



State of Alaska
Department of Health & Social Services
Division of Public Assistance
<http://www.hss.state.ak.us/dpa/>

Application for Services

If you need help filling out this form or have questions, please tell us – we can help!

How do I apply?

Complete page A of this application form with your name, address, and signature, and give it to us.

What do I do next?

Fill out the whole application form.

- Attend an interview with a Public Assistance caseworker or Fee Agent.
- Provide proof of your income, expenses, and other circumstances.

You may apply for one or more program benefits with the same application.

How long will it take?

It may take up to 30 days to process your application.

You can get food stamps within 7 days if:

- Your household's monthly gross income (income before deductions) is less than \$150 and your cash and money in the bank is not more than \$100; or,
- Your household's monthly rent/mortgage/utility payments are more than your monthly gross income, cash, and money in the bank.

If eligible, benefits for Temporary Assistance and Food Stamps start the date we receive your completed page A. Adult Public Assistance, Medicaid benefits, and benefits from other programs may start on a different date.

Do I have to go to an interview?

Yes. A personal interview is required before the caseworker can determine if you are eligible for assistance. You may schedule an interview at the Public Assistance office or with your local Fee Agent. If you cannot attend an interview in person, contact the Public Assistance office so other arrangements can be made. Your application will be denied if you do not attend an interview within 30 days.

Programs

Medicaid

Offers medical coverage to families, children, elderly, disabled adults, and pregnant women. Also helps with Medicare Parts A and B premiums.

Chronic & Acute Medical Assistance

Helps people with specific illnesses who don't qualify for Medicaid and have little or no income.

Food Stamps

Helps people buy food.

Temporary Assistance Program

Gives monthly cash payments to eligible families with children.

Adult Public Assistance

Gives monthly cash payments and medical assistance to eligible elderly, blind, and disabled persons.

General Relief Assistance

Helps eligible individuals and families with emergency rent and utility needs. Also helps with burial costs.

Information Page - Read and keep this page for your records.

What do I need to bring to my interview?

To avoid delays, bring these items with you to your interview. Go to your interview even if you do not have all of the items. We may be able to assist if you need help getting them. For some programs, certain expenses may be allowed in determining your eligibility and benefit amounts.

For Any Program or Service:

- ☐ Identification, such as a Driver's License, State ID card, or Certificate of Indian Blood.
- ☐ Proof of where you live, such as a rental agreement or current bill showing your residence address.
- ☐ Proof of lawful immigration status, such as an Alien Registration Card, for anyone in your household who is an immigrant and applying for benefits. Note: This information is not needed if you are applying for Medicaid for Emergency Treatment of Aliens.
- ☐ Proof of money in the bank, such as recent bank statements for checking, savings and credit union accounts for all the people in your household.
- ☐ Proof of income received by everyone in your household. This can be provided by the most recent pay stubs or a work statement from an employer. If self-employed, bring in income and expense records. Bring proof of unearned income, like unemployment benefits, SSI, Social Security, Veteran's benefits, child support, worker's compensation, school grants or loans, rental income, etc.

For Food Stamps, Medicaid or Alaska Temporary Assistance:

- ☐ Proof of your housing costs, such as receipts or documents that show your housing costs, including rent, space rent, mortgage payments, utility bills, property tax, home insurance.
- ☐ Proof of medical expenses belonging to anyone in your household who is elderly or disabled.
- ☐ Proof of child care costs due to someone working, looking for work, attending training or school, or participating in a required work activity.
- ☐ Proof of child support paid by a person in your household. You will need to show the child support order, the amount of the monthly obligation, and the amount you currently pay.

For Medicaid:

- ☐ Proof of U.S. citizenship, such as a birth certificate, of all persons applying for benefits.
- ☐ Proof of medical or health insurance, including a copy of the Medicare Card, if you have any.
- ☐ Proof of pregnancy and due date, if someone in your household is pregnant.

For Adult Public Assistance:

- ☐ Proof of application for Supplemental Security Income (SSI).

For General Relief Assistance:

- ☐ Proof of your need, such as an eviction notice or utility shut off notice.

Your appointment is on:

Date/Day _____ Time _____ Phone _____

Location/Interviewer _____ Fax _____

Information Page - Keep this page for your records.

Application for Services

A What kind of help do you need?

Check the programs or services you need.



- ☐ Medicaid
☐ Chronic & Acute Medical Assistance



- ☐ Food Stamps



- | | |
|--|---|
| <input type="checkbox"/> Temporary Assistance | |
| <input type="checkbox"/> Adult Public Assistance | <input type="checkbox"/> Other Services |
| <input type="checkbox"/> blind or disabled | <input type="checkbox"/> finding work |
| <input type="checkbox"/> elderly assistance | <input type="checkbox"/> child care |
| <input type="checkbox"/> General Relief Assistance | <input type="checkbox"/> child support |
| <input type="checkbox"/> rent or utilities | <input type="checkbox"/> prenatal care |
| <input type="checkbox"/> burial expenses | <input type="checkbox"/> other _____ |

Programs

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B Who are you? (Please print)

Name (First, Middle, Last)		Social Security Number (optional)	
Home Address or Directions to Your Home		City	State Zip Code
Mailing Address		City	State Zip Code
Home Phone	Message Phone	Other Names (maiden, nicknames, etc)	
<p>Answer these questions to see if you can get food stamps within seven days:</p> <ul style="list-style-type: none"> Do you have more than \$100 in cash or money in the bank? <input type="checkbox"/> yes <input type="checkbox"/> no Is your household's monthly gross income (income before deductions) less than \$150? <input type="checkbox"/> yes <input type="checkbox"/> no Are your costs for rent/mortgage/utilities more than your monthly gross income, cash and money in the bank? <input type="checkbox"/> yes <input type="checkbox"/> no 			
Sign Here	Date	E-mail	
X			

Notes

People in your household



1 Tell us about yourself and the people living in your home.

Race and ethnicity information is optional. It is requested to assure benefits are given without regard to race, color or national origin. Your answers will not affect your eligibility or benefit amount. If you need more space, use page 8.

Household Members (Enter name)	Relation (NR = Not Related)	Birth Date	Social Security Number	Sex (M/F)	US Citizen? (Yes/No)	Education (Last Grade Completed GED, College)	Race	Ethnic Group
Complete these sections only for those who need benefits.								
Example: Joe Smith	NR	2/10/74	555-55-5555	M	Yes	12th	WH	N
	Self							

Race: (You may select more than one race)

AN = Alaskan Native **WH** = White **BL** = Black or African American

AI = American Indian **AS** = Asian **PI** = Native Hawaiian or other Pacific Islander

Ethnicity:

Y = Hispanic or Latino

N = Not Hispanic or Latino

2 Has anyone in your household received public assistance (Temporary Assistance, cash, food stamps, Medicaid, Food Distribution Program on Indian Reservations FDIPIR) in Alaska or any other state? ☐ yes ☐ no

If yes, who, when and where? _____

3 Are you requesting assistance for anyone in your household who is pregnant? ☐ yes ☐ no

If yes, who? _____ When is baby due? _____

4 Has anyone been convicted of any of the following types of felonies? ☐ yes ☐ no

☐ Drug-related felony? Date of conviction: _____ Who and where? _____

☐ Making a false statement about where you live in order to receive assistance from two or more states at the same time. Date of conviction: _____ Who and where? _____

5 Is any adult in your household fleeing from prosecution, custody, confinement for a felony or class A misdemeanor from any state? ☐ yes ☐ no

If yes, who? _____

6 Is anyone in your household attending a college or university? ☐ yes ☐ no

If yes, who? _____

Income in your household



- 7** Do you, or anyone who lives with you, receive money from employment?
Include money from all jobs received this month or that will be received next month.
If yes, check all boxes that apply.

☐ yes ☐ no

- ☐ Full-time Work ☐ Seasonal Work ☐ Vacation Pay ☐ Contract Income ☐ Tips
☐ Part-time Work ☐ Sick Pay ☐ Bonuses ☐ Other (day labor, on-call, commissions)

For all the items checked above, please fill in the boxes below:

Household Member Who Works	Employer	Full-time, Part-time, or Seasonal	Number of Hours Worked per Week	Hourly Wage or Monthly Salary	Amount Paid This Month	Amount To Be Paid Next Month	How Often Paid?
Example: Joe Smith	XYZ Company	Part	10	\$10	\$400	\$400	Weekly

- 8** Has anyone in your household had a job end in the last 60 days?
If yes, who? _____

☐ yes ☐ no

- 9** Do you, or anyone who lives with you, receive money from self-employment?

☐ yes ☐ no

Include money from all jobs received this month or that will be received next month.
If yes, check all boxes that apply.

- ☐ B&B/Rent Rooms ☐ Crafts/Carving ☐ Odd Jobs ☐ Taxi Driving
☐ Carpenter ☐ Commercial Fishing ☐ Repair Person ☐ Trapping
☐ Child Care/Babysitting ☐ Manage Rental Property ☐ Sales Person ☐ Other

For all the items checked above, please fill in the boxes below:

Household Member Who is Self-Employed	Type of Business	Seasonal, Year-round	Business Income This Month	Business Income Next Month	Business Expenses This Month	Business Expenses Next Month
Example: Joe Smith	Fishing	Seasonal	\$900	\$900	\$100	\$100

Questions about your household



10 Do you, or anyone who lives with you, receive money from any other source (not from working)?

☐ yes ☐ no

If yes, check all the boxes that apply.

- | | | |
|--|---|---|
| <input type="checkbox"/> Alimony | <input type="checkbox"/> Insurance/Lawsuit Settlement | <input type="checkbox"/> Permanent Fund Dividend |
| <input type="checkbox"/> Annuities | <input type="checkbox"/> Interest/Dividends | <input type="checkbox"/> Social Security Benefits |
| <input type="checkbox"/> Bingo/Gambling Winnings | <input type="checkbox"/> Military Benefits | <input type="checkbox"/> Subsidized Adoption Payments |
| <input type="checkbox"/> Child Support | <input type="checkbox"/> Money from Friends/Relatives | <input type="checkbox"/> Supplemental Security Income |
| <input type="checkbox"/> Education Assistance | <input type="checkbox"/> Native Corporation Dividends | <input type="checkbox"/> Unemployment Benefits |
| <input type="checkbox"/> Foster Care Payments | <input type="checkbox"/> Oil/Mineral Royalties | <input type="checkbox"/> Veteran's Benefits |
| <input type="checkbox"/> General Assistance from Native Corporations | <input type="checkbox"/> Pension/Retirement Benefits | <input type="checkbox"/> Workers' Compensation |
| | | <input type="checkbox"/> Other _____ |

For all the items checked above, please fill in the boxes below:

Who Receives the Payment?	Type of Payment	Amount This Month	Amount Expected Next Month	How Often?
Example: Joe Smith	Unemployment	\$400	\$400	Every 2 weeks

11 Do you expect any changes in any of the income or employment you listed above, or do you expect any new income or employment not listed above?

☐ yes ☐ no

If yes, please explain: _____

12 Do you work for or get help with food, shelter, utilities, or other expenses that are not paid in cash?

☐ yes ☐ no

If yes, please explain: _____

13 Do you, or anyone who lives with you, own any property such as a house, land, apartment, mobile home, duplex, condo, camper or cabin?

☐ yes ☐ no

If yes, complete the information below. Include any property that is paid for, you are still paying for, or that is owned with someone else.

Who Owns the Property?	Type of Property Owned	Estimated Value	Amount Owed
Example: Joe Smith	Condo	\$75,000	\$70,000

Questions about your household



14 Do you, or anyone who lives with you, own any vehicles such as a car, truck, motorcycle, boat, snowmobile, recreational vehicle (RV) or all-terrain vehicle (ATV)? ☐ yes ☐ no

If yes, please complete the information below. Include any vehicles that are paid for, you are paying for, or are owned with someone else. Also include vehicles that are not running or that you are not using.

Who Owns the Vehicle?	Vehicle Type, Model and Year	What is Vehicle Used for?	Estimated Value	Amount Still Owed
Example: Joe Smith	1987 Ford Escort	Work	\$800	\$200

15 Do you, or anyone who lives with you, have any of the items below? ☐ yes ☐ no

If yes, check all the boxes that apply. Include items owned with someone else and accounts with no money in them right now.

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Annuities | <input type="checkbox"/> College Savings Plan | <input type="checkbox"/> Mineral Rights | <input type="checkbox"/> Savings Account |
| <input type="checkbox"/> Burial Policy Agreement | <input type="checkbox"/> Credit Union Accounts | <input type="checkbox"/> Native Corporation Shares | <input type="checkbox"/> Stocks/Bonds |
| <input type="checkbox"/> Cash on Hand | <input type="checkbox"/> Commercial Fishing Permit | <input type="checkbox"/> Pension Plan | <input type="checkbox"/> Trust Funds |
| <input type="checkbox"/> Certificate of Deposit | <input type="checkbox"/> IRA Account | <input type="checkbox"/> Retirement Funds | <input type="checkbox"/> Other |
| <input type="checkbox"/> Checking Account | <input type="checkbox"/> Life Insurance Policy | <input type="checkbox"/> Safe Deposit Box | |

For all items checked above, please fill in the boxes below:

Who Owns the Item?	Type of Item	Where Held?	Account Number	Total Value/ Balance
Example: Jane Smith	Checking Account	Frontier Bank	452231	\$400

16 Have you, or anyone in your household, sold, given away, or transferred any property, vehicles or other resources in the past five years? ☐ yes ☐ no

If yes, please complete the information below:

Who Owned It?	Vehicle, Property, or Resource	Sold, Gave Away, or Transferred?	When?	Estimated Value
Example: Joe Smith	Truck	Gave Away	May 2005	\$4,000

House and Shelter Expenses



17 What are your shelter expenses? Check the boxes that apply and fill in the amount. Do not enter amounts paid by housing assistance such as HUD, AHFC or Section 8.

- ☐ Rent \$ _____ per month
- ☐ Mortgage \$ _____ per month
- ☐ Mobile Home Lot or Space Rent \$ _____ per month

18 What shelter expenses are billed separately from your rent or mortgage?

- ☐ Home/Rent Insurance \$ _____ per _____
- ☐ Property Taxes \$ _____ per _____
- ☐ Condo/Association Fees \$ _____ per _____
- ☐ Other (such as deposits) \$ _____ per _____

19 Check the boxes next to the utility bills your household is responsible for paying:

- ☐ Heat (such as gas, electric, propane, wood, etc.) ☐ Sewer
- ☐ Water ☐ Garbage
- ☐ Telephone ☐ Other _____
- ☐ Electricity

20 Does another person or agency help you pay all or part of your shelter costs (including energy or heating assistance)? ☐ yes ☐ no

If yes, who pays? _____ What expense? _____ Amount paid? _____

Other Household Expenses



21 Does anyone in your household have child care or elderly or disabled adult care expenses? ☐ yes ☐ no

If yes, who is responsible for paying? _____

Who is it for? _____ Monthly Amount \$ _____

22 Does anyone in your household pay child support? ☐ yes ☐ no

If yes, who pays? _____ Monthly Amount \$ _____

23 Does anyone in your household who is disabled or age 60 or older, have medical expenses? ☐ yes ☐ no

If yes, who has the expense? _____ Monthly Amount \$ _____

Medical Information



You and your children may be eligible for health coverage. We will enroll you/them now, unless you check this box to decline coverage. ☐ I decline

24 Does anyone in your household need help paying for any unpaid medical bills from the past three months? If yes, we may be able to help. You must provide proof of income and resources for each month. ☐ yes ☐ no

Who? _____ What months? _____

25 Does anyone in your household have medical costs due to an accident? ☐ yes ☐ no
If yes, who? _____ Accident date? _____

26 List household members who have health insurance such as Medicare, Indian Health Services, VA, TRICARE, Worker's Compensation, private, employer-provided insurance, etc.

Household Member	Insurance Name and Address	Date Coverage Begins	Policy/Group/Claim Numbers	Benefits Covered					
				Hospital	Physician	Rx Drugs	Dental	Vision	Other
Example: Joe Smith	Acme, 123 F St. Palmer, AK 99555	3/4/2007	78910	X		X		X	

27 Do any household members expect changes in health insurance coverage? ☐ yes ☐ no
If yes, who and why? _____

28 Did anyone in your household have health insurance cancelled or stopped within the past 12 months? ☐ yes ☐ no
If yes, who and why? _____

29 List the name and place of birth of children under age 16 in your household.

Child's Name	Child's Place of Birth

Signature Page



30 You may authorize someone 18 years or older to help you apply for public assistance benefits. This person can also speak for you at the interview, help you complete forms, and report changes for you. You will have to repay any benefits you may get by mistake because of information this person gives us.
Do you want someone to help you with your public assistance case? ☐ yes ☐ no

Name of Person (Authorized Representative) Phone/Message Number

31 Do you want another person to receive or spend your benefits on behalf of your household? ☐ yes ☐ no
If yes, which benefits? _____ ☐ cash ☐ food

Name of Person (Alternate Payee) Phone/Message Number

Address City and State Zip Code

32 Some people in Alaska live in areas where getting to food stores is difficult. They often rely on subsistence hunting and fishing for their food needs. If you are in this situation, you may use food stamp benefits to buy subsistence hunting and fishing items. These items include nets, lines, hooks, fishing rods, harpoons, and knives, but not firearms, ammunition, clothing, shelter, or fuel.
Do you want to use food stamps to buy subsistence hunting and fishing items? ☐ yes ☐ no
If yes, sign here.

X _____
Signature of Adult Household Member Date

33 Statement of Truth

Under penalty of perjury, I certify that all information contained in this application, including U.S. citizenship or lawful immigrant status of all persons applying for benefits, is true and correct to the best of my knowledge.

I have read or had read to me the "Rights and Responsibilities" section of the application and I understand my rights and responsibilities, including fraud penalties, as described in this application.

X _____
Signature of Adult Applicant Date

X _____
Signature of Other Adult Applicant Date

X _____
Signature of Witness, if signed with an "X" Date

Notes

State of Alaska
Department of Health & Social Services
Division of Public Assistance

Authorization for Release of Information

What is an 'Authorization for Release of Information'?

Your signature on this form gives the Department of Health and Social Services, its agents, and the Department of Law permission to ask for information about your health, finances, family and personal history. This information is only used in the administration of public assistance programs and will not be released to any other person or agency outside of the Department of Health and Social Services or its representatives. The Release of Information will be in effect while you are an applicant or recipient of Public Assistance, and for any later investigations of your eligibility and receipt of benefits.

Who will we ask for information?

The people or organizations that may be contacted include, but are not limited to: the Alaska Housing Finance Corporation, the Department of Fish and Game, the Department of Labor, the Department of Law, the Department of Military and Veterans Affairs, the Department of Public Safety, the Department of Revenue, U. S. Citizenship and Immigration Services, employers, financial institutions, landlords, local governments, Native corporations, private individuals, public assistance program contractors and grantees, school authorities, the Social Security Administration, stock brokerage firms, and tax assessors.

I Authorize This Release of Information:

Signature of Adult

Signature of Other Adult

Printed Name

Printed Name

Social Security Number

Social Security Number

Address

Address

Phone Number

Phone Number

Date

Date

A Copy of this Release is as Valid as the Original

State of Alaska
Department of Health & Social Services
Division of Public Assistance

Contact People and Organizations

Why do you need to complete this form?

To determine your eligibility for assistance, we may need to contact people or organizations that can answer questions about your situation. By completing this form, you are allowing us to contact the people and organizations you provide.

What questions do we ask?

We often ask questions about where you live, who lives with you, and your household's income and resources. We may also ask for information about a child's parent not living in the home.

What information do we provide them?

When we contact these people or organizations, we tell them our name and title. We also tell them that we work for the Division of Public Assistance. We do not give them any information about you or your public assistance case.

1 Information about two people who know you well:

Name and Relation to You	Mailing Address	Daytime Phone

2 Information about your landlord:

Name	Mailing Address	Daytime Phone

3 Information about your employer:

Name	Mailing Address	Daytime Phone

4 Information about your bank account(s):

Name of Financial Institution	Mailing Address	Daytime Phone

Would You Like to Register to Vote?

You may register to vote in Alaska if:

1. You are a United States citizen.
2. You are a resident of Alaska.
3. You are at least 18 years of age or will be 18 within 90 days of completing the registration application.
4. You are not a convicted felon, unless you have been unconditionally discharged.
5. You are not registered in another state, unless you cancel that registration. (There is an area on the Alaska registration application for you to cancel if needed.)

Important Notices

1. Applying to register or declining to register to vote will not affect the services or the amount of benefits that you will be provided by this agency.
2. If you would like help filling out the voter registration form, we will help you. The decision whether to seek or accept help is yours. You may fill out the registration form in private.
3. If you decline to register to vote, your decision will be confidential. If you choose to register to vote, the office at which your voter registration application is submitted will remain confidential and will be used only for your voter registration purposes.
4. If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with the Director of the Division of Elections by calling 907-465-4611, or toll-free at 866-952-8683 or you may write to: Director, Division of Elections, PO Box 110017, Juneau, AK 99811-0017.

If you are not registered where you live now, would you like to apply to register to vote here today?

(Check one)

☐ **Yes.** I would like to register to vote. (Please fill out the attached registration application.)

☐ **No.** I do not want to register to vote.

Note: If you do not check either box, you will be considered to have decided **NOT** to register to vote at this time.

Name of Applicant

Date

This form will be retained with this agency.

Completed voter registration applications will be mailed to the Division of Elections.

STATE OF ALASKA VOTER REGISTRATION APPLICATION

Refer to instructions on the reverse side for specific information and identification requirements.
Please print clearly in blue or black ink.

1. You MUST complete this section for registration.

☐ Yes ☐ No I am a citizen of the United States.

☐ Yes ☐ No I am at least 18 years old or will be within 90 days of completing this application.

If you checked NO to either question, do not complete this form as you are not eligible to register to vote.

2. Last Name _____ **First Name** _____ **Middle Initial** _____ **Suffix (Sr., Jr., etc.)** _____

3. Former Name: (If your name has changed) _____

4. You MUST provide the Alaska residence address where you claim residency. Do not use PO, PSC, HC or RR.

ALASKA

House # _____ Street Name _____ Apt # _____ City _____ State _____
* ☐ Keep my residence address confidential. (Your mailing address in section 5 must be DIFFERENT from your residence address in section 4 to remain confidential.)

5. Mailing Address:

10. ☐ I am a voter with a disability and would like information on alternative voting methods.

11. ☐ I am interested in serving as an election official.
(Provide your phone number and/or email address in section 12.)

12. *Daytime Phone No. _____
*Evening Phone No. _____
*Email Address _____

13. Political Affiliation For information on political types see reverse No. 5.

Select only ONE Below

Political Parties:

- ☐ Alaska Democratic Party
☐ Alaska Libertarian Party
☐ Alaska Republican Party
☐ Alaskan Independence Party

or **Political Groups:**

- ☐ Green Party of Alaska
☐ Alaska Constitution Party
☐ Veterans Party of Alaska

or **Other:**

- ☐ Nonpartisan (no party affiliation)
☐ Undeclared (no party declared)
☐ _____

6. You MUST provide at least ONE

*Social Security No. _____/_____/_____

*Last 4 Digits of Social Security No. _____

*Alaska Driver's License No. _____

*Alaska State ID Card No. _____

☐ I have not been issued a Social Security, Alaska Driver's License or State ID number.

7. You MUST provide

*Date of Birth _____/_____/_____
Month Day Year

8. *AK Voter Number _____
(if known)

9. Sex ☐ Male ☐ Female

14. If you are registered to vote in another state, you MUST cancel that registration by providing the following:

City: _____ **State:** _____ **County:** _____ **Zip Code:** _____

Voter Certificate. Read and Sign: I certify, under penalty of perjury, that the above information I provided on this document is true and correct. I am not registered to vote in another state, or I have provided information to cancel that registration. I further certify that I am a resident of Alaska and I have not been convicted of a felony, or having been so convicted, have been unconditionally discharged from incarceration, probation and/or parole.

WARNING: If you provide false information on this application you can be convicted of a misdemeanor AS 15.56.050.

*** SIGNATURE:** _____ **DATE:** _____

Registrar/Agency/Official – Check ID and complete this section

For Office Use Only

Registrar Name _____

OR

Agency Name _____

NVRA Agency

VN _____

D/P _____

*Items are kept confidential by the Division of Elections and are not available for public inspection except that confidential addresses may be released to government agencies or during election processes as set out in state law.



State of Alaska Division of Elections

Voter Registration Application

To register to vote in Alaska you must be a U.S. Citizen, a resident of Alaska, and at least 18 years old or will be 18 years old within 90 days of completing this application.

Initial registration or registration changes must be made at least 30 days prior to an election. Once your application is processed, a notice will be mailed to you within 3 to 4 weeks.

1. When Completing This Application You MUST Provide:

- ♦ **Alaska Residence Address Where You Claim Residency** – A complete physical residence address must be included on your application. The residence address you provide will be used to assign your voter record to a voting district and precinct. Your application will not be processed if you leave the residence address blank or if you provide a PO Box, HC No. and Box, PSC Box, Rural Route No., Commercial Address or Mail Stop Address on Line 4 of the application.

If your residence has been assigned a street number, provide that number. If not, indicate exactly where you live such as, highway name and milepost number, boat harbor, pier and slip number, subdivision name with lot and block or trailer park name and space number. If you live in a rural village in Alaska, you may provide the community name as your residence address.

If you have a different mailing address than your residence address, you may choose to keep your residence address confidential. Confidential addresses are not released to the general public, but may be released to government agencies or during election processes as set out in state law.

Are you temporarily out of State? If so, and you have intent to return (active military and military spouses are exempt from intent requirements), you may maintain your Alaska residence as it appears on your current record. If you provide a new residence address, it must be within Alaska.

- ♦ **Proof of Identity** – Your identity must be verified. If you have been issued a Social Security number, Alaska Driver's License, or Alaska State ID card, you **MUST** provide at least one number on Line 6 of the application. If you have never been issued one of the identification numbers, please indicate so by checking the box on Line 6.
- ♦ **Date of Birth** – You **MUST** provide your date of birth.

2. Are you submitting this application by mail, by fax, or email? If so, and if you are not already registered to vote in Alaska, your identity must be verified either at the time you register or the first time you vote. If you would like to ensure that your identity is verified at the time you register, submit a copy of one of the below:

- Current and valid photo identification
- Passport
- Birth certificate
- Driver's license
- State identification card
- Hunting and Fishing license

3. Are you registering from outside the State of Alaska? If so, you must provide proof of Alaska residency, such as a copy of your Alaska driver's license, Alaska hunting or fishing license, student loan or college tuition documents showing Alaska as state of residence, proof of employment in Alaska, military leave and earnings statement that identifies Alaska as the state of legal residence or other documentation that supports your claim as an Alaska resident. If you do not provide proof of Alaska residency, your application will not be processed.

4. Have you been convicted of a felony? If so, you may register to vote only if you have been unconditionally discharged. Provide a copy of your discharge papers with this application if available.

5. Political Affiliation. Those parties that have gained recognized political party status under Alaska Statutes 15.60.010(25) are listed under **Political Parties**. Those groups that have applied for party status but have not met the qualifications to be a recognized political party under Alaska Statutes 15.60.010(25) are listed under **Political Groups**. Under **Other**, nonpartisan means you are not affiliated with any recognized political party or group and undeclared means you do not wish to declare a political affiliation. If you do not check a political affiliation, you will be registered as undeclared unless you are already registered under an affiliation.

Mail, fax or email (as a pdf, tiff or jpg attachment) your completed application to one of the offices below:

Visit our website at: www.elections.alaska.gov

Region I Elections Office

PO Box 110018
Juneau, AK 99811-0018
(907) 465-3021 –
Telephone
(907) 465-2289 – Fax
Toll Free 1-866-948-8683

Region II Elections Office

Anchorage Office
2525 Gambell Street Suite 100
Anchorage, AK 99503-2838
(907) 522-8683 – Telephone
(907) 522-2341 – Fax
Toll Free 1-866-958-8683
Matanuska-Susitna Office
North Fork Professional Building
1700 E. Bogard Road, Suite B102
Wasilla, AK 99654-6565
(907) 373-8952 – Telephone
(907) 373-8953 – Fax

Region III Elections Office

675 7th Avenue Suite H3
Fairbanks, AK 99701-4594
(907) 451-2835 – Telephone
(907) 451-2832 – Fax
Toll Free 1-866-959-8683

Region IV Elections Office

PO Box 577
Nome, AK 99762-0577
(907) 443-5285 – Telephone
(907) 443-2973 – Fax
Toll Free 1-866-953-8683

Yup'ik Language Assistance

Toll Free 1-866-954-8683

State of Alaska
Department of Health & Social Services
Division of Public Assistance

What happens if I do not follow the rules?

You may be prosecuted if you knowingly give false, incorrect, or incomplete information to get or try to get public assistance benefits you are not eligible for, or to help someone else get benefits for which they are not eligible. You must repay any benefit you wrongly receive.

Food Stamp Program	
I understand that if I...	I may...
Commit an intentional program violation of the Food Stamp Program defined in 7CFR273.16 or any of the following: <ul style="list-style-type: none"> hide information or make false statements use electronic benefit transfer (EBT) cards that belong to someone else use food stamp benefits to buy alcohol or tobacco trade or sell benefits or EBT cards 	<ul style="list-style-type: none"> lose food stamp benefits for 12 months for the first offense and be required to repay all benefits overpaid to me lose food stamp benefits for 24 months for the second offense and be required to repay all benefits overpaid to me lose food stamp benefits permanently for third offense and be required to repay all benefits overpaid to me be fined up to \$250,000.00, imprisoned up to 20 years or both
<ul style="list-style-type: none"> trade food stamp benefits for controlled substances, such as drugs 	<ul style="list-style-type: none"> lose food stamp benefits for 24 months for the first offense lose food stamp benefits permanently for the second offense
<ul style="list-style-type: none"> give false information about who I am and where I live so I can get extra benefits 	<ul style="list-style-type: none"> lose food stamp benefits for 10 years for each offense
<ul style="list-style-type: none"> have been convicted of trading or selling food stamps worth more than \$500, or trading food stamps for firearms, ammunition, or explosives 	<ul style="list-style-type: none"> be barred from the Food Stamp Program permanently

Alaska Temporary Assistance Program	
I understand that if I...	I may...
<ul style="list-style-type: none"> commit an intentional program violation or I am convicted of fraud give false information about who I am and where I live so I can get extra benefits 	<ul style="list-style-type: none"> lose benefits for 6 months for the first offense lose benefits for 12 months for the second offense lose benefits permanently for the third offense other penalties may also apply and I may be subject to criminal prosecution

Medicaid Program	
I understand that if I...	I may...
<ul style="list-style-type: none"> commit an intentional program violation or program abuse that results in misuse or overuse of Medicaid benefits or found guilty of misconduct related to Medicaid benefits commit Medical Assistance fraud under AS 47.05.210 	<ul style="list-style-type: none"> be required to pay back the amount of Medicaid services that I or anyone in my household received be excluded from Medicaid for up to 10 years have to pay fines up to \$25,000 and be subject to criminal prosecution

Read and keep this page.