

How to Report

You can report a change by:

- Calling Public Assistance at 1-800-478-7778
- Filling out a Change Report Form (GEN 55) and sending it to Public Assistance by fax, email, or mail

How We Use the Reported Information

We use the information you give us to determine that you are still eligible and the amount of your benefits. Increases in your expenses or decreases in your household's income could mean higher benefits.

When to Report

For all Public Assistance Programs, you must report changes within 10 days from when you know about them.

If you get Alaska Temporary Assistance, you must also report within 5 days if a child moves out of your home.



State of Alaska
Dept. of Health
Division of Public Assistance
P.O. Box 110640
Juneau, AK 99811-0640
<https://health.alaska.gov/dpa/Pages/default.aspx>

Reporting Changes

We promote self-sufficiency and provide basic living expenses to Alaskans in need.

Each Public Assistance program has different rules about the kinds of changes you need to report. Please read the information below and contact Public Assistance if you have any questions about what you need to report.

IF YOUR HOUSEHOLD RECEIVES THE PROGRAM LISTED TO THE RIGHT, YOU MUST REPORT THE CHANGES LISTED BELOW	SNAP	ATAP	Senior Benefits	MAGI Medicaid	APA	Disability Medicaid
Household's total gross monthly income goes over the income limit for the household size	X					
Household member has lottery or gambling winnings of \$4,500 or more in a single game	X					
A household member's work hours fall below 20 hours per week if they are subject to the ABAWD work requirements	X					
Change in state residency		X	X	X	X	X
Temporary absence lasting 30 days or longer			X	X		
Change in marital status (marriage or divorce)			X	X	X	X
Death of a household member		X	X	X	X	X
New residence or mailing address		X	X	X	X	X
Someone moves into or out of your home		X		X	X	X
Household member gets a vehicle		X			X	X
When cash on hand and in bank accounts totals more than \$2,000		X			X	X
Change in the source of unearned income or a change in the total amount of unearned income		X	X	X	X	X
Household member starts or stops a job, has a change in rate of pay or their employment status changes from part-time to full-time or from full-time to part-time		X	X	X	X	X
Change in the legal obligation to pay child support or in the amount of child support a household member is expected to pay		X			X	X
Change in the household's responsibility to pay any shelter cost		X			X	
Household member starts, stops, or has changes in health insurance coverage, including Medicare				X		
Significant improvement in the condition of a blind or disabled household member					X	X
Household member admitted to or discharged from a nursing home, hospital, or public institution			X		X	X
Household member approved or denied Social Security benefits					X	X
Change in pregnancy status				X		X
Changes in tax filing status				X		