

Agency Staff Interview Report

Applicant Name _____ Interview Date _____

The Client Applied For:

- | | | |
|---|---|---|
| <input type="checkbox"/> SNAP (Supplemental Nutrition Assistance Program formerly known as Food Stamps) | <input type="checkbox"/> CAMA | <input type="checkbox"/> Adult Public Assistance |
| <input type="checkbox"/> Alaska Temporary Assistance | <input type="checkbox"/> General Relief | <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 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 of the GEN 50C) Yes No
4. 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
5. If authorized representative signed the application, was the Appendix C completed? Yes No
6. Did they complete the entire application/eligibility review form and answer ALL questions? Yes No
7. Does this application/eligibility review form appear eligible for expedited SNAP benefits (line 18)? Yes No
8. Does this application include a pregnant woman (Review questions #25, 43, 61, 79) Yes No
9. Are all the household members' social security numbers listed on the application (lines 21, 39, 57, 75) Yes No
10. For any household member who is not a US citizen – was proof of alien status provided? Yes No
11. Are there any persons living in the home who are not listed on the application? Yes No

If yes, list the names and their relationship to the applicant:

12. 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:

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

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

18. 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:

19. 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? _____

20. 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 FS)
 If yes, list the person and type of income:

21. 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? _____

22. 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)

23. Does the client pay for any utilities? Yes No
24. Does someone else pay any utilities? Yes No
25. Are they receiving any heating assistance? Yes No
26. 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:

27. 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?

28. 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.

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

30. 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):

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

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

33. 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

34. 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

35. 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

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

37. 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

SNAP (formerly known as Food Stamps):

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 he 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. 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:

47. 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:

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

Allowable exemptions are:

- Medically (either physically or mentally) unable to work
- Pregnant
- Responsible for the care of an incapacitated person (in the household or not)
- In the same SNAP household as a child under age 18
- Receiving Unemployment Compensation
- Participating in a drug or alcohol program
- Enrolled at least half time in a school or training program

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

General Relief Assistance (non-burial):

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

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

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

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

If yes, who?

Chronic and Acute Medical Assistance (CAMA – GM):

52. Did the client provide a Certification of Medical Status (MED 11) form in a sealed envelope? Yes No
If no, give the client a MED 11 form.

53. Can any relatives who aren't living with you help (spouse, children, parents, grandparents, grandchildren, siblings)? Yes No

Adult Public Assistance:

- 54. 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

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

- 56. 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

- 57. 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 Signature _____ Date _____

Agency Staff Name (print) _____ Contact Number _____

Agency Staff Email Address _____