

STATE OF ALASKA

DEPT. OF HEALTH AND SOCIAL SERVICES
DIVISION OF HEALTH CARE SERVICES

SEAN PARNELL, GOVERNOR

350 Main Street, Room 412
P.O. Box 110660
JUNEAU, AK 99811-0660
PHONE: (907) 465-5829
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Tribal Request Cover Sheet for Accessing Chafee Foster Care Independence Funds

WHEN FINISHED PLEASE SEND THE COMPLETED PACKET TO:

Dee Pearson
Independent Living Program Coordinator
Office of Children's Services
PO Box 110630
Juneau, AK 99811
(907) 465-8659 Direct Line, (907) 465-3416 FAX
dee.pearson@alaska.gov

Tribe:

Tribal Representative's Name:

Phone Number:

Youth's Name:

Date of Birth:

SSN:

Mailing Address:

Phone Number & Email Address:

Anticipated date of returning home:

Brief Explanation of what you are requesting funds for:

PLEASE ATTACH THE FOLLOWING DOCUMENTS:

- Proof of Alaska Residency (examples: Proof of PFD, school records)
- Documentation showing that the youth is currently in tribal custody
- Documentation showing that the youth has been out-of-home
- Request for Funds Form (either in-custody 1 page form or out-of-custody application)
- Education Training Voucher Application (if needing to access post-secondary school funds)