Verification of Lawful Presence in the United States

All individuals enrolling under an SSN and requesting to receive direct reimbursement must complete this form.

Each individual applicant who is 18 years of age or older and requesting to receive direct reimbursement must attach a photocopy of one of the following documentation types AND sign the following affidavit.

Pursuant to C.R.S. § 24-76.5-103, on or after August 1, 2006, each agency or political subdivision of the State shall verify the lawful presence in the United States of each natural person eighteen years of age or older who applies for state or local public benefits or for federal public benefits by requiring the applicant to produce one of the following:

1) A valid Colorado driver's license or a Colorado identification card; or
2) A United States military card or a military dependent's identification card; or
3) A United States Coast Guard Merchant Mariner card; or
4) A Native American Tribal Document

AND

Execute the affidavit below.

AFFIDAVIT

For the Colorado Department of Health Care Policy & Financing as Proof of Lawful Presence in the United States.

I, __________________________________________________, swear or affirm under penalty of perjury under the laws of the State of Colorado that (check one):

☐ I am a United States citizen.
☐ I am not a United States citizen but I am a Permanent Resident of the United States.
☐ I am not a United States citizen but I am lawfully present in the United States pursuant to Federal law.
☐ I am a foreign national not physically present in the United States.

I understand that this sworn statement is required by law because I have applied for a public benefit. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under Colorado Revised Statute 18-8-503 and it shall constitute a separate criminal offense each time a public health benefit is fraudulently received.

______________________________________________          __________________________
Signature                                         Date

______________________________________________          __________________________
Name (please print)                                                                                                                                           Social Security Number