



STATE OF ALASKA  
DEPARTMENT OF HEALTH AND SOCIAL SERVICES  
DIVISION OF PUBLIC ASSISTANCE

ALASKA TEMPORARY ASSISTANCE PROGRAM

**DIVERSION AGREEMENT**

I have chosen and agree to accept a Diversion payment in the amount of \$ \_\_\_\_\_. I understand this payment is being made in place of ongoing assistance from the Temporary Assistance program. I understand the purpose of this payment is to help my family keep or obtain employment.

I agree to use the Diversion payment to meet the following employment-related needs:

Amount	Payable To	Payment For
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____

In accepting this Diversion payment, I understand:

1. I may keep child support for my children for the months of \_\_\_\_\_, \_\_\_\_\_, and \_\_\_\_\_, unless I reapply for Temporary Assistance during those three months.
2. If I reapply for Temporary Assistance during the months of \_\_\_\_\_, \_\_\_\_\_, or \_\_\_\_\_, my Diversion payment will be counted as unearned income for the Temporary Assistance program.
3. I may not receive another Diversion payment until \_\_\_\_\_.
4. After my family has received Diversion four times, we will not qualify to receive Diversion payments again.

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_