

Please read this entire page carefully before completing it. If you have questions, see the instruction book (PUB-1301 Statewide) or talk to your social services district.

SECTION 8 – CITIZENSHIP/NON-CITIZEN WITH SATISFACTORY IMMIGRATION STATUS	SECTION 9 – CERTIFICATION								
<p><b>LIST EVERYONE WHO IS APPLYING OR WHO IS REQUIRED TO APPLY.</b></p> <p>You have to fill out Sections 8 and 9 if you are:</p> <ul style="list-style-type: none"> <li>Applying for Child Care Assistance <b>only</b>, but you need to fill out the information only for the children who would be receiving Child Care Services.</li> <li>Applying for Foster Care <b>only</b>, but you need to fill out the information only for the children who would be receiving Foster Care.</li> <li>Applying for other Services under certain circumstances.</li> </ul>	<p>Some social services programs require that you certify that you are a United States citizen, Native American or national of the U.S., or a non-citizen with satisfactory immigration status. Other programs do not.</p> <p>You <b>MUST</b> sign the Certification below only if you are a United States citizen, Native American or national of the United States, or a non-citizen with satisfactory immigration status, <b>and</b> you are applying for:</p> <ul style="list-style-type: none"> <li>Public Assistance (where there are children in the household or a member of the household is pregnant), or</li> <li>The Supplemental Nutrition Assistance Program, or</li> <li>Medicaid (<u>except</u> if the applicant is pregnant), or</li> <li>Child Care Assistance (certification is needed for the children <b>only</b>), or</li> <li>Foster Care (certification is needed for the children <b>only</b>), or</li> <li>Other Services under certain circumstances;</li> <li>Emergency Payment Assistance</li> </ul> <p>An adult household member or authorized representative may sign for all household members. <u>Example:</u> A parent without a satisfactory non-citizen status may sign for his/her child with a satisfactory non-citizen status.</p> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 10px;"> <tr> <th style="width:15%;"></th> <th style="width:25%;">NEEDED</th> <th style="width:45%;">REFERRALS</th> <th style="width:15%;">COMPLETED</th> </tr> <tr> <td></td> <td colspan="2" style="text-align: center;">Systematic Alien Verification for Entitlements (SAVE)</td> <td></td> </tr> </table>		NEEDED	REFERRALS	COMPLETED		Systematic Alien Verification for Entitlements (SAVE)		
	NEEDED	REFERRALS	COMPLETED						
	Systematic Alien Verification for Entitlements (SAVE)								

An application for SNAP must list all persons living in the SNAP household. An application for PA must list all children for whom you are applying, their brothers and sisters, and all parents of those children who live together. If you do not check whether a listed person is a United States citizen, national of the U.S. or an non-citizen with a satisfactory immigration status, or provide an U.S. Citizenship and Immigration Services (USCIS) number (Alien Registration Number) or a non-citizen number (if applicable), that person will not be given assistance and the remaining members of the household will receive reduced benefits. If you are a Native American, check citizen/national.

**SIGN\* AND DATE THE BOX BELOW FOR EACH APPLICANT.**

In the case of an applying non-citizen with a satisfactory immigration status, check the program(s) for which each applying non-citizen has satisfactory immigration status. (See the instruction book, Pub-1301 Statewide.)

LN	FIRST NAME	MI	LAST NAME	Check either "CITIZEN / NATIONAL" or "NON-CITIZEN" for each person.	USCIS NUMBER (ALIEN REGISTRATION NUMBER) OR NON-CITIZEN NUMBER (If Applicable)	CERTIFICATION	DATE	P	A	S	N	A	M	A	C	C	F	C	S	E	M	R	G
01				CITIZEN/ NATIONAL	NON-CITIZEN	A																	
02				CITIZEN/ NATIONAL	NON-CITIZEN	A																	
03				CITIZEN/ NATIONAL	NON-CITIZEN	A																	
04				CITIZEN/ NATIONAL	NON-CITIZEN	A																	
05				CITIZEN/ NATIONAL	NON-CITIZEN	A																	
06				CITIZEN/ NATIONAL	NON-CITIZEN	A																	
07				CITIZEN/ NATIONAL	NON-CITIZEN	A																	
08				CITIZEN/ NATIONAL	NON-CITIZEN	A																	

By checking a box above and by signing the certification in Section 9, I hereby certify, under penalty of perjury, that I, and/or the person(s) for whom I am signing, am a United States citizen, Native American or national of the United States, or a non-citizen with satisfactory immigration status.

I understand that signing this Certification may result in information about applying members of my household being submitted to the United States Citizenship and Immigration Services for verification of non-citizen status, if applicable.

The use or disclosure of the information above is restricted to persons and organizations directly connected with the verification of citizenship status, and the administration or enforcement of the provisions of the Public Assistance, Supplemental Nutrition Assistance, Medicaid, Child Care Assistance, Foster Care and Services Programs.

\*A person who wishes to sign the Certification but cannot write may make an "X" on the line in front of a witness. The witness must sign below.

I witnessed the marks made in lines: \_\_\_\_\_ Signature of witness: \_\_\_\_\_ Date Signed: \_\_\_\_\_

## SECTION 10 – INFORMATION REGARDING REFERRAL TO THE CHILD SUPPORT ENFORCEMENT UNIT

If you are applying only for child care assistance, you are not required to pursue child support and do not have to fill out this section. If you are applying for Medicaid in addition to Public Assistance or the Supplemental Nutrition Assistance Program, you may have to help us obtain medical support for yourself and your applying children. Answer the following questions to determine if you need to complete this section. Include yourself, as appropriate:

1. Are you applying for an individual under the age of 21 who was born out of wedlock and for whom paternity (legal fatherhood) has not been established?      Yes      No
2. Are you applying for an individual under the age of 21 who has an absent father or mother (noncustodial parent)?      Yes      No

**You do not need to complete this section if you answered “No” to both of these questions. Go to Section 11.**

**You must complete this section if you answered “Yes” to either or both of these questions.** Provide the names of all individuals under the age of 21 for whom you are applying and any information you currently have about those individuals’ noncustodial parents or putative (alleged) fathers.

3. Are you under the age of 21?      Yes      No

If you answered "Yes" to this question, provide the information for your noncustodial parent(s) or putative father(s).

As a condition of obtaining assistance, you are required to assign certain rights related to support, as described in the Notices, Assignments, Authorizations, and Consents section at the end of this application. You will be provided with the LDSS-4882 form, "Information About Child Support Services and Application/Referral for Child Support Services," to complete and return to the Child Support Enforcement Unit. Except in situations of domestic violence or other good cause, as a condition of obtaining assistance you are required to cooperate with the Child Support Enforcement Unit to locate any noncustodial parent or putative father; establish paternity for each individual under the age of 21 born out of wedlock; and establish, modify, and/or enforce orders of support. You also will be provided with the LDSS-4279 form, "Notice of Responsibilities and Rights for Support," which explains your responsibilities and your rights if you do not cooperate with the Child Support Enforcement Unit.

REQUESTED	DOCUMENTATION	IN FILE
	Acknowledgement of Paternity	
	Child Support Order	
	Good Cause Form (LDSS-4279)	
	IV-D Attestation (LDSS-4281)	
	Death Certificate	
	Divorce Decree	
	VA Benefits	
	Order of Filiation/Paternity	
	Birth Certificate	
NEEDED	REFERRALS	COMPLETED
	CTHP	
	CAP	
	Application/Referral for Child Support Services (LDSS-4882)	
	Paternity	
<b>CONSIDER</b>		
✓ Health Insurance of Non-custodial Parent/Absent Spouse	✓ Child Health Plus	
	✓ TASA	
✓ Petition to Family Court	✓ SSI/SSA	

NAME OF INDIVIDUAL UNDER AGE 21	NONCUSTODIAL PARENT OR PUTATIVE FATHER'S NAME AND ADDRESS	NONCUSTODIAL PARENT OR PUTATIVE FATHER'S DATE OF BIRTH			NONCUSTODIAL PARENT OR PUTATIVE FATHER'S SOCIAL SECURITY NUMBER
		MONTH	DAY	YEAR	
A.					
B.					
C.					
D.					
E.					