



## RESTRICTIONS ON PUBLIC BENEFITS TO ILLEGAL ALIENS

State Form 55224 (R2 / 12-23)  
INDIANA DEPARTMENT OF HEALTH

### **Eligibility for Public Benefits under Indiana Code 12-32-1: Restrictions on Public Benefits to Illegal Aliens**

This section shall be completed by any one of the following applicants pursuant to 410 IAC 3.2-2-1 (*Children with Special Health Care Needs rule*):

- 1) A child's parent (*regardless of age*).
- 2) A child's legal guardian.
- 3) An emancipated child who is under twenty-one (21) years of age, who is married or single, and who is not dependent on the child's parents for support.
- 4) A county department, if a child is the ward of the county.
- 5) A licensed child placing agency, if a child has been placed in their legal guardianship.

I verify, under the penalty of perjury, that if the individual that may receive benefits pursuant to this application through the Children's Special Health Care Services Program is eighteen (18) years of age or older, that individual is a:

- 1) United States citizen; or
- 2) Qualified alien (*as defined under 8 U.S.C. 1641*)

A person who knowingly or intentionally makes a false, fictitious, or fraudulent statement or representation in the verification above commits a Level 6 felony pursuant to Indiana Code 12-32-1-7.

\_\_\_\_\_  
Applicant's Name (*First, Middle Initial, Last*)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date (*month, day, year*)