TN Department of Disability & Aging | Family Support Program

CITIZENSHIP ATTESTATION FORM

Date: _____ Family Support Provider Agency: _____

Name of Person Supported: _____

Address of Person Supported: _____

_____

_____

Phone Number of Person Supported: _____

Please complete the section below and check the appropriate status.

I, _____ (*name of Person Supported*), hereby attest that I am (*please check one box*)

[ ] **a United States citizen** or

[ ] **a qualified alien** (as defined in T.C.A. §4-58-102).

I understand that if I do not provide the appropriate documentation necessary to verify my citizenship or qualified alien status, then I will not be eligible to receive Family Support benefits. Also, I understand that if I knowingly and willfully make a false, fictitious, or fraudulent statement or representation of citizenship or qualified alien status, I may be found to be liable under the False Claims Act in T.C.A. § 4-18-101 et seq., criminal charges under 18 U.S.C. § 911, or any other applicable federal or state law.

I hereby attest that the information provided in this form is true and accurate to the best of my knowledge.

_____

Signature of Person Supported or Legal Representative

NOTE: Return this signed form to your Family Support provider agency. This form must be completed annually.