

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
Fax: 1-907-357-2561

Alaska residents who are age 65 or older may qualify for a monthly payment from the Senior Benefits Program. Income limits are based on the Alaska Federal Poverty Guidelines and will change every year. Benefit amounts are tied to legislative funding and can change at any time.

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 (required if living with you)

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 receives 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, 357-2561
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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Do you want to register to vote here at the Senior Benefit office? Yes No

**Please complete the “Authorization for Release of Information”
on the back of this page.**

Authorization for Release of Information

What is an 'Authorization for Release of Information'?

Your signature on this form gives the Department of Health and Social Services, its agents, and the Department of Law permission to ask for information about your health, finances, family and personal history. This information is only 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 and Social Services or its representatives. The Release of Information will be in effect while you are an applicant or recipient of Public Assistance, and for any later investigations of your eligibility and receipt of benefits.

Who will we ask for information?

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

I Authorize This Release of Information:

Signature of Adult

Signature of Other Adult

Printed Name

Printed Name

Social Security Number

Social Security Number

Address

Address

Phone Number

Phone Number

Date

Date

Gen 36 06-3033 (Rev. 6/07)

A Copy of this Release is as Valid as the Original