

Statement of Parent or Guardian for Children Under 16 Years Old

Identity Affidavit for Medicaid Programs (Deficit Reduction Act of 2005)

This form meets the photo identity requirement for children under 16 years old. If the children are not living with a parent, the guardian may complete it. Please print clearly. If there are more than ten children in the household, attach another affidavit form.

I, _____, am the parent or guardian of the children listed below.
(Print Name of Parent or Guardian)

Child's Legal Name (First Name and Last Name)	Birth Date (Month, Day, and Year)	Where Child Was Born (City and Country)	OFFICIAL USE ONLY
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

I certify under penalty of perjury that the information I have provided in this affidavit is true to the best of my knowledge.

Signature of Parent or Guardian

Date