

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

Applicant Name _____ Applicant's Last Four SSN _____

Fee Agent Name (Print) _____ FA Contact Number _____

Fee Agent Email Address _____ Interview Date _____

The Client Applied For:

- | | | |
|--|--|---|
| <input type="checkbox"/> Food Stamps | <input type="checkbox"/> Medicaid | <input type="checkbox"/> General Relief |
| <input type="checkbox"/> Alaska Temporary Assistance | <input type="checkbox"/> Adult Public Assistance | <input type="checkbox"/> CAMA |

Application Information

1. Write the name of the person(s) who attended the interview: _____
2. 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 to return home.

4. Has anyone been convicted of a drug-related felony? Yes ☐ No ☐
If yes, what is the person's name? _____
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 drug or alcohol treatment program? Yes ☐ No ☐
 - c. Taken action toward rehabilitation, including participation in a drug or alcohol treatment program? Yes ☐ No ☐
 - d. Successfully complied with the requirements of the person's re-entry plan? Yes ☐ No ☐
5. When was the applicant's most recent arrival in Alaska? _____
6. 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? _____

8. Has any household member's work stopped or ended within the last 60 days? Yes ☐ No ☐
If yes, list the name of the person whose job ended, when it ended, why it ended, and the name and phone number of the employer. _____

9. Does the applicant currently have an Alaska Quest Card? Yes ☐ No ☐

10. Is anyone in the household planning to file a Federal Income Tax return? Yes ☐ No ☐
If yes, who in the household will be filing and will there be any tax dependent(s) claimed? If yes, who _____

11. Did the household report living expenses? Yes ☐ No ☐

Check the boxes where the client brought you proof:

☐ Rent/Mortgage ☐ Space Rent ☐ Telephone ☐ Water/Sewer ☐ Electricity ☐ Propane/Gas ☐ Oil
☐ Wood/Coal ☐ Property Tax ☐ Home Insurance ☐ Child Support ☐ Child Care ☐ Medical Care/Medicine

12. Explain how the household has been supporting itself before applying for assistance. If the applicant claimed "no income," 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 the doctor and phone number:

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 to interview the applicant.
2. I certify that I am the Fee Agent who interviewed the applicant listed on this form and all information on the application is correct and complete to the best of my knowledge.

Fee Agent Signature _____ Date _____

Fee Agent Name (print) _____ FA Contact Number _____

Fee Agent Interview Checklist

- | | | |
|---|------------------------------|-----------------------------|
| 1. Is an application or a recertification/review attached to this form? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Did the applicant sign and date the application and all other forms needing signature? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Did you, as Fee Agent, sign and date the application? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Did the applicant provide proof of identification? Example: Photo ID, Driver's License, School ID | <input type="checkbox"/> Yes | <input type="checkbox"/> 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. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Are all the household members' social security numbers listed on the application? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. For any household member who is not a US Citizen, was proof of alien status provided? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Did you explain the rights and responsibilities to the applicant? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Did you give the applicant a copy of the Rights and Responsibilities form (Gen 51)? | <input type="checkbox"/> Yes | <input type="checkbox"/> 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? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. Did the household provide copies of their tax return(s)? | <input type="checkbox"/> Yes | <input type="checkbox"/> 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? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13. If available, did the applicant provide copies of birth certificates or adoption decrees for all children? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 14. If available, did the applicant provide copies of marriage certificates, divorce decrees, or child support order? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 15. Did the applicant complete a Child Support Information form (Appendix D) for each parent not in the home? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 16. Did the applicant complete the Direct Deposit form (if they preferred)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Answer question 17 if the applicant is applying for General Assistance

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|---|------------------------------|-----------------------------|
| 17. Did the applicant provide a copy of the eviction notice, landlord statement, or utility cut-off notice? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|---|------------------------------|-----------------------------|

Answer question 18-21 if the applicant is applying for Adult Public Assistance:

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|--|------------------------------|-----------------------------|
| 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)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 19. If the applicant wants to apply for Interim Assistance, did the applicant complete an Authorization for Reimbursement of Interim Assistance form (GEN 142- IAR)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 20. Did the applicant complete an Authorization for Release of Protected Health Information form (GEN 150)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 21. Did the applicant complete the Direct Deposit form (if they preferred)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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.