

## VERIFICATION OF LAWFUL PRESENCE

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### DEFINITION(S)

#### **Public Benefit** –

- WIC
- Healthcare services for which a sliding scale fee will be assessed
- A permit or license issued to an individual (does not include an applicant that is a private corporate entity, a business partnership or limited liability company, or other business entity that has been granted a federal tax identification number)

### POLICY

For any applicant for public benefits as defined above who is age 18 or older, lawful presence will be verified by one of the following methodologies:

- Electronic verification of lawful presence such as through SAVE verification, or through eligibility for Medicaid, SNAP, or TAFI (eligibility for these programs as shown in WISPr constitutes verification).

If electronic verification cannot be made, a person applying for assistance must provide one of the following documents:

- An Idaho driver's license or an Idaho identification card;
- A valid driver's license or similar document issued for the purpose of identification by another state or territory of the United States, if such license or document contains a photograph of the individual;
- A United States military card or a military dependent's identification card;
- A United States Coast Guard merchant mariner card;
- A native American tribal document;
- A copy of an executive office of immigration review, immigration judge or board of immigration appeals decision, granting asylee status;
- A copy of an executive office of immigration review, immigration judge or board of immigration appeals decision, indicating that the individual may lawfully remain in the United States;
- Any United States citizenship and immigration service issued document showing refugee or asylee status or that the individual may lawfully remain in the United States;
- Any department of state or customs and border protection issued document showing the individual has been permitted entry into the United States on the basis of refugee or asylee status, or on any other basis that permits the individual to lawfully enter and remain in the United States;
- A valid United States passport;

In addition, the applicant must sign a document attesting to their lawful presence.

*Contact:* *District Director*

*Original:* *06-25-25*

*Reviewed/Revised:*

*Procedure(s):* *None*

*Appendix(ices):* *None*

*Form(s):* *Verification of Lawful Presence Form*

*Additional Reference(s):* *None*

Verification of Lawful Presence approved:

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Russell A. Duke, District Director

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Date

## Proof of Lawful Presence Attestation Form

- For adult WIC applicants who are not on Medicaid, SNAP, or TAFI, complete Section A or Section B. Must complete Section C.
- For clinic services, permits, and licenses, fill out Sections A and C at the time of application.

### Section A | Provide one of the following proofs

- ☐ Idaho driver's license or identification card (pursuant to Idaho Code § 49-2444)
- ☐ Valid driver's license or similar document from another state or U.S. territory (must contain a photograph)
- ☐ U.S. military card or military dependent's identification card
- ☐ U.S. Coast Guard merchant mariner card
- ☐ Native American tribal document
- ☐ Executive Office of Immigration Review, Immigration Judge, or Board of Immigration Appeals decision granting asylee status or stating "I may lawfully remain in the U.S."
- ☐ U.S. Citizenship and Immigration Services document showing refugee or asylee status, or stating "I may lawfully remain in the U.S."
- ☐ U.S. Department of State or Customs and Border Protection document showing permitted entry into the U.S. on the basis of refugee or asylee status, or any other basis permitting legal entry and residence
- ☐ Valid U.S. passport

### Section B | 30-day certification (missing proof of lawful presence-WIC ONLY)

- ☐ I will provide proof of lawful presence from Section A within 30 days

### Section C | Collect Signature from Adult Applicant

#### Affirmation of Lawful Presence (check one)

- ☐ I am a United States citizen or legal permanent resident.
- ☐ I am otherwise legally present in the United States pursuant to federal law.

*I hereby attest that my response and the information provided on this form are true, complete, and accurate.*

**Applicant's Full Legal Name (print):** \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*This institution is an equal opportunity provider.*

**FID#:** \_\_\_\_\_  
(For WIC staff use only)

#### Ada & Boise County

707 N. Armstrong Pl. Boise, ID 83704  
208-375-5211

#### Elmore County

520 E. 8<sup>th</sup> N. Mountain Home, ID 83647  
208-587-4407

#### Valley County

703 1<sup>st</sup> St. McCall, ID 83638  
208-634-7194