



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

Dear _____:

Your family's extension to the Temporary Assistance 60-month lifetime limit, which began on _____, is scheduled to end _____ . If you think you still need more time on assistance, contact me by _____ to request another extension. We will then review your situation to see if you qualify for more time on assistance.

If you do not request more time on assistance, or if you do not qualify for additional time, your case will be closed at the end of the extension period.

Your family may still get other benefits such as Adult Public Assistance, Food Stamps, and Medical Assistance even if you no longer get Temporary Assistance. I can help you plan for the end of your assistance and tell you about other services that may be available in your community.

Sincerely,