



## Felony Verification Form

**To: Department of Corrections:** [apo@alaska.gov](mailto:apo@alaska.gov)

We have information indicating that the individual listed below was convicted of a felony that would permanently disqualify them for Supplemental Nutrition Assistance Program (SNAP) and/or Alaska Temporary Assistance Program (ATAP) benefits, unless they meet specific conditions.

**Client's First and Last Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Offender # (if known):** \_\_\_\_\_

Has the individual met any of the following conditions? Please select all boxes that apply:

- Satisfactorily serving or has successfully completed a period of probation or parole; or
- Serving or has successfully completed mandatory participation in a drug or alcohol treatment program; or
- Taken action toward rehabilitation, including participating in a drug or alcohol treatment program; or
- Successfully complying with the requirements of their reentry plan; or
- None of the above conditions have been met.

**DOC Employee Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Date Completed:** \_\_\_\_\_

Please return this completed form to: \_\_\_\_\_

Caseworker Email Address