

State of Alaska  
Department of Health  
Division of Public Assistance  
**Fee Agent Interview Report**

Applicant Name \_\_\_\_\_ Applicant's Last Four SSN \_\_\_\_\_

Fee Agent Name (Print) \_\_\_\_\_ FA Contact Number \_\_\_\_\_

Fee Agent Email Address \_\_\_\_\_ Interview Date \_\_\_\_\_

**The Client Applied For:**

- ☐ Supplemental Nutrition Assistance Program      ☐ Disability related Medicaid
- ☐ Alaska Temporary Assistance      ☐ Adult Public Assistance      ☐ General Relief

**Application Information**

1. Write the name of the person(s) who attended the interview: \_\_\_\_\_
2. Are there any persons living in the home who are not listed on the application? Yes ☐ No ☐  
If yes, list the names and relationships: \_\_\_\_\_  
\_\_\_\_\_
3. Is there anyone who usually lives in the house, but is away from home? Yes ☐ No ☐  
If yes, list the name(s), the reason they are away from home, and the expected date to return home.  
\_\_\_\_\_
4. Has anyone been convicted of a drug-related felony after August 22, 1996? Yes ☐ No ☐  
If yes, what is the person's name? \_\_\_\_\_  
Does this person meet one of the following conditions?
- a. Currently serving or successfully completed a period of probation or parole? Yes ☐ No ☐
- b. Currently serving or successfully completed mandatory participation in a drug or alcohol treatment program? Yes ☐ No ☐
- c. Taken action toward rehabilitation, including participation in a drug or alcohol treatment program? Yes ☐ No ☐
- d. Successfully complied with the requirements of their re-entry plan? Yes ☐ No ☐
5. Has anyone been convicted of aggravated sexual abuse, murder, sexual exploitation and abuse of children, or sexual assault on or after February 7, 2014?  
If yes, what is the person's name? \_\_\_\_\_ Yes ☐ No ☐  
Does this person meet one of the following conditions?
- a. Currently serving or successfully completed a period of probation or parole? Yes ☐ No ☐
- b. Successfully complying with the requirements of their re-entry plan? Yes ☐ No ☐

6. When was the applicant's most recent arrival in Alaska? \_\_\_\_\_
7. Does the applicant intend to remain a resident and stay in Alaska? Yes ☐ No ☐
8. Is anyone living in the household a member of a federally recognized tribe? Yes ☐ No ☐  
If yes, what is the person's name? \_\_\_\_\_
9. Has any household member's work stopped or ended within the last 60 days? Yes ☐ No ☐  
If yes, list the name of the person whose job ended, when it ended, why it ended, and the name and phone number of the employer. \_\_\_\_\_
10. Does the applicant currently have an Alaska Quest Card? Yes ☐ No ☐
11. Is anyone in the household planning to file a Federal Income Tax return? Yes ☐ No ☐  
If yes, who in the household will be filing and will there be any tax dependent(s) claimed? If yes, who \_\_\_\_\_  
\_\_\_\_\_
12. Did the household report monthly expenses? Provide proof of all monthly expenses. Yes ☐ No ☐

**Check the boxes and submit proof:**

- ☐ Rent/Mortgage ☐ Space Rent ☐ Telephone ☐ Water/Sewer ☐ Electricity ☐ Propane/Gas ☐ Oil  
☐ Wood/Coal ☐ Property Tax ☐ Home Insurance ☐ Child Support ☐ Child Care ☐ Medical Care/Medicine

13. Explain how the household has been supporting itself before applying for assistance. If the applicant claimed "no income," explain how the expenses have been paid, or note that they are due or unpaid.
- \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Other Information or Comments:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**By signing the Fee Agent Interview Report form, I agree to the following:**

1. I hereby attest I am certified as a Fee Agent for the Division of Public Assistance to interview the applicant.
2. I certify that I am the Fee Agent who interviewed the applicant listed on this form and all information on the application is correct and complete to the best of my knowledge.

Fee Agent Signature \_\_\_\_\_ Date \_\_\_\_\_

Fee Agent Name (print) \_\_\_\_\_ FA Contact Number \_\_\_\_\_

## Fee Agent Interview Checklist

1. Is an application or a recertification/review attached to this form? ☐ Yes ☐ No
2. Did the applicant sign and date the application and all other forms needing signature? ☐ Yes ☐ No
3. Did you, as Fee Agent, sign and date the application? ☐ Yes ☐ No
4. Did the applicant provide proof of identification? Example: Photo ID, Driver's License, School ID. ☐ Yes ☐ No
5. Did you get proof of all income reported on the application?  
Examples: Wages (Including part-time and on-call work), tips, fishing income, unemployment, Social Security benefits, child support received, Veterans benefits, self-employment, stipends. ☐ Yes ☐ No
6. Did you get proof of all monthly expenses? Examples: Rent/Mortgage, Electricity, Child Support. ☐ Yes ☐ No
7. Are all the household members' social security numbers listed on the application? ☐ Yes ☐ No
8. For any household member who is not a US Citizen, was proof of alien status provided? ☐ Yes ☐ No
9. Did you explain the rights and responsibilities to the applicant? ☐ Yes ☐ No
10. Did you give the applicant a copy of the Rights and Responsibilities form (Gen 51)? ☐ Yes ☐ No

### Answer questions 11 & 12 if the applicant is applying for Medicaid:

11. Did the applicant complete a Child Support Information form (Appendix D) for each parent not in the home? ☐ Yes ☐ No
12. Did the household provide copies of their tax return(s)? ☐ Yes ☐ No

### Answer questions 13-17 if the applicant is applying for Alaska Temporary Assistance:

13. If the application is for pregnant woman, did the applicant provide their estimated due date? ☐ Yes ☐ No
14. If available, did the applicant provide copies of birth certificates or adoption decrees for all children? ☐ Yes ☐ No
15. If available, did the applicant provide copies of marriage certificates, divorce decrees, or child support order? ☐ Yes ☐ No
16. Did the applicant complete a Child Support Information form (Appendix D) for each parent not in the home? ☐ Yes ☐ No
17. Did the applicant complete the Direct Deposit form (if they preferred)? ☐ Yes ☐ No

### Answer question 18 if the applicant is applying for General Relief Assistance

18. Did the applicant provide a copy of the eviction notice, landlord statement, or utility cut-off notice? ☐ Yes ☐ No

### Answer question 19-22 if the applicant is applying for Adult Public Assistance:

19. If the applicant has not been approved from Social Security Disability or SSI, did you give the applicant A Preliminary Examination for Interim Assistance Form (AD2)? ☐ Yes ☐ No
20. If the applicant wants to apply for Interim Assistance, did the applicant complete an Authorization for Reimbursement of Interim Assistance form (GEN 142- IAR)? ☐ Yes ☐ No
21. Did the applicant complete an Authorization for Release of Protected Health Information (GEN 150)? ☐ Yes ☐ No
22. Did the applicant complete the Direct Deposit form (if they preferred)? ☐ Yes ☐ No

## **Directions for completing the Fee Agent Interview**

### **Fee Agent Interview Report: Pages 1 - 3**

- Clearly note the applicant's name, last four digits of SSN, your name, your contact number, your email address if you have one, and the interview date.
- Mark the program(s) the applicant is applying for.
- Answer all questions under "Application Information."
- If you have more information or if you know the client did not give you all the correct information, make a note under "Other Information or Comments."
- Make sure you sign and date the form on page 2. Also, print your name and write your contact number.

### **Fee Agent Interview Checklist: Page 4**

- Make sure that you review each question and provide a YES or NO answer to each question that applies to the applicant.
  - Answer questions 1-10 for all applicants
  - Answer questions 11-12 ONLY if the applicant is applying for Medicaid
  - Answer questions 13-17 ONLY if the applicant is applying for Temporary Assistance
  - Answer questions 18 ONLY if the applicant is applying for General Assistance
  - Answer question 19-22 ONLY if the applicant is applying for Adult Public Assistance

**Remember to mail the completed Fee Agent Interview Report form, Fee Agent Interview Checklist (pages 1 – 4), and any verification to DPA along with the application.**