



Simplify Verification Requirements: Include Affidavit for Children's Identity on Application

The Burden of Documentation

The documentation requirements outlined by the Deficit Reduction Act of 2005 (DRA) are a burden for families, local outreach sites, and county and state administrators. This burden will expand starting January 1, 2010, when the requirements are extended to the Child Health Plan *Plus* (CHP+) program.

Gathering the required documentation may prohibit eligible applicants from ever being approved for services. Documentation is often difficult and costly for families to obtain. These strict DRA requirements, plus several other system barriers, contribute to the nearly 80,000 uninsured children who are already eligible for Medicaid and Child Health Plan *Plus* (CHP+) but remain uninsured.

A Solution to Ease the Burden for Children

The simplest way for a child to prove their citizenship and identity is to provide a birth certificate and an affidavit of identity. On July 2, 2007, the Centers for Medicare and Medicaid issued [additional guidance](#), expanding acceptable forms of documentation to meet the requirements of the DRA. This additional guidance approved the use of affidavits to establish identity for children up to 16 years of age.

Including an affidavit directly into Colorado's joint application is an effective strategy to decrease the documentation burden for families, assistance sites, and state and county administrators. Incorporating this strategy into the Department's efforts to revise the joint application and develop an online application provides an ideal opportunity to reduce the administrative burden on counties and families without extra cost or steps for the state.

States that Have Taken Action

Several states have incorporated the affidavit into their application. Most states include language in the application directions, next to the signature line, or in the rights and responsibilities section. Florida and Virginia use the following language:

- **Florida**

I attest that the information provided on this application establishes the identity of children under age 16.
<http://www.floridakidcare.org/images/applications/englishapp3-08.pdf>

- **Virginia**

By signing below I certify that I have read my Rights and Responsibilities (located on the instructions page) and agree to all the conditions and terms. I also agree that all the information I have given on this application is true and correct to the best of my knowledge and belief. I understand that the information provided on this application can be used to establish identity for children under age 16. I also understand that if I give false information, withhold information, or fail to report required changes promptly or on purpose, health insurance coverage may be denied or ended and I could be prosecuted for perjury, larceny and/or fraud.

<http://www.famis.org/materials/HealthInsuranceApplicationForChildrenAndPregnantWomen.pdf>

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