



County of San Diego
HEALTH AND HUMAN SERVICES AGENCY

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Date

To: Ms. Lisa Roney
United States Citizenship and Immigration Services
Office of Policy and Planning, Room 4010
20 Massachusetts Avenue NW
Washington, D.C. 20529-0001

Re: Report of Indigent Sponsored Non-citizen
Federal registers Volume 65, #225

Sponsored Noncitizen Name: Sponsor Name:
Sponsored Noncitizen Address: Sponsor Address:

Worker Name: Title:
Office Name and Address: Phone Number:

Worker Signature: Date:
Corrective Action Liaison Signature: Date:

Attestation/Certification and Release of Applicant

I, _____ have read, or had explained to me, the rules and regulations applicable to "indigent" sponsored noncitizens and declare or affirm under penalty of perjury under the laws of the United States of America and the State of California, that the information provided above are true and correct.
I authorize the County of San Diego Health & Human Services Agency (HHSA) to send my name, address and that of my sponsor to the United States Citizenship & Immigration Service (USCIS), and further authorize USCIS to release any information from its records to HHSA which is needed to determine eligibility for benefits I am requesting for myself and/or my family.
Signature of Applicant Date

- Copy provided to Sponsored Noncitizen
Copy provided to Sponsor