



Alaska Department of Health  
Division of Public Assistance

PAYEE AGREEMENT  
for  
MINOR PARENTS

I, \_\_\_\_\_ agree to serve as the Payee for  
\_\_\_\_\_, a minor parent, and the minor parent's  
child(ren) \_\_\_\_\_.

I agree as Payee to receive the monthly assistance check and use it without delay to provide for the needs of the minor parent and the minor parent's child(ren). Checks will be made payable to me as the Payee. If requested, I also agree to provide the Division of Public Assistance with an accounting of how I distributed the money.

Food Stamp benefits and Medicaid documentation may be sent directly to the minor parent.

I understand that I must notify the Division of Public Assistance if:

- o the minor parent no longer lives in my home, or
- o I become aware of any changes in circumstances that may affect this minor parent's or minor parent's child(ren)'s eligibility for assistance such as getting married, getting a job, or not attending school.

I understand that the Division of Public Assistance may end my service as Payee without advance notice. I also understand that I may end my service as Payee by withdrawing this written consent.

_____ Signature of Payee	_____ Date	
_____ Printed Name		
_____ Mailing Address	_____ City	_____ Zip
_____ Signature of Minor Parent	_____ Date	
_____ Teen Parent Coordinator	_____ Date	