

This form is to only be filled out by first time applicants

STATE OF _____

RELEASE FORM

COUNTY OF _____

ABI -46 (3/94)

My name is _____ I reside at _____
City of _____, state of _____ I am possessed
of sound mind and legally competent to execute this release. I hereby authorize the Alabama Department of
Public Safety to release any and all criminal history information they have on me to **Alabama Department
of Public Health, Office of EMS**, 201 Monroe Street, Montgomery, Alabama 36104.

I do hereby for myself, my heirs, executors, and administrators release and forever discharge the Alabama
Department of Public Safety and its officers and agents from any and all claims, actions, or causes of action
which may arise as a consequence of the release of the criminal history information.

I certify that I have read this release and that I understand the significance of the same and in witness
thereof I have voluntarily signed my name on this the _____ day of _____, 20_____

Signature _____
SSN _____
Date of Birth _____ Race _____ Sex _____

Witness

Address

City State Zip

Witness

Address

City State Zip

Filled out by Notary Public

Sworn to and subscribed before me on
this _____ day of _____, 20_____

Notary Public
My Commission Expires _____

**PLEASE NOTE: THIS DOCUMENT MUST BE WITNESSED BY TWO (2) WITNESSES, OR NOTARIZED BY A
NOTARY PUBLIC.**

Below Line for OEMS Office Use

Office of EMS Director _____
Signature of Person Requesting Record _____

**ALABAMA DEPARTMENT OF PUBLIC HEALTH DECLARATION OF U.S.
CITIZENSHIP AND LAWFUL PRESENCE OF AN ALIEN**

Title IV of the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996, 8 U.S.C. § 1621, provides that, with certain exceptions, only United States citizens, United States non-citizen nationals, non-exempt "qualified aliens" (and sometimes only particular categories of qualified aliens), non-immigrants, and certain aliens paroled into the United States are eligible to receive covered state or local public benefits.

With certain exceptions, Alabama Act 2011-535 prohibits aliens unlawfully present in the U.S. from receiving state or local benefits. Every U.S. Citizen applying for a state or local public benefit must sign a declaration of Citizenship, and the lawful presence of an alien in the U.S. must be verified by the Federal Government.

Act 2011-535 also requires every individual applying for a permit or license to demonstrate his/her U.S. citizenship or if the applicant is an alien, he/she must demonstrate his/her lawful presence in the United States.

Directions: This form must be completed and submitted by applicants for health care benefits/services that are not exempt or excluded from citizenship/lawful presence verification requirements. Medicaid/Medicare clients are not required to complete this form as eligibility to receive services has already been determined by Medicaid/Medicare. This form must also be completed by individuals applying for licenses or permits. An individual includes a sole proprietorship, but does not include other business entities such as corporations.

SECTION I --- APPLICANT INFORMATION

NAME: _____
(Print or Type) (Last) (First) (M.I.)

DATE OF BIRTH: _____

APPLYING FOR (Check one): License/Permit Health Service

SECTION II --- U.S. CITIZENSHIP OR NATIONAL STATUS

Are you a citizen or national of the United States (check one) Yes No

If you checked **YES** and are applying for a **health service**: Complete Section IV (No additional documentation required). If you checked **YES** and are applying for a **license/permit**: (1) Provide an original or legible copy of a document from attached List A or other document demonstrating U.S. citizenship or noncitizen national status, and (2) Complete Section IV.

Name of document provided: _____

If you checked **NO**: Complete Sections III and IV.

SECTION III - ALIEN STATUS

Are you an alien lawfully present in the United States? (Check one) Yes No

If you checked **YES**: (1) Provide an original or legible copy of the front and back (if any) of a document from attached List B or other document that demonstrates lawful presence in the United States, and (2) Complete Section IV. Information from the documentation provided will be used to verify lawful presence through the United States Government.

Name of document provided: _____

If you checked **NO**: Complete Section IV.

SECTION IV -- DECLARATION

I declare under penalty of perjury under the laws of the State of Alabama that the answers and evidence I provided are true and correct to the best of my knowledge.

APPLICANT OR LEGAL REPRESENTATIVE SIGNATURE

DATE

IF SIGNED BY LEGAL REPRESENTATIVE, RELATIONSHIP TO PATIENT

Health Dept. Employee