



Alaska Department of Health
Division of Public Assistance

Asset Verification Authorization

To determine whether an individual is eligible to receive Aged, Disabled, or Long-Term Care Medicaid benefits, the Division of Public Assistance must verify information through computer matching programs, which includes resource information for the individual and their spouse when one or both apply for Medicaid.

By signing this form, you authorize verification of your resources (as well as those of your spouse, if applicable) for the purposes of determining eligibility for Medicaid. The Division of Public Assistance may investigate and contact any financial institution as part of the asset verification process.

I understand that I will not be eligible for any Aged, Disabled, or Long-Term Care Medicaid in Alaska if I do not provide this authorization.

By signing this Asset Verification Authorization, I authorize the Division of Public Assistance to conduct asset verification to determine eligibility and to verify the accuracy of resource information.

Signature of Adult: _____
Signature Date (month/day/year)

Printed Name of Adult: _____

Signature of Spouse: _____
Signature Date (month/day/year)

Printed Name of Spouse: _____

Phone Number: _____ Case Number or SSN: _____