<b>Individuals age 16 or older must provide a document from this list.</b>	<b>Individuals under age 16 may provide a document from List B, if documents from List A are not available.</b>
<ul style="list-style-type: none"> <li>U.S. passport , Certificate of Naturalization, or Certificate of Citizenship. Can be used to document citizenship and identity, even if it is expired. If it is issued with a limitation, the passport can only be used for identity.</li> </ul>	<ul style="list-style-type: none"> <li>Records from school, nursery or daycare.</li> </ul>
<ul style="list-style-type: none"> <li>State driver's license or state ID card. Must be issued by federal or state government or U.S. possession. Must contain photograph or other identifying information such as name, age, sex, race, height, weight or eye color. Do not accept voter's registration card or Canadian driver's license.</li> </ul>	<ul style="list-style-type: none"> <li>An affidavit by a <b>parent or guardian</b> which states the child's date of birth and place of birth.  A HCAPP or renewal signed by a parent or guardian is considered a signed affidavit of the child's identity.  The affidavit must be signed by the parent or guardian under penalty of perjury.  A signature on the affidavit by any other person (such as a caretaker) is not acceptable.  An affidavit cannot be used to document identity if an affidavit was used to document citizenship.  This affidavit does not establish citizenship. It should not be confused with the affidavit permitted in rare circumstances to establish citizenship.</li> </ul>
<ul style="list-style-type: none"> <li>School ID with photograph.</li> </ul>	
<ul style="list-style-type: none"> <li>U.S. military card or draft record.</li> </ul>	
<ul style="list-style-type: none"> <li>Military dependent's ID card.</li> </ul>	
<ul style="list-style-type: none"> <li>U.S. Coast Guard Merchant Mariner Card.</li> </ul>	
<ul style="list-style-type: none"> <li>Certificate of Degree of Indian Blood or other U.S. American Indian/Alaska Native tribal document with a photograph or other identifying information.</li> </ul>	
<ul style="list-style-type: none"> <li>Cross match with federal or state governmental public assistance, law enforcement or correction agency's records or data system. May include MFIP, Food Support, child support, corrections, juvenile detention, motor vehicle, or child protection agencies.</li> </ul>	



Minnesota Department of **Human Services**

Attachment D

DHS-4841 8-06

## Minnesota Health Care Programs

### Authorization to Request Birth Records

Date: \_\_\_\_\_

Case Number: \_\_\_\_\_

Worker Name: \_\_\_\_\_

Worker Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Agency Address: \_\_\_\_\_

#### Authorization for Release of Birth Records

1. I authorize the \_\_\_\_\_ vital statistics office, during the effective dates of this  
Name of state  
release form (see #3 below), to give birth records for me and/or my family members to the agency named above.
2. I also authorize the agency named above to give information about my case to the \_\_\_\_\_  
Name of state  
vital statistics office during the effective dates of this release form (see #3 below), to the extent necessary to get the information described in paragraph one above.

#### Enrollee/Applicant Information

1. This information will be used to decide if I can get Minnesota Health Care Program coverage. I know that this information will be shared with staff in the agency named above who need it to do their jobs.
2. I know that my records are protected by law and can be given out only if I authorize their release.
3. I know that this authorization is effective for one year after the date that I sign this form.
4. I know that I may cancel this authorization at any time by giving a written cancellation. Such cancellation will not apply to information shared before I sign this form and give it to the state/county agency.

**Note to Vital Statistics Office:** Clients can see certain information in their files. We must show the client the information you provide pursuant to this authorization if the client asks to see it.

**A copy or fax of this form may be used in place of the original.**

Signature of client or authorized representative	Date
Client's printed name	
Signature of client's spouse (if needed)	Date

This information is available in other forms to people with disabilities by contacting us at (651) 431-2670 (voice) or toll free at (800) 657-3739. TTY/TDD users can call the Minnesota Relay at 711 or (800) 627-3529. For the Speech-to-Speech Relay, call (877) 627-3848.



## Minnesota Health Care Programs

### Proof of U.S. Citizenship Statement by Applicant/Enrollee

Date: \_\_\_\_\_

Case Number: \_\_\_\_\_

Worker Name: \_\_\_\_\_

Worker Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Agency Address: \_\_\_\_\_  
\_\_\_\_\_

My name is \_\_\_\_\_.

I live at \_\_\_\_\_.

I am a United States citizen. I am writing to tell you what I know about my birth:

Name at birth \_\_\_\_\_

Date of birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

City and state of birth \_\_\_\_\_

My mother's full maiden name \_\_\_\_\_

My father's full name \_\_\_\_\_

Other information about my birth \_\_\_\_\_

I cannot get proof that I am a U.S. citizen because: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

I declare that, under penalty of perjury, this statement is true and correct. I understand what happens to people convicted of perjury (not telling the truth). They may be sentenced to prison for up to five years, a fine up to \$10,000, or both.

Name \_\_\_\_\_ Date \_\_\_\_\_

This information is available in other forms to people with disabilities by contacting us at (651) 431-2670 (voice) or toll free at (800) 657-3739. TTY/TDD users can call the Minnesota Relay at 711 or (800) 627-3529. For the Speech-to-Speech Relay, call (877) 627-3848.



Minnesota Department of **Human Services**

# Minnesota Health Care Programs

## Proof of U.S. Citizenship Statement by Friend or Family Member

1. My name is \_\_\_\_\_ and I am 18 years or older.

I live at \_\_\_\_\_  
Street address / City / State

2. I am writing to tell you about \_\_\_\_\_ who lives at  
Name of applicant/enrollee

\_\_\_\_\_  
Street address / City / State

3. I have known this person since \_\_\_\_\_  
Date I met this person

I know that this person is a U.S. citizen because of the following facts. (Write the facts you know about this person's birth, such as date of birth and the city/state where this person was born.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. This person cannot get proof of U.S. citizenship because \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I declare that, under penalty of perjury, this statement is true and correct. I understand what happens to people convicted of perjury (not telling the truth). They may be sentenced to prison for up to five years, a fine up to \$10,000, or both.

Name \_\_\_\_\_ Date \_\_\_\_\_

This information is available in other forms to people with disabilities by contacting us at (651) 431-2670 (voice) or toll free at (800) 657-3739. TTY/TDD users can call the Minnesota Relay at 711 or (800) 627-3529. For the Speech-to-Speech Relay, call (877) 627-3848.



# Minnesota Health Care Programs

## Worker Checklist

### Proof of Citizenship and Identity

This checklist explains what citizenship and identity documentation was received for this household. For more detailed information on acceptable documents, see DHS-4835, 4836 and 4837.

#### Directions:

- Record the name and case number .
- Fill in each household member's name.
- Check the type of verification you have for each person.
- Write each person's initials by the type of proof(s) you received.

**Case Name** \_\_\_\_\_ **Case Number** \_\_\_\_\_

Name	Citizenship Proof	Identity Proof
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

Name	Citizenship Proof	Identity Proof
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

#### Level 1 - Provides proof of both citizenship and identity

If person provides one of the following, **stop** here. If the person cannot provide one of these, continue.

<input type="checkbox"/>	U.S. Passport, or Certificate of Naturalization (Form N-550 or N-570), or Certificate of Citizenship (Form N-560 or N-561)
<input type="checkbox"/>	SDX match via SVES Query

#### Level 2 - Proof of citizenship

If one of the above items is not available, the person must provide proof of citizenship **and** proof of identity. Someone who provides a Level 2 citizenship document must also provide proof of identity (listed on next page). A person without a Level 2 citizenship document may provide one from Level 3 (listed on next page).

<input type="checkbox"/>	Birth certificate if person was born in another state or born in MN prior to 1935
<input type="checkbox"/>	Data match with MN Dept. of Health if person was born in MN on or after 1935
<input type="checkbox"/>	Other certification of birth issued by the U.S. Department of State (DS-1350, Form FS-240 or FS-545)
<input type="checkbox"/>	U.S. citizen ID card (Form I-197 or I-179)
<input type="checkbox"/>	American Indian card (I-872)
<input type="checkbox"/>	Final U.S. adoption decree
<input type="checkbox"/>	Evidence of U.S. government employment before June 1976
<input type="checkbox"/>	U.S. military record showing U.S. place of birth

---

### Level 3 - Proof of citizenship

Level 3 documents must have been created at least 5 years before the date of the application or renewal.  
Someone who provides a Level 3 citizenship document must also provide proof of identity (listed below).  
A person without a Level 3 citizenship document may provide one from Level 4 (listed below).

	Insurance company records that indicate U.S. place of birth
	Hospital record created at time of birth indicating U.S. place of birth, such as: Hospital chart notes of the birth or record of baby's hospital stay

### Level 4 - Proof of citizenship

A person who does not have a Level 1, 2 or 3 citizenship document must provide a Level 4 document.  
Someone who provides a Level 4 citizenship document must also provide proof of identity (listed below).

	Federal or state census record indicating person's age and U.S. citizenship or U.S. place of birth
	Institutional admission papers indicating U.S. place of birth - must have been created 5 years before application/renewal
	Medical records such as clinic, doctor or hospital records indicating U.S. place of birth or statement signed by physician or midwife in attendance at birth - must have been created 5 years before application/renewal
	Affidavits (DHS-4843A and DHS-4843B)

### Proof of identity

A person who provided citizenship verification from Levels 2-3-4 must also provide proof of identity.

	State driver's license or ID card with picture
	School ID card with picture
	Military ID or draft record
	Certificate of Degree of Indian Blood or other U.S. American Indian/Alaska Native tribal document with a picture or other identifying information
	Children under age 16 may submit the following type of document: Records from school, nursery or daycare or affidavit by parent or guardian - includes signature of parent or guardian on HCAPP or renewal

### Notes:

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# Minnesota Health Care Programs

## Request for Proof of Citizenship and Identity

To: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

Case Number: \_\_\_\_\_

Worker Name: \_\_\_\_\_

Worker Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Agency Address: \_\_\_\_\_

\_\_\_\_\_

### Why am I getting this letter?

We are writing because we need proof of identity **and** proof of citizenship or national status for people who get health care. We need the proofs checked below by this date: \_\_\_\_\_.

Name	Citizenship Proof	Identity Proof
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

Name	Citizenship Proof	Identity Proof
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

### What proof can I give?

To prove both identity and citizenship, you can give us a U.S. passport, Certificate of Naturalization **or** Certificate of Citizenship.

### What if I do not have any of those proofs?

If you do not have one of the proofs listed above, you can give us:

- A birth certificate **or** other proof that you are a U.S. citizen or that you were born in American Samoa or Swains Island **and**
- Proof of your identity, such as a driver's license or state ID.

Give us whatever proofs you have. We will look at the documents to see if we can use them. Look at the back of this letter for more information.

### Can I give you a copy of the document?

The law says that we need to look at original documents. However, we prefer that you do not mail originals.

- If you bring original documents to us, we will make copies and give the originals back to you.
- If you need to mail them, send copies. At a later date we may ask you to give us the originals.
- You can fax the documents to the office fax number shown above.

### What will happen if I do not give this proof?

If we do not get proof, or you do not help us to get the proof, the household member may not get coverage or coverage may end.

### What if I have questions or need help?

If you have questions or need help, call the phone number shown above. We will help you get proofs.

This information is available in other forms to people with disabilities by contacting us at (651) 431-2670 (voice) or toll free at (800) 657-3739. TTY/TDD users can call the Minnesota Relay at 711 or (800) 627-3529. For the Speech-to-Speech Relay, call (877) 627-3848.

## **Level 1 - Provides proof of both citizenship and identity**

If you have a Level 1 proof for each household member, that is all you need to give us.

- U.S. Passport, Certificate of Naturalization, or Certificate of Citizenship
- If you currently or previously received SSI, let your worker know. We may be able to run a data match that will meet citizenship and identity requirements, and then you will not need to give us proofs.

If you do not have Level 1 proofs, we will need two proofs for each person: one proof of citizenship **and** one proof of identity.

- For citizenship: Check the proofs listed below in Levels 2, 3 and 4. Use a proof listed in Level 2 if you have one. Only look at levels 3 and 4 if you do not have something from Level 2.
- For identity: See the list at the bottom of the page.

## **Level 2 - Proof of citizenship**

With a Level 2 citizenship proof, we also need proof of identity (listed at the bottom of the page).

- Birth certificate or other certification of birth issued by the U.S. Department of State
- U.S. citizen ID card
- American Indian card
- Final U. S. adoption decree
- Evidence of U.S. government employment before June 1976
- Official military record of service showing U.S. as place of birth

## **Level 3 - Proof of citizenship**

With a Level 3 citizenship proof, we also need proof of identity (listed at the bottom of the page).

- Hospital record created at time of birth, showing that person was born in the U.S. (examples: hospital chart pages with notes of the birth and/or a record of the baby's hospital stay after birth)
- Insurance company record showing U.S. place of birth

## **Level 4 - Proof of citizenship**

With a Level 4 citizenship proof, we also need proof of identity (listed at the bottom of the page).

- Federal or state census record showing person's age and U.S. citizenship or place of birth
- Medical records (clinic, doctor or hospital) showing U.S. place of birth, statement signed by physician or midwife in attendance at birth - must have been created at least 5 years before the application or renewal
- Institutional admission papers showing U.S. place of birth - must have been created at least 5 years before the application or renewal

## **Proof of identity**

You must give us proof of identity if you gave us proof of citizenship from Level 2, 3 or 4.

- State driver's license or state ID card with picture
- School ID card with picture
- Military ID card or draft record
- Certificate of Degree of Indian Blood or other U.S. American Indian/Alaska Native tribal document with a picture or other identifying information
- For children under 16 years of age, the signature of a parent or guardian on the application or renewal

**If you do not have proof of citizenship and/or identity, call your worker.**



**MINNESOTA BIRTH RECORD APPLICATION** Attachment I  
**For Application by a Representative of the Minnesota Department of Human Services**

BIRTH INFORMATION	FIRST		MIDDLE		LAST (name on birth record)
	MONTH	DAY	YEAR	SEX	CITY and COUNTY OF BIRTH
	MOTHER'S FIRST NAME		MIDDLE NAME		MAIDEN NAME
	FATHER'S FIRST NAME		MIDDLE NAME		LAST NAME

**Request:** I am requesting:

- ☐ \$16.00 Certified Birth Certificate. I am a representative of a local, state, or federal government agency and am authorized to obtain a certified birth certificate according to Minnesota Statutes, section 144.225, subdivision 7. **Your signature must be notarized or the application must be signed in the presence of a registrar to receive a certified birth certificate.**
- ☐ \$13.00 a Non-Certified Copy of the Civil Registration Information on the birth record (available for all births that occurred during 1900 or later)
- ☐ \$13.00 a non-Certified Copy of the Civil Registration and Health Information on the birth record (limited to births that occurred during 2001 or later)
- ☐ \$ 9.00 Verification of Birth

**Public, Private, or Confidential Records:** If the birth occurred to parents who were married or if an unmarried mother designated the record as public, the birth record (but not the health data) is classified as public data. If the birth occurred to parents who were not married and the mother did not designate the record as public, the record is confidential and release of the record is restricted according to Minnesota Statutes, section 144.225, subdivision 2. All health data associated with birth records are private and release of the health data is restricted according to Minnesota Statutes, section 144.225, subdivision 2a. **Your signature must be notarized or the application must be signed in the presence of a registrar to gain access to a private or confidential record. If you are requesting private or confidential information, you must complete the following:**

I am a representative of the Minnesota Department of Human Services who needs access to the requested confidential or private information under Minnesota Statutes, section 144.225, for (check one):

- ☐ to obtain a birth certificate for a child under the guardianship of the Department of Human Services
- ☐ the purposes of administering medical assistance, general assistance medical care, or the Minnesota Care program
- ☐ child support enforcement purposes
- ☐ for child protection
- ☐ other public health purposes as determined by the commissioner of health

(specify purpose: \_\_\_\_\_)

**Data Classification/Penalties:** Private or confidential data provided to state or local government agencies shall retain the private or confidential data classification (Minnesota Statutes, section 13.03, subdivision 4, paragraph c). Anyone who willfully releases private or confidential data to an unauthorized person is guilty of a misdemeanor, and a public employee who commits this violation is subject to suspension without pay or dismissal (Minnesota Statutes, section 13.09). Any person who intentionally makes false application for a certified vital record is guilty of a misdemeanor. Any person who willfully and knowingly obtains a vital record without lawful authority and with intent to deceive is guilty of a gross misdemeanor (Minnesota Statutes, section 144.227).

THE FOLLOWING INFORMATION IS ABOUT THE PERSON COMPLETING THIS APPLICATION			
Your Name (please print)		Name of Agency	
I certify that the information provided on this application is accurate and complete to the best of my knowledge.			Date of Birth
Your Signature			Date      /      /
Your Address			Daytime Phone
	(City)	(State)	(Zip)
<b>Signature must be notarized if applying by mail or fax.</b>  Subscribed and sworn before me this _____ day of _____, 20____ (Seal)  _____. My commission expires: _____			<i>For Administrative Use Only</i>  ID Viewed _____ Initials _____



Minnesota Department of Human Services

## Minnesota Health Care Programs

### **Please read! Important information about your Renewal!**

**We are writing to tell you about a new change for some people who are getting Medical Assistance (MA) and MinnesotaCare.**

#### **What is the change?**

A new law requires some MA and MinnesotaCare enrollees to give us proof of identity and proof that shows they are U.S. citizens when they renew their coverage. This includes U.S. nationals from American Samoa and Swains Island.

#### **You must give us this proof for coverage to continue *unless*:**

- You are an adult without children and you are on MinnesotaCare.
- You are on General Assistance Medical Care.
- Your worker can verify that you were born in Minnesota in 1935 or later. You will still need to give us proof of your identity, such as a driver's license. Your worker will get proof of your birth record from the Minnesota Department of Health.
- You are getting Medicare benefits.
- You are getting or previously received Supplemental Security Income (SSI).

#### **If you have to give proof of identity and citizenship, you can give us a:**

- U.S. passport
- Certificate of naturalization *or*
- Certificate of citizenship.

#### **If you do not have one of the proofs listed above, you must give us:**

- A birth certificate *or* other proof that you are a U.S. citizen or were born in American Samoa or Swains Island *and*
- Proof of your identity, such as a driver's license or state ID.

#### **Can you give us a copy of the document?**

The law says that we need to look at original documents. However, we prefer that you do not mail originals.

- If you bring original documents to us, we will make copies and give the originals back to you.
- If you need to mail them, send copies. At a later date we may ask you to give us the originals.
- You can fax the documents to your worker.

#### **What if I have questions or need help?**

If you have questions or need help, contact your County Human Services Office or the MinnesotaCare office right away. **We will help you get the proofs.**

This information is available in other forms to people with disabilities by contacting us at (651) 431-2670 (voice) or toll free at (800) 657-3739. TTY/TDD users can call the Minnesota Relay at 711 or (800) 627-3529. For the Speech-to-Speech Relay, call (877) 627-3848.



Minnesota Department of Human Services

# Minnesota Health Care Programs

## Please read! Important information about the Minnesota Health Care Programs Application!

**There is a new change for some people who are applying for Medical Assistance (MA) and MinnesotaCare.**

### What is the change?

A new law requires some MA and MinnesotaCare applicants to give us proof of identity and proof that shows they are U.S. citizens when they are applying for coverage. This includes U.S. nationals from American Samoa and Swains Island.

### You must give us this proof before you can get coverage *unless*:

- You are an adult without children and you are applying for MinnesotaCare.
- You are applying for General Assistance Medical Care.
- We can verify that you were born in Minnesota in 1935 or later. You will still need to give us proof of your identity, such as a driver's license. We will get proof of your birth record from the Minnesota Department of Health.
- You are getting Medicare benefits.
- You are getting or previously received Supplemental Security Income (SSI) .

### If you have to give proof of identity and citizenship, you can give us a:

- U.S. passport
- Certificate of naturalization *or*
- Certificate of citizenship.

### If you do not have one of the proofs listed above, you must give us:

- A birth certificate *or* other proof that you are a U.S. citizen or were born in American Samoa or Swains Island *and*
- Proof of your identity, such as a driver's license or state ID.

### Can you give us a copy of the document?

The law says that we need to look at original documents. However we prefer that you do not mail originals.

- If you bring original documents to us, we will make copies and give the originals back to you.
- If you need to mail them, send copies. At a later date we may ask you to give us the originals.
- You can fax the documents to your worker.

### What if I need help or have questions?

If you need help or if you have questions contact your County Human Services Office or the MinnesotaCare office right away. **We will help you get the proofs.**

This information is available in other forms to people with disabilities by contacting us at (651) 431-2670 (voice) or toll free at (800) 657-3739. TTY/TDD users can call the Minnesota Relay at 711 or (800) 627-3529. For the Speech-to-Speech Relay, call (877) 627-3848.