

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

## **Volunteer Fee Agent Provider Agreement**

This is an agreement between, \_\_\_\_\_, Volunteer Fee Agent, and the Division of Public Assistance, Department of Health and Social Services. Under the authority contained in AS 47.05.010(13), the Fee Agent has volunteered to serve as a local Division agent. It is expressly understood and agreed by the parties to this agreement that the Fee Agent is not an employee of the State of Alaska and has volunteered to perform work as set forth in Article I below. Since the Fee Agent is not an employee of the State of Alaska, the State will not withhold money from the Fee Agent's check to cover any possible tax liability.

### **Article I – Services to be Performed**

As a Fee Agent, I agree that I will:

1. Assist all persons in my area who wish my help in applying or reapplying for the Alaska Temporary Assistance Program (ATAP), Food Stamps (FS), Medicaid (ME), General Relief Assistance (GRA), Chronic and Acute Medical Assistance (CAMA), Heating Assistance Program (HAP) and Adult Public Assistance (APA). I agree to do this without discrimination in any way because of a person's race, color, sex, age, religious creed, national origin, disability, political beliefs, or family relationship.
2. Obtain documents and verify all information required to complete a public assistance application as set out in the Fee Agent Manual.
3. Submit a Fee Agent Interview Report with each application that summarizes all information taken during the interview. (For HAP applications, complete the Fee Agent portion of the HAP application form.)
4. Make sure all required signatures and information on the application and other forms are correct to the best of my knowledge and belief.
5. Forward each application on the day I receive it to the public assistance office in my area as instructed.
6. Submit the Fee Agent Monthly Billing Report Form (FA #48) to the public assistance office as instructed, showing the names and details for each application taken by me during the month.
7. Choose a location at which I will provide Fee Agent services.
8. Select the hours during the week in which I will provide Fee Agent services.
9. Provide my own transportation as needed.
10. Participate in any training sessions offered to me by the Division of Public Assistance.

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Article II – Consideration

For the above volunteer work, the Division of Public Assistance agrees to:

1. Pay an honorarium of \$25 for ATAP, FS, ME, CAMA, GRA, and APA applications using the Gen 50B application form; \$25 for combinations of programs using the Gen 50B; \$15 for redetermination applications using the Gen 72, Gen 132, Gen 148, or Gen 75; and \$15 for the 06-3960 and the HAP applications using the current year Form 06-3637.
2. Provide instructions to the Fee Agent before accepting applications; provide additional training as needed at no cost to the Fee Agent.
3. Provide postage and accept collect calls from the Fee Agent related to processing of the Division's applications, as instructed in the Fee Agent manuals.

Article III– Period of Performance

This agreement is effective when signed by both parties and shall remain in full force and in effect until terminated by one or both parties.

Article IV– Termination

This agreement may be terminated or canceled at any time by either party with 15 days advance written notice.

Article V - Certification

I, \_\_\_\_\_, certify that I am not a retail vendor of general merchandise, and not a member of the immediate family of a person who is so engaged. "A member of the immediate family" means spouse, child, parent, brother, sister, parent-in-law, brother-in-law, or sister-in-law (Authority: AS 47.05.010(13)). I further certify that I enter into this agreement with the full knowledge that I am a volunteer and not an employee of the State of Alaska, Department of Health and Social Services.

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**Article VI – Privacy and Conflict of Interest**

I understand that all information about an applicant or recipient is confidential, and I agree that I will not give this information to anyone, or discuss it with anyone, except those directly involved in the administration of public assistance programs. Further, I understand that if I use information I get through my Fee Agent position for personal gain that I can be prosecuted for “conflict of interest”. A Fee Agent who is found guilty of this conflict commits a Class-A misdemeanor and a conviction could result in up to one year in jail or a fine of up to \$5,000, or both (Authority: AS 47.15.030, 11.56.850, and 11.81.900). By signing this agreement, I certify that I have been informed of and agree to the law and practice regarding conflict of interest and protection of privacy (Authority: 47.05.020 and .030).

**Volunteer Fee Agent**

**Division of Public Assistance**

\_\_\_\_\_  
Fee Agent’s Signature

\_\_\_\_\_  
Division Representative’s Signature

\_\_\_\_\_  
Fee Agent’s Printed Name

\_\_\_\_\_  
Division Representative’s Printed Name

\_\_\_\_\_  
Fee Agent’s SSN

\_\_\_\_\_  
DPA Office Name and Phone Number

Fee Agent’s Mailing Address:  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date of Fee Agent Signature

\_\_\_\_\_  
Date of Division Signature

- Distribution:  
Original to Central Office – Juneau  
Copy to Fee Agent  
Copy to DPA Office File