



**Kawerak Head Start
PO Box 948
Nome, AK 99762
1-800-443-5294
FAX (907) 443-9059**



DATE:

**TO: State of Alaska, Division of Public Assistance Nome Office 443-2237;
FAX 443-2307**

FROM: ERSEA Specialist (Enrollment, Recruitment, Selection, Eligibility, Attendance)

RE: Request Verification of Public Assistance

This fax is to request Verification of Public Assistance/Food Stamps to be sent to:

Head Start ERSEA at FAX 443-9059 for Head Start/ Early Head Start enrollment purposes.

Authorization/ Request of Information:

I authorize the release of this information to Kawerak Head Start ERSEA.

Printed Name _____
Signature _____
Social Security _____
Address _____
Phone Number _____
Date _____

Student _____
Site _____

THIS PORTION COMPLETED BY PUBLIC ASSISTANCE.

Is the client receiving Food Stamps?	YES	NO
If so how much? _____		
Is the client receiving Temporary Assistance?	YES	NO
If so how much? _____		
Is the client receiving Adult Public Assistance?	YES	NO
If so how much? _____		
Has the client Received General Assistance?	YES	NO
Does the client receive Medicaid?	YES	NO

DPA Caseworker signature

DPA Printed Name

Date