Minnesota Health Care Programs
Citizenship Proofs

You may give us a copy of one of the following documents to prove citizenship:

- U.S. passport or PASS card
- Certificate of Naturalization
- Certificate of Citizenship
- Valid Minnesota Enhanced Driver’s License or Enhanced Identification Card
- Tribal enrollment or membership card
- Certificate of degree of Indian blood issued by a federally recognized Indian tribe

If you do not have one of these proofs, you must give us a copy of one proof from List 1 and one proof from List 2 for each person who is applying for coverage. If you do not have proofs from List 1 or List 2, contact us.

List 1
- U.S. birth certificate or other birth document issued by a state, commonwealth, territory or local jurisdiction
- U.S. citizen ID card
- American Indian card (I-872) from the U.S. Department of Homeland Security
- Final U.S. adoption papers
- Northern Marianas Identification Card issued by the U.S. Department of Homeland Security
- Papers showing U.S. government employment before June 1976
- U.S. Military Record of Service showing U.S. place of birth
- Medical record showing birth in the U.S. Examples include hospital, clinic or doctor records or admission papers from places such as nursing facilities or other institutions that indicate a U.S. place of birth.
- Documentation a child meets the requirements of section 101 of the Child Citizenship Act of 2000
- Official religious records recorded in the U.S. showing the birth took place in the U.S.
- School records showing the child’s name and place of U.S. birth
- Insurance company record showing U.S. as the place of birth
- Federal or state census record showing U.S. citizenship place of birth

List 2
- State driver’s license or state ID card with picture
- School ID card with picture
- Military ID card or draft record
- U.S. Coast Guard Merchant Mariner Card
- Finding of identity from a federal, state or government agency
- One of the following for a child under age 16:
  - School records including preschool or daycare records
  - Clinic, doctor or hospital records
  - Day care records
Attention. If you need free help interpreting this document, ask your worker or call the number below for your language.

Mلاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اطلب ذلك من مشرفك أو اتصل على الرقم 1-844-217-3547.

Note: If you need free help interpreting this document, contact your worker or call 1-844-217-3547.

1-800-358-0377

警告: 如果您需要免费帮助翻译这份文件，请向您的工作人员或拨打1-844-217-3547。

For accessible formats of this information or assistance with additional equal access to human services, write to DHS.info@state.mn.us call 800-657-3739, or use your preferred relay service.