

Senior BENEFITS PROGRAM

- New Application
 Renewal Application

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

Senior Benefits Program
855 W Commercial Drive, Wasilla, AK 99654
Fax: 1-866-352-8539 or in Mat-Su Valley
Fax: 1-907-357-2561

Alaska residents who are age 65 or older may qualify for a monthly payment from the Senior Benefits Program. The payment will be \$125, \$175 or \$250 depending on your annual gross income. Income limits are tied to the Alaska Federal Poverty Guidelines and will change every year.

Please complete the information below so we can determine your eligibility for these benefits. We need this information for you and your spouse if he or she is living with you, even if your spouse is under the age of 65. If you are both applying for Senior Benefits, you will both need to sign the application on page 3 and complete the Authorization for Release of Information on page 4.

- 1** Are you applying for you? Yes No
 Are you applying for your spouse? Yes No (must be 65 years old)

2 Applicant Information

Name (First, Middle Initial, Last)	Social Security Number		Date of Birth
Do you intend to remain an Alaska Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> US Citizen <input type="checkbox"/> Legal Alien Alien #:		<input type="checkbox"/> Male <input type="checkbox"/> Female
Mailing Address (Street or PO Box)	City	State	Zip
Residence Address	City	State	Zip
Phone Number	Message Phone		

3 Spouse Information (required if living with you)



Name (First, Middle Initial, Last)	Social Security Number		Date of Birth
Do you intend to remain an Alaska Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> US Citizen <input type="checkbox"/> Legal Alien Alien #:		<input type="checkbox"/> Male <input type="checkbox"/> Female

Rights and Responsibilities. I understand that:

- I have a right to request a fair hearing if I do not agree with the decision made on this application. I can make a request for a fair hearing by phone, in writing, or in person to any Division of Public Assistance office.
- I am required to report changes within 10 days. Changes can be reported by phone, in writing, or in person. The Senior Benefits Office must be notified if the applicant or their spouse:
 - Leaves the State of Alaska for any reason for more than 30 days
 - Is admitted to a hospital, nursing home or Pioneer Home for more than 30 days
 - Has a new residence or mailing address
 - Passes away

Statement of Truth

I certify that I have checked the information on this application and that it is a true and complete statement of facts according to my best knowledge and belief.

 Signature of Applicant or Authorized Representative	Phone/Message Number
 Signature of Spouse	Phone/Message Number

Authorized Representative

You may authorize someone 18 years or older to help you apply for Senior Benefits. This person can also help you complete forms and report changes for you. By filling this out, you give us permission to talk to this person about your case.

Name of Person authorized to represent you	Phone/Message Number
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Please complete the “Authorization for Release of Information” on the back of this page.

Authorization for Release of Information

What is an 'Authorization for Release of Information'?

Your signature on this form gives the Department of Health and Social Services, its agents, and the Department of Law permission to ask for information about your health, finances, family and personal history. This information is only used in the administration of public assistance programs and will not be released to any other person or agency outside of the Department of Health and Social Services or its representatives. The Release of Information will be in effect while you are an applicant or recipient of Public Assistance, and for any later investigations of your eligibility and receipt of benefits.

Who will we ask for information?

The people or organizations that may be contacted include, but are not limited to: the Alaska Housing Finance Corporation, the Department of Fish and Game, the Department of Labor, the Department of Law, the Department of Military and Veterans Affairs, the Department of Public Safety, the Department of Revenue, U. S. Citizenship and Immigration Services, employers, financial institutions, landlords, local governments, Native corporations, private individuals, public assistance program contractors and grantees, school authorities, the Social Security Administration, stock brokerage firms, and tax assessors.

I Authorize This Release of Information:

Signature of Adult

Signature of Other Adult

Printed Name

Printed Name

Social Security Number

Social Security Number

Address

Address

Phone Number

Phone Number

Date

Date

A Copy of this Release is as Valid as the Original

Would You Like to Register to Vote?

You may register to vote in Alaska if:

1. You are a United States citizen.
2. You are a resident of Alaska.
3. You are at least 18 years of age or will be 18 within 90 days of completing the registration application.
4. You are not a convicted felon, unless you have been unconditionally discharged.
5. You are not registered in another state, unless you cancel that registration. (There is an area on the Alaska registration application for you to cancel if needed.)

Important Notices

1. Applying to register or declining to register to vote will not affect the services or the amount of benefits that you will be provided by this agency.
2. If you would like help filling out the voter registration form, we will help you. The decision whether to seek or accept help is yours. You may fill out the registration form in private.
3. If you decline to register to vote, your decision will be confidential. If you choose to register to vote, the office at which your voter registration application is submitted will remain confidential and will be used only for your voter registration purposes.
4. If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with the Director of the Division of Elections by calling 907-465-4611, or toll-free at 866-952-8683 or you may write to: Director, Division of Elections, PO Box 110017, Juneau, AK 99811-0017.

If you are not registered where you live now, would you like to apply to register to vote here today?

(Check one)

Yes. I would like to register to vote. (Please fill out the attached registration application.)

No. I do not want to register to vote.

Note: If you do not check either box, you will be considered to have decided **NOT** to register to vote at this time.

Name of Applicant

Date

This form will be retained with this agency.

Completed voter registration applications will be mailed to the Division of Elections.

STATE OF ALASKA VOTER REGISTRATION APPLICATION

Refer to instructions on the reverse side for specific information and identification requirements.

Please print clearly in blue or black ink.

<p>1. You MUST complete this section for registration.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No I am a citizen of the United States.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No I am at least 18 years old or will be within 90 days of completing this application.</p> <p>If you checked NO to either question, do not complete this form as you are not eligible to register to vote.</p>			
2. Last Name	First Name	Middle Initial	Suffix (Sr., Jr., etc.)
3. Former Name: (If your name has changed)			
<p>4. You MUST provide the Alaska residence address where you claim residency. Do not use PO, PSC, HC or RR.</p> <p style="text-align: right;">ALASKA</p> <p>House # Street Name Apt # City State</p> <p>* <input type="checkbox"/> Keep my residence address confidential. (Your mailing address in section 5 must be DIFFERENT from your residence address in section 4 to remain confidential.)</p>			
<p>5. Mailing Address:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>10. <input type="checkbox"/> I am a voter with a disability and would like information on alternative voting methods.</p> <p>11. <input type="checkbox"/> I am interested in serving as an election official. (Provide your phone number and/or email address in section 12.)</p> <p>12. *Daytime Phone No. _____</p> <p>*Evening Phone No. _____</p> <p>*Email Address _____</p>		
<p>6. You MUST provide at least ONE</p> <p>*Social Security No. _____/_____/_____</p> <p>*Last 4 Digits of Social Security No. _____</p> <p>*Alaska Driver's License No. _____</p> <p>*Alaska State ID Card No. _____</p> <p><input type="checkbox"/> I have not been issued a Social Security, Alaska Driver's License or State ID number.</p>	<p>13. Political Affiliation For information on political types see reverse No. 5.</p> <p><u>Select only ONE Below</u></p> <p style="text-align: center;">Political Parties:</p> <p><input type="checkbox"/> Alaska Democratic Party</p> <p><input type="checkbox"/> Alaska Libertarian Party</p> <p><input type="checkbox"/> Alaska Republican Party</p> <p><input type="checkbox"/> Alaskan Independence Party</p> <p>or Political Groups:</p> <p><input type="checkbox"/> Green Party of Alaska</p> <p><input type="checkbox"/> Alaska Constitution Party</p> <p><input type="checkbox"/> Veterans Party of Alaska</p> <p>or Other:</p> <p><input type="checkbox"/> Nonpartisan (no party affiliation)</p> <p><input type="checkbox"/> Undeclared (no party declared)</p> <p><input type="checkbox"/> _____</p>		
<p>7. You MUST provide</p> <p>*Date of Birth _____/_____/_____</p> <p style="text-align: center; font-size: small;">Month Day Year</p>			
<p>8. *AK Voter Number _____</p> <p style="text-align: center; font-size: small;">(If known)</p>			
<p>9. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female</p>			
<p>14. If you are registered to vote in another state, you MUST cancel that registration by providing the following:</p> <p>City: _____ State: _____ County: _____ Zip Code: _____</p>			
<p>Voter Certificate. Read and Sign: I certify, under penalty of perjury, that the above information I provided on this document is true and correct. I am not registered to vote in another state, or I have provided information to cancel that registration. I further certify that I am a resident of Alaska and I have not been convicted of a felony, or having been so convicted, have been unconditionally discharged from incarceration, probation and/or parole.</p> <p><u>WARNING:</u> If you provide false information on this application you can be convicted of a misdemeanor AS 15.56.050.</p>			
<p>*SIGNATURE: _____ DATE: _____</p>			
<p>Registrar/Agency/Official – Check ID and complete this section</p> <p>Registrar Name _____</p> <p>OR</p> <p>Agency Name _____</p> <div style="border: 1px solid black; padding: 10px; text-align: center; width: fit-content; margin: 10px auto;"> <p style="font-size: 24px; margin: 0;">NVRA Agency</p> </div>	<p style="text-align: center;">For Office Use Only</p> <p>VN _____</p> <p>D/P _____</p>		

*Items are kept confidential by the Division of Elections and are not available for public inspection except that confidential addresses may be released to government agencies or during election processes as set out in state law.



State of Alaska Division of Elections

Voter Registration Application

To register to vote in Alaska you must be a U.S. Citizen, a resident of Alaska, and at least 18 years old or will be 18 years old within 90 days of completing this application.

Initial registration or registration changes must be made at least 30 days prior to an election. Once your application is processed, a notice will be mailed to you within 3 to 4 weeks.

1. When Completing This Application You **MUST** Provide:

- ◆ **Alaska Residence Address Where You Claim Residency** – A complete physical residence address must be included on your application. The residence address you provide will be used to assign your voter record to a voting district and precinct. Your application will not be processed if you leave the residence address blank or if you provide a PO Box, HC No. and Box, PSC Box, Rural Route No., Commercial Address or Mail Stop Address on Line 4 of the application.

If your residence has been assigned a street number, provide that number. If not, indicate exactly where you live such as, highway name and milepost number, boat harbor, pier and slip number, subdivision name with lot and block or trailer park name and space number. If you live in a rural village in Alaska, you may provide the community name as your residence address.

If you have a different mailing address than your residence address, you may choose to keep your residence address confidential. Confidential addresses are not released to the general public, but may be released to government agencies or during election processes as set out in state law.

Are you temporarily out of State? If so, and you have intent to return (active military and military spouses are exempt from intent requirements), you may maintain your Alaska residence as it appears on your current record. If you provide a new residence address, it must be within Alaska.

- ◆ **Proof of Identity** – Your identity must be verified. If you have been issued a Social Security number, Alaska Driver's License, or Alaska State ID card, you **MUST** provide at least one number on Line 6 of the application. If you have never been issued one of the identification numbers, please indicate so by checking the box on Line 6.
- ◆ **Date of Birth** – You **MUST** provide your date of birth.

2. Are you submitting this application by mail, by fax, or email? If so, and if you are not already registered to vote in Alaska, your identity must be verified either at the time you register or the first time you vote. If you would like to ensure that your identity is verified at the time you register, submit a copy of one of the below:

- Current and valid photo identification
- Passport
- Birth certificate
- Driver's license
- State identification card
- Hunting and Fishing license

3. Are you registering from outside the State of Alaska? If so, you must provide proof of Alaska residency, such as a copy of your Alaska driver's license, Alaska hunting or fishing license, student loan or college tuition documents showing Alaska as state of residence, proof of employment in Alaska, military leave and earnings statement that identifies Alaska as the state of legal residence or other documentation that supports your claim as an Alaska resident. If you do not provide proof of Alaska residency, your application will not be processed.

4. Have you been convicted of a felony? If so, you may register to vote only if you have been unconditionally discharged. Provide a copy of your discharge papers with this application if available.

5. Political Affiliation. Those parties that have gained recognized political party status under Alaska Statutes 15.60.010(25) are listed under **Political Parties**. Those groups that have applied for party status but have not met the qualifications to be a recognized political party under Alaska Statutes 15.60.010(25) are listed under **Political Groups**. Under **Other**, nonpartisan means you are not affiliated with any recognized political party or group and undeclared means you do not wish to declare a political affiliation. If you do not check a political affiliation, you will be registered as undeclared unless you are already registered under an affiliation.

Mail, fax or email (as a pdf, tiff or jpg attachment) your completed application to one of the offices below:

Visit our website at: www.elections.alaska.gov

Region I Elections Office

PO Box 110018
Juneau, AK 99811-0018
(907) 465-3021 –
Telephone
(907) 465-2289 – Fax
Toll Free 1-866-948-8683

Region II Elections Office

Anchorage Office
2525 Gambell Street Suite 100
Anchorage, AK 99503-2838
(907) 522-8683 – Telephone
(907) 522-2341 – Fax
Toll Free 1-866-958-8683
Matanuska-Susitna Office
North Fork Professional Building
1700 E. Bogard Road, Suite B102
Wasilla, AK 99654-6565
(907) 373-8952 – Telephone
(907) 373-8953 – Fax

Region III Elections Office

675 7th Avenue Suite H3
Fairbanks, AK 99701-4594
(907) 451-2835 – Telephone
(907) 451-2832 – Fax
Toll Free 1-866-959-8683

Region IV Elections Office

PO Box 577
Nome, AK 99762-0577
(907) 443-5285 – Telephone
(907) 443-2973 – Fax
Toll Free 1-866-953-8683

Yup'ik Language Assistance

Toll Free 1-866-954-8683