Fee Agent Manual

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Chapter

Chapter 1 Fee Agents in the Division of Public Assistance

The Division of Public Assistance (DPA) has volunteers called fee agents to help low-income individuals and families apply for financial and medical assistance in rural communities and villages without DPA offices. This manual helps fee agents understand their role in helping individuals and families apply for assistance and become familiar with the process of completing the application packet.

Fee agents, although volunteering, receive a fee for their service. Their service is specific to providing forms, interviewing the applicant to ensure all questions are answered on the application and submitting the paperwork in a packet to the nearest DPA office. Fee agents are not eligibility technicians. They do not approve applications and do not influence who will or will not receive benefits.

Fee agents work with the caseworkers to gather information from the applicants. However, it is the caseworker who makes the decision and enters information into a computer to issue benefits. Once the fee agent sends in a complete application packet, the caseworker works directly with the applicant if there are questions or if additional information is needed.

To be certified as a fee agent, fee agents must complete an application (Fee Agent Application - FA 50), have a signed and valid contract (the Fee Agent Provider Agreement - FA 33) on file and complete the Fee Agent training provided by DPA. These forms are kept on file with DPA. Before an individual can work as a fee agent, they <u>must</u> complete the online training and receive a certificate of completion.

1.1 The Division of Public Assistance

The Division's mission statement is: "We promote self-sufficiency and provide basic living expenses to Alaskans in need."

The Division of Public Assistance provides services for Alaskans in need to get employment and meet basic food, shelter, and medical needs. To receive these services and benefits, individuals and households are required to apply.

DPA has several district offices located throughout the state. The Division uses the fee agent process only in Rural communities and those Urban communities that have an FNS waiver in place allowing for the fee agent process. The current Urban communities under the waiver are Adak, Alexander Creek, Chase, Chickaloon, Cold Bay, Craig, Delta Junction, Haines, Halibut Cove, Hope, Hyder, Metlakatla, Moose Pass, Ninilchik, North Pole, Petersburg, Salcha, Seward, Skagway, Talkeetna, Trapper Creek, Valdez and Wrangell. A list of urban communities (which include those under the waiver) is located at http://dpaweb.hss.state.ak.us/manuals/fs/fsp.htm under Addendum 1 (SNAP Program, City and Village Classification).

A list of DPA offices is located at http://dhss.alaska.gov/dpa/pages/features/org/dpado.aspx.

1.2 How to Use This Manual

As a fee agent, you will help Alaskans apply for public assistance programs. This manual has the information you need to help applicants decide which forms they must complete. It provides information on how to do an interview and how to complete the Fee Agent Interview Report form (FA 1).

Before you receive your first application you should familiarize yourself with this manual by following these steps:

- 1) Read the Table of Contents. Find out what the manual contains and look through the pages to see how the manual is organized.
- 2) Read the definitions in <u>Appendix A Definitions</u>. These are list of words often used on applications and forms, and by the caseworkers.
- 3) Read Chapter 2 Fee Agent Duties and Responsibilities to learn more about your role as a fee agent, how you will get trained and get paid for your services you provide as a fee agent.
- 4) Read Chapter 3 How to Interview the Applicant to get guidance on how you can successfully interview an applicant.
- 5) Read Chapter 4 Verifying Information to learn about your responsibility in obtaining and verifying documents applicants must submit with their application.
- 6) Read Chapter 5 and familiarize yourself on each program offered by DPA. You may also read the program descriptions on the front page of the Application for Services (GEN 50C). If you have access to the internet, the program descriptions are on the DPA web page: http://www.hss.state.ak.us/dpa/.
- 7) Practice filling out an application form and review the Guide to the Application for Services (GEN 50C) in <u>Appendix B.</u>
- 8) Review the Fee Agent Interview Report (FA 1) in Appendix D.
- 9) Familiarize yourself with the forms listed in <u>Appendix C</u>. The form number is on the bottom left hand corner of each form. The local office will provide you with a supply of forms. You also can get most forms from the Internet at: http://dpaweb.hss.state.ak.us/node/45.

1.3 Calling the DPA Office

If You Have Questions about the Manual

If there is any information in the manual that you do not understand or need to clarify, call the Statewide Fee Agent Coordinator at 269-7877 or call toll free at 1-844-369-7880. You may also make a collect call. If you make a collect call, be sure to identify yourself as a fee agent.

If You Have Questions about Assisting a Client with an Application

Call the Statewide Fee Agent Coordinator at 269-7877 or call toll free at 1-844-369-7880. You may also make a collect call. If you make a collect call, be sure to identify yourself as a fee agent and:

- 1) Give your name, state that you are a fee agent, and give the name of the village from where you are calling.
- 2) Explain the problem.

If the Applicant Has Questions

Individuals applying for or receiving public assistance may ask you for information about their application. Tell the individual that they will receive a letter from DPA about the decision made on their application. Use the following telephone numbers for specific questions about their application or benefits:

- If they want to know if their application has been processed, give them the toll-free number for the local office.
- If the applicant wants to know how much they will receive or if their benefit was mailed, they can call 1-888-804-6330 or (907) 269-5777 in the Anchorage area. The applicant must have their social security number or case number when they call this number. This information is available only after the worker makes a decision on the application.
- If they have questions about direct deposit or problems with their Alaska Quest Card, they can call 1-888-620-1111.

If the Applicant Has a Complaint

Sometimes applicants have a complaint about the way their case has been handled and they might come to you with the complaint. Tell the applicant that they can submit complaints in writing, in person, or by telephone to the Regional Office or nearest local office. They may also use the Complaint Form (GEN 87) to submit a complaint. Consider informing the applicant to call the office that processed their application and ask to speak to a supervisor to discuss the complaint.

If the Applicant Wants to Request a Fair Hearing

Federal and state laws give any individual who believes DPA made a mistake in denying, stopping, or reducing his or her assistance the right to request a fair hearing. At the hearing, applicants have the chance to show why they believe the action taken by the Public Assistance office was incorrect and must be changed. Information about fair hearings is on the back of each letter or notice mailed to the applicant. Applicants of Food Stamps may request a fair hearing to an employee of the Division in person, by telephone, or in writing; requests for all other programs must be in writing. You may also find this information in the Rights and Responsibilities (GEN 51) form and All About Fair Hearings (GEN 84) form.



Chapter 2 Fee Agent Duties and Responsibilities

As a fee agent, you help the people in your community to <u>apply</u> for public assistance. Your main role is to assist them in completing the application and forms for public assistance. Fee agents do not make decisions on who is eligible.

Your Duties and Responsibilities as a Fee Agent:

- Provide basic public assistance program information to anyone wanting to apply.
- 2) Give application and other forms to individuals interested in applying for public assistance programs.
- 3) Help applicants complete all of the necessary forms.
- 4) Request proof of information on the application or recertification form.
- 5) Submit proof of applicant or recipient hours of work.
- 6) Always attempt to interview the applicant the same day you receive the application. If the applicant is not available for an interview the same day you receive the application, the interview must be completed by the following day.
- 7) <u>Complete the Fee Agent Interview Report (FA 1)</u> (except for MAGI Medicaid and Senior Benefits). A copy of the Fee Agent Interview Report (FA 1) is shown in <u>Appendix D</u>.
- 8) Sign the application form and the Fee Agent Interview Report (FA 1). The start date for some benefits depends on when you sign the application form. It is important to sign it as soon as you receive a completed application.
- 9) Mail, fax or scan the application or recertification, Fee Agent Interview Report (FA 1) and other documentation immediately after the interview. Do not hold the application while waiting for the applicant to bring in proof or documentation. If you are unable to conduct the interview by the day after you receive the application, you must mail, fax or scan the application immediately to DPA.
 Do not give the forms back to the applicant to mail. If you fax or scan in an application,

you must also send the original marked as "faxed" or "scanned" into the office with the needed verifications. Send the application packet to the Division of Public Assistance office that serves your area. **Do not keep or store any confidential client information.**

NOTE:

Fee agents who choose to scan applications by email to DPA must sign up and register with DSM (Direct Secure Messaging). To get more information, contact your fee agent liaison.

Only a fee agent who is certified by the Division of Public Assistance to interview the applicant can complete, sign, and submit the Fee Agent Interview Report (FA 1).

- Mail, fax or scan the proof of work hours the same day or no later than next day. If you fax or scan in the documentation, send the original marked as "faxed" or "scanned" into the office. Please note: if the client is present at the time you fax or scan the document or proof of work hours to DPA, return the original immediately to the client. If the client is not present or has not returned, send the documentation to the Division of Public Assistance office that serves your area. Do not keep or store any confidential client information.
- 11) Fill out and mail, fax or scan the Fee Agent Monthly Billing Report Form (FA 48) to the DPA office that serves your area by the 10th of each month. The Fee Agent Monthly Billing Report (FA 48) must be completed, signed and submitted only by the certified Fee Agent who interviewed and/or assisted the applicant(s) listed on the form.

Remember, the office must receive your signed report by the 10th of each month. If the office receives your report after the 10th, it will be submitted for payment the following month.

A copy of the Fee Agent Monthly Billing Report Form (FA 48) is shown in Appendix E.

Note:

The Heating Assistance Program has a separate application and Monthly Billing Report form. The Monthly Billing Report form is found online at: http://dhss.alaska.gov/dpa/Pages/hap/rFesources-fee-agent.aspx.

2.1 Privacy

As a fee agent, it is your responsibility to:

- 1) Protect the privacy of people who apply for public assistance.
- 2) Not use any information you gain as a fee agent to benefit you personally.

All information about an applicant or recipient is confidential. You must not allow anyone to complete, sign, and submit the Fee Agent Interview Report (FA 1) or Fee Agent Monthly Billing Report Form (FA 48), or interview any applicants listed on the forms on your behalf. Only a certified fee agent can complete, sign and submit those forms. Federal and State laws protect information that you receive. You must not give this information to anyone, or discuss it with anyone except those directly involved in the administration of public assistance programs. You must keep all applicant and recipient information safe to prevent the use or disclosure of information. You must also report any misuse or improper disclosure of applicant information to DPA.

It is very important that applicants feel they can tell you private information about themselves and their family. You cannot share this information with anyone who does not work for DPA. Tell the applicant that only people who work for the Division of Public Assistance will see the information they give to you. If anyone else asks you for information about someone who applied for public assistance, tell the individual to call DPA directly.

If someone approaches you and says they work for DPA, ask to see an identification card that shows they work for State of Alaska, Department of Health and Social Services, or call the DPA office to ensure they are DPA employees.

2.2 Conflict Of Interest

As a fee agent you may need to process applications for members of your family, friends, and people you have known for a long time. It is important that any personal or business dealings you may have with applicants do not change the way you handle their applications.

If there are other fee agents available in the areas, refer your family, friends and people you have known for a long time to these fee agents. If there are no other fee agents in the area, you may interview your family, friends, and people you have known for a long time. However, if either you or an applicant feels there is some possibility of conflict of interest, you must make it clear to the applicant that they are not required to go through a fee agent to receive public assistance benefits. They can send their application directly to the district office. Someone from the DPA office that serves your community will contact the applicant to conduct a telephone interview.

Note:

Fee agents applying for public assistance may not conduct an interview for themselves. They must send their applications directly to the district office.

There are several State laws about conflict of interest. When individuals (including fee agents) use information they get through an official position for personal gain, they can be prosecuted for "conflict of interest." A public servant or fee agent who is found guilty of this conflict commits a Class-A misdemeanor. Conviction of a Class-A misdemeanor could result in up to one year in jail or a fine of up to \$5,000, or both. Alaska Statutes 11.56.850 and 11.81.900 explain conflict of interest.

2.3 How Fee Agents Are Paid

You get paid for each complete application that you send to the Division of Public Assistance (except for MAGI Medicaid and Senior Benefits, most applications require an interview to be considered complete). To get paid, you must complete and submit a Fee Agent Monthly Billing Report Form (FA 48) to the office that serves your area. You may not require, request or receive any monetary or other compensation from the clients you serve as a fee agent for the Division of Public Assistance.

You will be paid only for <u>complete</u> applications listed on the Fee Agent Monthly Billing Report Form (FA 48). For programs that require an interview, you must have a Fee Agent Interview Report (FA 1) with each application in order to get paid. Only MAGI Medicaid and Senior Benefits applications will be accepted as complete without the FA 1.

Note:

Fee agents are also paid for Heating Assistance Program (HAP) applications they help complete, even though the HAP application is not listed on the Fee Agent Monthly Billing Report Form (FA 48). There is a separate billing process for HAP applications.

Information on the Heating Assistance Program can be found online at: http://dhss.alaska.gov/dpa/Pages/hap/resources-fee-agent.aspx.

Directions for completing the Fee Agent Monthly Billing Report Form (FA 48) are on the back of the form. Before submitting the form, check to make sure you filled out the form completely with your signature and date. Mail, fax or scan the form to the district office. The district office must receive your Fee Agent Monthly Billing Report Form (FA 48) by the 10th of each month. If you are mailing your report, allow several days for mailing time.

The district office will review your report and check that the office received all applications you included in your report. If there are any questions about your report, processing of your payment may be delayed. After the review, the district office will send your report to the Statewide Fee Agent Billing Coordinator in Anchorage for processing and submit it for payment. Checks will be issued from Juneau and will either be mailed to you or deposited to your bank account if you have signed up for direct deposit. The Electronic Payment Agreement is located at: http://doa.alaska.gov/dof/forms/resource/EDI agreement.pdf.

Note:

Only a certified fee agent can complete, sign and submit the Fee Agent Interview Report (FA 1) and Fee Agent Monthly Billing Report Form (FA 48) to the Division of Public Assistance.

A Substitute Form W-9 is required for all individuals who will receive compensation as fee agents from the Division of Public Assistance.

If the individual is an employee of an organization that signed a Fee Agent Provider Agreement (FA 33) with DPA and the employee is acting in a fee agent capacity for that agency, it is the agency that will need to complete the Substitute Form W-9. This form is located at: http://doa.alaska.gov/dof/forms/resource/sub_form_w9.pdf

2.4 Training Fee Agents

Each office or region has assigned staff who works directly with fee agents to answer questions. These staff members submit all necessary paperwork to the office, complete your monthly billing report form and order supplies.

The Staff Development and Training (SD&T) will provide online training. The training is available at: https://learn.dhss.alaska.gov/login/index.php. Fee agents will learn how to take applications, interview applicants and have a basic understanding of various DPA programs and forms, and confidentiality requirements (HIPPA). You must complete the required training prior to interviewing applicants and submitting a monthly billing report to receive payment. Once DPA confirms you have completed the training, the DPA office will sign the Fee Agent Provider Agreement (FA 33) to certify you as a fee agent. If you have questions about the training, please contact Staff Development and Training at DPATraining@alaska.gov or (907) 269-7860.

2.5 Office Supplies

Fee agents often need basic office supplies like:

- Pens
- Paper clips
- Tablets of paper
- Printer paper
- Stamped envelopes
- Address stickers

DPA will provide you with these supplies, including prepaid postage on envelopes. When you need more supplies, call your local fee agent liaison at the local DPA office and provide the list of items you need. The Fee Agent Order Form (FA 9) is also available to you to request additional supplies.

The Division will not provide electronic equipment, like copiers or computers.



Chapter 3 How to Interview the Applicant

Most public assistance applicants must have an interview. If they fail to have an interview, the application will be denied.

Exception: MAGI Medicaid and Senior Benefits program do not require an interview.

The interview can be with a fee agent or by telephone with a caseworker. Some fee agents may be uncomfortable interviewing an applicant who is a relative or if they know the applicant is not telling the truth. If you have a problem with an interview, contact the local DPA office for help.

3.1 Applicants Who Do Not Speak English

If the applicant does not speak English and you cannot speak the applicant's language, the applicant can bring someone as an interpreter to the interview. If you and the applicant cannot find an interpreter, call the local DPA office for assistance with the interview.

3.2 Scheduling the Interview

To ensure an applicant participates in an interview:

Always attempt to interview the applicant the same day you receive the application. If the
applicant is not available for an interview the same day you receive the application, the
interview must be completed by the following day.

Exception: If the application is for Chronic and Acute Medical Assistance (CAMA), do not delay interviewing the applicant and sending in the application form. In many cases you may need to fax the application to the DPA office the same day you receive it. CAMA benefits cannot be paid until the month after a CAMA application is received in a DPA office.

If you cannot complete the interview by the day following the day you receive the
application, tell the applicant that you will submit the application and other required forms
to the local DPA office without an interview.

NOTE:

The applicant also has the option to mail the forms to the district office without an interview.

• If the applicant completes and leaves an application with you and does not return for their scheduled interview, send in the application to the local DPA office immediately.

3.3 Helping Applicants Complete the Application Form

Many people can complete the applications and forms with only a little help from you. However, some people may not understand some questions and you may need to provide assistance so applicants can fill out the application correctly. To assist applicants in completing the application form:

- Read <u>Appendix B</u> Guide to the GEN 50C. It contains information that helps explain the application.
- Do not write information on the application form. During the interview, if the applicant provides an answer that is different than the information reported in the application, provide an explanation on the Fee Agent Interview Report Form (FA 1).
- If an applicant is disabled or cannot read, ask them to bring a friend or family member who can help them.
- Make sure the application is complete. An application is considered complete when:
 - 1. All the questions are answered.
 - 2. The applicant signed the application form.
 - 3. The Fee Agent Interview Report (FA 1) is attached (except for MAGI Medicaid, Heating Assistance and Senior Benefits applications).

3.4 Interview Tips

Below are some helpful tips to get good information from the applicant at the interview:

- 1) Listen to the applicant. Visit a little to help the applicant feel comfortable.
- 2) Repeat the question if the applicant starts talking about something else.
- 3) If the answer is not clear, repeat the answer by saying "Did I understand you to say...?"
- 4) Restate the applicant's answers as they told them to you and allow him or her to correct you if you have misunderstood.
- 5) Ask questions that the applicant cannot answer with a yes or no. This helps draw more information from the applicant.
- 6) Let the applicant do most of the talking. Use words like, "I see; I understand; is there anything else? Tell me about..." Encourage the applicant to talk.
- 7) Ask specific questions only after the applicant has given you all the information they can. This helps direct the interview.
- 8) When an applicant starts to give you information on a question, be sure the question is fully answered and you have all the information you need before you go on to the next question.
- 9) The applicant must explain where the family gets their money each month, the date they usually receive it and who gets it. This includes loans from their family, gifts, and winnings.
- 10) The applicant must explain how they "get by" or pay bills if they say they do not have any income.
- 11) The applicant must tell you about all the property they own, including snow machines, boats and land. If the property is for sale, Native Corporation Land or restricted land that cannot be sold without permission. Make sure to include that information on the Fee Agent Interview Report (FA 1) form.
- 12) At the end, restate or do a summary of the information the applicant told you.

3.5 Completing the Fee Agent Interview Report (FA 1)

The fee agent records information from the interview on the Fee Agent Interview Report (FA 1). The fee agent may also use this form as a guide when conducting the interview. When the interview is completed, fill out the Fee Agent Interview Report (FA 1). When you sign this form, you are telling us you interviewed the applicant and you are satisfied that the information on the application form is complete and correct. **Note**: Only a fee agent who is certified by the Division of Public Assistance to interview the applicant can sign, complete, and return the Fee Agent Interview Report (FA 1).

The instruction for completing the Fee Agent Interview Report (FA 1) is on the back of the form. A checklist is also provided. You must have a completed Fee Agent Interview Report (FA 1) in order to get paid for taking an application. Also, make sure you mail the entire Fee Agent Interview

Report (FA 1) along with the application (except for MAGI Medicaid, Heating Assistance and Senior Benefits applications).

3.6 Finishing the Interview

When you finish the interview, provide the applicant the following information:

• Toll-free phone numbers

These phone numbers provide information on the applicant's case once the office processes the application. They can call to find out when their benefits will be mailed. They need their Social Security Number or Case Number to get the information, and the case must be open.

- ❖ 1-888-804-6330 "Information Hotline" number to check status of Public Assistance case(s) and benefits applied for or receiving.
- 1-888-352 4150 Senior Benefits toll-free number for seniors applying for Senior Benefits.
- ❖ <u>1-800-780-9972 Medicaid Recipient Helpline</u> for questions about Medicaid coverage.
- ❖ 1-888-997-8111 Quest Card Customer Service for questions about their Alaska Quest Card or direct deposit.
- ❖ 1-888-804-6330 (outside of Anchorage) or 269-5777 (in Anchorage) Heating Assistance Program Information Hotline.
- Benefits are sent out in many different ways:
 - Food Stamp benefits will be on the Alaska Quest Card.
 - Medical Assistance benefits, excluding CAMA, will be issued either a Denali card or a Denali KidCare card. The medical identification card will be sent in the mail.
 - Alaska Temporary Assistance cash benefits can be on the Alaska Quest Card or can be directly deposited into their bank account.
 - Senior Benefits and Adult Public Assistance cash benefits can be directly deposited into their bank account or can be a check sent to them in the mail.
 - General Assistance payments are sent by check to the vendor.
- Applicants will receive letters (also called notices) from the office telling them about their benefits. Advise the applicants to open and read all notices they receive from DPA.

3.7 Voter Registration

As a DPA fee agent, you need to inform the applicant about voter registration. Follow the steps below to ensure that voter registration is offered to DPA clients:

- Provide the applicant a voter registration packet which includes the NVRA Voter Preference Form (Would You Like to Register to Vote) and State of Alaska Voter Registration Application (pages 1 and 2).
- Ask the applicant to complete the NVRA Voter Preference Form to indicate if they would like to register to vote.
 - If the applicant declines and states that they do not want to register to vote, ask the applicant to check "NO" on the NVRA Voter Preference Form and, write their name and date.
 - If the applicant wants to register to vote, ask them to check "YES" on the NVRA Voter Preference Form and, write their name and date.
 - Keep the NVRA Voter Preference Form and mail it to DPA along with the DPA application or recertification form.
- If the applicant wants to register to vote, they also need to complete the voter registration application. Once the form is completed, the applicant has the option of giving the completed voter registration application to you to be mailed to DPA along with their application for public assistance. The applicant also has the option of mailing the voter registration application to any of the Elections Office listed on page 27 of the GEN 50C application.



Chapter 4 Verifying Information

Each public assistance program requires some verification or proof to help determine if an applicant is eligible for benefits. As a fee agent, you are responsible for obtaining these documents and verifying all information required to complete a public assistance application.

4.1 Documents the Applicant Needs to Provide

The documents the applicant needs to provide are listed in the Application for Services (GEN 50C) – Information Page.

4.2 Obtaining Verification

The applicant must provide the documents needed to verify information. There are many ways to verify information. Some are better than others because they have a lot of information. For example, a birth certificate can verify the name, date of birth, and if they are related to the applicant. The Application for Services (GEN 50C) includes the types of verification that the applicant might need to submit with their application.

Missing verification can delay the decision on the application. It is advisable to ask applicants to bring the verification with them at the time of their interview. If you do not receive the verification or proof at the time of the interview, do not hold the application for the applicant to bring in the document(s). Send the application to the local Division of Public Assistance office without the document(s). Write on the Fee Agent Interview Report (FA 1) that the applicant did not bring in verification or proof.

If you have to mail in the verification or proof after mailing the application, make sure to put the applicant's name on the documents. If the client is present at the time you fax or scan the verification to DPA, return the original immediately to the client. If the client is not present or has not returned, send the documentation to the Division of Public Assistance office that serves your area. Do not keep or store any confidential client information.

4.3 Sending Original Documents to the Office

If original documents, like pay stubs (or proof of income), are mailed in with the application, the caseworker will make copies and return the original documents to the applicant.

4.4 Sending Copied Documents to the Office

If possible, have the applicant provide copies of documents, especially legal documents such as passports, alien registration cards, or other immigration documents that the applicant need to keep with them. Fee agents are not responsible for making copies for the applicant.

Remember, it is illegal to copy some documents. If the original document says that it is illegal to photocopy, you need to write on the Fee Agent Interview Report (FA 1) the following:

- Name of the document
- Document number (if there is one)
- Date on the document
- What is verified
- Statement that you saw the original

4.5 Requiring Social Security Numbers

An applicant and everyone in the applicant's household applying for Alaska Temporary Assistance, Medicaid, and Food Stamps must list their Social Security Number on the application, or they must have applied for a number. If they applied for one, note on the Fee Agent Interview Report (FA 1) form the date they applied. Most parents apply for a child's Social Security Number when the child is born.



Chapter 5 Public Assistance Programs

The Division of Public Assistance administers and determines eligibility for programs to help needy Alaskans with cash, food, heating assistance, and medical assistance. The programs administered by DPA are:

- Adult Public Assistance (APA)
- Alaska Temporary Assistance Program (ATAP)
- Chronic and Acute Medical Assistance (CAMA)
- Supplemental Nutrition Assistance (SNAP) formerly known as Food Stamp
- General Relief Assistance (GRA)
- General Relief Burial (GR Burial)
- Medicaid (ME)
- Senior Benefits Program (SB)
- Heating Assistance Program (HAP)

5.1 Public Assistance Information on the Internet

The Department of Health and Social Services maintains a website for information on all Divisions in the Department, including the Division of Public Assistance and the Division of Health Care Services. If you or the applicant has Internet access, the following websites provide helpful program information on all public assistance and medical assistance programs.

http://www.hss.state.ak.us/dpa/ http://www.hss.state.ak.us/dhcs/ http://www.hss.state.ak.us/

The Division of Public Assistance web page has information about each program. The Food Stamp Program also has an "eligibility calculator" where applicants can enter information about their monthly income and expenses to see if they might qualify.

Note:

The eligibility calculator is a simple test and <u>it does not apply all Food Stamp rules</u>. The only way for a household to know for sure if they are eligible is to complete the application and send it to DPA.

There are several ways to apply for Medicaid and other Health Insurance Coverage. An applicant can:

- Access www.healthcare.gov (through the Federally Facilitated Marketplace).
- Access https://aries.alaska.gov (using your My Alaska account which is the same one you use to apply for a PFD.) This is the ARIES Self Service Portal (SSP), Click on ARIES-Public Assistance: The applicant can currently apply for other types of MAGI Medicaid using this system.
- Download and print an application and mail, fax or drop it off at a Division of Public Assistance (DPA) office.
- Pick up and submit an application at a Public Assistance Office or with a fee agent in their community.

The Division of Health Care Services (DHCS) web page has information explaining the many types of coverage under the Medicaid program at. You may find the website for DHCS at: http://dhss.alaska.gov/dhcs/Pages/default.aspx.

A list of Public Assistance District Offices is located on the following website: http://dhss.alaska.gov/dpa/Pages/features/org/dpado.aspx.



Chapter 6 Reporting Changes

Food Stamps, Medicaid, APA, and Alaska Temporary Assistance Programs each have different reporting requirements.

You, as a fee agent, may not report changes for a household. Instead, give each applicant a copy of the pamphlet called Reporting Changes (GEN 93) and the Change Report Form (GEN 55). The Reporting Changes (GEN 93) pamphlet explains the reporting requirements for each program and the Change Report Form (GEN 55) is a form that applicants can use to report the change.

Give each applicant the toll-free number for the office that processed the application. The applicant may call this office with changes they must report. The applicant may also mail the GEN 55 form to this office.

If an applicant did not report a change that is listed in the Reporting Changes (GEN 93) pamphlet and a mistake in benefits is made, the applicant will have to pay back the benefits. This can mean decreasing the applicant's monthly cash or Food Stamp benefits, or taking their Permanent Fund Dividend check until the amount is paid back.

Chapter 7 Appendix A – Definition

| TERM | DEFINITION |
|--|--|
| APPLICANT | A person who completed a Public Assistance program application form. |
| | |
| AUTHORIZED REPRESENTATIVE | A person chosen by the applicant to apply for or act on behalf of the applicant. |
| CASE WORKER | A person in the Division of Public Assistance office who reviews and |
| | processes applications, approves and authorizes monthly benefits and supportive services. Sometimes called an eligibility technician or ET. |
| CASH ON HAND | The total amount of cash all the people in the household have available to them, including checks and money orders that have not been cashed. |
| CLIENT | A person who applies or receives a benefit from a Public Assistance program. |
| CONFIDENTIAL | Something told in private; information between the applicant and public assistance workers cannot be shared with anyone else. |
| CRAFTS | Handmade items, such as baskets, artwork, ivory and woodcarvings; knit sweaters and mittens, beadwork, and moccasins. |
| DISABLED | Means a person has an injury or sickness that will keep him or her from working. |
| EARNED INCOME | Money received when someone works, including self-employment and fishing. |
| ELECTRONIC BENEFIT TRANSFER (EBT) | A system that electronically issues benefits to an account established for a DPA client, also known as the Alaska Quest Card. |
| ELIGÍBLE | A household or applicant who meets all program requirements. |
| HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) | Federal law that requires all applicants to sign a release of information before any medical information can be shared. This includes obtaining information needed to process a Medicaid payment. |
| HOUSEHOLD | A group of related or unrelated persons who are living together. Under Food Stamp Program rules, a household buys food and prepares meals together. |
| IDENTIFICATION (ID) | Proof or verification of a person's name, such as a driver's license. |
| INCAPACITY | A temporary illness, injury, or disability that prevents someone from working and supporting himself or herself and his or her family. |
| INCOME | Any money received during the month |
| INELIGIBLE | When the applicant does not meet the requirement for receiving public assistance. |
| MEDICARE | Medical insurance that pays medical bills for nearly everyone age 65 or older, regardless of income. This program is part of the Social Security benefit. This is not a Public Assistance program. |
| MINOR PARENT (TEEN PARENT) | A person who is unmarried and has a child, is under the age of 18, and has parents or guardian responsible for him or her. |
| MORTGAGE PAYMENT | A payment on a loan used to buy a home or property. |
| NONCUSTODIAL PARENT | A parent who does not live with their child, also called an "absent" parent. |

| TERM | DEFINITION |
|--|--|
| RECIPIENT | A person or household who receives benefits from one or more Public Assistance programs. |
| REPORTABLE CHANGE | A type of change that the client <u>must</u> report within 10 days. The types of changes that must be reported are listed on the Reporting Changes (GEN 93) pamphlet. |
| RESIDENCE ADDRESS | Where the applicant or recipient lives. It is not always the same as a mailing address. |
| RESOURCE | An asset. Land and buildings are resources. Some other things considered as resources are fishing permits, four wheelers, snow machines, outboard motors, pickups, cars, planes, livestock, tools and equipment, savings, savings bonds, and cash. |
| ROOM AND BOARD | Money given or received for food and a place to stay. |
| SEASON | A period of the year when a special activity takes place. Some people work only for a season each year, like fishing, tourist, and building seasons |
| SELF-EMPLOYMENT | When you work for yourself instead of a company or government agency. Selling Avon, fish or crafts, being a fee agent, baby-sitting, gold mining, trapping, and owning a store are all types of self-employment. |
| SEMI-ANNUAL REPORTING | A reporting requirement for most Food Stamp households. |
| SEPARATE HOUSEHOLD | An individual who lives with other people but buys food and prepares meals separate from others. This status can only be given to certain Food Stamp households. All people living in the household must be written on the application, whether they are eating together or not. The Public Assistance office will determine whether they must be included in the Food Stamp case. |
| SHELTER COSTS | Rent or mortgage payments, utilities, heating oil, property taxes, and homeowners insurance |
| SOCIAL SECURITY | A benefit given to disabled or retired workers and their family members, including survivors of deceased workers. The past earnings of the worker or their spouse determine the amount. The Social Security Administration administers it, and the applicant does not have to be needy or low-income. |
| SPOUSE | A husband or wife. |
| SUPPLEMENTAL SECURITY INCOME (SSI) | A federal cash assistance program for needy low-income persons who are aged, blind, or disabled. The federal Social Security Administration administers it. Children or adults can be eligible for this program. |
| UNEARNED INCOME | Money received without working for it, such as child support, Permanent Fund Dividends, pensions, Social Security, unemployment, winnings, loans, and money received from other people. |
| UTILITIES | Household expenses, which include electricity, gas, oil, sewer, water, garbage, and telephone services |
| VALUE | The amount of money a resource or property is worth |
| VERIFICATION | Proof that statements or claims made by applicants and recipients are true. |
| VERIFY | To provide proof that statements or claims are true. |

Chapter 8 Appendix B – Guide to the Application for Services (GEN 50C)

This Guide covers some questions on each page of the Application for Services (GEN 50C). Use the Application for Services (GEN 50C) for anyone applying for:

- Supplemental Nutrition Assistance (formerly known as Food Stamp)
- Medicaid
- Adult Public Assistance
- General Relief Assistance
- Alaska Temporary Assistance
- Chronic and Acute Medical Assistance
- Senior Benefits

Use the <u>Application for Heating Assistance</u> (HAP 1) when the applicant wants to apply for Heating Assistance.

Important Things to Remember:

- Tear out the Information Page, give it to the applicant and ask the applicant to read it. This page provides information about applying for public assistance.
- Tear out the Rights and Responsibilities pages give them to the applicant, and ask the applicant to read them. These pages provide information about their rights and responsibilities and specific information on what would happen if they give false, incorrect, or incomplete information to get or try to get public assistance benefits.
- All questions on the Application for Services (GEN 50C) must be answered for it to be complete. If the applicant does not know the information, they should write, "don't know" as the answer. If a question does not apply, they should write "N/A" (not applicable) for the answer. If they leave an answer blank, ask them about it during the interview. You might be able to help them understand and answer the question.
- The most common reasons for delays in processing an application is incomplete
 information and missing proof of income and expenses. The items the applicant
 needs to provide are listed on the Information Page. The items are organized by
 program.

Chapter 9 - Appendix C – Forms and Supplies List

 * An "X" indicates that the form is applicable to the program

| FORMS / SUPPLIES | APA | ATAP | CAMA | FS | GRA | GRA Burial | ME | SB |
|---|----------------------------|-------------------------------------|---|-----------------------------------|-----------------------------|----------------|----|----|
| Alaska Medicaid Recipient Services Handbook | and not for Health Care | distribution to a Services at 1- | I of this handbook opplicants. If an 800-780-9972, ncs/Document | applicant want or go to the we | s to receive a c eb at : | opy of the han | | - |
| Application for Services (GEN 50C) | х | Х | Х | Х | Х | Х | Х | Х |
| Authorization for Reimbursement of IA (GEN 142) | х | | | | | | | |
| Child Support Information (GEN50C-APPENDIX D) * for each noncustodial parent | | х | | | | | х | |
| Senior Benefits Application (GEN 152) | | | | | | | | Х |
| Direct Deposit Enrollment | Х | х | | | | | | Х |
| Eligibility Review Form (GEN 72) | х | Х | | Х | | | х | |
| Employment Planning Information (ATAP 5) | | Х | | | | | | |
| Fair Hearings (GEN 84) | Х | Х | Х | Х | Х | Х | х | |
| Fee Agent Interview Report (FA 1) | х | Х | Х | Х | Х | Х | х | |
| FS - How to Use Your Food Stamps (FSP 80) | | | | Х | | | | |
| Food Stamp Household Statement Agreement (FSP81) | | | | х | | | | |
| GRA Cremation/Burial Application (06-3690) | | | | | | Х | | |
| Heating Assistance | | | | | | | | |

| FORMS / SUPPLIES | APA | ATAP | CAMA | FS | GRA | GRA Burial | ME | SB |
|--|-----|------|------|----|-----|---------------|----|----|
| Application (HAP 1) | | | | | | | | |
| Pregnancy Verification Form (GEN 30) | | х | | | | | х | |
| Preliminary Examination For Interim Assistance (AD 2) | X | | | | | | | |
| Report of Change (GEN 55) | Х | х | х | х | | | х | |
| Reporting Changes Pamphlet (GEN 93) | Х | х | х | х | | | х | |
| Statement of Relationships (GEN 7) * for each adult male unrelated to the children in the home | | х | | | | | х | |

FORMS AND SUPPLIES AVAILABLE UPON REQUEST:

| FORMS / SUPPLIES | APA | ATAP | CAMA | FS | GRA | GRA Burial | ME | SB |
|---|-----|------|------|----|-----|---------------|----|----|
| Your Alaska Quest Card | | Х | | Х | | | | |
| More Money in Your Pocket - It Pays to Work! | | х | | | | | | |
| Your Best Bet – Avoid the Penalty | | х | | | | | | |
| Help Us Stop Fraud – Information You Need to Know About Fraud | Х | х | X | Х | х | х | х | |
| Food Stamps Make America Stronger (FSP 313) | | | | Х | | | | |
| Medicaid Requirements for US Citizens (MED 9) | | | | | | | х | |

Chapter 10 - Appendix D Fee Agent Interview Report (FA 1)

State of Alaska Department of Health & Social Services Division of Public Assistance Fee Agent Interview Report

| Applicant state Pour S | SIN |
|--|--|
| Fee Agent Name (Print)FA Contact Number_ | |
| Fee Agent Email AddressInterview Date | |
| The Client Applied For: | |
| Food Stamps Medicaid | General Relief |
| Alaska Temporary Assistance Adult Public Assistance | CAMA |
| Alaska Temporary Assistance Adult Public Assistance | CAMA |
| Application Information | |
| Write the name of the person(s) who attended the interview: | |
| Are there any persons living in the home who are not listed on the application? | Yes No |
| If yes, list the names and relationships: | |
| | |
| 3. Is there anyone who usually lives in the house, but is away from home? | Yes No |
| If yes, list the name(s), the reason they are away from home, and the expected date t | o return home. |
| Has anyone been convicted of a drug-related felony? | Yes No |
| If yes, what is the person's name? | 162 140 |
| Does this person meet one of the following conditions? | |
| a. Successfully completed or satisfactorily served a period of probation or parole? | Yes No |
| b. Currently serving or successfully completed the mandatory participation in a dru | g or alcohol treatment |
| program? | Yes No |
| C. Taken action toward rehabilitation, including participation in a drug or alcohol tr | |
| d. Successfully complied with the requirements of the person's re-entry plan? | Yes No |
| When was the applicant's most recent arrival in Alaska? Does the applicant intend to remain a resident and stay in Alaska? | Yes No |
| 7. Is anyone living in the household a member of a federally recognized tribe? | Yes No |
| If yes, what is the person's name? | |
| | |
| | |
| | |
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| | |
| | |
| | |
| 8. Has any household member's work stopped or ended within the last 60 days? | Yes No |
| Has any household member's work stopped or ended within the last 60 days? If yes, list the name of the person whose job ended, when it ended, why it ended, a | |
| | |
| If yes, list the name of the person whose job ended, when it ended, why it ended, a | |
| If yes, list the name of the person whose job ended, when it ended, why it ended, a employer. 9. Does the applicant currently have an Alaska Quest Card? | and the name and phone number of the |
| If yes, list the name of the person whose job ended, when it ended, why it ended, a employer. | Yes No |
| If yes, list the name of the person whose job ended, when it ended, why it ended, a employer. 9. Does the applicant currently have an Alaska Quest Card? 10. Is anyone in the household planning to file a Federal IncomeTax return? | Yes No |
| If yes, list the name of the person whose job ended, when it ended, why it ended, a employer. 9. Does the applicant currently have an Alaska Quest Card? 10. Is anyone in the household planning to file a Federal IncomeTax return? If yes, who in the household will be filing and will there be any tax dependent(s) cla | Yes No Yes No |
| If yes, list the name of the person whose job ended, when it ended, why it ended, a employer. 9. Does the applicant currently have an Alaska Quest Card? 10. Is anyone in the household planning to file a Federal IncomeTax return? If yes, who in the household will be filing and will there be any tax dependent(s) cla 11. Did the household report living expenses? | Yes No |
| If yes, list the name of the person whose job ended, when it ended, why it ended, a employer. 9. Does the applicant currently have an Alaska Quest Card? 10. Is anyone in the household planning to file a Federal IncomeTax return? If yes, who in the household will be filing and will there be any tax dependent(s) classified the household report living expenses? Check the boxes where the client brought you proof: | Yes No Yes No Yes No Yes No |
| If yes, list the name of the person whose job ended, when it ended, why it ended, a employer. 9. Does the applicant currently have an Alaska Quest Card? 10. Is anyone in the household planning to file a Federal IncomeTax return? If yes, who in the household will be filing and will there be any tax dependent(s) class to be a selected or the company of the compan | Yes No Yes No Yes No Yes No Yes No Yes No |
| If yes, list the name of the person whose job ended, when it ended, why it ended, a employer. | Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No O Child Care Medical Care/Medicine |
| If yes, list the name of the person whose job ended, when it ended, why it ended, a employer. | Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No O Child Care Medical Care/Medicine |
| If yes, list the name of the person whose job ended, when it ended, why it ended, a employer. | Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No O Child Care Medical Care/Medicine |
| If yes, list the name of the person whose job ended, when it ended, why it ended, a employer. | Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No O Child Care Medical Care/Medicine |
| If yes, list the name of the person whose job ended, when it ended, why it ended, a employer. | Yes No Heliar Care/Medicine Electricity Medical Care/Medicine Electricity If the applicant claimed "no income," |
| If yes, list the name of the person whose job ended, when it ended, why it ended, a employer. 9. Does the applicant currently have an Alaska Quest Card? 10. Is anyone in the household planning to file a Federal IncomeTax return? If yes, who in the household will be filing and will there be any tax dependent(s) classified the household report living expenses? Check the boxes where the client brought you proof: Rent/Mortgage Space Rent Telephone Water/Sewer Wood/Coal Property Tax Home Insurance Child Support 12. Explain how the household has been supporting itself before applying for assistance explain how the expenses have been paid, or note that they are due orunpaid. | Yes No Heliar Care/Medicine Electricity Medical Care/Medicine Electricity If the applicant claimed "no income," |
| If yes, list the name of the person whose job ended, when it ended, why it ended, a employer. 9. Does the applicant currently have an Alaska Quest Card? 10. Is anyone in the household planning to file a Federal IncomeTax return? If yes, who in the household will be filing and will there be any tax dependent(s) classified the household report living expenses? Check the boxes where the client brought you proof: Rent/Mortgage Space Rent Telephone Water/Sewer Wood/Coal Property Tax Home Insurance Child Support 12. Explain how the household has been supporting itself before applying for assistance explain how the expenses have been paid, or note that they are due orunpaid. | Yes No Heliar Care/Medicine Electricity Medical Care/Medicine Electricity If the applicant claimed "no income," |
| If yes, list the name of the person whose job ended, when it ended, why it ended, a employer. 9. Does the applicant currently have an Alaska Quest Card? 10. Is anyone in the household planning to file a Federal IncomeTax return? If yes, who in the household will be filing and will there be any tax dependent(s) classified the household report living expenses? Check the boxes where the client brought you proof: Rent/Mortgage Space Rent Telephone Water/Sewer Wood/Coal Property Tax Home Insurance Child Support 12. Explain how the household has been supporting itself before applying for assistance explain how the expenses have been paid, or note that they are due orunpaid. | Yes No Heliar Care/Medicine Electricity Medical Care/Medicine Electricity If the applicant claimed "no income," |
| If yes, list the name of the person whose job ended, when it ended, why it ended, a employer. 9. Does the applicant currently have an Alaska Quest Card? 10. Is anyone in the household planning to file a Federal IncomeTax return? If yes, who in the household will be filing and will there be any tax dependent(s) classified the household report living expenses? Check the boxes where the client brought you proof: Rent/Mortgage Space Rent Telephone Water/Sewer Wood/Coal Property Tax Home Insurance Child Support 12. Explain how the household has been supporting itself before applying for assistance explain how the expenses have been paid, or note that they are due orunpaid. | Yes No Heliar Care/Medicine Electricity Medical Care/Medicine Electricity If the applicant claimed "no income," |
| If yes, list the name of the person whose job ended, when it ended, why it ended, a employer. 9. Does the applicant currently have an Alaska Quest Card? 10. Is anyone in the household planning to file a Federal IncomeTax return? If yes, who in the household will be filing and will there be any tax dependent(s) classified the boxes where the client brought you proof: Rent/Mortgage | Yes No Heliar Care/Medicine Electricity Medical Care/Medicine Electricity If the applicant claimed "no income," |
| If yes, list the name of the person whose job ended, when it ended, why it ended, a employer. 9. Does the applicant currently have an Alaska Quest Card? 10. Is anyone in the household planning to file a Federal IncomeTax return? If yes, who in the household will be filing and will there be any tax dependent(s) classified the boxes where the client brought you proof: Rent/Mortgage | Yes No Heliar Care/Medicine Electricity Medical Care/Medicine Electricity If the applicant claimed "no income," |
| If yes, list the name of the person whose job ended, when it ended, why it ended, a employer. 9. Does the applicant currently have an Alaska Quest Card? 10. Is anyone in the household planning to file a Federal IncomeTax return? If yes, who in the household will be filing and will there be any tax dependent(s) classified the boxes where the client brought you proof: Rent/Mortgage | Yes No Heliar Care/Medicine Electricity Medical Care/Medicine Electricity If the applicant claimed "no income," |
| If yes, list the name of the person whose job ended, when it ended, why it ended, a employer. 9. Does the applicant currently have an Alaska Quest Card? 10. Is anyone in the household planning to file a Federal IncomeTax return? If yes, who in the household will be filing and will there be any tax dependent(s) classified the boxes where the client brought you proof: Rent/Mortgage | Yes No Heliar Care/Medicine Electricity Medical Care/Medicine Electricity If the applicant claimed "no income," |
| If yes, list the name of the person whose job ended, when it ended, why it ended, a employer. 9. Does the applicant currently have an Alaska Quest Card? 10. Is anyone in the household planning to file a Federal IncomeTax return? If yes, who in the household will be filing and will there be any tax dependent(s) classified the boxes where the client brought you proof: Rent/Mortgage | Yes No Heliar Care/Medicine Electricity Medical Care/Medicine Electricity If the applicant claimed "no income," |
| If yes, list the name of the person whose job ended, when it ended, why it ended, a employer. 9. Does the applicant currently have an Alaska Quest Card? 10. Is anyone in the household planning to file a Federal IncomeTax return? If yes, who in the household will be filing and will there be any tax dependent(s) classified the boxes where the client brought you proof: Rent/Mortgage | Yes No Heliar Care/Medicine Electricity Medical Care/Medicine Electricity If the applicant claimed "no income," |
| If yes, list the name of the person whose job ended, when it ended, why it ended, a employer. 9. Does the applicant currently have an Alaska Quest Card? 10. Is anyone in the household planning to file a Federal IncomeTax return? If yes, who in the household will be filing and will there be any tax dependent(s) classified the boxes where the client brought you proof: Rent/Mortgage | Yes No Heliar Care/Medicine Electricity Medical Care/Medicine Electricity If the applicant claimed "no income," |
| If yes, list the name of the person whose job ended, when it ended, why it ended, a employer. 9. Does the applicant currently have an Alaska Quest Card? 10. Is anyone in the household planning to file a Federal IncomeTax return? If yes, who in the household will be filing and will there be any tax dependent(s) classified the boxes where the client brought you proof: Rent/Mortgage | Yes No Heliar Care/Medicine Electricity Medical Care/Medicine Electricity If the applicant claimed "no income," |
| If yes, list the name of the person whose job ended, when it ended, why it ended, a employer. 9. Does the applicant currently have an Alaska Quest Card? 10. Is anyone in the household planning to file a Federal IncomeTax return? If yes, who in the household will be filing and will there be any tax dependent(s) classified the household report living expenses? Check the boxes where the client brought you proof: Rent/Mortgage Space Rent Telephone Water/Sewer Wood/Coal Property Tax Home Insurance Child Support 12. Explain how the household has been supporting itself before applying for assistance explain how the expenses have been paid, or note that they are due or unpaid. 13. If applying for CAMA, please list the specific medical need and provide the name of Other Information or Comments: By signing the Fee Agent Interview Form (FA1) I agree to the following: | Yes No Ye |
| If yes, list the name of the person whose job ended, when it ended, why it ended, a employer. 9. Does the applicant currently have an Alaska Quest Card? 10. Is anyone in the household planning to file a Federal IncomeTax return? If yes, who in the household will be filing and will there be any tax dependent(s) classified the household report living expenses? Check the boxes where the client brought you proof: Rent/Mortgage Space Rent Telephone Water/Sewer Wood/Coal Property Tax Home Insurance Child Support 12. Explain how the household has been supporting itself before applying for assistance explain how the expenses have been paid, or note that they are due or unpaid. 13. If applying for CAMA, please list the specific medical need and provide the name of Other Information or Comments: By signing the Fee Agent Interview Form (FA1) I agree to the following: 1. I hereby attest I am certified as a Fee Agent for the Division of Public Assistance. 2. I certify that I am the Fee Agent who interviewed the applicant listed on this for | Yes No Ye |
| If yes, list the name of the person whose job ended, when it ended, why it ended, a employer. 9. Does the applicant currently have an Alaska Quest Card? 10. Is anyone in the household planning to file a Federal IncomeTax return? If yes, who in the household will be filing and will there be any tax dependent(s) classes. 11. Did the household report living expenses? Check the boxes where the client brought you proof: Rent/Mortgage Space Rent Telephone Water/Sewer Wood/Coal Property Tax Home Insurance Child Support 12. Explain how the household has been supporting itself before applying for assistance explain how the expenses have been paid, or note that they are due or unpaid. 13. If applying for CAMA, please list the specific medical need and provide the name of Other Information or Comments: By signing the Fee Agent Interview Form (FA1) I agree to the following: 1. I hereby attest I am certified as a Fee Agent for the Division of Public Assistance. | Yes No Ye |
| If yes, list the name of the person whose job ended, when it ended, why it ended, a employer. 9. Does the applicant currently have an Alaska Quest Card? 10. Is anyone in the household planning to file a Federal IncomeTax return? If yes, who in the household will be filing and will there be any tax dependent(s) classified the household report living expenses? Check the boxes where the client brought you proof: Rent/Mortgage Space Rent Telephone Water/Sewer Wood/Coal Property Tax Home Insurance Child Support 12. Explain how the household has been supporting itself before applying for assistance explain how the expenses have been paid, or note that they are due or unpaid. 13. If applying for CAMA, please list the specific medical need and provide the name of Other Information or Comments: By signing the Fee Agent Interview Form (FA1) I agree to the following: 1. I hereby attest I am certified as a Fee Agent for the Division of Public Assistance. 2. I certify that I am the Fee Agent who interviewed the applicant listed on this for | Yes No Ye |
| If yes, list the name of the person whose job ended, when it ended, why it ended, a employer. 9. Does the applicant currently have an Alaska Quest Card? 10. Is anyone in the household planning to file a Federal IncomeTax return? If yes, who in the household will be filing and will there be any tax dependent(s) classes. 11. Did the household report living expenses? Check the boxes where the client brought you proof: Rent/Mortgage Space Rent Telephone Water/Sewer Wood/Coal Property Tax Home Insurance Child Support 12. Explain how the household has been supporting itself before applying for assistance explain how the expenses have been paid, or note that they are due or unpaid. 13. If applying for CAMA, please list the specific medical need and provide the name of Other Information or Comments: By signing the Fee Agent Interview Form (FA1) I agree to the following: 1. I hereby attest I am certified as a Fee Agent for the Division of Public Assistance. I certify that I am the Fee Agent who interviewed the applicant listed on this for correct and complete to the best of my knowledge. Fee Agent Signature | Yes No Ye |
| If yes, list the name of the person whose job ended, when it ended, why it ended, a employer. 9. Does the applicant currently have an Alaska Quest Card? 10. Is anyone in the household planning to file a Federal IncomeTax return? If yes, who in the household will be filing and will there be any tax dependent(s) classes where the client brought you proof: Rent/Mortgage | Yes No Ye |

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Fee Agent Interview Checklist

| 1. | Is an application or a recertification/review attached to this form? | Yes | No |
|-----|---|-----|------|
| 2. | Did the applicant sign and date the application and all other forms needing signature? | Yes | No |
| 3. | Did you, as Fee Agent, sign and date the application? | Yes | No |
| 4. | Did the applicant provide proof of identification? Example: Photo ID, Driver's License, School ID | Yes | No |
| 5. | Did you get proof of all income reported on the application? Examples: Wages (Including part-time and on-call work), tips, fishing income, unemployment, Social Security benefits, child support received, Veterans benefits, self-employment, student income Carving, weaving, sewing, crafts, National Guard pay, Native cash assistance programs, meeting Stipends, loans, and cash gifts. | Yes | No |
| 6. | Are all the household members' social security numbers listed on the application? | Yes | No. |
| 7. | For any household member who is not a US Citizen, was proof of alien status provided? | Yes | No |
| 8. | Did you explain the rights and responsibilities to the applicant? | Yes | □ No |
| 9. | Did you give the applicant a copy of the Rights and Responsibilities form (Gen 51)? | Yes | No |
| | Answer questions 10 & 11 if the applicant is applying for Medicaid: | | |
| 10. | Did the applicant complete a Child Support Information form (Appendix D) for each parent not in the home? | Yes | □ No |
| 11. | Did the household provide copies of their tax return(s)? | Yes | No |
| | Answer questions 12-16 if the applicant is applying for Alaska Temporary Assistance: | | _ |
| 12. | If the application is for pregnant woman, did you get proof of pregnancy and due date? | Yes | ∐ No |
| 13. | If available, did the applicant provide copies of birth certificates or adoption decrees for all children? | Yes | L No |
| 14. | If available, did the applicant provide copies of marriage certificates, divorce decrees, or child support order? | Yes | □ No |
| 15. | Did the applicant complete a Child Support Information form (Appendix D) for each parent not In the home? | Yes | No |
| 16. | Did the applicant complete the Direct Deposit form (if they preferred)? | Yes | No |
| | Answer question 17 if the applicant is applying for General Assistance | | |
| 17. | Did the applicant provide a copy of the eviction notice, landlord statement, or utility cut-off notice? | Yes | L No |
| | Answer question 18-21 if the applicant is applying for Adult Public Assistance: | | |
| 18. | If the applicant has not been approved from Social Security Disability or SSI, did you give the applicant A Preliminary Examination for Interim Assistance Form (AD2)? | Yes | □ No |
| | If the applicant wants to apply for Interim Assistance, did the applicant complete an Authorization for Reimbursement of Interim Assistance form (GEN 142- IAR)? | Yes | □ No |
| 20. | Did the applicant complete an Authorization for Release of Protected Health Information form | res | No |
| | (GEN 150)? | П., | |
| 21. | Did the applicant complete the Direct Deposit form (if they preferred)? | Yes | No |

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Directions for completing the Fee Agent Interview

Report form: Page 1 and 2

- Clearly note the applicant's name, last four digits of SSN, your name, your contact number, your email address if you Have one, and the interview date.
- Mark the program(s) the applicant is applying for.
- Answer all ten questions under "Application Information."
- If you have more information or if you know the client did not give you all the correct information, make a note under "Other Information or Comments."
- On the bottom of page 2, make sure to sign and date the form. Also, print your name and write your contact number.

Page 3 (Fee Agent Interview Checklist)

- Make sure that you review each question and provide a YES or NO answer to each question that applies to the applicant:
 - Answer questions 1-9 for all applicants
 - Answer questions 10-12 ONLY if the applicant is applying for Medicaid
 - Answer questions 13-17 ONLY if the applicant is applying for Temporary Assistance
 - Answer questions 18 ONLY if the applicant is applying for General Assistance
 - Answer question 19-22 ONLY if the applicant is applying for Adult Public Assistance

Remember to mail the ENTIRE FA 1 Form (which includes page 1, 2, and 3) along with the application.

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Chapter 11 - Appendix E Fee Agent Monthly Billing Report Form (FA 48)

| Department of Division of Pu | ıblic Assistanc | e | onthly Billin | g Report F | orm | | | | | | |
|------------------------------------|---------------------------------|-------------------------------------|---------------------|-------------------------------|------------|-------------------------------------|--------|-------------|--------------------|---|------------------------|
| Fee Agent's Name | | | | | | | Fee Ag | ent's Last | SSN or | PVN | |
| Fee Agent's Address: | | | | | | | Fee Ag | jent's Tele | phone _ | | |
| Applicant's Name (Please Print) | Applicant's Last Four SSN | Fee Agent Interview? (Yes/No) | Application Date | Date Application Mailed | GEN 50C | GEN 50C MAGI Medicaid Only | GEN 72 | GEN 60 | GEN 152 \$15 | Monthly work hours for Temporary Assistance clients \$5 | Total Amount Due |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

GEN 50C GEN 72 GEN 60 GEN 152

APA ATAP APA Review
CAMA FS FS Recertification
GRA GRA Review
MEDICAID Medicaid Review

Date _____ Total Amount Due \$___

- \$25 for Aged, Blind, Disabled and Long Term Care Medicaid Categories or other programs that <u>require</u> an interview
- \$25 for MAGI Medicaid application which <u>includes</u> other programs that require an interview (SNAP aka Food Stamps, Temporary Assistance, etc...)
- \$15 for MAGI Medicaid only application
- \$5 for Temporary Assistance clients proof of monthly work hours from employer

FA 48 (06-3201) rev 04/17

Fee Agent Signature

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

Instructions for Completing the Fee Agent Monthly Billing Report Form

- Enter your name, last four digits of Social Security Number, address, report month, and district number at the top of this
 form. The report month is the month that you (the Fee Agent) received the applications. Complete a separate report form for each
 month.
- 2. In the Applicant/Recipient's Name column, print the name of each client who gave you an application form during the month.
- 3. In the Applicant/Recipient's Social Security Number column, write only the last four digit of the applicant's Social Security Number.
- 4. In the **Fee Agent Interview** column, write <u>Yes</u> if an interview was done and <u>No</u> if you did not interview the client. MAGI Medicaid and Senior Benefits application do not require an interview or FA 1 form to be complete applications. All other programs require an interview and FA 1 form for the application to be complete.
- 5. In the Application Date column, write the date that you signed the application.
- In the Date Application Mailed column, write the date that you mailed the application to the office. This column must be complete.
- In the columns for the application forms GEN 50C, GEN 72, GEN 60, and GEN 152 write in the dollar amount for each form the client gave to you.
- In the column for the Temporary Assistance proof of monthly hours of work write in the dollar amount for each individual you have collected the verification on and write in the dollar amount. The verification payment is based on all documents submitted for a client, not based on the number of documents received.
- 9. In the **Total Amount Due** column, write the amount due for all complete application forms you submitted. At the bottom, total the amount for all clients.
- 10. You must sign and date the form to get paid.
- 11. Send this form to the district office that serves your area. Remember, the district office must receive your signed report by the 10th of each month. If the district office receives your report after the 10th, it will be submitted for payment the following month.