

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 373-1136

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

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

Income. Income is any money that you or your spouse receive that can be used to meet your needs. Income includes, but is not limited to: wages and other earnings, annuity payments, pension or retirement payments, disability benefits, veteran's benefits, Social Security payments, Supplemental Security Income (SSI), Adult Public Assistance, alimony, Native corporation payments, dividends from stocks or bonds, etc.

4 Please list the gross annual income received by you and your spouse. Do not include the Alaska Permanent Fund Dividend. Attach Proof. Gross annual income is the amount before any deductions are subtracted (such as taxes or Medicare premiums).

Type of Income? (Social Security, pension, retirement, wages, native dividends, etc.)	Who receives this money? (you or spouse)	Gross Annual Amount
		Total

Please return your completed application to:

**Senior Benefits Program
855 W. Commercial Drive
Wasilla, AK 99654**



**Or fax to 1-866-352-8539, or in Mat-Su Valley area, 373-1136
If you have any questions about the Senior Benefits Program, please
call us at 1-888-352-4150, or in the Mat-Su Valley area, 352-4150.**

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.

STATE OF ALASKA
DEPARTMENT OF HEALTH & SOCIAL SERVICES
DIVISION OF PUBLIC ASSISTANCE

AUTHORIZATION FOR RELEASE OF INFORMATION

I authorize the release of information requested by the Department of Health & Social Services or its agents within the Department of Law. The requested information will only be 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 & Social Services or its agents within the Department of Law. This release of information will be in effect while I am an applicant or recipient of public assistance, and for any later investigations of my eligibility and receipt of benefits.

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

A COPY OF THIS RELEASE IS AS VALID AS THE ORIGINAL.

Your Signature

Signature of Spouse

Printed Name

Printed Name

Social Security Number

Social Security Number

Address

Address

Phone Number

Phone Number

Date

Date

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