



# Food Resource Referral

If you are interested in learning about food resources, please complete all the following information:

**CONTACT INFORMATION**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

City: \_\_\_\_\_

Birth Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Best Days/Times to Contact You:  
\_\_\_\_\_

Circle Best Way to Contact You:

Telephone      Email

**Referral Source** (agency, department, unit, etc)

\_\_\_\_\_

**Email front and back page to the Food Bank of Alaska SNAP Outreach Program:**

- Email: [snap@foodbankofalaska.org](mailto:snap@foodbankofalaska.org)
- For questions or assistance call 1-844-222-3119

You may qualify if your household's monthly income (before taxes) is less than...	
1	\$1,645
2	\$2,230
3	\$2,815
4	\$3,400
5	\$3,985



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"/> <b>Health Insurance</b> Including Medicaid, Denali Care, Denali KidCare, tax credit, private health insurance.	<input type="checkbox"/> <b>Temporary Assistance</b> Monthly cash payment for eligible families with children.
<input type="checkbox"/> <b>Chronic &amp; Acute Medical Assistance</b> Limited medical coverage for persons with specific illness.	<input type="checkbox"/> <b>Adult Public Assistance</b> <input type="checkbox"/> blind or disabled <input type="checkbox"/> elderly assistance
<input type="checkbox"/> <b>Food Stamps</b> Monthly issuance to assist with food costs. Important: You may be eligible for food stamps within seven days – answer questions below.	<input type="checkbox"/> <b>General Relief Assistance</b> Emergency assistance for eligible individuals and families. <input type="checkbox"/> rent or utilities <input type="checkbox"/> burial expenses
<input type="checkbox"/> <b>Other Services</b> <input type="checkbox"/> child support <input type="checkbox"/> child care <input type="checkbox"/> finding work <input type="checkbox"/> prenatal care <input type="checkbox"/> senior benefits <input type="checkbox"/> other _____	

## Who are you? (Please print)

1. First name, Middle name, Last name, & Suffix		2. Other Names (maiden, nicknames, etc.)	
2. Home address or directions to your house			3. Apartment or suite number
4. City	5. State	6. ZIP code	
8. Mailing address (if different from home address)			9. Apartment or suite number
10. City	11. State	12. ZIP code	
14. Phone number ( ) -		15. Other phone number ( ) -	
16. Do you want to get information about this application by email? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Email address:			
17. What is your preferred spoken or written language (if not English)?			
18. Answer these questions to see if you can get Food Stamps 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: