

Case Name: _____
Case ID: _____
Worker #: _____

_____ County Department of Social Services

North Carolina Residency Applicant Declaration

I, _____, declare that I cannot provide two North Carolina state residency verification documents.

I hereby declare that the above information is true and accurate. I understand that this declaration form is used to help verify that I meet North Carolina state residency requirements for Medicaid eligibility. I understand that a false or misleading declaration by me may result in Medicaid payments for which I would not otherwise have qualified, and may subject me to civil and criminal penalties.

Signature

Date

Address: _____

Telephone No. _____