State of Alaska

Department of Health

Division of Public Assistance

Fee Agent Interview Report

Ар	plicant NameApplicant's Last Four SSN	
Fee	e Agent Name (Print)FA Contact Number	
Fee	e Agent Email AddressInterview Date	
The	e Client Applied For:	
	Supplemental Nutrition Assistance Program Disability related Medicaid	
	Alaska Temporary Assistance Adult Public Assistance General Relief	
Ар 1.	plication Information Write the name of the person(s) who attended the interview:	
т.		
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? If yes, list the name(s), the reason they are away from home, and the expected date to return home.	Yes No
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

When was the applicant's most recent arrival in Alaska?		
Does the applicant intend to remain a resident and stay in Alaska?	Yes 🔄 N	۰ o
Is anyone living in the household a member of a federally recognized tribe?	Yes	10
If yes, what is the person's name?		
Has any household member's work stopped or ended within the last 60 days?	Yes N	10
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		
Des the applicant currently have an Alaska Quest Card?	Yes	No
1. 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)	
2. 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/Me	edicine
3. 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 have by attact I are contified as a Fac Acant for the Division of Dublic Accietory to interview the		
•		tion is
Fee Agent SignatureDate		
Fee Agent Name (print)FA Contact	Number	
D. 1. 2. 3.	Does the applicant intend to remain a resident and stay in Alaska? Is anyone living in the household a member of a federallyrecognized tribe? If yes, what is the person's name?	Does the applicant intend to remain a resident and stay in Alaska? Yes Is anyone living in the household a member of a federally recognized tribe? Yes If yes, what is the person's name? Yes Has any household member's work stopped or ended within the last 60 days? Yes 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. Does the applicant currently have an Alaska Quest Card? Yes Is anyone in the household planning to file a Federal Income Tax return? Yes If yes, who in the household will be filing and will there be any tax dependent(s) claimed? If yes, who Did the household report monthly expenses? Provide proof of all monthly expenses. Yes Id the household report monthly expenses? Provide proof of all monthly expenses. Yes Id the household has been supporting itself before applying for assistance. If the applicant claimed "no income," 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. Dother Information or Comments: Dis yigning 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 exity that I am the Fee Agent for the Division of public Assistance to interview the applicant. 2. I exity that I am the Fee Agent for the Division of Public Assistance to interview the applicant. 2. I hereby attest I am certified as a Fee Agent for the Division of Public Assistance to int

Fee Agent Interview Checklist

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? Yes No 5. 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 members' social security numbers listed on the application? Yes No 9. Did you give the applicant a copy of the Rights and Responsibilities form (Gen 51)? Yes No 10. Did you give the applicant a copy of the Rights and Responsibilities form (Gen 51)? Yes No 12. Did the applicant ocmplete a Child Support Information form (Appendix D) for each parent not in the home? Yes No 13. If the applicant 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 is applying for General Relief Assistance	1.	Is an application or a recertification/review attached to this form?	Y	/es	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? Yes No Social Security benefits, child support received, Veterans benefits, self-employment, stipends. 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 allen status provided? Yes No 9. Did you gue the applicant a copy of the Rights and Responsibilities form (Gen 51)? Yes No 10. Did you give the applicant a copy of the Rights and Responsibilities form (Gen 51)? Yes No 12. Did the household provide copies of their tax return(s)? Yes No 13. If the applicant is applying for Alaska Temporary Assistance: III 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 or order? Yes No 16. Did the applicant complete a Child Support Information form (Appendix D) for each parent not In the home?	2.	Did the applicant sign and date the application and all other forms needing signature?	<u> </u>	/es	No
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Examples: Wages (including part-time and on-call work), tips, fishing income, unemployment, Social security benefits, child support received, Veterans benefits, self-employment, stipends. Image: Content of the image: C	4.	Did the applicant provide proof of identification? Example: Photo ID, Driver's License, School ID.	_ γ	/es	🗌 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 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)? Answer questions 13-17 if the applicant is applying for Alaska Temporary Assistance: No 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 form (Appendix D) for each parent not in the home? 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 provide copies of form (if they preferred)? Yes No 18. Did the applicant provide a copy of the eviction notice, landlord statement, or utility cut-off notice? Yes No	5.	Examples: Wages (Including part-time and on-call work), tips, fishing income, unemployment,	Y	/es	No No
 8. For any household member who is not a US Citizen, was proof of alien status provided? 9. Did you explain the rights and responsibilities to the applicant? 10. Did you give the applicant a copy of the Rights and Responsibilities form (Gen 51)? 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? 12. Did the household provide copies of their tax return(s)? Answer questions 13-17 if the applicant is applying for Alaska Temporary Assistance: 13. If the applicant provide copies of birth certificates or adoption decrees for all children? Yes No No 14. If available, did the applicant provide copies of marriage certificates, divorce decrees, or child support order? No 15. Did the applicant complete a Child Support Information form (Appendix D) for each parent not in the home? Yes No 15. Did the applicant complete a Child Support Information form (Appendix D) for each parent not in the home? 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 a Child Support Information form (Appendix D) for each parent not in the home? Yes No 18. Did the applicant complete the Direct Deposit form (if they preferred)? Yes No Answer question 19-22 if the applicant is applying for Adult Public Assistance 18. Did the applicant has not been approved from Social Security Disability or SSI, did you give the applicant A preliminary Examination for Interim Assistance form (GEN 142- IAR)? Yes No 20. If the applicant complete an Authorization for Release of Protected Health Information (GEN 150)? Yes No 21. Did the applicant complete an Authorization for Release of Protect	6.	Did you get proof of all monthly expenses? Examples: Rent/Mortgage, Electricity, Child Support.	Υe	es	🗌 No
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		Authorization for Reimbursement of Interim Assistance form (GEN 142- IAR)?			_
		Did the applicant complete the Direct Deposit form (if they preferred)?			

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.