

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

**FEE AGENT ORDER FORM**

Fee Agent Name \_\_\_\_\_ Telephone \_\_\_\_\_

Mailing Address \_\_\_\_\_

*NOTE: We do not supply any machines such as paper shredders, filing cabinets or supplies other than what is stated in your manual.*

**Mark the quantity you need:**

QUANTITY	FORMS /BROCHURES
	Application for Services GEN 50B – (Rev. 5/12)
	Authorization for Reimbursement of IA GEN 142 – (Rev. 8/10)
	Child Support Information CSSD 1603a – (Rev. 12/06)
	Denali KidCare Application GEN 132 – (Rev. 9/11)
	Denali KidCare Renewal GEN 75 – (Rev. 1/04)
	Senior Benefits Application GEN 152 – (Rev. 11/07)
	Direct Deposit Enrollment GEN 153 – (Rev. 4/09)
	Eligibility Review Form GEN 72 – (Rev. 12/12)
	Employment Planning Information TA 5 – (Rev. 9/12)
	All About Fair Hearings GEN 84 – (Rev. 5/10)
	Fee Agent Interview Report FA 1 – (Rev. 10/12)
	Fee Agent Monthly Billing Report FA 48 – (Rev. 4/13)
	FS - How to Use Your Food Stamps FSP 80 – (Rev. 9/98)
	GRA Cremation/Burial Application GEN 60 – (Rev. 5/03)
	Heating Assistance Application 06-3637 (Revised Annually)
	Pregnancy Verification Form GEN 30 – (Rev. 8/07)
	Preliminary Examination For Interim Assistance AD 2 – (Rev. 1/10)
	Report of Change GEN 55 – (Rev. 9/11)
	Reporting Changes Pamphlet GEN 93 – (Rev. 5/10)
	Statement of Relationships GEN 7 - (Rev. 1/01)

QUANTITY	FORMS /BROCHURES
	Your Alaska Quest Card AK-QA-E (Rev. 10/09)
	Denali KidCare Brochure
	More Money in Your Pocket - It Pays to Work!
	Your Best Bet – Avoid the Penalty TA 14 – (Rev. 7/02)
	Help Us Stop Fraud DPA 3 – (Rev. 9/10)
	Food Stamps Make America Stronger FSP 313 – (Revised Annually)
	Medicaid Requirements for US Citizens MED 9 – (Rev. 4/08)
	Voter Registration Application CO 3 – (Rev. 02/11)
	Work Services Initial Tracking Tool WS 110 – (Rev. 8/12)

QUANTITY	SUPPLIES
	Small Envelopes (#10 legal size)
	Medium Envelopes
	Large Envelopes (10x13)
	Fee Agent Certified Stickers (Green)
	Address Stickers
	Stamps: _____ (specify amount – 45 cents, 1 cent, etc.)
	Plain Printer Paper

**Other supplies needed:**

*(Write the item and quantity)*

QUANTITY	SUPPLIES