

Funerals, Burials and Bereavement in the Bering Strait Region

Informational Packet



Provided by the Kawerak, Inc. Welfare Assistance Department

Everything You Need To Remember When Planning a Funeral **By Gigi Immingan (with updates by Sara Lizak)**

Dear Bereaved,

Planning a funeral can be a very stressful and emotional time. You could find yourself with lots of things to remember at a time when you really feel like you can't handle more tasks. The loss of a loved one is never easy, even if they have suffered a long illness, and planning the funeral will probably be one of the last things on your mind. However, it must be done. These days some people choose to pre-plan their funerals. This really does take a lot of the financial and emotional burden away from those who are left behind, especially as there is often uncertainty as to the type of funeral the deceased would have wanted.

Funeral Checklist – What To Do First

At times like this it's a good idea to have a checklist of things to do. You might actually be surprised at how many things there are to remember when planning a funeral.

1. Notify the Authorities – unless the death occurs in a hospital or a nursing home, it is very likely to be your responsibility to notify the appropriate authorities, simply call 911 or your local emergency number.
2. Notify Relatives and Friends – nobody likes to be the bearer of bad news, but you do need to inform the rest of the family and friends what's happened. It is the responsibility of the police to notify the next of kin, but there will probably be lots of other people who need to know too. Don't forget close friends as well as family.
3. Designate a point of contact or a lead coordinator for agencies to contact.
4. Designate an organizer for the funeral/potluck/gathering for memorial, etc. This person can also assist in finding other resources for the gathering, travel for family and a place to stay.
5. Contact one of the NSHC Social Workers at (907) 443-4540 and ask for assistance & information. The Social Worker follows up to ensure a death certificate is completed and has experience assisting families with the death of a community member.
6. Contact a Casket Company or Funeral Home – you may have already decided on which funeral home to use, maybe one which has been recommended or has been used for other members of the family, if not then you do need to make the decision now.
7. Who Will Pay – if the funeral arrangements haven't been pre-planned and there is no insurance policy, then you will need to decide who will be responsible for paying for the funeral arrangements. Very often the executor of the estate will deal with this, but it really is up to the close family to decide amongst themselves.
8. Close family - will need to organize a time to meet up with the funeral director to discuss the finer details of the funeral, if necessary.
9. Collect Necessary Information – there is specific information which you will need in order to complete the death certificate. This includes: parents names (including initials of middle names and mother's maiden name), date of birth of deceased, social security number, place of work and occupation.

Funeral Checklist – At The Funeral Home

Funerals can be extremely expensive and can put families in deep debt. Families must be aware that a cost comes with each item or services they request from a Funeral Home. The funeral director will be able to help and guide you through the planning procedure if this hasn't been done already. These are the sorts of things you will need to do:

1. Embalming – you will need to consider whether embalming is necessary or not. This depends upon the type of funeral it will be. Embalming is not required by law for cremations, for example, as long as you don't want to have any viewings of the body beforehand. If the body is not embalmed it will need to be either cremated or buried very quickly.
2. Clothing – this is again not necessary for cremations, but if you want to have visitations of the body then you need to decide on the clothing. This may be a favorite outfit of the deceased or alternatively the funeral director will help you to choose some suitable funeral clothes.
3. Jewelry – it is also nice for people to be buried with special jewelry or a watch, for example. Think about what was precious to the deceased and whether they might like to be buried with it. Again, this is not necessary for cremations.
4. Burial vs Cremation – if this hasn't already been discussed, now is the time to decide on whether to bury or cremate the remains. If there is to be a burial, you will need to think about a burial

plot. If you don't own a burial plot, then you will need to obtain one. Contact your City office for plots.

5. Choose a Casket or Urn – **(check with NSHC Social Worker to see if one is available in Nome)** the casket is one of the single most expensive items involved in the whole funeral procedure, but prices do vary. Hardwood caskets like Mahogany can be quite expensive, although cheaper soft wood options are available. Of course, for cremations you only need a simple cardboard container, although you might like to rent a casket for the service. **Note** – you do not have to buy your casket from the funeral director. You can actually buy one from another source and have it delivered to the funeral home, and the funeral director cannot refuse to allow you to do that or charge you extra for handling it, so if you have the time to shop around (probably only when you are pre-planning a funeral, realistically) then you might be able to save some money or find something which you prefer.
6. Open or Closed Casket – you need to decide whether the casket will be open or closed. Some clergy insist that the casket is closed before the memorial service, so if you want it open you'd better specify and see whether it will be possible.
7. Gather with family members to create the obituary together.

Funeral Checklist – After the funeral

Unfortunately, even after the funeral has been and gone there are still some things which you may find you need to do. Check this part of the list and make sure that nothing has been forgotten:

1. Death Certificate – it's a good idea to get quite a few copies of this from your funeral director, 10 or more as you might be surprised at the number of places, they'll need to see one. Contact the Alaska Vital Records office at (907) 465-3618 for actual costs.
2. Social Security Office – will need to be contacted, particularly if the deceased was receiving Social Security Benefits. Any overpayments made at this time will result in lots of problems later. If, however, you are the surviving spouse of the deceased, find out how this will affect your own Social Security Benefits.
3. Health Insurance Company – if applicable, will need to know that the deceased has passed away and coverage is no longer required.
4. Life Insurance Company – you will need to contact the Insurance Company about all Life Insurance Policies. They'll need to see a copy of the death certificate and the policy number; you'll also need to fill out a claim form. Also, remember to remove the deceased's names from any other policy on which they are a named beneficiary.
5. Workplace – if the deceased was employed, you'll need to contact the employer, ask them about information on pension plans, union death benefits and credit unions. Every one of these claims will also need a copy of the death certificate.
6. Credit Cards – of the deceased should be returned with a copy of the death certificate, or alternatively, if you want to keep use of the card then you need to inform the credit card company of the change in circumstances.
7. Accounts and Taxes – visit a tax advisor or accountant for help with filling out a tax return for the deceased in the year of the death. Keep a record of bank statements etc., on both the accounts held by the deceased and any joint accounts which were shared.
8. Bank Accounts – arrange for any joint bank accounts to be amended to your name only. You may need to check with the Trust Department if the estate of the deceased is held in trust.
9. Stocks and Bonds – should be changed in name, if applicable. Speak to your broker.
10. Pay Bills – don't forget to keep up the payments on important bills, mortgages, loans etc.

Funeral Checklist – Items You Might Need

1. Death Certificate
2. Social Security Card
3. Birth Certificate
4. Marriage Certificate
5. Birth Certificate for each child (if appropriate)
6. Deeds or Titles to any Property
7. Insurance Policies
8. Bank Books
9. Stock Certificates (If applicable)
10. Recent Income Tax and W-2 forms

Organizations Providing Assistance Regarding Burial and Cremation Services

NSHC Social Services

- Provides applications for financial assistance to help cover costs
- Helps families obtain death certificates
- Acts as the main contact for purchasing caskets that are already available in Nome
- Can help find non-family volunteers to help clean, set and dress the deceased at the hospital
- Has access to the NSHC morgue and can arrange to access the City of Nome morgue
- In general NSHC helps with coordination if the deceased person has passed within the region only. However, the Social Worker can also assist with logistics if the deceased person passes outside of the region.

State Medical Examiner's Office

- Determines whether an autopsy is required
- Directs the shipment of the remains to their Anchorage office
- Completes the death certificate if necessary.
- Contacts family to determine where remains need to be sent (ie, funeral home, crematory, or directly back to deceased's place of death)
- Fees may apply depending on where and how the remains are sent.

Funeral Homes

- For a fee: will pick up and transport remains from the hospital, medical examiner's office, the deceased's home (if they lived outside of rural areas) and airlines
- For a fee will provide the following quality services for the remains: clean, set features, dress, apply makeup, embalming, placement in casket or cremation
- For a fee: will provide numerous options and packages for caskets, urns, guest books, funeral programs, funeral locations (limited to urban areas), and bereavement counseling.
- For a fee: arrange for funeral obituaries and obtain death certificates
- Advise families on who to call for financial reasons (e.g., social security administration, banks, and courts regarding wills)
- For a fee: offers cremation services, urns, and packaging and shipment of cremated remains
- Must provide as required by law, an itemized list of costs and fees associated with funeral supplies and services

Casket Companies

- For a fee: offers variably-priced caskets (some are also stocked at NSHC), that are often priced less than funeral homes. They do not usually offer embalming or other services that are available through a funeral home

- For a fee: some offer cremation services, urns, and packaging and shipment of cremated remains

Cremation Centers

- For a fee: offers transportation of remains to and from airlines and the medical examiner's office
- For a fee: offers cremation services, urns, and packaging and shipment of cremated remains

Tribal Offices/Churches/Families/Community

- Assists families with applications for financial assistance
- Coordinates volunteers to help dress, set, and transport remains
- Helps provide knowledge of community resources that will help in many aspects of the funerary process
- May act as the point of contact for agencies and the family
- May have financial resources to help pay costs
- May help to coordinate programs, funerals, potlucks, and airline tickets.
- Provide places of gathering for funeral-related events

City Governments

- Responsible for issuing cemetery plots for municipal-run cemeteries
- May refer families to volunteers that will dig burial plots
- Many operate city morgues
- May be able to assist with obtaining court-issued burial permits

Financial Assistance Programs (such as Kawerak, Inc's Burial Assistance Program and State General Relief Assistance (GRA) - Burial Assistance)

- Provide guidance and information about financial resources, applications, costs, and payments of costs.
- Coordinates and issues payments on behalf of eligible deceased persons.
- Assist with referrals to other financial programs if not eligible for the applied service (i.e. for out-of-region decedents)
- Work with funeral homes to determine affordable packages

State Court

- Provides burial permits (for burial or dispersal of cremated remains at locations other than a cemetery)
- Performs probate hearings
- Maintains a record of any Last Will and Testament that has been filed with the court

Kawerak Land Management Services

- Retains Last Will and Testament documents for individuals who owned restricted native allotments and townsite lots, or fractions of native allotments and townsite lots. Some individuals may have also left a Will with an attorney's office.
- Coordinates probate services in regard to restricted land

Executors

- Provides guidance on behalf of the deceased as to the final wishes based on the deceased's last will and testament.
- Is in charge of contacting debtors and accessing financial accounts to pay debt on behalf of the deceased

State Bureau of Vital Statistics

- Records death certificates
- For a fee: Provides copies of death certificates



Bereavement Resource Guide

Brought to you by
Patient Support Services



**NORTON SOUND
HEALTH CORPORATION**

Condolences

Norton Sound Health Corporation would like to offer our sincerest condolences to you. This booklet may be used to guide you through the funeral planning process.



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What To Do First

If you are located in the village, you should:

1. Notify the appropriate authorities. In the village, this may be your VPSO or the Alaska State Troopers. Also notify your local clinic.
 2. Coordinate with your clinic and law enforcement to care for your loved one. Prepare clothing that you would like your loved one to wear.
 3. Contact NSHC Medical Social Work staff at (907) 443-4540 for assistance and information. They will follow up to ensure a death certificate is completed, and have experience assisting families with the death of a community member.
 4. Contact a funeral home, if needed.
 5. Collect necessary documents. See page 4 for the Personal Documents Checklist.
-

If you are located in Nome, you should:

1. Unless the death occurred in a hospital or a nursing home, you will need to notify the appropriate authorities. Call the Nome Police Department at (907) 443-5262.
 2. Coordinate with law enforcement or NSHC to care for your loved one. Prepare clothing that you would like your loved one to wear.
 3. Contact NSHC Medical Social Work staff at (907) 443-4540 for assistance and information. They will follow up to ensure a death certificate is completed and have experience assisting families with the death of a community member.
 4. Contact a funeral home, if needed.
 5. Contact the City of Nome at (907) 443-6663 to arrange a burial plot if the deceased will be buried in Nome.
 6. Collect necessary documents. See page 4 for the Personal Documents Checklist.
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If you are located out of the region, such as Anchorage, etc., you should:

1. Notify the appropriate authorities, by calling 911 or your local emergency number.
2. Contact a funeral home.
3. Collect necessary documents. See page 4 for the Personal Documents Checklist.

Funeral Planning Checklist

The list provided below contains information about decisions that will need to be made during the funeral planning process.

1. Burial vs. Cremation

If this hasn't already been discussed, now is the time to decide on whether to bury or cremate your loved one. If there is to be a burial, you will need to think about a burial plot. If you don't own a burial plot, you will need to obtain one. Contact your city office to arrange for a plot.

2. Embalming

You will need to consider whether embalming is necessary or not. This depends upon the type of funeral it will be. Embalming is not required by law for cremations, for example, as long as you don't want to have any viewings of your loved one beforehand. If you choose not to embalm, you must quickly decide between cremation or burial.

3. Clothing

If using a funeral home, the funeral director can help you to choose suitable funeral clothes. This may be a favorite outfit of the deceased.

4. Choose a Casket or Urn

Check with the NSHC Medical Social Worker to see if one is available in Nome. The casket is one

of the single most expensive items involved in the whole funeral process, but prices do vary. Hardwood caskets like Mahogany can be quite expensive, although cheaper softwood options are available. For cremations, you only need a simple cardboard container, although you might like to rent a casket for the service. You do not have to buy your casket from a funeral director. You can buy one from another source and have it delivered to the funeral home. The funeral director cannot refuse to allow you to do that or charge you extra for handling it,

5. Open or Closed Casket

You need to decide whether the casket will be open or closed. Some clergy insist that the casket is closed before the memorial service, so if you want it open you need to specify that and see whether it will be possible.

6. Obituary

Gather with family members to create the obituary together.

Military Funeral Honors

If eligible, you may request a Military Funeral Honors ceremony for your loved one. For more information, visit www.militaryonesource.mil/leaders-service-providers/casualty-assistance/military-funeral-honors or scan the QR code.



What To Do After The Funeral

After a funeral, there are still a few things you may need to do. Please see the list below of potential things you may need to follow up on:

1. Death Certificate

It is a good idea to get a few copies of this from your funeral director or the Alaska Bureau of Vital Statistics (BVS). The first copy is \$30 and each additional is \$25. The fee to expedite the order is \$11. Contact BVS for actual costs, as these charges may change.

2. U.S. Social Security Administration

Your local SSA office will need to be contacted, particularly if your loved one was receiving Social Security Benefits. Any overpayments made at this time may result in having to pay back those payments later. If you are the surviving spouse, they will be able to tell you how your spouse's death will affect your own Social Security Benefits.

3. Health Insurance Company

If applicable, your health insurance company will need to know that your loved one has passed away and that coverage is no longer required.

4. Life Insurance Company

You will need to contact the insurance company about all Life Insurance Policies. They will need to see an original copy of the death certificate and the policy number, and you'll also need to fill out a claim form. Also, remember to remove your loved ones' names from any other policy on which they are a named beneficiary.

5. Work Place

If your loved one was employed, you'll need to contact the employer and ask them about the information on pension plans, union death benefits, and credit unions. Each of these claims will also need an original copy of the death certificate.

6. Credit Cards

You should immediately notify all credit card companies that your loved one has passed. You should also notify all three Credit Reporting Bureaus (TransUnion, Equifax, and Experian), in order to prevent identity theft.

What To Do After The Funeral

Cont.

7. Accounts and Taxes

You will need to fill out a tax return for your loved one in the year of the death. Keep a record of bank statements etc, on both the accounts held by your loved one and any joint accounts that were shared. You may wish to consult with a tax advisor or accountant.

8. Bank Accounts

Arrange for any joint bank accounts to be amended to your name only. You may need to check with the Trust Department if the estate of your loved one is held in trust.

9. Stocks and Bonds

Stocks and bonds should be changed in name, if applicable. Speak to your broker.

10. Pay Bills

Don't forget to keep up the payments on important bills, mortgages, loans, etc.

11. Inheritance

Check to make sure your loved one had a property will. If not stored in the home, contact Kawerak or the Alaska Court System to see if they have it on file.

- If there is no will on file, your next step depends on their number of assets. If they had a lot of assets, you will need to contact the state to have an executor of the estate appointed.
- If they didn't have many assets, you may be able to fill out an "Affidavit for Collection of Personal Property of the Decedent". Court form: P-110

12. Native Allotments

Please contact your tribe concerning inheritance of any Native Allotments.

Personal Documents Checklist

Below is a list of personal documents you may need when making funeral arrangements or other decisions about your loved one's estate:

- Birth Certificate
- Social Security Card
- Driver's License
- Social Security Number
- Marriage/Divorce Certificates
- Statement of Military Service (DD Form 214)
- Tax records for current and most recent years
- Property Will
- Life Insurance Policies
- Deeds to Burial Property
- Deeds to Personal Property



Death Certificate Information

Below is general information your medical provider or funeral home will need about your loved one in order to complete a death certificate:

- | | |
|---|--|
| <input type="checkbox"/> First, middle, and last name | <input type="checkbox"/> Deceased's Spouse's first and last name |
| <input type="checkbox"/> Maiden Name (if applicable) | <input type="checkbox"/> The highest level of education attained |
| <input type="checkbox"/> Home Address | <input type="checkbox"/> Occupation |
| <input type="checkbox"/> Social Security Number | <input type="checkbox"/> Place of Birth (City and State) |
| <input type="checkbox"/> Date of Birth | <input type="checkbox"/> Deceased's Father's Name, Birth City and Birth State |
| <input type="checkbox"/> Date of Death | <input type="checkbox"/> Deceased's Mother's Maiden Name, Birth City and Birth State |
| <input type="checkbox"/> Age | |
| <input type="checkbox"/> Gender | |
| <input type="checkbox"/> Race/Ethnicity | |
| <input type="checkbox"/> Marital Status | |

If your loved one was a Veteran, you will also need:

- Entered Service Date
- Entered Service Place
- Service Number
- Separated from Service Date
- Separated from Service Place
- Grade, Rank or Rating
- Organization and Branch of Service

To obtain a death certificate, you can fill out an online form at www.tinyurl.com/AlaskaDeathCertificateRequest or scan the QR Code to bring you directly to the website.



Burial Assistance Programs

Below you will find a list of local bereavement assistance programs.

Name	Contact Information	Phone Number
Arctic Native Brotherhood	Contact an ANB Club.	(907) 443-2666
Bering Sea Lions Club	Contact a Bering Sea Lions Club member or pick up a form from NSHC Medical Social Work.	(907) 443-5904
Bering Straits Native Corporation	www.beringstraits.com/bereavement	(907) 443-5252 or (800) 478-2985
Kawerak	www.kawerak.org/supportive-services/welfare-assistance	(907) 443-4370 or (800) 478-5230
Local Tribe	Contact the tribe you are enrolled in to see if they offer bereavement assistance.	Varies by village
Nome Eskimo Community	www.necalaska.org/programs/tribal-services	(907) 443-9121

Burial Assistance Programs

Cont. bereavement assistance programs.

Name	Contact Information	Phone Number
Norton Sound Health Corporation	Contact NSHC Medical Social Work.	(907) 443-4540 or 1 (888) 559-3311
NSEDC	Contact the NSEDC Anchorage Office.	(907) 443-2477 or (907) 274 -2248
Sitnasuak	www.snc.org/bereavement-benefit	(907) 387-1200 or 877-443-2632
State of Alaska Public Assistance	Go to your public assistance office and fill out a GEN60 form.	(907) 443-2237 or 1 (800) 478-2236

Norton Sound Health Corporation Financial Assistance

The NSHC Board of Directors has approved bereavement support for eligible families in the amount of \$500. There is an additional fund available of up to \$2,500, payable to an Anchorage funeral home or other out-of-region vendor if a deceased loved one must be returned to the region. The NSHC Social Services team will help you apply for funding that may be available to you. Please call (907) 443-4540 or 1 (888) 559-3311 to start the process.

Grief Reactions

Experiencing the loss of someone you love is never easy, whether it is sudden or expected. It is a painful experience and everyone goes through the process differently. Below you will find a list of common emotions one might experience during the grieving process known as the five stages of grief:

Denial

Our initial reaction when one passes away results in shock and denial. You may have a hard time accepting that your loved one has passed away. It is common during this stage of grief to feel numb, overwhelmed, and lost.

Anger

Anger is a natural response when a loved one passes away. This intense emotion may cause emotional outbursts, placing blame on others, and questioning why your loved one has passed. Allow yourself to feel angry as this is an understandable emotion of grieving.

Bargaining

In this stage, you may begin to ask yourself "what if" statements. These statements are what you ask yourself about what you could have done to have an effect on the outcome. It is common during this stage to feel confused and guilty.

Depression

Once the reality of your loved one has passed, you may begin to feel intense sadness. During this stage, it is common to withdraw from life, have trouble getting out of bed, and to struggle to get through the day.

Acceptance

The final stage of the grieving process is accepting that your loved one has passed. You may begin to accept your new reality of life, resulting in engaging with friends and feeling a sense of normalness.

Individual Process

The grieving process varies among individuals and there's a wide range of reactions that may occur outside the five stages of grief. Other reactions may include:

Physical Pain	Stress	Anxiety
Forgetfulness	Frustration	Fatigue
Loss of Appetite	Changes in Behavior	Difficulty Sleeping

Grief Support

The healing journey takes time and we hope the information below will provide you with ideas on how to feel supported as you cope with your loss.

1. Consider joining a support group

Support groups are a great resource to connect you with those who are also grieving. You may feel supported knowing that you are not alone in this process. Visit www.alaskachaplain.org/grief-resources or scan the QR code for a list of grief support groups.



2. Contact NSHC Behavioral Health

NSHC Behavioral Health can offer counseling services to help you cope with your loss. They can be reached at (907) 443-3344.

3. Online Bereavement Resources

Visit www.lifealaska.org/support/online_bereavement_support_services.html or scan the QR code to learn about the different types of bereavement resources available online.



Contacts List

Name	Phone Number
Alaska Court System (Nome)	(907) 443-5216
Alaska State Troopers (Nome)	(907) 443-2835
Alaska Vital Records Office (Anchorage)	(907) 269-0991
Kawerak	(907) 443-5231 or (800) 478-5230
Nome Eskimo Community	(907) 443-2246
Nome Police Department	(907) 443-5262
NSHC Behavioral Health Services	(907) 443-3344
NSHC Medical Social Work	(907) 443-4540

Funeral Homes in Alaska*

Anchorage Area

Affordable Burial & Cremation

1120 E. 5th Ave.
Anchorage, AK 99501
(907) 222-5985

Alaska Cook Inlet Funeral Services

1306 E. 74th Ave.
Anchorage, AK 99518
(907) 337-5003
(855) 337-5003

Anchorage Funeral Home & Crematory

1800 Dare Ave.
Anchorage, AK 99515
(907) 345-2244

Cremation Society of Alaska

1306 E 74th Ave.
Anchorage, AK 99518
(907) 277-2777
(877) 283-1753

Janssen's Alaska Cremation Center

3804 Spenard Rd.
Anchorage, AK 99517
(907) 279-3741
(888) 268-5477

Janssen's Eagle River Funeral Home

16421 Brooks Loop Rd. Eagle River, AK 99577 (907) 696-3741
(888) 268-5477

Janssen's Evergreen Memorial Chapel (Janssen Funeral Homes, Inc.)

737 E St.
Anchorage, AK 99501
(907) 279-5477
(888) 268-5477

Kehl's Legacy Funeral Home

11621 Old Seward Hwy.
Anchorage, AK 99515
(907) 344-1497
(800) 820-1682

Legacy Funeral Home, Heritage Chapel at Angelus

440 E. Klatt Rd., Suite B
Anchorage, AK 99515
(907) 336-3338

Legacy Funeral Home, Mtn View Family Chapel

3001 Mountain View Dr.
Anchorage, AK 99508
(907) 222-5299

Witzleben Legacy Funeral Home

1707 S. Bragaw St.
Anchorage, AK 99508
(907) 277-1682
(800) 820-1682

Fairbanks

Blanchard Family Funeral Home

611 Noble Street
Fairbanks, AK 99701
(907) 482-3232

Chapel of Chimes, Legacy Funeral Homes

415 Illinois St. Fairbanks, AK 99701
(907) 456-5566
(800) 820-1682

Fairbanks Funeral Home & Crematory

3704 Erickson Ave.
Fairbanks, AK 99709
(907) 451-1110

Fairbanks Cremation Society

2318 Yankovich Rd.
Fairbanks, AK 99709
(907) 479-2545

Kenai Peninsula Borough

Homer Funeral Home & Cremation Services

3522 Main St. (and)
66615 Diamond Ridge Rd.
Homer, AK 99603
(907) 235-6861

Peninsula Memorial Chapel & Crematory

5839 Kenai Spur Hwy.
Kenai, AK 99611
(907) 283-3333

Peninsula Memorial Chapel & Crematory

35910 Jawle St.
Soldotna, AK 99669
(907) 260-3333

Kodiak

Kodiak Funeral Chapel

303 Erskine Ave.
Kodiak, AK 99615
(907) 486-3422

Matanuska-Susitna Borough

Cremation Society of Alaska, Mat-Su Valley

5050 Dunbar St. #A1
Wasilla, AK 99654
(907) 373-8627
(877) 283-1753

Janssen's Mat-Su Funeral Home

6901 E. Blue Lupine Dr.
Wasilla, AK 99654
(907) 745-5477
(888) 268-5477

Kehl's Palmer Legacy Funeral Home

209 S. Alaska St.
Palmer, AK 99645
(907) 745-3580

Legacy Funeral Home, Heritage Wasilla Chapel

1015 S. Check St.
Wasilla, AK 99654
(907) 373-3840

Legacy Funeral Home, Wasilla Chapel

1201 W. Parks Hwy.
Wasilla, AK 99654
(907) 631-3687

Valley Funeral Home, Palmer Chapel

2020 N. Hemmer Rd.
Palmer, AK 99645
(907) 745-5566

Valley Funeral Home & Crematory

151 E. Herning Ave.
Wasilla, AK 99654
(907) 373-3344

Southeast Area

Alaskan Memorial Park & Legacy Funeral Homes

3839 Riverside Dr.
Juneau, AK 99801
(907) 789-0611

Ketchikan Mortuary

525 Deermount St.
Ketchikan, AK 99901
(907) 225-4550

Prewitt Funeral Home

1004 Halibut Point Rd.
PO Box 1007
Sitka, AK 99835
(907) 747-7321

*Neither the Medical Examiner staff nor the State of Alaska can recommend funeral homes or give any costs or rates associated with their services. This list is provided as a courtesy to families and is not necessarily all inclusive.



Cemetery Manager's Office
PO Box 281
102 Division St
907.443.6605

CEMETERY SERVICES

The City of Nome understands what a difficult time this can be for families, and we extend our most sincere condolences. We are here to ensure that the interment of Nome's loved ones is completed safely, with the utmost respect, and our warmest regards.

Services are available for those who wish Nome to be their final resting place. Our goal is to make the interment process simple and practical, while taking the family's wishes into consideration whenever possible. This burial packet is designed to guide you through the process of having a loved one buried at the Nome Municipal Cemetery. A resource list has been attached for information on funeral homes, casket options, cremation services, financial assistance, and State of Alaska requirements.

Burial Options

Grave openings and closings are performed by City of Nome Public Works staff. For traditional burials, caskets may be available for purchase at Norton Sound Health Corporation. For information, please contact Social Services at 907-443-3311. For information about urns or different casket options, please see the attached list of resources on the final page of this packet. Homemade caskets or coffins are welcome at the Nome Municipal Cemetery as well. A "green burial" or "natural burial" is an option for those who wish their loved one to be placed in the ground without a traditional casket. This is sometimes desirable for financial reasons, and also enables a body to decompose at a natural rate. Please note that a solid resting base and a sufficient shroud is required for a burial of this nature.

Plot Location

A burial plot may be selected by the family, but please note that the location must be approved by the Cemetery Manager. We are more than happy to look up burial locations for family members or friends of the deceased at the family's request.

Headstones

The City of Nome is available to assist with the placement of grave markers or headstones if needed. If a headstone is not provided by the family of the deceased, the City will provide an unmarked wooden grave marker. These are meant to be temporary markers until a permanent one is placed by the family.

Grave Maintenance

The City of Nome is responsible for landscaping and maintenance of the Cemetery grounds, but we invite and encourage you to plant flowers or other grave decorations as often as you wish. The City of Nome will make efforts to leave non-natural grave decorations in place; however items may be removed to prevent environmental hazards.



Cemetery Manager's Office
PO Box 281
102 Division St
907.443.6605

Costs

Payment is required at the time a burial permit is issued. Please note that burials scheduled on weekends or holidays are subject to fees in addition to those listed below. Financial assistance may be available through local tribal organizations, or the AK State Public Assistance Office may be contacted at 907-443-2237. See the resource page in this packet for more information. A burial packet includes the following:

- Burial permit for the deceased
- Burial plot of your choosing within the Nome Municipal Cemetery
- Space in the morgue for those awaiting burial
- Grave opening and closing (available May 15-Oct 15)
- Temporary grave marker or placement of a headstone

Burial Cost:

- Standard/Adult: \$500
- Child: \$250
- Cremains \$125

USE OF MORGUE FACILITY

Use of the NSHC morgue is available to prepare bodies for burial. Please contact Social Services at 907-443-3311 for more information. Use of the City morgue is available to those who require special circumstances. A cleaning deposit of \$100 is required, and will be refunded upon approval of inspection.

Please join us in preserving the memory and dignity of those resting at the Nome Municipal Cemetery, by observing the policies and guidelines below:

- All items brought into the facilities must be removed or properly disposed of. This includes casket packing material, clothing, disposable gloves, bags, etc.
- Spill and stain removal is your responsibility. Liquids or other debris must be properly cleaned and disposed of immediately.
- Furniture, equipment, and cleaning supplies may not be removed from the facility. Disposable gloves and cleaning supplies may be available for use.
- Please clean all areas immediately after use, and leave the facility in the same condition that it was in upon your arrival.

Use of tobacco is permitted on the grounds, but is prohibited inside the morgue. Please dispose of spent cigarettes or other tobacco products in an appropriate waste receptacle. Alcoholic beverages are not permitted in the facility or on the grounds.



Cemetery Manager's Office
PO Box 281
102 Division St
907.443.6605

RESOURCES

To request a copy of the death certificate:

The Bureau of Vital Statistics
5441 Commercial Blvd
PO Box 110675
Juneau, AK 99801
(907) 465-3391

Financial Assistance:

AK Dept. of Public Assistance Office – Nome
214 E. Front Street
Nome, AK 99762
Phone: (907) 443-2237

For information on autopsies and requirements for transfer of remains:

State Medical Examiner Office
5455 Dr. Martin Luther King Jr. Ave
Anchorage, AK 99507
(907) 334-2200

Bering Straits Regional Assistance Programs:

- Kawerak: (907) 443-4370
- Nome Eskimo Community:
(907) 443-2246
- Gambell Tribe: (907) 985-5346
- Bering Straits Native Corporation:
(907) 443-5252

Casket Orders

Alaska Casket
11900 Industry Way
Anchorage, AK 99515
(907) 348-7379

NSHC Social Services
(907) 443-3311

Funeral Homes in Alaska (partial list)

Anchorage

Janssen Evergreen
Memorial Chapel
737 E St.
Anchorage, AK 99501
(907) 279-5477

Cremation Society
of Alaska
7216 Lake Otis Pkwy.
Anchorage, AK 99507
(907) 277-2777

Fairbanks

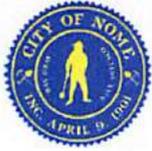
Fairbanks Funeral
Home & Crematory
3704 Erickson Ave.
Fairbanks, AK 99709
(907) 451-1110

Chapel of Chimes,
Legacy Funeral Homes
415 Illinois St.
Fairbanks, AK 99701
(907) 456-5566

SE Alaska

Prewitt Funeral Home
1004 Halibut Point Rd.
PO Box 1007
Sitka, AK 99835
(907) 747-7321

Ketchikan Mortuary
525 Deermount St.
Ketchikan, AK 99901
(907) 225-4550



Cemetery Manager's Office
PO Box 281
102 Division St
907.443.6605

PLOT RESERVATION

PURCHASER INFORMATION

NAME _____

PHONE _____ EMAIL _____

MAILING ADDRESS _____

PHYSICAL ADDRESS _____

PLOT RECIPIENT (if different than purchaser)

NAME _____ DATE OF BIRTH _____

PHONE _____ EMAIL _____

MAILING ADDRESS _____

BURIAL PERMIT

INFORMATION OF DECEASED

NAME _____

DATE OF BIRTH _____ PLACE OF BIRTH _____

DATE OF DEATH _____ PLACE OF DEATH _____

CHURCH AFFILIATION _____

RESERVED PLOT LOCATION (if applicable) _____

AK STATE BURIAL PERMIT # (if applicable) _____

PERMIT PURCHASED BY _____ PHONE _____

CITY USE ONLY

REC'D BY: _____ DATE _____ PERMIT #: _____ CIMS LOCATION: _____

PLOT: (circle one)
STANDARD CHILD CREMAINS

BURIAL: (circle one)
STANDARD CHILD CREMAINS

PAYMENT AMOUNT: _____
PAYMENT METHOD (CIRCLE ONE): CASH CARD CHECK# _____

Alaska Bureau of Vital Statistics Information

Alaska DEATH Certificate Request Form Instructions

Who may obtain a death certificate?

- Spouse listed on the certificate. Please provide marriage certificate.
- Parent(s) listed on the death certificate. Please provide a copy of the child's birth certificate listing the same parent(s).
- Child(ren) of decedent. Must show a certified copy of the child's birth certificate with the decedent's name listed.
- Sibling of decedent. Must show a certified copy of sibling's birth certificate with one parent in common to decedent.
- Office of Public Advocacy. Must show certified Delegated Power of Conservatorship/Guardianship papers.
Note: Faxed legal documents are NOT accepted.

Accepted forms of ID (If expired, must be less than one year):

- Driver's license
- State-issued ID
- Passport
- Military ID
- Tribal/BIA card (with picture)
- If you have none of the above forms of ID, please contact (907) 465-3391 for assistance.

How to submit a request:

- Complete this form, include payment and a copy of your ID.
- For walk in service, you can visit the Anchorage or Juneau office. Address and contact information is below.
- For mail, fax or online orders: choose one method of submission. Please be advised that if you submit your requests via more than one method, you will be charged for each request.
- For all current fees and processing times please visit our website: www.vitalrecords.alaska.gov
Please note:
- **Faxed orders***: please call 10 minutes after sending your fax to confirm receipt.
- **Expedited requests must be faxed, or submitted via VitalChek. Expedited requests sent via mail will not be expedited.**
- For additional information on how to amend a death certificate, please contact our Special Services Unit at (907) 465-1200.

Alaska Vital Records Offices:

Juneau (Main Office)

Walk-in Office Hours:

Monday - Friday, 8:00 am - 5:00 pm

Physical Address:

5441 Commercial Blvd.

Juneau, Alaska 99801

Phone: (907) 465-3391

Fax: (907) 465-3618

* Please do not send mail to the physical address.

Please send to HAVRS mailing address:

P.O. Box 110675

Juneau, AK 99811-0675

Anchorage Office

Monday - Friday, 8:00 am - 4:30 pm

3901 Old Seward Hwy, Ste. 101

Anchorage, Alaska 99503

Phone: (907) 269-0991

Note: Please mail requests to the Juneau Office.

Mail, Fax, and Online Orders

HAVRS Mailing Address:

P.O.Box 110675

Juneau, AK 99811-0675 Fax:

(907) 465-3618

Online: VitalChek

<https://www.vitalchek.com/>

Alaska DEATH Certificate Request Form

- Please read the instructions on the first page. Incomplete or inaccurate requests that do not include a copy of a government issued ID will not be processed.
- Submit this form WITH PAYMENT in person (Cash, check, money order or credit card), by mail (check, money order, or credit card), or by fax (credit card only). Office locations and contact information are on the instruction page.
- Please make Checks/Money Orders payable to: ALASKA VITAL RECORDS OFFICE.
- There will be a \$30 nonsufficient funds fee for returned checks.

Information needed to locate the record:

FIRST Name of the Deceased (at time of death) _____

MIDDLE Name of Deceased _____

LAST/FAMILY Name of Deceased _____

Date of Death _____

Date of Birth of Deceased _____

City/Village of Death _____

Full Name of Deceased's Mother Prior to Marriage _____

Full Name of Deceased's Father _____

APPLICANT NAME _____

Contact Phone Number _____

Contact E-mail Address _____

Mailing Name _____

Mailing Address: _____

Street/P.O. Box _____

City, State, Zip _____

Purpose of Request: Ex: Personal records, legal purpose, government benefits, etc. _____

Your Relationship to the deceased:

Legal representative (with documentation)

Other (Please specify) _____

Signature of Person Requesting the Record (Electronic/Typed Signature NOT Accepted) _____

What would you like to order?

	<i>Fee:</i>
_____ Number of Certified Death Certificates (\$30 for one copy plus \$25 for each additional copy of the same record ordered at the same time)	_____
_____ Death Certificate Correction Processing Fee (\$30)	_____
_____ Apostille Fee (\$12 for first copy, \$2 for each additional copy)	_____
Apostille Country: _____	
<input type="checkbox"/> *Expedited/Rush Service (Fax orders) (\$11)	_____

How would you like it shipped?

Please note: Alaska Vital Records assumes no responsibility for items after they have been shipped. If documents are lost or stolen you will need to resubmit your order with ID and payment. Vital Record certificates are legal documents that should be in your control only. Lost certificates may end up in the hands of criminals who could use the certificate to steal your identity. HAVRS strongly recommends you choose a method of shipping that requires a signature upon receipt. Call 907-465-3391 for more information on International Shipping.

Choose one:

Regular Mail (No fee, NO tracking available!)

Priority Mail (\$9.00. Includes tracking. No signature required). _____

Priority Mail (\$12.00. Includes tracking and signature). _____

FedEx Alaska (No P.O. Boxes; \$25.00. Includes tracking and signature). _____

FedEx USA (No P.O. Boxes; \$30.00. Includes tracking and signature). _____

Do You Want a Signature? Yes No

Do You Want a Signature? Yes No

Total for all Items

Credit/Debit Card Information

(We accept: Visa, MasterCard, Discover, and American Express)

Name on Credit Card _____

Credit Card Number _____

Expiration date _____

Billing Zip Code _____

Cardholder Signature (REQUIRED; ELECTRONIC/TYPED SIGNATURE NOT ACCEPTED) _____

VETERAN DEATH CERTIFICATE REQUEST FORM

11/2021

Alaska Health Analytics & Vital Records Section

- Up to four certified copies of the death certificate of a veteran may be issued without charge. The death certificates are only available to qualified individuals. Qualified individuals include:
 - (i) a personal representative of the veteran's estate;
 - (ii) a trustee of a revocable trust of which the veteran was the settlor; or
 - (iii) a person who needs a certified copy of the veteran's death certificate for the purpose of satisfying an eligibility requirement for a benefit related to the death of the veteran.
- "Veteran" means an individual who was:
 - (i) on active duty at the time of the veteran's death or had received an honorable or general discharge from a branch of the armed services of the United States, the National Guard, a reserve unit of the United States armed services, the Alaska Scouts, the Alaska Territorial Guard, or the Alaska Naval Militia; and
 - (ii) a resident of the state at the time of the individual's death.
- When submitting this request you must provide the following documents:
 - (i) Proof of the decedent's veteran status. Acceptable documents include a DD214, a photocopy of a military or a retiree ID card, or a letter of verification from the Veteran's Administration.
 - (ii) Documentation showing the death certificate is needed to satisfy an eligibility requirement related to the death of the veteran.
 - (iii) A copy of a government-issued Picture ID of the person requesting the record.
- Express shipping options are available for a fee. Please complete the shipping and payment sections below. You may pay by check or credit card. If paying by check, please make your check payable to the Alaska Vital Records office. Checks must be preprinted with your name and address.
- If you need more than four copies, additional copies are available for a fee. Please complete and submit the order form at http://dhss.alaska.gov/dph/VitalStats/Documents/death/death_form.pdf along with this request.

How to submit a request:

- Complete this form, include payment and a legible copy of your government issued photo ID.
- For walk in service, you can visit the Anchorage or Juneau office. Address and contact information is below.
- For mail, fax, or online orders: choose one method of submission. Please be advised that if you submit your requests via more than one method, you will be charged for each request.
- For all current fees and processing times please visit our website: www.vitalrecords.alaska.gov

Please note:

- **Faxed orders***: please call 10 minutes after sending your fax to confirm receipt.
- **Expedited requests must be faxed or submitted via VitalChek. Expedited requests sent via mail will not be expedited.**
- For additional information on how to amend a stillbirth certificate, please contact our Special Services Unit at (907) 465-1200.

Juneau (Main Office) <i>Walk-in Office Hours:</i> Monday - Friday, 8:00 am - 5:00 pm <i>Physical Address:</i> 5441 Commercial Blvd. Juneau, Alaska 99801 <i>Phone:</i> (907) 465-3391 <i>Fax:</i> (907) 465-3618 * Please do not send mail to the physical address. Please send to HAVRS mailing address: P.O. Box 110675 Juneau, AK 99811-0675	Anchorage (Frontier Building) <i>Walk-in Office Hours:</i> Monday - Friday 8:00 am - 4:30 pm 3901 Old Seward Hwy, Ste. 101 Anchorage, AK 99503 <i>Phone:</i> (907) 269-0991 Note: Please mail requests to the Juneau Office.	Mail, Fax, and Online Orders <i>HAVRS Mailing Address:</i> P.O. Box 110675 Juneau, AK 99811-0675 <i>Fax:</i> (907) 465-3618 <i>Online:</i> VitalChek https://www.vitalchek.com/
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VETERAN DEATH CERTIFICATE REQUEST FORM

Information needed to locate the record:

FIRST Name of the Deceased (at time of death) _____	APPLICANT NAME _____
MIDDLE Name of Deceased _____	Contact Phone Number _____
LAST/FAMILY Name of Deceased _____	Contact E-mail Address _____
Date of Death _____	Mailing Name _____
Date of Birth of Deceased _____	Mailing Address: Street/P.O. Box _____
City/Village of Death _____	City, State, Zip _____

Purpose of Request: Ex: Personal records, legal purpose, government benefits, etc.

Signature of Person Requesting the Record (Electronic/Typed Not Accepted)

Your relationship to the deceased:

Legal representative (with documentation)

Other (Please specify) _____

What would you like to order?

Number of Veteran Death Certificates (Free up to 4 copies)

*Expedited/Rush Service (Fax orders) (\$11)

Please note: If death is not registered or has an administrative hold, it cannot be rushed.

Fee:

How would you like it shipped?

Please note: Alaska Vital Records assumes no responsibility for items after they have been shipped. If documents are lost or stolen you will need to resubmit your order with ID and payment. Vital Record certificates are legal documents that should be in your control only. Lost certificates may end up in the hands of criminals who could use the certificate to steal your identity or the identity of your loved ones. HAVRS strongly recommends you choose a method of shipping that allows you to track the shipment and sign for it upon receipt. Call 907-465-3391 for more information on International Shipping.

Choose one:

Regular Mail (No fee, NO tracking available!)

Priority Mail (\$9.00. Includes tracking. No signature required).

Priority Mail (\$12.00. Includes tracking and signature).

FedEx Alaska (No P.O. Boxes; \$25.00. Includes tracking and signature).

FedEx USA (No P.O. Boxes; \$30.00. Includes tracking and signature).

_____ Do you want a signature? Yes No

_____ Do you want a signature? Yes No

Total for all items

0.00

Credit/Debit Card Information

(We accept: Visa, MasterCard, Discover, and American Express)

Name on Credit Card _____

Credit Card Number _____

Expiration date _____

Billing Zip Code _____

Cardholder Signature (REQUIRED; ELECTRONIC/TYPED SIGNATURE NOT ACCEPTED)

Click to Clear Form

COMMEMORATIVE CERTIFICATE OF STILLBIRTH REQUEST FORM
Alaska Health Analytics & Vital Records Section

2/2022

Baby's Name:

_____ *(First Name, Middle Name, Last Name, Suffix)*

Date of Delivery:

_____ **City or Village of
Delivery:** _____

**Hospital or Facility of
Delivery:**

_____ **Relationship to
the Child:** _____

Mother's Name:

_____ *(First Name, Middle Name, Last Name, Suffix)*

Father's Name

_____ *(First Name, Middle Name, Last Name, Suffix)*

**Mailing Address (Street,
City, State, Zip Code)**

Signature:

_____ **Contact Phone Number:** _____

Alaska Statute (AS) 18.50.235 gives the parent who requests a certificate of birth resulting in stillbirth the option of providing a child's name on the certificate if no name was originally provided. If a child's name is not provided, the certificate shall show either "Baby Boy" or "Baby Girl", as appropriate.

I wish to provide this child's name on the certificate: _____

How to submit a request:

- *Complete this form, include payment and a legible copy of your government issued photo ID.*
- *For walk in service, you can visit the Anchorage or Juneau office. Address and contact information is below.*
- *For mail, fax, or online orders: choose one method of submission. Please be advised that if you submit your requests via more than one method, you will be charged for each request.*
- *For all current fees and processing times please visit our website: www.vitalrecords.alaska.gov*

Please note:

- ***Faxed orders*:** please call 10 minutes after sending your fax to confirm receipt.*
- ***Expedited requests must be faxed. Expedited requests sent via mail will not be expedited.***
- *For additional information on how to amend a stillbirth certificate, please contact our Special Services Unit at 907-465-1200.*

<p>Juneau (Main Office) <i>Walk-in Office Hours:</i> Monday - Friday, 8:00 am - 5:00 pm <i>Physical Address:</i> 5441 Commercial Blvd. Juneau, Alaska 99801 <i>Phone:</i> (907) 465-3391 <i>Fax:</i> (907) 465-3618</p> <p><small>* Please do not send mail to the physical address. Please send to HAVRS mailing address: P.O. Box 110675 Juneau, AK 99811-0675</small></p>	<p>Anchorage Office <i>Walk-in Office Hours:</i> Monday - Friday 8:00 am - 4:30 pm 3901 Old Seward Hwy, Ste. 101 Anchorage, AK 99503 <i>Phone:</i> (907) 269-0991 Note: Please mail requests to the Juneau Office.</p>	<p>Mail and Fax Orders <i>HAVRS Mailing Address:</i> P.O. Box 110675 Juneau, AK 99811-0675 <i>Fax:</i> (907) 465-3618</p>
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What would you like to order?

____ Number of Commemorative Certificates (\$30 one copy, \$25 each additional copy of the same record ordered at the same time)

*Expedited/Rush Service (Fax orders) (\$11)

Please note: If the record is not registered or has an administrative hold, it cannot be rushed.

Fee: _____

2/2022

How would you like it shipped?

Please note: Alaska Vital Records assumes no responsibility for items after they have been shipped. If documents are lost or stolen you will need to resubmit your order with ID and payment. Vital Record certificates are legal documents that should be in your control only. Lost certificates may end up in the hands of criminals who could use the certificate to steal your identity or the identity of your loved ones. HAVRS strongly recommends you choose a method of shipping that allows you to track the shipment and sign for it upon receipt. Call 907-465-3391 for more information on International Shipping.

Choose one:

Regular Mail (No fee, NO tracking available!)

Priority Mail (\$9.00. Includes tracking. No signature required).

Priority Mail (\$12.00. Includes tracking and signature).

FedEx Alaska (No P.O. Boxes; \$25.00. Includes tracking and signature).

FedEx USA (No P.O. Boxes; \$30.00. Includes tracking and signature).

Do you want a signature? Yes No

Do you want a signature? Yes No

Total for all Items

Credit/Debit Card Information

(We accept: Visa, MasterCard, Discover, and American Express)

Name on Credit Card _____

Credit Card Number _____

Expiration date _____

Billing Zip Code _____

Cardholder Signature (REQUIRED; ELECTRONIC/TYPED SIGNATURE NOT ACCEPTED) _____

Click to Clear Form 

State of Alaska myAlaska My Government Resident Business in Alaska Visiting Alaska State Employees

Alaska Department of Health
Division of Public Health

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Home Divisions and Agencies Services News Contact Us

Vital Records Fee Schedule

Rates for Public Services (effective November 2016)

Public Services	Cost	Add'l Copies* / Renewal
Certified Copy (birth, marriage, divorce, death)	\$30	\$25
Marriage License	\$60	N/A
Marriage License Re-Issue Fee	\$15	N/A
Adoptions, Paternity, or Amendment/Correction (includes new certificate)	\$60	N/A
Medical Marijuana Card	\$25	\$20
Delayed birth certificate application (includes new certificate if approved)	\$60	N/A
Heirloom Birth Certificate	\$55	\$50
Heirloom Marriage Certificate	\$65	\$60
Apostille (in addition to Certified Copy Fee)	\$12	N/A
Expedite Fee (process request within 48 business hours)	\$11	N/A

Additional copies are defined as the same record ordered at the same time.
Please refer to the appropriate order form for current shipping fees.

Rates for Vital Statistics Researcher or Government Services

Vital Statistics Researcher or Government Services	Cost
Government Vital Record White Copy	\$10.00
Special Data Analysis Requests (per hour)	\$75.00
Vital Record Verification Matches (per match)	\$2.50
Vital Record Data (cost per record for a specific number of records, no matching criteria)	\$1.00

Rates for Health Facilities Data Reporting Program

Health Facilities Data Reporting Program	Cost
Single Quarter File	\$550.00
Annual (access for researchers or file for operations)	\$2,000.00

Fees are set in accordance with AS 18.50.330.
Please contact the [Health Analytics Unit](#) for contract and/or quote.

Health Analytics and Vital Records

- Home
- Anchorage Vital Records Office
- Juneau Vital Records Office
- Contact Us
- Frequently Asked Questions
- Vital Records Fees

Order Certificates

- Birth Certificates
- Stillborn Certificates
- Death Certificates
- Veteran's Death Certificate
- Marriage Certificates
- Divorce Certificates
- Heirloom Birth Certificates
- Heirloom Wedding Certificates

Services

- Cultural Adoptions
- Marriage Licenses
- Marijuana Registry
- Burial Transit Permits

Publications and Health Statistics

- Data and Statistics
- Alaska Cancer Registry

Health Facilities Data Reporting

- About the Program
- General FAQ
- FAQ for Facilities
- FAQ for Researchers

Health Care Price Transparency

- Alaska Medical Providers and FAQ's

Forms

- ITOP Report Form

Outside Resources

- Vital Records for Other States
- Consular Reports for Events Abroad
- Military Records

Public Notices Links for Staff Behavioral Health Commissioner's Office

Finance & Management Services Health Care Services Public Assistance

Public Health Seniors & Disabilities Services

Contacts Accessibility Language Access

State of Alaska myAlaska My Government Resident Business in Alaska Visiting Alaska State Employees

Alaska Department of Health
Division of Public Health

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Contact Information Contact Us

> Alaska Vital Records Office - Juneau

5441 Commercial Blvd
PO Box 110675
Juneau, AK 99811-0675
Phone: 907-465-3391
Fax: 907-465-3618
Office hours:
8:00am - 5:00pm
(Walk-in Service)

> Alaska Vital Records Office - Anchorage

3901 Old Seward Highway,
Suite 101 (Located inside the
DMV office)
Anchorage, AK 99503
Phone: 907-269-0991
Fax: 907-269-0994
Office hours:
8:00am - 4:30pm
(Walk-in Service)

> Alaska Cancer Registry Office

3601 C Street
(Frontier Building)
Suite 250
Anchorage, Alaska 99503
Phone: 907-269-0995
Fax: 907-561-1896
Email:
cancerregistry@alaska.gov

> Health Analytics (Data and Statistics)

healthanalytics@alaska.gov

Alaska Vital Records Issuance Units in Juneau and Anchorage will not be available by phone on Tuesday and Thursday after 12:00 pm (noon) until further notice.

If you can't find the information you need in our [FAQs](#) or on our website, please call, email, or visit us.

Do you need help ordering a certified copy of a birth, death, marriage, or divorce certificates?

- > If you are not in the Anchorage area, please contact the **Juneau Vital Records Office** by **phone, email, or visiting the office in person.**
- > If you are in the Anchorage area, you can either contact the **Juneau Vital Records Office** above, or visit the **Anchorage Vital Records Office.**

Are you looking to obtain a one-day marriage commissioner appointment?

- > Contact the **Alaska Court System** or visit an Alaska Court in your area. For more information, please see the current **directory of Court Locations.**

Do you have questions about an adoption, Affidavit of Paternity, or correction/amendment?

- > The **Special Services Unit** can help you with the process.

Do you have questions about your certificate or Medical Marijuana Card application?

- > **The Registration Help Desk can be reached by email** or by calling **(907) 465-5423.**

Are you curious about public health data and reports not on our Data & Statistics page?

- > Custom data requests may be submitted to the **Health Analytics Unit.**

If you have questions or concerns regarding this website, contact the **Site Administrator.**

Health Analytics and Vital Records

- Home
- Anchorage Vital Records Office
- Juneau Vital Records Office
- Contact Us
- Frequently Asked Questions
- Vital Records Fees

Order Certificates

- Birth Certificates
- Stillborn Certificates
- Death Certificates
- Veteran's Death Certificate
- Marriage Certificates
- Divorce Certificates
- Heirloom Birth Certificates
- Heirloom Wedding Certificates

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Contacts Accessibility Language Access

Medical Examiner's Office Information

State of Alaska
myAlaska My Government Resident Business in Alaska Visiting Alaska State Employees

Alaska Department of Health Division of Public Health

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Home Divisions and Agencies Services News Contact Us

Alaska Department of Health > Department of Health > Public Health > Medical Examiner > Frequently Asked Questions

Frequently Asked Questions

- > [Why is the Medical Examiner's Office involved?](#)
- > [Where will my relative/friend be taken?](#)
- > [Will an autopsy be performed?](#)
- > [Can I refuse an autopsy?](#)
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State Medical Examiner Office

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Q. Why is the State Medical Examiner's Office involved?

Alaska State law requires the State Medical Examiner to investigate the circumstances and determine the cause and manner of death in all deaths that are:

- > Sudden, when a person is in apparent good health.
- > Not under the care of a physician.
- > Suspicious, unusual or unexplained.
- > All deaths that are not due to a natural cause (accidents, homicides, suicides etc.)

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Q. Where will my relative/friend be taken?

The deceased will be taken to the State Medical Examiner's Office, 5455 Dr. Martin Luther King Jr. Ave, Anchorage, Alaska. They will remain there until examination of the body is complete. Upon completion, the deceased will be held by the State Medical Examiner's Office until a signed **Release Authorization** is received from the next-of-kin. Investigation may continue after the release. If the next-of-kin fails to complete a release authorization within 10 days then the body will be released to a funeral home on rotation and handled as an unclaimed remain.

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Q. Will an autopsy be performed?

When a body is brought into the State Medical Examiner's Office, either an external examination or an autopsy will be performed. An autopsy is a medical examination that includes removal of the internal organs; an external examination is a medical examination that does not include removal of the organs. Both autopsies and external examinations are routinely performed to determine the cause and manner of death. Final determination of the level of examination is determined by the assigned pathologist.

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Q. Can I refuse an autopsy?

The next-of-kin has the right to make their wishes known and every consideration will be given to religious and cultural concerns; however, the final determination as to whether or not an autopsy is to be performed rests with the State Medical Examiner's Office.

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Q. Will I still be able to have an open casket service if an autopsy is performed?

Yes - autopsies are performed in a professional manner that does not interfere with the viewing of the deceased.

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Q. Do I have to pay for an autopsy?

No - there is no charge to families for an autopsy or transportation to Anchorage and return to the community nearest the place of death. If a family chooses to use a funeral home or have the body transported to a location other than the place of death there may be charges for the additional costs of transportation or services provided by a funeral home.

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Q. Am I required to use a funeral home?

There is no legal requirement for the use of a funeral home. The State Medical Examiner's Office (SMEO) does not embalm or provide other funeral home services. At the direction of the next of kin, the SMEO can release remains directly to the family or to a funeral home. Funeral homes are often able to make the body more presentable and therefore help prevent additional trauma to the family. The SMEO pays for remains to be shipped back to the community nearest death. If a request is made to ship remains to a different community, and there are additional costs, the family would be responsible for the additional cost.

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Q. What is a Burial Transit Permit and how do I obtain one?

A Burial Transit Permit is required to transport human remains. If the next of kin chooses to designate someone other than a funeral home to pick up the remains, a Burial Transit Permit will be issued thru the Medical Examiner's Office at the time the remains are picked up. There is no charge for a Burial Transit Permit.

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Q. Who pays for funeral services (embalming, casket, etc.)?

The family is responsible for all costs associated with a funeral and preparing the body for burial and or viewing, including embalming. The State Medical Examiner's Office is only responsible to pay for transportation to Anchorage for examination and return to the community nearest the place of death. The **Division of Public Assistance** (907-269-6599) may be able to assist with other expenses if the decedent qualifies.

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Q. Who contacts the funeral home?

The family or legal representative is responsible to select and contact the funeral home. Once you have selected a funeral home, please let them know that the body is under the jurisdiction of the State Medical Examiner's Office. They can assist you in completing a **Release Authorization** authorizing the State Medical Examiner's Office to release the deceased to the selected funeral home. You may also obtain the release form on the State Medical Examiner's web site, or it can be emailed or faxed directly to you if you call (907)334-2200. Once a completed release form is received, the Medical Examiner's Office will contact the funeral home when the body is ready for release.

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Q. How long will it take before the deceased is released from the Medical Examiner's Office?

The State Medical Examiner's Office attempts to release the deceased as soon as possible after the examination is complete. This usually occurs the same day or next day after completion of the examination as long as a **Release Authorization** has been received. In cases where a funeral home is not being used, and the remains are being shipped by common carrier, every attempt is made to have shipping arrangements made as quickly as possible, however, this is dependent on the airline's schedule.

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Q. Is it necessary for me to come to the Medical Examiner's Office to view the body?

No - in the majority of cases, visual identification is not required. If visual identification is required, you will be notified by the State Medical Examiner's Office.

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Q. Is viewing or visitation allowed while the body is under the State Medical Examiner's jurisdiction?

No - The State Medical Examiner's Office is not designed to handle visitation. Arrangements for viewing can be made with your funeral home, if selected.

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Q. Can a State Medical Examiner's case still be an organ or tissue donor?

Yes - The State Medical Examiner's Office works closely with local tissue and organ procurement agencies. The Medical Examiner determines the appropriateness of the organ/tissue recovery and can deny the request, but every effort is made to allow for donation.

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Q. How do I obtain a certified copy of the death certificate?

The State Medical Examiner's Office does not issue copies of the death certificate. If using a funeral home, copies can be requested from the funeral home when arrangements are made. Additionally, copies can be obtained from **Bureau of Vital Statistics** (907-465-3391).

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Q. When will the autopsy report be ready and how do I obtain a copy?

Autopsy reports are available to the next-of-kin upon written request as soon as the case is closed. This may take anywhere from a few days to a few weeks but on rare occasions more complicated cases or cases requiring additional testing can take longer. Please submit your request in writing using the State Medical Examiner's Office "**Document Request**" form available on the State Medical Examiner's web page or by calling 907-334-2200 for a faxed or mailed copy of the form. A legible copy of photo identification must be received with the completed form for the request to be processed.

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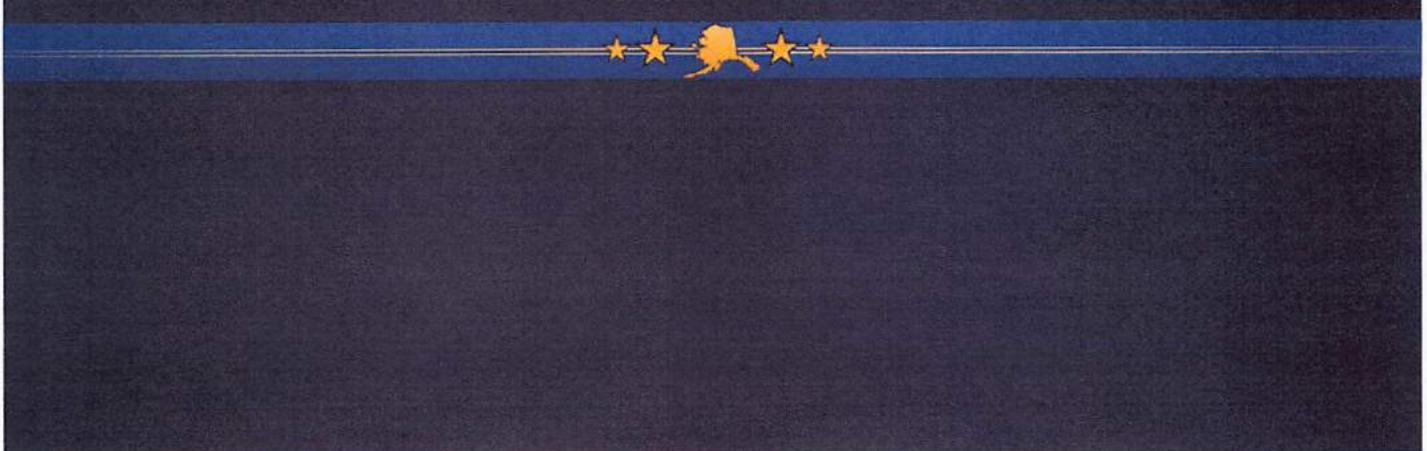
If you have further questions or did not find the information you needed contact the State Medical Examiner's Office at 907-334-2200.



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Alaska Department of Health
Division of Public Health

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Contact Information

State Medical Examiner Office

5455 Dr Martin Luther King Jr Ave; Anchorage AK, 99507
907-334-2200; Fax: 907-334-2216

- > **Gary Zientek, M.D.**
Chief Medical Examiner
907-334-2200
- > **Ken Gallagher, M.D.**
Deputy Chief Medical Examiner
907-334-2200
- > **Cristin Rolf, M.D.**
Deputy Medical Examiner
907-334-2200
- > **Anne Waisanen**
Operations Administrator
907-334-2200
- > **Brittney Jones**
Autopsy Supervisor
907-334-2200
- > **Shelley Marino**
Administrative Assistant
907-334-2200

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f t v o e





Alaska State Medical Examiner's Office
5455 Dr. Martin Luther King Jr. Ave., Anchorage, AK 99507
Phone: (907) 334-2200; Fax: (907) 334-2216
Email: medical.examiner@alaska.gov

Document Request

Final reports from the State Medical Examiner's Office (SMEO) include an exam report and test results (if any were ordered). Reports are not available until after the SMEO case is closed. SMEO reports are privileged and confidential documents, not subject to public disclosure under AS 40.25.

Decedent's Name: _____

Date of Birth: _____ **Date of Death:** _____ **SMEO Case #:** _____
(if known)

I realize the report may be part of a criminal investigation and could be withheld until such release would not jeopardize any ongoing prosecution or investigation (AS 12.65.020b). In the event the report is withheld, I understand this request will be placed in pending status and released when all pending criminal litigation and investigation have been completed.

Name of individual requesting report: _____

Relationship to deceased: _____ **Phone #:** _____

Signature: _____ **Date:** _____
Signee must submit a copy of photo identification for the request to be processed.

This release will expire on the following: (fill in date or event; not both) _____

Date or event may not exceed 1 year from the date signed

Please provide a copy of the final reports for the above named decedent to:

Name: _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Fax #: _____ **Email:** _____

A legible copy of photo identification must be received for the request to be processed.



Alaska State Medical Examiner's Office
 5455 Dr. Martin Luther King Jr. Ave., Anchorage, AK 99507
 Phone: (907) 334-2200; Fax: (907) 334-2216
 Email: medical.examiner@alaska.gov

Death Certificate Information

The following information is required to accurately complete the death certificate for the named individual. Please furnish as much information as possible and type or print legibly.

Decedent Information:

Full Name: First _____ Middle _____ Last _____

Maiden Name _____ **Gender:** Male Female **Date of Birth:** _____

Birthplace: _____ **Surviving spouse:** _____
(If wife, give maiden name.)

Marital Status: Never Married Married Widowed Divorced Unknown

Occupation: _____ **Kind of business/industry:** _____
(Give kind of work done during most of working life, do not use "retired".)

Social Security Number: _____ **Ever in Armed Forces?:** Yes No Unknown

Address: _____ **City** _____ **State** _____
(Must be a physical address; no PO box.)

Is decedent's residence inside city limits or settled community? Yes No Unknown

Race: _____ **Was the decedent of Hispanic origin?:** No Yes
(Native, Filipino, Black, White, etc.) (Cuban, Mexican, Puerto Rican, etc.)

Highest level of education completed? _____ (0-12, College 1-4 or 5+)

Mother's Maiden Name: First _____ Middle _____ Maiden _____

Father's Name: First _____ Middle _____ Last _____

Disposition: Burial Cremation Removal from state Donation Other

Name of cemetery, crematory, or other place: _____

Address: _____ **City** _____ **State** _____

Informant's Information (person providing the above information):

Full Name: _____

Telephone #: _____ **Relationship to Decedent:** _____

Mailing Address: _____ **City** _____ **State** _____



Alaska State Medical Examiner's Office
 5455 Dr. Martin Luther King Jr. Ave., Anchorage, AK 99507
 Phone: (907) 334-2200; Fax: (907) 334-2216
 Email: medical.examiner@alaska.gov

Authorization for Release of Remains

There is no legal requirement for the use of a funeral home or embalming. The State Medical Examiner's Office (SMEO) does not embalm or provide other funeral home services. At the direction of the next of kin, the SMEO can release remains directly to the family or to a funeral home. Funeral homes are often able to make the body more presentable and therefore help prevent additional trauma to the family. Because the SMEO assumed jurisdiction to determine the cause and manner of death, the SMEO will pay for the remains to be shipped back to the community nearest death. If a request is made to ship remains to a different community, and there are additional costs, the family will be responsible for the additional cost.

In the matter of _____, a deceased individual:

I, we, the legal next of kin, or authorized agent of the next of kin, do hereby authorize the State Medical Examiner's Office (SMEO), to release the remains of the aforementioned decedent to:

Name of person receiving the remains from airport or SMEO: _____

Address of person receiving the remains: _____

Contact phone # of person receiving the remains: _____

(Only cost to the family for this option is any additional transport cost if requesting remains to be shipped to a different community other than the community nearest death.)

OR

I, we, the legal next of kin, or authorized agent of the next of kin, do hereby authorize the State Medical Examiner's Office (SMEO), to release the remains of the aforementioned decedent to:

Funeral Home: _____

Funeral Home Phone #: _____

(Costs to the family may include selected funeral home services such as casketing, embalming, body preparation, transport, etc.)

.....
 The undersigned assumes any liability for the release of these remains as directed.

Signature: _____
Legal Next of Kin

Print Name: _____ Relationship: _____

Date: _____ Witness: _____



Alaska State Medical Examiner's Office

5455 Dr. Martin Luther King Jr. Ave., Anchorage, AK 99507

Phone: (907) 334-2200; Fax: (907) 334-2216

Email: medical.examiner@alaska.gov

If the legal next of kin elects not to use a funeral home and to pick the remains up from our office in Anchorage or have the remains shipped directly to a community:

- The State Medical Examiner's Office (SMEO) will pay to transport the remains to the community nearest the location of death via common carrier (airlines).
- If the next of kin requests the remains to be shipped to a location other than the location of death, the family is responsible for any additional transportation costs incurred as a result.
- If the next of kin chooses to designate someone other than a funeral home to receive the remains, a Burial Transit Permit will be issued thru the Medical Examiner's Office at the time the remains are received. There is no charge or wait time for a Burial Transit Permit.
- The SMEO does not provide any embalming, dressing, casketing, or cosmetizing of the remains before transportation. The SMEO will provide for cosmetic services to make the head, face, neck and hands of the deceased presentable if those parts are disfigured by the SMEO examination.
- The remains will be transported back to the location of death in an approved airline shipping container, provided at no cost by our office. This container is constructed of plywood with a corrugated cardboard top. These containers are disposable and do not need to be returned.
- Transportation of the remains will be dependent upon the schedule of the SMEO and accommodating airlines.
- If the next of kin or designated individual is receiving the remains from our office, they need to call ahead to schedule an appointment. You may contact the office at our main phone number, (907) 334-2200, between 7:30 AM and 4:30 PM Monday thru Friday. If the next of kin chooses to transport privately, they will incur the transportation costs as a result.

If the legal next of kin selects a funeral home for embalming, dressing, casketing or cremation:

- The State Medical Examiner's Office (SMEO) will pay to transport the remains from Anchorage to the community nearest the location of death via common carrier (airlines).
- If the next of kin requests the remains to be shipped to a location other than the location of death, the family is responsible for any additional transportation costs incurred as a result.
- If the family selects a casket, the family is responsible for paying the additional transportation costs (extra weight the casket adds) of shipping the casketed remains back to the location of death.
- The required burial transit permit will be provided by the funeral home.
- The family is responsible for paying the selected funeral home for any embalming, transport or other services provided by the funeral home.
- The family is responsible for paying the funeral home for any clothing, dressing, or casketing provided by them.
- Certain funeral homes will not accept personal property. If a funeral home is selected that does not accept personal property it will be the responsibility of the next of kin to make arrangements to pick up the property at the State Medical Examiner's Office. Property can NOT be mailed.
- Some funeral homes will not release the remains until all costs have been paid.

Shipping Information



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[Dangerous Goods](#)

[Human Remains](#)

[Wild Game](#)

Transporting Human Remains

We understand that dealing with loss can be overwhelming. Our priority is to make the shipping process as seamless and supportive as possible, and to bring your loved one home respectfully, safely and quickly.

We offer:

- Highest priority booking and special handling
- Airport-to-airport service
- Streamlined tracking and notifications
- A special Fallen Soldier program



Starting the Process

Transporting human remains has complex rules and requires detailed planning. For this reason, customers must work with their preferred funeral home or medical institution (such as a hospital or nursing home) who is authorized to ship human remains and is familiar with all the associated intricacies of the process.

Requirements for Transporting Human Remains

- Human remains must be accompanied by a death certificate signed by a physician or health care officer, or a burial removal permit and/or transit permit, as required by law. Please contact the state officials at your origin and destination for full details on all regulations and document requirements. Your funeral director will ensure you have the necessary paperwork.
- Human remains must be adequately secured in a tightly closed, leak proof container.
- The container must be enclosed in an outside shipping container of wood, metal, canvas, plastic or paperboard construction, with enough strength and padding to protect the container from damage.
- If the container weighs more than 400 pounds, it must have at least six handles.
- The container must not exceed the cargo size limits of the aircraft being used for shipment.

Transportation Rates

Please contact us at 1-800-225-2752 with any questions you may have.
We're here to help.

[Learn More](#)

Qualified funeral directors are familiar with all
the regulations on this page and will work
with us to ensure compliance.

Transporting Cremated Remains

Cremated remains traveling as cargo are subject to the same minimum requirements listed above. Optionally, customers on Alaska Airlines passenger flights may bring cremated human remains on board as carry-on or checked baggage. Please visit the TSA website to learn about its security screening requirements.

Fallen Soldier Program

When we have the honor of transporting a service member who has made the ultimate sacrifice, Alaska Air Cargo's Fallen Soldier program ensures that proper protocols are followed, including special arrangements for military escorts. Alaska Airlines has special carts at our flight locations. With blue paint, red carpet and a retractable American flag curtain, these special carts include plaques representing the Army, Navy, Air Force, Marines and Coast Guard. We make them available for any airline to use when transporting soldiers' remains.

[More info on our Fallen Soldier Program can be found here](#)

We cannot accept shipments of human remains outside of the United States.

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Human Remains Rates

Origin and destination zones can be found on our [zone map](#).

Zone Map



Casketed Remains

		To	1	2	3	4	5	6	7	8	9	10	11
From													
1	Per Piece		\$475	\$422	\$527	\$580	\$580	\$632	\$632	\$685	\$580		\$1,019
2	Per Piece		\$422	\$328	\$380	\$508	\$508	\$548	\$548	\$601	\$464	\$1,057	\$877
3	Per Piece		\$527	\$380	\$328	\$380	\$380	\$438	\$527	\$601	\$412	\$1,005	\$723
4	Per Piece		\$582	\$498	\$382	\$410	\$410	\$410	\$450	\$529	\$330	\$902	\$762
5	Per Piece		\$582	\$498	\$382	\$410	\$410	\$410	\$450	\$529	\$330	\$902	\$762
6	Per Piece		\$634	\$550	\$498	\$410	\$410	\$410	\$450	\$529	\$356	\$849	\$720
7	Per Piece		\$634	\$550	\$529	\$462	\$472	\$472			\$424	\$902	\$798
8	Per Piece		\$687	\$603	\$582	\$524	\$514	\$514			\$498	\$954	\$1,021
9	Per Piece		\$739	\$634	\$503	\$424	\$424	\$424	\$703			\$849	\$762
10	Per Piece		\$739	\$713	\$582	\$477	\$477	\$424			\$503		
11	Per Piece		\$1,021	\$879	\$725	\$762	\$762	\$720	\$798	\$1,021	\$762		

Cremated and Infant Remains

		To	1	2	3	4	5	6	7	8	9	10	11
From													
1	Per Piece		\$143	\$127	\$158	\$174	\$174	\$190	\$190	\$206	\$174		\$306
2	Per Piece		\$127	\$98	\$114	\$152	\$152	\$164	\$164	\$180	\$139	\$317	\$263

3	Per Piece	\$158	\$114	\$98	\$114	\$114	\$131	\$158	\$180	\$124	\$302	\$217
4	Per Piece	\$175	\$149	\$115	\$123	\$123	\$123	\$135	\$159	\$99	\$271	\$229
5	Per Piece	\$175	\$149	\$115	\$123	\$123	\$123	\$135	\$159	\$99	\$271	\$229
6	Per Piece	\$190	\$165	\$149	\$123	\$123	\$123	\$135	\$159	\$107	\$255	\$216
7	Per Piece	\$190	\$165	\$159	\$139	\$142	\$142			\$127	\$271	\$239
8	Per Piece	\$206	\$181	\$175	\$157	\$154	\$154			\$149	\$286	\$306
9	Per Piece	\$222	\$190	\$151	\$127	\$127	\$127	\$211			\$255	\$229
10	Per Piece	\$222	\$214	\$175	\$143	\$143	\$127			\$151		
11	Per Piece	\$306	\$264	\$218	\$229	\$229	\$216	\$239	\$306	\$229		

Rates are effective February 10, 2023 and are subject to change without notice. Shipments travel at a priority level and advance booking is required. Flights operated by Horizon Air can accommodate only cremated remains. All pricing is on a per piece basis.

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Cargo Zone Map

Alaska
AIR CARGO



1-800-225-2752 cargo@alaskaair.com alaskacargo.com

**Effective December 2022*

Applications for Assistance



Application for Services

If you need help filling out this form or have questions, please tell us — we can help!

How do I apply?

Use this application to apply for public assistance programs. Only your legal name, address, and signature are required on page 7 of this application form to secure a benefit start date.

For SNAP, your benefit start date begins the date we receive your completed page 7. Adult Public Assistance, Medicaid, and benefits from other programs may start on a different day

Apply for Medicaid faster online

- Visit www.healthcare.gov or www.my.alaska.gov to apply online

How long will it take?

It may take up to 45 days to process your application.

SNAP applicants may be entitled to expedited service. The following households may be eligible to receive SNAP benefits within 7 days:

- Households that have less than \$100 in cash or money in the bank
- Households whose monthly gross income (before deductions) is less than \$150
- Households whose costs for rent/mortgage/utilities are more than their monthly gross income, cash, money in the bank

What you may need to apply for health insurance

- Social Security numbers (or document numbers for any legal immigrants who need insurance)
- Birth dates
- Employer & income information for everyone in your household (for example — pay stubs, W-2 tax form - Wage and Tax Statements) Your income and family size help us decide which health insurance programs you qualify for. We need to know about everyone on your tax return (you don't need to file taxes to get health coverage or public assistance services)
- Policy numbers for any current health insurance
- Information about any job-related health insurance available to your family

Do I have to complete an interview?

- An interview is required before we can determine if you are eligible for certain public assistance programs. You may schedule an interview at the Public Assistance office or with your local Fee Agent. Your application will be denied if you do not complete an interview.
- If you need a language interpreter, call 1-800-478-7778 and we will provide one at no cost to you. If you are deaf, hard of hearing, or have a speech disability, dial 711 to reach an Alaska Relay Communications Assistant.

Information Page — Read and keep this page for your records.

Programs

Federally Facilitated Marketplace

Private health insurance plans, free or low-cost savings plan, and tax credits that pay for insurance.

Medicaid

Offers medical coverage to low-income individuals, people over 65, disabled, blind, pregnant women, and families with dependent children. Also helps with Medicare Parts A and B premiums.

Chronic & Acute Medical Assistance

Helps people with specific illnesses who don't qualify for Medicaid and have little or no income.

Supplemental Nutrition Assistance Program (SNAP)

Helps people buy food.

Temporary Assistance Program

Gives monthly cash payments to eligible families with children.

Adult Public Assistance

Gives monthly cash payments and medical assistance to eligible elderly, blind, and disabled persons.

General Relief Assistance

Helps eligible individuals and families with emergency rent and utility needs. Also helps with burial costs.

What you may need to give us.

<p>Identity:</p> <ul style="list-style-type: none"> <input type="checkbox"/> birth certificate <input type="checkbox"/> driver's license or state identification <input type="checkbox"/> card health benefits identification card <input type="checkbox"/> school or work identification <input type="checkbox"/> passport 	<p>Earned Income:</p> <ul style="list-style-type: none"> <input type="checkbox"/> pay stubs (for the past 30 days) <input type="checkbox"/> employer statement of gross wages <input type="checkbox"/> self-employment bookkeeping records <input type="checkbox"/> income tax forms
<p>Residency:</p> <ul style="list-style-type: none"> <input type="checkbox"/> utility bills such as electric, gas, or water <input type="checkbox"/> rental agreement or mortgage statement that shows your address 	<p>Unearned Income:</p> <ul style="list-style-type: none"> <input type="checkbox"/> agency letter showing money received such as Social Security (SSI), Veteran's Affairs benefits (VA), child support, alimony, unemployment, and retirement
<p>Immigration Status:</p> <ul style="list-style-type: none"> <input type="checkbox"/> immigration or naturalization papers (not required for U.S. citizens or for ineligible people who are applying for SNAP for their U.S. citizen children) 	<p>Child Support:</p> <ul style="list-style-type: none"> <input type="checkbox"/> paternity, custody and support <input type="checkbox"/> orders divorce or dissolution decrees
<p>Medical Expense Deductions: For households with elderly (age 60 or older), blind, or disabled members only:</p> <ul style="list-style-type: none"> <input type="checkbox"/> billing statements <input type="checkbox"/> itemized medical receipts such as for prescription drugs <input type="checkbox"/> Medicare card indicating Part B coverage <input type="checkbox"/> repayment agreement with physician 	<p>Other Documents Which May be Required:</p> <ul style="list-style-type: none"> <input type="checkbox"/> bills or receipts for childcare or dependent adult care <input type="checkbox"/> proof of application for Supplemental Security Income (SSI) <input type="checkbox"/> eviction notices or utility shut off notice <input type="checkbox"/> copy of court order showing your child support obligations and proof of payment

Your appointment is on:

Date/Day _____ Time _____ Phone _____

Location/Interviewer _____ Fax _____

Information Page — Keep this page for your records.

Your Rights and Responsibilities

What if I disagree with a decision made?

You have the right to discuss any action taken on your application or case with a caseworker or supervisor. If you think the Division of Public Assistance or Federally Facilitated Marketplace has made a mistake on your health insurance determination or the Division of Public Assistance has made a mistake on your benefits determination, you can appeal its decision. To appeal means to tell someone at the Division of Public Assistance or the Federally Facilitated Marketplace that you think the action is wrong, and ask for a fair hearing review of the action. The request for Supplemental Nutrition Assistance Program (SNAP) and Medicaid may be made to any employee of the Division in person, by telephone, or in writing; requests for all other programs must be made in writing. SNAP fair hearing requests must be made within 90 days from the effective date of the action. Fair hearing requests for all other programs must be made within 30 days from the date of the notice. If requested, the Division will assist you in making a hearing request. If your disagreement has to do with medical billing or services, contact the Medicaid Recipient Information Helpline at 1-800-780-9972.

If you request a fair hearing before the effective date of the action, you may continue to receive benefits until a hearing decision is made. If you do not request a fair hearing before the effective date of the action, you can still appeal but benefits will not be continued. You can always re-apply for benefits while waiting for your hearing. At the hearing you may represent yourself or be represented by a legal representative. You may qualify for free legal advice and representation by contacting the Alaska Legal Services Corporation at (907) 272-9431 or 1-888-478-2572.

My right to appeal

I know that I can find out how to appeal by contacting the Division of Public Assistance or the Marketplace at 1-800-318-2596. I know that I can be represented in the process by someone other than myself. My eligibility and other important information will be explained to me.

When do I need to report changes?

You must report changes in your household within 10 days of when you know of the change. If you receive Alaska Temporary Assistance and a child leaves your home, you must report this within 5 days.

What changes do I need to report?

If you receive Health Insurance Benefits authorized by the Federally Facilitated Marketplace or Public Assistance Medicaid, you must report any and all changes to information provided in this application, including changes in your medical insurance.

If you receive Supplemental Nutrition Assistance Program and you do not receive benefits from any other program, you must report when your household's total gross income goes over the income limit for your household size and if someone in your household has lottery or gambling winnings of \$3,500 or more in a single game. If your household contains a member subject to the ABAWD time limits, you must report when their work hours fall below 20 hours per week.

If you receive public assistance services, the changes you must report include, but are not limited to the following:

- Starting or stopping a job, change in wage rate, change from part-time to full-time, or full-time to part-time
- When money you receive from sources other than working changes by more than \$50
- Someone moves into or out of your home
- You move or get a new mailing address
- Your household gets a vehicle
- Your household has more than \$2250 total in cash and money in bank
- Changes in your child support payment or obligation
- Changes in your medical insurance if you or anyone in your household gets Medicaid
- Pregnancy changes

Will I need to work?

To receive Alaska Temporary Assistance or Supplemental Nutrition Assistance Program, you may have to participate in work activities. Alaska Temporary Assistance participants must prepare a Family Self-Sufficiency Plan for becoming financially independent. You must participate in approved work activities unless you qualify for an exemption. If you are an unmarried minor parent, to receive Alaska Temporary Assistance you must live with a parent or in another approved living arrangement and attend school or training. If you do not fulfill these work requirements or minor parent requirements, your benefits may be reduced or ended.

Read and keep this page.

What happens with my Child Support?

Alaska must collect child support and medical support from any parent who has the duty to pay support for a child receiving Alaska Temporary Assistance or Medicaid. This includes any money owed to you at the time you apply, as well as current and future child support payments. Any child support payments given or paid to you while receiving Alaska Temporary Assistance benefits must be reported and turned over to the State immediately. To change a child support order, you must obtain a new court order or get permission from the Child Support Services Division (CSSD). If you believe you have a good reason not to cooperate with CSSD for these programs, you must tell your caseworker immediately. You may be asked to provide information to support your reason.

When you apply for Alaska Temporary Assistance you must:

- Sign over to CSSD your right to receive and keep child support payments due to you or a child on Alaska Temporary Assistance.
- Cooperate with CSSD in establishing paternity.
- Agree not to make purchases with or to access the cash benefits on your EBT card at ATMs that are located in bars, liquor stores, gambling or adult entertainment establishments.

When you apply for Medicaid you must:

- Assign to the State of Alaska all rights to any medical support or other third party payments to the extent the department has paid medical assistance for care and services for you or your minor children.
- Cooperate with and assist the department in identifying and providing information concerning third parties who may be liable to pay for care and services received for you or your minor children.
- Agree to apply for all other available third-party resources that may be used to provide or pay for the cost of care or services received by you or your minor children or that may be used to reimburse the state for the cost of care or services received.
- Cooperate with CSSD in establishing paternity.
- If applying for long-term care services, including Home and Community Based Waiver services, assign to the State of Alaska as a remainder beneficiary, or as the second remainder beneficiary after your spouse or minor or disabled child, for any interest that you may have in an annuity up to the amount of Medicaid benefits received.

Can the State of Alaska take my estate?

The estate of an individual age 65 years of age or older who received Medicaid benefits may be subject to a claim for recovery. This is limited to the reimbursement of services received while the recipient was in a medical institution, including a nursing home or other medical institution, or was receiving home- and community-based services. Under limited conditions, the State of Alaska may place a lien on a recipient's home. However, most estate recovery is conducted after the death of the recipient or the recipient's surviving spouse, if any, and only at a time when the recipient has no surviving child under age 21 and no surviving child who is blind or disabled.

Responsibility for Overpayment

If you receive an overpayment of Public Assistance benefits or receive services to which you are not entitled, you may be financially responsible for repaying the overpayment or cost of services to the State of Alaska. This may be true even if the overpayment or improper authorization of services is due to an error on the part of the Department of Health. By accepting benefits or services, you must understand and agree that you may have a responsibility for the repayment of benefits or services to which you were not entitled.

How are my rights protected?

The Division of Public Assistance will collect information, including the Social Security number (SSN) of each household member who is applying for Supplemental Nutrition Assistance Program, Alaska Temporary Assistance, or Medicaid, to determine eligibility for public assistance benefits. The Division will verify this information through computer matching programs, including the Income and Earnings Verification System (IEVS). This information will be used to monitor compliance with program regulations and for program management. The Division may disclose this information to other Federal and State agencies for official examination, to law enforcement officials for the purpose of apprehending persons fleeing to avoid the law, and to private claims collection agencies for claims collection action. The Division may verify immigrant status of household members by contacting the U.S. Citizenship and Immigration Services (USCIS). Information obtained from these agencies may affect your eligibility and level of benefits.

Providing the requested information, including the SSN of each household member for whom you are seeking benefits, is voluntary. However, failure to provide this information will result in the denial of benefits to each individual failing to provide an SSN. Any SSN provided will be used and disclosed in the same manner, regardless of the eligibility of the individual. The Division of Public Assistance can assist you in applying for a Social Security Number if you are seeking benefits and do not have one.

When you sign the application for assistance and use Medicaid or Chronic & Acute Medical Assistance, you consent to release medical records and information about yourself and any other person you are applying for to the Department of Health (DOH). Upon request, any person who has medical records and information or the custody of such records shall release those records to the Department or a representative of the department.

Health or medical information DOH may have about you is protected under the Health Insurance Portability and Accountability Act (HIPAA) of 1996. This federal law provides you with certain rights about how your health information is used and disclosed. The law allows you to find out how DOH used your health information, and how DOH has disclosed your health information outside of DOH. The law also limits the release of information about you to the minimum amount necessary for the purpose of the disclosure and allows you to examine and obtain a copy of your own health records and to request corrections to those records.

You can get an electronic copy of the Notice of Privacy Practices at <https://health.alaska.gov/fms/Documents/DOH-Notice-of-Privacy-Practices.pdf> or you can request a printed copy by emailing: privacyofficial@alaska.gov or by writing to: State of Alaska, DOH Privacy Official, P.O. Box 110650, Juneau, Alaska 99811-0650.

In accordance with federal civil rights laws and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex (including gender identity and sexual orientation), religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Programs that receive federal financial assistance from the U.S. Department of Health and Human Services (HHS), such as Temporary Assistance for Needy Families (TANF), and programs HHS directly operates are also prohibited from discrimination under federal civil rights laws and HHS regulations.

USDA provides federal financial assistance for many food security and hunger reduction programs such as the Supplemental Nutrition Assistance Program (SNAP), the Food Distribution Program on Indian Reservations (FDPIR) and others. To file a program complaint of discrimination, complete the Program Discrimination Complaint Form, (AD-3027) (found online at: How to File a Complaint, and at any USDA office) or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

1. mail: Food and Nutrition Service, USDA
1320 Braddock Place, Room 334, Alexandria, VA 22314; or
2. fax: (833) 256-1665 or (202) 690-7442; or
3. phone: (833) 620-1071; or
4. email: FNSCIVILRIGHTSCOMPLAINTS@usda.gov.

For any other information regarding SNAP issues, persons should either contact the USDA SNAP hotline number at (800) 221-5689, which is also in Spanish, or call the state information/hotline numbers (click the link for a listing of hotline numbers by state); found online at: SNAP hotline.

HHS provides federal financial assistance for many programs to enhance health and well-being, including TANF, Head Start, the Low Income Home Energy Assistance Program (LIHEAP), and others. If you believe that you have been discriminated against because of your race, color, national origin, disability, age, sex (including pregnancy, sexual orientation, and gender identity), or religion in programs or activities that HHS directly operates or to which HHS provides federal financial assistance, you may file a complaint with the Office for Civil Rights (OCR) for yourself or for someone else.

To file a complaint of discrimination for yourself or someone else regarding a program receiving federal financial assistance through HHS, complete the form on line through OCR's Complaint Portal at <https://ocrportal.hhs.gov/ocr/>. You may also contact OCR via mail at: Centralized Case Management Operations, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F HHH Bldg., Washington, D.C. 20201; fax: (202) 619-3818; or email: OCRmail@hhs.gov. For faster processing, we encourage you to use the OCR online portal to file complaints rather than filing via mail. Persons who need assistance with filing a civil rights complaint can email OCR at OCRMail@hhs.gov or call OCR toll-free at 1-800-368-1019, TDD 1-800-537-7697. For persons who are deaf, hard of hearing, or have speech difficulties, please dial 7-1-1 to access telecommunications relay services. We also provide alternative formats (such as Braille and large print), auxiliary aids and language assistance services free of charge for filing a complaint. This institution is an equal opportunity provider.

Release

Your signature on this application gives the Federally Facilitated Marketplace, the Department of Health, its agents, and the Department of Law permission to ask for information about your health, finances, family and personal history. This information may be used to determine your eligibility for public assistance programs and, if a fraud investigation is launched, in administrative or criminal investigations of your eligibility for benefits. Your information will not be released for any other reason or to any other person or agency outside of the Federally Facilitated Marketplace, Department of Health or its representatives except as required by law. 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.

We'll check your answers using information in our electronic databases and databases from the Internal Revenue Service (IRS), Social Security, the Department of Homeland Security, and/or a consumer reporting agency. If the information doesn't match, we may ask you to send us proof. We may also contact other people or organizations including, but 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. We need this information to check your eligibility for public assistance services and to check your eligibility for help paying for health coverage if you choose to apply. Additionally, information obtained from this release may be used by the Department of Health in administrative proceedings against you, and/or by the Department of Law in criminal proceedings against you.

Read and keep this page.

What happens if I do not follow the rules?

You may be prosecuted if you knowingly give false, incorrect, or incomplete information to get or try to get public assistance benefits you are not eligible for, or to help someone get benefits for which they are not eligible. You must repay any benefits you wrongly receive.

Supplemental Nutrition Assistance Program (SNAP)	
<p>I understand that if I...</p> <p>Commit an intentional program violation of the Supplemental Nutrition Assistance Program defined in 7 CFR 273.16 or any of the following:</p> <ul style="list-style-type: none"> hide information or make false statements use electronic benefit transfer (EBT) cards that belong to someone else use SNAP benefits to buy alcohol or tobacco trade or sell benefits or EBT cards 	<p>I may...</p> <ul style="list-style-type: none"> lose SNAP benefits for 12 months for the first offense and be required to repay all benefits overpaid to me lose SNAP benefits for 24 months for the second offense and be required to repay all benefits overpaid to me lose SNAP benefits permanently for third offense and be required to repay all benefits overpaid to me be fined up to \$250,000.00, imprisoned up to 20 years or both
<ul style="list-style-type: none"> trade SNAP benefits for controlled substances, such as drugs 	<ul style="list-style-type: none"> lose SNAP benefits for 24 months for the first offense lose SNAP benefits permanently for the second offense
<ul style="list-style-type: none"> give false information about who I am and where I live so I can get extra benefits 	<ul style="list-style-type: none"> lose SNAP benefits for 10 years for each offense
<ul style="list-style-type: none"> have been convicted of trading or selling SNAP benefits worth more than \$500, or trading SNAP benefits for firearms, ammunition, or explosives 	<ul style="list-style-type: none"> be barred from receiving SNAP benefits permanently
Alaska Temporary Assistance Program	
<p>I understand that if I...</p> <ul style="list-style-type: none"> commit an intentional program violation or I am convicted of fraud give false information about who I am and where I live so I can get extra benefits use my ATAP cash benefits or access them at any ATMs located in bars, liquor stores, gambling or adult entertainment establishments 	<p>I may...</p> <ul style="list-style-type: none"> lose benefits for 6 months for the first offense lose benefits for 12 months for the second offense lose benefits permanently for the third offense other penalties may also apply and I may be subject to criminal prosecution have to pay back amount received if there is an overpayment
Medicaid Program	
<p>I understand that if I...</p> <ul style="list-style-type: none"> commit an intentional program violation or program abuse that results in misuse or overuse of Medicaid benefits or are found guilty of misconduct related to Medicaid benefits commit Medical Assistance fraud under AS 47.05.210 	<p>I may...</p> <ul style="list-style-type: none"> be required to pay back the amount of Medicaid services that I or anyone in my household received be excluded from Medicaid for up to 10 years have to pay fines up to \$25,000 and be subject to criminal prosecution

Read and keep this page.



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"/> Medicaid Denali Care and Denali KidCare	<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 a specific illness that doesn't qualify for Medicaid	<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 checked="" type="checkbox"/> General Relief Assistance Emergency assistance for eligible individuals and families. <input type="checkbox"/> rent or utilities <input checked="" type="checkbox"/> burial expenses
<input type="checkbox"/> Other Services <input type="checkbox"/> Senior Benefits <input type="checkbox"/> Long Term Care	

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. Email address:			16. Other email address:		

17. Is English your primary language? Yes No If not, what is your primary language? _____

If English is not your primary language, do you read and write in English with sufficient proficiency to understand and properly fill out this application? Yes No
If not, call 1-800-478-7778 and we will help you with this form and provide an interpreter at no cost to you.

18. Has anyone in your household received public assistance (Temporary Assistance, cash, SNAP, Medicaid, Food Distribution Program on Indian Reservations FDIPIR) in Alaska or any other state? Yes No
If yes, who, when, and where? _____

19. 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:

STEP 2

People in your household

Complete for each person in your household.

Start with yourself and then add all other members of your household, including people who reside in your household full-time and part-time. For more than four people, make a copy of the blank pages and attach. Family members who don't need health coverage or public assistance don't need to provide immigration status or a Social Security number.

20. First name, Middle name, Last name, & Suffix		21. Relationship to you? Self		
22. Social Security number	23. Date of Birth (mm/dd/yyyy)	23a. Marital Status	24. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
25. Do you plan to file a federal income tax return NEXT YEAR? You can apply for health insurance even if you don't file a tax return.		<input type="checkbox"/> Yes. <input type="checkbox"/> No. Skip to question C		
a. Will you file jointly with a spouse?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of spouse: _____				
b. Will you claim any dependents on your tax return?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
List name(s) of dependents: _____				
c. Will you be claimed as a dependent on someone's tax return?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
List the name of the tax filer: _____		Relation to tax filer? _____		
26. Are you pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No		How many babies expected this pregnancy? _____ Due date: _____		
27. Do you need public assistance services for yourself? Even if you have insurance there might be a program with better coverage or lower cost.		<input type="checkbox"/> Yes <input type="checkbox"/> No. Skip questions 28 - 37		
28. Do you have a physical, mental, or emotional health condition that causes limitations (like bathing, dressing, chores) or live in a medical facility or nursing home?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
29. Are you a U.S. citizen or U.S. national?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
30. If you aren't a U.S. citizen or national, do you have eligible immigration status? Fill in your document type and ID number below.		<input type="checkbox"/> Yes <input type="checkbox"/> No		
a. Immigration document type: _____ Document ID number: _____				
b. Have you lived in the U.S. since August 22, 1996?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
c. Are you, your spouse, or parent a veteran or active-duty member of the U.S. military?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
31. Do you want help paying for medical bills from the last 3 months? Which months? _____ <i>If you are a tribal member and have been seen at a tribal medical facility in the last three months, you may have medical expenses that could be covered by retroactive Medicaid</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No		
32. Do you have medical costs due to an accident?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
33. Do you live with a child under age 19, for whom you are the primary caretaker?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
34. Are you attending an institution of higher education (schooling beyond high school)? <input type="checkbox"/> Yes <input type="checkbox"/> No		Full time or part time? _____		
35. Were you in foster care at age 18 or older?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
36. If Hispanic/Latino, ethnicity (OPTIONAL—check all that apply.)				
<input type="checkbox"/> Mexican <input type="checkbox"/> Mexican American <input type="checkbox"/> Chicano/a <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Other _____				
37. Race (OPTIONAL—check all that apply.)				
<input type="checkbox"/> White	<input type="checkbox"/> American Indian	<input type="checkbox"/> Filipino	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Guamanian or Chamorro
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Japanese	<input type="checkbox"/> Other Asian	<input type="checkbox"/> Samoan
<input type="checkbox"/> Alaska Native	<input type="checkbox"/> Chinese	<input type="checkbox"/> Korean	<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Other Pacific Islander
				<input type="checkbox"/> Other _____

Race and Ethnic background information is voluntary and will not affect eligibility or benefit amounts. This information is used to assure program benefits are distributed without regard to race, color, or national origin. For Food Assistance/SNAP the United States Department of Agriculture (USDA) requires us to answer for you if no information is provided.

Person 2 People in your household

Answer the questions for the next person in your household.

38. First name, Middle name, Last name, & Suffix _____

39. Relationship to you? _____

39a. Is this person a full-time or part-time member of your household? Full-time Part-time

If part time, what percentage of the time does this person reside with you? _____% (1 - 100)

40. Social Security number _____

41. Date of Birth (mm/dd/yyyy) _____

41a. Marital Status _____

42. Sex Male Female

43. Do you plan to file a federal income tax return NEXT YEAR? You can apply for health insurance even if you don't file a tax return.

Yes.

No. Skip to question C

a. Will you file jointly with a spouse?

Yes No

Name of spouse: _____

b. Will you claim any dependents on your tax return?

Yes No

List name(s) of dependents: _____

c. Will you be claimed as a dependent on someone's tax return?

Yes No

List the name of the tax filer: _____

Relation to tax filer? _____

44. Are you pregnant? Yes No How many babies expected this pregnancy? _____ Due date: _____

45. Do you need public assistance services for yourself? Even if you have insurance there might be a program with better coverage or lower cost.

Yes

No. Skip questions 46 - 55

46. Do you have a physical, mental, or emotional health condition that causes limitations (like bathing, dressing, chores) or live in a medical facility or nursing home?

Yes No

47. Are you a U.S. citizen or U.S national?

Yes No

48. If you aren't a U.S. citizen or national, do you have eligible immigration status?

Yes No

Fill in your document type and ID number below.

a. Immigration document type: _____ Document ID number: _____

b. Have you lived in the U.S. since August 22, 1996?

Yes No

c. Are you, your spouse, or parent a veteran or active-duty member of the U.S. military?

Yes No

49. Do you want help paying for medical bills from the last 3 months? Which months? _____
If you are a tribal member and have been seen at a tribal medical facility in the last three months, you may have medical expenses that could be covered by retroactive Medicaid

Yes No

50. Do you have medical costs due to an accident?

Yes No

51. Do you live with a child under age 19, for whom you are the primary caretaker?

Yes No

52. Are you attending an institution of higher education (schooling beyond high school)? Yes No Full time or part time? _____

53. Were you in foster care at age 18 or older?

Yes No

54. **If Hispanic/Latino, ethnicity (OPTIONAL—check all that apply.)**

Mexican Mexican American Chicano/a Puerto Rican Cuban Other _____

55. **Race (OPTIONAL—check all that apply.)**

White American Indian Filipino Vietnamese Guamanian or Chamorro
 Black or African American Asian Indian Japanese Other Asian Samoan
 Alaska Native Chinese Korean Native Hawaiian Other Pacific Islander
 Other _____

Race and Ethnic background information is voluntary and will not affect eligibility or benefit amounts. This information is used to assure program benefits are distributed without regard to race, color, or national origin. For Food Assistance/SNAP the United States Department of Agriculture (USDA) requires us to answer for you if no information is provided.

Person 3

People in your household

Answer the questions for the next person in your household.

56. First name, Middle name, Last name, & Suffix _____ 57. Relationship to you? _____

57a. Is this person a full-time or part-time member of your household? Full-time Part-time

If part time, what percentage of the time does this person reside with you? _____% (1 - 100)

58. Social Security number _____ 59. Date of Birth (mm/dd/yyyy) _____ 59a. Marital Status _____ 60. Sex Male Female

61. Do you plan to file a federal income tax return NEXT YEAR? You can apply for health insurance even if you don't file a tax return. Yes. No. Skip to question C

a. Will you file jointly with a spouse? Yes No

Name of spouse: _____

b. Will you claim any dependents on your tax return? Yes No

List name(s) of dependents: _____

c. Will you be claimed as a dependent on someone's tax return? Yes No

List the name of the tax filer: _____ Relation to tax filer? _____

62. Are you pregnant? Yes No How many babies expected this pregnancy? _____ Due date: _____

63. Do you need public assistance services for yourself? Even if you have insurance there might be a program with better coverage or lower cost. Yes No. Skip questions 64 - 73

64. Do you have a physical, mental, or emotional health condition that causes limitations (like bathing, dressing, chores) or live in a medical facility or nursing home? Yes No

65. Are you a U.S. citizen or U.S. national? Yes No

66. If you aren't a U.S. citizen or national, do you have eligible immigration status? Fill in your document type and ID number below. Yes No

a. Immigration document type: _____ Document ID number: _____

b. Have you lived in the U.S. since August 22, 1996? Yes No

c. Are you, your spouse, or parent a veteran or active-duty member of the U.S. military? Yes No

67. Do you want help paying for medical bills from the last 3 months? Which months? _____ Yes No

If you are a tribal member and have been seen at a tribal medical facility in the last three months, you may have medical expenses that could be covered by retroactive Medicaid

68. Do you have medical costs due to an accident? Yes No

69. Do you live with a child under age 19, for whom you are the primary caretaker? Yes No

70. Are you attending an institution of higher education (schooling beyond high school)? Yes No Full time or part time? _____

71. Were you in foster care at age 18 or older? Yes No

72. **If Hispanic/Latino, ethnicity (OPTIONAL—check all that apply.)**

Mexican Mexican American Chicano/a Puerto Rican Cuban Other _____

73. **Race (OPTIONAL—check all that apply.)**

<input type="checkbox"/> White	<input type="checkbox"/> American Indian	<input type="checkbox"/> Filipino	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Guamanian or Chamorro
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Japanese	<input type="checkbox"/> Other Asian	<input type="checkbox"/> Samoan
<input type="checkbox"/> Alaska Native	<input type="checkbox"/> Chinese	<input type="checkbox"/> Korean	<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Other Pacific Islander
				<input type="checkbox"/> Other _____

Race and Ethnic background information is voluntary and will not affect eligibility or benefit amounts. This information is used to assure program benefits are distributed without regard to race, color, or national origin. For Food Assistance/SNAP the United States Department of Agriculture (USDA) requires us to answer for you if no information is provided.

Person 4

People in your household

Answer the questions for the next person in your household.

74. First name, Middle name, Last name, & Suffix _____

75. Relationship to you? _____

75a. Is this person a full-time or part-time member of your household? Full-time Part-time

If part time, what percentage of the time does this person reside with you? _____ % (1 - 100)

76. Social Security number _____

77. Date of Birth (mm/dd/yyyy) _____

77a. Marital Status _____

78. Sex Male Female

79. Do you plan to file a federal income tax return NEXT YEAR? You can apply for health insurance even if you don't file a tax return.

Yes.

No. Skip to question C

a. Will you file jointly with a spouse?

Yes No

Name of spouse: _____

b. Will you claim any dependents on your tax return?

Yes No

List name(s) of dependents: _____

c. Will you be claimed as a dependent on someone's tax return?

Yes No

List the name of the tax filer: _____ Relation to tax filer? _____

80. Are you pregnant? Yes No How many babies expected this pregnancy? _____ Due date: _____

81. Do you need public assistance services for yourself? Even if you have insurance there might be a program with better coverage or lower cost.

Yes

No. Skip questions 82 - 91

82. Do you have a physical, mental, or emotional health condition that causes limitations (like bathing, dressing, chores) or live in a medical facility or nursing home?

Yes No

83. Are you a U.S. citizen or U.S. national?

Yes No

84. If you aren't a U.S. citizen or national, do you have eligible immigration status? Fill in your document type and ID number below.

Yes No

a. Immigration document type: _____ Document ID number: _____

b. Have you lived in the U.S. since August 22, 1996?

Yes No

c. Are you, your spouse, or parent a veteran or active-duty member of the U.S. military?

Yes No

85. Do you want help paying for medical bills from the last 3 months? Which months? _____
If you are a tribal member and have been seen at a tribal medical facility in the last three months, you may have medical expenses that could be covered by retroactive Medicaid

Yes No

86. Do you have medical costs due to an accident?

Yes No

87. Do you live with a child under age 19, for whom you are the primary caretaker?

Yes No

88. Are you attending an institution of higher education (schooling beyond high school)? Yes No Full time or part time? _____

89. Were you in foster care at age 18 or older?

Yes No

90. If Hispanic/Latino, ethnicity (OPTIONAL—check all that apply.)

Mexican Mexican American Chicano/a Puerto Rican Cuban Other _____

91. Race (OPTIONAL—check all that apply.)

White American Indian Filipino Vietnamese Guamanian or Chamorro
 Black or African American Asian Indian Japanese Other Asian Samoan
 Alaska Native Chinese Korean Native Hawaiian Other Pacific Islander
 Other _____

Race and Ethnic background information is voluntary and will not affect eligibility or benefit amounts. This information is used to assure program benefits are distributed without regard to race, color, or national origin. For Food Assistance/SNAP the United States Department of Agriculture (USDA) requires us to answer for you if no information is provided.

STEP 3 Income in your household

If you need more space, attach another sheet of paper providing all information asked below. Tell us about your income.

JOB 1

92. Name (First name, Middle name, Last name)	a. Employer Name:
b. Employer Address:	
c. Employer Phone Number:	d. Supervisor's Name:
e. Wages / tips (before taxes):	f. Average hours per WEEK
g. How often are you paid: <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other	

JOB 2

93. Name (First name, Middle name, Last name)	a. Employer Name:
b. Employer Address:	
c. Employer Phone Number:	d. Supervisor's Name:
e. Wages / tips (before taxes):	f. Average hours per WEEK
g. How often are you paid: <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other	

JOB 3

94. Name (First name, Middle name, Last name)	a. Employer Name:
b. Employer Address:	
c. Employer Phone Number:	d. Supervisor's Name:
e. Wages / tips (before taxes):	f. Average hours per WEEK
g. How often are you paid: <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other	

JOB 4

95. Name (First name, Middle name, Last name)	a. Employer Name:
b. Employer Address:	
c. Employer Phone Number:	d. Supervisor's Name:
e. Wages / tips (before taxes):	f. Average hours per WEEK
g. How often are you paid: <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other	

Please answer the following questions about income.

96. For self-employed household members, please answer the following questions (if you have more jobs and need more space, attach another sheet of paper).

a. Include money from all self-employment jobs received this month or that will be received next month. Please check all boxes that apply.

<input type="checkbox"/> B&B/Rent Rooms	<input type="checkbox"/> Crafts/Carving	<input type="checkbox"/> Odd Jobs	<input type="checkbox"/> Taxi Driving
<input type="checkbox"/> Carpenter	<input type="checkbox"/> Commercial Fishing	<input type="checkbox"/> Repair Person	<input type="checkbox"/> Trapping
<input type="checkbox"/> Child Care/Babysitting	<input type="checkbox"/> Manage Rental Property	<input type="checkbox"/> Sales Person	<input type="checkbox"/> Other

For all the items checked on part a, please fill in the boxes below:

Household Member Who is Self-Employed	Type of Business	Seasonal, Year-round	Business Income This Month	Business Income Next Month	Business Expenses This Month	Business Expenses Next Month
Example: Joe Smith	Fishing	Seasonal	\$900	\$900	\$100	\$100

97. In the past 2 months, did anyone in the household: Change jobs Stop working Start working fewer hours None of these

Name (s): _____

98. OTHER INCOME: Check all that apply, and give person name, amount received, and how often it is received.

NOTE: For Health Insurance only applications, you don't need to tell us about child support, Veteran's payment or Supplemental Security Income (SSI).

<input type="checkbox"/> Alimony	<input type="checkbox"/> Net Rental/Royalty	<input type="checkbox"/> Net Fishing/Farming
<input type="checkbox"/> Child Support	<input type="checkbox"/> Pension/Retirement Benefits	<input type="checkbox"/> Social Security Benefits
<input type="checkbox"/> Unemployment Benefits	<input type="checkbox"/> Supplemental Security Income	<input type="checkbox"/> Worker's Compensation
<input type="checkbox"/> Virtual currency/Cryptocurrency	<input type="checkbox"/> Veteran's Benefits	<input type="checkbox"/> Other _____

For all the items checked above, please fill in the boxes below:

Who Receives the Payment?	Type of Payment	Amount This Month	Amount Expected Next Month	How Often?
Example: Joe Smith	Unemployment	\$400	\$400	Every 2 weeks

99. DEDUCTIONS: Check all that apply, and give person name, amount received, and how often it is received.

If a household member pays for certain things that can be deducted on a federal income tax return, telling us about them could make the cost of health insurance a little lower.

NOTE: You shouldn't include a cost that you already considered in your answers to net self-employment (question 29).

<input type="checkbox"/> Alimony	Name(s) _____	\$ _____	How often? _____
<input type="checkbox"/> Student loan interest	Name(s) _____	\$ _____	How often? _____
<input type="checkbox"/> Other deductions	Name(s) _____	\$ _____	How often? _____

Type: _____

100. YEARLY INCOME: Complete only if the income you listed changes from month to month.

Name of person(s) _____ Total income this year \$ _____ Next year (if different) \$ _____

Name of person(s) _____ Total income this year \$ _____ Next year (if different) \$ _____

101. Does any person applying for health insurance or public assistance services expect any changes in any of their income or employment (new income or employment not provided)? Yes No

If yes, please explain: _____

STEP 4 Alaska Native or American Indian (AN/AI) family members

102. Are you or is anyone in your family Alaska Native or American Indian?

No, skip to Step 5. Yes, please complete Appendix B.

STEP 5 Your Family's Health Coverage

Answer these questions for anyone who needs health coverage.

103. Is anyone enrolled in health coverage from the following? Yes No

Check the type of coverage and write the person(s) name(s) next to the coverage they have.

Medicaid _____ Employer insurance: _____

Medicare _____ Name of health insurance: _____

TRICARE (don't check if you have direct care or line of duty) Policy number: _____

Is this COBRA coverage? Yes No

Is this retiree health plan? Yes No RIN: _____

Other: Name of insured: _____ Peace Corps _____

Policy number: _____ VA health care _____

Name of health insurance: _____ Is this a limited-benefit plan (like a school accident policy)? Yes No

104. Is anyone listed on this application offered health coverage from a job? Check yes, even if the coverage is from someone else's job, such as a parent or spouse.

Yes. Please complete and include Appendix A.
 No.

STEP 6

Skip STEP 7 if you are only applying for MAGI Medicaid benefits. You must complete STEP 7 if you are applying for disability related Medicaid or any other Public Assistance program.

STEP 7 Assets, Expenses, Resources, and Other

If you need more space, attach another sheet of paper providing all information asked below.

105. Does any person applying for health insurance or other public assistance services own any property such as a house, land, apartment, mobile home, duplex, condo, camper or cabin? Yes No

If yes, complete the information below. Include any property that is paid for, you are still paying for, or that is owned with someone else.

Who Owns the Property?	Type of Property Owned	Estimated Value	Amount Owed
Example: Joe Smith	Condo	\$75,000	\$70,000

106. Do you, or anyone who lives with you, own any vehicles such as a car, truck, motorcycle, boat, snowmobile, personal watercraft, aircraft, recreational vehicle (RV) or all-terrain vehicle (ATV)? Yes No

Please complete the information below. Include any vehicles that are paid for, you are paying for, or are owned with someone else. Also include vehicles that are not running or that you are not using.

Who Owns the Vehicle?	Vehicle Type, Model and Year	What is Vehicle Used for?	Estimated Value	Amount Still Owed
Example: Joe Smith	1987 Ford Escort	Work	\$800	\$200

107. Do you, or anyone who lives with you, have any of the items below? Yes No

Check the boxes that apply. Include items owned with someone else and accounts with no money in them right now.

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Annuities | <input type="checkbox"/> College Savings Plan | <input type="checkbox"/> Trust or ABLE Account | <input type="checkbox"/> Savings Account |
| <input type="checkbox"/> Burial Policy Agreement | <input type="checkbox"/> Credit Union Accounts | <input type="checkbox"/> Native Corporation Shares | <input type="checkbox"/> Stocks/Bonds |
| <input type="checkbox"/> Cash on Hand | <input type="checkbox"/> Commercial Fishing Permit | <input type="checkbox"/> Pension Plan | <input type="checkbox"/> Virtual currency/Cryptocurrency |
| <input type="checkbox"/> Certificate of Deposit | <input type="checkbox"/> IRA Account | <input type="checkbox"/> Retirement Funds | <input type="checkbox"/> Other |
| <input type="checkbox"/> Checking Account | <input type="checkbox"/> Life Insurance Policy | <input type="checkbox"/> Safe Deposit Box | _____ |

108. For all items checked above, please fill in the boxes below:

Who Owns the Item?	Type of Item	Where Held?	Account Number	Total Value/ Balance
Example: Jane Smith	Checking Account	Frontier Bank	452231	\$300

109. Have you, or anyone in your household, sold, given away, or transferred any property, vehicles or other resources in the past five years? Yes, please complete the information below. No

Who Owned It?	Vehicle, Property, or Resource	Sold, Gave Away, or Transferred?	When?	Estimated Value
Example: Joe Smith	Truck	Gave Away	May 2005	\$4,000

Expenses

110. What are your shelter expenses? Check the boxes that apply and fill in the amount that you are required to pay.

Do not enter amounts paid by housing assistance such as HUD, ASHA, AHFC or Section 8.

Rent \$ _____ per month Mobile Home Lot or Space Rent \$ _____ per month

Mortgage \$ _____ per month

111. What shelter expenses are billed separately from your rent or mortgage?

Home/Renters Insurance \$ _____ per _____ Property Taxes \$ _____ per _____

Condo/Association Fees \$ _____ per _____ Other (such as deposits) \$ _____ per _____

112. Check the boxes next to the utility bills your household is responsible for paying monthly:

Heat (such as gas, electric, propane, wood, etc.) \$ _____ Sewer \$ _____ Telephone \$ _____

Water \$ _____ Electricity \$ _____ Garbage \$ _____ Other \$ _____

113. Does your household receive LIHEAP or does your household expect to receive LIHEAP? Yes No

114. Does any person work for or get help with food, shelter, utilities, or other expenses that are not paid in cash? Yes No

Please explain: _____

115. Does a person or agency help pay all or part of your shelter costs (like housing or heating assistance)? Yes No

Who pays? _____ What expense? _____ Amount paid? _____

116. Does anyone in your household have child care, elderly or disabled adult care expenses? Yes No

Who is responsible for paying? _____ Who is it for? _____ Monthly Amount \$ _____

117. Does anyone in your household pay child support? Yes No

Who pays? _____ Monthly Amount \$ _____

118. Does anyone in your household who is disabled or age 60 or older, have medical expenses? Yes No

Who has the expense? _____ Monthly Amount \$ _____

Failure to report or verify any of the above listed expenses will be seen as a statement by your household that you do not want to receive a deduction for the unreported expense.

Felony Convictions

119. Have you or any member of your household been convicted of making a false statement about where they live in order to receive assistance from two or more states at the same time? Yes No

120. Have you or any member of your household been convicted of possession, use, or distribution of a controlled substance after August 22, 1996? Yes No

120a. Are they satisfactorily serving or successfully completed a period of probation or parole? Yes No

120b. Are they in the process of serving or successfully completed mandatory participation in a drug or alcohol treatment program? Yes No

120c. Have they taken action towards rehabilitation, including participation in a drug or alcohol treatment program? Yes No

120d. Are they successfully complying with the requirements of their re-entry plan? Yes No

121. Are you or any member of your household fleeing from prosecution, custody, or confinement for a felony or class A misdemeanor from any State, or currently violating conditions of parole or probation? Yes No

122. Have you or any member of your household been convicted of trading SNAP benefits for drugs after September 22, 1996? Yes No

123. Have you or any member of your household been convicted of buying or selling SNAP benefits over \$500 after September 22, 1996? Yes No

124. Have you or any member of your household been convicted of fraudulently receiving duplicate SNAP benefits in any State after September 22, 1996? Yes No

125. Have you or any member of your household been convicted of trading SNAP benefits for guns, ammunitions, or explosives after September 22, 1996? Yes No

126. Have you or any member of your household been convicted of aggravated sexual abuse, murder, sexual exploitation and abuse of children, or sexual assault after February 7, 2014? Yes No

126a. Are they serving or have they successfully completed a period of probation or parole? Yes No

126b. Are they successfully complying with the requirements of their re-entry plan? Yes No

STEP 8

Release of Information

Your signature gives the Federally Facilitated Marketplace, the Department of Health, its agents, and the Department of Law permission to ask for information about your health, finances, family and personal history. This information may be used to determine your eligibility for public assistance programs and, if a fraud investigation is launched, in administrative or criminal investigations of your eligibility for benefits. Your information will not be released for any other reason or to any other person or agency outside of the Federally Facilitated Marketplace, Department of Health or its representatives except as required by law. 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.

We'll check your answers using information in our electronic databases and databases from the Internal Revenue Service (IRS), Social Security, the Department of Homeland Security, and/or a consumer reporting agency. If the information doesn't match, we may ask you to send us proof. We may also contact other people or organizations including, but 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. We need this information to check your eligibility for public assistance services and to check your eligibility for help paying for health coverage if you choose to apply. Additionally, information obtained from this release may be used by the Department of Health in administrative proceedings against you, and/or by the Department of Law in criminal proceedings against you.

For persons who will receive health care authorized by the Federally Facilitated Marketplace:

To make it easier to determine my eligibility for help paying for health coverage in future years, I agree to allow the Marketplace to use income data, including information from tax returns. The Marketplace will send me a notice, let me make any changes, and I can opt out at any time.

Yes, renew my eligibility automatically for the next: 5 years (max allowed) 4 years 3 years 2 years 1 year
 Don't use tax return information to renew my coverage.

If anyone on this application is eligible for Medicaid:

- I am giving the State Medicaid agency the rights to pursue and get any money from other health insurance, legal settlements, or other third parties. I am also giving to the Medicaid agency rights to pursue and get medical support from a spouse or parent.
- I know that I must tell the Health Insurance Marketplace and or the Public Assistance office by phone, in person or in writing if anything changes and if anything is different than what I wrote on this application I understand that a change in my information could affect the eligibility for the member(s) of my household.
- I know that under federal law, discrimination isn't permitted on the basis of race, color, national origin, sex, age, sexual orientation, gender identity, or disability. I can file a complaint of discrimination by visiting www.hhs.gov/ocr/office/file .
- If yes, I know I will be asked to cooperate with the agency that collects medical and temporary assistance support from an absent parent. If I think that cooperating to collect medical support will harm me or my children, I can tell the Division of Public Assistance and I may not have to cooperate. **Please see Appendix D.**

Does any child on this application have a parent living outside of the home?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I agree to cooperate with child support requirements.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

I confirm that no one applying for health insurance on this application is incarcerated (detained or jailed).

If this is incorrect, who is incarcerated? _____

The person who filled out page 7 (the applicant) should sign this application. If you're an authorized representative, you may sign here as long as the applicant has completed the required information in Appendix C.

Sign this application: _____
Signature Date (month/day/year)

Printed name: _____

Sign this application: _____
Signature Date (month/day/year)

Printed name: _____

STEP 9

Acknowledgement of Understanding and Statement of Truth

Acknowledgements

- I understand that I must be a current Alaska resident to qualify for Public Assistance benefits administered by the Alaska Division of Public Assistance. I further understand that, if my residency status changes, I must report the change to the Alaska Division of Public Assistance within 10 days. I further understand that if I leave the state for 30 or more days, I must notify the Alaska Division of Public Assistance of my absence, regardless of whether I consider myself an Alaska resident/intend to return to Alaska, or not.
- I understand that eligibility for Public Assistance is determined in part by how much income my household has at its disposal. To that end, I understand that this application requires that I disclose all income received by myself and members of my household, including but not limited to income from the following sources: Employment (including Self-Employment), Alimony, Child Support, Unemployment, Net Rental/Royalty, Pension/Retirement, Supplemental Security Income, Veteran's Benefits, and Social Security Benefits.
- I understand that eligibility for Public Assistance is determined in part by how many assets my household has at its disposal. To that end, I understand that this application requires that I disclose all assets possessed by myself and members of my household, including but not limited to the following types of assets: Property (regardless of whether the Property is paid for, still being paid for, or is jointly owned with someone else), all Bank Accounts (including checking and savings accounts), Cash on Hand, Certificates of Deposit, College Savings Plans, Life Insurance Policies, Pension Plans, Retirement Funds, Stocks Bonds and Annuities, Native Corporation Shares, Trust Funds, Safety Deposit Box contents, Mineral Rights, IRA Accounts, Commercial Fishing Permits, and Burial Policy Agreements.

I have read or heard read to me the "Rights and Responsibilities" section of the application and I understand my rights and responsibilities, including fraud penalties, as described in this application.

I have read or heard read to me the "Acknowledgments" section of the application and understand each one.

Under penalty of perjury, I certify that all information contained in this application, including U.S. citizenship or lawful immigrant status of all persons applying for benefits, is true and correct to the best of my knowledge.

Adult Applicant: _____
Signature _____ Date (month/day/year) _____

Other Adult Applicant: _____
Signature _____ Date (month/day/year) _____

Witness, if signed with an "X": _____
Signature _____ Date (month/day/year) _____

Authorized Representative, if applicable: _____
Signature _____ Date (month/day/year) _____

SNAP Subsistence Hunting and/or Fishing

OPTIONAL

Does your household live in a rural community in which access to retail stores is difficult and you intend to rely on subsistence hunting and/or fishing for substantial portion of your food? If so, you may be able to use SNAP benefits to buy subsistence hunting and fishing items such as nets, lines, hooks, fishing rods, and knives.

Do you want to use SNAP to buy subsistence hunting and fishing items? Yes No

I agree not to use the items purchased for commercial purposes. Yes No

Adult Applicant: _____
Signature _____ Date (month/day/year) _____

STEP 10 Contact People and Organizations

Why do you need to complete this form?

To determine your eligibility for assistance, we may need to contact people or organizations that can answer questions about your situation. By completing this form, you are allowing us to contact the people and organizations you provide.

What questions do we ask?

We often ask questions about where you live, who lives with you, and your household's income and resources. We may also ask for information about a child's parent not living in the home.

What information do we provide them?

When we contact these people or organizations, we tell them our name and title. We also tell them that we work for the Division of Public Assistance. We do not give them any information about you or your public assistance services.

Information about two people who know you well:

Name and Relation to You	Mailing Address	Daytime Phone

Information about your landlord:

Name	Mailing Address	Daytime Phone

Appendix A: Health Coverage from Jobs

You **DON'T** need to answer these questions unless someone in the household is eligible for health coverage from a job. Attach a copy of this page for each job that offers coverage.

Tell us about the job that offers coverage.

Take the **Employer Coverage Tool** on the next page to the employer who offers coverage to help you answer these questions. You only need to include this page when you send in your application, not the **Employer Coverage Tool**.

EMPLOYEE Information

1. Employee name (First, Middle, Last)	2. Employee Social Security number ____ - ____ - _____
--	---

EMPLOYER Information

3. Employer name		4. Employer Identification Number (EIN) ____ - _____	
5. Employer address		6. Employer phone number () - _____	
7. City	8. State	9. ZIP code	
10. Who can we contact about employee health coverage at this job?			
11. Phone number (if different from above) () - _____		12. Email address	

13. Are you currently eligible for coverage offered by this employer, or will you become eligible in the next 3 months?

Yes (Continue)

13a. If you're in a waiting or probationary period, when can you enroll in coverage? _____
List the names of anyone else who is eligible for coverage from this job. _____ (mm/dd/yyyy)

Name: _____ Name: _____ Name: _____

No

Tell us about the health plan offered by this employer.

14. Does the employer offer a health plan that meets the minimum value standard*? Yes No

15. For the lowest-cost plan that meets the minimum value standard* offered **only to the employee** (don't include family plans):
If the employer has wellness programs, provide the premium that the employee would pay if he/ she received the maximum discount for any tobacco cessation programs, and did not receive any other discounts based on wellness programs.

a. How much would the employee have to pay in premiums for this plan? \$ _____

b. How often? Weekly Every 2 weeks Twice a month Once a month Quarterly Yearly

16. What change will the employer make for the new plan year (if known)?

Employer won't offer health coverage

Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.* (Premium should reflect the discount for wellness programs. See question 15.)

a. How much will the employee have to pay in premiums for that plan? \$ _____

b. How often? Weekly Every 2 weeks Twice a month Once a month Quarterly Yearly

Date of change (mm/dd/yyyy): _____

* An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)

Appendix A: Employer Coverage Tool

Use this tool to help answer questions in Appendix A about any employer health coverage that you're eligible for (even if it's from another person's job, like a parent or spouse). The information in the numbered boxes below match the boxes on Appendix A. For example, the answer to question 14 on this page should match question 14 on Appendix A.

Write your name and Social Security number in boxes 1 and 2 and ask the employer to fill out the rest of the form. Complete one tool for each employer that offers health coverage.



EMPLOYEE Information

The **employee** needs to fill out this section.

1. Employee name (First, Middle, Last)	2. Social Security Number ____-____-____
--	---



EMPLOYER Information

Ask the **employer** for this information.

3. Employer name	4. Employer Identification Number (EIN) ____-____-____	
5. Employer address (the Marketplace will send notices to this address)	6. Employer phone number () -	
7. City	8. State	9. ZIP code
10. Who can we contact about employee health coverage at this job?		
11. Phone number (if different from above) () -	12. Email address	

13. Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?

Yes (Continue)

13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage? _____ (mm/dd/yyyy) (Continue)

No (STOP and return this form to employee)

Tell us about the **health plan** offered by this employer.

Does the employer offer a health plan that covers an employee's spouse or dependent?

Yes. Which people? Spouse Dependent(s)

No

(Go to question 14)

14. Does the employer offer a health plan that meets the minimum value standard*?

Yes (Go to question 15) No (STOP and return form to employee)

15. For the lowest-cost plan that meets the minimum value standard* offered **only to the employee** (don't include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/ she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs.

a. How much would the employee have to pay in premiums for this plan? \$ _____

b. How often? Weekly Every 2 weeks Twice a month Once a month Quarterly Yearly

If the plan year will end soon and you know that the health plans offered will change, go to question 16. If you don't know, STOP and return form to employee.

16. What change will the employer make for the new plan year?

Employer won't offer health coverage

Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.* (Premium should reflect the discount for wellness programs. See question 15.)

a. How much will the employee have to pay in premiums for that plan? \$ _____

b. How often? Weekly Every 2 weeks Twice a month Once a month Quarterly Yearly

Date of change (mm/dd/yyyy): _____

* An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36B(c)(2)(C)(iii) of the Internal Revenue Code of 1986)

APPENDIX B: American Indian or Alaska Native Family Member

Complete this appendix if you or a family member are American Indian or Alaska Native. Submit this with your application for services.

Tell us about your American Indian or Alaska Native family member(s).

American Indians and Alaska Natives can get services from the Indian Health Services, tribal health programs, or urban Indian health programs. They also may not have to pay cost sharing and may get special monthly enrollment periods. Answer the following questions to make sure your family gets the most help possible.

NOTE: If you have more people to include, make a copy of this page and attach.

	AI/AN PERSON 1		AI/AN PERSON 2	
	First	Middle	First	Middle
1. Name (First name, Middle name, Last name)	Last		Last	
2. Member of a federally recognized tribe?	<input type="checkbox"/> Yes If yes, tribe name _____ <input type="checkbox"/> No		<input type="checkbox"/> Yes If yes, tribe name _____ <input type="checkbox"/> No	
3. Has this person ever gotten a service from the Indian Health Service, a tribal health program, or urban Indian health program, or through a referral from one of these programs?	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, is this person eligible to get services from the Indian Health Service, tribal health programs, or urban Indian health programs, or through a referral from one of these programs? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No If no, is this person eligible to get services from the Indian Health Service, tribal health programs, or urban Indian health programs, or through a referral from one of these programs? <input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Certain money received may not be counted for Medicaid. List any income (amount and how often) reported on your application that includes money from these sources: <ul style="list-style-type: none"> Per capita payments from a tribe that come from natural resources, usage rights, leases, or royalties Payments from natural resources, farming, ranching, fishing, leases, or royalties from land designated as Indian trust land by the Department of Interior (including reservations and former reservations) Money from selling things that have cultural significance 	\$ _____ How often? _____		\$ _____ How often? _____	

APPENDIX C: Appointing an Authorized Representative

OPTIONAL

Would you like to allow someone to represent you on all matters related to your application and case?

You can give a trusted person or an organization permission to talk about your application and case with us, see your information, and act for you on matters related to your Public Assistance case. This person is called an "authorized representative." **An authorized representative can make changes to your Public Assistance case and has access to the information in your case file. You will be held responsible for any change that is made to your case by your appointed authorized representative, up to and including potential fraud charges.**

The Division of Public Assistance can release any information regarding your application and case to your authorized representative or any member of the organization indicated on this form. More than one person or organization can serve as your authorized representative.

You can appoint, withdraw, or change an authorized representative at any time. If you ever need to change your authorized representative, contact the Division of Public Assistance. *If you are a legally appointed representative for someone on this application and provide proof, you do not need to complete this section.*

Name of Authorized Representative (First name, Middle name, Last name) or Organization		Phone Number
Authorized Representative's Address	Apartment or suite number	Email
City	State	ZIP code

New Change Addition Remove this person or organization as my authorized representative

OR

Permission to Release Information

Is there anyone that you would like us to share information with about your application and case?

By completing this section, you can give permission for the following person or organization to receive information about your Public Assistance application and benefit status, but they will not have the ability to act on your behalf like an authorized representative. You give the Division of Public Assistance permission to release information about your case status to this additional person or organization. You can cancel this release at any time by contacting the Division of Public Assistance.

Name of person (First name, Middle name, Last name) or Organization		Phone Number
Address	Apartment or suite number	Email
City	State	ZIP code

AND

Applicant / Recipient's Signature	Date (mm/dd/yyyy)
Applicant / Recipient's Printed Name	Social Security Number or Case Number

To be valid, this form must be signed by the applicant or recipient.

APPENDIX D: Child Support Information

PLEASE PRINT IN INK.

Complete a form for each noncustodial parent. The information will be used to establish and/or enforce child support.

Your name: _____ Your SSN: _____
 Address: _____ City/State/Zip: _____
 Phone: _____ Email: _____ Driver's License: State and No. _____
 Your relationship to children: Father Mother Other (explain) _____
 Non-custodial parent's full legal name: _____ and their SSN: _____

Child's Full Name	Date of birth	Place of birth (city, county, state)	Child's SSN	Absent Parent Full name	Are both parents on birth certification?
					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>

Non-custodial parents: Date of birth: _____ Place of birth: _____
 Address: _____ City/State/Zip: _____
 Non-custodial parent's usual occupation, current employer and location: _____

Does the non-custodial parent have medical insurance for the children? Yes / No Union member? Yes / No
 Tribe or Native Corporation member? Yes / No Type/Policy: _____

Married: _____ Date: _____ Where: _____
 Married and Separated: _____ Date of separation: _____ Where: _____
 Divorce pending: _____ Date filed and what court: _____
 Divorced: _____ Date final: _____ Where: _____
 Never married: If the parents never married, has paternity been established by court or administrative order for each child listed?
 Yes No If no, please explain: _____
 Is there a custody order regarding the children? Yes No If yes, provide the following information about the order:
 State/County: _____ Court/Agency: _____ Date: _____
 Do you have a child support order? Yes No If yes, provide the following information about the order:
 State/County: _____ Court/Agency: _____ Date: _____

CHILDSUPPORT COOPERATION AND ASSIGNMENT OF SUPPORT

You are required by law to help get child support for a child receiving Temporary Assistance (ATAP/TANF) payments or medical support for a child receiving medical assistance (Medicaid). This means you must help locate a non-custodial parent or establish paternity for a child with no legal father. You must sign over to the State agency any child/spousal support or medical support owed to you for any month you receive assistance. If the non-custodial parent pays support payments to you while you are receiving Temporary Assistance, you must turn the payments over to Child Support Services Division (CSSD). You must do this even if no support order in effect.

If CSSD sends a payment to you in error, they will contact you for repayment of that money. If you want to repay gradually out of future child support payments, instead of immediately in a lump sum, check this box.

SUPPLYING INFORMATION TO CSSD - CONFIDENTIALITY AND SAFETY

If you believe that cooperating with CSSD to get child or medical support will bring harm to you or your children and you can provide support for your belief, you may claim good cause for not cooperating. You may be asked by a Public Assistance caseworker to provide documentation to support your good cause claim. It is up to the caseworker to decide if you have good cause for not cooperating. CSSD will continue to pursue child or medical support against the non-custodial parent, even if you DO NOT cooperate, unless the Division of Public Assistance approves good cause. Please check one of the boxes and sign below.

- I agree to cooperate with CSSD.
- I agree to cooperate with CSSD but I want my address kept confidential.
- I believe I have good cause to not cooperate with CSSD.

Signature _____ Date _____

Voter Registration

You may register to vote in Alaska if:

1. You are a United States citizen.
2. You are a resident of Alaska.
3. You are at least 18 years of age or will be 18 within 90 days of completing the registration application.
4. You are not a convicted felon involving moral turpitude, or having been so convicted, have been unconditionally discharged.
5. You are not registered in another state, unless you cancel that registration. (There is an area on the Alaska registration application for you to cancel if needed).

Important Notices

1. Applying to register or declining to register to vote will not affect the services or the amount of benefits that you will be provided by this agency.
2. If you would like help filling out the voter registration form, we will help you. The decision whether to seek or accept help is yours. You may fill out the registration form in private.
3. If you decline to register to vote, your decision will be confidential. If you choose to register to vote, the office at which your voter registration application is submitted will remain confidential and will be used only for your voter registration purposes.
4. If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with the Director of the Division of Elections by calling 907-465-4611, or toll-free at 866-952-8683 or you may write to: Director, Division of Elections, PO Box 110017, Juneau, AK 99811-0017.

If you are not registered where you live now, would you like to apply to register to vote here today? (Check one)

- Yes. I would like to register to vote. (Please fill out the attached registration application.)**
- No. I do not want to register to vote.**

Note: If you do not check either box, you will be considered to have decided NOT to register to vote at this time.

Name of Applicant

Date

This form will be retained with this agency.

Completed voter registration applications will be mailed to the Division of Elections.

STATE OF ALASKA VOTER REGISTRATION APPLICATION

Refer to Instructions on the reverse side for specific information and identification requirements.

Please print clearly in blue or black ink.

1. You MUST complete this section for registration: <input type="checkbox"/> Yes <input type="checkbox"/> No I am a citizen of the United States. <input type="checkbox"/> Yes <input type="checkbox"/> No I am at least 18 years old or will be within 90 days of completing this application. If you checked NO to either question, do not complete this form as you are not eligible to register to vote.								
2. Last Name	First Name	Middle Initial	Suffix					
3. Former Name: (If your name has changed)								
4. You MUST provide the Alaska residence address where you claim residency. Do not use PO, PSC, HC or RR. <table style="width: 100%; border: none;"> <tr> <td style="border: none;">House No.</td> <td style="border: none;">Street Name</td> <td style="border: none;">Apt No.</td> <td style="border: none;">City</td> <td style="border: none; text-align: right;">Alaska State</td> </tr> </table> <input type="checkbox"/> Keep my residence address confidential. (Your mailing address in section 5 must be DIFFERENT from your residence address in section 4 to remain confidential.)				House No.	Street Name	Apt No.	City	Alaska State
House No.	Street Name	Apt No.	City	Alaska State				
5. Mailing Address: (Address where you receive your mail if different from above) _____ _____ _____		7. <input type="checkbox"/> I am a voter with a disability and would like information on alternative voting methods.						
		8. <input type="checkbox"/> I am interested in serving as an election official. (Provide your phone number and/or email address in section 9.)						
		9. Daytime Phone No.: _____ Evening Phone No.: _____ Email Address: _____						
6. *AK Voter Number: _____ <small>(If known)</small>								
10. Identifiers – You MUST provide at least one: *SSN or Last 4 of SSN: _____ *Alaska Driver's License or State ID Number _____ <input type="checkbox"/> I have not been issued a Social Security Number, Alaska Driver's License or State ID number.								
11. You MUST provide: *Date of Birth _____ <small>Month Day Year</small>		12. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female						
13. Political Affiliation For political affiliation choices in Alaska, see instruction number 4 on the reverse side. Write political affiliation: _____								
14. I am registered to vote in another state, cancel my registration in: City: _____ State: _____ County: _____ Zip: _____								
Voter Certificate. Read and Sign: I certify, under penalty of perjury, that the above information I provided on this document is true and correct. I am not registered to vote in another state, or I have provided information to cancel that registration. I further certify that I am a resident of Alaska and I have not been convicted of a felony involving moral turpitude, or having been so convicted, have been unconditionally discharged from incarceration, probation and/or parole.								
WARNING: If you provide false information on this application you can be convicted of a misdemeanor AS 15.56.050.								
*SIGNATURE: _____		DATE: _____						
Your signature must be a handwritten signature. A typed or digital signature is not valid.								
Registrar/Agency/Official – Check ID and complete this section								
_____		OR	NVRA Agency _____					
Registrar Name		Agency Name						
Voter No or SSN								

*Items are kept confidential by the Division of Elections and are not available for public inspection except that confidential addresses may be released to government agencies or during election processes as set out in state law.

State of Alaska - Division of Elections

Voter Registration Application

To register to vote in Alaska you must be a U.S. Citizen, a resident of Alaska, and at least 18 years old or will be 18 years old within 90 days of completing this application.

Initial registration or registration changes must be made at least 30 days prior to an election. Once your application is processed, a notice will be mailed to you within 3 to 4 weeks.

1. When Completing This Application You **MUST** Provide:

- **Alaska Residence Address Where You Claim Residency** – A complete physical residence address in Alaska must be included on your application. The residence address you provide will be used to assign your voter record to a voting district and precinct. Your application will be denied if you do not provide an Alaska residence address or you provide a PO Box, HC No. and Box, PSC Box, Rural Route No., Commercial Address or Mail Stop Address or a residence address outside of Alaska on Line 4 of the application.

If your residence has been assigned a street name and house number, provide this information or indicate exactly where you live such as, highway name and milepost number, boat harbor, pier and slip number, subdivision name with lot and block or trailer park name and space number. If you live in rural Alaska, you may provide the community name as your residence address.

If you have a different mailing address than your residence address, you may choose to keep your residence address confidential. Confidential addresses are not released to the general public, but may be released to government agencies or during election processes as set out in state law.

If you are temporarily out of state and have intent to return, you may maintain your Alaska residence as it appears on your current record. If you provide a new residence address, it must be within Alaska. Active military and military spouses are exempt from intent requirement.

- **Proof of Identity** – Your identity must be verified. If you have been issued a Social Security number, Alaska Driver's License, or Alaska State ID card, you **MUST** provide at least one number on Line 10 of the application. If you have never been issued one of the identification numbers, please indicate so by checking the box on Line 10.
- **Date of Birth** – You **MUST** provide your date of birth.

2. Are you submitting this application by mail, by fax, or email? If so, and if you are not already registered to vote in Alaska, your identity must be verified either at the time you register or the first time you vote. If you would like to ensure that your identity is verified at the time you register, submit a copy of one of the below:

- Current and valid photo identification
- Driver's license
- Passport
- State identification card
- Birth certificate
- Hunting and Fishing license

3. Have you been convicted of a felony involving moral turpitude? If so, you may register to vote only if you have been unconditionally discharged. Provide a copy of your discharge papers with this application if available.

4. Political Affiliation. Write your political affiliation. Recognized political parties are parties who have gained recognized political party status under Alaska Statute. Political groups are parties who have applied for recognized political party status but have not met the qualifications. Alaska political affiliations are as follows:

Recognized Political Parties:

- Alaska Democratic Party
- Alaska Republican Party
- Alaskan Independence Party

Political Groups:

- Alaska Constitution Party
- Alaska Libertarian Party
- Alliance Party of Alaska
- FreedomReform Party
- Moderate Party of Alaska
- Green Party of Alaska

- OWL Party
- Patriot's Party of Alaska
- Progressive Party of Alaska
- UCES' Clowns Party
- Veterans Party of Alaska

Other:

- Nonpartisan (not affiliated with a political party or group)
- Undeclared (do not wish to declare a political affiliation)

Mail, fax or email (as a PDF, TIFF or JPEG attachment) your completed application to one of the offices listed below:

Region I Elections Office
PO Box 110018
Juneau, AK 99811-0018
(907) 465-3021 – Telephone
(907) 465-2289 – Fax
Toll Free 1-866-948-8683
electionsr1@alaska.gov

Region II Elections Office
Anchorage Office
2525 Gambell St Ste 100
Anchorage, AK 99503-2838
(907) 522-8683 – Telephone
(907) 522-2341 – Fax
Toll Free 1-866-958-8683
electionsr2a@alaska.gov

Matanuska-Susitna Office
North Fork Professional Building
1700 E Bogard Rd Ste B102
Wasilla AK 99654-6565
(907) 373-8952 – Telephone
(907) 373-8953 – Fax
electionsr2m@alaska.gov

Region III Elections Office
675 7th Ave Ste H3
Fairbanks, AK 99701-4542
(907) 451-2835 – Telephone
(907) 451-2832 – Fax
Toll Free 1-866-959-8683
electionsr3@alaska.gov

Region IV Elections Office
PO Box 577
Nome, AK 99762-0577
(907) 443-5285 – Telephone
(907) 443-2973 – Fax
Toll Free 1-866-953-8683
electionsr4@alaska.gov

Native Language Assistance
Toll Free 1-866-954-8683

Visit our website at: www.elections.alaska.gov

Public Assistance Offices

<p>ANCHORAGE University Center 4001 Ingra Street, Suite 131 Anchorage, AK 99503 Phone: 1-800-478-7778 Fax: (907) 269-6520 or 1-888-269-6520 hss.dpa.offices@alaska.gov</p>	<p>BETHEL 460 Ridgecrest Drive, Suite 121 Mailing: P.O. Box 365 Bethel, AK 99559 Phone: 1-800-478-7778 Fax: 1-888-269-6520 hss.dpa.offices@alaska.gov</p>	<p>FAIRBANKS 675 7th Ave, Station E Fairbanks, AK 99701 Phone: 1-800-478-7778 Fax: 1-888-269-6520 hss.dpa.offices@alaska.gov</p>
<p>HOMER 3670 Lake Street, Suite 200 Homer, AK 99603 Phone: 1-800-478-7778 Fax: 1-888-269-6520 hss.dpa.offices@alaska.gov</p>	<p>JUNEAU 10002 Glacier Highway, Suite 201 Mailing: P.O. Box 110642 Juneau, AK 99811-0642 Phone: 1-800-478-7778 Fax: 1-888-269-6520 hss.dpa.offices@alaska.gov</p>	<p>KENAI 11312 Kenai Spur Highway, Suite 2 Kenai, AK 99611 Phone: 1-800-478-7778 Fax: 1-888-269-6520 hss.dpa.offices@alaska.gov</p>
<p>KETCHIKAN 2030 Sea Level Drive, Suite 301 Mailing: P.O. Box 5560 Ketchikan, AK 99901 Phone: 1-800-478-7778 Fax: 1-888-269-6520 hss.dpa.offices@alaska.gov</p>	<p>KODIAK 211 Mission Road, Suite 101 Kodiak, AK 99615 Phone: 1-800-478-7778 Fax: 1-888-269-6520 hss.dpa.offices@alaska.gov</p>	<p>LONG TERM CARE University Center 4001 Ingra Street, Suite 131 Anchorage, AK 99503 Phone: 1-800-478-7778 Fax: (907) 269-6520 or 1-888-269-6520 hss.dpa.offices@alaska.gov</p>
<p>NOME 214 E. Front Street Nome, AK 99762 Mailing: 675 7th Ave, Station E Fairbanks, AK 99701 Phone: 1-800-478-7778 Fax: 1-888-269-6520 hss.dpa.offices@alaska.gov</p>	<p>SITKA 304 Lake Street, Suite 101 Sitka, AK 99835 Phone: 1-800-478-7778 Fax: 1-888-269-6520 hss.dpa.offices@alaska.gov</p>	<p>WASILLA 855 W. Commercial Drive Wasilla, AK 99654 Phone: 1-800-478-7778 Fax: 1-888-269-6520 hss.dpa.offices@alaska.gov</p>

If you need a language interpreter, call 1-800-478-7778 and we will provide one at no cost to you. If you are deaf, hard of hearing, or have a speech disability, dial 711 to reach an Alaska Relay Communications Assistant.



NORTON SOUND HEALTH CORPORATION

P.O. Box 966, Nome, Alaska 99762
 Phone (907)-443-3311
 Toll Free 1-888-559-3311
www.nortonsoundhealth.org

Bereavement Assistance Additional Funding Application

NSHC provides Bereavement Assistance Additional Funding up to the amount of \$2500.00 to help defray the cost of additional funeral home expenses for Indian Health Services beneficiaries within the Norton Sound Service Area.

Name of deceased		Applicant name (must be an immediate family member of deceased)		
Date of birth of the deceased:	Date of death of the deceased:	Relationship of applicant to the deceased:		
Next of kin of the deceased:		Day phone #	Cell phone #	Fax #
Donations received from other bereavement assistance programs:				
Program/amount of donation: _____				
Program/amount of donation: _____				
Program/amount of donation: _____				
Program/amount of donation: _____				
Applicant must include one of the following which includes name and date of death:				
<input type="checkbox"/> Death Certificate <input type="checkbox"/> Obituary <input type="checkbox"/> Letter from Funeral Home <input type="checkbox"/> Letter from Hospital				
Statement of need:				

The check will be made payable to the funeral home or other business that is providing a service related to the funeral.

Amount of funding requested: _____

Make check payable to: _____

Mailing address: _____

Day Phone #: _____

I, the applicant, certify that I am an immediate family member and I understand that the Bereavement Assistance Additional Funding is provided to help defray funeral home related costs.

Applicant's Signature

Date

Please submit completed form to NSHC Patient Support Services office for processing.

For office use only:

Date denied: _____ Date approved: _____ Date Check Requested: _____

Patient Support Services staff: _____



NORTON SOUND HEALTH CORPORATION

P.O. Box 966, Nome, Alaska 99762
 Phone (907)-443-3311
 Toll Free 1-888-559-3311
 www.nortonsoundhealth.org

Bereavement Assistance Application

NSHC provides Bereavement Assistance in the amount of \$500 to help defray the cost of funeral expenses for Indian Health Services beneficiaries within the Norton Sound Service Area.

Name of deceased		Applicant name (must be an immediate family member of deceased)		
Date of birth of the deceased:	Date of death of the deceased:	Relationship of applicant to the deceased:		
Next of kin of the deceased:		Day phone #	Cell phone #	Fax #
Applicant must include one of the following which includes name and date of death: <input type="checkbox"/> Death Certificate <input type="checkbox"/> Obituary <input type="checkbox"/> Letter from Funeral Home <input type="checkbox"/> Letter from Hospital				
The check may be made payable to the applicant, other immediate family member, funeral home or other business that is providing a service related to the funeral.				
Make check payable to: _____ Mailing address: _____ _____ Day Phone #: _____				
I, the applicant, certify that I am an immediate family member and I understand that the Bereavement Assistant fund is provided to help defray funeral related costs.				
Applicant's Signature _____			Date _____	

Please submit completed form to NSHC Patient Support Services office for processing.

For office use only:

Date denied: _____ Date approved: _____ Date Check Requested: _____
 Patient Support Services staff: _____

SNC TRUST

SNC Trust Bereavement Assistance Application

Trust Bereavement Policy Effective 02/12/2019 – Application Updated 08/03/2022

This application must be completed within one year of the Decedent's date of passing. For more information, please refer to the SNC Trust Bereavement Benefit Policy.

STEP 1 Decedent's Information (person who has passed):		
Decedent's Name (full legal name, including Jr/Sr, etc.):		
Date of Birth:	Date of Death:	Social Security #:
STEP 2 The Decedent is (please check one of the following):		
<input type="checkbox"/> An SNC Trust Beneficiary (an SNC Shareholder)		<input type="checkbox"/> A Lineal Descendant of a Trust Beneficiary → Please fill out the below Trust Beneficiary information to verify assistance eligibility
<input type="checkbox"/> A Spouse of a Trust Beneficiary → Please fill out the below Trust Beneficiary information to verify assistance eligibility		<input type="checkbox"/> A Parent of a Trust Beneficiary → Please fill out the below Trust Beneficiary information to verify assistance eligibility
<i>If the Decedent is not an SNC Trust Beneficiary, please provide the name and relationship of the person who is an SNC Trust Beneficiary related to the Decedent</i>		
Name of Trust Beneficiary (Related to the Decedent):	Date of Birth:	The Trust Beneficiary is the Decedent's: <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Great Grandparent <input type="checkbox"/> Spouse <input type="checkbox"/> Other (specify):
<small>Legal documents (birth certificate, adoption decree, marriage certificate, death certificate, etc.) may be needed with this form for proof of eligibility.</small>		
Please include at least one of the following documents that confirms the death of the Decedent. The document must be from a legal business or agency (showing the logo/letterhead) and must include the Decedent's name, date of birth, date of death and/or social security number.		
<input type="checkbox"/> Death Certificate <input type="checkbox"/> Letter from Funeral Home/Crematory <input type="checkbox"/> Letter from Hospital/Village Health Clinic <input type="checkbox"/> Obituary (published)		

STEP 3 Applicant Information:		
Name of Applicant (full legal name, including Jr/Sr, etc.):		
The Decedent is My (relationship):	Applicant's Social Security # (needed if receiving the funds):	
Mailing Address:		
City, State, Zip:	Main Phone #:	Other Phone #:
Email Address:	Other Email Address:	
Applicant's Signature:		Date:

STEP 4: Payment Information (the check/deposit does not need to be made to the applicant):		
<small>Note: the monetary recipient must be the person/business taking care of the Decedent's funeral/burial/cremation arrangements. If multiple applications are received, the SNC Trust Bereavement application admins and supervisors will review all applications and notify the applicants of how the funds will be distributed, at their discretion.</small>		
<input type="checkbox"/> DIRECT DEPOSIT → to: <input type="checkbox"/> Applicant <input type="checkbox"/> Below Named Recipient <small>*If SNC does not have the monetary recipient's DD information on file please provide a voided check/account information with this application [bank name, acct #, routing # and checking or savings]*</small>	<input type="checkbox"/> PAPER CHECK → to: <input type="checkbox"/> Applicant <input type="checkbox"/> Below Named Recipient/Business <small>*The check will be priority mailed and a copy will be emailed to the applicant and recipient/business*</small>	<small>*If the check/deposit will not be made to the applicant, please complete fill out the section below*</small>
Make Check Payable/Direct Deposit To (full legal name or name of business):		
The Decedent is the [relation] of the Monetary Recipient (if a person):	Social Security # (if recipient is a person, not needed for a business):	
Mailing Address:		
City, State, Zip:	Main Phone #:	Other Phone #:
Email Address:	Other Email Address:	

For Office Use Only:		
<input type="checkbox"/> Approved - \$1,500	<input type="checkbox"/> Denied → Reason:	Date:
SNC Signature:		

Please return this form and supporting documents to shareholder@snc.org (email is preferred)	
PO BOX 905 NOME, AK 99762 907-387-1200 [Main] 907-387-1226 or 907-387-1269 [Shareholder Dept] 907-443-6437 [Fax]	2700 GAMBELL ST, STE 300 ANCHORAGE, AK 99503 907-929-7000 [Main] 907-929-7021 [Shareholder Dept] 907-375-2910 [Fax]
1-877-443-2632 [Toll-free]	



Nome Eskimo Community

Box 1090
Nome, Alaska 99762
Phone (907)443-2246
Fax (907)443-9144
www.necalaska.org



Nome Eskimo Community Burial Assistance Application

Burial Assistance is a BIA funded income based program that, provides financial assistance for funeral expenses for which other financial resources are unavailable. NEC Burial Assistance Program cannot pay for funeral services in excess of \$2,500.00. If another party pays for any portion of these funeral expenses, NEC cannot supplement any cost. If the body is transported from Nome by court order for autopsy or other purposes, the agency in charge of these arrangements will pay the transportation cost back to Nome for burial.

Eligibility Criteria:

- 1) Tribal member of Nome Eskimo Community and a resident of the Nome service area for the last 6 months prior to their death;

Application Checklist

Please use this checklist to ensure your application is complete. Copies of all the following documentation are required to determine eligibility.

- The next of kin must contact the NEC Tribal Services Department
- Next of kin must apply at Alaska Public Assistance. If they are denied assistance, then NEC Tribal Services Department may review the application.
- Next of kin must provide documentation on bank accounts, any income from the deceased or deceased's spouse, including but not limited to: salary, Social Security, Disability, pension/retirement, Veteran's benefits.
- Next of kin must provide information on any community donations received towards the funeral expenses.
- Provide one of the following Death Certificate, Letter from the Hospital, or Letter from the funeral home as proof.
- Provide Invoice for the funeral home.



Nome Eskimo Community
 Box 1090
 Nome, Alaska 99762
 Phone (907)443-2246
 Fax (907)443-9144
 www.necalaska.org



BURIAL ASSISTANCE APPLICATION

****The deceased must have resided in the Nome Service Area for the last 6 months of his/her life****
 If the deceased was a minor child, please provide the income of parents in the household.

Name of Deceased: _____ Social Security #: _____

Date of Birth: _____ Date of Death: _____ Tribe: _____

Name of Next of Kin: _____ Relationship to Deceased: _____

Address: _____

Home Phone #: _____ Work Phone #: _____

*****Applicant MUST provide verification of ALL income reported & received*****

Please provide a copy of the last month bank statements

SOURCE OF INCOME	AMOUNT
Salary #1: Income/Salary	\$
Salary #2: Spouse's Income/Salary	\$
Adult Public Assistance	\$
Social Security	\$
Disability Insurance	\$
Pension or Retirement	\$
State Longevity	\$
Medicare or Medicaid	\$
Veterans Benefit	\$
Donation	\$
Other	\$
TOTAL RESOURCE INCOME	\$

Please note:

Must be income eligible and applications will be accepted from the surviving spouse or a relative responsible for making funeral home arrangements. If another party pays for any portion of these funeral expenses, NEC cannot supplement any cost.

If the body is transported by court order for autopsy or other purposes, the agency in charge of these arrangements will pay the transportation cost back to Nome for burial.

Have the funeral arrangements been made? Yes No



Nome Eskimo Community
 Box 1090
 Nome, Alaska 99762
 Phone (907)443-2246
 Fax (907)443-9144
 www.necalaska.org



Name and address of Funeral Home

Funeral home Director

Funeral home phone number

Please read before signing:

Nome Eskimo Community Burial Assistance Program is not automatic and are not an entitlement; you must apply for the assistance to see if one qualifies, and provide all necessary documentation including income and tribal verification. Burial application is processed immediately upon receipt of all required documentation.

My signature attests that the information provided by me is a true representation of the circumstances. By signing this application, I hereby give NEC WA Program permission to verify all information needed to make an eligibility determination for burial assistance on behalf of the deceased.

Signature: _____ Date: _____

Print Name: _____ Phone: _____

DO NOT WRITE BELOW THIS LINE

****FOR OFFICAL USE ONLY****

Date of Death: _____ Date Application received: _____ Tribal Enrollment Verification: _____

Burial Assistance Payment Standard (Not to exceed\$2500.00)	\$2,500.00
Subtract ALL Income Resources	\$
TOTAL ADJUSTED NEED =	\$
Subtract Total Burial Cost =	\$
Remaining Funds =	\$
Subtract Funeral Feast (Not to exceed \$400.00)	\$
TOTAL BURIAL ASSISTANCE PAYMENT =	\$

Please note:

If a family requests assistance for a funeral feast, up to \$400.00 may be provided. This will be deducted from the payment standard of \$2,500.00.

Decision of Application: Approved Denied Date: _____

Comments/notes: _____

Caseworker Signature: _____ Date: _____



Kawerak, Inc. Education, Employment & Supportive Services Division

Tribal Welfare Assistance Department – Burial Assistance Program

P.O. Box 948, Nome, AK 99762 ♦ Toll Free: 1-800-478-5230 ♦ Phone: 907-443-4370 or 907-443-4367

Fax: 907-802-6183 ♦ Email: welfare@kawerak.org ♦ Website: www.kawerak.org

Burial Assistance Application

The Kawerak Burial Assistance (BA) Program is an income based, *last resort* assistance program for residents of the Bering Strait Region. BA offers basic Bureau of Indian Affairs (BIA) funeral and burial assistance. These services (up to a maximum of \$2,500) can include the cost of the casket and freight. However, embalming and additional funeral home fees and not covered under this program. If the casket and cross are going to be made, supplies may be purchased in your local community with Kawerak Welfare Assistance Department staff approval. Funding for a funeral feast (up to a maximum of \$400.00) can also be provided if there is left over funding after the casket and freight expenses have been paid.

Eligibility Criteria

Eligibility is based on the tribal enrollment, residency and resources of the deceased person. If the deceased person was married, the spouse's resources are also considered.

- Applicants must provide proof that the deceased met the Tribal Enrollment and Residency Requirements listed below.
- Applicants must provide proof that the deceased had an unmet need and little to no resources.
- Applicants must first apply for the State of Alaska General Relief Assistance (GRA) Program through the State of Alaska, Public Assistance Office.

Tribal Enrollment and Residency

1. Applicants applying on behalf of deceased Tribal members of Nome Eskimo Community and federally recognized Tribes that are located outside of the Bering Strait Region, *who resided in Nome*, must apply for Burial Assistance through Nome Eskimo Community (NEC) per Section 4 of NEC's Tribal Redesign Plan.
2. Applicants applying on behalf of Tribal members of federally recognized Tribes *who resided in Unalakleet* must apply for Burial Assistance through the Unalakleet IRA Office.
3. Applicants applying on behalf of all other Tribal members residing in Nome and other communities in the Bering Strait Region must apply for Burial Assistance through Kawerak.

*If applicants are already receiving similar burial assistance through any other resource, or burial expenses were already paid for, the deceased will not qualify for Kawerak Burial Assistance.

Application Checklist

The following documents or information are required in order to complete this application:

- Complete a State of Alaska Application for Services. Mark General Relief Assistance (GRA) and "burial expenses". Then fax it to 1-888-269-6520. You can also email it to hss.dpa.offices@alaska.gov, or drop it off to the Nome State Public Assistance Office at 214 East Front Street. Please call them at 443-2236 to confirm they received the application if you do not drop it off in person.
- Complete the Kawerak Burial Assistance Application and attach the documents listed in this checklist. Then fax, email, or drop it off to us at 110 East Front Street, Suites 201 and 202. Kawerak staff will then contact the State and verify that a burial application was turned in and what decision has been made on that application. If the State of Alaska will be assisting, Kawerak will be unable to assist. Kawerak must wait for the State's determination before we can process this application in accordance with the Code of Federal Regulations (CFR) Title 25, Chapter 1, § 20.324.
- Provide a copy of the Tribal Enrollment of the deceased and proof of residency.
- Provide a death certificate, or note from a health provider/hospital, funeral home, or law enforcement confirming the loss.
- Provide a report of all available income for the deceased and the deceased's spouse (if applicable). Please include copies of any available bank, or credit union statements and any cash on hand.
- Verify that you have applied for other assistance on behalf of the deceased.



Kawerak, Inc. Education, Employment & Supportive Services Division

Tribal Welfare Assistance Department – Burial Assistance Program

P.O. Box 948, Nome, AK 99762 ♦ Toll Free: 1-800-478-5230 ♦ Phone: 907-443-4370 or 907-443-4367

Fax: 907-802-6183 ♦ Email: welfare@kawerak.org ♦ Website: www.kawerak.org

Once a BA Program application has been submitted, the family will be notified of eligibility determination, and if approved, a subsequent vendor payment to the mortuary/funeral home will be made. The family is responsible for taking care of all arrangements with the mortuary/funeral home and with the State Medical Examiner's office (if applicable).

Important Agency Information

Agency	Phone	Fax	Website and/or Email
Alaska Division of Public Assistance General Relief Assistance (GRA)	(800) 478-2236 (907) 443-2237	(888) 574-2307 (907) 443-2307	http://dhss.alaska.gov/dpa Email: hss.dpa.offices@alaska.gov
Nome Eskimo Community	(907) 443-2246	(907) 443-9144	https://www.necalaska.org/
Unalakleet IRA Office	(907) 624-3622 / ext. 30	(907) 624-3621	Email: tracy.cooper@unkira.org
Cook Inlet Tribal Council (Tribally Enrolled Anchorage Residents)	(877) 985-5900	(907) 793-3422	https://citci.org/
Norton Sound Health Corporation (Patient Support Services)	(907) 443-4540	(907) 443-4546	https://www.nortonsoundhealth.org/
Bering Straits Native Corporation	(907) 443-5252	(907) 443-2985	https://beringstraits.com/
Sitnasuak Native Corporation	(907) 387-1200	(907) 443-6437	https://snc.org/
Medical Examiner's Office	(907) 334-2200	(907) 334-2216	https://health.alaska.gov/dph/medicalexaminer/pages/default.aspx
Norton Sound Economic Development Corporation	(907) 274-2248	(907) 443-2478	https://www.nsedc.com/

Deceased Information

Name: _____
 (First) (Middle Initial) (Last) (Also Known As or Maiden Name)

Date of Birth: ____/____/____ Gender: Male Female Social Security #: _____

Spouse's Name (if applicable): _____
 (First) (Middle) (Last)

Date of Birth: ____/____/____ Gender: Male Female Social Security #: _____

Home Phone: _____ Cell: _____ Email Address: _____

Present Mailing Address: _____
 (Street Address or P.O. Box) (City) (State) (Zip Code)

Was the deceased a veteran? No Yes – Discharge Date: _____



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Applicant Information (Family Member)

Name: _____
 (First) (Middle Initial) (Last) (Also Known As or Maiden Name)

Date of Birth: ____/____/____ Gender: Male Female Social Security #: _____

Relationship to Deceased: _____

Home Phone: _____ Cell: _____ Email Address: _____

Present Mailing Address: _____
 (Street Address or P.O. Box) (City) (State) (Zip Code)

Physical Address: _____
 (Street Address) (City) (State) (Zip Code)

Are you a veteran? No Yes – Discharge Date: _____

Are you registered with Selective Service?
 Yes No N/A

Native Corporation Shareholder Information

Was the deceased a shareholder of a Native Corporation?

No Yes – List Corporation(s) Here: _____

Deceased Income

List all sources of income that the deceased and their surviving spouse (if applicable) received during the last 30 days. Please also list current available funds. If the deceased is under the age of 19, report income from parents/guardians as applicable.

Source of Income	Deceased	Surviving Spouse (if applicable)	Who Received Income
Wages (Net Salary Income)	\$	\$	
Unemployment Insurance Benefits (UIB)	\$	\$	
Public Assistance (ATAP, GRA, APA)	\$	\$	



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Supplemental Nutrition Assistance Program (SNAP)	\$	\$	
Senior Benefits	\$	\$	
Veteran’s Administration (VA) Benefits	\$	\$	
Federal Tax Refund	\$	\$	
Board Member Stipend	\$	\$	Name of Board:
Profit from a Business (Carving, Beading, Baking, etc.)	\$	\$	
Child Support	\$	\$	
Alimony	\$	\$	
Supplemental Security Income (SSI)	\$	\$	
Social Security Disability Insurance (SSDI)	\$	\$	
Social Security Retirement Benefits	\$	\$	
Social Security Survivors Benefits	\$	\$	
Native Corp Dividends that Exceed \$2,000	\$	\$	Name of Corp:
Bingo, Pull Tab or Other Gaming Winnings	\$	\$	
Other Income (please specify)	\$	\$	
Total Income for Last 30 Days	\$	\$	

Available Cash Resources

Current Available Funds	Deceased	Surviving Spouse (if applicable)	Shared Account?
Checking Account Balance	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Savings Account Balance	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lump Sum Payments (Social Security, VA, Retirement)	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Resources (please specify): _____	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Total Current Resources	\$	\$	



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AUTHORIZATION FOR RELEASE OF INFORMATION

I (We), authorize the release of information on behalf of: _____, who is deceased, to Kawerak Inc., or its representatives within the Burial Assistance Program. The requested information shall be used solely in the administration of Burial Assistance and will not be released to any other person or agency outside the Burial Assistance Program or its agents.

I (We) hereby authorize Kawerak, Inc. to obtain and exchange information related to my application to participate in other programs. This release of information shall be in effect while I'm an applicant or recipient of Burial Assistance and for any later investigation pertaining to my eligibility and receipt of Burial Assistance benefits.

Persons or organizations that may be contacted include, but are not limited to: any Federal and State of Alaska programs, NSHC, Funeral Homes, Medical Examiner's Office, Department of Law, the Department of Public Safety, the Department of Fish & Game, the Department of Labor, the Department of Military Affairs, Alaska State Housing Authority, Social Security Administration, local and tribal governments, public assistance program contractors and grantees, health care providers, tax assessors, financial institutions, Native corporations, stock brokerage firms, landlords, employers, school authorities, private individuals and all departments and programs within and administered by Kawerak, Inc.

Applicant Signature

Date

Applicant's Printed Name

Date of Birth

Name of Deceased (Please Print)

Date of Birth

Social Security Number of the Deceased

Date of Death



Kawerak, Inc. Education, Employment & Supportive Services Division

Tribal Welfare Assistance Department – Burial Assistance Program

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Fax: 907-802-6183 ♦ Email: welfare@kawerak.org ♦ Website: www.kawerak.org

NOTICE ABOUT YOUR RIGHTS

CIVIL RIGHTS

The Civil Rights Act of 1974 states “No person in the United States, on the ground of race, color, or national origin, shall be excluded from participation or be denied the benefits of federal assistance.” If you feel you have been discriminated against, you may file a complaint with Kawerak, Inc. or with the United States Department of Health and Human Services.

FAIR HEARING

Kawerak Welfare Assistance Policies – Appeals Section 7.

§ 7.1 Persons who may appeal. Any individual who has applied for services and been denied, or who claims that the level of service provided was not in compliance with the Kawerak Welfare Assistance policies and procedures or in violation of federal law, may appeal by following the fair hearing process below.

§ 7.2 Fair hearing process. When a client requests a fair hearing, the request must be in writing, signed by the client and submitted to the TWA Program Director within 20 days of the action. If the TWA Program Director is unable to resolve the situation, the hearing request will be forwarded to Kawerak’s EESS Vice President for attention and disposition. If the client is dissatisfied with the EESS Vice President’s decision, then (s)he can appeal the decision to Kawerak’s President and Board of Directors, which at its discretion may hear the appeal as a full Board or delegate the matter to a Board committee.

Kawerak is available to assist you if you request a hearing. At the hearing you may represent yourself. You may also be represented by legal counsel (e.g. – Alaska Legal Services Corporation or another person of your choice). Kawerak will not provide transportation to and from your hearing.

NOTIFICATION TO APPLICANT

The Federal law concerning fraud states... “Whoever in any matter within the jurisdiction of any department or agency of the United States, knowingly and willingly falsifies, conceals or covers up by any trick, scheme or device a material fact, or makes any false fictitious or fraudulent statements or representations or makes or uses any false writing or documents, knowing the same to contain any false, fictitious or fraudulent statement or entry shall be fined not more than \$10,000.00 or imprisoned not more than five years or both.” _____ Initial reviewed

Under the Privacy Act, 5 U.S.C. 552(a), Section 7(a)(1)(2), the WA Program cannot give out the information you give the caseworker with the exception of other Federal, State, Tribal Offices and other programs who have some responsibility for providing the welfare services for which your are applying. The information can also be given to those agencies when you ask them for a job or for some other benefit, and for law enforcement purposes. This can be done without your written consent. For any other person or program wanting information from your case record file, you must first give your written consent. You have a right to know what information is inaccurate, ask your caseworker about how to change the information in the case record. _____ Initial reviewed

Paperwork Reduction Act of 1995 S.244 This section of this chapter are to minimize the paperwork burden for individuals, small businesses, educational and nonprofit institutions, federal contractors, State, local and tribal governments and other persons resulting from the collection of information by or for the federal government. Kawerak has this act available and attached to this application.

By signing below, I understand and have read or explained to me the Federal Law concerning Fraud, provision of my protection under the Privacy Act and the Paperwork Reduction Act.

Applicant Signature Date

Applicant’s Printed Name Date of Birth

16 CFR Part 453 Funeral Industry Practices

This content is from the eCFR and is authoritative but unofficial.

Title 16 – Commercial Practices
Chapter I – Federal Trade Commission
Subchapter D – Trade Regulation Rules

Part 453 Funeral Industry Practices

- § 453.1 Definitions.
- § 453.2 Price disclosures.
- § 453.3 Misrepresentations.
- § 453.4 Required purchase of funeral goods or funeral services.
- § 453.5 Services provided without prior approval.
- § 453.6 Retention of documents.
- § 453.7 Comprehension of disclosures.
- § 453.8 Declaration of intent.
- § 453.9 State exemptions.

PART 453—FUNERAL INDUSTRY PRACTICES

Authority: 15 U.S.C. 57a(a); 15 U.S.C. 46(g); 5 U.S.C. 552.

Source: 59 FR 1611, Jan. 11, 1994, unless otherwise noted.

§ 453.1 Definitions.

- (a) **Alternative container.** An “alternative container” is an unfinished wood box or other non-metal receptacle or enclosure, without ornamentation or a fixed interior lining, which is designed for the encasement of human remains and which is made of fiberboard, pressed-wood, composition materials (with or without an outside covering) or like materials.
- (b) **Cash advance item.** A “cash advance item” is any item of service or merchandise described to a purchaser as a “cash advance,” “accommodation,” “cash disbursement,” or similar term. A cash advance item is also any item obtained from a third party and paid for by the funeral provider on the purchaser's behalf. Cash advance items may include, but are not limited to: cemetery or crematory services; pallbearers; public transportation; clergy honoraria; flowers; musicians or singers; nurses; obituary notices; gratuities and death certificates.
- (c) **Casket.** A “casket” is a rigid container which is designed for the encasement of human remains and which is usually constructed of wood, metal, fiberglass, plastic, or like material, and ornamented and lined with fabric.
- (d) **Commission.** “Commission” refers to the Federal Trade Commission.
- (e) **Cremation.** “Cremation” is a heating process which incinerates human remains.

- (f) **Crematory.** A "crematory" is any person, partnership or corporation that performs cremation and sells funeral goods.
- (g) **Direct cremation.** A "direct cremation" is a disposition of human remains by cremation, without formal viewing, visitation, or ceremony with the body present.
- (h) **Funeral goods.** "Funeral goods" are the goods which are sold or offered for sale directly to the public for use in connection with funeral services.
- (i) **Funeral provider.** A "funeral provider" is any person, partnership or corporation that sells or offers to sell funeral goods and funeral services to the public.
- (j) **Funeral services.** "Funeral services" are any services which may be used to:
 - (1) Care for and prepare deceased human bodies for burial, cremation or other final disposition; and
 - (2) arrange, supervise or conduct the funeral ceremony or the final disposition of deceased human bodies.
- (k) **Immediate burial.** An "immediate burial" is a disposition of human remains by burial, without formal viewing, visitation, or ceremony with the body present, except for a graveside service.
- (l) **Memorial service.** A "memorial service" is a ceremony commemorating the deceased without the body present.
- (m) **Funeral ceremony.** A "funeral ceremony" is a service commemorating the deceased with the body present.
- (n) **Outer burial container.** An "outer burial container" is any container which is designed for placement in the grave around the casket including, but not limited to, containers commonly known as burial vaults, grave boxes, and grave liners.
- (o) **Person.** A "person" is any individual, partnership, corporation, association, government or governmental subdivision or agency, or other entity.
- (p) **Services of funeral director and staff.** The "services of funeral director and staff" are the basic services, not to be included in prices of other categories in § 453.2(b)(4), that are furnished by a funeral provider in arranging any funeral, such as conducting the arrangements conference, planning the funeral, obtaining necessary permits, and placing obituary notices.

§ 453.2 Price disclosures.

- (a) **Unfair or deceptive acts or practices.** In selling or offering to sell funeral goods or funeral services to the public, it is an unfair or deceptive act or practice for a funeral provider to fail to furnish accurate price information disclosing the cost to the purchaser for each of the specific funeral goods and funeral services used in connection with the disposition of deceased human bodies, including at least the price of embalming, transportation of remains, use of facilities, caskets, outer burial containers, immediate burials, or direct cremations, to persons inquiring about the purchase of funerals. Any funeral provider who complies with the preventive requirements in paragraph (b) of this section is not engaged in the unfair or deceptive acts or practices defined here.
- (b) **Preventive requirements.** To prevent these unfair or deceptive acts or practices, as well as the unfair or deceptive acts or practices defined in § 453.4(b)(1), funeral providers must:

- (1) **Telephone price disclosure.** Tell persons who ask by telephone about the funeral provider's offerings or prices any accurate information from the price lists described in paragraphs (b)(2) through (4) of this section and any other readily available information that reasonably answers the question.
- (2) **Casket price list.**
 - (i) Give a printed or typewritten price list to people who inquire in person about the offerings or prices of caskets or alternative containers. The funeral provider must offer the list upon beginning discussion of, but in any event before showing caskets. The list must contain at least the retail prices of all caskets and alternative containers offered which do not require special ordering, enough information to identify each, and the effective date for the price list. In lieu of a written list, other formats, such as notebooks, brochures, or charts may be used if they contain the same information as would the printed or typewritten list, and display it in a clear and conspicuous manner. Provided, however, that funeral providers do not have to make a casket price list available if the funeral providers place on the general price list, specified in paragraph (b)(4) of this section, the information required by this paragraph.
 - (ii) Place on the list, however produced, the name of the funeral provider's place of business and a caption describing the list as a "casket price list."
- (3) **Outer burial container price list.**
 - (i) Give a printed or typewritten price list to persons who inquire in person about outer burial container offerings or prices. The funeral provider must offer the list upon beginning discussion of, but in any event before showing the containers. The list must contain at least the retail prices of all outer burial containers offered which do not require special ordering, enough information to identify each container, and the effective date for the prices listed. In lieu of a written list, the funeral provider may use other formats, such as notebooks, brochures, or charts, if they contain the same information as the printed or typewritten list, and display it in a clear and conspicuous manner. Provided, however, that funeral providers do not have to make an outer burial container price list available if the funeral providers place on the general price list, specified in paragraph (b)(4) of this section, the information required by this paragraph.
 - (ii) Place on the list, however produced, the name of the funeral provider's place of business and a caption describing the list as an "outer burial container price list."
- (4) **General price list.**
 - (i)
 - (A) Give a printed or typewritten price list for retention to persons who inquire in person about the funeral goods, funeral services or prices of funeral goods or services offered by the funeral provider. The funeral provider must give the list upon beginning discussion of any of the following:
 - (1) The prices of funeral goods or funeral services;
 - (2) The overall type of funeral service or disposition; or
 - (3) Specific funeral goods or funeral services offered by the funeral provider.
 - (B) The requirement in paragraph (b)(4)(i)(A) of this section applies whether the discussion takes place in the funeral home or elsewhere. Provided, however, that when the deceased is removed for transportation to the funeral home, an in-person request at that time for

authorization to embalm, required by § 453.5(a)(2), does not, by itself, trigger the requirement to offer the general price list if the provider in seeking prior embalming approval discloses that embalming is not required by law except in certain special cases, if any. Any other discussion during that time about prices or the selection of funeral goods or services triggers the requirement under paragraph (b)(4)(i)(A) of this section to give consumers a general price list.

- (C) The list required in paragraph (b)(4)(i)(A) of this section must contain at least the following information:
 - (1) The name, address, and telephone number of the funeral provider's place of business;
 - (2) A caption describing the list as a "general price list"; and
 - (3) The effective date for the price list;
- (ii) Include on the price list, in any order, the retail prices (expressed either as the flat fee, or as the price per hour, mile or other unit of computation) and the other information specified below for at least each of the following items, if offered for sale:
 - (A) Forwarding of remains to another funeral home, together with a list of the services provided for any quoted price;
 - (B) Receiving remains from another funeral home, together with a list of the services provided for any quoted price;
 - (C) The price range for the direct cremations offered by the funeral provider, together with:
 - (1) A separate price for a direct cremation where the purchaser provides the container;
 - (2) Separate prices for each direct cremation offered including an alternative container; and
 - (3) A description of the services and container (where applicable), included in each price;
 - (D) The price range for the immediate burials offered by the funeral provider, together with:
 - (1) A separate price for an immediate burial where the purchaser provides the casket;
 - (2) Separate prices for each immediate burial offered including a casket or alternative container; and
 - (3) A description of the services and container (where applicable) included in that price;
 - (E) Transfer of remains to funeral home;
 - (F) Embalming;
 - (G) Other preparation of the body;
 - (H) Use of facilities and staff for viewing;
 - (I) Use of facilities and staff for funeral ceremony;
 - (J) Use of facilities and staff for memorial service;
 - (K) Use of equipment and staff for graveside service;
 - (L) Hearse; and

- (M) Limousine.
- (iii) Include on the price list, in any order, the following information:
 - (A) Either of the following:
 - (1) The price range for the caskets offered by the funeral provider, together with the statement: "A complete price list will be provided at the funeral home."; or
 - (2) The prices of individual caskets, disclosed in the manner specified by paragraph (b)(2)(i) of this section; and
 - (B) Either of the following:
 - (1) The price range for the outer burial containers offered by the funeral provider, together with the statement: "A complete price list will be provided at the funeral home."; or
 - (2) The prices of individual outer burial containers, disclosed in the manner specified by paragraph (b)(3)(i) of this section; and
 - (C) Either of the following:
 - (1) The price for the basic services of funeral director and staff, together with a list of the principal basic services provided for any quoted price and, if the charge cannot be declined by the purchaser, the statement: "This fee for our basic services will be added to the total cost of the funeral arrangements you select. (This fee is already included in our charges for direct cremations, immediate burials, and forwarding or receiving remains.)". If the charge cannot be declined by the purchaser, the quoted price shall include all charges for the recovery of unallocated funeral provider overhead, and funeral providers may include in the required disclosure the phrase "and overhead" after the word "services"; or
 - (2) The following statement: "Please note that a fee of (*specify dollar amount*) for the use of our basic services is included in the price of our caskets. This same fee shall be added to the total cost of your funeral arrangements if you provide the casket. Our services include (*specify*)." The fee shall include all charges for the recovery of unallocated funeral provider overhead, and funeral providers may include in the required disclosure the phrase "and overhead" after the word "services." The statement must be placed on the general price list together with the casket price range, required by paragraph (b)(4)(iii)(A)(1) of this section, or together with the prices of individual caskets, required by (b)(4)(iii)(A)(2) of this section.
- (iv) The services fee permitted by § 453.2(b)(4)(iii)(C)(1) or (C)(2) is the only funeral provider fee for services, facilities or unallocated overhead permitted by this part to be non-declinable, unless otherwise required by law.
- (5) **Statement of funeral goods and services selected.**
 - (i) Give an itemized written statement for retention to each person who arranges a funeral or other disposition of human remains, at the conclusion of the discussion of arrangements. The statement must list at least the following information:

- (A) The funeral goods and funeral services selected by that person and the prices to be paid for each of them;
 - (B) Specifically itemized cash advance items. (These prices must be given to the extent then known or reasonably ascertainable. If the prices are not known or reasonably ascertainable, a good faith estimate shall be given and a written statement of the actual charges shall be provided before the final bill is paid.); and
 - (C) The total cost of the goods and services selected.
- (ii) The information required by this paragraph (b)(5) may be included on any contract, statement, or other document which the funeral provider would otherwise provide at the conclusion of discussion of arrangements.
- (6) **Other pricing methods.** Funeral providers may give persons any other price information, in any other format, in addition to that required by § 453.2(b)(2), (3), and (4) so long as the statement required by § 453.2(b)(5) is given when required by the rule.

§ 453.3 Misrepresentations.

(a) **Embalming provisions –**

- (1) **Deceptive acts or practices.** In selling or offering to sell funeral goods or funeral services to the public, it is a deceptive act or practice for a funeral provider to:
- (i) Represent that state or local law requires that a deceased person be embalmed when such is not the case;
 - (ii) Fail to disclose that embalming is not required by law except in certain special cases, if any.
- (2) **Preventive requirements.** To prevent these deceptive acts or practices, as well as the unfair or deceptive acts or practices defined in §§ 453.4(b)(1) and 453.5(2), funeral providers must:
- (i) Not represent that a deceased person is required to be embalmed for:
 - (A) Direct cremation;
 - (B) Immediate burial; or
 - (C) A closed casket funeral without viewing or visitation when refrigeration is available and when state or local law does not require embalming; and
 - (ii) Place the following disclosure on the general price list, required by § 453.2(b)(4), in immediate conjunction with the price shown for embalming: "Except in certain special cases, embalming is not required by law. Embalming may be necessary, however, if you select certain funeral arrangements, such as a funeral with viewing. If you do not want embalming, you usually have the right to choose an arrangement that does not require you to pay for it, such as direct cremation or immediate burial." The phrase "except in certain special cases" need not be included in this disclosure if state or local law in the area(s) where the provider does business does not require embalming under any circumstances.

(b) **Casket for cremation provisions –**

- (1) **Deceptive acts or practices.** In selling or offering to sell funeral goods or funeral services to the public, it is a deceptive act or practice for a funeral provider to:

- (i) Represent that state or local law requires a casket for direct cremations;
 - (ii) Represent that a casket is required for direct cremations.
- (2) **Preventive requirements.** To prevent these deceptive acts or practices, as well as the unfair or deceptive acts or practices defined in § 453.4(a)(1), funeral providers must place the following disclosure in immediate conjunction with the price range shown for direct cremations: "If you want to arrange a direct cremation, you can use an alternative container. Alternative containers encase the body and can be made of materials like fiberboard or composition materials (with or without an outside covering). The containers we provide are (specify containers)." This disclosure only has to be placed on the general price list if the funeral provider arranges direct cremations.
- (c) **Outer burial container provisions –**
- (1) **Deceptive acts or practices.** In selling or offering to sell funeral goods and funeral services to the public, it is a deceptive act or practice for a funeral provider to:
 - (i) Represent that state or local laws or regulations, or particular cemeteries, require outer burial containers when such is not the case;
 - (ii) Fail to disclose to persons arranging funerals that state law does not require the purchase of an outer burial container.
 - (2) **Preventive requirement.** To prevent these deceptive acts or practices, funeral providers must place the following disclosure on the outer burial container price list, required by § 453.2(b)(3)(i), or, if the prices of outer burial containers are listed on the general price list, required by § 453.2(b)(4), in immediate conjunction with those prices: "In most areas of the country, state or local law does not require that you buy a container to surround the casket in the grave. However, many cemeteries require that you have such a container so that the grave will not sink in. Either a grave liner or a burial vault will satisfy these requirements." The phrase "in most areas of the country" need not be included in this disclosure if state or local law in the area(s) where the provider does business does not require a container to surround the casket in the grave.
- (d) **General provisions on legal and cemetery requirements –**
- (1) **Deceptive acts or practices.** In selling or offering to sell funeral goods or funeral services to the public, it is a deceptive act or practice for funeral providers to represent that federal, state, or local laws, or particular cemeteries or crematories, require the purchase of any funeral goods or funeral services when such is not the case.
 - (2) **Preventive requirements.** To prevent these deceptive acts or practices, as well as the deceptive acts or practices identified in §§ 453.3(a)(1), 453.3(b)(1), and 453.3(c)(1), funeral providers must identify and briefly describe in writing on the statement of funeral goods and services selected (required by § 453.2(b)(5)) any legal, cemetery, or crematory requirement which the funeral provider represents to persons as compelling the purchase of funeral goods or funeral services for the funeral which that person is arranging.
- (e) **Provisions on preservative and protective value claims.** In selling or offering to sell funeral goods or funeral services to the public, it is a deceptive act or practice for a funeral provider to:
- (1) Represent that funeral goods or funeral services will delay the natural decomposition of human remains for a long-term or indefinite time;

- (2) Represent that funeral goods have protective features or will protect the body from gravesite substances, when such is not the case.

(f) **Cash advance provisions** –

- (1) **Deceptive acts or practices.** In selling or offering to sell funeral goods or funeral services to the public, it is a deceptive act or practice for a funeral provider to:
 - (i) Represent that the price charged for a cash advance item is the same as the cost to the funeral provider for the item when such is not the case;
 - (ii) Fail to disclose to persons arranging funerals that the price being charged for a cash advance item is not the same as the cost to the funeral provider for the item when such is the case.
- (2) **Preventive requirements.** To prevent these deceptive acts or practices, funeral providers must place the following sentence in the itemized statement of funeral goods and services selected, in immediate conjunction with the list of itemized cash advance items required by § 453.2(b)(5)(i)(B): “We charge you for our services in obtaining: (specify cash advance items),” if the funeral provider makes a charge upon, or receives and retains a rebate, commission or trade or volume discount upon a cash advance item.

§ 453.4 Required purchase of funeral goods or funeral services.

(a) **Casket for cremation provisions** –

- (1) **Unfair or deceptive acts or practices.** In selling or offering to sell funeral goods or funeral services to the public, it is an unfair or deceptive act or practice for a funeral provider, or a crematory, to require that a casket be purchased for direct cremation.
- (2) **Preventive requirement.** To prevent this unfair or deceptive act or practice, funeral providers must make an alternative container available for direct cremations, if they arrange direct cremations.

(b) **Other required purchases of funeral goods or funeral services** –

- (1) **Unfair or deceptive acts or practices.** In selling or offering to sell funeral goods or funeral services, it is an unfair or deceptive act or practice for a funeral provider to:
 - (i) Condition the furnishing of any funeral good or funeral service to a person arranging a funeral upon the purchase of any other funeral good or funeral service, except as required by law or as otherwise permitted by this part;
 - (ii) Charge any fee as a condition to furnishing any funeral goods or funeral services to a person arranging a funeral, other than the fees for: (1) Services of funeral director and staff, permitted by § 453.2(b)(4)(iii)(C); (2) other funeral services and funeral goods selected by the purchaser; and (3) other funeral goods or services required to be purchased, as explained on the itemized statement in accordance with § 453.3(d)(2).
- (2) **Preventive requirements.**
 - (i) To prevent these unfair or deceptive acts or practices, funeral providers must:
 - (A) Place the following disclosure in the general price list, immediately above the prices required by § 453.2(b)(4) (ii) and (iii): “The goods and services shown below are those we can provide to our customers. You may choose only the items you desire. If legal or other requirements mean you must buy any items you did not specifically ask for, we will explain

the reason in writing on the statement we provide describing the funeral goods and services you selected." Provided, however, that if the charge for "services of funeral director and staff" cannot be declined by the purchaser, the statement shall include the sentence: "However, any funeral arrangements you select will include a charge for our basic services" between the second and third sentences of the statement specified above herein. The statement may include the phrase "and overhead" after the word "services" if the fee includes a charge for the recovery of unallocated funeral provider overhead;

- (B) Place the following disclosure in the statement of funeral goods and services selected, required by § 453.2(b)(5)(i): "Charges are only for those items that you selected or that are required. If we are required by law or by a cemetery or crematory to use any items, we will explain the reasons in writing below."
- (ii) A funeral provider shall not violate this section by failing to comply with a request for a combination of goods or services which would be impossible, impractical, or excessively burdensome to provide.

§ 453.5 Services provided without prior approval.

- (a) **Unfair or deceptive acts or practices.** In selling or offering to sell funeral goods or funeral services to the public, it is an unfair or deceptive act or practice for any provider to embalm a deceased human body for a fee unless:
 - (1) State or local law or regulation requires embalming in the particular circumstances regardless of any funeral choice which the family might make; or
 - (2) Prior approval for embalming (expressly so described) has been obtained from a family member or other authorized person; or
 - (3) The funeral provider is unable to contact a family member or other authorized person after exercising due diligence, has no reason to believe the family does not want embalming performed, and obtains subsequent approval for embalming already performed (expressly so described). In seeking approval, the funeral provider must disclose that a fee will be charged if the family selects a funeral which requires embalming, such as a funeral with viewing, and that no fee will be charged if the family selects a service which does not require embalming, such as direct cremation or immediate burial.
- (b) **Preventive requirement.** To prevent these unfair or deceptive acts or practices, funeral providers must include on the itemized statement of funeral goods and services selected, required by § 453.2(b)(5), the statement: "If you selected a funeral that may require embalming, such as a funeral with viewing, you may have to pay for embalming. You do not have to pay for embalming you did not approve if you selected arrangements such as a direct cremation or immediate burial. If we charged for embalming, we will explain why below."

§ 453.6 Retention of documents.

To prevent the unfair or deceptive acts or practices specified in §§ 453.2 and 453.3 of this rule, funeral providers must retain and make available for inspection by Commission officials true and accurate copies of the price lists specified in §§ 453.2(b) (2) through (4), as applicable, for at least one year after the date of their last distribution to customers, and a copy of each statement of funeral goods and services selected, as required by § 453.2(b)(5), for at least one year from the date of the arrangements conference.

§ 453.7 Comprehension of disclosures.

To prevent the unfair or deceptive acts or practices specified in §§ 453.2 through 453.5, funeral providers must make all disclosures required by those sections in a clear and conspicuous manner. Providers shall not include in the casket, outer burial container, and general price lists, required by §§ 453.2(b)(2)–(4), any statement or information that alters or contradicts the information required by this part to be included in those lists.

§ 453.8 Declaration of intent.

- (a) Except as otherwise provided in § 453.2(a), it is a violation of this rule to engage in any unfair or deceptive acts or practices specified in this rule, or to fail to comply with any of the preventive requirements specified in this rule;
- (b) The provisions of this rule are separate and severable from one another. If any provision is determined to be invalid, it is the Commission's intention that the remaining provisions shall continue in effect.
- (c) This rule shall not apply to the business of insurance or to acts in the conduct thereof.

§ 453.9 State exemptions.

If, upon application to the Commission by an appropriate state agency, the Commission determines that:

- (a) There is a state requirement in effect which applies to any transaction to which this rule applies; and
- (b) That state requirement affords an overall level of protection to consumers which is as great as, or greater than, the protection afforded by this rule; then the Commission's rule will not be in effect in that state to the extent specified by the Commission in its determination, for as long as the State administers and enforces effectively the state requirement.