State of Illinois
Department of Healthcare and Family Services

Statement of Good Faith Effort

U.S. Citizenship & Identity

This form is for persons who are U.S. citizens; it does not apply to non-citizens.

Case Name _____ Case ID _____

U.S. Citizens applying for or receiving medical coverage must show proof of citizenship and identity. If you cannot get the documents we asked for, tell your caseworker. There may be other documents that you can use to show that you or your family member is a U.S. citizen.

If you are still unable to provide the documents, please tell us why. Complete the information below for each household member that receives medical coverage and does not have proof of citizenship and identity. Sign and return this form to:

DHS Verification Unit, 401 S Clinton, 6th floor, Chicago, IL 60607.

Name at birth (first, middle and last):	Sex: ☐ male ☐ female
Date of birth:	Place of birth (state, county and city):
Father's name (first, middle and last):	
Mother's maiden name (first, middle and last):	
Tell us why you cannot get proof of citizenship or identity:	

Name at birth (first, middle and last):	Sex: ☐ male ☐ female
Date of birth:	Place of birth (state, county and city):
Father's name (first, middle and last):	
Mother's maiden name (first, middle and last):	
Tell us why you cannot get proof of citizenship or identity:	

Name at birth (first, middle and last):	Sex: ☐ male ☐ female
Date of birth:	Place of birth (state, county and city):
Father's name (first, middle and last):	
Mother's maiden name (first, middle and last):	
Tell us why you cannot get proof of citizenship or identity:	

Use a separate sheet for additional household members.

I declare, under penalty of perjury, the information above for each person is true, correct and complete to the best of my knowledge. I understand that the Illinois Department of Healthcare and Family Services and Illinois Department of Human Services may try to get vital records or other necessary documentation for the persons listed above. I also understand that I must continue to try to get the original or certified documents unless the above agencies tell me that they already have the necessary documentation.

Signature _____ Date _____

Printed Name _____ Daytime Phone Number _____

Print Form