Alaska Department of Health
Division of Public Assistance

Medicaid Simplified Renewal Form

Please complete and return this simplified renewal form if you have not had any changes in household composition since your last Medicaid renewal, your income remains below the eligibility standard for your household type, and your countable resources are below the limit.

If you have had changes in household composition, you must complete and return the yellow recertification form in this envelope. If you have any questions, contact us at 1-800-478-7778.

1. I attest that I have not had any changes in household composition since my last Medicaid renewal:

    ☐ Yes   ☐ No

2. I attest that my monthly countable income is below the limit for my household type:

    ☐ Yes   ☐ No

Living Arrangement	Income Limit
Individual living independently	$1,276
Individual living in a household of another	$977
Individual living in an assisted living home	$1,014
Couple living independently, only one eligible	$1,435
Couple living in a household of another, only one eligible	$1,073
Couple living in an assisted living home, only one eligible	$1,014
Couple living independently, both eligible	$1,899
Couple living in a household of another, both eligible	$1,457
Couple living in an assisted living home, both eligible	$1,571
Individual living in a nursing home	$1,697
Individual receiving HCB waiver	$2,742
Individual receiving TEFRA	$2,742

3. I attest that my countable resources are under $2,000 for an individual and $3,000 for a couple:

    ☐ Yes   ☐ No

Read and sign: Under penalty of perjury, I certify that all information given by me on this form is true and correct to the best of my knowledge. I understand that I may be prosecuted if I knowingly give false, incorrect, or incomplete information to get or try to get public assistance benefits.

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:** _____