RHODE ISLAND DEPARTMENT OF HUMAN SERVICES
SYSTEMATIC ALIEN VERIFICATION FOR ENTITLEMENTS PROGRAM

CERTIFICATION OF CITIZENSHIP/ALIENAGE

An adult representative of each household shall certify that each member of his/her household is a United States citizen or is living in the United States in lawful immigration status. For each person who is not a United State citizen, the Department of Human Services (DHS) will need to be shown either documentation from the U.S. Citizenship and Immigration Services [USCIS] or other documents DHS determines are proof of immigrant status. Alien status may be subject to verification with USCIS which will require submission of certain information from this application form to USCIS. Information received from USCIS may affect a household's eligibility and level of benefits.

HOUSEHOLD MEMBER	CITIZEN/ALIEN (Check one)	DATE OF BIRTH	SOCIAL SECURITY NUMBER

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I CERTIFY, under penalty of perjury, by signing my name below, that I am, and each household member is, a U.S. citizen or alien in lawful immigration status.

Name _____

Signature _____ Date _____

FOR MEMBERS ADDED TO HOUSEHOLD

HOUSEHOLD MEMBER	C	A	DOB	SSN
	(Check one)			

Name _____

Signature _____ Date_____

-Over-

HOUSEHOLD MEMBER	C	A	DOB	SSN
	(Check one)			

Name _____

Signature _____ Date_____

HOUSEHOLD MEMBER	C	A	DOB	SSN
	(Check one)			

Name _____

Signature _____ Date_____

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	(Check one)			

Name _____

Signature _____ Date_____

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	(Check one)			

Name _____

Signature _____ Date_____

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	(Check one)			

Name _____

Signature _____ Date_____

HOUSEHOLD MEMBER	C	A	DOB	SSN
	(Check one)			

Name _____

Signature _____ Date_____

HOUSEHOLD MEMBER	C	A	DOB	SSN
	(Check one)			

Name _____

Signature _____ Date_____