

DEPT. OF HEALTH AND HUMAN SERVICES

STATE OF NEBRASKA – Department of Health and Human Services Division of Public Health – Licensure Unit P.O. Box 94669 Lincoln NE 68509-4669

Lawful Presence in the United States Attestation

As of October 1, 2019, any individual applying for initial licensure or renewing a Health Care Facility or Service license must attest to their lawful presence in the United States in order to comply with <u>Nebraska Revised Statutes</u>, §§4-108 through 4-114. This does not apply to Corporation, Limited Liability Company (LLC) or Governmental Unit.

Please check the appropriate box(es) below:

□ I am a citizen of the United States.

□ I am a qualified alien under the Federal Immigration and Nationality Act. My immigrant status and alien number is as follows: ______ and I agree to provide a copy of at least one of the documents marked below.

If you checked that you are a qualified alien, you are hereby requested to provide a copy of one of the following:

□ An Alien Registration Receipt Card (Form I-551, otherwise known as a "Green Card")

 $\Box\,$ An unexpired foreign passport with an unexpired Temporary I-551 stamp bearing the same name as the passport

- □ A document showing an Alien Registration Number (a#)
- □ A form I-94 (Arrival-Departure Record)

Please sign and date the form, submit documentation when applicable, and return with your licensure application.

I hereby attest that my response and the information provided on this form and any related application for public benefits are true, complete and accurate and I understand that this information may be used to verify my lawful presence in the United States.

PRINTED NAME – First, Middle, Last

SIGNATURE

DATE OF SIGNATURE