Department of Health Social Services Division of Public Assistance Forms Order Form

DISTRICT OFFICE				Order Date:					
	Contact			Phone:					
	Quantity Ordered	PA TITLE	H&SS No.	Form Title	Revised Date				
		TA#							
*		4	06-3877	Diversion Agreement	10/05				
*		5	06-3871	Employment Planning Information (EPI)	07/02				
*		6	06-3878	Notification of Right to Claim Good Cause (CSED)	07/98				
*		14	06-3903	Your Best Bet Avoid the Penalty	07/02				
		CASEFILE DIVIDERS							
				Record of Permanent Documents					
				Interagency Forms					
				Case Staffing Information					
				Confidential Reports of Contact					
				Fair Hearing					
				Corrective Action Forms					
				Claims and Underissuances					
				Program Dividers					
		MED#							
*		1	06-3843	Child's Medical History & Disability Report	05/94				
*		2	06-3844	Authorization for Release of Information (Disability Determination	01/04				
*		4	06-3863	Application for NH, Waiver & Tefra Medicaid	06/07				
		FA#							
				Fee Agent Manual	03/05				
		CC Form	c						
*		1	06-3889	Request for PASS I Child Care	02/04				
*		2	06-3823	PASS I Manual Authorization	01/04				
*		3	06-3818	Parent Responsibility Agreement PASS I	01/04				
		5	06-3817	PASS I Child Care Billing Report	11/01				
*		6	06-3931	Manual Payment Request Form - PASS I	01/04				
		GEN#							
		1		D. I.I. A. J D J O.C D	11/02				
T			06-3200	Public Assistance District Office Route Sline	1.17(1.15				
*				Public Assistance District Office Route Slips Request for Verification of Vital Event	11/03				
*		6	06-3043	Request for Verification of Vital Event	04/77				
		6 7	06-3043 06-3678	Request for Verification of Vital Event ATAP Statement of Relationship	04/77 01/01				
*		6 7 29	06-3043 06-3678 06-3708	Request for Verification of Vital Event ATAP Statement of Relationship Record of Native Dividends	04/77 01/01 08/88				
*		6 7 29 30	06-3043 06-3678 06-3708 06-3710	Request for Verification of Vital Event ATAP Statement of Relationship Record of Native Dividends Pregnancy Verification	04/77 01/01 08/88 08/07				
* * *		6 7 29 30 36	06-3043 06-3678 06-3708 06-3710 06-3033	Request for Verification of Vital Event ATAP Statement of Relationship Record of Native Dividends Pregnancy Verification Authorization for Release of Information	04/77 01/01 08/88 08/07 06/07				
* * * *		6 7 29 30 36 37	06-3043 06-3678 06-3708 06-3710 06-3033 06-3814	Request for Verification of Vital Event ATAP Statement of Relationship Record of Native Dividends Pregnancy Verification Authorization for Release of Information Request for Contact Persons and Organizations	04/77 01/01 08/88 08/07 06/07				
* * * * * *		6 7 29 30 36 37 40	06-3043 06-3678 06-3708 06-3710 06-3033 06-3814 06-3251	Request for Verification of Vital Event ATAP Statement of Relationship Record of Native Dividends Pregnancy Verification Authorization for Release of Information Request for Contact Persons and Organizations Fraud Complaint Report	04/77 01/01 08/88 08/07 06/07 06/07 12/02				
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^{*}Form is available on the e-forms page of the DPA web.

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DISTRICT OFFICE			Order Date:	
Contact			Phone:	
Quantity Ordered	PA TITLE	H&SS No.	Form Title	Revised Date
	GEN#			
k	72	06-3670	Review Form (FS, AP, ME, TA, GA)	10/07
k	75	06-7050	Denali Kid Care Renewal Form	01/04
k	84	06-3627	All About Fair Hearings	06/91
k	85	06-3641	Fair Hearing Request	11/06
k	87	06-3672	Complaint Form	05/00
k	93	06-3874	Changes You Must Report	01/04
k	95	06-3813	Report of Claim Determination	02/03
k	97a	06-3706	Early Fraud Detection Referral	12/02
k	101	06-3787	Civil Rights Complaint	12/00
k	102	06-3788	Review Disposition of Civil Rights Complaint	04/90
k	103	06-3789	Withdrawal of Civil Rights Complaint	04/90
k	132	06-3815	Denali KidCare Application	06/08
k	142	06-3838	Authorization for Reimbursement of Interim Assistance	07/07
k	152	06-3944	Senior Benefit Program Application and Renewal Form	11/07
	OTHER	MISC		
*	CSSD	04-0500b	CSSD Release of Information/Address Confidentiality	12/04
k	CSSD		Child Support Information	12/06
			Job Sampling Placement Agreement	08/98
			H&SS Intra - Department Route Slips	
	VS - 16	06-5376	Affidavit of Paternity (Vital Stats Form)	08/04
		G-845S	SAVE Document Verification Request	06/89
			Leave Slip Form	
Order	Received			
	ompleted			
Order Mailed				
Order Filled By				
Comments:				
All forms	are available	on the E-Fori	ns DPA website. Please check there for forms that are not listed on this order find a form, please contact DPA policy at 465-3347	form. If you cann

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