

KETCHIKAN OFFICE
DIVISION OF PUBLIC ASST
2030 SEA LEVEL DR #301
KETCHIKAN AK 99901
(907) XXX-XXXX
(1-800) 478-7778
BENEFIT QUESTIONS:
(907) 269-5777 (ANCH ONLY)
(1-888) 804-6330

STATE OF ALASKA 4
DIVISION OF PUBLIC ASSISTANCE

CASE NUMBER: 00062079
CASELOAD ID: 022023

MAILING DATE: 02/26/25

APPLE SAUCEMAN
1234 E 1ST AVE
ANCHORAGE AK 99501

SNAP INTERIM REPORT

DEAR APPLE SAUCEMAN

You are at a check in point for your Supplemental Nutrition Assistance Program (SNAP) certification period. We need to check if your information has changed.

You must complete, sign, and return the enclosed SNAP Interim Report form by the 10th day of next month.

If you do not return the Interim Report form by the deadline, your SNAP benefits will stop.

If you have any questions or need assistance completing this Interim Report form, please contact us at 1-800-478-7778.

This action is supported by regulations at 7 CFR 273.12.

YOUR RIGHTS AND RESPONSIBILITIES

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.

FAIR HEARINGS

If you disagree with an action taken by the Division of Public Assistance that affects the benefits or services you receive, you can ask for a fair hearing. 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. 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.

REQUEST A HEARING

You may request a hearing by filling out the following information and delivering or mailing this request to the Public Assistance office address on the front of this notice. If requested, the Division will assist you in making a hearing request. **Please fill this out only if you disagree with the action taken on your case and want to request a fair hearing. Briefly describe why you disagree:** _____

Signature: _____

Date: _____

CONTINUED/UNREDUCED ASSISTANCE

If you are currently getting cash or Medicaid benefits - If we get this request before the date your benefits are to be lowered or stopped, your benefits in most instances will stay the same until the fair hearing decision is made. *If the hearing is not decided in your favor, you will have to pay back these benefits.* If you get Temporary Assistance benefits while you wait for the fair hearing decision and you lose, the months of benefits you received may count towards your time limit.

If you are currently getting SNAP benefits – If we get this request before the date your benefits are to be lowered or stopped, your benefits will in most instances stay the same until the fair hearing decision is made, **or** your SNAP certification period ends, whichever comes first. *If the hearing is not decided in your favor, you will have to pay back these benefits.*

If you do not want to get benefits while you are waiting for a fair hearing decision – Check this box: ☐

If you choose not to get benefits during this period and win your fair hearing, the Division will pay you any benefits owed.

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.

REPORTING CHANGES IN YOUR HOUSEHOLD CIRCUMSTANCES

You must report changes in your household within 10 days of when you know of the change. You may do this by contacting the Public Assistance office by phone or in writing. Each program has different rules about the kinds of changes you need to report. Please read the information below and contact your local Public Assistance office if you have any questions about what changes you need to report.

Adult Public Assistance, Interim Assistance, Senior Benefits, and Medicaid (for elderly, disabled, and long-term care). You must report all changes, including changes in your medical insurance. You must also report if you will be absent from the State for more than 30 days.

Temporary Assistance and MAGI Medicaid You must report the following changes:

- Changes in employment, including when anyone starts or stops a job, has a change in rate of pay or their employment status changes from part-time to full-time or from full-time to part-time
- Changes in the source of unearned income and changes in the total amount of unearned income (*for Temporary Assistance, report if the change in unearned income is greater than \$50 a month*)
- When someone moves into or out of your home (*for Temporary Assistance, report within 5 days when a child leaves your home*)
- You move or get a new mailing address
- Your household gets a vehicle or has more than \$2,000 total in cash and money in bank accounts
- Changes in your legal obligation to pay child support (*for Temporary Assistance*)
- Anyone starts, stops, or has changes in health insurance coverage (*for MAGI Medicaid*)

SNAP You must report when your household's total monthly gross income goes over the income limit for your household size and if someone in your household has lottery or gambling winnings of \$4,500 or more in a single game. If your household contains a member subject to ABAWD time limits, you must report when their work hours fall below 20 hours per week.

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. You are not required to provide a Social Security Number (SSN) or citizenship information for anyone in your household who will not receive benefits from a public assistance program.

CIVIL RIGHTS

The Civil Rights Act of 1974 states, "No person in the United States, on the grounds of race, color, age, sex, handicap, religious creed, political beliefs or national origin shall be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program receiving federal assistance." If you feel you have been discriminated against, a complaint requesting a hearing on the matter may be filed with the Division of Public Assistance, PO Box 110640, Juneau, Alaska 99811-0640.

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STATE OF ALASKA 1
DIVISION OF PUBLIC ASSISTANCE

CASE NUMBER: 00062082
CASELOAD ID: 022023

MAILING DATE: 02/26/25

MIKE MCMED
1234 N ST
ANCHORAGE AK 99501

MEDICAID REVIEW DUE

DEAR MIKE MCMED

You must complete a Medicaid review application to continue getting Medicaid benefits.

There is a review application in this envelope. Please fill it out with all requested information and return it to our office.

Be sure to:

1. Attach proof of money that you get or money that someone else gets for you.
2. Answer each question on the application; and
3. Check the "MEDICAID REVIEW" box at the top of the form to show that the application is for your Medicaid review.

This application must be turned in to our office by the 5th day of next month. If we get it after that date but before the end of the month, your Medicaid benefits for the next month may be delayed.

If we do not get your application by the last day of next month, your Medicaid benefits will stop on that date.

This action is supported by Family Medicaid Manual section 5005-7, 5007; Aged, Disabled and Long Term Care Manual section 515, 520-A; and 7 AAC 100.020.

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