

## TANF/FOOD STAMPS APPLICATION

### **Checklist:**

Please provide the following items so that we can process your application and get your benefits to you quickly.

**IMPORTANT:** If you quit your job within 60 days of submitting this application, you may not be eligible to receive benefits for up to 30 days, 6 months, or 1 year. Prior to submitting your application, please call 907-452-8251 to discuss the reason you quit your job.

Tribal Enrollment or CIB card (verification for the person who is listed as the head of household for the TANF case)

Social Security Numbers (for everyone; please bring the cards in if you have them)

Proof of income (this month's paystubs plus any other income (i.e., child support, unemployment, paid work, etc.))

Proof of child care and shelter & utility expenses (receipts from your daycare provider, copy of your most recent rent or lease agreement, your most recent bills and receipts paid for fuel, electric, phone, water or sewer)

30-day bank statement (online bank statements not accepted)

Photo Identification

Proof of pregnancy and due date (if applicable)

Proof of incapacity for one or both parents (if applicable)

Case closure notice if you came from another state

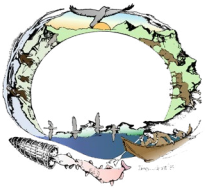
Completed Child Support Information Form if one or both parents are absent from the home

### **Also remember to:**

Check the box or boxes to indicate which service(s) you are requesting

Have all adults sign the application

Sign the release of information form



## APPLICATION FOR SERVICES

Date Received:	TWDS Date Received:
TWDS Signature	

### **HELP NEEDED (Please check all that apply)**

Tanana Chiefs Conference Temporary Assistance for Needy Families (TANF) and the State of Alaska Division of Public Assistance deliver the following programs out of the TCC Office: (Heating Assistance - Use Separate Form)

Finding Work	Food	Medical Assistance
Child Support	Utilities	Transportation
Rent	Other Temporary Assistance	Child Care
Prenatal Care	Other:	

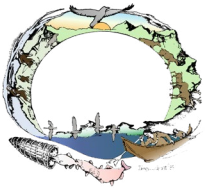
### **APPLICANT INFORMATION (Please print)**

First name and Middle Initial	Last Name	Social Security
Physical Address/Directions to Your Home	City, State	Zip Code
Mailing Address	City, State	Zip Code
Home Phone Number	Message Phone Number	Other Names You Have Used

Answer these questions to see if you can get food stamps within 7 days.

- Do you have more than \$100 in cash or money in the bank? Yes                      No
- Is your household's monthly gross income (income before deductions) less than \$150? Yes                      No
- Are your costs for rent/mortgage/utilities more than your monthly gross income, cash, and money in the bank? Yes                      No

Sign Here	Date	Email Address
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### Household Members

List all of the people who live with you. Please print. If more spaces are needed, please attach another piece of paper.

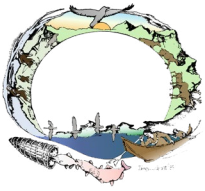
Marital Status: Married (MA), Not Married (NM), Separated (SE), Legally Separated (LS), Divorced (DI), Widowed (WI)

Household Member Name			Relationship to You (NR if not related) Self		
Birth Date	Social Security Number	US Citizen or National	Alien in Satisfactory Immigration Status		
Education (Last Grade Completed, High School Diploma, GED, College)		Male	Female	Nonbinary	
Race	Disabled: <input type="checkbox"/> Yes    No	Veteran: <input type="checkbox"/> Yes    No	N/A		

Household Member Name			Relationship to You (NR if not related)		
Birth Date	Social Security Number	US Citizen or National	Alien in Satisfactory Immigration Status		
Education (Last Grade Completed, High School Diploma, GED, College)		Male	Female	Nonbinary	
Race	Disabled: <input type="checkbox"/> Yes    No	Veteran: <input type="checkbox"/> Yes    No	N/A		

Household Member Name			Relationship to You (NR if not related)		
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Education (Last Grade Completed, High School Diploma, GED, College)		Male	Female	Nonbinary	
Race	Disabled: <input type="checkbox"/> Yes    No	Veteran: <input type="checkbox"/> Yes    No	N/A		

Household Member Name			Relationship to You (NR if not related)		
Birth Date	Social Security Number	US Citizen or National	Alien in Satisfactory Immigration Status		
Education (Last Grade Completed, High School Diploma, GED, College)		Male	Female	Nonbinary	
Race	Disabled: <input type="checkbox"/> Yes    No	Veteran: <input type="checkbox"/> Yes    No	N/A		



### Household Members, Continued

List all of the people who live with you. Please print. If more spaces are needed, please attach another piece of paper.

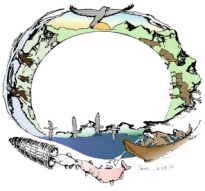
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Race	Disabled: <input type="checkbox"/> Yes    No	Veteran: <input type="checkbox"/> Yes    No	N/A		

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Education (Last Grade Completed, High School Diploma, GED, College)		Male	Female	Nonbinary	
Race	Disabled: <input type="checkbox"/> Yes    No	Veteran: <input type="checkbox"/> Yes    No	N/A		



**Household Income**

PLEASE PRINT.

1. Has anyone in your household had a job end in the last 60 days?	Yes	No	If yes, who?
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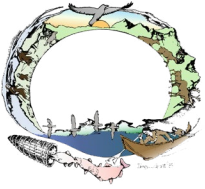
2. Is anyone in your household working and/or self employed?				Yes	No
PERSON EMPLOYED	EMPLOYER	# HOURS WORKED	MONTHLY GROSS INCOME		

3. Do anyone in your household receive money from a source besides the employment listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Alimony	Insurance/Lawsuit Settlement	Permanent Fund Dividend
Annuities	Interest/Dividends	Social Security Benefits
Bingo/Gambling Winnings	Military Benefits	Subsidized Adoption Payments
Child Support	Money from Friends/Relatives	Supplement Security Income
Education Assistance	Native Corporation Dividends	Unemployment Benefits
Foster Care Payments	Oil/Mineral Royalties	Veteran's Benefits
General Assistance from Native Corps	Pension/Retirement Benefits	Workers' Compensation
Other (Please list):		

FOR ALL ITEMS CHECKED ABOVE, PLEASE FILL OUT THE BOXES BELOW.

PERSON RECEIVING PAYMENT	TYPE OF PAYMENT	AMOUNT RECEIVED THIS MONTH	AMOUNT EXPECTED NEXT MONTH	PAYMENT FREQUENCY

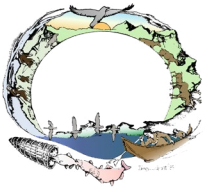
4. Do you expect any income or employment changes? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:



## Household Assets & Expenses

PLEASE PRINT.

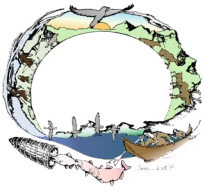
5. List how much money your household has in cash or in bank/credit union accounts.					
HOUSEHOLD MEMBER	AMOUNT IN CASH	AMOUNT IN BANK/ CREDIT UNION	BANK/CREDIT UNION NAME	ACCOUNT NUMBER	
6. List any houses, cabins, property, stocks, bonds, or other assets owned by anyone in your household.					
OWNER	TYPE OF PROPERTY	ASSET	VALUE		
7. List all vehicles owned by anyone in your household, including cars, trucks, motorcycles, boats, snowmobiles, etc.					
OWNER	VEHICLE TYPE	MAKE/MODEL	YEAR	VALUE	AMOUNT OWED
				\$	\$
				\$	\$
				\$	\$
				\$	\$
8. Has anyone in your household sold, given away, or transferred any property, vehicles <input type="checkbox"/> Yes No or other assets in the past five years?					
9. Does another agency help you pay all or part of your shelter costs, including energy <input type="checkbox"/> Yes No or heating assistance?					
10. Does anyone in your household pay child support? <input type="checkbox"/> Yes No					
If yes, who pays?			Monthly Amount \$		
11. FOR HOUSEHOLDS WITH MEMBERS AGED 60+ OR WHO HAVE DISABILITIES: Do they <input type="checkbox"/> Yes No have medical expenses?					
If yes, who has the expense?			Monthly Amount: \$		



## Household Expenses

PLEASE PRINT.

12. Do you receive assistance with food, shelter, utilities, or other expenses?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain.			
13. List how much your family pays each month for rent/ mortgage & utilities.	Rent/Mortgage Amount: \$	Utilities Amount: \$	
Do you pay for your home heating costs?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
14. Does anyone in your household have child/dependent care expenses?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Amount: \$
15. Are you requesting assistance for anyone in your household who is pregnant?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, who?		When is the baby due?	
16. Has anyone in your household received public assistance from any other Tribe, from the state of Alaska, or from another state?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain who, when, and where?			
17. Is any adult in your household fleeing from prosecution, custody, or confinement for a felony or Class A misdemeanor?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, who?	City, State of Conviction	Date of Conviction	
18. Have you or anyone in your household been convicted of a drug-related felony for an offense that occurred on or after August 22, 1996?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, who?	City, State of Conviction	Date of Conviction	
19. Have you or anyone in your household been convicted for fraudulently providing a false address in order to receive TANF benefits in another state?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, who?	City, State of Conviction	Date of Conviction	
20. Is anyone in your household attending a college or university?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, who?			



**Insurance Information**

PLEASE PRINT.

21. Is anyone in your household eligible for personal or employer-provided health insurance, Public Health Service, Indian Health Service, TRICARE (CHAMPUS), or VA benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No
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*If yes, please complete the following.*

Name of Insured Persons:	Insurance Company Name, Address, and Phone Number:	Policy Number & Group Number:
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22. Does anyone in your household have Medicare Coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No
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*If yes, please complete the following.*

Person's Name:	Medicare Claim Number:
Person's Name:	Medicare Claim Number:
Person's Name:	Medicare Claim Number:
Person's Name:	Medicare Claim Number:

23. Does anyone in your household have an unpaid medical bill from the last three months? <input type="checkbox"/> Yes <input type="checkbox"/> No
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If yes, who?	What month?
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24. Does anyone in your household have medical problems or medical costs due to an accident? <input type="checkbox"/> Yes <input type="checkbox"/> No
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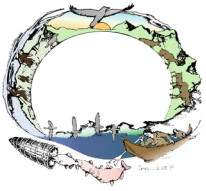
If yes, who?	Date of the accident:
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25. Do any household members expect changes in health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No
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If yes, who and why?
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26. Did anyone in your household have health insurance cancelled or stopped within the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No
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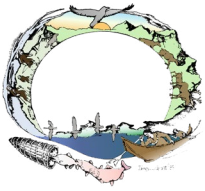
If yes, who and why?
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**Insurance Information, Continued**

PLEASE PRINT.

27. List the name and place of birth of all children under age 16 in your household.	
<i>Child's Name</i>	<i>Place of Birth</i>



**Authorized Representative**

PLEASE PRINT.

I have asked this person to help me with my public assistance care.

Name of Person	Phone/Message Number
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**Alternative Payee**

I want this person to be able to spend my public assistance benefits on behalf of my household.

Which benefits?  
Cash      Food

Name of Person	Phone/Message Number
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Address	City, State	Zipcode
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**Food Stamps Subsistence Statement (For Rural Areas Only)**

My household intends to satisfy a substantial portion of our food needs by subsistence hunting and fishing. We do not intend to use these food stamps to buy equipment for commercial hunting or fishing. We understand we may not use the food stamps to buy guns, files, traps, fuel, ammunition or clothing.

Signature of Applicant or other Adult Household Member	Date
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**Statement of Truth**

Under penalty of perjury or unsworn falsification, I certify that the statement made on the application and during my interview for assistance regarding the person in my home, the income, resources, property, and all other items that pertain to my possible eligibility for benefits are true and correct to the best of my knowledge. I have read or had read to me and understand my rights and responsibilities.

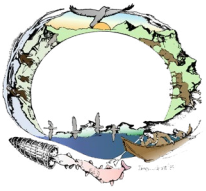
Signature of Applicant	Date
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Signature of Other Adult Applicant	Date
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Signature of First Witness if Signed With an "X"	Date
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Signature of Second Witness if Signed With an "X"	Date
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Signature of Fee Agent or Helper	Date
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Tanana  
Chiefs  
Conference

**Department of Family Services**  
**Temporary Assistance for Needy Families**

122 1st Avenue, Suite 500

Fairbanks, AK 99701

Phone: (907) 452-8251

Fax: (907) 459-3870

Email: TCCTANF\_Dept@tananaChiefs.org

## NOTES



**Department of Family Services**  
**Temporary Assistance for Needy Families**  
 122 1st Avenue, Suite 500  
 Fairbanks, AK 99701  
 Phone: (907) 452-8251  
 Fax: (907) 459-3870  
 Email: TCCTANF\_Dept@tananaChiefs.org

## REQUEST FOR CONTACT PERSONS AND ORGANIZATIONS

We often need to contact persons or organizations that can verify your situation to determine your eligibility for public assistance. When we contact such persons or organizations, we tell them our name, title, and that we work for Tanana Chiefs Conference or the Division of Public Assistance. We are prohibited by law from telling them anything about you or your public assistance case.

The information we most often need to verify is where you live, who lives with you, and your household's income and resources. We may also ask for information about absent parents from the Tribal Temporary Assistance for Needy Families program and Medicaid applicants.

Please provide the information requested below.

Name of someone who knows you well	Daytime phone number	
Mailing Address	City, State	Zipcode

Name of someone who knows you well	Daytime phone number	
Mailing Address	City, State	Zipcode

Name of Landlord	Daytime phone number	
Mailing Address	City, State	Zipcode

Financial Institution (Bank, Credit Union, etc.)	Telephone number
Account Number(s):	

Employer	Daytime phone number	
Mailing Address	City, State	Zipcode



**Department of Family Services  
 Temporary Assistance for Needy Families**  
 122 1st Avenue, Suite 500  
 Fairbanks, AK 99701  
 Phone: (907) 452-8251  
 Fax: (907) 459-3870  
 Email: TCCTANF\_Dept@tananaChiefs.org

## AUTHORIZATION FOR RELEASE OF INFORMATION

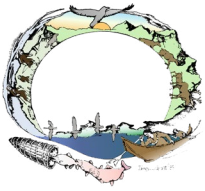
I authorize the release of information requested by Tanana Chiefs Conference, Family Services and/or the State of Alaska Department of Health & Human Services or its agents within the Department of Law. The requested information shall be used solely in the administration of Tribal Temporary Assistance programs or the Department of Health & Human Services, and will not be released to any other person or agency outside of Tanana Chiefs Conference, the Department of Health & Social Services or its agents within the Department of Law. This release of information shall be in effect as long as I am an applicant or recipient of Tribal assistance.

Persons or organizations that may be contacted include but are not limited to: the State Records, Department of Law, the Department of Public Safety, the Department of Fish and Game, the Department of Labor, the Department of Military Affairs, Alaska State Housing Authority, Social Security Administration, local governments, health care providers, tax assessors, financial institutions, Native corporations, stock brokerage firms, landlords, employers, school authorities, and private individuals.

***A reproduction of this release is as valid as the original.***

Your Signature
Printed Name
Social Security Number
Address
Phone Number
Date

Signature of Other Adult Household Member
Printed Name
Social Security Number
Address
Phone Number
Date



## MONTHLY REPORTS AND CHANGE REPORTING

If you receive Tribal Temporary Assistance of Food Stamps, you may be required to complete monthly reports about your household. You must tell your local Tribal TANF agency or the Division of Public Assistance if there are changes in your household size, income, assets, household expenses, or work status, including your job, training, or other work activity. You must report changes as follows.

<i><b>If you get...</b></i>	<i><b>Then you must...</b></i>		
Temporary Assistance (from the state or Tribal TANF program)	Report when children leave your home within 5 days and all other changes within 10 days	<b>AND</b>	On your Monthly Report Form
Adult Public Assistance	Report all changes within 10 days	<b>AND</b>	On your Monthly Report Form
Medicaid	Report all changes within 10 days		
Food Stamps	Report all changes within 10 days	<b>OR</b>	On your Monthly Report Form (if you are required to submit them)

## ASSIGNMENT OF RIGHTS

### ***Child Support Information and Cooperation***

Alaska must collect child support and medical support from any parent who has the duty to pay support to an Alaska Temporary Assistance, Tribal TANF, or Medicaid recipient. This includes any money owed to you at the time you apply, as well as current and future child support payments.

When you apply for Temporary Assistance, you must:

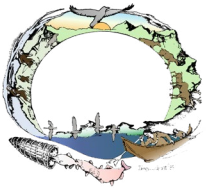
- Sign over to the Tribal TANF program your right to receive and keep child support payments due to you or to a child on Temporary Assistance, and
- Cooperate with the Child Support Enforcement Division by providing information to establish paternity, help locate the absent parent, and enforce child support obligation.

### ***Social Security Number***

You must provide or apply for a social security number for yourself and each household member included in your application to qualify for Temporary Assistance for Needy Families, Food Stamp Program, or Medicaid.

If you believe you have a good reason not to cooperate, you must tell your caseworker immediately. You may be asked to provide information to support your reason.

Any child support payments given or paid to you while receiving Tribal Temporary Assistance benefits must be reported and turned over to TCC immediately. If you wish to negotiate or change a child support order, you must obtain a new court order, or get permission from the Child Support Enforcement Division.



## ***Medical Assignment of Rights***

To receive Medicaid or General Relief Medical for you or your minor children, you must:

- Assign to the State your right to any medical support or other payment for medical care;
- Agree to cooperate with the State in establishing paternity; and
- Cooperate with the State in obtaining any available third party payments such as an insurance payment or court settlement.

## **INFORMATION YOU NEED TO KNOW**

### ***Your Rights***

You have the right to discuss any action taken on your application or case with your caseworker's supervisor.

### ***Fair Hearings***

If you disagree with an action taken by the Tribal TANF program or the Division of Public Assistance that affects your benefits, you can ask for a fair hearing. You may do this by phone, in person, or in writing by contacting anyone in the state or Tribal Public Assistance Office. For most programs, a fair hearing must be requested within 30 days from the date of the agency notice. Food Stamp fair hearing requests must be made within 90 days from the effective date of the agency action. You may continue to receive Tribal Temporary Assistance for Needy Families, Adult Public Assistance, or Medicaid benefits until a hearing decision is made, if your hearing request is within 10 days from the date for the TCC notice or effective date of action. Food Stamps can continue until a hearing decision is made or until the certification period ends if you request the hearing before the effective date of the action or within 10 days from the date the TCC notice was mailed. At the hearing, you may represent yourself or be represented by a legal representative, friend, or relative. You may qualify for free legal advice representation by contacting the Alaska Legal Service Corporation.

### ***Americans With Disabilities Act of 1990***

The Tribal TANF agency (Tanana Chiefs Conference) and the Alaska Department of Health and Social Services comply with Title II of the Americans with Disabilities Act of 1990. This form is available in alternative formats upon request. Contact the Division's Americans with Disabilities Act Coordinator at 907-465-3349, TDD at 907-465-3347, or your Tribal TANF program case worker.

### ***Civil Rights***

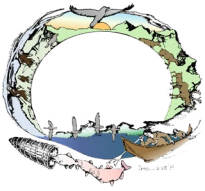
In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, religion, political beliefs, or disability.

To file a complaint of discrimination, write:

USDA, Director  
Office of Civil Rights  
Room 326-W, Whitten Building  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410

or call 202-720-5964 (voice and TDD).

USDA is an equal opportunity provider and employer.



## ***Your Responsibilities***

You are responsible for providing proof of your household situation.

## ***Work Requirements***

To receive Tribal TANF, Alaska Temporary Assistance and/or Food Stamp benefits, you may have to participate in work activities. Tribal Temporary Assistance participants must prepare a family self-sufficiency plan that lists steps you will take to become financially independent. You must participate in approved work activities unless you qualify for an exemption. If you are an unmarried minor parent, you must live with a parent or in another approved living arrangement and attend either school or training in order to receive Tribal Temporary Assistance.

If you do not fulfill these work requirements or minor parent requirements, your benefits may be reduced or ended.

## ***Medical Records Release***

When you sign the application for assistance and use Medicaid or Chronic and Acute Medical Assistance coupons, you consent to release medical records and information about you and other people upon whose behalf you are applying to the Division or its designee. Upon request, any person who has medical records and information or the custody of such records shall release those records to the TANF program, the Division of Public Assistance or its designee.

## ***Medical Reimbursement Agreement***

If the State makes payment for services caused by injury or illness, you must agree to include all payments made by the State in any legal claim made against a third party and to notify the Division of Medical Assistance of that claim. If you receive any insurance or court settlement, you must repay the State for the medical benefits provided as a result of the incident for which you are receiving the settlement. If married, but signing alone, you are acknowledging that benefits are for you, your spouse are both bound by this agreement.

## **OTHER INFORMATION**

### ***Home Visits***

A Tribal TANF program or Division of Public Assistance worker may visit your home and may contact other people to verify your eligibility for assistance.

### ***Computer Matching and Your Social Security Number***

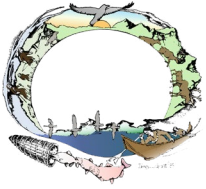
Your Social Security Number will be used to obtain information from various state and federal agencies through computer matching. This information may be used to determine your eligibility.

## **FRAUD PENALTY WARNINGS**

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

If you misrepresent your residence or identity to receive multiple benefits, you can be barred from receiving Tribal TANF or Alaska Temporary Assistance and food stamps for 10 years.

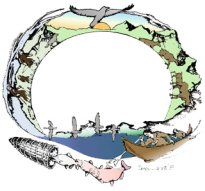
Under state or Tribal Temporary Assistance program rules, if you are convicted of fraud in court or an administrative hearing, you may not be able to get benefits for 6 months for the first time, 12 months for the second time, and permanently for the third time. Other penalties may also apply.



## **FRAUD PENALTY WARNINGS, CONTINUED**

There are penalties for kickbacks, bribes, or rebates in furnishing medical benefits. Penalties include fines up to \$25,000 and/or imprisonment for up to five years. Conviction of an offense could cause loss of Medicaid benefits not to exceed one year.

Under food stamp rules if you are convicted of fraud or otherwise found to have intentionally broken the rules, you will be disqualified from the Food Stamp program for one year for the first offense, two years for the second offense and permanently for the third. You may also be fined up to \$250,000.00, imprisoned up to 20 years, or both. You may not use food stamps to buy items such as alcohol or tobacco. You may not sell, trade or use someone else's food stamp benefits. If you are convicted of using food stamp benefits to get drugs, you will be disqualified from the program for two years and permanently for a second offense. If convicted of trading or selling food stamps worth more than \$500.00, or trading food stamp benefits for firearms, ammunition or explosives, you will be permanently disqualified from the Food Stamp Program. Individuals convicted of drug-related felonies are barred from the Food Stamp Program.



## AUTHORIZATION FOR RELEASE OF INFORMATION

I, \_\_\_\_\_, authorize the release of information requested by the Tanana Chiefs Conference, Inc., Family Services and/or the Department of Health and Social Services. The requested information shall be used solely in the administration of Tribal Temporary Assistance Programs. Collateral's that may be contacted include, but are not limited to: State Records, the Department of Labor, the Department of Military Affairs, Alaska State Housing Authority, Municipality of Anchorage, Tax Assessors, Financial Institutions, Native Corporations, Stock Brokerage Firms, Landlords, Employers, School Authorities and Private Individuals.

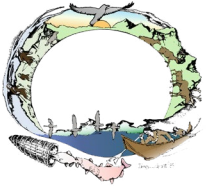
***A reproduction of this release is as valid as the original.***

Please list the names and birthdates of all school-age children.

<b>Name</b>	<b>Birthdate</b>
1.	
2.	
3.	
4.	
5.	
6.	

Your Signature
Printed Name
Social Security Number
Address
Phone Number
Date

Signature of Other Adult Household Member
Printed Name
Social Security Number
Address
Phone Number
Date



## AGREEMENT AND ASSIGNMENT OF RIGHTS

As a condition of receiving or having received benefits under the Temporary Assistance for Needy Families (TANF) program, I hereby assign my rights to all child support payments received from October 1, 1998 to the Tanana Chiefs Conference, Inc. I understand and agree that this assignment of rights shall apply to each month or portion of a month in which I received any benefits in the past, or will receive any benefits in the future under the Temporary Assistance for Needy Families program. This notice shall also serve as my agreement to continue to cooperate with the State of Alaska Division of Child Support Enforcement ( or tribe, if it operates a Child Support Enforcement Program) in their efforts to establish, modify or enforce a child support order for a dependent child within a TANF program family.

Signature	Date		
Printed Name	Social Security Number		
Mailing Address	City	State	Zipcode