

VERIFICATION OF CITIZENSHIP/ALIEN ELIGIBILITY (3/12)

Client Name: \_\_\_\_\_

Case Number: \_\_\_\_\_ Date of Intake: \_\_\_\_\_

This client has been determined eligible based on the following: Check one blank and sign if required.

\_\_\_\_\_ Declaration of citizenship signed by client.

\_\_\_\_\_ Copy of document placed in file on \_\_\_\_\_ verifying that client is alien eligible for services.

\_\_\_\_\_ SMRLS employee signature verifying s/he has seen an appropriate original alien status document which is impossible/illegal to copy. (A \_\_\_\_\_)

\_\_\_\_\_ Telephone advice only/limited action. *No* in person contact. SMRLS employee confirmed eligibility. \*\*For use when PIKA is not available.

USC \_\_\_\_\_ LPR \_\_\_\_\_ OTHER \_\_\_\_\_

\_\_\_\_\_ Client signed statement for emergency representation with summary information affirming alien eligibility obtained orally from client noted in file by SMRLS employee.

\_\_\_\_\_ Victim of violence. Client meets the LSC alien eligibility exception as victim of violence or extreme cruelty. \*\*LSC and/or non-LSC funds may be used.



● **CITIZEN (CIUDADANO/A)**

I declare that I am a citizen of the United States.  
*Por esto declaro que soy ciudadano/a de los Estados Unidos.*

\_\_\_\_\_  
SIGNATURE (FIRMA)

\_\_\_\_\_  
DATE (FECHA)

● **ELIGIBLE ALIEN**

SMRLS employee has seen the documentation as to alien eligibility which is impossible/illegal to copy.

\_\_\_\_\_  
SIGNATURE (by SMRLS employee)

\_\_\_\_\_  
DATE

● **EMERGENCY (EMERGENCIA)**

I will be able to produce the document/s to verify my immigration status on or before \_\_\_\_\_.  
*Podré entregar el/los documento/s para verificar mi estado de inmigración en o antes del \_\_\_\_\_.*

\_\_\_\_\_  
SIGNATURE (FIRMA)

\_\_\_\_\_  
DATE (FECHA)