

**CITIZENSHIP/IDENTITY EVALUATION DOCUMENTATION REPORT**

\_\_\_\_\_County Department of Social Services

<b>Case ID #</b>	<b>Name/MID #</b>	<b>Prog/Cat</b>	<b>Action Taken</b>	<b>Reason/Explanation</b>	<b>Effective Date</b>
		<input type="checkbox"/> MIC <input type="checkbox"/> MAF <input type="checkbox"/> MAD <input type="checkbox"/> MAA <input type="checkbox"/> MAB <input type="checkbox"/>	<input type="checkbox"/> None <input type="checkbox"/> Reopened <input type="checkbox"/> Approved <input type="checkbox"/> Authorized for Reasonable Opportunity Period <input type="checkbox"/> Authorized Open/Shut	<input type="checkbox"/> Action Correct <input type="checkbox"/> Citizenship Doc Provided <input type="checkbox"/> Improper Denial <input type="checkbox"/> Application Procedures Not Correct <input type="checkbox"/> Child Born to Mother Covered by Medicaid for Birth <input type="checkbox"/> Other:	<input type="checkbox"/> N/A <input type="checkbox"/> Authorized Dates:
		<input type="checkbox"/> MIC <input type="checkbox"/> MAF <input type="checkbox"/> MAD <input type="checkbox"/> MAA <input type="checkbox"/> MAB <input type="checkbox"/>	<input type="checkbox"/> None <input type="checkbox"/> Reopened <input type="checkbox"/> Approved <input type="checkbox"/> Authorized for Reasonable Opportunity Period <input type="checkbox"/> Authorized Open/Shut	<input type="checkbox"/> Action Correct <input type="checkbox"/> Citizenship Doc Provided <input type="checkbox"/> Improper Denial <input type="checkbox"/> Application Procedures Not Correct <input type="checkbox"/> Child Born to Mother Covered by Medicaid for Birth <input type="checkbox"/> Other:	<input type="checkbox"/> N/A <input type="checkbox"/> Authorized Dates:
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**DMA Administrative Letter 05-11 Attachment 2**

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**DMA Administrative Letter 05-11 Attachment 2**