

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

Contact People and Organizations

Why do you need to complete this form?

To determine your eligibility for assistance, we may need to contact people or organizations that can answer questions about your situation. By completing this form, you are allowing us to contact the people and organizations you provide.

What questions do we ask?

We often ask questions about where you live, who lives with you, and your household's income and resources. We may also ask for information about a child's parent not living in the home.

What information do we provide them?

When we contact these people or organizations, we tell them our name and title. We also tell them that we work for the Division of Public Assistance. We do not give them any information about you or your public assistance case.

1 Information about two people who know you well:

Name and Relation to You	Mailing Address	Daytime Phone

2 Information about your landlord:

Name	Mailing Address	Daytime Phone

3 Information about your employer:

Name	Mailing Address	Daytime Phone

4 Information about your bank account(s):

Name of Financial Institution	Mailing Address	Daytime Phone