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/legal 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.

____ 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/legal 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)