



Alaska Women, Infants, Children (WIC) Program, Division of Public Assistance

## Family Information Form (one per family)

### A. Applicant or Parent /Guardian for applicants under age 5

Name (First, Middle, Last)		Maiden Name	
Birth Date		Social Security Number	
Mailing Address		City	AK Zip Code
Home Phone		Cell Phone	Message Phone
May we call or leave a message?		<input type="checkbox"/> yes <input type="checkbox"/> no	
May we send a post card for appointment reminders?		<input type="checkbox"/> yes <input type="checkbox"/> no	
Residence address (if different than mailing address)		City	AK Zip Code
Email address		What is the highest grade in school you completed?	
Are you Hispanic or Latino		<input type="checkbox"/> yes <input type="checkbox"/> no	
Race: (You may select more than one race)			
<input type="checkbox"/> American Indian/Alaskan Native		<input type="checkbox"/> Black/African American <input type="checkbox"/> White	
<input type="checkbox"/> Asian		<input type="checkbox"/> Native Hawaiian/Pacific Islander	
Would you like some one else's name on your checks, who can pick up and use your checks for you?			
<input type="checkbox"/> yes <input type="checkbox"/> no			
<b>If yes, please print name:</b>			

### B Household Information (Please provide proof of income. Provide proof of identification except if you live in a rural area with no road access and less than 5,000 people.)

Are you currently on WIC?	<input type="checkbox"/> yes <input type="checkbox"/> no	If yes, where? _____
Have you been on WIC before?	<input type="checkbox"/> yes <input type="checkbox"/> no	If yes, where? _____
Are you applying for your own WIC benefits today?	<input type="checkbox"/> yes <input type="checkbox"/> no	
Are <b>you</b> currently working?	<input type="checkbox"/> yes <input type="checkbox"/> no	Pay _____ per hour?
		Hours worked _____ per week?
Is <b>anyone else</b> in the household working?	<input type="checkbox"/> yes <input type="checkbox"/> no	Pay _____ per hour?
		Hours worked _____ per week?

How many people are living in your household? ____		How many members received <b>last year's</b> Permanent Fund Dividend (PFD)? ____ (Include PFD even if garnished)	
Check here if pregnant <input type="checkbox"/>			
Check any of the following programs you or any family member is currently receiving:			
<input type="checkbox"/> Food Stamps		<input type="checkbox"/> Medicaid	
<input type="checkbox"/> Denali Kid Care		<input type="checkbox"/> Alaska Temporary Assistance Program	
<input type="checkbox"/> Head Start		<input type="checkbox"/> School Lunch Program	
<input type="checkbox"/> Applied for Denali Kid Care, Medicaid, ATAP- "Application is pending"			
Check any other money received:			
<input type="checkbox"/> Supplemental Security Income / Disability		<input type="checkbox"/> Self Employment <input type="checkbox"/> Unemployment	
<input type="checkbox"/> Native Corporation Dividends		<input type="checkbox"/> Commissions <input type="checkbox"/> Other	
Are you? <input type="checkbox"/> Married		<input type="checkbox"/> Single <input type="checkbox"/> Divorced	
<input type="checkbox"/> Separated		<input type="checkbox"/> Living with a partner/significant other	
If in the military, what branch:		<input type="checkbox"/> Air Force <input type="checkbox"/> Army	
<input type="checkbox"/> USMC		<input type="checkbox"/> Coast Guard <input type="checkbox"/> Navy	
<input type="checkbox"/> National Guard			

Do you want to register to vote here at the WIC office?  yes  no **TURN PAGE**

## Alaska WIC Rights and Responsibilities

You have rights and responsibilities as a WIC participant. The names and addresses of you and your child may be given to agencies such as Medicaid, Denali Kid Care, Food Stamps, Heating Assistance, Temporary Assistance, Child Care, Infant Learning, Head Start and Public Health Nursing Programs for referral and outreach. Programs listed above may give the WIC program name(s), address, income, identification and residency for you and your child to help check if you qualify for WIC.

Other WIC information may also be shared with health programs to see if you qualify for their program's services, to share needed health information with programs you are already participating in, and to help assess the overall health of Alaskan families through reports and studies. These same programs listed below may also share their information with WIC for the same purposes. You may ask WIC staff for more information about these programs. These programs include: Medicaid, Denali Kid Care, Pro Care, Head Start, Supplemental Nutrition Assistance Program (Formally known as the Food Stamp Program), Immunizations Program, Public Health Nursing, State Epidemiology and Infant Learning Program.

### **I understand my Rights and Responsibilities:**

#### **Responsibilities:**

- I will treat WIC and store staff with courtesy and respect.
- All the information I give WIC is true and accurate. WIC staff can check this information.
- I will immediately report any changes in my income, family size, address, phone number or eligibility for Medicaid/Denali Kid Care, or the Food Stamp Program. I will also notify the WIC office if my checks are lost or stolen, or if I am no longer breastfeeding.
- I will get checks from only one clinic at a time. If I move out of Alaska, I will ask for a transfer.
- I may be removed from the WIC program if I do not pick up, use my checks, or fail to return signed receipts for WIC checks or food boxes for two months in a row.
- I will allow WIC staff to take my or my child's height and weight and take a small amount of blood to check my or my child's iron level. I understand this information is needed to check nutrition needs and determine eligibility for WIC.
- I will come to my appointments or call ahead when I need to reschedule.
- I will reapply for benefits as needed. I understand that WIC benefits are for participant use only.
- I will choose either WIC or CSFP (Commodity Supplemental Food Program). I/my child(ren) cannot be on both programs at the same time.
- I will follow the WIC program and shopping rules that are on my food list.
- WIC is a Federal program. If I break the rules, make false statements, intentionally misrepresent, conceal, or withhold facts about my eligibility for the WIC Program, I understand that:
  - I or my child can be taken off WIC.
  - I will have to pay money back to WIC for foods, formula or breast pumps I should not have received. If I do not pay back the WIC program for foods and/or formula that I accepted or return loaned breast pumps that I was not eligible to receive, the state may use other types of legal options to collect payment, including small claims court, which could result in **Permanent Fund Dividend (PFD) garnishment**.
  - I can face civil or criminal prosecution under State and Federal law.

#### **Rights:**

- If I qualify for WIC, I will get checks to buy healthy foods. **I understand that WIC does not give all the food or formula needed in a month.** WIC foods help promote and support the nutrition well-being and help meet the needed intake of important nutrients or foods for myself and / or my child(ren).
- WIC will give me information for healthy eating and active living. WIC will provide me with breast feeding support.
- WIC will give me information to find a doctor and get immunizations for my child. I will be referred to other services.
- WIC staff will treat me with courtesy and respect.
- WIC will keep information about me and / or my child(ren) confidential and share only needed information to determine eligibility and for referral to other services.
- The rules for getting on WIC are the same for everyone. I can ask for a Fair Hearing if I do not agree with a decision about my WIC eligibility. WIC will tell me why my child or I qualify for the WIC Program.

#### **By signing this form I agree that:**

- **I have read the Rights and Responsibilities form or a WIC staff has read it to me.**
- **I agree to the above.**

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Client/Guardian Signature Required for WIC Enrollment

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Date

“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 or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or (212) 720-6382 (TTY). USDA is an equal opportunity provider and employer.”

## Would You Like to Register to Vote?

### 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, unless you 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.**

<p><b>1. You MUST complete this section for registration.</b></p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No    I am a citizen of the United States.</p> <p><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.</p> <p><b>If you checked NO to either question, do not complete this form as you are not eligible to register to vote.</b></p>		
<p><b>2. Last Name</b></p>	<p><b>First Name</b></p>	<p><b>Middle Initial    Suffix (Sr., Jr., etc.)</b></p>
<p><b>3. Former Name:</b> (If your name has changed)</p>		
<p><b>4. You MUST provide the Alaska residence address where you claim residency. Do not use PO, PSC, HC or RR.</b></p>		
<p>House #    Street Name</p>		<p>Apt #    City    <b>ALASKA</b> State</p>
<p>*<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.)</p>		
<p><b>5. Mailing Address:</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><b>10.</b> <input type="checkbox"/> I am a voter with a disability and would like information on alternative voting methods.</p> <p><b>11.</b> <input type="checkbox"/> I am interested in serving as an election official. (Provide your phone number and/or email address in section 12.)</p> <p><b>12.</b> *Daytime Phone No. _____ *Evening Phone No. _____ *Email Address _____</p>	
<p><b>6. You MUST provide at least ONE</b></p> <p>*Social Security No. _____/_____/_____</p> <p>*Last 4 Digits of Social Security No. _____</p> <p>*Alaska Driver's License No. _____</p> <p>*Alaska State ID Card No. _____</p> <p><input type="checkbox"/> I have not been issued a Social Security, Alaska Driver's License or State ID number.</p>	<p><b>13. Political Affiliation</b> For information on political types see reverse No. 5.</p> <p><u>Select only ONE Below</u></p> <p style="text-align: center;"><b>Political Parties:</b></p> <p><input type="checkbox"/> Alaska Democratic Party</p> <p><input type="checkbox"/> Alaska Libertarian Party</p> <p><input type="checkbox"/> Alaska Republican Party</p> <p><input type="checkbox"/> Alaskan Independence Party</p> <p><b>or</b>    <b>Political Groups:</b></p> <p><input type="checkbox"/> Green Party of Alaska</p> <p><input type="checkbox"/> Alaska Constitution Party</p> <p><input type="checkbox"/> Veterans Party of Alaska</p> <p><b>or</b>    <b>Other:</b></p> <p><input type="checkbox"/> Nonpartisan (no party affiliation)</p> <p><input type="checkbox"/> Undeclared (no party declared)</p> <p><input type="checkbox"/> _____</p>	
<p><b>7. You MUST provide</b></p> <p>*Date of Birth _____/_____/_____</p> <p style="text-align: center; font-size: small;">Month                      Day                      Year</p>		
<p><b>8. *AK Voter Number</b> _____</p> <p style="text-align: center; font-size: small;">(If known)</p>		
<p><b>9. Sex</b>    <input type="checkbox"/> Male    <input type="checkbox"/> Female</p>		
<p><b>14. If you are registered to vote in another state, you MUST cancel that registration by providing the following:</b></p> <p><b>City:</b> _____    <b>State:</b> _____    <b>County:</b> _____    <b>Zip Code:</b> _____</p>		
<p><b>Voter Certificate. Read and Sign:</b> 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, or having been so convicted, have been unconditionally discharged from incarceration, probation and/or parole.</p> <p><b><u>WARNING:</u> If you provide false information on this application you can be convicted of a misdemeanor AS 15.56.050.</b></p>		
<p><b>*SIGNATURE:</b> _____    <b>DATE:</b> _____</p>		
<p><b>Registrar/Agency/Official – Check ID and complete this section</b></p> <p>Registrar Name _____</p> <p style="text-align: center; border: 1px solid black; padding: 5px; font-size: 1.5em;">NVRA Agency</p> <p>OR</p> <p>Agency Name _____</p>	<p style="text-align: center;"><b>For Office Use Only</b></p> <p>VN _____</p> <p>D/P _____</p>	

\*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 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 not be processed if you leave the residence address blank or if you provide a PO Box, HC No. and Box, PSC Box, Rural Route No., Commercial Address or Mail Stop Address on Line 4 of the application.

If your residence has been assigned a street number, provide that number. If not, 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 a rural village in 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.

**Are you temporarily out of State?** If so, and you have intent to return (active military and military spouses are exempt from intent requirements), 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.

- ◆ **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 6 of the application. If you have never been issued one of the identification numbers, please indicate so by checking the box on Line 6.
- ◆ **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
- Passport
- Birth certificate
- Driver's license
- State identification card
- Hunting and Fishing license

### 3. Are you registering from outside the State of Alaska? If so, you must provide proof of Alaska residency, such as a copy of your Alaska driver's license, Alaska hunting or fishing license, student loan or college tuition documents showing Alaska as state of residence, proof of employment in Alaska, military leave and earnings statement that identifies Alaska as the state of legal residence or other documentation that supports your claim as an Alaska resident. If you do not provide proof of Alaska residency, your application will not be processed.

### 4. Have you been convicted of a felony? 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.

### 5. Political Affiliation. Those parties that have gained recognized political party status under Alaska Statutes 15.60.010(25) are listed under **Political Parties**. Those groups that have applied for party status but have not met the qualifications to be a recognized political party under Alaska Statutes 15.60.010(25) are listed under **Political Groups**. Under **Other**, nonpartisan means you are not affiliated with any recognized political party or group and undeclared means you do not wish to declare a political affiliation. If you do not check a political affiliation, you will be registered as undeclared unless you are already registered under an affiliation.

Mail, fax or email (as a pdf, tiff or jpg attachment) your completed application to one of the offices below:

Visit our website at: [www.elections.alaska.gov](http://www.elections.alaska.gov)

#### 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

#### Region II Elections Office

Anchorage Office  
2525 Gambell Street Suite 100  
Anchorage, AK 99503-2838  
(907) 522-8683 – Telephone  
(907) 522-2341 – Fax  
Toll Free 1-866-958-8683  
Matanuska-Susitna Office  
North Fork Professional Building  
1700 E. Bogard Road, Suite B102  
Wasilla, AK 99654-6565  
(907) 373-8952 – Telephone  
(907) 373-8953 – Fax

#### Region III Elections Office

675 7<sup>th</sup> Avenue Suite H3  
Fairbanks, AK 99701-4594  
(907) 451-2835 – Telephone  
(907) 451-2832 – Fax  
Toll Free 1-866-959-8683

#### 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

#### Yup'ik Language Assistance

Toll Free 1-866-954-8683