

## Louisiana Medicaid - Citizen Information Form

1. **Fill out and sign this form.**
2. **Get this form to us right away. Mail, fax, or take this form** to your local Medicaid office. *If you need the address or fax number, call 1-888-342-6207 (TTY 1-800-220-5404).*
3. **Get the documents of proof.** *The flyer that came with this form shows you what documents you may use.*
4. **Take proof of U.S. citizenship AND proof of identity for everyone who is applying for or already getting Medicaid to a local Medicaid office.** Remember that we **must** see originals or certified copies for everyone who is applying for or getting Medicaid. **You can mail the proof if you choose to do so at your own risk.** If you choose to mail the proof, the original or certified copies will be mailed back to you.

Tell us where the people who are applying for Medicaid or already getting Medicaid were born:

▪ **Name:** (first, middle initial, last) \_\_\_\_\_

Place of Birth: City \_\_\_\_\_ Parish/County \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

▪ **Name:** (first, middle initial, last) \_\_\_\_\_

Place of Birth: City \_\_\_\_\_ Parish/County \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

▪ **Name:** (first, middle initial, last) \_\_\_\_\_

Place of Birth: City \_\_\_\_\_ Parish/County \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

▪ **Name:** (first, middle initial, last) \_\_\_\_\_

Place of Birth: City \_\_\_\_\_ Parish/County \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

▪ **Name:** (first, middle initial, last) \_\_\_\_\_

Place of Birth: City \_\_\_\_\_ Parish/County \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

▪ **Name:** (first, middle initial, last) \_\_\_\_\_

Place of Birth: City \_\_\_\_\_ Parish/County \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

▪ **Name:** (first, middle initial, last) \_\_\_\_\_

Place of Birth: City \_\_\_\_\_ Parish/County \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

**Sign your name here** \_\_\_\_\_ **Date** \_\_\_\_\_

**Spouse signs here (if applying)** \_\_\_\_\_ **Date** \_\_\_\_\_