DHS-SAV-1 Rev. 03-10

## 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	
	(encon sno)		1,611221	
HOUSEHOLD	CITIZEN/ALIEN	DATE OF	SOCIAL SECURITY	
MEMBER	(Check one)	BIRTH	NUMBER	
HOUSEHOLD MEMBER	CITIZEN/ALIEN (Check one)	DATE OF BIRTH	SOCIAL SECURITY NUMBER	
HOUSEHOLD MEMBER	CITIZEN/ALIEN (Check one)	DATE OF BIRTH	SOCIAL SECURITY NUMBER	
WEWIDER	(Check one)	BIKIII	NOMBER	
HOUSEHOLD	CITIZEN/ALIEN	DATE OF	SOCIAL SECURITY	
MEMBER	(Check one)	BIRTH	NUMBER	
HOUSEHOLD MEMBER	CITIZEN/ALIEN (Check one)	DATE OF BIRTH	SOCIAL SECURITY NUMBER	
I CEPTIEV under penalty of	norium, by cianing my n	ama halovy that	Lam, and each household	
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 MI	EMBERS ADDED TO H	OUSEHOLD		
HOUSEHOLD MEMBER	C (Check one)	A DOB	SSN	
Name				
Signature	e Date			

HOUSEHOLD MEMBER	C A DOB SSN (Check one)
Name	
	Date
HOUSEHOLD	C A DOB SSN
MEMBER	(Cl. 1
Name	
	Date
HOUSEHOLD MEMBER	C A DOB SSN (Check one)
Name	
	Date
HOUSEHOLD MEMBER	C A DOB SSN (Check one)
Name	
Signature	Date
HOUSEHOLD MEMBER	C A DOB SSN (Check one)
Name	
	Date
HOUSEHOLD MEMBER	C A DOB SSN (Check one)
Name	
	Date
HOUSEHOLD	C A DOB SSN
MEMBER	(Check one)
Name	
	Date