



MEDICAIDAlert

In February 2006, the President signed into law budget reconciliation legislation—the so-called Deficit Reduction Act (DRA)—that fundamentally alters many aspects of the Medicaid program. Some of these changes are mandatory provisions that states must enact and that will make it more difficult for people to either qualify for or enroll in Medicaid. Other changes are optional provisions that allow states to make unprecedented changes to the Medicaid program through state plan amendments. This series of issue briefs is designed to inform advocates about the specifics of these changes and to highlight key implementation issues and strategies to mitigate the harm these provisions could cause to people on Medicaid.

Citizenship Update: Administration Creates Additional Barriers to Medicaid Enrollment

The Deficit Reduction Act (DRA) fundamentally alters many aspects of the Medicaid program. One of the more damaging provisions of the new law requires that states obtain proof of citizenship from all new Medicaid applicants, and from current enrollees who renew their eligibility, beginning on July 1, 2006.¹ On June 9, 2006—just three short weeks before the provision is scheduled to begin—the Centers for Medicare and Medicaid Services (CMS) sent guidelines to states about how to implement the new citizenship documentation requirement. These guidelines make the provision even more stringent than the law requires, and they leave many unanswered questions for both states and Medicaid enrollees.

The new citizenship documentation requirement is a drastic shift in policy that will directly affect the more than 51 million U.S. citizens currently enrolled in Medicaid. It could also cause substantial delays in enrollment for future applicants or discourage enrollment altogether. Although the law does not affect who qualifies for Medicaid—that is, the eligibility criteria will remain the same for both citizens and immigrants—it does change the paperwork burden for people who need Medicaid. The provision requires, for the first time, that anyone applying for Medicaid as a U.S. citizen submit either a birth certificate or passport (or one of a number of similar but relatively uncommon official documents) to prove their citizenship status.² While ostensibly designed to root out cases of immigrants falsely declaring citizenship when applying for Medicaid, the new provision will create a substantial barrier for the millions of U.S. citizens enrolled in Medicaid.

This issue brief addresses three important questions regarding the citizenship documentation requirement for Medicaid:

1. What do advocates need to know about the requirement?
2. What are the likely consequences of requiring people to provide proof of citizenship status and identity to receive Medicaid benefits?
3. What can advocates do to help mitigate the potential harm that the requirement will cause to Medicaid applicants and recipients?

Soon after the DRA was signed into law in February 2006, Families USA issued an analysis of the documentation requirement, *Millions Must Now Prove Citizenship to Keep Medicaid Coverage*, as part of a broader “Medicaid Alert” series. This issue brief is an update of that piece. It reviews the guidelines that were issued several months after the requirement became law and the problems that remain as states begin to implement the requirement.

1. What Do Advocates Need to Know about the Requirement?

Beginning on July 1, 2006, all new Medicaid applicants and all current Medicaid enrollees who have not previously proved their citizenship status must produce documentary evidence to prove both citizenship and identity. On June 9, CMS issued a letter to state Medicaid directors explaining the types of documents that could be accepted as proof of citizenship and the rules that states will be expected to follow in implementing the provision.

● The Federal Guidelines Make a Bad Situation Worse

The Administration had almost five months before the July 1 implementation date to help states prepare for this transition and to publish guidance for state Medicaid directors that would provide them with greater flexibility in implementing the requirement. Instead, CMS waited until June 9 to issue guidance to states, which are struggling to figure out how to document the citizenship status of all of their Medicaid enrollees.³ What’s more, the guidance issued by CMS is more restrictive than the federal law in many respects, making it more difficult for people to meet the new requirement.

In its guidance letter, CMS established a four-tier hierarchy of acceptable documentation that states must follow in verifying an individual’s citizenship status, with documents listed in Tier 1 considered to be the most reliable and documents in Tier 4 considered the least reliable. For native-born citizens, a U.S. passport is the only acceptable form of documentation in Tier 1. The next tier includes more common forms of documentation, such as a U.S. birth certificate or final adoption decree. Documents from Tiers 3 and 4 can be used only *after* an applicant or enrollee shows that he or she cannot obtain any documents from the previous tier.

If a person does not have access to any of these less common documents, then that person can supply a written affidavit by at least *two* individuals, at least one of whom cannot be related to the applicant or recipient. In addition, the individuals making the affidavit must be able to provide proof of *their own* citizenship and identity, and the applicant or recipient must make an additional affidavit explaining why documentary evidence does not exist or cannot be obtained. Although the affidavit is sometimes characterized as a “safety net” of sorts to catch those who cannot show other proof of citizenship, it is unlikely that people who cannot provide any of the other documents to prove their citizenship status will be able to offer an acceptable affidavit.

The full list of accepted documents is extensive and complicated (for an overview of the types of documentation allowed under the guidance, see Table 1 on page 10). And although the list appears to include an array of possible forms of documentation, most of the documents listed will not be available to someone who does not have either a passport or birth certificate. For some Americans, particularly those with severe cognitive disabilities, these new barriers to enrollment may prove to be insurmountable.

The documentation burden falls particularly hard on new applicants to Medicaid. While current enrollees who are renewing their eligibility must be given a “reasonable opportunity” to submit documentation and cannot be denied benefits as long as they are working in “good faith” to obtain such documents, the new guidelines explicitly prohibit states from providing Medicaid to new applicants until they provide physical proof of their citizenship and identity. Not only does this create an additional disincentive to applying, it also can prolong the application process by weeks or even months as applicants go through the process of requesting birth certificates from their home state and scrambling to find documentation that might no longer exist.

The guidance issued by CMS also discourages states from using electronic data sources or information from other state agencies to verify citizenship before seeking paper documentation. This decision shifts the burden of the requirement onto beneficiaries and applicants who may not have the resources or support to produce such documentation. For example, according to the letter sent to state Medicaid direc-

Common Forms of Acceptable Documentation*

Any one of these:

- U.S. Passport
- Certificate of Naturalization
- Certificate of U.S. Citizenship

OR

Any one of these:

- U.S. birth certificate
- Certification of Birth Abroad
- U.S. Citizen Identification Card
- Consular Report of Birth
- Final adoption decree

plus

- Driver’s license or state ID card
- School ID card with photo
- U.S. military card
- Native American Tribal document

*See Table 1 on page 10 for details.

tors, individuals who receive SSI benefits in addition to Medicaid are required to produce a birth certificate, passport, or other proof of citizenship in order to continue to receive Medicaid. This requirement, however, is entirely unnecessary, because the Social Security Administration already verifies the citizenship status of all SSI recipients.⁴ In fact, state Medicaid agencies could quickly and easily use information available in the State Data Exchange to confirm that these individuals are citizens, but the CMS guidance suggests that this will be allowed only after applicants or enrollees prove that they are unable to obtain original documentation. The requirement is hugely inefficient because it requires state Medicaid offices to duplicate the efforts of other agencies, and it also could cause delays in enrollment for some of the most vulnerable Americans applying for Medicaid.

- **The Documentation Requirement Is a “Solution” without a Problem**

Before the DRA was signed into law, most states allowed applicants to self-attest under penalty of perjury that they were citizens. In addition, states always had the right to demand documentation when they suspected that any applicant was not truthful in declaring citizenship. This system proved itself to be both efficient and effective. In fact, the new documentation requirement directly contradicts the findings of a report released six months earlier by the Inspector General of the Department of Health and Human Services (HHS). According to Mark McClellan, the director of CMS, the report found that “states have little evidence that many non-eligible, non-citizens are receiving Medicaid as a result” of the self-declaration policy. Moreover, CMS administrators agreed that there was no reason at that time to enforce a documentation requirement.⁵

Under the new legislation, however, the present system will be replaced by one that is more administratively burdensome by requiring citizenship documents from *all* applicants who declare they are U.S. citizens, a move that could prevent many otherwise eligible children and adults from obtaining necessary health care services. Representatives Charles Norwood (R-GA) and Nathan Deal (R-GA) introduced the provision—and Congress passed it—based on the unfounded and irrational assumption that undocumented immigrants were enrolling in Medicaid in significant numbers. The report issued by the Inspector General of HHS, however, *found no substantial problem with fraudulent enrollments and did not recommend the implementation of a documentation requirement.*

Because administrators at CMS acknowledged in the Inspector General’s report that fraudulent enrollment did not pose a threat to state Medicaid programs, the guidelines that CMS issued to states could have mitigated much of the harm caused by the documentation requirement by providing states with more flexibility in implementing the provision. In fact, earlier drafts of guidance provided by CMS suggest that administrators had considered simplifying the documentation process and allowing individuals with exceptional circumstances to prove citizenship in the

absence of official documentation. The final guidance issued to states, however, creates a rigid documentation system that leaves little flexibility for individuals who do not have access to government-issued documents that prove citizenship or identity.

- **The Administration Ignored Its Obligation to Help States and Beneficiaries Prepare for the Requirement**

While the legislation explicitly required the Secretary of Health and Human Services to establish an outreach program “As soon as practicable” to inform beneficiaries and state agencies about the requirement, it took the Administration more than four months to issue a statement on outreach. This statement—which was included in the guidance that CMS sent to states three weeks before the requirement was scheduled to take effect—encouraged states to alert “Medicaid beneficiaries and potential applicants as soon as possible about the requirement” and mentioned that CMS would post outreach tools that states could use on its Web site. This is undoubtedly an inadequate approach to implementing a requirement that will dramatically affect more than 51 million U.S. citizens and place a tremendous burden on state agencies.

States can expect the bulk of the administrative burden to affect them between July 1 and December 31, 2006. Since most Medicaid enrollees must have their eligibility renewed every six months, these individuals will have to produce citizenship documentation during the first six months after the new requirement takes effect. People who are required to renew every 12 months will have to go through this process some time between July 1, 2006 and July 1, 2007. After this time, states will continue to have to verify the citizenship status of new applicants.

2. What Are the Likely Consequences of the Documentation Requirement?

While originally designed to crack down on the number of immigrants illegally enrolling in the Medicaid program, the provision will create additional barriers for *all* Medicaid beneficiaries, particularly minorities, the elderly, and individuals living in rural communities. Ultimately, the requirement will lead to decreased enrollment in Medicaid, longer delays in applying for Medicaid, and increased costs to states.

- **Eligible Citizens Will Lose Medicaid Coverage**

Under the provision, all U.S. citizens applying for or receiving Medicaid must submit documents proving their citizenship, which in most cases means having access to either a birth certificate or passport. According to the Center on Budget and Policy Priorities, roughly 1.7 million U.S.-born adult Medicaid beneficiaries do not have access to the documents now required for enrollment. In addition, an estimated 1.4 to 2.9 million children lack both a birth certificate and passport.⁶ Without this necessary documentation, millions of eligible citizens could be denied coverage, leaving them entirely uninsured.

Requiring applicants to submit proof of citizenship will needlessly force otherwise eligible beneficiaries off of Medicaid. Much of the savings that will result from the new requirement will stem from keeping eligible low-income citizens away from the program because they are unable to produce the necessary documents.

- **The Requirement Will Hurt the People It Was Intended to Protect**

Although the requirement ostensibly will prevent non-U.S. citizens from enrolling in Medicaid, the provision will disproportionately hurt low-income citizens and their families by making it more difficult for them to obtain health care services through Medicaid. This is because individuals enrolled in Medicaid are less likely than the general population to have access to a passport or birth certificate. According to a recent survey commissioned by the Center on Budget and Policy Priorities, U.S.-born adults with incomes below \$25,000 are almost twice as likely as adults with incomes above \$25,000 to report not having a passport or birth certificate available.⁷

Moreover, the provision will disproportionately affect those who are elderly, African Americans, those who live in rural areas, and those who have less than a high school education. These individuals are least likely to have ever been issued a birth certificate, and they are even less likely to have a passport. In addition, applicants who have been homeless or who have lost their citizenship documents because of a fire, hurricane, or other natural disaster will have to go through the difficult process of obtaining a birth certificate from their home state before enrolling in Medicaid.

- **The Most Vulnerable Beneficiaries Will Be Most Affected**

The new provision will not affect all enrollees equally. Many Medicaid enrollees—for example, those who live in rural areas and were born outside of a hospital, or those who were forced to leave their homes as a result of emergencies or natural disasters—are much less likely to have access to a birth certificate. As a result, the documentation requirement will particularly hurt those who have been underserved in the past and who are in the greatest need of care. The law makes absolutely no exceptions, even for those who need immediate care or who have an incapacitating illness such as Alzheimer’s disease that makes gathering citizenship documents almost impossible.⁸

In particular, low-income African Americans will be disproportionately affected by the documentation requirement. Compared to other racial and ethnic groups, African Americans (especially older individuals) are less likely to have been born in a hospital, and therefore issued a birth certificate, due to a historical legacy of racism and segregation in the United States.

- **The Requirement Will Create New Costs for Applicants and Enrollees and Delay Applications for Medicaid**

With millions of U.S. citizens reporting that they do not have access to a birth certificate, passport, or other proof of citizenship, the provision could force many low-income families to pay for certified copies of birth from their home state. While some states might provide funding to help obtain documents for Medicaid applicants and enrollees, they are not required to do so. In states that do not offer such funding, the cost will often fall on those who can least afford it. Most states require a processing fee of between \$10 and \$20 before issuing a copy of a birth certificate.⁹ What's more, the time required to process requests could seriously delay by weeks or months the delivery of needed care for applicants waiting to receive a copy of their birth certificate.

Applying for a passport is not a practical option for most Medicaid applicants. Besides the prohibitively high application fee—\$97 for adults and \$82 for children under the age of 16—applicants must also prove citizenship by submitting a birth certificate or similar documentation. Ironically, these are the same documents now required to apply for Medicaid.

- **The Requirement Will Create New Administrative Costs and Burdens for States**

According to the HHS Inspector General, approximately 50 percent of state officials have reported that they would have to hire additional personnel to handle the increased workload if birth certificates or passports were required for Medicaid enrollment.¹⁰ In addition, the requirement could result in a surge of requests for birth certificates from state agencies. Before the requirement was signed into law, the National Association for Public Health Statistics and Information Systems predicted that a documentation requirement would result in a 25 to 50 percent increase in the volume of birth certificate requests, which could cause significant delays in processing birth certificate applications.¹¹

Because of the new requirement, states will be spending more money trying to verify the citizenship status of everyone on Medicaid at the expense of providing necessary health care services to eligible Americans who are unable to produce the required documentation. For example, since applicants and enrollees in most states can prove Medicaid eligibility by mailing in documents, state agencies will have to spend more money on postage to return important documents like birth certificates, passports, and identification cards. These costs are in addition to the enormous financial burden imposed on states in implementing the new requirement, including alerting Medicaid beneficiaries to the requirement, training eligibility workers on acceptable documentation, and hiring additional personnel to process the increased demand for birth certificates and other documentation.

3. What Can Advocates Do to Mitigate the Harm of the Requirement?

Although the guidance issued by CMS gives states relatively little flexibility when implementing the documentation requirement, there are several steps that Medicaid advocates can take to help mitigate the harm caused by this damaging requirement.

Action Steps for Advocates

- ✓ **Encourage your state to adopt presumptive eligibility for children and pregnant women.** All states have the option to “presume” certain populations to be eligible for Medicaid before they receive supporting documentation. Although this option is available only for children and pregnant women, the implementation of the documentation requirement presents a unique opportunity for advocates to encourage their states to adopt presumptive eligibility policies for these individuals so that they can be enrolled in Medicaid while they obtain the appropriate documentation. This will prevent a needless delay in services for many of the citizens who depend on Medicaid most.
- ✓ **Keep track of the harm caused by the requirement.** Document cases of eligible beneficiaries who face delays or are denied Medicaid coverage because of the provision, and track the hardships they experience as a result. Share these stories with appropriate advocates, policymakers, and media sources to show how the documentation requirement hurts eligible citizens. Also encourage affected applicants and beneficiaries to share their experience with Families USA’s story bank, so that we can bring attention to the harm caused by the legislation.
- ✓ **Encourage your state to pay any costs incurred by beneficiaries obtaining documentation.** The guidance from CMS gives states the option to provide funding for obtaining documentation and guarantees that states will be reimbursed at their federal administrative match rate for such costs. However, the guidance stops short of requiring states to pay for the necessary documentation, leaving open the possibility that the costs will fall on applicants and beneficiaries.
- ✓ **Encourage your state to use electronic data matching whenever possible.** Although the guidance suggests that states should use data matching after requesting paper documentation from an individual, CMS officials have made statements indicating that states can be more proactive with electronic data matching.¹² Several states have included electronic data matching in their early implementation plans. Electronic data matching will streamline the process for states and individuals and reduce the number of people who need to produce paper documentation.
- ✓ **Help with outreach activities.** The documentation requirement has caused widespread confusion, and many individuals who are affected by it might not know that they will need to produce proof of citizenship to receive or maintain Medic-

aid coverage. In addition, many immigrants might mistakenly believe that this requirement changes their eligibility for Medicaid. Lacking clear federal guidance, states and organizations that assist enrollees have waited to inform people about the new requirement. With implementation now imminent, advocates should get their state's latest plan and help get the information to those who need it as soon as possible so that people who rely on Medicaid will know as soon as possible what documentation they will need.

- ✓ **Work with state officials to fine-tune implementation plans.** States will be implementing this new provision in July. As cracks in the system occur, bring these issues to the attention of your state officials and work to get them corrected. Encourage your state to adopt “good practices” employed in other states.
- ✓ **Stay abreast of legislation to repeal the provision.** For example, Senator Daniel Akaka (D-HI) introduced a bill (S. 2305) in the Senate, and Congresswoman Donna Christensen (D-VI) introduced legislation in the House (H.R. 5023) to repeal the documentation requirement entirely. To find the current status of the bills, search for the bill number on the Library of Congress Web site for legislative information at <http://thomas.loc.gov>.

Conclusion

Requiring all Medicaid applicants and enrollees to submit proof of their citizenship status will force many otherwise eligible beneficiaries to lose access to health care. It is a needless provision that will pose an additional barrier to care for millions of low-income Americans. States also will face an immense financial and administrative burden as they seek to implement this unnecessary requirement.

The documentation requirement is part of a series of budget measures designed to reduce Medicaid spending by discouraging enrollment in Medicaid and increasing out-of-pocket costs for those who do enroll.¹³ These changes are part of a larger Administration plan to radically restructure and dismantle Medicaid.

The requirement stems from highly misleading anti-immigrant rhetoric and hurts the very people it was purportedly designed to protect: U.S.-born citizens who depend on Medicaid for their health care coverage. Congress should work to provide the maximum possible flexibility to states seeking to implement this harmful and costly requirement in the months ahead, and ultimately repeal the provision altogether.

Table 1

Proving Citizenship and Identity for Medicaid

Note: The applicant or beneficiary renewing eligibility must go through the following 4-tier hierarchy until he or she is able to successfully document citizenship. Those who do not have documents from Tier 1 must also supply additional proof of identity. The complete guidelines regarding acceptable documentation are explained in the June 9 letter from CMS to state Medicaid directors.

<p>Tier 1 (proves both citizenship and identity)</p> <ul style="list-style-type: none"> ● U.S. passport ● Certificate of Naturalization ● Certificate of U.S. Citizenship <p>Tier 2 (proves citizenship only)</p> <ul style="list-style-type: none"> ● A U.S. public birth record ● Certification of Report of Birth ● Certification of Birth Abroad ● U.S. Citizen Identification Card ● Consular Report of Birth Abroad of a U.S. Citizen ● American Indian card with code KIC¹⁴ ● Northern Mariana card ● Final adoption decree ● Evidence of U.S. civil service employment before June 1, 1976 ● Official military service record that shows U.S. place of birth <p>Tier 3 (proves citizenship only)</p> <ul style="list-style-type: none"> ● Extract of hospital record on hospital letterhead¹⁵ ● Life or health insurance record showing U.S. place of birth <p>Tier 4 (proves citizenship only)¹⁶</p> <ul style="list-style-type: none"> ● Federal or state Census record showing U.S. place of birth ● Seneca Indian tribal Census record ● BIA tribal Census records of the Navajo Indians ● U.S. state vital statistics official notification of birth ● Amended U.S. public birth record ● Statement signed by physician/midwife in attendance at birth ● Institutional admission papers indicating place of birth ● Medical record indicating U.S. place of birth ● Written affidavit by at least <i>two</i> individuals¹⁷ 	<p>Proof of Identity</p> <ul style="list-style-type: none"> ● Any item from Tier 1 <p style="text-align: center;">or</p> <ul style="list-style-type: none"> ● U.S. driver’s license with either a photo of the individual or other identifying information (e.g., name, age, sex, race, height, weight, or eye color) ● School ID card with photo ● U.S. military card or draft record ● Government-issued ID with the same information that is included on a driver’s license ● Native American tribal document ● Certificate of Degree of Indian Blood¹⁸ ● U.S. Coast Guard Merchant Mariner card ● School records for children under age 16¹⁹ ● If none of the above documents is available for a child under age 16, a parent or guardian can attest to the identity of the child. ● If none of the documents explicitly mentioned in the guidance are available, an affidavit may be used. The affidavit must be signed under penalty of perjury by a parent or guardian stating the date and place of birth of the child and cannot be used if an affidavit for citizenship was provided.
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Endnotes

¹ Deficit Reduction Act of 2005, Pub. L. No. 109-171, Section 6036, available online at <http://thomas.loc.gov> (search for S. 1932).

² The statute exempts “aliens” from the requirement who are also enrolled in Medicare or who qualify for Supplemental Security Income (SSI) benefits. This appears to be a drafting error in the legislation, since the requirement affects only citizens and does not change the requirements for immigrants applying for Medicaid. Since the statute does not affect immigrants, Congress most likely intended to exempt eligible citizens in this category. However, it is unclear whether this error will be fixed through a technical amendment.

³ Centers for Medicaid and State Operations, State Medicaid Director Letter #60-012 (Baltimore: Health and Human Services, June 2006), available online at <http://www.cms.hhs.gov/smdl/downloads/SMD06012.pdf>.

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⁵ Daniel Levinson, *Self-Declaration of U.S. Citizenship for Medicaid* (Washington: Department of Health and Human Services, Office of Inspector General, July 2005).

⁶ Leighton Ku, Donna Cohen, and Matt Broaddus, *Survey Indicates Budget Reconciliation Bill Jeopardizes Medicaid Coverage for 3 to 5 Million U.S. Citizens* (Washington: Center on Budget and Policy Priorities, January 26, 2006).

⁷ *Ibid.*

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⁹ According to the National Center for Health Statistics, 38 states charge between \$10 and \$20 for a certified copy of an individual’s birth certificate, five states charge between \$5 and \$10 (Florida, Nebraska, North Dakota, Vermont, and West Virginia), and four states charge between \$20 and \$30 (Michigan, New Jersey, New York, and Texas). The remaining three states (Massachusetts, Mississippi, and Tennessee) and the District of Columbia charge different amounts depending on the method used to obtain the copy.

¹⁰ Daniel Levinson, *op. cit.*

¹¹ Leighton Ku et al., *op. cit.*

¹² Phone call featuring Jean Sheils, Director, Family and Children’s Health Programs Group, Centers for Medicare and Medicaid Services, June 12, 2006.

¹³ Families USA, *Overview: Medicaid and the Deficit Reduction Act 101* (Washington: Families USA, February 2006).

¹⁴ Issued by DHS to identify U.S. citizen members of the Texas Band of Kickapoos living near the U.S./Mexican border.

¹⁵ Must be established at the time of the person’s birth and must have been created at least five years before the initial application date.

¹⁶ The guidance issued by CMS places certain restrictions on the use of Tier 4 documents. For example, all documents listed in this section must have been created at least five years before the initial application date for Medicaid to be accepted as verification of citizenship.

¹⁷ At least one individual must be unrelated to the applicant/recipient, and both must have personal knowledge of the events establishing the applicant’s or recipient’s claim of citizenship. The individuals making the affidavit must be able to provide proof of their own citizenship and identity. The applicant or recipient or other knowledgeable individual must provide a second affidavit explaining why documentary evidence does not exist or cannot be readily obtained.

¹⁸ A Certificate of Degree of Indian Blood or other U.S. American Indian/Alaska Native tribal document is acceptable as proof of identity only if the document contains a photograph of the applicant or recipient, or if it has other personal identifying information relating to the individual.

¹⁹ School records for children under age 16 may include nursery or daycare records.



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