



THE STATE
of **ALASKA**
GOVERNOR MIKE DUNLEAVY

Department of Health

DIVISION OF PUBLIC ASSISTANCE
Policy & Program Development
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Subject: Alaska Temporary Assistance Program Health Status Report Form

Dear Health Care Professional:

Thank you for taking the time to complete the Health Status Report (TA-10) form for a participant in the Alaska Temporary Assistance Program. Every adult that receives services through the program is expected to work or to participate in activities that lead towards self-sufficiency.

Individuals who are unable to work full-time because of health reasons are assigned activities tailored to accommodate their capabilities. These activities may include part-time employment, job readiness and life skills workshops, General Education Diploma (GED) classes, following treatment recommendations, counseling, physical rehabilitation, or other activities that prepare people for employment and support healthier lifestyles. We also provide supports such as transportation, childcare, and other accommodations that clients may need to order to participate in the program.

The Health Status Report will help us determine this individual's abilities and an appropriate level of participation in program activities.

The Alaska Temporary Assistance Program provides temporary financial assistance and other supports to help adults find employment so their family can be self-sufficient. Temporary Assistance benefits are limited to a total of 60 months in a lifetime. This time limit makes it vital for adults to secure employment as quickly as possible. It is our responsibility to ensure that families get the services and supports they need to become self-supporting as soon as possible.

When completing the TA10 form, please consider the following:

- While your patient's condition may prevent them from working in their former occupation, we would like to know if they can work and to what capacity.
- If the patient's condition limits their ability to work, please make suggestions for accommodations that will enable them to work to their fullest capacity.
- By answering each question and providing as much information as possible you will enable our staff to both fully support your treatment recommendations and assign activities that will help the family become self-sufficient.
- Please also tell us if you feel a referral to a specialist is recommended.

If you have questions about completing this form or about the Alaska Temporary Assistance Program work requirements, please contact:
