



Fee Agent Date Received/Signature

DPA Date Received

Application for Services

What kind of help do you need? Check the programs or services you need.

| | |
|---|--|
| <input type="checkbox"/> Health Insurance Including Medicaid, Denali Care, Denali KidCare, tax credit, private health insurance. | <input type="checkbox"/> Temporary Assistance Monthly cash payment for eligible families with children. |
| <input type="checkbox"/> Chronic & Acute Medical Assistance Limited medical coverage for persons with specific illness. | <input type="checkbox"/> Adult Public Assistance <input type="checkbox"/> blind or disabled <input type="checkbox"/> elderly assistance |
| <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) Monthly issuance to assist with food costs. Important: You may be eligible for SNAP within seven days – answer questions below. | <input type="checkbox"/> General Relief Assistance Emergency assistance for eligible individuals and families. <input type="checkbox"/> rent or utilities <input type="checkbox"/> burial expenses |
| <input type="checkbox"/> Other Services <input type="checkbox"/> child support <input type="checkbox"/> child care <input type="checkbox"/> finding work <input type="checkbox"/> prenatal care <input type="checkbox"/> Senior Benefits <input type="checkbox"/> other _____ | |

Who are you? (Please print and use legal names)

| | | | | | |
|--|-----------|-------------------------------------|--|--|--|
| 1. First name, Middle name, Last name, & Suffix | | | 2. Other Names (maiden, nicknames, etc.) | | |
| 3. Home address or directions to your house | | | 4. Apartment or suite number | | |
| 5. City | 6. State | 7. ZIP code | | | |
| 8. Mailing address (if different from home address) | | | 9. Apartment or suite number | | |
| 10. City | 11. State | 12. ZIP code | | | |
| 13. Phone number () — | | 14. Other phone number () — | | | |
| 15. Do you want to get information about this application by email? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| 16. Email address: _____ | | | | | |
| 17. What is your preferred spoken or written language (if not English)? _____ | | | | | |
| 18. Answer these questions to see if you can get SNAP within seven days | | | | | |
| a. Do you have more than \$100 in cash or money in the bank? | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| b. Is your household's monthly gross income (before deductions) less than \$150? | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| c. Are your costs for rent/mortgage/utilities more than your monthly gross income, cash and money in the bank? | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Sign here:

Date: