



Agency Staff Interview Report

Applicant Name _____ Interview Date _____

The Client Applied For:

- | | | |
|--|---|--|
| <input type="checkbox"/> Supplemental Nutrition Assistance Program | <input type="checkbox"/> General Relief | <input type="checkbox"/> Adult Public Assistance |
| <input type="checkbox"/> Alaska Temporary Assistance Program | <input type="checkbox"/> Medicaid (No interview for MAGI) | |

Interview Information (Line numbers refer to GEN 50C):

1. Write the name of the person(s) who attended the interview: _____
2. If a telephone interview, did you verify applicant's ID with date of birth and last 4 of SS number? ☐ Yes ☐ No
3. Did you verify that the address and telephone number are correct? ☐ Yes ☐ No
If there are changes, explain why:

4. Did they review the Rights and Responsibilities, and confirm that they understood them? Make sure to give the applicant/authorized representative a copy. (Form 51 or pages 3-6) ☐ Yes ☐ No
5. Did the applicant/authorized representative sign and date the statement of truth on page 18, and all other forms that require a signature? (Pages 7, 17, 24, 26) ☐ Yes ☐ No
6. If authorized representative signed the application, was the Appendix C completed? ☐ Yes ☐ No
7. Did they complete the entire application/eligibility review form and answer ALL questions? ☐ Yes ☐ No
8. Does this application/eligibility review form appear eligible for expedited SNAP benefits? (Line 18) ☐ Yes ☐ No
9. Does this application include a pregnant woman? (Review questions #25, 43, 61, 79) ☐ Yes ☐ No
10. Are all the household members' social security numbers listed on the application? (Lines 21, 39, 57, 75) ☐ Yes ☐ No
11. For any household member who is not a US citizen – was proof of alien status provided? ☐ Yes ☐ No
12. Are there any persons living in the home who are not listed on the application?
If yes, list the names and their relationship to the applicant:

13. Is there anyone who usually lives in the house but is away from home? ☐ Yes ☐ No
If yes, list the names, their relationship to the applicant, their date of birth, the reason they are away from home, and their expected date to return home:



Alaska Department of Health
Division of Public Assistance

14. Is any household member a half-time or full-time student? ☐ Yes ☐ No
If yes, who? _____ half-time or full-time? _____
15. When was the applicant's most recent arrival in Alaska? _____
16. Has anyone in the household recently moved from another state? ☐ Yes ☐ No
If yes, who, which state, and did they receive public assistance benefits there? (Line 118) If so, when did the case close?

17. Does the applicant intend to remain a resident and stay in Alaska? ☐ Yes ☐ No
18. How have the clients been supporting themselves? Please provide a brief description of how they have been getting by:

19. Has any household member's work stopped or ended within the last 60 days? (Line 96) ☐ Yes ☐ No
If yes, list the name of the person whose job ended, when it ended, why it ended, date their last paycheck was received, gross amount of last paycheck, if they expect any more money from their employer, business name, name and phone number of the employer:

20. Are there any additional income sources that are not listed on the application (e.g., tips, gifts, etc.)? ☐ Yes ☐ No
If yes, what are they, who do they belong to, and why are they not listed on the application? _____
21. Development of income: Is there any other income household members could apply for? ☐ Yes ☐ No
(Unemployment, Survivor's Benefits, Retirement, etc.) (Development of income does not apply to SNAP)
If yes, list the person and type of income:

22. Are there any additional resources that are not listed on the application? ☐ Yes ☐ No
(Retirement accounts, children's bank accounts, boats, etc.)
If yes, what are they, who do they belong to, and why are they not listed on the application? _____
23. Is the client homeless? ☐ Yes ☐ No
If yes, do they claim any type of shelter or utility expenses? (Telephone, gas expenses, etc.) ☐ Yes ☐ No
(Expenses do not apply to Medicaid)
24. Does the client pay for any utilities? ☐ Yes ☐ No
25. Does someone else pay any utilities? ☐ Yes ☐ No
26. Are they receiving any heating assistance? ☐ Yes ☐ No
27. Did the client report that living expenses are higher than their income? ☐ Yes ☐ No
If yes, please provide a brief description of how they have paying for their living expenses (Rent, utilities, heating fuel, childcare): _____



Additional Program Specific Questions

Medicaid/Health Insurance:

28. Is anyone living in the household a member of a federally recognized tribe? (Line 101 and Appendix B) ☐ Yes ☐ No

If yes, what is their name and what is the name of the tribe?

29. Did the household report that they have additional insurance coverage (Line 102)? ☐ Yes ☐ No
If yes, please make copies of the front and back of all insurance cards.

30. If the other parent is absent, was Appendix D completed? ☐ Yes ☐ No

31. Do you share custody of your children with their other parent? ☐ Yes ☐ No

If yes, list the name of the child and the amount of time spent with each parent:

Alaska Temporary Assistance Program (ATAP):

32. If both parents are in the household, did both parents sign the Statement of Truth? (Page 18) ☐ Yes ☐ No

33. Did each adult complete an ITT? (WS 110) Did you refer them to work services?
(DPAweb → Quicklinks → Work Services Office Contacts) ☐ Yes ☐ No

34. If the application is for pregnant woman and there are no other eligible children in the home, did you get proof of pregnancy and due date? ☐ Yes ☐ No

35. Did the applicant provide copies of birth certificates or adoption decrees for all children or other proof of relationship? (Not needed if born in Alaska) ☐ Yes ☐ No

36. If needed, did the applicant provide verification of 5th degree of kinship? (Copies of marriage certificates, birth certificates, etc. to verify relationship to grandchildren, nieces/nephews, etc.) ☐ Yes ☐ No

37. Did the applicant complete a Child Support Information form (Appendix D) if not exempt? ☐ Yes ☐ No

If no, did applicant give a good cause reason for each parent not in the home? (Complete Gen 80) ☐ Yes ☐ No

38. Do you share custody of your children with their other parent? ☐ Yes ☐ No

If yes, list the name of the child and the amount of time spent with each parent.

39. Is applicant or spouse unable to work? ☐ Yes ☐ No

If yes, give them Health Status Report Form (TA 10) and Health Status Report Form Cover Letter (TA 10a)

If this is a 2-parent family; otherwise, it can be a doctor's statement that describes the duration and limitations of the incapacity.

40. Did the applicant complete the Direct Deposit form (GEN 153) (if they prefer)? ☐ Yes ☐ No

If no, does the applicant have a current Quest card? ☐ Yes ☐ No



Supplemental Nutrition Assistance Program (SNAP):

41. Did the applicant provide proof of identification? (driver's license, passport, school ID, anything with name and address on it) ☐ Yes ☐ No

42. If an authorized representative signed the application, did they provide proof of identification? ☐ Yes ☐ No

43. Does the applicant have a current Quest Card? ☐ Yes ☐ No

44. Has anyone in the household been convicted of a drug related felony? ☐ Yes ☐ No

If yes, list the individual(s) name and their date of conviction:

45. Has this person met or are they meeting one of the criteria listed below: ☐ Yes ☐ No

- i. Is satisfactorily serving or has successfully completed, a period of probation or parole
- ii. Is in the process of serving, or has successfully completed, mandatory participation in a drug or alcohol treatment program
- iii. Has taken action toward rehabilitation, including participation in a drug or alcohol treatment program
- iv. Is successfully complying with the requirements of the person's re-entry plan

46. Has anyone in the household been convicted of aggravated sexual abuse, murder, sexual exploitation of children, or sexual assault?

If yes, list the individual(s) name and their date of conviction:

47. Has this person met or are they meeting one of the criteria listed below: ☐ Yes ☐ No

- i. Is satisfactorily serving or has successfully completed, a period of probation or parole
- ii. Is successfully complying with the requirements of the person's re-entry plan

48. Is any adult in the household fleeing from prosecution, custody, or confinement for a felony or class A misdemeanor from any state? ☐ Yes ☐ No

If yes, list the individual(s) name:

49. Is anyone in the SNAP household age 18-49 and working more than 20 hours per week? ☐ Yes ☐ No

If yes, list the individual(s) name:

50. Is anyone in the SNAP household exempt from work registration requirements? ☐ Yes ☐ No

Allowable exemptions are outlined in SNAP MS 602-1(G)

If yes, list the individual(s) name and the reason for exemption:



General Relief Assistance (non-burial):

51. Did the applicant provide hard copy proof of their emergent need? ☐ Yes ☐ No

If no, provide contact information for the landlord, utility provider, etc.

52. Can any relatives who are not living with you help (spouse, children, parents, grandparents, siblings)? ☐ Yes ☐ No

53. Can any other program or agency help? ☐ Yes ☐ No

54. Does anyone else live in the home, even if they are not part of your household? ☐ Yes ☐ No

If yes, who? _____

Adult Public Assistance:

55. If both members of a married couple are applying, did both spouses sign the Statement of Truth? (Page 18) ☐ Yes ☐ No

56. If the applicant has not been approved for Social Security Disability/Retirement Income or SSI, did you give the applicant a Preliminary Examination for Interim Assistance Form (AD2) or Review Report on Aid to the Blind? (AB3) ☐ Yes ☐ No

57. If not approved for social security benefits, did the applicant complete an Authorization for Reimbursement of Interim Assistance form? (GEN 142- IAR) ☐ Yes ☐ No

58. If not approved for social security benefits, did the applicant complete an Authorization for Release of Protected Health Information form (GEN 150 IA) for **each** of their medical providers? ☐ Yes ☐ No

59. Did the applicant complete the Direct Deposit form (GEN 153) (if they preferred)? ☐ Yes ☐ No

**Make sure to have the individual update the application or review form if they report information during the interview that is not showing on the form!*

Other Information or Comments:



Agency Staff Email Address _____