

These are **ACCEPTABLE** form of identification for children...

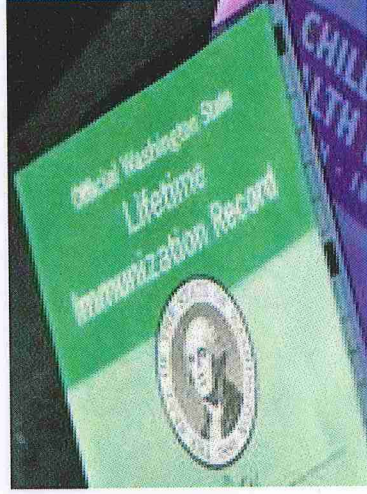
Passport



Birth Certificate (Certified or Hospital Issued)



Immunization (Shot) Record

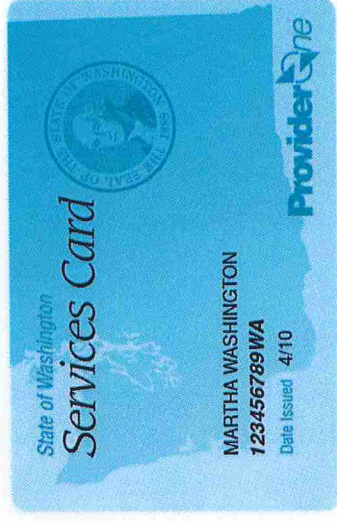


Molina Card

MOLINA HEALTHCARE	CFC
Member VINCENT TEST	
Identification # 108123499089	Date of Birth: 02/02/1962
Primary Care Provider: LEROY B. TEST	Effective Date: 07/01/2009
Primary Care Provider Phone: (937)223-1781	
MMS # 108123499089 BIN # 610433 Issue Date: 06-25-2009	

These are **NOT** acceptable...

Provider One Card



Social Security Card



WIC Folder (Unless name and DOB are included)

