



P.O. Box 3599  
Topeka, KS 66601-9738  
Phone: 1-800-792-4884

### Declaration of Identity

I, \_\_\_\_\_ residing at  
(First Name, Last Name MI)

\_\_\_\_\_  
Address, City State Zip

make these true statements:

- 1. I am a United States citizen.
- 2. I was born on \_\_\_\_\_ at \_\_\_\_\_  
(Date) (City and State)
- 3. This declaration is made for the following person: \_\_\_\_\_
- 4. I am the parent or legal guardian of this individual.
- 5. The above named individual was born on \_\_\_\_\_ at \_\_\_\_\_  
(Date) (City and State)

I declare, under penalty of perjury under the laws of the State of Kansas that the foregoing is true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Printed Name

If you have any questions, please call the KanCare Clearinghouse at 1-800-792-4884 between the hours of 8:00 am to 5:00 pm Monday through Friday.