

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

FEE AGENT ORDER FORM

Fee Agent Name _____ Telephone _____

Mailing Address _____

NOTE: We do not supply any machines such as paper shredders, filing cabinets or supplies other than what is stated in your manual.

Mark the quantity you need:

QUANTITY	FORMS /BROCHURES
	Application for Services GEN 50C
	Application for Services PAGE 8 only (People in your household)
	Application for Services PAGE 12 only (Income in your household)
	Application for Services APPENDIX A only (Health Coverage from Jobs)
	Application for Services APPENDIX B only (AI/AN Family Member)
	Application for Services APPENDIX D only (Child Support Information)
	Authorization for Reimbursement of IA GEN 142
	Senior Benefits Application GEN 152
	Direct Deposit Request GEN 153 (e-form only)
	Eligibility Review Form GEN 72
	Employment Planning Information TA 5
	All About Fair Hearings GEN 84
	Fee Agent Interview Report FA 1 (e-form only)
	Fee Agent Monthly Billing Report FA 48 (e-form only)
	FS - How to Use Your Food Stamps FSP 80 (e-form only)
	GRA Cremation/Burial Application GEN 60
	Heating Assistance Application HAP 1
	Pregnancy Verification Form GEN 30
	Preliminary Examination For Interim Assistance AD 2 (e-form only)
	Report of Change GEN 55

QUANTITY	FORMS /BROCHURES
	Reporting Changes Pamphlet GEN 93
	Statement of Relationships GEN 7
	Your Alaska Quest Card
	More Money in Your Pocket Brochure
	Your Best Bet – Avoid the Penalty TA 14
	Help Us Stop Fraud DPA 3
	Food Stamps Make America Stronger FSP 313
	Medicaid Requirements for US Citizens MED 9 (e-form only)
	Voter Registration Application CO 3
	Work Services Initial Tracking Tool WS 110
	Permanent Fund Dividend Report Form PFD-1

QUANTITY	SUPPLIES
	Small Envelopes (#10 legal size)
	Medium Envelopes
	Large Envelopes (10x13)
	Address Stickers
	Stamps: _____ (specify amount of stamps needed.)
	Plain Printer Paper