

**[TO BE PLACED ON LOCAL DISTRICT LETTERHEAD]**

NOTICE DATE:

CASE NUMBER:

CASE NAME:

If you have any questions call your local department of social services at: \_\_\_\_\_

**REQUEST TO PROVIDE ADDITIONAL DOCUMENTATION  
(SSA CITIZENSHIP/IDENTITY MATCH 90-DAY NOTICE)**

Dear Recipient:

We are unable to determine whether or not you are eligible for continuing public health insurance benefits (Medicaid, Family Health Plus, Family Planning Benefits Program) because we have been unable to verify your United States (U. S.) citizenship status and identity. When you applied for benefits, you told us that you were a U.S. citizen. You also supplied us with your Social Security Number.

Based on the information you supplied, we attempted to verify your citizenship and identity by matching your information against electronic records maintained by the Social Security Administration. Unfortunately, the match attempt was **not** successful. In order for you to continue to receive public health insurance benefits, you must now provide us with documentation (proof) of your U.S. citizenship and identity.

Federal law requires that you show us **original** or **certified** copies of your U.S. citizenship and identity documents. Please bring your original documents to your local department of social services (LDSS), Facilitated Enroller (FE) or other qualified entity. We have included a list (form DOH-4418) of documents that can serve as acceptable proof of U.S. citizenship and identity. LDSS staff will photocopy your original documents for you while you wait and then return them to you. If you choose to go to an FE office, their staff will also photocopy your original documents and notate on the copies that originals or certified copies were seen. If the FE processed your original application, they will forward the verified copies to us. Otherwise, they will return them to you and you will need to send the copies to the address provided above.

Should you wish to have the LDSS verify your birth information with Vital Records, please sign and return the enclosed "Verification of Birth Information", form OHIP-0041 (Upstate) or OHIP-0042 (for those born in New York City) to the address above. If you were born outside of New York State, you should inform the LDSS worker so they may assist you in obtaining the appropriate birth verification form. You will need to complete and sign the form in order for the LDSS to process the request. You will also need to supply a document that proves your identity.

Please bring this letter with you, if you come into the LDSS office or FE office. **Do not** mail your original documents to us.

**You must provide us with the needed proofs by \_\_\_\_\_, or your public health insurance coverage will end.**

Enclosures